



Marshfield Clinic  
Health System



## 2019-2021 Community Health Needs Assessment Marshfield Medical Center-Rice Lake

Dear Community Members,

Marshfield Clinic Health System's (MCHS) mission is to enrich lives; to create healthy communities through accessible, affordable, compassionate health care. We know that health is driven by much more than what happens in the doctor's office. Wherever possible, through programs, services, and public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. That is why the Marshfield Medical Center-Rice Lake (MMC-RL) Board of Directors, authorized governing body, has adopted this needs assessment on August 22, 2019 and published to the MMC-RL website August 23, 2019.

We have collaborated with community partners to assess the health and needs of the community through meetings, surveys, community conversations, key informant interviews and a variety of data sources. This document summarizes these key findings. Electronic versions of this needs assessment and companion documents can be found at <https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports>.

Through these efforts, the top three priorities identified through the Community Health Needs Assessment process are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

We hope that you find this document useful and welcome any comments and suggestions you may have for improving the health of Barron County's citizens.

Yours in Health,

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## Definition of Terms

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- **Community Benefits Workgroup-Rice Lake (CBW-RL):** local and internal workgroup of Marshfield Medical Center in Rice Lake that contributes to the Health System's community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.
- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2019) Health Departments are required to participate in a CHA every five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals have the option to partner with local health departments to simultaneously conduct a CHA/CHNA. (Community Catalyst, 2013)
- **Community Health Improvement Plan (CHIP):** a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A CHIP is typically updated every three to five years. (Centers for Disease Control and Prevention, 2019)
- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin. ( Division of Public Health, 2019)
- **Health Priority(ies):** the 14 health areas based on the Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020. Areas include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.
- **Implementation Strategy (IS):** a written plan to address the community health needs identified through an assessment and approved by an authorized governing board. Hospitals must use the CHNA to develop and adopt an implementation strategy. (Community Catalyst, 2013)

- **Thrive Barron County Steering Committee:** is a regional collaborative partnership of stakeholders that focus on improving the health of residents and the Barron county community. Stakeholders include Barron County Health Department, Aging and Disability Resource Center of Barron, Rusk, and Washburn counties, Amery Hospital and Clinic, Cumberland Healthcare, Mayo Clinic Health System, and Marshfield Medical Center-Rice Lake.
- **United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. (United Way, 2018)
- **University of Wisconsin's Population Health Institute's County Health Rankings:** a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. (University of Wisconsin, Population Health Institute, 2019)

# Executive Summary

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## Health System Overview

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

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

The Health System today is a \$2.4 billion integrated system serving Wisconsin and beyond, with more than 10,000 employees including over 1,200 providers in 86 specialties. Its entities provide service and health care to more than two million residents through over 50 clinical care centers in 34 Wisconsin communities.

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

The Clinic operates 10 dental centers in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

## Hospital Overview

Marshfield Medical Center-Rice Lake is a nonprofit, 40-bed full-service hospital and regional medical center in Rice Lake, Wisconsin. The Rice Lake hospital serves northern Wisconsin with services provided by Marshfield Clinic Health System specialists. The hospital became a part of the Marshfield Clinic Health System in 2008 and its current Medical Center facility was dedicated in 2011. The Rice Lake hospital has been named one of the nation's 100 Top Hospitals by IBM Watson Health™ for the fourth consecutive year.

The Rice Lake hospital offers a range of advanced care services including:

- Pacemaker insertion
- Full scope of general and orthopedic surgery services
- 24/7 emergency department

- Comprehensive outpatient cancer care services
- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy

### Summary of Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) process for MMC-RL was led by the Community Benefits Workgroup-Rice Lake (CBW-RL). This workgroup followed a systematic process to evaluate the health priorities of Barron County.

The Barron County Community Health Assessment (CHA) process was led by the Thrive Barron County Steering Committee, a collaborative partnership of stakeholders that focus on improving the health of residents and the Barron county community. This group consisted of Barron County Health Department, Aging and Disability Resource Center of Barron, Rusk, and Washburn counties, Amery Hospital and Clinic, Cumberland Healthcare, Mayo Clinic Health System, and Marshfield Medical Center-Rice Lake.

The 2018 Barron County CHA was a primary source of input for the MMC-RL CHNA. The CHNA is completed every three years and is used as a tool to identify, evaluate, and prioritize community health concerns, and to mobilize the community to work together to address identified health priorities.

*Healthy People, Healthiest Wisconsin 2020 State Health Plan*, University of Wisconsin’s Population Health Institute’s County Health Rankings, United Way ALICE (Asset Limited, Income Constrained, Employed) report, and local stakeholders via key informant interviews were considered during the process.

### Community Health Assessment (CHA) Timeline

December 2017	Began meeting monthly to plan the Community Health Assessment (CHA) with Thrive Barron County Steering Committee
January 2018	Began compiling secondary health data and creating data packet
April 2018 - May 2018	Distributed the Community Health Survey throughout the community (online and paper copies)
May 2018	Began compiling primary local health data
September 7, 2018	Hosted Thrive Barron County Steering Committee meeting to prepare for Community Presentation and Conversations
September 26, 2018	Hosted Community Presentations and Conversations to determine top health priorities
November 2018	Hosted Thrive Barron County Steering Committee meeting to finalize top health priorities
November 2018	Began Community Health Improvement Planning (CHIP) Meetings
January 2019	Began writing Barron Co. CHA and MMC-RL CHNA-IS
August 2019	Completed, approved and publicized the MMC-RL CHNA-IS to website

The Thrive Barron County Steering Committee developed and distributed electronic and paper surveys throughout the community to gather primary data and the community's perception of health needs. A total of 838 Barron County residents completed the survey. Respondents included a variety of residents with varied income, education, age, and household size.

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

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

## **Our Community**

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MMC-RL strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Barron County and neighboring counties. MMC-RL's service area is not defined by county borders, but serves those in high need areas with limited resources. MMC-RL is also focused on serving patients outside clinic and hospital walls by addressing social determinants of health. However, for the purposes of this CHNA, the community served is defined by Barron County borders.

### **Geographic Area**

Barron County is located in the Northern region of Wisconsin. The county is comprised of four cities (Barron, Chetek, Cumberland, and Rice Lake), six villages (Almena, Cameron, Dallas, Haugen, New Auburn, Prairie Farm, and Turtle Lake), and 25 townships with a total population of 45,164 and a population percent change of -1.5% in 2018. With 65.9% of Barron County residents living in a rural area. (U.S. Census, 2018) The county is bordered by Dunn, Chippewa, Rusk, Washburn, Burnett, and Polk counties.

The City of Rice Lake is where Marshfield Medical Center-Rice Lake is located and had a total population of 8,338 in 2017. Rice Lake is located about 100 miles east of Minneapolis, MN and about 60 miles north of Eau Claire, WI.





Figure A: Barron County Map, Wisconline.com, 2012

## Demographics

Barron County is 95.3% White, 2.6% Hispanic or Latino, 1.5% Black or African American, 1.4% two or more races, 1.1% American Indian and Alaska Native, and 0.7% Asian. The median household income in Barron County is \$49,257 compared to the state average of \$56,759. In the county the population is nearly even with 21.6% under 18 years old and 21.9% over 65 years old. The number of ALICE (Asset Limited, Income Constrained, Employed) households in Barron County is higher than the state average at 31% and 25.8% comparatively with the poverty rate of 13% which is higher than the state average of 11%. (United Way, 2018) The unemployment rate in Barron County is 3.5% which is also slightly higher than the state average of 3.3%. (U.S. Census, 2018)

The education level of Barron County residents is slightly lower than the statewide average. According to the latest census estimates, 90.6% of Barron residents have a high school diploma, compared to 91.7% statewide. Likewise, 19.5% of Barron residents have a Bachelor's degree or higher, compared to 29% statewide. (U.S. Census, 2018) Barron County is home to two public higher education institutions, University of Wisconsin-Eau Claire-Barron County and Wisconsin Indianhead Technical College (WITC), which brings job opportunities, and resources to the community.

Three hospitals serve Barron County: they are Cumberland Healthcare Hospital located in Cumberland, Mayo Clinic Health System-Northland Hospital located in Barron, and Marshfield Medical Center-Rice Lake located in Rice Lake.

Additional demographic information is included in *Appendix A*.

# Assessing the Needs of the Community

## Overview

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

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

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

## Process and Methods

The assessment process began with a thorough review of the 2018 Barron County CHA process which was completed by the Thrive Barron County Steering Committee (including Marshfield Medical Center-Rice Lake). The purpose of the assessment was to identify the health needs for the community, prioritize top health concerns, and encourage Barron County residents to engage in the improvement of the health of the community. Both primary and secondary data collection methods were utilized to connect with several different demographic groups in the community and to develop a thorough understanding of the health issues facing residents of Barron County.

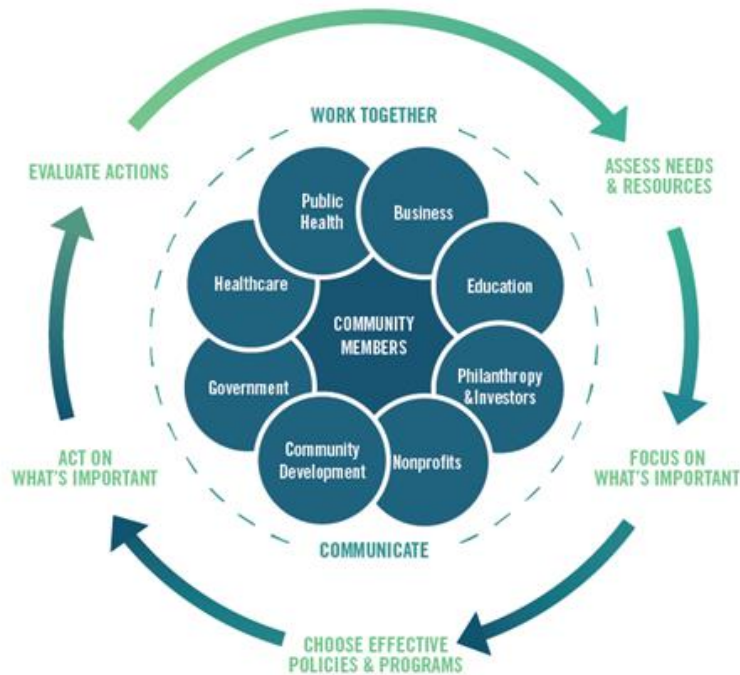
A complete list of partner organization representatives who participated in the health assessment process is included in *Appendix B*. To view the complete community survey results please contact Barron County Department of Health and Human Services (DHHS) or visit the [Barron County website](#).

### Local partners of Thrive Barron County Steering Committee include:

- Barron County Department of Health and Human Services (DHHS)
- Aging and Disability Resource Center (ADRC) of Barron, Rusk, and Washburn Counties
- Amery Hospital and Clinic
- Cumberland Healthcare
- Mayo Clinic Health System
- Marshfield Medical Center-Rice Lake

All partners contributed personal and/or financial resources to the assessment. Thrive Barron County Steering Committee met monthly December 2017-Novemeber 2018 to plan and implement the CHA. The Thrive Barron County Steering Committee reduces duplication of effort and cost, promotes coordination of resources and results in significantly more impact on the health needs of the community.

The Thrive Barron County Steering Committee unitized the County Health Rankings and Roadmaps Take Action Model (*Figure B*), which outlines the steps needed for the community health improvement process: assessing needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs. The health priorities evaluated during the CHA process were: alcohol, tobacco, and other drug use/abuse (ATODA), childhood development, chronic disease prevention and management, contagious disease prevention and control, dental health, injury and violence, mental health, nutrition, physical activity, sexual health, worksite health and the environment.



*Figure B: County Health Rankings and Roadmap Take Action Model, 2013*

<b>Top Identified Health Priorities Identified by Various Data Collection Methods</b>	
Survey (Electronic and Paper)	<ol style="list-style-type: none"> <li>1. Alcohol, Tobacco, and Other Drug Abuse(ATODA)</li> <li>2. Mental Health</li> <li>3. Childhood Development</li> </ol>
Community Conversations	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. ATODA</li> <li>3. Chronic Disease</li> </ol>
Coalition Meeting	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. ATODA</li> <li>3. Chronic Disease</li> </ol>
Secondary Data	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. ATODA</li> <li>3. Chronic Disease</li> </ol>

### **Data Sources**

The CHA included primary and secondary data. Primary data included a county-wide survey and community conversations. Secondary data was compiled into a data packet, which included data from a variety of sources.

### **Primary Data Collection**

#### Survey

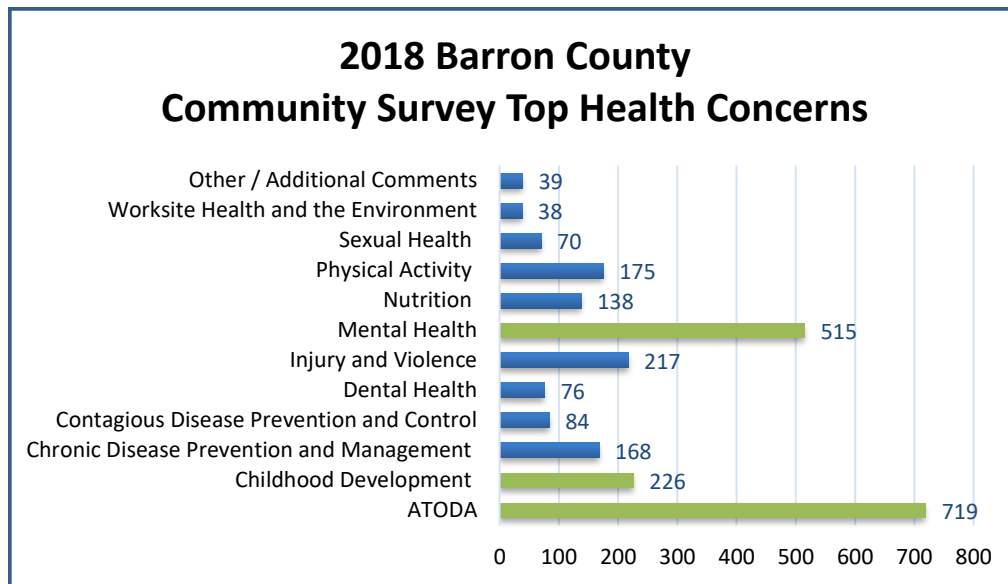
Primary data collection began in April 2018 with a Community Health Survey. The main purpose of the survey was to gain insight about perceptions of community needs. The survey was widely distributed electronically and on paper by Thrive Barron County to Barron County residents. The survey was also promoted by local organizations, coalitions, and schools such as Marshfield Medical Center-Rice Lake, Mayo Clinic Health System, NorthLakes Community Clinic, Barron County Sheriff's Department, Barron County Community Coalition (BC3), Community Connections to Prosperity (CCP), Barron County Department of Health and Human Services (DHHS), Rice Lake Job Center, Prairie Farm School District, and Wisconsin Indianhead Technical College (WITC).

Efforts were made to collect input from individuals who were likely medically underserved, low-income or part of a minority population. Barron County Community Health surveys were distributed in paper copy at various locations such as food pantries, senior centers, town hall meetings, religious organizations, Rice Lake Area Free Clinic, Aging and Disability Resource Center (ADRC) Meals on Wheels, Drug-Court, to Somali and Hispanic communities. The surveys were translated into Spanish and Somali for these key populations in Barron County.

A total of 838 Barron County Residents completed the survey. Survey respondents represented a range of income, education levels, ages, and household sizes. Compared to the overall population of Barron County, survey respondents were more likely to be female (73%), more likely to have a college education (61%), and similarly likely to be white (91%). Attempts were made to reach key minority populations in Barron County but were unsuccessful in getting survey responses. Respondents were asked to rate the top three

health concerns in the community, *Figure C* shows the areas that were chosen by survey respondents.

The paper copy of the 2018 Barron County Community Health Survey is provided in *Appendix F*.



*Figure C: Barron County Community Survey Responses, 2018*

The Community Health Survey identified the following health priorities: ATODA, Mental Health, and Childhood Development.

#### Community Presentations and Conversations

Two community conversations were held September 26, 2018 in Barron at the Barron County Government Center at 9:00am (day) and 5:30pm (night). Overall, nearly 100 Barron County residents participated in community conversations. The groups were presented with primary and secondary data points and asked to agree or disagree on the top three health priorities (ATODA, Mental Health, and Chronic Disease) as identified by the Thrive Barron County Steering Committee. Chronic Disease was combining the health priorities: obesity, physical activity, nutrition, and chronic disease prevention and management. It was decided that childhood development would be incorporated into the top three health priorities as in social determinants of health. After participants were presented with local and secondary data, they were asked to discuss in small facilitated groups covering the top health priorities.

The community presentations and conversation sessions resulted in the following health priorities: ATODA, Mental Health, and Chronic Disease.

### Coalition Meeting

A Thrive Barron County Steering Committee Meeting was held November 2018 to get feedback on the community presentation and conversation and to finalize the Barron County CHA top health priorities and begin planning for the Community Health Improvement Plan (CHIP).

The Thrive Barron County Steering Committee meeting resulted in the following health priorities: ATODA, Mental Health, and Chronic Disease.

### **Secondary Data Collection**

Secondary data was compiled into a data packet. Data largely came from County Health Rankings and Roadmaps, US Census, Centers for Disease Control and Prevention, Youth Risk Behavior Survey, United Way reports, [Healthy People, Healthiest Wisconsin 2020 State Health Plan](#), and more. To determine the top health priorities for secondary data measures, state and national measures were compared to Barron County measures. This was done to determine level of severity compared to the rest of the state and nation.

This data packet was available for attendees at the community presentation and conversation.

An overview of the Barron County Health Rankings report is included in *Appendix C*.

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

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### **Overview**

After completing extensive review of the Barron County CHA process, United Way data, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by Marshfield Medical Center-Rice Lake are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

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

<b>Top Identified Health Priorities</b>	
<b>Barron County CHA</b>	<b>MMC-RL CHNA</b>
Alcohol Misuse	Alcohol and Substance Abuse
Other Drug Use	
Mental Health	Behavioral Health
Healthy Growth and Development	
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	
Tobacco Use & Exposure	
Chronic Disease Prevention & Management	

**Health Priority: Alcohol and Substance Abuse**

Substance use and alcohol misuse was identified as a top health priority in the Barron County CHA. Alcohol misuse is “more than 1 drink per day on average for women, and more than 2 drinks per day on average for men. Alcohol misuse is a pattern of drinking that result in harm to one’s health, interpersonal relationships or ability to work.” (Centers for Disease Control and Prevention, 2019) Substance abuse is “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs” (i.e. marijuana, heroin, cocaine, and methamphetamine). (World Health Organization, 2019)

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

MMC-RL will complement local community efforts by focusing on reducing underage alcohol consumption and access, reducing excessive alcohol consumption and reducing opioid related deaths in addition to supporting community driven efforts through a variety of methods.

**Data highlights**

In 2012, the estimated cost of excessive alcohol consumption was \$6.8 billion to all residents in Wisconsin, in Barron County the cost was \$63.5 million. Wisconsin’s per capita alcohol consumption rate is 1.3 times higher than the national rate, with adult binge drinking at 22% which is the third highest in the nation. (Black & Paltzer, 2013)

In Barron County there were 219 drug-related hospitalizations per 100,000 people, compared to 261 in Wisconsin. Misuse of these substances is most prevalent among young adults. In 2017, there were 35 drug-related hospitalizations for individuals ages 18-44, with an average charge of \$7,415 per occurrence. (Wisconsin Department of Health Services, 2017).

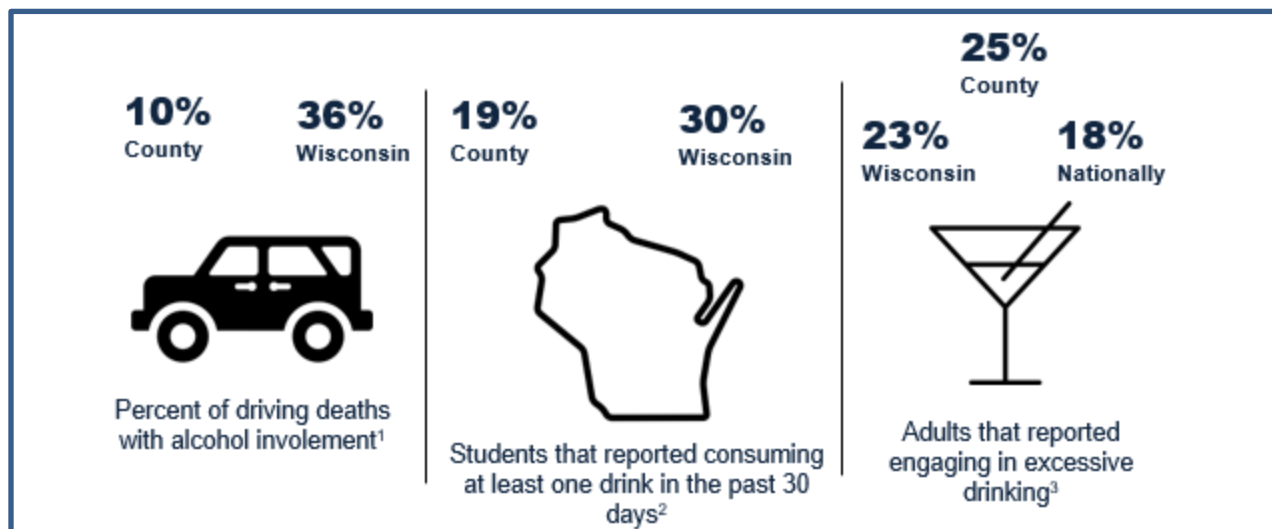


Figure D: Barron County Community Health Assessment Data Set, 2018

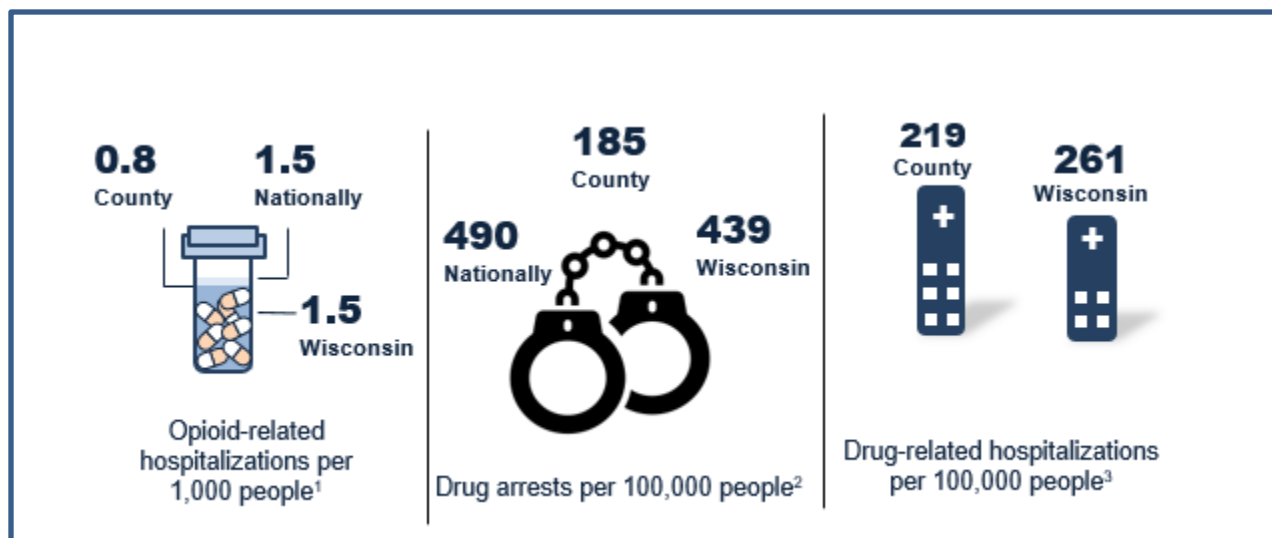


Figure E: Barron County Community Health Assessment Data Set, 2018

According to the Barron County Community Health Survey:

- 86% of respondents felt **alcohol**, tobacco, and **other drug abuse** was a top health concern



## **Health Priority: Behavioral Health**

Mental Health was indicated as a top health priority in the Barron County CHA. Mental health is “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” (Centers for Disease Control and Prevention, 2019)

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

MMC-RL will complement local community efforts by focusing on decreasing suicide rates in Barron County and improving social and emotional development of children and adolescents in addition to supporting community driven efforts through a variety of methods.

### **Data highlights**

In 2016, suicide was the 10th leading cause of death in Wisconsin, with 4 deaths by suicide in Barron County in 2015. (Wisconsin Department of Health Services, 2107) In the United States, death by suicide is the 2<sup>nd</sup> leading cause of death for those aged 10-34 in 2017. (National Center for Injury Prevention and Control, 2017) The annual suicide rate per 100,000 in Wisconsin has risen from 11.45 in 2005, to 14.9 in 2016. (Prevent Suicide Wisconsin, 2019) The average number of poor mental health days over the past 30 days is 3.6 days in Barron County. (County Health Rankings and Roadmaps, 2018)

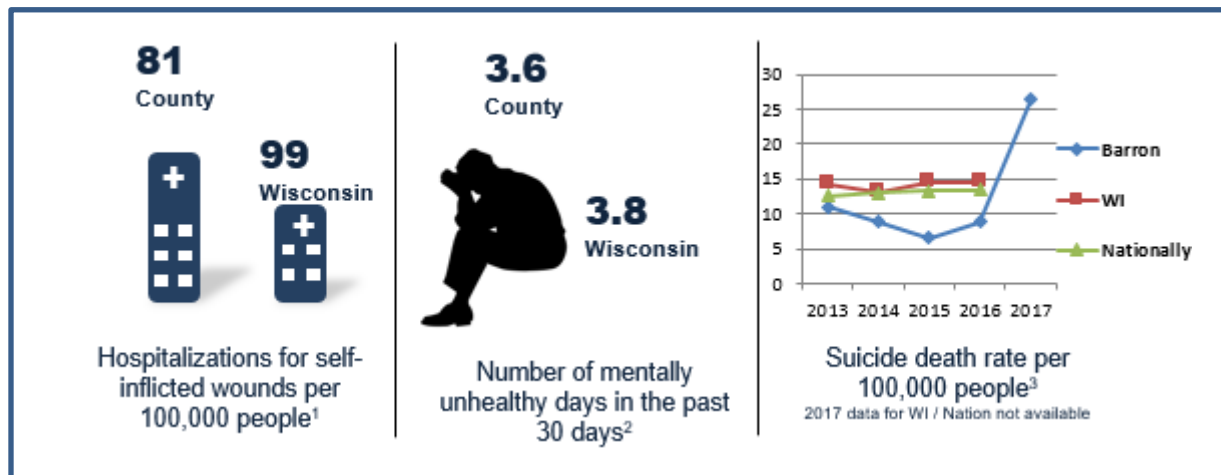


Figure F: Barron County Community Health Assessment Data Set, 2018

According to the Barron County Community Health Survey:

- 61% of respondents felt mental health was a top health concern
- 27% of respondents felt childhood growth and development was a top health concern

### **Health Priority: Chronic Disease**

Chronic Disease and obesity prevention along with increasing access to physical activity was an indicated health priority in the Barron County CHA. Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. (Centers for Disease Control and Prevention, 2019) Obesity results from a variety of factors, including individual behavior and genetics. Behaviors can include diet, physical activity levels, or medications. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. (Centers for Disease Control and Prevention, 2019) “Chronic disease prevention and management aims to reduce overall risk in high-risk individuals and provide appropriate care by facilitating early case finding through affordable strategies and technologies, equitable and good quality health care for major chronic diseases.” (World Health Organization, 2019) Increasing physical activity levels and improving access to healthy foods can reduce the risks of developing a chronic disease.

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Tobacco use and exposure related illnesses include cancer, heart disease, stroke, lung disease, diabetes, and chronic obstructive pulmonary disease (COPD) which are chronic in nature. (Health People 2020, 2019)

MMC-RL will complement local community efforts by placing focus on improving access to healthy foods and physical activity, improving self-management of chronic conditions, and reducing tobacco use in addition to supporting community driven efforts through a variety of methods.

### **Data highlights**

Seven out of ten leading causes of death in Wisconsin are due to chronic diseases and account for two out of every 3 deaths annually. According to the 2018 County Health Rankings, 11% of Barron county residents are without access to a reliable food source. In Barron County 10% of adults aged 20 and above are diagnosed with diabetes, and 232 deaths per 100,000 are caused by heart disease. A fourth of Barron county residents report no leisure time in physical activity. The adult smoking rate in Barron County is 16%, comparable to the state average of 17%. However, 20% of mothers report smoking during pregnancy while 13% report state wide. (County Health Rankings and Roadmaps, 2018)

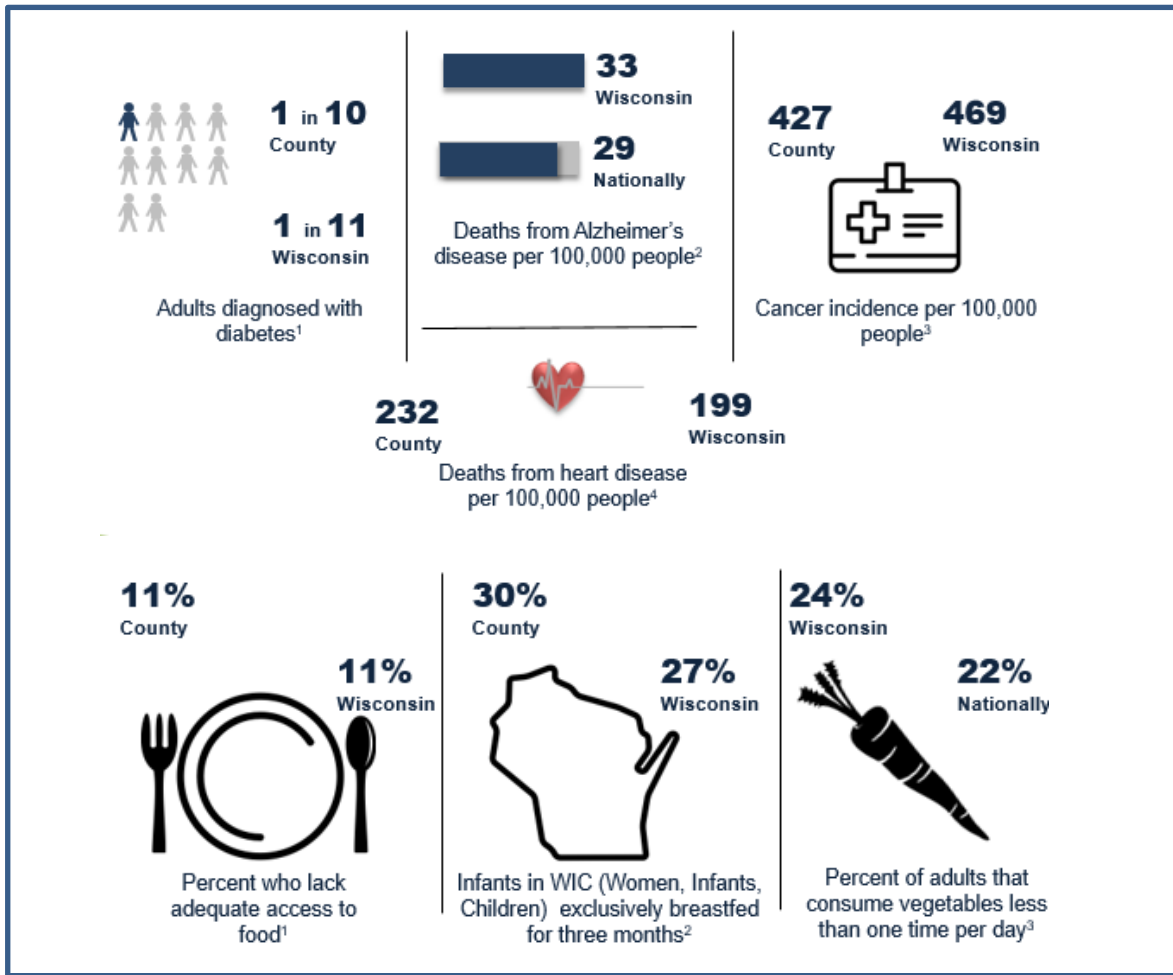


Figure G: Barron County Community Health Assessment Data Set, 2018

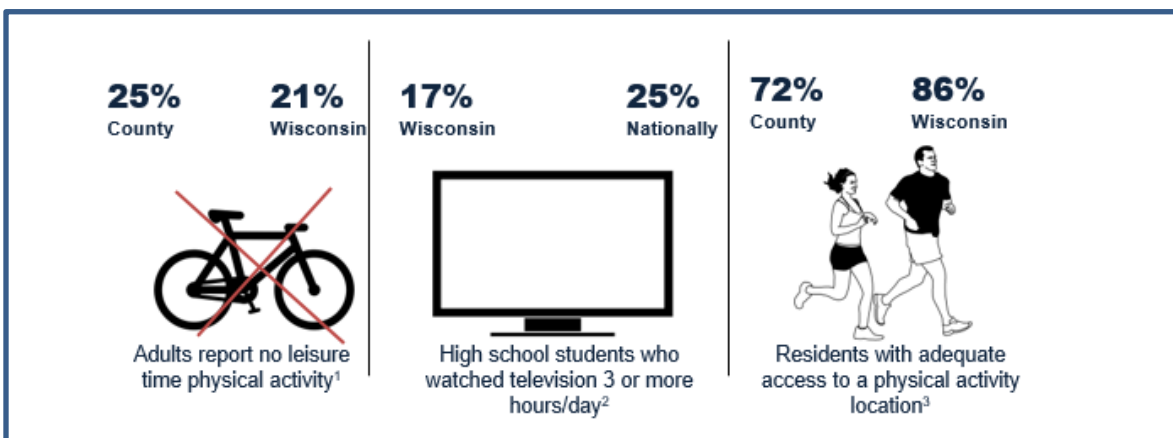


Figure H: Barron County Community Health Assessment Data Set, 2018

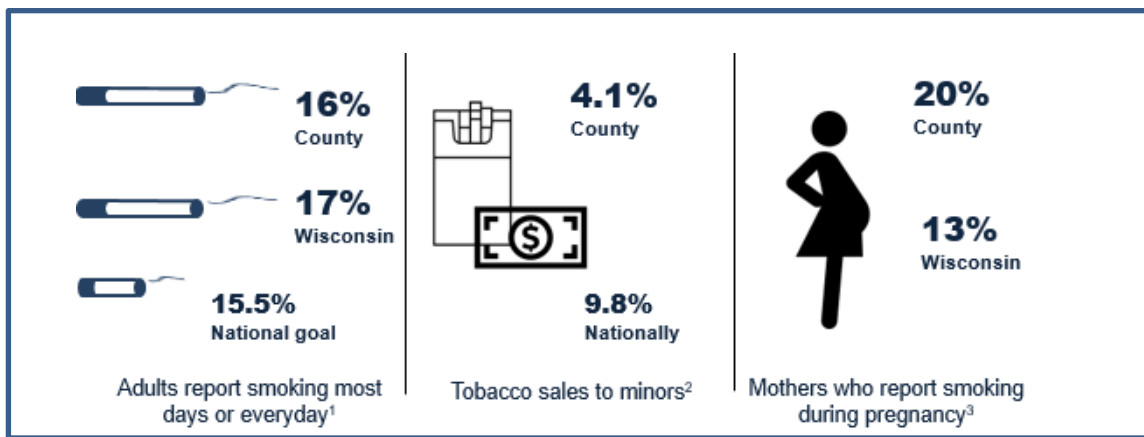


Figure 1: Barron County Community Health Assessment Data Set, 2018

According to the Barron County Community Health Survey:

- 21% of respondents felt physical activity was a top health concern
- 20% of respondents felt chronic disease prevention and management was a top health concern
- 16% of respondents felt healthy nutrition was a top health concern
- 86% of respondents felt alcohol, **tobacco**, and other drug abuse was a top health priority

### **Health Priorities Not Addressed**

Through the assessment process, the CBW-RL identified other community health priorities that have not been addressed in this plan. In prioritizing community health needs, the CBW-RL considered other organizations addressing the specific need, the ability of MMC-RL to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health priorities will not be addressed by MMC-RL for reasons indicated:

- **Injury & Violence Prevention:** injury and violence are important areas of focus. Instead of leading this charge, MMC-RL staff participate in a variety of community groups supporting this area including, Barron-Washburn County Caregiver Coalition and Community Connections to Prosperity (CCP). Embrace Inc. (a domestic violence and sexual assault agency that provides safe shelter and supportive services for survivors), Aging and Disability Resource Center (ADRC) of Barron, Rusk, and Washburn Counties, and Barron County Department of Health and Human Services (DHHS) lead and have expertise in this area.
- **Communicable Disease Prevention & Control:** This is an important area of focus, MMC-RL has systems and processes in place to prevent and reduce the spread of communicable diseases. The hospital will not take the lead on this area in community outreach as this is an area the Barron County Department of Health and Human Services (DHHS) leads and has expertise in.

- **Oral Health:** Marshfield Clinic Rice Lake Dental Center addresses the community need for oral health by serving patients regardless of ability to pay or insurance status. While MMC-RL addresses oral health it is not listed as one of the top health priorities.
- **Reproductive & Sexual Health:** While MMC-RL does provide this service, community lead initiatives are best lead by the Barron County Department of Health and Human Services (DHHS) and other agencies with expertise in the area.
- **Environmental & Occupational Health:** While MMC-RL does have a vibrant Occupational Health Department, the hospital will not take the lead on this area in community outreach as this is an area the Barron County Department of Health and Human Services (DHHS) leads and has expertise in.

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

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

- Aging and Disability Resource Center (ADRC) of Barron, Rusk, and Washburn Counties
- Barron County Department of Health and Human Services (DHHS)
- Barron County Economic Support
- Community Connections to Prosperity (CCP)
  - CCP: Mental Health Action Team
- Barron County Community Coalition (BC3)
- Thrive Barron County
  - Chronic Disease Prevention Coalition
- Mayo Clinic Health System
- Cumberland Healthcare
- Amery Hospital and Clinic
- Embrace Inc.
- Workforce Resource
- Benjamin's House
- Habitat for Humanity
- Salvation Army
- United Way of Rice Lake

# Evaluation of the Impact of the Preceding Implementation Strategy (IS)

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This section describes the impact of community health improvement strategies implemented by MMC-RL since its last CHNA report was published in 2016. The hospital monitors its programs to measure and determine their effectiveness to ensure that best practice continue to guide MMC-RL's programs and efforts. The community health priorities identified from the previous CHNA are: Alcohol, Tobacco, and Other Drug Abuse (ATODA), Mental Health, and Chronic Disease.

## **Health Priority 1: Alcohol, Tobacco, and Other Drug Abuse (ATODA)**

- MMC-RL staff host a *Kick Butts* Event in local schools every year in March. This event educates and raises awareness of the problem of tobacco use. It also encourages youth to reject tobacco industry's marketing and stay tobacco free.
- MMC-RL staff continue to be an active partner of the Barron County Community Coalition (BC3), a community coalition that addresses alcohol and other drug abuse. Staff attend meetings monthly and engage and support efforts of the coalition through education and awareness.

## **Health Priority 2: Mental Health**

- MMC-RL staff continue to facilitate and be an active partner of the Community Connections to Prosperity: Mental Health Action Team, a community coalition that addresses mental health. Staff attend meetings monthly and coordinate and support efforts of the coalition through education and awareness.
- MMC-RL staff participated in the *Question Persuade Refer (QPR)* suicide prevention training of trainers where they were able to train thirteen other trainers to go out into the Barron County Community. The Occupational Health Department and a mixture of nurses from different departments at MMC-Rice Lake were trained in QPR.

## **Health Priority 3: Chronic Disease**

- MMC-RL staff host a yearly *Know Your Numbers* event. This free event is open to the community where residents are screened for chronic disease risk factors including blood pressure, total cholesterol, LDL, HDL, triglycerides, blood glucose, body fat, waist circumference, and body mass index. The other two non-profit hospital systems in Barron County (Mayo Clinic Health System and Cumberland Health Care) host the same event on different days to increase participation within the community. *Figure H* shows the number of Barron County residents screened for chronic disease risk factors in the past four years through the program.

<b>Years</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
MMC-RL Know Your Numbers Participants	150	138	180	212

Figure J: MMC-RL Know Your Numbers Participants Data, 2018

- MMC-RL staff provide a *Diabetes Prevention Program (DPP)*, CDC approved curriculum to individuals in Barron County and the surrounding areas who are at high risk for type 2 diabetes. This is a yearlong lifestyle change program that helps participants achieve moderate weight loss by eating well and being active. MMC-Rice Lake hosts three cohorts per year beginning in January, May, and September that last 16 weeks, followed by monthly follow-up sessions. *Figure I.* shows the number of participants in the program in the past three years.

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Number of Participants in DPP	74	69	78
Number of participants who met 5% weight loss	22	34	48
Number of participants who maintained 150 minutes of exercise/week	22	26	37

Figure K: MMC-RL Diabetes Prevention Program Data, 2018

- MMC-RL staff continue to be an active partner of the Thrive Barron County: Chronic Disease coalition, a community coalition that addresses chronic disease. Staff attend meetings monthly and engage and support efforts of the coalition through education and awareness.

No written comments were received regarding the previous CHNA.

## Next Steps

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MMC-RL will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated and improved upon over time.

The CBW-RL, a local and internal workgroup that contributes to the MMC-RL community benefits and community health initiatives, will develop a three-year implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. CBW-RL will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

CBW-RL will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. This analysis will be done in collaboration with respective partners with the intent to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

This CHNA will be shared among all partners and made publicly available.

## Approval and Community Input

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This Community Health Needs Assessment (CHNA) report was adopted by the MMC-RL Board of Directors on August 22, 2019.

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



## Appendix A: Demographics

	<b>Barron County</b>	<b>Wisconsin</b>	<b>United States</b>
<b>Total Population</b>	45,164	5,813,568	327,167,434
<b>Age</b>			
Persons under 5 years	5.5%	5.8%	6.1%
Persons under 18 years	21.6%	22.0%	22.4%
Persons 65 years and over	21.9%	17.0%	16.0%
<b>Sex</b>			
Female Persons	49.7%	50.2%	50.8%
<b>Race</b>			
White alone, not Hispanic or Latino	95.3%	87.1%	76.5%
Hispanic or Latino	2.6%	6.9%	18.3%
Black or African American	1.5%	6.7%	13.4%
Two or more races	1.4%	2.0%	2.7%
American Indian and Alaska Native	1.1%	1.2%	1.3%
Asian alone	0.7%	3.0%	5.6%
Native Hawaiian and other Pacific Islander alone	Z	0.1%	0.2%
<b>Education</b>			
High school graduate or higher	90.6%	91.7%	87.3%
Bachelor Degree or higher	19.5%	29.0%	30.9%
<b>Income</b>			
Median household income 2013-2017	\$49,257	\$56,759	\$57,652
Persons in Poverty	13.1%	11.3%	12.3%
<b>Language other than English spoken at home</b>	3.8%	8.7%	21.3%

Figure L: Barron County Demographics, U.S. Census, 2017

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

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### **2018 Barron County Thrive Steering Committee**

- **Ashley Weinert**, Barron County Department of Health & Human Services
- **Bethany Hilbert**, University of Wisconsin-Eau Claire BSN Completion Student
- **Brianna Olson**, Barron County Department of Health & Human Services
- **Bridget Klingelhoets**, Cumberland Healthcare
- **Char Mlejnek**, Marshfield Medical Center-Rice Lake
- **Christa Cupp**, Division of Public Health- Western Region Office
- **Christine Dunston**, Wisconsin Indianhead Technical College Health Information Student
- **Deb Dietrich**, Mayo Clinic Health System Northland
- **Emily Brunstad**, Marshfield Medical Center Rice Lake
- **Jamie Wickstrom**, Cumberland Healthcare
- **Dr. Jeanette Olsen**, University of Wisconsin Eau Claire
- **Jeanine Schultz**, Barron County Department of Health & Human Services
- **Jennifer Jako**, Aging & Disability Resource Center of Barron, Rusk & Washburn Counties
- **Katherine Ellefson**, Amery Hospital & Clinic
- **Kathy German-Olson**, Barron County Department of Health & Human Services
- **Kelly Quick-Hanson**, Cumberland Healthcare
- **Laura Sauve**, Barron County Department of Health & Human Services
- **Lisa Laatsch**, Marshfield Medical Center Rice Lake
- **Mary Beth Waldo**, Cumberland Healthcare
- **Mike Farrell**, Rice Lake Area Free Clinic
- **Nikki Liedl**, NorthLakes Community Clinic
- **Peter Potts-Shufelt**, Mayo Clinic Health System Northland
- **Sabrina Meddaugh**, Amery Hospital & Clinic
- **Sara Baars**, Division of Public Health- Western Region Office
- **Stacey Frolik**, Barron County Department of Health & Human Services
- **Sue Rouzer**, Cumberland Healthcare
- **Tim Ringhand**, Division of Public Health-Western Region Office

### **Community Benefits Workgroup–Rice Lake**

- **Brad Groseth**, Chief Administrative Officer, MMC-Rice Lake
- **Jay Shrader**, Vice President, Community Health and Wellness, Marshfield Clinic Health System
- **Allison Machtan**, Assistant Director, Community Health and Wellness, Marshfield Clinic Health System
- **Emily Brunstad**, Community Benefits Coordinator, MMC-Rice Lake

# Appendix C: County Health Ranking

Barron (BA)  
2018 Rankings

## County Demographics

	County	State
Population	45,412	5,778,708
% below 18 years of age	21.6%	22.3%
% 65 and older	21.0%	16.1%
% Non-Hispanic African American	1.3%	6.3%
% American Indian and Alaskan Native	1.0%	1.1%
% Asian	0.6%	2.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.5%	6.7%
% Non-Hispanic white	93.5%	81.7%
% not proficient in English	1%	1%
% Females	49.7%	50.3%
% Rural	65.9%	29.8%
Male population 0-17 *	4,898	659,600
Male population 18-44 *	6,904	1,003,259
Male population 45-64 *	6,633	789,397
Male population 65+ *	4,633	419,300
Total male population *	23,068	2,871,556
Female population 0-17 *	4,722	630,421
Female population 18-44 *	6,359	968,609
Female population 45-64 *	6,520	795,855
Female population 65+ *	5,402	508,536
Total female population *	23,003	2,903,421
Population growth *	0%	1%

	Barron County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
<b>Health Outcomes</b>					<b>18</b>
<b>Length of Life</b>					<b>18</b>
Premature death	5,400	4,600-6,200	5,300	6,000	
<b>Quality of Life</b>					<b>25</b>
Poor or fair health **	14%	13-14%	12%	15%	
Poor physical health days **	3.4	3.2-3.6	3.0	3.6	
Poor mental health days **	3.6	3.4-3.8	3.1	3.8	
Low birthweight	6%	5-7%	6%	7%	
<b>Additional Health Outcomes (not included in overall ranking)</b>					
Premature age-adjusted mortality	280	250-310	270	300	
Child mortality	40	20-60	40	50	
Infant mortality			4	6	
Frequent physical distress	10%	10-11%	9%	11%	
Frequent mental distress	11%	11-12%	10%	12%	
Diabetes prevalence	10%	7-13%	8%	9%	
HIV prevalence	70		49	122	
Communicable disease *	860			882	
Self-inflicted injury hospitalizations *	81	66-96		99	
Cancer incidence *	427	404-452		469	

<b>Health Factors</b>					<b>37</b>
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<b>Health Behaviors</b>					<b>28</b>
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Adult smoking **	16%	15-16%	14%	17%
Adult obesity	33%	27-38%	26%	31%
Food environment index	8.5		8.6	8.8
Physical inactivity	25%	19-31%	20%	21%
Access to exercise opportunities	72%		91%	86%
Excessive drinking **	24%	23-25%	13%	26%
Alcohol-impaired driving deaths	10%	3-20%	13%	36%
Sexually transmitted infections	303.6		145.1	423.5
Teen births	23	20-26	15	20

<b>Additional Health Behaviors (not included in overall ranking)</b>				
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Food insecurity	11%		10%	11%
Limited access to healthy foods	3%		2%	5%
Drug overdose deaths	10	6-17	10	16
Drug overdose deaths - modeled	8-11.9		8-11.9	19.3
Motor vehicle crash deaths	13	9-17	9	10
Insufficient sleep	32%	30-33%	27%	32%
Smoking during pregnancy *	20%			13%
Drug arrests *	138			25,990
Motor vehicle crash occupancy rate *	44			51
On-road motor vehicle crash-related ER visits *	618	577-660		585
Off-road motor vehicle crash-related ER visits *	149	129-169		65

<b>Clinical Care</b>					<b>42</b>
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Uninsured	7%	6-8%	6%	7%
Primary care physicians	950:1		1,030:1	1,250:1
Dentists	1,620:1		1,280:1	1,520:1
Mental health providers	1,380:1		330:1	560:1
Preventable hospital stays	62	55-70	35	45
Diabetes monitoring	91%	83-98%	91%	90%
Mammography screening	68%	60-76%	71%	72%

<b>Additional Clinical Care (not included in overall ranking)</b>				
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Uninsured adults	9%	7-10%	7%	8%
Uninsured children	4%	3-6%	3%	4%
Health care costs	\$9,465			\$8,696
Other primary care providers	987:1		782:1	1,055:1
No recent dental visit *	33%	24-42%		26%
Did not get needed health care *	6%	0-11%		2%
Childhood immunizations *	70%			73%

<b>Social &amp; Economic Factors</b>					<b>46</b>
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High school graduation	87%		95%	88%
Some college	58%	54-62%	72%	68%
Unemployment	4.7%		3.2%	4.1%
Children in poverty	17%	12-21%	12%	16%
Income inequality	4.0	3.7-4.2	3.7	4.3
Children in single-parent households	30%	25-35%	20%	32%
Social associations	16.9		22.1	11.6
Violent crime	67		62	283
Injury deaths	72	61-83	55	73

Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	13%		10%	11%
Median household income	\$49,600	\$44,600-54,600	\$65,100	\$56,800
Children eligible for free or reduced price lunch	47%		33%	40%
Residential segregation - Black/White	83		23	77
Residential segregation - non-white/white	39		14	56
Homicides			2	3
Firearm fatalities	9	5-14	7	10
Reading proficiency *	52%			52%
W-2 enrollment *	29			11,039
Poverty *	11%	9-14%		12%
Older adults living alone *	29%			29%
Hate crimes *				1
Child abuse *	3			4
Injury hospitalizations *	678	603-753		806
Fall fatalities 65+ *	106	68-143		128
<b>Physical Environment</b>				<b>5</b>
Air pollution - particulate matter **	8.8		6.7	9.3
Drinking water violations	No			
Severe housing problems	12%	11-14%	9%	15%
Driving alone to work	79%	77-80%	72%	81%
Long commute - driving alone	20%	19-22%	15%	27%
Additional Physical Environment (not included in overall ranking)				
Year structure built *	27%			26%

*Figure M: Barron County Health Rankings, County Health Rankings and Roadmaps, 2018*

## Appendix D: Prioritization Matrix

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

## Appendix E: Resources

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## Appendix F: Community Health Survey

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# 2018 Barron County Community Health Survey

All Barron County residents are invited to complete this survey. The information you provide in this survey is important. Your views and opinions will help us understand the health needs of Barron County. Your responses to this survey are completely anonymous. If you have questions or concerns about this survey please contact Laura Sauve, Health Officer, at 715-537-6109. Thank you for taking time to help!

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### 1. In your opinion, please choose the TOP THREE health concerns in Barron County.

- Alcohol, Tobacco and other Drug Use/Abuse** focuses on the negative impacts of mood altering substances (alcohol, meth, marijuana, prescription drugs, tobacco, and heroin), such as:
  - Violence, car crashes and other injury or death, crimes, dependence/addiction
- Childhood Development** focuses on receiving the care and support needed to reach the best possible physical, social, and emotional health and development, such as:
  - Prenatal care, early learning opportunities for infants and children/quality child care, positive caring relationships, regular health check-ups
- Chronic Disease Prevention and Management** focuses on preventing and managing illnesses that last a long time, usually cannot be cured, and often result in disability, such as:
  - Heart disease, cancer, diabetes, Alzheimer's/dementia
- Contagious Disease Prevention and Control** focuses on illnesses caused by bacteria, viruses, fungi, or parasites that can be passed from person-to-person or animal-to-person as well as ways to prevent and control these illnesses, such as:
  - Influenza, Lyme disease, immunizations, personal health practices (handwashing, using bug spray, etc.)
- Dental Health** focuses on keeping teeth, gums, and mouth healthy. Issues of concern include:
  - Mouth pain, tooth decay/tooth loss
- Injury and Violence** focuses on preventing injury from accidents or violence, such as:
  - Falls, car crashes, suicide, child abuse, sexual assault
- Mental Health** focuses on services and support to address how we think, act, and feel as we handle stress, relate to others, and make choices. Examples of mental health conditions are:

- Depression, anxiety, post-traumatic stress disorder (PTSD), bi-polar disorder
- Nutrition** focuses on always having enough and nutritious food for healthy eating from infancy through old age, such as:
  - Breastfeeding, fruits and vegetables, fresh foods properly stored, prepared, and refrigerated, balanced meals
- Physical Activity** focuses on ways to stay active to improve overall health, such as:
  - Walking, swimming, lifting weights, team sports
- Sexual Health** focuses on education and health care services that help maintain sexual health for people of all ages, such as:
  - Preventing unintended pregnancy, detecting or preventing sexually transmitted infections (STIs) such as chlamydia and gonorrhea
- Worksite Health and the Environment** focuses on preventing illnesses and injuries from indoor and outdoor hazards, such as:
  - Contaminated food, water, or air, hazards at work (e.g., unsafe work practices or tools, exposure to chemicals or radiation, diseases that can be passed from animals to humans)

**Other / Additional Comments:**

**2. If you could improve one or more things in your community what would it/they be and why?**

**3. How do you define health?**

**4. How do you define a healthy community?**

**5. Please check ALL of the things that have contributed to physical or mental health problems for you or a household member in the last 12 months.**

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Alcohol     | <input type="checkbox"/> Bullying |

- Physical injury
- Unsafe housing
- Child care giving
- Adult care giving
- Polluted air or water
- Not eating healthy
- Severe or chronic pain
- Being a victim of a crime
- Not getting enough exercise
- Feeling lonely or depressed
- Not knowing “Where to start”
- Physical, sexual, or verbal abuse
- Getting in trouble with the law
- Not being able to get a “good” job
- Not having a safe place to exercise
- Not being able to get to appointments
- Unsafe work or school environment
- Not having enough money to get food
- Lack of sleep (less than 7 hours per night)
- Not knowing how to get help paying bills
- Fear of being judged for health problems
- Not being able to find affordable housing
- Not being able to get a good education
- Not having a reliable car/ transportation
- Not having enough money to get healthcare
- Not enough time to deal with health problems
- Not understanding how health insurance works
- Not having support or help from family or friends
- Trouble seeing, hearing, remembering, or moving
- Not having enough money for medications or treatments
- Not being able to communicate (language, ability to read, etc.)

**Other / Additional Comments:**

**6. Have you been able to find and access help for problems checked in question 5? (such as healthcare, government programs, county organizations, etc.)**

- Yes
- No

**Please explain:**

**7. What are the top three strengths in Barron County?**

- Businesses/job opportunities

- Communities and neighborhoods
- Community organizations (like churches, senior centers, etc.)
- Diverse population
- Low crime rate
- Healthcare and public health services
- Improved health awareness
- Natural resources (like city/county parks, lakes, etc.)
- Schools (public, private, technical, university)
- Supportive services (like shelters, food shelves)

**Other / Additional Comments:**

**8. Many social issues contribute to our health. Please choose the top three issues below which could improve the health of Barron County.**

- |   |   |
|---|---|
| <input type="checkbox"/> Less unemployment  | <input type="checkbox"/> Less people in jail                                |
| <input type="checkbox"/> Having enough food   | <input type="checkbox"/> Feeling connected to family, neighbors and friends |
| <input type="checkbox"/> Having stable housing  | <input type="checkbox"/> Access to health care                              |
| <input type="checkbox"/> Less poverty or having enough money for basic bills                      | <input type="checkbox"/> Access to mental health care                       |
| <input type="checkbox"/> Helping young children learn and develop                                 | <input type="checkbox"/> Access to dental health care                       |
| <input type="checkbox"/> Enrollment in higher education (i.e. technical college, 4 year colleges) | <input type="checkbox"/> Understanding health information                   |
| <input type="checkbox"/> Increase high school graduation rates                                    | <input type="checkbox"/> Access to foods that help keep you healthy         |
| <input type="checkbox"/> Help with speaking and reading needs                                     | <input type="checkbox"/> Less crime and violence                            |
| <input type="checkbox"/> More community and government participation                              | <input type="checkbox"/> Good environmental conditions                      |
| <input type="checkbox"/> Less discrimination  | <input type="checkbox"/> Safe housing                                       |

**Other / Additional Comments:**

**9. Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood and are strongly associated with health problems throughout our lives. Please let us know if you experienced any of the following during your childhood.**

- |  |  |
|--|--|
| <input type="checkbox"/> Physical abuse            | <input type="checkbox"/> Mother treated violently          |
| <input type="checkbox"/> Sexual abuse              | <input type="checkbox"/> Substance misuse within household |
| <input type="checkbox"/> Emotional abuse           | <input type="checkbox"/> Household mental illness          |
| <input type="checkbox"/> Physical neglect          | <input type="checkbox"/> Parental separation or divorce    |
| <input type="checkbox"/> Emotional neglect         | <input type="checkbox"/> Household member in jail          |
| <input type="checkbox"/> Intimate partner violence |  |

**Other / Additional Comments:**

**We are asking the following questions to make sure we are getting opinions from people of different backgrounds.**

**10. What is your current gender identity?**

- |  |  |
|--|--|
| <input type="checkbox"/> Male                      | <input type="checkbox"/> Genderqueer/gender non-conforming           |
| <input type="checkbox"/> Female                    | <input type="checkbox"/> Prefer not to answer                        |
| <input type="checkbox"/> Trans male/ trans man     | <input type="checkbox"/> Different identity (please state):<br>_____ |
| <input type="checkbox"/> Trans female/ trans woman |  |

**11. In what ZIP code is your home located? (enter 5-digit ZIP code) \_\_\_\_\_**

**12. What is your age?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Less Than 18 | <input type="checkbox"/> 65-80                |
| <input type="checkbox"/> 18-24        | <input type="checkbox"/> Over 80              |
| <input type="checkbox"/> 25-49        | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 50-64        |   |

**13. What is the highest level of education you have completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Some high school               | <input type="checkbox"/> Bachelor's degree               |
| <input type="checkbox"/> High school diploma or GED     | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Associate degree/ some college | <input type="checkbox"/> Prefer not to answer            |

**14. From the options below, please select the race/ethnicity that best represents you.**

- |  |  |
|--|--|
| <input type="checkbox"/> White – non Hispanic              | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White- Hispanic                   | <input type="checkbox"/> From multiple races                       |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Prefer not to answer                      |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (please specify):<br>_____          |
| <input type="checkbox"/> Asian                             |  |

**15. How much money did people living in your house earn in 2017?**

- Less than \$25,000
- \$25,001 to \$50,000
- \$50,001 to \$100,000
- More than \$100,000
- Prefer not to answer

**16. How many people, including yourself, does this income support?**

- 1 (just me)
- 2
- 3
- 4
- 5
- 6
- 7 or More

**Please share any additional comments you would like us to know:**

**Thank you for giving your opinions! Please return this survey to the place where you picked it up or mail to:**

**Barron County DHHS  
Attn: Community Survey  
335 E. Monroe Avenue, Room 338  
Barron WI 54812**