



# Community Health Needs Assessment



Mayo Clinic Health System - Northland  
November 2019



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# Executive Summary

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## ***Enterprise Overview***

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. Each year, Mayo Clinic serves more than one million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at many campuses and facilities, including 21 hospital facilities in communities in the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Mayo Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients, and it's how we transform hope into healing.

## ***Entity Overview***

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Minnesota and Wisconsin. It includes more than 900 providers serving more than half a million patients each year. As part of Mayo Clinic, MCHS provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, the system has opened the door to information sharing in a way that allows MCHS to keep family, friends and neighbors healthier than ever before.



The system also provides patients with access to cutting-edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

Mayo Clinic Health System – Northland is a 25-bed critical-access hospital located in Barron, Wisconsin. Since 1959, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

Barron is part of the Northwest Wisconsin region of MCHS, which includes hospitals in Eau Claire, Bloomer, Menomonie and Osseo. Mayo Clinic Health System in Barron supports the community through inpatient and outpatient services, as well as health and wellness.

In 2018, MCHS in Barron provided \$1,823,433 in charity care, more than \$3.5 million in Medicaid shortfall and \$2.7 million in bad debt. The organization also provided more than \$66,000 through philanthropic donations to support programs such as the American Cancer Society Relay for Life, Boys & Girls Club of Barron County, National Alliance of Mental Illness in Barron County and the Rice Lake Free Clinic. In 2018, approximately 9,600 residents were reached through 54 community support and health and wellness activities.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 1,400 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

For the past 18 years, the organization has matched families in need with interested departments that buy, wrap and deliver Christmas gifts to them. In 2018, more than 50 families were helped.

The hospital also is a place of learning for many physicians, nurses, chaplains and pharmacists. In 2018, the cost of hosting these educational opportunities was valued at more than \$122,000.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to community health and wellness activities by providing focus on high-priority needs and bringing additional ones to light.

## ***Summary of Community Health Needs Assessment***

The MCHS – Northland community assessment process was led by a multisector community collaborative, Thrive Barron County, that encompassed local health care organizations, community groups and residents working together to identify Barron County's top health concerns. This committee followed a systematic approach to evaluate health needs of the



greater Barron County area and used a prioritization process to determine the top health priorities.

The primary input into the assessment and prioritization process was the *Thrive Barron County: Community Health Improvement Plan* report, which was completed in 2018. This report was created through a joint effort of many different organizations and multiple community members working together to address the top health priorities in the community. Led by the Thrive Barron County executive team, this effort began by evaluating community health to improve the quality of life for everyone in the community.

Qualitative and quantitative data collection methods included:

- Analysis of existing population health data gathered from a variety of sources, including census data, government reports, health department statistics, Youth Risk Behavior Study and information collected from local hospitals and local community service organizations. Gathering this breadth of quantitative data facilitated the evaluation of how Barron County compared to state and national averages and benchmarks.
- Community input via a community perception survey was widely distributed to community resource organization representatives and residents, with 838 responses received from county residents. The survey produced rich qualitative data, including written responses, to inform the assessment process.
  - Paper surveys were distributed to libraries, hospitals, clinics, the free clinic, food pantries, the Barron County jail, senior centers and via Meals on Wheels. The survey was translated into both Spanish and Somali (key populations in Barron County) and distributed at strategic community centers for both populations. The survey was also distributed at the St. Croix Tribal Health Clinic to gather input from the county's Native American population.
  - The electronic survey was promoted at several community events throughout the year, in addition to a press release published in area newspapers announcing the initiative and asking for community participation.
- Ensuring input from the incarcerated population and vulnerable populations was important to the Thrive Barron County executive team, so listening sessions were conducted with members of the local jail in Barron County. Focus groups and key informant interviews were also held with clients of the Rice Lake Area Free Clinic, participants of Drug Court, and older adults/adults with disabilities. Interviews were also conducted with Somali, Spanish, Native American, Amish, mental health and emergency room representatives. This outreach allowed the assessment team to garner more valuable qualitative data as part of the assessment process.

The Wisconsin Department of Health Services' recent health agenda, *Healthiest Wisconsin 2020*, as well as County Health Rankings, a joint effort of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, also were considered.



After completing an extensive analysis of the robust quantitative and qualitative data outlined above, including comments from the community perception survey, the Thrive Barron County executive team determined the top community health needs in the county are, in order of significance:

1. Mental health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

These are the same top three health problems reported in Barron County's 2015 CHNA, which was also determined by a community perception survey. Comments from community members reinforced the 2015 CHNA priorities and warranted continued focus as part of the 2018 CHNA.

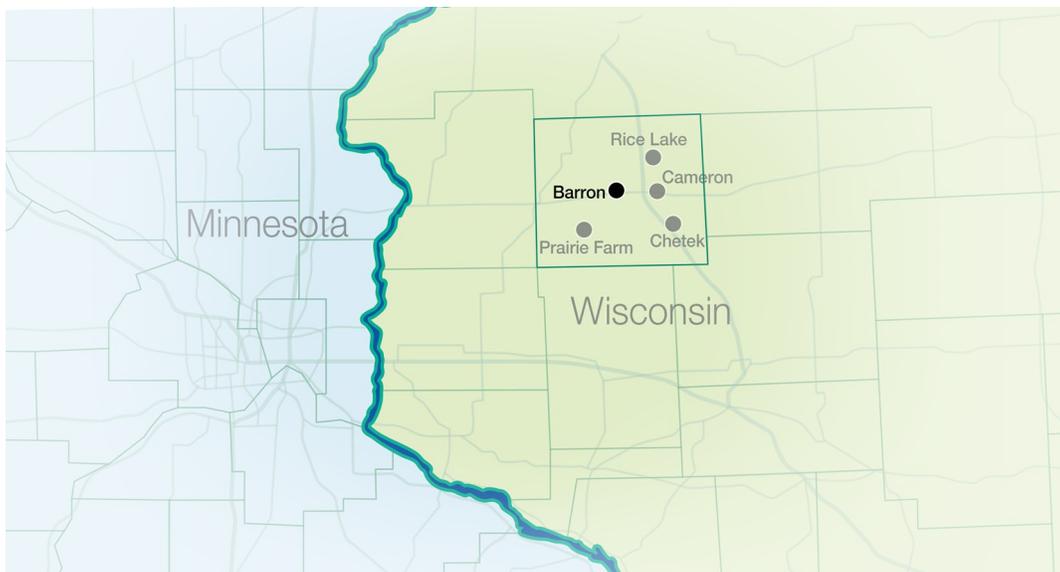


# Our Community

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## **Geographic Area**

MCHS – Northland is located in Barron County in northwestern Wisconsin. Barron has a population of 3,425, while Barron County has 45,251 residents. Barron County is considered 66% rural. MCHS – Northland’s primary service area is Barron County; this report is based on the needs of the residents of Barron County. For the purpose of this assessment, our community is defined geographically as Barron County, since this is where the majority of the hospital’s patients live.



## **Demographics**

The population in the Northland region is young, with 22% under 18 and 30% percent between the ages of 18 and 44. Currently, only 21% is over 65. However, the 65+ age group is growing at a rapid pace, and currently is the second-largest population segment. The population is made up primarily of high school graduates and individuals who have some college education.

The largest ethnic populations identified by the 2017 census are Hispanic/Latino at 2.6% and 1.4% Black/African-American. (See Appendix A for more demographic detail.)

The largest industries in Barron County are manufacturing, health care and social assistance, and retail.



## Health care providers

There are two other hospitals in Barron County: Lakeview Medical Center in Rice Lake and Cumberland Health Care in Cumberland. There are three hospitals in neighboring Eau Claire County that provide secondary and tertiary level care (MCHS in Eau Claire, HSHS Sacred Heart Hospital, and Marshfield Medical Center-Eau Claire). MCHS in Eau Claire also provides Level II trauma care.

As a member of MCHS, Barron County has seamless access to the care offered in Eau Claire, as well as the world-renowned Mayo Clinic in Rochester, Minn. In addition, the residents of Barron County have access to the following:

### Mental health clinics

- Barron County Community Support Program, Rice Lake
- Callier Clinic, Rice Lake
- Marshfield Clinic, Rice Lake
- MCHS — Northland in Rice Lake
- NAMI
- Omne Clinic, Barron
- Prevea Behavioral Care
- Several independent counselors

### Dental clinics

- Joan Decker, DDS, Barron
- Cameron Dental
- Kevin Master, DDS, Cameron
- Midwest Dental, Chetek
- Cumberland Family Dental
- Dr. Thomas Hallgren, Cumberland
- Patrick Liedl, Turtle Lake
- Lakeview Dental Clinic, Rice Lake
- Haack Orthodontic Clinic, Rice Lake
- Arrowhead Family Dental, Rice Lake
- Rice Lake Dental Center
- Smiles in Motion, Rice Lake
- Several independent dentists in Rice Lake

### Nursing homes

- Dove Healthcare LLC
- Barron Care and Rehab
- Knapp Haven Nursing Home, Chetek
- Cumberland Memorial Hospital ECU
- Dallas Care and Rehab



- Pioneer Nursing Home, Prairie Farm
- Heritage Manor, Rice Lake
- Rice Lake Convalescent Center

#### **Assisted-living facilities**

- Dove Healthcare, LLC
- Brentwood Senior Communities, Rice Lake
- Pelican Place, Chetek
- Thomas Landing, Rice Lake
- Monroe Manor, Barron
- New Beginnings of Barron County, Rice Lake
- Northwood Gables, Rice Lake
- Our House Assisted Care, Rice Lake
- Our House Memory Care, Rice Lake
- Aurora Residential Alternatives, Comstock
- Chetek Rivers Edge
- Chrismark Home, Rice Lake
- Country Terrace of Wisconsin, Rice Lake (same as Care Partners)
- Hansen's Group Home, Barron
- Hunter Home Services, Barron
- Integricare, Cameron
- Magna House of Barron County, Rice Lake
- Care Partners, Rice Lake

#### **Drug treatment facilities**

- ABR Counseling, Rice Lake
- Ain Dah Ing, Inc.
- Arbor Place, Rice Lake
- Barron County Health & Human Services, Barron
- Lakeview Medical Center – Rehab Center



# Assessing the Needs of the Community

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## **Overview**

MCHS – Northland in Barron actively contributed to the assessment process in Barron County. A comprehensive process was used to gather input from a cross-section of our community, including direct input from community members. The assessment was aimed particularly at understanding the needs of the traditionally underserved.

## **Process and Methods**

The assessment process began with a thorough review of the *Thrive Barron County: Community Health Improvement Plan*. The purpose of the county report was to assess the needs in the community, identify community resources to address the most urgent needs and encourage action plans that solve community problems. This report is a resource for promoting greater collaboration among organizations working to improve the health and well-being of the population. (See Appendix B for the list of partner organizations who participated.) Complete survey data is available through the Barron County Public Health Department.

In January 2011, a group of health care leaders formed a steering committee to lead the CHNA for Barron County. This group, now called the Thrive Barron County Steering Committee, coordinated joint hospital and public health assessments in 2012, 2015 and 2018.

The steering committee also engaged the Department of Health Services Western Regional Office in meetings for expertise and innovative solutions. The 2012 CHNA was conducted based on guidelines from the *Healthy Wisconsin 2020* initiative. From 2012 to 2018, community health action teams made progress toward goals set after determining that the top health priorities of the county were alcohol, tobacco and other drug abuse; chronic disease; and mental health.

However, due to the complex nature of change, we recognized that more work was needed. The steering committee again referred to *Healthy Wisconsin 2020* to organize Barron County's 2018 CHNA. A community survey was created to identify priority health issues and dig deeper into root causes of, and potential strategies to address, the identified health issues.

The results of the survey validated that health priorities identified in 2012 and 2015 remain the community's top health concerns for 2018.

## **Community perception survey**



The collaborative health assessment process began by engaging the public through a community health needs survey. The objective was to increase understanding of the community's health needs and perception of the main challenges facing the residents of Barron County.

Survey questions included:

1. In your opinion, what are the top three health concerns in Barron County? (Based on the 11 health areas identified in the Wisconsin Department of Health Services health plan, *Healthiest Wisconsin 2020*).
2. If you could improve one or more things in your community, what would it/they be and why?
3. How do you define health?
4. How do you define a healthy community?
5. Please check all the things that have contributed to physical or mental health problems for you or a household member in the last 12 months? (35 possibilities)
6. Have you been able to find and access help for problems checked in question 2?
7. What are the top three strengths in Barron County?
8. Many social issues contribute to our health. Please choose the top three issues below which could improve the health of Barron County. (20 possible issues)
9. Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood and are strongly associated with health problems throughout our lives. Please let us know if you experienced any of the following during your childhood. (11 ACEs possible)

The survey also included questions that captured demographic information.

Paper and electronic surveys were distributed to libraries, hospitals, clinics, the free clinic, food pantries, senior centers, Barron County jail, Meals on Wheels, Spanish community leaders and the International Center. A press release was sent to area newspapers announcing the initiative and asking for community participation. In addition, the survey was promoted at several community events, including Barron County Fair and National Night Out. It also was forwarded to public health contacts at the St. Croix Tribal Health Clinic in Hertel, Wis., to reach the Native American population. The survey was translated into Spanish and Somali (prevalent populations in Barron County) to ensure the opinions of these populations were included.

A total of 838 paper and online surveys were completed. Based on the surveys returned, community members felt the top health issues in Barron County were:

- Alcohol, tobacco and other drug abuse: 719 responses
- Mental health: 515 responses
- Chronic diseases, nutrition, physical activity: 481 responses



Focus groups and key informant interviews were held with clients of the Rice Lake Area Free Clinic, participants of Drug Court and older adults/adults with disabilities. Interviews were also conducted with Somali, Spanish, Filipino, Native American, Amish, mental health and emergency room representatives.

The committee hosted a Community Planning Day on September 26, 2018, and invited business leaders, health experts and the general community to review assessment data about the priorities for Barron County. A total of 102 community leaders, health experts and community members from the county attended. Two sessions were offered to accommodate schedules.

Community Health Action Teams (CHATs) presented a review of their work from the 2012-2018 implementation plans. A presentation, including data on alcohol, tobacco and other drugs, mental health, and chronic disease, also was shared with the group. Two sessions were offered to accommodate schedules.

Along with reviewing the 2018 *Thrive Barron County: Community Health Improvement Plan*, the attendees evaluated and discussed the county community health assessment, including a review of the primary and secondary data collected and community rankings provided by County Health Rankings.

Launched in 2010, the County Health Rankings program aimed to produce rankings for all 50 states. County Health Rankings identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. Factors determining the health status of a community include environment, education, jobs, individual behaviors, access to services and health care quality. (See Appendix C for a link to the 2018 Barron County Health Rankings report.)

Information about the social determinants of health also was shared with attendees. Survey results indicated the areas of health to improve on in included:

- Access to mental health care
- Less poverty or having enough money for basic bills
- Helping young children learn and develop
- Less crime and violence
- Feeling connected to family, neighbors and friends
- Having stable housing

After sharing the data and information, attendees broke into smaller groups to discuss each health priority. They discussed the following questions:

- Who is currently working on this health condition? (people, groups, businesses, government)
- What factors contribute to this health concern?
- Who else needs to get involved?



Each group then reported its findings to the larger group.

### ***Prioritization Process and Criteria***

The Community Engagement department for MCHS in the Northwest Wisconsin region (NWWI) used the data sources and priorities from the Barron County assessment to compile and submit the top identified community health priorities — mental health, substance abuse and alcohol misuse, and chronic disease and obesity — to the NWWI board of directors and the MCHS – Northland community board. Both community input and quantitative data from the Thrive Barron County assessment process were provided to help frame these top identified community health priorities. Detailed assessment findings, along with priority health area recommendation, were presented at the NWWI board of directors meeting and the MCHS – Northland community board in July, 2019. Areas of high community need and priority focus were identified, including data indicated an inequity, disparity or notable differences in outcomes within the population, community voiced need, data indicated that Barron County outcomes are worse than state or national outcomes, and established collaboration and continuing momentum of existing work. Board members confirmed that by prioritizing mental health, substance abuse and alcohol misuse, and chronic disease and obesity, MCHS – Northland will align with other partners of Thrive Barron County to make an impact on Barron County’s top health needs.



# Addressing the Needs of the Community

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## Overview

An extensive analysis of the county *CHIP, Healthiest Wisconsin 2020*, County Health Rankings and other quantitative and qualitative data identified the priority community health needs for MCHS – Northland. Each of these health focus areas are equally important, however, they're ranked in this order:

1. Mental health
2. Substance abuse and alcohol misuse
3. Chronic disease and obesity

## Mental health

This focus area refers to the services and support needed to address how we think, act and feel as we cope with life. Mental health is essential for personal well-being, caring for family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may include, but aren't limited to, depression, anxiety and post-traumatic stress disorder.

Good mental health allows us to form positive relationships, use our abilities to reach our potential and deal with life's challenges. Mental illnesses are medical conditions that impair a person's thinking, mood, ability to relate to others and ability to cope with the daily demands of life.

Mental illnesses often are associated with physical health problems and risk factors, such as smoking, physical inactivity, obesity and substance abuse — factors that can lead to chronic disease, injury and disability.

### *Data highlights from Community Health Improvement Plan*

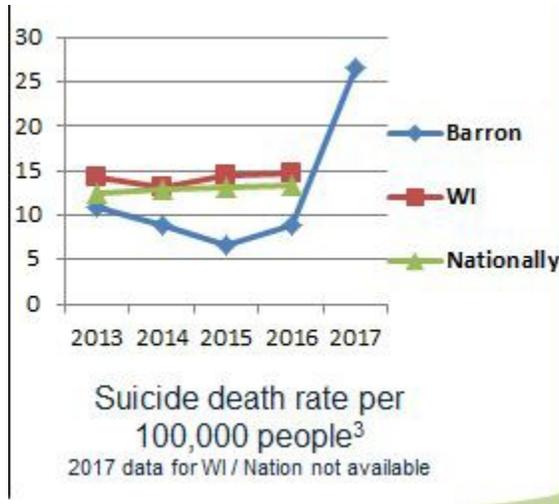
Population mental health is difficult to quantify outside of self-reported data. However, several measures can serve as a proxy for mental well-being in a community, such as adverse childhood experiences and suicide death rates. The rate of death by suicide in Barron County is high compared to state and national levels.

In Barron County:

- More survey respondents rated mental health as a top health problem for the county; an increase from 49% in the 2016 survey.
  - County residents have a 1,370:1 ratio of mental health providers compared to a state ratio of 530:1.
  - Residents reported an average of 3.6 mentally unhealthy days in the past 30 days.



- The suicide death rate per 100,000 people has increased from less than 10 to more than 25 when comparing 2016 to 2017.



### Substance use and alcohol misuse

Substance use is defined as the use of and negative effects from mood-altering substances (marijuana, heroin) or misuse of prescription drugs. Across the country and in Wisconsin, there has been a surge in the use of prescription drugs for nonmedical purposes. The misuse of these substances is most prevalent among young adults. In 2013-14, 9% of Wisconsin adults age 18-25 reported using pain relievers for nonmedical purposes in the past year. Among high school students in 2013, 15% reported illicit use of prescription drugs at some point in their lives.

Alcohol misuse is defined as underage alcohol consumption, consumption during pregnancy, binge drinking (four or more drinks per occasion for women, five or more for men), and having drinking (one or more drinks per daily average for women, two or more for men).

Alcohol-related deaths are the fourth-leading cause of death in Wisconsin. While most people in the state drink responsibly, safely and legally, Wisconsin ranks at or near the top among states in heavy alcohol use. Consequences of alcohol or drug abuse include motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol- and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes.

Additional information can be found in [Healthiest Wisconsin 2020](#)

### Data highlights:



- 86% of community survey respondents felt alcohol, tobacco and other drug abuse was a top health concern.
- One in four people (25%) drink excessively, which is considerably more than the top U.S. performer at 13%.
- The percent of high school youth reporting use of meth in their lifetime is 1.8%. The national average is 0.3%.



Percent of high school youth reporting having used meth in their lifetime<sup>3</sup>

### Chronic disease prevention and management

According to *Healthiest Wisconsin 2020*, the goals of chronic disease prevention and management are to prevent and manage illnesses that last a long time and usually can't be cured (Alzheimer's, cancer, diabetes, heart disease). In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially heart disease and diabetes. Four modifiable health-risk behaviors — unhealthy diet, insufficient physical activity, tobacco use and second-hand smoke exposure, and excessive alcohol use — are responsible for much of the illness, suffering and early death related to chronic diseases. Prevention isn't always possible, so it's important that effective management is also part of the health care system.

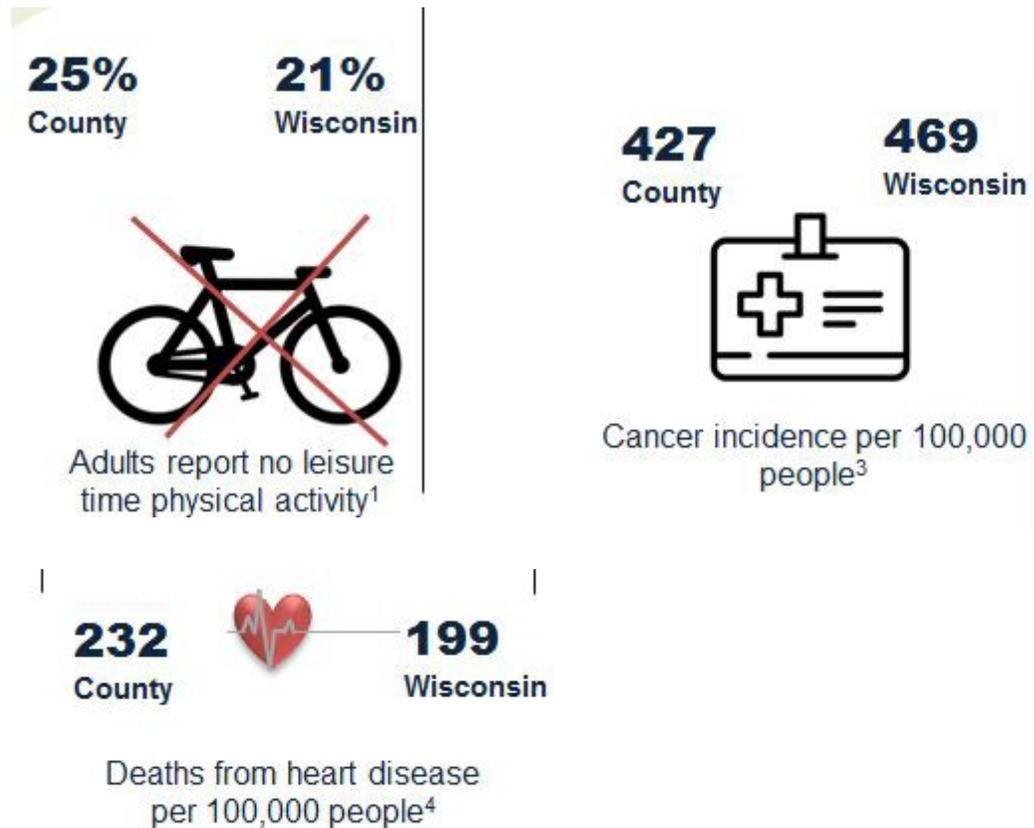
Although chronic diseases usually become clinically apparent in adulthood, the exposures and risk factors that precede disease onset occur at every stage of life. Childhood and adolescence are critical times to deliver and reinforce health education messages.

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis, are among the most common and costly of all health problems in the U.S. Currently, chronic diseases account for seven of the 10 leading causes of death in Wisconsin and approximately two out of every three deaths nationwide. Maintaining a healthy weight is important for reducing the risk of developing chronic conditions that may have a major impact on quality of



life. Healthy weight management promotes good mental health, healthy nutrition, physical activity and a longer life.

**Data highlights:**



**In Barron County:**

- Cancer and cardiovascular disease accounted for approximately 44% of deaths in 2015. Of Community Health Improvement Plan survey respondents, 47% felt that chronic disease was a problem in the community (when combined with nutrition and physical activity).
- There were 3,467 preventable hospital stays in 2018.



# Evaluation of Prior CHNA and Implementation Strategy

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MCHS Northland published its 2016 CHNA report on October 31 of that year and to date, no written public comments have been received regarding the report or its corresponding community health improvement implementation plan. Prioritized health needs from the prior CHNA were as follows, in ranked order:

- Obesity
- Chronic disease
- Mental health

Below is an outline of strategy accomplishments for the community health implementation plan for each of the priority health focus areas in Barron County.

## Obesity

MCHS leaned into local efforts to promote physical activity, promote healthy food consumption, and engage with youth and families as part of obesity prevention. In many cases, connecting local community members with area nonprofits, schools and service organizations has been key to meeting people where they are at in the community. Efforts have included the following:

- The Hometown Health grant in 2017 awarded the Village of Cameron \$25,000 for the Guy Spiers Park Redevelopment. Monies will be used to install adult outdoor fitness equipment to encourage physical activity for the entire family, including those with disabilities.
- The Hometown Health grant in 2017 awarded the Boys & Girls Club of Barron County \$20,000 for their Healthy Out of School Time program. The HOST program teaches club members how to adopt a healthy lifestyle that includes regular physical fitness and healthy food choices.
- Camp Wabi, a camp for children struggling with obesity, had 48 attendees in 2017. Participating families were engaged before camp, on a daily basis during camp, and afterward with activities and information to support health transformation across the family unit.
- Facebook live events demonstrated how to break into less frequently chosen fruits and vegetables with the goal of encouraging people to try new, healthy foods.
- A monthly segment on a local TV news show featured healthy foods and recipes.
- A Farmer's Market Challenge encouraged people to try new/more vegetables.
- Numerous free events promoted physical activity and healthy eating for youth and their families/caregivers, including cooking classes.



- A Family Fun Night with fitness activities and health food reached 125 people, and was hosted in partnership with the Rice Lake Parks & Recreation Department.
- A free Rock 'N Roller Skating event reached 178 people.

### Chronic disease

Mayo Clinic Health System leaned into local efforts around prevention and intervention for chronic disease. Several evidence-based health promotion classes and partnering with local aging and disability resource centers, senior centers and service organizations has been a key strategy for engaging with the community.

Efforts have included the following:

- The Hometown Health Grant in 2016 awarded the Aging & Disability Resource Center of Barron, Rusk and Washburn Counties awarded \$25,000 for the Wisconsin Music & Memory Program. The program created an intergenerational partnership to bring music to community-dwelling adults with dementia and local youth involved with the Boys & Girls Club of Barron County. The youth loaded iPods with music that speaks to the older generation living with dementia. In exchange, the seniors helped destigmatize dementia through a learning environment that supports collaboration and positive relationships.
- MCHS Hosted and facilitated the Living Well with Chronic Conditions, Healthy Living with Diabetes, Strong Bones and Stepping On programs. Courses are all evidence-based health promotion programs for people over 18. Classes are hosted on a regular basis, free of charge, and target rural areas as well as urban. Year-to-date in 2017, Healthy Living with Diabetes event reached 12 individuals and a Living Well with Chronic Conditions reached nine.
- In cooperation with the other two hospitals in Barron County, MCHS offered a free Know Your Numbers health assessment to 671 community members. Through the assessment, 186 new cases of pre-diabetes or diabetes, 81 new cases of hypertension and 89 new cases of elevated LDL cholesterol may have been identified.
- Partnering with Barron County Health and Human Services department, MCHS rebooted the National Diabetes Prevention Program, an evidence-based program aimed at preventing type 2 diabetes in people with identified risk factors.
- MCHS – Northland regularly hosted American Heart Association Family and Friends CPR courses. This course is for people who want to learn CPR but don't need a CPR course-completion card to meet a job requirement. It benefits community groups, new parents, grandparents, babysitters and other lay people. The course is free and not otherwise offered by other partners or area technical colleges.
- MCHS authored the free Living Well with Chronic Conditions blog and column, which provides tools for people dealing with chronic conditions outside of medical care and at home, along with free community health support and resources offered by MCHS.



## Mental health

MCHS has made strong headway in its local work in the area of mental health. In addition to local education offerings, several partnership efforts are part of making an impact. Efforts have included the following:

- MCHS contributed \$23,500 to the NAMI Barron County: Hope & Recovery Project through the Hometown Health Grant in 2018. This project worked to expand local support and education to people living with a mental illness, their family members and friends, and to area providers.
- Through the Hometown Health Grant in 2019, MCHS contributed \$25,000 to Benjamin's House Emergency Shelter for the Rapid Rehousing Project. Unstable housing situations, including homelessness, are critical social determinants of adult and child health. This program provides rental assistance and case management for homeless families with the goal of moving them into permanent housing.
- MCHS – Northland created four mental health videos related to anxiety, resiliency, addiction and depression. Videos are on YouTube and have been promoted widely through blog posts, Facebook posts and newsletter stories.
- Staff is involved in the county-wide Sexual Assault Resource Team and End Domestic Violence Barron County.

## All focus areas

- MCHS offers online and text options to register for the MCHS newsletter. This is a new/technologically current way for people to learn about the free offerings that can positively impact their health.
- MCHS – Northland distributes the Event and Classes wellness brochure every trimester, which reaches thousands of people and provides numerous community wellness offerings.
- Staff provides leadership for Be Well Barron County, which provides oversight/accountability, structure and connections for collaborative health improvement for health priorities across the county.



## References



[Wisconsin Department of Health Services](#)

[Barron County Community Health Improvement Plan](#)

[Healthiest Wisconsin 2020](#)

[County Health Rankings](#)

[U.S. Census 2013 Estimates](#)

[Wisconsin Public Health Profiles report](#)



# Appendix A: Additional Demographics

Barron County Demographics	
Sex:	45,251 (decrease of 1.3% since 2010)
Median household income	\$46,863
Percentage of population in poverty	11.3
2018 average unemployment rate	2.7%
Population growth rate	0%

Barron County Racial Distribution	
White	93.3%
Asian	.7%
Hispanic or Latino	2.6%
Two or more races	1.3%
Black or African American	1.4%
American Indian and Alaska Native	1.0%

## Age

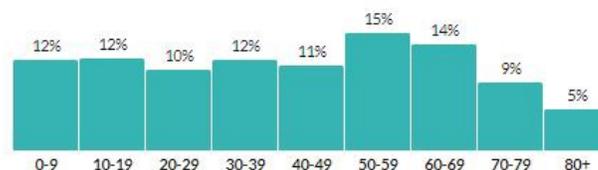
**44.2**

Median age

about 10 percent higher than the figure in Wisconsin: 39.2

about 20 percent higher than the figure in United States: 37.8

Population by age range



Population by age category





### Educational attainment

**90.6%**

High school grad or higher

about the same as the rate in Wisconsin: 91.7%

a little higher than the rate in United States: 87.3%

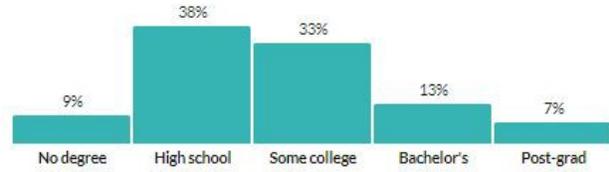
**19.5%**

Bachelor's degree or higher

about two-thirds of the rate in Wisconsin: 29%

about three-fifths of the rate in United States: 30.9%

Population by minimum level of education





## Appendix B: Individuals Involved in CHNA

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### **Barron County CHA Steering Committee**

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

### **Government agencies and other local organizations with knowledge of relevant health needs of the community**

- Aging & Disability Resource Center of Barron, Rusk and Washburn Counties
- Area food pantries
- Area schools
- Barron Area Community Center
- Barron County Community Coalition
- Barron County Health & Human Services



- Barron County International Center
- Barron County Public Health
- Barron County Restorative Justice Programs
- Benjamin's House
- Birth to Three Program
- Boys & Girls Clubs of Barron County
- Center for Independent Living
- CESA 11
- Cumberland Healthcare
- Embrace
- End Domestic Abuse Barron County
- Heart Island Family Enrichment Center
- Kinship
- Marshfield Clinic
- Marshfield Medical Center , Rice Lake
- MCHS – Northland in Barron
- NAMI
- Northlakes Community Clinic
- Randall Therapeutic Services
- Rice Lake Free Clinic
- Sherriff and Police departments
- UW Extension
- UW-Barron County
- Vantage Point Clinic & Assessment Center
- Veteran's Services
- Veteran's Affairs
- West Cap
- WIC
- Wisconsin Women Well Program
- WITC
- Women's Way Program-Lutheran Social Services
- Workforce Development

**Mayo Clinic Health System – NWWI Region Board of Directors**

- Richard Helmers, MD, CEO, NWWI
- Bobbi Gostout, MD, vice chair of Operations, MCHS
- Hank Simpson, MD, chief medical officer
- Andrew Limper, MD, Practice Transformation, MCHS
- Paula Santrach, MD, Laboratory Medicine and Pathology
- Jason Craig, Administration, regional chair
- Pam White, RN, chief nursing officer



- Julie Hansen , chief financial officer
- Jose Ortiz, MD, Orthopedics
- Karen Myhre, MD, Pediatrics
- Susan Cullinan, MD, Emergency Department
- Leonard Ezenagu, MD, Women’s Health
- Richard Sampson, MD, chair of Family Medicine – Northland
- Robert Peck, MD, Psychiatry
- James Schmidt, community member
- Bud Cadman, community member
- Daniel Riebe, community member
- Greg E. LeGare, community member
- Melissa Bergeron-Bowe, community member
- Michael Perry, community member
- Rosemary Jacobson, community member

**Mayo Clinic Health System – Northland Community Board of Directors**

- Richard Sampson, MD, board chair
- Michele Eberle, vice chair, Administration
- Zan Degen, vice chair, Administration
- Karolyn Bartlett, Administration
- Pam White, chief nursing officer
- Leonard Ezenagu, MD, Women’s Health
- Bud Cadman, community member
- Carissa Cutsforth, community member
- Hugh Mommsen, community member
- JoAnn Norberg, community member
- Donald Peterson, community member
- Cheryl Razi, community member



# Appendix C: Data Sources

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2018/19

## Barron County

### Community Health Assessment

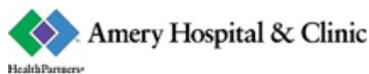
*A Summary of Key Findings*





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Amery Hospital & Clinic



Marshfield Medical Center  
Rice Lake

### Assessment Partners



Aging & Disability Resource Center  
Barron, Rusk and Washburn Counties



CUMBERLAND  
HEALTHCARE



MAYO CLINIC  
HEALTH SYSTEM

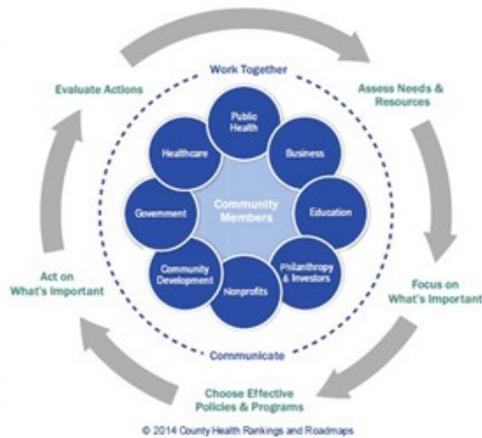


## Summary

The 2018-2019 Barron County Community Health Assessment was conducted by the Thrive Barron County Steering Committee. Thrive Barron County is a collaborative group consisting of public health, local health care facilities, the Aging & Disability Resource Center and other public and private community groups. This committee works together to assess the health of Barron County Wisconsin and its residents. The steering committee has been meeting and working since December 2017 to gather data, obtain community input and prioritize health needs. The community health planning effort includes two major phases: a community health assessment (CHA) and a community health improvement plan (CHIP).

The *Wisconsin Guidebook on Improving the Health of Local Communities*, the Wisconsin State Health Plan, Healthiest Wisconsin 2020, and the County Health Rankings and Roadmaps were used to guide our assessment and improvement plan.

A variety of methods were used to gather quantitative and qualitative data to identify health priorities including a comprehensive secondary data collection, a community health survey, key informant interviews, focus groups, and community meetings held on September 26, 2018.



As a result of this process our community identified **substance use**, **mental health** and **chronic disease** as our top health priorities.

Barron County Health Priorities
<b>Substance Abuse</b>
<b>Mental Health</b>
<b>Chronic Disease</b>



## Acknowledgements

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The Thrive Steering Committee works together to share resources and improve the health of Barron County. Through working together we reduce the duplication of efforts and increase our capacity to respond to community needs. The steering committee met on a monthly basis from December 2017 until October 2018. The steering committee continues to meet quarterly to review data and our community health improvement plan progress. Members of the steering committee include:

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





## Health Equity



Photo courtesy of the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) provides the following definition: "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Understanding how health equity fits into the community definition of health and the community health assessment over all was very important to the Steering Committee. Finding ways to reach various populations in Barron County was a priority.

It is understood that while problems identified may be similar, there are different needs within the same health concern among diverse populations. Thrive Barron County strives to look for ways to adapt and modify approaches to ensure we are serving people in the way that works best for them.



1

## Barron County Demographics

**Population 45,164<sup>1</sup>**  
(Decreased 1.5% since 2010)

Population: Race & Hispanic Origin	Barron County <sup>1</sup>	Wisconsin <sup>1</sup>
White alone	95.5%	87.3%
Black or African American alone	1.4%	6.7%
American Indian and Alaska Native alone	1.0%	1.2%
Asian alone	0.7%	2.9%
Two or more races	1.3%	1.9%
Hispanic or Latino	2.6%	6.9%
White alone, not Hispanic or Latino	93.3%	81.3%

### Non English Languages Spoken<sup>2</sup>

- Spanish: 1.62%
- African (Somali): 0.90%
- German (Amish): 0.78%

### Median Household Income<sup>1</sup>

County  
\$49,257

Wisconsin  
\$59,759

### Persons in Poverty<sup>1</sup>

County  
13.1%

Wisconsin  
11.3%

Below Poverty Level: Race & Hispanic Origin	Barron County Percent Below Poverty Level <sup>3</sup>	Wisconsin Percent Below Poverty Level <sup>3</sup>
White alone	11.4%	9.8%
Black or African American alone	4.3%	34.3%
American Indian and Alaska Native alone	44.4%	28.1%
Asian alone	8.0%	18.0%
Native Hawaiian and Other Pacific Islander alone	-	22.8%
Some other race alone	13.2%	26.9%
Two or more races	15.0%	23.5%
White, Hispanic or Latino origin (of any race)	13.3%	24.8%
White alone, not Hispanic or Latino	11.3%	9.2%

*Our American Indian residents are living in poverty at disproportionate rates compared to other races. Lack of transportation and substance use were cited as contributing to this high poverty rate. Other non-white races are living in less poverty in Barron County than in WI as a whole.*



## Percentage of Barron County Population Receiving Income Maintenance Services in 2018 Compared to other Counties in the Great Rivers Income Maintenance Consortium

(Income Maintenance includes: Medical Assistance, Food Share, Child Care Assistance)  
 Source Barron County Economic Support Programs)

County	Percent Population	County	Percent Population
Barron County	22.52%	Eau Claire County	18.71%
Burnett County	24.03%	Pierce County	11.56%
Chippewa County	18.89%	Polk County	18.64%
Douglas County	19.53%	St. Croix County	11.37%
Dunn County	17.87%	Washburn County	24.69%

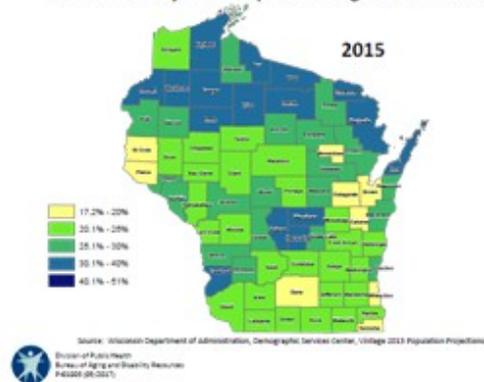
*Barron County is the third highest county for percentage of residents receiving income maintenance in the region.*

## Age of Residents

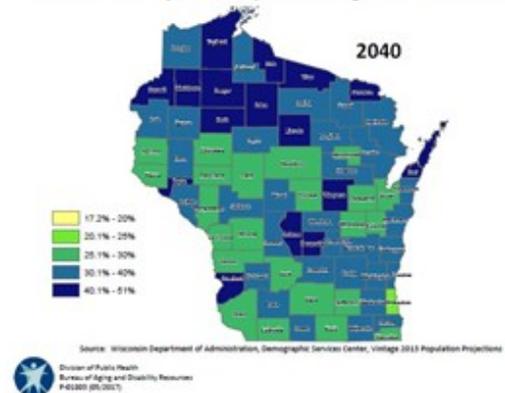
Age <sup>1</sup>	Barron County	WI
Under 5 years	5.5%	5.8%
Under 18 years	21.7%	22.1%
65 years & over	21.4%	16.5%

<sup>1</sup>Census Quick Facts, Barron County WI (2018)

Percent of Projected Population Ages 60 and Older



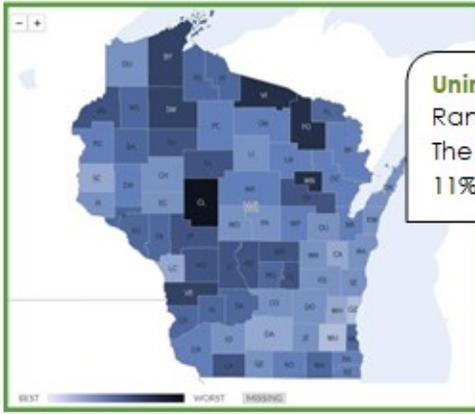
Percent of Projected Population Ages 60 and Older



*Barron County's population continues to age. We need to consider the impact this will have on employment, housing, community services, healthcare, and our families.*



## Health Care Capacity and Distribution



**Uninsured:** According to the 2019 County Health Roadmaps and Rankings 7% of Barron County's population under 65 is uninsured. The overall rate in Wisconsin is 6%. This rate has decreased from 11% in 2015 & 16 and stayed at 7% from 2017-2019.

### Primary Medical Care:

Five medical systems serve Barron County residents through ten clinics and three hospitals.



### No Cost Healthcare:

#### Rice Lake Area Free Clinic\*

Open Tuesday nights, staffed by volunteers. Provides free primary medical care, diabetic clinic and new in 2019 mental health counseling services.

**Primary Care:** The most northern part of Barron County is primary care provider health care shortage area<sup>4</sup>. According to the County Roadmaps and Rankings Barron County has ratio of population to primary care providers of 950:1 compared to 1215:1 in Wisconsin. This rate has been fairly stable in Barron County over the past five years with a low in 2016 of 930:1 and a high in 2017 of 1010:1.



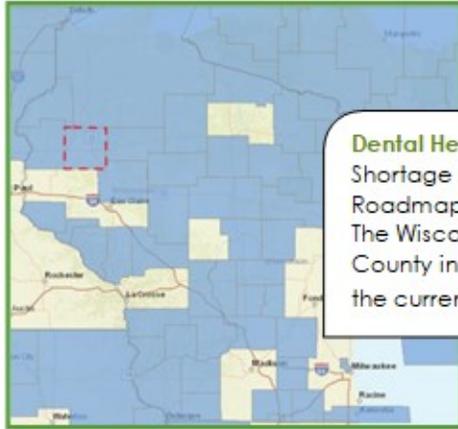


## Dental Health

Two dental clinics in Barron County currently accept medical assistance and provide care on a sliding fee scale: Northlakes Community Clinic (FQHC) in Turtle Lake and Marshfield Clinic Health System in Rice Lake.

Barron County has an additional 10 dental clinics, an oral surgery clinic and two orthodontic clinics.

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**Dental Health:** Barron County is a Dental Care Health Professional Shortage Area<sup>4</sup>. According to the 2019 County Health Rankings & Roadmaps Barron County has ratio of population to dentists of 1560:1. The Wisconsin average is 1470:1. This ratio has improved slightly in Barron County in the last five years decreasing from a high of 1680:1 in 2016 to the current 1560:1.

## Mental Health

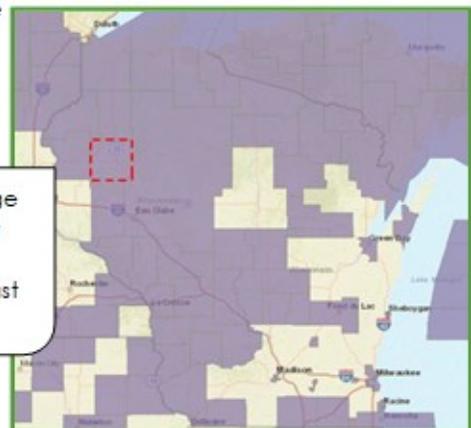
Barron County Public Health keeps a mental health resource list which currently has 14 private Barron County behavioral health counseling services listed. There are an additional 20 sites within 1 ½ hour drive. Cumberland Healthcare, Mayo Clinic Health System, Marshfield Clinic Health System and Prevea Rice Lake Health Center all offer behavioral health services.

### Low cost options include:

Northlakes Community Clinic, a FQHC, provides mental health services on a sliding fee scale.

Rice Lake Area Free Clinic provides free counseling services one night a month.

Barron County Behavioral Health Programs ensures access for qualified persons to DHS 75, DHS, 34, DHS 36, and DHS 63 programs. The services provided adhere to the statutorily mandated behavioral health services that are outlined in the administrative codes and provide behavioral health and substance use services to populations who cannot otherwise afford services.



**Mental Health:** Barron County is a Mental Health Professional Shortage Area<sup>4</sup>. According to the 2019 County Health Rankings Barron County has a ratio of population to mental health providers of 1,370:1. The Wisconsin average is 530:1. This ratio has been improving over the past five years with a high in 2015 of 1631:1 and the low in 2019.



## Healthcare Barriers and Gaps

The community shared its views on healthcare barriers and gaps through surveys, focus groups and interviews. Healthcare partners (Rice Lake Area Free Clinic, Northlakes Community Clinic, Cumberland Healthcare, Marshfield Clinic Health System, Mayo Clinic Health System, [Public Health](#)) contributed to this data. Analysis showed the top:

### Barriers:

- Poverty: issues which force residents to make choices between basic living costs and healthcare
  - affordable housing
  - education
  - low wage jobs
- Affordability:
  - high insurance costs/ high deductible
  - cost of healthcare overall
  - cost of medications
- Communication:
  - language barriers (Spanish and Somali are primary languages needing interpreters)
  - literacy levels
  - the inability to understand how insurance works
  - being unsure where to start in the process
  - mental health stigma prevents the seeking of services
- Transportation:
  - no public transportation
  - living in a rural community

### Gaps:

- Rural Community:
  - difficulty recruiting providers and/or their spouses to our rural community
  - migration of young, college educated professionals out of Barron County
- Reimbursement Rates:
  - inpatient and emergency mental health reimbursement rates are unable to sustain programs
  - no inpatient mental health or crisis stabilization beds in Barron County
  - low dental medical assistance reimbursement rates
- Access:
  - lack of psychiatry
  - lack of mental health for children
  - lack of local inpatient and emergency mental health services
  - lack of local inpatient substance abuse treatment
  - lack of dental providers
  - lack of dental providers who accept medical assistance

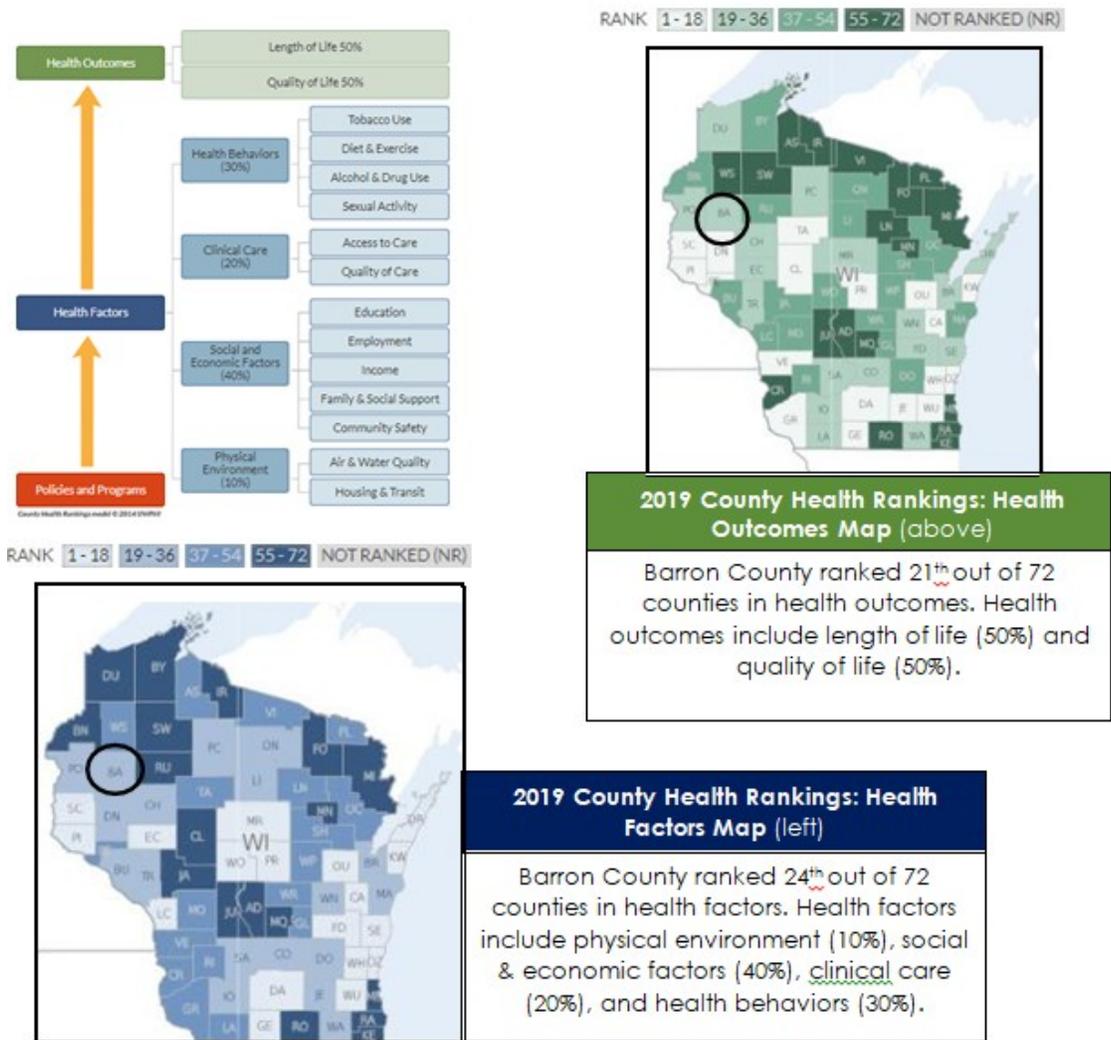


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## County Health Rankings & Roadmaps

The County Health Rankings compare all Wisconsin Counties using the same health factors and outcomes shown in this diagram. The information found in the County Health Rankings helped inform Barron County's Health assessment. More details on the Barron County Health Rankings may be found at:

<https://www.countyhealthrankings.org/app/wisconsin/2019/overview>





## County Health Rankings & Roadmaps

Below is a five year look at Barron County's Health Rankings. All Counties in Wisconsin are ranked from 1 (best) to 72 (worst). Barron County's health factors, which are the conditions that typically impact our quality and length of life, have steadily improved over the last five years.

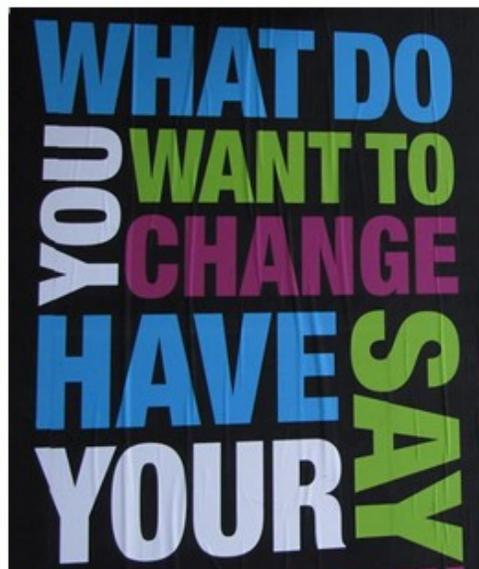
Year	Health Outcomes (length of life & quality of life)	Health Factors (health behaviors, clinical care, social & economic factors, and physical environment)
2019	21	24
2018	18	37
2017	29	40
2016	30	46
2015	24	54

### Core Data

Barron County looked at data from multiple sources as it prioritized health concerns. As part of the Wisconsin Community Health Improvement Plans and Processes (CHIP) Infrastructure Improvement Project, a recommended core data set for initial assessment was created. Barron County used the "Introduction to the Recommended Core Data Set for Initial Assessment and Prioritization: Indicators for Assessing Local Health Needs, V2:0: February 2015" document to develop its core data set. The core data set compares Barron County demographics, access to care, social determinants of health, and death and illness rates to state rates. The full core data set is located in Appendix 1 of this document.

### Community Voices

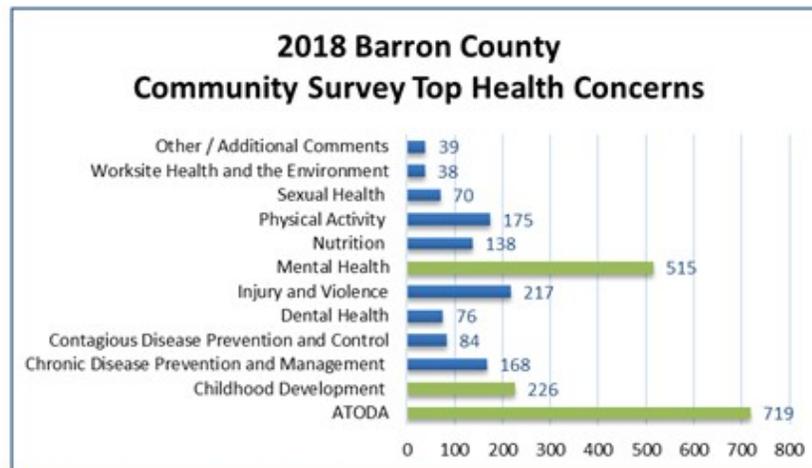
Efforts were made to collect input from a wide variety of community members through a community survey, focus groups, key informant interviews, and community meetings. Special emphasis was placed on individuals who were identified by the steering committee as medically underserved. These determinations were made by looking at populations using free or low cost safety net programs provided by the Rice Lake Area Free Clinic, Public Health, Aging & Disability Resource Center, Hospital Community Assistance Programs, Northlakes Community Clinic (Federally Qualified Healthcare Center), and Human Services. Community members identified with barriers to health care services are: homebound, community members in jail, those without health insurance, English language learners, Native Americans, and Amish residents





## I Community Survey

The Thrive Barron County Steering Committee developed and distributed electronic and paper surveys throughout the community to gather primary data and the community's perception of health needs. A total of 838 Barron County residents completed the survey. A copy of the survey can be found in Appendix 2. The top health concerns identified by the 2018 Community Survey participants:



Special efforts were made to survey food pantry participants, senior meal sites, Meals on Wheels participants, Drug Court participants, jail inmates, Rice Lake Area Free Clinic participants, and English language learners in our community. For our English language learners, the survey was translated to Spanish and Somali. Interpreters were paid to distribute and, when necessary, administer the surveys to these populations. Based on the demographic who completed the survey: (73% female, 61% college educated, 91% white) it was realized several of the groups identified as potentially being underserved were not represented. These groups were selected for additional focus group participation and key informant interviews.

### Focus Groups and Key Informant Interview Data

Focus groups were held with: Drug Court Participants, Senior Center Participants, Rice Lake Area Free Clinic Participants, Somali Community Representatives. Key Informant Interviews were held with leaders from the following demographic groups: Amish, Hispanic, Philippine, Somali, St. Croix Tribe. Key Informant interviews were also held with Barron County's Economic Development Director, Barron County's Behavioral Health Manager, and Lakeview Medical Center's Emergency Room Manager.

#### Concerns brought forth by these focus groups and key informant interviews included:

- o methamphetamine use (trauma, adverse childhood events, generational family use)
- o alcohol use (acceptability of use, binge drinking)
- o mental health (stigma, lack of local psychiatry providers, lack of crisis centers)
- o chronic disease (diabetes, heart disease, COPD)
- o obesity (healthy eating, exercise)
- o family violence



- I
  - o lack of health insurance
  - o kids raising themselves while parents work long hours
  - o language barriers
  - o racism

**Specific needs identified included:**

- o transportation
- o living wages
- o local treatment centers, transitional housing, community support and treatment prior to having legal charges for those with addiction
- o health education (*provided by trusted community members*)
- o daycare especially for those who do not speak English
- o space for women to exercise separate from men (Somali)

## Prioritization of Health Issues by the Steering Committee

The Thrive Steering Committee used the following questions and data contained in this document to analyze and identify the community's top health needs.

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



## Analysis of Data and Priorities

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

The Thrive Steering Committee reviewed the data, based on the core data information and community input, and prioritized 1) Substance Abuse (Alcohol, Tobacco, and Other Drug Use/Abuse), 2) Mental Health, and 3) Chronic Disease as our top health priorities. The committee also listened to the community who stated childhood development was important to address. The committee is requesting methods to address childhood development's impact be incorporated into the improvement plans for all three priorities.

## Community Meetings

On 9/16/18 two community meetings were held; one meeting was held from 9:00am to noon and one was held from 5:30 to 8:30 pm. Data on all 12 health priorities and information on health disparities were shared. Additional information was given on the importance of social determinants of health and health equity. Participants were then asked to discuss the following for our top three health priorities:

- Root causes including considerations of data, who is most affected, health disparities, and social determinants of health.
- Community groups, individuals, and institutions currently working to address the health priority.
- Other community resources needed to address the health priority.



The small groups came up with the following information:

### Alcohol, Tobacco and Other Drug Abuse Community Discussion Results

#### Root Causes:



- Socio Economic Related: low incomes, lower levels of education, generational substance use among families
- Mental Health Related: high Adverse Childhood Events (ACE's) levels, mental health overall
- Access Related: high alcohol outlet density, social activities revolve around alcohol use, culture of alcohol use, methamphetamine is readily available



#### Community Assets/Resources:

- Community Connections to Prosperity
- Drug Free Communities Efforts/Barron County Community Coalition
- Drug and Alcohol Court
- Brighter Futures Initiatives
- Faith Based Organizations- specifically Red Cedar Church
- Lutheran Social Services- Women's Way Program
- The GAP sober living
- Tribal Health Providers and Treatment Access
- Colleges and UW Extension Programs
- Private Providers
- Integrated Behavioral Health Providers
- Community Education Efforts- Methamphetamine Town Hall Meetings
- Barron County Sheriff

#### Who do we need to recruit to help?

- Groups to increase wages and education: employers, schools- K-12 and post-secondary education
- Alcohol/tobacco retailers
- Primary care health providers
- Civic groups
- Persons in recovery
- Diverse representatives: Hispanic, Somali, Native American representatives

### **Mental Health**

#### Root Causes:



- Socioeconomic related: Adverse Childhood Events (ACEs), poverty, loss/trauma, cultural beliefs around mental health, LGBTQ more at risk
- Genetic disposition
- Substance use/ dual diagnosis
- Lack of access to services: affordability, distance, cost of medication, provider shortage
- Stigma

#### Community Assets/Resources:

- Schools providing space for counselors in schools; demand is greater than services provided
- Healthcare systems are working to recruit providers, bringing providers from larger cities, [teledo.c](#), policy changes to support primary care providers and allow continuation of certain medications until patients are able to access a psychiatrist
- Northlakes Community Clinic provides behavioral health on a sliding fee scale
- Rice Lake Area Free Clinic has a counselor one evening a month
- Mayo Clinics added a psychiatrist residents program in the area
- Department of Health & Human Services provides Coordinated Care Services, Community Support Program, trauma focused cognitive behavioral therapy in homes for children and families
- National Alliance of Mental Illness local chapter provides peer support, family to family support, education programs to community and schools



1.

- Community Connections to Prosperity Coalition is working on poverty, mental health initiatives such as Question, Persuade, Refer (QPR) and Youth Mental Health First Aide

#### Who do we need to recruit to help?

- Variety of people in the community/everyone
- Faith communities/ churches
- Civic groups

### Chronic Disease

#### Root Causes:



- Personal behaviors: alcohol, smoking, nutrition, lack of exercise
- Education related: Basic health literacy is lacking, Generational cycle of learned behavior
- Access: physical activity (cost, infrastructure, seasonal weather), healthy foods (cost, ability to cook/prepare), Lack of medical home, preventative medical care
- Poverty: not having enough money to pay for basics, healthcare, medications, gym membership, transportation, etc.
- Policy issues that affect access: bike routes, sidewalks, physical education cuts in schools, etc.
- Societal Issues: Obsession with phones, people are less active and less involved, increase in portion sizes
- Mental health related: stress, mental health in general, lack of motivation, social isolation, denial/fear

#### Community Assets/Resources:

- City of Rice Lake policies are making city more walkable/bikeable
- Nationally Recognized Diabetes Prevention Programs at Marshfield and Cumberland Healthcare
- Rice Lake Area Free Clinic
- UW Extension: Foodwise in schools, working with food pantries
- Aging and Disability Resource Center- health promotion programs, meals on wheels
- Know Your Numbers- free annual screening events
- Motivational interviewing
- Access to recipes at grocery stores, food health ranking system (Marketplace Foods)
- Clinics are using marketing initiatives to get people in for preventative care
- Access to outdoors: lakes, trails, parks, rural community so safer to bike/walk in the country

#### Who do we need to recruit to help?

- Variety of people from our community: different ages, different cultures, parents/caretakers, people living with chronic disease, civic groups
- Providers: physicians, nurse practitioners, physician assistants, nurses, medical assistants
- Youth serving organizations: schools, daycares, youth groups
- Employers: flexible scheduling, promote walk breaks, educations, pay rates, insurance costs
- Churches/Parish Nurses
- Restaurants
- Media
- Health insurance companies



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## Citations

<sup>1</sup>[United States Census Bureau](https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045218). (2018, July 1). Retrieved June 2019, from [QuickFacts Barron County, Wisconsin](https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045218): <https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045218>

<sup>2</sup>[Barron County, WI](https://datausa.io/profile/geo/barron-county-wi/#demographics). (2018). Retrieved from Data USA: Data USA: <https://datausa.io/profile/geo/barron-county-wi/#demographics> (2015)

<sup>3</sup>[American Fact Finder: Barron County, Wisconsin](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk). (2018). Retrieved from United States Census Bureau: [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmk](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk)

<sup>4</sup>[HRSA Map Tool](https://data.hrsa.gov/hdw/tools/MapTool.aspx). (2018). Retrieved from Health Resources and Services Administration: <https://data.hrsa.gov/hdw/tools/MapTool.aspx>



# I Appendix 1

## Core Data Table

Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	Source*
Demographics	<b>Below 18 Years</b>	% of population below 18 years of age		21.70%	22.40%	2017	CHR – Additional Measures
Demographics	<b>65 and Older</b>	% of population aged 65 years and older		20.50%	15.60%	2017	CHR – Additional Measures
Demographics	<b>Race/ Ethnicity</b>	% of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic		5.40%	16.90%	2017	CHR – Additional Measures
Demographics	<b>Not Proficient in English</b>	% of population that is not proficient in English		1%	2%	2017	CHR – Additional Measures
Demographics	<b>Rural</b>	% of population living in a rural area		65.90%	29.80%	2017	CHR – Additional Measures
Demographics	<b>Population Estimates</b>	Population numbers by age group and gender	See table at the bottom of the worksheet			2014	DHS
Demographics	<b>Population Change</b>	% of change in population 2010-2014		0%	1%		DHS
Mortality	<b>Premature Death</b>	years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,200 per 100,000 (Top Performer)	5,800 per 100,000	6,000 per 100,000	2017	CHR – Ranked Measures (“County Snapshot”)
Mortality	<b>Infant Mortality</b>	Rate per 1,000 live births	6 per 1000 (HP2020)	6.1 per 1000	6.2 per 1000	2016	DHS WISH system
Measures of Overall Health	<b>Poor or Fair Health</b>	% of adults self-reporting poor or fair health (age-adjusted)	10% (Top Performer)	13%	14%	2017	CHR – Ranked Measures (“County Snapshot”)
Measures of Overall Health	<b>Poor Physical Health Days</b>	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	2.5 (Top Performer)	3-4	3-4	2017	CHR – Ranked Measures (“County Snapshot”)
Measures of Overall Health	<b>Low Birth Weight</b>	% of birth weights <2,500 grams	6% (Top Performer)	6%	7%	2017	CHR – Ranked Measures (“County Snapshot”)
Chronic Disease	<b>Diabetes</b>	% of adults age 20 and above with diagnosed diabetes	6% (Top Performer)	9%	9%	2017	CHR – Additional Measures
Chronic Disease	<b>Cancer</b>	Incidence per 100,000 population by cancer site (age-adjusted)		427.2 per 100,000	469.3 per 100,000	2010-2014	DHS WISH system



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Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Chronic Disease	<b>Coronary Heart Disease Hospitalizations</b>	Coronary heart disease hospitalization rate per 1,000 population		2.1 per 1,000	2.8 per 1,000	2016	DHS Public health profiles
Chronic Disease	<b>Cerebrovascular Disease Hospitalizations</b>	Cerebrovascular disease hospitalization rate per 1,000 population		2.4 per 1,000	2.5 per 1,000	2016	DHS Public health profiles
Chronic Disease	<b>Youth Asthma</b>	% ever told by a doctor or nurse they had asthma and still have asthma		Unable to obtain			YRBS
Oral Health	<b>Fluoride in Public Water Supply</b>	% of public water supplies with fluoride content at 0.7 PPM or greater		Only City of Rice Lake			DHS WI Public Water Supply Fluoridation Census
Oral Health	<b>Oral Health of 3rd Grade Children</b>	% of untreated decay	20% (HP2010 target)	20.70%		2008	DPH, Make Your Smile Count survey
Communicable Disease	<b>Influenza Immunization 65+</b>	% of population age 18 and older that had flu vaccination in last 12 months	70% HP 2020 target	47%		2015-16	DHS WISH system
Communicable Disease	<b>Childhood Immunizations</b>	% of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	80% (HP2020 target)	70%	73%		DHS WI Immunization Registry (WIR)
Communicable Disease	<b>Communicable Disease</b>	Rate per 100,000 population of top reportable communicable diseases		919.6 per 100,000	839 per 100,000	2017	DHS Analysis, Visualization, and Reporting (AVR)
Mental Health	<b>Poor Mental Health Days</b>	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.4 (Top Performer)	3.5	3.5	2017	CHR – Ranked Measures (“County Snapshot”)
Mental Health	<b>Intentional Injury Hospitalizations</b>	Self-inflicted hospitalization rate per 100,000 population		81 per 100,000	99 per 100,000	2017	DHS WISH system
Mental Health	<b>Youth Suicide</b>	% who seriously considered attempting suicide during the 12 months before the survey		14.90%	13.20%	2016	YRBS
Injury and Violence	<b>Youth Injury</b>	% who rarely or never wore a seat belt when riding in a car driven by someone else		2.70%	8.30%	2016 Barron 2013 State	YRBS
Injury and Violence	<b>Falls Fatalities 65+</b>	Injury deaths due to falls for age 65 and older (per 100,000 population)		119.6 per 100,000	146.7 per 100,000	2016	DHS WISH system

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Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used
Alcohol & Other Drugs	<b>Excessive Drinking</b>	% of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average	10% (Top Performer)	23%	24%	2017
Alcohol & Other Drugs	<b>Alcohol impaired driving deaths</b>	Proportion of driving deaths with alcohol involvement	14% (Top Performer)	10%	37%	2017
Alcohol & Other Drugs	<b>Drug Arrests</b>	Number of arrests for drug possession		13.00%	7.30%	2012
Alcohol & Other Drugs	<b>Alcohol-related hospitalizations</b>	Rate of alcohol-related hospitalizations per 1,000 population		2.0 per 1,000	1.8 per 1,000	2016
Alcohol & Other Drugs	<b>Youth Drug and Alcohol Use</b>	% of students who had at least one drink of alcohol on one or more of the past 30 days		19.20%	19.30%	2016
Alcohol & Other Drugs	<b>Youth Drug and Alcohol Use</b>	% of students who had their first drink of alcohol other than a few sips before age 13		16%	14.60%	2016
Physical Activity and Nutrition	<b>Adult Obesity</b>	% adults (age 20+) with BMI > 30	25% (Top Performer)	32%	30%	2017
Physical Activity and Nutrition	<b>Physical Activity / Inactivity</b>	Estimated percent of adults aged 20 and over reporting no leisure time physical activity	21% (Top Performer)	25%	20%	2017
Physical Activity and Nutrition	<b>Access to exercise opportunities</b>	Percentage of individuals in a county who live reasonably close to a location for physical activity (e.g., parks and recreational facilities)	85% (Top Performer)	58%	81%	2017
Physical Activity and Nutrition	<b>Youth Dietary Behavior</b>	Percentage of students who ate fruits less than five times per day		92.70%		2016



Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Physical Activity and Nutrition	<b>Youth Dietary Behavior</b>	Percentage of students who ate vegetables less than five times per day		93.90%		2016	YRBS
Physical Activity and Nutrition	<b>Youth Dietary Behavior/Overweight</b>	Percentage of students overweight		31.80%	13%	2016	YRBS
Physical Activity and Nutrition	<b>Youth Physical Activity</b>	Percentage of students physically active at least 60 minutes per day on less than 5 days		39.50%	50.50%	2016	YRBS
Physical Activity and Nutrition	<b>Breast-feeding</b>	% of infants receiving WIC breastfed exclusively through three months	46% (HP2020 target)	30%	27%	2017	DHS Pediatric Nutrition Surveillance System (WIC)
Tobacco	<b>Adult Smoking</b>	% adults self-reporting smoking > 100 cigarettes in their lifetime and currently smoking (every day or most days)	14% (Top Performer)	18%	17%	2017	CHR – Ranked Measures (“County Snapshot”)
Tobacco	<b>Adult Smokeless Tobacco Use</b>	% of persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days		N/A	3.70%	2009	BRFSS
Tobacco	<b>Smoking During Pregnancy</b>	% of mothers who report smoking during pregnancy		20%	13%	2017	CHR – Additional Measures
Tobacco	<b>Tobacco Sales to Minors</b>	% of illegal tobacco sales to minors		4.10%		2017	DHS, Wisconsin WINS
Tobacco	<b>Youth Tobacco Use</b>	% of students who smoked cigarettes on one or more of the past 30 days	16% (HP2020)	5.40%	11.80%	2016	YRBS
Tobacco	<b>Youth Tobacco Use</b>	% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days		5.60%	8.00%	2016	YRBS
Reproductive and Sexual Health	<b>Sexually Transmitted Infections</b>	Chlamydia cases per 100,000 population	123 cases per 100,000 (Top Performer)	289 per 100,000	403 per 100,000	2017	CHR – Ranked Measures (“County Snapshot”)
Reproductive and Sexual Health	<b>Teen Birth Rate</b>	Birth rate per 1,000 females age 15-19	20 (Top Performer)	26 per 1,000	24 per 1,000	2017	CHR – Ranked Measures (“County Snapshot”)



Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Reproductive and Sexual Health	<b>Prenatal Care</b>	Adequacy of prenatal care per Kessner or Kotelchuck indices		100%	100%	2016	DHS WISH system
Reproductive and Sexual Health	<b>Preterm births</b>	% of births < 37 weeks gestation		9.70%	9.60%	2016	DHS WISH system
Reproductive and Sexual Health	<b>Youth Sexual Behavior</b>	% of students who have ever had sexual intercourse		23.10%	35.30%	2016	YRBS
Reproductive and Sexual Health	<b>Youth Sexual Behavior</b>	Among students who had sexual intercourse during the past three months, the percentage who did not use a condom during last sexual intercourse		33.10%	37.50%	2016	YRBS
Access to Care	<b>Preventable Hospital Stays</b>	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	46 per 1000 (Top Performer)	46 per 1,000	45 per 1,000	2017	CHR – Ranked Measures (“County Snapshot”)
Access to Care	<b>Uninsured under Age 65</b>	% population under age 65 that has no health insurance coverage		10%	9%	2017	CHR – Ranked Measures (“County Snapshot”)
Access to Care	<b>Primary care physicians</b>	Ratio of population to primary care physicians	1051:1 (Top Performer)	1010 to 1	1240 to 1	2017	CHR – Ranked Measures (“County Snapshot”)
Access to Care	<b>Mental health providers</b>	Ratio of population to mental health providers	536:1 (Top Performer)	1470 to 1	600 to 1	2017	CHR – Ranked Measures (“County Snapshot”)
Access to Care	<b>Dental Utilization</b>	% of Medicaid members receiving a dental service		30.02%	23.43%	2008	DHS Forward Health, Medicaid utilization and enrollment data
Access to Care	<b>Dentists</b>	Ratio of population to dentists	1439:1 (Top Performer)	1630 to 1	1560 to 1	2017	CHR – Ranked Measures (“County Snapshot”)
Access to Care	<b>No recent dental visit</b>	% of population age 2+ that did not have a dental visit in the past year		33%	26%	2017	CHR – Additional Measures
Access to Care	<b>Local Health Department Staffing</b>	Fulltime equivalents of local health department staff per 10,000 population		3.0 per 10,000	3.2 per 10,000	2016	DHS Public health profiles



Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Chronic Disease Management	<b>Cervical Cancer Screening</b>	% of women 18+ who had a pap test in last 3 years		no data			DHS WISH system
Chronic Disease Management	<b>Colon Cancer Screening</b>	% of 50+ population who ever had a sigmoidoscopy or colonoscopy		no data			DHS WISH system
Chronic Disease Management	<b>Diabetic Screening</b>	% of diabetic Medicare enrollees that received HbA1c screening in past year	90% (Top Performer)	91%	90%	2017	CHR – Ranked Measures (“County Snapshot”)
Chronic Disease Management	<b>Mammography Screening</b>	% of female Medicare enrollees aged 67-69 that received mammography screening over two years	71% (Top Performer)	68%	72%	2017	CHR – Ranked Measures (“County Snapshot”)
Chronic Disease Management	<b>Cholesterol Screening</b>	% of adults ever had cholesterol checked		83.2	n/a	2006-2008	DHS WISH system
Education	<b>High School Graduation</b>	% of 9th grade cohort that graduates in four years		87%	88%	2017	CHR – Ranked Measures (“County Snapshot”)
Education	<b>Some College</b>	% of adults age 25-44 with some college or associate’s degree	70% (Top Performer)	56%	67%	2017	CHR – Ranked Measures (“County Snapshot”)
Education	<b>Reading Proficiency</b>	% of fourth grade students proficient or advanced in reading 3-8th grade		32.80%	36.60%	2013-2014	WI School Performance Report
Employment	<b>Unemployment</b>	% of population age 16+ unemployed but seeking work	4.4% (Top Performer)	5.10%	4.60%	2017	CHR – Ranked Measures (“County Snapshot”)
Employment	<b>W2 Enrollment</b>	Count of Individuals enrolled in W-2 (Wisconsin Works) on the last working day of the month		41	14,439	2017	WI Dept of Children and Families
Adequate Income	<b>Median Household Income</b>	Median household income (all residents of a household over age 18)		\$51,100	\$55,600	2017	CHR – Additional Measures
Adequate Income	<b>Poverty, All Ages</b>	% of population living below the Federal Poverty Line (FPL)		11%	12%	2017	US Census
Adequate Income	<b>Poverty, Children</b>	% of children under 18 living below the Federal Poverty Line (FPL)	13% (Top Performer)	17%	17%	2017	CHR – Ranked Measures (“County Snapshot”)
Adequate Income	<b>Children Eligible for Free Lunch</b>	% of children enrolled in public schools that are		47%	41%	2017	CHR – Additional Measures



Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
		eligible for free school lunch					
Adequate Income	<b>Severe Housing Problems</b>	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9% (Top Performer)	13%	16%	2017	CHR – Ranked Measures (“County Snapshot”)
Community Safety	<b>Violent Crime</b>	Violent crime rate per 100,000 population (includes offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault)	64 per 100,000 (Top Performer)	67 per 100,000	283 per 100,000	2017	CHR – Ranked Measures (“County Snapshot”)
Community Safety	<b>Child Abuse</b>	Child abuse rate per 1,000 population (allegation of maltreatment substantiated)		3 per 1,000	4 per 1,000	2017	WI Child Abuse and Neglect Report
Community Safety	<b>Youth Violence</b>	% of students who have been bullied on school property during the past 12 months		24%	23%	2016 Barron 2013 State	YRBS
Community Safety	<b>Youth Violence</b>	% of students who have ever been physically forced to have sexual intercourse when they did not want to		5.90%	N/a	2016	YRBS
Health Literacy	<b>Illiteracy</b>	% of the population age 16 and older that lacks basic prose literacy skills		8%	7%	2003	National Assessment of Adult Literacy
Social Support	<b>Single-parent Households</b>	% of children that live in a household headed by a single parent	20% (Top Performer)	30%	31%	2017	CHR – Ranked Measures (“County Snapshot”)
Social Support	<b>Older Living Alone</b>	% 65 years and older who live alone		28%	29%	2017	CHR – Ranked Measures (“County Snapshot”)
Racism	<b>Hate Crimes</b>	Hate crime rate per 100,000 population		N/A	1 per 100,000	2017	US Census
Built Environment	<b>Limited Access to Healthy Foods</b>	% population who are low income and do not live close to a grocery store (10 miles rural/one mile urban)		3%	5%	2017	Reports to law enforcement agencies in 2009



Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Built Environment	<b>Food Insecurity</b>	Percent of people who do not have adequate access to food during the past year		12%	12%	2017	CHR – Additional Measures
Built Environment	<b>Lead Poisoned Children</b>	Prevalence of elevated blood lead levels among children age six and under		1	678	2014	CHR – Additional Measures
Built Environment	<b>Year Structure Built</b>	% of housing units built prior to 1950		29%	26%	2017	DHS
Natural Environment	<b>Air Pollution -- Particulate Matter</b>	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.5 (Top Performer)	8.8	9.3	2017	US Census
Natural Environment	<b>High Ozone Days</b>	The 8-hour ozone concentration in parts per million, converted to an air quality index level	0 (Top Performer)	N/A	N/A		CHR – Ranked Measures (“County Snapshot”)
Natural Environment	<b>Drinking Water Violations</b>	Percentage of population potentially exposed to water exceeding a violation limit during the past year		Yes		2017	CHR – Ranked Measures (“County Snapshot”)

\* Targets: Obtained from Healthy People 2020 or 2010 (HP2020 and HP2010).

\* Top Performers: See the County Health Rankings and Roadmaps (CHRR) Exploring the Data (<http://www.countyhealthrankings.org/using-the-rankings-data/exploring-the-data>) for more information on this metric. The “Top Performer” is the value for which only 10% of counties in the country are doing better.

Population Data						
Barron County	2014 Data		Wisconsin			
Age Group	Males	Female	Percent Change	Age Group	Male	Female
0-17	4,934	4,719	-5%	0-17	664,657	636,188
18-44	6,939	6,503	-3%	18-44	1,004,757	973,698
45-64	6,714	6,587	-2%	45-64	794,628	799,615
65+	4,336	5,159	14%	65+	390,698	483,717
Total	22,923	22,968	0%	Total	2,854,740	2,893,218

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## Appendix 2



# Barron County Community Health Survey

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

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

- ┆ **Alcohol, Tobacco and other Drug Use/Abuse** focuses on the negative impacts of mood altering substances (alcohol, meth, marijuana, prescription drugs, tobacco, and heroin), such as:
  - Violence, car crashes and other injury or death, crimes, dependence/addiction
- ┆ **Childhood Development** focuses on receiving the care and support needed to reach the best possible physical, social, and emotional health and development, such as:
  - Prenatal care, early learning opportunities for infants and children/quality child care, positive caring relationships, regular health check-ups
- ┆ **Chronic Disease Prevention and Management** focuses on preventing and managing illnesses that last a long time, usually cannot be cured, and often result in disability, such as:
  - Heart disease, cancer, diabetes, Alzheimer's/dementia
- ┆ **Contagious Disease Prevention and Control** focuses on illnesses caused by bacteria, viruses, fungi, or parasites that can be passed from person-to-person or animal-to-person as well as ways to prevent and control these illnesses, such as:
  - Influenza, Lyme disease, immunizations, personal health practices (handwashing, using bug spray, etc.)
- ┆ **Dental Health** focuses on keeping teeth, gums, and mouth healthy. Issues of concern include:
  - Mouth pain, tooth decay/tooth loss
- ┆ **Injury and Violence** focuses on preventing injury from accidents or violence, such as:
  - Falls, car crashes, suicide, child abuse, sexual assault
- ┆ **Mental Health** focuses on services and support to address how we think, act, and feel as we handle stress, relate to others, and make choices. Examples of mental health conditions are:
  - Depression, anxiety, post-traumatic stress disorder (PTSD), bi-polar disorder
- ┆ **Nutrition** focuses on always having enough and nutritious food for healthy eating from infancy through old age, such as:
  - Breastfeeding, fruits and vegetables, fresh foods properly stored, prepared, and refrigerated, balanced meals
- ┆ **Physical Activity** focuses on ways to stay active to improve overall health, such as:
  - Walking, swimming, lifting weights, team sports
- ┆ **Sexual Health** focuses on education and health care services that help maintain sexual health for people of all ages, such as:
  - Preventing unintended pregnancy, detecting or preventing sexually transmitted infections (STIs) such as chlamydia and gonorrhea
- ┆ **Worksite Health and the Environment** focuses on preventing illnesses and injuries from indoor and outdoor hazards, such as:



- Contaminated food, water, or air, hazards at work (e.g., unsafe work practices or tools, exposure to chemicals or radiation, diseases that can be passed from animals to humans)

Other / Additional Comments:

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

3. How do you define health?

4. How do you define a healthy community?

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

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

Other / Additional Comments:

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

- Yes
- No

Please explain:



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

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

**Other / Additional Comments:**

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

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

**Other / Additional Comments:**

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

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



Household member in jail

**Other / Additional Comments:**

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

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

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

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

**12. What is your age?**

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

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

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$25,000    | <input type="checkbox"/> More than \$100,000  |
| <input type="checkbox"/> \$25,001 to \$50,000  | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$50,001 to \$100,000 |   |

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

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



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

**Thank you for giving your opinions! Please return this survey to the place where you picked it up or mail to:  
Barron County DHHS  
Attn: Community Survey  
335 E. Monroe Avenue, Room 338  
Barron WI 54812**

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## Appendix 3

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### **2018 Community Health Assessment Fact Sheets**

These informational sheets were distributed to the participants in the September 26, 2018 community meetings and summarize community demographics, survey results, health data, and specific population concerns for each health focus area. This handout also provided a written comment page for those wishing to submit written comments after the meeting.



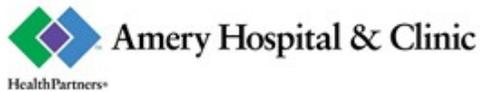
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## Appendix 3



# 2018 Barron County Community Health Assessment

September 26, 2018





## 2018 Barron County Community Health Assessment Community Meeting Agenda

15 min	Welcome
30 min	2012-18 Health improvement progress and activities
30 min	2018 Assessment data
15 min	Break and time to move to rooms for small group discussions
45 min	Small group discussions
30 min	Small groups report to the large group
15 min	Next Steps: Community Health Improvement Planning

On behalf of our Thrive Barron County Planning Committee, we would like to thank you for taking time out of your day to participate in the 2018 Barron County Community Health Assessment. We invite you to use the last page of this packet to give additional feedback on this process. You may also contact Laura Sauve, Barron County Public Health Program Manager, at 715-537-6109 or [laura.sauve@co.barron.wi.us](mailto:laura.sauve@co.barron.wi.us)



# What Makes a Community Healthy?



“Note: The majority of the health outcomes and factors listed in the diagram above are included in the Wisconsin State Health Plan, [Healthiest Wisconsin 2020](#), as health objectives, infrastructure objectives, or pillar objectives.”

Taken from the Wisconsin Guidebook v2.0: February 2015  
 Wisconsin Community Health Improvement Plans and Processes (CHIPP) Infrastructure Improvement Project



# Barron County Demographics

**Population 45,251**

(decreased 1.3% since 2010)

## Non English Languages Spoken<sup>2</sup>

- Spanish: 1.62%
- African (Somali): 0.90%
- German: 0.78%

Race & Hispanic Origin <sup>1</sup>	Barron County	Wisconsin
White alone	95.5%	87.3%
Black or African American alone	1.4%	6.7%
American Indian and Alaska Native alone	1.0%	1.2%
Asian alone	0.7%	2.9%
Two or more races	1.3%	1.9%
Hispanic or Latino	2.6%	6.9%
White alone, not Hispanic or Latino	93.3%	81.3%

County **\$46,863** Wisconsin **\$54,610**



Median Household Income<sup>3</sup>

County  
**11.3%**

**Persons in Poverty<sup>3</sup>**

Wisconsin  
**11.8%**

Age <sup>1</sup>	Barron County	WI
Under 5 years	5.5%	5.8%
Under 18 years	21.7%	22.1%
65 years & over	21.4%	16.5%

<sup>1</sup>Census Quick Facts, Barron County WI (2017)

<sup>2</sup>Data USA: <https://data.usa.io/profile/geo/barron-county-wi/#demographics> (2015)

<sup>3</sup>Census Quick Facts, Barron County WI (2012-2016)



## 2018 Barron County Community Health Survey Response Demographics

### Age

18-24	26
25-49	282
50-64	199
65-80	125
Less Than 18	123
Over 80	51
Prefer not to answer	9
<b>Grand Total</b>	<b>815</b>

**Total Surveys Collected: 838**

**Electronic: 539 (64%)**

**Paper: 299 (36%)**

English: 276 (33%)

Somali: 6 (1%)

Spanish: 9 (1%)

Drug Court: 8 (1%)

**89% White-Non Hispanic**

**71% Female**

### Race and Ethnicity

American Indian or Alaskan Native	6
Black or African American	4
From multiple races	12
Other (please specify)	8
Prefer not to answer	16
White – Non Hispanic	742
White- Hispanic	27
<b>Grand Total</b>	<b>815</b>

### Income

\$25,001 to \$50,000	190
\$50,001 to \$100,000	224
Less than \$25,000	130
More than \$100,000	157
Prefer not to answer	105
<b>Grand Total</b>	<b>806</b>

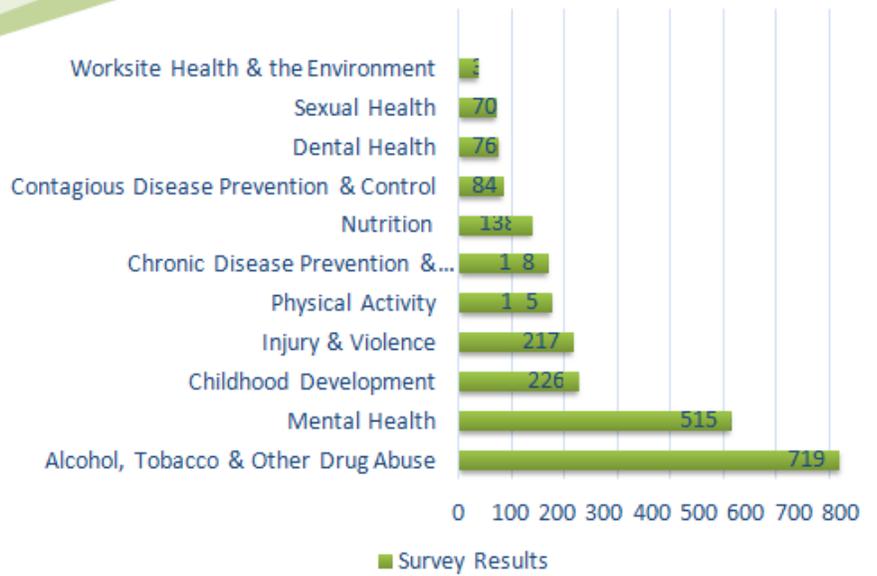
### Education

Associate degree/ some college	223
Bachelor's degree	153
Graduate or professional degree	125
High school diploma or GED	148
Prefer not to answer	20
Some high school	150
<b>Grand Total</b>	<b>819</b>

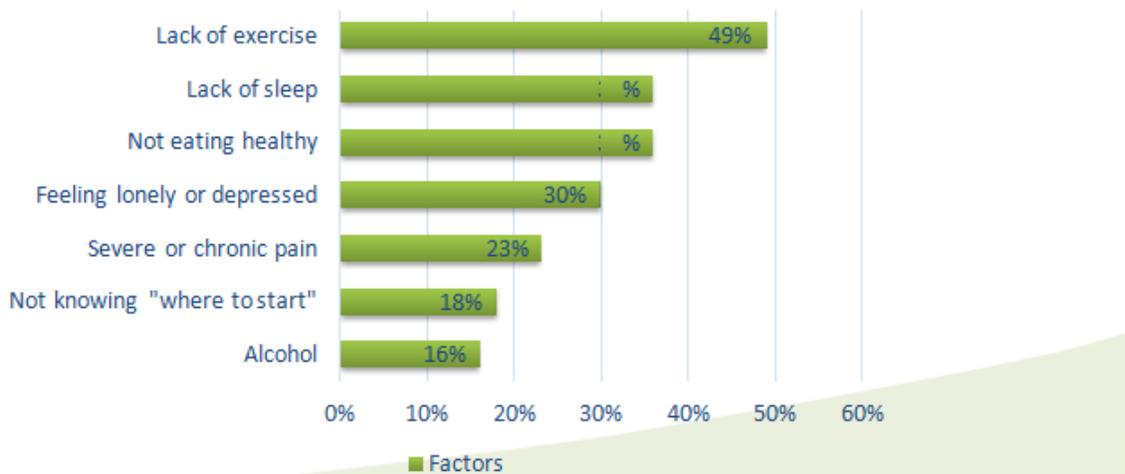
2018 Barron County Community Health Survey



Survey respondents chose their top three health concerns in Barron County



Top factors contributing to physical or mental health problems for survey respondents or a household member in the last 12 months.





# Alcohol Misuse

Barron County

**Defined as:** Underage alcohol consumption, consumption during pregnancy, and binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men)

## Local data

**10%**  
County

**36%**  
Wisconsin



Percent of driving deaths with alcohol involvement<sup>1</sup>

**19%**  
County

**30%**  
Wisconsin



Students that reported consuming at least one drink in the past 30 days<sup>2</sup>

**25%**  
County

**23%**  
Wisconsin



Adults that reported engaging in excessive drinking<sup>3</sup>

**18%**  
Nationally

## Community Health Survey<sup>4</sup>

86% of community survey respondents felt alcohol, tobacco, and other drug abuse was a top health concern.

## Population Specific Concerns<sup>5</sup>

While alcohol misuse in our community affects all groups, we tend to binge drink more if we are 18-34 years old, male, non-Hispanic white, and have higher income.

<sup>1</sup>2018 County Health Rankings (Fatality Analysis Reporting System, 2012-2016)

<sup>2</sup>Barron County YRBS (2016) WI YRBS (2017)

<sup>3</sup>2016 WI Epidemiological Profile on Alcohol & Other Drug Use (2012-2014)

<sup>4</sup>2018 Barron County Community Health Survey

<sup>5</sup>CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

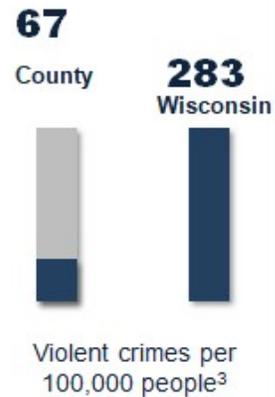
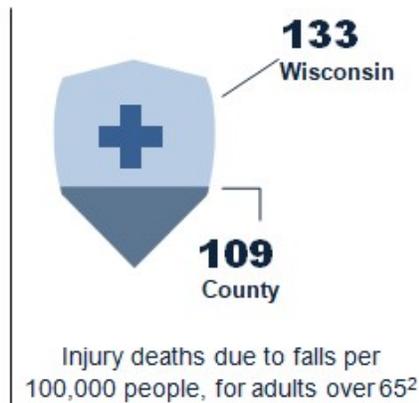


# Injury & Violence

Barron County

**Defined as:** Preventing injury from accidents or violence (i.e. falls, car crashes, abuse, assault)

## Local data



## Community Health Survey<sup>4</sup>

**26%** of community survey respondents felt injury & violence was a top health concern.

## Population Specific Concerns<sup>5</sup>

We are more likely to die in a motor vehicle accident if we are a man or an American Indian.

Data sheets adapted from Eau Claire City-County Health Department

<sup>1</sup> 2018 County Health Rankings (CDC Wonder 2012-2016)

<sup>2</sup> DHS Wisconsin Interactive Statistics on Health (2013-2016)

<sup>3</sup> 2018 County Health Rankings (FBI-Uniform Crime Reporting, 2012-2014)

<sup>4</sup> 2018 Barron County Community Health Survey

<sup>5</sup> CDC Health Disparities and Inequalities Report-2013



# Mental Health

Barron County

**Defined as:** Services and support to address mental health conditions, including depression, anxiety, and post-traumatic stress disorder

## Local data

**81**  
County



Hospitalizations for self-inflicted wounds per 100,000 people<sup>1</sup>

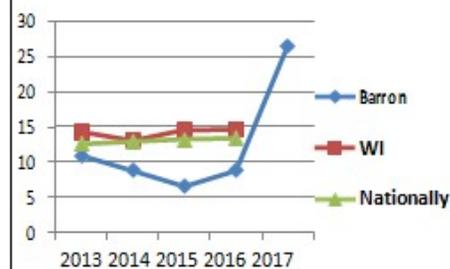
**99**  
Wisconsin

**3.6**  
County



Number of mentally unhealthy days in the past 30 days<sup>2</sup>

**3.8**  
Wisconsin



Suicide death rate per 100,000 people<sup>3</sup>  
2017 data for WI / Nation not available

## Community Health Survey<sup>4</sup>

**61%** of community survey respondents felt mental health was a top health concern.

## Population Specific Concerns<sup>5</sup>

In Barron County we are more likely to commit suicide if we are a middle age, white male.

<sup>1</sup>Data sheets adapted from Eau Claire City-County Health Department

<sup>2</sup>2018 County Health Rankings (DHS-Wisconsin Interactive Statistics on Health, 2012-2014)

<sup>3</sup>2018 County Health Rankings (Behavioral Risk Factor Surveillance System, 2016)

<sup>4</sup>American Foundation for Suicide Prevention/Barron County DHHS- Public Health (2017)

<sup>5</sup>2018 Barron County Community Health Survey

<sup>6</sup>Barron County DHHS- Public Health (2017)



# Oral Health

Barron County

**Defined as:** Keeping teeth, gums and mouth healthy to prevent mouth pain, tooth decay, tooth loss, and mouth sores

## Local data

**33%** County



**26%** Wisconsin

Residents 2+ years old that did not have a dental visit in the past year<sup>1</sup>

**17%** Western Wisconsin



**18%** Wisconsin

3<sup>rd</sup> graders with untreated dental decay in Western Wisconsin<sup>2</sup>

**41%** County



**89%** Wisconsin

Residents on municipal water with fluoride content at the recommended level<sup>3</sup>

## Community Health Survey<sup>4</sup>

9% of community survey respondents felt oral health was a top health concern.

## Population Specific Concerns<sup>5</sup>

We are more likely to have gum disease if we are older, low income, smoke, did not graduate from high school, or are black or Mexican American.

<sup>1</sup>Data sheets adapted from Eau Claire City-County Health Department

<sup>2</sup>2018 County Health Rankings (DHS – Wisconsin Family Health Survey, 2012, 2014, 2015)

<sup>3</sup>DHS-Health Smiles/Healthy Growth Wisconsin's Third Grade Children (2013)

<sup>4</sup>2017 Environmental Public Health Tracker (2015)

<sup>5</sup>2018 Barron County Community Health Survey

<sup>6</sup>CDC Health Disparities and Inequalities Report-2013



# Physical Activity

Barron County

**Defined as:** Staying active to improve overall health, including walking, biking, swimming, team sports, and weight lifting

## Local data

**25%**  
County

**21%**  
Wisconsin

**17%**  
Wisconsin

**25%**  
Nationally

**72%**  
County

**86%**  
Wisconsin



Adults report no leisure time physical activity<sup>1</sup>



High school students who watched television 3 or more hours/day<sup>2</sup>



Residents with adequate access to a physical activity location<sup>3</sup>

## Community Health Survey<sup>4</sup>

**21%** of community survey respondents felt **physical activity** was a top health concern.

## Population Specific Concerns<sup>5</sup>

While obesity is increasing among all groups; it is increasing more among boys and men.

<sup>1</sup>2018 County Health Rankings (The National Diabetes Surveillance System, 2014)

<sup>2</sup>Youth Risk Behavioral Surveillance System (2015)

<sup>3</sup>2018 County Health Rankings (ArcGIS, 2016)

<sup>4</sup>2018 Barron County Community Health Survey

<sup>5</sup>CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

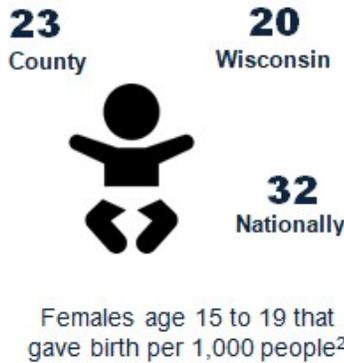
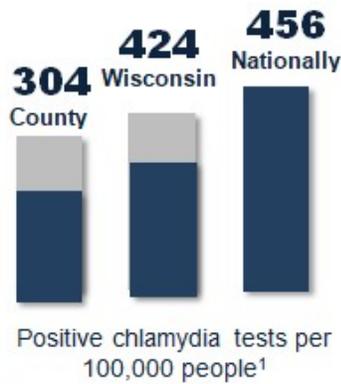


# Reproductive & Sexual Health

Barron County

**Defined as:** Education and health care to maintain sexual health, prevent unintended pregnancy and sexually transmitted infections

## Local data



## Community Health Survey<sup>4</sup>

8% of community survey respondents felt sexual health was a top health concern.

## Population Specific Concerns<sup>5</sup>

We are more likely to test positive for chlamydia if we are between the ages of 15 and 24 years old.

<sup>1</sup>2018 County Health Rankings (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015)

<sup>2</sup>2018 County Health Rankings (National Vital Statistics System (2010-2016))

<sup>3</sup>DHS- Wisconsin Interactive Statistics on Health (2016)

<sup>4</sup>2018 Barron County Community Health Survey

<sup>5</sup>Barron County DHHS-Public Health (2017)

Data sheets adapted from Eau Claire City-County Health Department



# Worksite Health & the Environment

Barron County

**Defined as:** *Illnesses and injuries from indoor and outdoor hazards, such as chemicals, contaminated food/water, polluted air, or work hazards*

## Local data

**8.2** County



**7.9** Wisconsin

ER Visits for Carbon Monoxide Poisoning per 100,000 people<sup>1</sup>

**27%** County



**26%** Wisconsin

Percent of housing units built before 1950s<sup>2</sup>

**2.4%** County



**6.4%** Wisconsin

Children Lead Poisoning Percent with blood lead  $\geq 5\mu\text{g/dL}$ <sup>3</sup>

## Community Health Survey<sup>4</sup>

5% of community survey respondents felt **worksite health & the environment** was a top health concern.

## Population Specific Concerns<sup>5</sup>

We are more likely to have a job with a higher risk of injury and illness if we are Hispanic, in a low wage job, foreign born, only have a high school education, or are male.

Data sheets adapted from Eau Claire City-County Health Department

<sup>1</sup>2017 Environmental Health Profile (2010-2014);  
<sup>2</sup>2018 County Health Rankings (American Community Survey, 2012-2016)

<sup>3</sup>2017 Environmental Health Profile (2015)

<sup>4</sup>2018 Barron County Community Health Survey

<sup>5</sup>CDC Health Disparities and Inequalities Report-2013



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### Data

**ALICE: A Study of Financial Hardship in Wisconsin, 2018 Report**

<https://unitedwaywi.site-ym.com/page/2018ALICE>

**County Health Rankings & Roadmaps**

<http://www.countyhealthrankings.org/app/wisconsin/2018/overview>

**Environmental Health Profile, 2017 Barron County**

<https://www.dhs.wisconsin.gov/publications/p0/p00719-barron.pdf>

**US Census Quick Facts**

<https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045217>

**Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016**

<https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf>

**Wisconsin Health Atlas/ Wisconsin Obesity Map**

<https://www.wihealthatlas.org/>

**Wisconsin Public Health Profiles, 2017**

<https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm>



## 2018 Barron County Community Health Assessment Comment Form

Name (optional) \_\_\_\_\_

Contact Information (optional) \_\_\_\_\_

Comments:

Please return to the registration table or mail to:  
Barron County DHHS- Public Health  
Attn: Laura Sauve  
335 E. Monroe Avenue, Room 338  
Barron WI 54812