



MCHS Hospitals Inc. d/b/a Marshfield Medical Center-Minocqua  
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, key informant interviews 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 have been identified through the 2025-2027 Community Health Needs Assessment process. 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-Minocqua (hereafter referred to as MMC-Minocqua) 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 Oneida County's citizens.

Yours in health,

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## Introduction

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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-Minocqua partnered with Oneida, Forest, and Vilas County Health Departments, Aspirus health and other community agencies and individuals 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-Minocqua. MMC-Minocqua 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](mailto:communityhealth@marshfieldclinic.org) or (715) 221-8400.

## Health System Overview

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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<sup>1</sup> 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].

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<sup>1</sup> See definition in Appendix A.

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 priorities<sup>2</sup> identified in the CHNA with Health System priorities.

## **Hospital Overview**

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MMC-Minocqua is a 31-bed full-service hospital in Minocqua, Wisconsin. MMC-Minocqua is a fully integrated medical campus that offers a variety of medical services to care for Oneida County residents and the surrounding communities.

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

- Birth Services
- Urgent Care
- Emergency Department
- Imaging services
- Private inpatient rooms
- Surgery center with operating and procedure rooms [4]

Construction of MMC-Minocqua began in late 2018 and was completed in 2020 [5]. MMC-Minocqua went through an expansion beginning in 2022 with the addition of a 45,000 square foot wing. This expansion almost doubled the number of inpatient beds while enhancing emergency and urgent care, expanding respiratory therapy services, enlarging the pharmacy and increasing the size of waiting areas and parking lots [6]. MMC-Minocqua provides internships and healthcare experience to many students, hosts volunteers, and supports many community events such as women's day of caring.

MMC-Minocqua formed the Community Advisory Board-Minocqua (hereafter referred to as CAB-Minocqua) a local committee of MMC-Minocqua that contributes to the hospital's community benefits and community health initiatives. The CAB-Minocqua reviews and approves the Community Health Needs Assessment and Implementation Strategy<sup>3</sup> and stays updated on the implementation of community benefit programs. See appendix B for a complete list of CAB-Minocqua members.

## **Our Community**

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MMC-Minocqua is a full access hospital located in Minocqua, Wisconsin. Minocqua is one of ten cities located in Oneida County. MMC-Minocqua not only serves patients and residents of Oneida County, but also provides critical services to patients and community

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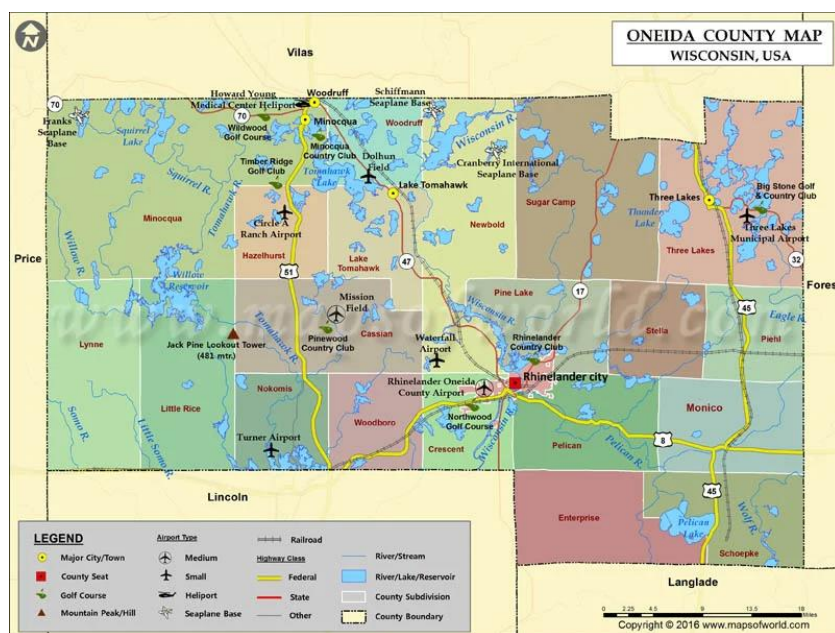
<sup>2</sup> See definition in Appendix A.

<sup>3</sup> See definition in Appendix A.

members in neighboring counties. However, for this report's purpose, the community served by MMC-Minocqua is defined as Oneida County residents.

## **Geographic Area**

Oneida County is located in the North Central region of Wisconsin – around Vilas, Price, Lincoln, Langlade, and Forest Counties. Oneida county has 1,113.94 square miles of land area and is the 10<sup>th</sup> largest county in Wisconsin by total area [7]. The county is composed of 10 cities (Rhineland, Tomahawk, Lac Flambeau, Eagle River, Woodruff, Minocqua, Three Lakes, Post Lake, Lake Tomahawk, and Elcho) and 20 townships. The county seat is located in Rhineland [8].



**Figure 1: Oneida County Map [9]**

## **Local Industry, Resources, and Attractions**

The top contributors to the local economy include: 1) trade, transportation, utilities, 2) education and health services, 3) leisure and hospitality, and 4) manufacturing [10]. The county supports Nicolet College, which awards hundreds of students with technical certificates and associate degrees each year [11]. MMC-Minocqua, Avanti Health Systems, Aspirus Hospitals and Clinics, Marshfield Clinic Rhineland, and the Oneida County Public Health Department provide healthcare and health-related resources to families [12]. For public transportation, Northwoods Transit Connection offers transportation services Monday-Friday throughout Oneida and Vilas County for a small fee [13]

Youth services in Oneida strive to engage children in their community and teach valuable life skills. Four school districts are located in Oneida County – Lakeland UHS, Minocqua J1, Rhineland, and Three Lakes – which serve about 4,000 students [14]. Outside of the classroom, students enjoy participating in the 4-H Club, Boys & Girls Club of the Northwoods, and church groups [15]. YMCA of the Northwoods offers childcare

services for those 6 weeks through 6 years and youth sports such as gymnastics, swimming, basketball, and soccer [16].

Oneida County is home to over 1,000 lakes and rivers, prompting residents and tourists to spend their time boating, kayaking, canoeing, and fishing. During summer months, many families also gather to watch the Lake Tomahawk Snowshoe Baseball Team defeat their opponents and the Three Lakes Aqua Devils perform water skiing shows on Big Stone Lake. During winter months, popular activities include snowmobiling, cross-country skiing, and snowshoeing on local trails. Crowds are drawn year-round to the historical museums of Oneida County, including the Log Cabin Museum, Pioneer Park Historical Complex, and Rhinelander Historical Society [17]

## **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.” [18]

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

## **Demographics**

Demographic data, such as age, race, sex, gender and socioeconomic 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 [19].

## **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 [20]

Based on the WORH designations, Oneida county is defined as a rural county with 33.9 people per square mile. Oneida is the 10<sup>th</sup> largest county in Wisconsin by total area but the 39<sup>th</sup> largest (out of 72) for population size [7]. Majority of the population resides in the city of Rhinelander, followed by the town of Minocqua [8]. See a map of rural and urban counties in Wisconsin according to WORH please see Appendix G.

## **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 Oneida county is 58.1. Almost 30% of the Oneida County population is 65 years and older [7]. "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." [21]

## **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." [22]

The median household income for Oneida County is \$66,111, which is lower than the median household income for the state of Wisconsin (\$72,458). Median gross rent in Oneida County is \$876, with 11.7% of the population living in poverty. Although the percentage of Oneida County residents who graduate from high school is higher than the state average (95.4% vs. 93.1% respectively) the percentage of residents with a bachelor's degree or higher (27%) is lower than the state average (32%) [7].

## **Racial/ethnic minorities<sup>4</sup>**

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

94.5% of residents in Oneida County are white alone, not Hispanic or Latino. The next largest racial/ethnic group is Hispanic or Latino at 1.8% followed by "two or more races" at 1.5% and American Indian or Alaska Native at 1.4%. The following races are equal to or less than 1% of the Oneida County population: Black or African American, Asian,

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<sup>4</sup> See definition in Appendix A.



Native Hawaiian/Pacific Islander, and other. 1.7% of households in Oneida County speak a language other than English most often in their homes [7].

### **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-binary<sup>5</sup> 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 [23]

Sexual and gender minority data is not available and has not been collected on the residents of Oneida County. However, during the CHA process, Youth Risk Behavior Survey (YRBS) data was considered in the secondary data. YRBS data can be segregated by gender and sexual orientation. Data specific to gender and sexual orientation from the YRBS was considered during the CHA process and is highlighted in the Oneida County report.

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. [24], [25]

### **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 [26]. 10.5% of Oneida County residents under the age of 65 are living with a disability [7].

### **Other**

Oneida County also has a unique challenge when it comes to broadband access. Although 91.9% of the Oneida County population has a computer in their household, only 86.5% of those households with computers have broadband internet [7]. This can make things like accessing tele- or web health, learning or participating in online school or degrees, and finding information or resources a challenge for the residents of Oneida County.

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<sup>5</sup> See definition in Appendix A.

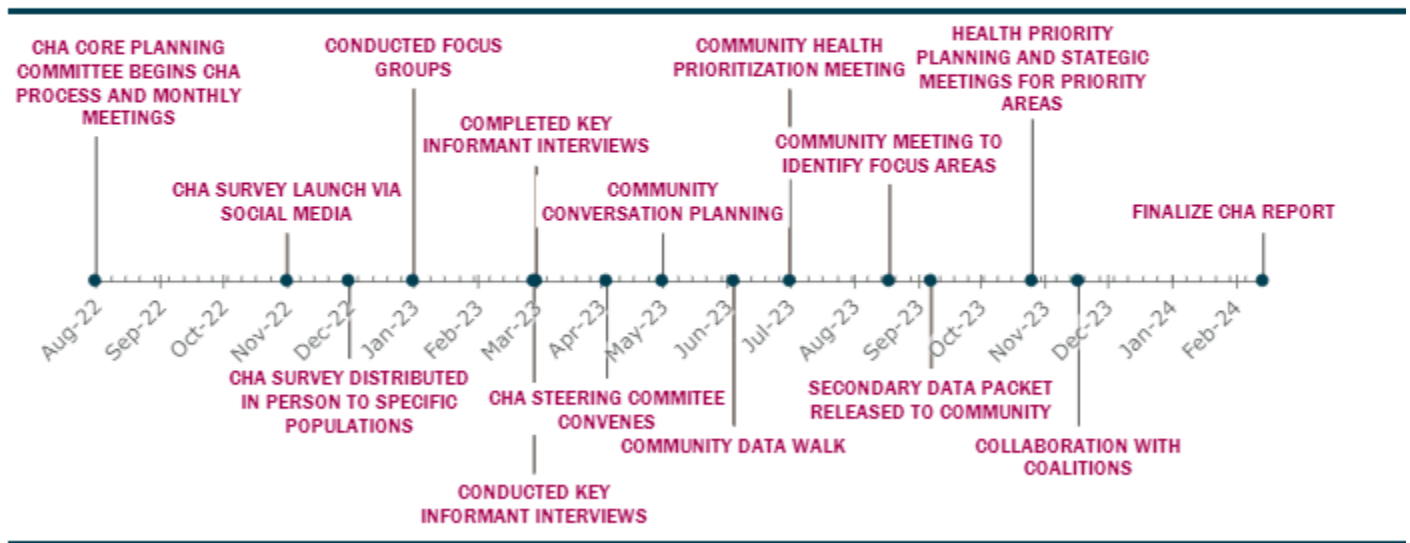
# Assessing the Needs of the Community

## Overview of Assessment Process and Timeline

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

Figure 2: Community Health Needs Assessment (CHNA) Timeline

## MMC-MQA CHNA Timeline



## Process and Methods

The CHA Core Planning Committee (see Appendix B for full list of members) utilized three frameworks to guide the CHA process including: NACCHO MAPP 2.0, Healthiest Wisconsin 2030, and Healthy People 2030. These frameworks were modified to fit the timeline and needs of the CHA Core Planning Committee and a health equity lens was utilized throughout the process. To read more about these frameworks see Appendix H.

## Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Oneida County community. Primary data included a Community Health Assessment survey, focus groups, and key

informant interviews. Secondary data was compiled by Oneida County Health Department. They developed a template to track 350 health indicators based on the Healthy People 2030 framework. Sources included but are not limited to 211, Youth Risk Behavior Survey, Wisconsin County Health Rankings<sup>6</sup>, Feeding America, Dose of Reality, Census Bureau, Burden of Binge Drinking Report and more.

## **Primary Data Collection**

### *Community Health Assessment*

The CHA survey was developed by the CHA Core Planning Committee in collaboration with UW-STOUT Catalyst team. The CHA survey asked residents a variety of questions including questions about social determinants of health<sup>7</sup>, health behaviors, health conditions, and demographics. The survey was available online on the Oneida County Health Department's website and was advertised using social media. The survey was also available in hard copy. The survey was open to those who were 18 years of age or older that live, work, or play in Oneida, Forest, or Vilas Counties. Data was separated by county when the survey was closed.

The Oneida County Health Department distributed posters and flyers to spread awareness of the survey to various locations in Oneida County. They also leveraged partners to assist in distribution and awareness of the survey. The Oneida County Health Department monitored survey responses throughout the process and tried to reach populations not represented to achieve a fair representative of Oneida County residents. The survey was active between November 4<sup>th</sup>, 2022, and January 31<sup>st</sup>, 2023. 1,107 surveys were completed during that time, and of the 1,107 surveys 502 were from Oneida County. With that number of responses, the margin of error for the CHA survey at the 95% confidence level is 4%.

Majority of survey respondents were female (74%), compared to the 49% of residents in Oneida County that identify as female. 19% of survey respondents were over the age of 65, compared to 29% of Oneida County residents. The percentage of survey respondents with a bachelor's degree and the percent of Oneida County residents with a bachelor's degree closely mirrored each other at 27% and 29.5%, respectively. Survey respondents who identify as Hispanic or Latino was 9.5% while only 1.8% of the Oneida County population identifies as Hispanic or Latino. Individuals who identify as African American, Native Hawaiian & Other Pacific Islander, American Indian or Alaska Native, and Asian also had higher percentage of survey responses than percentage of the population in Oneida County that identifies with one or more of these racial groups [7]. Efforts to reach underrepresented and historically underrepresented populations while conducting this survey will continue. Stronger efforts will be made to more closely mirror demographics such as gender and age with the Oneida County population in future processes.

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<sup>6</sup> See definition in Appendix A.

<sup>7</sup> See definition in Appendix A.

The UW-STOUT Catalyst Team utilized their web platform to host the survey. They also separated the data for each county and compiled the response data for CHA survey, focus groups, and the key informant interviews.

### *Focus Group and Key Informant Interviews*

Focus groups are in-depth, qualitative interviews used to gain a deeper understanding of the county's health issues and a method to engage those who may be underrepresented in the CHA. Three focus groups were held at various times and days with a diverse group of community members. Participants were compensated for their time and participation with a \$30 gift card.

Fourteen key-informants were also identified and interviewed from a variety of sectors including healthcare, law enforcement, social services, schools, aging and disability resource center, and recovery coaches.

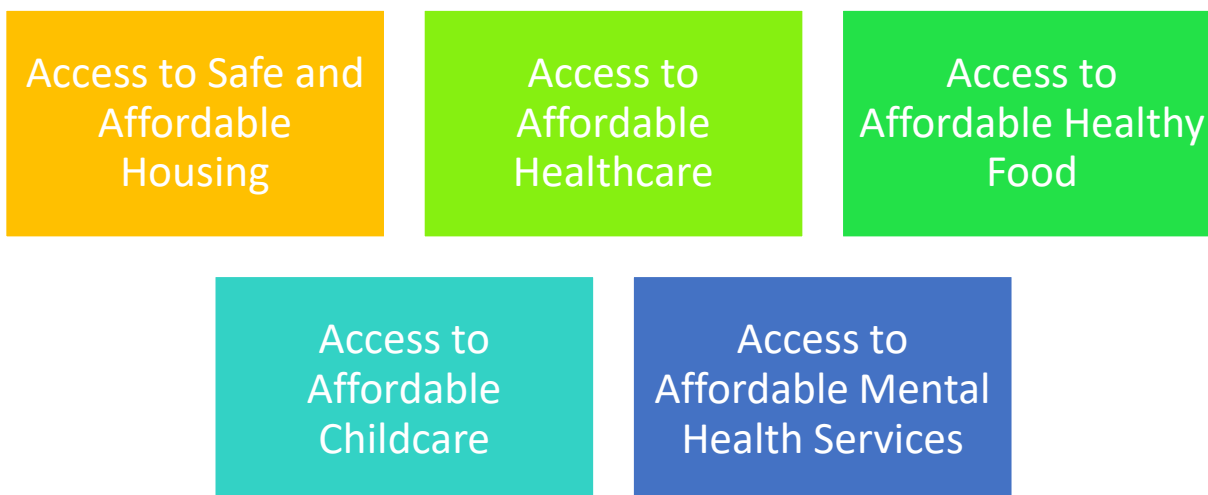
The feedback from these discussions can help provide additional insights into the county's health priorities and can supplement the information provided by the CHA. These discussions provide a narrative and help gain insight into those with lived experience or expertise in the top health needs. They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

A full list of focus group and key-informant questions and themes is available as Appendices E and F.

### **Primary Data Collection Results**

#### *Community Health Assessment*

The Top 5 Areas of Improvement for Oneida County based on the CHA Survey



## Focus Group and Key-Informant Interviews

### Focus Groups Top Themes



- Poor Community Care (Healthcare and Social Services)
- Cost and Accessibility of Healthy Food
- Healthcare: Decreased Quality and Lack of Availability
- Community Programming and Activities

### Key-Informant Interview Top Themes



- Access to Affordable Mental Health Services
- Access to Affordable AODA Services
- Isolation
- Access to Transportation Services

## Secondary Data Collection and Review

Secondary data was compiled by Oneida County Health Department. They developed a template to track 350 health indicators based on the Healthy People 2030 framework. Secondary data was then reviewed by county stakeholders during community data walks. Sources included but are not limited to 211, Youth Risk Behavior Survey, Wisconsin County Health Rankings, Feeding America, Dose of Reality, Census Bureau, Burden of Binge Drinking Report and more.

A full list of data sources and references is included in Appendix D.

## Secondary Data Results

The Top 5 Areas of Improvement for Oneida County based on the secondary data review



## **Prioritization Process**

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### **Oneida County Prioritization Process**

After the primary and secondary data was collected and analyzed, a series of community forums were held to gather community input and prioritize the health needs of Oneida County. These forums were open to all members of the community and the Oneida County health department advertised these forums through social media, flyers, press releases, and local media.

“Oneida County hosted three separate meetings; Community Data Walk, Health Prioritization, and Health Priority & Focus Area Planning.” [27]

#### *Community Data Walk-June 2023*

Participants who attended the Community Data Walk reviewed the secondary and primary data and then were given worksheets to help them identify strengths, weaknesses, differences, and similarities of the primary data sources and write down data that stood out to them. Then participants got into small groups and listed 4 concerns, 2 successes, and 2 data points that surprised them. Participants then did a preliminary vote where they identified 2 priorities from each category (Social Drivers, Health Behaviors, and Health conditions). At the end of the meeting, each participant was given the opportunity to select the health priorities of greatest concern to focus on for the Oneida County CHIP. A recap video of the meeting was available as well as a survey to identify the health priorities for community members who could not attend. [27]

#### *Health Prioritization-July 2023*

“Before the Health Prioritization meeting, preliminary priorities were combined from results of the Community Data Walk and Community Priority Setting survey. The following priorities received the most votes: housing, childcare, mental health, and substance use. These four priorities were then used as a platform for the Health Prioritization meeting.” [27]

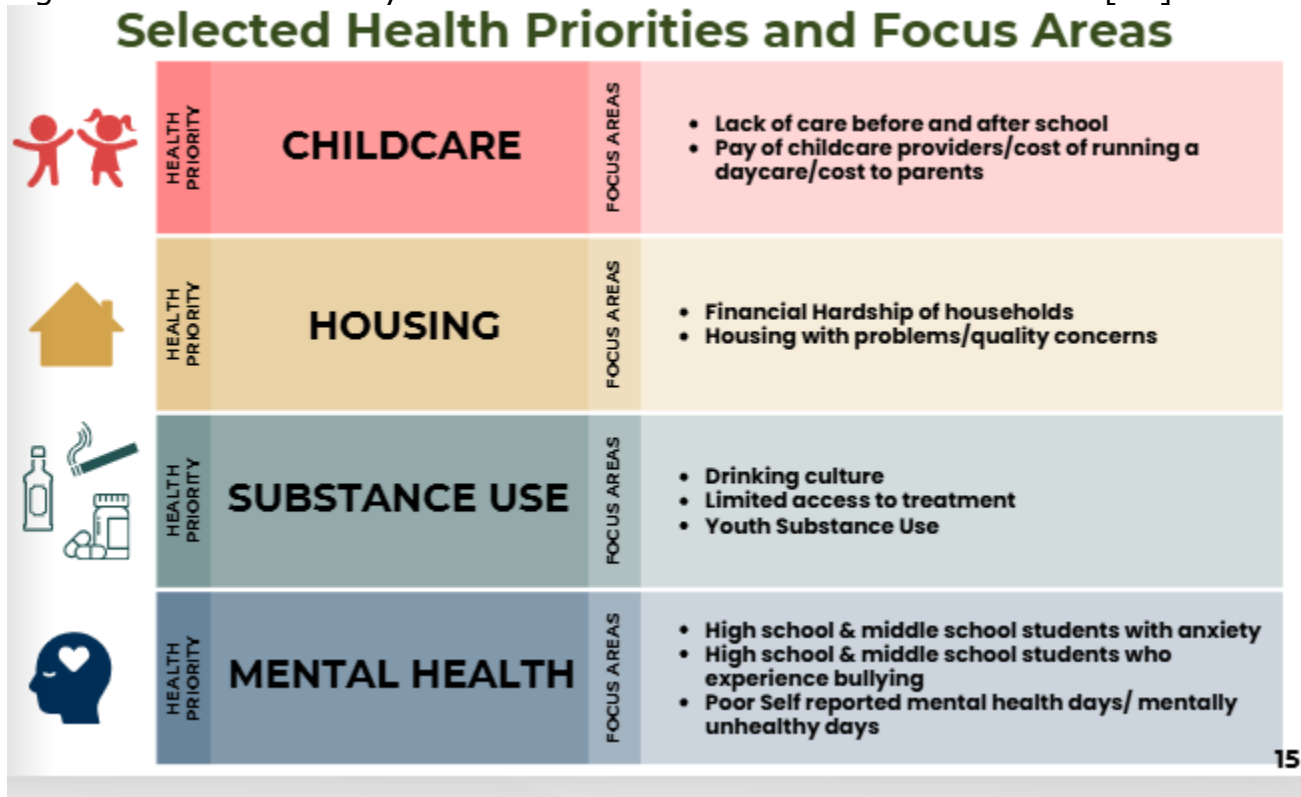
Participants discussed and reviewed the top four health priorities and data points specific to each health priorities. Participants were then asked to vote on which focus areas (under each larger category) should be considered or move forward. This prioritization helped narrow the larger category down to 3-4 focus areas within the priority. [27]

#### *Health Priority and Focus Area Planning-August 2023*

Participants were asked to work on an “Assets, Resources, and Gaps activity” to identifying local conditions and root causes to the identified focus areas of the previous meeting. Participants were asked to categorize the four health priorities based on how resources would impact the individual, family, and community level. Participants discussed strengths, weaknesses, challenges, and opportunities in Oneida County and utilized logic models to draft action plans to improve the community’s health. [27]

## Oneida County Prioritization Process Results

Figure 3: Oneida County Selected Health Priorities and Focus Areas [27]



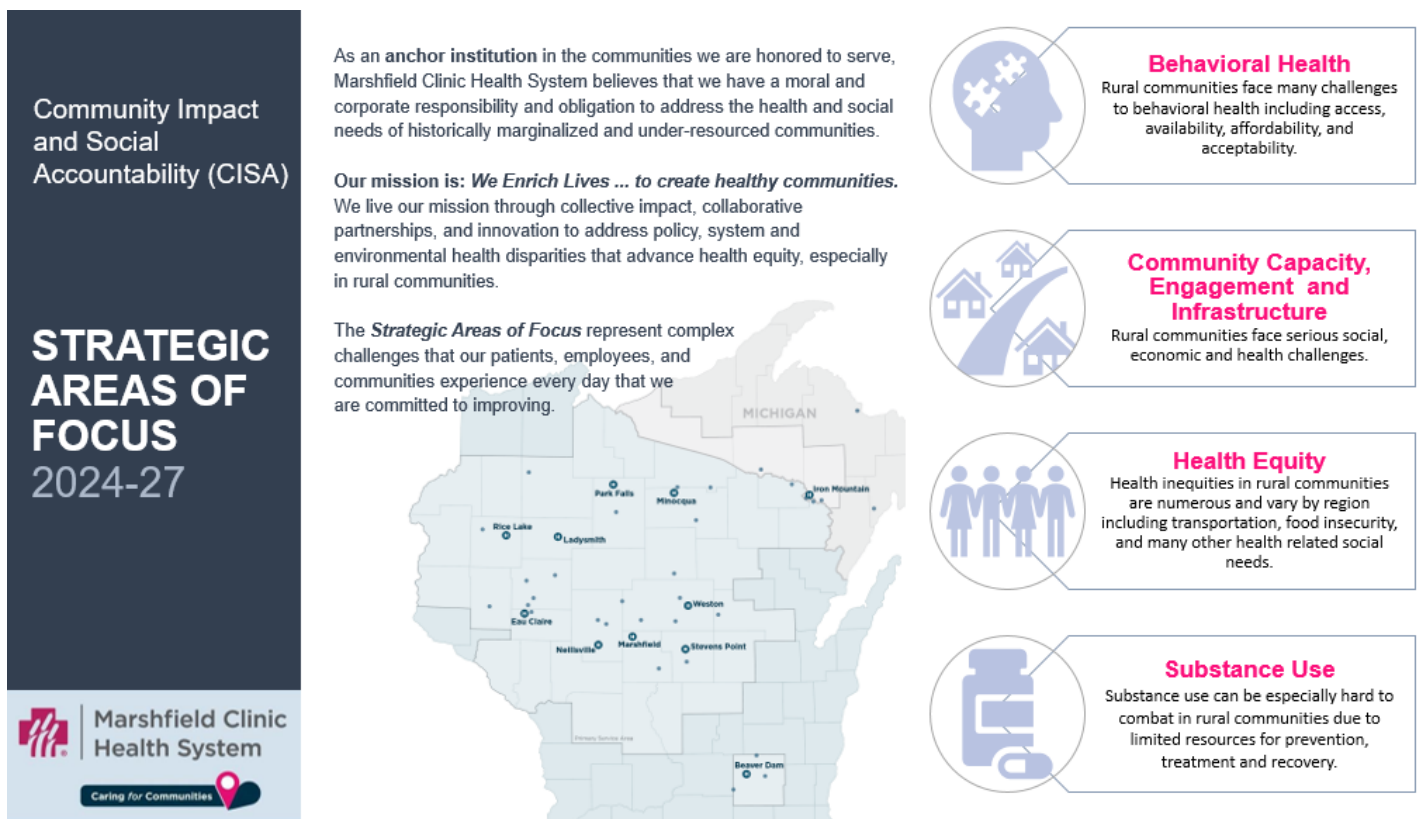
### MCHS Prioritization Process

The Marshfield Clinic Center for Community Health Advancement Strategic Areas of Focus (2024-27) are the result of an assessment process which included 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) 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 4: Marshfield Clinic Health System Strategic Areas of Focus**



**MMC-Minocqua CAB meeting: September 2024**

The CAB-Minocqua met in September 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. [28]

**MMC-Minocqua Health Priorities for 2025-2027**

After completing extensive review of the Community Health survey and process, United Way ALICE data<sup>8</sup>, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Minocqua are:

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

<sup>8</sup> See definition in Appendix A.



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**

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The community health needs of substance use, behavioral health, and 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-Minocqua 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

**11.3%** of survey respondents indicated that they are worried about substance use in Oneida County.<sup>[1]</sup>

**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<sup>[2]</sup>

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<sup>[1]</sup>

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

Reduce stigma for people who use substances



The need for more support groups



Increasing communication about available resources



## THE SCOPE ACROSS ONEDIA COUNTY

Oneida County reports **higher** rates of cancers related to alcohol use than state averages

Rate of Colorectal Cancer Cases per 100,000 people<sup>[3]</sup>.

47	35
Oneida County	Wisconsin

Rate of Female Breast Cancer Cases per 100,000 People<sup>[3]</sup>.

139	135
Oneida County	Wisconsin

Despite referrals to county authorized services, there are still many Oneida County residents with untreated opioid use disorders

211 Wisconsin, a resource that connects residents to local services, has made **759** referrals to specific Oneida County services. Of these referrals, **199** have resulted in the community member utilizing the following services:

28	25
43	22
27	

- Residential Drug Use Disorder Treatment Facility
- General Assessment for Substance Use
- Residential Alcohol Use Disorder Treatment
- Substance Use Disorder Peer Recovery Coach
- Inpatient Alcohol Use Disorder Treatment

Oneida County reported **high** use of substances among youth in 2023.

- 23% Percent of High Schoolers Who Have Tried Cigarettes
- 34% Percent of High Schoolers Who Have Tried E-Cigarettes/ Juuling
- 57% Percent of High Schoolers Who Have Tried Alcoholic Beverages
- 33% Percent of High Schoolers Who Have Tried Marijuana

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

**41.1%** of survey respondents reported that they wanted to get help for emotional problems.<sup>[1]</sup>

**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<sup>[2]</sup>

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...

<b>Individual Impact</b>	<b>Community Impact</b>
<ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #4CAF50; margin-right: 5px;"></span> isolation from loved ones</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #4CAF50; margin-right: 5px;"></span> unemployment and financial struggles</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #4CAF50; margin-right: 5px;"></span> poor quality of life</li> </ul>	<ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #004D40; margin-right: 5px;"></span> increased healthcare costs</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #004D40; margin-right: 5px;"></span> high rates of incarceration</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #004D40; margin-right: 5px;"></span> community-level economic strain</li> </ul>

## FOCUS GROUP FINDINGS<sup>[1]</sup>

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

<p>The need for acceptance, inclusion, and connection with others</p> 	<p>More Support Groups</p> 	<p>Increased communication about the resources that are available</p> 
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## THE SCOPE ACROSS ONEIDA COUNTY

Oneida County residents report that behavioral health struggles impact their daily activities multiple days each month.

When asked how many days a month you or a loved one experience behavioral health problems that interfere with daily activities...

	0 days	0-7 days	8-14 days	15-21 days	22-28 days	29-31 days
myself	53.5%	31.6%	8.6%	4.1%	1.4%	0.8%
loved one	48.2%	32.7%	7.4%	5.8%	2.5%	3.5%

Behavioral health has a strong impact on youth in Oneida County.

<p>Students Reporting Anxiety<sup>[3]</sup></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>51%</p> <p>of middle school students</p> </div> <div style="text-align: center;">  <p>55%</p> <p>of high school students</p> </div> </div>	<p>Students Reporting Depression<sup>[3]</sup></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>33%</p> <p>of middle school students</p> </div> <div style="text-align: center;">  <p>32%</p> <p>of high school students</p> </div> </div>	<p>Students Reporting Consideration of Suicide<sup>[3]</sup></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>17%</p> <p>of middle school students</p> </div> <div style="text-align: center;">  <p>16%</p> <p>of high school students</p> </div> </div>
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Oneida County residents face multiple barriers to accessing behavioral health resources.

				
Too long of a waitlist	No time	Not aware of available resources	Not covered by insurance	Stigma

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

# 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.

**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<sup>[2]</sup>

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

## FOCUS GROUP FINDINGS<sup>[1]</sup>

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

Increased availability of doctors, nurses, and the whole healthcare team.

More affordable childcare & housing

Programs to teach community members about cooking healthy meals

## THE SCOPE ACROSS ONEIDA COUNTY

Oneida County residents report problems accessing primary care services.

**ONEIDA COUNTY:** Ratio of Residents to Primary Care Providers<sup>[3]</sup>

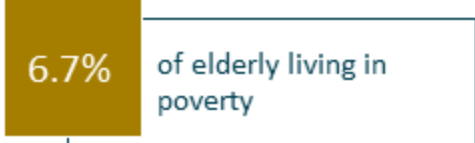
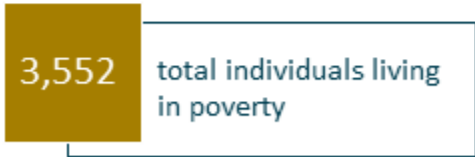
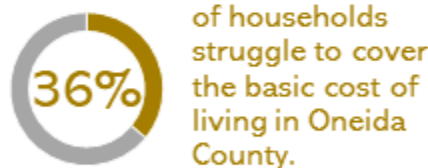


**WISCONSIN:** Ratio of Residents to Primary Care Providers<sup>[3]</sup>



Residents cited cost as a significant barrier to maintaining health insurance, with **36.9%** claiming medical insurance was not affordable or didn't meet their needs.

Many residents of Oneida County face barriers affording living essentials.<sup>[3]</sup>



Oneida County residents report facing barriers accessing nutritious foods<sup>[1]</sup>

**64.8%** of survey respondents reported barriers accessing nutritious foods. Among the top contributors were...

- Too expensive
- Spoils too fast
- Don't know how to prepare healthy foods or what foods are considered healthy
- Doesn't taste good
- Don't have access to grocery stores, or reliable transportation to get groceries

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

## **Partnership and Collaboration**

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MMC-Minocqua and Oneida County Public Health will be working collaboratively on some cross-cutting priorities. MMC-Minocqua staff are actively participating in coalitions and committees to collaborate on health priorities that are shared by MMC-Minocqua and Oneida County. Oneida County Public Health has prioritized the following four issues:

- Childcare
- Housing
- Substance Use
- Mental Health

## **Health Needs Not Addressed**

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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-Minocqua considered other organizations addressing the specific need, the ability of MMC-Minocqua to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health needs will not be directly addressed by MMC-Minocqua 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/nutrition
- Violence Prevention
- Housing
- Transportation
- Childcare

## Potential Resources to Address Health Needs

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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:

- Oneida County Aging and Disability Resource Center
- Oneida County Health Department
- Community Outreach, Prevention and Education (COPE) Coalition of Oneida, Vilas, and Forest Counties
- Oneida County Substance Misuse Coalition
- Northwoods Tobacco Free Coalition
- YMCA of the Northwoods
- Northwoods United Way
- Aspirus Rhinelander Hospital
- Howard Young Medical Center
- The Human Service Center

## Next Steps

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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-Minocqua 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-Minocqua Community Benefits Workgroup (CBW) 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.

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

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

### Approval and Community Input

This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on December 12<sup>th</sup>, 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](mailto: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
- Chronic Disease
- Social Determinants of Health

## Alcohol and Substance Abuse

Strategy	Summary of Actions 2022-2024
Support alcohol and other drug (AOD) prevention curriculums in school and/or afterschool setting.	Promoted BOTVIN Lifeskills curriculum to Oneida and Vilas County Schools and afterschool programs.
Support community wide environmental strategies, prevention, and/or policy to address underage alcohol use.	Promoted BOTVIN Lifeskills curriculum to Oneida and Vilas 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 in <ul style="list-style-type: none"> <li>• Community Outreach Education &amp; Prevention (COPE) Coalition.</li> <li>• Northwoods Tobacco Free Coalition.</li> </ul> Provided funding to Oneida County Health Department for a sharps disposal event.

## 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.
Support suicide prevention community awareness events.	Supported 988 Suicide Prevention and Awareness Campaign.  Supported "Heads Up Guys" Suicide Prevention and Awareness Campaign



<p>Enhance school capacity to provide high quality social, emotional assessment, support and learning.</p>	<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 4 schools.</p> <p>Supported school pulse platform for 1 school.</p>
<p>Participate in community-based workgroups.</p>	<p>Participated in the Community Outreach Education &amp; Prevention (COPE) Coalition.</p>

## Chronic Disease

Activity	Summary of Actions 2022-2024
<p>Increase community capacity to provide nutritious, locally grown food and address food insecurity.</p>	<p>Supported hydroponic garden unit placement in Oneida County schools. The hydroponic garden unit increases community capacity to provide nutritious, locally grown food, and helps to address food insecurity in Price County.</p>
<p>Enhance programming to impact chronic disease self-management and prevention with a focus on obesity and diabetes.</p>	<p>Provided a free, virtual diabetes prevention program led by CDC-certified lifestyle coaches to empower participants to prevent or delay the onset of Type 2 Diabetes.</p>

Participate in community-based workgroups.	Participated in the Coalition for Nutrition and Activity (CAN).
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## Social Determinants of Health

Activity	Summary of Actions 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.
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 the community.
Participate in community-based workgroups.	Participated in Northwoods JEDI (Justice, Equity, Diversity, and Inclusion) Community of Practice.

## Appendix A: Definitions

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**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 15<sup>th</sup> 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**

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### **Community Advisory Board-Minocqua**

- Timothy Melms
- Billy Fried
- Michaela Daubon
- Tera Fritz
- Jacquelyn Frombach
- Dr. Matthew Thomas
- Dr. Jan Goral
- Susan Mitchler
- Ty Erikson
- Dr. David Blair
- Patti Kerkorian
- Katie Weinberger
- Brandon Bay
- Beth Harrop

### **MMC-Minocqua CBW**

- Ty Erikson- President MMC-Minocqua & MMC-Park Falls
- Mickey Ganschow- Community Benefit Coordinator
- Katie Weinberger- Administrative Director of Ambulatory Care Services, North Market
- Brandon Bay- Chief Financial Officer, North Market
- Laurie McKuen- Vice President of Operations and Clinical Care, Park Falls
- Dr. Tony Blair- Vice President Medical Affairs, North Market
- Patti Kerkorian- Chief Nursing Officer, North Market
- Beth Harrop- HR Business Partner Senior Manager, North Market

### **CHA Core Planning Committee:**

- Cami Buchmann- Oneida County Public Health, Community Health Specialist
- Linda Conlon- Oneida County Public Health, Health Officer
- Kyla Waksmonski- Oneida County Public Health, Community Health Specialist
- Sarah Beversdorf- Aspirus Healthcare, Community Benefit and Community Health Improvement- Manager
- Jordyn Fink- Marshfield Clinic Health System, Former Community Benefits Coordinator
- Mickey Ganschow- Marshfield Clinic Health System, Community Benefit Coordinator
- Amy Gatton- Forest County Public Health, Former Health Officer
- Jill Krueger- Forest County Public Health, Public Health Consultant
- Annette Siebold- Forest County Public Health, Interim Health Officer
- Tiffany Wozniak- Forest County Public Health, Public Health Nurse
- Tammi Boers- Vilas County Public Health, Health Officer

- Racheal Cornelius- Vilas County Public Health, Community Health Educator

**Oneida County Steering Committee:**

- Mickey Ganschow- Marshfield Clinic Health System, Community Benefit Coordinator
- Sarah Beversdorf- Aspirus Healthcare, Community Benefit and Community Health Improvement- Manager
- Casey Crump- Bemidji Area Indian Health Services, Injury Prevention Specialist
- Stephanie Dahlquist- YMCA, Associate executive director
- Lloyd Gauthier- Rhinelander Police Department, Chief of Police
- Joel Gottsacker- Aging and Disability Resource Center (ADRC), Manager
- Terri Kolb- Foodwise, Administrator
- Linda May- YMCA, CEO
- Petra Pietrzak- Town of Newbold Supervisor
- Mary Rideout- Oneida County Department of Social Services, ADRC Director
- Sandra Stetzer- Children’s Wisconsin, Family Preservation and Support Manager

# Appendix C: Community Health Survey

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<https://publichealth.oneidacountywi.gov/wp-content/uploads/2024/04/Appendix-A.-CHA-Paper-Survey-Final.pdf>

# Appendix D: Community Health Survey Results

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<https://publichealth.oneidacountywi.gov/wp-content/uploads/2024/06/Appendix-B.-CHA-Survey-Report-2023.pdf>



# Appendix E: Focus Group Questions

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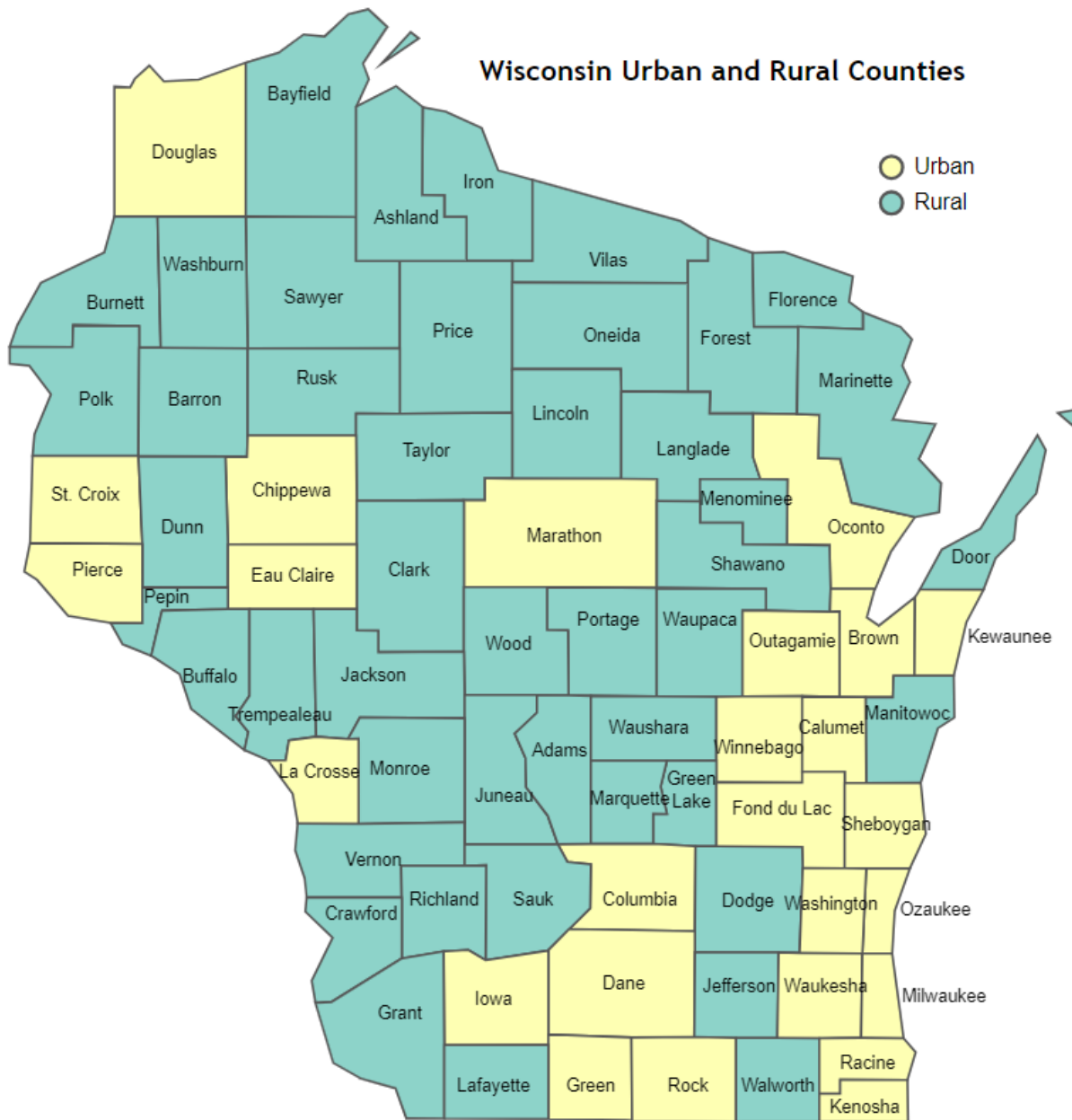
<https://publichealth.oneidacountywi.gov/wp-content/uploads/2023/07/Oneida-County-Theme-Tables.pdf>

# Appendix F: Key Informant Interviews

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<https://publichealth.oneidacountywi.gov/wp-content/uploads/2023/07/Key-Informant-Interviews.pdf>

# Appendix G: Rural and Urban County Map



## Appendix H: Guiding Frameworks

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**Healthy People 2030:** <https://health.gov/healthypeople/about/healthy-people-2030-framework>

**Healthiest Wisconsin 2030:** <https://www.dhs.wisconsin.gov/statehealthplan/index.htm>

**NACCHO MAPP 2.0:** <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

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