# Community Health Needs Assessment

## 2022-2025

**ASPIRUS STANLEY HOSPITAL & CLINICS**
1120 Pine Street
Stanley, WI 54768

## Acknowledgements

The efforts that are reflected in this report were conducted collaboratively. Aspirus Stanley Hospital, Marshfield Medical Center-Neillsville and Clark County Health Department collected and reviewed data and held a prioritization meeting together. It is only through this type of collaborative effort that the complex issues in our communities can be addressed.

We would also like to thank the many community members who completed a community survey in the summer of 2021 as well as those who participated in a prioritization meeting in January 2022. Knowing what is important to the community – what issues have community momentum and possibility – is one of the key components of this process.

We look forward to helping to make the communities we serve healthier.

Respectfully,

Robert Holcomb
Chief Administrative Officer
Aspirus Stanley Hospital

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## Executive Summary

Aspirus Stanley Hospital conducted a community health needs assessment from Spring 2021 through Spring 2022. The assessment included:

- Collaborative relationships with the Clark County Health Department and the Marshfield Medical Center-Neillsville;
- The compilation of two kinds of data:
  - Community input gathered through a community survey and a key stakeholder meeting
  - Health status data, obtained primarily from the County Health Rankings and Roadmaps and the Wisconsin Department of Health Services
- The review of data through the lens of multiple criteria (e.g., disparities, community momentum);
- A prioritization process that considered data, criteria and an acknowledgement of the COVID-19 circumstances;
- The selection of a set of priorities the hospital is committed to formally pursuing over the next three years.

Aspirus Stanley Hospital will be developing a plan to address **Mental Health**, **Chronic Disease** and **Physical Environment and Safety**.

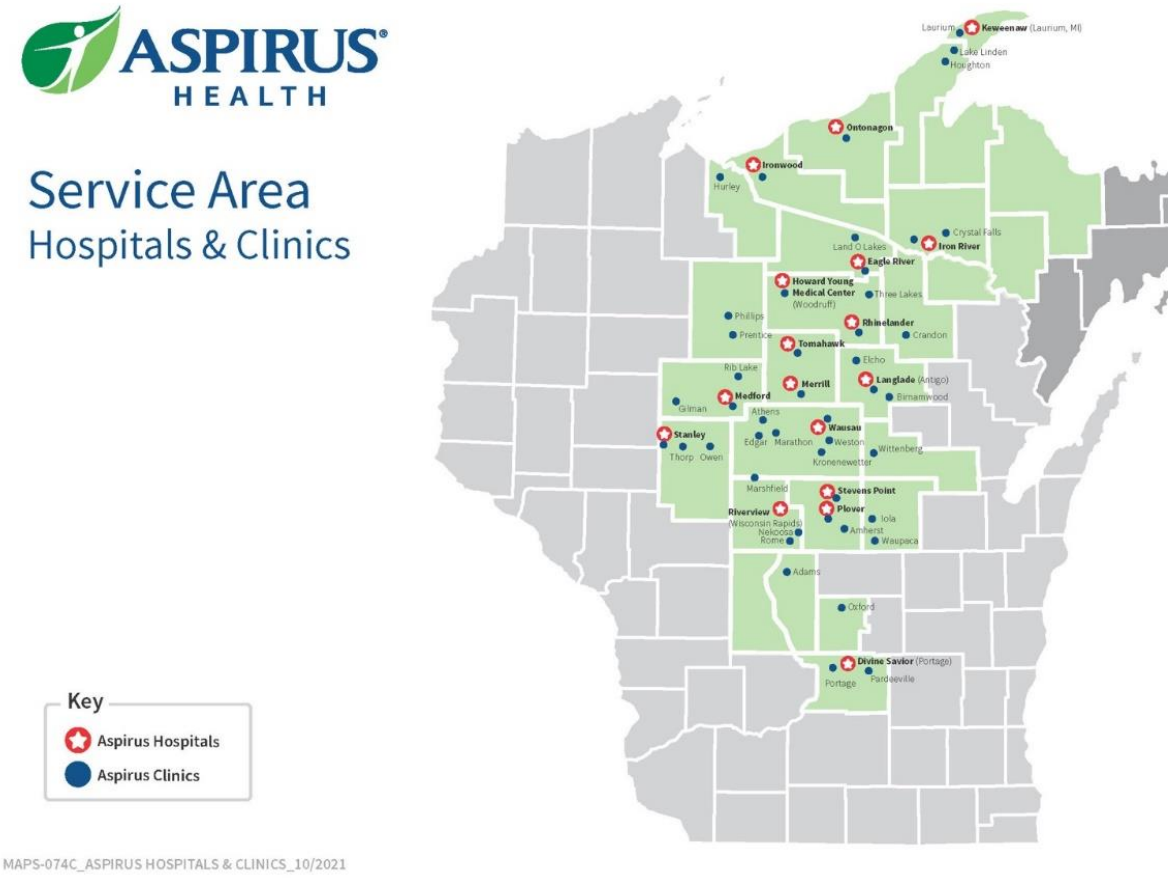
## Aspirus Health and Aspirus Stanley Hospital Profile

### Aspirus Health

Aspirus 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 Upper 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. Aspirus has been recognized by IBM Watson Health as a Top 15 Health System for four consecutive years in its annual studies identifying the top-performing health systems in the country.

### Aspirus Stanley Hospital

Aspirus Stanley Hospital is a 24-bed critical access hospital that provides primary and specialty services in Stanley. The hospital is located conveniently on Highway 29 in central Wisconsin. Services include inpatient hospital care, 24/7 emergency department, urgent care, surgical services, imaging, laboratory and rehabilitation services. Wound care and cardiac rehabilitation services are being added in Fall 2022.



## 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 both hospitals and health departments. 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.

In Wisconsin, local health departments are required by Wisconsin State Statute 251.05 to complete a community health assessment and create a plan every five years. The statute indicates specific criteria must be met as part of the process.

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

## Community Served and Demographics

### Our Community

Aspirus Stanley Hospital, for the purpose of the CHNA, identified Clark County as its community served. Although the hospital serves individuals in Clark County as well as surrounding counties, Clark County is the community served because: the hospital sits in Clark County; the hospital has multiple county-level partnerships with Clark County organizations; most community health data is available at the county level.

### Demographics

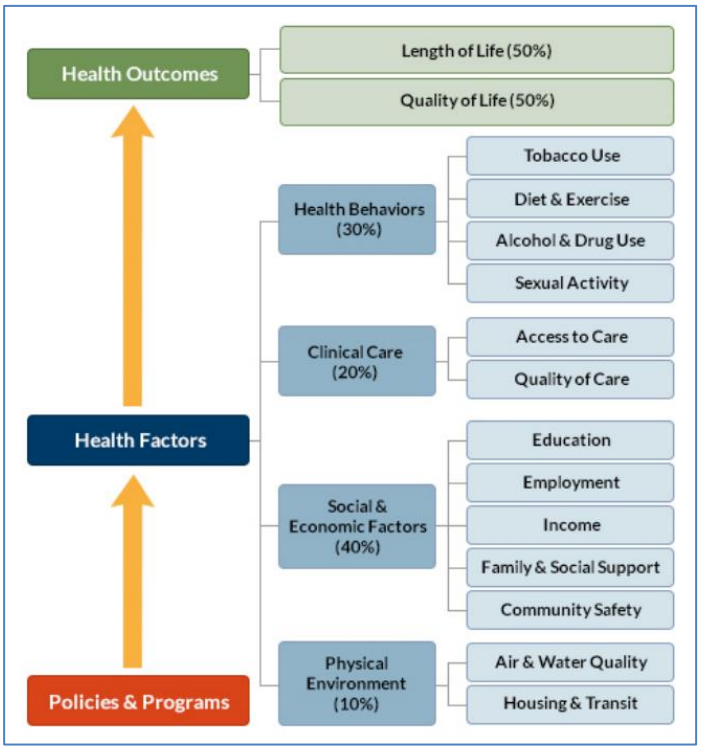
Clark County, with a population over 34,000 people, is located in rural northcentral Wisconsin. Geographically, Clark County has 28.7 people per square mile and Wisconsin has 105.0 people per square mile. Compared to Wisconsin, Clark County:

- Has a higher proportion of youth – 24.5 percent of the residents of Clark County are 14 years or younger, compared to 17.9 percent in Wisconsin.
- Is predominantly non-Hispanic and white – 97.7 percent of the Clark County population is White (compared to 88.1 percent in Wisconsin) and 94.8 percent is non-Hispanic (compared to 92.9 percent in Wisconsin).
- Has a higher proportion of non-English-speaking individuals – In Clark County, 17.3 percent of residents speak a language other than English at home (compared to 8.7 percent in Wisconsin). Many individuals who are Amish or Mennonite speak dialects of Pennsylvania Dutch or German.
- Has a lower median household income ($54,012 for Clark County; $61,747 for Wisconsin).
- Has a higher proportion of individuals living in poverty – 13.1 percent in Clark County, compared to 10.0 percent in Wisconsin.

For additional demographic information and data sources for the above summary, please see 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 Aspirus Stanley Hospital, the health status data and much of the community input are organized in this framework.




Source: University of Wisconsin Population Health Institute

Aspirus Stanley Hospital also uses the County Health Rankings and Roadmaps guidance in its 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

Aspirus Stanley Hospital collaborated with the Clark County Health Department and the Marshfield Medical Center–Neillsville Hospital to conduct the assessment. No outside contractors or vendors were paid for services.

### Community Input

The collaborators conducted a community survey in Summer 2021. The survey captured some demographic data as well as respondents' opinions on the top health issues facing the community. The survey was available electronically (through a hyperlink) and on paper. Paper surveys were entered into the online survey collector. Approximately 320 people responded (though the number varied by question).

Deliberate efforts were made to reach members of the Plain Community (Amish, Mennonite), individuals who are in the jail and any/all Clark County residents at the county fair. The results can be found in Appendix B.

### Input Received on the Last CHNA

No known input on the previous CHNA was received.

### Health Status Data / Outside Data

In addition to gathering input directly from community members, Aspirus Stanley also compiled outside data reflective of the overall population's health status. These health status data are gathered by credible local, state and national governmental and non-governmental entities and published.

Reflective of the UWPHI model, the data were grouped in the following categories:

- Health Outcomes -- mortality and morbidity
- Social and Economic Factors
- Health Behaviors
- Clinical Care
- Physical Environment
- COVID-19
- Environment and Climate

A summary of the compiled health status data compiled is outlined below.

- **Health Outcomes**: Clark County has better than Wisconsin levels for low birthweight, infant mortality, HIV prevalence, age-adjusted cancer incidence, opioid deaths, opioid-related hospital discharges, alcohol-attributable deaths and chronic alcohol hospitalizations. Clark County has worse than Wisconsin levels for premature death, fair or poor health, poor physical health days,

poor mental health days, life expectancy, premature age-adjusted mortality, child mortality, frequent physical distress, frequent mental distress, diabetes prevalence, deaths due to cancer and deaths due to cardiovascular disease.

- **Clinical Care**: Clark County has levels similar to Wisconsin for mammography screening. Clark County has worse than Wisconsin levels for uninsured, uninsured children, primary care physicians, other primary care providers, dentists, mental health providers and flu vaccinations.
- **Health Behaviors**: Clark County has levels similar to Wisconsin for food environment index, excessive drinking, teen births, food insecurity and insufficient sleep. Clark County has levels better than Wisconsin for alcohol-impaired driving deaths, sexually-transmitted infections and limited access to healthy foods. Clark County has levels worse than Wisconsin for adult smoking, adult obesity, physical inactivity, access to exercise opportunities and motor vehicle crash deaths.
- **Social and Economic Factors**: Clark County has levels similar to Wisconsin for unemployment. Clark County has levels better than Wisconsin for income inequality, children in single-parent households, social associations, violent crime, injury deaths, high school graduation, residential segregation and firearm fatalities. Clark County has levels worse than Wisconsin for high school completion, some college, children in poverty, disconnected youth, reading scores, math scores, median household income, children eligible for free or reduced lunch and suicides.
- **Physical Environment**: Clark County has levels similar to Wisconsin for severe housing problems, long commute – driving alone and childhood lead poisoning. Clark County has levels better than Wisconsin for air pollution, driving alone to work, traffic volume, home-ownership, severe housing cost burden, motor vehicle crashes involving cyclist or pedestrian fatalities, arsenic in private wells, nitrates in private wells, radon, asthma, Lyme disease, extreme heat and extreme precipitation. Clark County has levels worse than Wisconsin for broadband access, alcohol outlet density, carbon monoxide poisoning and chronic obstructive pulmonary disease.

Health status data details and corresponding sources can be found in Appendix C.

### Data Limitations

There are a number of limitations to the data:

- Community Input Data: Respondents were not representative of the Clark County population as a whole; the survey was a snapshot in time; some participants may have misunderstood the questions.
- Health Status Data: Much of the data are more than two years old; data do not reflect many of the impacts of COVID-19; the data set is not comprehensive in its scope.

## Community Needs and Prioritization Process

Health status data, community input and prioritization criteria were compiled into tables so that all information about a particular topic was together. For instance, community survey results related to mental health were combined with mental health status data. The tables were organized by health issues and also by criteria. The criteria were:

- **Scope** – How many people are affected? How severe is the illness?
- **Disparity and Equity (general)** – What populations are disproportionately affected by the health issue?
- **Disparities and Equity (survey)** – In the community survey, what did individuals with low income (in this case, annual household income less than $50K), individuals in the jail and individuals from the Plain community see as the top health issues?
- **Community Momentum (survey)** – In the community survey, for all respondents, what were the top health issues?
- **Community Momentum (general)** – What health issues are community members energized by, ready to address or have high enthusiasm for?
- **Alignment with Others** – What other organizations are working on the issue? Are there current programs or projects centered on the issue?
- **Feasibility of Interventions** – Are there community-facing, evidence-based interventions that are sustainable, cost-effective and practical for the hospital and health department to implement?

### Prioritization

The hospital's prioritization process included multiple steps: a preliminary review by the core partners (Aspirus Stanley Hospital, Clark County Health Department and Marshfield Medical Center-Neillsville) to narrow down the set of issues; input from community stakeholders; a hospital-specific prioritization meeting.

Preliminary review. The core partners met and reviewed the 'health issues with criteria' tables. Based on that information and their discussion, the core partners identified six issues to bring to the stakeholder

meeting: mental health; substance abuse; physical environment and safety; chronic diseases; social determinants of health; communicable diseases.

Stakeholder review. Over 50 community stakeholders were invited to a January 2022 virtual meeting. Invited stakeholders received a set of materials for review: health status data packet; community survey summary; and the 'health issues with criteria' tables for the six top issues identified by the core partners. The invitation included information on how to provide input if the stakeholder was unable to attend the meeting.

Thirteen stakeholders attended the meeting. Those individuals represented governmental public health as well as individuals with low income, individuals with disabilities or who are older, veterans and others. At the meeting, the core partners facilitated a discussion around each of the six issues. To do that, the core partners:

- Presented some health status data on the issue;
- Presented additional rationale for choosing that issue;
- Asked for open discussion on two questions – what are the advantages of pursuing that issue and what are the disadvantages of pursuing that issue.

At the conclusion of the meeting, stakeholders were asked through an online poll to choose their top two issues. Notes were taken throughout the meeting, the 'chat' comments were captured and documented and the polling results were also documented. (Individuals participating by phone only were able to provide their top two issues after the meeting.) All information was compiled and shared between the core partners.

Hospital review. For the last step in the prioritization process, leaders from Aspirus Stanley Hospital and the Aspirus (system-level) Community Health Improvement team met to review the 'health issues with criteria' recommendations plus the stakeholder feedback. That discussion resulted in the identification of the hospital's priorities.

## Final Prioritized Needs

As a result of the above-outlined process, the hospital's final priorities are:

- Chronic Disease
- Mental Health
- Physical Environment and Safety

### Needs Not Selected

The three issues that were not selected and the corresponding rationale are:

- Substance use – Although this was a priority in the previous 3-year cycle, there was very little momentum or energy around it from other organizations, resulting in little progress. The hospital felt its resources were better directed to efforts that could result in collective impact.
- Communicable diseases – The hospital will work on this issue outside of the formal Implementation Strategy.
- Social determinants of health – The hospital will work to address social determinants, particularly those determinants that contribute to health inequities, as part of their efforts to address chronic disease, mental health and physical environment and safety.

A brief overview of those final issues is on the next three pages.

### Facilities and Community Resources

A brief description of health care and other organizations available to address community are listed in Appendix D.

# Mental Health

## 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 have increased and access to mental health providers and treatment has been limited.[4]

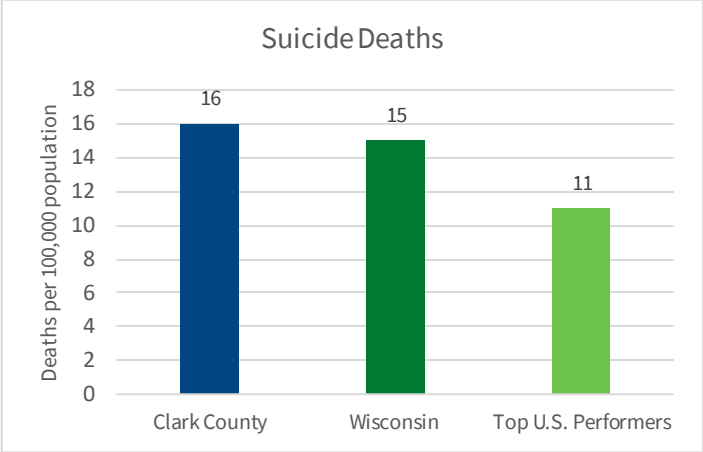
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B.et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Commun4, 10(2018). https://doi.org/10.1057/s41599-018-0063-2 (4) Czeisler MÉ , 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

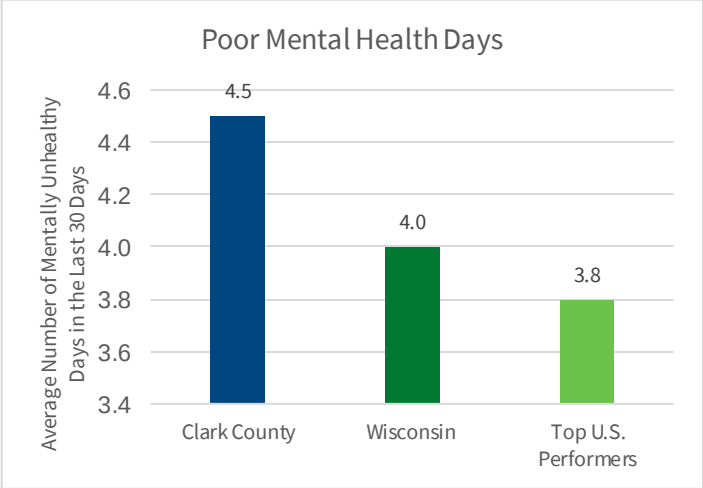
## Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to those 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, including persons: who identify as LGBTQ; with disabilities and their caretakers; and 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




*Sources:* 2021 County Health Rankings

## Community Perceptions & Challenges

- In the community survey, Mental Health was tied with Overweight/Obesity as the top-ranked health outcome
- It is a challenge to recruit and retain mental health care providers
- COVID-19 has exacerbated existing mental health issues

# Chronic Disease

## Why is it Important?

Chronic diseases include, but are not limited to, heart disease, stroke, cancer, diabetes and asthma. Coronary heart disease is the leading cause of death in the U.S.; cancer is the second-leading cause.[1] Chronic diseases can often be prevented through healthy diet, physical activity and eliminating tobacco use and substance abuse. Chronic diseases are important because:

- They are very costly. Ninety percent of healthcare spending is generated by 50 percent of the population that has one or more chronic diseases (2016).[2]
- Effective management can prevent more serious complications.
- One in every four U.S. healthcare dollars is spent caring for people with diagnosed diabetes.[3]

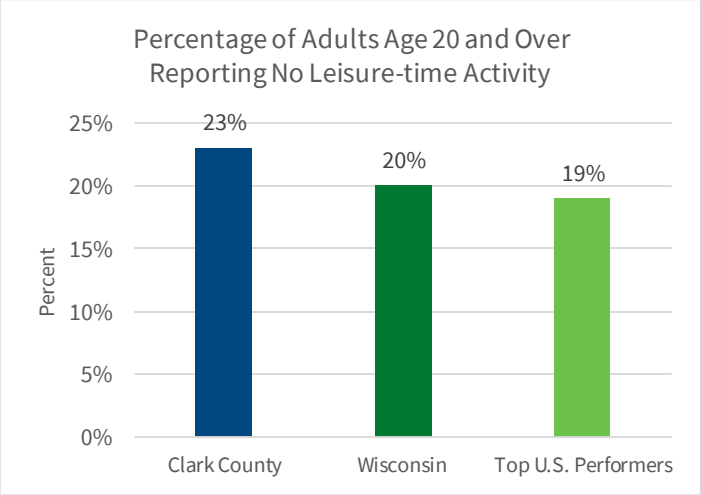
Sources: (1) Centers for Disease Control and Prevention FastFacts (2) Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) (3) American Diabetes Association

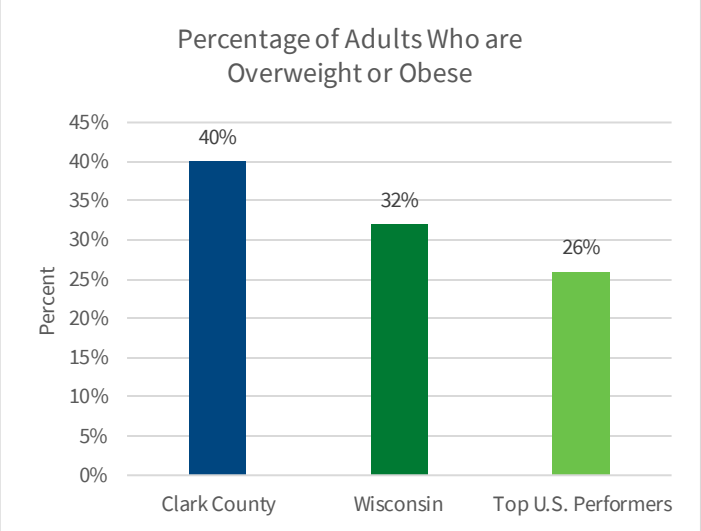
## Disparities and Equity

- The rate of 'multiple chronic diseases' (having three chronic diseases) has been increasing for some groups of people: adults with some college or a college degree; white adults; Black adults; women; American Indian / Alaska Native adults.[4]
- Women, compared to men, have higher rates of multiple chronic conditions, asthma and cancer.[4]
- Pre-existing chronic conditions have been associated with approximately two-thirds of covid hospitalizations.[4]

Sources: (4) 2021 America's Health Rankings Disparities Report

## Data Highlights




*Sources:* 2021 County Health Rankings

## Community Perceptions & Challenges

- In the community survey, Obesity/Overweight was tied with Mental Health as the top-ranked health outcome
- Low income and limited access to resources is connected to poor health

*Clark County Data Compared to Wisconsin*

- Poor physical health days (in the last 30): 4.5 Clark / 3.7 WI
- Adults with no leisure time activity: 23% Clark / 20% WI
- Adults who are current smokers (a leading cause of chronic disease): 23% Clark / 17% WI

*Sources:* 2021 County Health Rankings

# Physical Environment and Safety

## Why is it Important?

The air we breathe and water we drink affects every moment of our lives. Poor air quality impacts asthma and lung-related diseases.[1] Poor water quality can lead to infection, illness and/or disease.[1]

Injury is the leading cause of death for children, adolescents and adults under age 45.[2]

Sources: (1) County Health Rankings and Roadmaps (2) Healthy People 2030

## Disparities and Equity

People with low incomes are more likely to live in polluted areas and have unsafe drinking water. Children and pregnant women are at higher risk of health problems related to pollution.[3]

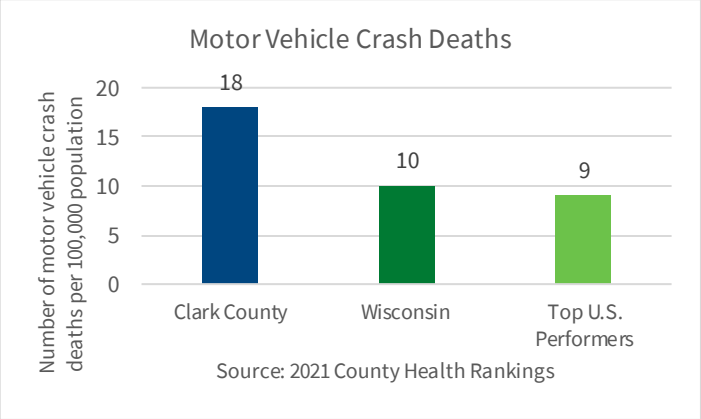
In 2013-2017 — before the pandemic — households headed by Hispanic (29.9%), Black (25.3%) and American Indian/Alaska Native (24.2%) individuals had roughly a two times higher rate of severe housing problems than households headed by white (13.4%) individuals. Amid the pandemic, studies documented that counties with a higher percentage of households living in poor housing conditions faced a higher rate of COVID-19 infection and associated mortality. A large share of those disproportionately impacted were people of color.[4]

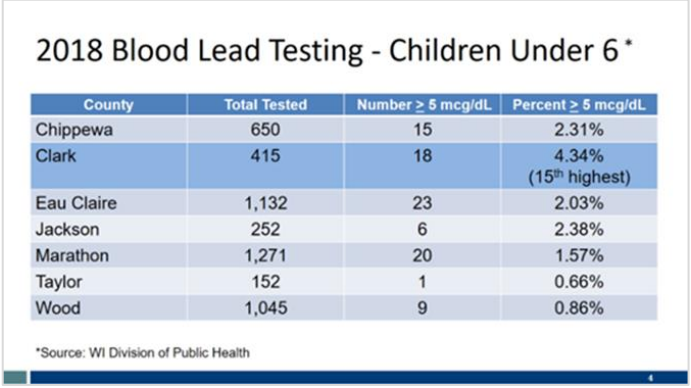
Sources: (3) Copied verbatim from Healthy People 2030 (4) Copied verbatim from America's Health Rankings 2021 Health Disparities Report (page 32)

## Community Perceptions & Challenges

- Working on these issues would be very tangible
- Physical environment and safety are not very political
- With this topic, there are opportunities to reach individuals from the Plain community

## Data Highlights



2018 Blood Lead Testing - Children Under 6 *

| County | Total Tested | Number ≥ 5 mcg/dL | Percent ≥ 5 mcg/dL |
|---|---|---|---|
| Chippewa | 650 | 15 | 2.31% |
| Clark | 415 | 18 | 4.34% (15th highest) |
| Eau Claire | 1,132 | 23 | 2.03% |
| Jackson | 252 | 6 | 2.38% |
| Marathon | 1,271 | 20 | 1.57% |
| Taylor | 152 | 1 | 0.66% |
| Wood | 1,045 | 9 | 0.86% |

*Source: WI Division of Public Health

*Additional Clark County Data*

- Households with severe housing problems: 14% Clark / 14% WI*
- Carbon monoxide poisoning (emergency room visits related to unintentional CO poisoning, age-adjusted per 100,000 people): 9.9 Clark / 8.1 WI**
- From 2016-2021, 5 Clark County children (under age 18) died in a farming-related accident (e.g., large animal or heavy machinery)***
- From 2016 through 2019, there were at least 13 farm-related or buggy-related injuries and deaths in Clark County***

* 2021 County Health Rankings
** Wisconsin Environmental Public Health Tracking Program
*** National Fatality Review Case Reporting System, accessed by the Clark County Health Department

## Evaluation of Impact from the Previous CHNA Implementation Strategy

Aspirus Stanley Hospital's priority health issues from the previous CHNA included:

- Chronic Disease
- Mental Health
- Alcohol and Other Drug Abuse

A summary of the impact of efforts to address those needs are included in the Appendix E.

## Approval by the Hospital Board

The CHNA report was reviewed and approved by the Aspirus Stanley Hospital Board of Directors on May 17, 2022.

## Conclusion

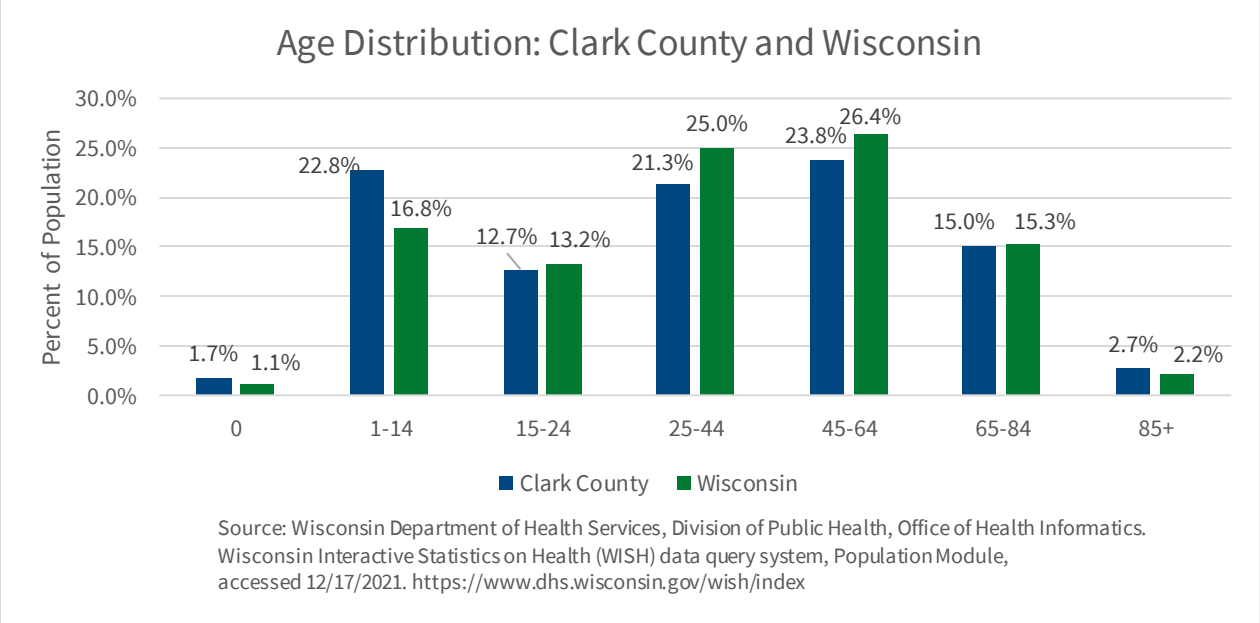
Thank you to all the community members who provided thoughts, input and constructive feedback throughout the process. Aspirus Stanley Hospital will continue to work with its partners to address the health issues important to the community.

# Appendices

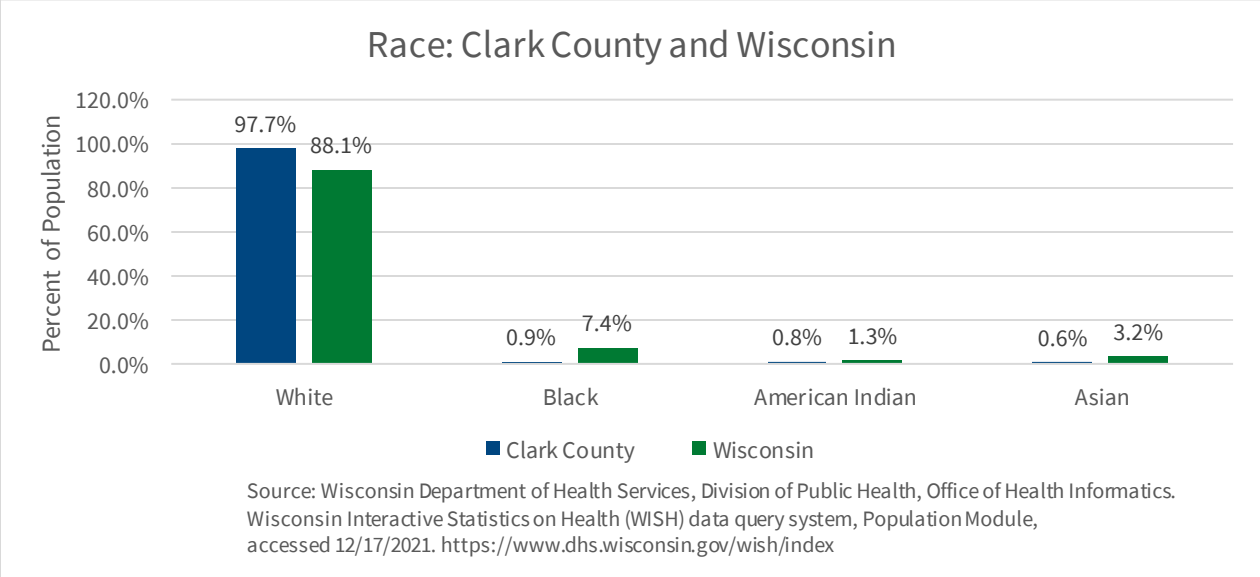
## Appendix A: Community Demographics and Data Sources

Demographic measures for Clark County and Wisconsin are provided below.

The population of Clark County is 34,751 (U.S. Census). Clark County has 28.7 people per square mile and Wisconsin has 105.0 people per square mile (U.S. Census).




Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Population Module, accessed 12/17/2021. https://www.dhs.wisconsin.gov/wish/index

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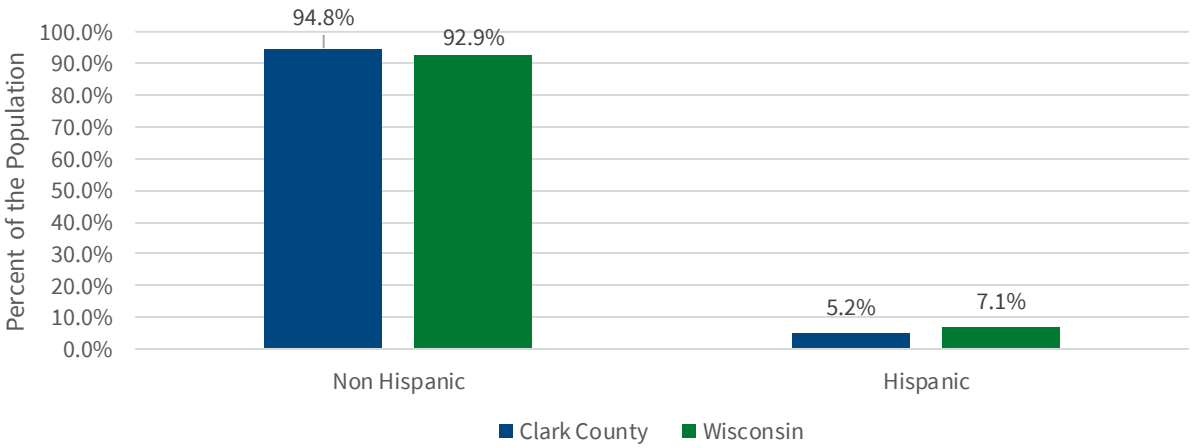


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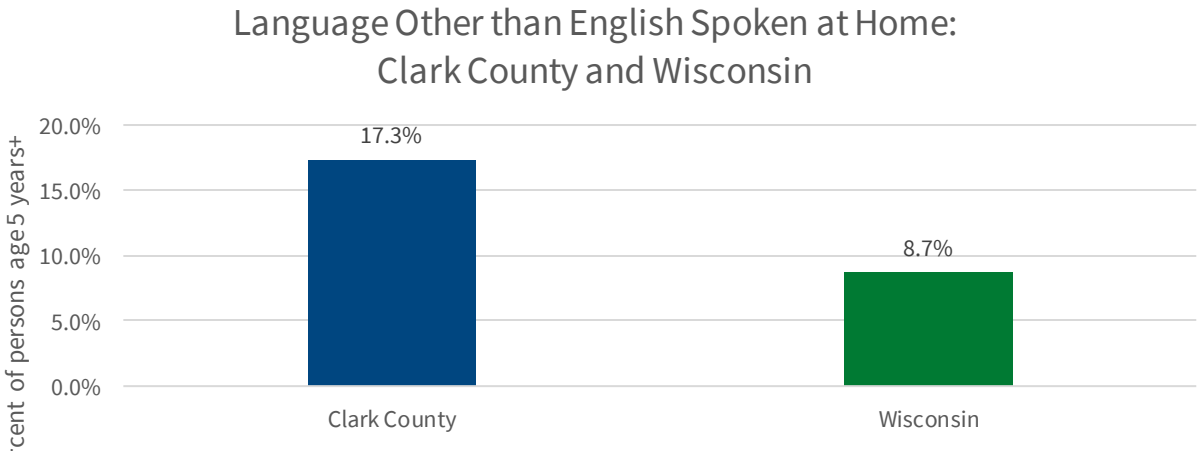
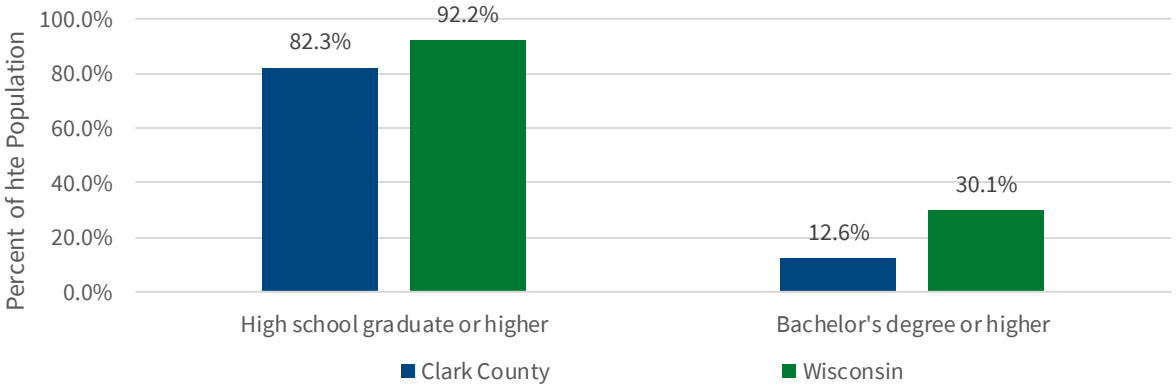
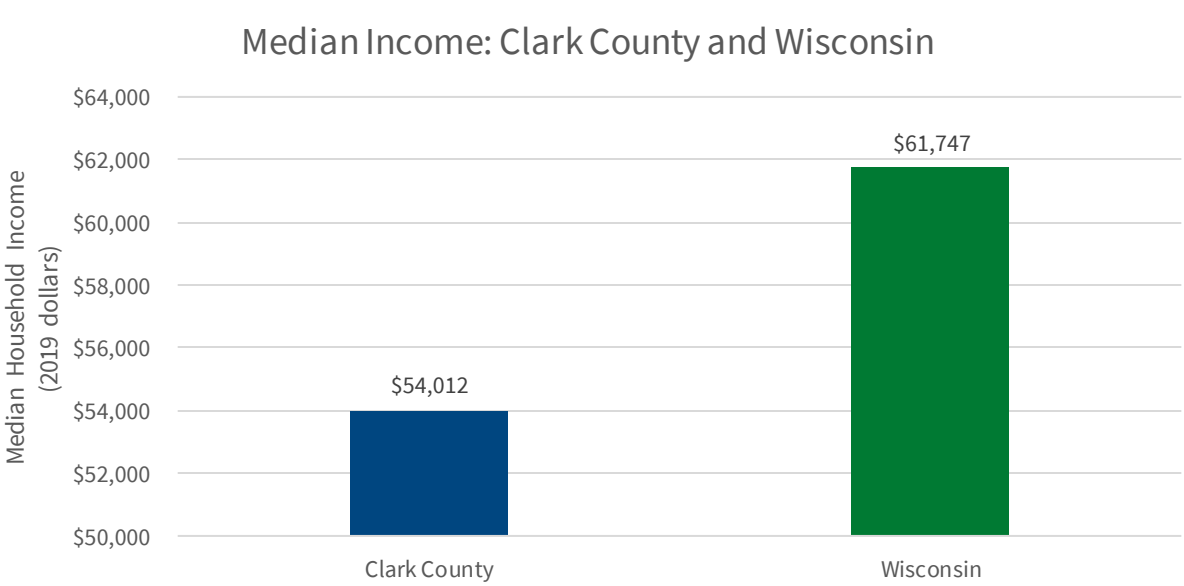


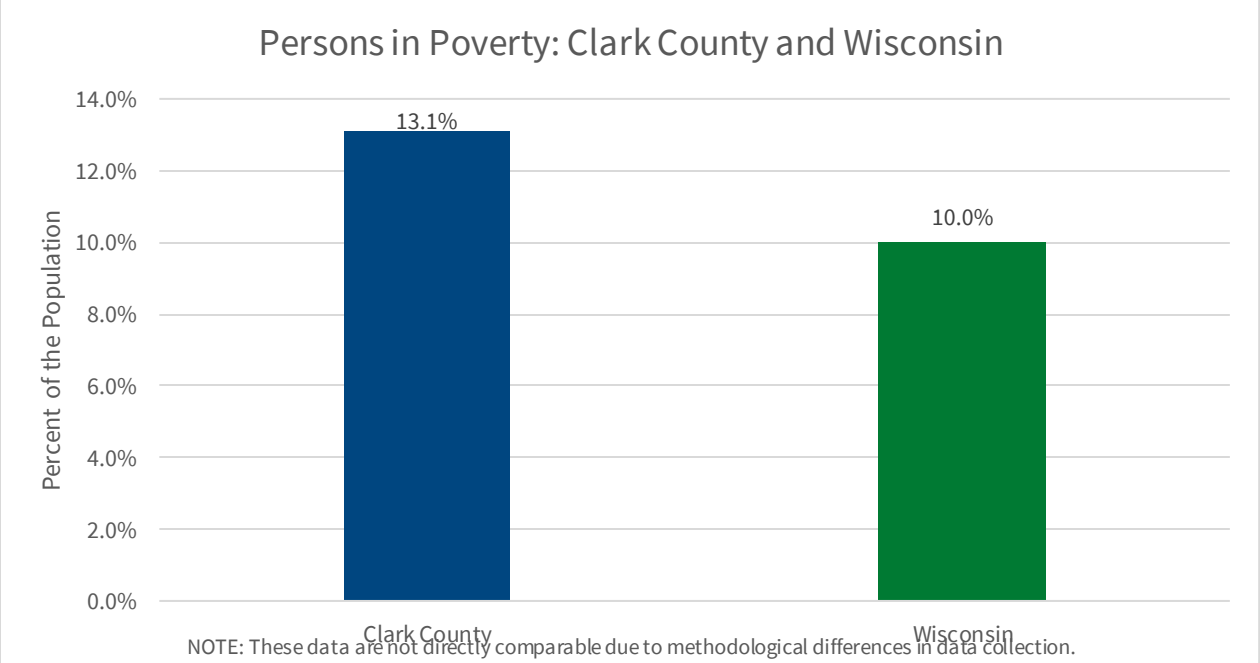

Source: U.S. Department of Commerce, Bureau of the Census, https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,WI,US/PST045219. Accessed December 16, 2021.




Source: U.S. Department of Commerce, Bureau of the Census, accessed December 16, 2021
https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,WI,US/PST045219.




Source: U.S. Department of Commerce, Bureau of the Census,
https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,WI,US/PST045219.
Accessed December 16, 2021.




NOTE: These data are not directly comparable due to methodological differences in data collection.
Source: U.S. Department of Commerce, Bureau of the Census. Accessed 12/16/2021.
https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,WI,US/PST0

## Appendix B: Community Input – Community Survey

In Summer 2021, the Clark County Health Department, Aspirus Stanley Hospital and Marshfield Medical Center–Neillsville, launched a short survey to invite community members' input on the top health issues facing the county. The survey was available online and on paper. Surveys collected on paper were entered into an online survey collector (SurveyMonkey).

The results of the survey are below.


- Demographics
- Significant Issues
- Community Strengths
- Limitations

## RESPONDENT DEMOGRAPHICS

Compared to the entire Clark County population, survey respondents were more likely to: be female, be non-Hispanic, have more education, have more income and not be from the Plain Community. The identified race of the respondents is similar to the proportion of different races in the county as a whole and the age distribution of the respondents is somewhat similar to the proportion of different ages in the county as a whole.

| | Clark County | Survey Respondents |
|---|---|---|
| **Male/Female** | Male 51.1%<br>Female 48.9% | Male 29.15%<br>Female 68.03%<br>Non-conforming or self-describing 2.82% |
| **Ages** | 15-24 (12.7%)<br>25-44 (21.3%)<br>45-64 (23.8%)<br>65-84 (15.0%)<br>85+ (2.7%) | 15-24 (6.25%)<br>25-44 (32.50%)<br>45-64 (41.88%)<br>65-84 (15.63%)<br>85+ (3.75%) |
| **Education** | High school graduate or higher: 82.3%<br><br>Bachelor's degree or higher: 12.6% | 8th grade or less 5.64%<br>9th through 12th grades (not completed) 2.51%<br>High school diploma or equivalent (e.g., G.E.D.) 17.55%<br>Some college or technical school 34.80%<br>Bachelor's degree 24.45%<br>More than a Bachelor's (e.g., Masters, Doctorate) 15.05% |
| **Ethnicity** | Hispanic / Latino 5.2%<br>Not Hispanic / Latino 94.8% | Hispanic / Latino 1.59%<br>Not Hispanic / Latino 98.41% |
| **Race** | White 97.7%<br>Black 0.9%<br>American Indian 0.8%<br>Asian 0.6% | White 95.95%<br>Black 0.62%<br>American Indian 1.25%<br>Asian 0.62% |
| **Plain Community** | Anecdotally estimated at one-third of the Clark County population | No 94.65%<br>Yes 5.34% |
| **Income** | Median household income (2019 dollars) $54,012 | Less than $24,999 15.31%<br>$25K-$34,999 10.54%<br>$35,000-$49,999 11.22%<br>$50,000-$74,999 26.87%<br>$75,000-$99,999 21.09%<br>$100,000+ 14.97% |

- Source for Clark County Male/Female, Ages, Race, Ethnicity: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, Population Module
- Source for Clark County Education, Income: U.S. Census (2015-2019 estimates)

## SIGNIFICANT ISSUES

The table below shows the top health issues selected by different groups of people, including individuals in households with income less than $50,000/year, individuals from the Plain Community and individuals who are in jail. These differentiations were made as a way to understand, along with the priorities of the community as a whole, the priorities of individuals who might be more vulnerable.

| | All | Household Income <$50K (n=109) | Plain Community (n=17) | Individuals in Jail (n=13) |
|---|---|---|---|---|
| **Outcomes** | Overweight / Obesity (33%) | Overweight / Obesity (34%) | Overweight / Obesity (24%) | Overweight / Obesity (31%) |
| | Mental health, suicide (33%) | Mental health, suicide (18%) | Chronic diseases (24%) | Mental health, suicide (23%) |
| | Chronic diseases (17%) | Chronic diseases (18%) | Mental health, suicide (12%) | Chronic diseases (8%) |
| **Clinical Care** | Availability and affordability of health insurance (43%) | Availability and affordability of health insurance (40%) | Availability and affordability of dental care (35%) | Availability and affordability of health insurance (54%) |
| | Lack of mental health care providers (36%) | Availability and affordability of dental care (30%) | Lack of doctors and other healthcare providers (24%) | Availability and affordability of dental care (46%) |
| | Availability and affordability of dental care (23%) | Lack of mental health care providers (28%) | Limited use of preventive services (12%) | Lack of mental health care providers (39%) |
| **Social and Economic Factors** | Family issues (e.g., divorce, parenting) (35%) | Aging-related issues (32%) | Family issues (e.g., divorce, parenting) (35%) | Lack of community or social support (31%) |
| | Aging-related issues (31%) | Family issues (e.g., divorce, parenting) (28%) | Aging-related issues (18%) | Family issues (23%) |
| | Not enough money for household expenses (26%) | Not enough money for household expenses (25%) | Violence in the home or community (18%) | Not enough money for household expenses (23%) |
| **Health Behaviors** | Drug abuse (41%) | Drug abuse (30%) | Alcohol use / misuse (35%) | Alcohol use / misuse (38%) |
| | Alcohol use/ misuse (33%) | Alcohol use / misuse (25%) | Drug abuse (24%) | Physical inactivity (31%) |
| | Physical inactivity (22%) | Physical inactivity (17%) | Injuries and accidents (18%) | Drug abuse (23%) |
| **Physical Environment** | Lack of safe and affordable housing (30%) | Limited access to public transportation (25%) | Drinking water quality (18%) | Lack of safe and affordable housing (23%) |
| | Limited access to public transportation (24%) | Lack of safe and affordable housing (21%) | Limited access to public transportation (18%) | Limited access to public transportation (23%) |
| | Drinking water quality (12%) | Drinking water quality (14%) | Air pollution / Housing (6% each) | Drinking water quality (15%) |
| **COVID-19** | Being put on quarantine – financial concerns, work issues (27%) | Being put on quarantine – financial concerns, work issues (20%) | Social isolation (24%) | Social isolation (23%) |
| | Schooling / Education issues (24%) | Stress or fear related to having the virus and spreading it to someone else (20%) | Stress or fear related to getting sick (24%) | Stress or fear related to getting the vaccine (23%) |
| | Social isolation (19%) | Unemployment / job loss (18%) | Quarantine / School / Employment (12% each) | Accessing care / Quarantine / Schooling (15% each) |

## COMMUNITY STRENGTHS

**What are the THREE greatest strengths of your community?**

| Answer Choices | Responses | |
|---|---|---|
| Parks and recreation | 39% | 126 |
| Schools | 35% | 114 |
| Low levels of crime / safe neighborhoods | 31% | 101 |
| Environment (e.g., air and water quality) | 28% | 91 |
| Religious and spiritual values | 21% | 70 |
| Access to health care | 19% | 63 |
| Jobs and the economy | 15% | 48 |
| Access to affordable and healthy foods | 14% | 46 |
| Low levels of discrimination and harassment (e.g., racism, sexism, ageism) | 8% | 25 |
| Access to exercise activities | 8% | 25 |
| Social or community support | 8% | 26 |
| Access to public transportation | 6% | 21 |
| Age-related health concerns / Ability to age in place | 6% | 18 |
| Access to dental care | 6% | 21 |
| Arts and cultural events | 5% | 15 |
| Having enough income to live on | 5% | 15 |
| Families (few divorces, parenting) | 4% | 13 |
| Safe and affordable housing | 3% | 9 |
| Low levels of child abuse/neglect | 2% | 6 |
| Access to mental health care | 2% | 5 |
| Low levels of violence in the home | 2% | 6 |
| Low levels of substance abuse (e.g., drug abuse, alcohol misuse) | 1% | 3 |
| Mental health / well-being | 1% | 2 |
| Race/ethnic relations | 1% | 4 |
| None of the above / Choose not to answer | 4% | 12 |
| Other (please specify) | 1% | 4 |
| | **Answered** | **326** |
| | **Skipped** | **153** |

## COMMUNITY SURVEY LIMITATIONS AND TECHNICAL NOTES

A number of limitations should be considered when interpreting the community survey results:

- There were 6 questions that asked about the top health issues *for the community*. Depending on the question, between 14 and 25 percent of respondents chose "None". While it is unclear why so many respondents indicated there are no health issues in the community, it is possible that some respondents interpreted the questions as being about themselves. That is, their answers reflect what health issues *they have*.
- On multiple (21) paper surveys, respondents exceeded the requested number of answers (e.g., chose three when instructions said "choose two"). Those surveys were set aside and a team member did their best to 'randomize' which of the answers were included in the data set.
- Some surveys in the SurveyMonkey platform were started but not completed. It is likely that some respondents completing the electronic survey simply exited the survey of their own accord. For about 10 of those surveys, it is likely that they were a paper-to-electronic survey (being entered by a team member) that was exited without completion when too many answers were checked (as noted above). The team did their best to match those started-electronic surveys with the appropriate paper surveys and then complete the entries.

Team members are able to provide additional details upon request.

## Appendix C: Health Status Data and Sources (Outside Data)

### HEALTH OUTCOMES

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Premature death** | Years of potential life lost before age 75 per 100,000 population (age-adjusted) | 2017-2019 | Not available | Not available | 6900 | 6300 | 5400 | Worse |
| **Poor or fair health** | Percentage of adults reporting fair or poor health (age-adjusted) | 2018 | Not available | Not available | 19% | 15% | 14% | Worse |
| **Poor physical health days** | Average number of physically unhealthy days reported in the last 30 days (age-adjusted) | 2018 | Not available | Not available | 4.5 | 3.7 | 3.4 | Worse |
| **Poor mental health days** | Average number of mentally unhealthy days reported in the last 30 days (age-adjusted) | 2018 | Not available | Not available | 4.5 | 4.0 | 3.8 | Worse |
| **Low birthweight** | Percentage of live births with low birthweight (<2500 grams) | 2013-2019 | Not available | 6% Hispanic 5% White | 5% | 7% | 6% | Better |
| **Life expectancy** | Average number of years a person can live | 2017-2019 | Not available | Not available | 78.7 | 79.5 | 81.1 | Worse |
| **Premature age-adjusted mortality** | Number of deaths among residents under age 75 per 100,000 population (age-adjusted) | 2017-2019 | Not available | Not available | 340 | 310 | 280 | Worse |
| **Child mortality** | Number of deaths among children under age 18 per 100,000 population | 2016-2019 | Not available | Not available | 70 | 50 | 40 | Worse |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Infant mortality** | Number of all infant deaths (within 1 year), per 1000 live births | 2013-2019 | Not available | Not available | 5 | 6 | 4 | Better |
| **Frequent physical distress** | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted) | 2018 | Not available | Not available | 14% | 11% | 10% | Worse |
| **Frequent mental distress** | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) | 2018 | Not available | Not available | 15% | 13% | 12% | Worse |
| **Diabetes prevalence** | Percentage of adults aged 20 and above with diagnosed diabetes | 2017 | Not available | Not available | 11% | 10% | 8% | Worse |
| **HIV prevalence** | Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population | 2018 | Not available | Not available | 37 | 129 | 50 | Better |
| **Age-adjusted cancer incidence*** | Number of individuals newly diagnosed with cancer per 100,000 population (age-adjusted) | 2016 | - | - | 442 | 458 | NA | Better |
| **Deaths due to cancer*** | Number of deaths due to cancer per 100,000 population | 2017 | - | - | 255 | 195 | NA | Worse -- Leading cause of death in Clark County |
| **Deaths due to cardiovascular disease*** | Number of deaths due to cancer per 100,000 population | 2017 | - | - | 238 | 201 | NA | Worse -- Second-leading cause of death in Clark County |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Opioid deaths*** | Number of deaths due to opioids per 100,000 residents | 2017-2020 | WI -- trending up | WI rates higher for: men (vs women); Native American, Black and White (vs Asian) | 2.9 | 16.9 | NA | Better |
| **Deaths with opioids as a factor*** | Number of deaths with opioids as an underlying or contributing cause per 100,000 population | 2017 | - | - | 2 total; no rate | 15.9 | NA | NA |
| **Opioid-related hospital discharges*** | Number of opioid-related hospital discharges per 100,000 population (age-adjusted) | 2020 | - | - | 102 | 329 | NA | Better |
| **Alcohol-attributable deaths*** | Number of deaths attributable to alcohol per 100,000 population | 2020 | WI -- Increasing Clark -- up & down (flat) | - | 34 | 53 | NA | Better |
| **Deaths with alcohol as a factor*** | Number of deaths with alcohol as an underlying or contributing cause per 100,000 population | 2017 | - | - | 12 total; no rate | 42.5 | NA | NA |
| **Chronic alcohol hospitalizations (emergency room)*** | Chronic alcohol hospitalizations per 100,000: Emergency room | 2020 | WI -- up since 2011, with a recent downward turn | - | 348 | 595 | NA | Better |
| **Chronic alcohol hospitalizations (inpatient)*** | Chronic alcohol hospitalizations per 100,000: Inpatient | 2020 | WI -- relatively flat | WI rates higher for: men (vs women); non-Hispanic (vs Hispanic); Native American, Black and White (vs Asian) | 287 | 574 | NA | Better |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Deaths due to falls**** | Number of deaths due to falls per 100,000 population | 2018 | - | - | Unknown | 157 | NA | Wisconsin has the highest rate of deaths due to falls in the country. Alabama has the lowest rate: 28. |

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed September 1, 2021.

*Source: Wisconsin Department of Health Services, multiple reports and queries, including:

- Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin (P-45358). February 2021. [Cancer incidence, Deaths due to cancer, Deaths due to cardiovascular disease.]
- Data Direct, Opioid Summary Module [web query]. Data last updated 9/1/2020 1:20:20 p.m. Accessed September 15, 2021. [Opioid deaths]
- Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin (P-45358). February 2021. [Deaths with opioids as a factor]
- Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Opioid-Related Hospital Encounters Module, accessed September 15, 2021. [Opioid-related hospital discharges]
- DHS Interactive Dashboards: Alcohol Death Module. Last updated 10/9/21 8:01:09 p.m. Accessed 10/27/2021. [Alcohol-attributable deaths]
- Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin (P-45358). February 2021. [Deaths with alcohol as a factor]
- DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 7/1/2020 10:20:23 A.M. Accessed October 28, 2021. [Chronic alcohol hospitalizations – emergency room and inpatient]

** Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website. Accessed September 28, 2021.

## CLINICAL CARE

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Uninsured** | Percentage of population under age 65 without health insurance | 2018 | No trend | Not available | 17% | 7% | 6% | Worse |
| **Uninsured children** | Percentage of children under age 19 without health insurance | 2018 | Worsening | Not available | 20% | 4% | 3% | Worse |
| **Primary care physicians** | Ratio of population to primary care physicians | 2018 | Worsening | Not available | 3470:1 | 1270:1 | 1030:1 | Worse |
| **Other primary care providers** | Ratio of population to primary care providers other than physicians | 2020 | No trend | Not available | 1740:1 | 810:1 | 620:1 | Worse |
| **Dentists** | Ratio of population to dentists | 2019 | No trend | Not available | 2320:1 | 1410:1 | 1210:1 | Worse |
| **Mental health providers** | Ratio of population to mental health providers | 2020 | Not available | Not available | 2900:1 | 470:1 | 270:1 | Worse |
| **Mammography screening** | Percentage of female Medicare enrollees ages 65-74 that received an annual mammogram screening | 2018 | Improving | 38% Hispanic 50% White | 49% | 49% | 51% | Same |
| **Flu vaccinations** | Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination | 2018 | No trend | 22% Hispanic 35% White | 35% | 53% | 55% | Worse |

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed August 5, 2021.

## HEALTH BEHAVIORS

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Adult smoking** | Percentage of adults who are current smokers (age-adjusted) | 2018 | Not available | Not available | 23% | 17% | 16% | Worse |
| **Adult obesity** | Percentage of the adult population (age 20 and older) that report a body mass index (BMI) greater than or equal to 30kg/m2 | 2017 | Worsening | Not available | 40% | 32% | 26% | Worse |
| **Food environment index** | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) | 2015 and 2018 | Not available | Not available | 9 | 9 | 8.7 | Same |
| **Physical inactivity** | Percentage of adults age 20 and over reporting no leisure-time activity | 2017 | No trend | Not available | 23% | 20% | 19% | Worse |
| **Access to exercise opportunities** | Percentage of population with adequate access to locations for physical activity | 2010 and 2019 | Not available | Not available | 46% | 85% | 91% | Worse |
| **Excessive drinking** | Percentage of adults reporting binge or heavy drinking (age-adjusted) | 2018 | Not available | Not available | 26% | 27% | 15% | Same |
| **Alcohol-impaired driving deaths** | Percentage of driving deaths with alcohol involvement | 2015-2019 | No trend | Not available | 31% | 36% | 11% | Better |
| **Sexually transmitted infections** | Number of newly diagnosed chlamydia cases per 100,000 population | 2018 | Worsening | Not available | 181.7 | 483.6 | 161.2 | Better |
| **Teen births** | Number of births per 1000 female population ages 15-19 | 2013-2019 | Not available | Hispanic 73 White 10 | 13.0 | 12.0 | 15.0 | Worse/Same |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Food insecurity** | Percentage of population who lack adequate access to food | 2018 | Not available | Not available | 9% | 9% | 9% | Same |
| **Limited access to healthy foods** | Percentage of the population who are low income and do not live close to a grocery store | 2015 | Not available | Not available | 1% | 5% | 2% | Better |
| **Drug overdose deaths** | Number of drug poisoning deaths per 100,000 population | 2017-2019 | Not available | Not available | no data | 20 | 11 | NA |
| **Motor vehicle crash deaths** | Number of motor vehicle crash deaths per 100,000 population | 2013-2019 | Not available | Not available | 18 | 10 | 9 | Worse |
| **Insufficient sleep** | Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted) | 2018 | Not available | Not available | 33% | 33% | 32% | Same |

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed August 9, 2021.

## SOCIAL & ECONOMIC FACTORS

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **High school completion** | Percentage of adults age 25 and over with a high school diploma or equivalent | 2015-19 | Not available | Not available | 82% | 92% | 94% | Worse |
| **Some college** | Percentage of adults ages 25-44 with some post-secondary education | 2015-19 | Not available | Not available | 46% | 70% | 73% | Worse |
| **Unemployment** | Percentage of the population ages 16 and older unemployed but seeking work | 2019 | Improving | Not available | 3.3% | 3.3% | 2.6% | Same |
| **Children in poverty** | Percentage of people under age 18 in poverty | 2019 | Worsening | Black 8%<br>Hispanic 23%<br>White 16% | 22% | 14% | 10% | Worse |
| **Income inequality** | Ratio of household income at the 80th percentile to income at the 20th percentile | 2015-19 | Not available | Not available | 3.7 | 4.2 | 3.7 | Better |
| **Children in single-parent households** | Percentage of children that live in a household headed by a single parent | 2015-19 | Not available | Not available | 10% | 23% | 14% | Better |
| **Social associations** | Number of membership associations per 10,000 population | 2018 | Not available | Not available | 13.3 | 11.5 | 18.2 | Better |
| **Violent crime** | Number of reported violent crime offenses per 100,000 population | 2014 & 2016 | No trend | Not available | 48 | 298 | 63 | Better |
| **Injury deaths** | Number of deaths due to injury per 100,000 population | 2015-19 | Not available | Not available | 76 | 84 | 59 | Better |
| **High school graduation** | Percentage of 9th grade cohort that graduates in 4 years | 2017-18 | Not available | Not available | 93% | 90% | 95% | Better |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Disconnected youth** | Percentage of teens and young adults ages 16-19 who are neither working or in school | 2015-2019 | Not available | Not available | 14% | 5% | 4% | Worse |
| **Reading scores** | Average grade level performance for third graders on English Language Arts standardized tests | 2018 | Not available | Hispanic 2.5; White 2.9 | 2.8 | 3 | 3.3 | Worse |
| **Math scores** | Average grade level performance for third graders on math standardized tests | 2018 | Not available | Hispanic 2.0; White 2.8 | 2.6 | 3 | 3.4 | Worse |
| **Median household income** | The income where half of households in a county earn more and half earn less | 2019 | Not available | Am. Ind. & Alaska Native $57,000<br>Black $33,800<br>Hispanic $43,500<br>White $54,100 | $54,300 | $64,200 | $72,900 | Worse |
| **Children eligible for free or reduced-price lunch** | Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch | 2018-2019 | Not available | Not available | 53% | 39% | 32% | Worse |
| **Residential segregation - Black/White** | Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents | 2015-2019 | Not available | Not available | 53 | 76 | 23 | Better |
| **Residential segregation - non-white/white** | Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents | 2015-2019 | Not available | Not available | 27 | 55 | 14 | Better |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Homicides** | Number of deaths due to homicide per 100,000 population | 2013-2019 | Not available | Not available | -- | 4 | 2 | NA |
| **Suicides** | Number of deaths due to suicide per 100,000 population (age-adjusted) | 2015-2019 | Not available | Not available | 16 | 15 | 11 | Worse |
| **Firearm fatalities** | Number of deaths due to firearms per 100,000 population | 2015-2019 | Not available | Not available | 9 | 11 | 8 | Better |
| **Juvenile arrests** | Rate of delinquency cases per 1000 juveniles | 2018 | Not available | Not available | 11 | -- | -- | NA |
| **Domestic violence incidents*** | Number of domestic violence incidents (number, not rate) | 2018 | Increasing somewhat -- from 2013 to 2018. 86 in 2013, 103 in 2017 and 97 in 2018 | Not available | 97 | NA | NA | NA |
| **Child victimization rate**** | The number of child victims per 1000 population | 2019 | -- | - | 4.4 | 3.5 | NA | Worse |

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed August 5, 2021 and September 17, 2021.

* Wisconsin Department of Justice, Domestic Abuse Data website. Accessed September 28, 2021.

** Wisconsin Department of Children and Families. Wisconsin Child Abuse and Neglect Report. Annual Report for Calendar Year 2019 to the Governor and Legislature. Released December 2020.

## PHYSICAL ENVIRONMENT

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Air pollution -- particulate matter** | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) | 2016 | Improving | Not available | 6.7 | 7.0 | 5.2 | Better |
| **Drinking water violations** | Indicator of the presence of (public source) drinking water (EPA) violations | 2019 | Not available | Not available | No | NA | NA | NA |
| **Severe housing problems** | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities | 2013-2017 | Not available | Not available | 14% | 14% | 9% | Same |
| **Driving alone to work** | Percentage of the workforce that drives alone to work | 2015-2019 | Not available | Hispanic 71% White 69% | 72% | 81% | 72% | Better |
| **Long commute -- driving alone** | Among workers who commute in their cars alone, the percentage that commute more than 30 minutes | 2015-2019 | Not available | Not available | 29% | 28% | 16% | Worse-Same |
| **Traffic volume** | Average traffic volume per meter of major roadways in the county | 2019 | Not available | Not available | 41 | 597 | NA | Better |
| **Home-ownership** | Percentage of occupied housing units that are owned | 2015-2019 | Not available | Not available | 78% | 67% | 81% | Better |
| **Severe housing cost burden** | Percentage of households that spend 50% or more of their household income on housing | 2015-2019 | Not available | Not available | 9% | 12% | 7% | Better |
| **Broadband access** | Percentage of households with broadband internet connection | 2015-2019 | Not available | Not available | 71% | 83% | 86% | Worse |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Alcohol Outlet Density*** | Crude rate of alcohol licenses per 500 people | 2017-2018 | - | Not available | 2.14 | 1.47 | NA | Worse |
| **Motor vehicle-related fatalities*** | Percent of fatal motor vehicle crashes involving cyclists or pedestrians | 2004-2018, data from 2014-2018 for dashboard | Flat | Not available | 0% | 16.00% | NA | Better |
| **Arsenic (private wells)*** | Percent of test results for arsenic that exceed EPA standard of 10 ug/L | 1988 to July 2019 | - | Not available | 0.80% | 5.40% | NA | Better |
| **Nitrates (private wells)*** | Percent of test results for nitrates that exceed EPA standard of 10 mg/L | 1988 to July 2019 | - | Not available | 9.40% | 10.10% | NA | Better |
| **Carbon monoxide poisoning*** | Annual average rate of emergency room visits related to unintentional CO poisoning, age-adjusted per 100,000 people | 2010-2019, data averaged from 2015-2019 for dashboard | Increasing slightly | Not available | 9.9 | 8.1 | NA | Worse |
| **Childhood lead poisoning*** | Percent of children (less than 6 years of age) who had a blood lead level greater than or equal to 5ug/dL, among those tested; and the total number of children (less than 6 years of age) who were tested | 2006-2019, data from 2019 displayed on dashboard | - | Not available | 3.60% | 3.70% | NA | Same |
| **Radon*** | Percent of radon tests with results at or above EPA standard of 4pCi/L | 2020 | - | Not available | 18.60% | 35.20% | NA | Better |

| Measure | Description | Year(s) of Data | Trend (County) | Disparities Data (County) | County | Wisconsin | Top U.S. Performers | Better / Worse than Wisconsin |
|---|---|---|---|---|---|---|---|---|
| **Radon **** | Percent of test results greater than or equal to the EPA recommended limit (4.0pCi/L) Use ARC GIS | 1995-2016 | - | Not available | Approximately 1-in-3 to 1-in-4 houses that were tested | - | NA | NA |
| **Asthma*** | Rate of emergency room visits related to asthma, age-adjusted per 10,000 people | 2019 | - | Not available | 10.2 | 33 | NA | Better |
| **COPD*** | Rate of emergency room visits related to COPD for persons 25 years and older, age-adjusted per 10,000 people | 2019 | - | Not available | 39.4 | 26.4 | NA | Worse |
| **Lyme Disease*** | Crude rate of confirmed and probable Lyme disease cases per 100,000 people | 2003-2019, data from 2019 on dashboard | Decreasing over the last 10 years | Not available | 8.6 | 37.3 | NA | Better |
| **Extreme Heat*** | Projected number of extreme heat days >90 degrees Fahrenheit | 2030-2080, data from 2080 on dashboard | Increase anticipated | Not available | 27 | 34 | NA | Better |
| **Extreme Precipitation*** | Projected number of extreme precipitation days with greater than or equal to 1 inch of precipitation | 2030-2080, data from 2080 on dashboard | Increase anticipated | Not available | 4.5 | 4.6 | NA | Same |

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed August 9, 2021.

*Source: Wisconsin Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health, Wisconsin Department of Health Services, Division of Public Health. 2021 County Environmental Health Profile, Clark County

** Source: Wisconsin Radon Program, in collaboration with the Wisconsin Department of Health Services, Bureau of Information Technology Services, GIS Program. https://wi-dhs.maps.arcgis.com/apps/webappviewer/index.html?id=68f3a3e068854810b626d002ce47aff4

**COVID-19**

As of January 3, 2022, in the U.S., COVID-19 has taken over 820,000 lives and caused illness for millions.[2] The morbidity and mortality associated with COVID-19 is not equally distributed, with racial and ethnic minorities, older individuals, individuals with underlying medical issues and rural communities disproportionately affected.[3] This disproportionate impact on rural communities is likely a combination of factors, including: having a higher proportion of older individuals who are more likely to have chronic illnesses; less access to care; socioeconomic challenges such as food insecurity and poverty; lower uptake of public health measures to prevent COVID-19, and; lower vaccination rates.[4]

Data from Clark County shows some parallels with national data on rural communities. Clark County fares worse than Wisconsin in a number of COVID-19-related measures, including death rates and vaccination rates.

| COVID-19* | Clark | Wisconsin |
|---|---|---|
| Total Cases (confirmed) | 5569 | 1,005,150 |
| Confirmed Cases per 100,000 | 16,039 | 17,233 |
| Total Deaths (of confirmed cases) | 101 | 10,075 |
| Deaths per 100,000 population | 290.9 | 172.7 |
| Case Fatality Percentage (percent of total confirmed cases who died of covid-19) | 1.8% | 1.0% |
| Vaccination Rate – Percent of the population who have completed the vaccine series | 35% | 58.2% |
| ** As of the January 3, 2022 update* | | |

Cases and deaths: https://www.dhs.wisconsin.gov/covid-19/county.htm. Vaccine: https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm.

The impact of COVID-19 goes well beyond the physical illness and death it can cause. COVID-19 has permeated nearly every aspect of our lives. It has affected businesses, jobs, schools, personal health and personal relationships. Data show that particularly in the early stages of the pandemic, food insecurity increased as jobs were lost.[5] Poor mental health also increased, disproportionately affecting young adults, women, adult caregivers, individuals who are Latinx, individuals who are black, essential workers and individuals in households with low income.[6] Substance use, overdoses and opioid-related deaths have also increased during the pandemic.[7]

[2] Centers for Disease Control and Prevention, COVID-19 Data Tracker. https://covid.cdc.gov/covid-data-tracker/#datatracker-home. Accessed on January 3, 2022.
[3] Racial and ethnic minorities, underlying health conditions and older individuals: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html, accessed on November 5, 2021. Rural https://rupri.public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Data%20Brief.pdf dated November 2021, accessed November 5, 2021
[4] https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health and https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e3.htm
[5] https://www.feedingamerica.org/research/coronavirus-hunger-research
[6] https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm and https://www.kff.org/coronavirus-covid-19/press-release/how-the-covid-19-pandemic-is-affecting-peoples-mental-health-and-substance-use/#
[7] https://www.apa.org/monitor/2021/03/substance-use-pandemic, accessed November 5, 2021

**Environment and Climate**

Although the connection between the environment, climate and health has long been known, the calls to action are increasing. The changes in climate are pushing our environment to more extremes in heat, cold, precipitation and natural disasters. Those changes have ripple effects that impact our health.[8]

- Warmer, wetter weather will create conditions that are conducive to increasing the mosquito and tick population, for example. Mosquitos are carriers for West Nile Virus and ticks can carry Lyme disease.
- Increased precipitation can lead to flooding, which can increase bacteria and viruses in water, leading to contaminated rivers and lakes.
- Extreme heat can lead to death. Extreme heat can also degrade air quality, potentially causing respiratory distress and impacting airborne pollen.
- Extreme cold, particularly when combined with increased precipitation, can impact travel conditions which can result in traffic injuries and deaths.
- Natural disasters can result in loss of home, property and life. A secondary impact of disasters are stress and mental health issues.

In addition to the environment and climate impacting everyone on the planet, there can be a disproportionate effect on some groups of individuals, including individuals with low income, children and pregnant women, older adults, communities of color and others. Climate is not only a health issue, it is a health equity issue.

[8] Wisconsin Department of Health Services, Climate Health Program

## Appendix D: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or https://aspiruscommunity-resources.auntbertha.com/, and then searching by zip code and program need/area.

| Agency | Need / Resource |
|---|---|
| Aging & Disability Resource Center of Clark County | Aging |
| Interfaith Volunteer Care | Aging |
| UW Extension Clark County | Education/Training |
| Wisconsin Works | Financial Assistance/Support |
| Thorp Food Pantry | Food |
| Community Alliance Church Food Pantry | Food |
| Fruit of the Vine Food Pantry | Food |
| WIC Program | Food, Nutrition |
| Marshfield Medical Center-Neillsville & Clinics | Health Care |
| Aspirus Stanley Hospital & Clinic | Health Care |
| Owen VA Clinic | Health Care, More |
| Living Well Mental Health Clinic | Mental Health |
| Clark County Community Services | Mental Health, AODA |
| Courage to Change Recovery | Mental Health, AODA |
| Clark County Health Department | Multiple -- Immunizations, Car Seats, Lead Screenings, More |
| Indianhead Community Action Agency | Multiple -- Skills, Food, Housing, Legal |
| Abby Vans | Transportation |

## Appendix E: Evaluation of Impact from the Previous CHNA Implementation Strategy

The description below includes the work that has been completed to address the health issues identified by Ascension Our Lady of Victory Hospital / Aspirus Stanley Hospital from July 1, 2019 – June 30, 2022. During that time, the hospital's efforts were significantly impacted by:

- The transition of the hospital from Ascension Health to Aspirus Health (Ascension Our Lady of Victory Hospital to Aspirus Stanley Hospital); the transition occurred in August 2021;
- Community health improvement staff vacancies and transitions;
- COVID-19 and its ripple effect on community outreach and public events / programs.

### Chronic Disease

***Body Mass Index (BMI) Screening***

From July 1, 2019 through August 1, 2021, Ascension Wisconsin was in a three-year plan to increase screening rates across primary care clinic settings. With the ultimate goal of patients being at a healthy weight, Ascension Medical Group aimed to increase the identification and management of patients with a high body mass index (BMI).

In the first year, with BMI screening in primary care clinics varying, a cross-sectional stakeholder brainstorming session was convened to identify strategies to improve screening levels. The functionality of some of the electronic medical records systems was a barrier that needed to be navigated for successful screening. A communication plan was crafted, rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific depression resource guides. As of May 2020, the screening rates declined somewhat from a baseline of 94.8 percent to 94.26 percent. Screening rates for individuals with Medicaid increased somewhat, from 93.5 percent to 93.85 percent. The intended amount, for all patients and patients with Medicaid, was 97.2 percent. Because the baseline rate was already quite high, the measure is considered generally "topped out" at that level.

The emphasis in the second year of the plan was increasing the screening rate. Efforts to increase the screening rates included ongoing data monitoring, reaching out to clinics with low rates and sharing rooming audit report-outs at monthly statewide Ascension Medical Group Quality meetings. Screening rates were impacted by (a) a reduction in in-person visits due to covid and (b) a change in the database (Optum 1 to OPA). The former affected the collection of height and weight (needed for the BMI calculation) and the latter impacted the baseline calculation.

***Flu Vaccinations and Food***

In Fall 2020, Ascension Our Lady of Victory held a drive-through flu clinic with a meal. Both the meal and the flu vaccine were available at no expense to community members. Three hundred meals were provided and one hundred flu vaccinations were given.

***Food Gleaning***

Ascension Our Lady of Victory started a food gleaning program in FY21. The food gleaning program takes untouched food from the hospital cafeteria, packages it and then distributes it to an area food pantry. Approximately 3000 pounds were distributed in FY21 and 3000 pounds have been distributed in the first 10 months of FY22. In both FY21 and FY22, the hospital funded the purchase of the containers for the food as well as the time that staff spent packaging the food.

***Hydroponic Gardens***

School gardens are an evidence-based strategy that can help increase fruit and vegetable consumption. In Summer 2021, Ascension Our Lady of Victory provided $10,000 in funding for hydroponic garden equipment. The funding supported 4 schools in Clark County to purchase hydroponic garden equipment. The equipment provider, Fork Farms, provides ongoing technical assistance to the schools for a year. The schools who received the funding agreed to provide regular reporting. As of Spring 2022, participating schools reported an increase in student consumption of fresh produce as provided by the hydroponic units. School staff stated that student's participation levels and mental health increased upon utilization of the hydroponic garden process and the curriculum that coincided. Many students reported that this had been their first time consuming several varieties of fresh produce.

***Active Living***

In FY21, Ascension Our Lady of Victory provided $4000 for a Story Walk Trail. A Story Walk Trail is a path with periodic kiosks that offer vibrant visual nature-inspired children's books to read along the way. Once completed, the Story Walk Trail will be along the biking and walking path between Withee and Owen. Owen-Withee School District students and staff are providing in-kind support for the project by developing kiosk prototypes. Once the kiosks are finalized, the path will be completed (likely in school year 2022-23). The path is expected to encourage outdoor healthy walking for fitness and mental health.

In Spring 2022, Aspirus Stanley Hospital became active in supporting the Stanley Community Association. This new group is focused on the goal of enhancing the safety and wellbeing of the community. They focus on projects that are not only safe for kids, but will also bring the community together. The hospital provided $5000 to the Stanley Community Association for the construction of a biking path in Stanley. The new bike path will offer community residents a scenic, safe opportunity for physical activity.

***Coalitions***

Aspirus Stanley Hospital is part of the Eat Right Be Fit Coalition in Clark County. The goal of this coalition is to increase healthy nutrition and physical activity in the community. In an effort to meet this goal, staff from Aspirus Stanley Hospital became a certified trainer in the Strong Bodies Program. The Strong Bodies Program is an evidence-based strength training class that focuses on older adults. The program focuses on building muscle mass and developing flexibility and strength for activities of daily living, as well as attaining a healthy weight. The county's University of Wisconsin-Extension provided funding for this training, with the agreement that hospital staff would host and/or conduct the 8-12 week training series in the Clark County community. As of Spring 2022, the hospital is working to identify an appropriate and safe environment to host this training for community members.

In FY22, Aspirus Stanley Hospital joined the Chippewa County Health Improvement Partnership. (The hospital is near the Clark County – Chippewa County border.) A subcommittee of this coalition focuses on chronic disease prevention. Staff from the hospital attended Safe Kids Day at the YMCA in April 2022, offering children and families some fun ways to improve nutrition and physical activity. There were over 600 children and families at this event.

## Alcohol and Other Drug Abuse (AODA)

***Alcohol Use Screening***

From July 1, 2019 through August 1, 2021, Ascension Wisconsin was in a three-year plan to increase screening rates across primary care clinic settings. With the ultimate goal of decreasing unhealthy alcohol use in patients, Ascension Medical Group aimed to increase the identification and management of patients with unhealthy alcohol use.

In the first year, with alcohol misuse screening in primary care clinics varying, a cross-sectional stakeholder brainstorming session was convened to identify strategies to improve screening levels. The functionality of some of the electronic medical records systems and variability in screening protocols were barriers that needed to be navigated for successful screening. A screening communication plan was crafted, rolling out the new statewide screening standard through statewide Quality meetings. A list of resources -- for providers and for patients -- was included in the communication plan. As electronic medical record infrastructure needed to effectively screen for unhealthy alcohol use was lacking at the outset of this initiative, a proxy measure was developed as a temporary placeholder in the medical group scorecards -- alcohol use history. As of May 2020, the frequency with which providers documented in the medical records that some type of alcohol use history was being asked during the visit increased from a baseline of 62.2 percent to 67.96 percent; the intended amount was 63.5 percent. This change was presumably due to increased awareness related to the inclusion of alcohol use history on the medical group scorecard. Screening rates for individuals with Medicaid also increased, from 68.9

percent to 75.24 percent; the intended amount was 70.3 percent. With the Spring 2020 shift in care due to COVID-19, the screening team revitalized the focus on this measure by disseminating new communication to re-energize and re-emphasize importance of depression and alcohol use screening (in office and via telehealth visits) considering the negative mental health consequences of isolation due to COVID-19 social distancing measures.

The emphasis in the second year of the plan was to increase the screening and response rate, particularly as COVID-19 increased social isolation, worsened mental health and affected alcohol use. Central to this effort was the implementation of the standardized U.S. Alcohol Use Disorder Identification Tool (USAUDIT) screening tool in primary care settings. Each EHR has a set of questions that follow the USAUDIT tool. Any patient response other than that they do not drink at all results in the follow-up questions. If the alcohol use is high based on the screening scores, follow up actions are prompted. At the time of the transition from Ascension to Aspirus, the FY21 measures were not available.

***Underage Drinking Town Hall***

A Town Hall on underage drinking was held in Colby in March 2020. The hospital provided funding for the event. Twenty-six people attended. The event was immediately prior to the start of the pandemic.

***Prescription Drug Lockboxes***

In FY21, Ascension Our Lady of Victory provided $3500 for prescription drug lock boxes, a means-restriction approach to reducing substance abuse. The boxes can be used by individuals taking medications who live with or are in close contact with someone who may mistakenly take the medications (e.g., children) or individuals at risk of addiction. The funding was used to purchase 200 lock boxes. One hundred of the lockboxes were given to the county to distribute (Aging and Disability Resource Center, County Community Services, Social Services, Granton School District). The remaining 100 boxes were given to the Our Lady of Victory emergency room and surrounding clinics.

***Coalitions***

Ascension Our Lady of Victory participates on the Youth Programming Subcommittee of the CWPR (Central Wisconsin Partnership for Recovery). The CWPR was given a grant to support the materials and training for substance abuse prevention and early intervention curriculum in schools and youth-serving organizations. The CWPR offers technical assistance, training and direct services to school districts on a variety of topics, including curriculum, recovery coaches, mindfulness groups.

## Mental Health

***Depression Screening in Primary Care***

From July 1, 2019 through August 1, 2021, Ascension Wisconsin was in a three-year plan to increase screening rates across primary care clinic settings. With the ultimate goal of reducing patients' depression, Ascension Medical Group aims to increase the identification and management of patients with depression. With depression screening in primary care clinics varying, a cross-sectional stakeholder brainstorming session was convened to identify strategies to improve screening levels. A communication plan was crafted, rolling out the new statewide screening standard with both providers and care teams. Materials that supported the rollout were created, including rooming standards training videos and region-specific depression resource guides. As of May 2020, the screening rates remained relatively flat from a baseline of 65.5 percent to 65.36 percent; the intended level was 66.8 percent. Screening rates for individuals with Medicaid also increased, from 57.0 percent to 58.23 percent; the intended level was 58.1 percent. With the Spring 2020 shift in care due to COVID-19, the screening team revitalized the focus on this measure by disseminating new communication to re-energize and re-emphasize importance of depression and alcohol use screening (in office and via telehealth visits) considering the negative mental health consequences of isolation due to COVID-19 social distancing measures.

The emphasis in the second year of the plan was increasing the screening rate, particularly as COVID-19 increased social isolation and affected mental health. Efforts to increase the screening rates included ongoing data monitoring, reaching out to clinics with low rates and sharing rooming audit report-outs at monthly statewide Ascension Medical Group Quality meetings. In FY21, depression screening rates increased over baseline by 15.9 percent for all patients and 27.1 percent for patients with Medicaid. Actual amounts: For data available for the 12-month period ending in April 2021, 73.0 percent of all patients and 66.6 percent of patients with Medicaid were screened for depression.

***Capacity-Building / Trainings***

Over the three-year timeframe, Ascension Our Lady of Victory / Aspirus Stanley Hospital have funded or participated in a variety of training that have built capacity in the community. In FY20, the hospital helped fund Question, Persuade, Refer (QPR) trainings and a Strengthening Families workshop. Also in FY20, a hospital staffperson who had been training in ACEs -- Adverse Childhood Experiences -- conducted a 40-minute training on the topic; approximately 15 staff attended.

In FY21, the hospital's Community Health Improvement Lead became certified in SEL -- Social, Emotional Learning. With that certification, the Lead is able to provide internal and external trainings on mindful movement and resilience. The evidence-based approach can be tailored for audiences who

have experienced trauma and audiences who have not. The Lead will be able to offer the trainings virtually or in person and for multiple age groups.

In an effort to expand the schools' capacity to support mental and behavioral health prevention efforts, the hospital and its core partners (Clark County Health Department and Marshfield Medical Center-Neillsville) disseminated a needs survey to the schools in FY20. Six schools responded, with the majority interested in ACEs – Adverse Childhood Experiences – training. The start of the COVID-19 pandemic in Spring 2020 impacted the ability of the hospital and partners to follow up on the results.

***Coalitions***

Ascension Our Lady of Victory is a member of the Clark County Prevention Partnership which aims to provide mental health awareness and education. In June of 2021, this Partnership received $1000 in funding from Ascension Our Lady of Victory Hospital. The funding supported the updating and production of a public resource known as "The Purple Book." This booklet is 20 pages of helpful and motivational information, including resources for those in crisis, those needing a warm line, domestic violence contacts, insurance, and transportation contacts. The book is completed by listing every psychiatric, counseling, and substance abuse provider in Clark and the surrounding counties. Each agency includes a note about the type of insurance accepted, the population they serve, and how appointments can be initiated. The booklet had not been updated since 2016.

In Spring 2022, Aspirus Stanley Hospital joined Chippewa County's Health Improvement Partnership. One of the subcommittees of this coalition is the Mental Health Action Team. This coalition strives to increase mental health awareness in the community. Aspirus Stanley Hospital staff co-chair this action team and work to provide services and hold events that decrease stigma, increase awareness and education, and provide suicide awareness to the community. This is the first year that Aspirus Stanley Hospital as taken on coalition work in both Clark and Chippewa counties.