



**Marshfield Clinic  
Health System**



# Community Health Needs Assessment

## Marshfield Medical Center-Park Falls

### 2021

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Dear Community Members,

Marshfield Clinic Health System's 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<sup>th</sup>, 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/minocqua-marshfield-medical-center/community-health-needs>

Through these collaborative efforts, the top three priorities identified through the 2021 Community Health Needs Assessment process 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 Price County's citizens.

Yours in health,

Dr. Susan Turney, CEO  
Marshfield Clinic Health  
System

Jeff Euclide, CAO  
Marshfield Medical Center  
Park Falls

Jay Shrader, Vice President  
Community Health and  
Wellness

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## **Definition of Terms**

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- **Community Benefits Workgroup-Park Falls (CBW-Park Falls):** local and internal workgroup of Marshfield Medical Center in Park Falls 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, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin. (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.)
- **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**

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

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

The Health System today is an integrated system serving Wisconsin and beyond, with more than 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 in 34 Wisconsin communities in northern, central and western Wisconsin.

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

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MMC-Park Falls is a 25-bed critical access hospital in Park Falls, Wisconsin.

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

- 24-hour emergency services staffed by board certified emergency physicians.
- Imaging and lab space, pharmacy and more.
- Licensed critical care transport ambulances to serve our patients in Minocqua and Park Falls staffed 24/7 with critical care level paramedics and nurses

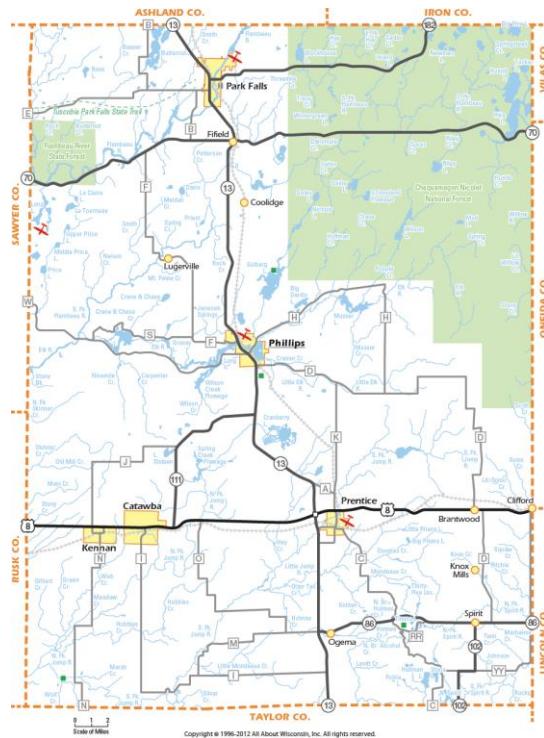
# Our Community

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MMC-PF strives toward affordable and accessible health care for all. Many patients and community members reside in Price County and neighboring counties. MMC-PF service area is not defined by county boarders, but serves those in high need areas with limited resources. MMC-PF 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 Price County borders.

## Geographic Area

Price County is located in north central Wisconsin surrounded by Ashland, Iron, Sawyer, Vilas, Taylor, Rusk, Lincoln and Oneida Counties. Price County is comprised of two cities (Park Falls and Phillips), 17 towns (including Prentice), and three villages. Price County had a total population of 13,351 in 2019 and is 100% rural county with on average 11.3 persons per square mile.



## Demographics

	<b>Price County</b>	<b>Wisconsin</b>	<b>United States</b>
<b>Total Population</b>	13,351	5,822,434	328,239,523
<b>Age</b>			
Persons under 5 years	4.4%	5.7%	6.0%
Persons under 18 years	17.9%	21.8%	22.3%
Persons 65 years and over	26.5%	17.5%	16.5%
<b>Sex</b>			
Females persons	48.9%	50.2%	50.8%
<b>Race</b>			
White alone, not Hispanic or Latino	95.2%	87.0%	60.1%
Hispanic or Latino	1.9%	7.1%	18.5%
American Indian and Alaska Native alone	0.8%	1.2%	1.3%
Black or African American alone	0.7%	6.7%	13.4%
Asian alone	0.7%	3.0%	5.9%
Native Hawaiian and other Pacific Islander alone	0.9%	0.1%	0.2%
Two or More Races	1.6%	2.0%	2.8%
Language other than English spoken at home	3.5%	8.7%	21.6%
<b>Education</b>			
High school graduate or higher	91.8%	92.2%	88.0%
Bachelor's degree or higher	16.5%	31.0%	32.1%
<b>Income</b>			
Median household income, 2015-2019	\$47,956	\$61,747	\$62,843
Persons in poverty	14.9%	10.4%	10.5%

Table B: Price County Demographics, U.S. Census, 2019

# **Assessing the Needs of the Community**

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## **Overview**

Community Benefits Workgroup (CBW)-Park Falls 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-PF is committed to addressing health inequities and conducted the Community Health Needs Assessment (CHNA) using a health equity lens and seeks to address "types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people" (Centers for Disease Control and Prevention, 2018).

The MMC-Park Falls CHNA and community health prioritization process was led by the CBW-Park Falls. The Chief Administrative Officer (CAO) of MMC-Park Falls chaired the CBW-Park Falls, which included local leadership. All members were chosen for their commitment to guide community benefits efforts and desire to improve health in the Price County communities. The CBW-Park Falls reviewed the Price County CHNA, 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-Park Falls.

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

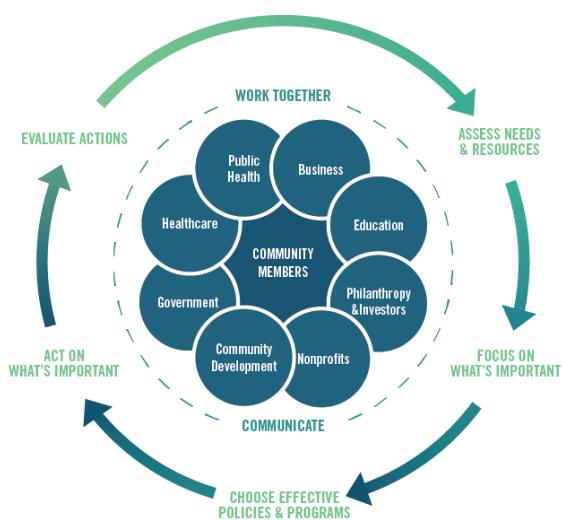
January 2021	Began Community Health Needs Assessment Process
March – April 2021	Distributed the community health survey throughout the community
March- April 2021	Distributed paper community health surveys to underrepresented groups
April – May 2021	Completed Key Informant Interviews with stakeholders in Price County
June- July 2021	Concluded primary and secondary data collection
August 2021	CBW-Park Falls prioritized health priorities for MMC-Park Falls
December 2021	Completed, approved and publicized the MMC-Park Falls CHNA

## **Process and Methods**

The assessment process began with a thorough review of the 2021 Price County CHNA which was completed by the CHNA Partnership and included MMC-Park Falls representation. The purpose of the assessment was to identify the health needs of the community, prioritize top health concerns and encourage Price County residents to engage in improving the health of the community. Both primary and secondary data collection methods were utilized and various efforts were made to connect with several different demographic groups to develop a thorough understanding of health issues

facing members of Price County communities. The complete Price County CHNA report is available at <https://www.co.price.wi.us/203/Public-Health>

In addition, the CBW-Park Falls utilized the County Health Rankings and Roadmaps Take Action Model (Figure A) to guide the CHNA 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 CHNA Partnership to Price 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 CHNA Partnership utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

The CHNA Partners 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 did include some specific questions for the senior population (over age 65 years) to ensure this specific population was represented within the survey. Additional questions for all respondents focused on the current impacts of the COVID-19 pandemic on health and communities in Price County.

The survey collected 305 responses between March through April 2021 from Price County residents. Overall, respondents tended to be white, female and between the ages of 55-64. 12.75% of survey respondents are retired, and less than 2% 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 for example, residents, professionals, elected officials and faith leaders.

For this assessment key informant interviews were conducted via WebEx video conferencing platform to observe COVID-19 pandemic safety protocols. The CBW-Park Falls identified a list of 20 potential key informants across Price County to invite to complete an interview. 10 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 Oneida County availability and to improve representation of underrepresented health priority measures. Data sources included US Census, Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 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-Park Falls to Price 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. This survey was distributed at food pantries and libraries across Price County.
- 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-Park Falls utilized a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties.

### *Step 2: Key Informant Interviews, April – May 2021*

- 20 individuals were identified as potential Key Informants and 10 interviews were conducted via WebEx video conferencing platform to observe COVID-19 pandemic safety protocols.

### *Step 3: Secondary Data Review, May- June 2021*

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

### *Step 5: CBW-Park Falls Meeting, August 2021*

The CBW-Park Falls met in August 2021 to review primary, secondary data on Price county and prioritize needs. The group considered 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?

## **Addressing the Needs of the Community**

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### **Overview**

After completing extensive review of the Price County Community Health Needs Assessment Survey, Key Informant Interview Summary, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center in Park Falls 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-Park Falls chose to combine a number of health priorities (as defined in primary data collection) as shown in Table C.

**Table C. Health Priority Crosswalk**

<b>Price County Community Health Needs Assessment Survey Results</b>	<b>MMC-Park Falls CHNA</b>
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	Behavioral Health
Mental Health	
Obesity	
Vaping & Tobacco Use and Exposure	
Healthy Nutrition	Chronic Disease
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 Abuse**

Substance use and alcohol misuse were identified as a 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-PF will complement local community efforts by focusing on reducing underage alcohol access and reducing excessive alcohol consumption in addition to supporting community driven efforts through a variety of methods.

**Table D. Data Highlights**

	Price County	Wisconsin
Percentage of Adults reporting binge in the past month.	26.0%	21.9%
Rate of all alcohol attributable deaths.	37.5 per 100,000 residents	43 per 100,000 residents
Rate of alcohol related emergency room visits.	1032.6 per 100,000 residents	635.7 per 100,000 residents
Alcohol Outlet Density – People per license.	152.29 People per License (2017-2018)	339.35 People per license (2017-2018)
Rate of any opioid related emergency room visits.	7.2 opioid related discharges per 100,000 residents (2017-2019)	42.9 opioid related discharges per 100,000 residents
Rate of any opioid overdose deaths (age-adjusted).	9.6 deaths per 100,000 residents	15.5 deaths per 100,000 residents

*Table D. County Health Rankings, 2021; WISH, 2019.*

From the 2021 Community Health Needs Survey:

#### Alcohol misuse

- 48.51% of survey respondents believe not everyone understands the impact of alcohol misuse on overall health.
- 63.37% of survey respondents believe alcohol is easily available in the community (adults provide alcohol, number of establishments within the community).
- 69.31% of survey respondents believe alcohol misuse is an accepted attitude or belief within families or the community.

#### Substance Use

- 52.78% of survey respondents believe not everyone understands the impact of substance use on overall health.
- 74.07% of survey respondents believe substances are easily available in the community (schools, neighborhoods, homes, etc.).
- 55.56% of survey respondents believe substance use is an accepted practice within families or the community.
- 61.11% of survey respondents believe people cannot access services for substance use treatment (lack of transportation or convenient health services, unable to miss work).

#### **Health Priority: Behavioral Health**

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

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

MMC-PF 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 E. Data Highlights**

Indicators	Price County	Wisconsin
Average number of mentally unhealthy days reported in the last 30 days (age adjusted).	4.2 days	4.0 days
Suicide rate per 100,000 residents (age adjusted).	13.8 deaths per 100,000 residents	14.4 deaths per 100,000 residents
Ratio of residents to mental health providers.	1,670 residents:1 mental health provider	470 residents: 1 mental health provider

Percentage of 9 <sup>th</sup> graders who report experiencing significant problems with anxiety in the past 12 months.	52%	45.4%
Percentage of 12 <sup>th</sup> graders who report experiencing significant problems with anxiety in the past 12 months.	56%	46.9%

Table E. County Health Rankings, 2021; Price County YRBS, 2019.

From the 2021 Community Health Needs Survey:

- 66.94% of survey respondents believe not everyone understands the impact of mental health on overall health.
- 80.99% of survey respondents believe people don't feel comfortable seeking mental health services (taboo or stigma attached to mental health).
- 70.25% of survey respondents believe affordable mental health treatment is not available for those who need it.
- 80.17% 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 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-PF 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 F. Data Highlights**

Indicators	Price 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 <sup>2</sup>	31%	32%

Percentage of population who lack adequate access to food.	10%	9%
Percentage of adults age 20 and over reporting no leisure-time physical activity.	25%	20%

*Table F. County Health Rankings, 2021.*

From the 2021 Community Health Needs Survey:

- 72.04% of survey respondents believe not everyone understands or takes seriously the risks of obesity to overall health.
- 69.89% of survey respondents believe health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, counseling).
- 48.65% 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).
- 62.22% of survey respondents believe not everyone knows how to eat healthy or has the skills to prepare healthy food.
- 57.78% of survey respondents believe health 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-Park Falls 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 G. Data Highlights**

Indicators	Price County	Wisconsin
Percentage of people under age 18 in poverty.	22%	14%
Percentage of population ages 16 and older unemployed but seeking work.	4.4%	3.3%
Percentage of adults under age 65 without health insurance.	8%	8%
Percentage of children under age 19 without health insurance.	5%	4%
Percentage of owner occupied housing units.	78%	67%
Percentage of occupied housing units with no vehicles available.	6.0%	6.7%

*Table G. County Health Rankings, 2021; Price County, U.S. Census, 2019.*

From the 2021 Community Health Needs Survey:

- 43.18% 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.
- 47.73% of survey respondents identify the stressful conditions that accompany living in poverty contribute to their top community health concerns.
- 55.91% of survey respondents identify access to educational, economic and job opportunities contribute to their top community health concerns.
- 49.09% of survey respondents identify access to health care services contribute to their top community health concerns.
- 25.0% 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-Park Falls considered other organizations addressing the specific need, the ability of MMC-Park Falls 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-Park Falls for reasons indicated:

- Communicable Disease Prevention & Control: Instead of leading this charge, staff participate in the Northcentral Wisconsin Healthcare Emergency Readiness Coalition in addition to numerous COVID-19 workgroups across regional county areas.
- Oral Health: Staff from MMC-PF does not provide related services, however the Family Health Center of Marshfield Dental Center, does lead these efforts locally, regionally and nationally. One of the Family Health Center Dental locations is in Park Falls.

## **Potential Resources to Address Health Priorities**

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

- Price County Aging Unit
- Price County Health & Human Services
- Price County Public Health
- Aspirus
- Price County AODA and Mental Health Coalition
- Price County Health & Wellness Coalition
- Northwoods Tobacco Free Coalition

## **Next Steps**

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Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups, and organizations. MMC-Park Falls 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-Park Falls, 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-Park Falls 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-Park Falls 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<sup>th</sup>, 2021.

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

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

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MMC-Park Falls was acquired in August of 2020. Therefore, there is no preceding Implementation Strategy to evaluate.

## **Appendix A: Individuals Involved in the CHNA**

### **Community Benefits Workgroup–Park Falls**

- Jeff Euclide, Chief Administrative Officer – MMC-Park Falls
- Dr. Michael Schaars, Vice President of Medical Affairs, MMC-Park Falls
- Liz Schreiber, Director of Patient Care Services, MMC-Park Falls
- Katie Weinberger, Operations Manager
- Brandon Bay, Finance Assistant
- Beth Harrop, HR Business Partner Manager, MMC- Park Falls
- Jay Shrader, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- Deanna Cole, Director, Community Health, Marshfield Clinic Health System
- Kate Stough, Community Benefits Coordinator, Team Lead, MMC-Park Falls

## **Appendix B: Community Health Survey**

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Marshfield Medical Center - Park Falls

### **Price 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 Price County only. Your answers will remain anonymous and confidential, and will be combined with all survey respondents. The results will be shared with community members who are interested in improving the health of the community.

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

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

### **Health Area Definitions**

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#### **Health Area: Alcohol Misuse**

Alcohol misuse is when using alcohol can cause problems.

It can affect the community and cause:

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

Alcohol misuse is when:

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

#### **Health Area: Chronic Disease Prevention and Management**

Healthier communities help people prevent and manage chronic diseases like:

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

#### **Health Area: Communicable Disease Prevention and Control**



Marshfield Medical Center - Park Falls

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

Examples include:

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

Healthier communities control the spread of these diseases with:

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

### **Health Area: Environmental and Occupational Health**

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

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

### **Health Area: Healthy Growth and Development**

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

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

### **Health Area: Healthy Nutrition**

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

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

### **Health Area: Injury and Violence Prevention**

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

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

### **Health Area: Mental Health**

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

- |              |                         |                      |
|--------------|-------------------------|----------------------|
| • Depression | • Post-Traumatic Stress | • Bi-polar disorder  |
| • Anxiety    | Disorder (PTSD)         | • 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 decay
- Tooth loss
- Mouth Sores.

### **Health Area: Physical Activity**

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

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

### **Health Area: Reproductive and Sexual Health**

Healthier communities have education and healthcare services to:

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

### **Health Area: Substance Use**

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

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

### **Health Area: Vaping/Tobacco Use and Exposure**

All communities are healthier when communities offer programs to:

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

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

---

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

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

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

3. What are the greatest strengths in Price 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)

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

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

Please answer the next 3 questions if you are over age 60 or provide caregiving assistance to another adult who lives in your home or in your community. If neither of these situations apply to you, please skip to the next page.

10. What does healthy aging mean to you?

11. What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?



12. What are the three most important issues facing older adults today?

### **Demographics – Tell us more about you.**

---

13. 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 |  |   |

14. 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 |

15. 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                        |   |

16. 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                                     |   |

17. 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         |

18. Which of the following most accurately describes your current employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> Employed, Full Time (35+ hours/week) | <input type="checkbox"/> Unemployed, Not Looking for Work |
| <input type="checkbox"/> Employed, Part Time                  | <input type="checkbox"/> Unemployed, Disabled             |
| <input type="checkbox"/> Unemployed, Looking for Work         | <input type="checkbox"/> Unemployed, Retired              |



Prefer not to answer

19. Yearly household income:

\$24,999 or below  
 \$25,000-\$74,999

\$75,000 and above  
 Prefer not to answer

20. Are there children (under age 18) in your household?

Yes       No       Prefer not to answer

21. How many people are in your household, including you? \_\_\_\_\_

22. Do you help or provide caregiving assistance to another adult who lives in your home or in your community? (*Examples: cooking meals, grocery shopping, housekeeping, yard care, provide transportation, medication assistance*)

Yes       No       Prefer not to answer

23. What is your current housing situation? (*Indicate your primary living situation during the past 30 days*)

Homeowner       Living with Someone Else  
 Homeless       Renter (Home, Apartment, or Room)  
 Institution (e.g., Jail or Nursing Home)       Prefer not to answer

**Thank you for completing the survey**



Marshfield Medical Center – Park Falls

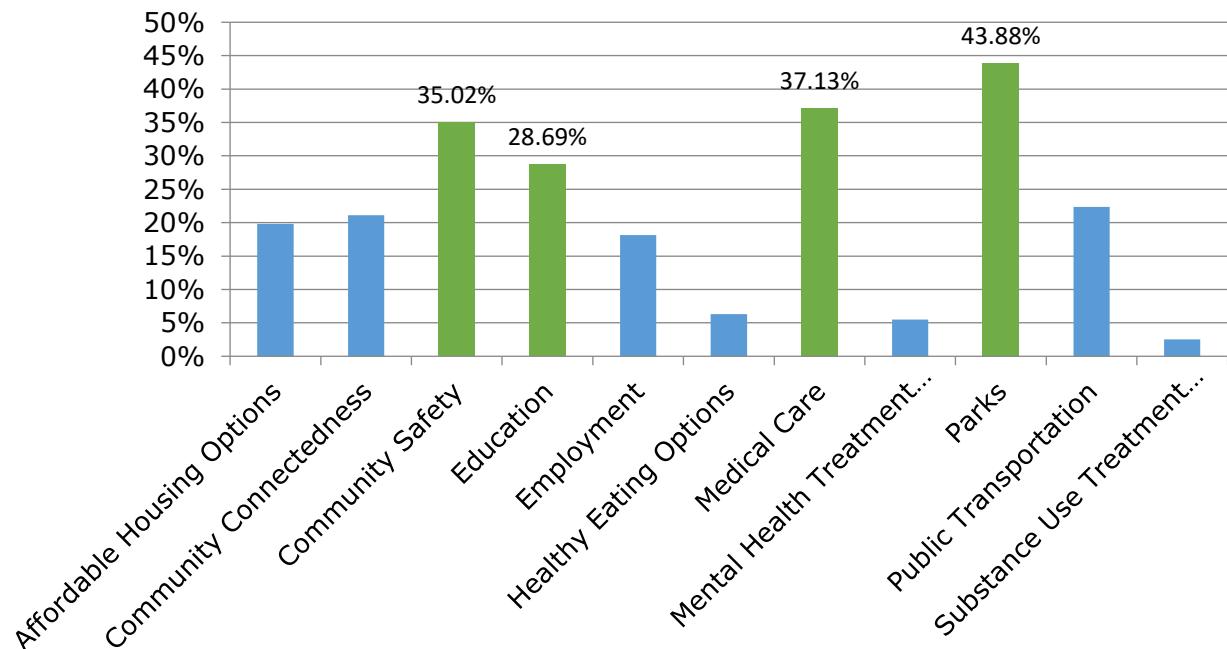
## **Appendix C: Community Health Survey Summary**

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### **Price County: Community Health Survey 2021 Executive Summary**

Individuals were surveyed March through April 2021. Respondents self-identified that they either lived or worked in Price County. The survey was available on Marshfield Medical Center- Park Falls website, and through social media pages of MMC- PF, Price County Public Health, Phillips Library, and other Facebook groups for area events. Further paper copies of the survey were made available to participants at local food pantries and COVID-19 vaccination clinics during March-April 2021.

**When asked what are strengths of Price County, respondents said...**



**Percentage of respondents that identify these factors contribute to their top community health concerns (selected all that applied)...**

<b>Access to educational, economic, and job opportunities</b>	<b>55.91%</b>
<b>Access to health care services</b>	<b>49.09%</b>
Access to mass media and emerging technologies (e.g., cell phones, Internet and social media)	25.45%
<b>Availability of resources to meet daily needs (e.g., safe housing and local food markets)</b>	<b>43.18%</b>
<b>Living in poverty and the stressful conditions that accompany it</b>	<b>47.73%</b>
<b>Opportunities for recreation and leisure</b>	<b>38.64%</b>
Public safety	10.45%

Racism and discrimination	13.18%
Resources provided for multiple languages and literacy levels	5.00%
<b>Social support</b>	<b>30.00%</b>
Transportation options	25.00%
Quality of education and job training	25.91%

Questions in this survey refer to the health topics identified in the Healthiest Wisconsin 2020: State Health Plan.

When asked whether they feel it is an issue in the community, respondents said:

	<b>Not An Issue</b>	<b>Slight Issue</b>	<b>Moderate Issue</b>	<b>Major Issues</b>	<b>Unsure</b>
Alcohol Misuse	2.62%	9.61%	41.05%	42.79%	3.93%
Mental Health	0.42%	11.81%	29.96%	54.85%	2.95%
Obesity	0.85%	4.66%	34.75%	58.05%	1.69%
Physical Activity	2.54%	9.75%	41.10%	44.49%	2.12%
Substance Use	1.27%	3.38%	24.47%	67.09%	3.80%
Vaping/Tobacco Use	0.85%	9.75%	33.47%	49.15%	6.78%

When asked to select their top three health areas that are in most need of improvement in their community, respondents selected:

All Respondents	
<b>Mental Health</b>	<b>53.62%</b>
<b>Substance Use</b>	<b>49.79%</b>
<b>Alcohol Misuse</b>	<b>45.11%</b>
<b>Obesity</b>	<b>41.28%</b>
Physical Activity	25.53%
Healthy Nutrition	21.28%

Chronic Disease Prevention and Management	16.60%
Low Income Respondents	
<b>Substance Use</b>	<b>64.29%</b>
<b>Alcohol Misuse</b>	<b>57.14%</b>
<b>Obesity</b>	<b>42.86%</b>
<b>Mental Health</b>	<b>35.71%</b>
Healthy Growth and Development	21.43%

## Mental Health

Of the respondents that identified mental health as a top issue, respondents said mental health was a top issue in Price County because...

<b>43.80%</b>	People are not aware of mental health conditions (information is not available through schools, employers, or within community)
<b>52.07%</b>	People are not aware of services to help those with mental health conditions
<b>80.99%</b>	<b>People don't feel comfortable seeking mental health services (taboo or stigma attached to mental health)</b>
<b>70.25%</b>	<b>Affordable mental health treatment is not available for those who need it</b>
<b>80.17%</b>	<b>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)</b>
<b>66.94%</b>	Not everyone understands the impact of mental health on overall health
<b>8.26%</b>	Information on mental health conditions or mental health support groups are not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address mental health?

Strongly Agree	Agree	Unsure	<b>Disagree</b>	<b>Strongly Disagree</b>
0.0%	15.7%	19.1%	<b>43.8%</b>	<b>21.5%</b>

Do you believe that the community is ready to address mental health?

Strongly Agree	<b>Agree</b>	<b>Unsure</b>	Disagree	Strongly Disagree
7.4%	<b>29.75%</b>	<b>33.8%</b>	21.3%	6.6%

Price County residents also shared:

- COVID-19 has made mental health an issue we can not ignore.
- Psychiatry services are needed in the county.
- There is a strong stigma/taboo placed on those seeking mental health and/or substance use services in Price County.
- Coping mechanisms used in Price County are not healthy, they can include drugs, alcohol, vaping/tobacco use, etc.
- Access to mental health providers is difficult and hard to navigate.
- People have to choose between going to work for a whole day or take a whole day off to drive to an appointment outside of the county for counseling if needed in an emergency.

## Substance Use

Of the respondents that identified substance use as a top issue, respondents said substance use was a top issue in Price County because...

35.19%	People are not aware of the substance use treatment options available to them
47.22%	More substance use prevention education is needed
<b>55.56%</b>	<b>Substance use is an accepted practice within families or the community</b>
26.85%	There are not enough substance-free areas or events available
<b>53.70%</b>	<b>Treatment to stop substance use is too expensive</b>
<b>61.11%</b>	<b>People cannot easily access services for substance use treatment (lack of transportation or convenient health services, unable to miss work)</b>
<b>74.07%</b>	<b>Substances are easily available in the community (schools, neighborhoods, homes, etc.)</b>
<b>52.78%</b>	<b>Not everyone understands the impact of substance use on overall health.</b>
6.48%	Substance use prevention and treatment information is not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address substance use?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1.85%	11.11%	<b>26.85%</b>	<b>40.7%</b>	19.44%

Do you believe that the community is ready to address substance use?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
5.6%	<b>25.0%</b>	<b>34.26%</b>	<b>25.93%</b>	9.26%

Price County residents also shared:

- There is no negative stigma attached to using.
- Destroys families and leads to poverty.
- Over and over the same addicts are placed in jail and released to use again. Rehab and support are needed.
- Dare is not an effective program. We need to address the underlying causes of the abuse.
- This community had numerous substance abusers. Its not just younger people either.
- I believe Price County Health Department is at fault for giving away new needles to drug addicts so they don't get a blood borne pathogen.
- Putting responsibility on the police and sheriff's office isn't fair for tackling this issue. There are few to no local in or out patient programs available for people suffering from addiction.
- People with substance abuse are not even working. There are too many programs and income supplementing benefits available. They really need to be working! Our help wanted ads are numerous; employers need workers. However, many do not

need to go to work because there are enough benefits available that they can survive without working!

- Marijuana is becoming more acceptable and we are seeing more teens use it as a result, which is causing them to experiment with stronger drugs as they get older.

## Alcohol Use

Of the respondents that identified alcohol use as a top issue, respondents said alcohol use was a top issue in Price County because...

28.71%	People are not aware of the alcohol misuse treatment options available to them
36.63%	More alcohol misuse prevention education is needed (drinking underage, during pregnancy, and binge drinking)
22.77%	Laws are not strict enough (i.e. laws for underage drinking or driving while intoxicated)
<b>49.50%</b>	<b>There are too few alcohol-free social activities available</b>
<b>69.31%</b>	<b>Alcohol misuse is an accepted attitude or belief within families or the community</b>
43.56%	Free or affordable options for safe rides are unavailable
17.82%	Alcohol misuse treatment options are too expensive
<b>51.49%</b>	<b>People cannot easily access services for alcohol misuse treatment (lack of transportation or convenient health services, unable to miss work)</b>
<b>63.37%</b>	<b>Alcohol is easily available in the community (adults provide alcohol, number of establishments within community)</b>
<b>48.51%</b>	<b>Not everyone understands the impact of alcohol misuse on overall health</b>
3.96%	Alcohol misuse prevention and treatment information is not available in language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address alcohol use?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
0.9%	12.87%	<b>37.62%</b>	<b>37.62%</b>	10.89%

Do you believe that the community is ready to address alcohol use?

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
0.0%	9.9%	<b>39.6%</b>	<b>40.59%</b>	9.9%

Price County residents also shared:

- Social drinking is acceptable and it is not socially acceptable to refrain. Pressure from peers and family members. Readily available. Alcoholism destroys the family unit. Creates poverty
- Drug and alcohol abuse is prevalent with parents and they don't set a good example for their children.
- Consumption of alcohol is a way of life in Price County and has been for a long time- it is an acceptable way of life.
- Going to bars is more important than anything else in Price County.

- Too many underage drinking issues/ not enough for teenagers to do in the community.
- Local bars allow minors to consume in the establishments. There is nothing else to do. People who are depressed or having a mental health crisis turn to it; because there is no mental health support available.
- Every get together always has alcohol served. People gather at bars often. Our children see this and the cycle continues.
- In a rural area there is a lack of events for the community. Many events in the community have alcohol associated with the event. Example Flambeau Rama. The carnival is terrible and the chambers big money maker is the alcohol that is served when people come to see the expensive bands.
- People need to realize they don't need alcohol to have fun. Lack of mental health care allows people to turn to alcohol and drugs to self medicate

## **Obesity**

Of the respondents that identified obesity as a top issue, respondents said obesity was a top issue in Price County because...

33.33%	People are not aware of the resources or services available for healthy weight management (grocery store tours, nutrition/healthy cooking classes)
<b>69.89%</b>	<b>Health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, counseling)</b>
46.24%	Healthy weight support groups or treatment services are not affordable
46.24%	People cannot easily access services for healthy weight management (lack of transportation or convenient health services, unable to miss work)
<b>72.04%</b>	<b>Not everyone understands or takes seriously the risks of obesity to overall health</b>
3.23%	Information about healthy weight management is not available in the language needed

Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address obesity?

Strongly Agree	Agree	Unsure	<b>Disagree</b>	Strongly Disagree
4.3%	8.6%	26.88%	<b>50.54%%</b>	9.68%

Do you believe that the community is ready to address obesity?

Strongly Agree	Agree	<b>Unsure</b>	<b>Disagree</b>	Strongly Disagree
1.08%	18.28%	<b>48.39%</b>	<b>26.88%</b>	5.38%

Price County residents also shared:

- There needs to be better access to convenient and healthy foods. Our grocery store prices are so expensive when you try to eat right. Also there lacks the ability for easy access to exercise facilities or outdoor events to keep people active.
- There are no resources such as gyms and memberships are expensive.
- Price of healthy food is always more than junk food.
- People cannot afford the healthier food options. Its cheaper to buy fast food then cook for the family.

- We need tough love programs that address the fact that people need to be responsible for their own actions.
- Sometimes obesity is a result of other health problems that are not being addressed

## Healthy Aging

A specific set of questions were asked to individuals who identified themselves as 55 years or older. The following is small sampling of these questions.

When seniors (over 65 years old) were asked "What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?" respondents said:

- Help with a computer/technology
- Home health assistance such as showering, shopping, housekeeping, transportation to medical appointments, hearing assistance, meds, meals, meal assistance. dressing assistance.
- Good internet connection. Transportation. Friends. Family. Clean air and water. Walkable community: groceries, stores, library, parks.
- Easy access to health care to take care of my chronic health conditions.
- Opportunities to socialize
- Caregivers/agencies who are able to provide 24 hour care in the home.
- Better access to specialty health care. Community support to keep the aging moving.
- Transportation; accessible home; health care; affordable drug costs
- Help with staying in my home, people willing to do lawn care, snow removal, routine home care tasks. I am happy to pay for the help and have it now but still worry about the future. I am concerned about transportation for the times when I can not drive myself. As I age, so do my friends.

When seniors (over 65 years old) were asked "What are the top three concerns facing today's seniors?" respondents most often said:

Mental Health Concerns (loneliness, isolation, depression, etc.)
Finances (rising costs of living while on a fixed income)
Health Care (access to services including specialty, costs of health care and prescription medications)
Nutrition (ability to cook independently; have access to nutritious foods, etc.)
Physical Activity (recreation opportunities)
Engaged Community (social opportunities, clubs and organizations, etc.)
Lack of Senior Specific Services (home cleaning help, yard maintenance, etc.)
Transportation (when unable to drive independently)
Housing (lack of affordable senior housing units)

## Demographic Profile of Survey Respondents

Gender	Female	84.31%
	Male	11.76%
	Non-Conforming	0.49%
	Prefer not to answer	2.45%
	Not listed	0.98%
Age	Under 18	1.96%
	18-24	1.47%
	25-34	12.75%
	35-44	18.14%
	45-54	21.57%
Ethnicity	Hispanic or Latino or Spanish Origin	0.98%
	Not Hispanic or Latino or Spanish Origin	86.76%
	Ethnicity unknown	0.98%
	Prefer not to answer	12.25%
Race	American Indian or Alaska Native	0.99%
	Asian	0.49%
	Native Hawaiian or Other Pacific Islander	0.49%
	White	90.15%
	Prefer not to answer	8.87%
Education Level	Some education (elementary school/high school)	2.94%
	High School/GED	10.78%
	Some College	17.16%
	Associate's Degree	24.02%
	Bachelor's Degree	26.47%
	Graduate/Professional Degree	15.20%
	Prefer not to answer	3.43%
Employment Status	Employed, Full Time (35+ hours/week)	64.71%
	Employed, Part Time	18.14%
	Unemployed, Looking for Work	0.49%
	Unemployed, Not Looking for Work	0.49%
	Unemployed, Disabled	1.96%
	Unemployed, Retired	12.75%
	Prefer not to answer	1.47%
Household Income	\$24,999 or below	6.90%
	\$25,000-\$74,999	35.7%
	\$75,000 and above	37.44%
	prefer not to answer	20.20%
Household Situation	Homeowner	84.2%
	Renter	10.34%

## **Appendix D: Key Informant Interviews**

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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 May 1<sup>st</sup> – May 21<sup>st</sup>, 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, Kate Stough, 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. Access to Care is repeated overarching theme that can be broken down into many specific access barriers:
  - i. Physical distance to specialty care (typically must leave county for care)
  - ii. Cost of individual insurance or private pay options
  - iii. Lack of specialty providers (lacking maternity care providers) and limitations on practice scope (youth or geriatric).  
*Behavioral health services were mentioned most often in relation to access to care.*
  - iv. Lack of broadband internet restricts telehealth options to some county residents in addition to lack of technology skills to utilize telehealth options
- b. Low Income/Low wages/poverty
  - i. Few high paying jobs in area
  - ii. Many have to work multiple positions to sustain a family
  - iii. Low wages restrict access to affordable housing, education options, recreation, and healthcare options
- c. Transportation
  - i. Most would like to see more robust options in terms of route timing (nights, weekends) and larger service area (more rural door to door service)
- d. Drug Abuse
  - i. Law enforcement tends to be more reactive than proactive or supportive of prevention
  - ii. Breaks up families and continues to perpetuate historical family trauma
  - iii. Lack support groups willing to work with each other to serve everyone seeking support (users and family members)
- e. Behavioral Health/Mental Health

- i. Stigma is felt and seen about accessing care
- ii. Limited appointment availability with specialists
- iii. Strong mindset that this is just how it's going to be

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

- a. The interviewees were more split on what areas of the community are ready for change.
- b. Some felt that 18-40 year olds are demanding change because of experience outside of the area. Then the under 35 year olds with young families are really demanding new services and ready change to community minded activities.
- c. Some feel employers are ready for change due to lack of reliable employees and are starting to recruit employees directly from high school more because they can directly train and retain for long careers. Other felt employers are ready to push change in wider community services to retain all members of a family in the region (tailing spouses).
- d. Many felt it was hard to determine areas of the community ready for change due to the restrictions during pandemic that prevented gathering and socialization.

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

- a. Increase in number of free or low cost activities for ALL members of a family that aren't hosted in alcohol serving venues
  - i. Sports leagues, theater, arts, science
- b. Offer free legal services or provide support for legal services
- c. Rental Readiness courses- provide potential renters with the skills to avoid evictions and increase communication between tenants and property owners
- d. Keep Parenting Support Programs- parent cafés from Phillips and expand to other communities
- e. Offer leadership courses to business leaders to increase collaboration across multiple sectors to address quality of life issues in Price County
- f. Support broadband access and infrastructure programs
- g. Continue support for the farmers markets and provide more learning opportunities in nutrition
- h. Develop volunteerism among local residents to support youth and senior programs that will benefit all
- i. Support beautification of downtown areas to increase foot traffic and sense of ownership in their communities. This also includes working to improve road and sidewalk infrastructure
- j. Continue substantive programs from the Strong Families, Strong Kids program beyond the music in the park
- k. Increase community meals and gathering to support socialization across multiple generations
- l. Increase arts and cultural expression opportunities.

- m. Support community wide communication campaigns focused at reducing stigma around asking for help (ie. mental health or substance use treatment)
- n. Offer a free or flat fee clinic for uninsured or underinsured residents
- o. Ensure all activities that were discontinued to COVID return again

**Sectors interviewed:**

- 1. Public Libraries
- 2. Public Schools
- 3. Price County Employees
- 4. Elected Officials
- 5. Disability Services
- 6. Healthcare
- 7. Tourism Organizations
- 8. Domestic Violence Services
- 9. Faith Leaders
- 10. General Community Members

## **Appendix E: References**

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