



Marshfield Clinic
Health System



Community Health Needs Assessment

Marshfield Medical Center-Ladysmith
2021

Table of Contents

Welcome Letter.....	3
Definition of Terms.....	4
Health System Overview.....	6
Hospital Overview.....	6
Our Community.....	7
Assessing the Needs of the Community.....	9
Addressing the Needs of the Community.....	13
Potential Resources to Address Significant Health Priorities.....	19
Next Steps.....	19
Evaluation of the Impact of the Preceding Implementation Strategy.....	20
Appendix A: Individuals Involved in CHNA.....	22
Appendix B: Community Health Survey.....	23
Appendix C: Community Health Survey Results.....	30
Appendix D: References.....	32

Dear Community Members,

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

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

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

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

This document summarizes these key findings. Electronic versions and companion documents can be found at: <https://www.marshfieldclinic.org/locations/ladysmith-marshfield-medical-center/community-health-needs>

Through these collaborative efforts, the top health priorities identified through the 2021 Community Health Needs Assessment process have been identified. MCHS will continue to support additional community health needs as they arise. The top health priorities for Marshfield Medical Center-Ladysmith are:

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

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

Yours in health,

Dr. Susan Turney, CEO
Marshfield Clinic Health
System

Jeff Euclide, CAO
Marshfield Medical Center
Ladysmith

Jay Shrader, Vice President
Community Health and
Wellness

Marshfield Medical Center-Ladysmith, EIN #81-0977948
900 College Ave, Ladysmith, Wisconsin 54848

Definition of Terms

- **Community Benefits Workgroup-Ladysmith (CBW-Ladysmith):** local and internal workgroup of Marshfield Medical Center in Ladysmith that contributes to the Health System’s community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.
- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2019) Health Departments are required to participate in a CHA every five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals have the option to partner with local health departments to simultaneously conduct a CHA/CHNA. (Community Catalyst, 2013)
- **Community Health Improvement Plan (CHIP):** a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A CHIP is typically updated every three to five years. (Centers for Disease Control and Prevention, 2019)
- **Health Equity:** everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (University of Wisconsin, Population Health Institute)
- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, which is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin. (Division of Public Health, 2019)
- **Health Priority(ies):** Health areas selected to be addressed by hospital based off of community input collected via: survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.

- **Health Need(s):** the 14 health areas based on the Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020. Areas include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.
- **Implementation Strategy (IS):** a written plan to address the community health needs identified through an assessment and approved by an authorized governing board. Hospitals must use the CHNA to develop and adopt an implementation strategy. (Community Catalyst, 2013)
- **Social Determinants of Health (SDoH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. (Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.)
- **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 Way ALICE Project, 2018)
- **University of Wisconsin's Population Health Institute's County Health Rankings:** a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. (University of Wisconsin Population Health Institute, 2019)

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated system serving Wisconsin and beyond, with more than 12,000 employees including over 1,400 providers comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 60 locations and ten hospitals in communities across northern, central and western Wisconsin.

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

The Clinic operates several dental clinics in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Hospital Overview

Marshfield Medical Center-Ladysmith (MMC-L) a 25-bed full-service hospital in Ladysmith, Wisconsin. MMC-L is the only hospital within a 45-mile radius and offers a variety of medical services to care for Rusk County residents and the surrounding communities.

MMC-L, offers a wide range of advanced care services including:

- Emergency department and urgent care
- Comprehensive surgical services
- Cardiac rehabilitation
- Physical, occupational and speech therapy
- Digital imaging, lab and pharmacy
- Swing bed-transitional care
- OB/GYN, Cardiology, oncology, orthopedics, and more

Our Community

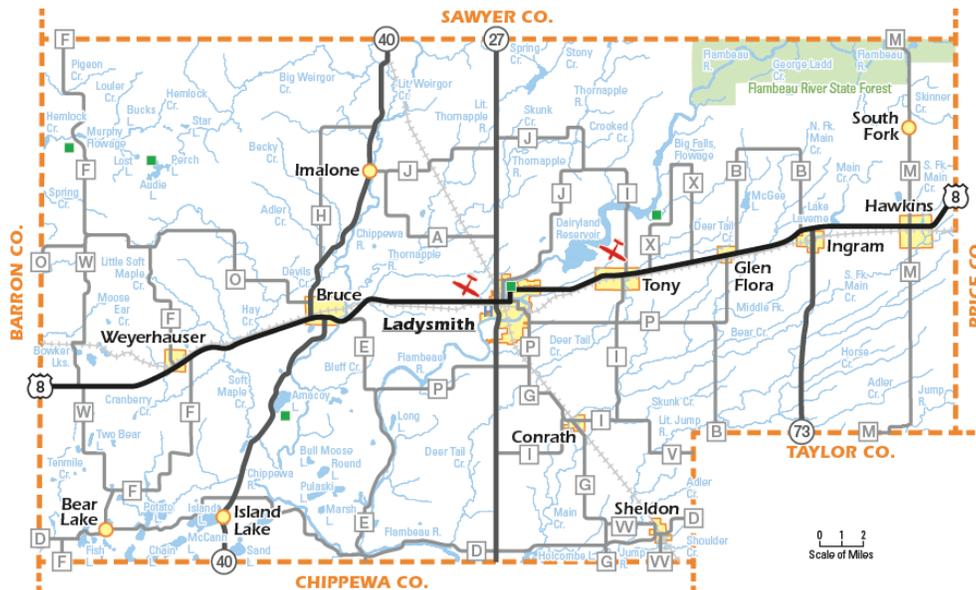
MMC-Ladysmith strives to provide affordable and accessible health care for all. Many patients and community members reside in rural areas of Rusk County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. MMC-L service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

Geographic Area

Rusk County is located in the northern region of Wisconsin. The county is comprised of one city (Ladysmith), eight villages (Bruce, Conrath, Glen Flora, Hawkins, Ingram, Sheldon, Tony, Weyerhaeuser) and 24 townships with a total population of 14,178 in 2019, approximately 76.6% of which is rural. (U.S. Census, 2019).

The city of Ladysmith has a total population of 3,126 in 2019 and is located along the Flambeau River, approximately 40 miles east of Rice Lake, WI and 60 miles north of Eau Claire, WI.

There are no other hospitals located within the city of Ladysmith or serving Rusk County. Marshfield Medical Center-Ladysmith is a critical access hospital and the only hospital within a 45-mile radius.



Demographics

	Rusk	Wisconsin	United States
Total Population	14,178	5,822,434	328,239,523
Age			
Persons under 5 years	5.2%	5.7%	6%
Persons under 18 years	20.3%	21.8%	22.3%
Persons 65 years and over	24.8%	17.5%	16.5%
Sex			
Female persons	49.1%	50.2%	50.8%
Race			
White alone, not Hispanic or Latino	96.1%	87%	76.3%
Hispanic or Latino	2.0%	7.1%	18.5%
American Indian and Alaska Native alone	0.7%	1.2%	1.3%
Black or African American alone	1.3%	6.7%	13.4%
Asian alone	0.3%	3%	5.9%
Native Hawaiian and other Pacific Islander alone	N/A	0.1%	0.2%
Two or More Races	1.5%	2.0%	2.8%
Language other than English spoken at home	2.8%	8.7%	21.6%
Education			
High school graduate or higher	88.0%	92.2%	88%
Bachelor's degree or higher	16.6%	30.1%	32.1%
Income			
Median household income, 2015-2019	\$47,532	\$61,747	\$62,843
Persons in poverty	12.3%	10.4%	10.5%

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

There are no other hospitals located within the city of Ladysmith or serving Rusk County. Marshfield Medical Center-Ladysmith is a critical access hospital and the only hospital within a 45-mile radius.

Assessing the Needs of the Community

Overview

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

The MMC-Ladysmith CHNA and community health prioritization process was led by the CBW-Ladysmith. The Chief Administrative Officer (CAO) of MMC-Ladysmith chaired the CBW-Ladysmith, which included local leadership. All members are committed to guiding community benefits efforts and improving health in the community of Rusk County. The CBW-Ladysmith reviewed the Rusk County CHA, secondary quantitative data, and conducted community conversations with local stakeholders to develop this report. The CHNA is used to develop an Implementation Strategy (IS) tailored to meet the identified health priorities.

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

Community Health Needs Assessment (CHNA) Timeline

January 2021	Began Community Health Assessment Process
March-April 2021	Distributed the community health survey throughout the community
March-April 2021	Distributed paper community health surveys to underrepresented groups
June-July 2021	Completed Key Informant Interviews with stakeholders in Rusk County
August 8, 2021	Met with Rusk County Public Health and partners to discuss survey and key informant interviews. Discussed next steps of CHNA/IS process.
September 2021	Concluded primary and secondary data collection
October 2021	CBW-Ladysmith prioritized health priorities for MMC-Ladysmith
December 2021	Completed, approved and publicized the MMC-L CHNA

Process and Methods

The assessment process began with a thorough review of the previous 2019 MMC-Ladysmith CHNA which was completed in partnership with Healthy Lifestyles, Healthy Communities for Rusk County.

The purpose of the assessment was to identify the health needs of the community, prioritize top health concerns, and encourage Rusk County residents to engage in the improvement of the health of the community. Both primary and secondary data collection methods were utilized to connect with several different demographic groups in the community and to develop a thorough understanding of health issues facing member of the Rusk County community. The previous MMC-Ladysmith report is available at: <https://www.marshfieldclinic.org/locations/ladysmith-marshfield-medical-center/community-health-needs>.

In addition, the CBW-Ladysmith utilized the County Health Rankings and Roadmaps Take Action Model (Figure A) to guide the CHA process, which outlines the steps needed for the community health improvement process: assess needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs. Fourteen health priorities were evaluated based on the *Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020*. These priorities include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.

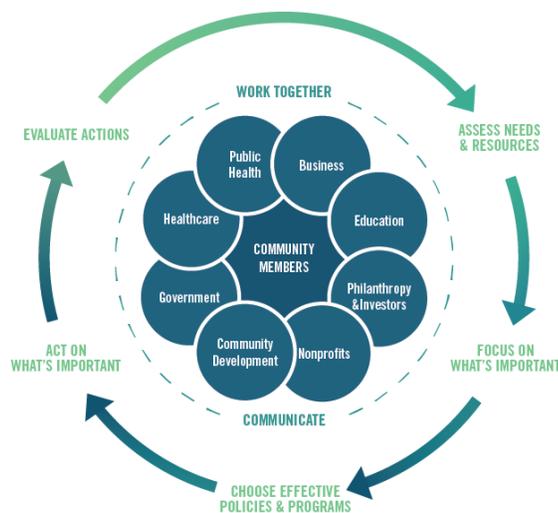


Figure A. County Health Rankings and Roadmaps Take Action Model

Data Sources

The CHNA included primary and secondary data. Primary data included a county-wide survey and community conversations. Secondary data was compiled into a data packet, which included data from various sources.

Primary Data Collection

Community Health Assessment Survey

Primary data collection began with a community health survey in March 2021. An electronic survey was widely distributed by the CBW-Ladysmith to Rusk County residents. An abbreviated hardcopy version of the electronic community health survey was created for residents with limited access to internet and limited health literacy.

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

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

The survey collected 364 responses between March through April 2021 from Rusk County residents. Overall, respondents tended to be white, female and between the ages of 55-64. 18.18% of survey respondents are retired, and less than 3% of survey respondents said they were unemployed, disabled.

See appendix C for the full summary report.

Key Informant Interviews

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

For this assessment key informant interviews were conducted via WebEx (video conferencing platform) and telephone to observe COVID-19 pandemic safety protocols. Four individuals completed an interview and resulting insights were compiled into a summary report. See a list of community sectors represented and summary report in Appendix D.

Key Informant Interview questions:

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

Secondary Data Collection

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

Prioritization Process

The prioritization process of the health needs is summarized below.

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

- An electronic survey was widely distributed by the CBW-Ladysmith to Rusk County residents.
- An abbreviated hardcopy version of the electronic community health survey was created for residents and made available.
- The survey asked residents to evaluate fourteen health needs based on the Wisconsin Department of Health Services Health Plan, Healthy People, Healthiest Wisconsin 2020.
- CBW-Ladysmith utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

Step 2: Key Informant Interviews, June-July 2021

- Four individuals were identified and key informant interviews were conducted via WebEx (video conference platform) and phone to observe COVID-19 pandemic safety protocols.

Step 3: Consulted with Rusk County Health Department and Partners, August 2021

- Met virtually with Rusk County Public Health and partners to discuss results of the community health needs survey and key informant interviews. Also discussed results from previous MMC-L CHNA and subcommittees.

Step 4: Secondary Data Review, September, 2021

- Local secondary quantitative health data was compiled based on WALHDAB recommendations.
- The core dataset was modified slightly based on Rusk County availability.

Step 5: CBW-Ladysmith Meeting, October 2021

- The CBW-Ladysmith met in October 2021 to review primary, secondary data on Barron County and prioritize needs. The group considered of alignment with the ABCS Community Health Focus Areas of Marshfield Clinic Health System. The National Association of County and City Health Officials (NACCHO) Prioritization Matrix was used to determine the health priorities, which included the following criteria:
 - How is the county doing compared to the state and national goals?
 - What health priorities have the largest community impact?
 - What health priorities have the most serious impact?
 - Is the community ready to change?
 - Can these health priorities be changed over a reasonable period of time?
 - Are there gaps in county efforts to address the health priority?
 - Did the community and county data identify this as a health priority?

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

Addressing the Needs of the Community

Overview

After completing extensive review of the 2019 MMC-Ladysmith CHNA, United Way data, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center in Ladysmith are:

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

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

Table B. Health Priority Crosswalk

Rusk County Community Health Needs Assessment Survey Results	MMC-Ladysmith CHNA
Alcohol Misuse	Alcohol and Substance Misuse
Substance Abuse	
Mental Health	Behavioral Health
Obesity	Chronic Disease
Vaping & Tobacco Use and Exposure	
Healthy Nutrition	
Chronic Disease Prevention and Management	
	Social Determinants of Health*

***Social Determinants of Health**

MCHS is committed to improving the overall health and well-being of the communities we serve by strategically focusing on health equity. According to the World Health Organization, health equity implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. Therefore, the MMC-Park Falls will focus on improving health equity in our communities by implementing strategies that systematically focus on the social determinants of health and subsequently reduce health disparities.

Health Priority: Alcohol and Substance Misuse

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

Consequences of alcohol or substance abuse is far reaching and includes motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol and/or drug dependence, liver, brain, heart, and other chronic diseases, infections, family problems, and both violent and nonviolent crimes.

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

Table C. Data Highlights

	Rusk County	Wisconsin
Percentage of Adults reporting binge in the past month.	18%	24%
Percentage of driving deaths with alcohol involvement	46%	36%
Percentage of adults reporting binge or heavy drinking	26.0%	27.0%
Deaths related to alcohol and other drugs	247.7 per 100,000 population	179.3 per 100,000 population

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

From the 2021 Community Health Needs Survey:

- 87% of respondents of the 2017 Community Health Survey indicated that alcohol misuse is a moderate or major problem in the community; additionally 94% indicated that substance use is a moderate or major problem in the community.
- 80% state that substances are easily available, as well as 58% state the same about alcohol.
- 82% say alcohol misuse is an accepted attitude or belief.
- 47% state that people cannot easily access services for substance use treatment.

Health Priority: Behavioral Health

Behavioral health was identified as a top health need. Mental health is “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” (Centers for Disease Control and Prevention, 2019)

Mental illness affects all ages and influences many areas of one’s wellbeing. Mental health plays a role in the ability to maintain good physical health, while mental health issues are commonly associated with physical health issues and increased risk factors like substance abuse and obesity.

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

Table D. Data Highlights

Indicators	Rusk County	Wisconsin
Average number of mentally unhealthy days reported in the last 30 days (age adjusted).	4.6 days	4.0 days
Suicide rate per 100,000 residents (age adjusted).	19 deaths per 100,000 residents	14.4 deaths per 100,000 residents
Ratio of residents to mental health providers.	1,770 residents:1 mental health provider	470 residents: 1 mental health provider

Table D. County Health Rankings, 2021

From the 2021 Community Health Needs Survey:

- 76% of survey respondents believe not everyone understands the impact of mental health on overall health.
- 82% of survey respondents believe people don't feel comfortable seeking mental health services (taboo or stigma attached to mental health).
- 68% of survey respondents believe affordable mental health treatment is not available for those who need it.
- 72% of survey respondents believe people cannot easily access services for mental health treatment (lack of transportation or convenient health services, unable to miss work, get "stuck" in the system, or don't know where to go for services).

Health Priority: Chronic Disease

Chronic disease was identified as a top health need. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. (Centers for Disease Control and Prevention, 2019) Obesity results from a variety of factors, including individual behavior and genetics. Behaviors can include diet, physical activity levels, or medications. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. (Centers for Disease Control and Prevention, 2019)

"Chronic disease prevention and management aims to reduce overall risk in high-risk individuals and provide appropriate care by facilitating early case finding through affordable strategies and technologies, equitable and good quality health care for major chronic diseases." (World Health Organization, 2019) Increasing physical activity levels and improving access to healthy foods can reduce the risks of developing a chronic disease.

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

Table E. Data Highlights

Indicators	Rusk County	Wisconsin
Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ²	25%	32%
Percentage of population who lack adequate access to food.	11%	9%
Percentage of adults age 20 and over reporting no leisure-time physical activity.	34%	20%

Table E. County Health Rankings, 2021.

From the 2021 Community Health Needs Survey:

- 83% of survey respondents believe not everyone understands or takes seriously the risks of obesity to overall health.
- 63% of survey respondents believe health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, and counseling).
- 58% of survey respondents believe people cannot easily access services for chronic disease prevention or management (lack of transportation or convenient health services, unable to miss work).
- 75% of survey respondents believe not everyone knows how to eat healthy or has the skills to prepare healthy food.
- 54% of survey respondents believe healthy food is too expensive.

Health Priority: Social Determinants of Health

Social determinants of health are “nonmedical factors such as employment, income, housing transportation, child care, education, discrimination, and the quality of places where people live, work, learn, and play, which influence health” (Robert Wood Johnson Foundation, 2017). This also includes access to health care (Kaiser Family Foundation, 2018). It is critical to address social determinants of health in order to improve health and reduce health inequities as 80% of what impacts our health is affected by these areas.

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

Table F. Data Highlights

Indicators	Rusk County	Wisconsin
Percentage of people under age 18 in poverty.	21%	14%
Percentage of population ages 16 and older unemployed but seeking work.	4.9%	3.3%
Percentage of adults under age 65 without health insurance.	9%	8%
Percentage of children under age 19 without health insurance.	7%	4%
Percentage of owner occupied housing units.	79%	67%

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

From the 2021 Community Health Needs Survey:

- 37% of survey respondents identified the availability of resources to meet their daily needs (i.e. safe housing and local food markets) contribute to their top community health concerns.
- 67% of survey respondents identify the stressful conditions that accompany living in poverty contribute to their top community health concerns.
- 60% of survey respondents identify access to educational, economic and job opportunities contribute to their top community health concerns.
- 46% of survey respondents identify access to health care services contribute to their top community health concerns.
- 24% of survey respondents identify transportation options as a contributing factor to their top community health concerns.

Health Needs Not Addressed

In prioritizing community health needs, the CBW-Ladysmith considered other organizations addressing the specific need, the ability of MMC-Ladysmith 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-Ladysmith for reasons indicated:

- **Injury & Violence Prevention:** injury and violence prevention are important areas of focus. Instead of leading this charge, MMC-L staff participate in a coalition supporting this area called the Rusk County Youth Council (RCYC). This area is also served by Embrace Inc. located in Rusk County.
- **Communicable Disease Prevention & Control:** This is an important area of focus, MMC-L has systems and processes in place to prevent and reduce the spread of communicable diseases in hospitals and clinics. Instead of leading this charge community wide, staff participate in the numerous COVID-19 workgroups in Rusk County and surrounding communities.

- **Oral Health:** Marshfield Clinic Ladysmith Dental Center addresses the community need for oral health by serving patients regardless of ability to pay or insurance status. While MCHS addresses oral health it is not listed as one of the top health priorities.

Potential Resources to Address Health Priorities

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

- Aging and Disability Resource Center of Barron, Rusk, and Washburn Counties
- Rusk County Department of Public Health
- Previa Health Center
- Stephen Reisner Dentistry
- Northwoods Dentistry
- Embrace Inc.
- Indianhead Community Action Agency
- Rusk County Youth Council (RCYC)
- Rusk County Mental Health Subcommittee
- Rusk County Alcohol Misuse Subcommittee
- Rusk County Substance Misuse Subcommittee
- Rusk County Recovery Task Force

Next Steps

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups, and organizations. MMC-Ladysmith will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated, and improved upon over time.

Over the next months, the CBW-Ladysmith, a local and internal workgroup that contributes to the Health System's community benefits and community health initiatives, will develop a three-year implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. The CBW-Ladysmith will implement strategies that systematically focus on the social determinants of health, subsequently reduce health disparities and that demonstrate potential to have the most impact on improving selected health priorities.

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

to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

This CHNA will be shared among all partners and made publicly available.

Approval and Community Input

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

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

Evaluation of the Impact of the Preceding Implementation Strategy

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

- Alcohol and Substance Abuse
- Behavioral Health

Alcohol and Substance Abuse

Activity	Summary of Actions Since 2018 CHNA
Engage in Alcohol and Other Drug Abuse (AODA) Prevention Workgroups	Actively attended and participated in meetings. <ul style="list-style-type: none"> • Rusk County Alcohol Subcommittee • Rusk County Substance Subcommittee • Rusk County Youth Council (RCYC) Promoted and participated in events and initiatives.
Support implementation of an alcohol and other drug abuse (AODA) curriculum	Actively supported Indianhead Community Action Agency (ICAA) Drug Prevention Programming <ul style="list-style-type: none"> • Afterschool programing • Support Groups • Educational podcast

Behavioral Health

Activity	Summary of Actions Since 2018 CHNA
Engage in Mental Health Community Workgroups	Actively attended and participated in meetings. <ul style="list-style-type: none"> • Rusk County Mental Health Subcommittee Promoted and participated in events and initiatives.
Provide Community Training Related to Mental Health and Suicide Prevention	Coordinated and provided virtual Question Persuade Refer (QPR) Training. <ul style="list-style-type: none"> • Event Occurred: 01/19/2021
Support Community Educational Event Related to Mental Health and/or Suicide Prevention	Coordinated and provided virtual community awareness events and trainings utilizing "The Ripple Effect", an award winning documentary. <ul style="list-style-type: none"> • Event occurred: 01/26/2021

Appendix A: Individuals Involved in the CHNA

Community Benefits Workgroup–Ladysmith

- Jeff Euclide, Chief Administrative Officer–MMC-Ladysmith
- Jay Shrader, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- Deanna Cole, Director, Community Health, Marshfield Clinic Health System
- Emily Brunstad, Community Benefits Coordinator, MMC-Ladysmith
- Cynthia Molstad, OR Nurse Manager
- Rebecca Pehlke, Communications Specialist
- Shelley Barg, Director of Clinical Services/Imaging Manager
- Margaret Bennett, EVS Manager
- Patricia Hautamaki, Rehab Services Manager
- Alan Larson, Facilities Manager
- Jacqueline Marquardt, Employee Relations Manager
- Heather Prohaska, Operations Manager
- Marsha Prytz, Lab Manager
- Michelle Thorson, Patient Financial Services manager
- Lisa Weber, Patient Access Supervisor
- Robin Winiarczyk, Admin. Director of Patient Care Services/Quality
- Paul Finn, Pharmacy Manager
- Kelly Curtis, Material Management Manager
- Nicole Suko, Sr. Financial Analyst (RLK-LDY)
- Brandon Parkhurst MD, - VPMA
- Lisa Lobner, Hospital Compliance Officer

Appendix B: Community Health Survey



Marshfield Medical Center
Ladysmith

Rusk County Community Health Survey

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

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

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

Estimated time to complete this survey is 10-15 minutes.

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

Health Area Definitions

Health Area: Alcohol Misuse

Alcohol misuse is when using alcohol can cause problems.

It can affect the community and cause:

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

Alcohol misuse is when:

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

Health Area: Chronic Disease Prevention and Management

Healthier communities help people prevent and manage chronic diseases like:

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

Health Area: Communicable Disease Prevention and Control

Healthier communities prevent diseases that are caused by bacteria, viruses, fungi, or parasites and can pass from person to person or animal to person.

Examples include:

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

Healthier communities control the spread of these diseases with:

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

Health Area: Environmental and Occupational Health

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

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

Health Area: Healthy Growth and Development

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

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

Health Area: Healthy Nutrition

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

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

Health Area: Injury and Violence Prevention

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

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

Health Area: Mental Health

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

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

Health Area: Obesity

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

- Heart disease
- High blood pressure
- Diabetes.

Health Area: Oral Health

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

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

Health Area: Physical Activity

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

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

Health Area: Reproductive and Sexual Health

Healthier communities have education and healthcare services to:

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

Health Area: Substance Use

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

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

Health Area: Vaping/Tobacco Use and Exposure

All communities are healthier when communities offer programs to:

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

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

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

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

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

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

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

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

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

6. For each health area listed below, please indicate if you feel it is an issue in the community.

Note: This portion refers to the Health Areas identified in the Healthiest Wisconsin 2020: State Health Plan please reference attached definition document for further explanation. Learn more about the State Health Plan at: <https://www.dhs.wisconsin.gov/hw2020/index.htm>

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

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

Health Area 1: _____ is an issue in the community because.....

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

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

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

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

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

Demographics – Tell us more about you.

10. To which gender do you most identify?

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

11. Age Group:

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

12. Ethnicity: (Choose all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino or Spanish Origin | <input type="checkbox"/> Another group: _____ |
| <input type="checkbox"/> Not Hispanic or Latino or Spanish Origin | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Ethnicity unknown | |
13. Race: (Choose all that apply)
- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Race unknown |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Another group: _____ |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> White | |
14. Highest level of education completed:
- | | |
|---|---|
| <input type="checkbox"/> Some education (elementary school/high school) | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate/Professional Degree |
| | <input type="checkbox"/> Prefer not to answer |
15. Which of the following most accurately describes your current employment status?
- | | |
|---|---|
| <input type="checkbox"/> Employed, Full Time (35+ hours/week) | <input type="checkbox"/> Unemployed, Disabled |
| <input type="checkbox"/> Employed, Part Time | <input type="checkbox"/> Unemployed, Retired |
| <input type="checkbox"/> Unemployed, Looking for Work | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Unemployed, Not Looking for Work | |
16. Yearly household income:
- | | |
|--|---|
| <input type="checkbox"/> \$24,999 or below | <input type="checkbox"/> \$75,000 and above |
| <input type="checkbox"/> \$25,000-\$74,999 | <input type="checkbox"/> Prefer not to answer |
17. Are there children (under age 18) in your household?
- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|
18. How many people are in your household, including you? _____
19. Do you help or provide caregiving assistance to another adult who lives in your home or in your community?
(Examples: cooking meals, grocery shopping, housekeeping, yard care, provide transportation, medication assistance)
- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|
20. What is your current housing situation? (Indicate your primary living situation during the past 30 days)
- | | |
|---|--|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Living with Someone Else |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Renter (Home, Apartment, or Room) |
| <input type="checkbox"/> Institution (e.g., Jail or Nursing Home) | <input type="checkbox"/> Prefer not to answer |

Thank you for completing the survey!

Appendix C: Community Health Survey Results

2021 Rusk County Community Health Survey Results:
<https://www.surveymonkey.com/results/SM-S95XF8R89/>

Appendix D: Key Informant Interviews

Key informant interviews are qualitative interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community.

Interviews were conducted with various sectors of the communities in Price County between June - July 2021. A list of community sectors participating is located at the end of this report. Interviewees were provided three questions prior to speaking with Community Benefit Coordinator, Emily Brunstad, over the phone or via WebEx. The summary below includes repeating themes and key insights provided over the course of the interviews.

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? Why? (in no particular order)

- a. Mental Health
 - i. Lack of access to mental health services
 - ii. Lack of affordable housing
 - iii. Lack of high paying jobs
 - iv. Poverty
 - v. Stigma within the community
- b. Alcohol and Substance Misuse
 - i. Illegal Drugs
 - ii. Addiction
 - iii. Lack of Services
 - iv. Activities, events, or places that don't include drinking or promote drinking
 - v. Lack of transportation that contribute to alcohol related deaths and injuries
- c. Obesity
 - i. Lack of activities (outdoor and indoor) to promote healthy living (eating, exercise)
 - ii. Lack of health eating options

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

- Increase transportation options
 - Could address poverty/getting to and from jobs and alcohol/substance related injuries or death
- Activities that don't include drinking
 - Providing activities to youth and adults that don't involve drinking and substance use
- Health care providers
 - Increasing the number of mental health providers and also keep primary care providers for longer periods of time
 -

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

- Transportation
 - Safe ride programs
 - Increase hours of the public bus
- Alcohol and Substance Misuse
 - Recovery friendly employers
 - Recovery resources
- Mental Health
 - Mental health Providers
 - Mental health stigma reduction campaign
- Social determinants of health
 - Increase broadband internet

Sectors interviewed:

1. Public Library
2. Rusk County Employees
3. Domestic Violence Services

Appendix E: References

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