



Marshfield Clinic
Health System



Community Health Needs Assessment Marshfield Medical Center-Ladysmith June 2019

Dear Community Members,

Marshfield Clinic Health System's mission is to enrich lives; to create healthy communities through accessible, affordable, compassionate health care. We know that health is driven by much more than what happens in the doctor's office. Wherever possible, through programs, services, and public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. That is why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on June 20, 2019, and supports its goals.

We have collaborated with community partners to assess the health and needs of the community through meetings, surveys, community conversations, key informant interviews and a variety of data sources. This document summarizes these key findings. Electronic versions of this needs assessment and companion documents can be found [here](#).

Through these efforts the top two priorities identified through the 2019 Community Health Needs Assessment process are:

- Alcohol and Substance Abuse
- Behavioral Health

By using the Community Health Needs Assessment, we can evaluate relevant determinants of health that give valuable insight in guiding decisions that create a pathway for improving the health of our community.

We hope that you find this document useful and welcome any comments and suggestions you may have 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 W Ladysmith, WI 54848

Table of Contents

Letter to the Community.....	2
Definition of Terms.....	4
Executive Summary.....	6
Our Community.....	8
Assessing the Needs of the Community.....	10
Addressing the Needs of the Community.....	12
Potential Resources to Address Significant Health Priorities.....	17
Next Steps.....	17
Evaluation of Impact of the Preceding Implementation Strategy.....	18
Appendix A: Rusk County Demographics.....	19
Appendix B: Individuals Involved in CHNA.....	20
Appendix C: Rusk County Health Ranking.....	21
Appendix D: Priority Matrix.....	23
Appendix E: Resources.....	24
Appendix F: Rusk County Community Health Assessment Survey.....	25

Definition of Terms

- **Community Benefits Workgroup-Ladysmith (CBW-L):** 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)
- **Healthy Lifestyles, Healthy Communities for Rusk County:** is a collaboration of organizations from Rusk County that meets to conduct the Community Health Assessment (CHA). The stakeholders include Indianhead Community Action Agency, Rusk County Department of Public Health, The University of Wisconsin-Eau Claire, and Marshfield Medical Center-Ladysmith.
- **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)
- **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/Health Priority Focus Areas:** 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)
- **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)

Executive Summary

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 10,000 employees including over 1,200 providers in 86 specialties. Its entities provide service and health care to more than two million residents through over 50 clinical care centers in 34 Wisconsin communities.

The Health System includes Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield including Marshfield Children's Hospital, Eau Claire, Rice Lake, Neillsville, Ladysmith, Minocqua, as well as a joint venture with Flambeau Hospital in Park Falls; Marshfield Clinic Research Institute; Security Health Plan of Wisconsin, Inc.; and Marshfield Clinic Health System Foundation.

The Clinic operates 10 dental centers 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, offers primary, secondary, tertiary and Level IV Trauma Center hospital services provided by Marshfield Clinic specialists. Formerly, Rusk County Memorial Hospital (RCMH) was acquired by Marshfield Clinic Health System in September 2018, and name changed to Marshfield Medical Center-Ladysmith. MMC-L is the only hospital within a 45-mile radius and offers a variety of medical services to care for a population of approximately 18,000 people in Rusk County and the surrounding communities.

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

- Pulmonary and critical care medicine
- General and orthopedic surgery services
- 24/7 emergency department
- Comprehensive cancer care services including inpatient and outpatient care
- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy
- Inpatients transitional care swing bed program
- State-of-the-art diagnostic imaging services available 24/7

Mission

We enrich lives to create healthy communities through accessible, affordable, compassionate health care.

Vision

We will innovate and define the future of health care for generations and be the consumer's first choice for health care.

Values

Patient-centered: We listened, serve and put the needs of the patient first.

Trust: We earn trust through honesty, integrity, respect and compassion.

Teamwork: We work together, respecting each other and our professional roles.

Excellence: Through research, education and best practice, we deliver exceptional quality.

Affordability: We are accountable as we manage resources and deliver value-based care.

Summary of Community Health Needs Assessment

In 2018, the Community Health Needs Assessment (CHNA) process for Marshfield Medical Center-Ladysmith was led by the Healthy Lifestyles, Healthy Communities Committee for Rusk County. The group was comprised of University of Wisconsin-Eau Claire students and faculty, Rusk County Public Health Department, Rusk County Health and Human Services, Rusk County Economic Development, Marshfield Medical Center–Ladysmith (formerly Rusk County Memorial Hospital), and Indianhead Community Action Agency.

The coalition was formed in January 2018 to address the county's health needs and improve the overall well-being of the community. The committee followed a systematic process to evaluate the health needs of the community and determine the health priorities. The Rusk County Community Health Assessment (CHA) 2018 report was the primary source of data into the assessment and prioritization process. The report is a joint effort of Marshfield Medical Center-Ladysmith, Rusk County Department of Public Health, The University of Wisconsin-Eau Claire, Indianhead Community Action Agency, Healthy People, Healthiest Wisconsin 2020, County Health Rankings, and input from local stakeholders via key informant interviews were considered during the process.

Community Health Needs Assessment (CHNA) Timeline

October 2017	Began meeting to plan the CHA with the Healthy Lifestyles, Healthy Communities CHA/CHIP Steering Committee
February 2017	Distributed the community health survey throughout the community
March 2018	Began compiling the secondary local health data
April 2, 2018	Hosted Community Conversations to determine top health priorities at Kick-Off event
May 2018	Began hosting monthly coalition meetings to write the 2018 Rusk Co. CHA
January 2019	Began writing the MMC-L 2018 CHNA
June 20, 2019	Completed, approved, and publicized the 2018 MMC-L CHNA

After completing an extensive analysis of the 2018 Rusk County CHA and reviewing the other aforementioned quantitative and qualitative data, the top community health priorities were identified by the CBW-L and for MMC-Ladysmith are as follows:

- Alcohol and Substance Abuse
- Behavioral Health

Our Community

MMC-L strives toward 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 (Atlanta, Big Bend, Big Falls, Cedar Rapids, Dewey, Flambeau, Grant, Grow, Hawkins, Hubbard, Lawrence, Marshall, Murry, Richland, Rusk, South Fork, Strickland, Stubbs, Thornapple, True, Washington, Wilkinson, Willard, and Wilson) with a total population of 14,147 in 2018, approximately 76.6% of which is rural. (United States Department of Commerce, 2019).

The city of Ladysmith has a total population of 3,154 in 2010 and is located along the Flambeau River, approximately 40 miles east of Rice Lake, WI and 60 miles north of Eau Claire, WI.



Demographics

Rusk County is 96.2% Caucasian, 0.5% Asian, 2.0% Hispanic or Latino, and 1.2% Black or African American, 1.4% two or more races, and 0.7% American Indian and Alaskan Native. The county population is decreasing 4.1% since 2010 to 2018. The median household income for Rusk County is less than the state average at \$41,930 compared to \$56,759 (United States Department of Commerce, 2019). The number of ALICE (Asset Limited, Income Constrained, Employed) households in Rusk County is higher than the state average at 29% and 25.8% comparatively with the poverty rate of 14.7% which is higher than the state average of 11.3% (United Way ALICE Project, 2018).

The education level of Rusk County residents is lower than the statewide average. According to the latest census, 87% of Rusk County residents have a high school degree, compared to 91.7% statewide. Likewise, 55% of adult’s ages 25-44 have some post-secondary education in Rusk County, compared to 68% statewide. Approximately 14.8% of Rusk County residents have obtained a bachelor’s degree or higher compared to 29% statewide (United States Department of Commerce, 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.

Additional demographic information is included in Appendix A.

Assessing the Needs of the Community

Overview

MMC-L identified and prioritized community health priorities through a comprehensive process that included input from multi-sector community partners and organization leadership. Direct community input was gathered and focused on understanding the priorities of the underserved in the community.

The MMC-L CHNA and community health prioritization process was led by the CBW-L. The CAO of MMC-L chaired the CBW-L which included local leadership. All members were chosen for their commitment to guide community benefits efforts and desire to improve health in Rusk County. The CBW-L reviewed the Rusk County CHA and internal and external quantitative data, and conducted key informant interviews with local stakeholders to develop this CHNA report. The CHNA is used to develop a community Implementation Strategy (IS) plan to meet the identified health priorities.

See Appendix B for a list of those involved in the CBW-L.

Process and Methods

The assessment process began with a thorough review of the 2018 Rusk County CHNA which was completed by the Healthy Lifestyles, Healthy Communities for Rusk County coalition and students from the University of Wisconsin Eau Claire (including MMC-L, formerly Rusk County Memorial Hospital). 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 members of Rusk County.

A complete list of partner organization representatives who participated in the health needs assessment process is included as Appendix B. To view the complete community survey results please contact the Rusk County Health Department.

Local Partners of the Healthy Lifestyles, Healthy Communities for Rusk County coalition include:

- University of Wisconsin- Eau Claire
- Rusk County Public Health Department
- Rusk County Health and Human Services
- Rusk County Economic Development
- Rusk County Memorial Hospital (now Marshfield Medical Center–Ladysmith)
- Marshfield Clinic Health System
- Indianhead Community Action Agency

Primary Data Collection

Survey

The Community Needs Assessment Survey was widely distributed to Rusk County via employers, schools, government agencies, and businesses in February 2017. Both paper copies and online copies of the survey were distributed, paper copies were available at senior centers, the prison, hospital lobby, nursing, homes, and rural areas.

The survey gathered demographic data related to race, age, income, and location where they live in Rusk County. Information about perception of health priority needs and ability to change was also gathered. In total, ten health priorities were assessed and include: Healthy Nutrition, Alcohol Use, Tobacco Use, Substance Abuse, Disease Prevention and Management, Environmental and Occupational Health, Injury and Violence, Mental Health, Physical Activity and Obesity, and Dental Health.

Respondents were asked to rank each health priority and choose why they viewed it as a problem within the community. Over 600 responses from community members were analyzed and determined the five biggest areas of concern are: Mental Health, Physical Activity, Injury & Violence, Alcohol Use, and Substance Abuse.

Community Conversation and Presentation

On April 2, 2018 a community kick-off event was held at the Tee Away in Ladysmith, WI. During this event, results from the community survey were shared to showcase identified health needs as indicated by respondents. A presentation was created and showcased to attendees, highlighting county demographics and survey data, and also compared county, state and national data. Attendees were asked to help identify the top three health priorities for the county.

Factsheets were created for this event to highlight areas of importance and summarize key statistical information to prompt discussions and guide decisions towards the top three health priorities. Attendees were provided with conversation prompts to stimulate thinking and conversation. After conversations were completed, attendees were asked to vote on the top three health priorities resulting in: Alcohol Use, Substance Abuse and Mental Health.

Coalition Meeting

In May 2018 the Healthy Lifestyles, Healthy Communicates for Rusk County CHA/CHIP Steering Committee met to get feedback on the preliminary CHA result and create the subcommittee groups of the CHA. The subcommittee groups were Alcohol Use, Substance Abuse, and Mental Health. These groups meet monthly and work on targeted areas. Alcohol Use subcommittee target areas are compliance checks, establishing training and best practice for alcohol serving at community festivals, and utilizing safe serve classes. Substance Abuse subcommittee target areas are updating The Drug and Danger with children program, and establishing and promoting prevention speakers for

the community. Mental Health subcommittee target areas are stigma reduction, creating local resources and toolkits, and education with mental health and depression.

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.

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

To determine the top health priorities for secondary data measures, state and national measures were compared to Rusk County measures. This was done to determine level of severity compared to the rest of the state and nation.

Addressing the Needs of the Community

Overview

After completing extensive review of Rusk County Community Health Assessment, United Way data, Healthiest Wisconsin 2020, County Health Rankings and other quantitative and qualitative data, the top community health priorities identified by Marshfield Clinic Health System in Ladysmith priorities are:

- Alcohol and Substance Abuse
- Behavioral Health

Due to the interconnected nature of these health priorities, the CBW-L chose to combine a number of health priorities shown in the table below. As these health priorities are addressed, chronic disease, health equity, and social determinants of health will be incorporated through various initiatives.

Top Identified Health Priorities	
Rusk County CHA	MMC-L CHNA
Alcohol Use	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health

Health Priority: Alcohol and Substance Abuse

Alcohol misuse and substance abuse was identified a top health priority in the Rusk County CHA. 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)

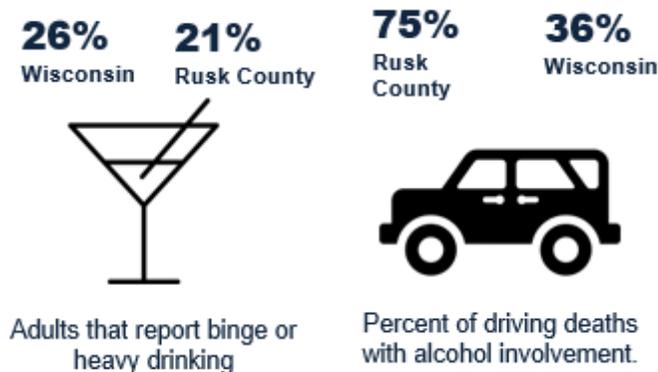
Consequences of alcohol or substance abuse is far reaching and includes motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol and/or drug dependence, liver, brain, heart, and other chronic diseases, infections, family problems, and both violent and nonviolent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

Data highlights

In 2017, 275 per 100,000 population deaths in Rusk County were related to alcohol and other drugs compared to the state average of 179 (Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2016). The estimated cost of excessive alcohol consumption was \$6.8 billion to all residents in Wisconsin, in Rusk County the cost was \$12.6 million. In 2012, Wisconsin’s per capita alcohol consumption rate is 1.3 times higher than the national rate, with adult binge drinking (22%) rate the third highest in the nation (Black & Paltzer, 2013). In 2017, 21% of Rusk County residents report binge or heavy drinking and 75% of driving deaths involved alcohol (University of Wisconsin Population Health Institute, 2019).

In Rusk County there have been 174 drug-related hospitalizations per 100,000 people, compared to the state average of 261 and 280 drug arrests per 100,000 people compared to the state average of 439 (University of Wisconsin Population Health Institute, 2019).



Rusk County Community Health Survey, Top Reasons Alcohol Abuse is a problem in the community:

- People are not aware or cannot afford the available alcohol abuse treatment options (25%)
- Lack of alcohol abuse prevention education, underage drinking, alcohol consumption during pregnancy, binge drinking (36%)
- Alcohol abuse is an accepted attitude of beliefs within families or the community (88%)
- Alcohol free social activities are limited in the community (37%)



Rusk County Community Health Survey, Top Reasons Substance Abuse is a problem in the community:

- People are not aware or cannot afford the resources to stop or prevent substance abuse (39%)
- Lack of substance abuse prevention education (39%)
- Substance abuse is accepted attitude of beliefs within families or the community (50%)
- Substance are easily available in the community, schools, neighborhoods, homes (72%)

Priority: Behavioral Health

Mental Health was indicated as a top health priority in the Rusk County CHA. Mental health is “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” (Centers for Disease Control and Prevention, 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-L will complement local community efforts by focusing on decreasing suicide rates in Rusk County and improving social and emotional development of children and adolescents in addition to supporting community driven efforts through a variety of methods.

Data highlights

In 2016, suicide was the 10th leading cause of death in Wisconsin (Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2016) In the United States, death by suicide is the 2nd leading cause of death for those aged 10-34 in 2017. (National Center for Injury Prevention and Control, 2017) The annual suicide rate per 100,000 in Wisconsin has risen from 11.45 in 2005, to 14.9 in 2016. (Prevent Suicide Wisconsin, 2019) The average number of poor mental health days over the past 30 days in Rusk County is 3.7, compared to the state average of 3.8. In 2017, 73 hospitalizations for self-inflicted wounds per 100,000 occurred in Rusk County, compared to the state average of 99 (University of Wisconsin Population Health Institute, 2019).



Rusk County Community Health Survey, Top Reasons Behavioral Health is a problem in the community:

- People are not aware of mental health conditions, information is not available through schools, employers or within the community (49%)
- People are not aware or cannot afford services to health with mental health conditions (63%)
- People do not feel comfortable seeking mental health services, taboo or stigma attached to mental health (74%)
- People cannot easily access services for mental health treatment, lack of transportations or convenient health services, are unable to miss work (61%)
- People are isolated and/or have limited social connections (53%)

Health Priorities Not Addressed

Through our assessment process, the CBW-L identified other community health priorities that have not been addressed in this plan. In prioritizing community health needs, the CBW-L considered other organizations addressing the specific need, the ability of Marshfield Clinic Health System to impact change as well as readiness of the community for interventions.

After consideration, the following health priorities will not be addressed by MMC-L for the 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.
- **Chronic Disease** (also includes Physical Activity, Nutrition, and Tobacco Use): MMC-L addresses the community need for diabetes prevention by providing the Diabetes Prevention Program (DPP). While MMC-L has strategies to address chronic disease it is not listed as one of the top health priorities.
- **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. The hospital will not take the lead on this area in community outreach as this is an area the County Health Department leads and has expertise in.
- **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.
- **Environmental & Occupational Health:** While MMC-L does have a vibrant Occupational Health Department the hospital will not take the lead on this area in community outreach as this is an area that the County Health Department leads and has expertise in.

Potential Resources to Address the Significant Health Needs

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

- Aging and Disability Resource Center of Barron, Rusk, and Washburn Counties
- Rusk County Department of Public Health
- Marshfield Medical Center-Ladysmith
- Marshfield Medical Center-Riverside Clinic
- Marshfield Clinic Health System (MCHS) Ladysmith Center
- MCHS Dental Center
- Previa Health Center
- Stephen Reisner Dentistry
- Northwoods Dentistry
- Rusk County Clinic Pharmacy
- Walmart Pharmacy
- Embrace Inc.
- Time Out Family Abuse Shelter
- Indianhead Community Action Agency
- Rusk County Youth Council (RCYC)

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-L 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, CBW-L, 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. CBW-L will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

CBW-L 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.

Evaluation of the Impact of the Preceding Implementation Strategy

In September 2018, Rusk County Memorial Hospital (RCMH) was acquired by MMC-L. Therefore, there is no preceding Implementation Strategy to evaluate.

This MMC-L CHNA/IS report was adopted by MCHS Hospitals Board Inc. on June 20, 2019 and made widely available to the public on June 21, 2019.

Appendix A: Rusk County Demographics

Rusk County Racial Distribution, U.S Census, 2017 Estimates	
White	96.2%
Asian	0.5%
Hispanic or Latino	2.0%
Two or More Races	1.4%
Black or African American	1.2%
American Indian and Alaska Native	0.7%
Rusk County Demographics	
Sex	49.3% Female, 50.7% Male
Median household income	\$41,930
Percent of population in poverty	14.7%
Total population	14,147
Population growth rate	-4.1% from 2010 to 2017
Population per square mile	16.2
Percent of persons 5+ yrs of age that speak a language other than English at home	3.0%

Appendix B: Individuals Involved in CHNA

2018 Rusk County Healthy Lifestyles, Health Communities CHA/CHIP Steering Committee

Organizations

Marshfield Medical Center-Ladysmith, Indianhead Community Action Agency, Rusk County Department of Public Health, Rusk County Department of Economic Development, and the University of Wisconsin-Eau Claire.

- **Katie Matott**, Community Relations Manager, MMC-Ladysmith
- **Emily Brunstad**, Community Benefits Coordinator, MMC-Ladysmith and MMC-Rice Lake
- **Amanda Thompson**, Community Relations/Marketing Specialist, MMC-Ladysmith
- **Julie Beaver**, Prevention and Intervention Specialist, Indianhead Community Action Agency
- **Alan Christianson**, Housing and Business Development Director, Indianhead Community Action Agency
- **Jennifer Shearer**, Chief Executive Officer, Indianhead Community Action Agency
- **Dawn Brost**, Public Health Supervisor, Rusk County Department of Public Health
- **Andy Albarado**, County Administrator, Rusk County Department of Economic Development
- **Pamela Guthman**, Clinical Assistant Professor, University of Wisconsin-Eau Claire

Community Benefits Workgroup-Ladysmith

- **Jeff Euclide**, Chief Administrative Officer, MMC-Ladysmith
- **Katie Matott**, Community Relations Manager, MMC-Ladysmith
- **Emily Brunstad**, Community Benefits Coordinator, MMC-Ladysmith and MMC-Rice Lake
- **Jay Shrader**, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- **Allison Machtan**, Assistant Director Community Health, Marshfield Clinic Health System

Appendix C: Rusk County Health Ranking

Rusk (RU) 2019 Rankings

County Demographics					
	County		State		
Population	14,151		5,795,483		
% below 18 years of age	20.8%		22.1%		
% 65 and older	23.4%		16.5%		
% Non-Hispanic African American	1.1%		6.3%		
% American Indian and Alaskan Native	0.7%		1.2%		
% Asian	0.5%		2.9%		
% Native Hawaiian/Other Pacific Islander	0.0%		0.1%		
% Hispanic	2.0%		6.9%		
% Non-Hispanic white	94.5%		81.3%		
% not proficient in English	0%		1%		
% Females	49.3%		50.3%		
% Rural	76.6%		29.8%		
Male population 0-17 *	1,446		656,000		
Male population 18-44 *	1,842		1,004,204		
Male population 45-64 *	2,343		781,937		
Male population 65+ *	1,684		432,330		
Total male population *	7,315		2,874,471		
Female population 0-17 *	1,430		626,656		
Female population 18-44 *	1,779		969,103		
Female population 45-64 *	2,224		789,101		
Female population 65+ *	1,840		519,498		
Total female population *	7,273		2,904,358		
Population growth *	-1%		2%		

	Rusk County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Health Outcomes					
Length of Life					44
Premature death	6,800	5,200-8,400	5,400	6,300	48
Quality of Life					
Poor or fair health **	16%	15-16%	12%	15%	32
Poor physical health days **	3.8	3.6-4.0	3.0	3.6	
Poor mental health days **	3.7	3.5-3.9	3.1	3.8	
Low birthweight	5%	4-7%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.1	77.7-80.5	81.0	79.5	
Premature age-adjusted mortality	350	300-410	280	310	
Child mortality			40	50	
Infant mortality			4	6	
Frequent physical distress	12%	11-12%	9%	11%	
Frequent mental distress	12%	12-12%	10%	12%	
Diabetes prevalence	10%	8-14%	9%	9%	
HIV prevalence	74		49	122	
Communicable disease *	658			1,033	
Self-inflicted injury hospitalizations *	31	11-51		49	
Cancer incidence *	477	435-523		468	
Coronary heart disease hospitalizations *	3.7			2.8	
Cerebrovascular disease hospitalizations *	2.3			2.5	
Health Factors					
Health Behaviors					
Adult smoking **	17%	16-18%	14%	17%	60
Adult obesity	30%	24-37%	26%	31%	65
Food environment index	7.3		8.7	8.8	
Physical inactivity	26%	20-34%	19%	20%	
Access to exercise opportunities	32%		91%	86%	
Excessive drinking **	21%	20-22%	13%	26%	
Alcohol-impaired driving deaths	57%	39-71%	13%	36%	
Sexually transmitted infections	219.5		152.8	466.0	
Teen births	24	19-30	14	18	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	12%		9%	11%	
Limited access to healthy foods	14%		2%	5%	
Drug overdose deaths			10	18	
Motor vehicle crash deaths	15	8-25	9	10	
Insufficient sleep	32%	31-34%	27%	32%	
Smoking during pregnancy *	23%			12%	
Drug arrests *	93			29,106	
Opioid hospital visits *	185	116-255		469	
Alcohol-related hospitalizations *				2.1	
Motor vehicle crash occupancy rate *	34			53	
On-road motor vehicle crash-related ER visits *	549	464-634		696	
Off-road motor vehicle crash-related ER visits *	117	78-156		78	
Clinical Care					
Uninsured	8%	7-10%	6%	6%	26

	Rusk County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Primary care physicians	1,570:1		1,050:1	1,250:1	
Dentists	1,570:1		1,260:1	1,470:1	
Mental health providers	2,020:1		310:1	530:1	
Preventable hospital stays	1,892		2,765	3,971	
Mammography screening	52%		49%	50%	
Flu vaccinations	46%		52%	52%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	9%	8-11%	6%	7%	
Uninsured children	6%	4-8%	3%	4%	
Other primary care providers	2,830:1		726:1	964:1	
Childhood immunizations *	63%			73%	
Social & Economic Factors					
High school graduation	88%		96%	89%	63
Some college	55%	49-60%	73%	69%	
Unemployment	4.4%		2.9%	3.3%	
Children in poverty	22%	15-29%	11%	15%	
Income inequality	3.9	3.5-4.4	3.7	4.3	
Children in single-parent households	32%	26-38%	20%	31%	
Social associations	13.4		21.9	11.6	
Violent crime	184		63	298	
Injury deaths	75	56-98	57	77	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth			4%	5%	
Median household income	\$44,800	\$41,000-48,500	\$67,100	\$59,300	
Children eligible for free or reduced price lunch	60%		32%	37%	
Residential segregation - black/white			23	77	
Residential segregation - non-white/white	20		15	56	
Homicides			2	3	
Firearm fatalities			7	10	
Reading proficiency *	48%			48%	
W-2 enrollment *	11			8,331	
Poverty *	15%	12-18%		11%	
Older adults living alone *	28%			29%	
Hate crimes *	7			1	
Child abuse *	5			4	
Injury hospitalizations *	423	318-528		457	
Fall fatalities 65+ *				136	
Physical Environment					
Air pollution - particulate matter **	7.0		6.1	8.6	7
Drinking water violations	No				
Severe housing problems	15%	12-17%	9%	15%	
Driving alone to work	76%	73-79%	72%	81%	
Long commute - driving alone	26%	24-29%	15%	27%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	77%	76-79%	61%	67%	
Severe housing cost burden	12%	10-14%	7%	13%	
Year structure built *	28%			25%	

Appendix D: Priority Matrix

Community Need	
Comparison to State and National 2018 Goals	How is the county doing in comparison to the State of WI and National 2018 goals? (Very Good/Fair/Poor)
Community Impact	How is the county currently and in the future going to be affected by the health priority in terms of: <ul style="list-style-type: none"> • Number of people affected (Many/Few) • Costs associated in not doing something (health care, lost work, supportive living): (High/Low) • Severity of the condition(chronic illness, disability, death (High/Medium/Low) Impact on quality of life (High/Low)
Ability to Impact	<ul style="list-style-type: none"> • Are there known strategies to make a difference? (Y/N) • Are there adequate resources available in the county to address the health priority? (Y/N) Are there adequate internal resources available to address the health priority? (Y/N)
Community Readiness	Is the community ready to address the health priority in terms of: (Y/N/Unknown) <ul style="list-style-type: none"> • Stakeholders awareness of concern • Community organizations receptiveness to addressing the health priority Citizens being somewhat open to hearing more about the health priority
Gaps in Community	Is there a gap in community efforts to address the health priority? (Y/N/Unknown)
Voice of Local Customer	<ul style="list-style-type: none"> • Did focus group identify this as an issue? (Y/N) • Did survey data identify this as an issue? (Y/N) Did conversations with people who represent the community served identify this as an issue? (Y/N)

Appendix E: Resources

- Division of Public Health. (2019). *Wisconsin Department of Health Services*. Retrieved from Healthiest Wisconsin 2020: State Health Plan: <https://www.dhs.wisconsin.gov/hw2020/index.htm>
- University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps*. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2019/rankings/rusk/county/outcomes/overall/snapshot>
- (2019). Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/>
- (2019). Retrieved from World Health Organization: https://www.who.int/topics/substance_abuse/en/
- Black, P., & Paltzer, J. (2013). *The Burden of Excessive Alcohol Use in Wisconsin*. University of Wisconsin Population Health Institute. Retrieved 2019, from <https://scaoda.wisconsin.gov/scfiles/docs/burden-of-excessive-alcohol-use-in-wi.pdf>
- Community Catalyst. (2013, July). *Community Benefit and Community Engagement: Basic Facts and Terms*. Retrieved from County Health Rankings: <http://www.countyhealthrankings.org/sites/default/files/documents/webinars/Community%20Benefit%20and%20Community%20Engagement%207.10.13.pdf>
- National Center for Injury Prevention and Control. (2017). *10 Leading Causes of Death by Age Group, United States*. Retrieved from https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_2017_1100w850h.jpg
- Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. (2016). *2017 Health Profile for Rusk County*. Retrieved from Wisconsin Public Health Profiles: <https://www.dhs.wisconsin.gov/publications/p4/p45358-2016-rusk.pdf>
- Prevent Suicide Wisconsin. (2019). *Current State Statistics (2005-2016)*. Retrieved from <https://www.preventsuicidewi.org/statistics-and-reports>
- United States Department of Commerce. (2019). *Quick Facts, Rusk County, Wisconsin, United States*. Retrieved from United State Census Bureau: <https://www.census.gov/quickfacts/ruskcountywisconsin>
- United Way ALICE Project. (2018). *United Way ALICE Report*. Retrieved from https://cdn.ymaws.com/unitedwaywi.site-ym.com/resource/resmgr/docs/alice/2018_refresh/hr_wcounty_18uw_alice_8.3.18.pdf

Appendix F: Survey



2018 Rusk County Community Health Assessment

Participation in this survey is voluntary and may take up to 10 minutes. Your answers will be anonymous and confidential. You can find an online link at:

<https://www.surveymonkey.com/r/Ruskcountyhealthycommunities>

Do you live in Rusk County?

- Yes
- No

If yes, where do you live in Rusk County?

- Bruce 54819
- Conrath 54731
- Glen Flora 54526
- Hawkins 54530
- Ingram 54526
- Ladysmith 54848
- Sheldon 54766
- Tony 54563
- Weyerhaeuser 54895

Gender

- Male
- Female
- Other _____

Age

- 18 and under
- 19-34
- 35-54
- 55-64
- 65+

Yearly household income

- Below 15,000
- 15,000-25,000
- 25,000-40,000

- 40,000-60,000
- 60,000-80,000
- 80,000-100,000
- 100,000+

Race/Ethnicity

- Hispanic or Latino
- American Indian/Alaskan Native
- White
- Asian
- Black/African American
- Other _____

Highest level of education completed

- Some education (Elementary school/High school)
- High school diploma/GED
- Some college
- Associate Degree
- Bachelor's Degree
- Graduate of professional school

Please rank the top **three** health areas that need improvement in Rusk County with 1 being the area that needs the most improvement.

- ___ Healthy nutrition
- ___ Alcohol
- ___ Tobacco use
- ___ Substance abuse (Marijuana, Heroin, Methamphetamine, Prescription Drugs)
- ___ Disease prevention and management (Diabetes, Heart Disease, Influenza, Hepatitis)
- ___ Environmental and occupational health (Chemicals, Contaminated food or water, Hazards at work)
- ___ Injury and violence (Child abuse, Sexual assault, Domestic violence, Suicide)
- ___ Mental health (Depression, Anxiety, Post-Traumatic Stress Disorder)
- ___ Physical activity/obesity
- ___ Dental health
- ___ Other _____

What do you believe has the biggest impact on the **first** health area that you chose above? (choose all that apply)

- Lack of affordable/safe housing
- Access to local food markets
- Access to good schools
- Access to good paying jobs
- Unemployment and job security
- Employment and working conditions
- Access to affordable health care

- Availability of community-based resources (Food pantries, Churches, Senior Center, Support groups, Meals on Wheels, Exercise classes)
- Access to transportation
- Public safety (ATV and snowmobile trail safety, Water safety, Hunter safety, Road conditions)
- Lack of support from family/friends/coworkers
- Social norms and attitudes (Discrimination, Bullying, Lack of civility, Stigma against people in poverty, Racism and Mistrust of government)
- Exposure to crime and violence
- Lower level of reading and/or writing
- Access to TV, radio, newspaper, and online resources
- Other _____

What do you believe has the biggest impact on the **second** health area that you chose above?
(choose all that apply)

- Lack of affordable/safe housing
- Access to local food markets
- Access to good schools
- Access to good paying jobs
- Unemployment and job security
- Employment and working conditions
- Access to affordable health care
- Availability of community-based resources (Food pantries, Churches, Senior Center, Support groups, Meals on Wheels, Exercise classes)
- Access to transportation
- Public safety (ATV and snowmobile trail safety, Water safety, Hunter safety, Road conditions)
- Lack of support from family/friends/coworkers
- Social norms and attitudes (Discrimination, Bullying, Lack of civility, Stigma against people in poverty, Racism and Mistrust of government)
- Exposure to crime and violence
- Lower level of reading and/or writing
- Access to TV, radio, newspaper, and online resources
- Other _____

What do you believe has the biggest impact on the **third** health area that you chose above?
(choose all that apply)

- Lack of affordable/safe housing
- Access to local food markets
- Access to good schools
- Access to good paying jobs

- Unemployment and job security
- Employment and working conditions
- Access to affordable health care
- Availability of community-based resources (Food pantries, Churches, Senior Center, Support groups, Meals on Wheels, Exercise classes)
- Access to transportation
- Public safety (ATV and snowmobile trail safety, Water safety, Hunter safety, Road conditions)
- Lack of support from family/friends/coworkers
- Social norms and attitudes (Discrimination, Bullying, Lack of civility, Stigma against people in poverty, Racism and Mistrust of government)
- Exposure to crime and violence
- Lower level of reading and/or writing
- Access to TV, radio, newspaper, and online resources
- Other _____

What level of a problem do you believe healthy nutrition is in this community?

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Healthy nutrition is a problem in the community because.... (choose all that apply)

- Some people can't afford enough food
- Lack of knowledge about resources to help people get food (WIC, Food Share, Food Pantries)
- Healthy food choices are not available
- There is a lack of knowledge about healthy food
- Healthy options are too expensive
- Too much bias and stigma in our community about those who are eligible to access resources for food support
- Other _____

What level of a problem do you believe alcohol is in this community?

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Alcohol is a problem in the community because... (choose all that apply)

- People are not aware or cannot afford the available alcohol abuse treatment options

- Lack of alcohol abuse prevention education (Underage drinking, Alcohol consumption during pregnancy, Binge drinking)
- Alcohol abuse is an accepted attitude of beliefs within families or the community
- Alcohol free social activities are limited in the community
- Other _____

What level of a problem do you believe tobacco use is in this community?

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Tobacco use is a problem in the community because... (choose all that apply)

- People are not aware or cannot afford the resources to stop or prevent tobacco use
- Lack of tobacco abuse prevention education (Underage smoking, Tobacco consumption during pregnancy)
- Tobacco abuse is an accepted attitude of beliefs within families or the community
- Tobacco free social activities are limited in the community
- Other _____

What level of a problem do you believe substance abuse is in this community? (Marijuana, Heroin, Methamphetamine, Prescription Drugs)

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Substance abuse is a problem in the community because... (choose all that apply)

- People are not aware or cannot afford the resources to stop or prevent substance abuse
- Lack of substance abuse prevention education
- Substance abuse is an accepted attitude of beliefs within families or the community
- Substances are easily available in the community (Schools, Neighborhoods, Homes)
- Other _____

What level of a problem do you believe disease prevention or management is in this community? (Diabetes, Heart Disease, Influenza, Hepatitis)

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Disease prevention or management is a problem in the community because... (choose all that apply)

- Lack of education on preventing or managing diseases
- Healthy lifestyle choices and managing risk factors are not affordable or covered by insurance
- Immunizations to prevent diseases are not readily available (No convenient time, location or transportation available)
- Healthy lifestyle choices and managing risk factors are not easy or desirable (Physical activity, Healthy eating, Safe sex)
- Employers do not provide resources or support for healthy lifestyles in the workplace.
- Other _____

What level of a problem do you believe occupational and environmental health is in this community? (Chemicals, Contaminated food or water, Hazards at work)

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Occupation and environmental health is a problem in the community because... (Choose all that apply)

- People are not aware of common health hazards or how to decrease them (Lead, Household chemicals, Mold)
- Safety testing equipment and improvement measure are not affordable or available (Smoke or carbon monoxide detectors, Lead or Radon testing and removal, Household repairs)
- Recreational areas are not safe for people to use (Poorly lit, Broken equipment)
- Air and/or water quality do not meet safe levels
- Other _____

What level of a problem do you believe injury and violence has in this community? (Child abuse, sexual assault, domestic violence, suicide)

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Injury and violence is a problem in the community because... (Choose all that apply)

- People are not aware as to how to prevent injury or violence in the home, relationships or workplace
- People aren't aware of resources available for victims of violence (Counseling, Safe housing)
- Resources to prevent injury are not affordable or available for those who need them (Car seats, Child-proofing supplies, Fall prevention)
- Safe housing is not an affordable or easy option

- Other _____

What level of a problem do you believe mental health has in this community? (Depression, Anxiety, Post-Traumatic Stress Disorder)

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Mental health is a problem in the community because... (Choose all that apply)

- People are not aware of mental health conditions (Information is not available through schools, Employers or within the community)
- People are not aware or cannot afford services to help with mental health condition
- People don't feel comfortable seeking mental health services (Taboo or stigma attached to mental health)
- People cannot easily access services for mental health treatment (Lack of transportation or convenient health services, Unable to miss work)
- People are isolated and/or have limited social connections
- Other _____

What level of a problem do you believe physical activity and/or obesity has in this community?

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Physical activity and obesity is a problem in the community because... (Choose all that apply)

- People cannot easily access or are not aware of where to go to be physically active (Walking/biking trails, Gyms, Activity groups or sports)
- Being physically active is not the easy or desirable choice (Lack of motivation or time)
- People suffer from health problems that prevent physical activity
- People are not aware of the health risks of obesity
- Other _____

What level of a problem do you believe dental health has in this community?

- Major problem
- Moderate problem
- Slight problem
- Not a problem

Dental health is a problem in the community because... (Choose all that apply)

- People are not aware of the importance of preventative and regular dental care
- Good dental care or personal dental care practices are not affordable
- Dental clinics that accept BadgerCare are limited
- People cannot easily access services for dental care (Lack of transportation or convenient health services, Unable to miss work)
- Other _____

What other advice would you suggest to the Rusk County *Healthy Lifestyle, Healthy Communities* committee on idea or concerns on how to improve the health of Rusk County citizens?

Thank you for taking the survey! To enter your name in the drawing for Kwik Trip gift cards, please provide your name, phone number and email information on the form below and turn it in to the designated boxes or sign up at <https://www.surveymonkey.com/r/kwiktripdrawing> ***This registration information will be kept separate from the survey so your answers to this survey remain anonymous and are not linked to the drawing.***