



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



Marshfield Clinic Health System

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 and the 2025-2027 Community Health Needs Assessment process the top health priorities 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-Ladysmith (hereafter referred to as MMC-Ladysmith) are:

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

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

Yours in health,

Dr. Brian Hoerneman, Interim CEO –Marshfield Clinic Health System

Bradley Groseth, President – MMC-Ladysmith

Jay Shrader, Vice President- Community Impact and Social Accountability

Marshfield Medical Center-Ladysmith,
EIN #81 0977948
1200 Port Arthur Rd, Ladysmith, WI 54848

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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-Ladysmith partnered with Rusk County Health Department, Wisconsin Institute of Public Policy and Service (WIPPS) and others to carry out the CHNA process. A full list of those involved in the process can be found at 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-Ladysmith. MMC-Ladysmith 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 equity¹ 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

¹ See definition in Appendix A.

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 health improvement efforts of the community and hospital with community health priorities² identified in the CHNA.

Hospital Overview

MMC-Ladysmith is an 11-bed critical access hospital located in Ladysmith, Wisconsin. MMC-Ladysmith is the only hospital within a 40-mile radius and offers a variety of medical services to care for Rusk County residents and the surrounding communities.

MMC-Ladysmith, offers a wide range of advanced care services including:

- 24-hour emergency department
- Comprehensive surgical services
- Cardiac rehabilitation
- Physical, occupational and speech therapy
- Digital imaging, lab and pharmacy
- Swing bed–transitional care
- OB/GYN, cardiology, oncology, orthopedics, and more [4]

MMC-Ladysmith acquired Rusk County Memorial Hospital in 2018, and in 2023 moved operations over to a newly built medical center. MCHS has a rich history in Rusk County, with the opening of their first Ladysmith clinic in 1977 [5]. MMC-Ladysmith employes nearly 180 people [4], hosts many volunteers, and supports different community events including the local farmer's market, health education, and National Night Out.

MMC-Ladysmith formed the Community Advisory Board-Ladysmith (hereafter referred to as "CAB-Ladysmith") a local committee of MMC-Ladysmith that contributes to the hospital's community benefits and community health initiatives. The CAB-Ladysmith reviews and approves the Community Health Needs Assessment and Implementation Strategy³ and stays updated on the implementation of community benefit programs. See Appendix B for a complete list of CAB-Ladysmith members.

² See definition in Appendix A.

³ See definition in Appendix A.

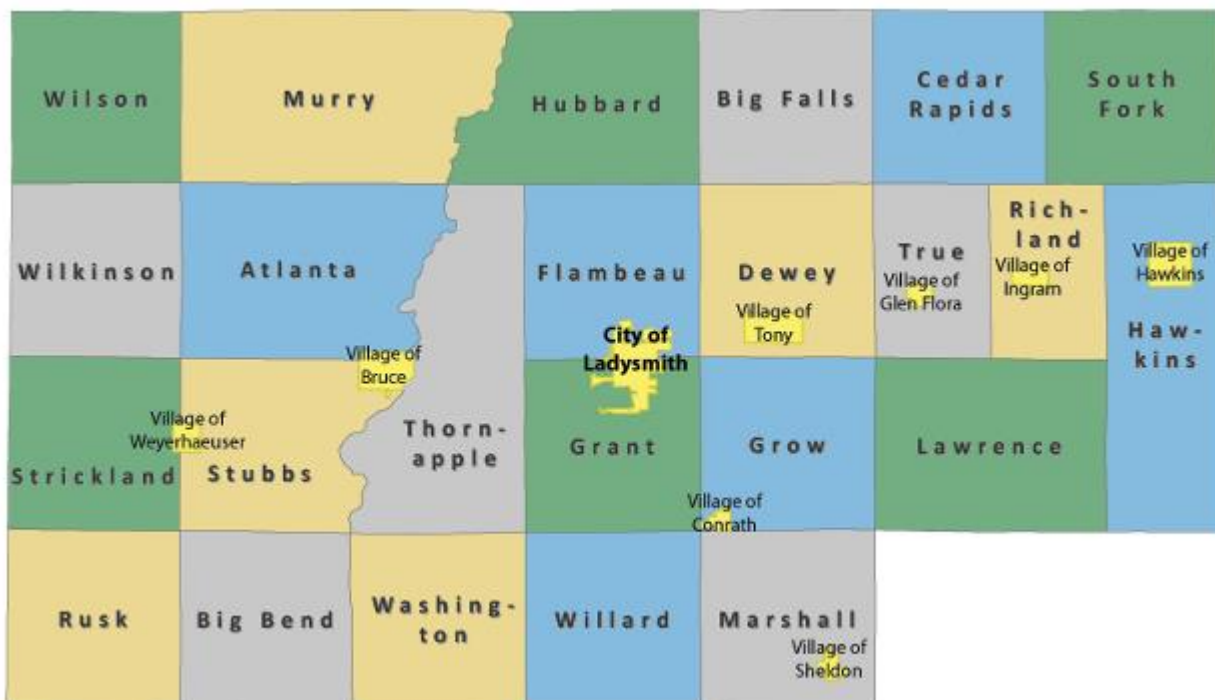
Our Community

MMC-Ladysmith is a critical access hospital located in Ladysmith, Wisconsin. Ladysmith is the only city located in Rusk County and serves as the county's seat. MMC-Ladysmith serves patients and residents of Rusk County but also provides critical services to patients and community members in neighboring counties. However, for this report's purpose, the community served by MMC-Ladysmith is defined as Rusk County residents.

Geographic Area

Rusk County is located in the northern region of Wisconsin. Rusk County has 913.6 square miles of land area making it the 18th largest county in Wisconsin by total area [6]. The county is comprised of one city (Ladysmith, the county seat), eight villages (Bruce, Conrath, Glen Flora, Hawkins, Ingram, Sheldon, Tony, Weyerhaeuser) and 24 townships [7] with a total population of 14,188 [6].

Figure 1: Rusk County Map Including Townships [7]



Local Industry, Resources, and Attractions

Rusk County services include three pharmacies, three dental offices, two counseling services, a 62-bed nursing home, an adult daycare service, MMC-Ladysmith hospital and MMC-Ladysmith clinic all located in Ladysmith, WI. Rusk county has three public

schools (4k-12), two private schools (3k-9), and Wisconsin Indianhead Technical College. Manufacturing is the county's top industry followed by agriculture and trade [8].

The Flambeau, Thornapple, Jump and Chippewa rivers all run through Rusk County. Rusk County is abundant in parks and trails for tourists and residents alike. The rivers and expansive public lands provide a wide range of scenic views and wildlife. Fishing, swimming, and canoeing are enjoyed by Rusk County residents and tourists in the warmer months. Snowshoeing and skiing are popular on the Rusk County trails in the winter months along with enjoying the hundreds of miles of snowmobile trails [8].

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 [9].”

Demographic data provides information on specific populations that can help us understand the health disparities experienced by those who live in Rusk 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 [10].

Rural

There are many unique needs and challenges of those living in rural areas. Living in a rural area can result in disadvantages to accessing healthcare, employment and economic opportunities, education opportunities and quality, and many other factors that affect health. There are multiple ways to define 'rural'. We use the Wisconsin Office of Rural Health's (WORH) designations to determine whether a county is considered rural or not. The WORH considers:

- “Index of Relative Rurality” which accounts for counties’ population size and density, the extent of their urbanized areas, and the distance to the nearest metro area.
- Rural-Urban continuum codes
- Rural population by census tract
- Rural-Urban Commuting Areas [11]

Based on the WORH designations, Rusk County is defined as a rural county with a population of 15.5 people per square mile. To see a map of rural and urban counties in Wisconsin according to WORH please see appendix F.

Age

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 average age of Rusk County residents is 49.0 years [6]. Rusk County has a significantly higher population of persons 65 years and over at 26.4% compared to Wisconsin (18.7%) and the United States (17.3%) [6]. “Societal aging can affect economic growth, patterns of work and retirement, the way that family’s function, the ability of governments and communities to provide adequate resources for older adults, and the prevalence of chronic disease and disability.” [12]

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.” [13]

The median household income for Rusk County is \$57,473, which is well below the Wisconsin median household income (\$72,458). Median gross rent in Rusk County is \$793, with 13.2% of the population living in poverty. Although the percentage of Rusk County residents who graduate from high school is only slightly lower than the state average (91.1% vs. 93.1% respectively) the percentage of residents with a bachelor’s degree or higher (17.1%) is almost half the state average (32%). [6]

Racial/ethnic minorities⁴

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

⁴ See definition in Appendix A.

differences are important demographics to consider because health outcomes often affect racial and ethnic minorities differently.

94.3% of Rusk County residents identify as white alone, not Hispanic or Latino. 2.1% of the Rusk County population identifies as Hispanic, followed by 1.5% two or more races. The following races are equal to or less than 1% of the Rusk County population: Black or African American, American Indian or Alaskan Native, Asian, and Native Hawaiian and other Pacific Islander [6]. Over 97% of the households in Rusk County speak English only, followed by 1.4% of the population speaking other Indo-European languages and less than 1% speaking Spanish, Asian or Pacific Islander languages, and other languages [14].

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-binary⁵ 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.

At this time, Sexual and Gender Minority data does not exist for Rusk County as a whole. However, 1.5% of Rusk County Community Health Assessment respondents identified as “non-binary/non-conforming” or “other not listed” when asked with what gender do you most identify.

In Wisconsin, 3.8% of adults (18+) are LGBTQ (2019), and the total LGBTQ population (13+) totals 207,000 (2020). 29% of LGBTQ adults (25+) are raising children. 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. [15], [16].

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 [17]. 10.5% of the Rusk County population under the age of 65 years is living with a disability [6].

⁵ See definition in Appendix A.

Other

Rusk County also has a unique challenge when it comes to broadband access. Only 87.6% of the Rusk County population has a computer in their household, and only 82% of those households with computer have broadband internet [14]. This can make accessing tele- or web health, online school or degrees, resources and other information a challenge for the residents of Rusk County.

After this Community Health Assessment was completed, there was a closure of all Prevea clinics in Western Wisconsin. Prevea Health Center owned and operated a clinic in Rusk County, Wisconsin, that closed in March of 2024. Prevea clinic offered many services to the residence of Rusk County including mental health services and primary care. When the Community Health Assessment Survey was active and secondary data was compiled, Prevea Clinic was still operating in Rusk County.

Another closure that affected Rusk County residents was the closure of Hospital Sisters Health System (HSHS) Sacred Heart hospital located in Eau Claire, WI, and St. Joseph's hospital located in Chippewa Falls, WI. While neither of these facilities were located within Rusk County, it is not uncommon for Rusk County residents to seek specialty medical services in this area. The closing of these hospitals severely impacted healthcare for all Western Wisconsin.

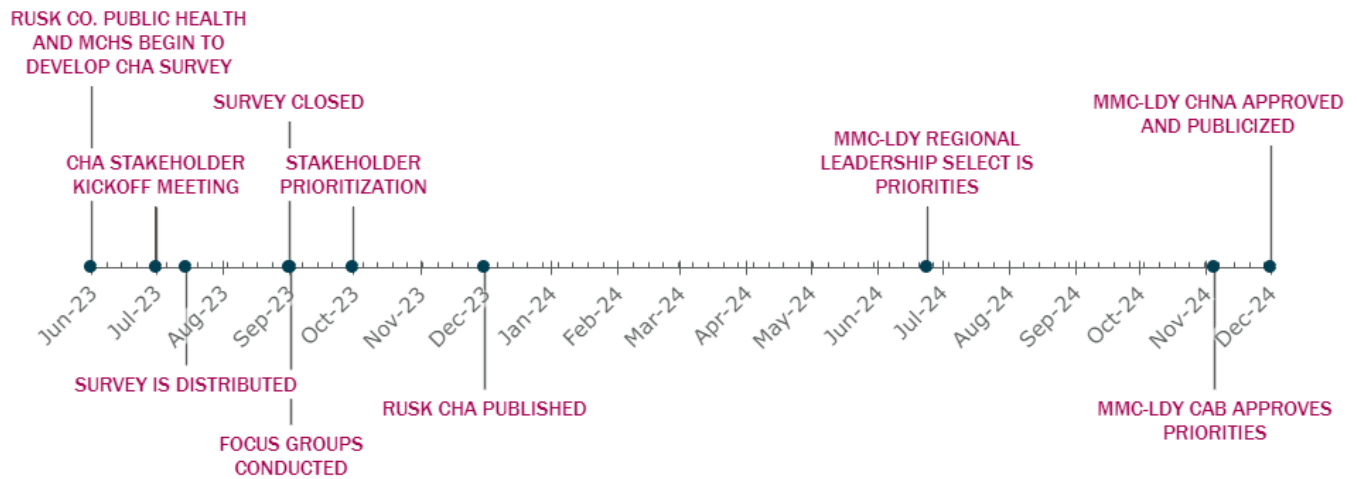
Assessing the Needs of the Community

Overview of Assessment Process and Timeline

The MMC-Ladysmith Community Benefit Workgroup (CBW) is a local internal workgroup of MMC-Ladysmith focused on Community Benefit. The CBW identified and prioritized community health needs through a comprehensive process that included primary and secondary qualitative data, quantitative data, and a collaborative review and assessment process. The MMC-Ladysmith CBW recognizes that health is determined by more than just health care, therefore the community health assessment process is designed to assess the overall state of well-being of that community. The broad nature of the primary data questions and topics assured that, for MMC-Ladysmith's CHNA purposes, health equity data was also captured and analyzed. For a complete list of those involved in the MMC-Ladysmith CBW please see Appendix B.

Figure 2: MMC-Ladysmith Community Health Needs Assessment (CHNA) Timeline

MMC-LDY CHNA Timeline



Process and Methods

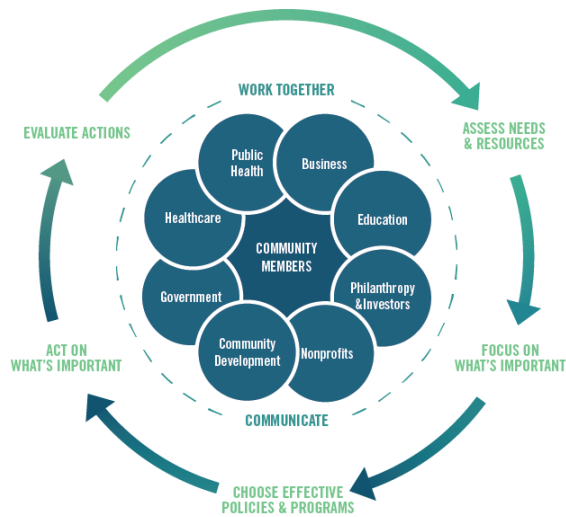


Figure 3: County Health Rankings And Roadmaps Take Action Model [18]

MCHS Community Health and Rusk County Public Health utilized the County Health Rankings and Roadmaps Take Action Model (Figure 3) to guide the CHA 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.

Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Rusk County community. Primary data included a county-wide survey and three focus group sessions. Secondary data was compiled by the Wisconsin Institute for Public Policy and Service (WIPPS) into a data workbook, which gathered data from various sources, including U.S. Census, Centers for Disease Control and Prevention, Healthy People, and County Health Rankings.

Primary Data Collection

Community Health Assessment

Primary data was collected through a community survey from July 2023 through August 2023. The Rusk County Community Health Survey was modeled after the Clark County, WI Community Health Survey and adapted to fit the Rusk County population. Both random and targeted sampling was utilized. MMC-Ladysmith, in partnership with Rusk County Public Health, issued a joint press release in the Ladysmith News that provided information about the Community Health Assessment and how to access the survey. The survey was available online via the platform "SurveyMonkey". The link to the survey was shared on the Rusk County Public Health Facebook page multiple times throughout the months of July and August. Flyers with QR codes that linked directly to the survey were developed and distributed throughout the community with the help of community partners. This strategy allowed for surveys to be taken more easily on mobile devices. An advertisement for the Community Health Assessment survey also ran in the weekly newspaper "The Ladysmith News".

Paper surveys were offered by Rusk County Aging and Disability Resource Center (ADRC) to all Meals on Wheels participants. Rusk County ADRC also offered paper surveys available at all congregate meal sites located in Rusk County and collected all paper surveys from Meals on Wheels or congregate meal site participants. WIC (Women, infants, and children) participants were encouraged to fill out paper surveys during their appointments. Paper surveys were given to all inmates in the Rusk County jail. Key stakeholders helped to distribute paper surveys by making them available in the community at the following locations: Prevea Medical Center, Imperium Chiropractic, Donahue Chiropractic, the Rusk County Community Library, Bruce Public Library, Hawkins Public Library, The Foodmill in Conrath, and Skabroud's in Sheldon.

Rusk County Public Health staff had tables at National Night Out, the Rusk County Fair, and the Ladysmith Farmer's Market and encouraged community members to complete surveys. Participants returned surveys anonymously, and Health and Human Services reception staff entered the results. The Rusk County Community Health Survey was available in English as well as Spanish. All participants could complete the paper survey or use a link to complete it online.

A total of 458 surveys were received, well above the 375 surveys needed to report validity at the 95% confidence level. Survey respondents represented a wide range of residents with a variety of income, education levels, age and household size and closely mirrored the demographics of the county in most categories. 78% of survey respondents were female compared to 48.8% of Rusk County residents, 21% of survey respondents were over the age of 65 compared to 26.4% of Rusk County residents, and 24% of survey respondents had a bachelor's degree level of education compared to 17.1% of Rusk County residents [6]. In the future more efforts will be made to ensure that these demographics more closely align with those of Rusk County residents overall. While people of color were represented in the survey at nearly the rate equal to the population, due to small sample sizes, these groups should have more opportunity to provide their voice to the development of future implementation strategies.

Focus Group Interviews

Focus groups are in-depth, qualitative interviews used to gain a deeper understanding of health issues the county is facing as well as a method to engage those who may be underrepresented in the CHA. WIPPS conducted three focus groups, with a total of twenty-two participants, on September 27th & 28th, 2023. Two focus groups included stakeholders representing the broad interest of the community with backgrounds in professions such as nursing, teaching, law enforcement, business owners, mental health workers and many others. They represented over thirteen organizations and businesses in Rusk County. The other focus group was comprised of Rusk County community members, regardless of professional or education background or organization and business involvement.

The feedback from these discussions can help provide additional insights to the county's health priorities and can supplement the information provided by the CHA. These discussions provide a narrative and help gain insight to those with lived experienced or expertise in regard to the top health needs. They also illustrate the community's strengths or resources that are already available to address certain health issues. Together with the survey data, the focus group interviews can help to prioritize the top health needs of the community.

A full list of focus group questions is available as Appendix E.

Primary Data Collection Results

Community Health Assessment

Top Areas of Improvement for Rusk County based on the CHA Survey

Health Outcomes

- Poor mental health (depression, anxiety, etc.)
- Obesity or lack of physical activity
- Chronic diseases (diabetes, heart disease, etc.)
- Increased rates of self-harm or suicide attempts

Health Behaviors

- Drug abuse (prescribed and illegal)
- Poor mental health
- Alcohol use/misuse
- Physical inactivity

Clinical Care Issues

- Lack of mental health care providers
- Lack of specialists in our county
- Affordable Health Insurance
- Lack of open appointments to get in healthcare providers

Physical Environment Concerns

- Lack of safe and affordable housing
- Unable to afford healthy food and household expenses
- Quality of drinking water
- Limited access to public transportation

Social and Economic Factors

- Not enough money for safe housing, food, etc.
- Aging-related concerns
- Family issues (divorce, absent parents, etc.)
- Social media hurting mental health

Focus Groups

Focus Group Topics



- Mental Health
- Obesity and Chronic Disease
- Drug and Alcohol Misuse
- Aging Population and Demographics

Secondary Data Collection and Review

Local secondary quantitative data was compiled by WIPPS from a variety of sources based on the Wisconsin Association of Local Health Departments and Boards (WALHDAB) recommendations. Data sources included U.S. Census, Centers for Disease Control and Prevention, United Way reports, County Health Rankings, and more.

The information collected through the process provided an objective way to measure overall county health. The secondary data collected followed the County Health Rankings Model and was used to compare Rusk County with state and national data to help further prioritize health needs. WIPPS compiled and organized secondary data and survey data by Physical Environment, Social & Economic Factors, Clinical Care, and Health Behaviors. WIPPS also provided secondary data on length and quality of life of Rusk County residents and shared Rusk Counties ranking on those metrics compared to the rest of the state. This data was used to form the basis of the Rusk County CHA stakeholder discussion.

Secondary Data Collection Results

Top Areas of Improvement for Rusk County based on secondary data

Health Outcomes

- Poor mental health days
- Frequent mental distress
- Poor physical health days

Health Behaviors

- Adult smoking
- Adult obesity
- Limited access to healthy food and locations to be physical active
- Drug-Related overdoses

Clinical Care

- Ratio of primary care physicians to population
- Ratio of dentist to population
- Ratio of mental health providers to population
- Ratio of other primary care providers to population

Physical Environment

- Broadband access

Social and Economic Factors

- Aging
- Income
- Children in poverty

Prioritizing Community Needs

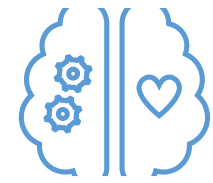
Rusk County Prioritization Process

The prioritization process of the health needs is summarized below.

Community Health Survey: July–August 2023

Rusk County Public Health, WIPPS, and MCHS reviewed and analyzed Community Health Survey results. The top ten health issues were identified and used to create focus group questions. WIPPS also compiled secondary data following the County Health Rankings Model to present to Rusk County stakeholders.

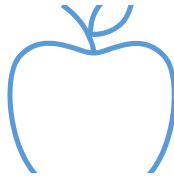
The top health concerns of respondents to the Community Assessment survey were:



Mental Health (including access to providers)



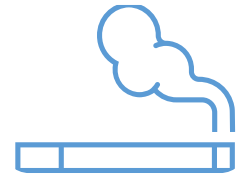
Prescription and illegal drug misuse



Obesity/Chronic Disease/nutrition/physical activity



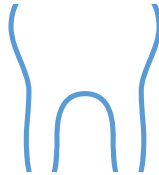
Alcohol use and misuse



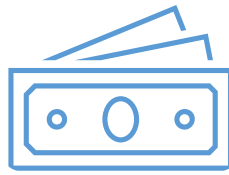
Tobacco use



Access to affordable health care providers



Access to affordable dental care providers



Adequate income



Aging-related concerns



Access to safe and affordable housing

Focus Group Interviews: September 2023

WIPPS conducted three focus groups with a total of 22 participants. Focus groups provided qualitative data on the top health issues identified by the Community Health Survey. These discussions provided a narrative to illustrate the community's strengths and challenges to help further prioritize health needs of the community.

Focus groups considered the following health priorities:

Mental Health

Drug and Alcohol Use/Misuse

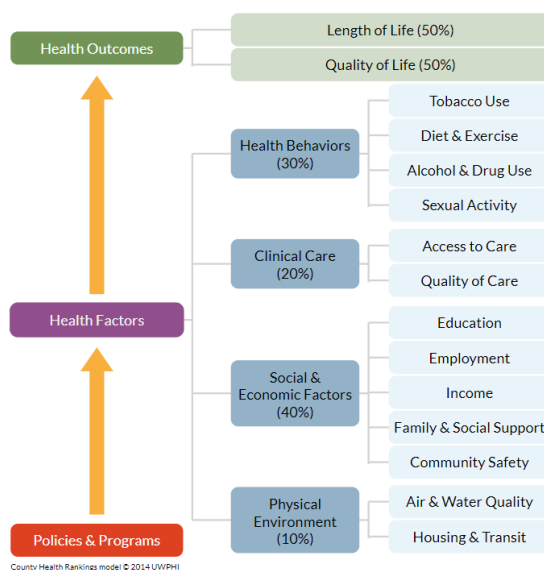
Chronic Disease and Obesity

Aging Related Concerns

Secondary Data Consideration: October 2023

The Wisconsin Institute for Public Policy and Service (WIPPS) was contracted by Marshfield Clinic Health System and the Rusk County Health Department to compile secondary data for Rusk County and compare secondary data to the Community Health Assessment Survey data. The secondary data provided an objective look at health of Rusk County residents and was utilized to help prioritize the top health needs.

Figure 4: County Health Rankings Model [19]



CHA Partnership Meeting: October 2023

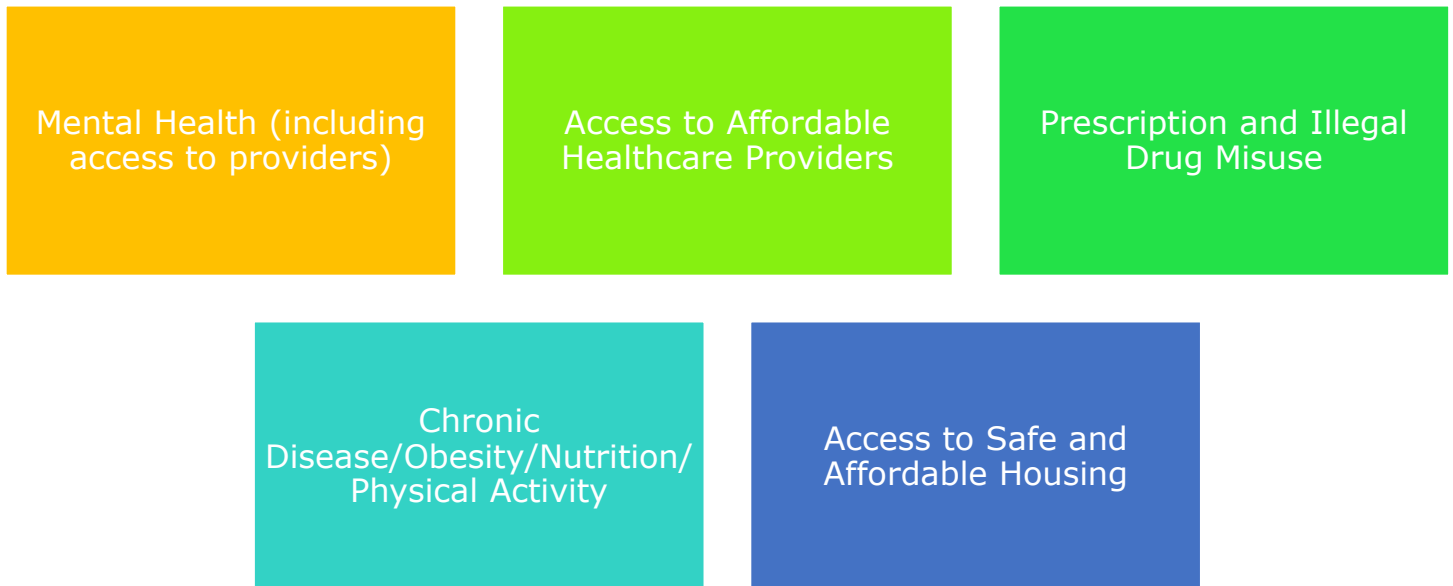
On October 24, 2023, local stakeholders and leaders were brought together for a priority-setting meeting. Twenty-three stakeholders were in attendance and provided a robust and rich discussion about the community survey, secondary data, and the Rusk County community. After the data presentation by WIPPS, CHA stakeholders discussed community context, concerns and assets and shared qualitative data on the topic and local climate. Participants considered and discussed preventability of the problem, capacity to address the problem, and community support for the problem. The large group shared opportunities as well as existing resources, adding even more context to the data discussion.

The meeting concluded with a ranking of health needs, highlighting a clear consensus on the top health needs of Rusk County. Participants went through a facilitated prioritization process where each participant was asked to select their top three health issues to focus on out of the 10 prioritized health issues. The following criteria was also considered in the prioritization process.

- Scope of problem (e.g., severity, number of people impacted)

- Health disparities (e.g., by income and/or race and ethnicity)
- Feasibility (e.g., are there known interventions, can we have an impact)
- Momentum/commitment (e.g., political will, community readiness)
- Alignment with others (e.g., local health department priorities)

The CHA stakeholders voted for the following as the top health priorities:



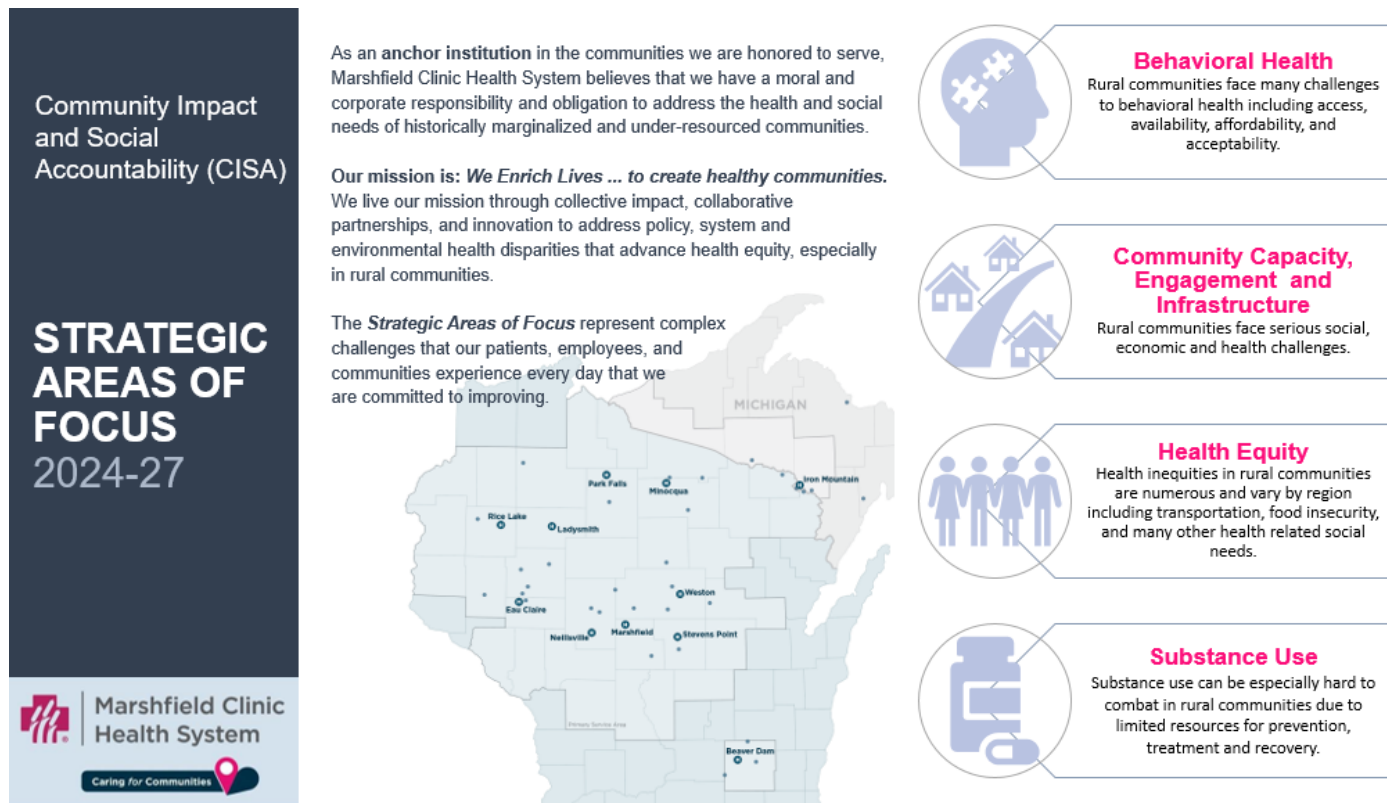
MCHS Prioritization Process

The Marshfield Clinic Center for Community Health Advancement (CCHA) Strategic Areas of Focus (2024-27) are the result of an assessment process which included 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 Areas of Focus are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Areas of Focus are integrated into MMC Implementation Strategy (IS) plans and other MCHS and Security Health Plan (SHP) plans to align system and regional efforts. The strategic focus areas are:

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

Figure 5: Marshfield Clinic Health System Strategic Areas of Focus



MMC-Ladysmith CAB meeting: November 2024

The CAB-Ladysmith met in November 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.

MMC-Ladysmith Health Priorities for 2025-2027

After completing extensive review of the Community Health survey and process, United Way ALICE data⁶, Healthiest Wisconsin 2020, County Health Rankings⁷, and other quantitative and qualitative data, the top community health priorities identified by MMC-Ladysmith are:

⁶ See definition in Appendix A.

⁷ See definition in Appendix A.

- **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. MMC-Ladysmith 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.

Substance Use

50% of survey respondents indicated that alcohol use/misuse and drug abuse are the two health behaviors they are most concerned about.^[1]

What does it mean to misuse a substance?

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 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

FOCUS GROUP FINDINGS^[1]

To gather community feedback on substance use, focus groups were conducted with individuals of varying industries, ages, and backgrounds. Focus group participants mentioned:

Intergenerational cycles of alcohol and drug use



Cultural acceptance of excessive alcohol use



Connection between mental health and alcohol and drug use



THE SCOPE ACROSS RUSK COUNTY

Rusk County reports **higher** rates of smoking than state and national averages.

Percentage of adults who are current smokers^[3].

19%

Rusk County

14%

Wisconsin

15%

United States



94

Emergency room visits between 2018 and 2021 were for drug-related poisoning or overdose^[4].

Between 2021 and 2023, 66 vehicular crashes were reported with **suspected or cited alcohol or drug use as a factor** in a crash, resulting in 2 fatalities and 32 injuries.^[5]



1. 2023 Community Health Assessment Summary Report, Rusk County, Wisconsin
2. Adapted from Centers for Disease Control and Prevention, 2023

3. County Health Rankings, 2024

4. <https://www.dhs.wisconsin.gov/wish/opioid/hospital-encounters.htm>

5. <https://transportal.ce.wisc.edu/partners/community-maps/crash/search/BasicSearch.do>

Behavioral Health

35% of community health survey respondents consider poor mental health the outcome they are most concerned about.^[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

FOCUS GROUP FINDINGS^[1]

To gather community feedback on mental health, focus groups were conducted with individuals of varying industries, ages, and backgrounds. Focus group participants mentioned:

Lack of providers



Transportation difficulties



Using substances to cope



Stigma around mental health



THE SCOPE ACROSS RUSK COUNTY

Deaths by suicide per 100,000 people.^[3]

Rusk County has a **HIGHER RATE OF SUICIDES** than state and national averages.

17

Rusk County

15

Wisconsin

14

United States

Rusk County has a **SEVERE SHORTAGE** of mental health providers.

RUSK COUNTY: Ratio of Residents to Mental Health Providers^[3]



1,580 : 1

WISCONSIN: Ratio of Residents to Mental Health Providers^[3]



400 : 1

UNITED STATES: Ratio of Residents to Mental Health Providers^[3]



320 : 1

1. 2023 Community Health Assessment Summary Report, Rusk County, Wisconsin

2. Adapted from Centers for Disease Control and Prevention, 2023

3. County Health Rankings, 2024

Health Equity

40% of health factors can be attributed to social and economic determinants, such as employment & income, education, housing, food access, healthcare access, physical environment, built environment, and childcare.^[3]

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 RUSK COUNTY

Rusk County reports a significantly lower ratio of Primary Care Providers, making it difficult to **access** care.

RUSK COUNTY: Ratio of Residents to Primary Care Providers^[3]



2,020 : 1

WISCONSIN: Ratio of Residents to Primary Care Providers^[3]



1,250 : 1

UNITED STATES: Ratio of Residents to Primary Care Providers^[3]




1,330 : 1

The median income of Rusk County is lower than state and national averages, making it harder for residents to **afford** care.^[3]


Median Income

Rusk County	Wisconsin	United States
\$56,400	\$71,100	\$74,800

One in five Rusk County children aged 18 and under in lives in poverty.^[3]



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

-  **29%** lack of safe and affordable housing
-  **28%** unable to afford healthy food and household expenses
-  **22%** lack of mental health providers
-  **15%** aging-related concerns

1. 2023 Community Health Assessment Summary Report, Rusk County, Wisconsin 3. County Health Rankings, 2024
 2. Adapted from Centers for Disease Control and Prevention, 2023

Partnerships and Collaboration

MMC-Ladysmith and Rusk County Public Health will be working collaboratively on cross-cutting priorities. MMC-Ladysmith staff are actively participating in the Rusk County Community Health Improvement Plan (CHIP), which began in January 2024. Rusk County Public Health has prioritized the following two issues:

- Mental Health
- Physical Health
 - Chronic disease
 - Obesity
 - Nutrition
 - Physical inactivity

MMC-Ladysmith staff are actively involved in Rusk County community groups and coalitions that are working to address the above health issues in Rusk County.

Health Needs Not Addressed

Through the assessment process, other community health needs were identified that have not been addressed in this plan. In prioritizing community health needs, the CBW-Ladysmith considered other organizations addressing the specific need, the ability of MMC-Ladysmith 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-Ladysmith 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 health needs:

- Obesity, chronic disease, nutrition, and physical inactivity
- Access to safe and affordable housing
- Aging-related concerns

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:

- Aging and Disability Resource Center of Barron, Rusk, and Washburn Counties

- Rusk County Department of Public Health
- Stephen Reisner Dentistry
- Northwoods Dentistry
- Embrace Inc.
- Indianhead Community Action Agency
- Rusk County Youth Council (RCYC)
- Rusk County Mental Health Committee- Starting in January
- HOPE Consortium
- Rusk County Recovery Task Force
- Rusk County Community Garden Steering Committee
- Rusk County Farmers Market Steering Committee
- Powerhouse Youth Group
- Aurora Counseling
- Willow Tree Mental Health Clinic

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-Ladysmith 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-Ladysmith CBW will contribute to MMC-Ladysmith’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 health⁸ to subsequently reduce health disparities.

MMC-Ladysmith CBW will evaluate implemented programs and activities and track key performance indicators during each year of the implementation strategy. With the help of respective partners, an analysis will be completed to identify new and current resources that can better be 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 aims of this report, or have a comment on this assessment, please contact the Marshfield Clinic Health System

⁸ See Appendix A for Definition

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
- Chronic Disease
- Social Determinants of Health

Alcohol and Substance Abuse

Strategy	Summary of Actions Since 2021 CHNA
Support alcohol and other drug prevention curriculums in school and/or afterschool setting.	Partnered with local organizations to promote and support the implementation of Botvin LifeSkills an AODA prevention curriculum.
Support community-lead recovery efforts to reduce substance use.	Implemented Recovery Corps program at MMC-Ladysmith. Supported Rusk County Recovery Task Force
Participate in community-based workgroups	Participated in <ul style="list-style-type: none"> • Rusk County Youth Council • Rusk County Task force

Behavioral Health

Strategy	Summary of Actions from 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.

Support suicide prevention community awareness events	Supported Suicide Prevention Walk “Northwoods Out of Darkness” and World Suicide Prevention Day candle lighting memorial in 2022
Enhance school capacity to provide high quality social, emotional assessment, support and learning	<p>Promoted b.e.s.t., (Behavioral Emotional Social Traits), a universal screening tool to help educators support the emotional health of students</p> <p>Promoted Life Tools, a social emotional program (SEL) for youth and supported 2 Rusk County Schools in 2022-2023, and 2023-2024</p>
Participate in community-based workgroups	<p>Participated in</p> <ul style="list-style-type: none"> • Healthy Rusk County • Healthy Rusk County Mental Health Subcommittee

Chronic Disease

Activity	Summary of Actions from 2022-2024
Increase community capacity to provide nutritious, locally grown food and address food insecurity.	<p>Contributed \$500 to Rusk County Farmer’s Market for double-value market coupons.</p> <p>Support Rusk County Farmer’s Market and Community Garden Projects.</p> <p>Supported hydroponic garden units in various schools and community partners. The hydroponic garden units increase community capacity to provide nutritious, locally grown food, and helps to address food insecurity in Rusk County:</p> <ul style="list-style-type: none"> • North Cedar Academy • Rusk ADRC • Indianhead Community Action Agency • School District of Ladysmith-Ladysmith High School

	<ul style="list-style-type: none"> • School District of Bruce-Agriculture Department/FFA • Flambeau School District
Participate in community-based workgroups.	Participated in <ul style="list-style-type: none"> • Community Garden Steering Committee • Rusk County Farmers Market Coalition

Social Determinants of Health

Activity	Summary of Actions from 2022-2024
Conduct an organizational (internal) assessment and community (external) assessment of health disparities and health equity and develop a work plan 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 SDOH screening tool. Promoted Findhelp, a resource directory available for patients and community members.
Participate in community-based workgroups	Participated in <ul style="list-style-type: none"> • coordinated community response committee

Appendix A: Definitions

Health Equity: Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. 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

Community Advisory Board-Ladysmith

- Dave Willingham
- Mark Brost
- Mary Jane Nelson
- Rick Rapp
- Kathy Bressler
- Brad Groseth

Community Benefit Workgroup-Ladysmith

- Bradley Groseth: MMC-Ladysmith President
- Michele Seator: MMC-Ladysmith Vice President-Operations and Patient Care Services
- Heather Repka: MMC-Ladysmith Operations Manager
- Tammy Koger: MMC-Ladysmith Manager- Volunteer Services
- Mickey Ganschow: Marshfield Clinic Health System Community Benefits Coordinator
- Gina Leath: West Market Chief Nursing Officer
- Dr. Brandon Parkhurst: West Market Vice President of Medical Affairs
- Jenny Benrud: West Market Practice Management Administrator

CHA Community Partners

- Mickey Ganschow- Community Benefit Coordinator, Marshfield Clinic Health System
- Darcy Vanden Elzen- Director of Community Health, Marshfield Clinic Health System
- Phil Schneider- Rusk County Board Member, Rusk County Health and Human Services Board Chair
- Mary Schneider- Health and Human Services Board Citizen Member, R.N. Marshfield Medical Center- Ladysmith
- Courtney Meyer- Emergency Department Manager, MMC-Ladysmith
- Cindy Krings- School Nurse, North Cedar Academy
- Jeanne Ollinger- Medical Assistant, Prevea Ladysmith
- Dr Sammie Runstrom- Doctor, Prevea-Ladysmith
- Dr. Tonya Prokop- Doctor, Imperium Chiropractic
- Rachel Stankowski- Project Manager- Community Outreach, Family Health Center
- Tammy Koger- Manager of Volunteer Services, Marshfield Medical Center

- Dar Grotzinger- Community Outreach Specialist, Indianhead Community Action Agency
- Jamie Rustad- Community Outreach Specialist, Indianhead Community Action Agency
- Michelle Krell- Community Member
- Tom Hall- Emergency Manager, Rusk County
- Jeremy Jacobs- Health and Human Services Director, Rusk County
- Kayla Olmstead- WIC Director, Rusk County
- Chris Soltis- Director, Behavioral Health/Rusk County Adult Services
- Virginia Jacobs- Clerk Rusk County Health and Human Services
- Maggie Huettl- Rusk County Public Health - Environmental Health Specialist
- Lisa Wicik- Rusk County Public Health – Nurse
- Amanda Weinert- Rusk County Public Health – Nurse
- Kaylee Bugbee– Rusk County Public Health- Health Officer

Appendix C: Community Health Survey

Rusk County

Community Health Survey 2023

Thank you in advance for completing this anonymous survey.

We ask each community member to fill out the survey only once to ensure accurate results.

What Rusk County Zip Code do you live or work in?	_____
Choose the two <u>health behaviors</u> you are most concerned about in Rusk County.	
<input type="checkbox"/> Alcohol use/Misuse <input type="checkbox"/> Drug Abuse (Prescribed and Illegal) <input type="checkbox"/> Tobacco (Cigarettes and Chewing), Vaping <input type="checkbox"/> Injuries and Accidents (Auto, Farm, Bicycle etc.) <input type="checkbox"/> Poor Oral or Dental Health	<input type="checkbox"/> Physical inactivity <input type="checkbox"/> Poor Nutrition <input type="checkbox"/> Poor Mental Health <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____
Choose the two <u>social or economic factors</u> you are most concerned about for Rusk County.	
<input type="checkbox"/> Aging related concerns <input type="checkbox"/> Race or ethnic relations <input type="checkbox"/> Family issues (Divorce, absent parents etc.) <input type="checkbox"/> Limited reading or math skills, or education in general <input type="checkbox"/> Not enough money for safe housing, food, etc.	<input type="checkbox"/> Lack of social or community support <input type="checkbox"/> Violence in homes and/or the community <input type="checkbox"/> Social media hurting mental health <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____
Choose the two <u>clinical care issues</u> you are most concerned about for Rusk County.	
<input type="checkbox"/> Affordable health insurance <input type="checkbox"/> Availability of dental care <input type="checkbox"/> Affordable dental care <input type="checkbox"/> Lack of open appointments to get in healthcare providers <input type="checkbox"/> Lack of specialists in our county.	<input type="checkbox"/> Lack of mental health care providers <input type="checkbox"/> Limited use of preventative services (yearly physicals, mammos, etc.) <input type="checkbox"/> Low vaccination rates (Flu, Childhood Vaccines, Etc.) <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____
Choose the two <u>outcomes</u> you are most concerned about for Rusk County.	
<input type="checkbox"/> Chronic diseases (Diabetes, Heart Disease, etc.) <input type="checkbox"/> Obesity or lack of physical activity <input type="checkbox"/> Poor mental health (Depression, Anxiety, etc.)	<input type="checkbox"/> Infant and child abuse or death <input type="checkbox"/> Increased rates of self-harm or suicide attempts <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____
Choose your top two <u>physical environment</u> concerns.	
<input type="checkbox"/> Air Pollution <input type="checkbox"/> Quality of Drinking Water <input type="checkbox"/> Lack of safe and affordable housing <input type="checkbox"/> Unable to afford healthy food and household expenses	<input type="checkbox"/> Limited access to public transportation <input type="checkbox"/> Concerns about firearm safety <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____
Choose up to three areas that you think Rusk County should focus on over the next 5 years to improve the health of our communities.	
<input type="checkbox"/> Access to affordable and healthy food <input type="checkbox"/> Access to dental care <input type="checkbox"/> Access to health care <input type="checkbox"/> Access to exercise activities <input type="checkbox"/> Access to mental health care <input type="checkbox"/> Access to public transportation <input type="checkbox"/> Improved resources for residents to age in place <input type="checkbox"/> Affordable housing <input type="checkbox"/> Environment (Air and water quality) <input type="checkbox"/> Strengths of families (parenting and divorce rates) <input type="checkbox"/> Having enough income to live on <input type="checkbox"/> Jobs and the economy <input type="checkbox"/> Levels of child abuse/ neglect	<input type="checkbox"/> Levels of crime/ neighborhoods safety. <input type="checkbox"/> Levels of discrimination and harassment (ageism, racism, sexism, etc.) <input type="checkbox"/> Levels of domestic violence <input type="checkbox"/> Levels of substance abuse (alcohol, drug, etc.) <input type="checkbox"/> Mental health improvement/ well-being of adults <input type="checkbox"/> Mental health improvement/ well-being of children and teens <input type="checkbox"/> Parks and recreation <input type="checkbox"/> Safe and affordable housing <input type="checkbox"/> Quality of our schools <input type="checkbox"/> Social or community support <input type="checkbox"/> None of the above <input type="checkbox"/> Other _____

What is your greatest concern regarding the health of our community in Rusk County?

Demographics

With what gender do you most identify?

<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary/non-conforming
<input type="checkbox"/> Female	<input type="checkbox"/> Other not listed _____

What is your age group?

<input type="checkbox"/> 15-18	<input type="checkbox"/> 45-64
<input type="checkbox"/> 19-24	<input type="checkbox"/> 65-84
<input type="checkbox"/> 25-44	<input type="checkbox"/> 85+

Which of the following best describes your ethnicity?

<input type="checkbox"/> White, Not Hispanic/ Latino	<input type="checkbox"/> Hispanic/ Latino
--	---

Which of the following best describes your race?

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Two or more races
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	

What is your highest level of education?

<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Technical diploma or associate degree
<input type="checkbox"/> Some high school	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High school diploma or general equivalent (GED)	<input type="checkbox"/> Higher than a bachelor's degree (master's, doctorate, etc.)
<input type="checkbox"/> Some college or technical school	

What is your current employment status?

<input type="checkbox"/> Employed	<input type="checkbox"/> Student
<input type="checkbox"/> Not working, by choice	<input type="checkbox"/> Retired
<input type="checkbox"/> Not working, not by choice	<input type="checkbox"/> Unable to work

What is your yearly household income?

<input type="checkbox"/> Less than \$24,999	<input type="checkbox"/> \$50,000 to 74,999
<input type="checkbox"/> \$25,000 to 34,999	<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$35,000 to \$49,999	<input type="checkbox"/> \$100,00 or more



Thank you for your willingness to share your thoughts! We appreciate your time. All surveys will be tallied, and results will be used to assist us in determining what issues are most pressing to our community. This information will be made available to the community in a community meeting and final report. We will use this information to help us determine our Community Health Improvement Plan (CHIP). If you have any questions, please contact Rusk County Public Health at 715-532-3299.



Appendix D: Community Health Survey Results

2023 Rusk County Community Health Survey Results:

https://www.surveymonkey.com/stories/SM-AcMVpfc0sHVCoad1wfB6wg_3D_3D/

Appendix E: Focus Group Questions

Participant introductions and perceptions of the overall health of Rusk County

Please introduce yourself and offer a few comments about how you would describe the overall health and quality of life in Rusk County. In your comments about health and quality of life, feel free to touch on a few things that stand out to you as positive or strengths of the community as well as a few areas of concern.

Mental Health

This summer the Rusk County Health Department conducted a community wide survey. Respondents were asked to identify health outcomes that were of most concern to them. Of all the response options, poor mental health, including depression and anxiety, was identified as the health outcome of most frequent concern among the community members who took the survey.

- When thinking about Rusk County, does this finding surprise you? Why or why not?
- What are your observations about mental health-related issues and concerns in Rusk County?
- What are some of the factors that you think are contributing to mental health being an area of concern in Rusk County?
[PROBE: These could be behavioral factors; clinical care issues such as limited numbers of mental health providers or insurance coverage issues; as well as social determinants of health like income, education, social supports, family issues, etc.]
- What current resources, services or programs are working well to address mental health issues in Rusk County and equally important, what is not working well?

Obesity and Chronic Diseases

Obesity and chronic diseases like diabetes and heart disease were also identified as health outcomes of frequent concern among the community members who took the survey. Other data shows us that chronic diseases like heart disease and diabetes are among the top 5 causes of death among Rusk County residents.

- What are your observations about obesity and chronic diseases in the community?
- What are some of the factors that you think are contributing to obesity and the prevalence of chronic disease in Rusk County?
[PROBE: These could be behavioral factors such as lack of physical activity; clinical care issues; limited areas to exercise; as well as social determinants of health like income, education, social supports, family issues, inadequate nutrition and food access, etc.]

- What current resources, services or programs are working well to address obesity and chronic diseases in Rusk County and equally important, what is not working well?

Drug and alcohol misuse

Now let's switch to the topic of health behaviors. We know that health behaviors—things like smoking, alcohol and drug misuse, diet, exercise, and sleep – can directly impact people's physical and mental health outcomes. In the community survey I referenced earlier, prescription and illegal drug misuse and alcohol use and misuse were identified as health behaviors of most concern among the community members who took the survey, with drug-related problems being the biggest area of concern.

- What are your observations and concerns about substance use and misuse in the community? You can feel free to comment on drug misuse or alcohol misuse, or both.
- What are some of the factors that you think are contributing to substance misuse problems in Rusk County?
[PROBE: These could be behavioral factors; clinical care issues such as limited access to treatment and providers, insurance coverage issues; as well as social determinants of health like income, education, family issues, etc.]
- What current resources, services or programs are working well to address substance misuse issues in Rusk County and what is not working well?

Aging population and demographics

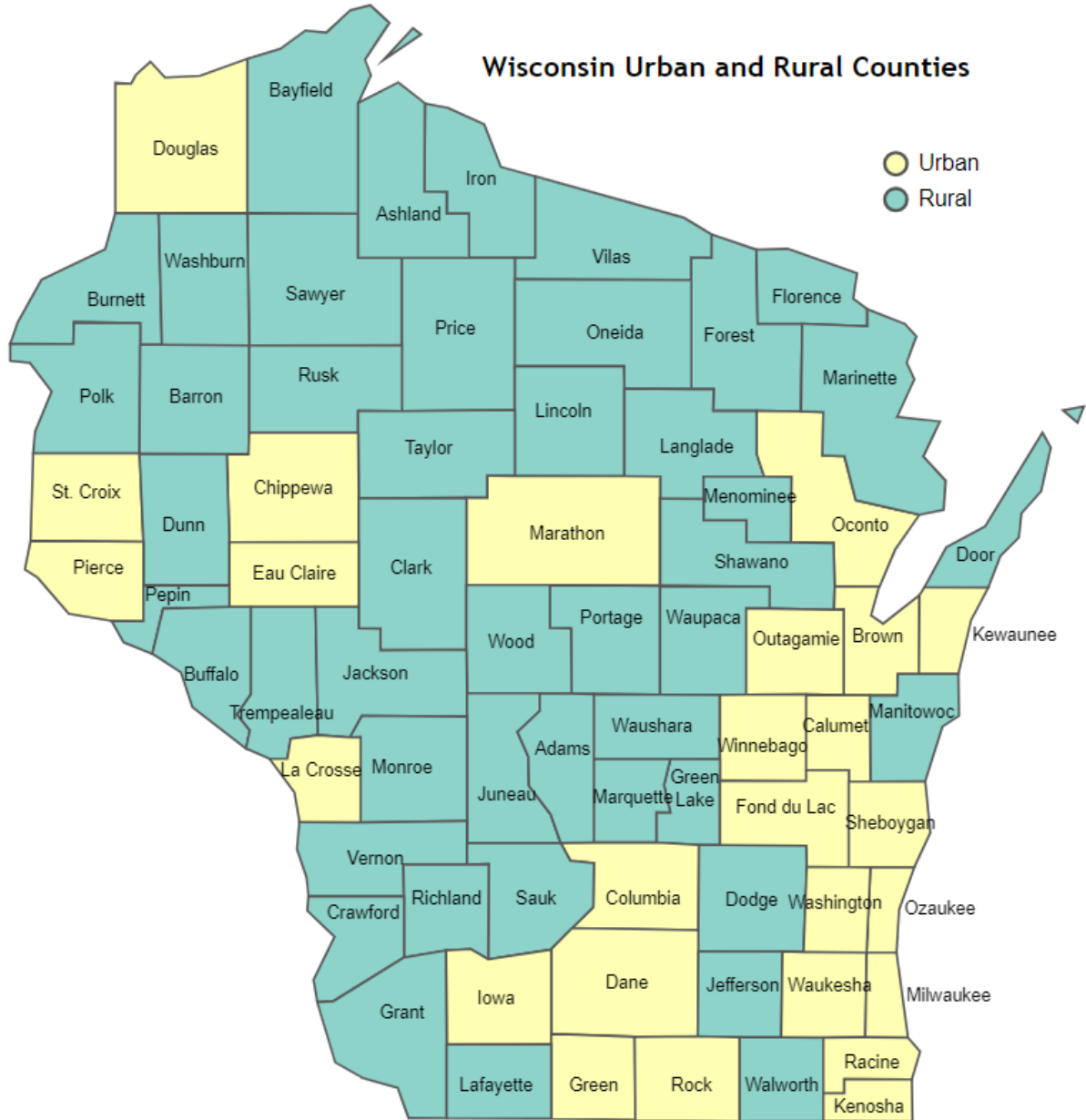
We have one more topic to discuss. When looking at the demographics of Rusk County, we notice that the county has a larger than typical percentage of its population over the age of 65. About 1 in 4 Rusk County residents is 65 or over.

- What kind of unique challenges do you think 65 and older residents face with respect to their health and health care in Rusk County?
- What current resources, services or programs are working well to address the needs of those age 65 and over in Rusk County and equally important, what is not working well?
- Are there other demographic groups that you think are facing particular challenges with their health and healthcare in Rusk County?

Open Ended

Finally, I'd like to open the floor and ask – are there any other significant health outcomes or behaviors that we should be talking about that we haven't mentioned today?

Appendix F: Rural and Urban Counties Map



Appendix G: References

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