

Community Health Needs Assessment



2023-2026

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Acknowledgements

The 2023 Community Health Needs Assessment (CHNA) represents a collaborative effort to gain a meaningful understanding of the most pressing health needs across Lincoln County. The assessment process was conducted by Live Well Lincoln, of which Aspirus Merrill Hospital and Aspirus Tomahawk are core partners. Live Well Lincoln is largely facilitated by the Lincoln County Health Department. The health department, on behalf of Live Well Lincoln, provided significant time and energy in facilitating the community health needs assessments process. Our hospitals are grateful for the health department's leadership.


The hospitals would also like to thank the many community partners and members who shared their views, knowledge, expertise and skills. We look forward to our continued collaborative work to make this a better, healthier place for all people. We would also like to thank you for reading this report and your interest in and commitment to improving the health of all of our Lincoln County communities.

This document reflects a point in time. The next step is to create and implement a plan to address these issues. We look forward to continued collaboration to create a healthier community for all.

Respectfully,



Dawn Gapko
Chief Administrative Officer
Aspirus Merrill Hospital



Teri Theiler
Regional President
Aspirus Tomahawk Hospital

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Executive Summary

A Community Health Needs Assessment is an important tool used to identify the health needs of a community. The results assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population.

This data tells us where we are on a number of community health issues; but it also serves as a baseline against which to measure the progress made as communities implement program and policy changes. Ongoing CHNA efforts, done every three years, will inform regional efforts for decades to come.

This most recent assessment included:

- The collection of primary and secondary data. The Lincoln County Health Department, on behalf of Live Well Lincoln Coalition, facilitated the collection of primary data on residents' perceptions of top health issues.
- The compilation of secondary data. The health department provided the community with health status data from the Census, the Centers for Disease Control and Prevention, the Wisconsin Department of Health Services and others.
- A review of the primary and secondary data.
- A two-step prioritization process. In the first phase, Live Well Lincoln Coalition members used the criteria of control, knowledge and community support to select their top issues. In the second phase, the hospitals' leadership used the criteria of alignment with others as their main criteria.
- The selection of a set of priorities the hospitals are committed to formally pursuing over the next three years:
 - Community-centered resources for the 55+ population
 - Healthy lifestyles
 - Mental health and emotional well-being

The two hospitals in Lincoln County, with their community partners, will be developing plans to address these priorities. As strategies are developed to address these issues, the hospitals will be cognizant of the underlying social and economic factors and the inequities that contribute to poor health.

Aspirus Health

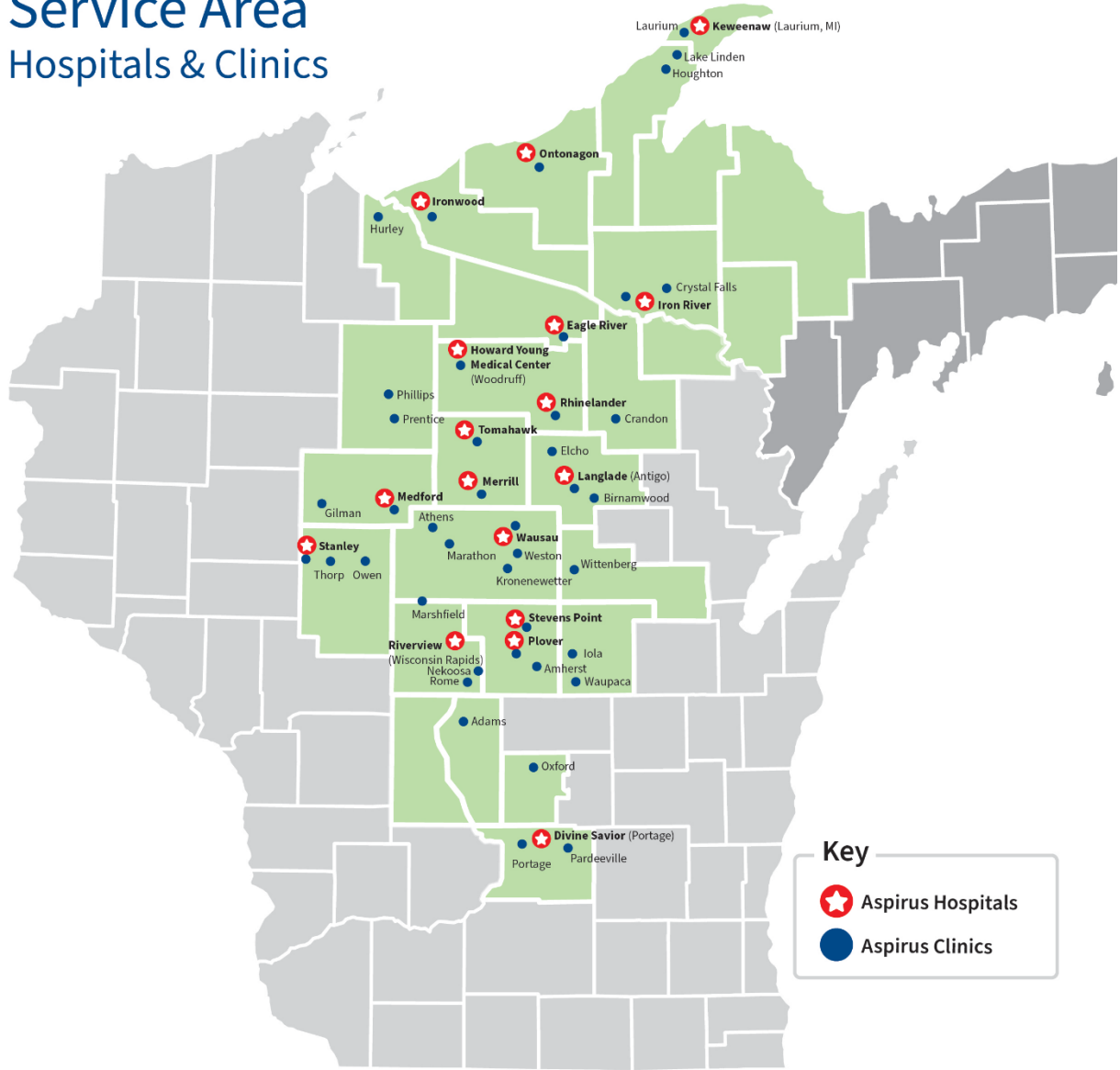
Aspirus Health is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. For more information, visit [aspirus.org](https://www.aspirus.org).

Aspirus Merrill Hospital and Aspirus Tomahawk Hospital



Aspirus Merrill Hospital is a 25-bed critical access hospital that provides primary and specialty services to Merrill and rural Lincoln County. The hospital features: inpatient hospital care, 24/7 emergency department, urgent care as well as imaging, laboratory and rehabilitation services.

Aspirus Tomahawk Hospital is a 25-bed critical access hospital that provides primary and specialty services to Tomahawk and rural Lincoln County. The hospital features: inpatient hospital care, 24/7 emergency department, urgent care as well as imaging, laboratory and rehabilitation services.

Service Area Hospitals & Clinics



Key

-  Aspirus Hospitals
-  Aspirus Clinics

About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities. Conducting a CHNA is an opportunity to understand what health issues are important to community members. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation from which strategies can be implemented.

Definition / Purpose of a CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs.”¹ The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. The momentum from the assessment can support cross-sector collaboration that: 1) leverages existing assets in the community creating the opportunity for broader impact, 2) avoids unnecessary duplication of programs or services thereby maximizing the uses of resources, and 3) increases the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.

Compliance

The completion of a needs assessment is a requirement for hospitals. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

¹ Catholic Health Association of the United States, <https://www.chausa.org>

Community Served and Demographics

Our Community

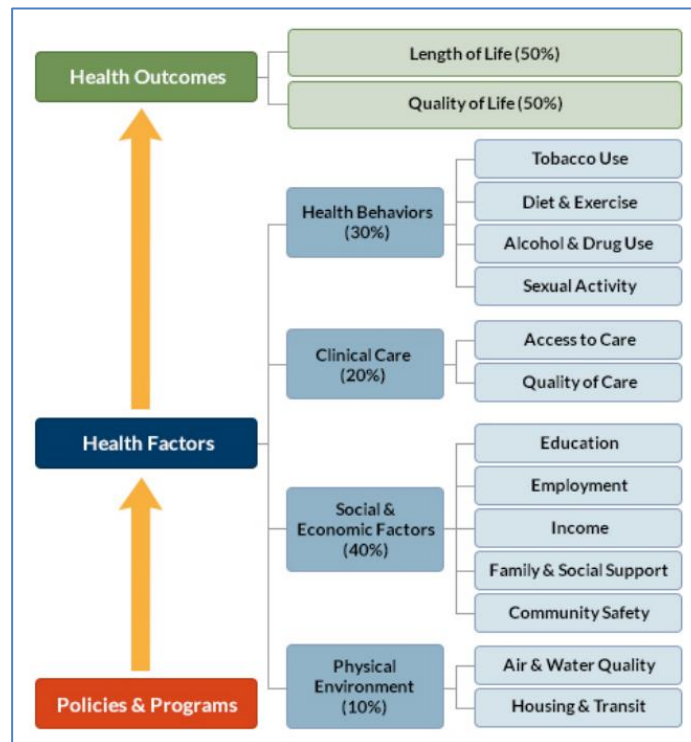
The Aspirus Merrill and Aspirus Tomahawk hospitals' service area is Lincoln County, as well as portions of surrounding counties. For the purposes of the Community Health Needs Assessment, the "community" has been defined as Lincoln County because (a) most population-level data are available at the county level and (b) most community partnerships focus on the residents of these areas.

Demographics

The demographics of the county can be found in [Appendix A](#).

Process and Methods Used

Aspirus' community health improvement approach is based in research conducted by the University of Wisconsin Population Health Institute (UWPHI) and shared through the County Health Rankings and Roadmaps (CHRR) program. UWPHI's Determinants of Health model (below) has three components – health outcomes, health factors and policies and programs. The community-facing work of hospitals frequently focuses on addressing the health factors in order to improve the health outcomes. For this report, the health status data are organized in this framework.



Source: University of Wisconsin Population Health Institute

Aspirus hospitals also use the County Health Rankings and Roadmaps guidance in the overall community health assessment and improvement process by:

- Assessing needs and resources
- Focusing on what's important
- Choosing effective policies and programs
- Acting on what's important
- Evaluating actions
- Effectively communicating and collaborating with partners

Collaborators and / or Consultants

The two Aspirus hospitals collaborated with the Lincoln County Health Department (lead) and others within Live Well Lincoln (coalition) on the assessment process. The core partners of Live Well Lincoln include representatives from the two hospitals, the health department, the county’s social services department and the Aging and Disability Resource Center.

The health department led the implementation of the survey. Key informant interviews were conducted by the Live Well Lincoln partners. There were no paid consultants.

Community Input

Community members from Lincoln County provided input on the top community health needs through a community survey as well as key informant interviews.

The community survey was completed by 752 adults in Fall 2022 (September-October). Top issues included:

	All (n=752)
Outcomes	Overweight or obesity (52%)
	Poor mental health (44%)
	Chronic disease (33%)
Clinical Care	Availability and affordability of health care (59%)
	Availability and affordability of dental care (42%)
	Lack of mental health providers (37%)
Social and Economic Factors	Not enough money for the basics (39%)
	Caregiving for family (36%)
	Aging-related concerns (34%)
Health Behaviors	Drug abuse (46%)
	Alcohol misuse (43%)
	Physical inactivity (24%)
Physical Environment	Safe and affordable housing (49%)
	Internet access (41%)
	Transportation (26%)

Additional survey results can be found in [Appendix B](#).

Key informant interviews were conducted by the Live Well Lincoln partners. Results can be found in [Appendix C](#).

Input Received on the Last CHNA

No known input on the previous CHNA was received.

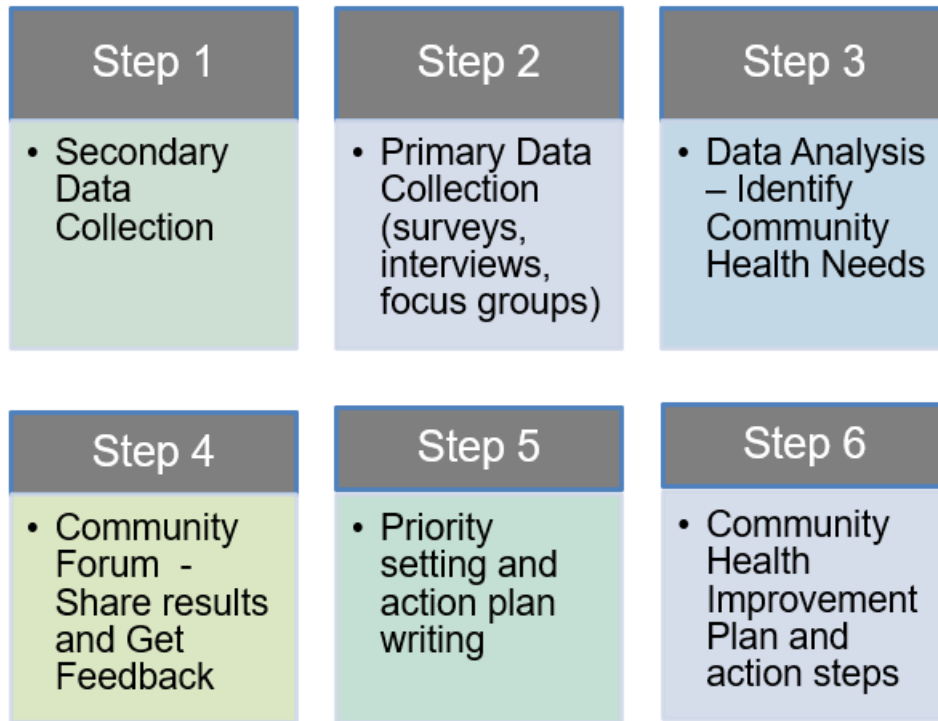
Health Status Data / Outside Data

The Lincoln County Health Department compiled data for Live Well Lincoln to review in December 2022. The data reports can be found on the Live Well Lincoln [website](#). Those data – slightly reformatted for ease of inclusion in this report – can also be found in [Appendix D](#).

Community Needs and Prioritization Process

The prioritization of community needs was a multi-step process. The process began with Live Well Lincoln and ended with the hospitals adopting the priorities identified by Live Well Lincoln. In this community, the collaborative community health improvement efforts are longstanding.

The image below outlines Live Well Lincoln’s steps in the process.



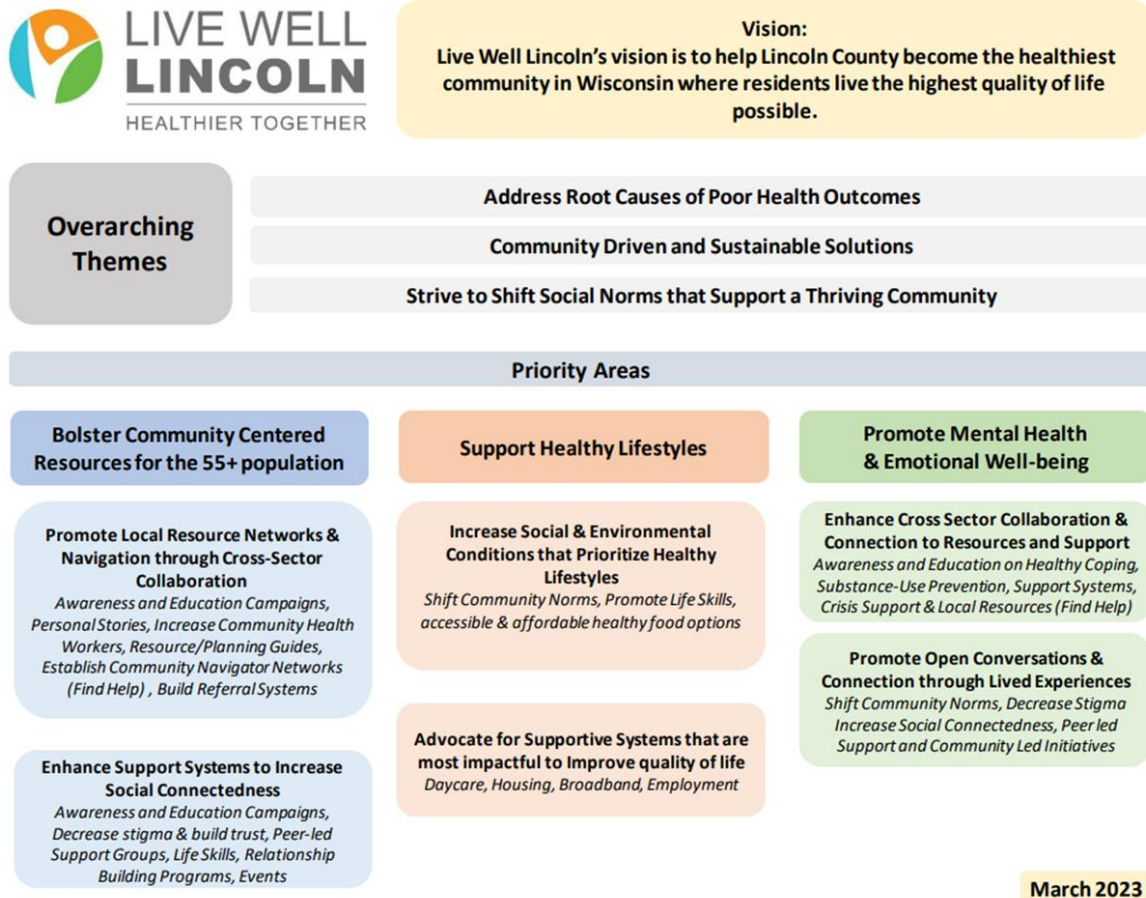
Source: Lincoln County Health Department

To add detail to those steps, Live Well Lincoln’s process to-date included:

- Summer 2022: Compiling secondary data from sources such as County Health Rankings and Roadmaps, Wisconsin Department of Health Services, the U.S. Census and more.
- Early Fall 2022: Gathering input from community members through a survey.
- Late Fall 2022: Gathering input from community leaders through key informant interviews.
- December 2022: Convening a Live Well Lincoln data analysis meeting to review the primary and secondary data. During this meeting:
 - Criteria of control, knowledge and community support were identified.
 - The members discussed both community input and health status (secondary) data.
 - Based on the discussion and the criteria, the top issues were identified:
 - Mental health

- Caregiving and support for the aging population
 - Obesity
- January 2023: Convening a community forum. Over 60 community leaders were invited to the forum. The purpose of the forum was to identify the root causes of the top three issues (above).
 - Invited organizations are listed in [Appendix E](#).
- February/March 2023: Live Well Lincoln reviewed the forum results. Between the community forum and the Live Well Lincoln reconvening, the state’s community health improvement plan was released. The new state plan offered an updated community health improvement structure, with attention to underlying determinants of health. The resulting Live Well Lincoln discussions led to reframing of the top local issues in order to align structurally with the state’s plan.
 - Bolster Community-Centered Resources for the 55+ Population
 - Support Healthy Lifestyles
 - Promote Mental Health and Emotional Well-Being

Live Well Lincoln’s community health improvement model is below.



Source: Lincoln County Health Department

Aspirus' community health team brought the model to the Merrill and Tomahawk hospital leadership team in March 2023. The leadership team supported the Live Well Lincoln model and priorities.

Criteria

Multiple criteria were used in the prioritization process.

Live Well Lincoln did the initial prioritization in December 2022. Participants at that meeting primarily focused on issues in which they (or the community) have:

- Control
- Knowledge
- Community support

Additional criteria included:

- Size: How many people are affected? Consider data, targets and community input.
- Impact: Does this issue impact quality of life or lead to disability and death?
- Trends: Is this issue getting better or worse over time?
- Duplication: Is work already being done on this issue by another organization or entity?
- Intervention: Are best practices available for addressing this issue?
- Equity: Which groups in the community are most affected by this issue?
- Root Cause: Is this issue a root cause that can impact one or more health issues?
- Consequences of Inaction: What are the risks of not addressing this issue?
- Resources: Are funding, technical assistance, staffing and other resources available to support this issue?
- Community Investment: Is this issue important to the community and stakeholders? Are there people willing to work on the issue? ** Progress is less likely to be made on issues supported by stakeholders, but not the community.*

In the second phase of the prioritization process, the hospital leaders primarily used the criteria of *alignment with community partners*. With that lens, hospital leaders chose the same priorities as the community partners.

Final Prioritized Needs

Over the next three years, Aspirus Merrill Hospital and Aspirus Tomahawk Hospital will formally address the following issues through the community health needs assessment and corresponding implementation strategy:

- Community-Centered Resources for the 55+ Population
- Healthy Lifestyles
- Mental Health and Emotional Well-Being

Needs Not Selected

The needs prioritized by the hospital were the same needs Live Well Lincoln and the community stakeholders identified.

A brief overview of three priority areas are on the next pages.

Community-Centered Resources for the 55+ Population

Why is it Important?

- By 2060, almost a quarter of the U.S. population will be age 65 or older. Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer’s disease. In addition, 1 in 3 older adults fall each year, and falls are a leading cause of injury for this age group.² Physical activity can help older adults prevent both chronic disease and fall-related injuries.
- Older adults are also more likely to go to the hospital for some infectious diseases — including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy.
- ... [C]aregivers of people with health conditions or disabilities influence the health of the people they’re caring for in many different ways. It’s important to make sure caregivers have the resources and support they need to keep themselves and the people they’re caring for healthy.

Sources: Excerpted nearly verbatim from Healthy People 2030 – [Older Adults](#) and [Caregiving](#);

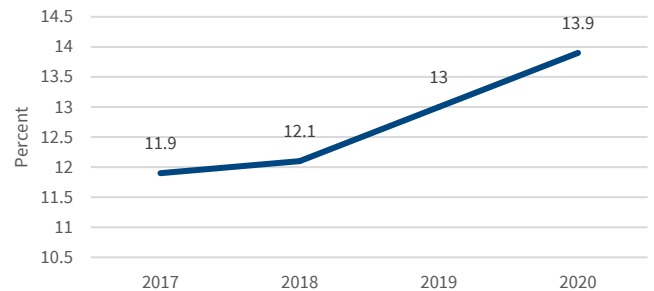
Disparities and Equity

- Alzheimer’s disease disproportionately affects individuals who are African American or Hispanic.
- Individuals with lower socioeconomic status are more likely to live shorter lives.
- Women are more likely to live longer than men.
- Women are more likely to develop osteoporosis or depressive symptoms or to report functional limitations as they age.
- Men are more likely to develop heart disease, cancer or diabetes.
- Social environmental factors such as residential segregation, discrimination, immigration, social mobility, work, retirement, education, income, and wealth can also have a serious impact on health and well-being. Economic circumstances can determine whether an individual can afford quality health care and proper nutrition from early life into old age. Individual and family financial resources and health insurance often determine whether an older adult enters an assisted living facility or nursing home or stays at home to be cared for by family members.

Source: [National Institutes on Aging](#); some verbiage is verbatim.

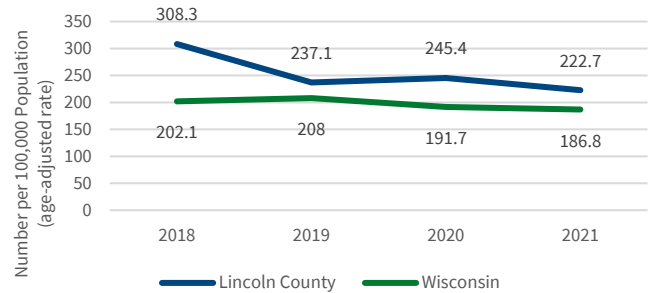
Data Highlights

Population Age 65+ Living Alone in a Non-Family Household



Source: Department of Health Services, Wisconsin Environmental Public Health Tracking System.

Rate of Unintentional Falls-Related Injury Hospitalizations



Source: Department of Health Services, Wisconsin Interactive Statistics on Health (WISH), Injury Hospitalizations Module.

Additional Data

- Falls are the leading injury-related cause of hospitalization and death in Lincoln County. (Department of Health Services, WISH)
- The median age of Lincoln County residents is increasing: 38.1 in 2010 and 47.9 in 2020. (U.S. Census, American Community Survey)

Community Perceptions & Momentum

From the 2022 Lincoln County Community Survey:

- 33.5% indicated aging-related concerns were a health concern.
- 36.2% indicated caregiving for their family (childcare, aging relative, special needs) was a concern.

Healthy Lifestyles – Weight, Nutrition

Why is it Important?

- Regular physical activity in adults can lower the risk of early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls and depression.¹ Physical activity in children and adolescents can improve bone health; improve cardio-respiratory and muscular fitness; decrease levels of body fat and reduce symptoms of depression.¹
- A healthy diet reduces risk of several chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses.¹ Good nutrition in children is important to healthy growth and development and to maintaining appropriate weight.¹
- At a healthy weight, one is less likely to develop chronic diseases and die at an earlier age.¹
- When families have ready-access to sufficient and nutritious foods, they are food secure. Ten percent of Wisconsin households are food insecure.²

Sources: (1) Healthy People 2020; (2) Healthiest Wisconsin 2020

Disparities and Equity

“Rates of obesity and chronic disease are generally significantly higher among racial and ethnic minorities and low-income populations. In many cases, disparities are linked with wide-reaching factors such as access to resources including healthy foods, safe places for physical activity, healthcare, and equitable opportunities for education, housing, employment and transportation.”

Source: [Wisconsin Nutrition, Physical Activity and Obesity State Health Plan](#), page 94

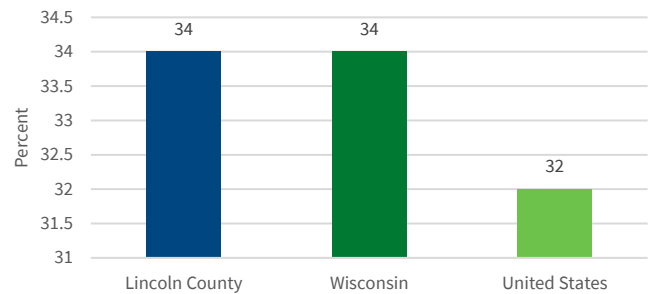
Community Perceptions & Momentum

From the 2022 Lincoln County Community Survey:

- 52% indicated that overweight or obesity across lifespan was a top health concern.
- 41% indicated that access to community parks and other recreation was a community strength.

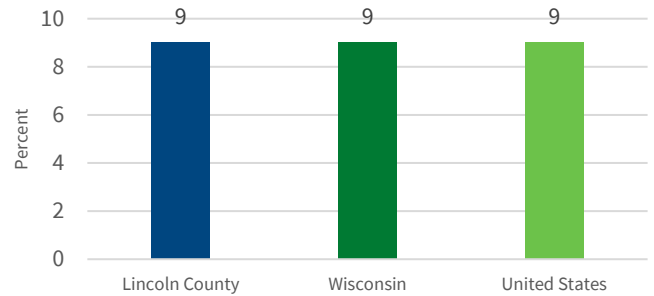
Data Highlights

Percentage of Adults that Report a BMI of 30+ (obese)



Source: 2022 County Health Rankings; data are from 2019

Percentage of Population Who Lack Adequate Access to Food



Source: 2022 County Health Rankings; data are from 2019

Additional Data

- 25% of Lincoln County adults ages 18 and over reporting no leisure time spent physically active (22% WI) (2022 County Health Rankings; data are from 2019)
- 39% of Lincoln County high school students who spend 3+ hours per day on phone, Xbox, or other devices (excluding use for schoolwork) (49% WI) (Lincoln County Youth Risk Behavior Survey, 2019)
- 22% of Lincoln County high school students who experienced hunger due to lack of food at home (past 30 days) (25% WI) (Lincoln County Youth Risk Behavior Survey, 2019)

Mental Health and Emotional Well-Being

Why is it Important?

- Approximately 20 percent of the population experiences a mental health problem during any given year.¹ Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.²
- Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.³
- During the COVID pandemic, depression, anxiety and suicidal ideation increased and access to mental health providers and treatment was limited.⁴

Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun*4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MĒ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI:<http://dx.doi.org/10.15585/mmwr.mm6932a1>

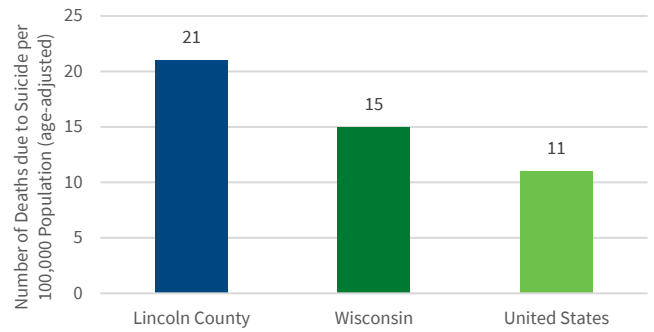
Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to individuals with a college degree.⁵
- Women have a 70% higher rate of depression compared to men.⁵
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.⁵
- Poor family relationships can increase the likelihood of depression. Some individuals are at higher risk of poor family relationships – individuals who identify as LGBTQ, persons with disabilities and their caretakers, and individuals who suffered from child abuse and neglect.⁶

Sources: (5) 2021 America’s Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltrus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities, Social Support, and Depression: Examining a Social Determinant of Mental Health. *Ethn Dis*. 2012 Winter; 22(1): 15-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039297/>

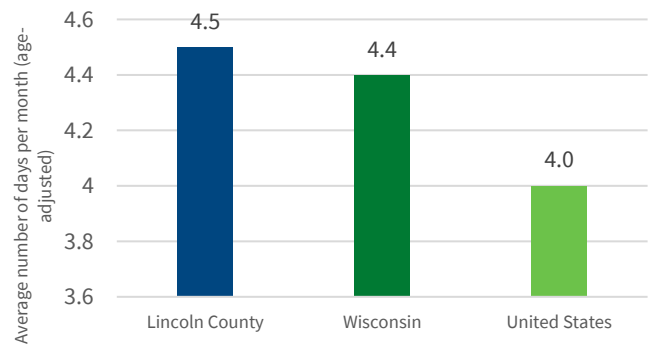
Data Highlights

Deaths due to Suicide



Source: 2022 County Health Rankings; data are 2016-2020

Mentally Unhealthy Days



Source: 2022 County Health Rankings; data are 2019

Additional Data

- Depression and anxiety in Wisconsin youth has been increasing since 2017. (Source: YRBS)
- Depression and anxiety in Wisconsin disproportionately affects students who: identify as lesbian, gay, or bisexual; have a disability; are a person of color; are food insecure. (Source: YRBS)

Community Perceptions & Momentum

From the 2022 Lincoln County Community Survey:

- 44% indicated that mental health was a top issue.
- 37% indicated that a lack of mental health care providers is a concern.

Healthcare Facilities and Community Resources

A brief description of health care and other organizations available to address community needs is in [Appendix F](#).

Evaluation of Impact from the Previous CHNA Implementation Strategy

The two hospitals' health priorities from the previous CHNA included:

- Mental health
- Substance use
- Nutrition and healthy food
- Oral health

A summary of the impact of efforts to address those needs is included in [Appendix G](#).

Approval by the Hospital Boards

This CHNA report was reviewed and approved by the Board of Directors for:

- Aspirus Merrill Hospital on May 17, 2023.
- Aspirus Tomahawk Hospital on June 20, 2023.

Conclusion

Thank you to all the community members who provided time, thoughts and input, as well as to the staff of the Lincoln County Health Departments for their leadership. Aspirus will continue to work with its partners to address the health issues important to the community.

Appendices

Appendix A: Lincoln County Demographics

The data table in this appendix was created by the Lincoln County Health Department as part of the Live Well Lincoln assessment process. The table is available on the health department’s [website](#). [Note: Some formatting modifications have been made to fit the page. Additionally, publicly available data are regularly updated; the tables reflect the data available at the time of the review.]

Community Profile				
Measures		Past Lincoln 2010	Most Current Lincoln 2020	Data Source
Population				
	Total	29,075	27,687	US Census Bureau: American Community Survey 2010 & 2020
Gender				
	Male	49.6% 14,418	50.3% 13,934	US Census Bureau: American Community Survey 2010 & 2020
	Female	50.4% 14,657	49.7% 13,753	US Census Bureau: American Community Survey 2010 & 2020
Age				
	Median Age	38.1	47.9	US Census Bureau: American Community Survey 2010 & 2020
	Under 5 years	5.4% 1,559	4.4% 1,228	US Census Bureau: American Community Survey 2010 & 2020
	5-9 years	5.6% 1,631	4.6% 1,268	US Census Bureau: American Community Survey 2010 & 2020
	10-14 years	6.6% 1,928	5.6% 1,549	US Census Bureau: American Community Survey 2010 & 2020
	15-19 years	6.9% 1,996	5.7% 1,589	US Census Bureau: American Community Survey 2010 & 2020
	20-24 years	4.2% 1,222	5.1% 1,423	US Census Bureau: American Community Survey 2010 & 2020
	25-34 years	9.5% 2,751	9.4% 2,615	US Census Bureau: American Community Survey 2010 & 2020
	35-44 years	13.7% 3,996	11.4% 3,156	US Census Bureau: American Community Survey 2010 & 2020
	45-54 years	17.3% 5,022	14.4% 3,979	US Census Bureau: American Community Survey 2010 & 2020
	55-59 years	6.6% 1,907	8.6% 2,391	US Census Bureau: American Community Survey 2010 & 2020
	60-64 years	6.2% 1,809	9.1% 2,522	US Census Bureau: American Community Survey 2010 & 2020
	65-74 years	9.2% 2,676	12.1% 3,345	US Census Bureau: American Community Survey 2010 & 2020

	75-84 years	5.9% 1,704	6.8% 1,872	US Census Bureau: American Community Survey 2010 & 2020
	85 years and older	3.0% 874	2.7% 750	US Census Bureau: American Community Survey 2010 & 2020
Race				
	White	98.5% 28,631	98.4% 27,245	US Census Bureau: American Community Survey 2010 & 2020
	Black or African American	0.3% 98	1.4% 397	US Census Bureau: American Community Survey 2010 & 2020
	American Indian and Alaskan Native	0.5% 410	0.90% 241	US Census Bureau: American Community Survey 2010 & 2020
	Asian	0.5% 149	0.80% 235	US Census Bureau: American Community Survey 2010 & 2020
	Native Hawaiian or Pacific Islanders	0.1% 21	0.30% 81	US Census Bureau: American Community Survey 2010 & 2020
Ethnicity				
	Hispanic or Latino (of any race)	1.1% 332	1.9% 522	US Census Bureau: American Community Survey 2010 & 2020
	Not Hispanic or Latino	98.9% 28,743	98.1% 27,165	US Census Bureau: American Community Survey 2010 & 2020
Language				
	Speak only English	99.4% 27,516	97.3% 25,742	US Census Bureau: American Community Survey 2010 & 2020
	Speak a language other than English	---	2.7% 717	US Census Bureau: American Community Survey 2010 & 2020
	Spanish	0.9% 245	1.2% 318	US Census Bureau: American Community Survey 2010 & 2020
	Other indo-European languages	1.3% 355	1.0% 277	US Census Bureau: American Community Survey 2010 & 2020
	Asian and Pacific Islanders	0.3% 70	0.6% 106	US Census Bureau: American Community Survey 2010 & 2020
	Other languages	0.1% 27	0.1% 16	US Census Bureau: American Community Survey 2010 & 2020
Veterans				
	Veterans Community	2,960	1,882	US Census Bureau: American Community Survey 2010 & 2020
LGBTQ+				
	LGBT% of population	---	3.8% (2019)	Wisconsin Department of Health Services-January 2019
	% with children	---	29% (2019)	Wisconsin Department of Health Services-January 2019

Last updated January 2023

Appendix B: Community Input – Community Survey

To garner community input on the top issues in the community, Live Well Lincoln, under the leadership of the Lincoln County Health Department, conducted a community survey. The survey was completed by 752 adults in Fall 2022 (September-October). [Note: Respondents were a convenience sample; they were not randomly selected.] The survey was available on paper, online, in Merrill, in Tomahawk, in English and in Spanish.

Complete results are in a report on the health department's [website](#).

Respondents were asked about a number of health-related categories. Respondents could choose up to two issues per category. The table on the next page shows the results by: all respondents; respondents with lower income; respondents with higher income; respondents who are Hispanic.

Survey Responses by All, Income and Individuals who are Hispanic

In addition to reviewing the overall results, the hospital and health department worked together to sort the survey data by different groups of people. This information shows the priorities of individuals who are more vulnerable to poor health. The results are below.

	All (n=752)	Household Income <\$25K (n=175)*	Household Income >\$25K (n=577)*	Individuals Who Are Hispanic (n=34)
Outcomes	Overweight or obesity (52%)	Overweight or obesity (41%)	Overweight or obesity (48%)	Chronic disease (59%)
	Poor mental health (44%)	Chronic disease (35%)	Poor mental health (43%)	Poor physical health (26%)
	Chronic disease (33%)	Poor physical health; poor mental health (both ~27%)	Chronic disease; poor physical health (both ~27%)	Poor mental health (21%)
Clinical Care	Availability and affordability of health care (59%)	Availability and affordability of dental care (57%)	Availability and affordability of health care (58%)	Availability and affordability of dental care (70%)
	Availability and affordability of dental care (42%)	Availability and affordability of health care (54%)	Lack of mental health providers (40%)	Availability and affordability of health care (56%)
	Lack of mental health providers (37%)	Lack of doctors, providers (23%) / Lack of mental health providers (22%)	Availability and affordability of dental care (36%)	Lack of mental health providers (56%)
Social and Economic Factors	Not enough money for the basics (39%)	Not enough money for the basics (47%)	Caregiving for family (21%)	Caregiving for family (32%)
	Caregiving for family (36%)	Aging-related concerns (29%)	Not enough money for the basics (32%)	Aging-related concerns (26%)
	Aging-related concerns (34%)	Caregiving for family (21%)	Aging-related concerns (32%)	Employment opportunities (26%)
Health Behaviors	Drug abuse (46%)	Drug abuse (39%)	Alcohol misuse (44%)	Tobacco / vaping (41%)
	Alcohol misuse (43%)	Alcohol misuse (31%)	Physical inactivity (24%)	Alcohol misuse (35%)
	Physical inactivity (24%)	Physical inactivity; tobacco; overall well-being (all ~20%)	Drug abuse (23%)	Drug abuse (29%)
Physical Environment	Safe and affordable housing (49%)	Safe and affordable housing (43%)	Safe and affordable housing (47%)	Transportation (56%)
	Internet access (41%)	Internet access (24%)	Internet access (43%)	Healthy food / Internet / Housing (all with 24%)
	Transportation (26%)	Drinking water quality (24%)	Transportation (25%)	

* Respondents were sorted by household income. The intent of the sorting is to identify any differences in priorities between individuals with lower incomes and individuals with middle-to-higher. This is important because individuals with low income are at higher risk for poor health. The sorting did not account for household size. To offer some context, the 2022 weighted average poverty threshold for a family of five is \$35,495. For a family of two, the threshold is \$18,932.

In addition to top concerns, respondents also named strengths of the community.

What are the greatest strengths of Lincoln County (choose up to 3 options)

	# Responses	% Responses
Access to community parks and other recreation	303	41.7%
Clean environment (air and water quality)	219	30.2%
Community events	190	26.2%
Low levels of crime/ safe neighborhoods	179	24.7%
Good schools	150	20.7%
Access to exercise activities	119	16.4%
Religious and spiritual values	96	13.2%
Access to health care	92	12.7%
Access to affordable and healthy foods	73	10.1%
Strong family life/ relationships	66	9.1%
Access to public transportation	59	8.1%
Age-related health resources/ ability to age in your home	51	7.0%
Social or community support	48	6.6%
Low levels of discrimination and harassment (racism, sexism, ageism, disability)	33	4.5%
Safe and affordable housing	33	4.5%
Having enough income to live on	28	3.9%
None of the above/ choose not to answer	28	3.9%
Access to dental care	24	3.3%
Well-paying jobs/ strong economy	23	3.2%
Respecting cultural differences	19	2.6%
Access to mental health care	12	1.7%
Other	10	1.1%
Mental health/ well-being	9	1.2%
Low levels of violence in the home	8	1.1%
Low levels of child abuse/ neglect	7	1.0%
Low levels of substance abuse (drug abuse, alcohol misuse)	1	0.10%
Total Responses	1880	258.8%

726 responses (499 selected three options, 156 selected two options, 71 selected one option) 26 left blank

When reviewing the survey results, please note that the respondents are not reflective of the general population. The table below compares the Census-measured demographics with the survey respondents.

	Lincoln County, Wisconsin	Survey Respondents
General Population		
Population Estimates, July 1, 2021, (V2021)	28,541	752
Age		
Persons 65 years and over, percent	22.6%	38.4%
Gender		
Female persons, percent	48.9%	73.7%
Race and Ethnicity		
White alone, percent	96.1%	96.4%
Black or African American alone, percent	1.0%	0.7%
American Indian and Alaska Native alone, percent	0.9%	1.5%
Asian alone, percent	0.7%	0.1%
Native Hawaiian and Other Pacific Islander alone, percent	Z	0.3%
Two or More Races, percent	1.4%	0.7%
Hispanic or Latino, percent	2.2%	4.5%
White alone, not Hispanic or Latino, percent	94.3%	95.5%
Employment		
In civilian labor force, total, percent of population age 16 years+, 2017-2021	60.0%	
Employed or self-employed		50.6%
Income and Education		
High school graduate or higher, percent of persons age 25 years+, 2017-2021	92.6%	95.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	18.7%	35.6%
Median household income (in 2021 dollars), 2017-2021	\$61,363	23.2% had a household income of <\$25K
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$32,283	
Persons in poverty, percent	10.2%	

Lincoln County Demographics: U.S. Department of Commerce, Bureau of the Census,

<https://www.census.gov/quickfacts/fact/table/lincolncountywisconsin.WI.US/PST045222>, accessed March 28, 2023.

Survey Demographics: https://co.lincoln.wi.us/sites/default/files/fileattachments/health/page/42926/lc_community_health_survey_results.pdf

Appendix C: Community Input – Key Informant Interviews

The information below was provided by the Lincoln County Health Department on behalf of Live Well Lincoln Coalition. [NOTE: Some formatting modifications have been made to fit the pages.]

Key Informant interviews were completed by five individuals representing their organizations during the time frame of November 10th through November 23rd, 2022, either in person or a virtual interview. By conducting the following questions with the individual representing these organizations: manufacturing, agencies serving vulnerable populations, community organizations, youth group, and community leader. A summary of the results are below.

What are the strengths in our community/county?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Employment opportunities (2) -Respecting cultural differences -Very good schools -Resources for homelessness, underlying mental health conditions. EX) HAVEN, shelters -Accepted in the community (took 20 years) -Mennonite economic and social advantage 	<p><i>*No responses under this topic for this question</i></p>	<ul style="list-style-type: none"> -Home vaccinations -Bilingual Chiropractor (able to take individuals without health insurance.) 	<ul style="list-style-type: none"> -Excellent parks, lakes, rivers -Farm land -Riverside athletic -Not a lot of visitors not over crowded 	<p><i>*No responses under this topic for this question</i></p>

What are the challenges in our community/county?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Merrill not support of anti-LGBTQ+ Community -Youth leaving Merrill after graduation -Shortage of help in business, families, neighborhoods -Trying to reach the next generation: unable to connect (social connection) -Resources not accessible -Jobs that don't require specific documentation or education 	<ul style="list-style-type: none"> -Drugs users and distributors (2) -Alcohol 	<ul style="list-style-type: none"> -Dental services for low income -EMT services won't go out to the rural areas -Lack of transportation and driver's license -Affordability of healthcare -Affordability of health insurance -Health literacy to all including Spanish and Hmong 	<ul style="list-style-type: none"> -Lack of Community Supported Agriculture 	<ul style="list-style-type: none"> -Suicide is one of the leading causes of death in Lincoln County

What characteristics of our community/county pose an opportunity?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Library -Could be more adult education -Building neighborhood relationships in appreciation of cultural differences -The idea that more people will eventually move north and provide us with a population growth -Ability for individuals to have a creative spirit 	<ul style="list-style-type: none"> -Every month the DA (district attorney) sees 200-230 Drug cases 	<ul style="list-style-type: none"> -Hospital -Mental Health help for our youth and uninsured -Missionary work -Free Clinic -Seal a smile 	<ul style="list-style-type: none"> -Parks and Recreation Department -The land that we live on, access to the Wisconsin River. -River walk 	<p><i>*No responses under this topic for this question</i></p>

What characteristics of our community/county pose a threat?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Problems going to work and holding job -Lack of LGBTQ+ support -Housing shortages -Conservative views -Removal of UW-Extension -No more “wheel tax” -Lack of Adult Education -Inadequate taxation on the wealthy -Police dept. lack of cultural diversity acceptance. 	<ul style="list-style-type: none"> -Substance abuse -Drugs -Number of accessible drugs in the community -Number of drunk driving incidents 	<p><i>*No responses under this topic for this question</i></p>	<ul style="list-style-type: none"> -Overall climate -Lack of transportation 	<ul style="list-style-type: none"> -Mental Health

What trends or changes have you noticed that may impact health and well-being?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -School referendum failing -Enrichment center (free options) -Destruction of UW- Extension -Lack of funding impacts health and overall well being -Change is for the better -Improvement of communication over time -Moms of Merrill is a huge benefit -Lack of diversity acceptance in schools and worksites -Need Bi-lingual individuals on the school board 	<ul style="list-style-type: none"> -Increased drug problems -Chronic diseases 	<ul style="list-style-type: none"> -Flawed health-care system -Dental care is non-existent -No more delivery of babies 	<p><i>*No responses under this topic for this question</i></p>	<ul style="list-style-type: none"> -Mental Health is big

How has COVID-19 affected the health and well-being of our community?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Gave kids the time/space to be themselves -More trans students— came out during this time -Loss of jobs (2) -Did mitigation strategies work (2) Keeping kids home, social distancing -Services constricted (library) -isolation -From the Community Health Survey- No negative impacts from COVID-19 -Believed that COVID-19 united some groups -Brought disparities up to the surface that were always there but were often not paid enough attention too 	<ul style="list-style-type: none"> -Domestic violence -COVID is now ignored even though it is still around. -We believed that COVID-19 would never allow people to trust getting close to one another again. -People outside of the Mennonite community seemed to be more sensitive on the topic. 	<ul style="list-style-type: none"> -Liked the no-cost vaccination. -Low vaccination rates for the Hispanic community. -Suicide rates have increased (throughout all races/ethnicities). -Multi-generational households- entire household sick -Difficult to find care (preventable) 	<p><i>*No responses under this topic for this question</i></p>	<ul style="list-style-type: none"> -Mental health issues have increased (isolation). -Mental health issues increased with depression and the feeling of withdrawal.

Why are barriers not being addressed or addressed adequately?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Cut backs in programs- UW Extension -Lack of queer youth groups -No youth perspective on the city council -Barriers within the families, generation communication gaps -Within our own foundations—doesn't allow us to go out and help out the next generation of individuals -Lack of diversity in the workplace -No money to implement programs -No money for staffing needs -Volunteers are difficult to achieve 	<p><i>*No responses under this topic for this question</i></p>	<ul style="list-style-type: none"> -Stigma for certain health issues thus ignored Mental Health/Race/LBTQ) -Media undermines many situations, especially COVID 	<p><i>*No responses under this topic for this question</i></p>	<p><i>*No responses under this topic for this question</i></p>

Please review the Lincoln County Community Health Survey. What areas stand out to you?

Social Economic	Health Behaviors	Clinical Care	Physical Environment	Health Outcomes
<ul style="list-style-type: none"> -Demographic question not inclusive -Family issues are very typical – support/no support -Violence in community, bullied daily -Social aspects to engage with others –use creativity -Lack of income distribution -Lack of leisure time -Lack of job related skills – use current education/skills in the county -Unable to get the medication that is needed -Child care affordability 	<ul style="list-style-type: none"> -Eating and exercise are big parts of overall health -Stigma that poor people are overweight and that they need to eat healthier -Affordable healthy food -Drug use and drug distributions changed over time -Easy to start vaping -youth 	<ul style="list-style-type: none"> -Lack of mental health treatment and providers -Hormone Therapy (affordability and access) -Clinical Care- affordability -It is <u>cheaper</u> to stay at an all-inclusive resort in Mexico and get your tooth fixed in Lincoln County (2) -No free clinics 	<ul style="list-style-type: none"> -Expensive internet access -Limited access to public transportation. 	<ul style="list-style-type: none"> -Poor physical health -Poor mental health -Trend- self harm or intention injury -Mental Health First Aide class though health class -Intentional injury (self-harm, suicide)

Appendix D: Health Status Data and Sources (Outside Data)

The data tables in this appendix were created in late 2022 by the Lincoln County Health Department as part of the Live Well Lincoln assessment process. The tables are available on the health department's [website](#). [Note: Some formatting modifications have been made to fit the pages. Additionally, publicly available data are regularly updated; the tables reflect the data available at the time of the review.]

The data are organized in the following categories:

[Health Outcomes](#)



[Health Behaviors](#)

[Clinical Care](#)

[Social and Economic Factors](#)

[Physical Environment](#)

[COVID-19](#)

		Health Outcomes				
Measures	Past	Most Current	Wisconsin	United States	Data Source	
	Lincoln	Lincoln				
Life Expectancy						
Years of potential life lost before age 75 per 100,000 population (age adjusted).	6,700 (2012-14)	6,900 (2018-2020)	6,600 (2019)	5,600 (2019)	County Health Rankings (National Center for Health Statistics - Mortality Files 2018-2020)	
Average number of years a person can expect to live.	78.8 (2015-2017)	78.1 (2018-2020)	78.9 (2020)	80.6 (2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2018-2020)	
Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	320 (2013-2015)	350 (2018-2020)	320 (2020)	290 (2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2018-2020)	
Number of deaths among residents under age 18 per 100,000 population.	50 (2016)	--	50 (2020)	40 (2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2017-2020)	
Number of infant deaths (within 1 year) per 1,000 live births.	<5 (2015)	16 (2020)	6 (2020)	4 (2020)	WISH (Wisconsin Cancer Reporting System) // County Health Rankings (National Center for Health Statistics - Mortality Files 2014-2020)	
Top five leading causes of death	(2019) 1..Malignant Neoplasm 2..Heart Disease 3.All Other 4.Chronic Lower Respiratory 5.Cerebro-vascular Disease	(2021) 1..Heart Disease 2.Malignant Neoplasm 3.All Other 4.COVID-19 5.Chronic Lower Respiratory	(2020) 1..Heart Disease 2.Cancer 3.COVID-19 4.Accidents 5.Stroke	---	Wisconsin Department of Health Services - State Vital Records Office 2021	

Chronic Disease					
Percentage of adults who report being told they have high blood pressure	--	26.9% (2021)	31.6% (2021)	32.4% (2021)	Behavioral Risk Factor Surveillance System 2021
Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted)	10% (2015)	8% (2019)	7% (2019)	8% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Cancer incident rate per 100,000 population	720 (2009-2013)	708.2 (2014-2018)	578.7 (2014-2018)	--	WISH (Wisconsin Cancer Reporting System)
Larynx cancer age adjusted rate per 100,000 population	6.1 (2009-2013)	4.6 (2014-2018)	3.3 (2014-2018)	---	Wisconsin Cancer Reporting System
Thyroid cancer age adjusted rate per 100,000 population	18.6 (2009-2013)	18.6 (2014-2018)	13.7 (2014-2018)	---	Wisconsin Cancer Reporting System
Kidney and renal pelvis cancer age adjusted rate per 100,000 population	26.2 (2009-2013)	28.8 (2014-2018)	18.7 (2014-2018)	---	Wisconsin Cancer Reporting System
Number of Hepatitis C Cases	21 (2016)	20 (2021)	---	---	Wisconsin Electronic Disease Surveillance System 2021
Rate of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	25 (2015)	37 (2019)	132 (2019)	38 (2019)	County Health Rankings (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 2019)
Health & Well-Being					
Estimated percentage of Adults who have ACE (Adverse Childhood Experiences):	0 ACEs: 45% 1 ACE: 22% 2-3 ACEs: 20% 4+ ACEs: 13%	0 ACEs: 40% 1 ACE: 22% 2-3 ACEs: 22% 4+ ACEs: 16%	0 ACEs: 40% 1 ACE: 23% 2-3 ACEs: 21% 4+ ACEs: 16%	--	2017-2021 Wisconsin Behavioral Risk Factor Surveillance System
Percentage of adults reporting fair or poor health (age adjusted).	14% (2015)	15% (2019)	15% (2019)	15% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Average number of physically unhealthy days reported in past 30 days (age adjusted).	3.4 (2015)	3.7 (2019)	3.6 (2019)	3.4 (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	10% (2015)	11% (2019)	11% (2019)	10% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.3 (2015)	4.5 (2019)	4.4 (2019)	4 (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	10% (2015)	14% (2019)	13% (2019)	13% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of students that report excellent or very good health	---	52% (2019)	---	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who experienced significant problems with anxiety (past 12 months)	---	41% (2019)	49% (2019)	--	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who had reported feeling so sad or hopeless almost everyday for two weeks or more in a row that they stopped doing some usual activities (past 12 months)	---	26% (2019)	29% (2019)	37% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)

Suicide					
Rate of deaths due to suicide per 100,000 population (age-adjusted)	15 (2014-2018)	21 (2016-2020)	15 (2016-2020)	11 (2016-2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2016-2020)
Number of suicide deaths by year	5 (2017) 7 (2018) 10 (2019) 7 (2020)	<5 (2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Suicide deaths by age	---	0 (1-12 yrs) 0 (13-18 yrs) 7 (19-30 yrs) 7 (31-40 yrs) <5 (41-50 yrs) 10 (51-70 yrs) 6 (70 yrs+) (2017-2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Percentage of suicide deaths by gender	---	82% (Male), 18% (Female) (2017-2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Percentage of suicide deaths that were a result of firearms	---	67% (2017-2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Percentage of students who attempted suicide (past 12 months)	---	7% (2019)	7% (2019)	9% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who seriously considered suicide (past 12 months)	---	14% (2019)	16% (2019)	19% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Communicable Disease					
Total number of confirmed and probable communicable disease cases*	237 (2016)	173 (2021)	--	--	Wisconsin Electronic Disease Surveillance System 2021
Injury					
Number of deaths due to injury per 100,000 population	83 (2011-2015)	92 (2016-2020)	89 (2016-2020)	61 (2016-2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2016-2020)
Number of hospitalizations for non-fatal falls	179 (2016)	111 (2020)	13,852 (2020)	--	WISH (Wisconsin Hospital Inpatient Discharges)
Number of motor vehicle crash deaths per 100,000 population	15 (2009-2015)	16 (2014-2020)	10 (2014-2020)	9 (2014-2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2014-2020)
Number of motor vehicle crashes per year	680 (2015)	664 (2020)	114,697 (2020)	---	Wisconsin Department of Transportation (Final Year-End Crash Statistics 2015-2020)
Percentage of students who most of the time or always wear a seatbelt	---	86% (2019)	88% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who text/email while driving (past 30 days)	---	45% (2019)	48% (2019)	39% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)

Measures	Past	Most Current	Wisconsin	U.S.	Data Sources
	Lincoln	Lincoln			
<p>Top 5 Causes of Injury Deaths</p> <p>An "X" indicates a value that is less than 5 (but more than zero) and has been suppressed to protect confidentiality.</p> <p>*Poisoning includes both non-drug and drug related</p>	<p>(2015)</p> <p>1.</p> <p>Poisoning* (7)</p> <p>2. Fall (X)</p> <p>3. Motor vehicle (X)</p> <p>4. Drowning (X)</p> <p>5. Nontraffic transportation (X)</p>	<p>(2020)</p> <p>1. Fall (5)</p> <p>2. Firearm (5)</p> <p>3. Motor vehicle (X)</p> <p>4. Suffocation (X)</p> <p>5. Drowning (X)</p>	<p>(2020)</p> <p>1. Fall (1,961)</p> <p>2. Poisoning* (1,591)</p> <p>3. Firearm (712)</p> <p>4. Motor vehicle (641)</p> <p>5. Suffocation (408)</p>	---	Wisconsin Interactive Statistics on Health (2015-2020)
<p>Top 5 Causes of Injury Hospitalizations</p> <p>An "X" indicates a value that is less than 5 (but more than zero) and has been suppressed to protect confidentiality.</p> <p>*Poisoning includes both non-drug and drug related</p>	<p>(2016)</p> <p>1. Fall (99)</p> <p>2. Poisoning (30)</p> <p>3. Nontraffic transportation (15)</p> <p>4. Motor vehicle (9)</p> <p>5. Machinery (X)</p>	<p>(2021)</p> <p>1. Fall (95)</p> <p>2. Nontraffic transportation (16)</p> <p>3. Poisoning (15)</p> <p>4. Motor vehicle (12)</p> <p>5. Natural or environmental factors (5)</p>	<p>(2021)</p> <p>1. Fall (13,302)</p> <p>2. Poisoning (3,854)</p> <p>3. Motor vehicle (2,835)</p> <p>4. Nontraffic transportation (921)</p> <p>5. Struck by or against object or person (727)</p>	---	Wisconsin Interactive Statistics on Health (2016-2021)



Measures	Health Behaviors				Data Source
	Past	Most Current	Wisconsin	United States	
	Lincoln	Lincoln	Wisconsin	United States	
Tobacco Use					
Percentage of adults who are current smokers	17% (2015)	19% (2019)	16% (2019)	15% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of women who used cigarettes during the last 3 months of pregnancy	23.3% (Northern Region 2016)	19.7% (Northern Region 2020)	8.2% (2018-2019)	---	Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS 2016-2020)
Percentage of students who ever tried cigarettes	N/A	27% (2019)	19% (2019)	24% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who smoked cigarettes in the past 30 days	N/A	13% (2019)	6% (2019)	6% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever tried vaping	N/A	44% (2019)	46% (2019)	50% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used vaping products in the past 30 days	N/A	25% (2019)	21% (2019)	33% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who use chew, dip, other smokeless tobacco in past 30 days	N/A	8% (2019)	3% (2019)	4% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have smoked cigars/cigarillos in the past 30 days	N/A	9% (2019)	5% (2019)	6% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Physical Activity & Nutrition					
Percentage of adults that report a BMI of 25-29.9 (overweight)	---	---	34.6% (2021)	34.4% (2021)	Behavioral Risk Factor Surveillance System 2021
Percentage of adults that report a BMI of 30+ (obese)	33% (2013)	34% (2019)	33.9% (2021)	33.9% (2021)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of the adults that report a BMI of 25+ (overweight and obese)	---	---	68.5% (2021)	68.3% (2021)	Behavioral Risk Factor Surveillance System 2021
Percentage of women overweight or obese (BMI 25+) prior to pregnancy	45.6% (Northern Region 2016)	69.2% (Northern Region 2020)	58% (2018-2019)	---	Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS 2016-2020)
Percentage of population with adequate access to locations for physical activity	64% (2014)	64% (2021)	78% (2021)	86% (2021)	County Health Rankings (Business Analyst, ESRI, YMCA, & US Census Tigerline Files 2010 & 2021)
Percentage of adults age 18 and over reporting no leisure time physical activity	24% (2013)	25% (2019)	22% (2019)	23% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of students who exercise most days (past 7 days)	---	61% (2019)	57% (2017)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)

Percentage of students who spend 3 + hours per day on phone, Xbox, or other device (excluding use for school work)	---	39% (2019)	49% (2019)	46% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Food Environment Index (healthy food environment) 0 (worst) to 10 (best) * Based on 2 indicators (1) Access: percentage of the population that is low income and does not live close to a grocery store, (2) Food Insecurity: percentage of the population that did not have access to a reliable source of food during the past year	8.1 (2014)	8.7 (2019)	8.7 (2019)	8.8 (2019)	County Health Rankings (USDA Food Environment Atlas, Map the Meal Gap from Feeding America 2019)
Percentage of population who lack adequate access to food	11% (2014)	9% (2019)	9% (2019)	9% (2019)	County Health Rankings (Map the Meal Gap 2019)
Percentage of population who are low-income and do not live close to a grocery store	4% (2010)	4% (2019)	5% (2019)	2% (2019)	County Health Rankings (United States Department of Agriculture 2019)
Percentage of pregnant women who are on Medicaid that are enrolled in WIC (supplemental nutrition program for women, infants, children)	---	61.9% (Northern Region 2016-2020)	56% (2018-2019)	---	WI Department of Health Services (Pregnancy Risk Assessment Monitoring System 2016-2020)
Percentage of infants who initiated breastfeeding * defined as live infants receiving any breast milk or colostrum during the period between delivery and discharge from the birth facility or completion of the birth certificate for home births.	---	82.2% (2018-2019)	81% (2018-2019)	---	County Health Rankings (National Center for Health Statistics - Natality Files 2014-2020)
Percentage of adults who report consuming fruit less than one time per day	---	---	38.8% (2021)	40.8% (2021)	Behavioral Risk Factor Surveillance System 2021
Percentage of adults who report consuming vegetables less than one time per day	---	---	20.1% (2021)	19.7% (2021)	Behavioral Risk Factor Surveillance System 2021
Percentage of students who ate fruit every day (past 7 days)	N/A	44% (2019)	43% (2019)	N/A	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who ate vegetables every day (past 7 days)	N/A	43% (2019)	40% (2019)	N/A	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who experienced hunger due to lack of food at home (past 30 days)	N/A	22% (2019)	25% (2019)	N/A	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Alcohol & Other Drug Use					
Percentage of adults reporting binge or heavy drinking (age-adjusted)	22% (2015)	27% (2019)	25% (2019)	15% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of driving deaths with alcohol involvement	50% (2011-2015)	44% (2016-2020)	36% (2016-2020)	10% (2016-2020)	County Health Rankings (Fatality Analysis Reporting System 2016-2020)
Rate of drug poisoning deaths per 100,000 population	14 (2013-2015)	13 (2018-2020)	22 (2018-2020)	---	County Health Rankings (National Center for Health Statistics - Mortality Files 2018-2020)

Percentage of students who have ever had an alcoholic beverage	---	60% (2019)	58% (2019)	Unavailable	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among students who have drunk alcohol, percentage whose first drink was before age 13	---	35% (2019)	30% (2019)	15% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who had at least one drink in the past 30 days	---	33% (2019)	30% (2019)	29% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who binge drank in the past 30 days	---	17% (2019)	13% (2019)	14% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever use marijuana	---	24% (2019)	31% (2019)	37% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among students who tried marijuana, the percentage who first tried it before age 13	---	20% (2019)	14% (2019)	6% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used marijuana in the past 30 days	---	14% (2019)	20% (2019)	22% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever misused a prescription pain medicine	---	8% (2019)	11% (2019)	14% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever misused an over-the-counter drug	---	5% (2019)	6% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used heroin	---	3% (2019)	1% (2019)	2% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used methamphetamines	---	2% (2019)	2% (2019)	2% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Reproductive Health					
Rate of newly diagnosed chlamydia cases per 100,000 population	341.7 (2014)	235.6 (2019)	499.4 (2019)	161.8 (2019)	County Health Rankings (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 2019)
Percentage of students that ever had sexual intercourse	---	35% (2019)	35% (2019)	38% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among sexually active students, the percentage whose first sexual intercourse was before age 13	---	6% (2019)	3% (2019)	3% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among sexually active students, the percentage who used a condom during last sexual intercourse	---	65% (2019)	57% (2019)	54% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Number of births per 1,000 female population ages 15-19	29 (2008-2014)	20 (2014-2020)	14 (2014-2020)	11 (2014-2020)	County Health Rankings (National Center for Health Statistics - Natality Files 2014-2020)
Percentage of live births with low birthweight (< 2,500 grams).	6% (2008-2014)	8% (2014-2020)	8% (2020)	6% (2020)	County Health Rankings (National Center for Health Statistics - Natality Files 2014-2020)

Measures	Clinical Care				Data Source
	Past	Most Current	Wisconsin	United States	
	Lincoln	Lincoln	Wisconsin	United States	
Health Care Access					
Ratio of population to primary care physicians	1,420:1 (2014)	1,720:1 (2019)	1,260:1 (2019)	1,010:1 (2019)	County Health Rankings (Area Health Resource File/American Medical Association 2019)
Ratio of population to dentists	1,470:1 (2014)	1,840:1 (2020)	1,390:1 (2020)	1,210:1 (2020)	County Health Rankings (Area Health Resource File/ National Provider Identification File 2020)
Ratio of population to mental health providers	1,330:1 (2016)	1,450:1 (2021)	440:1 (2021)	250:1 (2021)	County Health Rankings (CMS, National Provider Identification 2021)
Ratio of population to primary care providers other than physicians	2,152:1 (2016)	1620:1 (2021)	750:1 (2021)	580:1 (2021)	County Health Rankings (CMS, National Provider Identification 2021)
Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it	---	---	6.9% 308 (2021)	---	Behavioral Risk Factor Survey 2021
Do you have one person you think of as your personal doctor or health care provider	---	---	83.5% 5323 (2021)	---	Behavioral Risk Factor Survey 2021
Percentage of Lincoln County Medicaid members obtain dental services	9.8% (2016)	10% (2021)	9.7 (2021)	---	WI Forward Health 2021
Percentage of Dentists seeing 1 Medicaid member	100% (2016)	0% (2021)	82.1 (2021)	---	Division of Medicaid Services and Oral Health Program in the Wisconsin Department of Health Services 2021
Health Care Costs					
Percentage of adults under age 65 without health insurance	9% (2014)	7% (2019)	8% (2019)	7% (2019)	County Health Rankings (Small Area Health Insurance Estimates 2019)
Percentage of children under age 19 without health insurance	5% (2014)	4% (2019)	4% (2019)	3% (2019)	County Health Rankings (US Census Bureau's Small Area Health Insurance Estimates 2019)
Percentage of persons without health insurance	6% (2015)	7% (2021)	5.4% (2021)	8.6% (2021)	American Community Survey 2019
Percentage of persons with employee plans	---	52.1% (2020)	60.5% (2019)	---	Census Bureau 2020
Percentage of persons with Medicaid	---	11.9% (2020)	3.9% (2019)	---	Census Bureau 2020
Percentage of persons with Medicare	---	16.2% (2020)	3% (2019)	---	Census Bureau 2020
Percentage of persons with Non-group plans	---	14.1% (2020)	27.5% (2019)	---	Census Bureau 2020
Percentage of persons with Military VA	---	1.86% (2020)	---	---	Census Bureau 2020
Crude rate of ER visits for oral health issues (non-traumatic)	49.87 (2012)	57.32 (2020)	31.97 (2020)	---	Environmental Health Profiles 2021

Preventive Services					
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	53 (2014)	2854 (2019)	3260 (2019)	2233 (2019)	County Health Rankings (Mapping Medicare Disparities Tool 2019)
Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening	71% (2014)	56% (2019)	49% (2019)	52% (2019)	County Health Rankings (Mapping Medicare Disparities Tool 2019)
Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination	53% (2016)	53% (2019)	53% (2019)	55% (2019)	County Health Rankings (Mapping Medicare Disparities Tool 2019)
Percentage of children who received routine childhood immunizations by 24 months of age	74% (2017)	71% (2021)	72% (2018)	81% Goal	Wisconsin Immunization Registry 2021
Percentage of children 13-18 years of age that completed HPV Series	28.4 (2013)	40.8 (2016)	---	---	Wisconsin Immunization Registry 2021
Percentage of adults aged 50-75 years who had a colonoscopy in the past 10 years	---	---	71.2% 1699 (2018)	---	Behavioral Risk Factor Survey 2018
How long has it been since you last visited a doctor for a routine checkup?	---	---	73.6% 4805 (2021)	---	Behavioral Risk Factor Survey 2019
Percentage of students who saw a dentist in the past 12 months	---	79% (2019)	---	76% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of WI 3rd grade children with untreated decay	---	14% (Northern Region)	18% (2017-2018)	---	WI Healthy Smiles, Healthy Grown Survey, 2018
Percentage of WI 3rd grade children with caries experience	---	64% (Northern Region)	60% (2017-2018)	---	WI Healthy Smiles, Healthy Grown Survey, 2018
Percentage of WI 3rd Grade Children with Dental Sealants	---	---	70% (2017-2018)	---	WI Healthy Smiles, Healthy Grown Survey, 2018

		Social and Economic Factors				
		Past	Most Current	Wisconsin	United States	
Measures	Lincoln	Lincoln	Wisconsin	United States	Data Source	
Education & Employment						
Percentage of adults ages 25 and over with a high school diploma or equivalent	92% (2015-2019)	92% (2016-2020)	93% (2016-2020)	94% (2016-2020)	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)	
Percentage of adults ages 25-44 with some post-secondary education	59% (2011-2015)	59% (2016-2020)	70% (2016-2020)	74% (2016-2020)	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)	
Percentage of teens and young adults ages 16-19 who are neither working nor in school	14% (2010-2014)	10% (2016-2020)	5% (2016-2020)	4% (2016-2020)	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)	
Percentage of population ages 16 and older unemployed but seeking work	5.2% (2015)	5.9% (2020)	6.3% (2020)	4% (2020)	County Health Rankings (Bureau of Labor Statistics 2020)	
Income						
Percentage of people under age 18 in poverty	15% (2015)	11% (2020)	12% (2020)	9% (2020)	County Health Rankings (Small Area Income and Poverty Estimates 2020)	
Percentage of households in poverty	11% (2014)	10% (2018)	11% (2018)	---	American Community Survey 2018	
Percentage of ALICE households (earn more than the Federal Poverty Level, but less than the basic cost of living for the county)	28% (2014)	23% (2018)	23% (2018)	---	American Community Survey 2018 (ALICE Threshold 2018)	
Median household income	\$51,400 (2015)	\$61,100 (2020)	\$64,900 (2020)	\$75,100 (2020)	County Health Rankings (Small Area Income and Poverty Estimates 2020)	
Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"	---	0.81 (2016-2020)	0.8 (2016-2020)	0.88 (2016-2020)	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)	
The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children	---	\$35.76 (2021)	\$39.10 (2021)	---	County Health Rankings (The Living Wage Calculator 2021)	
Percentage of children enrolled in public schools that are eligible for free or reduced price lunch	41% (2014-2015)	40% (2019-2020)	40% (2019-2020)	32% (2019-2020)	County Health Rankings (National Center for Education Statistics 2019-2020)	
Number of participants who participate in food share (Monthly average)	4,712 (2016)	3,261 (2021)	--	--	Wisconsin State Food Stamps 2021	

Housing					
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	13% (2009-2013)	9% (2014-2018)	14%	9%	County Health Rankings (Comprehensive Housing Affordability Strategy (CHAS) Data 2014-2018)
Percentage of owner-occupied housing units	77% (2013-2017)	78% (2016-2020)	67% (2016-2020)	81%	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)
Percentage of households that spend 50% or more of their household income on housing	7% (2013-2017)	8% (2016-2020)	11% (2016-2020)	7%	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)
Family Support and Social Connectedness					
Percentage of children that live in a household headed by single parent	28% (2011-2015)	15% (2016-2020)	23% (2016-2020)	14.% (2016-2020)	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)
Number of membership associations per 10,000 population	15.4 (2014)	15.6 (2019)	11.4 (2019)	18.1 (2019)	County Health Rankings (County Business Patterns 2019)
Child care costs for a household with two children as a percent of median household income	---	25% (2020-2021)	26% (2020-2021)	18% (2020-2021)	County Health Rankings (The Living Wage Calculator, Small Area Income and Poverty Estimates 2020-2021)
Number of child care centers per 1,000 population under 5 years old	---	6 (2021)	6 (2021)	12 (2021)	County Health Rankings (Homeland Infrastructure Foundation-Level Data 2021)
Percentage of students who have at least one supportive adult besides parent(s)	---	83% (2019)	84% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that most of the time or always get emotional support when needed	---	27% (2019)	24% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that agree or strongly agree that they belong at school	---	63% (2019)	61% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that participate in school activities, teams or clubs	---	68% (2019)	68% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Community Safety					
Rate of reported violent crime offenses per 100,000 population	148 (2012-2014)	181 (2014 & 2016)	298 (2014 & 2016)	63 (2014 & 2016)	County Health Rankings (Uniform Crime Reporting - FBI 2014 & 2016)
Rate of deaths due to firearms per 100,000 population	7 (2011-2015)	14 (2016-2020)	11 (2016-2020)	8 (2016-2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2016-2020)
Rate of delinquency cases per 1,000 juveniles	15 (2017)	6 (2019)	---	---	County Health Rankings (Easy Access to State and County Juvenile Court Case Counts 2019)
Number of reported rapes in Lincoln County	16 (2017)	11 (2021)	---	---	Wisconsin Department of Justice 2021
Number of reported simple assault in Lincoln County	174 (2017)	126 (2021)	---	---	Wisconsin Department of Justice 2021

Number of reported aggravated assaults in Lincoln County	50 (2017)	123 (2021)	---	---	Wisconsin Department of Justice 2021
Number of reported burglaries in Lincoln County	80 (2017)	142 (2021)	---	---	Wisconsin Department of Justice 2021
Number of reported larceny theft in Lincoln County	279 (2017)	309 (2021)	---	---	Wisconsin Department of Justice 2021
Number of reported motor vehicle theft in Lincoln County	8 (2017)	28 (2021)	---	---	Wisconsin Department of Justice 2021
Vulnerable Populations					
Child Protective Services (CPS) referrals	500 (2016)	379 (2021)	---	---	Lincoln County Social Services CPS Comparative Data 2016-2021
Percentage of adults reporting 2 or more adverse childhood experiences (ACEs)	---	36-39% (2018)	37% (2018)	---	Centers for Disease Control and Prevention (CDC) (Behavioral Risk Factor Surveillance System Survey Data 2013-2018)
Percentage of population ages 65 years and older living alone in a non-family household	12% (2015)	13.9% (2020)	---	---	Wisconsin Environmental Public Health Tracker 2020

Last updated January 2023

Measures	Physical Environment				Data Source
	Past	Most Current	Wisconsin	United States	
	Lincoln	Lincoln	Wisconsin	United States	
Air & Water Quality					
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.2 (2012)	6.4 (2018)	7.5 (2012)	5.9 (2018)	County Health Rankings (CDC Environmental Public Health Tracking Network 2018)
Rate of ER visits per 10,000 people for asthma*	28.8 (2014)	28.8 (2019)	33 (2019)	---	Office of Health Informatics, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)
Rate of ER visits per 10,000 people for COPD*	---	55 (2021)	26.4 (2021)	---	Office of Health Informatics, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)
Arsenic Percent of test results above EPA standard of 10 ug/l*	6.60%	3.7% (1988-2019)	5.4% (1988-2019)	---	Center of Watershed Science and Education, UW Stevens Point (Lincoln County Environmental Health Profile 2021)
Nitrate Percent of test results above EPA standard of 10 ug/l*	2.5% (1988-2017)	2.7% (1988-2019)	10.1% (1988-2019)	---	Center of Watershed Science and Education, UW Stevens Point (Lincoln County Environmental Health Profile 2021)
Percentage of population with fluoridated public water	94.4% (2017)	95.2% (2021)	88.6% (2017)	---	CDC Environmental Public Health Tracking Network 2021
Percent of radon tests with results greater or equal to 4pCi/d*	---	40.2% (2021)	35.2% (2021)	---	Office of Health Informatics, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)
Rate of ER visits per 10,000 for Carbon Monoxide poisoning.	18.9 (2012-2016)	12.1 (2021)	8.1 (2021)	---	Office of Health Informatics, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)
Precipitation and Flooding - Number of extreme precipitation days (historical precipitation). *	134 (2012)	133 (2021)		---	Office of Health Informatics, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)

Transportation					
Percentage of the workforce that drives alone to work	84% (2011-2015)	83% (2016-2020)	80%	72%	County Health Rankings (American Community Survey, 5 year estimates 2016-2020)
Among workers who commute in their car alone, the percentage that commute more than 30 minutes	29% (2011-2015)	31% (2016-2020)	28%	16%	County Health Rankings (American Community Survey, 5 year estimates 2016-2020)
Number of valid drivers licenses	21586 (2016)	22453 (2021)	4278143 (2021)	---	WI Department of Transportation Facts and Figures 2021
Percent of Lincoln County residents that commute to work using public transit	0.05% (2016)	0.05% (2021)	1.7% (2021)	---	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)
Outdoor Spaces					
Percentage of population living within half mile of a park	13% (2010)	25% (2019)	---	---	Environmental Public Health Data Tracker 2019
Rate of alcohol licenses per 500 people*	2.7 (2015-2016)	2.61 (2017-2018)	1.47 (2017-2018)	---	Division of Care and Treatment Services, WI Department of Health Services (Environmental Health Profile 2021)
Percentage of households with broadband internet connection.	N/A	80% (2016-2020)	85% (2016-2020)	88%	County Health Rankings (American Community Survey, 5-year estimates 2016-2020)
Highlighted Risk					
Rate of Lyme disease per 100,000 people	132.79 (2015)	105.2 (2020)	37.7 (2019)	---	Bureau of Communicable Disease, WI Department of Health Services (Lincoln County Environmental Health Profile 2021)
Percent of Blood Lead tests greater than 5 for children less than 6 years old among those tested*	4% (2016)	.09% (2019)	3.7% (2019)	---	Bureau of Environmental and Occupational Health, Division of Public Health, Wisconsin Department of Health Services

Measures	COVID-19			Wisconsin	United States	Data Source
	Past	Past	Most Current			
	Lincoln	Lincoln	Lincoln			
Cases						
Total number of confirmed and probable Coronavirus, Novel (COVID-19) cases	2,655 (2020)	2,932 (2021)	3,340 (2022)	651,429 (2021)	---	Wisconsin Electronic Disease Surveillance System 2021
Hospitalizations						
Total number of confirmed and probable Coronavirus, Novel (COVID-19) related hospitalizations	102 (2020)	128 (2021)	68 (2022)	---	---	Wisconsin Electronic Disease Surveillance System 2021
Deaths						
Rate of all deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted).	146 (2020)	146 (2020)	8 (2022)	70 (2020)	43 (2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2020)

Appendix E: Community Forum Participants

The table below outlines the agencies that attended the January 2023 Community Forum.

Affiliation	Sector	Number of Representatives
Aging and Disability Resource Center (ADRC) – Central Wisconsin	Aging/Older Individuals; Disabilities	3
Aspirus Health (Merrill, Tomahawk, System)	Health care	6
Bell Tower Residence	Aging/Older Individuals	2
Bridge Community Health Clinic*	Health care	1
Centre for Well Being	Mental health services	1
Children’s Hospital	Health care	2
County Board Supervisor or Board of Health Member	Government/Elected Official	4
Kinship Care (foster care)	Youth services	1
Health Coverage Navigator/ Covering WI Partnership (WIPPS)*	Health care access	1
Health First- Representing the Women, Infants and Children (WIC) Program*	Reproductive and nutritional services	1
Inclusa*	Medicaid long term care program	2
Lakeland Care*	Medicaid long term care program	2
Lincoln County Department of Social Services	Social services	2
Lincoln County Health Department	Public health department	6
Merrill Area Public Schools	Youth/Schools	3
Merrill City Council	Government/Elected Officials	1
Merrill Enrichment Center	Aging/Older Individuals	1
Merrill Fire Department	Emergency Services	1
North Central Health Care	Mental health services	1
Opportunity Development Centers, Inc.*	Community Services	1
Pine Crest Nursing Home	Aging/Older Individuals	1
School District of Tomahawk	Youth/Schools	1
Tomahawk City Council	Government/Elected Officials	1
Tomahawk Public Library	Library	1
Tomahawk Together Inc, TSD	Community Development	1
UW-Extension	Extension	3

* Represented individuals with low income, individuals who are medically underserved, and/or individuals who are minorities.

Some agencies were invited but unable to attend.

Affiliation	Sector	Number of Representatives
HAVEN	Domestic Violence	NA
Lincoln County Department of Corrections	Justice System/Law Enforcement	NA
Lincoln County Department of Land Services	Environment / Conservation / Surveying	NA
Lincoln County Veterans Services	Veterans	NA
Merrill Area United Way, Inc.	United Way	NA
Merrill Chamber of Commerce	Business	NA
Merrill Student	Youth/Schools	NA
O.A.O.B (Overcoming Addiction or Bad Habits) recovery ribbon/recovery link	Substance Use	NA
St. Francis Xavier School	Youth/Schools	NA
TB Scott Free Library	Library	NA

Appendix F: Healthcare Facilities and Community Resources

A listing of health services and resources available in the Lincoln County area is provided in this appendix. Additionally, free and low-cost resources can be found at findhelp.org or <https://aspiruscommunity-resources.auntbertha.com/>, and then searching by zip code and program need/area. The list of resources is not exhaustive.

Agency or Program	Description
211 information and referral	Free, confidential helpline that provides assistance with essential services
Aging and Disability Resource Center (ADRC)	Provides services and programs for older individuals and individuals with disabilities
Aware and Active Citizens	Unbiased forum for facilitating education, dialogue, and engagement
Bridge Community Clinic	Federally Qualified Community Health Center
Big Brothers, Big Sisters	Youth mentoring agency
Community Care Paramedic Program	Follow-up care for discharged patients
Caregiver programs	Offers a large variety of supports to help individuals remain living in their homes
Childcaring	Local non-profit, resource and referral agency dedicated to providing quality childcare information
Children's Wisconsin	Children's Hospital (programs)
Community Action Program (CAP)	Provides programs and services for low-income individuals
Economic development task forces	Promote awareness and participation in federal technical assistance programs
Food pantry (Tomahawk)	Provides food for individuals who need it
Forward Service Corporation	Exists to meet the needs of individuals who are disadvantaged, unemployed, and underemployed
Kinship (youth mentoring program, Tomahawk)	Youth mentoring, foster care
HAVEN	Shelter and resources for individuals who experience domestic violence
HeadStart	Early education for children who may be at risk
HealthFirst	Non-profit agency that provides Women, Infant, Children nutrition services as well as reproductive health services
Healthy Minds for Lincoln County	Mental health coalition
His Hands Extended Food Pantry	Provides food for individuals who need it
Inclusa	Medicaid long term care program
Kindhearted Home Care, LLC	Home care services
Lincoln County Department of Social Services	Social services, protective services

Lincoln County Health Department	Public health services
Lincoln County Parent Support Network	Promote health and safety of families through leadership, referrals, and education
MAC Home	Provides a safe and secure shelter for individuals who are homeless
Meals on Wheels	Delivered food for homebound individuals
Merrill Enrichment Center	Provides social, educational, and wellness opportunities, particularly for individuals who are older
Merrill Area United Way	Assists in addressing the key impacts areas of health, education, and basic needs
Merrill Food Pantry	Provides food for individuals who need it
Merrill Housing Authority	Provides stable, quality affordable housing opportunities for families with low and moderate income
North Central Community Action Program	Provides services and programs for individuals with low income
North Central Health Care – Merrill Center	Provides mental health care, addiction and substance abuse treatment, developmental disabilities care and skilled nursing care
Northwoods Veterans Post	Provide service and support opportunities by empowering veterans and their families
Open Hearts Food Pantry	Provides food for individuals who need it
Police liaisons	Facilitates communication between two or more parties to help their organization reach a beneficial decision based on needs
Recovery coaches	Walk side by side with individuals seeking recovery from substance use disorders
St. Vincent de Paul’s Outreach	Provides temporary/emergency assistance for food, emergency lodging, clothing, rent, local transportation and utilities based on funds available and level of need.
Strong Bones	A class that improves strength, flexibility, posture, balance, and body awareness
School counselors	Help ensure that students’ developmental and academic needs are met
UW Madison Division of Extension – Lincoln County	Connects people to the University of Wisconsin resources through programs, education and services

Appendix G: Evaluation of Impact from the Previous CHNA Implementation Strategy

Although hospitals are usually on a three-year cycle for community health needs assessments, this assessment was completed just two years after the last one. Aspirus' two hospitals in Lincoln County work closely with the health department. The health department's assessment was being conducted in 2022-2023 and it was the best use of time and resources for the hospitals to align with the health department on this cycle. With that in mind, the impact information below is inclusive of only two years. Also, please note that the descriptions are for both years unless otherwise indicated.

The hospitals' community health improvement efforts in FY22 and FY23 were significantly impacted by a number of factors, including: the transition of the hospital from Ascension Health to Aspirus Health in August 2021; the subsequent changes in processes, team structure and related impacts; COVID-19 and its ripple effect on community outreach and public events / programs.

Aspirus Merrill Hospital

Nutrition and Healthy Food

Aspirus Merrill actively participated in the Lincoln County Nutrition Coalition. The hospital and/or coalition conducted a number of nutrition and healthy food-related efforts, including:

- Community Care Paramedic Program, which utilizes paramedics to conduct home visits. The program served individuals who were discharged from the hospital who may be at risk for nutrition or mental health issues, including patients who had covid. The program also served individuals with covid who were not admitted to the hospital but would benefit from additional monitoring. Eleven patients were served in FY23 (through April 2023).
 - In FY23, the program expanded in three ways. First, patients discharged from the hospital who had diabetes were eligible for the program. Second, the program began working with the Aspirus Wausau Hospital Med/Surg Department to connect patients who are from Merrill (but in the Wausau Hospital) to be part of the program upon discharge. Third, the Merrill Hospital Community Health Lead began working with the Wausau Fire Dept to replicate the Community Care Paramedic Program in Marathon County.
- Triple-your-bucks coupons for FoodShare participant purchases at the local farmers market.
- Annual electronic benefit transfer (EBT) machine fees, to ensure easy farmers market access for FoodShare participants.
- Aspirus Merrill Hospital also continued to implement a food repurposing program that packages untouched food from the hospital's cafeteria and makes it available for individuals who use the food pantry. Nearly 4900 pounds were donated in FY22. Approximately 2300 pounds were donated in FY23 (through April 2023).

- Aspirus Health, primarily through Care Management, implements a fruit and vegetable prescription (FVRx) program across the system. Patients with chronic disease are screened for food insecurity and ‘prescribed’ fruits and vegetables. The FVRx can be used like cash at the local farmers market.
- (FY22) The hospital funded improvements to and expansion of the community garden.
- (FY23) Healthy cooking demonstrations – after being on pause for the three years of the pandemic – were conducted. Two demonstrations (Fall 2022 and Spring 2023) were held with families with children enrolled in HeadStart. Approximately 25 people participated in each. Appliances – crock pots and electric frying pans – were given out at the demonstrations, along with insulated bags and refrigerator magnets (with healthy food substitution information). A few cookbooks were also given away at the demonstrations.

Oral Health

Through the Tooth Fairy Fund, Aspirus Merrill Hospital continued to offer financial support for emergency oral health needs. The hospital also financially supported the Seal-a-Smile program in the Merrill School District.

Mental Health and Alcohol and Other Drug Use

Aspirus Merrill is an active participant in the county’s mental health and AODA coalition. The coalition partners have completed many activities, some of which the hospital funded. Activities included:

- Aspirus Merrill also continued to financially support the Community Care Paramedic Program, which utilizes paramedics to conduct home visits. As part of the program, individuals who were discharged from the hospital who may be at risk for nutrition or mental health issues are screened in their home by paramedics. Home-visited patients who screen positive for depression are referred to a primary care provider. (See the *Nutrition and Healthy Food* section for additional details.)
- Public awareness and social norms campaigns (e.g., Hopeline, Small Talks, kNOw Meth, adverse childhood experiences [ACEs], Parent Pact, social host awareness).
 - (FY23) The new national mental health hotline – 988 – was promoted.
 - (FY23) The hospital funded the billboard promotion of the county Mental Health Resource Guide.
- Community presentations, town hall events and summits about mental health and substance abuse.
- The distribution of posters, cards, and related visual materials (e.g., suicide prevention hotline posters).
- (FY22) Evidence-based trainings to increase skills of residents, coalition members and professionals (e.g., QPR, Mental Health First Aid) were held. (Note: These were funded through an outside grant.)

- The continued implementation of the Raise Your Voice Club in the Merrill School District. Raise Your Voice was developed by NAMI (National Alliance on Mental Illness) Wisconsin to empower teens “to create a new conversation about mental health through education, leadership development and civic advocacy.” In school year 2022-23 (FY23), year three of the program, 150 Merrill students were part of the club.
- ‘Hidden in Plain Sight’ demonstration spaces, which highlight potential signs of youth drug or alcohol use within their bedroom.
- Family Fun Packs that provided families with activities and resources. Originally developed in response to social isolation needs early in the pandemic, the Family Fun Packs continued to be in demand and were distributed in Summer 2022 with plans to distribute in Summer 2023.
- Aspirus Health contracts with an outside agency to provide recovery coaching services throughout the system’s Wisconsin footprint. Aspirus is working to build relationships and structures in all Wisconsin hospitals to support having a recovery coach available within an hour or two to those patients interested in working with a coach.
- (FY23) The hospital was actively involved in the MAPS Mental Health Matters Alliance
- (FY23) Aspirus Merrill Hospital provided funding to a number of school-based initiatives:
 - Social Emotional Learning efforts in the school district
 - AODA education/programming for at-risk students in the school district
 - Aggression Replacement Training (ART) to help students develop more effective social skills.

Merrill – Other

The hospital contributes to community health improvement in a number of additional ways:

- Aspirus Merrill continues to provide in-kind occupancy to non-profits in the Menard Center. Agencies in Merrill Area Food Pantry, United Way of Lincoln County, St. Vincent DePaul. Community Action Program.
- Fall 2022 was the third ‘Food and Flu’ drive-through flu vaccine clinic with a free meal. This effort provides free flu vaccines for area residents. Over 190 vaccines were given in Fall 2022 and over 150 vaccines were given in Fall 2021. Hundreds of staff hours were contributed.

Aspirus Tomahawk Hospital

Nutrition and Healthy Food

Aspirus Tomahawk actively participated in the Lincoln County Nutrition Coalition. The hospital and/or coalition conducted a number of nutrition and healthy food-related efforts, including:

- Aspirus Health, primarily through Care Management, implements a fruit and vegetable prescription (FVRx) program across the system. Patients with chronic disease are screened for

food insecurity and ‘prescribed’ fruits and vegetables. The FVRx can be used like cash at the local farmers market.

- The hospital offered ‘Fit for Life’ exercise classes in a supervised setting for cardiac rehab patients who have completed their treatment plan. The hospital offers the classes at a reduced rate, incurring losses on the offering.
- (FY23) Healthy cooking demonstrations were initiated in the Tomahawk area. Approximately 25 families with children enrolled in HeadStart and families who were WIC (Women, Infant, Children)-eligible, participated. They all received crockpots as part of the demonstration. A few cookbooks were also given away.

Oral Health

- No oral health-related activities were conducted.

Mental Health and Alcohol and Other Drug Use

Aspirus Tomahawk is an active participant in the county’s mental health and AODA coalition. The coalition partners have completed many activities, some of which the hospital funded. Activities included:

- As part of the coalition, Aspirus Tomahawk helped promote public awareness and social norms campaigns (e.g., Hopeline, Small Talks, kNOw Meth, adverse childhood experiences [ACEs], Parent Pact, social host awareness). The hospital also helped promote presentations and informational materials.
 - (FY23) The new national mental health hotline – 988 – was promoted.
 - (FY23) The hospital funded the billboard promotion of the county Mental Health Resource Guide.
- Aspirus Health contracts with an outside agency to provide recovery coaching services throughout the system’s Wisconsin footprint. Aspirus is working to build relationships and structures in all Wisconsin hospitals to support having a recovery coach available within an hour or two to those patients interested in working with a coach.
- Family Fun Packs that provided families with activities and resources. Originally developed in response to social isolation needs early in the pandemic, the Family Fun Packs continued to be in demand and were distributed in Summer 2022 with plans to distribute in Summer 2023.
- (FY23) Aspirus Tomahawk provided funding for the Grit and Perseverance Program to be presented to all 6th – 8th grade students in the Tomahawk School District.
- (FY23) Aspirus Tomahawk supported the Mental Mingle Program that’s presented to Mentors, Volunteers and Staff on youth mental health issues and concerns.
- (FY23) Preliminary discussions were held on the opportunity to start a Raise Your Voice mental health club in the Tomahawk school district (similar to the club in Merrill).

Tomahawk - Other

- (FY22) The hospital contributed time to improving community safety, including a Bike Rodeo and laying the groundwork for some bicycle path signage.
- (FY23) The hospital funded helmets and supplies for the Bike Rodeo.

