

Wood County

Community Health Assessment

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IN PARTNERSHIP WITH...



TABLE OF CONTENTS

Introduction	1
Acknowledgements	2
Overview of Partner Organizations	3
Input on the Previous Hospital Community Health Needs Assessment	5
Community Descriptions	6
Social Determinants of Health & Health Equity	10
Data Collection	13
Prioritization Process & Criteria	20
Top Three Health Priorities	
1. Substance Use	22
2. Behavioral Health	32
3. Active Communities & Community Food Systems	38
Community Resources	53
Social Determinant of Health Priorities	
a. Housing	55
b. Access to Care	58
c. Safety (falls, violence, & community)	62
d. Transportation	66
e. Poor Economy	69
Furthering Health Equity	72

Community Health Improvement Plan (CHIP)	75
Monitoring & Evaluation	75
Appendices	
a. References	76
b. Community Health Assessment Survey (CHA)	85
c. Community Health Assessment Survey Results	94
d. Key Informant Interview Questions	98
e. Community Conversation Questions	99
f. Key Informant Interview Response Analysis	100
g. Community Conversation Response Analysis	105
h. Community Engagement Guide	111
i. Limitations and Further Considerations	118
j. 2018-2019 HPWC CHA/ Community Health Improvement Plan (CHIP) Timeline	119
k. Additional Secondary Data Figures and Narrative	120
l. Marshfield Medical Center - Actions Taken Since Last CHNA	129
m. Aspirus Riverview Hospital - Actions Taken Since Last CHNA	132

INTRODUCTION

The Community Health Assessment (CHA) is the result of a collaborative effort led by Healthy People Wood County. The Wood County Health Department, Marshfield Clinic Health System, and Aspirus Riverview Hospital and Clinics conducted surveys, community conversations, and key informant interviews with community members and values-aligned organizations to identify the greatest health needs, community assets, and ideas to develop a comprehensive plan to improve the health of Wood County residents.

Access to healthcare and providers is an important part of your health, yet 80% of what makes you healthy occurs outside of a doctor visit. This assessment embraces the social, cultural, and environmental factors of health. When these factors are properly addressed and enhanced using an equity focused approach, we can ensure and work toward residents having a fair opportunity to live their highest quality of life. The purpose of this countywide CHA is to highlight strengths and health needs, as well as present opportunities for collaboration between public health, healthcare, community organizations, private business, and residents.

The Affordable Care Act (ACA) provides a framework for the existing structure of hospital Community Benefits programs by requiring a CHA every three years, accompanied by annual implementation strategies. It is an expectation that the CHA will be used as a reference and foundation to improve health in Wood County. Better outcomes will be achieved by working collaboratively across systems, as each of us plays a critical role investing in building healthy communities and fostering equitable access to resources that enhance health.

Research shows healthy communities invest private and public dollars to ensure equitable access to a system that is focused on prevention, wellness, and the elimination of disparities. Community partnerships, such as ours, address upstream drivers of health and lay the groundwork for ongoing community partnerships and well-aligned strategies that will succeed in responding to the identified health needs. Health improvement happens at the local level and our communities are at the core of bringing about the changes that will enhance the health of residents. Working together, we can leverage our expertise and resources to address our most critical needs.

All Wood County residents are invited to use this plan to improve individual, family, organization, and community health, as well as help ensure a culture of health in all policies, plans, and economic and community activities. This sense of shared purpose will set the stage for ongoing collaboration to optimize health and prosperity for all.

Thank you to all who contributed in this assessment by taking the community survey, participating in community conversations and key informant interviews, and the data research and writing process.

ACKNOWLEDGEMENTS

We would like to thank the residents of Wood County for engaging in this Healthy People Wood County (HPWC) Community Health Assessment (CHA). This work would not have been possible without community participation in community conversations, key informant interviews, and the 874 residents who completed the community survey. The conversations and information shared during the assessment process directly informed and shaped the priorities in this document. Thank you!

Thank you to the organizations who participated in one-on-one key informant interviews:

- Aspirus Riverview Hospital and Clinics, Inc.
- Boys and Girls Club of Wisconsin Rapids Area
- City of Wisconsin Rapids
- Columbus Catholic High School
- The Hannah Center
- Encourage Community Foundation
- Legacy Foundation
- Local Farmers
- Love INC
- Marshfield Area Community Foundation
- Marshfield Area United Way
- Marshfield Clinic Health System
- Mary's Place
- Mead Witter Foundation
- Port Edwards School District
- River Cities Bank
- School District of Auburndale
- School District of Nekoosa
- United School District of Marshfield
- Wisconsin Rapids Police Department
- Wisconsin Rapids Public Schools
- Wisconsin Rapids YMCA
- Wood County Health Department

Thanks you to those who participated in community conversation:

- Aging & Disability Resource Center of Central Wisconsin (ADRC)
- Boys and Girls Club of Wisconsin Rapids Area – youth
- Hmong Community
- Plain Community
- River Cities Clubhouse
- Wisconsin Rapids YMCS – Aging Population
- Women, Infant, and Children (WIC)

Thank you to those who helped prepare this document:

- Wood County Health Department – Kristie Egge
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- Wood County Health Department – Sarah Salewski
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- Aspirus Riverview Hospital & Clinic's, Inc. – Jill Kurszewski

OVERVIEW OF PARTNER ORGANIZATIONS

Wood County Health Department

The mission of Wood County Health Department (WCHD) is “maximizing quality of life across the lifespan”. WCHD follows this mission through the services they provide and community collaborative efforts they facilitate throughout Wood County.

These services include:

- Environmental Health Services (coverage area includes Adams and Juneau counties)
- Women, Infants, and Children (WIC) – Clinics in Wisconsin Rapids, Marshfield, and Pittsville
- Healthy Smiles – Provides direct service to youth in schools to improve oral health
- Immunizations and Communicable Disease consultation, tracking, and reporting
- Maternal and Child Health and Injury Prevention
- Community Health – Healthy People Wood County teams

WCHD is committed to adjusting and realigning their work to make sure equitable practices are infused in all objectives and strategies. By making a concerted effort to address health equity, they can better align with their mission to ensure that every Wood County resident has a fair and just opportunity to be as healthy as possible - maximizing quality of life across the lifespan. The Wood County Health Department is a nationally accredited organization.

Marshfield Clinic Health Systems

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, and compassionate healthcare.

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, and Beaver Dam, 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, which provides general family dentistry and dental hygiene services to more than 60,000 unique patients every 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.

Marshfield Medical Center Hospital

Marshfield Medical Center (MMC) is a 315 bed full service hospital in Marshfield, Wisconsin, which offers primary, secondary, tertiary, and Level II Trauma Center hospital services provided by Marshfield Clinic specialist. MMC, previously Ministry Saint Joseph's Hospital was acquired by Marshfield Clinic Health System in July 2017.

MMC offer a wide range of advance care services including:

- Birth Center
- Cardiology
- Certified Primary Stroke Center
- Children's Hospital
- Endovascular services – coiling for aneurysm
- Intensive Care Unit
- Neonatal Intensive Care Unit
- LifeLink transportation (helicopter, airplane)
- Telestroke consultations with northern Wisconsin hospitals
- Urgent Care
- 24/7 Emergency Department

Aspirus Riverview Hospital & Clinics, Inc.

Aspirus Riverview Hospital and Clinics (ARHC) is a community hospital that includes five clinics and a dental center. ARHC serves as the sole community hospital for a population of more than 45,000 and operates the only emergency room within a 20-mile radius. ARHC was organized by community leaders in 1912 to operate a local hospital to fill the health care needs of Wisconsin Rapids, South Wood County, and the surrounding areas. It has served as the safety net of the community for more than 100 years.

ARHC is a full service hospital which operates three inpatient units: Medical/Surgical, Critical Care, and Family Birthplace. Additional services currently offered by ARHC include:

- Heart and Vascular
- Cardiac Rehabilitation
- Joint Replacement
- Cancer Care
- Inpatient and Outpatient Surgery
- Physical/Occupational/Speech Therapy
- Diabetes and Nutrition Education
- Sleep Lab
- Wound Center
- Five Primary and Specialty Care Clinics
- Outpatient Behavioral Health
- Dental Center that serves those who are unable to afford dental care

INPUT ON THE PREVIOUS HOSPITAL / COMMUNITY HEALTH NEEDS ASSESSMENT

As mandated by the Internal Revenue Service (IRS), Charitable Hospital Organizations must both solicit and take into account input received from specified sources in identifying and prioritizing significant health needs and in identifying resources available to address those health needs. These specialized sources include:

1. At least one state, local, tribal, or regional government public health department (or equivalent department or agency), or State Office of Rural Health described in Section 338J of the Public Health Services Act, with knowledge, information, or expertise relevant to the health needs of the community.
2. Members of medically underserved, low-income, and minority population in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations.
3. Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy (IRS, 2019).

Aspirus Riverview Hospital and Marshfield Medical Center did not receive any written input or comments from the community regarding the prior Community Health Needs Assessments (CHNA).

Previous CHA for Wood County Health Department can be found at <http://www.co.wood.wi.us/Departments/Health/>.

Previous CHNA for Marshfield Clinic Health System can be found at <https://marshfieldclinic.org/locations/marshfield-medical-center/community-health-needs>.

Previous CHNA for Aspirus Riverview Hospital can be found at <https://www.aspirus.org/community-resources>.

Community residents wishing to provide input on the current Community Health Assessment may contact health partners at any time at healthypeoplewoodcounty@gmail.com.

COMMUNITY DESCRIPTION

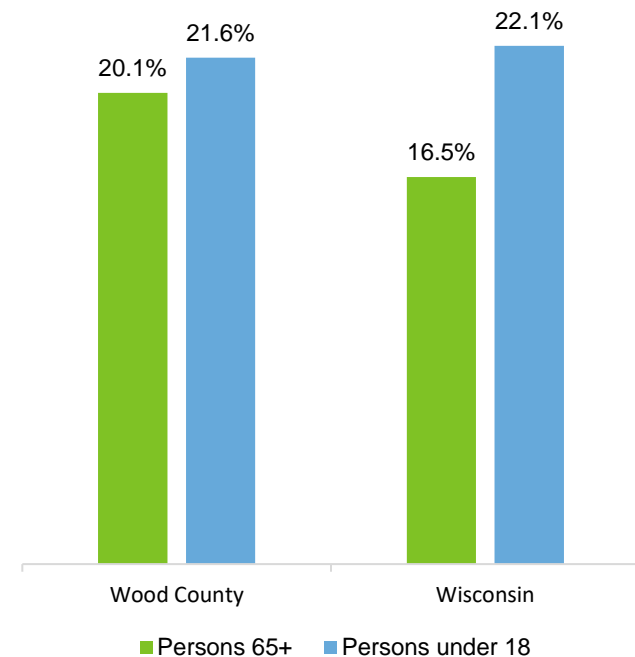
Wood County covers 809 square miles and is located in central Wisconsin. The county seat is located in Wisconsin Rapids. The county is more rural than Wisconsin overall, with 37% of the population in rural areas and the majority in urban clusters, 63% in 2010. With 809 square miles, Wood County has a population density of 94 people per square mile in 2010 (United States Census Bureau, n.d.a).

Population

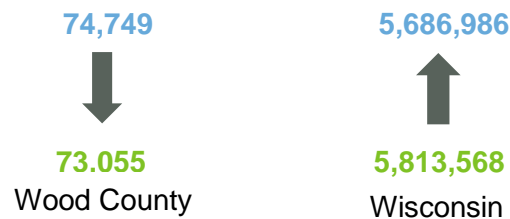
According to United States Census Bureau, the estimated population in 2018 was 73,055, which is a decrease from 74,749 in the 2010 U.S. Census. As the population in Wood County decreased, the overall state of Wisconsin increased from 5,686,986 in 2010 to an estimated 5,813,568 in 2018 (United States Census Bureau, n.d.a). Graphic 1 displays the population change in Wood County and Wisconsin.

Wood County has a higher population of persons 65 years and older than the rest of Wisconsin. In contrast, Wood County has a lower percent of persons under 18 years of age (United States Census Bureau, n.d.a).

Chart 1: Population of Wood County and Wisconsin in 2017 by age



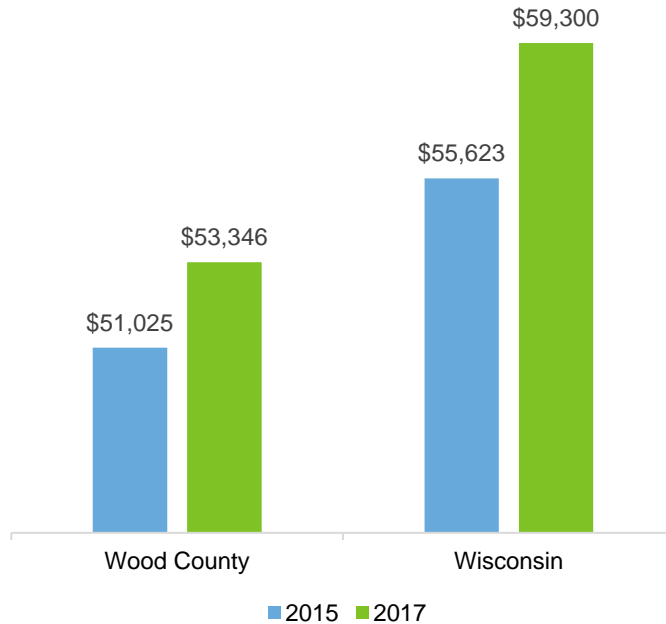
Graphic 1: Population Change in Wood County between 2010 & 2018



Household Income

In Wood County, there has been a \$351 increase in household income from 2015 to 2017. In 2015, the household income in Wood County was \$51,025 compared to \$53,346 in 2017 (U.S. Census Bureau, 2018). Although there was little increase of household income in Wood County, there was a \$3,677 increase of household income in Wisconsin (\$55,623 vs \$59,300).

Chart 2: 2015 & 2017 Household Income Comparison – Wood County & Wisconsin



Poverty

There was a slight decline of people in Wood County living in poverty from 2015-2017. In 2015, 11.3% of the population lived in poverty whereas 10.7% of people lived in poverty in 2017. There was also a decrease in the percentage of children ages 5-17 living in poverty (14% vs 11.9%) (United States Census, 2018). The United Way describes ALICE as “households having incomes above the Federal Poverty Level (FPL) but struggling to afford basic household necessities” (United Way, 2018). In 2016, 24% of Wood County households were ALICE families. South Wood County has more households either living in poverty or ALICE than North Wood County. In 2016, Wisconsin Rapids had 50% of households either living in poverty or considered ALICE compared to 39% in Marshfield (United Way, 2018).

Unemployment

The Wood County unemployment rate decreased from 2015 to January 2019. However, the decrease was not as significant as seen at the state level. In 2015, the unemployment rate of Wood County was 5.5% and in January 2019, the unemployment rate of Wood County was 4.4% (United States Department of Labor, 2019).

Education

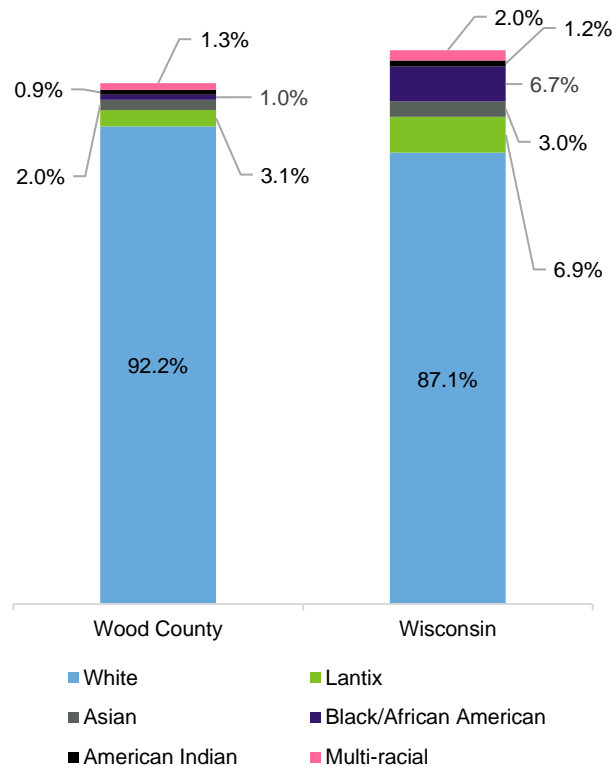
Educational attainment is associated with higher incomes and improved health outcomes. In Wood County, 92.6% of those aged 25 years and older have completed high school. This is similar to Wisconsin overall, with 91.7% (United States Census Bureau, n.d.a). Although 90% of Wood County residents have a high school diploma, only 21.1% of people aged 25 and older have a bachelor’s degree or higher (United States Census Bureau, n.d.a).

Gender and Sex

There is a common misconception that gender and sex have the same meaning. Gender is socially constructed and may not align with sex assigned at birth (e.g. female, male, or intersex), whereas reproductive organs and chromosomes determine biological sex. Gender categories are non-binary and encompass a spectrum of experiences, such as those who identify as women, men, transgender, and genderqueer (World Health Organization, n.d.).

According to the World Health Organization (WHO), the “socially constructed characteristics” of gender include “norms, roles, and relationships” that vary across time, cultures, and geographies. Given gender-based discrimination, these norms position individuals with differential access to income, education, and power according to gender identity. This gender inequality results in unequal health outcomes across groups. Wisconsin’s 2017 Youth Risk Behavior Survey showed 2.2% of high school youth identified as transgender (Wisconsin Department of Public Instruction, 2017a). The only data available for Wood County is for the female and male populations (biological sex); non-binary options were not included.

Chart 3: Race and Ethnicity in Wood County and Wisconsin in 2017



Race and Ethnicity

The majority of the population in Wood County is white (non-Hispanic/Latino) at 92.2%, followed by Hispanic/Latino at 3.1%, Asian at 2%, American Indian at 0.9%, Black / African American at 1.0%, and multi-racial at 1.3%. Chart 2 below displays race and ethnicity in Wood County compared to Wisconsin. The percentage of white decreased from 2015 by a little more than half of a percent with a slight increase in the Asian population. Wisconsin has a higher percentage of Black/African American (6.7%) and a lower percentage of white non-Hispanic (87.3%). In Wisconsin, there is 6.9% Hispanic / Latino, 2.9% Asian, and 1.9%, multi-racial (United States Census Bureau, n.d.a).

Wood County is home to Hmong, Ho-Chunk, and Amish communities. The Ho-Chunk Nation, the “People of the Big Voice” or “People of the Sacred Language,” has tribal lands in Wood County. Wood County is part of the treaty land that has been claimed historically by multiple tribes including the Ho-Chunk, Ojibwe, and Menominee Nations. Much of the land was taken through federal government treaties (Jones, 1923).

Racial and ethnic inequities in health continue to persist. These inequities result from differential exposures (social, political, economic, environmental), differential access to prevention and treatment services (including those related to both mental and physical health), and differential quality of care according to social categories of race and experiences of racism. Racism can be understood as the “system of structures, process, and values that results in differential outcomes by race and may be present at various levels: “cultural, institutional, interpersonal, and internalized”.

Historical trauma, a concept developed by Dr. Maria Yellow Horse Brave Heart, refers to the cumulative emotional and psychological wounding over one’s lifetime and from generation to generation following loss of lives, land, and vital aspects of culture. A history of displacement, relocations, slavery, unjust treaties, forced assimilation, tribal terminations, racial segregation, incarceration, and inequitable development and investment has led to historical trauma and exacerbated the racial health inequities we face across the country and in Wisconsin communities today. For example, racially restrictive covenants on property, discriminatory federal housing policies, and banking practices such as redlining, exclusionary zoning and urban planning, and the resulting residential and school racial segregation, alongside differential law enforcement and incarceration, have resulted in different life and health opportunities among communities of color. Research has demonstrated that sustained stress across the life course (e.g. historical trauma) has physiological effects and can increase health risks, potentially across generations.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

The *social determinants of health* are defined as, “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). Social determinants of health are constructed by social policies set forth by governments and legislative bodies. The World Health Organization (WHO) Commission on the Social Determinants of Health decided to add healthcare to social determinants because access to healthcare is impacted by policies in countries. Graphic 2 shows the social determinants of health created by the Kaiser Family Foundation.

Health Equity is defined as “everyone has a fair and just opportunity to be as healthy as possible. This requires removal of 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 healthcare (Robert Wood Johnson Foundation, 2017). Health equity will improve communities as a whole, but efforts focusing on marginalized populations should be the priority because they often experience discrimination or exclusion from society and the resources that ensure a healthy life (Robert Wood Johnson Foundation, 2017).

Health equity and *health disparities* are closely linked. Health equity is the “ethical and human rights principle that motivates us to eliminate health disparities...” (Robert Wood Johnson Foundation, 2017). Health equity can be described as a process and as an outcome, meaning health equity can be used to reduce health disparities and to end all health disparities (Robert Wood Johnson Foundation, 2017).

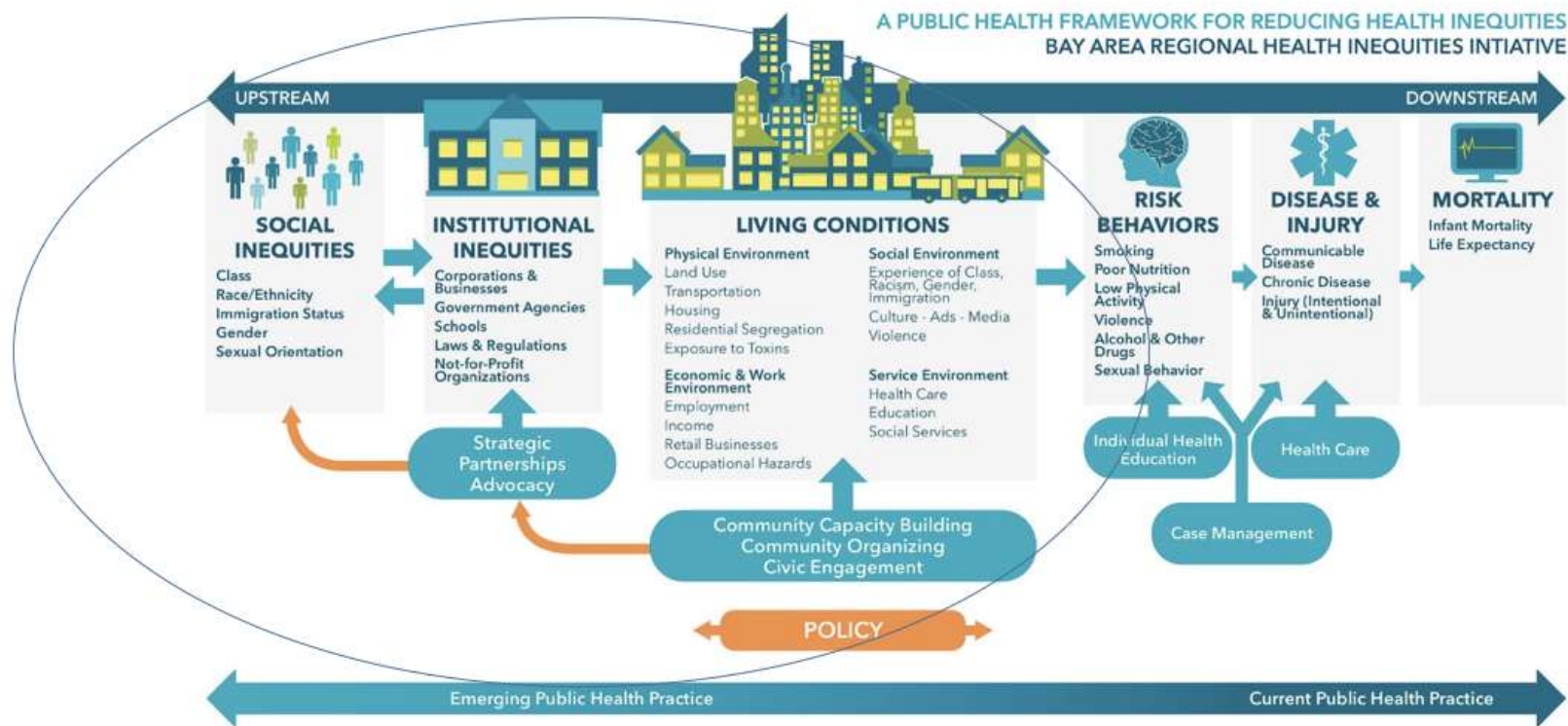
Graphic 2: Social Determinates of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

The Bay Area Regional Health Inequities Initiative (BARHII), a coalition in San Francisco, focuses on how local health departments can advance health equity. They created a conceptual framework that illustrates the connection between social inequalities and health (BARHII, 2015). By focusing upstream on social inequities, institutional inequities, and living conditions, health inequities can be reduced through improved policy. Graphic 3 below is the framework created by BARHII.

Graphic 3: A Public Health Framework for Reducing Health Inequities



Equity is not the same as equality; those with the greatest needs and the least resources require more, not equal, effort and resources to equalize opportunities”
 (Robert Wood Johnson Foundation, 2017).

Graphic 4: Equality versus Equity



Social Determinants of Health Inequities

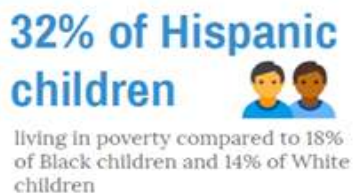
The World Health Organization (WHO) provides a framework for understanding the social determinants of health inequities. Central to this framework for understanding the social and political context (such as public policies and cultural norms) shapes and defines social hierarchies related to social class, socioeconomic position, gender, and race/ethnicity. This includes considering relationships of power and differential access to resources and privilege.

Social stratifications shape and influence our material circumstances (living and working conditions, food access); interactions with health systems; and individual behaviors, biological, and psychosocial factors that affect health equity across populations and geographies.

Health Equity in Wood County

Across Wood County, there are significant differences in health outcomes from one zip code to the next and among racial, ethnic, and socioeconomic groups. For example, Native Americans, Hispanics/Latinos, Blacks, and those living in poverty have consistently faced barriers to opportunity and good health due to a history of unfair laws and practices. Graphic 5 gives a look at health equity in Wood County.

Graphic 5: Health Inequities in Wood County



DATA COLLECTION

The health priorities for Wood County were chosen by primary data collection and secondary data from local and state sources; additional secondary data can be found in Appendix 11. The primary data was collected through three different methods. Those methods were: 1) key informant interviews, 2) community conversations, and 3) community health assessment surveys. Key informant interviews were conducted with community leaders from local organizations who work with marginalized populations. Community conversations were done to seek input from certain populations to learn the strengths, challenges, and opportunities of Wood County. The primary data collection resulted in the completion of 33 key informant interviews, 6 community conversations, and 874 community health assessment surveys.

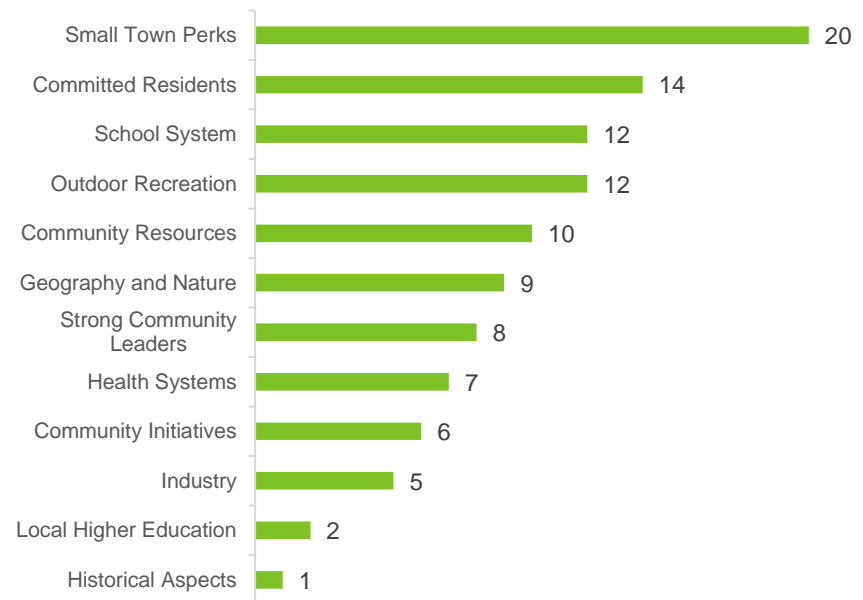
Key Informant Interviews

Thirty-three key informant interviews were conducted from November 2018 to February 2019. The key informant interviews gave the perspective of local professional and organizations who are involved in serving Wood County residents. Each interview followed the same list of questions to maintain consistency and increase the validity of the results. The questions asked during the key informant interviews can be found in Appendix 4 and additional results from the analysis of the key informant interviews can be found in Appendix 6.

The strengths key informants identified during the interviews can be found in Chart 4. Identifying the strengths of Wood County helps clarify what the community values and what is important to them. Strengths also describe the resources and assets within the community serving as protective factors for residents.

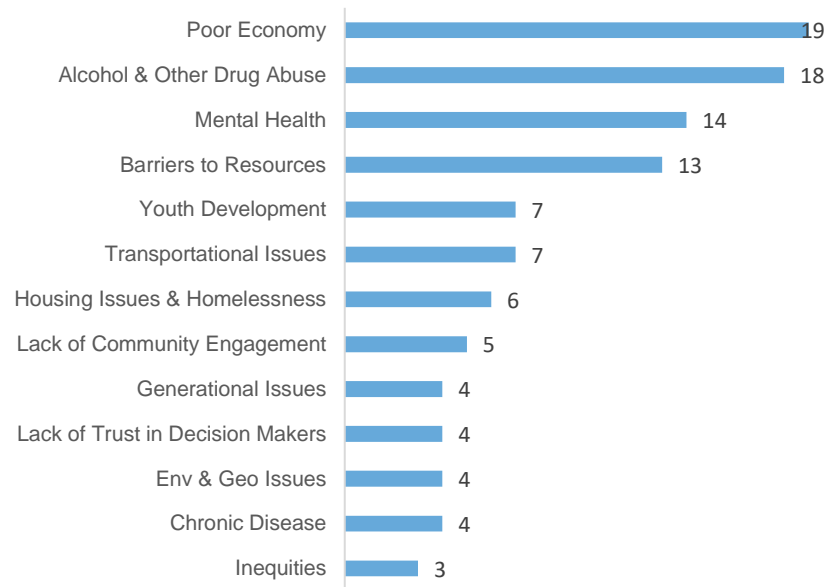
Taking these strengths into consideration, the Community Health Improvement Plan (CHIP) planning team can focus on underutilized assets within the community and look for ways to mobilize them to address health needs. Overall, further learning of the strengths in the community will allow for a better understanding of the community (The University of Kansas, n.d).

Chart 4: Strengths of Wood County Identified by Key Informant Interviews



After sharing their thoughts on the strengths of Wood County, key informants were asked to identify the challenges residents face. Challenges identified by key informants can be found in Chart 5. Capturing the challenges residents of Wood County face helps prioritize certain factors impacting a person’s health. For example, the most commonly referred to challenge the key informants identified was the poor economy. Poverty and unemployment interplay with almost every aspect of a person’s health from obvious issues such as having no insurance, the inability to afford food, and a loss of home to less prevalent issues still greatly impacting their well-being and overall health. This includes chronic stress from having to choose between daily necessities due to limited resources. It is important to note issues less frequently identified as problems within Wood County, such as chronic disease, environmental concerns, generation issues and others play a leading role in overall health and well-being.

Chart 5: Challenges of Wood County Identified by Key Informant Interviews

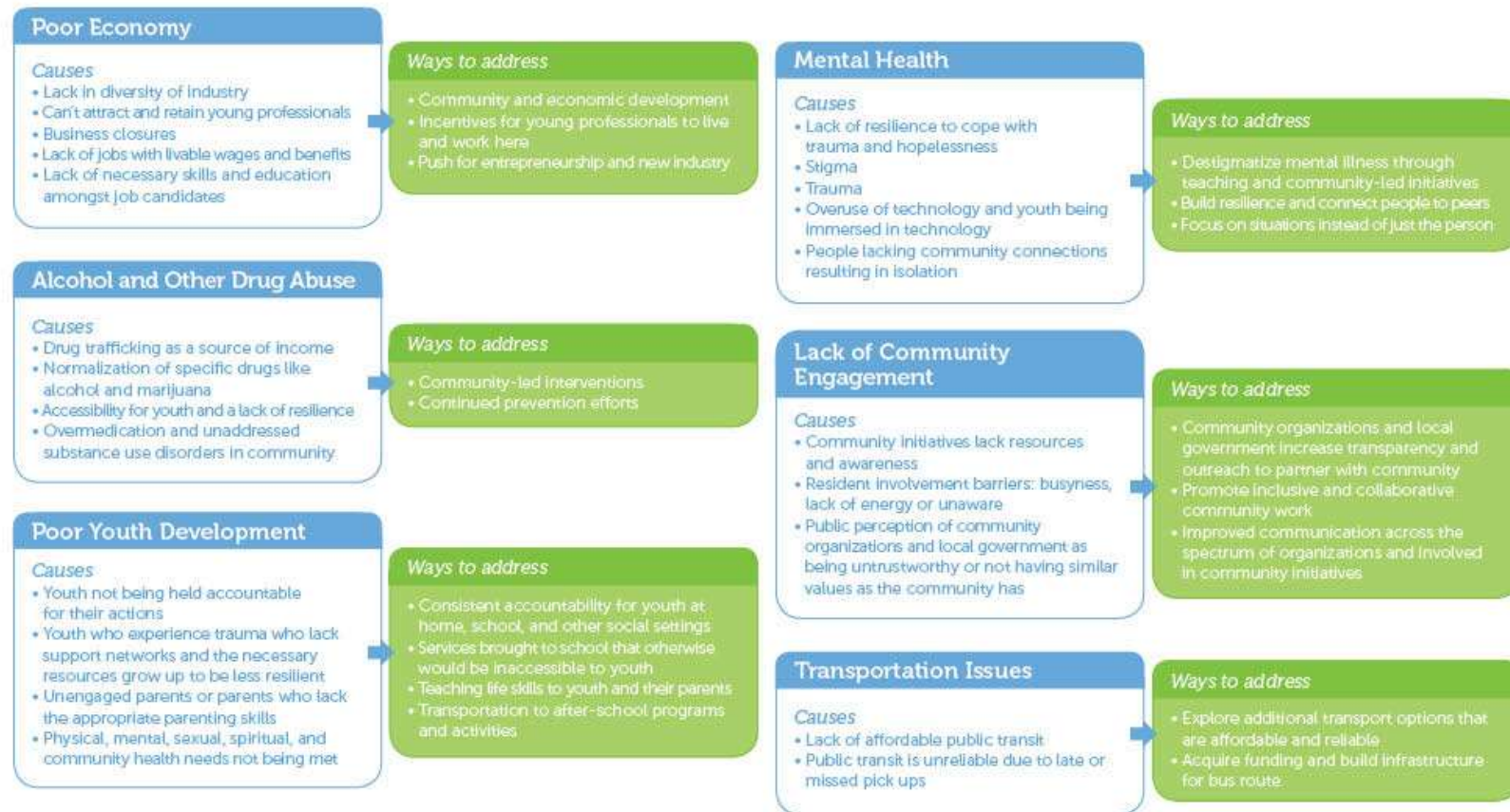


Every challenge identified in Chart 5 affects a person’s health and each challenge should be taken into consideration when finalizing the health priorities for the Community Health Improvement Plan (CHIP). The more frequently identified issues may be a higher priority among community residents to address.

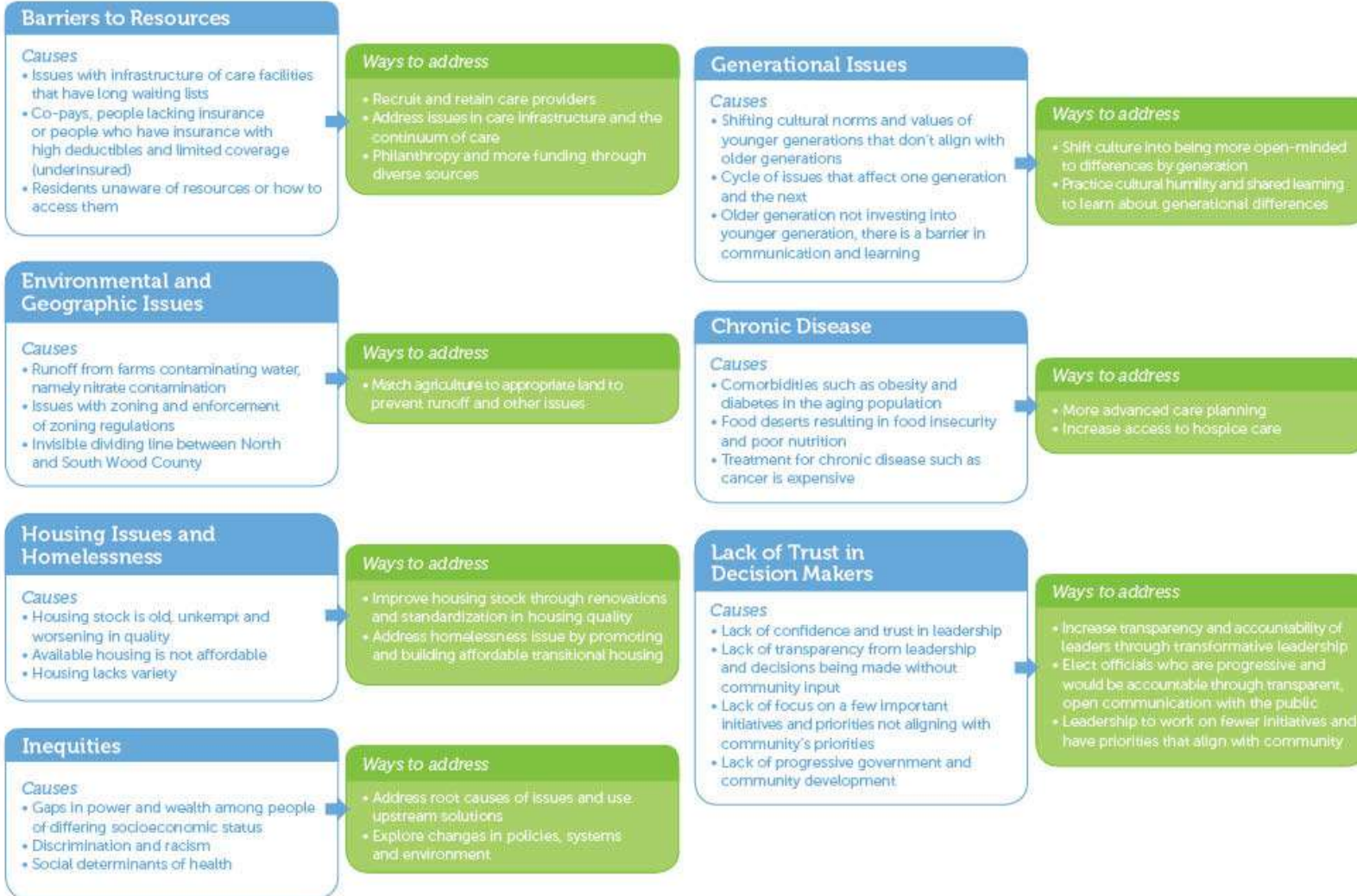
Key informants provided reasons why the challenges they stated exist and possible ways to address them and are depicted in Graphic 8.

Graphic 6: Challenges of Wood County and Ways to Address Challenges Identified by Key Informant Interviews

Key Informant Interviews



Key Informant Interviews (continued)



Community Conversations

Community conversations were conducted from November 2018 to February 2019. Input was sought from marginalized populations to learn the strengths, challenges, and opportunities of Wood County. The six community conversations conducted were with:

- Families utilizing the Women, Infants, and Children (WIC) program
- Members from the River Cities Clubhouse
- Wisconsin Rapids YMCA aging population
- Hmong community members
- Youth from the Boys and Girls Club
- Participants from the Aging and Disability Resource Center (ADRC)

The challenges identified by each group are highlighted in Graphic 7. The questions asked at the community conversations are below.

- What are the best parts about the community? Points of pride?
- What are the most important challenges facing the community?
- Why do you think these challenges exist?
- How do you think these challenges could be improved? Who should be working on this?
- What are some changes you would like to see that would make this community a better place to live?

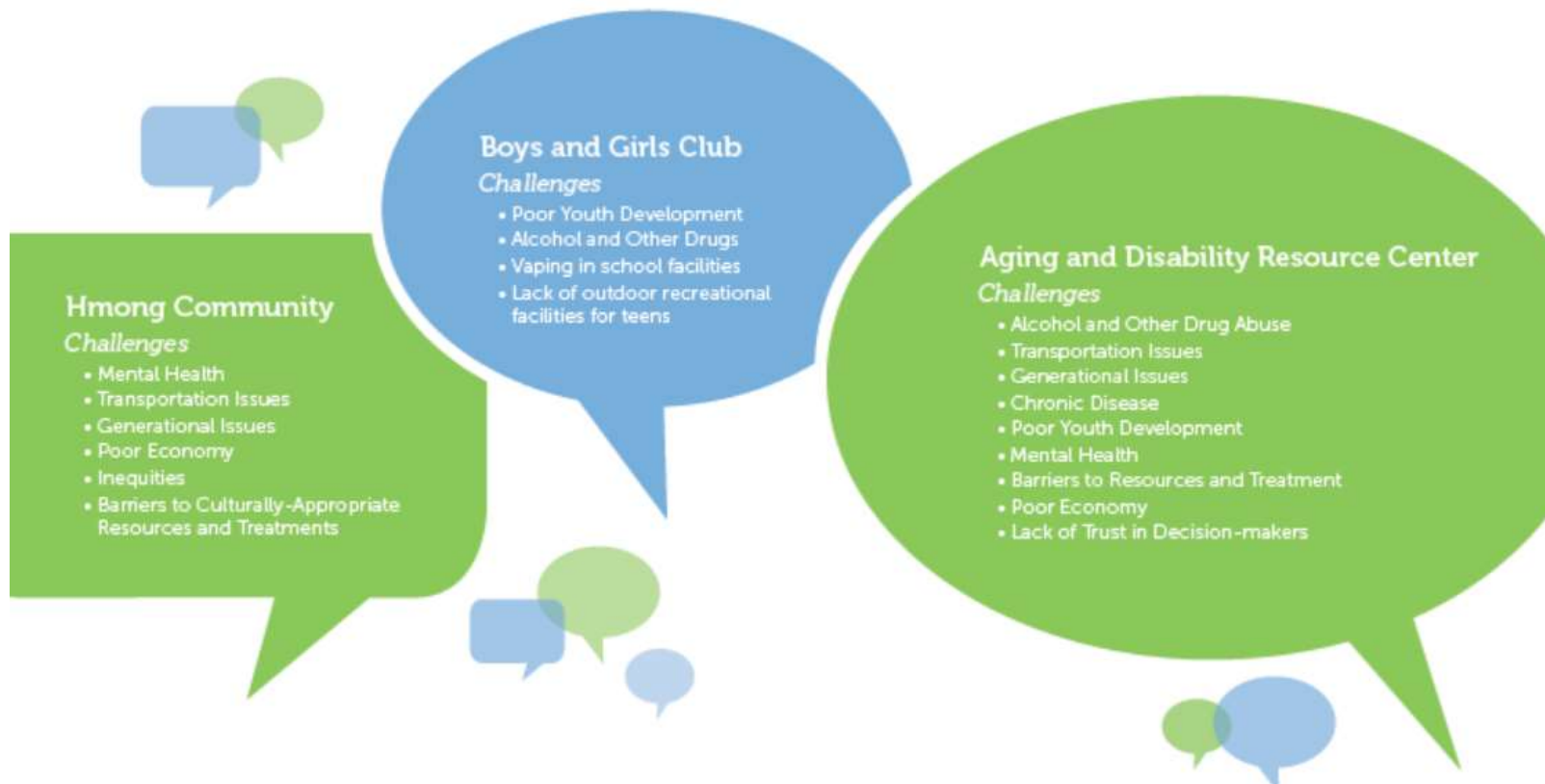
A complete questionnaire can be found in Appendix 5 and additional data from each community conversation can be found in Appendix 7.

Graphic 7: Challenges identified by Community Conversations

Community Conversations



Community Conversations (continued)



Community Health Assessment Survey

The final method of primary data collection was the Community Health Assessment Survey, conducted in May 2019. The survey consisted of 10 required questions, including open-ended, checkboxes, and Likert scale questions. Demographics were collected, but were not required. The surveys were separated into complete surveys and incomplete surveys. A completed survey had all the checkboxes and Likert scale questions answered whereas an incomplete survey had blanks within those sections that did not allow for analysis. There were 874 complete surveys and 434 incomplete survey, which gives a total of 1,308 community member participants.

The results of the completed surveys, in addition to key informant interviews and focus groups, found the top three health priorities of Wood County are: 1) Substance Abuse, 2) Behavioral Health , and 3) Food Systems & Physical Activity. The complete survey as well as a summary of results can be found in Appendix 3.

Plan to Bring Results from Community Health Assessment to Community Members

Health partners are responsible and required to provide further clarification of data as requested and be responsive and track community feedback to incorporate into future writing processes. This completed CHA is made publicly available via hard copies at request, websites of health systems, and will be disseminated to those who informed primary data and through various media outlets to help reach the majority of Wood County residents. This will ensure the community is aware of the completion of the CHA, the chosen health priorities, and methods used to engage in the implementation strategies and help inform the next iteration of the CHA. As detailed in the letter of support, Widespread sharing and use of this document is encouraged.

PRIORITIZATION PROCESS AND CRITERIA

After completing an extensive analysis of quantitative and qualitative data, the National Association of County and City Health Officials (NACCHO) Prioritization Matrix was used to determine the health priorities and included questions to answer the following:

- 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?

HEALTH PRIORITIES

The top community health priorities identified by Wood County Health Department, Marshfield Medical Center, and Aspirus Riverview Hospital are listed below by organization.

Wood County Health Department (WCHD)

- Substance Use
- Behavioral Health (Mental Health)
- Active Communities and Community Food Systems

Marshfield Medical Center (MMC)

MMC plans to address most of the health priorities that were identified through the CHA. While labeling of the health priorities are different than what is included in this CHA report, MMC has chosen to label the health priorities to align with Marshfield Clinic Health System's Community Health Priorities.

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Significant Health Needs Not Being Addressed by MMC

MMC will not be directly addressing "Active Communities" because Healthy People Wood County's Recreate Health Coalition is leading active communities efforts in Wood County in partnership with various other organizations. MMC will be an engaged partner supporting the efforts of Recreate Health.

Aspirus Riverview Hospital

- Substance Use
- Behavioral Health
- Active Communities and Community Food Systems

Significant Health Needs Not Being Addressed by Aspirus Riverview Hospital

Aspirus Riverview Hospital plans to address all three health priorities identified through the Wood County Community Health Assessment.



HEALTH PRIORITY 1: SUBSTANCE USE



SUBSTANCE USE

According to the primary data, substance use was the top health priority in Wood County with over 54.5% of key informants stating substance use was a problem in Wood County and four out of six community conversations sharing substance use was an issue. In addition, 95% of Community Health Assessment survey participants either strongly agreed or agreed that substance use was a serious health concern. Substance use was also the most written response in the open-ended question of the survey. The secondary data echoed the findings in the primary data.

Alcohol

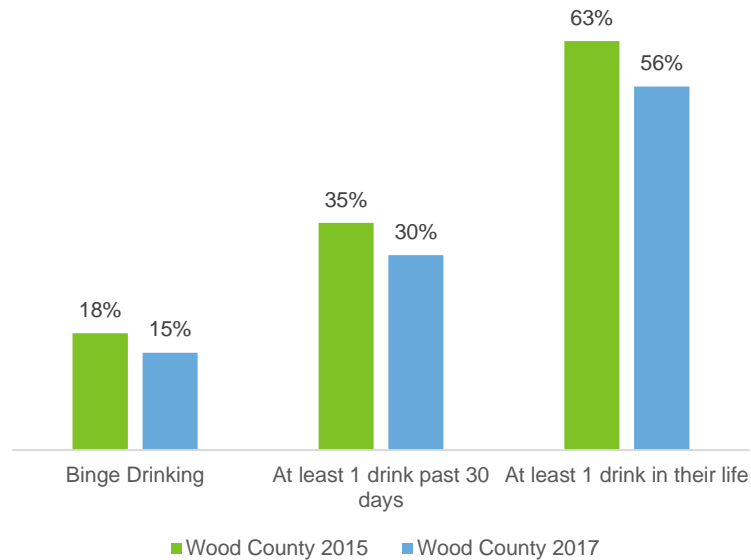
Alcohol is the most misused substance and cause for addiction in Wisconsin (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017). Binge drinking (four or more drinks for women or five or more for men one occasion in the past month) in Wisconsin is significantly higher than the national average. In 2017, 24.6% of Wisconsin adults reported binge drinking compared to 16.9% in the United States. This gap decreased slightly in 2018, with 22.7% of Wisconsin adults reporting binge drinking and 17.4% of United States adults. Wood County had more people per 1,000 served by county human services departments and community programs for substance use services than compared to the state totals. Wood County served 9.3 people per 1,000 in 2015 and 9.2 people per 1,000 in 2016; compared to 5.7 and 5.4 people per 1,000 respectively at the state level (Wisconsin Department of Health Services, 2018a).

Alcohol impaired driving is a problem within Wisconsin as well as in Wood County. According to the Wisconsin Department of Transportation, in 2016 there were 5,153 alcohol-related crashes in the state, 143 alcohol-related death in motor vehicle crashes, and 2,933 alcohol-related injuries (Wisconsin Department of Transportation, 2016). In 2017, that number increased to 6,151 alcohol-related crashes, with 152 alcohol-related deaths and 2,465 alcohol-related injuries. Wood County saw 61 total alcohol-related crashes in 2017 with 5 fatalities and 30 injuries compared to 2016, which had 65 total crashes, no fatalities, and 34 injuries (University of Wisconsin Madison, 2019).

In 2015, Wood County was ranked eighth among Wisconsin counties for all alcohol-related misuse indicators. These alcohol-related misuse indicators are alcohol-related deaths, alcohol-related hospitalizations, alcohol-related traffic crashes, and people killed in alcohol related crashes. There were 20 alcohol-related deaths per 1,000 people in Wood County in 2015 (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017).

SUBSTANCE USE

Chart 6: Percentage of Wood County high school student alcohol use in 2015 & 2017



Alcohol is the most commonly abused substance among youth. On average, youth tend to drink more than adults do in a single occasion (Centers for Disease Control and Prevention, 2018a). Those who begin drinking before age 15 are four times more likely to develop alcohol dependence and are 2.5 times more likely to become abusers of alcohol than those who begin drinking at age 21 (Grant & Dawson, 1997).

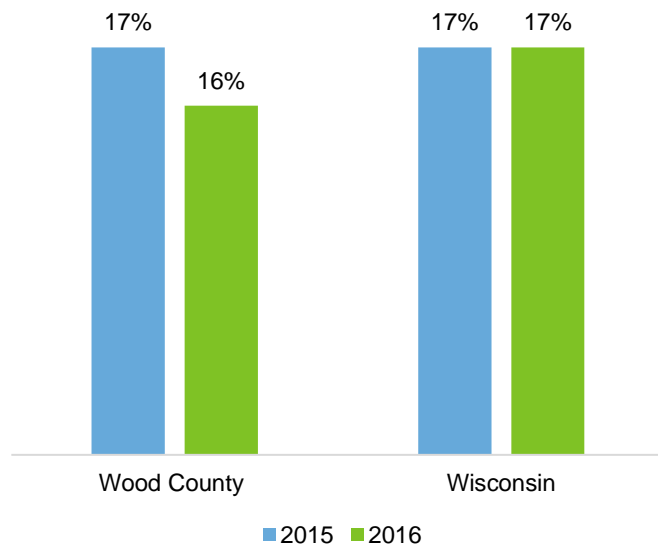
There are several consequences for youth who drink alcohol compared to those who do not. Youth who drink alcohol are more likely to experience school problems such as absences and failing grades, legal problems such as arrests for drunk driving or harming others while drunk, unwanted, unplanned and unprotected sexual activity, memory problems, abuse of other drugs, and death (Centers for Disease Control and Prevention, 2018a).

Across the nation and in Wood County, youth underage drinking has been decreasing; this includes binge drinking. Binge drinking is defined as having five or more drinks at one time.

Chart 6 compares results from the 2015 and 2017 Youth Risk Behavior Survey regarding high school students alcohol use.

SUBSTANCE USE

Chart 7: Percentage of current smokers in Wood County & Wisconsin in 2015 & 2016



Tobacco and Nicotine delivery products

Tobacco use remains the number one cause of preventable death and disease in the United States. Cigarette smoking is associated with increased risks of heart failure and cancer, the two leading causes of death in the United States. Smoking is a remaining problem especially among marginalized populations such as those living with a mental illness, persons living in rural settings, individuals belonging to the Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) population, and non-white populations. Higher rates of smoking among marginalized populations can be attributed to media campaigns that target advertisements to specific demographics (Truth Initiative, 2017). This can lead to not only higher rates of smoking among these populations, but also higher rates of heart disease and cancer.

Since the adoption of Wisconsin Clean Indoor Air Laws in 2010, the state has seen an overall decrease in tobacco use rates. Consequently, tobacco companies have shifted their focus to the electronic cigarette (e-cigarette) market, which the U.S. Food & Drug Administration (FDA) has confirmed is marketing directly to youth and does not have the flavor ban that cigarettes have (flavors such as cotton candy and gummi bear are unrestricted in e-cigarette liquids). Surgeon General, Jerome Adams, declared an E-cigarette epidemic among youth.

In Wisconsin, current e-cigarette use among Wisconsin high school students increased 154% between 2014 and 2018 (Wisconsin Department of Health Services, 2019). Nationwide, current e-cigarette use increased 78% among high school students during the past year, from 11.7% to 20.8% in 2018.

SUBSTANCE USE

More than 3.6 million U.S. youth were using e-cigarettes in 2018, which equates to 1 in 5 high school students and 1 in 20 middle school students. Nicotine exposure during adolescence can harm the developing brain, which continues to develop until around age 25, and can impact learning, memory, and attention (Surgeon General’s Advisory on E-cigarette Use Among Youth, 2019). Moreover, youth who use e-cigarettes are more likely to begin using conventional cigarettes than their non-smoking peers (Truth Initiative, 2019).

*Chart 8: E-cigarette Use in Wood County
10th & 12th Graders in the Past 30 days*

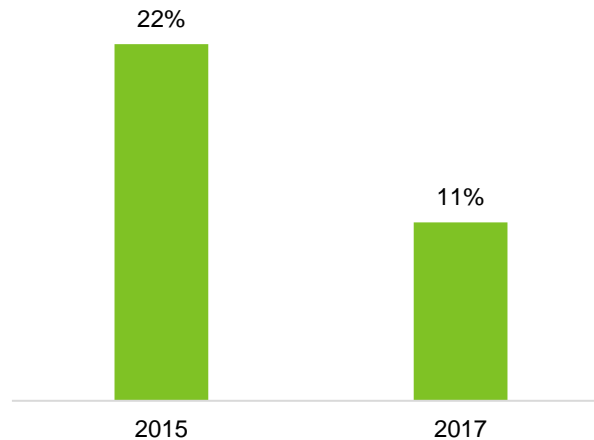


Chart 8 represents self-reported data from 10th and 12th graders in Wood County Schools. Although e-cigarette use shows a decrease in Wood County from 2015 to 2017 (Chart 8), numbers are anticipated to increase in 2019. The School Resource Officer (SRO) from Wisconsin Rapids Lincoln High School reported around 98 incidents of nicotine delivery product use during the 2018-2019 school year, with only one of those related to cigarette use, and the rest being e-cigarette use. Of those incidents, the SRO stated roughly 18-19 were repeat offenders who were “self-medicating”.

SUBSTANCE USE

Marijuana

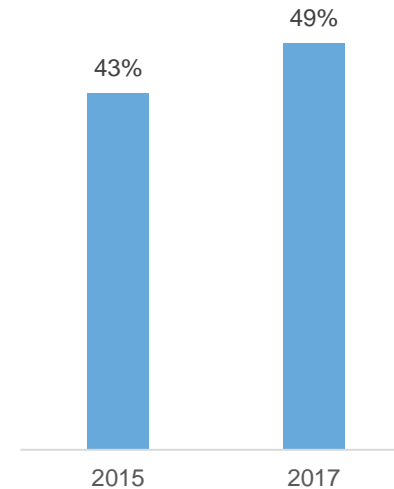
A decreased perception of risk of marijuana use is especially important, as the use of THC is becoming harder to detect when used in e-cigarettes and edibles. According to the 2017 Youth Risk Behavior Survey, 25% of Wood County 10th and 12th grade youth have used marijuana sometime in their life.). Chart 9 shows the percentage of Wood County students in 10th and 12th grade who perceive using marijuana once or twice a week poses little to no risk (Wisconsin Department of Public Instruction, 2015 & 2017).

Some marijuana products can have a potency of over 90% concentrated THC in today's market, with Colorado concentrates averaging 68.6% in 2017 (Colorado Department of Revenue, 2018)

*Chart 9 Marijuana use among Wood County Youth 2015 & 2017 Youth Risk Behavior Survey (YRBS)
(Wisconsin Department of Public Instruction, 2015 & 2017)*



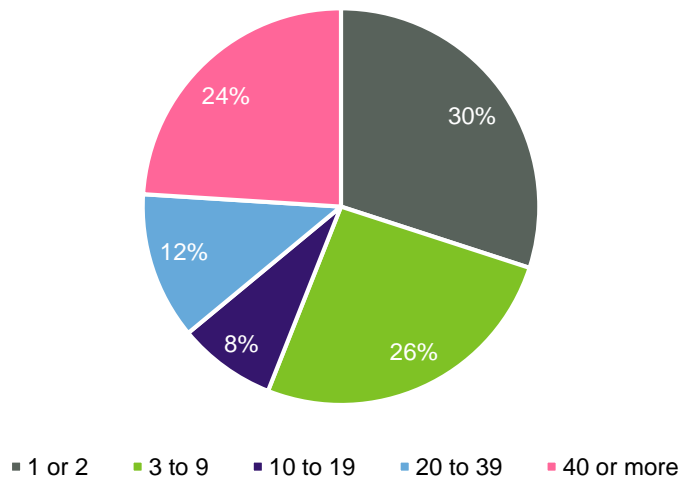
*Chart 10 Wood County high school students in 2015 & 2017 who perceive marijuana usage having little to no risk to someone who smokes it once or twice a week
(Wisconsin Department of Public Instruction, 2015 & 2017)*



SUBSTANCE USE

Marijuana usage among high school students has become increasingly normalized due to low perceived risk, the current movement of legalization and media portrayals, especially compared to other drugs that youth use (Friese, 2017).

Chart 11: Of those who use marijuana, past 30 day marijuana use by Wood County high school students in 2017

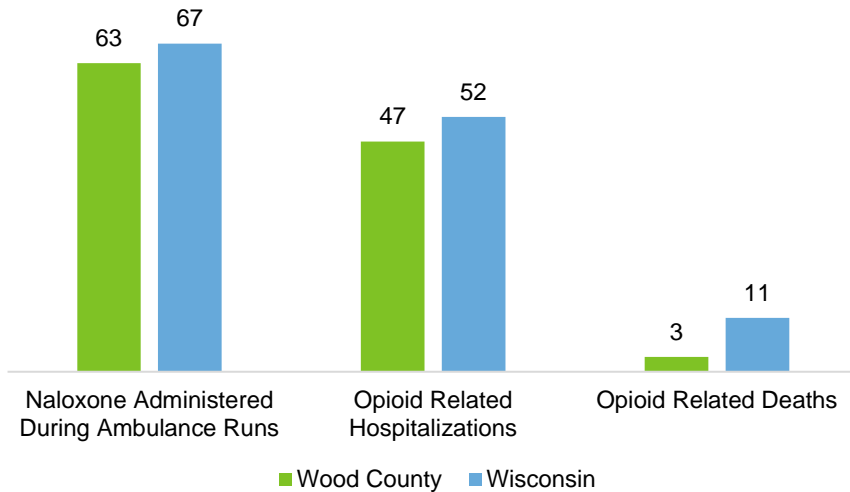


According to the 2017 Youth Risk Behavior Survey (Chart 11), students who use marijuana are more likely to use multiple times in a given month with almost 25% using 40 or more times within a 30-day period.

Rates of actual and perceived marijuana use among youth and adults is important as it causes physical and mental health consequences, including marked short and long-term effects on the brain. While it is more likely to happen with daily use, or if started at a young age, addiction can develop. Marijuana can cause problems with memory, learning and behavioral consequence that are compounded with increasing amount is delta-9-tetrahydrocannabinol (THC) found in present day marijuana (Wisconsin State Council on Alcohol and Other Drug Abuse, 2016).

SUBSTANCE USE

Chart 12: Rates of opioid related outcomes per 100,000 in Wood County & Wisconsin from 2013-2015



Prescription Drugs (Opioids)

Opioids include prescription pain relievers such as morphine, hydrocodone, oxycodone, and codeine; other synthetic opioids such as fentanyl; and heroin, among others (U.S. Department of Health & Human Services, 2019a; Centers for Disease Control and Prevention, 2018b).

While used frequently for pain, many individuals may develop tolerance, physical dependence, or an opioid use disorder, and misuse may result in overdose and death. Opioids are sometimes used in combination with each other or other drugs, either through prescriptions or misuse.

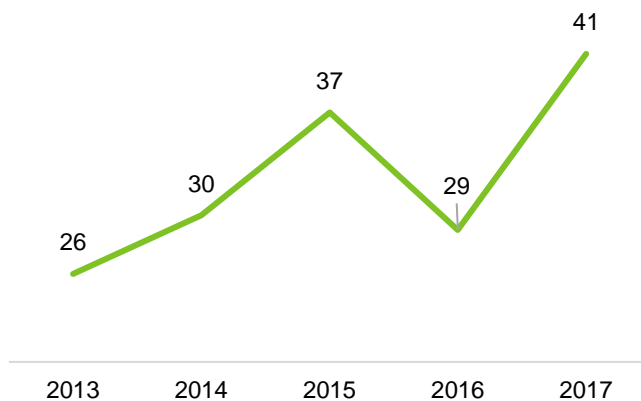
Opioids combined with benzodiazepines are particularly dangerous, increasing the risk of overdose and death (U.S. Food and Drug Administration, 2016). Opioids laced with fentanyl is currently the most prevalent cause of overdose death in the US.

Chart 12 shows the rate of opioid related outcomes per 100,000 in Wood County and Wisconsin from 2013-2015 (Wisconsin Department of Health Services, 2017; 2018c). For some overdoses, such as opioid related ones, antagonistic medications such as Naloxone can be administered to reverse the effects of the overdose (SAMHSA, n.d.).

Early drug use may start as casual and develop into a substance use disorder which may eventually result in an accidental overdose. Treating a substance use disorder is one of the primary methods to preventing drug overdoses (SAMHSA, n.d.).

SUBSTANCE USE

Chart 13: Number of new Hepatitis C cases among Wood County residents from 2013 to 2017



Health Implications

Opioid use can cause health issues. Those who use opioids are at increased risk of infectious diseases such as Hepatitis C Virus (HCV) infection (with injections); injuries such as falls and drug impaired traffic crashes, and cardiovascular effects (Wisconsin Department of Health Services, 2016).

The U.S. Centers for Disease Control and Prevention (CDC) has identified Wood County as a watch county due to the high number of Hepatitis C cases. Those who inject drugs, including opioids such as fentanyl and heroin, are at increased risk of HCV infection. HCV is transmitted very easily.

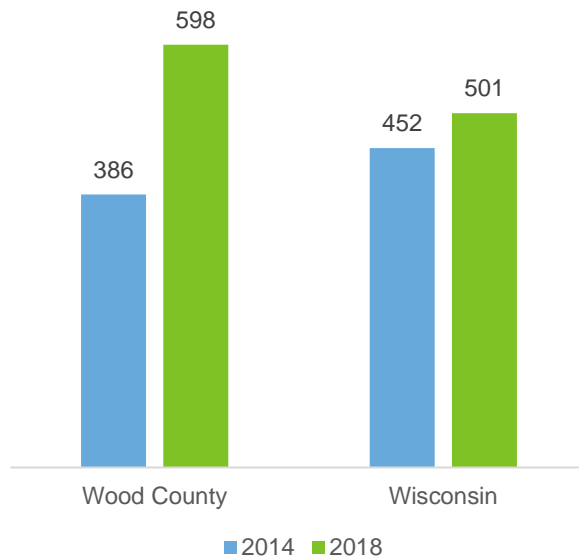
Unlike Human Immunodeficiency Virus (HIV), HCV can remain infective in liquids, syringes, and on surfaces for many weeks and transmission is difficult to prevent. During injection drug use, shared supplies such as needles, cookers, and cotton increase the risk of sharing HCV as well (Wisconsin Department of Health Services, 2016).

When infected with HCV, an individual can either experience acute or chronic hepatitis. Those experiencing an acute infection may see the experience symptoms including fever, fatigue, nausea and vomiting, decreased appetite, pain in the abdomen, dark urine, grey colored feces, joint pain, and jaundice.

Usually acute infections naturally clear after six months. Those who experience a chronic infection may have recurring symptoms as previously stated and may eventually have cirrhosis of the liver or develop liver cancer (World Health Organization, 2018a). Antivirals can help cure an individual infected with Hepatitis C. Chart 13 shows the number of new Hepatitis C cases in Wood County residents from 2013 to 2017 (Wisconsin Department of Human Service, 2018a).

SUBSTANCE USE

Chart 14: Rate of drug arrests per 100,000 residents in Wood County and Wisconsin



The rate of drug arrests was higher in Wood County compared to Wisconsin in 2018, which can be found in Chart 14 (County Health Rankings and Roadmaps, 2018b).

The higher rate in Wood County could be caused by multiple factors, such as density of drugs being introduced into the community, level of focus from local law enforcement on drugs, and the overall rate of residents using drugs compared to Wisconsin overall.

The focus on enforcement of controlled substances has been known to be more closely watched among marginalized populations such as those of lower socioeconomic status or communities of color.

Conclusion

Substance abuse is a problem that can impact people throughout their lives, Substance use often starts in adolescent years, develops into a substance use disorder, and creates numerous health complications in adulthood. A life span perspective is crucial in developing age-appropriate strategies to address substance use in the continuum of primary prevention, from early intervention and prevention strategies to cessation and addiction treatment. Not only does this disease affect the individual with the substance use disorder, but also their family, friends, and the entire community. Wood County residents recognize that substance use is a top health priority and secondary data supports this concern.



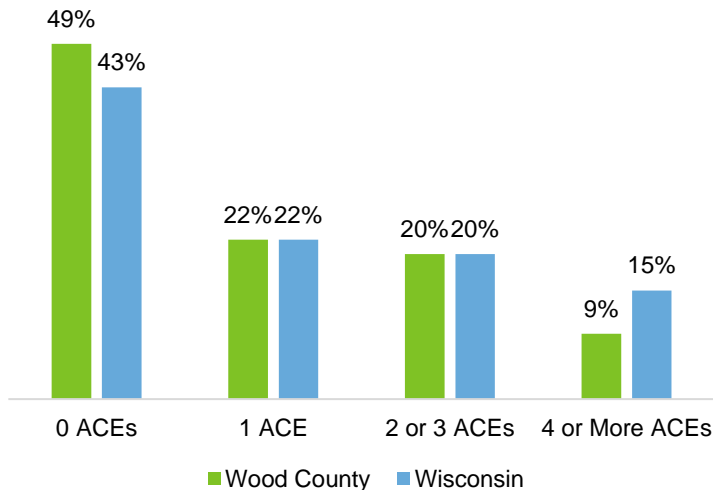
**HEALTH PRIORITY 2:
BEHAVIORAL HEALTH**



BEHAVIORAL HEALTH

Behavioral Health (mental health) was the second health issue identified in the primary data collection. Three out of six community conversations and 42% of the key informants identified mental health as a priority. The Community Health Assessment survey showed 91% of participants strongly agreed or agreed mental health is a serious concern for Wood County. Mental health was the third most written in response to the question, “what do you feel are the most serious health related concerns in Wood County?”

Chart 15: Number of Adverse Childhood Experiences by percentage of adult population for Wood County and Wisconsin in 2018



Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are types of traumas that a person may experience during their childhood. These traumas are related to being abused, neglected, or exposed to risky behaviors such as drug use (Centers for Disease Control and Prevention, 2019a).

The number of ACEs an individual has is determined through a 10-question survey. The higher the score, the higher the risk for an individual to, later in life have various chronic diseases and engage in risky behaviors.

The prevention of ACEs and building resilience during adolescence can help reduce the impact of ACEs later in life (Centers for Disease Control and Prevention, 2019a). Chart 15 compares Wood County and Wisconsin percentage of adults with the number of ACEs (Wisconsin Department of Health Services, 2018).

Graphic 6: Ratio of Wood County adults with mental illness diagnosis to the number of adults with a serious mental illness diagnosis in 2017



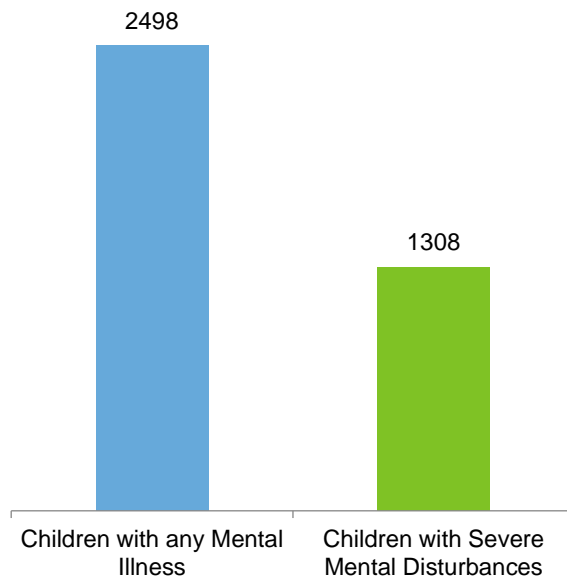
Mental Illness among Adults

There is increased risk among individuals living with mental illness to engage in substance abuse, risky behaviors, and suicidal ideation. Likewise, substance use is linked to increased risk of developing mental illness.

Symptoms and age of onset of mental illness and the severity of mental illness can vary. Those living with more severe mental illness have a greater risk of engaging in risky behaviors. The risk of mental illness can increase if an individual had experienced childhood trauma such as an Adverse Childhood Experience (Chariter & et al., 2009).

Graphic 6 shows, there is one adult diagnosis of a serious mental illness for every five adult diagnoses of a mental illness (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017). Identifying the level of risk for individuals living in the community is a first step to build resilience and healthy coping strategies within community, especially in those living with a serious mental illness.

Chart 16: Prevalence of mental illness among children or a severe mental disturbance in Wood County, 2017



Mental Illness among Children

Mental illness and severe mental disturbances among children may be directly associated to trauma they have experienced in their life, such as one or more of the Adverse Childhood Experiences (Chariter & et al., 2009). Chart 16 shows the prevalence of mental illness among children in Wood County (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017).

Children experience significant growth both physically and mentally during childhood and adolescence. Just as physical growth can be stunted by poor nutrition, mental growth can be stunted by a lack of nurturing caregivers, substance use, trauma, and living in a hostile environment (De Bellis & Zisk, 2014).

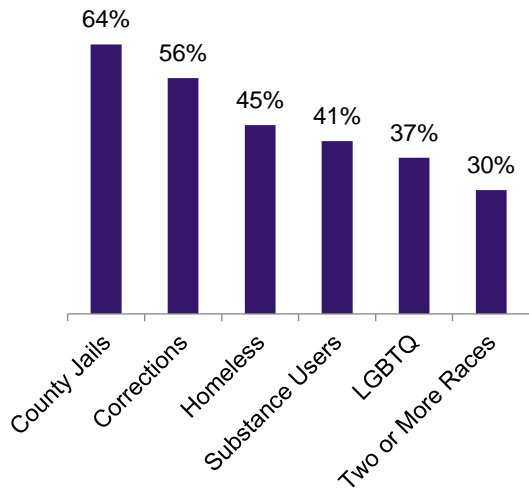
BEHAVIORAL HEALTH

Mental Illness among Marginalized Populations

The rate of mental illness is highest among marginalized populations. This is due to past trauma, discrimination, social isolation, segregation, lost freedom and choice, lack of access to resources, stigma, and racism, which occurs more frequently than among groups with more privilege (Seng, Sperlich, Hamama, & Reed Meldrum, 2012). Chart 17 shows the populations with the highest rates of mental illness in Wisconsin (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017).

Within Wood County, 1 in 3 adults who live with a mental illness do not receive treatment. This could be due to several factors such as, difficulty making it to appointments, difficulty being able to keep appointments, forgetting appointments, substance use, stigma, and lack of coverage and/or providers, or inability to afford it (Miller & Ambrose, 2019).

Chart 17: Percentage prevalence of mental illness among marginalized populations in Wisconsin in 2017

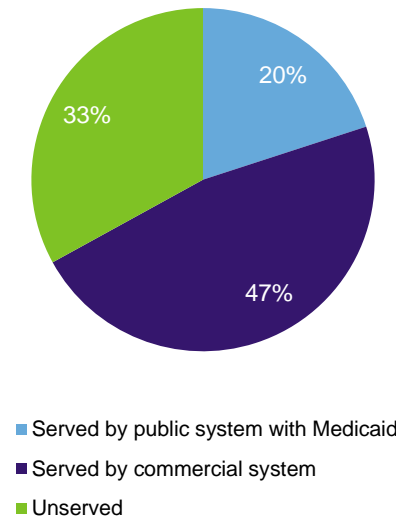


Adults with Mental Illness being served

Without treatment, healthy coping skills, and resilience, people living with a mental illness may experience more frequent hospitalizations, co-occurring chronic disease, higher risk of completing suicide, and overall a shorter life expectancy (National Alliance on Mental Illness, n.d).

Chart 18 shows the percentage of Wood County adults with mental illness by the service type and unserved in 2017 (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017).

Chart 18: Percentage of Wood County adults with a mental illness by service type and unserved in 2017



BEHAVIORAL HEALTH

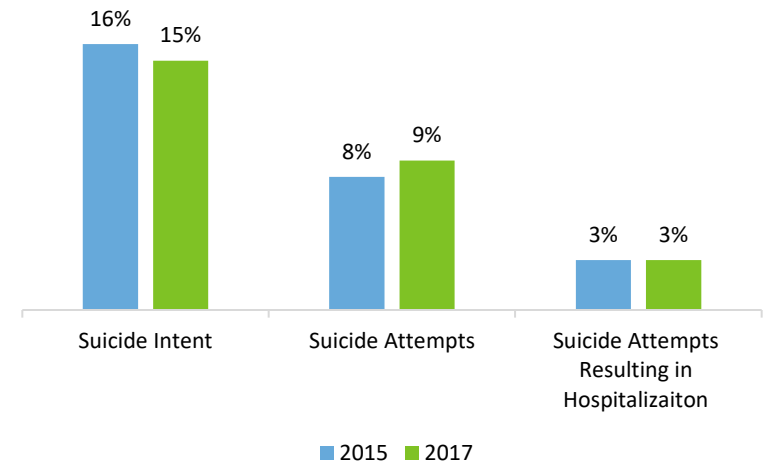
Suicidal Behavior

Children and adolescents who live with a mental illness, have a history of substance use, and/or have experienced Adverse Childhood Experiences are at the greatest risk of attempting and completing suicide (Centers for Disease Control and Prevention, 2018b).

To address the issues around suicide among youth, it is important to look for other factors and life circumstances that are driving suicidal behavior. Building healthy coping skills, resilience, care, and support networks among youth can help them overcome adversity, cope with their mental illness, and grow into healthy young adults (Centers for Disease Control and Prevention, 2018c).

Chart 19 shows suicide trends of Wood County high school students in 2015 and 2017 (Wisconsin Department of Public Instruction, 2015 & 2017). From 2015 to 2017, the percentage of suicidal behavior stayed the same. There was a 1% increase in suicide attempts.

Chart 19: Suicidal behavior in Wood County high school students by year



Conclusion

Behavioral health issues are complex with no easy explanation of how to identify their causes or what their solution is. Data on Adverse Childhood Experiences can help tell the story of what happened, rather than what is wrong with a person. One in three adults within Wood County that live with a diagnosis are not being treated for their behavioral health issues, which points to a gap in Wood County services. Without the proper treatment and therapy, unaddressed behavioral health issues can result in substance use disorders, higher risk of developing a chronic disease, and early death. There is high community readiness to address this health priority through building resilience, decreasing the stigma around behavioral health issues, and finding new and intuitive ways to address gaps in services.



**HEALTH PRIORITY 3:
ACTIVE COMMUNITIES &
COMMUNITY FOOD SYSTEMS**



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

The primary data showed Active Communities and Community Food Systems as the third priority. According to the CHA survey, 60.6% of participants believed healthy food access and increasing physical activity is very serious or serious. Further, 33.5% of survey participants agreed there is a lack of access to healthy food and 32.5% agreed there are too many fast food restaurants in Wood County. Additionally, chronic disease due to poor physical environment and nutrition was the second most written in response to the open-ended question asking, “What do you feel are the most serious health related concerns in Wood County?”

Two community conversations, Boys and Girls Club youth and Aging and Disability Resource Center (ADRC) clients, talked about the importance of active communities. The youth community conversation at the Boys and Girls Club talked at great length on the desire to have age-appropriate outdoor activities, such as a physical facility, that allowed them a place to be active. The ADRC community conversation and key informant interviews discussed the importance of prevention of chronic disease through physical activity and healthy nutrition.

Chronic illnesses such as heart disease, diabetes, and stroke are among the leading causes of death and disability in Wood County and Wisconsin. These illnesses can be prevented through physical activity and healthy food consumption, as well as by reducing tobacco exposure and excessive alcohol use. Environments and policies supporting physical activity help create active communities. Systems-level changes supporting community food systems help increase access to healthy food.

Healthy food consumption and physical activity are the two best prevention strategies to combat chronic illness. These two strategies alone can prevent and manage some of these most common health problems.

Physical activity is a preventive factor for many adverse chronic health conditions. Improving the environment for walking and biking and increasing access to and opportunities for physical activity in the community can help prevent chronic illness. Examples of how to create an active community include: increased bike and walk infrastructure, Complete Streets Policies, bike share facilities, recreation opportunities, way-finding/route systems, safety infrastructure, and Safe Routes to School programming.

Healthy food provides a foundation for preventing chronic illness and promoting health. Increasing access to nutritious food options can be improved through a focus on Community Food Systems through: schools (Farm to School), hospitals (Farm to Hospital), worksites, community organizations (Community Food Center), grocery stores, hunger relief organizations, long-term/early childhood care facilities, farmers’ markets, restaurants/bars, and corner stores.

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Increasing access in terms of availability (including location) and affordability are priority initiatives. Those experiencing income barriers are less likely to be able to purchase equipment and memberships in order to partake in fitness activities. This is why it is important for communities to invest in outdoor recreation free facilities to the public and or programming allowing for scaled and/or free memberships, and worksites and schools to prioritize physical activity initiatives through worksite and school wellness policies.

Likewise, those experiencing limited income are more likely to experience food insecurity. Communities can help increase the availability of healthy foods by working on a systems level with food-chain distributors, policies shifting food purchasing priorities, increasing gleaning processes, developing farmer markets and stands, and creating and promoting availability of processing centers for local foods. Communities can help increase the affordability of healthy foods through the acceptance of multi-payment types like FoodShare, WIC, and USDA Farmers Market Nutrition Program (FMNP), and incentive purchasing programming in food retail locations. It is also important to note, lack of transportation, especially experienced by those with limited income, is a major barrier to being able to access healthy foods and physical activity opportunities.

Obesity

Worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults, (18 years and older) were overweight and of these over 650 million were obese while 41 million children (under the age of 5) and 340 million children and adolescents aged 5-19 were overweight or obese (World Health Organization, 2018b). Obesity and its precursor, overweight, are the result of greater energy input than output, leading to increased percentages of body fat. Body Mass Index (BMI) calculations based on height, weight, and waist circumference are the most common screening tools to indicate excessive body fat.

Obesity is important to note as it contributes to an increased risk of a number of chronic diseases such as heart disease, type two diabetes, cancer, high blood pressure, stroke, respiratory problems, and depression. Healthy eating and physical activity has shown to be preventative factors for obesity and overweight and other chronic illnesses. There is a broad range of obesity data reported for Wood County and differences depend on type of collection, if modeled estimates, actual BMI measurements, or abdominal obesity (waist circumference) assessments from population samples were used. Although differences in data variables result in differentiating rates, trending across all reports, obesity is common in Wood County. Reports from health systems in Wood County for overweight and obesity are not available at this time.

- Survey of the Health of Wisconsin (SHOW): 43% obesity rate in 2014 according to Body Mass Index (BMI) measurements (Bersch, LeCaire, Bajwa, & Maleck, 2011).
- Wisconsin Behavioral Risk Factor Survey: 32% obesity rate and 39% overweight rate from 2012 to 2015, and 25% obesity rate and 34% overweight rate from 2014 to 2016 (Centers for Disease Control and Prevention, 2019b).
- County Health Rankings Report: 24% obesity rate from 2003 to 2005; 34% obesity rate from 2011-2013; and 29% obesity rate from 2014 to 2016 (County Health Rankings & Roadmaps, 2019a).

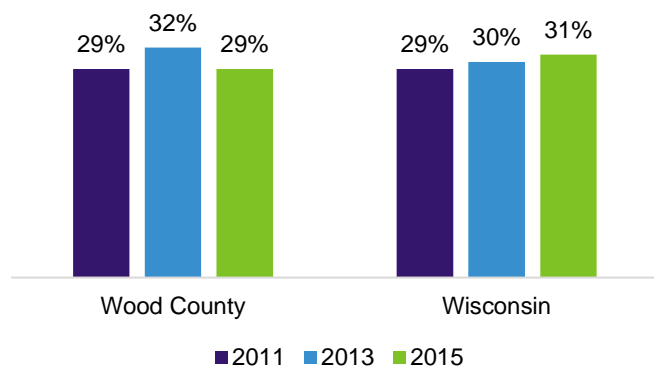
ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Obesity continued...

Obesity data trends are shown in Chart 20. There has been a decrease in Obesity in Wood County according to a recent report from the Center for Disease Control details in the past few years. In 2015, 29% of adult residents are obese in Wood County. This number does not include children or youth under the age of 18 who are obese.

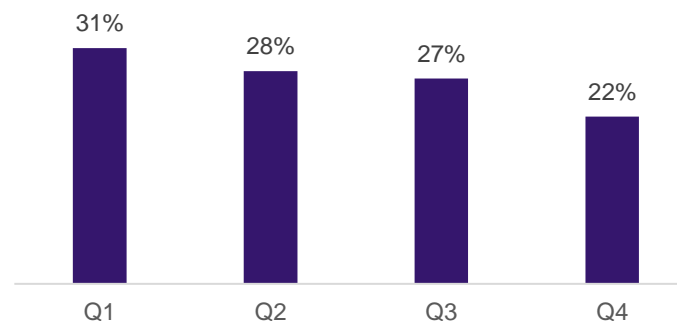
In Wisconsin the number of people, adults and youths, who are overweight or obese continue to increase. In 2016, Wisconsin was ranked 23rd in the United States for the percentage (66%) of adults who were obese or overweight. In that same year, about 33% of Wisconsin high school students were overweight or obese.

Chart 20: Obesity in Adults in Wood County and Wisconsin 2011, 2013, & 2015



Income is associated with longer life expectancies, as well as the corresponding protective factors to prevent chronic illness. As income increases, the rates of obesity decrease, physical activity increases, and smoking generally decreases.

Chart 21: Wood County Obesity by Income Quartile (Q1 to Q4), 2011 to 2014



According to the Health Inequality Project, much of the life expectancy differences by income are attributable to differences in obesity, physical activity, and smoking (Chetty, 2016).

The World Health Organization (WHO) framework documents how health behaviors such as obesity and physical activity are shaped by the material circumstances. For example, where people live can impact whether there is local access to fresh produce and safe places to be physically active. Social, economic, and public policies structure these opportunities inequitably across populations and geographies (Chetty, 2016).

Chart 21 details obesity by income quartile, quartile 1 being the lowest income quartile and quartile 4 being the highest income quartile. Obesity is highest among the lowest income populations in Wood County (31%). There is a stepwise decrease in the percent obese as income increases in Wood County. The lowest obesity fraction was seen among the highest income quartile (22%).

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Leading Cause of Death

There was an increase in deaths in Wood County from 800 in 2015 to 815 in 2017, resulting in a 2017 age-adjusted death rate of 710.1 per 100,000 population. This mortality rate is lower than that of Wisconsin, 723.8. Table 1 shows age-adjusted rates of leading causes of death (per 100,000 people) in Wood County and Wisconsin comparing 2015 to 2017 (Wisconsin Department of Health Services, 2018c). From 2015 to 2017, cancer rates have increased in Wood County, which is above the state average. Heart disease has also increased in Wood County, although averaging less than the state rate. (Environmental Public Health Data Tracker, n.d.b).

Table 1: 2015 and 2017 Wood County and State age-adjusted rates (deaths per 100,000 population) of leading causes of death – sorted by 2017 Wood County leading cause of death rates.

	2015 Wood County	2015 State	2017 Wood County	2017 State
Cancer	137.4	159.5	170.0	153.2
Heart Disease	116.4	156.2	135.7	157.5
Accidents (unintentional)	50.5	49.0	50.8	57.9
Stroke	36.6	35.6	32.8	33.5
Alzheimer's	23.8	27.5	29.2	31.6
Chronic lower respiratory	51.4	39.3	27.9	38.4
Influenza and pneumonia	16.8	14.2	19.0	12.9
Diabetes	19.3	19.4	13.9	19.4
Intentional self-harm (suicide)	15.5	14.6	12.8	15.2

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Cancer

Cancer continues to be the leading cause of death in Wood County. Chronic diseases such as heart disease, diabetes, and stroke are also among the leading causes of death and disability in Wood County and Wisconsin with significant increases in heart disease from 2015 to 2017. Other top causes of death in 2017 include accidents (unintentional), stroke, Alzheimer's disease, chronic lower respiratory influenza and pneumonia, diabetes, and intentional self-harm (suicide).

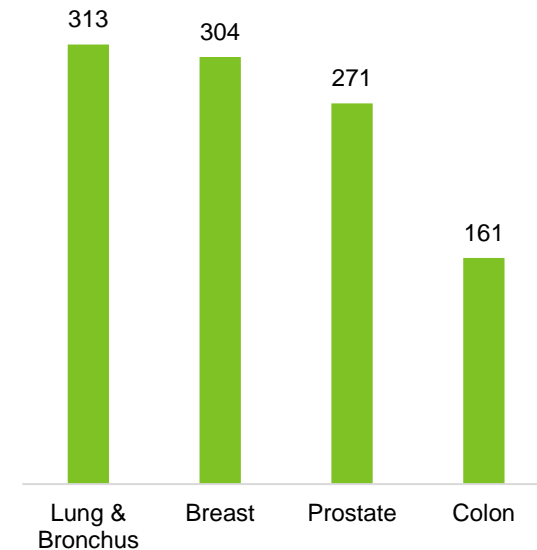
The cancer death rate in Wood County continues to increase above the state average. In Wood County, lung and bronchus cancer is the most common reported case. Smoking is the number one cause of lung cancer, followed by radon exposure, hazardous chemicals, particle pollution, and genetics (American Lung Association, 2017). Lung cancer rates trend similar for Wisconsin. Lung cancer causes more deaths in Wisconsin than prostate, breast, and colorectal cancers combined (Wisconsin Department of Health Services, 2019b).

According to the Wisconsin Cancer Reporting System, between 2012 and 2016 the top four cancers in Wood County include lung and bronchus, breast, prostate, and colorectal. In total, between 2012 and 2016 there were 2,308 cancer cases reported in Wood County (Wisconsin Cancer Reporting System, 2019). Chart 22 shows the break down between types of cancer.

According to the American Cancer Society, 84 Wisconsin residents are diagnosed with cancer every day and estimates for 2016 showed 285,687 Wisconsin residents were living with a cancer diagnosis. They also estimated that in 2016 alone, 3,060 deaths would occur due to lung cancer (Wisconsin Department of Health Services, 2019b).

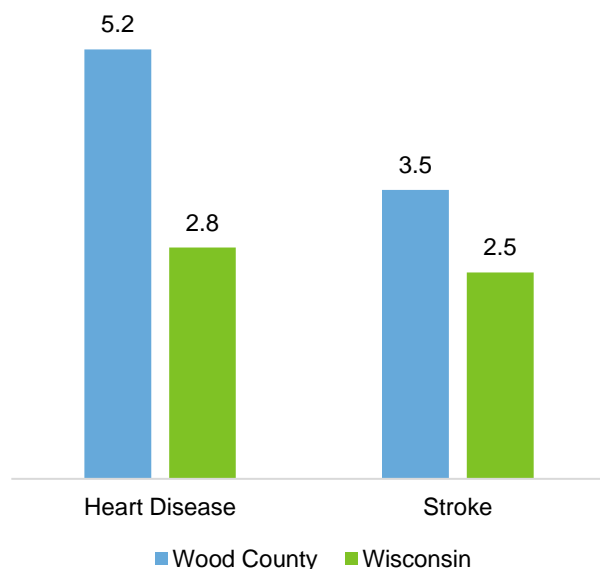
Cancer can be considered an ongoing condition because it can be monitored and treated, but may never completely go away. While many factors contribute to a person's risk of developing cancer, tobacco cessation, healthy environments (work, home, and community), and cancer management through healthy foods and physical activity can help reduce cancer incidences.

Chart 22: Number of Cancer Cases in Wood County



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Chart 23: Heart Disease and Stroke Hospitalization Rate per 1,000 in 2015



Heart Disease

Heart attack and stroke are caused by blockages preventing normal blood flow to the heart and brain. These blockages are most commonly found to be fatty deposits along the walls of blood vessels. Most heart diseases can be prevented and managed through a healthy diet and physical activity. Poor nutrition, inactivity, overconsumption of alcohol, and tobacco use can cause “raised blood glucose and blood lipids, and overweight and obesity. These immediate risk factors indicate an increased risk of developing a heart attack, stroke, heart failure, and other complications” (World Health Organization, 2017a). In addition to lack of physical activity and poor diet, the World Health Organization recognizes there are “causes of the causes.” These include social, economic, and cultural changes that support unhealthy environments, systems, and policies creating more opportunities for poor health choices as well as poverty, stress, and hereditary factors (World Health Organization, 2017).

According to the CDC, heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics, and whites. For Asian Americans or Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer (Centers for Disease Control and Prevention, 2017a). Additionally, heart disease costs the United States about \$200 billion each year. This total includes the cost of healthcare services, medications, and lost productivity (Centers for Disease Control and Prevention, 2017a).

In 2015, Wood County had higher rates of heart disease and stroke hospitalizations compared to Wisconsin, shown in Chart 23. Heart disease continued to increase in Wood County in 2015 (Wisconsin Department of Health Services, 2018a).

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

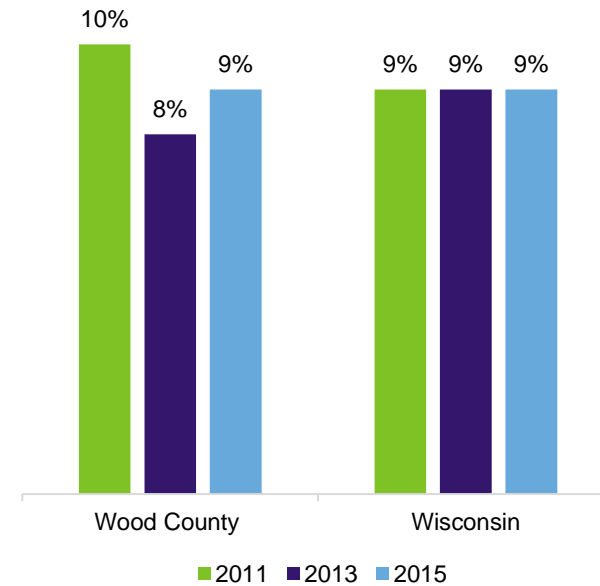
Diabetes

Diabetes is a chronic illness related to high blood sugar levels. Obesity is the leading risk factor for Type 2 Diabetes. Complications may include heart disease, stroke, kidney failure, nerve damage, impaired vision and hearing, and lower-limb damage or amputation (Center for Disease and Control and Prevention, 2017b).

In Wood County, the percentage of adults who were diagnosed with diabetes decreased from 10% to 8%, but increased from 8% in 2013 to 9% in 2015, which is comparable to 9% in Wisconsin.

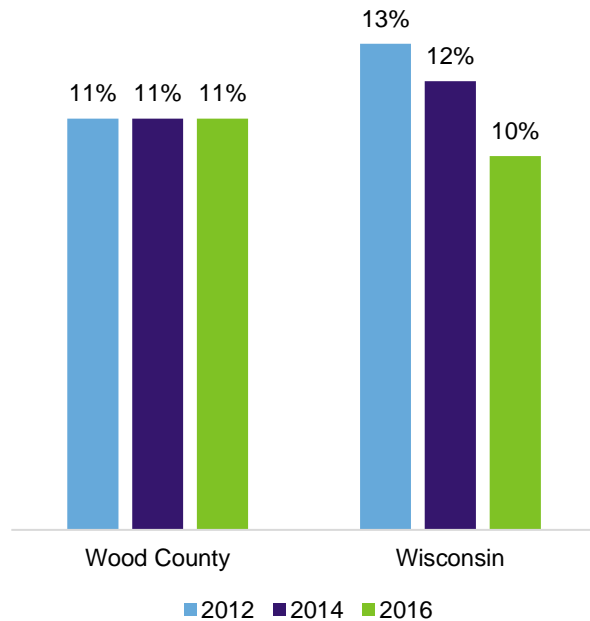
It is also important to note, many people are living with prediabetes or diabetes and are not yet diagnosed, therefore not included in the data on Chart 24. The CDC estimates 28% of Wisconsin adults have diabetes and do not know it, and 37% of Wisconsin adults have prediabetes (Center for Disease Control and Prevention, 2017f). According to the American Diabetes Association, diagnosed diabetes costs an estimated \$5.5 billion dollars in Wisconsin each year. This total includes the cost of healthcare services, medications, and loss of productivity (American Diabetes Association, n.d.).

Chart 24: Percentage of adults ages 20 and older who have diabetes in Wood County and Wisconsin



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Chart 25: Percent of Wood County and Wisconsin residents facing food insecurity 2012 to 2016



Food Insecurity

Healthy eating can reduce the risk for many chronic diseases. Food insecurity is the inability to consistently access affordable and nutritious food. In Wood County, 10% of residents (about 7,000) experience food insecurity. There are 809 square miles in Wood County and only one grocery store for approximately 100 square miles, which is 1.49 grocery stores per 10,000 people (Wisconsin Food Security Project, n.d.).

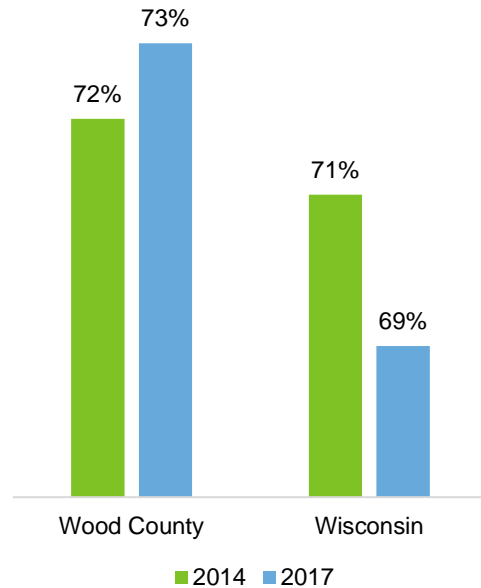
Food insecurity contributes to chronic diseases and other health problems because people do not have access to healthy food (County Health Rankings, n.d.). Food insecurity may be persistent or occasional. Households must make difficult decisions with limited resources to meet basic needs that may include housing and health care, alongside food.

Chart 25 shows the percentage of Wood County and Wisconsin residents who lack adequate access to food. From 2012 to 2016, Wood County has remained at 11% of the population with food insecurity, as compared to Wisconsin, which has been decreasing from 13% in 2012, 12% in 2014, and 10% in 2016 (United States Department of Agriculture, 2018a).

Youth in Wood County are also facing food insecurity. According to the Wood County Youth Risk Behavior Survey (YRBS), there was a significant decrease among youth facing food insecurity. In the 2015 survey, 26% of high school students reported being hungry in the last 30 days of taking the survey. In the 2017 survey, 12% of high school students reported being hungry the last 30 days of taking the survey (Wisconsin Department of Public Instruction, 2015 & 2017).

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Chart 26: Percentage of food insecure households below 200% of the Federal Poverty Level



Food Insecurity continued...

In Wood County, 72% of food insecure households were below 200% of the Federal Poverty Level and would likely qualify for federal nutrition assistance (Feeding America, 2017). Chart 26 shows the percentage of households in Wood County who lived below 200% of the Federal Poverty Level (FPL). The Federal Poverty Level is determined by the Department of Health and Human Services to determine who would qualify for federal assistance programs (The George Washington University, Milken Institute School of Public Health, 2018). For an individual living below 200% of the FPL, they would have an income of \$24,280 ($12,140 \times 2.00$) a year, and for a family of four, a household would have an income of \$50,200 ($25,100 \times 2.00$). This is calculated by taking the baseline FPL and multiple by the percentage of FPL. FPL can change from year to year, which will lead to how many households can qualify for programs.

Food assistance is available through programs such as FoodShare Wisconsin (also known as the Supplemental Nutrition Assistance Program or SNAP), Women, Infants, and Children (WIC), Commodity Supplemental Food Program (CSFP), School Breakfast Program (SBP), National School Lunch Program (NSLP), and The Emergency Food Assistance Program (TEFAP), among others. FoodShare Wisconsin helps those with limited income to purchase food.

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

FoodShare Participation

FoodShare is a program that was created to help stop hunger and to improve nutrition and health among families in Wisconsin (Wisconsin Department of Human Services, 2019c). Chart 27 shows the percentage of adults and children who participate in the FoodShare program. More children participate in the program than adults. Wood County has a higher rate of adults and children participating in the FoodShare program than the state as a whole.

Chart 27: Percentage comparing adult and child FoodShare participants in Wood County & Wisconsin

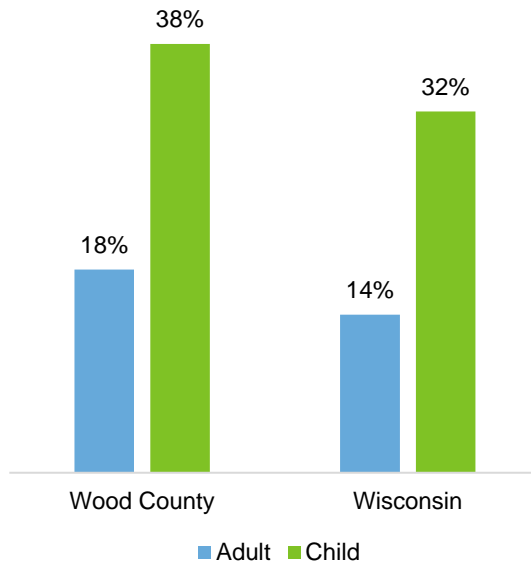
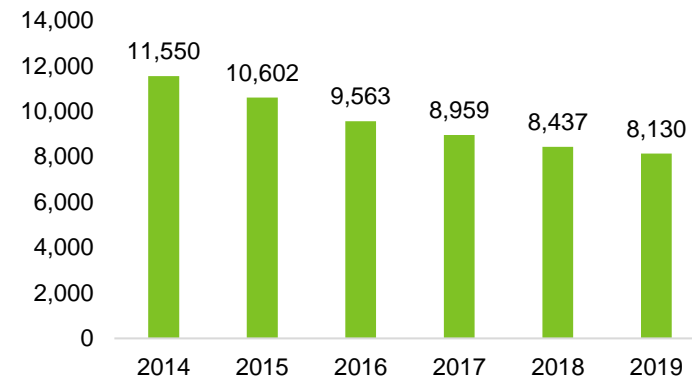


Chart 28 shows the number of the monthly FoodShare participants in Wood County from 2014-2018 (Wisconsin Department of Human Services, 2019c). The chart shows the number of participants has steadily decreased, similar to the state overall. This decrease was likely due to a change in Wisconsin State Law in 2015 requiring anyone aged 18 through 49, who do not have any children under the age of 18 living in their home to meet a work requirement to keep getting FoodShare benefits, unless they meet an exemption. The decrease is not due to fewer people who need assistance. Additional data shows decreases in poverty and increases in available jobs could also be a factor; however, livable wages is still a top priority and need.

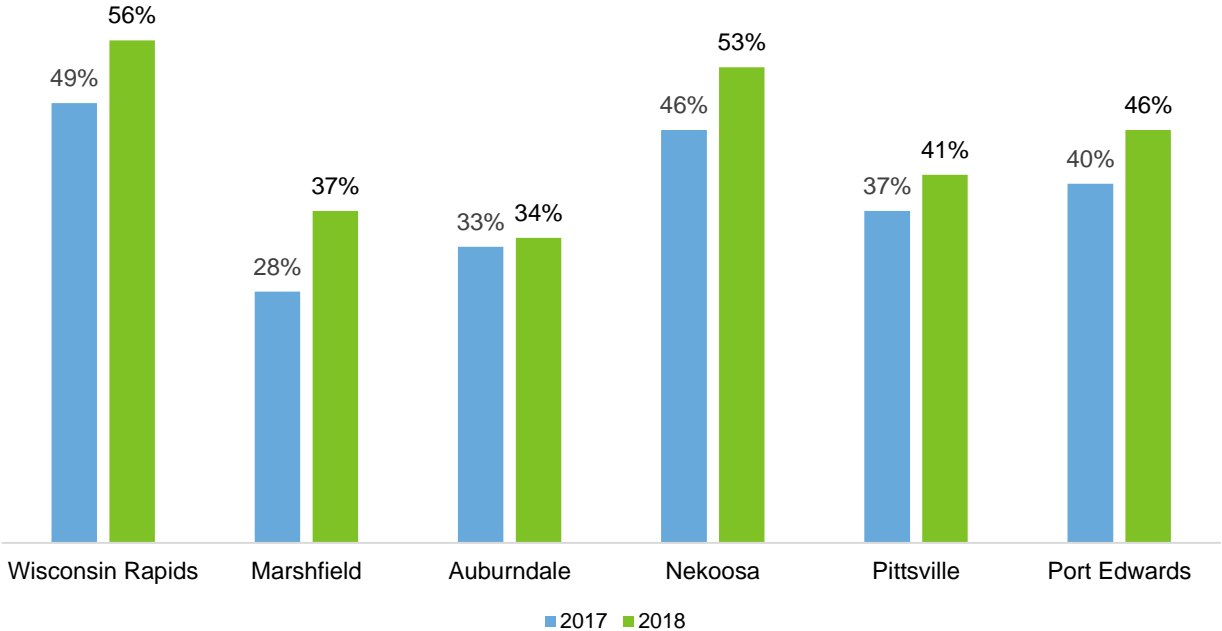
It is important to note hunger relief services continue to experience increased rates of utilization for pantry, hot-meal, and school backpack programming. While state policies have implemented restrictive barriers to utilizing food relief services, local organizations have helped to fill the gap in these services.

Chart 28: Average Number of Monthly FoodShare Participants



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Chart 29: Percentage of Students on Free & Reduced Lunch in Wood County 2017-2018



Free and Reduced Lunch

Chart 29 shows the percentage of students on Free and Reduced Lunch in Wood County. South Wood County School Districts (Wisconsin Rapids, Nekoosa, and Port Edwards) have a higher percentage of students participating in the program than North Wood County School Districts. The percentage of students on Free and Reduced Lunch in Wood County increased in all Wood County school districts; however the largest increase from 2017 to 2018 was Marshfield (22% increase) (Wisconsin Department of Public Instruction, n.d.).

In 2018, Wisconsin Rapids School District had four schools with 100% of their student body qualifying for Free and Reduced Lunch. Three of those were elementary schools (Grove Elementary, Howe Elementary, and Mead Elementary Charter School). The fourth school is River Cities High School, an alternative school. There are no other schools in Wood County where 100% of students qualified for the program (Wisconsin Department of Public Instruction, n.d.).

ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Women, Infants, and Children (WIC)

The Women, Infants, and Children (WIC) program is a supplemental nutrition program helping pregnant and post-partum mothers up to six months or one year; if breastfeeding and children up to age five who meet certain income requirements. FoodShare income brackets are lower than WIC; those qualifying for FoodShare and meet WIC requirements are eligible for WIC. In addition, pregnant or six-month postpartum women and/or an infant less than one-year-old utilizing BadgerCare are also eligible for WIC.

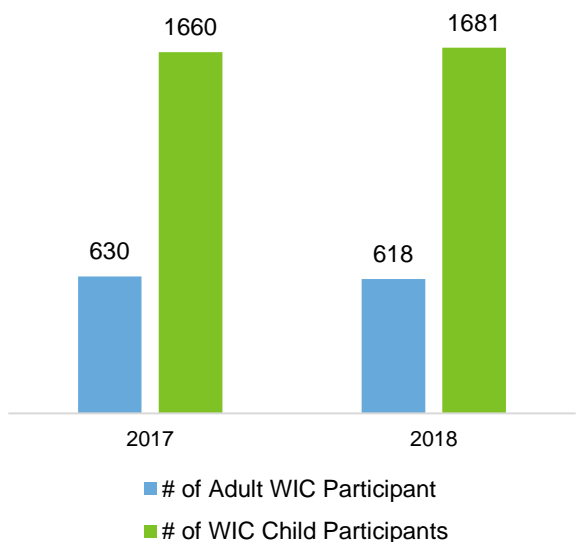
The goal of WIC is to help pregnant women, new mothers, and infants and children stay healthy and strong. Goals are met by providing nutrition information, breastfeeding information and support, vouchers to buy food, and referrals to other community resources and providers. Chart 30 shows the number of WIC adult and child participants.

From 2017 to 2018, there was a decrease in the number of WIC adult participants and a slight increase among WIC children participants by 20 (Haessig, 2019).

Obesity rates among WIC women (adults prenatal/postpartum) was 33.7% in 2017 but increased slightly in 2018 to 38.9% (Wood County WIC, n.d). Whereas obesity in adults increased, it decreased among the child participants. The percentage of obesity in children in 2017 was 16.2% and 15.3% in 2018.

WIC Farmer's Market Nutrition Program (FMNP) vouchers are given out to Wood County WIC participants to use on locally sourced fresh fruits and vegetables. In 2017, 54% of the farmer's market vouchers were utilized, but that number decreased to 49.3% in 2018.

Chart 30: Number of Wood County WIC Adult and Children Participants from 2017-2018



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Of the key informant interviews, 12% discussed the importance of chronic disease prevention. The Boys and Girls Club community conversation group talked at great length about the importance of having physical activities and outdoor facilities for pre-teens and teenagers. The youth came up with the idea to have an outdoor area available for pre-teens and teenagers because there was noted a lack of outdoor space for them to be active.

Chart 31 shows the percentage with lack of access to locations for physical activity for the whole county across all age groups compared to Wisconsin. In Wood County, 24% of residents lacked adequate access to locations to be physically active (County Health Rankings & Roadmaps, 2019b).

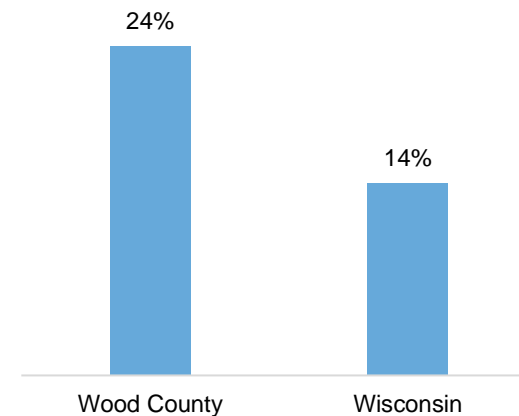
Being physically active reduces the risk of chronic disease. The built environment is important for supporting active living for residents. Having access to sidewalks, parks, recreational areas, biking and walking trails, and work-out facilities, people are more likely to be physically active. According to the 2018 County Health Rankings, it is considered that residents have access to physical activity opportunities if they:

- Reside in a census block that is within a half mile of a park
- Reside in an urban census block that is within one mile of a recreational facility
- Reside in a rural census block that is within three miles of a recreational facility

Additional data shows 21% of Wood County adults 20 and older are not physically active.

At this time, data is not available to show the number of Wood County organizations with wellness policies in place. It is also important to note there is a lack of readily available data around number and utilization rates of free recreation programming and number and miles of bike and walk infrastructure.

Chart 31: Lack of Access to Locations for Physical Activity



ACTIVE COMMUNITIES & COMMUNITY FOOD SYSTEMS

Conclusion

It is essential to work on preventing chronic diseases before they occur. Chronic diseases are some of the most “common and costly health problems, rarely cured, and often get worse over time” (Incourge, 2017a). Through the health assessment process, diverse participants highlighted the importance of eating healthy and keeping active, with special attention to access in terms of affordability and availability. Chronic diseases can be prevented by developing supportive environmental, policy, and systems changes. By supporting healthier food systems and active environments additional benefits can be seen in improved mental health, social support, and social cohesion. An equity frame can mobilize stakeholders to make these environments more accessible to all.

COMMUNITY RESOURCES

Potential resources and assets in Wood County community that will help address the joint health priorities for the Wood County Health Department, Marshfield Medical Center, and Aspirus Riverview Hospital include:

- Healthy People Wood County
 - Mental Health Matters Coalition
 - Recreate Health Coalition
 - Alcohol and Other Drug Prevention Partnership
 - Wood County Drug Task Force
- Aging and Disability Resource Center of Central Wisconsin
- Legacy Foundation
- In courage
- Wood County Health Department
- Marshfield Clinic Health System
 - MACY
- Aspirus Riverview Hospital and Clinics
- Aspirus Riverview Foundation
- Marshfield Area United Way
- City of Wisconsin Rapids
- United Way South Wood & Adams Counties
- Marshfield Area United Way

This is not an all-inclusive list of agencies and organizations are vital to the work. There are other potential partnerships with other resources within Wood County.

SOCIAL DETERMINANTS OF HEALTH PRORITIES

The following are health issues mentioned throughout primary and secondary data collection:

1. Housing
2. Access to Care
3. Safety
4. Transportation
5. Poor Economy

These issues represent physical and social environments affecting overall health and well-being. Traditionally we know we need to eat healthy, exercise, and not use tobacco to stay healthy, but digging deeper, housing, access to care, safety, transportation, and poor economy effect the ability make the choice to be healthy. Social determinants of health are referenced on pages 10-12 are important health factors to research and acknowledge their impact on the overall community well-being.

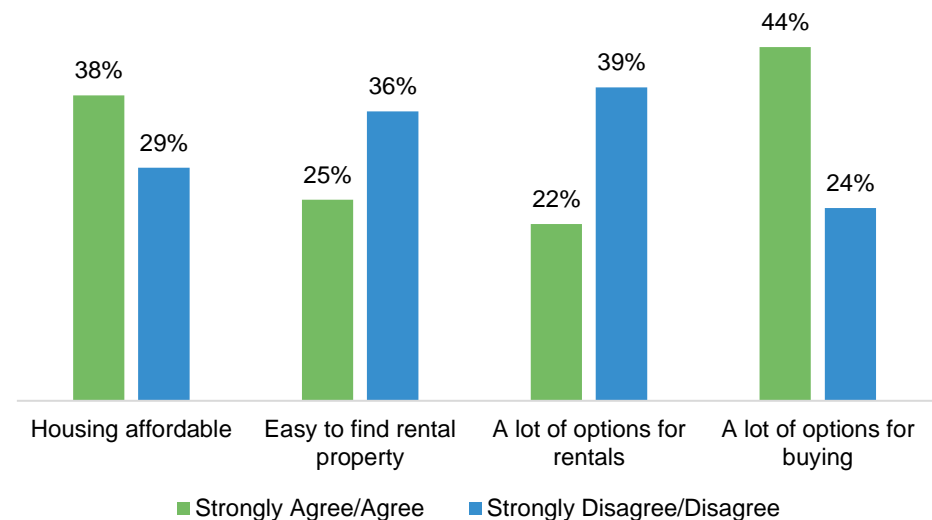
HOUSING

Housing is an important social determinant of health. Americans spend much of their time indoors within their homes (Bravemen, Dekker, Sadegh-Nobari, & Pollack, 2011). There is sufficient research that shows how housing can impact infectious diseases, chronic diseases, injuries, child development, nutrition, and mental health (Whicher, Rosengren, Siddigi & Simpson, 2018). In Wood County, there has been more of a focus on having access to affordable and adequate housing. Wisconsin Rapids conducted a housing survey, which revealed that 42% of residents spent more than 30% of their yearly income on housing (City of Wisconsin Rapids, 2016). The housing study also revealed those who did not own homes felt they could not afford one due to debt or a lack of a down payment.

The key informant interviews showed 6 out of 33 or 18% believe housing and homelessness are problems in Wood County. Participants mention that current housing available is old, unkempt, and worsening in quality. Additionally, participants believe that current housing options are not affordable and lack variety.

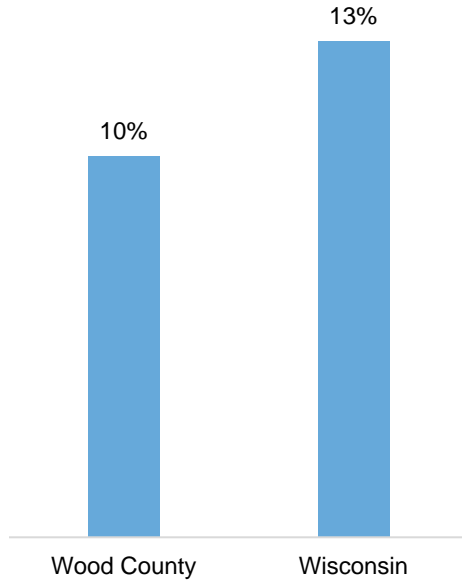
The results of the community health assessment survey echoed the key informants. Of the survey participants, 38.4% either strongly agreed or agreed versus 29.4% either strongly disagreed or disagreed that housing is affordable either renting or buying. Participants believed that it is not easy to find housing and there are not enough options for renting; however, there are enough buying options. Figure 35 shows the percentages of survey respondents who strongly agree or agree and those who strongly disagree or disagree with statements about housing.

Chart 32: Percentage of respondents who strongly agree or agree and those who strongly disagree or disagree with statements on housing from the 2019 Wood County CHA survey in 2019.



HOUSING

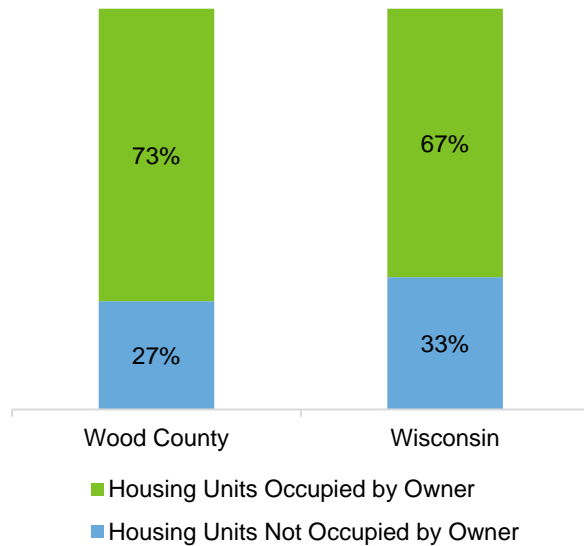
Chart 33: Residents in Wood County & Wisconsin facing severe housing burden



Severe housing cost burden is when half or more of an individual's income goes towards housing. Someone who is in the position of facing a severe housing cost burden is likely having to sacrifice other basic necessities such as food, clothing, transportation, and medical care to cover the cost of their housing (Office of Policy Development and Research, n.d.). In Wood County, 1 in 10 residents have to put at least half their income towards housing, which means these individuals are less likely to be able to accumulate wealth and more likely to experience financial insecurity (U.S. Census Bureau, n.d.a.). One of the primary contributing factors as to why these residents face a severe housing cost burden is due to wages not increasing at the same rate as housing costs (Office of Policy Development and Research, n.d.).

HOUSING

Chart 34 Housing units occupied by owner vs housing units not occupied by owner in Wood County & Wisconsin



Home ownership and stable housing are related to multiple positive factors such as higher levels of educational attainment, increased civic engagement, better physical and psychological health outcomes, and better educational performance among children. Home ownership and stable housing decrease the rates of crimes within a neighborhood and decrease welfare dependency. These two factors also provide families and individuals a way to build wealth (National Association of Realtors, 2016). Figure 37 shows that in Wood County, 73% of housing units are occupied by the owner, which is higher than in Wisconsin, where 67% of housing units are occupied by the owner. While home ownership is important, the quality of homes is also important and impacts the health of individuals who reside in those homes (U.S. Census Bureau, n.d.b). In Wood County, 11% of households have at least one of the four following issues: overcrowding, high housing costs, lack of kitchen, or lack of plumbing (Office of Policy Development and Research, 2018). The living conditions and environments available significantly impact the health of individuals and communities.

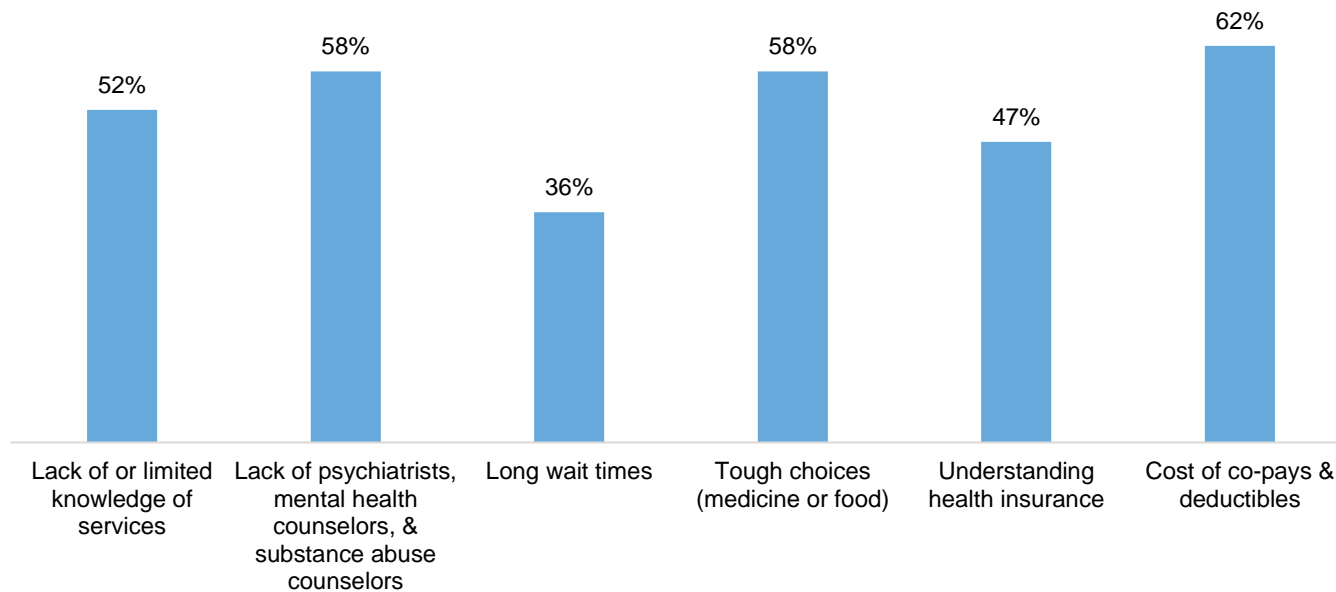
ACCESS TO CARE

Clinical care is only 20% of a person's health; this includes access to care (County Health Rankings, n.d.). Access to care was discussed in key informant interviews and categorized as barriers to resources. Barriers included long wait times, cost of co-pays, high deductibles, lack of insurance, and residents unaware of the resources that are available to them. Four out of six community conversations discussed barriers to having access to care, specifically around transportation.

Of those who participated in the community health assessment survey, 47.8% strongly agree or agree that access to care is an issue. The following chart shows the percentage of people who agree with the following statements as contributing factors to people's ability to stay healthy in regards to access to a car.

Participants of the community survey also believe having access to limited transportation (38.8%) contributes to people's inability to have access to health care.

Chart 35: Percentage of responses by identified barrier to accessing care from the 2019 Wood County CHA survey

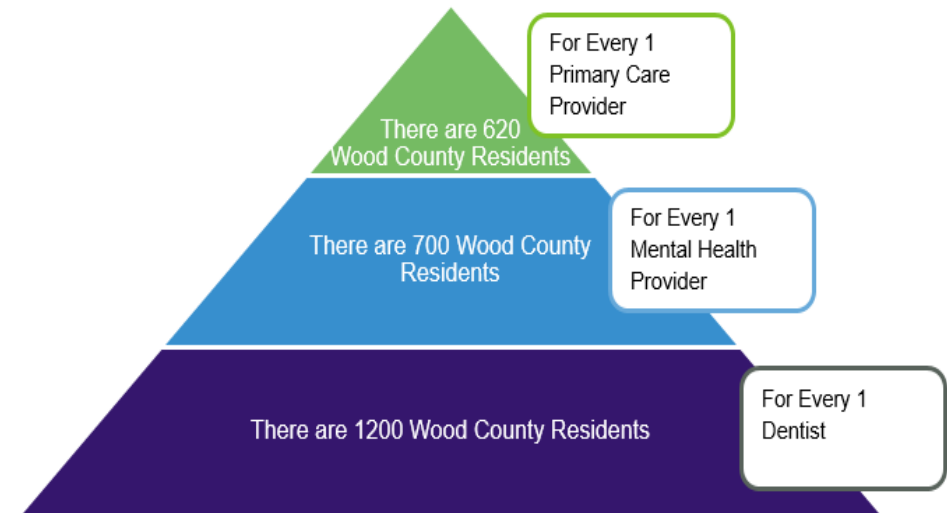


ACCESS TO CARE

Without access to healthcare providers, regardless if a primary care provider, a mental health practitioner, or a dentist, residents may miss out on key preventive services and screening windows for early detection of disease (Centers for Disease Control and Prevention, 2017b). Although seeing a health practitioner does not necessarily prevent disease, early detection and increased time between detection and symptoms can allow for earlier treatment and possibly opportunities to cure a disease that may be otherwise incurable if the disease progresses enough.

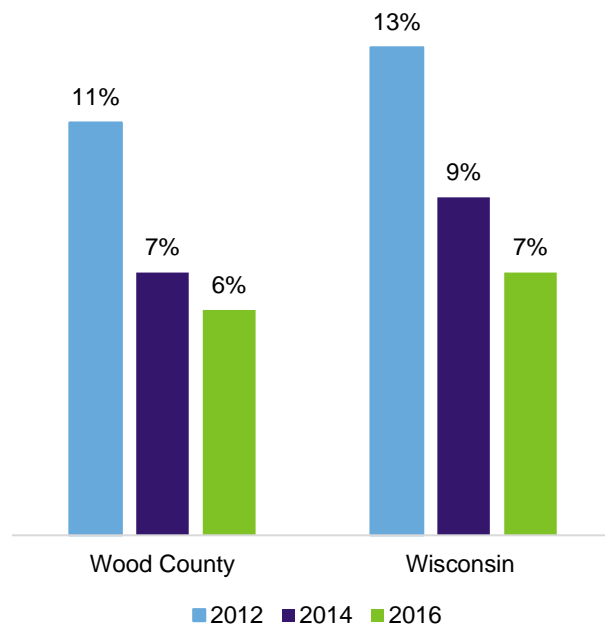
It is important to highlight the deficit of providers as proportioned to residents in Wood County because this can hinder one's ability to access services. Since funding for bringing in the necessary providers is limited, especially for specialties in rural areas, it is important to implement community initiatives that reduce the risk of disease and its impact on the community. Figure 9 shows the ratio of Wood County residents to a provider type from 2016-2018 (Health Resources and Services Administration, n.d. & County Health Rankings & Roadmaps, 2019a).

Figure 9: Ratios of number of Wood County residents to every one provider-by-provider type in 2016 through 2018



ACCESS TO CARE

Chart 36: Percentage of population under age 65 by geographic area that are uninsured in 2016



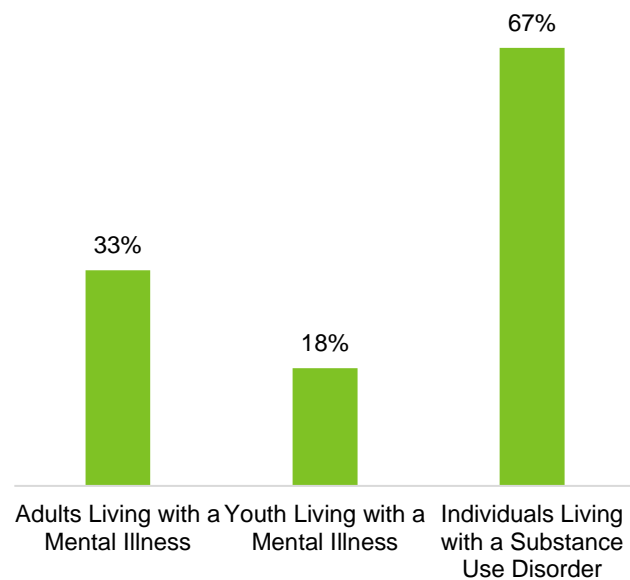
With the expansion of the Affordable Care Act, many uninsured individuals are now covered by insurance (Centers for Disease Control and Prevention, 2017b). Unfortunately, not everyone has insurance in Wood County. Those who are uninsured seeking medical treatment will have to take on the entirety of the financial burden associated with the cost of care.

Chart 36 shows the percentage of those under age 65 in Wood County and Wisconsin who were uninsured in 2016 (U.S. Census Bureau, 2018). Individuals may choose not seek services or treatments if they are unable to afford the ever-increasing costs of prescriptions and procedures. On the other hand, if the uninsured individual does choose to absorb the cost, they may have to sacrifice other necessities to afford the prescriptions or needed care.

Another aspect that is not reflected within this data is the issue of being underinsured. Being underinsured means that an individual's insurance plan has high deductibles they are not able to meet due to financial constraints similar to those uninsured (Burns, J., 2017). This again leaves the underinsured and the uninsured having to make possible life threatening decisions due to limited financial resources.

ACCESS TO CARE

Chart 37: Percentage of Wood County residents living with a mental illness or substance use disorder not receiving treatment by age and diagnosis in 2017



There are multiple components that go into recovery from a mental illness and substance use disorder. Remaining hopeful, being a part of a community with peer support, remaining sober, and receiving professional treatment are some of the important components in starting the journey towards recovery (National Alliance on Mental Illness, n.d.). Though receiving professional treatment for a mental illness or substance abuse disorder will not cure it, it is the foundational component most people to start with for recovery. There are a significant number of residents living in Wood County who are diagnosed with mental illness or substance use disorder who are not receiving treatment. Chart 37 details the percentage of adults, youth, and individuals living with a mental illness who are not receiving treatment (Wisconsin Department of Health Services, Division of Care and Treatment Services, 2017).

Common reasons insured residents living with a diagnosis are not receiving treatment include restrictive health insurance networks and/or unaffordable high deductibles (National Alliance on Mental Illness, 2017). Uninsured residents could face the same financial constraints similar to underinsured residents. Regardless of insurance status. If the resident does not have reliable transportation, time during the day, are put on a waiting list, or are currently struggling due to their diagnosis, they are less likely to make it to appointments or even schedule them. Those living with untreated mental illness or a substance use disorder are more likely to be homeless, incarcerated, be victimized, engage in episodes of violence, exhibit suicidal behaviors, and have worse clinical outcomes (Mental Illness Policy Org, n.d.). Ultimately, residents living with a mental illness or substance use disorder who lack resources are less likely to have success in their recovery and are more likely to suffer from the consequences of being untreated.

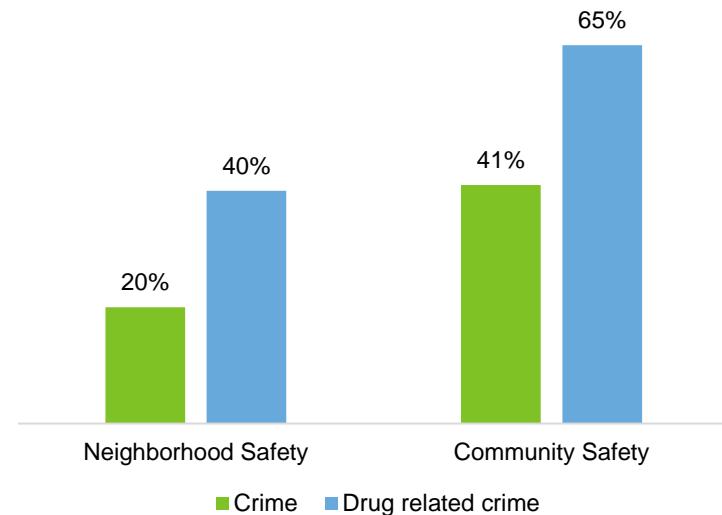
SAFETY

The community health assessment survey showed interesting results when it comes to the safety of Wood County. In the key informant interviews and community conversations, community safety was brought up in the form of low crime rates, yet at the same time drug-related safety issues were identified. In the community health assessment survey, participants were asked if they thought safety was a problem in Wood County, and 53.2% either strongly agreed or agreed.

The community health assessment survey also asked how concerned people were about the safety in their neighborhoods as well as their community. The questions were asked two different ways to determine perception. The first asked people to rate how concerned they were about the safety in their own neighborhood, and the second way asked about safety within their community. Asking the question two ways provided very interesting results. When people were asked about their own neighborhoods they were not concerned; however, when asked about the community they were concerned.

Chart 38 shows people are nearly two times more concerned about the safety of their community as a whole than their own neighborhood. It can be interpreted that there is a perception that Wood County is more dangerous than it actually is.

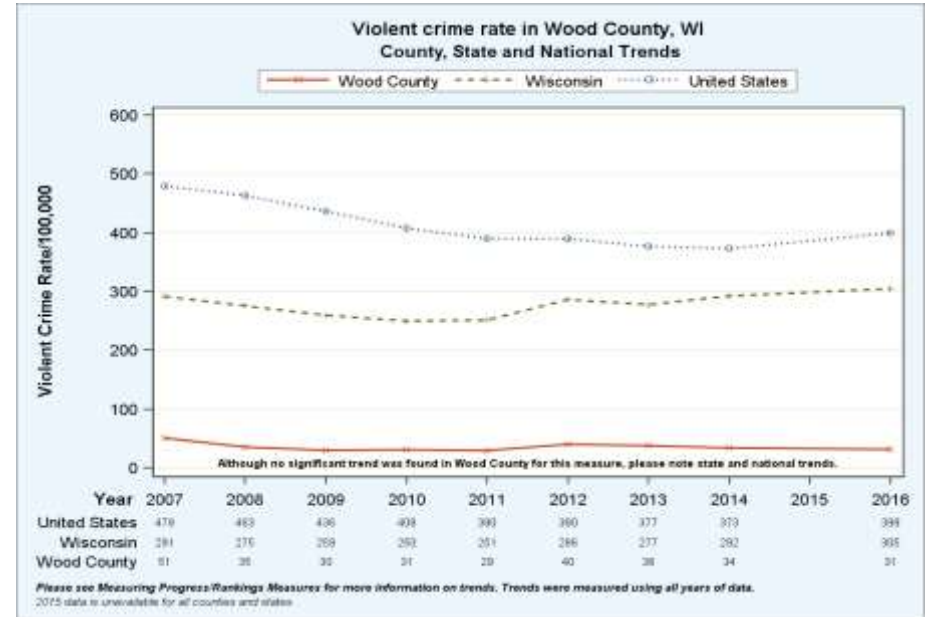
Chart 38: Percentage of responses by identified safety concern at neighborhood and community level from the 2019 Wood County CHA survey



SAFETY

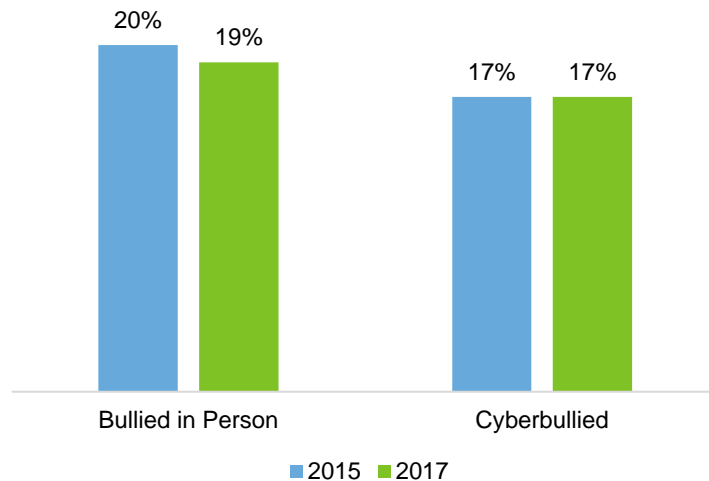
Violent crime threatens physical safety and well-being of communities and individuals. Living in environments and being exposed to high crime rates can decrease opportunities for community members to live healthy lifestyles, such as outdoor physical activity. Exposure to crime, violence, and trauma is associated with increased stress. Experiencing stress often and consistently over time may increase an individual's risk of chronic diseases, hypertension, obesity, and poorer mental health (County Health Rankings & Roadmaps, 2018b). As shown in Graphic 10, the rate of violent crime in Wood County is significantly lower compared to Wisconsin and the U.S. overall (County Health Rankings, 2018).

Graphic 10: Rate of violent crime in Wood County, WI including State and National Trends



SAFETY

Chart 39: Percentage of 10th and 12th grade high school students who reported being bullied in 2015 and 2017 by method of bullying



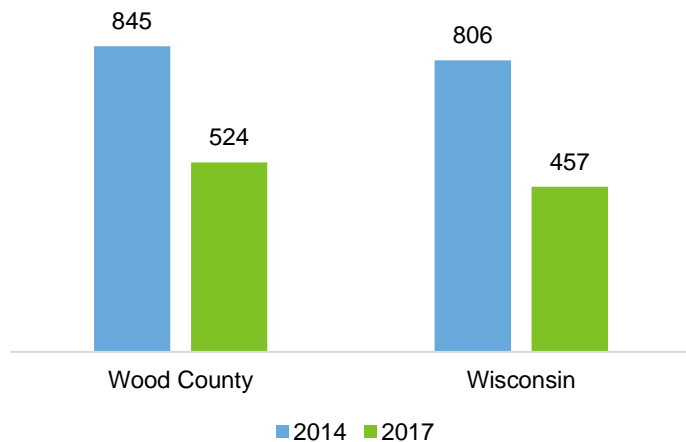
Cyberbullying is bullying that occurs through digital devices such as cell phones and computers. Cyberbullying can include "sending, posting, or sharing negative, harmful, false, or mean content about someone else," which is meant to cause embarrassment or humiliation (U.S. Department of Health and Human Services, n.d). About 1 in 5 students in Wood County reported having been cyber bullied (Wisconsin Department of Public Instruction, 2015).

While bullying in general is an issue, with the increased use and access to digital devices and the internet, cyberbullying has become a growing problem. This added form of bullying is associated with poor mental health outcomes, decreased academic achievement, health complaints, substance use, and suicidal behavior.

Chart 38 shows the percentage of students in 10th and 12th grade who reported being bullied in 2015 and 2017 (Wisconsin Department of Public Instruction, 2015 & 2017). Parents should try to remain aware of what their children are doing online, monitor their usage and content, and take appropriate action such as talking to their child or reporting inappropriate behavior (United States Department of Health and Human Services, 2017).

SAFETY

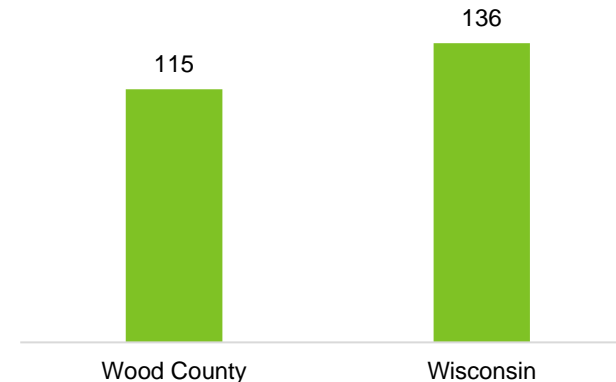
Chart 40: Age-adjusted rate of injury related hospitalizations per 100,000 residents by geographical area in 2014 & 2017



In the United States, injuries are one of the leading causes of death, which includes unintentional and intentional injuries. In 2016, unintentional injuries were the third leading cause of death, and intentional injuries were the 10th leading cause of death in the U.S.

Unintentional injuries may include poisoning, motor vehicle traffic deaths, and falls. Intentional injuries may include firearm suicides, suffocation suicides, and firearm homicides (Centers for Disease Control and Prevention, 2017c). In 2017, Wood County experienced higher rates of injuries (524 per 100,000) compared to Wisconsin overall (457 per 100,000) (Wisconsin Department of Health Services, 2019d).

Chart 41: Rate of fall fatalities among adults aged 65+



Falls are a serious health issue and can be prevented if addressed appropriately. Annually, one in four people age 65 or older has a fall (Wisconsin Institute for Healthy Aging, n.d.). Chart 40 shows that from 2014 to 2016 in Wood County, 115 people who were 65 years or older died due to a fall (Wisconsin Department of Health Services, 2019e). It is important to address falls to prevent injury and death.

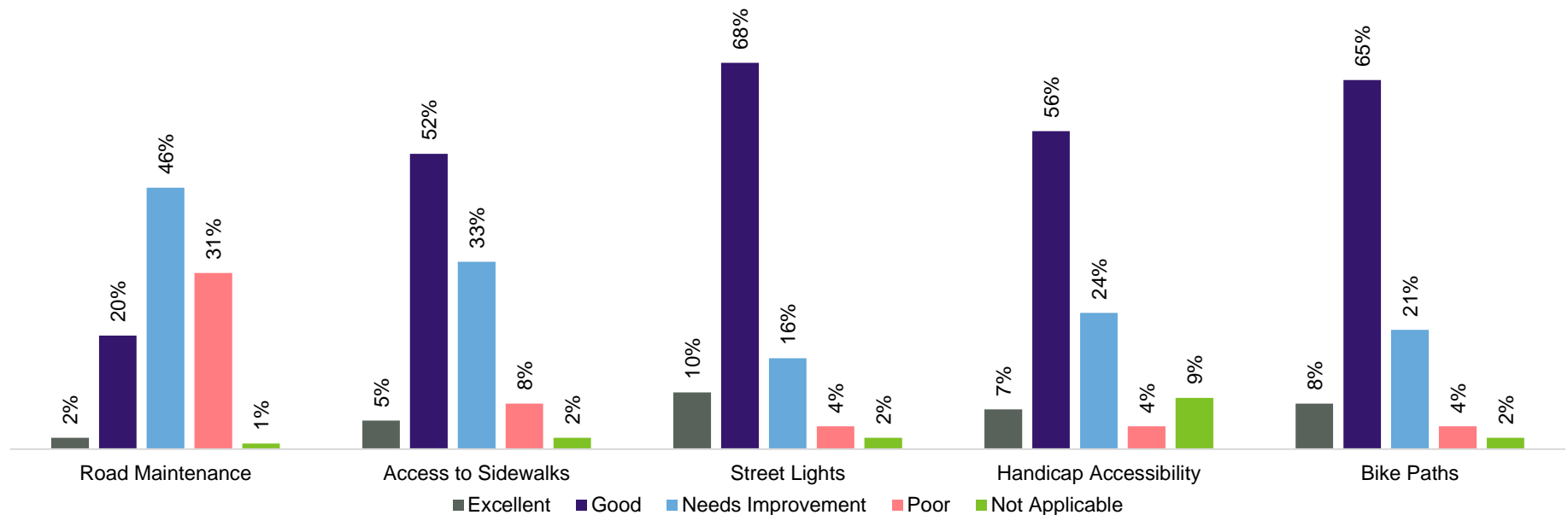
Safety, whether it is community safety or individual safety, significantly impacts health and well-being. As shown by the community health assessment survey, Wood County community members perceive the community overall to be less safe than their own neighborhoods. Aside from crime that contributes to the safety of communities, injuries (intentional and unintentional) and falls also impact an individual's safety in their own home and out in the community. It is important to address all levels of safety, many of which are preventable, so that individuals and communities can be safe and feel safe.

TRANSPORTATION

Transportation systems influence how communities are designed and operate and can impact public health negatively or positively. Transportation connects people to places where they live, work, and play. While the current transportation system has increased mobility and access for people and communities, it still heavily supports motorized transportation, which greatly impacts health through air quality, traffic crashes, and active living.

In the community health assessment survey, participants were asked to think about their community and rank their traffic and roads using the Likert scale of Excellent to Poor. Community members ranked road maintenance/repair, access to sidewalks (condition or availability), streetlights, handicap accessibility, and bike paths, which is shown in Chart 42. The quality, condition, and accessibility of all these elements, which are part of a transportation system, is important to residents' health and safety. When looking at road maintenance and repairs, 77.1% of participants ranked it as needs improvement or poor. This indicates that road maintenance and repairs is a community health need. Of the 33 key informant interviews conducted, 1 in 5 key interviews mentioned transportation. Likewise, five out of the six community conversations identified transportation issues and needs.

Chart 42: Percentage of participants who ranked the quality and accessibility of traffic and roads in their community



TRANSPORTATION

Compared to Wisconsin, Wood County has a slightly higher percentage of residents who live in rural areas. Chart 42 shows the percentage of residents living in rural areas (U.S. Census Bureau, n.d.b). While on average, Wood County residents have a shorter work commute time (19.7 minutes) compared to Wisconsin (22 minutes) and the United States (26.4 minutes), people who live in rural areas tend to travel further than those who live in urban areas (U.S. Census Bureau, 2017). Rural residents are also more likely to not have access to public transportation. The limitation in transportation options can impact access to resources such as physical activity options, healthcare, job opportunities, and growing or purchasing healthy foods.

Chart 43: Percentage of residents living in rural locations by geographic area in 2010

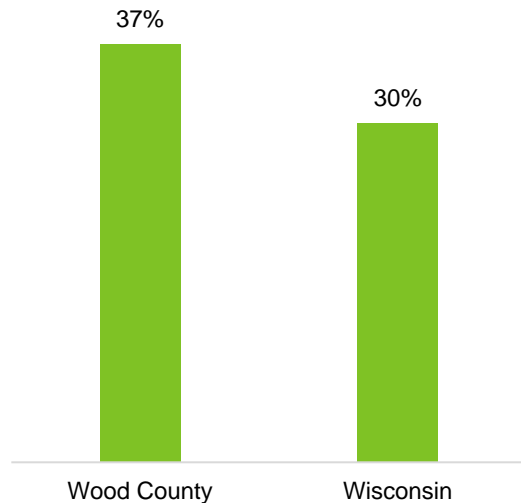
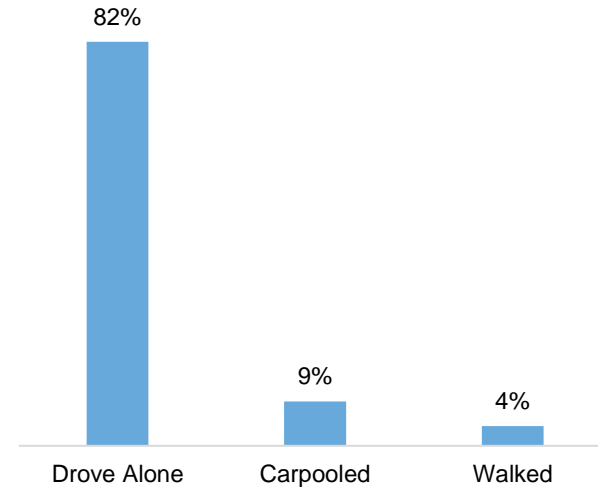


Chart 44: Percentages of workers in Wood County by their means of transportation in 2017



In 2017, the most common form of transportation for work in Wood County was drove alone, followed by carpooled and walk (U.S. Census Bureau, n.d.c). The lack of transportation choices available not only limit access to resources, but also creates a less healthy environment. Due to limited transportation choices, many Wood County residents have access to a vehicle and drive alone to work (U.S. Census Bureau, 2017). This is displayed in Chart 44. Those who used a taxi, motorcycle, or other means and public transportation were at 1%.

TRANSPORTATION

About 79.5% of Wood County workers have access to at least two vehicles, and while this seems positive for workers to be able to commute to work, motorized transportation is a major source of pollution created by human activity (U.S. Census Bureau, 2017; World Health Organization, n.d). Transportation-related air pollution has been linked to premature death and other health conditions such as asthma, lung cancer, stroke, diabetes and obesity. Addressing transportation-related pollution is important to improving air quality and reducing negative impacts on public health (World Health Organization, n.d).

The availability, affordability, accessibility, and quality of transportation options have significant impacts on public health. People who live in rural areas experience transportation and health disparities due to a lack of transportation options and the reliance on motorized transportation that is linked to poor health. When health is prioritized in transportation policy, planning and design, the results can help reduce air pollution, prevent traffic injuries and deaths, and reduce chronic diseases (Centers for Disease Control and Prevention, 2011).

Table 2: Percentage of workers in Wood County access to Vehicles (U.S. Census, n.d.a).

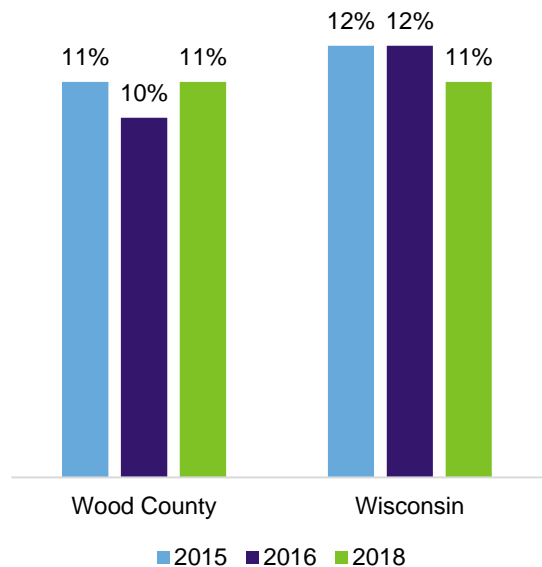
Vehicles Available, Workers 16 years + in Households	
No vehicle available	2.3%
1 vehicle available	18.1%
2 vehicles available	43.2%
3 or more vehicles available	36.3%

POOR ECONOMY

There is a strong relationship between health and economic factors such as income, job opportunities, and wealth. A good economy is associated with “better nutrition, enhancements in public health infrastructure and more effective medical technology” (Frakt, 2018). Generally, countries with higher average incomes tend to have citizens and residents who live longer (Frakt A., 2018).

Poor economy was one of the top challenges identified in the key informant interviews and community conversations participants for Wood County. In the key informant interviews, 19 out of 33 participants mentioned poor economy as a challenge in Wood County. Poor economy included issues such as a lack in diversity of the job industry, inability to attract and retain young professionals, business closures, lack of jobs with livable wages and benefits, and lack of necessary skills and education among job candidates. Among the community conversations, 5 out of 6 groups identified poor economy as a challenge.

Chart 45: Percentage of residents living below the Federal Poverty Level in Wood County & Wisconsin from 2015 to 2018



In Wood County, 1 in 10 residents live below the poverty level, seen in Chart 45 (County Health Rankings and Roadmaps, n.d.). The ability to access goods, afford insurance, receive proper health care, and have stable housing can greatly affect a person’s quality and length of life. However, the ability to access resources is greatly affected by socioeconomic status and race.

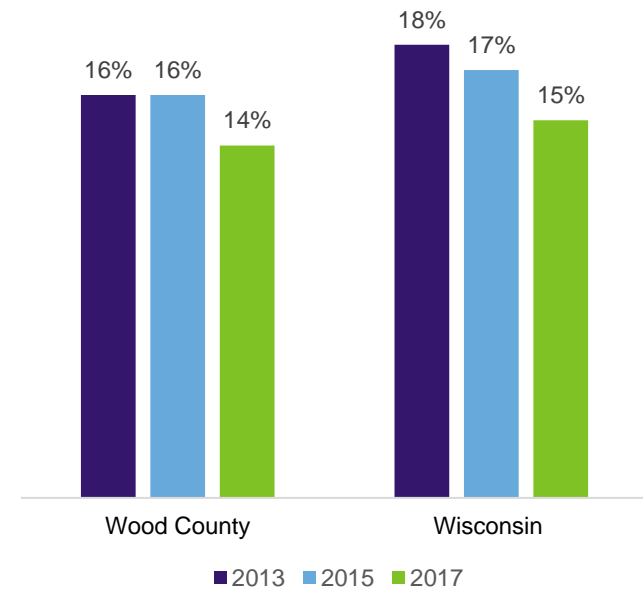
The difference in access by socioeconomic status and race results in impoverished individuals, individuals with low-educational attainment, and non-white populations having less access to resources (Goodman & Conway, 2016). Having resources such as a stable income and savings allows an individual to access healthcare, purchase a home, and meet needs that may arise in their life. However, those living below the poverty level will need to make decisions day by day on necessities that they are willing to sacrifice to make ends meet.

Stress from financial issues, the inability to meet needs, and having little to no access to healthcare can reduce their quality and length of life. Unfortunately, since there are differences in access to resources by socioeconomic status and race, individuals of less privilege will feel the negative effects of poverty more than their white and/or more educated counterparts (Goodman & Conway, 2016).

POOR ECONOMY

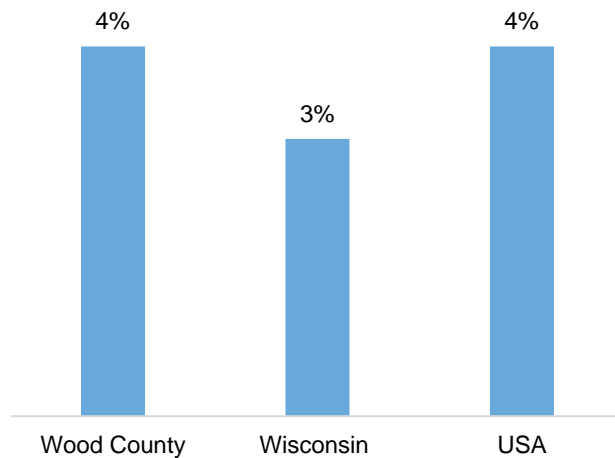
Children who live in poverty are at an increased risk of experiencing poorer health and developmental outcomes. Additionally, children living in poverty may also experience a lasting impact on their education, health, and income well into adulthood (Centers for Disease Control and Prevention, 2018e). Chart 46 shows the percentage of children living in poverty. Some increased risks of health problems include unintentional injuries and physical abuse, mental health problems, and increase experience with frequent and severe chronic conditions such as asthma, obesity, and diabetes (United States Census Bureau, 2018d). In Wood County, 14% of children live in poverty.

Chart 46: Percent of Wood County children under the age of 18 living in poverty in 2017



POOR ECONOMY

Chart 47: Percentage of Wood County residents who are employable who are not currently employed in 2017
(Homefacts, n.d.)



The unemployment rate for Wood County is higher than the rate for Wisconsin and matches the rate for the United States. Unemployed people are more likely to live in poverty and lack access to health care since they do not have livable wages and benefits. A livable wage means that the individual can afford the costs of basic necessities such as food, healthcare, rent, transportation, childcare, and taxes (American Public Health Association, 2016). Without a livable wage, the individual is likely going to have to make decisions on where to spend their income and sacrifice some basic necessities to afford others. Usually the necessities that are given up will negatively affect the individual's health and quality of life (American Public Health Association, 2016).

Jobs without benefits, such as sick leave, can increase stress on the individual and their family. The individual may have to make a choice between staying home to take care of themselves or a family member and risk loss of employment. Choices like these can lead to high levels of stress and early onset of chronic disease. Availability of jobs with livable wages and benefits differs by socioeconomic status and race, which leads to inequitable barriers for non-white populations and/or individuals with lower socioeconomic status from attaining these jobs. Barriers for the disparate populations can lead to higher rates of the negative health consequences among non-white and lower socioeconomic populations (American Public Health Association, 2016).

FURTHERING HEALTH EQUITY

This CHA identified the social determinants of health inequities as a cross-cutting issue across all three health priorities. For example, data shows poverty is an underlying contributor to poor mental health, alcohol and other drug addiction, and lack of access to healthy food and physical activity, which is a health inequity. Evidence shows a strong relationship between income and life expectancy. In Wood County, life expectancy increases as income increases and likewise, life expectancy decreases as income decreases. A higher income increases people's ability to access the essential elements needed for a healthy life, such as safe living conditions, healthy food, quality healthcare, and education. Taking this example of poverty in Wood County one-step further you will see poverty rates differ by race and ethnicity.

A long history of discrimination and structural racism has contributed to the wealth gap among people in America. Race-based unfair treatment is built into institutions, policies, and practices. For example, residential segregation in impoverished neighborhoods, discrimination in bank lending to residents living in largely minority neighborhoods, unfair hiring practices, and discriminatory policing and sentencing practices all continue to play a major role in wealth inequality between people of color and white people in the United States and locally (Winnebago County, 2019).

In Wood County, 32% of Hispanic children are living in poverty compared to 18% of Black children and 14% of White children - this is a health disparity. This is because a health example where the difference between populations is unfair, avoidable, and rooted in social injustices such as institutionalized and systemic racism.

The World Health Organization (WHO) emphasizes the importance of promoting health equity through action on social factors/social determinants of health (World Health Organization, 2008). Health equity means that everyone has a fair chance to be as healthy as possible regardless of race, ethnicity, socioeconomic status, geographic region, etc. As we move forward, it will be essential to support coalitions in incorporating a health equity approach to this work as to not further institutionalize inequities. Examples of continuing to operationalize health equity include:

- Reviewing goals and objectives for opportunities to further health equity in the ICommunity Health Improvement Plan and internal organization strategic planning.
- Calling to action health organizations and community partners to review and update current policies for more equitable language and system practices.
- Increasing the voices, input, and involvement of diverse community members in decision-making, empowering communities, and working alongside them to create change.
- Conducting Health Impact Assessments to understand the equity impacts of proposed policies and plans.
- Partnering with other health partners, organizations, and community groups to share strategies as they relate to upstream policy, systems, and environmental changes to eliminate inequities.

RACISM IS A PUBLIC HEALTH CRISIS

Racism, defined as a “system of structuring opportunity and assigning value based on race, which unfairly disadvantages some individuals and communities and advantages others” is a public health crisis (Garcia & Sharif, 2015). Health disparities, differences in health due to unfair policies and practices, are avoidable and rooted in social injustices, and are familiar to public health workers and health systems. “Yet, these topics are often discussed without explicit acknowledgment of their connection to racism. Undermining or disguising the impact of racism on racialized health disparities enables the perpetuation of these inequities. Moreover, to improve health outcomes, racism must be addressed not only by those whose work directly pertains to racialized health disparities or those who are racial/ethnic minorities themselves, but by all public health professionals (Garcia & Sharif, 2015). Conversations about racism and health are not new; they have been ongoing for centuries. More recent examples of calls to actions to address racism in public health are highlighted below.

In 2001, the American Public Health Association published policy number 20017, *Research and Intervention on Racism as a Fundamental Cause of Ethnic Disparities in Health* (American Public Health Association, 2001). This policy calls on national leaders to condemn and promote legal redress for past injustices, explicitly address racism, fund efforts to eliminate disparities, and further research inequities.

Published in 2010, Healthy People 2020, a ten-year national health improvement plan, defines health equity as, “The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (United States Department of Health and Human Services, 2010). While Healthy People 2020 does not explicitly call out racism, it does address avoidable inequalities and injustices, core components to address racism.

Most recently in 2018, the Wisconsin Public Health Association approved and published a resolution titled “Racism is a Public Health Crisis.” Core components to this resolution read, WHEREAS:

- Race is a social construction with no biologic basis; and
- racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; and systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources; and
- racism causes persistent racial discrimination in housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism is a social determinant of health; and
- more than 100 studies have linked racism to worse health outcomes (Wisconsin Public Health Association, 2018).

This resolution is the first ever Wisconsin Public Health Association resolution to explicitly address racism’s direct connection to health. Addressing social factors including racism is a role individuals of all professions are called to act upon. In addition to the previously mentioned objectives to enhance health equity, enhancing health equity through policy is an objective that has been implemented in Wood County.

HEALTH IN ALL POLICIES (HiAP)

One way to advance community health and improve health equity is by implementing Health in All Policies (HiAP). Government policies, sectors, and agencies shape our environment and the healthy choices available to us, which includes those related to housing, transportation, education, criminal justice, and natural resources, among others. A HiAP approach involves considering health in decisions across government sectors. Much of the foundation for implementing a HiAP approach has been established in Wood County as a result of the HPWC CHA/CHIP efforts over the last decade, including the development of strong cross-sector relationships, information gathering and sharing, staff capacity building, and the assessment of legal resources. (Wyss, Dolan & Goff n.d.)

In 2017, the City of Wisconsin Rapids was chosen as a participant for the Wisconsin Legacy Community Alliance for Health (LCAH) project through UW-Madison School of Medicine and Public Health. Through this project, the goal was to improve health and health equity using a HiAP approach (Wyss et al., n.d.). A Health Impact Assessment was completed. In the form of an Advisory Team, City staff and other community stakeholders received training and embarked on a process of discovery and concept development to identify what this program could look like locally. The team decided to develop a Health Impact Assessment Matrix, while concurrently conducting a series of Rapid Health Impact Assessments (HIA) on timely projects or developments in the community. The Advisory Team selected a senior housing development as a viable choice for the first HIA because vulnerable populations would be affected, health was not explicitly incorporated into the planning process, and the timeline of planning for the development aligned so that decisions could still be altered based on recommendations provided in the HIA.

Based on the results from the 2017 Wood County Community Health Assessment, the 2017 Encourage Community Survey, and the interests and concerns of the HIA Advisory Team, the scope of this HIA examines availability of quality affordable housing, site design, and street and sidewalk design, as they each relate to active living, safety, and social cohesion + wellbeing. (Wood County Health Department, & City of Wisconsin Rapids, 2019).

From this initial HIA, recommendations and next steps were created and include:

- finalize the draft of the Health Impact Assessment Matrix and create a plan to operationalize its use;
- determine the next development/project/program in the local landscape to serve as the focus of the next rapid HIA,
- work with the county planner to incorporate a health chapter in the Wood County Comprehensive Plan;
- work towards adopting a HiAP city ordinance to systematically incorporate a health lens into all aspects of city government;
- consider including a standalone health chapter, or health language within each existing chapter, of the next city comprehensive plan update;
- continue to revisit monitoring and evaluation questions related to the process and impact of the HIA.
- funding, an additional foundational need, will be explored as we move forward. Through HiAP, we can improve community health in Wood County and make health equity a consideration across all policies.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Over the next three months the Healthy People Wood County Steering Committee, along with community residents and partners, will develop an Implementation Strategy (IS) or Community Health Improvement Plan (CHIP) based on the CHA. The IS/CHIP will be evidence-based and will focus on up-stream shifts in policy, systems, and environmental changes as well as institutional and societal inequities. Included in this plan will be expected outcomes for each community issue being addressed, proposed evidence-based interventions with goals and objectives that will be tracked over time (both process and outcome measures), as well as who will be leading or responsible for the work. The HPWC Advisory Committee, the Aspirus Riverview Hospital and Clinics, Inc. Board, and the Marshfield Clinic Health Systems Board will formally approve the document. The Community Engagement Guide, developed by the Healthy People Wood County Team, will be used to ensure populations most impacted by health inequities are part of the implementation plan and solution.

MONITORING & EVALUATION

The IS/CHIP will be implemented over the next three years, 2019-2022, and will include outputs and short, medium, and long term goals. As the IS/CHIP is developed a monitoring and evaluation plan will also be put into place to track progress and outcomes. Specific aims of the evaluation will include a) evaluating the process for implementing the IS/CHIP, including the participation of residents, key stakeholders and organizations; b) assessing progress with changes in health outcomes identified in each work stream for the IS/CHIP workgroups/teams; and c) additional achievements, highlights, and lessons learned from IS/CHIP.

APPENDIX 1: REFERENCE

- American Academy of Allergy Asthma and Immunology. (n.d.). Asthma. Retrieved from <https://www.aaaai.org/conditions-and-treatments/asthma>
- American Diabetes Association. (n.d.). The Burden of Diabetes in Wisconsin. Retrieved from <http://www.diabetes.org/assets/pdfs/advocacy/state-fact-sheets/wisconsin-state-fact-sheet.pdf>
- American Lung Association. (2017). What Causes Lung Cancer. Retrieved from <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/learn-about-lung-cancer/what-is-lung-cancer/what-causes-lung-cancer.html>
- American Lung Association. (n.d.). Radon. Retrieved from <https://www.lung.org/our-initiatives/healthy-air/indoor/indoor-air-pollutants/radon.html>
- American Academy of Pediatrics. (2013). Managing media: We need a plan. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/managing-media-we-need-a-plan.aspx>
- American Public Health Association. (2016). Improving health by increasing the minimum wage. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/18/improving-health-by-increasing-minimum-wage>
- American Public Health Association. (2001). Policy Number 20017. Research and Intervention on Racism as a Fundamental Cause of Ethnic Disparities in Health. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/25/10/29/research-and-intervention-on-racism-as-a-fundamental-cause-of-ethnic-disparities-in-health>
- Andrews, E., & Merrill, J.L. (n.d.). Indoor air quality assessment checklist. Retrieved from https://erc.cals.wisc.edu/wp-content/blogs.dir/14/files/2017/04/B3439_IAQ-Assessment-Checklist.pdf
- BARHII. (2015). Bay Area Regional Health Inequities Initiative. Retrieved from: <http://barhii.org/>
- Braveman, P., Dekker M., Sadegh-Nobari, S., & Pollack, C. (2011). How Does Housing Affect Health? Retrieved from <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>
- Bersch, A, T LeCaire, P Bajwa, K Malecki. (2011). Survey of the Health of Wisconsin (SHOW) Wood County Report: Obesity and Related Health Behaviors. Draft 9.1.2016
- Burns, J. (2017). Being 'underinsured' another measure of health coverage. Retrieved from <https://healthjournalism.org/blog/2017/11/being-underinsured-another-measure-of-health-coverage/>
- Camen Haessig. (Personal Communication. July 23, 2019).

Center for Disease Control and Prevention. (2017a). Heart Disease Fact Sheet. Retrieved from https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm

Center for Disease Control and Prevention. (2017b). Preventative health care. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html>

Center for Disease Control and Prevention. (2017c). Leading causes of death. Retrieved from <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Center for Disease Control and Prevention. (2018a). Underage drinking. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

Centers for Disease Control and Prevention. (2018b). Opioid Overdose. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/index.html>

Center for Disease Control and Prevention. (2018c). Risk and protective factors. Retrieved from <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

Center for Disease Control and Prevention. (2018d). National Diabetes Statistics Report. Retrieved from <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

Center for Disease Control and Prevention. (2018e). Screen time vs lean time. Retrieved from <https://www.cdc.gov/nccdphp/dnpao/multimedia/infographics/getmoving.html>

Center for Disease Control and Prevention. (2019a). About adverse childhood experiences. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

Center for Disease Control and Prevention. (2019b). Behavioral Risk Factor Surveillance System. Retrieved from <https://www.cdc.gov/brfss/>

Center for Disease Control and Prevention. (2019c). About Diabetes. Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

Center for Disease Control and Prevention. (2019d). Sexual Risk Behaviors Can Lead to HIV, STDs, Teen Pregnancy. Retrieved from <https://www.cdc.gov/healthyouth/sexualbehaviors/index.htm>

Center for Disease Control and Prevention. (2019e). Lyme disease. Retrieved from <https://www.cdc.gov/lyme/index.html>

Center for Disease Control and Prevention. (2019f). Protect yourself and your family from radon. Retrieved from <https://www.cdc.gov/features/protect-home-radon/index.html>

- Center for Disease Control and Prevention. (n.d.). Nutrition, Physical Activity, Obesity: Data, Trends, and Maps. Retrieved from https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByLocation&rdRequestForwarding=Form
- Chartier, M.J., Walker, J. R., & Naimark, B. (2009). Health risk behaviors and mental health problems as mediators of the relationship between childhood abuse and adult health. *American Journal of Public Health*, 847-854. doi: 10.2105/AJPH.2007.122408
- Chetty, R. (2016). The Health Inequity Project. Retrieved from <https://healthinequality.org/data/>
- City of Wisconsin Rapids. (2016). Housing Study and Needs Assessment. Retrieved from <http://growrapids.com/documents/Wisconsin%20Rapids%20Housing%20Study%202016.pdf>
- Colorado Department of Revenue. (2018). Market Size and Demand for Marijuana in Colorado 2017 Market Update. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/MED%20Demand%20and%20Market%20%20Study%20%20082018.pdf>
- Community Tool Box. (n.d.). Developing a Plan for Assessing Local Needs and Resources. Retrieved from <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>
- County Health Rankings & Roadmaps. (2017). Alcohol Taxes. Retrieved from <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/alcohol-taxes>
- County Health Rankings & Roadmaps. (2018a). Drug Arrests. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2019/measure/factors/108/data>
- County Health Rankings & Roadmaps. (2018b). Violent Crimes. Retrieved from <https://www.countyhealthrankings.org/app/wisconsin/2019/measure/factors/43/datasource>
- County Health Rankings & Roadmaps. (2019a). Rankings Data & Documentation. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation/>
- County Health Rankings & Roadmaps. (2019b). Access to Exercise Opportunities. Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2019/measure/factors/132/datasource>
- County Healthy Ranking & Roadmaps. (2019c). Mental Health Providers. Retrieved from www.countyhealthrankings.org/app/wisconsin/2019/measure/factors/62/datasource
- County Health Rankings & Roadmaps. (n.d.). Retrieved from <http://www.countyhealthrankings.org/app/wisconsin/2019/rankings/wood/county/outcomes/overall/snapshot>
- De Bellis, M.D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and adolescents psychiatric clinics of North America*, 23(2), 185-vii. doi: 10.1016/j.chc.2014.01.002

- Environmental Public Health Data Tracker. (n.d.a). Immunization – Influenza Vaccine. Retrieved from [https://dhsgis.wi.gov/DHS/EPHTracker/#/map/Immunization/immunizationIndex/NOTRACT/Influenza vaccine](https://dhsgis.wi.gov/DHS/EPHTracker/#/map/Immunization/immunizationIndex/NOTRACT/Influenza%20vaccine)
- Environmental Public Health Data Tracker. (n.d.b.). Asthma – Emergency Department Visits. Retrieved from <https://dhsgis.wi.gov/DHS/EPHTracker/#/map/Asthma/asthmaIndex/NOTRACT/Emergencydepartmentvisits>
- Feeding America. (2017). Food insecurity in the United States. Retrieved from <https://map.feedingamerica.org/>
- Friese, B. (2017). “Is marijuana even a drug?” A qualitative study on how teens view marijuana use and why they use it. *Journal of Psychoactive Drugs*, 209-216.
- Garcia & Sharif. (2015). Black Lives Matter: A Commentary on Racism and Public Health. *American journal of public health*, 105(8), e27-e30.
- Goodman, J., & Conway, C. (2016). Poor Health: When poverty becomes disease. Retrieved from <https://www.ucsf.edu/news/2016/01/401251/poor-health-when-poverty-becomes-disease>
- Health Resources and Services Administration. (n.d.). Data Downloads. Retrieved from <https://data.hrsa.gov/data/download>
- Incourage. (2017a). Five years later...What’s important to our future? Retrieved from <https://incouragecf.org/lead/community-survey-2017/>
- Incourage. (2017b). South Wood County area 2017 community survey report. Retrieved from <https://incouragecf.org/wp-content/uploads/2018/04/Incourage-2017-Community-Survey-Full-Results-2018-04-13.pdf>
- Internal Revenue Service. (2019). Community Health Needs Assessment for Charitable Hospital Organizations – 501(r)(3). Retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>
- Jones, G. (1923). History of Wood County, Wisconsin. Retrieved from <http://digital.library.wisc.edu/1711.dl/WI.JonesHist>
- Mayo Clinic Staff. (2018). Alcohol: Weighing risks and potential benefits. Retrieved from <https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/alcohol/art-20044551>
- Mental Illness Policy Org. (n.d.). Consequences of non-treatment. Retrieved from <https://mentalillnesspolicy.org/consequences/untreated.html>
- Miller, M.J., & Ambrose, D.M. (2019). The problem of missed mental healthcare appointments. Retrieved from: https://clinicalschizophrenia.org/doi/10.3371/CSRP.MIAM.112316?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub=pubmed

- National Alliance on Mental Illness. (n.d.) Mental health by the numbers. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>
- National Alliance on Mental Illness. (2017). Continuing disparities in access to mental and physical health care. Retrieved from <https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out/DoctorIsOut.pdf>
- National Association of Realtors. (2016). Social benefits of homeownership and stable housing. Retrieved from <https://realtor.ueu/wp-content/uploads/2014/06/Homeownership-Stable-Housing.pdf>
- Office of Policy Development and Research. (n.d.). Rental Burdens: Rethinking Affordability Measures. Retrieved from https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html
- Office of Policy Development and Research. (2018). Consolidated Planning/CHAS data. Retrieved from <https://www.huduser.gov/portal/datasets/cp.html>
- Robert Wood Johnson Foundation. (2017). What is Health Equity? And What Difference Does it Make? Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
- Seng, J.S., Lopez, W.D., Sperlich, M., Hamama, L., & Reed Meldrum, C.D. (2012). Marginalized identities, discrimination burden, and mental health: empirical exploration of an interpersonal-level approach to modeling intersectionality. *Social science & medicine* (1982), 75(12), 2437-2445. doi: 10.1016/j.socscimed.2012.09.023
- Substance Abuse and Mental Health Services Administration. (n.d.). Opioid Overdose Prevention Toolkits. Retrieved from <https://store.samhsa.gov/system/files/sma18-4742.pdf>
- Surgeon General. (2019). Surgeon General's Advisory on E-cigarette Use Among Youth. Retrieved from <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>
- The George Washington University. (2018). Poverty vs Federal Poverty Level. Retrieved from <https://publichealthonline.gwu.edu/blog/poverty-vs-federal-poverty-level/>
- Trust Initiative. (2017). Tobacco is a social justice issue: Racial and ethnic minorities. Retrieved from <https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-racial-and-ethnic-minorities>
- Truth Initiative. (2018). E-Cigarette: Facts, stats and regulations. Retrieved from <https://truthinitiative.org/research-resources/emerging-tobacco-products/e-cigarettes-facts-stats-and-regulations>
- Trust in government, policy effectiveness and the governance agenda. (2013). Retrieved from https://www.oecd-ilibrary.org/governance/government-at-a-glance-2013/trust-in-government-policy-effectiveness-and-the-governance-agenda_gov_glance-2013-6-en;jsessionid=9AMF1XOOddZnCfYm9M9rdOd.ip-10-240-5-54

- United States Department of Agriculture. (2018a). Food Security. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-securityin-the-us/>
- United States Department of Agriculture. (2018b). Food Environment Atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas.aspx>
- United States Census Bureau. (n.d.a). Quick Facts. Wood County and Wisconsin. Retrieved from <https://www.census.gov/quickfacts/fact/table/woodcountywisconsin/PST045218>
- United States Census Bureau. (n.d.b). Population and Housing Unit Estimates. Retrieved from <https://www.census.gov/programs-surveys/popest.html>
- United States Census Bureau. (n.d.c.) American FactFinder. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. (2018). SAIPE State and County Estimates for 2017. Retrieved from <https://www.census.gov/data/datasets/2017/demo/saipe/2017-state-and-county.html>
- United States Census Bureau. (2017). QuickFacts Wood County, Wisconsin. Retrieved from <https://www.census.gov/quickfacts/woodcountywisconsin>
- United States Department of Health and Human Services. (n.d.). What is cyberbullying. Retrieved from <https://www.stopbullying.gov/cyberbullying/what-is-it/index.html>
- United States Department of Health and Human Services. (2017). Effects of Bullying. Retrieved from <https://www.stopbullying.gov/at-risk/effects/index.html>
- United State Department of Labor. (2019). Local Area Unemployment Statistics Map. Retrieved from <https://data.bls.gov/lausmap/showMap.jsp;jsessionid=4AE52F41FDE54DD5C7CACBB81FCC3698>
- United States Environmental Protection Agency. (2013). Consumer's guide to radon reduction. Retrieved from https://www.epa.gov/sites/production/files/2016-02/documents/2013_consumers_guide_to_radon_reduction.pdf
- United States Food and Drug Administration. (2016). FDA requires strong warnings for opioid analgesics, prescription opioid cough products, and benzodiazepine labeling related to serious risks and death from combined use. Retrieved from <https://www.fda.gov/news-events/press-announcements/fda-requires-strong-warnings-opioid-analgesics-prescription-opioid-cough-products-and-benzodiazepine>
- United Way. (2018). ALICE: A Study of Financial Hardship in Wisconsin. Retrieved from <https://www.uwswac.org/sites/uwswac.org/files/ALICE%20Report%202018.pdf>

- University of Wisconsin Madison. (2019). Wisconsin Traffic Operations and Safety Laboratory. Retrieved from <https://topslab.wisc.edu/>
- University of Wisconsin Population Health Institute. (2017). Alcohol taxes. Retrieved from <http://whatworksforhealth.wisc.edu/program.php?t1=21&t2=13&t3=37&id=72f>
- Wang, B., Stanton, B., Deveaux L., Li, X., Koci, V., & Lunn, S. (2014). The impact of parent involvement in an effective adolescent risk reduction intervention on sexual risk communication and adolescent outcomes. *AIDS education and prevention: official publication of the International Society for AIDS Education*, 26(6), 500-520. doi: 10.1521/aeap.2014.26.6.500
- Whicher, Rosengren, Siddigi, Simpton. (2018). The Future of Health Services Research Advancing Health Systems Research and Practice in the United States. Retrieved from https://nam.edu/wp-content/uploads/2018/11/The-Future-of-Health-Services-Research_web-copy.pdf
- Winnebago County. (2019). Health Equity Data Report.
- Wisconsin Department of Health Services, Division of Care and Treatment Services. (2017). 2017 Wisconsin Mental Health and Substance Use Needs Assessment.
- Wisconsin Department of Health Services. (2017). Wisconsin Public Health Profiles. Retrieved from <https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-wood.pdf>
- Wisconsin Department of Health Services. (2018a). Wisconsin Public Health Profiles. Retrieved from <https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm>
- Wisconsin Department of Health Services. (2018b). Wisconsin Behavioral Risk Factor Survey. Retrieved from <https://www.dhs.wisconsin.gov/stats/brfs.htm>
- Wisconsin Department of Health Services. (2018c). WISH (Wisconsin Interactive Statistics on Health) Query System. Retrieved from <https://www.dhs.wisconsin.gov/wish/index.htm>
- Wisconsin Department of Health Services. (2016). Family Health Section, Bureau of Community Health Promotion. Prescription and Non-Prescription Opioid Harm Prevention Program. Presentation.
- Wisconsin Department of Health Services. (2018b). Wisconsin Interactive Statistics on Health (WISH) Query System. Retrieved from <https://www.dhs.wisconsin.gov/wish/opioid/mortality.htm>
- Wisconsin Cancer Reporting System. (2019). Age-Adjusted Invasive Cancer Incidence Rates in Wisconsin. Retrieved from <https://www.cancer-rates.info/wi/>

- Wisconsin Department of Health Services. (2019a). Drug Overdose Deaths. Retrieved from <https://www.dhs.wisconsin.gov/wish/opioid/mortality.htm>
- Wisconsin Department of Health Services. (2019b). Wisconsin Cancer Facts and Figures 2016. Retrieved from <https://www.dhs.wisconsin.gov/wcrs/factsfigures16.htm>
- Wisconsin Department of Health Services. (2019c). FoodShare Wisconsin Data. Retrieved from <https://www.dhs.wisconsin.gov/foodshare/rsdata.htm>
- Wisconsin Department of Health Services. (2019d). WISH Injury-Related Health Outcomes. Retrieved from <https://www.dhs.wisconsin.gov/wish/injury/index.htm>
- Wisconsin Department of Health Services. (2019e). WISH Query: Injury-Related Mortality -1999 and Later. Retrieved from <https://www.dhs.wisconsin.gov/wish/injury-mortality/icd10-form.htm>
- Wisconsin Department of Health Services. (2019?). Tobacco Prevention and Control Program: E-Cigarette Public Health Advisory. Retrieved from <https://www.dhs.wisconsin.gov/tobacco/advisory.htm>
- Wisconsin Department of Public Instruction. (n.d.). Program Statistics. Retrieved from <https://dpi.wi.gov/school-nutrition/program-statistics>
- Wisconsin Department of Public Instruction. (2015). Youth Risk Behavior Survey. Survey Results 2015
- Wisconsin Department of Public Instruction. (2017a). 2017 Youth Risk Behavior Survey, Wisconsin Survey Results. Retrieved from <https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbs17summarytables.pdf>
- Wisconsin Department of Public Instruction. (2017b). Youth Risk Behavior Survey. Survey Results 2017
- Wisconsin Department of Transportation. (2016). Final year-end crash statistics. Retrieved from <https://wisconsin.gov/Pages/aboutwisdot/newsroom/statistics/final.aspx>
- Wisconsin Food Security Project. (n.d.). Food Security Project Home. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>
- Wisconsin Public Health Association. (2018). 2018 Resolution Racism is a Public Health Crisis. Retrieved from https://cdn.ymaws.com/www.wpha.org/resource/resmgr/2018_folder/WPHA_Racial_Equity_Resolution.pdf
- Wisconsin State Council on Alcohol and Other Drug Abuse. (2016). Marijuana in Wisconsin. Retrieved from <https://scaoda.wisconsin.gov/scfiles/marijuana/marijuana-072216.pdf>

Wood County Health Department & City of Wisconsin Rapids. (2019). Health Impact Assessment. Retrieved from https://www.wirapids.org/uploads/1/0/3/3/103347874/final_senior_housing_hia_-_reduced.pdf

Wood County Health Department. (n.d.). Wood County Health Department. Retrieved from <https://www.co.wood.wi.us/Departments/Health/>

World Health Organization. (n.d.a). Gender. Retrieved from <https://www.who.int/gender-equity-rights/understanding/gender-definition/en/>

World Health Organization. (2010). A conceptual framework for action on the social determinants of Health. Retrieved from https://www.who.int/social_determinants/publications/9789241500852/en/

World Health Organization. (2017a). Cardiovascular diseases (CVDs). Retrieved from [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))

World Health Organization. (2017b). Vector-borne diseases. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases>

World Health Organization. (2018a). Hepatitis C. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>

World Health Organization. (2018b). Obesity and overweight. Retrieved from <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>

Wyss, K., Dolan, K., & Goff, N. (n.d.) Health in all policies. Retrieved from <http://www.astho.org/HiAP/Framework/>

APPENDIX 2: COMMUNITY HEALTH ASSESSMENT SURVEY



Wood County Community Assessment Survey

For all who live, work, and play in Wood County

Healthy People Wood County, Wood County Health Department, Aspirus Riverview Hospital and Clinics, and Marshfield Clinic Health System are working together to determine the health needs for Wood County.

If you have any questions about this survey or the Community Assessment Survey please contact Julie Cutright at jcutright@co.wood.wi.us or 715-421-8929. Thank you for taking the time to improve your community! **ALL ANSWERS ARE COMPLETELY ANONYMOUS.**

Directions: Please answer all questions to the best of your ability. There are no wrong answers!

1. What is your Zip Code? _____

2. What do you feel are the most serious health-related concerns in Wood County.
(Please list up to 5).

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. What keeps people in Wood County from being healthy? (Check all that apply)

- Lack of or limited knowledge of services
- Location of services
- Lack of or limited transportation
- Inconvenient appointment times
- Lack of access to a dentist
- Feelings of being discriminated against (race, gender, sexual orientation, gender identity, weight, etc.)
- Unhealthy housing (exposure to lead, mold, and etc.)
- Inability to qualify for assistance, but still struggling
- Dangerous job
- Unsafe neighborhoods
- Language barriers
- Substance use (alcohol and other drugs)
- Lack of walking and biking trails
- Lack of access to healthy food options
- Too many fast food restaurants
- Not enough recreational activities opportunities
- Fear of deportation
- Lack of psychiatrists, mental health counselors, substance abuse counselors
- Long wait times for healthcare appointments
- Tough choices (e.g. pay for medicine or food)
- Difficult to understand health insurance policies, BadgerCare requirements, or where to go if no insurance
- Not having a primary physician, physician assistant, or nurse practitioner (minor illnesses, medicine refills, and etc.)
- Cost of prescription drugs
- Cost of co-pays and/or deductibles
- Other _____

4. Please rank the following health-related issues on a scale of Very Serious to It's not a Problem?

Directions: Please look at each health-related issue and determine if they are very serious, serious, somewhat serious, least serious, or it's not a problem. This is not a ranking. For example: if you believe Substance Abuse and Mental health are both very serious check very serious for both.

	Very Serious	Serious	Somewhat Serious	Least Serious	It's not a problem
Substance Abuse (Alcohol and other drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food access /increasing physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety (falls, violence, bullying, community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal & Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (access, affordability, ease finding, & etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are THREE STRENGTHS of Wood County?

1. _____
2. _____
3. _____

6. Thinking about your community, please rank the following...

Traffic & Roads

	Excellent	Good	Needs Improvement	Poor	N/A
Road Maintenance / Repair					
Access to sidewalks (condition or availability)					
Street Lights					
Handicap Accessibility					
Pedestrian Crosswalks					
Bike Paths					

Any additional comments? (n/a if no comments)

7. Thinking about your specific neighborhood, please rank the following...

Safety

	Very concerned	Concerned	Somewhat concerned	Not concerned	N/A
Traffic Speeds					
Lack of Crime Patrols					
Crime					
Drug Related Crimes					

Any additional comments? (n/a if no comments)

8. Thinking about your community overall, please rank the following...

Safety

	Very concerned	Concerned	Somewhat concerned	Not concerned	N/A
Traffic Speeds					
Lack of Crime Patrols					
Crime					
Drug Related Crimes					

Any additional comments? (n/a if no comments)

9. When thinking about your community, please rank the following...

Housing

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Housing is affordable (either renting or buying)					
Easy to find rental properties					
A lot of options for rentals					
A lot of options for buying					
Housing options are safe and healthy					

Any additional comments? (n/a if no comments)

10. Do you have any ideas on how to improve your community?

DEMOGRAPHIC QUESTIONS

Please tell us a little about yourself. This information will help us to see how different people feel about local health issues.

Questions 11-19 are optional, but highly recommended.

11. What is your sex?

- a. Female
- b. Male
- c. Prefer not to answer

12. How old are you?

- a. Under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-64
- g. 65+
- h. Prefer not to answer

13. What is your race?

- a. White
- b. Asian
- c. African American / Black
- d. Hispanic or Latino
- e. Native American or Alaska Native
- f. Two or more races
- g. Native Hawaiian or other Pacific Islander
- h. Prefer not to answer

14. How many adults live in your household?

- a. 1
- b. 2
- c. 3-6
- d. 7+

15. How many children 18 and under live in your household?

- a. 0
- b. 1
- c. 2
- d. 3-6
- e. 7+

16. Do you:

- a. Rent
- b. Own
- c. Neither
- d. Other (please specify) _____

17. What is your current employment status?

- a. Employed (Full time or part time)
- b. Self-employed
- c. Out of work less than 1 year
- d. Out of work 1+ years
- e. Homemaker or stay at home parent
- f. Student
- g. Retired
- h. Unable to work
- i. Other

18. What is your annual (yearly) household income?

- a. Less than \$20,000
- b. \$20,001 to \$40,000
- c. \$40,001 to \$60,000
- d. \$60,001 to \$80,000
- e. \$80,001 to \$100,000
- f. Over \$100,000

19. What is your sexual orientation?

- a. Heterosexual (straight)
- b. Homosexual (gay / lesbian)
- c. Bisexual
- d. Prefer not to answer
- e. Other (please specify) _____

Thank you for your participation!



APPENDIX 3: COMMUNITY HEALTH ASSESSMENT SURVEY RESULTS

The following tables show the number of people from which zip codes took the survey. Table 1 shows the zip codes with the most participants, whereas Table 2 shows those with lower participation. The zip code with the most participation is 54494 with 381 followed by 54449 with 191.

Table 1: Zip codes with higher participation

54494	54449	54495	54457	54466	54469	54489	54410	54475
381	191	96	47	29	26	20	12	12

Table 2: Zip codes with lower participation

54441	54412	54454	54481	54467	54436	54436	54443	54455	54482	54456	54479	54413	54401	54411	53934
9	8	7	6	6	3	3	2	2	2	1	1	1	1	1	1

The Community Health Assessment (CHA) survey asked, “What keeps people in Wood County from being healthy?” The following table shows whether participants agreed with the statement provided. Participants were able to check as many of the 24 different statements they agreed with. Yes indicated those who agreed with the statement and no indicated those who did not.

Table 3: Statements of what keeps people in Wood County from being healthy

Statement	Yes	No
Lack of or limited knowledge of services	457	417
Location of services	181	693
Lack of or limited transportation	339	535
Inconvenient appointment times	147	727
Lack of access to a dentist	219	655
Feelings of being discriminated against	178	696
Unhealthy housing (exposure to lead, mold, etc.)	221	653
Inability to qualify for assistance, but still struggling	488	386
Dangerous job	62	812

Unsafe neighborhoods	160	714
Language barriers	120	754
Substance use (alcohol & other drugs)	692	182
Lack of walking and biking trails	149	725
Lack of access to healthy food options	293	581
Too many fast food restaurants	284	590
Not enough recreational activity opportunities	284	590
Fear of deportation	64	810
Lack of psychiatrists, mental health counselors, substance abuse counselors	503	371
Long wait times for healthcare appointments	317	557
Tough choices (e.g. pay for medicine or food)	509	365
Difficult to understand health insurance policies, BadgerCare requirements, or where to go if no insurance	410	464
Not having a primary physician, physician assistant, or nurse practitioner	226	648
Cost of prescription drugs	527	347
Cost of co-pays and/or deductibles	539	335

Participants were asked to look at nine different health-related issues and determine if they are very serious, serious, somewhat serious, least serious, or not a problem. Table 4 details the responses.

Table 4: Health-relation issue seriousness determined

Health-related issue	Very Serious	Serious	Somewhat Serious	Least Serious	It's not a problem
Substance Abuse	690	146	31	2	5
Mental Health	584	213	68	4	5
Healthy food access / increasing physical activity	191	338	237	81	27
Dental Care	124	292	300	118	40
Access to Care	159	259	286	125	45
Sexual Health	108	238	312	164	52
Safety (falls, violence, bullying, community)	172	293	281	111	17
Maternal & Child Health	144	246	290	146	48
Housing	162	273	270	133	36

Further, participants were asked to think about their community in regards to traffic & roads. They chose between the Likert scale of Excellent to poor with an option of N/A. N/A was added to the options because much of Wood County is rural where the question would not be applicable. Table 5 details the responses.

Table 5: Traffic & Roads in participant's community

	Excellent	Good	Needs improvement	Poor	N/A
Road Maintenance / Repair	18	177	406	268	5
Access to sidewalks (condition or availability)	41	456	287	72	18
Street Lights	86	597	137	33	21
Handicap Accessibility	65	486	206	36	81
Bike Paths	72	565	181	32	24

The next two tables ask whether they are very concerned, concerned, somewhat concerned, or not concerned about safety in their neighborhood and their community overall. An N/A was also an option due to rural area.

Table 6: Participant's concern about safety in their neighborhood

	Very concerned	Concerned	Somewhat concerned	Not concerned	N/A
Traffic Speeds	82	135	214	427	16
Lack of Crime Patrols	45	92	230	490	17
Crime	59	113	299	388	15
Drug Related Crimes	156	191	241	270	16

Table 7: Participant's concern about safety in their community overall

	Very concerned	Concerned	Somewhat concerned	Not concerned	N/A
Traffic Speeds	64	167	241	391	11
Lack of Crime Patrols	49	130	287	393	15
Crime	124	236	330	173	11
Drug Related Crimes	308	264	206	81	15

Table 8 shows the results to the housing question. Participants were asked whether they strongly agree, agree, neutral, disagree, or strongly disagree with the statement.

Table 8: Housing in Wood County

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Housing is affordable (either renting or buying)	53	283	281	199	58
Easy to find rental properties	29	184	345	247	69
A lot of options for rentals	28	165	337	263	81
A lot of options for buying	53	333	279	173	36
Housing options are safe and healthy	27	271	422	124	30

The CHA survey asked an open-ended question about what were the top health-related concerns in Wood County. The top three health-related concerns in Wood County are:

1. Substance Use - Alcohol, tobacco, vaping, drugs, access to substance use counselors
2. Physical Environment – Chronic Disease, exercise, nutrition, cancer, and obesity (childhood and adult)
3. Mental Health – Youth mental health, access to mental health services

Honorable mention: Environmental – clean drinking water and air pollution

APPENDIX 4: KEY INFORMANT INTERVIEW QUESTIONS

Healthy People Wood County is a movement of more than 400 organizations and individuals committed to making Wood County a healthier place to live, work, and play. Resident voice is very important to our work, so to continue moving our work forward and improving our community, Healthy People Wood County wants to learn more about how people who live and/or work in Wood County feel about the community. I ask that you take some time to reflect on and answer the following questions about the community such as points of pride, challenges, and potential improvements.

- I'd love to learn how you came to live and/or work here and what your involvement has been in Wood County. Can you tell me about your background and your roots in Wood County?
- What are the best parts about the community? Points of pride?
- What are the most important challenges facing the community?
- Why do you think these challenges exist?
- How do you think these challenges could be improved? Who should be working on this?
- What are some changes you would like to see that would make this community a better place to live?

APPENDIX 5: COMMUNITY CONVERSATION QUESTIONS

Welcome to the Healthy People Wood County Community Conversation. *[Facilitator Introduce Themselves]* Thank you so much for taking the time to join us to talk about community health in Wood County! Healthy People Wood County is a movement of more than 400 organizations and individuals committed to making Wood County a healthier place to live, work, and play.

Resident voice is very important to our work, so to continue moving our work forward and improving our community, we want to learn more about how people who live and/or work in Wood County feel about the community. I'll be asking you some questions about the community such as points of pride, challenges, and potential improvements. There are no wrong answers. Please feel free to be honest and share your point of view even if it differs from what others have said. We would like to hear from each and every one of you.

You've probably noticed the voice recorder. We're recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions and we can't type fast enough. We will not use any names when we compile the results. You can be assured of complete confidentiality. The results will be used to determine next steps in building healthier communities in Wood County.

- What are the best parts about the community? Points of pride?
- What are the most important challenges facing the community?
- Why do you think these challenges exist?
- How do you think these challenges could be improved? Who should be working on this?
- What are some changes you would like to see that would make this community a better place to live?

APPENDIX 6: KEY INFORMANT INTERVIEW RESPONSE ANALYSIS

Table 1: Key Informant Interview Survey Question 2 Results Based on Theme Frequency

		Out of 33, X people said...
Committed Residents	Friendly People, Good People, Generous, Motivation to Help Others, Supportive, Work Ethic, Hope, Resilience, Young People Getting Involved in Leadership, God/Religious Movement	13 Final: 14
Geographical Features and Natural Resources	River, Lakes, Public Lands, Central Location for Wisconsin	8 Final: 9
Outdoor Recreation	Swimming, Boating, Walking Paths	11 Final: 12
School System	Good Schools, Gym, School Districts Collaborate	12 Final: 12
Local Higher Education	UW-Marshfield, Marshfield Pediatric Residency Program and Mid-State	Final: 2
Small Town Perks	Feel, Clean, Safe, Good Size to Accomplish Big Things, People Know Each Other, Great Place to Raise a Family, Low Crime Rate, Urban Feel, Personal Connections, Convenience with Lots to do, cost of living, Not Many Drugs	14
Health Systems	Providers, Access to Care	6 (Final: 7)
Historical Aspects		1 (Final: 1)
Industry	Paper Industry, Growing Diversity, Family Restaurants and Businesses	4 (Final: 5)

Strong Community Partners/Leaders	Collaboration, Receptive to Community Needs, Philanthropic	8 (Final: 8)
Community Initiatives	Bikeshare, Attempts to Make Community Better, Time of Growth, Tribune, YMCA Expansion in Marshfield, Community Events	6 (Final: 6)
Community Resources	4H, Farmer's Market, YMCA, VA Clinic, Health Department, Boy's and Girl's Club, Fitness Facilities, Cancer Center, Library, Aquatic Center, Good Law Enforcement, Incourage	10 (Final: 10)

Table 2: Key Informant Interview Survey Question 3, 4, 5 Results Based on Theme Frequency

Bucket	Tally (X/33) (Q3)	Reasons Why (3&4)	Ways to Fix (3&5)
Inequities	3 (4) Final: 3	(Social Determinants of Health, Discrimination and Racism ((Hmong)), Inequalities (((Wealth Gap, Power Gap, Power Differentials)))	Address Root Causes of Issues and Utilize Upstream Solutions, Policy Change, Systematic Change, Less Judgement Among People
Housing Issues and Homelessness	6 Final: 6	Worsening Quality, Affordability, lack of variety	Transitional Housing with Case Management Built in
Environmental and Geographical Issues	4 Final: 4	Farm Runoff Contaminating Water, Zoning, Invisible Dividing Line Between North and South Ends of County	Match Agriculture to Appropriate Land
Lack of Trust in Decision Makers	4 (6?) Final: 4	Lack of Transparency, Those in Power not Listening to or Trusting Community for Input, Need More Progressive Government and Community	Transformative Leadership (Progressive Elected Officials Open to Change, Transparency, Communicate with People on City

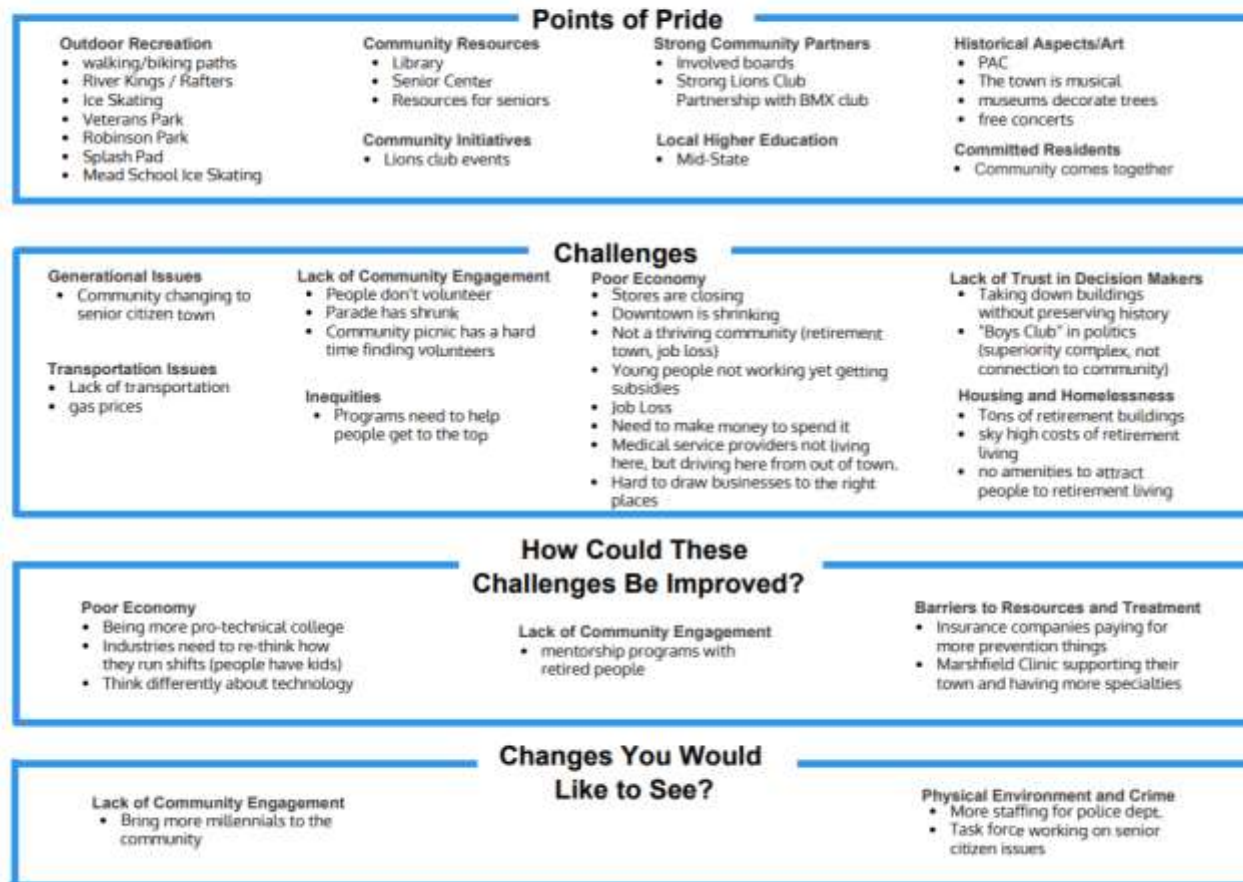
		Development, Lack of Strong Leadership, Decisions Made by those in Power without Community, Priorities, Lack of Focus, too many Initiatives, Policy Makers	Government Happenings, Focus on Fewer Objectives to Improved Efficacy, Accountability, Increase Trust, More Risk Taking to Create New Ideas and Solutions
Poor Economy	18 Final: 17	No Economic Strength in Industry or Education, Lack of Industry, Lack of Income Growth, Decreasing Economy, Can't Attract or Retain Young Adults/Professionals, Lack Amenities to Attract Young People, Small Town, Declining Population Size), not unique Poverty (Economically Disadvantaged Areas, No Livable Wages, Lack of Jobs with Benefits, Childcare Affordability, Underemployment) Unemployment (Low Educational Attainment, Lack of Education, Skills Gap, Standards aren't being met), Papermill Closure led to more Poverty from Unemployment Increasing, Business Closures	New Economic Opportunities, Embrace Entrepreneurship, Different Focus for Tourism, New Industry, Incentivize Young Professionals to Work Here , Employers Pay Livable Wage and Providing Jobs with Benefits, Investors to Bring in Business and Employment, Recruitment Efforts, Pay for Tuition for Wood County Employees Working 5+ years, Regional Economic Development, Community Development
Barriers to Resources & Treatment	13 Final: 13	Barriers to Healthcare, Barriers to Community Resources, Lack of Knowledge, Expectations Providers Put on Clients, Limited In-patient Beds, Behavioral Healthcare is Disjointed, Co-Pays, Infrastructure for Treatment is Poor, People not Wanting to	Changes to Health Systems, Address Continuum of Care, Retain Primary Care Doctors, Access to Funding, Prevention, Better Communication Between Professionals in Area, Learn from "Like" Communities, Philanthropy

		see Mid-Level Providers, Lack Breastfeeding Support in Hospitals, Best Practice no Longer Followed, Changing Population	
Lack of Community Engagement	5 (Final 6)	Lack of Awareness, Don't know how to get Involved, Community Lacks Agency, Lack of Resources for Community Initiatives (People Becoming Involved, Energy Around Issues, Lack of Reporting on Issues, Lack of Trustworthy Media Source, Lack of Resources ((Money))), Barriers to Collaboration and Involvement, Bringing People Together, Busyness, Lack of Awareness	Increase Buy-in, Better Journalism, True Collaboration, Better Communication with Residents on Necessity for Change, Increase Awareness and Involvement, Embrace Inclusion, City and County Serve as Facilitators, Joint Effort
AODA	17 (Final 18)	Addiction and Trafficking, Lack of Resilience, Opioid Crisis, Vaping, access to kids, alcohol and youth, normalization, Over Medication, Drug Trafficking ((Wood County Serves as Central Hub, Source of Income, Exploitation))	Community Interventions, Prevention
Mental Health	13 (15) (Final 14)	ACEs, Lack of Resilience, Hopelessness, Technology Immersed Youth, Technology and Mental Health, Stigma, Issues in Addressing Mental Health Crisis Effectively, Anxiety, Hopelessness for Things to Change, Barriers to Personal Connection, Social Media, stress from finances	Coalition of Mental Health Experts, More Peer Groups, Less medication, Connecting Trauma to Behavioral and Health Outcomes, Build Resilience, Address Stressful Situations, Community Interventions, Prevention, Focus on Teaching

Transportation Issues	7 (Final 7)	No Public Transit, Unreliable	Bus Route Funding, Increase Transportation
Poor Youth Development	5 (7) (Final 7)	Difficult to have Positive Development in Children, Kids Raised in Difficult Situations, Trauma in Youth, Schools Lacking Resources, Lack of Support Networks, Lack of Parenting Skills, Parents are "Old School", Parents Reluctant to Help Kids, Sexual Health Needs for Youth, Breakdown of the Family, Youth are Dynamic, Enabling ((Making Concessions to Students)), Unmet Need	Teach Children Decision Making Skills, (Consistent Accountability for Youth Across Schools, Parents, and Caregivers), Services Coming to Schools, School as Hub for Information and Services for Youth, Schools Utilizing Technology, Manufacturers Helping Control Screen Time, Teaching Life Skills, Transportation for After School Activities and Programs
Generational Issues	4 (Final 4)	Cycle of Traditional Thought and Issues, Learned Normal, Values, Culture, Lack of Understanding, Old School Thought Process, Big Picture Change Needed, Culture of Busyness, Aged Population Resistant to Change, Culture Doesn't Value Education, Lack in Life Skills, Lack of Faith	Culture Shift, Kindness, Openness to Change, Cultural Humility, Communities and Families Turning to Faith, Increase Education
Chronic Disease	4 (Final 4)	Obesity, Cancer Impacting Aged Population and Treatment is Expensive, Aging Population, Nutrition, Lack of Healthy Options at Restaurants, Especially for Kids, Food Insecurity	More Advanced Care Planning, More Hospice Care

APPENDIX 7: COMMUNITY CONVERSATION RESPONSE ANALYSIS

Aging Population at the YMCA



River Cities Clubhouse

Points of Pride

Community Initiatives <ul style="list-style-type: none"> Community/neighborhood table Community picnic Lunch by the river Car show 4th of July fireworks Port Edwards community garage sale Fireman's picnic 	Community Resources <ul style="list-style-type: none"> Clubhouse Outreaches (SWEPS, AWANA, Boys & Girls Club, Pantries) Boy and Girl Scouts YMCA programs Churches WI Dept of Workforce Develop 	Strong Community Partners/Leaders <ul style="list-style-type: none"> Support from county board Fundraising 	Historical Aspects/Arts <ul style="list-style-type: none"> Creative resources (PAC, cultural center, library) 	Committed Residents <ul style="list-style-type: none"> Friends Welcoming/good community 	
		Local Higher Education <ul style="list-style-type: none"> Mid-State Technical College 	Industry <ul style="list-style-type: none"> Volunteer/job opportunities 	School System <ul style="list-style-type: none"> After school programs 	Small Town Perks <ul style="list-style-type: none"> Walk-ability

Challenges

Mental Health <ul style="list-style-type: none"> Mental illness causing barriers to access care Lack of understanding on mental illness Lack of acceptance for advocates Lack of proper press around mental health Law enforcement Lack of education of mental health issues Lack of education Lack of funding Stigma exists Lack of conversations 	Lack of Trust in Decision Makers <ul style="list-style-type: none"> Lack of enforcement of agency disability act Lack of consumer involvement on decision making committees Narratives on issues created by professionals without lived experience Politicians Selfishness Priorities are misaligned 	Barriers to Resources and Treatment <ul style="list-style-type: none"> Wood County Human Services requiring certain insurance Lack of mental health providers Lack of appointment reminders 	Chronic Disease <ul style="list-style-type: none"> Inadequate healthcare
Transportation Issues <ul style="list-style-type: none"> Accessibility to transportation 	Poor Economy <ul style="list-style-type: none"> Shortage of law enforcement funding Aging community (shrinking tax base) 	Generational Issues <ul style="list-style-type: none"> Bullying (all age groups) Difficult to overcome prejudice 	AODA <ul style="list-style-type: none"> AODA Lack of focus on prevention
		Housing Issues and Homelessness <ul style="list-style-type: none"> Lack of homeless shelter 	Physical Environment and Crime <ul style="list-style-type: none"> Jail (better discharge opportunities)

How Could These Challenges be Improved?

Changes You Would Like to See?

Mental Health <ul style="list-style-type: none"> Certified peer specialist People not judging you Celebrate recovery stories Mental health friendly community Respect for others Advocacy programs 	Lack of Community Engagement <ul style="list-style-type: none"> Affordable housing
Housing Issues and Homelessness <ul style="list-style-type: none"> Affordable housing 	

Hmong Community

Points of Pride

Strong Community Partners/Leaders

- Low crime rates

Committed Residents

- traffic safety
- Traffic safety

Community Resources

- Banks

Community Initiatives

- PSA's - information provided to educate the community of emergencies

Challenges

Mental Health

- Lack of mental health programs/services/prevention efforts.
- Unaddressed PTSD from war/refugee

Transportation Issues

- Lack of public transportation

Generational Issues

- Need to build and maintain relationships

Poor Economy

- Lack of job opportunities.
- A lot of traveling for work in other areas.
- Lack of manufacturing jobs, marketing can improve

Inequities

- Many stereotypes of Hmong that are harmful,
- Hmong culture feels lack of connection between city/schools,
- Outreach to Hmong community is usually poor

Barriers to Resources and Treatment

- People are unaware of how to get things started.
- People must go to other areas for college/higher ed.
- Lack of higher education for people in wood county.
- Lack of interpreters (in -person) and need higher quality interpreters.
- Respect for hmong religious beliefs in healthcare.
- Lack of english/hmong understanding (need to rely on bilingual children for written materials).
- Dedicate staff to help interpret or doctors instead of electronic services.
- ER Wait time is too long.
- Events/meetings held at inconvenient times.

How Could These Challenges be Improved?

Barriers to Resources and Treatment

- Seeing differences in culture/beliefs.
- Personal advocates (bilingual).
- Connect to help elders and parents with translators when kids aren't available.
- Funding.
- Hire more bilingual employees.
- More conversations with schools/government.
- Discussions on better partnerships/relationships.
- Involve Hmong community to talk about their needs.
- Hmong representatives.

Poor Youth Development

- Educate Hmong parents and students together about disciplinary actions and processes

Poor Economy

- Grant writing workshops.
- Better job opportunities.
- Outreach to young Hmong people about open job opportunities.

Inequities

- Not forcing Hmong to assimilate (not culturally sensitive), Hmong community center or non-profit

Physical Environment & Crime

- Learning more about laws (city, county, etc).
- Workshops for Hmong families to learn more about laws,
- Better communication about laws and resources

Changes You Would Like to See?

Poor Economy

- More job opportunities/economic development
- Improve downtown.
- Focus on bringing younger people to stay.
- Invest in an organization that service Hmong people again.
- Hire locally.

Housing & Homelessness

- More housing opportunities for single young people

Lack of Community Engagement

- Place for Hmong community to come together to learn cultural practices and be comfortable.

Generational Issues

- Be open to positive change

Poor Youth Development

- More opportunities for young people

Lack of Trust In Decision Makers

- More political candidates and legislators talk with Hmong community

Boys and Girls Club

Points of Pride

Geographical Features

- Large outdoor space
- River
- Rocks in front of Jennings

Outdoor Recreation

- Bike trails
- Water park
- Newman's Golf Course

Industry

- Movie theater
- Subway
- Culver's
- Dunkin' Donuts

Community Resources

- YMCA
- Library

School System

- Teachers at Lincoln

Challenges

Poor Youth Development

- Playgrounds only for little kids
- Technology

AODA

- Vaping,
- Other kids do it (vaping),
- It's cool (vaping),
- Curiosity (vaping)

Physical Environment & Crime

- Crime/break-ins/theft
- Garbage on streets
- Pollution
- Smelly (from the mill)
- Want vs need (theft)

How Could These Challenges be Improved?

Lack of Community Engagement

- Presentations with storytellers, social media/youtube/snapchat/instagram/facebook

Changes You Would Like to See?

Resources and Treatment

- Somewhere to hang out outside of the Boys and Girls Club and school

Aging and Disability Resource Center

Points of Pride

Committed Residents

- Volunteer opportunities
- Support of tax programs
- Generosity

Geographical Features and Natural Resources

- Access to public lands
- Nature

School System

- Good education system

Small Town Perks

- Family feeling
- Good upkeep
- Safe/secure to live here

Community Initiatives

- Community activities

Community Resources

- Access to the arts

Challenges

Chronic Disease

- Big pharma pushing Rx
- Physical/mental disabilities

AODA

- Drugs, people cannot pass drug tests
- Lack of drug education
- Lack of treatment options for drugs

Generational Issues

- Ethics/entitlement
- People wanting to become something more
- We are not perfect
- Generational cycles
- Pride in independence
- Need for purpose
- Grandparents caring for grandchildren
- Lack of understanding

Poor Youth Development

- Cost of college
- Lack of parental support

Barriers to Resources and Treatment

- Volunteer opportunities
- Support of tax programs
- Generosity

Lack of Trust in Decision Makers

- Greed
- Political agenda
- Weak support systems

Transportation Issues

- Lack of public transportation

Poor Economy

- Better jobs
- Jobs lack benefits
- Poverty due to hopelessness
- New generation work ethic (no livable wages)
- Mills are not owned locally
- Big businesses are hurting the smaller businesses
- Lack of funding for education
- Standard of living versus wages

Mental Health

- Social media
- Lack of mental healthcare access

How Could These Challenges be Improved?

Generational Issues

- Communication across generations
- Connecting people
- Build relationships
- Increase acceptance of interdependence
- Generations meeting in the middle

Changes You Would Like to See?

Economy

- Incentives for local business climate
- Break barriers to entrepreneurship
- Retail

Recreation

- Pool

Resources and Treatment

- Salvation army in Wood County

Transportation

- Access to freeway

Generational Issues

- Generational sensitivity
- Break Not in My Back Yard (NIMBY) attitude

Economy

- Military workforce

WIC Participants

Points of Pride

Committed Residents <ul style="list-style-type: none"> • People willing to help out when needed. 	Outdoor Recreation <ul style="list-style-type: none"> • Walking/Biking trails 	School System <ul style="list-style-type: none"> • Schools/Teachers 	Health Systems <ul style="list-style-type: none"> • First Choice Pregnancy 	Community Resources <ul style="list-style-type: none"> • WIC • FHIP • Boys & Girls Club • Headstart • MOPS • Building Blocks • Food Pantries
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Challenges

Generational Issues <ul style="list-style-type: none"> • Not having family in the area • People don't better themselves AODA <ul style="list-style-type: none"> • Drugs 	Poor Youth Development <ul style="list-style-type: none"> • Child Care • Waiting lists for HeadStart Transportation Issues <ul style="list-style-type: none"> • Long wait times • scheduling issues 	Barriers to Resources and Treatment <ul style="list-style-type: none"> • Resources becoming exhausted • Too many people in need, not enough help. • Difficult to find day cares that accept BadgerCare 	Poor Economy <ul style="list-style-type: none"> • People not seeking employment 	Housing Issues & Homelessness <ul style="list-style-type: none"> • Lack of quality housing • Slum lords • not enough variety for families and single people
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How Could These Challenges be Improved?

Generational Issues <ul style="list-style-type: none"> • Everybody chip in and help each other. 	Poor Youth Development <ul style="list-style-type: none"> • Another Head Start location 	AODA <ul style="list-style-type: none"> • Police focus on real crimes other than marijuana 	Lack of Trust in Decision Makers <ul style="list-style-type: none"> • Stronger voice in pushing for changes 	Physical Environment and Crime <ul style="list-style-type: none"> • Light up walking paths for safety.
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Changes You Would Like to See?

Housing Issues & Homelessness <ul style="list-style-type: none"> • Housing everybody and not just veterans or seniors • shorter wait lists for housing • add low income family housing • add homeless shelter 	Community Engagement <ul style="list-style-type: none"> • Community garden 	Resources & Treatment <ul style="list-style-type: none"> • More childcare • Domestic abuse facility
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APPENDIX 8: COMMUNITY ENGAGEMENT GUIDE

Community Engagement Guide for Advancing Health Equity



Updated 1/14/19

What is Community Engagement?

Community engagement is a long-term process in which community members are partners in identifying action steps that can be implemented to improve health. It goes beyond community outreach that consists of short-term activities designed to share information with or seek input from community members. Community engagement is an intentional practice that includes the diverse perspectives of the community, addresses power dynamics, fosters strong relationships, and leads to action. It requires organizations to work deliberately to build long-term trusting relationships and to be open and responsive to community input.

Community engagement should offer opportunities for communities to express their views and have a meaningful role in decision-making. It should also consider the diversity of the community and seek to create an inclusive and accessible process. Effective engagement removes barriers for communities that may have previously prevented residents from successfully working with local government. Engaging community members who are the most impacted by the issues is essential in creating and sustaining change. Alone, none of us can overcome the challenges facing our community, but together we can make progress by examining and improving the practices, policies, and systems that affect the health of our community.

Community Engagement & Health Equity

Strong, strategic, long-term, and trusting relationships with community partners are vital to advancing health equity and transforming public health practices. These relationships must recognize each other's strengths, be rooted in shared values and interests, share decision making, and allow for authentic participation by those facing inequities. Rather than simply seeking feedback or hosting one-way conversations, we must intentionally listen to and learn from communities, and partner with communities in ways that build their capacity and power to gain greater control over the factors that affect their lives.

Best practices for health departments working to advance health equity through community engagement include: remaining open to learning about community priorities, allowing time and space to get to know one another, identifying strategic opportunities for communities to contribute their expertise and knowledge, and sharing resources to develop skills and capacity to partner with the health department. Most importantly, health departments must demonstrate a willingness to be guided by communities' needs, interests, and voices, which will determine departments' policy and program priorities.

The Wood County Health Equity Plan is based on Human Impact Partners' Strategic Practices, which were developed to support local health departments in transforming their work to advance health equity. The strategic practices are categorized into four different domains; community engagement is a primary focus of the third domain – Foster Community Partnerships. This domain includes the following set of strategic practices to advance equity and share power with communities:

- Partner with communities experiencing inequities in ways that intentionally share power and decision making. Identify strategic opportunities and avenues for communities to

1

contribute their expertise and knowledge. Co-develop, adopt, and promote a shared agenda, narrative, and resources to advance health equity

- Design more inclusive decision-making processes to actively reduce the marginalization of specific racial and socioeconomic groups. Allocate time, funds, and capacity building to facilitate the meaningful participation of communities experiencing health inequities in department decision making
- Create a culture of respectful co-learning, evaluation, reflection, and transparency about department and community needs/priorities to build trust between department and community partners
- Allow time and space to connect. Routinely attend meetings and events organized by community and social justice organizations and show support by staying informed of their activities and priorities
- Train and prepare staff to respectfully and thoughtfully engage with communities experiencing health inequities
- Highlight and sustain community partnerships that have led to changes in department policies, processes, and practices
- Use data, advocacy, and other expertise to support community-led social justice efforts that would improve equity

Healthy People Wood County Community Engagement Goals

1. Create and sustain a culture that demonstrates commitment to equitable and inclusive community engagement by dedicating resources to support the work.
2. Listen authentically and create avenues for meaningful participation with residents and partners.
3. Assure a shared decision-making process with communities who are affected most by health inequities.
4. Strengthen community relationships by enhancing communication, collaboration, and coordination between public health leaders and other organizations serving priority populations.

HPWC Performance Measures

Goal 1.1 Partners and community members are actively engaged in the work

Objective 1.1.1 – 50% of resident follow-up action based on one-on-one outreach

Objective 1.1.2 – # external communications per month, as defined by the HPWC Communication Plan, will be completed to inform and engage Wood County residents

Goal 2.1 Advance health equity through equitable strategies

Objective 2.1.1 – 75% of strategies are equitable

Objective 2.1.2 – 75% of strategies have community input as defined by the HPWC Community Engagement Guide

2

Community Engagement Spectrum

Increasing Community Impact on the Decision 

Level of Engagement	Inform	Consult	Involve	Collaborate	Community Driven
Goal of Engagement	Community is provided with balanced and objective information to assist them in understanding public health issues, programs, and policies	Community input is requested to inform public health priorities and decisions that are led by the organization	Community input is requested, obtained, and included to shape public health priorities and decisions	Community and organization commit to working together to create solutions via an established participatory, shared decision-making process	Community initiates and directs public health strategy and action with sufficient resources, technical assistance, and support from organization
Organization's Role	Keep the community informed	Request input from the community; input may or may not be used	Work to ensure community input is included in the decision and report back how the input influenced the decision	Work to ensure a participatory, shared decision-making process that includes maximum community input in the decision	Implement what the community decides. Support community-identified strategy and action, and provide sufficient resources and technical assistance
Community's Role	Receive information	Provide input	Provide input in a participatory process	Provide input in a participatory process and share decision-making power with organization	Initiate and direct strategy and action, and make final decision on public health issues

Level of Engagement	Inform	Consult	Involve	Collaborate	Community Driven
Characteristics of Engagement	<ul style="list-style-type: none"> • One-way communication • One interaction • Primarily short-term • Addresses immediate need 	<ul style="list-style-type: none"> • Primarily one-way communication • One to multiple interactions • Short to medium-term • Shapes and informs county priorities 	<ul style="list-style-type: none"> • Two-way communication • Multiple interactions • Medium to long-term • Advancement of solutions to complex issues 	<ul style="list-style-type: none"> • Two-way communication • Multiple interactions • Medium to long-term • Advancement of solutions to complex issues 	<ul style="list-style-type: none"> • Two-way communication • Multiple interactions • Medium to long-term • Advancement of solutions to complex issues
Community Engagement Strategies	<ul style="list-style-type: none"> • Email • Newsletter • Press release • Fact sheet • Policy brief • Poster • Brochure • Web site • Social media • Tabling 	<ul style="list-style-type: none"> • Community conversation • Community survey • 1:1 conversation • Door knocking • Public testimony • Storytelling • Photovoice 	<ul style="list-style-type: none"> • Coalition • Advisory Board or Committee • Steering Committee • Workgroup • Workshop • Public forum • Public testimony 	<ul style="list-style-type: none"> • Coalition • Co-led community meetings • Advisory Board or Committee • Steering Committee • Board/Committee seats • Policy development & advocacy • Public testimony 	<ul style="list-style-type: none"> • Coalition • Community-led planning efforts • Community-hosted forums • Attending community meetings • Serving as advisory members • Providing funding, data, and technical assistance • Policy development & advocacy
Outcomes of Engagement Strategy	Establishes communication and outreach channels	Develops connections	Visible partnerships are established	Partnership building, trust building	Strong bidirectional trust built; Broader health outcomes affecting broader community addressed

Engagement Strategies

- **1:1 Conversation** – A 1:1 is a personal conversation between an individual community member and a coalition leader or community engagement organizer. The goal is to share concerns, level of interest and commitment for an issue, as well as the resources each person has to offer. These conversations help to build positive relationships within the community which can create a strong base of support, help build power, increase understanding of issues, engage people using their strengths and their interests, and build trust which helps to sustain long-term change.
- **Advisory Board or Committee** – An Advisory Board or Committee is just that, a group that advises the organization. It does things such as advise an organization or project about various items related to community health improvement, but it doesn't set policy or oversee the Director, operation, or finances. A Board can strengthen your organization in many ways: perform some of the tasks of the organization, support your work in the community, convince others that you know what you're doing, contribute particular skills and talents, advise the organization on legal or other matters, and help with fundraising. A good Board helps lend credibility and legitimacy to the organization in the eyes of the community.
- **Board/Committee seats** – Membership on a Board or Committee gives people the opportunity to volunteer for a cause they believe in and to use their skills or prominence in satisfying ways. Additionally, members are part of the community, so they help connect the organization and its work to the community. You have something to offer by asking people to serve on your Board or Committee, as well as something to gain.
- **Coalition** – Often, community problems or issues are too large and complex for any one agency or organization to tackle. In these circumstances, putting together a coalition of groups and individuals can be an effective strategy for changing the programs, policies, systems, and environments that are needed to solve the problem or achieve the goal. In simplest terms, a coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. The individuals and organizations involved might be drawn from a narrow area of interest, or might include representatives of nearly every segment of the community, depending upon the breadth of the issue. Coalitions may be loose associations in which members work for a short time to achieve a specific goal, or they can be more permanent working on longer-term goals. Either way, they exist to create and/or support efforts to reach a particular set of goals.
- **Community Conversation** – A community conversation is a tool that can be used to capture community input. It focuses on engaging members of a community to discuss what helps and hinders community growth and community health improvement. A community conversation is a guided discussion with a small group of individuals from similar backgrounds. They generate knowledge that can be used to inform decision-making and help to mobilize ideas, improve skills, and build on passion of the community. Click [here](#) for tips for a successful community conversation.
- **Community Survey** – A community survey is critical for collecting community-wide data. It allows organizations to collect quantitative data, which allows generalizations and an overview of a community's strengths and weaknesses. The survey should be conducted using platforms that are suited for a variety of audiences. The use of multiple platforms helps to ensure active community engagement from diverse sectors of the community. Platforms include: online surveys, paper-based surveys, and surveys available in multiple languages.
- **Door Knocking** – Door knocking means going door-to-door and asking people for information or feedback related to community health improvement. You can ask broad or specific questions, but it is best to have a set list of questions you want to ask people. Prep work to determine an introduction/purpose statement, questions, location of door knocking, leave behinds, etc. is required.
- **Fact sheet** – A fact sheet is a single sheet of paper listing important facts about the issue. Fact sheets can be laid out just about any way you'd like as long as they list the main facts you want to include. You can do one fact sheet with basic information, or you can do a whole series of them. Fact sheets are easy to make and easy to understand, can be made up very quickly, and are cheap to create and distribute. More on fact sheets [here](#).
- **Photovoice** – Photovoice is a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images to capture aspects of their environment and experiences and share them with others. The pictures are usually used with captions composed by the photographers, to bring to light the realities of the photographers' lives to the public and policymakers and to spur change. Photovoice can help changemakers understand the lived experiences of disadvantaged communities and give a voice to underprivileged individuals. Click [here](#) to learn more about photovoice.
- **Policy brief** – A policy brief presents a concise summary of information that can help readers understand, and likely make decisions about, government policies related to public health. Policy briefs give objective summaries of relevant research, suggest possible policy options, and sometimes, go even further and argue for particular courses of action and/or recommendations. They can be written for a variety of audiences including, but not limited to, public health practitioners, advocates, policymakers, and the general public. For guidance on writing a policy brief, click [here](#).
- **Policy development & advocacy** – Policy change is one of the most effective and sustainable approaches in community health improvement, which makes it a key community engagement strategy. Click [here](#) for a toolkit on influencing policy development and [here](#) for information on how to conduct research to influence policy creation or policy change.
- **Press release** – A press release is a brief written summary or update, alerting the local media about upcoming events or important news. Press releases are created either to

Updated 1/14/19

6

preview an upcoming event or to inform the public about something that has already occurred; written in a clear, concise manner that easily and quickly conveys its message to the reader; written with the most current and pertinent information in the first two paragraphs; and are subject to editing for content and space or time requirements, depending on the media. Click [here](#) for more on why, when, and how to create a press release.

- **Public forum** – Public forums (also known as “Town Halls”) and listening sessions are a valuable resource in upholding open lines of communication with the public. Citizen participation in community projects can help identify and solve problems. During these open meetings, citizens discuss important issues such as health problems, and facilitators lead a discussion of various aspects of the issue like the community's strengths and potential problems. Public forums are open to everyone in the community and offer people from diverse backgrounds a chance to express their views about key issues of concern and what can be done about them. Click [here](#) to learn more about planning and conducting public forums.
- **Public testimony** – A public health professional who gives testimony at a public hearing describes to decision-makers how changes in a law or policy will impact the health of the community. Our lives are affected every day in some way by the laws and policies of our federal, state, and local governments and their agencies. Before laws and policies can be altered, public hearings are often held to give citizens a chance to voice their support for or their concern about proposed changes. Click [here](#) to learn how to prepare effective testimony.
- **Social Media** – Social media uses computer-mediated technologies that facilitate the creation and sharing of information, ideas, interests, and other forms of expression via virtual communities and networks. This method will be used to promote engagement activities, such as tabling events and photovoice.
- **Steering committee** – A Steering Committee may be appointed or elected, but is often open to any member of the organization who is interested in helping it to run. It usually makes recommendations about a particular action or about the direction in which the organization should go, rather than setting policy. If the Steering Committee oversteps these bounds, the organization may dissolve it, or otherwise limit its authority. Coalitions, which may be organizations made up of several other organizations, often have Steering Committees.
- **Storytelling** – Storytelling can be a powerful, multi-dimensional tool for community-based public health program enhancement, strategic communication, and advocacy. Stories can give a voice to people's own experiences and connect knowledge to action. Storytelling allows us to better learn from the experiences of communities affected by public health problems. Stories are also used to make statistics and quantitative data more accessible and relatable.
- **Tabling** – Tabling is a simple technique to gather information from the community. It is exactly what it sounds like: Set up a table at an establishment and ask people to answer

7

a few brief questions as they come or go. This will be performed at partner sites and public spaces to gather information relating to personal and community health improvement, as well as to promote other community engagement activities.

- **Workgroup** – A workgroup is a group of people working on a specific issue or action. Typically, a workgroup is a subset of a larger group like a coalition. It is comprised of 2 or more individuals working on a specific issue or action within a larger goal.
- **Workshop** – A workshop is an in-depth face-to-face detailed discussion that can take a variety of forms. It enables people to engage in informed, meaningful discussions and provides people an opportunity to develop opinions and solutions. Often, people split into smaller groups so many conversations can happen. Workshops require skilled facilitation and often more than one facilitator is necessary for a successful workshop.

*Strategy information from Healthy Wisconsin Leadership Institute's Community Engagement Toolkit, Health Equity Alliance of Rock County's Community Engagement Toolkit, and the Community Tool Box.

Acknowledgements

We would like to acknowledge the following organizations for their support, advice, knowledge, language, and materials that aided us in the creation of this document.

- Human Impact Partners
- UW Population Health Institute
- Healthy Wisconsin Leadership Institute
- Health Equity Alliance of Rock County
- Rock County Public Health
- Boston Public Health
- Community Tool Box
- Minnesota Department of Health
- County Health Rankings & Roadmaps

Appendix

General Community Engagement Resources

- Community Tool Box Home page - <https://ctb.ku.edu/en>
- Healthy Wisconsin Leadership Institute [Community Engagement Toolkit](#)
- Healthy Wisconsin Leadership Institute [Community Health Improvement Toolkit](#)
- Healthy Wisconsin Leadership Institute: Community Engagement & Partnerships resource list - <http://hwli.org/community-engagement-and-partnerships>
- Health Equity Alliance of Rock County's [Community Engagement Toolkit](#)
- Human Impact Partners [Health Equity Guide](#)
- Boston Public Health [Community Engagement Plan](#)
- IAP2 public participation [spectrum](#)
- County Health Rankings & Roadmaps Who to Work With - [Partner Center](#)
- Wisconsin CHIPP Infrastructure Improvement Project - Listening to the Community's Input: [A Guide to Primary Data Collection](#)
- Comprehensive [list of methods](#) for community engagement/coproduction with categories including what's it good for, strengths, weaknesses, participation level, and more

APPENDIX 9: LIMITATIONS AND FURTHER CONSIDERATIONS

Limitations in the data collection process occurred in all of the collection methods, community conversations, key informant interviews, and community survey. Other limitations such as staff capacity and resources.

Data Collection:

Community Conversations:

Limitations of community conversations include that sessions were not voice recorded, videotaped, or transcribed verbatim, which made analysis to be based solely on the notes of facilitators. This made it difficult because the person analyzing the data did not facilitate all of the community conversations. For the future, it is important to ensure all community conversations are either voice recorded or videotaped for easier analysis. This will allow analysis to be more accurate.

The participants of the community conversation were self-selected. The CHA team decided which populations to have conversations with and those who come to the conversation had to decide to participate. This can make generalization of a whole population harder. This is a limitation of all community conversations or focus groups. However, facilitators ensured that those who participated were from the same population. For the future, it is important to ensure that all populations in Wood County are represented. This includes those who live in rural parts of Wood County, LGBTQ+ community, and Latino population.

Key Informant Interviews:

The key informant interviews were limited to those who responded to email requests and those who CHA team already had prior working relationships. For the future, it is important to include community members and not only those who lead local agencies in Wood County.

Community Survey:

The community survey was only administered in English, which could have limited those whose first language is non-English. This limited those who could take the survey. Majority of the survey distribution took place via the internet on social media. This limited the survey to those with internet access. There was limited paper survey distribution. This was due to time as well as staff capacity. For the future, having the survey in multiple languages and in paper form would be ideal. It will also be important to conduct door knocking to ensure all community members have the opportunity to complete the survey either via the online survey or a paper survey.

Other limitations:

Other limitations included staff capacity and monetary resources. There was a small team working on the CHA, this posed a problem for collecting data and analyzing the data. Monetary resources limited the ability to incentivize those participating in our primary data collection. We were able to incentivize those who participated in community conversations and key informant interviews, but not those who took the community survey.

APPENDIX 10: 2018-2019 PROJECTED CHA/CHIP TIMELINE

The timeline displayed was the projected timeline of a mini CHA/CHIP, but we decided to conduct a full CHA and pushed the timeline further into August. The timeline was not updated.



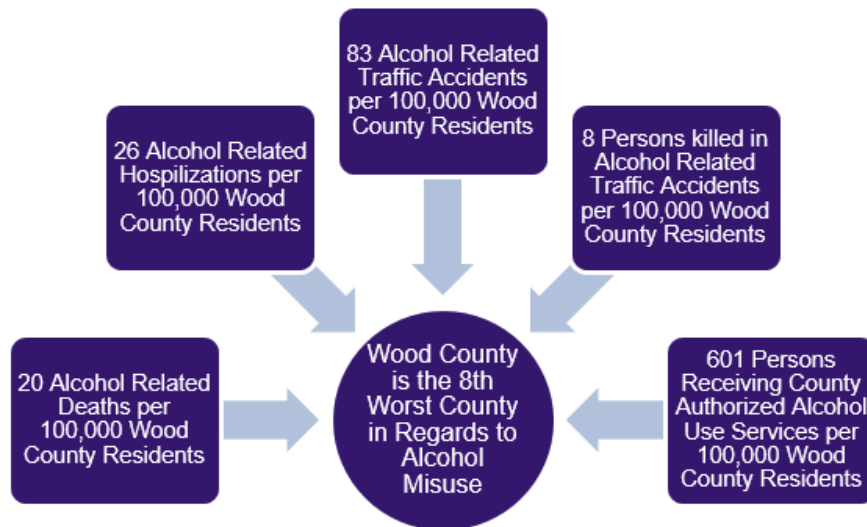
HEALTHY PEOPLE WOOD COUNTY MINI CHA TIMELINE

ACTIVITIES	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Steering Committee meetings	■	■	■	■	■	■	■	■	■	■	■
Discuss and align organizational resources	■										
Plan primary data collection		■									
Plan secondary data collection		■									
Conduct key informant interviews			■	■	■						
Conduct community conversations			■	■	■						
Analyze secondary data			■	■	■						
Analyze primary data				■	■						
Write mini CHA					■	■					
Share 1 st draft of CHA with Steering Committee & health systems boards							■				
Final draft of mini CHA completed								■			
CHA approval at health system boards									■		
Publish CHA for hospital requirements										■	
Update HPWC action plans										■	■

APPENDIX 11: ADDITIONAL SECONDARY DATA FIGURES & NARRATIVE

Alcohol and Other Drug Abuse

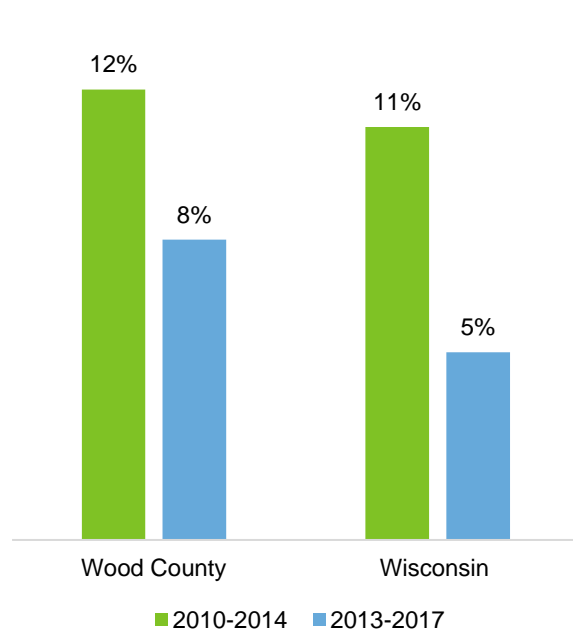
Figure 1: Alcohol misuse indicator components for ranking a County in regards to alcohol misuse in 2016



Within Wisconsin, alcohol has become so normalized that it is a part of every community's culture. The normalization of alcohol has led to a minimization of the risks associated with risky alcohol consumption such as binge drinking, driving under the influence, and people under the legal age consuming it. Individuals engaging in these risky behaviors are more likely to become dependent on alcohol, are at higher risk of getting into a motor vehicle crash, higher risk of chronic disease, suffer alcohol poisoning, experience alcohol withdrawal syndrome, or engage in other risky behaviors due to impaired decision making (Mayo Clinic Staff, 2018). Figure 1 shows indicators for alcohol in Wood County (Wisconsin Department of Health Services, 2016).

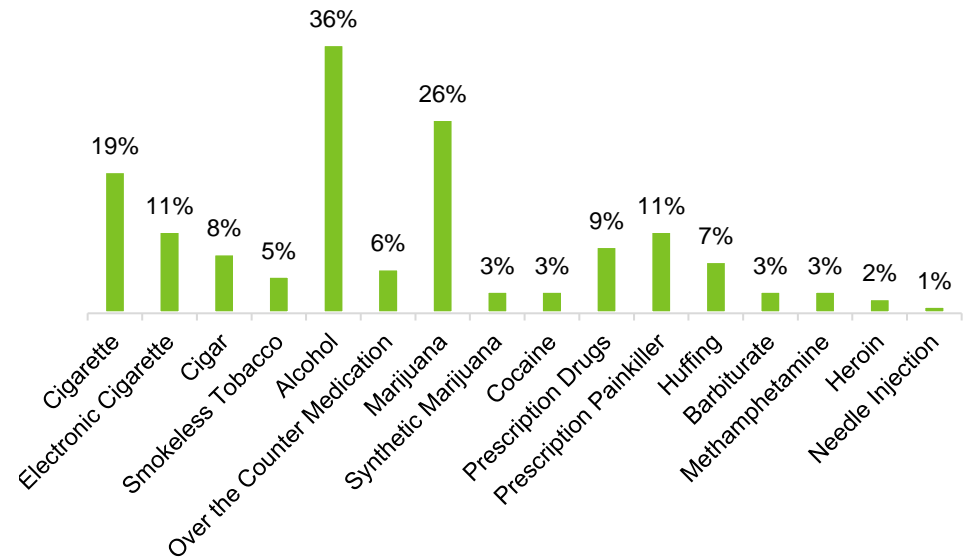
Youth Development

Chart 1: Percentage of 16-19-year-olds in Wood County & Wisconsin classified as disconnected youth, currently unemployed, and not in school from 2010 through 2017



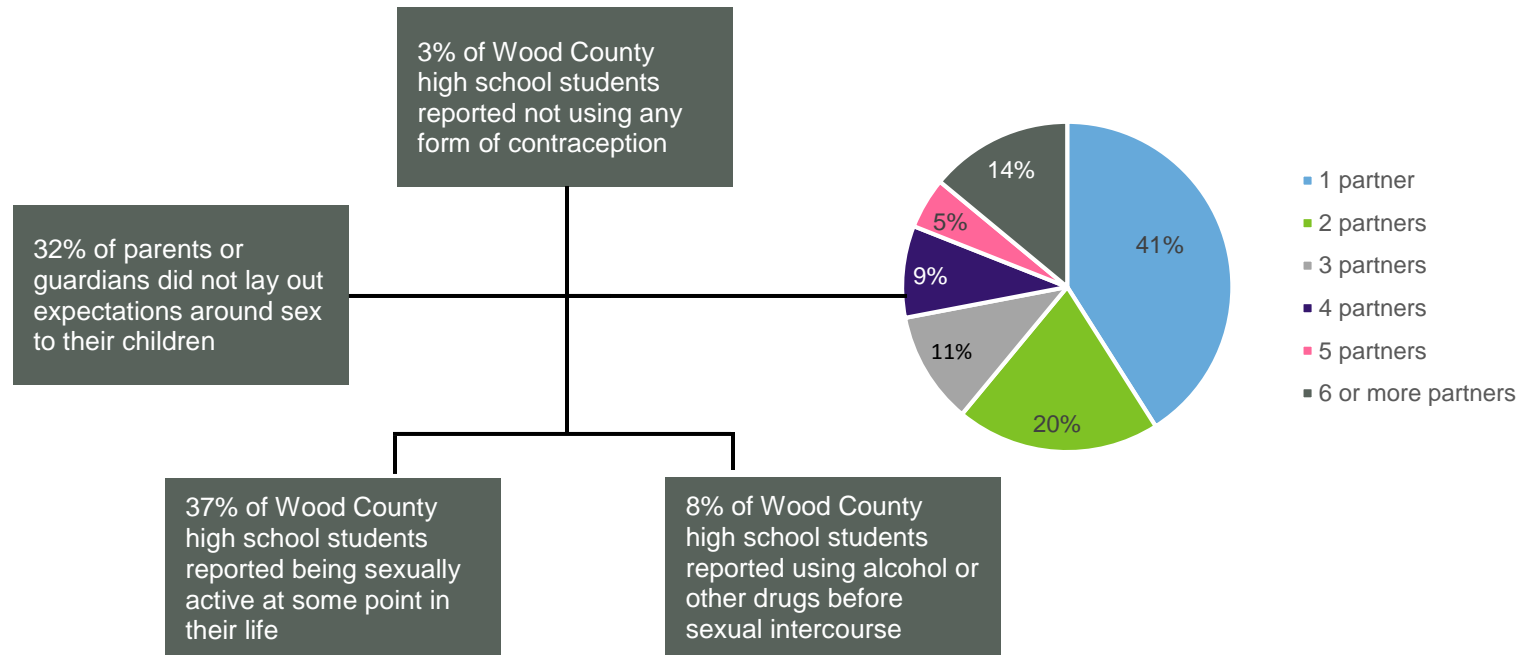
A critical part of youth development is to support and provide opportunities for youth to gain skills that will help them be productive and healthy adults in society. Education and work experiences are strongly correlated with better work and economic opportunities, better housing, stronger sense of personal control, and healthier lifestyle opportunities. In Wood County, 8% of 16-to 19-year-olds are neither working or in school, which is higher than Wisconsin overall. This is shown in Chart 1 (U.S. Census Bureau, n.d.c).

Chart 2: Substance use by substance among Wood County students in 10th and 12th grade in 2017



Substance use and addiction are related to poorer health and can be costly to communities in dollars, community safety, treatment and lives. Because the path to drug addiction often starts at a very young age and can impact the developing adolescent brain, it is crucial to focus efforts on preventing youth from using or becoming addicted to drugs. Among several drug substances, the top five that Wood County high school students use are alcohol (36%), marijuana (26%), cigarettes (19%), electronic cigarettes (11%) and prescription painkillers (11%) (Wisconsin Department of Public Instruction, 2017).

Figure 2: Self-reported sexual activity among Wood County students in grades 10th and 12th grade who reported being sexually activity



Sexual health is an important and critical part of the lives of youth because many youth are sexually active and may engage in risky behaviors that can result in unintended health outcomes. Sexual risk behaviors can lead to HIV, STDs, and teen pregnancies that have everlasting impacts. Youth who are lesbian, gay, and bisexual are at an increased risk for serious health outcomes compared to their peers. Parents, families, schools, youth serving organizations, and the community can help youth to adopt lifelong attitudes, skills, and behaviors and create environments, policies, and systems that support positive sexual health for youth to ensure that they have the best chances and opportunities of becoming healthy adults (Centers for Disease Control and Prevention, 2019d). Figure 2 shows self-reported data about sexual health among Wood County students (Wisconsin Department of Public Instruction, 2017).

Environmental and Geographical Issues

The process for adding environmental health to the list of additional health concerns came about because it was the fourth written response to the open-ended question asking about the most serious health-related concerns in Wood County. This included air pollution from the mill and water pollution that can lead to serious health concerns. Key informants also discussed the importance of environmental health, specifically around the runoff from farms contaminating water. The key informants also mentioned issues with zoning and enforcement of zoning regulations.

Disease that spreads by insects are affected heavily by environmental changes, changes in agricultural practices, rainfall, travel, and urbanization (World Health Organization, 2017b). In the case of Lyme disease, black legged ticks are the known vector that carry the *Borrelia burgdorferi* bacteria, which causes Lyme disease (Centers for Disease Control and Prevention, 2019e). The early symptoms of Lyme disease can present as fever, headache, fatigue, and the bullseye rash known as erythema migrans (Centers for Disease Control and Prevention, 2019e). If left untreated, the infection can spread to joints, the heart, and the nervous system. Ways to prevent the transmission of Lyme disease are using insect repellent, quick removal of a tick that has bitten you, applying pesticides, and reducing tick habitat (Centers for Disease Control and Prevention, 2019e).

Chart 3: Rate of Lyme disease incidence per 100,000 residents by geographic area in 2015, 2016, 2017 (Environmental Public health Data Tracker, 2017).

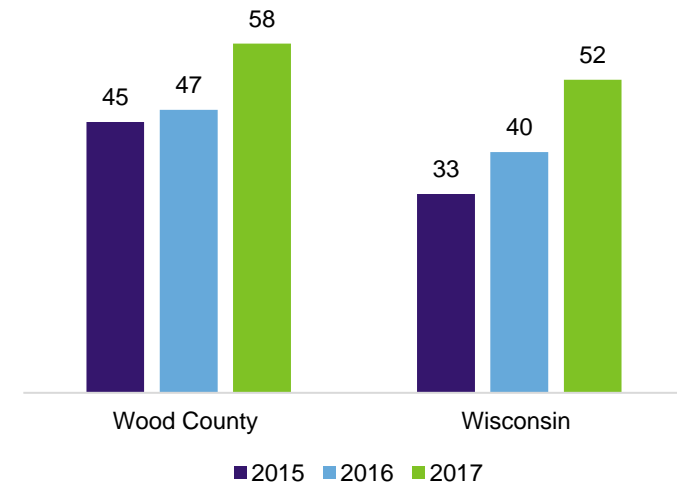
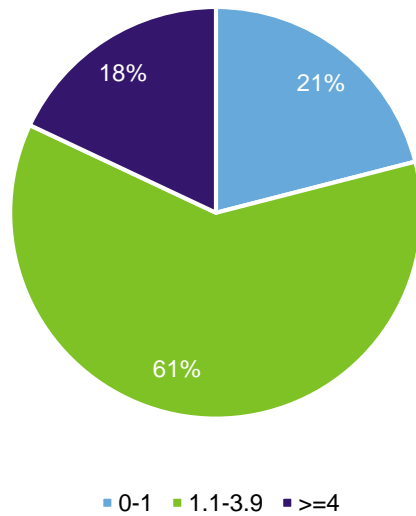


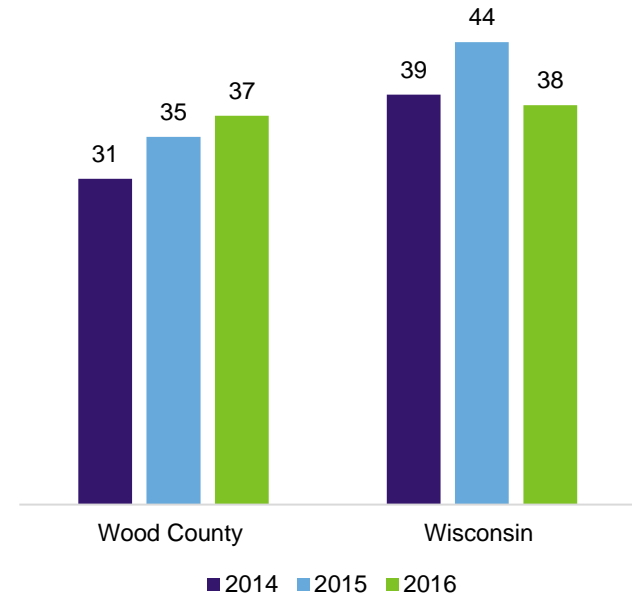
Chart 4: Percentage of Wood County Home Radon Tests in 2018



Radon is a naturally occurring radioactive gas that comes from the decomposition of uranium. Radon gas seeps through the ground and becomes airborne before dissolving within the air (Centers for Disease Control and Prevention, 2019f). Although radon is odorless and you cannot see it, the effects can be devastating. Long-term exposure to elevated radon levels is the leading cause of lung cancer among non-smokers (United States Environmental Protection Agency, 2013). Testing for radon in indoor locations that you spend a majority of your time such as home, work, or school can help in early detection of hazardous radon levels. Home tests are available for residents to place in their basement and other locations where they spend most of their time and then sent to a state lab to be analyzed. Chart 4 shows the percentage of home radon test results in Wood County in 2018 (Wood County Health Department, n.d.). The two home test kits are either short-term, which range from a few days up to 90 days, or long term kits which take longer than 90 days, but have more accurate results (Centers for Disease Control and Prevention, 2019f). Residents who find that their homes have indoor concentrations of radon gas between 1.1-3.9 picocuries per liter (pCi/L), a measurement of radioactivity, should consider taking measures to mitigate the concentration of radon (American Lung Association, n.d.). For home tests with results of 4 or more pCi/L for radon should take immediate action to mitigate the level of radon in their home. For the installation of a radon reduction system, the EPA suggests hiring a qualified radon mitigation contractor to reduce the concentration of indoor radon (United States Environmental Protection Agency, 2013).

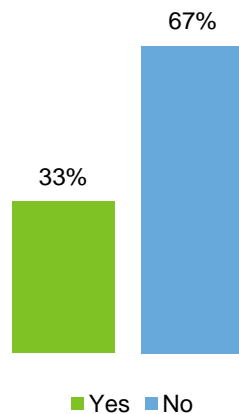
Asthma is a chronic condition that, when triggered, leads to an asthma attack. Common symptoms of an asthma attack are wheezing, shortness of breath, coughing, chest pain, and trouble sleeping (American Academy of Allergy Asthma and Immunology, n.d.). Chart 5 shows the age-adjusted rate of asthma related Emergency Department visits (Environmental Public Health Data Tracker, n.d). Triggers can vary from person to person, but a few common environmental triggers to look for are asbestos, radon, poor air flow, cleaners and solvents, pesticides, formaldehyde, smoke and exhaust, dust, pests, and animals (Andrews, E., & Merrill, J. L., n.d.). Environmental triggers are closely associated with air quality and allergens. Although not all triggers are environmental, a common example of a non-environmental trigger is exercise. The effects of living with asthma can be reduced through individualized management, which involves the identification of triggers and the appropriate medication to control symptoms (American Academy of Allergy Asthma and Immunology, n.d.). However, if an individual does not have access to medication to control symptoms or is able to work with an allergist to identify triggers they are more likely to experience more frequent and severe asthma attacks. If an asthma attack is severe enough the individual may have to visit the emergency department for treatment, especially those who are children or elderly. Being able to eliminate exposures to an individual's triggers can greatly decrease asthmatic events and subsequent emergency room visits depending on the severity of the individual's asthma attacks. Unfortunately, if the individual does not have access to medical care to receive preventive services and medication, they may be hospitalized or die due to asthma related complications.

Chart 5: Age-adjusted rate of asthma related emergency department visits per 10,000 emergency department visits by geographic area in 2014, 2015, 2016



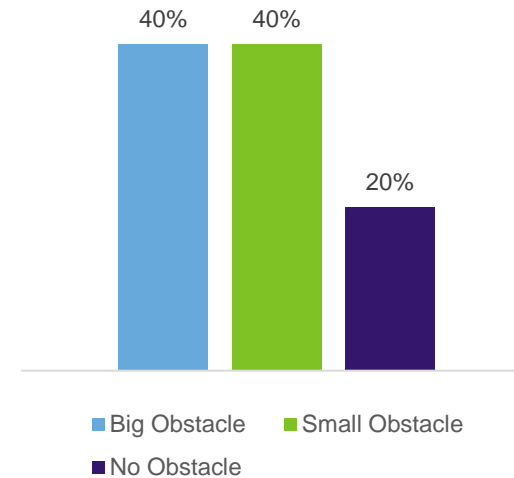
Lack of Trust in Decision Makers

Chart 6: Percentage of South Wood County Residents by whether they trust elected officials to address community issues in 2017



Public opinion can be a powerful indicator to check the “pulse” of a community. It was identified that 2 in 3 South Wood County residents felt that they could not trust their elected officials to address challenges facing the community. A lack of trust can harm a community both socially and economically. A lack in trust of elected officials may lead to residents becoming less engaged with the community, engage in deviant behavior, and overall become disinvested in the community’s well being. Similarly to residents, businesses may be weary to move into the area, there is less innovation, less financial investment, and fewer employment opportunities (Trust in government, policy effectiveness and the governance agenda, 2013). Chart 6 shows the percentage of South Wood County residents by elected official trust (Incorage, 2017b).

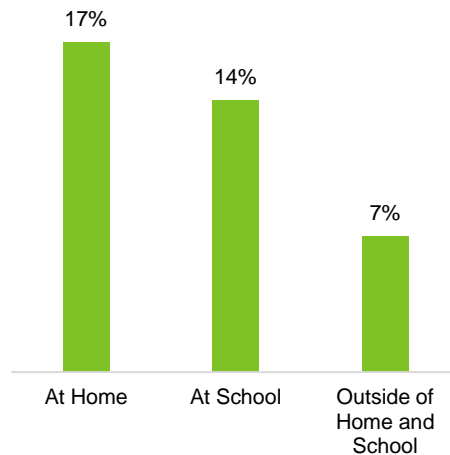
Chart 7: Percentage of South Wood County Residents who believe elected officials are barriers to community engagement



According to the Incourage survey in 2017, 4 in 5 South Wood County residents found that their elected official was a barrier to community engagement (Incorage, 2017b). This perceived barrier may come from distrust between community members, distrust of the elected official, an absence of the public official in the community, or conflicting values between residents and the elected official (Trust in government, policy effectiveness and the governance agenda, 2013). Regardless, community engagement is essential in carrying out community initiatives to improve the public’s health. Identifying ways to address these barriers is a necessary first step to authentically engage the community in choices in community initiatives, carrying out the initiatives, and evaluating the initiatives after implementation.

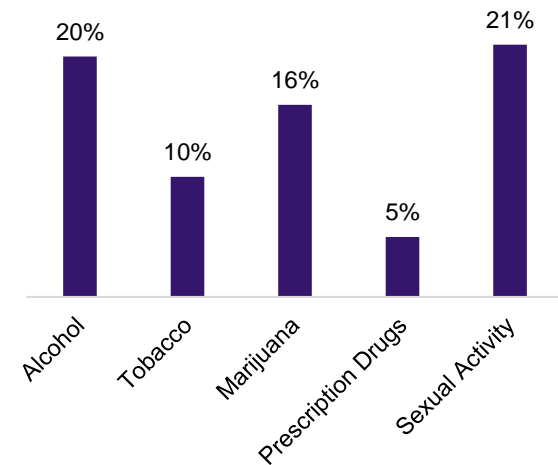
Generational Issues

Chart 8: Percentage of Wood County Students in 10th and 12th grade who identified not having a trusted adult by physical environment in 2017



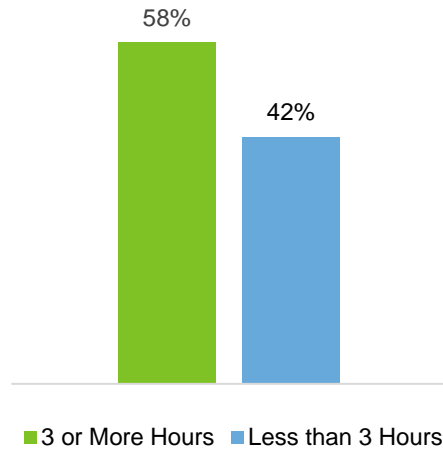
Within Wood County, about 1 in 5 High School students identified not having a trusted adult at home, 1 in 7 not having a trusted adult at school, and about 1 in 10 not having a trusted adult outside of school or home. See Chart 8 (Wisconsin Department of Public Instruction, 2017). Youth lacking a trusted adult in these various settings may be associated with a variety of factors that may be attributed to generational differences. Differences between generations due to changing cultural norms and technology can lead to disconnections between children and their parents or grandparents. There are multiple consequences of youth are not connected to adults such as shared expectations on risky behaviors (Wang, Stanton, Deveaux, Koci, & Lunn, 2014), a decline in social cohesion, and conflicting values and worldviews between generations (Twenge, J. & et al., 2012). Youth who do not have a trusted adult may be likely to struggle with substances and engage in risky behavior as well as become socially isolated.

Chart 9: Percentage of Wood County Students in 10th and 12th grade without input or expectations from their parents or guardians by risky behavior in 2017



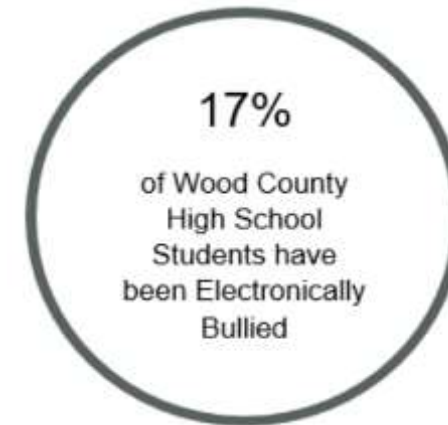
Youth behaviors, both risky and healthy, are heavily influenced by the interactions of peers, society, and family. Among these interactions, family interactions with youth have the most influence on a youth's behavior choices. The two major factors from family interactions that affect a youth's behavior are monitoring and communication. Youth who do not have parents who share their expectations on risky behaviors are more likely to engage in them compared to those who do (Wang, B., & et al., 2014). Within Wood County, students reporting not having these healthy interactions with their parents or guardians appeared to have high rates of substance use and sexual activity. These risky behaviors are likely to be carried on through youth into adulthood and expectations around them will likely not be communicated with their children, leading to cyclical risky behaviors not being addressed in future generations.

Chart 10: Percentage of Wood County High School students in 10th and 12th grade who reported average daily screen time by hours in 2017



Over half of Wood County High School students reported having an average of 3 or more hours of screen time daily, as shown in Chart 10 (Wisconsin Department of Public Instruction, 2017). The suggested consumption of screen time is no more than 2 hours a day as well as getting an hour of physical activity. Any screen time more than 2 hours should be considered in excess (Centers for Disease Control and Prevention, 2018c). One of the largest contributors to excess screen time is the ease of access to technology and screens now more than ever. This is due to decreasing costs in technology, mass production, and advertising, especially to younger populations. The health concerns linked to excessive screen time are childhood obesity, internet safety issues, behavioral issues, aggression, problems at school, and a lack of sleep (American Academy of Pediatrics, 2013).

Figure 3: Percentage of Wood County High School students 10th and 12th grade that reported being electronically bullied in 2017



Cyber bullying for younger generations has been on the rise in recent years due to youth being more connected to the internet and social media than any previous generation. About 1 in 5 students in Wood County reported having been cyber bullied (Wisconsin Department of Public Instruction, 2017). Youth used to be bullied at school, but would be safe outside of school. Now that youth can be bullied via the internet through chat or social media, youth cannot escape it unless they avoid their screens. This added bullying is associated with poor mental health outcomes, decreased academic achievement, health complaints, substance use, and suicidal behavior. Parents should try to remain aware of what their children are doing online, monitor their usage and content, and take appropriate action such as talking to their child or reporting inappropriate behavior (United States Department of Health & Human Services, 2017).

APPENDIX 12: MARSHFIELD MEDICAL CENTER (MMC) – ACTIONS TAKEN SINCE LAST CHNA

This section describes the impact of community health improvement initiatives implemented by Marshfield Medical Center (MMC) since its last CHNA report was published in 2016. The hospital monitors its programs to measure and determine their effectiveness to ensure that best practices continue to guide MMC's programs and efforts.

Each community health priority identified in the 2016 CHNA report is listed below, along with a description of the activities completed by the hospital.

ALCOHOL AND OTHER DRUGS ABUSE

Strategy 1: Systems Changes Related to Use and Prescribing of Opioids in Hospital and Clinic Settings

- On February 5, 2019, Marshfield Clinic Health System revised and accepted The Opioid Prescribing Policy. The scope and purpose of this policy is based on key elements of the State of Wisconsin Medical Examining Board policy on opioid prescribing for non-cancer pain. This policy is intended to help providers make informed decisions about acute and chronic non-cancer pain management. The goal is to minimize potential risk to all patients and individuals that may be around those patients that could be intentionally or unintentionally exposed to opioid medications. Providers are encouraged to implement best practices for responsible prescribing.

Strategy 2: Maternal and Neonatal Health

- MMC works with mothers and families who are patients at the hospital who demonstrate risky behaviors related to the use of drugs or alcohol by offering referral to Wood County Social Services and other appropriate services. These referrals and services are offered to all MMC patients. If there is a high risk/risky behavior type patient/family, social services is consulted while inpatient. With the acquisition of St. Joseph's Hospital and adoption of the CHNA and IS from the hospital, data regarding the number of families offered and or referred to Wood County Social Services were not tracked. There were challenges with the data collection and tracking process.

Strategy 3: Alcohol and Other Drug Abuse Coalition

- There were several Marshfield Clinic Health System employees involved in the county-wide coalition addressing alcohol and other drug use and abuse. While there has been one hospital staff involved in the Wood County Drug Task Force and one involved in the Marijuana Workgroup for the past few years, several Marshfield Clinic Health System staff has been involved in many community groups and coalitions related to alcohol and other drug abuse. Overall from Marshfield Clinic Health System, there were over 10 staff consistently involved in the community with the Wood County Drug Task Force, Alcohol Workgroup, Marijuana Workgroup, AOD Prevention Partnership, and AOD Steering Committee. Staff has been active and engaged partners in community coalitions and groups, assisting with educational presentations, policy, environmental, system and community efforts.

MENTAL HEALTH

Strategy 1: Intervention and Referral

- All 48 Emergency Department staff were required to attend the Management of Aggressive Behavior (MOAB) training. This training provides principles, techniques, and skills for recognizing, reducing, and managing violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people. In addition, patients with mental health needs have been referred or provided resources by Emergency Department staff through various forms such as crisis information, referral for behavioral health services, and transfers to mental health facilities as appropriate.

Strategy 2: Childhood Trauma

- Through the Child Life Program Productivity Tool, the goal was that 95% of patients would indicate on the evaluation that they had a positive experience and would like to see a Child Life Specialist the next time that they were in for treatment. According to the Patient Satisfaction survey, 99.7% of patients indicated a positive experience and were interested in seeing a Child Life Specialist in a future visit. The few that responded “no” were patients who were aging out and coping well with their medical treatment.
- It is important that Child Life staff at the hospital participate in trauma informed care educational programs. In 2016, the baseline was 1 out of 8 staff (12.5%) had participated in trauma informed care educational programs. There are now 3 out of 10 Child Life staff who have participated in trauma informed care training. Two staff completed Trauma Informed Care programs at the beginning of 2016 and one staff completed an educational program in 2018. With all of the changes that occurred over the last three years with the sale of the hospital, the Child Life team had not been able to send additional staff to participate in trauma informed care programs.

Strategy 3: Mental Health Coalition

- Mental Health Matters is a Wood County Coalition, in which one hospital staff has been involved in this county-wide coalition. Additional Marshfield Clinic Health System staff have been involved in this community coalition as well. MCHS staff have been engaged and active partnerships through their participation in the Mental Health Matters Coalition, Mental Health Conference, and QPR subcommittee. In the city of Marshfield, there is the Marshfield Area Coalition for Youth, which supports the Mental Health Coalition in the Marshfield area. Several MCHS staff including hospital staff are actively involved in this coalition through meeting attendance, leading the coalition and support community-wide efforts.

CHRONIC DISEASE

Strategy 1: Prevention and Management

- Pre-acquisition of the hospital, there were funding provided to St. Vincent DePaul Free Medical Clinic to support free prescription medication. This was a strategy that was from an Implementation Strategy that was adopted from the previous hospital. Post-acquisition of the hospital, MMC has not provided funding to support free medications at St. Vincent DePaul Free Medical Clinic. However, pharmacists employed by MMC volunteer to provide pharmacy-related services at St. Vincent DePaul Free Medical Clinic.

Strategy 2: Chronic Disease Prevention and Management Coalition

- Recreate Health is a Wood County Coalition that address healthy eating and active living through policy, systems and environmental changes. A hospital staff has been involved in the Recreate Health Coalition and actively participates in Recreate Health Coalition meetings as well as in subcommittees that focus on the local farmer markets, community food center, and bike share projects. Additionally, hospital staff participate in the Healthy Lifestyles Marshfield Area Coalition, which also addresses healthy eating and active living in the Marshfield area. Pertaining to the Healthy Lifestyles Marshfield Area Coalition, hospital staff actively participated in the community garden committee, nutrition committee and physical activity committee to support committee meetings and community events.

HEALTHY GROWTH AND DEVELOPMENT

Strategy 1: Intervention in Early Childhood to Improve Healthy Growth and Development

- As of June 2019, MMC has not attained the status of a Baby Friendly Hospital. The hospital received 2 letters of approval from Administration to begin the process of looking into what would be required (which is extensive) prior to the acquisition when the hospital was still Ascension St. Joseph's Hospital. It was later discovered that if the process was started under one name (i.e. Ascension St. Joseph's Hospital) the process cannot continue under a different facility name (i.e. Marshfield Medical Center). The process normally takes 2-4 years to complete. Therefore, the process was discontinued due to the acquisition. MMC continues to work towards this designation although haven't officially entered an application due to constraints regarding time, funding, and staff capacity needed to support it. In the meantime, staff who are involved in this effort have completed staff education and policy review that will be required if the hospital chooses to submit an application. As well, data that is required continues to be collected.

Strategy 2: Injury Prevention Programs

- The Distracted Driving program through Kohl's Cares for Kids Prevention Program was discontinued when Kohl's decreased their number of grants given to hospitals about 3 years ago. MMC has not been receiving funding from the Kohl's Cares for Kids Prevention Program. Any initiatives that may have been related to that program has been discontinued. However, the hospital's Trauma Injury Prevention Program does education in distracted driving as well as car seats. MMC is an active partner in Safe Kids Wood County, which is a county-wide coalition. A MMC staff is also the coordinator of Safe Kids Wood County. Through this coalition, car seat checks are conducted twice a month, which is available at MMC and at the Marshfield Fire Department. Safe Kids Wood County also provided distracted driving simulations and bicycle and helmet safety education.

Strategy 3: Healthy Growth and Development Community Coalition

- The Brighter Futures Coalition is a county-wide coalition addressing healthy growth and development. There has been no hospital staff involved in the Brighter Futures Coalition; however, there is a MCHS staff who is actively involved in the Brighter Futures Coalition. As mentioned previously, there are hospital staff who are involved in leads Safe Kids Wood County, which is a county-wide coalition focused on preventing trauma and injury in kids.

APPENDIX 13: ASPIRUS RIVERVIEW HOSPITAL – ACTIONS TAKEN SINCE LAST CHNA

This section describes the impact of community health improvement initiatives implemented by Aspirus Riverview Hospital and Clinics since its last CHNA report was published in 2016. Each community health priority identified in the 2016 CHNA report is listed below, along with a description of the activities completed by the hospital.

Mental Health

Strategy 1: Enhance access and reduce barriers to utilize mental health services by residents, with a focus on at-risk populations

- Aspirus Riverview Hospital enhanced access to mental health services with the opening of its behavioral health clinic in August 2018. The clinic provides care with three psychiatrists, two psych-certified nurse practitioners and licensed clinical social workers.
- Aspirus Riverview Hospital provides counseling care in the Wisconsin Rapids Area Schools one day a week, eliminating the barrier for children to get to therapy appointments.

Strategy 2: Decrease mental health stigma within structural and social settings

- Staff time and resources are dedicated to serve on the Mental Health Matters leadership team and coalition. The coalition coordinated community trainings and presentations to address these issues.

Strategy 3: Improve integration between behavioral health and primary care providers

- Aspirus Riverview Hospital provides patient coordination through its behavioral health coordinators. The coordinators work to provide integration from referral in primary care to behavioral health services.

Alcohol and Substance Use

Strategy 1: Reduce and prevent the misuse of prescription drugs, methamphetamine and heroin

- The Aspirus Opioid Governance Council developed a system-wide opioid prescribing policy along with checks to ensure safe and responsible prescribing.
- Aspirus Riverview Hospital partnered with the Wood County Drug Task Force on efforts to provide public awareness and education.

Chronic Disease

Strategy 1: Community-Clinical Linkages

- Aspirus Riverview Hospital providers give tokens for fresh vegetables at the farmers market to patients struggling with food security.

Healthy Growth and Development

Strategy 1: Improve oral health outcomes for prenatal through preteen populations

- Aspirus Riverview Hospital operates a dental clinic, providing oral health care to individuals that are uninsured and children on Medicaid to ensure their needs are being met.

Strategy 2: Improve health outcomes for preconception through early childhood populations

- Prenatal education is provided free of charge to all expecting mothers, eliminating cost as a barrier to receive this vital education.
- Children receive a free book at their well-child visits through the Reach Out and Read program. When pediatricians promote literacy there is a significant effect on parental behavior and attitudes toward reading aloud, as well as improvements in the language scores of young children who participate.

