



Marshfield Clinic
Health System



2023-2025 Community Health Needs Assessment Marshfield Medical Center-Beaver Dam

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Dear Community Members,

Marshfield Clinic Health System's (MCHS) mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care. And that includes your community.

We know that health is driven by much more than what happens in the doctor's office. Wherever and whenever possible through programs, services, public policy or other means, emphasis needs to be on addressing health choices before medical needs arise.

That's why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on December 9, 2022.

The Health System has collaborated with community partners to assess communities' health and needs. The process has included meetings, surveys, conversations and a variety of data sources.

This document summarizes these key findings. Electronic versions and companion documents can be found at: <https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports>

Through these collaborative efforts, the top health priorities identified through the Community Health Needs Assessment process have been identified. MCHS will continue to support additional community health needs as they arise. The top health priorities for Marshfield Medical Center-Beaver Dam are:

- Alcohol and Substance Use
- Behavioral Health
- Health Equity

We hope you find this document useful and welcome your comments and suggestions for improving the health of Dodge County's citizens.

Yours in health,

Dr. Susan Turney, CEO
Marshfield Clinic Health
System

Angelia Foster, President
Marshfield Medical Center
Beaver Dam

Jay Shrader, Vice President
Community Health, Health
Equity, and Wellness

Marshfield Medical Center – Beaver Dam, EIN #39-1157876
707 S University Avenue Beaver Dam, WI 53916

Health System Overview

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

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

The Health System today is an integrated health system whose mission is to enrich lives through accessible, affordable compassionate health care. The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 12,000 employees and 1,600 providers comprising 170 specialties, health plan, and research and education programs. Its entities provide service and health care to include more than two million residents through over 60 clinic locations, and 11 hospitals.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Park Falls, Ladysmith, Minocqua, Neillsville, Rice Lake, Stevens Point, Weston, Iron Mountain (Michigan) and Marshfield Children's Hospital; Marshfield Clinic Research Institute, Security Health Plan and Marshfield Clinic Health System Foundation.

The Clinic operates several dental clinics 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

In 1972, Beaver Dam Community Hospital (BDCH) became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new BDCH opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state-of-the-art facility to create a healing environment of care for patients and their families. In 2019, BDCH joined Marshfield Clinic Health System and became Marshfield Medical Center–Beaver Dam (MMC-Beaver Dam).



MMC-Beaver Dam celebrated 100 years caring for our community in 2022. An updated photo collage wall was on display for the community health fair on August 27.

Our Community

MMC-Beaver Dam strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Dodge County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. Although we recognize that our community extends beyond Dodge County’s borders, we have chosen to focus on Dodge County for input in the community health needs assessment process. The MMC-Beaver Dam primary service area lies entirely within Dodge County and the information received from participants in other neighboring counties would most likely be consistent with information received from Dodge County participants.

Geographic Area

Dodge County is located in south-eastern region of Wisconsin. Known for its lakes, streams and small towns, Dodge County, Wisconsin offers a peaceful rural environment located within an hour drive of Milwaukee, Madison and Fox Valley metropolitan areas. The county is comprised of four cities, Beaver Dam, Mayville, Juneau (county seat) and Horicon. Other major cities, a portion of which is in Dodge County, include Watertown, Hartford, Waupun and Columbus. Dodge County is also home to over 30 villages and townships.

There is a growing Spanish-speaking population in Dodge County. Many are employed in the agriculture sector, working on farms or factories, or in seasonal

jobs, which present unique health challenges and barriers. There is an Amish community in Columbia County on the border of Dodge County. This community is widespread over several townships and consists of small to medium-sized Amish farmsteads and individual homes. When in need of medical care, MMC-Beaver Dam is often the closest location for these families.

There are two other hospitals adjacent to Dodge County. Waupun Memorial Hospital, located in Waupun and Watertown Regional Medical Center, located in Watertown. The two adjacent hospitals, along with three adjacent local public health departments, Dodge County Human Services and Health Department, Watertown Department of Public Health, and Jefferson County Health Department, coordinate with MMC-Beaver Dam on community health-related assessments and implementation activities.

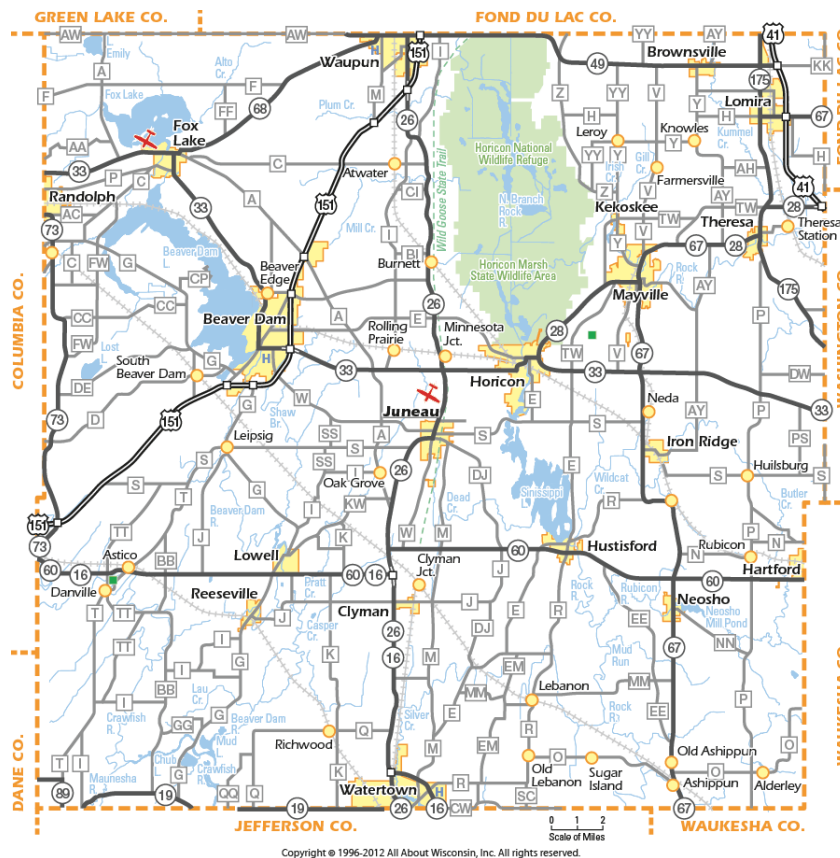


Figure A: Map of Dodge County

Demographics

| | Dodge County 2019 | Dodge County 2021 | Wisconsin | United States |
|--|-------------------|-------------------|-----------|---------------|
| Population | | | | |
| Total Population | 87,839 | 89,313 | 5,895,908 | 331,893,745 |
| Growth rate (2020-2021) | -1.0% | -0.1% | 0% | 0.1% |
| Age | | | | |
| Persons under 5 years | 4.6% | 4.6% | 5.4% | 5.7% |
| Persons under 18 years | 19.6% | 19.4% | 21.6% | 22.2% |
| Persons 65 years and over | 18.2% | 18.4% | 17.9% | 16.8% |
| Sex | | | | |
| Female persons | 47.2% | 46.8% | 49.9% | 50.5% |
| Race | | | | |
| White alone, not Hispanic or Latino | 89.6% | 88.6% | 80.2% | 59.3% |
| Hispanic or Latino | 5.0% | 5.8% | 7.5% | 18.9% |
| American Indian and Alaska Native alone | 0.6% | 0.6% | 1.2% | 1.3% |
| Black or African American alone | 3.3% | 3.6% | 6.8% | 13.6% |
| Asian alone | 0.7% | 0.7% | 3.2% | 6.1% |
| Native Hawaiian and other Pacific Islander alone | 0.1% | 0.1% | 0.1% | 0.3% |
| Two or More Races | 1.1% | 1.1% | 2.2% | 2.9% |
| Language other than English spoken at home | | | | |
| Percent of persons 5+ yrs. of age that speak a language other than English at home | 4.6% | 4.8% | 8.7% | 21.5% |
| Educational Attainment | | | | |
| High school graduate or higher | 90.8% | 91.2% | 92.6% | 88.5% |
| Bachelor's degree or higher | 17.6% | 18.0% | 30.8% | 32.9% |
| Income | | | | |
| Median household income, 2016-2020 | \$60,652 | \$62,591 | \$63,293 | \$64,994 |
| Persons in poverty | 8.0% | 7.2% | 10.0% | 11.4% |

Table 1: Dodge County Demographics, U.S. Census, 2021

Assessing the Needs of the Community

Overview

Marshfield Medical Center-Beaver Dam (MMC-Beaver Dam) identified and prioritized community health priorities through a comprehensive process that included input from organization leadership, local health department staff, and community partners. Direct community input was gathered through a community health survey. Assessment activities focused on understanding the priorities of the underserved in the community. MMC-Beaver Dam is committed to addressing health inequities and conducted the Community Health Needs Assessment (CHNA) using a health equity lens, and seeks to address “types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people” (Center for Disease Control and Prevention, 2018).

The MMC-Beaver Dam community health needs prioritization process was led by the CHNA Workgroup. This group is analogous to Community Benefits Workgroups (CBWs) across Health System facilities that contribute to the Health System’s community benefits and community health initiatives. MMC-Beaver Dam staff participated in the Community Health Assessment (CHA) Workgroup and are members of the Dodge Jefferson Healthier Community Partnership (DJHCP).

The MMC-Beaver Dam Community Benefits Coordinator facilitated the CHNA Workgroup and the process activities. In partnership with the DJHCP and their consultant, Stratasan, the CHNA Workgroup reviewed existing internal and external quantitative data (secondary data sets), newly gathered community health survey data and co-conducted eight focus groups (primary data) 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 A for a list of those involved in the MMC-Beaver Dam CHNA Workgroup.

Community Health Needs Assessment (CHNA) Timeline

| | |
|------------------|---|
| April 2022 | MMC-Beaver Dam CHNA Workgroup met to review CHNA process, partnership with DJHCP, and roles |
| May-August 2022 | Compiled and reviewed secondary data |
| June 2022 | Distributed the community health survey; held focus groups (primary data) throughout the community |
| July-August 2022 | Compiled and reviewed primary data |
| August 2022 | DJHCP Community Health Summit; CHNA Workgroup determined top health priorities |
| October 2022 | MMC-Beaver Dam Community Advisory Board recommends CHNA for review and approval |
| December 2022 | MMC-Beaver Dam CHNA report adopted by the MCHS Hospitals Board, Inc. and posted to the hospital webpage, making it widely available to the community. |

Process and Methods

MMC-Beaver Dam is committed to using evidence based strategies and best practices to ensure the CHNA process is measurable, inclusive and representative of diverse sectors of the community. Through its participation in the DJHCP, the CHNA Workgroup followed the County Health Rankings and Roadmaps Take Action Model (Figure B) to guide the CHNA process, which outlines the steps needed for the community health improvement process: assess needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs.

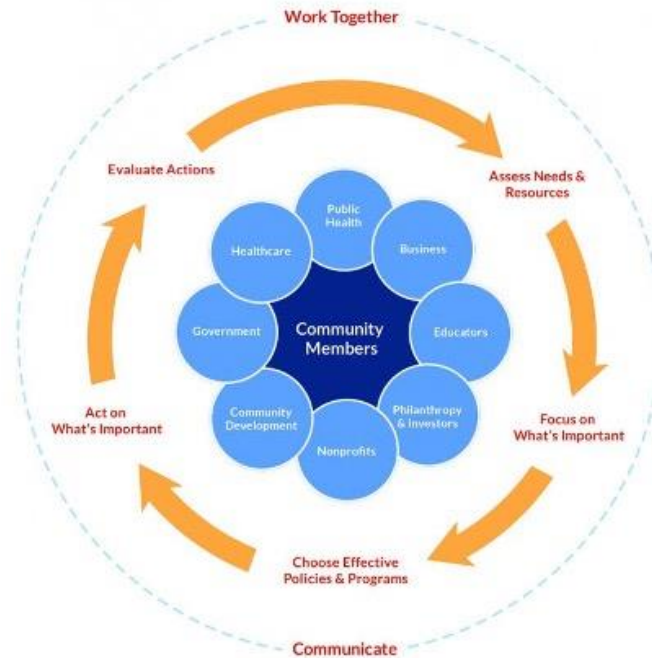


Figure B: County Health Rankings and Roadmaps Take Action Model

MMC-Beaver Dam contributed personnel and financial resources to the process and assessment. A portion of the MMC-Beaver Dam Community Benefit Coordinator's time was used to facilitate meetings, coordinated survey distribution, data collection, and assessment activities. CHNA Workgroup members met in August 2022 to conduct the needs assessment process.

The assessment process began with a review of previous and existing MMC-Beaver Dam community health improvement strategies. The CHNA Workgroup then reviewed selected existing health data compiled by DJHCP including the 2022 focus group findings and community health survey data before prioritizing health needs.

Eleven health areas were chosen to evaluate based on the health focus areas/living conditions identified in the MMC-Beaver Dam CHNA and the health priorities identified at the 2022 DJHCP Community Health Summit.

Data Sources

The CHNA included primary and secondary data. Primary data included a county-wide survey and focus groups. Secondary data was compiled from various sources

such as the County Health Rankings, Center for Disease Control and Prevention, U.S. Census, local public health departments, local community organizations and more. National- and state-level data was deprioritized due to the COVID-19 pandemic disruption in data collection processes.

Primary Data Collection

Community Health Survey

Primary data collection began with a community health survey in June 2022. The electronic (online) survey in English and Spanish survey was compiled and widely distributed by DJHCP and MMC-Beaver Dam to Dodge County community members (those who live and/or work in Dodge County). A hardcopy version of the survey was created for residents with limited access to the internet. Paper surveys (English and Spanish) were distributed by United Way of Dodge County, Family Health La Clinica, Beaver Dam Community Food Pantry, Church Health Services and through partners in the Dodge County Interagency group.

The survey asked residents to evaluate a variety of health behaviors, needs, and factors that influence health, including:

- Health Status
- Interacting with People & Social Connectedness
- Interacting with Medical/Support Services & Social Supports
- Interacting with Living Conditions/Places/Environments

Questions about health impacts related to the COVID-19 pandemic were included. Participants could also respond to open-ended questions related to making the health of the community better, and hopes about the future. All survey questions are found in Appendix C.

Of the about 1200 community members who participated in the DJHCP survey, 356 identified that they live in Dodge County. (A total of 761 respondents indicated, by zip code, which community they live in.) Survey respondents represented a range of residents with a variety of income and education levels, ages and household size. A summary of the DJHCP Community Health Survey, including demographics of survey participants, is included as Appendix D.

Regional and service-area data collected from the community health survey was compiled, analyzed and presented to the CHNA Workgroup as part of the DJHCP Community Health Summit presentation for consideration.

Focus Groups

Over 70 community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on June 6 and 7, 2022, for their input into the community's health. There were eight focus groups, each with a specific focus: all abilities/special needs, seniors, youth, social determinants of health, needs of Spanish speakers, LBTQIA+, mental health, and healthcare providers. A summary of the Focus Groups, including questions asked, is included as Appendix E.

Responses from the focus groups were recorded, compiled, analyzed and presented to the CHNA Workgroup as part of the DJHCP Community Health Summit presentation for consideration.

Secondary Data Collection

Information from County Health Rankings, Center for Disease Control and Prevention, U.S. Census, local public health departments, local community organizations and others were analyzed in the CHNA in addition to sociodemographic information and other public health data. Other data compiled and analyzed by Stratasan included: causes of death, demographics, socioeconomics, consumer health spending, and social determinants of health.

The University of Wisconsin Population Health Institute’s County Health Rankings, identify multiple health factors that can significantly affect a county’s health status such as, the environment, education, jobs, individual behaviors, access to services and health care quality. Secondary data collected, analyzed and distributed to DJHCP partners and CHNA Workgroup members were presented topically by these factors. Additional information about health disparities, health equity and other factors that influence health is online at:

<https://www.countyhealthrankings.org/what-is-health>

Prioritization Process

Community Health Assessment (CHA) Workgroup members of the Dodge Jefferson Healthier Community Partnership (DJHCP), along with their consultant Stratasan, conducted a hybrid (virtual and in-person options) community summit with stakeholders in August 2022. Seventy-eight individuals from 54 community organizations collaborated to implement a comprehensive CHNA process with DJHCP focused on identifying and defining significant health needs, issues, and concerns of Dodge and Jefferson Counties.

The MMC-Beaver Dam CHNA Workgroup met after the DJHCP summit (in August 2022) to discuss the primary and secondary data review and engage in a prioritization session.

Consideration of alignment with Marshfield Clinic Health System’s community health priorities, current/existing community health improvement efforts, and the newly identified DJHCP community health priorities were included in the discussion. The criteria used is shown in Figure C (right).

Criteria for Prioritization:

| | |
|-----------------------------|---|
| Magnitude | How big is the problem? |
| Equity | Is a certain group more impacted? |
| Urgency | Is the problem growing or has it been getting worse? |
| Seriousness of Consequences | What would happen if the issue were not made a priority? |
| Feasibility | Is the problem preventable? Can we do something about it? |

Figure C: Prioritization criteria used in MMC-Beaver Dam CHNA process

At the end of the data review and discussion, CHNA Workgroup members were instructed to visit an online audience engagement platform (menti.com) to rate the identified health needs. Needs presented for prioritization included health focus areas identified in the MMC-Beaver Dam CHNA and health priorities identified at the 2022 DJHCP Community Health Summit. Using a nominal group technique, a total of 12 individuals from the CHNA Workgroup participated in the activity, assigning a rank of 1 (lowest priority), 2 (medium priority) or 3 (highest priority) to each health need. Ratings were averaged to result in top priorities. See Figure D (below) for health priorities identified. The top six health needs were chosen as priorities for MMC-Beaver Dam.

Rate these Identified Health Needs

Mentimeter



Figure D: Identified needs and ratings by CHNA Workgroup members.



Addressing the Needs of the Community

Overview

After completing a review of the primary and secondary data collected by the DJHCP CHA Workgroup and conducting a prioritization process, the community health needs identified by Marshfield Medical Center in Beaver Dam as top health priorities in 2022 are:

- Alcohol and Substance Use
- Behavioral Health
- Health Equity

As these health priorities are addressed, intentional efforts will be made to ensure appropriate resources are provided, and unfair and unjust obstacles are eliminated for all people and communities to reach their optimal health.

Due to the interconnected nature of several of the priorities, the MMC-Beaver Dam CHNA Workgroup chose to combine some health priorities as shown in Table 2.

| MMC-Beaver Dam Identified Health Priorities: | MMC-Beaver Dam CHNA Health Priorities: | | |
|--|--|-------------------|--|
| Alcohol Misuse | Health Equity | | |
| Substance Use | | | |
| Mental Health | Alcohol and Substance Use | Behavioral Health | Equitable Access to Community-based Resources and Supports |
| Obesity | | | |
| Access to Affordable Quality Childcare | | | |
| Equitable Access to Community-based Resources and Supports | | | |

Table 2: Health Priorities Crosswalk

Health Priority 1: Behavioral Health

Mental health falls within the category of “Behavioral Health” as defined by MCHS. During the prioritization process, the CHNA Workgroup noted these needs within mental health to focus on:

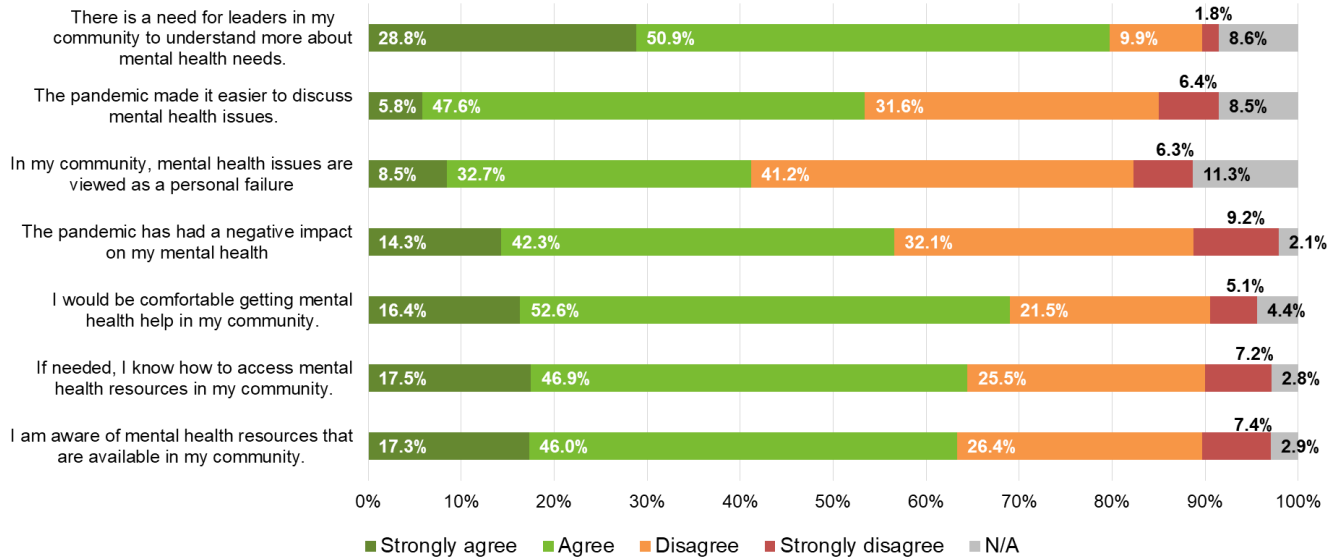
- Improve social support within mental health spectrum
- Improve youth focus (education/support) within mental health spectrum
- Increase access and affordability of services
- Decrease stigma around seeking care and services for mental health

The data within the survey and findings from the focus groups identified mental health as the top health priority. Focus group participants said the biggest health concerns around mental health were related to:

- Kids
- Isolation (related to the pandemic)
- Relationship to concurring health factors (e.g. depression and isolation)
- Waiting lists, limited availability of providers/services

- Stigma
- Resource and systems navigation

Highlighted Community Survey question: Please tell us to what level you agree or disagree with the follow statements:



*Figure E: DJHCP community health survey, 2022. N=953
Question 5. Please tell us to what level you agree or disagree with the following statements.*

| Secondary Data Measures | Dodge County | Wisconsin |
|---|--------------|--------------|
| Suicides (adult, rate per 100,000) | 15 | 15 |
| Mental health providers (ratio= provider:residents) | 1:840 | 1:440 |
| Depression, high school (HS) students (past 12 months) | 31% | 28.5% |
| Seriously considered suicide, HS students (past 12 months) | 18% | 15.7% |
| Students (HS) who most of the time or always get emotional help when needed | 22% | 24% |
| Poor mental health days (adult, past 30 days) | 4.4 | 4.4 |
| Frequent mental distress (adult, past 30 days) | 14% | 13% |

Table 4: Behavioral Health Highlights from 2022 County Health Rankings & Roadmaps (2019); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019)

Health Priority 2: Alcohol and Substance Use

Alcohol misuse and substance use were identified as a health priority through data from the survey, and alcohol misuse is a part of the “Alcohol and Substance Use” category as defined by MCHS. These needs (regarding alcohol and substance use) were noted during the CHNA Workgroup prioritization process:

- Increase education about the impact on health alcohol and drug use has
- Increase access to treatment and resources
- Limit the access to alcohol and drugs
- Lessen the acceptance and culture of drinking

The data within the survey and findings from the focus groups identified mental health as a priority. Focus group participants said the biggest health concerns around alcohol and substance abuse were related to:

- Lack of sober housing
- Increases in overdoses
- Parental norms (e.g. letting underage kids drink at home)
- Self-medicating other diseases or experiences (e.g. anxiety and depression)

Highlighted Community Survey question: Of the factors listed below which are strengths of our community and which can be improved

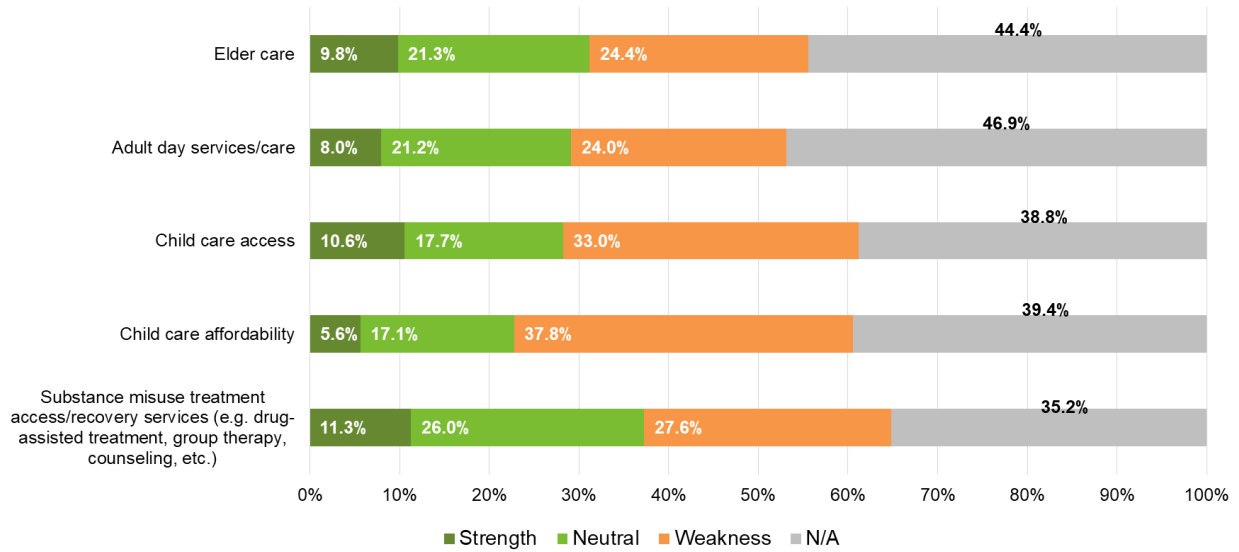


Figure F: DJHCP community health survey, 2022. N=824
 Question 13. Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness).

| Secondary Data Measures | Dodge County | Wisconsin |
|---|--------------|--------------|
| Adult excessive drinking (binge or heavy drinking) | 27% | 25% |
| Current alcohol use, high school students (one drink past 30 days) | 35% | 30% |
| Binge drinking, high school (HS) students (females 4+, males 5+ drinks consumed in a sitting) | 16% | 12.7% |
| Current vaping use, HS students (past 30 days) | 24% | 20% |
| High school students who have ever tried vaping | 49% | 46% |
| Drug overdose deaths (rate per 100,000) | 27 | 22 |
| Opioid overdose emergency room visits (rate per 100,000) | 53.8 | 42 |
| Heroin specific overdose emergency room visits (rate per 100,000) | 31.4 | 24 |

Table 5: 2022 County Health Rankings & Roadmaps (2019); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019)

Health Priority 3: Equitable Access to Community-based Resources and Supports

Wisconsinites have long-experienced inequities (differences in health and opportunity that are systematic, avoidable, unnecessary, unfair, and unjust). Health Equity means that “everyone has a fair and just opportunity to be as healthy as possible (Braveman et al., 2017).” Achieving health equity in Wisconsin means that every Wisconsinite has access to the conditions and resources they need in order to achieve their optimal health and wellbeing – regardless of where they are born, the level of resources their birth family had access to, or the color of their skin, or cultural background (Governor’s Health Equity Council Recommendations Executive Summary, 2022).

A strong and growing body of research shows that differences in health outcomes are the result of community conditions and policies and systems that shape health and opportunity. The neighborhoods we live in – along with past and present housing, education, and employment policies – create opportunities for some, but roadblocks for others (Wisconsin Population Health and Equity Report Card, 2021).

Members of the DJHCP CHA Workgroup and MMC-Beaver Dam CHNA Workgroup focused attention on disaggregating data collected to determine what specific issues were of most importance for specific groups in the community. During the prioritization process the CHNA Workgroup discussed:

- Nutrition security for those who are food insecure
- Low-cost/free places to play and be active for those with limited incomes
- Health care resources for those who speak a language other than English
- Services and resources who identify at LGBTQIA+
- Access to quality, affordable childcare for parents who work outside the home and have financial constraints

Focus groups for youth, Spanish-speakers, those with or advocates of people with special needs, and people identifying as LGBTQIA+ were intentionally curated to uncover health needs of more vulnerable and marginalized community members. See Appendix E for more information on focus groups findings.

Highlighted Community Survey question: How well can you access resources in the community to meet your unique needs? Crossed by Hispanic/Latino/Spanish Origin

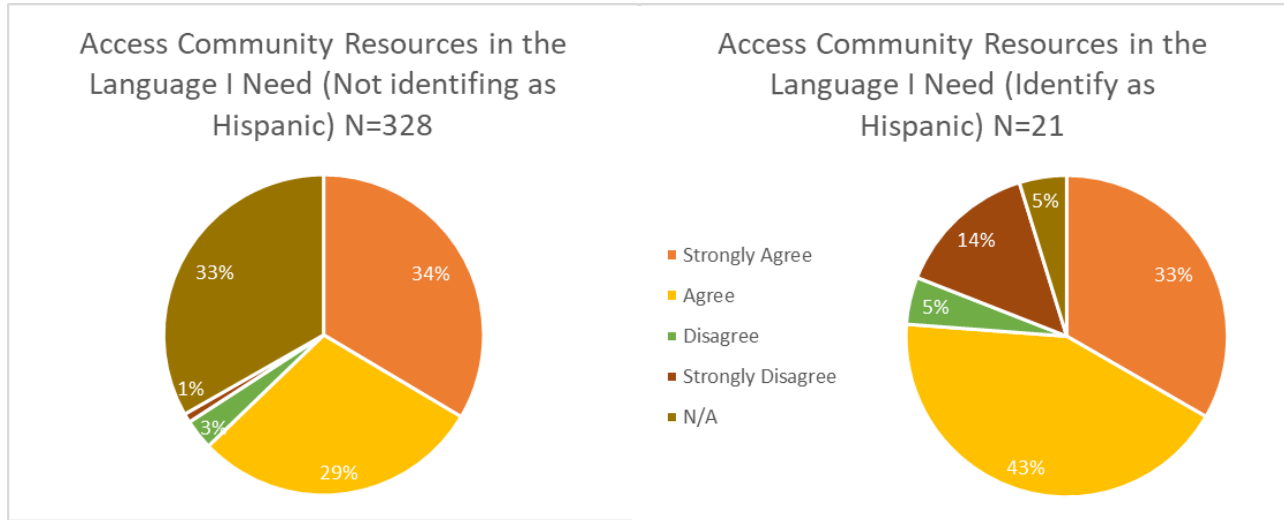


Figure G: DJHCP community health survey, 2022. Dodge County residents. Question 12. Q12. Think about how you identify as a person (your age, race, gender, sexual orientation, disability status, citizenship status, language(s) you speak, etc.). How well can you access resources in the community to meet your unique needs? Please tell us to what level you agree or disagree with the following statements.

| Secondary Data Measures | Dodge County | Wisconsin |
|--|---------------------|------------------|
| High School students who experienced hunger due to lack of food at home (past 30 days) | 26% | 24.7% |
| Food insecurity | 8% | 9% |
| Limited access to healthy foods (% low income and not close to a grocery store) | 3% | 5% |
| Children eligible for free or reduced price lunch | 40% | 40% |
| Median Household Income | \$61,696 | \$63,001 |
| Rate of Poverty | 7.2% | 10% |
| ALICE + Poverty (Asset Limited, Income Constrained, Employed) | 29% | 34% |
| Childcare cost burden (% of household income required for childcare expenses) | 26% | 26% |
| Childcare centers (per 1,000 population under 5) | 7 | 6 |
| % of households with broadband internet access | 84% | 85% |
| % occupied housing units with no vehicle available | 3.8% | 6.1% |
| | Dodge County | Goal |
| % residents paying more than 30% of income on housing (renting) | 36.9% | 25% |
| Additional measures to be identified/reviewed across MCHS in 2023 | | |

Table 6: 2022 County Health Rankings & Roadmaps (2020); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019); 2020 ALICE Report (2018); U.S. Census Bureau (2021); Greater Watertown Community Health Foundation: Affordable Housing Assessment; American Community Survey, WI Dept of Revenue (2022)

Health Needs Not Addressed

Through the assessment process, the CHNA Workgroup identified other community health needs that have not been prioritized in this plan. The CHNA Workgroup considered other organizations addressing the specific needs, including partners of the DJHCP, the ability of MMC-Beaver Dam to impact change, availability of resources, progress of existing MMC-Beaver Dam interventions, as well as readiness of the community.

After consideration, the following health needs will not be addressed by MMC-Beaver Dam as other community organizations are better equipped and have the resources in place to lead efforts to address them:

- Affordable, Reliable Transportation
- Access to Technology/Wi-Fi/Broadband
- Access to Affordable, Quality Housing

Potential Resources to Address 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:

Resource Listings and Databases

- 211 Wisconsin (211wisconsin.communityos.org)
- MCHS Community Connections Team (communityhealth.marshfieldclinic.org/en/Community-Connections)
- Dodge County Resource Directory (<https://www.co.dodge.wi.gov/home/showpublisheddocument/41627/637460646859970000>)
- MMC-Beaver Dam Community Resources (<https://bdch.com/community-health-needs>)

Basic Needs Assistance

- Aging & Disability Resource Center of Dodge County
- Central Wisconsin Community Action Council, Inc.
- Beaver Dam Community Activities and Services (The Watermark)
- Dodge County Housing Authority
- Forward Services Corporation
- Habitat for Humanity International Inc.
- New Beginnings Homeless Shelter
- PAVE
- Salvation Army
- St. Vincent De Paul Society
- Watertown Senior and Community Center
- UMOS, Inc.
- United Way of Dodge County, Inc.

Healthcare Organizations

- Church Health Services
- Marshfield Medical Center- Beaver Dam
- Prairie Ridge Health
- SSM Health
- Watertown Regional Medical Center
- UW Health

Public Health Departments

- Dodge County Human Services and Health Department
- Jefferson County Health Department
- Watertown Department of Public Health

Next Steps

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups and organizations. MMC-Beaver Dam 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.

Marshfield Medical Center-Beaver Dam CHNA Workgroup will develop an implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. Marshfield Medical Center-Beaver Dam and partners will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

The CHNA Workgroup 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

This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on December 9, 2022.

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 or (715) 221-8400.

Evaluation of the Impact of the Preceding Implementation Strategy

Health priorities identified in the previous MMC-Beaver Dam CHNA were:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

Alcohol and Substance Abuse

| Goal 1: Reduce youth substance use | | |
|---|---|--|
| Strategy | Key Actions | Summary of Actions |
| Support community wide environmental strategies, prevention, and/or policy to address underage alcohol use. | <p>Conduct festival/event scans and share data with organizers;</p> <p>Coordinate actions with Allies for Substance Abuse Prevention (ASAP)</p> | <p>Over 10 festivals/events were scanned, resulting in 3 presentations of results to festival/event organizers. Results of potential policy or environmental changes pending until next years' events/festivals.</p> <p>ASAP narrowed its focus to treatment and recovery beginning Spring 2022. MMC-Beaver Dam supported ASAP's re-focusing efforts, promoted community-based trainings and provided guidance on creating recovery-oriented systems of care (ROSC).</p> |
| Goal 2: Reduce community impact related to substance abuse and misuse | | |
| Strategy | Key Actions | Summary of Actions |
| Support community wide environmental strategies, prevention and/or policy to address substance use. | Promote Drug Drop Box in MMCBD Outpatient Pharmacy | In partnership with ASAP, MMC-Beaver Dam's outpatient pharmacy opened a medication disposal receptacle in early 2022. Information about the receptacle was shared with pharmacy customers and community members through a variety of methods. Medications collected to date have exceeded expectations. |
| Support community led recovery efforts to reduce substance use. | Implement Recovery Corps Program at MMCBD | A MCHS AmeriCorps Recovery Corps Recovery Coach began seeing clients at MMC-Beaver Dam's Beaver Dam Primary Care office in late September 2021. Coaching services are open to community members and patients. The Coach also is part of ASAP to help build a ROSC in Dodge County. |

Goal 3: Engage in community efforts related to alcohol and substance use prevention efforts

| Strategy | Key Actions | Summary of Actions |
|---|--|--|
| Participate in community based workgroups | Actively participate in a group focusing on improving alcohol and substance use prevention | Actively participated in Allies for Substance Abuse Prevention (ASAP) of Dodge County. |

Behavioral Health

Goal 1: Decrease suicides rates for high risk populations

| Strategy | Key Actions | Summary of Actions |
|--|---|---|
| Enhance community member’s skills to support mental health promotion and suicide prevention. | Host QPR trainings | Three QPR Gatekeeper trainings were held for residents in Dodge County, resulting in 55 people receiving the training information, including staff at Wayland Academy, an international boarding school in Beaver Dam. |
| Promote protective factors that build sense of belonging and social connectedness. | Examples could include: Initiate Cycling Without Age; Conduct Purpose Workshops; Support Social Circles; Coordinate Slow Rolls; Support Playground Movement Community Gardens; Participate in Community Building activities | With community partners: <ul style="list-style-type: none"> • coordinated five slow roll bike rides • established Cycling Without Age program • launched and offered five Awaken Your Why purpose workshops • supported two activities at the Food is Free BD (formerly Playground Movement) Community Garden |

Goal 2: Improve social and emotional development of children and adolescents (YRBS)

| Strategy | Key Actions | Summary of Actions |
|--|--|---|
| Increase availability of mental health services | Hire MMC-Beaver Dam psychiatrist, case managers and support staff | Dr. Borkenhagen started with MMC-Beaver Dam in January 2022 with the Behavioral Health clinic seeing patients beginning in Spring 2022. |
| Enhance community capacity to address high risk youth needs through afterschool care options.* | Assess existing afterschool programs; Identify needs and potential alignment or enhancements | Promoted Botvin Lifeskills, a substance use prevention curriculum to Dodge County schools and community-based organizations. MMC-Beaver Dam financially supported one afterschool organization to implement the curricula in the 2022-23 school year. |

| | | |
|--|---|---|
| Enhance school capacity to provide high quality social, emotional assessment, support, and learning. | Connect schools with SEL; Connect schools with b.e.s.t. | Promoted SEL LifeTools to Dodge County schools and community-based organizations. MMC-Beaver Dam financially supported three organizations to implement the LifeTools sessions in the 2022-2023 school year. Promoted b.e.s.t. Universal Screener to Dodge County schools. Four school districts were supported by MCHS CCHA to use b.e.s.t. in the 2022-2023 school year. |
| Support suicide prevention community awareness events. | Host community event(s) | Partnering with Church Health Services, promoted and supported "Out of the Darkness" suicide prevention and awareness event resulting in 165 attendees. |
| Goal 3: Engage in community efforts related to supporting behavioral health efforts | | |
| Strategy | Key Actions | Summary of Actions |
| Participate in community based workgroups | Actively participate in a group focusing on improving mental health | Actively participated in and shared resources with the Dodge County Interagency Group facilitated by the Dodge County United Way. |

**Strategy listed in this healthy priority but also connected to the SDOH priority.*

Chronic Disease

| | | |
|--|---|--|
| Goal 1: Improve access to healthy foods | | |
| Strategy | Key Actions | Summary of Actions |
| Increase community capacity to provide nutritious, locally grown food and address food insecurity. | Farmers Market EBT; Hydroponic Gardens; Community Gardens; Farm to Institution | Supported the Beaver Dam Downtown Farmer's Market to become a SNAP approved vendor. The Market began accepting EBT in September 2022 with MMC-Beaver Dam providing "Market Match" dollars for purchases of healthy foods made with WIC/Senior Farmers Market Nutrition Program checks and/or SNAP EBT. MMC-Beaver Dam maintained a hydroponic garden unit, growing and donating nearly 300 pounds of lettuce to five Dodge County food pantries. Farm-to-Institution efforts re-directed to support a hot-meal program providing nearly 500 meals a week to residents beginning August 2022. |

| | | |
|--|--|--|
| | | MMC-Beaver Dam hired a consultant to assist with the development, evaluation and sustainability of the program and create nutrition guidelines for the program to use for each meal. |
|--|--|--|

Goal 2: Reduce rates of preventable chronic conditions with focus on obesity and diabetes

| Strategy | Key Actions | Summary of Actions |
|--|--|---|
| Enhance programming to impact chronic disease self-management and prevention with a focus on obesity and diabetes. | Chronic disease related self-management classes, events, or programs | Promoted MCHS-provided and community partner-coordinated classes via email and social media channels. |
| Provide education and skill building opportunities.* | Recipe cards; Cooking Demos | Developed and distributed plant-based recipes in a variety of community settings (e.g. at grocery store, farmers markets, events, with hot-meal program, etc.). Coordinated a series of four virtual cooking demonstrations featuring local chefs and healthy, produce-packed recipes. Also used a “blender bike” to engage youth teaching healthy cooking skills they can do at home. |

Goal 3: Engage in community efforts related to chronic disease prevention efforts

| Strategy | Key Actions | Summary of Actions |
|---|---|--|
| Participate in community based workgroups | Coordinate Dodge County community health initiative | Coordinated, monitored, evaluated and reported on MMC-Beaver Dam community health initiatives. |

**Strategy listed in this healthy priority but also connected to the SDOH priority.*

Social Determinants of Health

Goal 1: Increase knowledge and awareness of health equity

| Strategy | Key Actions | Summary of Actions |
|--|--|--|
| Conduct an organizational (internal) and community assessment (external) assessment of | Complete internal assessment; Complete external assessment; Create work plan | As part of the DJHCP, MMC-Beaver Dam participated in the Wisconsin Public Health Association’s Just Recovery Project, providing training and technical assistance to local health departments and hospitals to produce new and updated |

| | | |
|---|---|--|
| health disparities and health equity and develop a work plan to address those gaps | | CHA/CHIP/CHNA documents that better address root-cause determinants of structural health inequities. |
| Goal 3: Improve health outcomes by improving living conditions to address Social Determinants of Health barriers | | |
| Strategy | Key Actions | Summary of Actions |
| Engage in community capacity building in the physical, social, and/or economic environment. | Participate in Beaver Dam Childcare Taskforce; Participate in Dodge County Broadband Taskforce; Explore feasibility of Community Bike Share | Worked with a UW Madison WI Academy of Rural Medicine student to conduct a bike share feasibility study for the City of Beaver Dam. Participated in the core team of the Greater Watertown Community Health Foundation's Childcare Taskforce which received a WI Department of Children and Families Project Growth Dream Up! childcare supply-building grant for Dodge County. |
| Goal 4: Engage in community efforts related to advancing health equity and Social Determinants of Health | | |
| Strategy | Key Actions | Summary of Actions |
| Participate in community based workgroups | Actively participate in a group focusing on improving SDOH | Actively participated in Beaver Dam Racial Justice Group, Beaver Dam DEI Taskforce, Beaver Dam Parks & Placemaking Committee, Active Wisconsin, healthTIDE, and Wisconsin Public Health Association Board of Directors. |

Appendix A: Individuals Involved in the CHNA

MMC-Beaver Dam Community Health Needs Assessment Workgroup (CHNA Workgroup)

- Angelia Foster, Chief Administrative Officer, MMC-Beaver Dam
- Dr. Jamie Deering, Vice President of Medical Affairs, MMC-Beaver Dam
- Colette Smith, Administrative Director of Patient Care Services, MMC-Beaver Dam
- James McComas, Administrative Director of Extended Care Services, MMC-Beaver Dam
- Jill Wenzel, Administrative Director of Regional Operations, MMC-Beaver Dam
- Harland Bender, HR Business Partner Manager, MMC-Beaver Dam
- Kyle Raeder, Director of Finance and Accounting, MMC-Beaver Dam
- Linda Klinger, Director of Ancillary Services, MMC-Beaver Dam
- Liz Kern, Marketing, Communications and Outreach Coordinator, MMC-Beaver Dam
- Emily Dieringer, Community Benefits Coordinator for MMC-Beaver Dam, Center for Community Health Advancement, Marshfield Clinic Health System
- Olivia Gerritson, Health Educator, Dodge County Human Services & Health Department
- Members of the Community Health Sub-Committee of the MMC-Beaver Dam Community Advisory Board:
 - Abby Sauer, community member, resident of Theresa
 - Becky Glewen, Mayor, City of Beaver Dam
 - Frank Ferree, community member, resident of Beaver Dam
 - Harper Mruk, Executive Director, United Way of Dodge County
 - Natrone Anthony Jr, community member, resident of Waupun
 - Pat Kneser, community member, resident of Fox Lake
 - Tracy Propst, Executive Director, Beaver Dam Area Chamber of Commerce
 - Zach Shine, community member, resident of Beaver Dam

Dodge-Jefferson Healthier Communities Partnership Community Health Assessment Workgroup (DJHCP CHA Workgroup)

- Carol Quest and Abigail Kuehn, Watertown Department of Public Health
- Olivia Gerritson, Lina Rooney and Karen Greenwald, Dodge County Human Services & Health Department
- Elizabeth Chilsen, Jefferson County Health Department
- Emily Dieringer, Marshfield Medical Center-Beaver Dam
- Traci Wilson, FortHealthCare
- Bridget Prichard, Watertown Regional Medical Center
- Kim Melcher, Tom Linder and Susan Mejchar, Greater Watertown Community Health Foundation
- Olivia Nichols, Rock River Community Clinic

Appendix B: Definitions of Terms

- **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, 2021) 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)
- **Dodge-Jefferson Healthier Community Partnership (DJHCP):** is a partnership that has worked together on the community health needs assessment since 1995 and is comprised of the following organizations:
 - City of Watertown Department of Public Health
 - Dodge County Human Services & Health Department
 - Fort HealthCare
 - Greater Watertown Community Health Foundation
 - Jefferson County Health Department
 - Marshfield Medical Center-Beaver Dam
 - Rock River Community Clinic
 - Watertown Regional Medical CenterSee Appendix A for a list of those involved in the DJHCP Community Health Assessment Workgroup (DJHCP CHA Workgroup).
- **Health Disparity:** differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups. ([Robert Wood Johnson Foundation, 2017](#))
- **Health Equity:** everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. ([University of Wisconsin, Population Health Institute](#))
- **Health Priority(ies):** Health areas selected to be addressed by hospital based off of community input collected via: survey, community conversations, focus groups, and/or coalition meetings; and secondary data review including similar existing local, state and national reports and agendas.
- **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)

- **Marshfield Medical Center-Beaver Dam (MMC-Beaver Dam) CHNA Workgroup (CHNA Workgroup):** local workgroup of internal hospital leadership, community health department staff, and external community health stakeholders that participated in the CHNA process, reviewing data, providing insight, direction and guidance, and establishing health priorities for MMC-Beaver Dam. This group is analogous to Community Benefits Workgroups (CBW) across Health System facilities that contribute to the Health System’s community benefits and community health initiatives. Essential functions of the CBW are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the CHNA and IS, and monitor and evaluate implementation of community benefits programs. See Appendix A for a list of those involved in the CHNA Workgroup.
- **Social Determinants of Health (SDOH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Build Environment, and Social and Community Context. ([Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.](#))
- **United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. ([United Way ALICE Project, 2022](#))
- **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, 2022](#))
- **Wisconsin’s 2017-2022 State Health Improvement Plan and 2020-2025 State Health Assessment:** the public health agenda required by Wisconsin statute every 10 years. The [Wisconsin Health Assessment](#) provides an overview of the health of the people of Wisconsin and summarizes the data that guides the selection of the priorities for the state health improvement plan. The [Wisconsin Health Improvement Plan](#) focuses on these priorities and works to create and support solutions for better health, with strategies and measures, for collective action by public health partners across Wisconsin. ([Division of Public Health, 2022](#))

Appendix C: Community Health Survey



Dodge and Jefferson Counties Community Health Needs Assessment Survey

The Dodge-Jefferson Healthier Community Partnership wants to know how healthy Dodge and Jefferson Counties are. Please help by taking the time to complete the survey. Ensure your voice is heard on what services and supports are needed to make our residents and communities the healthiest they can be. Your answers are anonymous, and if you're uncomfortable answering a question, you may skip it. The survey should take about 10 minutes to complete. Please complete and return by Monday, June 27, 2022.

1. Do you live or work in Dodge or Jefferson County?

- Yes
- No
- Decline to answer

Dodge and Jefferson Counties Community Health Needs Assessment Survey

Your responses to these questions will be used by our hospital, public health department, and other community organizations to better serve the needs of our community's residents.

2. Generally, how satisfied are you with your...

| Physical Health | Very satisfied | Satisfied | Dissatisfied | Very dissatisfied | N/A |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oral/Dental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Amount of Sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition/what you eat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Please tell us to what level you agree or disagree with the following statements.

| | Strongly agree | Agree | Disagree | Strongly disagree | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I get as much physical activity and exercise as I need to be healthy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I can afford to buy fresh fruits and vegetables. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fresh fruits and vegetables are close by and/or easy to get to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preparing/eating fruits and vegetables is easy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get enough sleep as I need to be healthy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please tell us if the following are strengths or weaknesses in your community.

| | Strength | Neutral | Weakness | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Access to healthy food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Affordability of healthy food options (for example, at a restaurant) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Free/low cost places to play and be active | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safe, convenient places to play and be active | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Please tell us to what level you agree or disagree with the following statements.

| | Strongly agree | Agree | Disagree | Strongly disagree | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I am aware of mental health resources that are available in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If needed, I know how to access mental health resources in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would be comfortable getting mental health help in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The pandemic has had a negative impact on my mental health in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health issues are viewed as a personal failure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The pandemic made it easier to discuss mental health issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leaders in my community to understand more about mental health needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. What, if anything, is making it hard for you to get to the level of personal health you want to have (select all that apply)?

- High costs
- Lack of time
- Family responsibilities
- Job/work responsibilities
- Stigma
- Personal willpower
- Personal discipline
- Past decisions and behaviors
- Current health challenges and barriers
- Nothing, I'm healthy as I want to be
- Other (please specify)

Dodge and Jefferson Counties Community Health Needs Assessment Survey

Interacting with People/Social Connectedness

7. Please tell us to what level you agree or disagree with the following statements.

| | Strongly agree | Agree | Disagree | Strongly disagree | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel safe in my community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are opportunities for people like me to gather in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have close friends, family, or supports that I can depend on. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decisions in my community are made with resident participation. (For example, I am given an opportunity to express my concerns.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are places to volunteer in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I belong in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Tell us to what level you think these are strengths or weaknesses in your community.

| Acceptance/Belonging | Strength | Neutral | Weakness | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Place to raise children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community safety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family support (e.g. services, groups, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community connectedness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support for individuals to connect and help others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often accidents and injuries occur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often domestic violence occurs

High quality, reliable Internet

9. How do you connect or socialize with others in our community? Please select all that apply:

Social groups (e.g. book club, lunch bunch, mom's group, coffee chat, etc.)

Family gatherings

Social service clubs (e.g. Kiwanis, Lions, Optimists, etc.)

Neighborhood gatherings

House of worship (e.g. church, synagogue, mosque, etc.)

Community events (e.g. festivals, parades, etc.)

Activity gathering (e.g. gym, walking group, garden club, etc.)

In-person

Virtual/on-line

School-based

Community Center-based

Other (please specify)

10. In what situations have you and/or your household member(s) experienced discrimination in our community? (Discrimination is the unfair treatment of people and groups based on characteristics such as race, ethnicity, gender, age, sexual orientation, physical ability, etc.) Please select all that apply:

When applying for a job

When looking for housing to rent or buy

When shopping at stores or dining at restaurants/bars

In my home

School

Work

When interacting with other government services

When interacting with law enforcement

In public spaces (e.g. parks, streets)

At my place of worship

With my neighbors

I don't feel that I or anyone in my household has experienced discrimination

Other (please specify)

11. Share more details about your experience with discrimination and ideas on ways to improve inclusion and belonging. (open ended)

Dodge and Jefferson Counties Community Health Needs Assessment Survey

Interacting with medical/support service and social supports

12. Think about how you identify as a person (your age, race, gender, sexual orientation, disability status, citizenship status, language(s) you speak, etc.). How well can you access resources in the community to meet your unique needs? Please tell us to what level you agree or disagree with the following statements.

Strongly agree Agree Disagree Strongly disagree N/A

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I can get the dental care I need | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get the medical care I need | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get substance misuse treatment I need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get the mental health care I need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get healthcare for my children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get the adult day care or elder care services I or my family needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get the childcare services I need | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can get services or resources in the language I need. I receive support from a faith community or civic organization. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have used or currently use support services and community resources to meet my unique needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| assistance program or other support program to get help if needed. (For example, community support group, employee assistance program) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness)

| Dental care access | Strength | Neutral | Weakness | N/A |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental care affordability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical care affordability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health affordability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance misuse treatment access/recovery services (e.g. drug-assisted treatment, group therapy, counseling, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care affordability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child care access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adult day services/care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Did you or someone in your household have COVID-19?

- Yes
- No
- Decline to answer

15. What disruptions did you or members of your household experience as a result of COVID-19? (check all that apply)

| | Had a little impact | Had a big impact | N/A |
|--|-----------------------|-----------------------|-----------------------|
| Reliable childcare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loss of jobs (including layoff, furlough, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change in physical activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change in amount of sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health - Screen time - TV, smart phone, computer, depression, anxiety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Isolation (being separated from others) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| Worship services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Working from home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to my doctor/provider | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to community services/resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Delayed/unable to access recovery services | <input type="radio"/> | <input type="radio"/> | |
| Postponed/delayed medical care (e.g. mammogram, colonoscopy, well-check, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I did not have any disruptions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="text"/> | | |

16. Of the disruptions you selected, which, if any, is still a disruption you're dealing with? (Choose the biggest or most pressing one) (drop down list)

Dodge and Jefferson Counties Community Health Needs Assessment Survey

Interacting with Living Conditions/Places/Environments

17. What is your living situation today? (select the best fit)

- I have a reliable, affordable place to live.
- I have a reliable place to live, but it is a challenge to afford it.
- I have a place to live today, but I'm worried about losing it in the future.
- I do not have a reliable place to live (I am temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park).

18. Think about where you live. Do you have any of the following issues? (check all that apply)

- Pests such as bugs, ants or mice
- Water damage, not related to flooding
- Lack of heat
- Lack of air conditioning
- Unsafe home living conditions
- Unsafe neighborhood
- Oven or stove not working
- Smoke detectors missing or not working

Carbon monoxide detectors missing or not working

Hot or cold water not working

Unsafe drinking water

Smoke/vape; Secondhand smoke exposure

Other (please specify)

None of the above

19. Think about where you live, and tell us to what degree you agree or disagree with the following statements.

| | Strongly agree | Agree | Disagree | Strongly disagree | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have reliable transportation to meet my daily needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is a need for leaders in my community to understand more about transportation needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are job opportunities for my skills, education, and experience that exist at wages. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My household has enough money to pay for our basic needs like food, clothing, and housing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is a need for leaders in my community to understand more about housing needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness)

| | Strength | Neutral | Weakness | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Affordable transportation options | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Amount of trails, sidewalks, bike lanes connected to where I live and where I want to go. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Amount of safe, affordable places to play and be active near where I live. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education opportunities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Income/wages | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job options | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Jail/prison presence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Justice/re-entry system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. What are your hopes for the future of our community? (open ended)

22. What do you think would make the health of our community better? (open ended)



23. What is your ZIP code? (drop down)

24. What is your gender?

Male

- Female
- Transgender
- Non-binary/non-conforming
- Prefer not to answer

25. Which of the following ranges includes your age?

- Under 25
- 25 to 41
- 42 to 57
- 58 to 69
- 70 +
- Decline to answer

26. Are you of Hispanic/Latino/Spanish origin?

- Yes
- No
- Don't know

27. How would you best describe yourself?

- Black or African-American
- Asian
- White or Caucasian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- More than 1 race
- Decline to answer
- A race not listed, (please specify)

28. Which type of health insurance plan do you currently have?

- I have no health insurance
- Private insurance (through employer or self-paid, from the military or ACA Marketplace)
- Medicare
- Medicaid
- Decline to answer
- Other (please specify)

29. Can you currently afford your health insurance deductible? (for example, a high deductible is defined as a deductible over \$1,400 for individual and \$2,800 for a family)

- Yes
- No
- Don't know

30. Does your health insurance cover the providers and services you need where you need them?

- Yes
- No
- Don't know

31. What is your education?

- Less than High School
- High school graduate
- Trade or technical school or union apprenticeship
- Some College
- College degree and higher
- Decline to answer
- Other (please specify)

32. What is your current employment status?

- Full-time
- Part-time
- Unemployed
- Not working by choice or circumstances
- Retired
- Other (please specify)

33. Which of the following includes your annual household income?

- Less than \$25,000
- \$25,000 to \$64,999
- \$65,000-\$99,999
- \$100,000 or more
- Decline to answer

34. How many children under 18 live in your household?

- 0
- 1
- 2
- 3
- 4
- 5 or more

35. What is your disability status?

- I do not have a disability
- Sensory Disability- Conditions that include blindness, deafness, or a severe vision or hearing impairment.
- Physical Disability- Conditions that substantially limit one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.
- Mental Disability- Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty learning, remembering or concentrating.
- Self-care Disability- Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty dressing, bathing, or getting around inside the home.
- Go-outside-home Disability- Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty going outside the home alone to shop or visit a doctor's office.
- Employment Disability- Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty working at a job or business.

36. What is your sexual orientation?

- Asexual/aromantic
- Bisexual/pansexual/fluid
- Gay
- Lesbian
- Straight (heterosexual)
- Prefer not to disclose
- Additional category/identify not listed (please specify)

37. How did you hear about this survey?

- Health department or hospital website
- Email
- Postcard or printed flier
- Social media (Facebook, Instagram, Twitter)
- Community-based clinic, local organization location, etc.
- Other (please specify)

Thank you for your time! The Community Health Needs Assessment summary will be available on your local health department or hospital's website later in 2022.

Appendix D: Community Health Survey Results

Dodge-Jefferson Healthier Community Partnership (DJHCP) engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews, analyzed the surveys, and facilitated a community health summit to receive community input into the priorities.

Survey Description:

Dodge-Jefferson Healthier Community Partnership conducted community surveys via SurveyMonkey online and distributed paper copies in Dodge and Jefferson Counties. 1,206 total surveys were completed, 1,195 in English and 11 in Spanish. The surveys were conducted from May 30- July 12, 2022. Below is a summary of the most significant health issues, with full survey DJHCP results available at <https://bit.ly/3CkL5ZC>.

For more information, please contact Emily Dieringer, Community Benefits Coordinator, dieringer.emily@marshfieldclinic.org.

Overall Summary and Themes:

The largest weaknesses in the community were:

- Healthy eating options (for example, at a restaurant)
- Affordability of healthy food
- High quality, reliable internet
- Dental care affordability
- Mental health affordability
- Mental health access
- Childcare affordability
- Affordable transportation options
- Income/wages.

There is large-scale agreement around the following issues:

- Preparing/eating fruits and vegetables is easy
- Fresh fruits and vegetables are close by and/or easy to get to
- I have close friends, family or supports that I can depend on
- I feel safe in my community
- Our community is a good place to raise children
- I get the dental care I need
- I get the medical care I need
- There is a need for leaders in my community to understand more about mental health needs

There were disruptions households experienced as a result of COVID-19 including: , isolation, screen time, mental health – depression, anxiety, change in physical activity, postponed/delayed medical care, and access to my doctor/provider.

Because of the pandemic, many are still dealing with mental health – depression and anxiety, and a change in physical activity.

Highlighted Survey Results:

Survey data was disaggregated and analyzed by demographics*. Among the most prominent differences by age, race, Hispanic origin or sexual orientation were:

- Younger population thinks belonging and acceptance and high quality, reliable internet are more of a weakness than the older population.
- Acceptance and belonging, a place to raise children, family support, how often domestic violence occurs, accessing dental care and childcare are more weaknesses for minority populations than for the White population.
- The Hispanic and Non-Hispanic populations don't differ significantly in most attributes. Acceptance and belonging are more of a weakness for the Hispanic population.
- Community connected is more of a weakness for the Hispanic and non-straight population.
- Family support is more of a strength for the Hispanic population.
- Family support is more of a weakness for the non-straight population.
- How often domestic violence occurs is more of a weakness for the Hispanic and non-straight populations.
- Acceptance and belonging are more of a weakness for the disabled and the non-straight populations.
- Support for individuals to connect is more of a weakness for the non-straight population.
- Dental care, substance misuse treatment, mental health care, childcare, resources in a needed language, receiving support from a faith or civic organization are more weaknesses for the Hispanic population.
- Dental care, mental health care, support from a faith community or civic organization are issues for the disabled population more so than the able population.
- Getting needed medical care, support from a faith community or civic organization are more issues for the non-straight population.

Other results of note related to the Social Determinants of Health:

- 23% do not have a reliable, affordable place to live.
- 17% have pests, bugs, ants or mice
- The under 25 population and those without insurance has more housing issues than any other age group or insured group.

**Some demographics have a very small sample size (e.g. Hispanic origin N=24). See <https://bit.ly/3CkL5ZC> for details regarding full demographics and data disaggregation.*

Open-Ended Survey Question Responses:

A word cloud was generated for open-ended survey responses from the DJHCP Community Survey. Two word clouds are included here:

Question 21 (N=250): What are your hopes for the future of our community?



Question 22 (N=231): What do you think would make the health of our community better?



Demographic Profile of Survey Respondents

| | | | | |
|--------------------------------|---|-----|----------------------|-----|
| Gender | Female | 80% | Transgender | 0% |
| | Male | 16% | Prefer not to answer | 4% |
| | Non-Conforming | 0% | Not listed | 1% |
| | | | | |
| Age | Under 25 | 3% | 58-69 | 21% |
| | 25-41 | 28% | 70+ | 10% |
| | 42-57 | 36% | Prefer not to answer | 3% |
| | | | | |
| Ethnicity | Hispanic or Latino or Spanish Origin | | 4% | |
| | Not Hispanic or Latino or Spanish Origin | | 94% | |
| | Ethnicity unknown | | 2% | |
| Race | White | | 91% | |
| | Prefer not to answer | | 5% | |
| | All other answer options | | 4% | |
| Sexual Orientation | Straight (heterosexual) | | 82% | |
| | Bisexual/pansexual/fluid | | 2% | |
| | Asexual/aromantic | | 2% | |
| | Lesbian | | 1% | |
| | Gay | | 1% | |
| | Prefer not to disclose | | 11% | |
| | Decline to answer | | 1% | |
| Education Level | Less than high school | | 1% | |
| | High School/GED | | 11% | |
| | Trade or technical school or union apprenticeship | | 13% | |
| | Some College | | 16% | |
| | College degree and higher | | 58% | |
| | Prefer not to answer | | 1% | |
| Employment Status | Full Time | | 63% | |
| | Employed, Part Time | | 12% | |
| | Unemployed, Looking for Work | | 1% | |
| | Not Working by choice or circumstances | | 3% | |
| | Retired | | 16% | |
| | Other | | 4% | |
| Yearly Household Income | \$24,999 or below | | 8% | |
| | \$25,000-\$64,999 | | 30% | |
| | \$65,000-\$99,999 | | 27% | |
| | \$100,000 or more | | 23% | |
| | Prefer not to answer | | 13% | |
| Disability status | I do not have a disability | | 88% | |
| | Physical, Mental, Employment, Sensory, or other | | 12% | |
| Health Insurance | Private Insurance | 73% | Have no insurance | 2% |
| | Medicare | 13% | Prefer not to answer | 3% |
| | Medicaid | 4% | Other | 5% |
| | | | | |

Appendix E: Focus Group Questions and Results

DJHCP Focus Groups & Community Conversations Discussion Guide

The purpose of a focus group is to gain deep insight into the opinions on the community's health needs and potential solutions. Partners like local hospitals and public health departments in Dodge and Jefferson Counties are coordinating a community survey asking folks to briefly share their thoughts, but during these conversations we want your voice to really be heard!

Carefully listening to those closest to the issues is an extremely helpful way to gain the insights needed to create solutions that will improve health. Community members like you have experience with the exact problems and we value your input. What you contribute during the conversation will be part of how we work together to make it easier for everyone to live their best life. The DJHCP will be putting together an action plan on how to improve health later in 2022 and will be available online on our partners' websites.

Below are the questions being planned for the discussion so you can think on them ahead of time and thoughtfully be prepared to contribute what you know to the community health assessment and improvement process. We probably won't get through all of them, as conversation usually just flows once we get going. We thank you in advance for your time!

1. How do you define health?
2. For the purposes of this Community Health Assessment, the "community" is Dodge and Jefferson Counties. Generally, how would you describe the health of our community?
3. What are the biggest health concerns or issues for our communities today?
4. What health issues or inequities did the COVID-19 pandemic expose?
5. What has changed most related to health status in the last 3 years?
6. If you had a magic wand, what improvement efforts should be a priority for our community to improve health?
7. What do you think the barriers will be to improve health in our community?
8. What community assets support health and wellbeing?



Thank you very much for your contribution to our community health assessment.
-the Dodge Jefferson Healthier Community Partnership

DJHCP, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews, analyzed the surveys, and facilitated a community health summit to receive community input into the priorities.

Description:

Over 70 community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on June 6 and 7, 2022, for their input into the community’s health. There were eight focus groups, each with a specific focus: all abilities/special needs, seniors, youth, social determinants of health, the needs of Spanish speakers, LGBTQIA+, mental health, and healthcare providers. Below is a summary of all groups.

Overall Results and Themes:

The participants defined health as overall wellbeing, encompassing one’s physical, mental, social, spiritual, emotional and financial state. Most felt that knowing how and when to access resources is also essential to maintaining good health.

The most significant health issues identified by each group for the communities were:

- Seniors – aging, isolation, mental health, transportation, lack of prevention
- Special needs/All abilities – isolation, support for caregivers, unhealthy cycles in the home, education, diet and exercise
- Youth – lack of access to resources, lack of knowledge of resources, need more mental health resources in schools, lack of connection after pandemic
- Spanish speaking – mental health, lack of knowledge and comprehension of resources, low levels of education and literacy, fear of immigration status, behavioral health waiting list, need more communication with parents
- Social determinants of health - Substance use disorder, mental health, housing, transportation, poverty, childcare.
- Providers – depression and anxiety in parents, fear or lack of faith in healthcare system, rise of mental health issues in children
- Mental health - Mental health stigmas, social media and isolation affecting mental health, need more resources for children
- LGBTQIA+ - Lack of age-appropriate LGBTQIA+ educational resources in school, need safe spaces at home and school for children in the LGBTQIA+ community, access to STD prevention information and testing, lack of awareness in community

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health:

- Provide affordable housing
- Free or affordable healthcare including medications, dental care, focus on prevention
- Create support systems for those dealing with mental health, increase therapists, in schools
- Resources for those dealing with crises, eliminate stigmas, substance use education, reduce substance availability
- More gender affirming care
- Foster a community of forgiveness, unity and acceptance

Appendix F: References

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