

MCHS Hospitals Inc. d/b/a/Marshfield Medical Center-Weston 2025-2027 Community Health Needs Assessment

Dear Community Member,

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 more than what happens in the doctor's office. Emphasis needs to be on addressing health choices before medical needs arise through programs, services, public policy or other means wherever and whenever possible. That's why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on December 12th, 2024.

The 2025-2027 Community Health Needs Assessment (CHNA) process would not have been possible without several community partners and members who provided their time, knowledge, skills, and expertise. The process included key stakeholder meetings, surveys, community conversations, and a variety of primary and secondary data sources.

This document summarizes key findings and reflects a point in time. 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 for the 2025-2027 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 MCHS Hospitals, Inc. d/b/a Marshfield Medical Center-Weston (hereafter referred to as MMC-Weston) are:

- Substance Use
- Behavioral Health
- Community Capacity, Engagement, and Infrastructure
- Health Equity

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

Dr. Brian Hoerneman, Interim CEO Marshfield Clinic Health System

Chris Soska, President Marshfield Medical Center-Weston

Jay Shrader, Vice President Community Impact and Social Accountability

> Marshfield Medical Center-Weston, EIN #81-0977948 3400 Ministry PKWY, Weston, WI 54476

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Introduction

Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA) refer to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. These assessments are conducted to identify the community's health needs, prioritize top health concerns, and encourage community members to improve their community's health. Health Departments are required to conduct a CHA at least every five years [1].

Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals can choose to partner with local health departments and other local non-profit hospitals or agencies to conduct a CHA/CHNA [2].

MMC-Weston partnered with Marathon County Health Department, United Way of Marathon County, and members of the LIFE Steering Committee, LIFE Community Advisory Committee, and various LIFE subcommittees to carry out the CHNA process. A full list of those involved in the process can be found in Appendix B. This publication describes the process used to assess the health of the community, the results of that process, and prioritization of the health needs that will be addressed by MMC-Weston. MMC-Weston looks forward to collaborating with community partners to improve the health of the community.

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.

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a central city in rural Wisconsin. 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 believes individuals have the right to their highest potential level of health and well-being. We will achieve this by advancing health equity with our patients, health plan members, employees, and communities.

The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 1,600 providers comprising 170 specialties, health plan, and research and education programs. Primary operations include more than 60 Marshfield Clinic locations, 11 hospitals, Marshfield Children's Hospital, Marshfield Clinic Research Institute, Security Health Plan and Marshfield Clinic Health System Foundation [3].

Unique to Marshfield Clinic Health System is its investment in the Center for Community Health Advancement (CCHA). CCHA is a department within MCHS that builds bridges between the Health System and the communities it serves. CCHA coordinates collaborative efforts between MCHS hospitals and local coalitions, businesses, educational systems, law enforcement agencies, Tribal Nations, local governments, and other entities to improve community health. This collaboration helps align the health improvement efforts of the community and hospital with community health priorities¹ identified in the CHNA with Health System priorities.

Hospital Overview

MCHS Hospitals, Inc. d/b/a Marshfield Medical Center-Weston (hereafter referred to as MMC-Weston) is a 99-bed full-service hospital in Weston, Wisconsin. MMC-Weston offers a variety of medical services to care for Marathon County residents and the surrounding communities.

MMC-Weston, offers a wide range of advanced care services including [4]:

- Advanced heart and vascular health services
- Birth services
- Certified Primary Stroke Center
- Emergency department
- Imaging services
- Lab and prescription services (services of Marshfield Clinic)
- General and orthopedic surgery services
- Oral and Maxillofacial Surgery
- Physical therapy and rehabilitation
- Surgery center with operating and procedure rooms
- Sleep Disorder Center

MMC-Weston is part of a medical campus that also includes Marshfield Medical Center-Weston (medical offices). More than 100 providers treat patients at this major medical campus. Marshfield Medical Center-Weston (medical offices) offers primary care services and specialty care for more complicated medical concerns including comprehensive cancer care, cardiology, gastroenterology, pediatrics, and other specialty services. A Patient Assistance Center provides information, support, and advocacy to patients for insurance and payment concerns [5].

¹ See definition in Appendix A.

Our Community

MMC-Weston is a full access hospital located in Weston, Wisconsin. Weston is one of sixty-one municipalities located in Marathon County. MMC-Weston serves patients and residents of Marathon County as well as patients and community members in neighboring counties. However, for this report's purpose, the community served by MMC-Weston is defined as Marathon County residents.

Geographic Area

Marathon County, Wisconsin is located on the Wisconsin River in central Wisconsin. It has 1,545 square miles of land area, 31 square miles of water [6] and is the largest county in Wisconsin by total area [7]. The county consists of 39 towns, 16 villages, and 6 cities [8], the largest of which, Wausau, is the county seat.

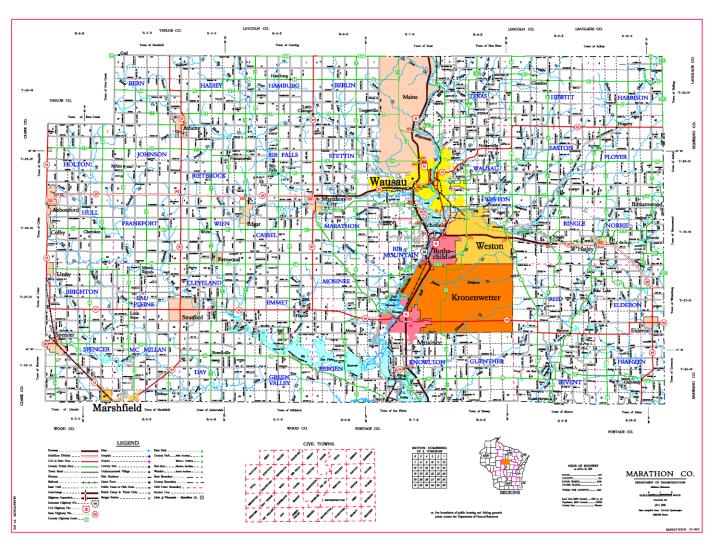


Figure 1: Map of Marathon County [9]

Marathon County is the 10th most populous county in Wisconsin with 138,013 residents [7]. It was the 19th fastest growing county in Wisconsin based on Census population estimates April 1, 2020 to July 1, 2023 [10]. The Wisconsin Office of Rural Health

considers Marathon County one of the few urban counties in north central Wisconsin [11]. See the Wisconsin Urban and Rural Counties map in Appendix D.

Local Industry, Resources, and Attractions

Leading industries in Marathon County include Education and Health, Manufacturing, and Trade, Transportation & Utilities [12]. Agriculture and Food Processing is a strength, with Marathon County being a world leader in ginseng production [13].

Outdoor recreation is popular with residents and visitors in Marathon County. The Wausau and Marathon County Parks, Recreation and Forestry Department offers a wide variety of programming throughout the year for all ages. Many residents and guests enjoy the 18 park facilities that offer 3,800 acres of recreational land. The county partners with the State of Wisconsin Department of Natural Resources on the administration and maintenance of two hiking/biking trails. Rib Mountain State Park, a 1,182-acre park with a 405-acres ski area is also located in Marathon County [6].

Marathon County is home to many opportunities for education including the UW-Stevens Point at Wausau Campus, Mid-State Technical College, Medical College of Wisconsin, and State College of Beauty [14]. Marathon County is supported by many health-related resources such as United Way, Community Foundation, YMCA, Boys and Girls Club, a free clinic, resources for the unhoused, and a shelter for the victims of domestic violence [15], [16].

Health Disparities

Health disparities are defined as a higher burden of illness, injury, disability, or mortality experienced by one group relative to another that is closely linked with economic, social, or environmental disadvantage.

"Health disparities adversely affect groups of people who have systematically experienced great social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." [17]

Demographic data provides information on specific populations that can help us understand the health disparities experienced by those who live in Marathon County.

Demographics

Demographic data, such as age, race, sex, gender, and socio-economic status, can provide more information beyond the size or growth of a population. This type of data gives insight on unique qualities and differences in communities. Demographic data provides a basis for understanding a community and allows for tracking changes over time to understand what strategies or policies are affecting a community, positively or negatively [18].

<u>Age</u>

Age is an important demographic to consider when looking at a community's health priorities because health needs differ over a lifespan. Strategies and interventions to address the health of the community will look different depending on the age of the intended population. The median age of Marathon County residents is 41.2. Twenty-five and one-half percent (25.5%) of residents are over the age of 60, which is higher than the national rate of 22.9% [19]. "Societal aging can affect economic growth, patterns of work and retirement, the way that families function, the ability of governments and communities to provide adequate resources for older adults, and the prevalence of chronic disease and disability." [20]

Socioeconomic Status (SES)

Socioeconomic status is a concept used to describe people based on factors such as their education, income, living conditions, resources, and access to opportunities. "People with lower socioeconomic status usually have less access to financial, educational, social, and health resources than those who have a higher socioeconomic status. As a result, they are more likely to be in poor health and have chronic health conditions and disabilities." [21]

According to County Health Rankings², Marathon County is faring better than the average county in Wisconsin and better than the average county in the nation for Health Factors such as education, employment, children in poverty, and income inequality [22].

Health Factor [23]	Marathon County	Wisconsin		
Median household income	\$79,129	\$74,195		
Population 16+ unemployed	3.13%	3.42%		
Families below poverty	1,391 (3.55% of families)	106,528 families (6.72% of families)		
Families below poverty with children	86 (2.22% of families w children)	77,130 (4.87% of families w children)		
Population age 25+ with less than high school graduation	6,893 (7.14% of pop age 25+)	286,312 (6.96% of pop. Age 25+)		

However, a number of factors within the community and social environment in Marathon County have been declining in recent years. Residents are feeling less connected to their community, perceive the community as less welcoming than previous measures, have fewer social connections, and a greater number of people age 65+ are living alone. [23]

Racial/ethnic minorities³

Race is a concept of classifying people into groups based on physical characteristics such as skin color. Ethnicity classifies people into distinct groups on the basis of categories such as national origin, language, or cultural practices. Racial and ethnic differences are important demographics to consider because health outcomes often affect racial and ethnic minorities differently.

² See definition in Appendix A.

³ See definition in Appendix A.

Nearly 14% of Marathon County residents are non-white. The Hmong American Center reports Central Wisconsin as the second largest Hmong population in the state. Marathon County has more than 6,000 Hmong residents. Hmong-Americans comprise approximately 12% (4,700) of Wausau's residents, making the city of Wausau the highest per capita Hmong population in the state and in the U.S. [24]

Sexual and Gender Minority groups (SGM)

Sexual and Gender Minority (SGM) populations include but are not limited to individuals who identify as gay, lesbian, bisexual, or transgender and others whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary⁴ constructs. SGM groups experience higher risk for poor health outcomes and unhealthy lifestyle behaviors. They may also receive poor quality of health care due to stigma, their unique needs not being considered, or lack of provider awareness [25].

Although the resident survey allowed for an 'Other' response to the guestion 'What is your gender?', none of the 389 individuals who responded to the guestion selected the option. In Wisconsin, 3.8% of adults (18+) are LGBTQ (2019), and the total LGBTQ population (13+) totals 207,000 (2020). A similar distribution of LGBTQ individuals would be expected within Marathon County's 138,013 residents, which would amount to over 5,000 residents. Wisconsin's LGBT community experiences disparities in income (25% with incomes less than \$24K vs. 16% non-LGBT), food security (18% vs. 11% for non-LGBT) and has lower rates of attending and graduating from college than the non-LGBT population [26], [27].

People with Disabilities

People with disabilities often experience health conditions that lead to poorer health and shorter lifespan. In addition, they often face discrimination, inequality and unjust structural practices which can further result in poorer health outcomes. Programs and policies often limit access to timely and comprehensive health care, which can also lead to poorer health outcomes for those with a disability [28]. In Marathon County, 12.2% of residents are living with a disability with persons age 65+ experiencing the highest rates of disability [23].

Assessing the Needs of the Community

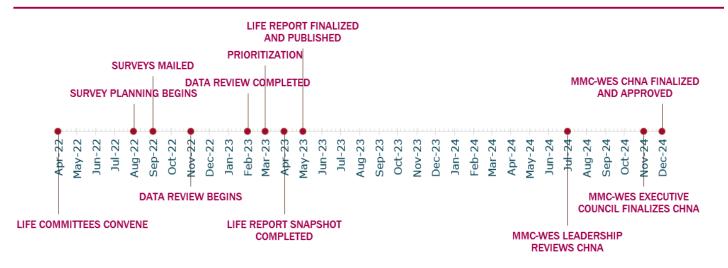
Overview of Assessment Process and Timeline

MMC-Weston participated in the development of the Marathon County LIFE (Leading Indicators for Excellence) Report. The LIFE Report serves as health assessment for the Marathon County Health Department Community Health Improvement Plan (CHIP) and for the MMC-Weston Community Health Needs Assessment (CHNA). The LIFE Executive committee, of which MCHS was a member, executed a comprehensive survey for Marathon County residents to identify and prioritize community health needs. MMC-Weston recognizes that health is determined by more than health care, therefore the

⁴ See definition in Appendix A.

Community Health Needs Assessment process is designed to assess the overall state and well-being of the community. The broad nature of the questions and topics assured that, for the purposes of MMC-Weston's CHNA, health equity data was also captured and analyzed.

Figure 2: Community Health Needs Assessment (CHNA) Timeline



Process and Methods

The LIFE Executive Committee utilized University of Wisconsin-River Falls Survey Research Center (SRC) to collect data on behalf of the LIFE report. SRC gathered data via a survey that was sent to Marathon County households, non-profit partners, and a list of resident email addresses. Additionally, www.MarathonCountyPulse.org, a data platform offered by Conduent Healthy Communities Institute, is utilized by the LIFE Report to provide secondary data as well as a dynamic publishing method. The 2023 LIFE Report exists exclusively online, providing an immersive experience in local data, community context, and story [23].

Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Marathon County community. Primary data included a survey. Secondary data was compiled from Marathon County Pulse, which compiles data from over 50 local, state, and national sources.

Primary Data Collection

Resident Survey

The SRC used the Dillman Total Design Survey Method for the 1,434 households in the mail survey. Each person in the sample was sent a survey initially. Those who had not returned their survey within two weeks were sent a postcard reminding them to complete the survey. Two weeks after the postcard, those who had still not responded received a second postcard.

An invitation to complete the online version of the survey was sent via email to approximately 2,000 Marathon County Residents. United Way of Marathon County distributed an additional 100 paper surveys to selected Marathon County non-profit agencies for distribution to their clients.

The SRC received the following number of responses from these three sources:

- 402 paper surveys from the mail out and from non-profit partners
- 61 on-line surveys

According to the US Census [7] there are approximately 54,785 households in Marathon County. Based on that number, SRC did receive an adequate number of completed questionnaires (>381) to produce estimates that are expected to be accurate to within plus/minus 5% with 95% confidence.

Survey respondents represented a range of residents with a variety of income and education levels, age, and race. 51.4% of survey respondents were female, 43.8% were over the age of 65, 37% had an education level of bachelor's degree or higher, 90.4% were white, and 3.9% were Asian. When compared to the 2022 American Community Survey 5-Year Population Estimates [19], survey respondents overrepresented those age 65+ (43.8% vs. 18.3%) and those with an education level of bachelor's degree or higher (37% vs. 27%). Respondents living in households with earnings of \$75,000+ were underrepresented (32.7% vs. 49.2%). Although Asians responded at a rate nearly equal to the population, the small sample size (15 responses [29]) may not accurately reflect this population within Marathon County.

A copy of the survey instrument can be found in Appendix C. Results of the resident survey can be found on MarathonCountyPulse.org.

Primary Data Collection Results

Resident Survey [29]

The issues that most concerned residents who completed the survey are:

- The availability of jobs that pay enough to meet basic household expenses.
 - o 16.8% of residents skipped meals at least once in the past year to save money, and 10.9% used a food pantry and/or ate a free community meal at least one time in the last year.
 - 8.7% of respondents missed or were late with their rent or mortgage payment at least one time in the past year, and 16.7% missed or were late with monthly bills at least once.

Illegal drug use.

 7.4% of residents have been concerned about someone in their family misusing drugs (prescription or illegal) in the past year.

The affordability of health care.

- Of those that have not had health insurance at any time during the past 12 months (14% of residents), "too expensive" is most often cited as the most important reason.
- o 33.8% of respondents indicated they or a family member should have seen a doctor but didn't; the most often cited reason was "couldn't afford" (11.7%).
- Nearly 40% of respondents have medical debt.

Secondary Data Collection and Review

Secondary data for Marathon County is readily available to all members of the community through MarathonCountyPulse.org. Marathon County Pulse was developed with funding from several community partners, including MMC-Weston. Marathon County Pulse is built on a data platform offered by Conduent Healthy Communities Institute and contains data from a variety of state and national sources, including the National Cancer Institute, the Centers for Disease Control, and the American Community Survey, along with many state-specific sources. Most of the data is reported on an annual basis.

Seven LIFE Report subcommittees comprised of local experts examined the results of the resident survey along with supplemental secondary data from MarathonCountyPulse.org. The subcommittees examined community data on basic needs, connectedness, the economic environment, education, energy and environment, health and wellness, and safety. They examined and selected local data, developed narratives based on community context, and identified Calls to Action and Successes & Progress to be included in their respective section of the LIFE Report. A full list of those involved in the subcommittees can be found in Appendix B.

For a full list of sources, visit

https://www.marathoncountypulse.org/indicators/index/indicatorsearch?handpicked=0 and select 'Filter by Sources'.

Results of the Data Review

After reviewing the results of the resident survey and the secondary data, the LIFE Report subcommittees developed 18 Calls to Action, which fell into 4 categories:

- Mental Health
- Substance Misuse
- Child Care
- Transportation

The LIFE Report subcommittee also developed 33 Successes & Progress which are published on MarathonCountyPulse.org.

Prioritization Process

Marathon County Prioritization Process

The 18 Calls to Action are considered by the Community Advisory Committee (CAC), a committee comprised of community members. Marathon County Health Department staff facilitate a 2-hour meeting utilizing a Nominal Group Process Technique where CAC members vote on which Calls to Action should be elevated. The discussion determines what the CAC will recommend to the LIFE Steering Committee.

About a week later, the same process is used with the LIFE Steering Committee, which is comprised of members of the Executive Committee, chairs and co-chairs from each of the seven subcommittees, and community leaders. The LIFE Steering Committee then compares their results with the CAC and makes a final recommendation for the Calls to Action and Successes for the LIFE Report.

Date(s)	LIFE Report Development Activity(ies)
Apr June 2022	LIFE Executive and Steering Committees set timeline for 2023 LIFE Report.
Jul Aug. 2022	LIFE Executive Committee contracts with UW-River Falls Survey Research Center and begins LIFE survey planning.
Sept Nov. 2022	LIFE survey is mailed.
Sept. 2022 – Feb. 2023	LIFE subcommittees meet to review local data, develop narrative, and identify Calls to Action and Successes & Progresses for each of the seven sections. Marathon County Health Department staff create LIFE report sections on Marathon County Pulse.
March 2023	Community Advisory Committee and Steering Committee prioritize Calls to Action and Successes & Progresses.
April 2023	2023 LIFE Report Snapshot is developed by Executive Committee.
May 2023	Marathon County Health Department staff finalize and publish LIFE Report on Marathon County Pulse.
June 2023	2023 LIFE Report event

MCHS Prioritization Process

The Marshfield Clinic Center for Community Health Advancement Strategic Areas of Focus (2024-27) are the result of an assessment process which included a review of community health needs; discussion with community stakeholders, key subject matter experts, and the MCHS Community Health and Benefits Steering Committee; review of CCHA's Previous 2023 Strategic Priorities; assessment of interventions for value and impact, resources, and various industry factors (such as new regulations and requirements) and alignment of system imperatives.

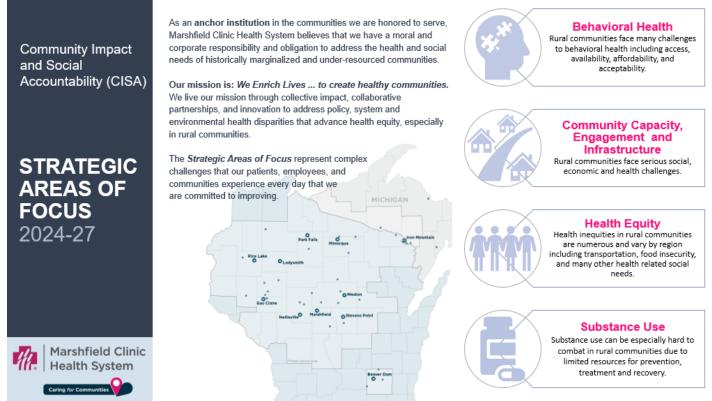
The 2024-2027 CCHA Strategic Focus Areas are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Focus Areas are integrated into MMC Implementation Strategy (IS Plan)⁵ and other MCHS and Security Health Plan (SHP) plans to align system and regional efforts.

⁵ See definition in Appendix A.

The strategic focus areas are:

- Substance Use
- Behavioral health
- Health Equity⁶
- Community Capacity, Engagement, and Infrastructure

Figure 3: Marshfield Clinic Health System Strategic Areas of Focus



MMC-Weston leadership met in July 2024 to discuss the results of the CHNA and provide hospital approval. Additional consideration of alignment with the system strategic priorities was made. Further criteria were used to determine health priorities including:

- The burden, scope, severity, or urgency of the health need
- The estimated feasibility and effectiveness of possible interventions
- The health disparities associated with the need
- The importance the community places on addressing the need [30]

⁶ See definition in Appendix A.

MMC-Weston Health Priorities for 2025-2027

After reviewing results of the final LIFE Report, United Way ALICE data⁷, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Weston are:

- **Substance Use**
- Behavioral Health
- Health Equity
- Community Capacity, Engagement, and Infrastructure

As these 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.

Description and Supporting Data of Prioritized Community Health Needs

The community health needs of substance use, behavioral health, health equity and community capacity, engagement, and infrastructure all strongly impact individual and community health. These priorities are cross-cutting, therefore efforts made to address these health needs will also positively impact other health priorities and benefit community and individual health outcomes. These priorities affect health in the short and long term and MMC-Weston will implement a variety of strategies to address not only the short- and long-term outcomes of these health needs, but also the root causes of these health issues and a focus on prevention. MCHS has system-wide initiatives that all hospitals support to address these health needs broadly in addition to spearheading local initiatives.

The following pages highlight primary and secondary data for the prioritized needs.

⁷ See definition in Appendix A.

Substance Use

48.3% of survey respondents are 'concerned' or 'very concerned' about abuse and misuse of alcohol^[1].

70.5% are 'concerned' or 'very concerned' about illegal drug use^[1].

What is alcohol & substance misuse?

Alcohol misuse describes a pattern of excess daily alcohol consumption that poses adverse health and social consequences. This includes >1 drink per day for women and >2 drinks per day for men. Substance misuse refers to the use of illegal substances or the use of legal medications in a manner that deviates from medical prescriptions (Centers for Disease Control and Prevention, 2018).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The effects of alcohol and substance use can be far-reaching, heavily influencing both individual and community health in the following ways...

Individual Impact

- heart disease
- liver disease
- overdose
- death

Community Impact

- unintentional injuries
- violence (e.g. homicide & suicide)
- family disruption
- infectious disease transmission (specific to substance misuse)

THE SCOPE ACROSS MARATHON COUNTY

Marathon County tobacco use is higher than state averages for adults and slightly lower for youth.

Percent of Adults Reporting Regular Smoking [3]

Marathon Wisconsin County

Percent of Teens (High School) who smoked cigarettes in the Past 30 days [4]

4%

4%

4.5%

Youth in Marathon County have greater access to alcohol and higher rates of drinking before the age of 13. Percent of Teens (High School) who drank alcohol before age 13[4] 5.5% 30.0% Marathon Wisconsin United County States Alcohol Age Compliance Check Violation Rate^[5] Marathon County

In 2022, there were

82 alcohol-attributable

definity on Marathon County. The

county ranks **9th in the state**for alcohol-attributable deaths.^[6]

- 1. 2022 Marathon county LIFE Survey Report
- 2. Adapted from Centers for Disease Control and Prevention, 2023

Wisconsin

3. County Health Rankings, 2024

Marathon

County

- YRBS, 2021
- 5. Marathon County Health Dept. via MarathonCountyPulse.org
- 6. https://www.dhs.wisconsin.gov/alcohol/deaths-county.htm

Behavioral Health

24.8% of survey respondents indicated they or someone in their family should have seen a mental health provider but didn't^[1]

What is behavioral health?

Behavioral health describes the behaviors and emotions that impact one's overall wellbeing. It encompasses the prevention, intervention, personalized treatment plans, and recovery of mental health conditions, like depression and anxiety. Behavioral health professionals include psychologists, psychiatrists, counselors, and social workers (Centers for Medicare & Medicaid Services, 2023).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The impacts of a high prevalence of untreated behavioral health issues can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact

- isolation from loved ones
- unemployment and financial struggles
- poor quality of life

Community Impact

- increased healthcare costs
- high rates of incarceration
 - community-level economic strain

THE SCOPE ACROSS MARATHON COUNTY

A significant number of Marathon County adults struggle with mental health. Adults ever diagnosed with Depression^[4]

22.2%

Marathon County



United States



On average, Marathon County residents report 4.6 poor mental health days every month.[4] 4.6 days

Marathon County



Wisconsin

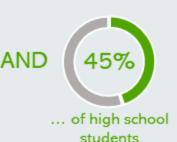


United States

Marathon County youth report high levels of mental health distress.



... of middle



...experienced significant problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen during the past 12 months.^[4]

- 1. 2022 Marathon county LIFE Survey Report
- 2. Adapted from Centers for Disease Control and Prevention, 2023
- 3. County Health Rankings, 2024
- 4. MarathonCountyPulse.org, 2021

Health Equity

27.6% of survey respondents indicated they, or a member of their household, experienced discrimination in Marathon County^[1].

What is health equity?

Health equity is the state in which all people — regardless of race, ethnicity, socioeconomic status, gender identity, disability, education level, or geography - have a fair and just opportunity to maintain optimal health. Health equity includes addressing historical injustices and reducing preventable health disparities (Centers for Disease Control and Prevention, 2022).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS[2]

The impacts of health inequities can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact

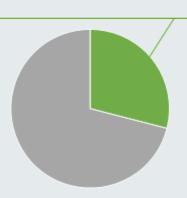
- higher chance of developing chronic conditions
- increased mental health struggles
- lower life expectancy

Community Impact

- economic strain on healthcare system
- reduced workforce productivity
 - higher risk of infectious disease spread

THE SCOPE ACROSS MARATHON COUNTY

29% of Marathon County households are ALICE households.^[5]



Asset Limited, Income
Constrained, Employed (ALICE)
households earn just above
the Federal Poverty Level but
less than what it costs to
make ends meet. They often
earn too much for
assistance.^[5]

Although the median income of Marathon County is about the same as the state average...^[3].





...there are still many people living below the poverty level:

- 8.3% of all residents
- 7.7% of households
- 9.8% of children
- 10.3% of children <5 vrs
- 7.5% of people 65+
- · 4.9% of Veterans

Among the social determinants of health, Marathon County residents indicated the following concerns^[1]...



10.8% affordability of health



7.8% availability of jobs that pay enough to meet basic expenses



affordability of safe housing

- 1. 2022 Marathon county LIFE Survey Report
- 2. Adapted from Centers for Disease Control and Prevention, 2023
- 3. County Health Rankings, 2024

- 4. MarathonCountyPulse.org, 2021
- 5. https://www.unitedwaymc.org/alice

Partners and Collaboration

MMC-Weston will collaborate with community partners to address community health needs. MMC-Weston staff participate in Healthy Marathon County, a group of community leaders that utilize Collective Impact and the Social Ecological Model to be a catalyst to improve health in Marathon County through individual, organizational, and community involvement. Healthy Marathon County, in collaboration with Marathon County Health Department, is responsible for engaging stakeholders to address community health priorities, assist in conducting the community health assessment, and leveraging resources needed to sustain community improvement efforts that maximize community assets.

Identified Health Needs Not Being Addressed

Through the assessment process, other community health needs were identified that are not being addressed in this plan. In prioritizing community health needs, MMC-Weston leadership considered other organizations addressing the specific need, the ability of MMC-Weston to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health needs will not be addressed by MMC-Weston as other community organizations are better equipped and have the resources in place to lead efforts to address them. Cross-cutting efforts in MCHS's Strategic Areas of Focus may indirectly address some of these heath needs:

- Childcare
- Transportation

Potential Resources to Address Health Needs

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:

- Healthy Marathon County
- Marathon County Health Department
- School Districts located in Marathon County
- Wausau Free Clinic
- Nicotine Prevention Alliance
- AOD Partnership
- Hmong & Hispanic Communication Network
- Marshfield Clinic Health System AmeriCorps Recovery Corps
- Marshfield Clinic Health System AmeriCorps Community Corps
- Boys & Girls Club
- **YMCA**

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-Weston 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 MMC-Weston Community Benefits Workgroup (CBW) - A local, internal workgroup will contribute to the hospital's community benefits and community health initiatives and will oversee the three-year implementation strategy plan. This group will develop a strategic plan that demonstrates the potential to have the most impact on improving selected health priorities, and that will focus on the social determinants of health to subsequently reduce health disparities.

MMC-Weston CBW will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. With the help of respective partners, an analysis will be completed 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 12th, 2024.

If you would like to serve on a coalition that helps meet the needs of the community, 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 preceding CHNA completed in 2021 were:

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

Health Priority: Alcohol and Substance use

Strategy	Summary of Actions 2022-2024
Support community wide environmental strategies, prevention, and/or policy to address underage alcohol use.	Promoted Botvin LifeSkills curriculum to Marathon County schools and afterschool programs.
Support workplace drug prevention and recovery efforts.	A variety of recovery supportive workplace resources were developed in partnership with Security Health Plan.
Participate in community-based workgroups	Participated on Healthy Marathon County who collaborates with Marathon County Health Department, to engage stakeholders to address community health priorities, assist in conducting the community health assessment, and leveraging resources needed to sustain community improvement efforts that maximize community assets. Staff participation in Marathon County Drug Endangered Children Intervention Team.

Health Priority: Behavioral Health

Strategy	Summary of Actions 2022-2024
Enhance community member's skills to support mental health promotion and suicide prevention.	Promoted 4 virtual community Question Persuade Refer (QPR) suicide prevention trainings. Provided QPR Train the Trainer for 4 Marathon County individuals, including bilingual individuals that will serve multiple counties.
Support suicide prevention community awareness events	MMC-Weston leadership and staff participated in community events such as the Ho-Chunk Nation Suicide Prevention conference. Participated in Caring for our Kids Community collaborative to address youth suicide in the community.
Enhance school capacity to provide high quality social, emotional assessment, support, and learning.	Supported DC Everest School Mental Health Day. Promoted b.e.s.t., (Behavioral Emotional Social Traits), a universal screening tool to help educators support the emotional health of students. Promoted Life Tools, a social emotional program (SEL) program for youth and supported nine schools to participate in the program.
Participate in community-based workgroups	Participated in Caring for Community Kids Suicide Prevention Coalition, Caring for Community Kids Policy Sub Committee, and Marathon County Suicide Death Review Team.

Health Priority: Social Determinants of Health

Strategy	Summary of Actions 2022-2024
Conduct an organizational (internal) and community (external) assessment of health disparities and health equity and develop a workplan to address those gaps.	Established internal office of Health Equity, Diversity, and Inclusion and identified key strategies.
Support and connect patients and community members to resources to address socially determined needs.	Integrated an SDOH screening tool. Promoted the use of findhelp.org, a free resource directory available for patients and the community. Supported diabetes prevention and management training to members of the Hmong and Hispanic communities to offer culturally appropriate classes to the community.
Participate in community-based workgroups	MMC-Weston collaborated with many organizations working to address health equity in the community such as the Wausau Free Clinic, The Hmong American Center, The Boys & Girls Club, the Ho Chunk Nation, Abbotsford Food Pantry, H2N Hmong/ Hispanic Communication Network, Food Equity in Farmers Markets committee, Western Marathon County Healthy Communities, Indian Society of Central WI. Funded Healthy Marathon County to provide MarathonCountyPulse.org, a community data platform.

Appendix A: Definitions

Health Equity: Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. consider: Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. (Centers for Disease Control and Prevention, 2022)

Health Priority(ies): Selected health issues to be addressed by hospitals based on a prioritization process and community input collected via survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.

Implementation Strategy (IS): a written plan that describes the actions and activities the hospital facility plans to implement or support to address each health need identified by the CHNA. The plan includes a written explanation if the hospital facility does not intend to address an identified health need. An authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finished conducting the CHNA. (IRS, 2023)

Minority: a part of a population thought of as differing from the rest of the population in some characteristics and often subjected to differential treatment (Merriam-Webster online dictionary, 2024)

Non-binary: relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female (Merriam-Webster online dictionary, 2024)

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 Built 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 for ALICE, 2023)

University of Wisconsin's Population Health Institute's County Health Rankings: a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples of the multiple factors that influence health. The rankings have the ability to measure the health data of almost every county in the United States and are complemented by guidance, tools, and resources to accelerate community learning and action. (County Health Rankings, 2023)

Appendix B: Individuals Involved in the CHNA

LIFE Executive Committee

The LIFE Executive Committee provides the overall project oversight, planning, and coordination of the LIFE Report subcommittees. The Executive Committee is responsible for developing and leading the administration of the LIFE Survey. The United Way of Marathon County has contracted with the University of Wisconsin - River Falls Survey Research Center since 2017 to conduct the LIFE survey.

Tara Draeger, Chair, Aspirus Health
Becky Turpin, Marshfield Clinic Health System
Jeff Sargent, United Way of Marathon County
Amanda Ostrowski, Marathon County Health Department
Laura Scudiere, Marathon County Health Department
Kerry Thieme, Marathon County Health Department
Aaron Ruff, Marathon County Health Department

LIFE Steering Committee

The LIFE Steering Committee is comprised of members of the Executive Committee, chairs and co-chairs from each of the seven subcommittees, and community leaders. The Steering Committee guides the work of the seven subcommittees and prioritizes the final Calls to Action and Successes & Progress for the LIFE Report.

Tara Draeger, Chair, Aspirus Health
Jeff Sargent, United Way of Marathon County
Diane Sennholz, North Central Community Action Program
Pam Anderson, Marathon County Housing & Homelessness Coalition
Mike Beck, U.S. Workstories
Melissa Walsh, CW Solutions

Dave Eckmann, Greater Wausau Chamber of Commerce

Laurie Miskimmins, Marathon County Conservation, Planning and Zoning Department Leah Giordano, Marathon County Public Library

Kelly Kapitz, Marathon County Special Education

Jeff Lindell, DC Everest School District

Chad Billeb, Marathon County Sheriff's Office

Ben Bliven, Wausau Police Department

Amanda Ostrowski, Marathon County Health Department

Laura Scudiere, Marathon County Health Department

Mike Rhea, Aging & Disability Resource Center

Kerry Thieme, Staff, Marathon County Health Department

Aaron Ruff, Staff, Marathon County Health Department

LIFE Community Advisory Committee

The Community Advisory Committee is comprised of community members to review the Calls to Action and Successes & Progresses and provide their recommendations to the LIFE Steering Committee for final prioritization.

(cont'd on next page)

Liz Brodek, City of Wausau
Tara Glodowski, Community Partners Campus
Ozalle Tom, University of Wisconsin - Stevens Point at Wausau
Kat Becker, Cattail Organics
Brittany Eilers, Spencer School District
Stephanie Daniels, Woodson YMCA
Heather Maves, Greenheck Group
Sean Wright, Grand Theater Wausau
Helen Pearson, St. Vincent de Paul of Wausau
Toufue Xiong, Hmong American Center

Appendix C: Marathon County 2023 LIFE Survey

Marathon County 2023 LIFE Survey

Please completely fill the "bubble" that corresponds to your selection. Tike this:

Not like this:

Not like this:

O

Quality of Life in Marathon County

	How <u>SATISFIED</u> are you with the following in your community?	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know/Not Applicable
a.	Availability of child care.	0	0	0	0	О	О
b.	Availability of elder care.	О	0	0	0	0	0
C.	Availability of services for victims of family violence or abuse.	0	0	0	0	0	0
d.	Availability of health care.	О	0	0	0	О	0
e.	Availability of mental health treatment or services.	o	0	0	0	0	0
f.	Availability of alcohol and other drug treatment or services.	0	0	0	0	0	0
g.	Availability of dental care.	0	0	O	0	0	0
h.	Availability of information about community services.	0	0	0	0	0	0
i.	How well public K-12 education prepares our youth for a career.	0	0	0	0	0	0
j.	How well public K-12 education prepares our youth for college.	0	0	0	0	0	0
k.	Maintenance of streets, roads and highways.	0	0	0	0	0	0
I.	Availability of public transportation.	0	0	0	0	0	0
m.	Availability of family-friendly activities.	0	0	0	0	0	0
n.	Availability of arts and entertainment opportunities.	0	0	0	0	0	0
0.	Availability of parks, recreation and open natural areas.	0	0	0	0	0	0
p.	How open and welcoming we are to new residents.	0	0	0	0	0	0
q.	How fairly people from different backgrounds are treated.	0	0	0	0	0	0
r.	Availability of safe places to walk and bike.	О	0	0	0	0	0

How <u>CONCERNED</u> are you about the following in your community	V CI Y	Concerned	Somewhat Concerned	Not Concerned	Don't Know					
a. Affordability of child care.	0	0	0	0	0					
b. Affordability of elder care.	0	0	0	0	0					
c. Affordability of health care.	0	0	0	0	0					
 d. Affordability of mental health car services. 	o O	0	O	0	0					
e. Affordability of dental care.	0	0	0	0	0					
 Affordability of post high school education. 	o	0	O	0	0					
g. Affordability of safe housing.	0	0	0	0	0					
h. Abuse and misuse of alcohol.	0	0	0	0	0					
i. Illegal drug use.	0	0	0	0	0					
j. E-cigarettes/vaping.	0	0	0	0	0					
 Abuse and misuse of prescription drugs. 	0	0	0	0	0					
I. Drinking and driving.	0	0	0	0	0					
m. Texting and driving.	0	О	О	0	0					
n. Unhealthy eating.	0	0	0	0	0					
o. Lack of physical activity.	0	0	0	0	0					
 p. Family violence or abuse of adults and/or children. 	s O	0	0	0	0					
 q. Acceptance of people of different backgrounds. 	0	0	0	0	0					
 r. Availability of jobs that pay enouge to meet basic household expense 	- ()	0	0	0	0					
s. Availability of public transportati	on O	0	0	0	0					
t. Amount of quality time that parents spend with their children	. 0	O	O	0	0					
u. My personal safety in my home.	0	0	0	0	0					
v. My safety when alone in my neighborhood in the daytime.	o	О	o	0	0					
 W. My safety when alone in my neighborhood after dark. 	0	0	0	0	0					
3. From the list in Question 2, pleas	se write the letter o	of the <u>THREE issu</u>	ies that most coi	ncern you:						
Biggest concern Second biggest concern Third biggest concern										

4.	How much do you agree or disagr	ee that N	Marathon Cou	ınty is a go	od place	to live f	or:			
		St	trongly So	omewhat	Neithe	r Agree	Some	what	Strongly	
			Agree	Agree	nor Dis	sagree	Disag	ree	Disagree	
a.	Adults		0	0	()	0		0	
b.	Families		0	0	()	0		0	
C.	Children under 18 years old		0	0	()	0		0	
d.	Senior citizens		0	0	()	0		0	
e.	Working parents		0	0	()	0		0	
f.	People with disabilities		0	0	()	0		0	
g.	People from diverse ethnic backgrounds		0	0	C)	0		0	
h.	Young Adults 18-29		0	0	()	0		0	
5.	Of the following, which are the THI	RFF most	important re	asons vou	ve chose	n to live	in Mara	thon Coun	tv?	
-	(• mark up to 3 reasons)	LEE IIIOS	important re	usons you	ve enose			triori cour	.,.	
(Affordable cost of living	0	Good schoo	ls		0	Welcon	ning comm	unity	
(Near family/friends	0	Job opportu	nities		0	Size of o	ommunity	/	
(C Entertainment opportunities	0	Rural life sty	yle		0	Safe co	mmunity		
(O Good place to raise kids	0	Recreation of parks/natur		ies in	0	Other_			
6.	Which of the following most conne	cts vou t	o vour commi	unity in Ma	rathon C	ounty?				
	O My family/friends	0	Respectful t	-		0	Organiz	ations (clu	ıbs,	
•	o my rammy/menus	•	community		ch			churches, etc.) Civic engagement (voting,		
(O Access to needed services	0	Social media	/Internet	O public forums,			orums, etc	:.)	
(O Volunteering	0	Involvement	t with scho	ols	0	Other_			
7.	Discrimination occurs when a perso gender, gender identity, sexual orio	entation,	age, income,	religion, d	isability o	or handi	cap, etc.	During th	e past year,	
	None 1 Time 2	-5 Times			1-20 Tim		21+ Tim		on't Know	
	0 0	0	0		0		0		0	
W	ork-life									
				Strongly		Neithe	r Agree		Strongly	
Ļ	-			Agree	Agree	nor Di	sagree	Disagree	Disagree	
8.	The people with whom I currently I used to work, would say I have a		0	0	(0	0	0		
9.	Do you get satisfaction from your one you most recently had?	current j	ob, or the	0	0	(0	0	0	
10	. If you don't get satisfaction from y	our curre	ent job, which	of the follo	owing are	e reasor	ns for you	ır dissatisf	action? (check	

Too Few

Hours

0

Lack of

0

Poor Work

0

Benefits Environment Advancement

Lack of

0

Other

0

Low

0

Not

0

Applicable Boring Wages

0

Health-Wellness

Not

Not offered

Α	pplicable	by employe	er expensive	Sig	n Up						
	0	0	0		0	0					
12.			as there been a		-	_	_			a doctor,	,
	dentist, o	r mental healt	h provider but o	didn't? If so,	please indi	icate why.	(•mark al	l that ap	ply)		
		Not Applicable	Didn't Know how to Find a Provider	No Insurance	Couldn't Afford	Distance No Trans portation	- m	ppoint- ents ilable	Chose Not To	Othe	er
a.	Doctor	0	0	0	0	0	-	0	0	0	·
b.	Dentist	0	0	0	0	О		0	0	0	
C.	Mental Health	0	0	0	0	0		0	0	0	
13.	Which of	the following I	best describes y	our family/h	ousehold n	nedical deb	t?				
	\$0		\$1 - \$999	\$1,	000 - \$4,99	9 \$	5,000 - \$1	0,000		\$10,001+	
	0		0		0		0			0	
14.	In the pas	st year, have y	ou been concer	ned about so	meone in y	our family	misusing	Yes	No	Don't K	now
	drugs (pre	escriptions or i	illegal)?					0	0	0	
		l Finances e past year, in	how many mor	nths have yo	u/someone	in your ho	usehold:				
							Know	0	1-2	3-6	7+
a.	Skipped	meals to save	money?			•	0	0	0	0	0
b.			d/or ate a free o	ommunity n	neal?		0	0	0	0	0
c.			your rent/mort				0	0	0	0	0
d.			monthly bills (u		o etc 12		0	0	0	0	0
			al appointment			_		O	U	O	U
_		•	ansportation?	or other imp	ortune ever		0	0	0	0	0
16.			you or someon no transportati	on, which of	the followi	ng caused t	his proble	em? (•m		_	
Ap	Not oplicable	No Unreli Car Ca		Gas/ Una	ble Ava	o One ilable to ive Me	No Publi Transpo (bus)		O	ther	
	0	0 0	0	C)	0	0			0	
17.	Do you/yo	our household									
								Yes	No	Don't K	now
а.	-	_	our total house , home/rental i		_			. 0	0	0	
b.	Have eno	ugh of a saving	s, nome/rental i gs/rainy day fun s, or other eme	d to cover yo			nths in	0	0	0	

11. If you've not had health insurance (Medicare, Medicaid, BadgerCare, Private Insurance) at any time during the past

Didn't Know How to

12 months, which of the following is the most important reason? (•mark one only)

Too

18. l	18. In the past year, have you:										
					Yes	No	Don't Know				
a. C	a. Donated items or made a financial contribution to a charity OOOO										
b . F	lelpe	d individuals outside my household or/and volun	teered in	n the community	0	0	0				
Envi	ron	mental Issues									
19. I	fyou	have NOT tested your well water in the last year	r, what a	re your main reasons	? (•mar	k up to	3 reasons)				
0	a.	Not applicable, my water comes from a municip	pal wate	rsystem							
0	b.	I don't know what to test for.									
0	c.	I don't know how to have my well water tested	L								
0	d.	It costs too much to have my well water tested	L								
0	e.	I don't want to know if there is a problem with	my well v	water.							
0	f.	Dealing with a problem in well water quality wo	ould be to	oo expensive.							
0	g.	I have been drinking this water for years withou	ıt any pr	oblems.							
0	h.	I will wait to see if others in our area have prob	lems wit	h well water.							
0	i.	I didn't know testing was available.									
0	j.	I didn't know that we should test the water.									
0	k.	I do not own the property where I live.									
0	I.	Other (specify)									
 In addition to trash hauling, over the last year have you disposed of things by any of the following? (*mark all that apply) 											
0	C	omposting	0	Using a medication	drop bo	ĸ					
0	D	onating	0	Proper disposal of h Marathon Clean Sw		s wast	e (e.g. via				
0	Recycling O Purposely bought product with less packaging										

21. Please indicate how concerned you are about the following.

Re-using materials

О

	Very Concerned	Concerned	Neither Concerned nor Unconcerned	Unconcerned	Very Unconcerned
 Drinking water quality 	0	0	0	0	0
b. Cleanliness of local lakes and r	ivers O	0	0	0	0
c. Availability of drinking water	0	0	0	0	0
d. Air quality	0	0	0	0	0
e. Climate change	0	0	0	0	0
f. Energy conservation	0	0	0	0	0
g. Soil erosion	0	0	0	0	0
h. Protection of open, natural are	eas O	0	0	0	0

О

Other _____

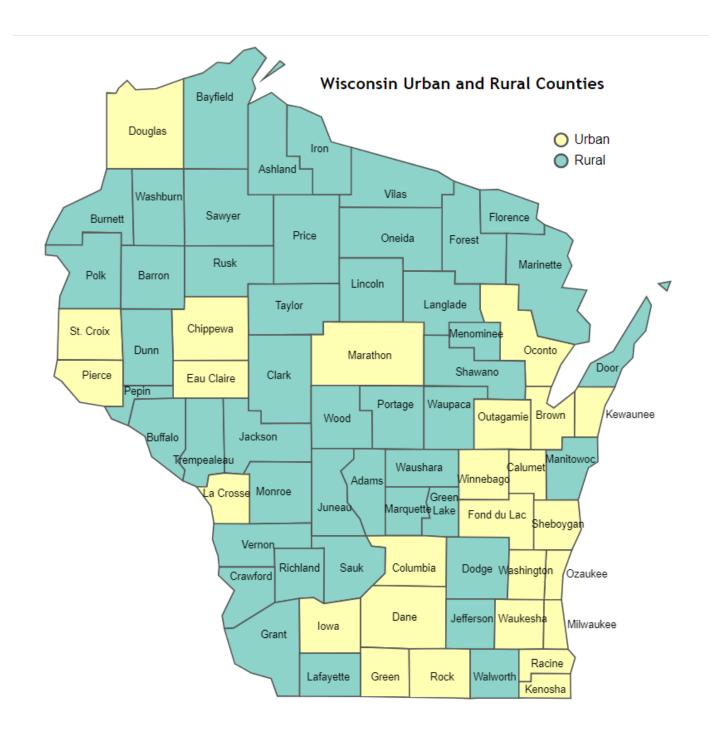
About You

The following questions will help us understand Marathon County's residents a little better. Your responses will not be associated with you personally. We appreciate your willingness to answer these sometimes difficult questions.

22.	. In a typical week, how many times do you:					one 1-2 days		3-4 days 5-		iys
a.	Participate in 30 minutes or more of physical activity (walking, running, swimming, etc.)?			0	(0	0 ()	
b.	Eat a meal at a table with family and/or friends?			0	(0		0		
23. In the past 30 days, how many times have you:					None	1-2 times	3-5 times	6-10 times		
a.	Consumed 5 or more drinks on one occasion, where a drink is defined as a 12 oz beer, 5 oz wine, 1½ oz liquor)?			О	0	0	0	0		
b.	Operated a motor vehi drinks in an hour?	cle after cons	uming 2 or m	ore	О	0	0	0	()
24.	How tall are you?	e you?feet inches 2				5. What is your weightpounds				
		Male F	emale Ot	her		ou have a le an talk to it	_		Yes	No
26.	What is your gender?	0	0	0	perso	onal proble	m?		0	0
28.	What is your age?	18-2	4 25-	-34	35-44	45-54	5	5-64	65 and o	lder
	, ,	0	()	0	0		0	0	
29.	What racial or ethnic category best describes	Asian	Black/ Africa American	n Hispa Lati		tive rican Wh		more ices _	Other:	_
	you?	0	0	0	(0 0)	0	0	
30.	How many years have yo		nan 5 Yrs.	5 to 1	O Yrs.	11 to 2	20 Yrs.	20)+ Yrs.	
	lived in Marathon Count	y r	0	•	0	()		0	
31.	What is the highest level of education that you completed?	Less than High School or GED	High School or GED	Som College Tech De	e or A	2-Yr/ ssociate Degree	Bachelo Degre		fessiona luate De	
		0	0	0		0	0		0	
	What is your marital status?	Single Married			Separated, Divorced		Widowed		Other	
		0	0		0	(0		0	
	What is your household's annual income range?	Prefer not to say	Less than \$15,000 \$15,000 \$24,999					75,000 – \$99,999	\$100,0	00+
		0	0	0	0	(0	0	О	

Thank you for taking the time to complete this survey. Please return the completed survey in the postage-paid envelope provided by XXX.

Appendix D: Rural and Urban County Map



https://www.dhs.wisconsin.gov/wish/urban-rural.htm

Appendix E: References

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