



Community Health Needs Assessment



Mayo Clinic Health System in Red Cedar
November 2019

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Executive Summary

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 in Red Cedar is a 25-bed, critical-access hospital located in Menomonie, Wisconsin. Since 1980, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

MCHS in Red Cedar is one of 17 hospitals in the Mayo Clinic Health System. Red Cedar is part of the Northwest Wisconsin (NWWI) region, which also includes hospitals in Eau Claire, Bloomer, Barron and Osseo. It supports the community through inpatient and outpatient services. The hospital had 1,319 admissions in 2018.

MCHS has a long tradition of supporting community health and wellness as part of its commitment to bring Mayo Clinic quality care to local communities. In 2018, MCHS in Red Cedar provided more than \$2.3 million in community benefit through uncompensated care, more than \$5 million in Medicaid shortfall and more than \$3.7 million in bad debt. It provided more than \$141,000 through philanthropic donations in the community to support programs such as the Cammie Johnson Juvenile Diabetes Event, Boyceville Community School District and School District of the Menomonie Area; Menomonie Free Clinic; Stepping Stones of Dunn County; and community events and causes that promote health, wellness and/or physical activity.

MCHS in Red Cedar also provides a wide range of wellness and prevention programs for the community, including free blood pressure/blood sugar screenings, a variety of support groups and classes, extensive programming for youth and families to promote physical activity and healthy eating, and events for seniors and women. In 2018, Red Cedar reached more than 5,300 people through 99 community events.

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 20,000 residents by providing information on topics affecting immediate health issues and helpful tips on general wellness.

The hospital also is a place of learning for many physicians, nurses, chaplains and pharmacists. In 2018, the cost of hosting these educational programs was valued at more than \$75,000.

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

Summary of Community Health Needs Assessment

This 2019 Dunn County CHNA was conducted by the Dunn County CHNA Steering Committee. The Committee is a collaborative made up of nine community organizations from Dunn County: Arbor Place, Community Foundation of Dunn County, Dunn County Health Department, Extension-Dunn County, MCHS in Red Cedar, Marshfield Clinic-Dental Clinic, Prevea Health, United Way of Dunn County and University of Wisconsin (UW)-Stout, all with the goal of improving the quality of life for everyone in the community.

The purpose of the assessment is to evaluate and prioritize the health concerns in the county and mobilize the community in working toward health outcomes. The committee followed a systematic process to evaluate the health needs of our communities and determine the community health priorities. As a result, collaborative interventions are implemented to align with the identified health priorities.

The primary input into the Dunn County CNHA prioritization process was the Dunn County CHNA Report 2018. The CHNA process included a variety of data collection methods to connect with several different demographic groups in the community and develop a thorough understanding of health issues facing Dunn County residents. Qualitative and quantitative data methods included the following:

- Analysis of existing data gathered from a variety of sources, including census data, Wisconsin Association of Local Health Departments and Boards (WALHDAB) core dataset, the State Health Plan, local health department statistics and information from local hospital and local community service organizations.
- Electronic and paper surveys widely distributed to community resource organization representatives and residents, with 978 responses received from county residents.
- Listening sessions with typically underserved populations, including the agricultural community.

The Wisconsin Department of Health Services' most recent health agenda, *Healthiest Wisconsin 2020*, as well as County Health Rankings (see Appendix D), a joint effort of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, were also taken into consideration.

Community input

The CHNA process included a variety of community engagement methods to connect with several different demographic groups in the community and develop a thorough understanding of health issues facing Dunn County residents.

These methods included primary qualitative data collection through an online and printed community health survey, survey outreach with underrepresented demographics groups, and stakeholder conversations with underrepresented groups to validate responses. The Dunn County CHNA Steering Committee participated in planning for and distributing community health surveys to local churches, schools, senior centers, public libraries, Dunn County WIC clinic, local free clinic and to the University of Wisconsin-Stout Health Services office. Committee members completed a mapping exercise to make sure the survey was distributed to a broad range of community members.

Quantitative community health data was collected based on the measures recommended in the WALHDAB core dataset and the State Health Plan. Sources included County Health Rankings, the U.S. Census, government reports, Centers for Disease Control and Prevention, county health department reports, Wisconsin Department of Health Services statistics, schools and other publicly available sources. The full range of data is detailed in this report and will also be used by the emerging local health coalition Health Dunn Right.

Health topics were prioritized based on the relationship between the survey responses and state and national data. Each topic was ranked based the percentage of respondents who identified a negative personal or family effect. Seventeen points were assigned to the health topic with the highest percentage of respondents being negatively affected by it, with one point assigned to the health topic with the lowest percentage of respondents being negatively affected.

Then the topics were independently ranked based on the percentage of respondents who identified the topic as a major or moderate weakness, again with 17 signifying the largest percentage of

respondents identifying it as a weakness and one point assigned to the lowest percentage. The rankings were then added together for a total score ranging from 33 to four.

Finally, the scores were modified by comparing local indicators to state and national indicators, where available. One last decision was made by the steering committee to aggregate the topics of alcohol abuse, tobacco/nicotine use and substance abuse under the umbrella topic Alcohol and Other Drug Abuse (AODA). This reflected shared prevention strategies.

An extensive analysis of the 2018 Dunn County CHNA report, *Healthiest Wisconsin 2020* and other quantitative and qualitative data identified the priority community health areas for MCHS in Red Cedar. Each of these areas is equally important, but they're ranked in order of priority:

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

In 2015, mental health and chronic disease and obesity were also identified as priorities for MCHS in Red Cedar, but substance abuse and alcohol misuse were not, making a new priority focus area for the organization.

Our Community

Geographic Area

MCHS in Red Cedar is located in northwestern Wisconsin. The region is made up of the communities of Altoona, Chippewa Falls, Durand, Eau Claire and Menomonie. For the purpose of this report, Red Cedar's primary service area is Dunn County, since this is where the majority of the hospital's patients reside.



Demographics

Dunn County in northwestern Wisconsin is comprised of one city (Menomonie), and seven villages (Boyceville, Colfax, Downing, Elk Mound, Knapp, Ridgeland and Wheeler). The county is bordered by Barron County to the north, Chippewa and Eau Claire counties to the east, Pepin County to the south, and St. Croix and Pierce Counties to the west. In 2018, the population was estimated at 45,131; about 61% is rural. Twenty-one percent of Dunn County households reported their income was between \$50,000 and \$74,999. The median age in the county is 34.2 with the largest age distribution (13%) between 20 and 24 years of age. Ninety-three percent of Dunn County residents over 25 have graduated high school or attained their GED.

The county seat is located in Menomonie, which has a population of 16,264. Menomonie is approximately 60 miles east of Minneapolis and St. Paul in Minnesota and 30 miles east of Eau Claire. The county is served by four primary public K-12 school districts, with seven more school districts stretching into Dunn County. Additional educational opportunities can be found at Wisconsin's polytechnic university UW-Stout and Chippewa Valley Technical College. Economic drivers in the county include manufacturing, health care, educational services, transportation and warehousing, and production agriculture.

Additional demographic detail can be found in Appendix A.

Health care providers

MCHS in Red Cedar in Menomonie is the only hospital in Dunn County. However, Prevea Health and Marshfield Clinic also operate medical clinics, and Marshfield Clinic operates a federally qualified health center-dental clinic in Menomonie. In addition, 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), including Level II trauma care (MCHS in Eau Claire). As a member of MCHS, Red Cedar has seamless access to the care offered in Eau Claire, as well as the world-renowned Mayo Clinic in Rochester, Minnesota. In addition, the residents of Dunn County have access to the following:

General health clinics

- Free Clinic of the Greater Menomonie Area, Menomonie
- Marshfield Clinic, Menomonie
- Prevea Menomonie Health Center

Mental health clinics

- Dunn County Human Services
- Beacon Mental Health Resource
- Arbor Place

Dental clinics

- Cedar Creek Dental
- Colfax Dental Wellness Clinic
- CVTC Rural Health Dental, Menomonie
- Gentle Dental Care, Menomonie
- Menomonie Dental Center of Marshfield Clinic
- Midwest Dental, Menomonie
- Red Cedar Dentistry
- Trimble Dental, Menomonie

Nursing homes

- American Lutheran Home
- Colfax Health & Rehabilitation Center, Colfax
- Dunn County Health Care Center, Menomonie
- Glenhaven, Glenwood City
- The Neighbors of Dunn County

Assisted-living facilities

- Above and Beyond Elderly Care, Boyceville
- Agape Adult Family Home, Menomonie
- Arbor Place Inc., Menomonie
- Aurora Residential Alternatives Inc., Menomonie
- Autumn Village, Menomonie
- Broadway Home, Menomonie

- Care Partners Assisted Living, Menomonie
- Clear View, Elk Mound
- Comforts of Home, Menomonie
- Country Terrace, Menomonie
- Deerfield Adult Family Home, Menomonie
- Gypsy Hill Country Home, Menomonie
- Halverson Adult Family Home, Menomonie
- Helping Hands of Dunn County, Menomonie
- Journey Home, Elk Mound
- Kimbercares Adult Family Home
- Lambs Creek West Adult Family Home, Boyceville
- Lifestyles Adult Family Homes Inc., Menomonie
- Noreen Family Home, Menomonie
- Northwest Pathways to Independence Inc., Menomonie
- Our House Memory Care, Menomonie
- Potters Country Home, Menomonie
- Safe Haven Adult Assisted Living, LLC, Boyceville
- Serving Hands at South Ridge, Menomonie
- Solomon Hill Adult Family Home, Menomonie
- Spring of Life, Knapp
- Tainter Adult Family Home, Colfax
- Tara Place, Elk Mound
- Triple Springs Country Home, Downing
- Woodridge Court Home, Menomonie

Drug treatment centers

- Arbor Place, Menomonie

Assessing the Needs of the Community

Overview

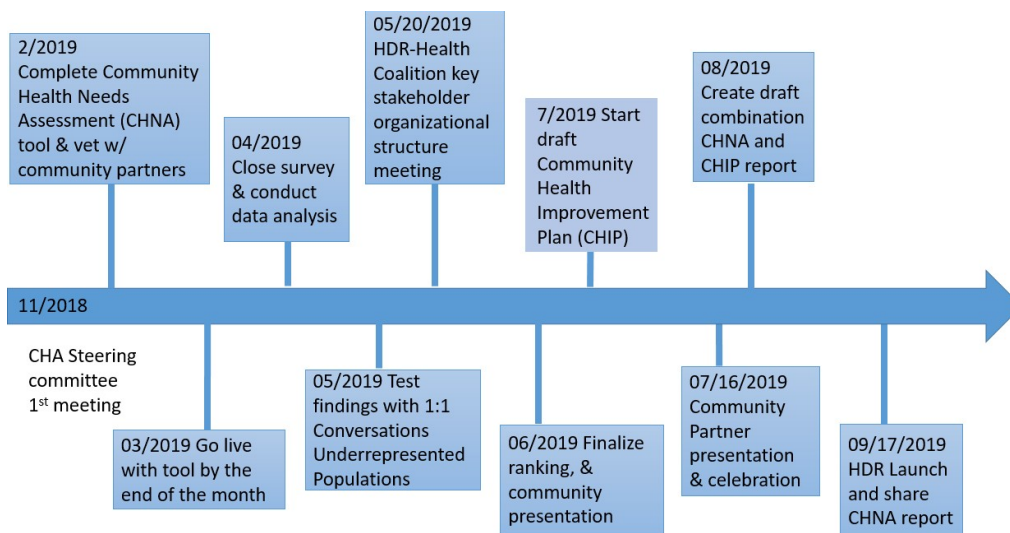
Mayo Clinic Health System actively contributed leadership and capacity to the assessment process in Dunn County. A comprehensive process was used to gather input from a cross-section of the community, including direct input from community members. The assessment was aimed particularly at understanding the needs of the traditionally underserved in the community. See Appendix B for the Dunn County CHNA Committee members.

Process and Methods

Dunn County health assessment survey 2018-19 process

Representatives from the partnership met bi-monthly from November 2018 through May 2019 to plan and implement the CHNA. The collaboration allows the community to participate in one comprehensive assessment rather than several CHNAs conducted each year by different organizations. The shared CHNA reduces duplication of efforts and costs, promotes a greater coordination of resources, and results in a potentially more significant impact on the health needs of the communities.

The assessment process began with a thorough review of the Dunn County CHNA Report from 2015 and an effort to refine the process from past learnings. The purpose of the county's report was to identify the top health concerns in the area so health professionals were able to collaborate and combine resources to improve existing preventive initiatives and develop new ones.



The Dunn County CHNA survey was extensively modified from the 2015 tool to incorporate initial community feedback and expand health topics; gauge health education needs; and provide an opportunity to gather rich qualitative data regarding perceptions of community strengths and weaknesses and negative personal impacts of the 17 health topics. At the outset of the CHNA process, steering committee partners conducted listening sessions with the local agricultural community. This

process revealed the need to include new questions around social health factors, including family health, social isolation/support. It also affirmed the need to include questions on access to clinical mental and physical health care and health behaviors around alcohol and other drugs.

The modified community health survey was distributed to residents throughout Dunn County in March and April 2019. The survey was created in Word and translated into Qualtrix. The link to the web survey was widely distributed through each partner organization's networks and those of other community organizations. These included Aging and Disability Resource Center-Senior Nutrition Sites, local churches and food pantries, Extension-Dunn County, Eau Claire Area Hmong Mutual Assistance Association, The Bridge to Hope, the Dunn County Jail, the Dunn County Criminal Justice Collaborating Council, El Centro, town/village clerks and others.

The survey launch was announced by a news release and advertised in local newspapers, social media and flyers throughout the county. Special effort was made to ensure the survey was available to underrepresented groups who can be at the highest risk of suffering from health disparities. Print and large-print surveys were also made available.

A total of 978 Dunn County residents completed the survey. While respondents did tend to be older and have more formal education than the county median, they represented a wide range of income and educational levels, age and household size. Twenty-nine percent of the survey respondents were from Menomonie, however all towns and villages were represented. Comments from the survey were collected and themed by the steering committee to help "tell the story" of the quantitative data as part of the prioritization process

The survey focus areas were framed by the Wisconsin State Health Plan and the Robert Wood Johnson Foundation's identified social determinants of health. They were mental health, healthy environment, chronic disease, alcohol abuse, tobacco/nicotine use, safe and quality housing, family health, healthy nutrition, substance abuse, transportation, oral health, physical activity, community safety, serious infections, sexual health, social support and health at work. Definitions were given for each of the health topics; two key terms, "access" and "resources" also were defined.

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures recommended by WALHDAB. The core dataset was modified based on the availability of Dunn County-specific data. The county does not have access to representative data from the Behavioral Risk Factor Surveillance System or the Youth Risk Behavior Surveillance System due to incomplete local participation on the designated timeline. Sources included the County Health Rankings, U.S. Census, government reports, Centers for Disease Control and Prevention, county health department reports, Wisconsin Department of Health Services statistics, schools and other publicly available sources. See Appendix C.

Prioritization

Health topics were prioritized based on the relationship between the survey responses and state and national data. Each topic was ranked based the percentage of respondents who identified a negative personal or family effect. Seventeen points were assigned to the health topic with the highest

percentage of respondents being negatively affected by it, with one point assigned to the health topic with the lowest percentage of respondents being negatively affected.

Then the topics were independently ranked based on the percentage of respondents who identified the topic as a major or moderate weakness, again with 17 signifying the largest percentage of respondents identifying it as a weakness and one point assigned to the lowest percentage. The rankings were then added together for a total score ranging from 33 to four. See Appendix E.

Finally, the scores were modified by comparing local indicators to state and national indicators, where available. This robust ranking process allowed the top health priorities for Dunn County to be distilled to:

1. Mental health
2. Healthy environment
3. Chronic disease
4. Alcohol and other drug abuse
5. Safe and quality housing

These findings were presented to over 140 community members as part of the Dunn County CHNA Reveal and Health Dunn Right Symposium at UW-Stout in July, 2019. In addition to the community survey results and the quantitative data, comments from the community survey were shared for each of the top health areas. Breakout sessions included time to dive into the data and begin framing plans for a community health action plan for each priority area.



The conference planning team for the Dunn County CHNA Reveal and launch of the Health Dunn Right Coalition.



Table discussions at the Dunn County CHNA Reveal and launch of the Health Dunn Right Coalition at UW-Stout in July, 2019.

Addressing the Needs of the Community

Overview

After completing an extensive analysis of the Dunn County CHNA, community survey results, *Healthiest Wisconsin 2020*, County Health Rankings and other quantitative and qualitative data, MCHS is committed to addressing these top community health needs in Dunn County, ranked by priority:

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

The committee believed it was vital to address these priorities and that MCHS should be addressing them. Given the interrelated nature of some of the health topics and related interventions, it was agreed to combine obesity with chronic disease and substance abuse with alcohol misuse. The committee agreed that working on each of these priorities will have a widespread impact on population health.

Identified Health Needs

Mental health

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

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 availability of adequate mental health services. In Dunn County, the ratio of mental health providers is consistently lower than statewide averages.

Data highlights

In Dunn County:

- Local data
 - 11% of Dunn County residents report frequent mental distress (12% Wis.)
 - 650:1 Ratio of Dunn County residents to mental health providers (530:1 Wis.)

- 37 prevalence of Dunn County self-inflicted hospitalizations per 100,000 people (49 Wis.)
- Community health survey
 - 63% said this issue negatively affects me or someone close to me
 - 50% said mental health is a major or moderate weakness in Dunn County

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 aged 18 to 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 heavy 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 drinking. 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

In Dunn County:

- Local data
 - 44% of driving deaths associated with alcohol (36% Wis.)
 - 20 suspected opioid deaths among Dunn County residents in 2018
 - 10.3% of Dunn County 7-12th graders used tobacco products within the past 30 days (6.2% Wis.)
 - 17% of Dunn County mothers report smoking during pregnancy (12% Wis.)
- Community health survey
 - 41% said alcohol abuse negatively affects me or someone close to me
 - 39% said substance abuse is a major or moderate weakness in Dunn County

Chronic disease and obesity

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 to 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

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 account for approximately two out of every three deaths nationwide.

In Dunn County:

- Local data
 - 38% of Dunn County adults (>20 years old) are obese (BMI \geq 30kg/m²) (31% Wis.)
 - 9% of Dunn County adults (>20 years old) diagnosed with diabetes (9% Wis.)
 - 406 new cancer diagnoses per 100,000 people in Dunn County (468 Wis.)
- Community health survey
 - 66% said this issue negatively affects me or someone close to me.
 - 28% said chronic disease is a major or moderate weakness in Dunn County.

Evaluation of Prior CHNA and Implementation Strategy

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

1. Obesity
2. Chronic disease
3. Mental health

Here are highlights of the accomplishments of the community health implementation plan for each of the priority health focus areas in Dunn County.

Obesity

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

- The Hometown Health grant in 2016 and 2018 awarded, the Boys & Girls Club of the Greater Chippewa Valley received \$25,000 for their Healthy Lifestyles program, which focuses on increasing daily physical activity, teaching good nutrition and helping develop healthy relationships. Menomonie is home to one of the Boys & Girls locations in the Chippewa Valley.
- Employees participated in a local coalition that launched one of three pilot Fruit and Vegetable (FNV) campaigns in Wisconsin. The FNV campaign was created by the Partnership for a Healthier America to increase consumption of fruits and vegetables in millennials. The campaign is driven by various celebrity endorsements and edgy social media campaigns. A local grocery store in Menomonie was the only site in Wisconsin to have a full marketing campaign. Two convenience stores received funding for in-store tools to support produce sales.
- 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.

- Employees taught more than 25 Strong Bones, yoga, tai chi and Zumba classes that promoted physical activity, stress management and falls prevention.
- MCHS Zumba Kids demonstration at UW-Stout to teach caregivers about the value of physical activity with children.
- The organization sponsored two large community-wide runs: Get It Dunn 5k/halfmarathon, Speedy Eity, to encourage and promote physical activity.

Chronic disease

- The Hometown Health grant in 2017 and 2018, awarded the Feed My People Food Bank \$25,000 toward its Foods to Encourage and Weekend Meals initiatives. These programs increase the amount of appropriate food items for low-income children and residents dealing with chronic disease, as well as educate partner food bank programs to carry these items. The grant benefits food pantries across Dunn County that receive food from Feed My People Food Bank.
- The Hometown Health grant in 2017 awarded Stepping Stones of Dunn County \$15,000 for its Increased Access to Nutritious Food for At-Risk Populations program helping to alleviate food insecurity among identified at-risk populations across their lifespan. This grant builds upon its previous grant for Project Share a Meal for area school districts and complements the current Hometown Health grant for Feed My People Food Bank.
- The Hometown Health grant in 2015 and 2016 awarded Stepping Stones of Dunn County \$25,000 and \$20,000, respectively, for Project Share a Meal. This project was an expansion of an existing program that provides weekend meals to children at risk for hunger when school meals aren't available. Most food is purchased from Feed My People Food Bank, but Stepping Stones hasn't had funding for fresh produce, because fruits and vegetables are more expensive. The number of schools receiving meals was expanded, and meals now include at least two pieces of fresh produce.
- Employees hosted and facilitated 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 age 18. These free classes are held regularly and target rural, as well as urban areas.
- MCHS in Red Cedar 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. This course benefits community groups, new parents, grandparents, babysitters and other lay people. It's 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 and promotes free options offered by MCHS.

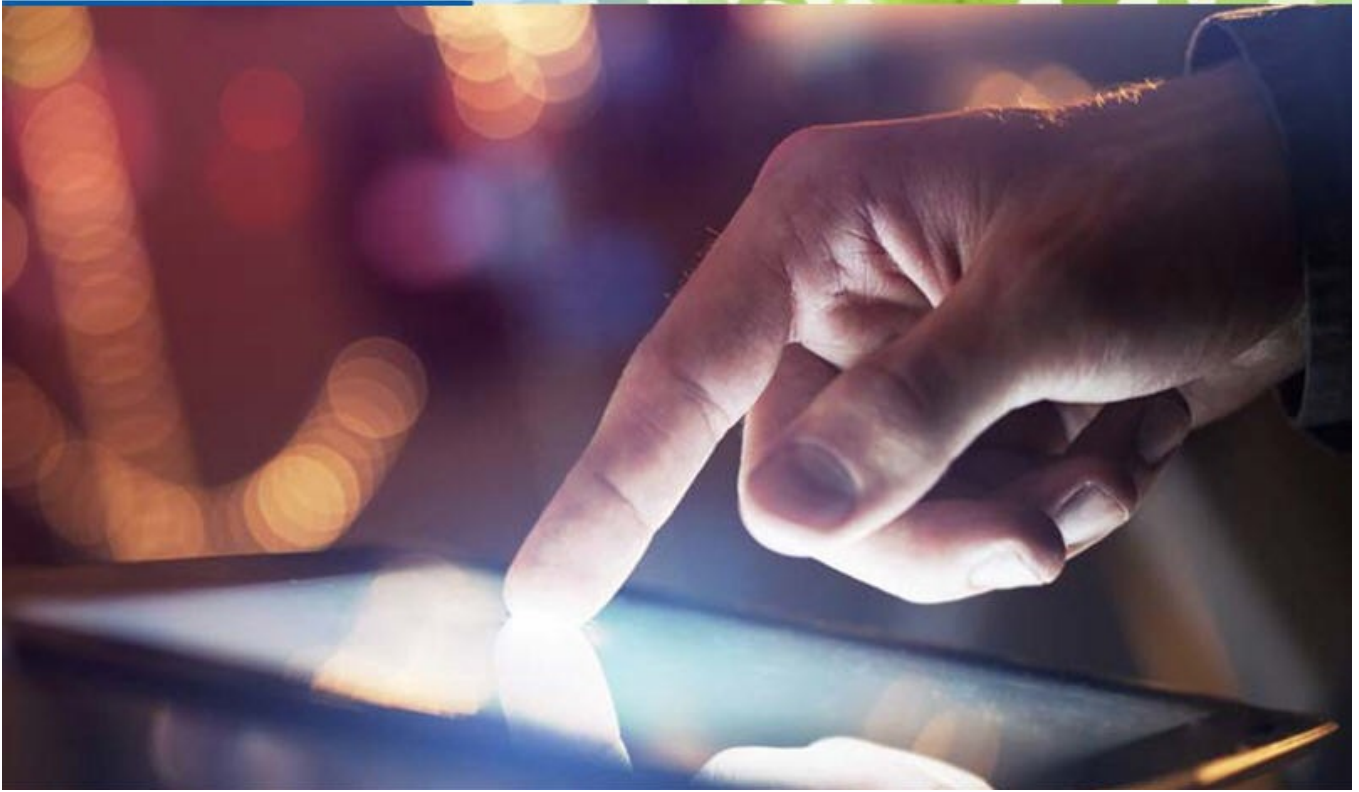
Mental health

- Our Hometown Health Grant in 2016 awarded the School District of Menomonie \$24,000 for the Partners for Resilience program. Through this project, students in grades seven through 12 receive mental health education and skills development to meet identified the mental health needs of school-age children. School and community personnel were trained to teach material focused on resiliency, youth development, brain development and stress reduction.
 - Four mental health videos relating to anxiety, resiliency, addiction and depression were created. These videos are on YouTube and are promoted through blog posts, Facebook posts and enewsletter stories.
 - MCHS sponsored UW-Stout Early Childhood Education conference this spring with a \$2,600 contribution. Keynote speaker was Dr. Julie Bates-Maves, who discussed infant and toddler mental health.
- Employees provided ongoing leadership with local Boys & Girls Club.

All focus areas

- Offered online and text options to register for the MCHS enewsletter. This is a new/technologically current way for people to learn about the free offerings that can positively impact their health.
- Distributed a wellness brochure three times a year, which reaches thousands of people and provides numerous community wellness offerings.
- Contributed ongoing leadership to the development of Health Dunn Right, a local health collaborative striving to enhance the quality of life for residents of Dunn County in partnership with the Dunn County Health Department and Community Foundation of Dunn County,

References



www.towncharts.com/Wisconsin/Economy/Dunn-County-WI-Economy-data.html

[*Healthiest Wisconsin 2020*](#)

[County Health Rankings](#)

[U.S. Census 2018 Estimates](#)

Appendix A: Demographic Data

Dunn County

Dunn County Demographics (2013-2017 estimates)

Sex	49% female, 51% male
Median household income	\$54,605
% of population in poverty	12%
% of households spending >30% of income on housing costs	26.6%
% housing built before 1980	50%
2017 unemployment rate	3.3%
Population growth rate 2013-2017	2%

Dunn County Racial Distribution (2013-2017 estimates)

White	94.7%
Asian	2.6%
Hispanic or Latino	1.4%
Two or more races	1.9%
Black or African American	0.5%
American Indian & Alaska Native	0.4%

Appendix B: Individuals Involved in CHNA

Steering committee

- Christa Cupp, Western Region Division of Public Health
- Cristy Linse, UW-Stout Center of the Study and Promotion of Health and Wellbeing
- Deb Benoit, public health nurse, Dunn County Health Department
- Ellen Blumer, public health nutrition manager/ WIC director, Dunn County Health Department
- Georgina Tegart, executive director, Community Foundation of Dunn County
- Janice Lawrence-Ramaeker, UW-Stout Student Health Services
- Jennifer Benrud, executive director, Prevea Health-Western Wisconsin
- Julie Bendel, development administrative assistant, Community Foundation of Dunn County
- Kathy Asper, manager of prevention services, Arbor Place, Inc.
- KT Gallagher, director/health officer, Dunn County Health Department
- Laurie Reardon, center manager, Dental, Family Health Center of Marshfield, Inc.
- Lindsey Banaszynski, business development manager, Prevea Health-Western Wisconsin
- Lisa Rathke, nurse, UW-Stout Student Health Services
- Sara Carstens, directory of community wellness and engagement, MCHS
- Stephanie Hintz, human development and relationships educator, Extension Dunn County
- Tyler Jackels, volunteer coordinator, United Way of Dunn County

MCHS 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

MCHS in Red Cedar community board of directors

- Jeff Blomquist, production manager, 3M
- Patty Bosse, nurse administrator, MCHS
- Richard Helmers, MD, vice chair of Administration, MCHS
- Jennifer Horn, MD, Family Medicine, Mayo Clinic
- Rosemary Jacobson, retired, UW-Stout
- Robin Johnson, self-employed
- Bill Kryshak, associate professor, UW-Stout
- Steve Lindberg, vice president of Administration, MCHS
- Jan O'Neill, retired nurse
- Cindy Quilling, retired teacher, Menomonie Area School District
- Hank Simpson, MD, board chair, Family Medicine and regional chair of clinical practice, MCHS

Appendix C: Data

The complete Dunn County Community Health Needs Assessment report and data sources can be found here: <https://dunncountywi.gov/healthdepartment>

Appendix D: County Health Rankings

A snapshot of the 2019 County Health Rankings for Dunn County can be found [here](#).

Dunn (DN)

Show areas to explore Show areas of strength

County Demographics +

	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin	Rank (of 72) (Click for info)
	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin	Rank (of 72) (Click for info)
Health Outcomes						17
Length of Life						17

Premature death

(Click for info)

5,600



4,700-6,400

5,400

6,300

Quality of Life

18

Poor or fair health

(Click for info)

14%

13-14%

12%

15%

Poor physical health days

(Click for info)

3.5

3.3-3.7

3.0

3.6

Poor mental health days

(Click for info)

3.5

3.3-3.7

3.1

3.8

Low birthweight

6%





5-7%

6%







7%

Additional Health Outcomes (not included in overall ranking) +

County Demographics +

		Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin	Rank (of 72) (Click for info)
		Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin	Rank (of 72) (Click for info)
Health Factors							28
Health Behaviors							55
Adult smoking	(Click for info)	15%		14- 16%	14%	17%	
Adult obesity		38%		31- 45%	26%	31%	
Food environment index		8.3			8.7	8.8	
Physical inactivity		19%		14- 24%	19%	20%	
Access to exercise opportunities		64%			91%	86%	
Excessive drinking	(Click for info)	25%		24- 26%	13%	26%	
Alcohol-impaired driving deaths		44%		37- 51%	13%	36%	
Sexually transmitted infections		339.3			152.8	466.0	
Teen births		9		8-11	14	18	
Additional Health Behaviors (not included in overall ranking) +							
Clinical Care							22



County Demographics +

	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin (of 72) (Click for info)	Rank (of 72) (Click for info)
	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin (of 72) (Click for info)	Rank (of 72) (Click for info)
Uninsured	6%		5-7%	6%	6%	
Primary care physicians	1,540:1			1,050:1	1,250:1	
Dentists	3,190:1			1,260:1	1,470:1	
Mental health providers	650:1			310:1	530:1	
Preventable hospital stays	2,961			2,765	3,971	
Mammography screening	48%			49%	50%	
Flu vaccinations	53%			52%	52%	


Additional Clinical Care (not included in overall ranking) +

Social & Economic Factors


29

High school graduation	90%			96%	89%
Some college	70%		65-75%	73%	69%
Unemployment	3.3%			2.9%	3.3%
Children in poverty	13%		10-17%	11%	15%
Income inequality	4.0		3.7-4.3	3.7	4.3
Children in single-parent households	25%		21-30%	20%	31%

County Demographics +

	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin (of 72) (Click for info)	Rank
	Dunn County	Trend (Click for info)	Error Margin	Top U.S. Performers (Click for info)	Wisconsin (of 72) (Click for info)	Rank
Social associations	11.9			21.9	11.6	
Violent crime	160			63	298	
Injury deaths	67		57-78	57	77	

Additional Social & Economic Factors (not included in overall ranking) +

Physical Environment						28
Air pollution - particulate matter	(Click for info)	7.8		6.1	8.6	
Drinking water violations		No				
Severe housing problems		16%		14-19%	9%	15%
Driving alone to work		77%		75-79%	72%	81%
Long commute - driving alone		32%		30-35%	15%	27%

Additional Physical Environment (not included in overall ranking) +

Note: Blank values reflect unreliable or missing data

Appendix E: Priority Ranking Process

Total Rank by Survey + County Comparison to State and National				
Health Area	Total Rank	Indicators	Better/worse than WI average -1, 0, 1	WI better/worse than national data -1, 0, 1
Mental Health	33		0	0
		Poor mental health days	-1	0
		Intentional injury Hospitalizations	-1	1
		Mental health providers	1	0
Healthy Environment	31		0	0
		Air pollution – particulate matter	-1	-1
		%Nitrate >10ppm in private well*	1	0
		SWIMS surface water quality	x	x
Alcohol Abuse	26		0	0
		Excessive drinking	-1	1
		Alcohol impaired driving deaths	1	1
		Alcohol-related hospitalizations	-1	1
Chronic Disease	27		0	0
		Adult obesity	1	-1
		Asthma ED rates	-1	0
		Cancer rates	-1	1
Tobacco/Nicotine Use	22		0	0
		Smoking during pregnancy	1	1
		Adult smoking	-1	1
		Tobacco sales to minors	1	0
Safe & Quality Housing	22		0	0
		Severe housing burden	1	-1
		Year structure built	-1	1
		Severe housing problems	1	-1
Family Health	19		0	0
		ACES	-1	1

		Cost of child care	-1	1
		% population >65	-1	1
Substance Abuse	19		0	0
		Suspected overdose deaths	-1	0
		Youth drug and alcohol use	0	0
		Drug-related hospitalizations	1	0
Transportation	19		0	0
		Travel distance	1	-1
		1 or less vehicle per household	-1	-1
		Use of public transportation	1	1
Oral Health	18		0	0
		Fluoride in public water supply	1	-1
		Dentists	1	-1
Healthy Nutrition	19		0	0
		Retail food environment	1	-1
		Youth dietary behavior*	0	0
		Free/reduced lunch	-1	-1
Physical Activity	15	Physical activity / inactivity	0	0
		Access to exercise opportunities		
Community Safety	15		0	0
		Child abuse	1	0
		Homicide		
		Injury hospitalizations		
Serious Infection	7		0	0
		Childhood immunizations		
		Lyme disease		
		Communicable disease		
Sexual Health	6		0	0
		Sexually transmitted infections		
		Teen birth rate		
		Youth sexual behavior		

Health at Work	4	Occupational mortality	0	0
Social Support	4	Older living alone	0	0
		Single-parent households		
		Social associations		

Rank by Survey Negative Affect + Perceived Weakness

Health Area	Negatively Affects	Perceived Weakness (Major & Moderate)	Total Rank
Mental Health	16	17	33
Healthy Environment	15	16	31
Chronic Disease	17	10	27
Alcohol Abuse	14	12	26
Tobacco/Nicotine Use	13	9	22
Safe & Quality Housing	7	15	22
Family Health	12	7	19
Healthy Nutrition	8	11	19
Substance Abuse	6	13	19
Transportation	5	14	19
Oral Health	10	8	18
Physical Activity	11	4	15
Community Safety	9	6	15
Serious Infection	4	3	7
Sexual Health	1	5	6
Health at Work	3	1	4
Social Support	2	2	4