



Marshfield Clinic
Health System



Community Health Needs Assessment

Marshfield Medical Center-Beaver Dam

2021

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Dear Community Members,

Marshfield Clinic Health System's (MCHS) mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care. And that includes your community.

We know that health is driven by much more than what happens in the doctor's office. Wherever and whenever possible through programs, services, public policy or other means, emphasis needs to be on addressing health choices before medical needs arise.

That's why the MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment on December 13, 2021.

The Health System has collaborated with community partners to assess communities' health and needs. The process has included meetings, surveys, conversations and a variety of data sources.

This document summarizes these key findings. Electronic versions and companion documents can be found at: bdch.com/community-health-needs

Through these collaborative efforts, the top health priorities identified through the 2021 Community Health Needs Assessment process have been identified. MCHS will continue to support additional community health needs as they arise. The top health priorities for Marshfield Medical Center-Beaver Dam are:

- Alcohol and Substance Use
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

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

Yours in health,

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Definition of Terms

- **Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA):** refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2021) Health Departments are required to participate in a CHA every five years. Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals have the option to partner with local health departments to simultaneously conduct a CHA/CHNA. (Community Catalyst, 2013)
- **Health Disparity:** differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups. ([Robert Wood Johnson Foundation, 2017](#))
- **Health Equity:** everyone has a fair and just opportunity to be as healthy as possible. 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. ([University of Wisconsin, Population Health Institute](#))
- **Healthy People, Healthiest Wisconsin 2020 State Health Plan:** the public health agenda required by Wisconsin statute every 10 years, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin. ([Division of Public Health, 2021](#))
- **Health Priority(ies):** Health areas selected to be addressed by hospital based off of community input collected via: survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.
- **Health Need(s):** the 14 health areas based on the Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020. Areas include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health.
- **Implementation Strategy (IS):** a written plan to address the community health needs identified through an assessment and approved by an authorized governing board. Hospitals must use the CHNA to develop and adopt an implementation strategy. (Community Catalyst, 2013)

- Marshfield Medical Center-Beaver Dam (MMC-Beaver Dam) CHNA Workgroup (CHNA Workgroup):** local workgroup of internal hospital leadership, community health department staff, and external community health stakeholders that participated in the CHNA process, reviewing data, providing insight, direction and guidance, and establishing health priorities for MMC-Beaver Dam. This group is analogous to Community Benefits Workgroups (CBW) across Health System facilities that contribute to the Health System’s community benefits and community health initiatives. Essential functions of the CBW are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.
- Social Determinants of Health (SDOH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Build Environment, and Social and Community Context. ([Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.](#))
- United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. (United Way ALICE Project, 2020)
- University of Wisconsin’s Population Health Institute’s County Health Rankings:** a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county’s health status and indicate how it can be affected by where we live. ([University of Wisconsin Population Health Institute, 2021](#))

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated system serving Wisconsin and beyond, with more than 12,000 employees including over 1,400 providers comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 60 locations and 10 hospitals in communities in northern, central and western Wisconsin.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Ladysmith, Minocqua, Neillsville, Rice Lake, Weston, Park Falls, and Marshfield Children's Hospital; Marshfield Clinic Research Institute, Security Health Plan, Division of Education and Marshfield Clinic Health System Foundation.

The Clinic operates several dental clinics in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Hospital Overview

In 1972, Beaver Dam Community Hospital (BDCH) became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new Beaver Dam Community Hospital opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state-of-the-art facility to create a healing environment of care for patients and their families. In 2019, Beaver Dam Community Hospitals, Inc. joined Marshfield Clinic Health System and became Marshfield Medical Center–Beaver Dam (MMC-Beaver Dam).

Our Community

MMC-Beaver Dam strives toward affordable and accessible health care for all. Many patients and community members reside in rural areas of Dodge County and neighboring counties. The Health System focuses on serving those that are underserved and living in rural areas of the service area. Although we recognize that our community extends beyond Dodge County's borders, we have chosen to focus on Dodge County for input in the community health needs assessment process. The MMC-Beaver Dam primary service area lies entirely within Dodge County and the information received from participants in other neighboring counties would most likely be consistent with information received from Dodge County participants.

Geographic Area

Dodge County is located in south-eastern region of Wisconsin. Known for its lakes, streams and small towns, Dodge County, Wisconsin offers a peaceful rural environment located within an hour drive of Milwaukee, Madison and Fox Valley metropolitan areas. The county is comprised of four cities, Beaver Dam, Mayville, Juneau (county seat) and Horicon. Other major cities, a portion of which is in Dodge County, include Watertown, Hartford, Waupun and Columbus. Dodge County is also home to over 30 villages and townships.

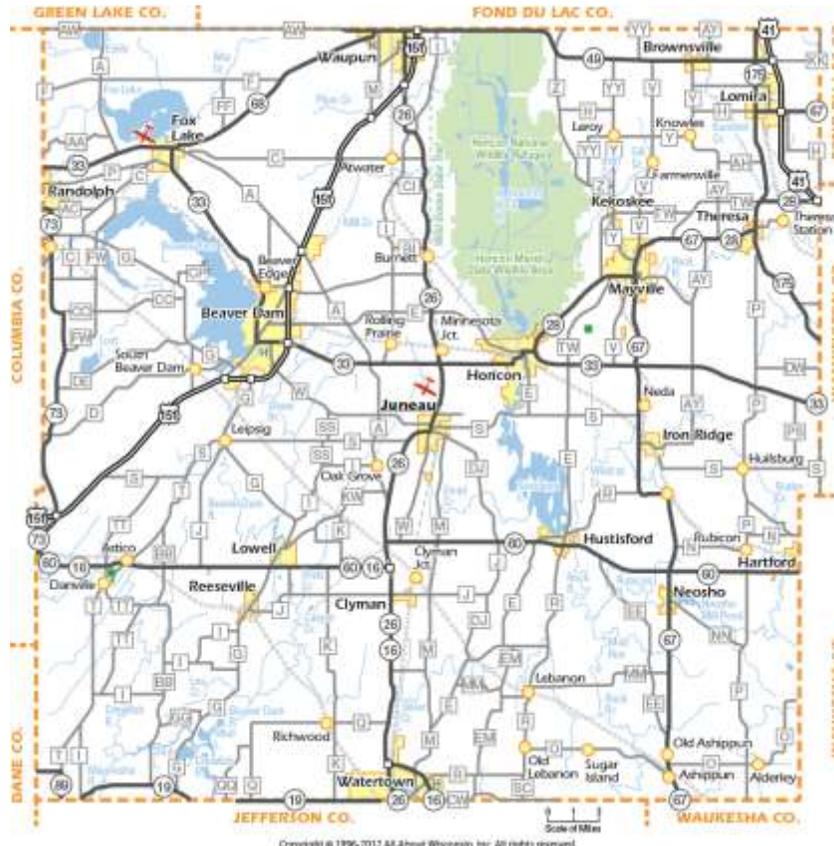


Figure A: Map of Dodge County

Demographics

	Dodge County	Wisconsin	United States
Population			
Total Population	87,839	5,822,434	328,239,523
Growth rate (2010-2019)	-1.0%	2.4%	6.3%
Age			
Persons under 5 years	4.6%	5.7%	6%
Persons under 18 years	19.6%	21.8%	22.3%
Persons 65 years and over	18.2%	17.5%	16.5%
Sex			
Female persons	47.2%	50.2%	50.8%
Race			
White alone, not Hispanic or Latino	89.6%	87%	76.3%
Hispanic or Latino	5.0%	7.1%	18.5%
American Indian and Alaska Native alone	0.6%	1.2%	1.3%
Black or African American alone	3.3%	6.7%	13.4%
Asian alone	0.7%	3%	5.9%
Native Hawaiian and other Pacific Islander alone	0.1%	0.1%	0.2%
Two or More Races	1.1%	2.0%	2.8%
Language other than English spoken at home			
Percent of persons 5+ yrs. of age that speak a language other than English at home	4.6%	8.7%	21.6%
Educational Attainment			
High school graduate or higher	90.8%	92.2%	88%
Bachelor's degree or higher	17.6%	31.3%	33.1%
Income			
Median household income, 2015-2019	\$60,652	\$61,747	\$62,843
Persons in poverty	8.0%	10.4%	10.5%

Table 1: Dodge County Demographics, U.S. Census, 2019

There is a growing Spanish-speaking population in Dodge County. Many are employed in the agriculture sector, working on farms or factories, or in seasonal jobs, which present unique health challenges and barriers. There is an Amish community in Columbia County on the border of Dodge County. This community is widespread over several townships and consists of small to medium-sized Amish farmsteads and individual homes. When in need of medical care, MMC-Beaver Dam is often the closest location for these families.

Assessing the Needs of the Community

Overview

MMC-Beaver Dam identified and prioritized community health priorities through a comprehensive process that included input from organization leadership, community health department staff, and community partners. Direct community input was gathered through a community health survey. Assessment activities focused on understanding the priorities of the underserved in the community. Marshfield Medical Center-Beaver Dam is committed to addressing health inequities and conducted the CHNA using a health equity lens and seeks to address “types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people.” (CDC, 2013).

The MMC-Beaver Dam community health needs prioritization process was led by the MMC-Beaver Dam CHNA Workgroup (CHNA Workgroup). This group is analogous to Community Benefits Workgroups (CBW) across Health System facilities that contribute to the Health System’s community benefits and community health initiatives.

The MMC-Beaver Dam Community Health Policy Advocate coordinated the CHNA Workgroup and the process activities. The CHNA Workgroup reviewed existing internal and external quantitative data (secondary data sets), newly gathered community health survey data (primary data) and conducted one focus group to develop this CHNA report. The CHNA is used to develop a community Implementation Strategy (IS) plan to meet the identified health priorities.

See Appendix A for a list of those involved in the CHNA Workgroup.

Community Health Needs Assessment (CHNA) Timeline

March 2021	MMC-Beaver Dam CHNA Workgroup began meeting monthly
March 2021	Distributed the community health survey (primary data) throughout the community
April 2021	Compiled and reviewed secondary local health data; Held focus group
May 2021	Reviewed primary data; Workgroup determined top health priorities
June 2021	Workgroup determined socially determined health priorities
July 2021	Final data review; Priorities finalized; Drafted CHNA
October 2021	MMC-Beaver Dam Community Advisory Board recommends approval
December 2021	Completed, approved and made widely available to the community the MMC-Beaver Dam CHNA

Process and Methods

The assessment process began with a review of previous and existing MMC-Beaver Dam community health improvement strategies. The CHNA Workgroup then

reviewed selected existing health data for Dodge County and 2021 community health survey data before prioritizing health needs.

MMC-Beaver Dam contributed personnel and financial resources to the process and assessment. CHNA Workgroup members met monthly from March through July 2021 to conduct the needs assessment process. A portion of the MMC-Beaver Dam Community Health Policy Advocate's time was used to facilitate meetings, coordinated survey distribution, data collection, and assessment activities.

The CHNA Workgroup loosely followed the County Health Rankings and Roadmaps Take Action Model (Figure B) to guide the CHNA process, which outlines the steps needed for the community health improvement process: assess needs and resources of the county, focus on the top health priorities, and develop action plans with effective programs. Fourteen health areas were evaluated based on the *Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020* which are listed on page 5 of this document.

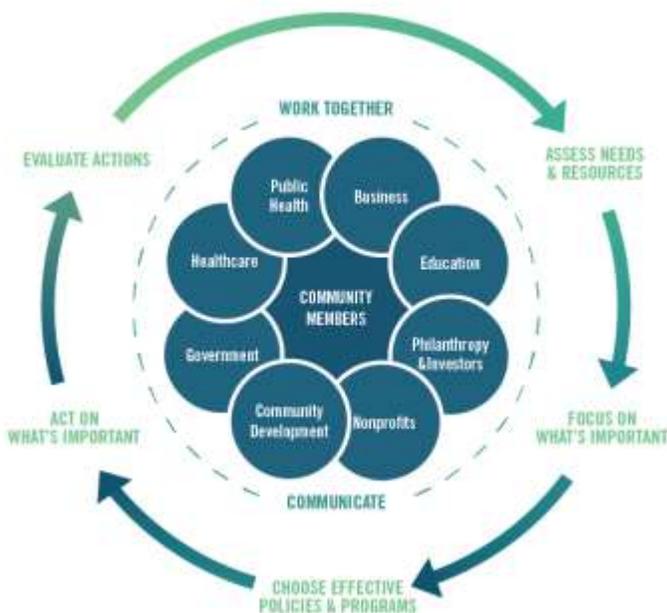


Figure B: County Health Rankings and Roadmaps Take Action Model

Data Sources

The CHNA included primary and secondary data. Primary data included a county-wide survey and focus group. Secondary data was compiled into data packets which included selected data from various sources:

- 2020 County Health Rankings & Roadmaps
- Youth Risk Behavior Survey
- Behavior Risk Factor Surveillance Survey
- 2020 Dodge County ALICE Report
- WI Department of Health Services Public Health Profile
- Environmental Public Health Data Tracker
- Dodge County Community Well-Being Index

Primary Data Collection

Community Health Survey

Primary data collection began with a community health survey in March and April 2021. The CHNA Workgroup used a best practice survey template created by CHA planning partners in Eau Claire and Chippewa Counties. An electronic (online) survey was widely distributed by MMC-Beaver Dam and community partners to Dodge County community members (those who live and/or work in Dodge County). An abbreviated hardcopy version of the electronic community health survey was created for residents with limited access to the internet and limited health literacy. Paper surveys were distributed by United Way of Dodge County and Church Health Services and through the Dodge County Interagency group.

The survey asked residents to evaluate 14 health needs (listed on pages 4-5) based on the *Wisconsin Department of Health Services Health Plan, Healthiest Wisconsin 2020*. Participants could also respond to open-ended questions related to making the health of the community better, worries about the future, and what partners could do to address community health needs.

Marshfield Medical Center-Beaver Dam recognizes that health is determined by more than health care. In an effort to further understand the conditions that affect a wide range of health, functioning, and quality-of-life outcomes and risks, a series of questions related to social determinants of health ([SDOH](#)) were included and further analyzed.

A total of 430 Dodge County community members participated in the survey, of which approximately 275 participants responded to the majority of the health needs questions. Survey respondents represented a range of residents with a variety of income and education levels, ages and household size. A summary of the Community Health Survey, including demographics of survey participants, is included as Appendix F.

Data collected from the community health survey was compiled, analyzed and presented to the CHNA Workgroup for consideration. Top health areas were also analyzed by income level and education of survey respondents.

Focus Group

In April 2021, seven members of the Blue Zones Project Dodge County Steering Committee participated in a focus group to inform this process. This Committee was chosen for their knowledge of and connections to improving the health of Dodge County. Three open-ended questions were asked of focus group participants:

- What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? Why?
- Which areas are our community ready to change?
- What are some ideas you have to help our community get or stay healthy?

Responses from the focus group was recorded, compiled, analyzed and presented to the CHNA Workgroup for consideration.

Secondary Data Collection

Secondary data for Dodge County was compiled into a data packet for review by the CHNA Workgroup. Data was presented by health areas from a variety of sources (listed on page 10). County data was compared to State data. Data that showed Dodge County doing better than the state as a whole was color-coded green and data that showed Dodge County doing worse compared to the state average was color-coded orange or red, depending upon the level of discrepancy. Differences in data were not analyzed for statistical significance before color-coding.

The CHNA Workgroup, after receiving the data packet, had additional questions and requested more secondary data, specifically maps and data related to health disparities and social determinants of health. The maps and other supplemental data was shared with The CHNA Workgroup later on in the assessment process.

Maps presented to the MMC-Beaver Dam CHNA Workgroup are included as Appendix C. A full list of data sources and references is included in Appendix G.

Additional information about health disparities, health equity and other factors that influence health is online at: <https://www.countyhealthrankings.org/what-is-health>

Prioritization Process

The prioritization process of the health needs is summarized below.

Step 1: Data Presented for Consideration

Secondary and primary data was presented to the MMC-Beaver Dam CHNA Workgroup over and between a series of four virtual meetings. During meetings, the Community Health Policy Advocate reviewed the data shared prior to and during the meetings. Workgroup members discussed key take-a-ways, data that “stood out to them” and other highlights. During discussions, Workgroup members shared additional information and professional and personal experiences to aid in the understanding of community health needs.

Step 2: Selecting Prioritization Processes

Workgroup members were presented with four [prioritization techniques](#) to use in determining community health priorities. After discussion, The CHNA Workgroup selected Multi-voting Technique to determine top health needs and Strategy Grids to focus on specific aspects related to top health needs.

Step 3a: Health Needs Prioritized

Using the Multi-voting Technique, The CHNA Workgroup was asked to choose five key health area during a virtual meeting. Criteria used to make their selections included:

- Results from the community health survey and focus group
- Data presented in the secondary data packet
- Knowledge and experiences they have related to the health of the community

They could vote for five separate health areas or double-up their votes on a health area of particular importance. Votes were entered into the virtual meeting's chat feature, captured on paper, and reported back to the group. The health areas with the most votes were considered the initial health priorities and would frame the next steps in the prioritization process. Health areas receiving the most votes are shown in Figure C below.

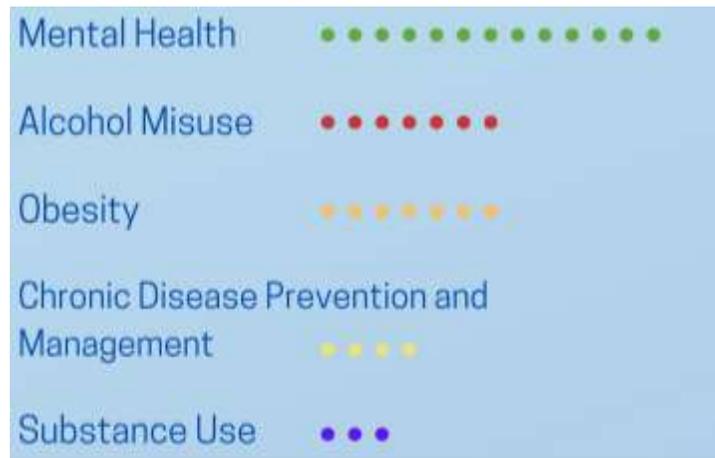


Figure C: Results of Multi-voting Technique as voted upon by CHNA Workgroup members in Step 3a of prioritization process.

Step 3b: Specific Aspects of Health Priorities

Themes generated from responses captured in the community health survey were used to create specific sub-priorities to analyze using the Strategy Grids technique. Identifying more [upstream](#) or root causes can better define health priorities that need to be addressed and what strategies could later be implemented by MMC-Beaver Dam to address the priority.

The two criteria selected for the grids were “Community Readiness” to address the sub-priority and the “Impact on the Health of the Community” implementing potential interventions could have. The strategy grid had four quadrants labeled “High Readiness/Low Impact”, “High Readiness/High Impact”, “Low Readiness/Low Impact”, and “Low Readiness/High Impact.”

The MMC-Beaver Dam CHNA Workgroup reviewed the specific aspects of each health priority and placed virtual sticky notes onto a strategy grid. Each member of the CHNA Workgroup had the ability to voice their opinion of each aspect of the identified health priority and use data presented to them during this process. Placement of each sticky note on the grid was decided by group consensus.

See Appendix D for strategy grids showing specific health aspects by health priority.

Step 3c: Social Determinants of Health (SDOH) Prioritization

The CHNA Workgroup reviewed selected data from the community needs survey that was disaggregated by income and educational attainment. Additional themes

extracted from the community health survey questions related to SDOH were also reviewed.

Specific sub-priorities (upstream causes) were identified using a “think and ink” technique where Workgroup members wrote down what stood out to them in the data presented. These aspects were then shared with the group, compiled and combined into like categories (themes) before conducting the strategy grid activity described above. Some themes were duplicative of health priorities already identified, others were related to SDOH or other factors that influence community health. The CHNA Workgroup discussed each theme and added their personal experiences and additional knowledge to the discussion. By group consensus, not all aspects identified were included in the strategy grid activity. After completing this strategy grid, additional health priorities emerged.

See Appendix D for SDOH strategy grid. See Healthy People 2030 an overview of SDOH: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Step 4: Confirm Priorities with Final Review

After combining all health priorities identified, the MMC-Beaver Dam CHNA Workgroup again reviewed primary, secondary and MMC-Beaver Dam data to confirm health priorities for this needs assessment process. Additional considerations of alignment with the ABCS Community Health Focus Areas of Marshfield Clinic Health System were made.

Addressing the Needs of the Community

Overview

After completing a review of the primary and secondary data and conducting the prioritization process, the community health areas and living conditions identified as health priorities in 2021 by Marshfield Medical Center in Beaver Dam are:

- Alcohol and Substance Use
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

As these health priorities are addressed, intentional efforts will be made to ensure appropriate resources are provided, and unfair and unjust obstacles are eliminated for all people and communities to reach their optimal health. Due to the interconnected nature of several health areas, the MMC-Beaver Dam CHNA Workgroup chose to combine a number of health priorities as shown in Table 2.

Healthiest Wisconsin 2020 Focus Areas / Living Conditions	MMC-Beaver Dam CHNA
Alcohol Misuse	Alcohol and Substance Use
Substance Use	
Mental Health	Behavioral Health
Obesity	Chronic Disease
Chronic Disease Prevention and Management	
Transportation Access	Social Determinants of Health
Access to Technology/Wi-Fi/Broadband	
Quality, Affordable Childcare/After-school Care	
Nutrition Insecurity	

Table 2: Health Priorities Crosswalk

Health Priority 1: Behavioral Health

The data within the Dodge County Community Health Survey identified mental health as a top health priority. Mental health falls within the category of “Behavioral Health” as defined by MCHS. During the prioritization process, the CHNA Workgroup noted these needs within mental health to focus on:

- Improve social support within mental health spectrum
- Improve youth focus (education/support) within mental health spectrum
- Prevent suicide among all, but especially youth
- Increase access and affordability of services
- Decrease stigma around seeking care and services for mental health

Of the Dodge County Community Health Survey respondents, 38% disagreed and 15% strongly disagreed that there are resources available in the community to address mental health. Survey respondents were also asked if they felt the community was ready to address mental health; 33% agreed, but 32% were

unsure the community is ready to address mental health. The focus group also identified mental health care and access to mental health care as a priority, specifically noting that there is a lack of staff and that there is a huge gap for mental health care in the community.

Data Highlights	Dodge County	Wisconsin
Suicides (adult, per 100,000)	16	15
Mental health providers (ratio)	910:1	470:1
Depression, high school (HS) students (past 12 months)	31%	28.5%
Seriously considered suicide, HS students (past 12 months)	18%	15.7%
Poor mental health days (adult, past 30 days)	4.1	4.0
Students who most of the time or always get emotional help when needed	22%	24%

Table 3: 2021 County Health Rankings & Roadmaps (2018); Youth Risk Behavior Survey (2019)

Health Priority 2: Chronic Disease

The data within the survey identified obesity and chronic disease prevention and management as top health priorities. These priorities are part of the “Chronic Disease” category as defined by MCHS. These needs were noted during the prioritization process completed by the CHNA Workgroup:

- Increase the number of options for healthy behaviors
- Increase education for skills on preventing and managing health conditions and changing health behaviors
- Improve self-efficacy for healthy choices and behaviors
- Increase access to care and services

Along with these needs, healthy nutrition and physical activity are needs that were noted in the Dodge County Community Health Survey. When it comes to resources available in the community to address obesity and chronic disease prevention and management, 43% and 42% of survey respondents, respectively, were unsure if there are resources available. When asked if there are resources available in the community to address obesity and chronic disease prevention and management, 32% and 27% of respondents, respectively, disagree that there are resources available in the community to address obesity. Finally, the survey respondents were split on whether the community is ready to address obesity and chronic disease prevention and management: 41% and 46% respectively responded unsure in regard to “readiness.”

The Focus Group specifically noted that access to healthy nutrition (transportation, prevalence of food deserts, lack of education about nutrition) is an important issue to be addressed in the community.

Data Highlights	Dodge County	Wisconsin
Diabetes prevalence	12%	10%
Coronary heart disease hospitalizations (rate per 1,000)	3.3	2.8
Adult obesity	38%	32%
Physical inactivity	21%	20%

Adult tobacco use	20%	17%
High School Youth vape use	24%	21%
<i>See Health Priority 4: for data about nutrition access)</i>		

Table 4: 2021 County Health Rankings & Roadmaps (2018); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019)

Health Priority 3: Alcohol and Substance Use

Alcohol misuse and substance use were identified as a health priority through data from the survey, and alcohol misuse is a part of the “Alcohol and Substance Use” category as defined by MCHS. These needs (regarding alcohol and substance use) were noted during the CHNA Workgroup prioritization process:

- Increase education about the impact on health alcohol and drug use has
- Increase access to treatment and resources
- Limit the access to alcohol and drugs
- Lessen the acceptance and culture of drinking
- Increase the severity of penalties for alcohol-related crimes

The Dodge County Community Health Survey respondents shared that alcohol and substance use is important to focus on in the community. Specifically related to alcohol misuse, 36% percent of the survey respondents disagreed that there are resources available in the community to address alcohol misuse, and 32% of respondents disagree the community is ready to address it. When it comes to substance use, 32% believe that there are resources available to address substance use, and 34% of respondents agree that the community is ready to address it.

Focus group members also noted that there are high levels of drug and alcohol use in the community, especially teens vaping – the culture surrounding vaping has created a different dynamic than cigarette smoking.

Data Highlights	Dodge County	Wisconsin
Excessive drinking, adults (heavy or binge)	28%	24%
Alcohol-impaired driving deaths	31%	36%
Alcohol related deaths (rate per 1000,000)	51	43
Current alcohol use, high school students (one drink past 30 days)	35%	29.8%
Binge drinking, high school (HS) students (females 4+, males 5+ drinks consumed in a sitting)	16%	12.7%
Adult smoking	20%	17%
Youth (HS) smoking	13%	7.8%
Current vaping use, HS students (past 30 days)	24%	20%
Drug overdose deaths (rate per 100,000)	25	20
Opioid overdose emergency room visits (rate per 100,000)	53.8	42
Heroin specific overdose emergency room visits (rate per 100,000)	31.4	24

Table 5: 2021 County Health Rankings & Roadmaps (2018); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019)

Health Priority 4: Social Determinants of Health

Social determinants of health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”. (Healthy People 2030, 2021). This also includes access to health care (Kaiser Family Foundation, 2018). It is critical to address social determinants of health in order to improve health and reduce health inequities as 80% of what impacts our health is affected by these areas.

The SDOH that were prioritized through this CHNA process are:

- Access to transportation
- Access to technology (broadband internet/Wi-Fi, tele-health visits)
- Access to quality affordable childcare/after-school care
- Nutrition insecurity

These conditions influence residents’ ability to access living-wage jobs, educational opportunities, affordable and convenient healthcare services, and participate in healthy behaviors. Prevalent themes in the Dodge County Community Health Survey related to SDOH needs included:

- Access to health care (including mental health) providers and services
- Access/options to engage in healthy behaviors
- Access to healthier food, healthier choices/options
- Public transportation
- Safe, affordable housing and employment opportunities (for residents with lower incomes)
- Stress associated with poverty (for residents with less education and/or lower incomes)

Focus group participants agreed that transportation to healthy nutrition is a need in the community. Compared to all Community Health Survey participants, residents with lower incomes feel “medical care,” “education” and “employment” are not strengths related to health in Dodge County. The vast majority of Community Health Survey participants did not feel “public transportation” is a strength. See Appendix F for an executive summary of the 2021 Community Health Survey.

The CHNA Workgroup decided to include access to technology and quality, affordable childcare/after-school care as a priority after discussing personal and professional experiences related the COVID-19 pandemic. Inequities in access to broadband internet have delayed, made it more difficult, and/or prevented residents and patients from accessing their online education or health care services in the form of tele-health. Inability to obtain quality, affordable childcare/after-school care can prevent a parent from taking or keeping a living-wage job and therefore keeping them and their family in poverty.

Data Highlights	Dodge County	Wisconsin
High School students who experienced hunger due to lack of food at home (past 30 days)	26%	24.7%
Food insecurity	8%	9%
Limited access to healthy foods	4%	5%

ALICE + Poverty (Asset Limited, Income Constrained, Employed)	29%	34%
Unemployment	3.2%	3.2%
Percent population living in poverty	8.9%	----
Children in poverty	11%	14%
Home ownership/housing units occupied by owner	69.7%	67%
Occupied housing units with no vehicles available	5.1%	6.7%
Broadband access	82%	83%
Ratio of primary care providers	1790:1	1270:1

Table 6: 2021 County Health Rankings & Roadmaps (2017-2018); Youth Risk Behavior Survey (2019); Behavior Risk Factor Surveillance Survey (2014-2019); 2020 ALICE Report (2018); WI Dept. of Health Services Public Health Profile (2017); dhs.wisconsin.gov (2021); Environmental Public Health Data Tracker (2021); Dodge County Well-Being Index (2015-2019)

Health Needs Not Addressed

Through the assessment process, the CHNA Workgroup identified other community health needs that have not been prioritized in this plan. The CHNA Workgroup considered other organizations addressing the specific need, the ability of MMC-Beaver Dam to impact change, availability of resources, as well as readiness of the community for interventions.

After consideration, the following health needs will not be addressed by MMC-Beaver Dam for reasons indicated:

- **Oral Health:** MMC-Beaver Dam is working to grow partnerships with local services that provide low-cost oral healthcare. For the 2021 CHNA and IS cycle, this health need was not prioritized by the CHNA Workgroup. This decision is due in part to resource limitations, and the fact that MMC-Beaver Dam is not currently equipped to meet this need.
- **Access to and Affordability of Care:** MMC-Beaver Dam continues to make progress towards increasing access and reducing cost of high-quality care. For the 2021 CHNA and IS cycle, this health need was not prioritized by the CHNA Workgroup. This decision is due in part to resource limitations, the very broad nature of this need, in that it is not easily defined and not easily measured.
- **Poverty/Low Wage Jobs:** MMC-Beaver Dam’s capacity to address socioeconomic levels of Dodge County residents is very limited. However, other organizations in the county, including the United Way, are addressing this issue. By sharing resources to those who need it, MMC-Beaver Dam is collaborating with the agencies who are well equipped to address socioeconomic stressors. This decision is due in part to resource limitations, the very broad nature of this need, in that it is not easily defined and not easily measured.
- **Stress that Accompanies Poverty:** Similar to addressing poverty and low-wage jobs, MMC-Beaver Dam’s capacity to address stress due to socioeconomic status is limited. However, to attempt to alleviate stress, MMC-Beaver Dam is committed to strengthening the community ties with other agencies by providing referrals to such agencies and is continually working to increase access to low-cost services.

Potential Resources to Address Health Priorities

Potential resources and assets in our community that will help address the identified health priorities as well as help develop the implementation plans include the following:

Resource Listings and Databases

- 211 Wisconsin (211wisconsin.communityos.org)
- MCHS Community Connections Team (communityhealth.marshfieldclinic.org/en/Community-Connections)
- Dodge County Resource Directory (<https://www.co.dodge.wi.gov/home/showpublisheddocument/41627/637460646859970000>)

Basic Needs Assistance

- Central Wisconsin Community Action Council, Inc.
- Community Activities and Services (The Watermark)
- Dodge County Housing Authority
- Forward Services Corp.
- Habitat for Humanity International Inc.
- New Beginnings Homeless Shelter
- PAVE
- Salvation Army
- St. Vincent De Paul Society
- Watertown Senior and Community Center
- UMOS, Inc.
- United Way of Dodge County Inc.

Healthcare Organizations

- Church Health Services
- Marshfield Medical Center
- Prairie Ridge Health
- SSM Health
- Watertown Regional Medical Center
- UW Health

Public Health Departments

- Dodge County Human Services and Health Department
- Jefferson County Health Department
- Watertown Department of Public Health

Next Steps

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups and organizations. MMC-Beaver Dam will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated and improved upon over time.

Marshfield Medical Center-Beaver Dam CHNA Workgroup will develop an implementation strategy plan that will integrate these health priorities into the strategic plan for resource investments and allocations. Marshfield Medical Center-Beaver Dam and partners will implement programs that demonstrate potential to have the most impact on improving selected health priorities.

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

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

Approval and Community Input

This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on December 13, 2021.

If you would like to serve on a coalition that helps meet the aims of this report, or have a comment on this assessment, please contact the Marshfield Clinic Health System Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

Evaluation of the Impact of the Preceding Implementation Strategy

Health priorities identified in the 2019 CHNA were:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Alcohol and Substance Abuse

Strategy	Summary of Actions Since 2019 CHNA
Alcohol and substance abuse community workgroups	MMC-Beaver Dam representatives actively participated in Alliance for Substance Abuse Prevention (ASAP) of Dodge County, and collaboratively launched the DHS Small Talks campaign, encouraging parents of 8-12 year olds to have conversations about not drinking alcohol, in the Dodge County area. A representative from MMC-Beaver Dam also participated in Dodge-Jefferson Healthier Community Partnership.

Behavioral Health

Strategy	Summary of Actions Since 2019 CHNA
Provide community training related to mental health and/or suicide prevention	MMC-Beaver Dam, in partnership with the Beaver Dam Area Chamber of Commerce, provided Question, Persuade and Refer (QPR) Gatekeeper Training to 39 people. Additionally, over 400 Beaver Dam Unified School District were trained as part of the 2021-22 school year orientation. Mental health resources were shared with attendees.
Support community educational event related to mental health and/or suicide prevention	MMC-Beaver Dam, in partnership with Church Health Services provided a community viewing and discussion of the documentary " The Ripple Effect " to 18 people. Additional mental health resources were shared with attendees. MMC-Beaver Dam also supported the Out of the Darkness Suicide Prevention Walk coordinated by Church Health Services and American Foundation for Suicide Prevention.
Mental health community workgroups	MMC-Beaver Dam staff actively participated in Dodge County Interagency, sharing and connecting to resources, programs and activities. A representative from MMC-Beaver Dam also participated in Dodge-

Chronic Disease

Strategy	Summary of Actions Since 2019 CHNA
<p>Improve access to healthy choices</p>	<p>MMC-Beaver Dam displayed education information about sugar sweetened beverages and offered sampling of non-sugar-sweetened beverages for staff, volunteers, and patients in the MMC-Beaver Dam Café, Hillside Manor, Warren Street building, off-campus clinics, Remembrance Home, Eagles Wings, and Kids Care.</p>
<p>Implement a community initiative to support care delivery of chronic disease prevention</p>	<p>MMC-Beaver Dam promoted and supported the delivery of evidence-based classes, to community members to address chronic diseases. Classes included Living Well with Chronic Conditions, Stepping On, and Pre-Diabetes Prevention Program in partnership with MCHS Lifestyle Coaches and the Dodge County Aging and Disabilities Resource Center.</p>
<p>Chronic disease community workgroups</p>	<p>MMC-Beaver Dam staff coordinated well-being initiatives, engaging with hundreds of residents, supporting dozens of approved organizations, and implementing community improvements through changes to policies, systems and the built environment.</p>

Appendix A: Individuals Involved in the CHNA

Marshfield Medical Center-Beaver Dam Community Health Needs Assessment Workgroup (CHNA Workgroup)

- Angelia Foster, Chief Administrative Officer, Marshfield Medical Center-Beaver Dam
- James McComas, Administrative Director of Extended Care Services, Marshfield Medical Center-Beaver Dam
- Colette Smith, Administrative Director of Patient Care Services, Marshfield Medical Center-Beaver Dam
- Jason Tate, Administrative Director-Regional Operations, Marshfield Medical Center-Beaver Dam
- Dr. Jamie Deering, Vice President of Medical Affairs, Marshfield Medical Center-Beaver Dam
- Linda K. Klinger, Manager of Rehabilitation Services, Marshfield Medical Center-Beaver Dam
- Emily Dieringer, Community Benefits Coordinator, Marshfield Medical Center-Beaver Dam
- Liz Kern, Marketing, Communications and Outreach Coordinator, Marshfield Medical Center-Beaver Dam
- Trina Justman Reichert, Community Health Program Coordinator, Marshfield Medical Center-Beaver Dam
- Bev Beal-Loeck, Community Outreach and Events Director, Church Health Services
- Harper Mruk, Executive Director, United Way of Dodge County

Appendix B: County Health Rankings & Roadmaps

County Health Rankings and Roadmaps is a website that provides information about health outcomes and health factors for different counties. Along with health outcomes and health factors, county demographics and where the county ranks within its state are included. Some of the health outcomes that are included are: length of life, quality of life, life expectancy, infant and child mortality, diabetes prevalence, and frequent physical or mental distress.

Some of the health factors that are included are: health behaviors (smoking, drinking, etc.), clinical care (number of physicians, dentists, mental health providers and more), social and economic factors (education, poverty, crime, etc.), and physical environment (pollution, housing, drinking water, etc.).

To access 2021 Dodge County data visit:

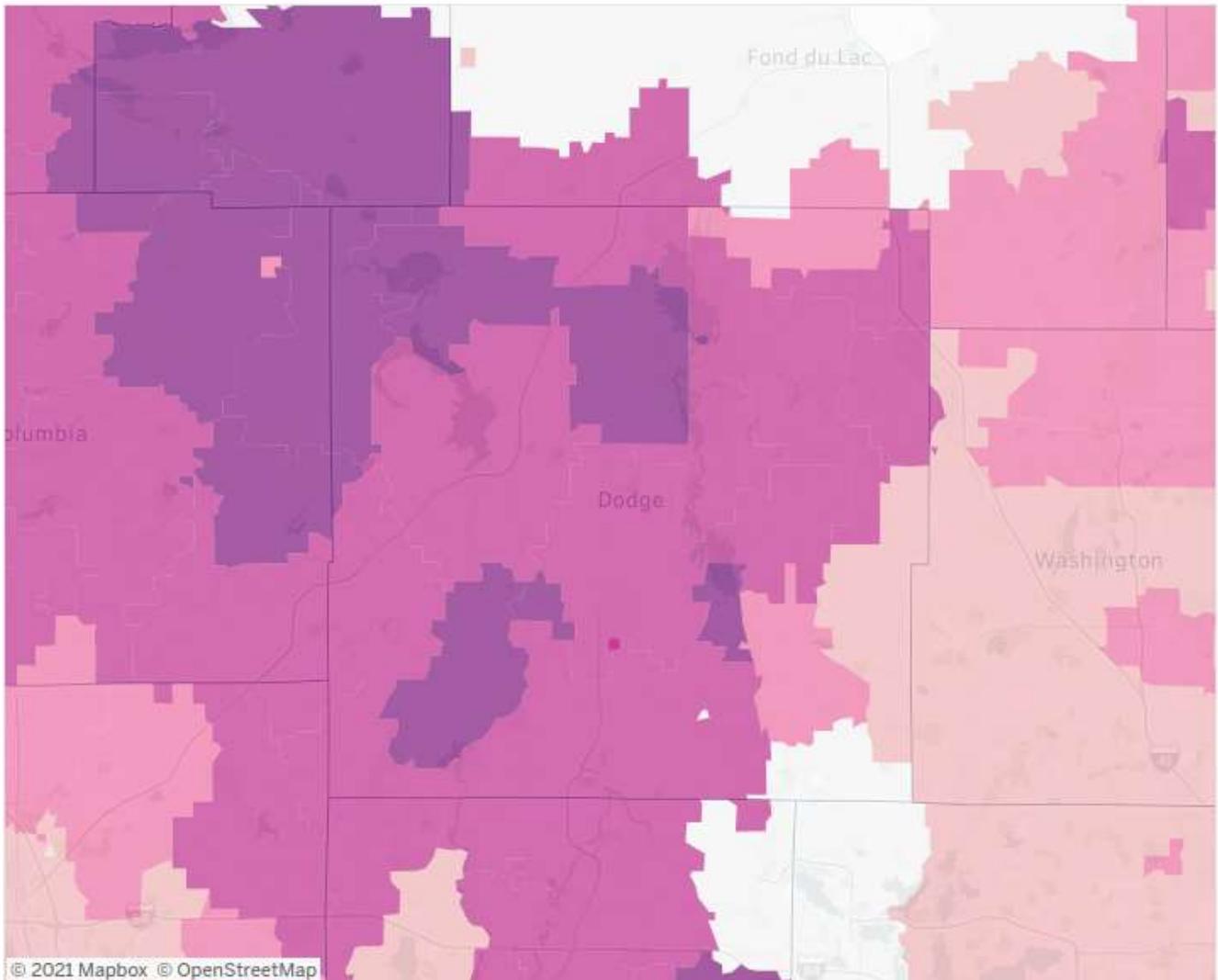
<https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/dodge/county/outcomes/overall/snapshot>

Appendix C: Maps

WI Obesity Rates 2016, WI Health Atlas

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

Obesity Rates for All 18+ Year Old Patients by ZIP Code, 2015-2016



Wisconsin Health Atlas, 2018

Choose What the Map Displays

Age Group

- 18+
- 5 - 17
- 18 - 34
- 35 - 54
- 55 - 74
- 75+

Gender

- All
- Female
- Male

Map Legend

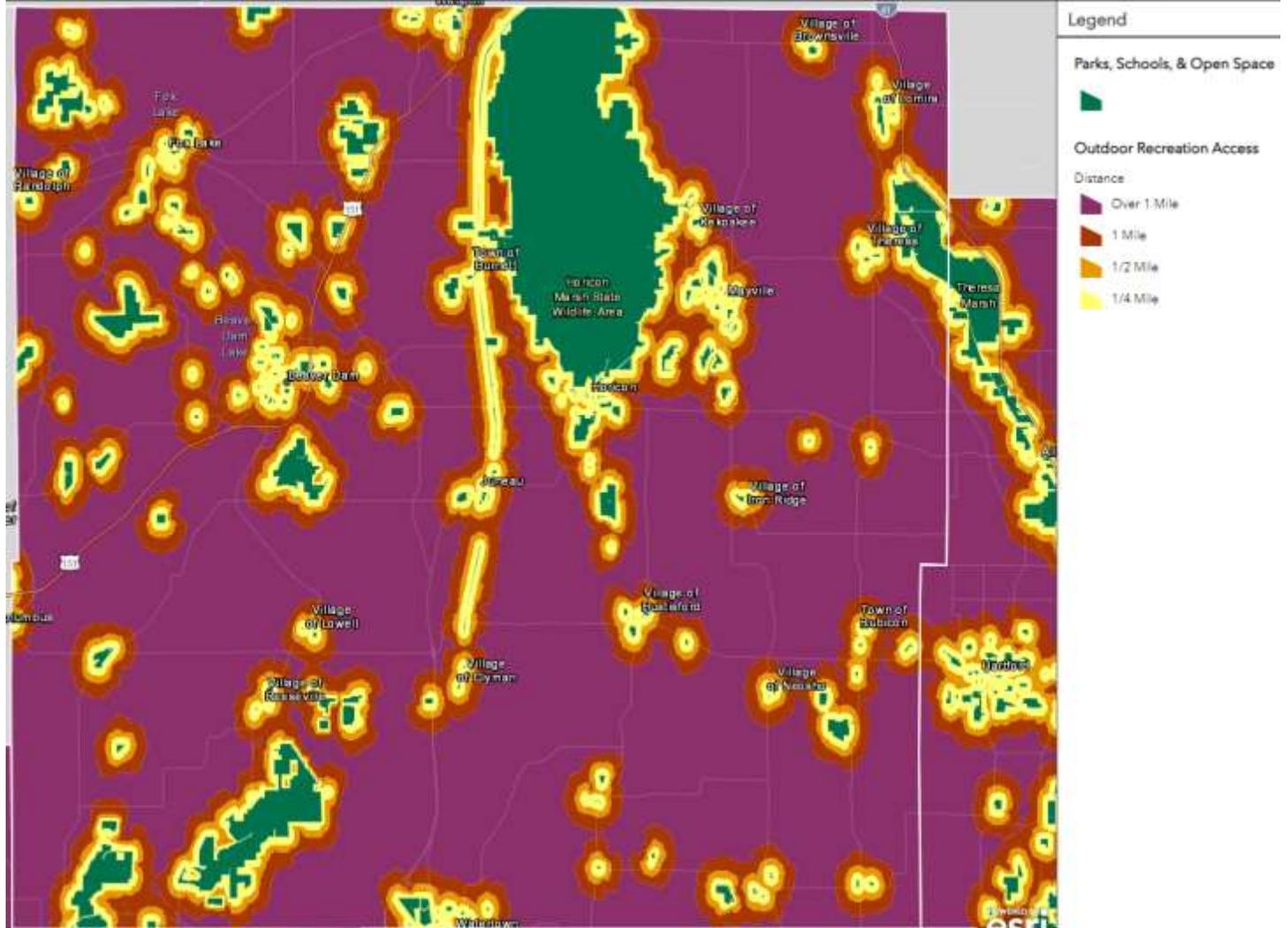
- Under 41.0%
- 41.0% - 44.9%
- 45.0% - 48.9%
- 49.0% and Over
- No Estimate

Obesity Rate Range

15.9% - 67.2%

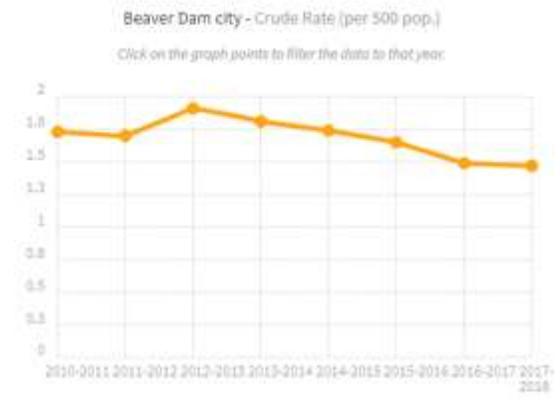
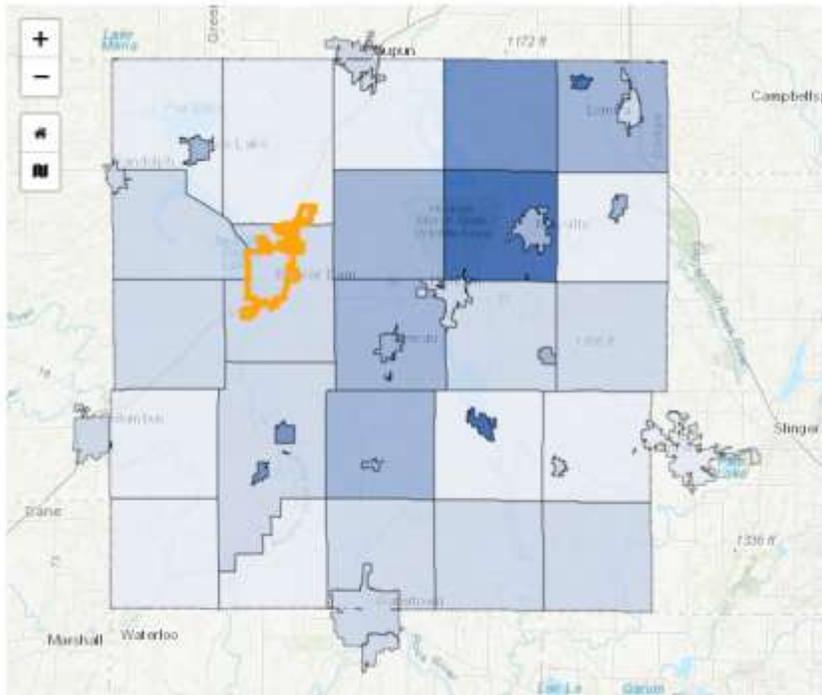
WI Outdoor Opportunity Map 2018, WI Health Atlas

<https://www.arcgis.com/apps/webappviewer/index.html?id=117ebb348c64415ebf10e0ae9f0ccff1>

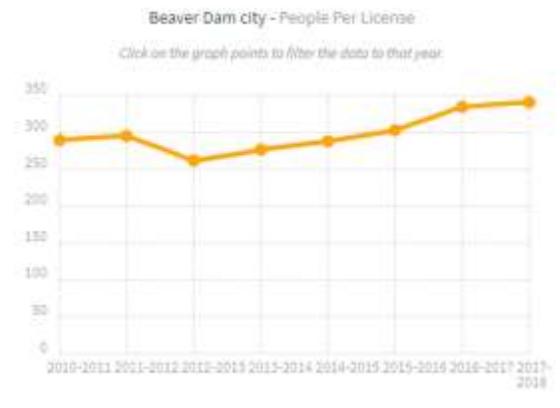
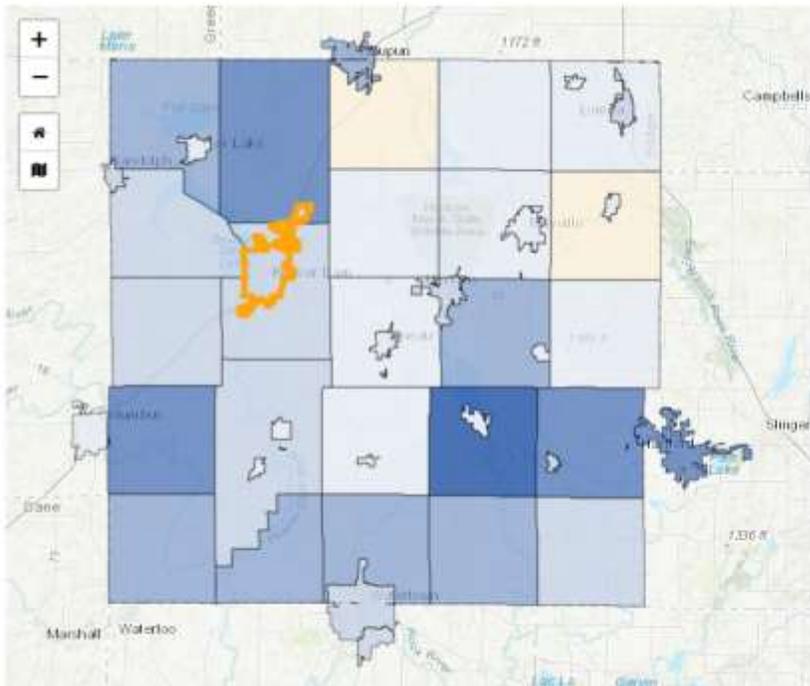


Alcohol Outlet Density (per 500 pop.) 2018, Environmental Public Health Data Tracker

<https://dhsjis.wi.gov/DHS/EPHTracker/#/map/Alcohol/alcoholSubdivisionIndex/027/Outlet%20Density>

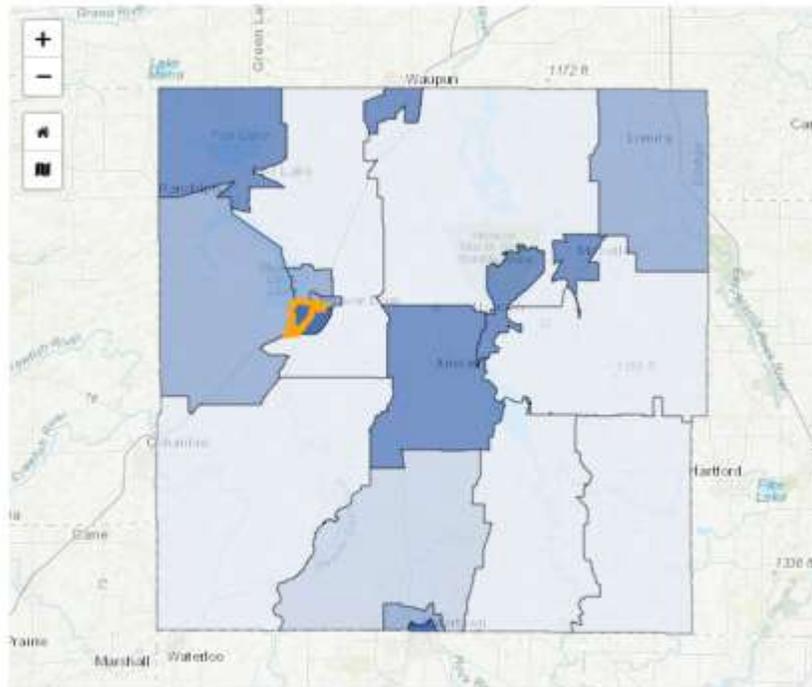


Alcohol Outlet Density (people per license) 2018, Environmental Public Health Data Tracker



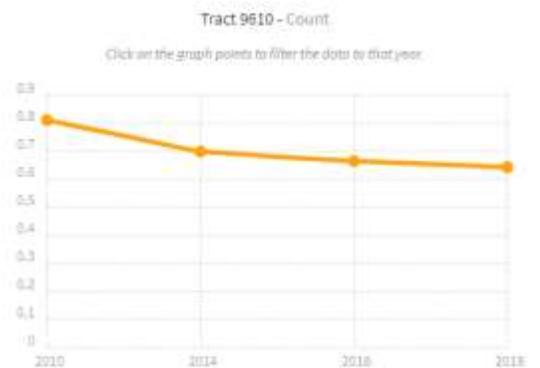
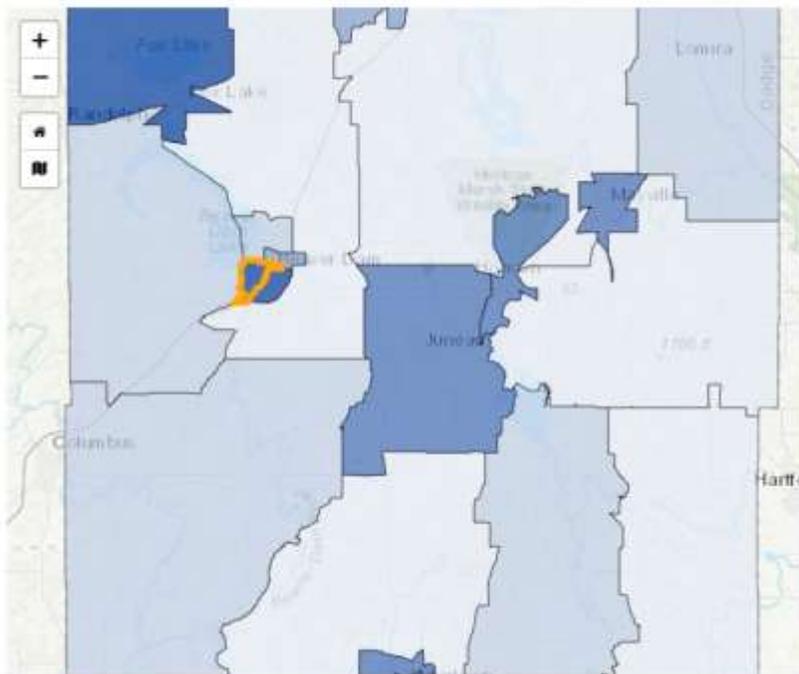
Social Vulnerability Index (ATSDR) - Overall percentile vulnerability rank 2018, Environmental Public Health Data Tracker

<https://dhsqis.wi.gov/DHS/EPHTracker/#/map/Populations%20and%20Vulnerabilities/popAndVulTractIndex/55027/115/604>



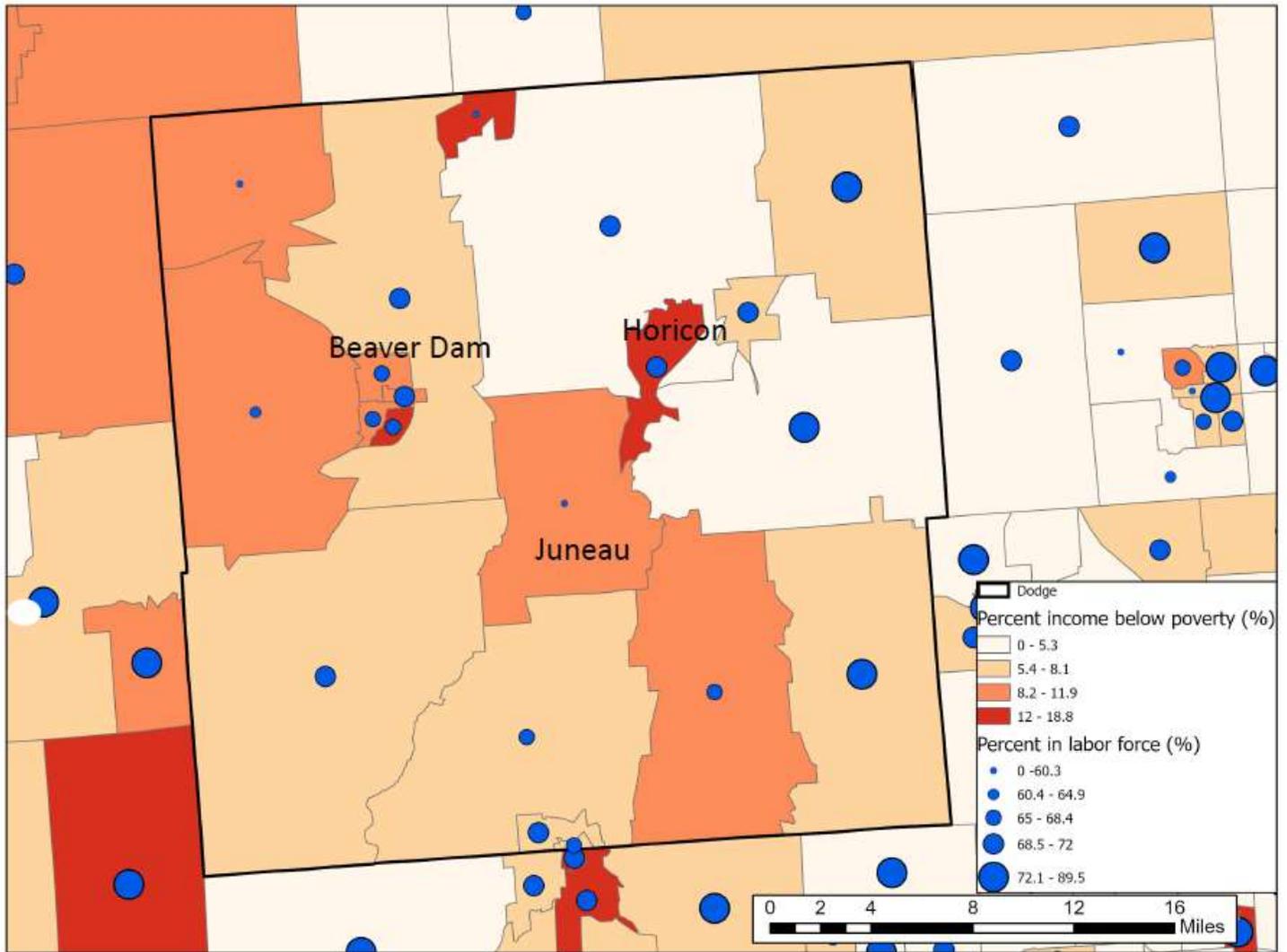
Socioeconomic percentile vulnerability rank 2018, Environmental Public Health Data Tracker

<https://dhsqis.wi.gov/DHS/EPHTracker/#/map/Populations%20and%20Vulnerabilities/popAndVulTractIndex/55027/115/605>



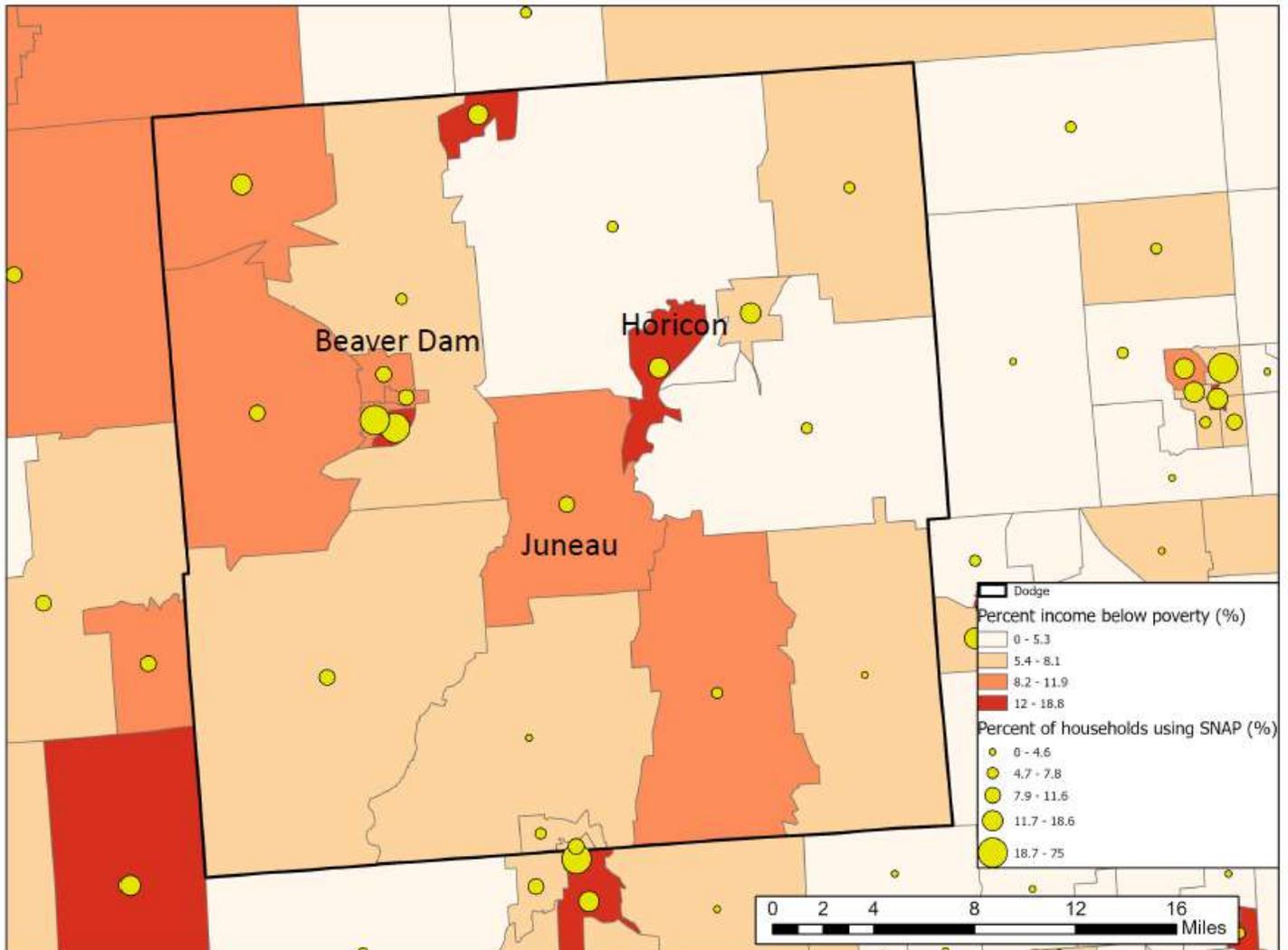
Percent income below poverty and percent in labor force, 2018 American Community Survey 5-Year Estimate

Quintiles developed using statewide tract deviation



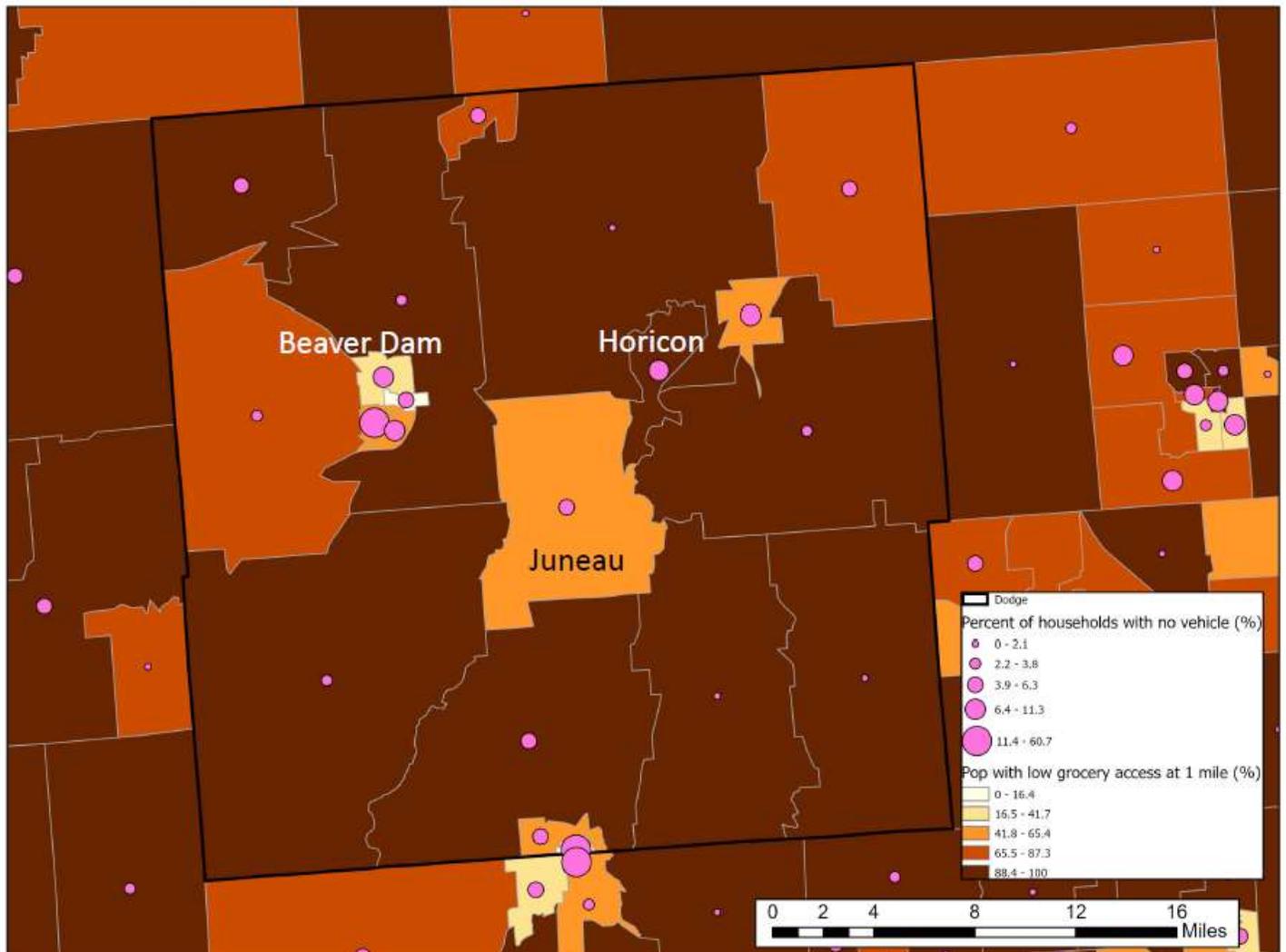
Percent income below poverty and percent of households using SNAP, 2018 American Community Survey 5-Year Estimate

Quintiles developed using statewide tract deviation



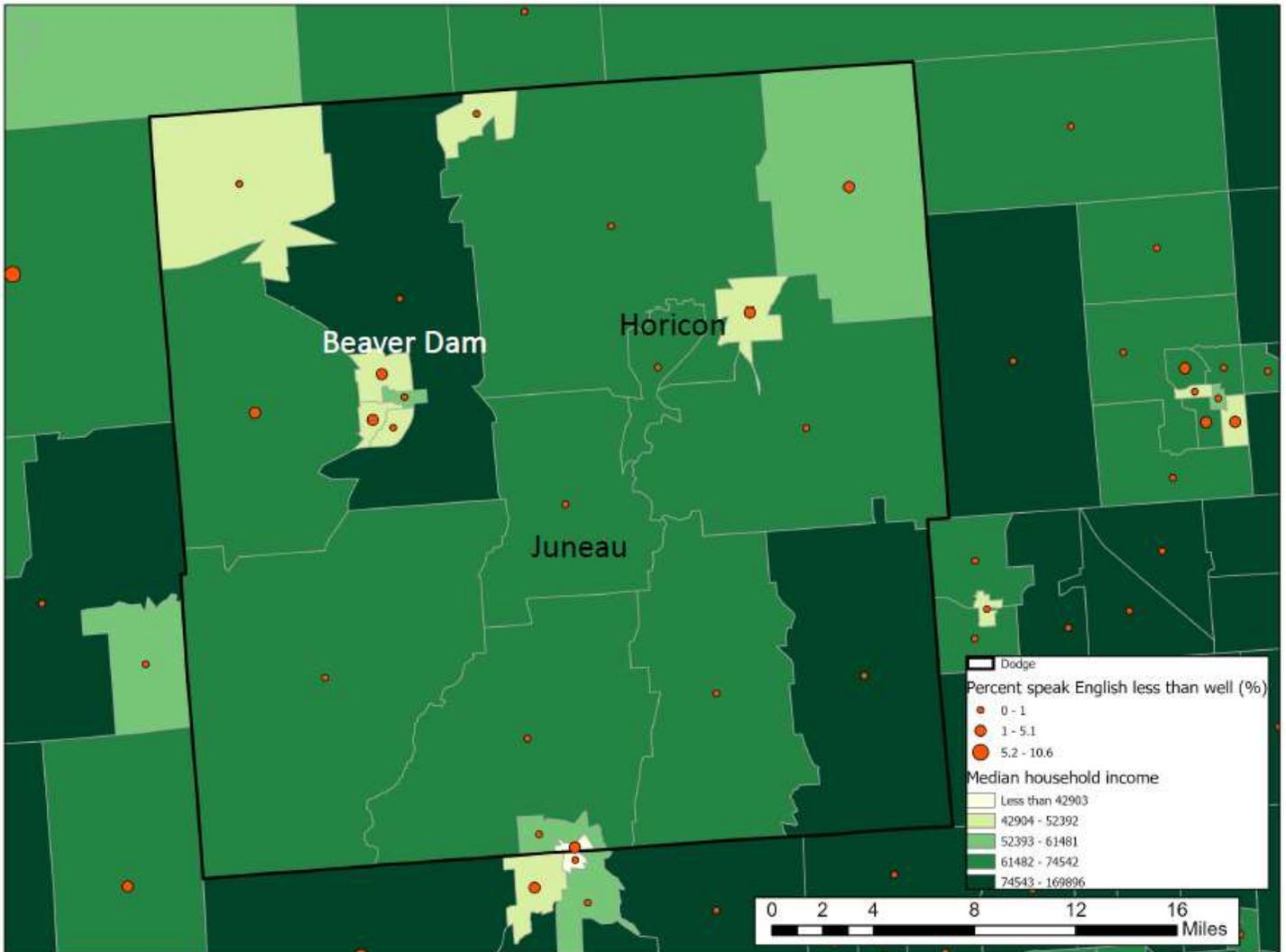
Percent households with no vehicle and percent of population with low grocery access at 1 mile, 2017 United States Department of Agriculture

Quintiles developed using statewide tract deviation

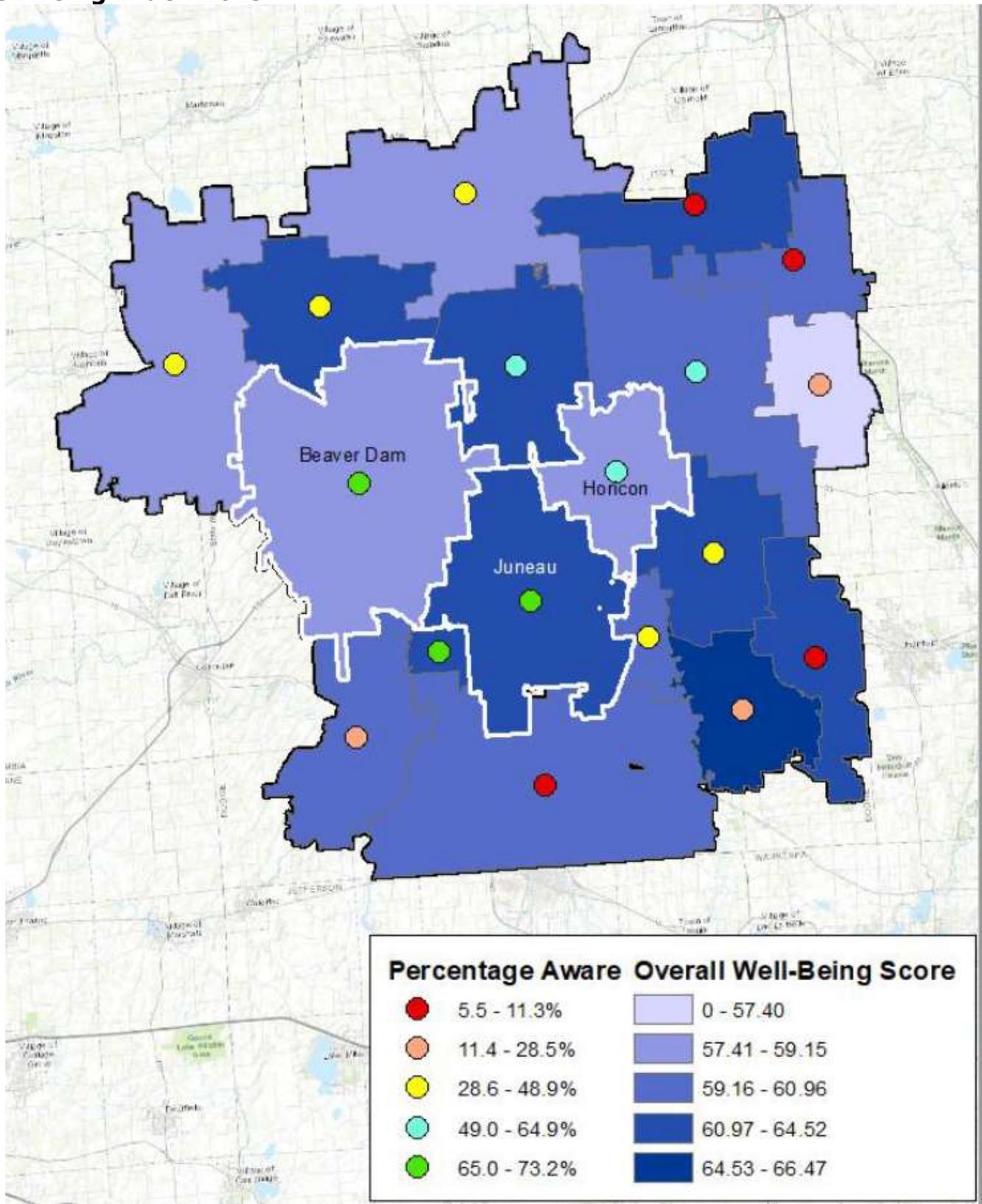


Percent who speak English less than well and median household income, 2018 American Community Survey 5-Year Estimate

Quintiles developed using statewide tract deviation

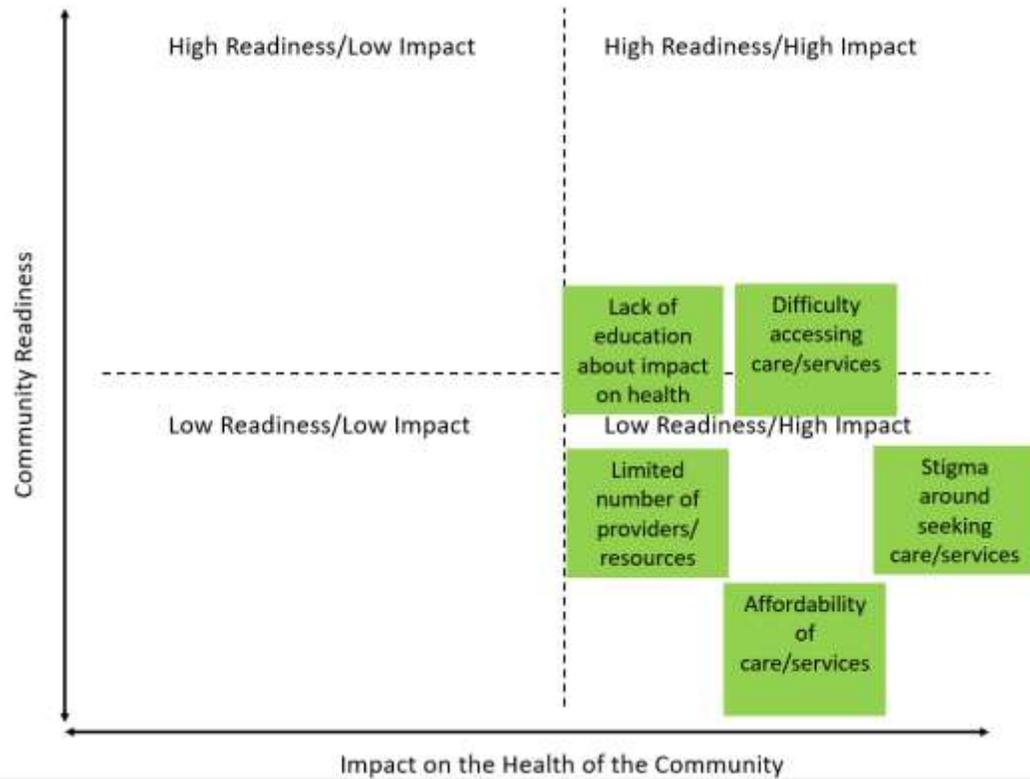


Percent Awareness of Blue Zones Project and Overall Well-Being Index Score, Well Being Index 2019

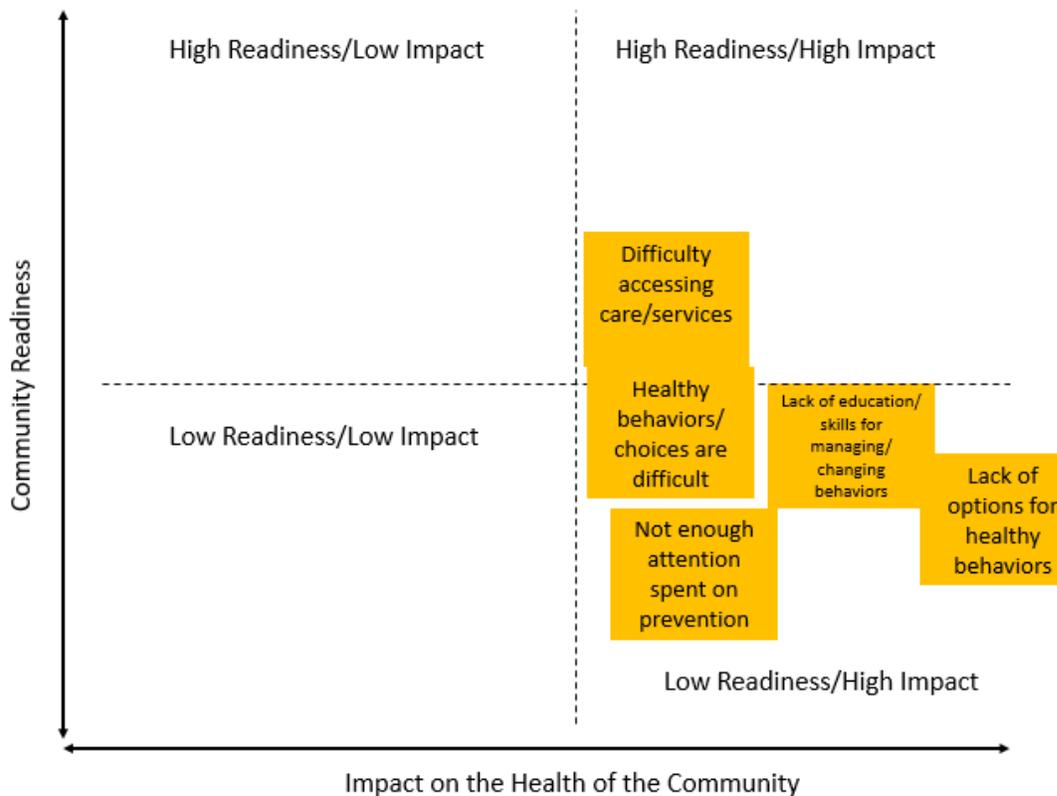


Appendix D: Strategy Grids

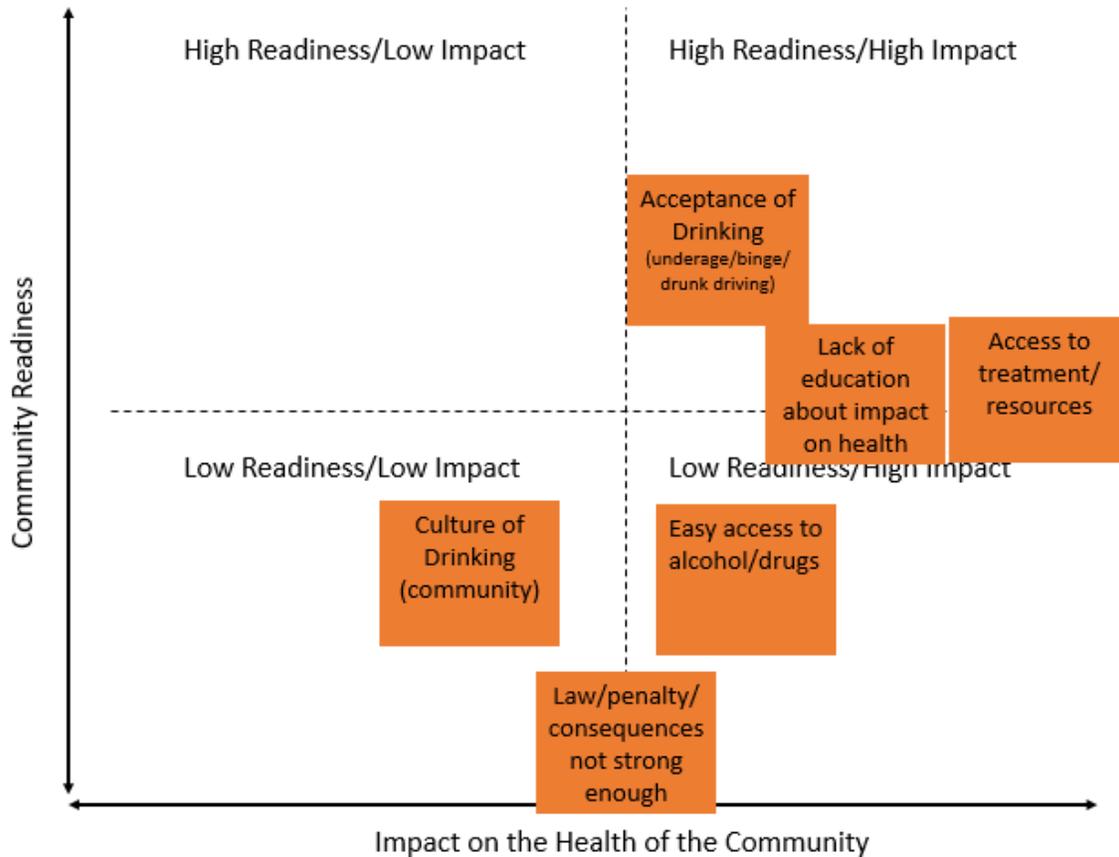
Behavioral Health:



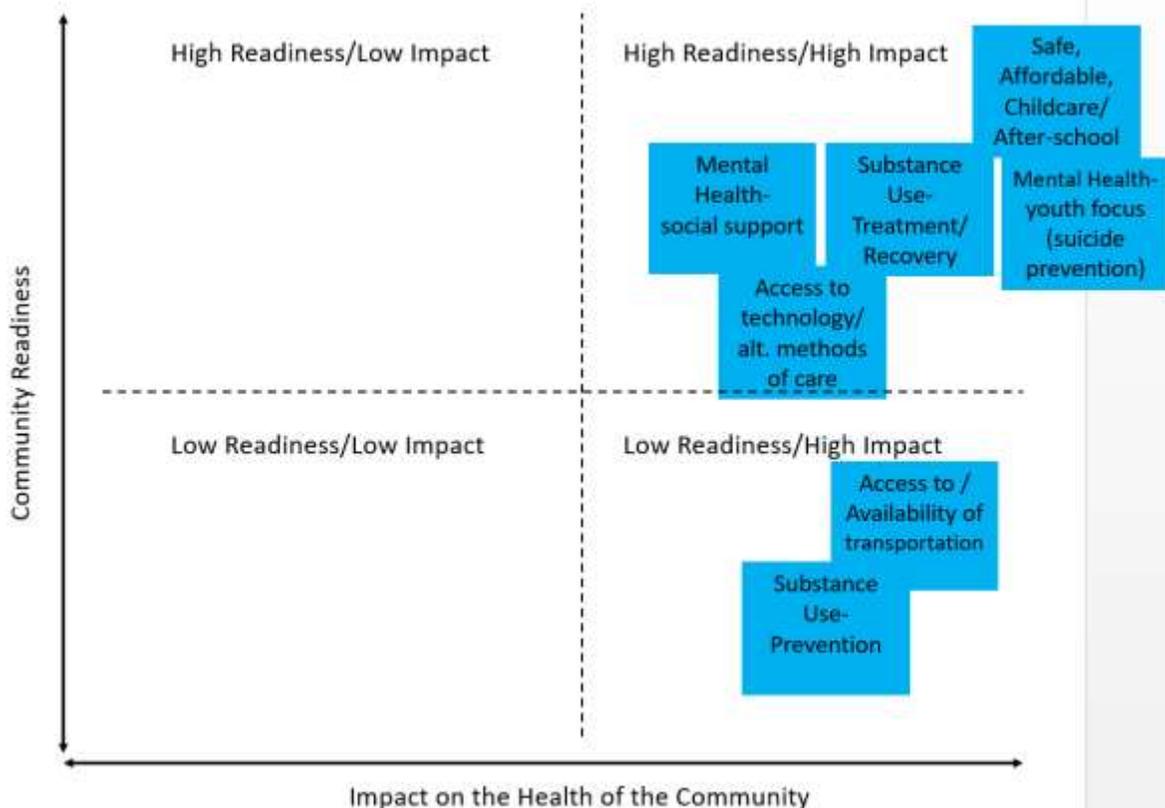
Chronic Disease:



Alcohol and Substance Abuse:



Living Conditions/Social Determinants of Health:



Appendix E: Community Health Survey



Dodge County Community Health Survey

Marshfield Clinic Health System along with local health departments, other agencies, and residents are working together to improve where we live, learn, work, and play.

Community health seeks to protect and improve health of all people within a specific geographic region or population group by focusing on changing systems or policies, and implementing programs and initiatives to better the physical and mental well-being of the people who live, work, and play there. You will be asked to share what issues you see in our community and share your ideas about services and programs that would help improve the health of our community in that area.

Participation in this survey is voluntary and is intended to be completed by individuals who live or work in Dodge County only. Your answers will remain anonymous and confidential, and will be combined with all survey respondents. The results will be shared with community members who are interested in improving the health of the community. Estimated time to complete this survey is 10-15 minutes.

Deadline for submission is April 7, 2021. Completed surveys should be given back to the agency where you picked it up OR mailed to Blue Zones Project, 707 S. University Ave, Beaver Dam, WI 53916. THANK YOU!

Health Area Definitions

Health Area: Alcohol Misuse

Alcohol misuse is when using alcohol can cause problems.

It can affect the community and cause:

- Car crashes
- Injuries or death
- Crimes and violence
- Alcohol addiction and dependence.

Alcohol misuse is when:

- People under 21 years old drink alcohol.
- Pregnant women drink alcohol.
- Any person binge drinks (4+ drinks a day for women, 5+ drinks a day for men).

Health Area: Chronic Disease Prevention and Management

Healthier communities help people prevent and manage chronic diseases like:

- Heart disease
- Cancer
- Diabetes
- Asthma
- Arthritis
- Alzheimer's disease and/or related dementia

Health Area: Communicable Disease Prevention and Control

Healthier communities prevent diseases that are caused by bacteria, viruses, fungi, or parasites and can pass from person to person or animal to person.

Examples include:

- Influenza
- Measles
- COVID-19
- West Nile Virus
- Salmonella
- Lyme Disease

Healthier communities control the spread of these diseases with:

- Immunizations (like vaccines)
- Personal health habits (like washing hands)
- Formal health care (like yearly check-ups)

Health Area: Environmental and Occupational Health

Healthier communities prevent sickness and injury from indoor and outdoor dangers like:

- Chemicals
- Contaminated food or water
- Polluted air
- Work hazards (e.g., unsafe work practices/tools or exposure to chemicals or radiation)
- Diseases that can pass from animals to human.

Health Area: Healthy Growth and Development

Communities are healthier when children/adults can improve their physical, social, and emotional health with:

- Prenatal care
- Early learning opportunities for infants and children
- Positive, caring relationships
- Regular health check-ups
- Quality child and elder care.

Health Area: Healthy Nutrition

Communities are healthier when all people (babies, children, adults, and seniors) can always eat healthy food and have enough:

- Fruits and vegetables
- Fresh foods properly stored, prepared, and refrigerated
- Meals with a good balance of protein, carbohydrates, vegetables, and fat
- Drinks and foods with low sugar and low fat
- Breastfeeding support (where applicable).

Health Area: Injury and Violence Prevention

All people are safer and healthier when communities have programs to prevent:

- Falls
- Accidental poisoning
- Car crashes
- Gun violence
- Child abuse
- Sexual assault.

Health Area: Mental Health

Communities are healthier when all people can get help with mental health conditions like:

- Depression
- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Bi-polar disorder
- Suicidal thoughts.

Health Area: Obesity

People who are obese, or have too much body fat, have more risk for:

- Heart disease
- High blood pressure
- Diabetes.

Health Area: Oral Health

Communities are healthier when all people can keep their teeth, gums, and mouth healthy and can get care for:

- Mouth pain
- Tooth loss
- Tooth decay
- Mouth Sores.

Health Area: Physical Activity

People are healthier when they are active. Healthier communities have programs to help people:

- Walk
- Swim
- Participate in team sports.
- Bike
- Lift weights

Health Area: Reproductive and Sexual Health

Healthier communities have education and healthcare services to:

- Help people of all ages have good sexual health
- Prevent accidental pregnancy
- Prevent sexually transmitted infections (STIs) like chlamydia and gonorrhea.

Health Area: Substance Use

Misuse of prescription drugs and use of illegal drugs (marijuana, heroin, methamphetamine, and others) can affect the community and cause:

- Car crashes
- Crimes and violence
- Injury or death
- Drug addiction and dependence

Health Area: Vaping/Tobacco Use and Exposure

All communities are healthier when communities offer programs to:

- Prevent tobacco use (stop people before they start vaping, smoking, or chewing)
- Provide treatment to help people who want to stop vaping, smoking, or chewing
- Protect people from second-hand smoke.

MMC-BD Dodge County Community Health Survey – Please return the pages below

1. Do you live or work within Dodge County, Wisconsin?

- Yes- I live or work in Dodge County
- No

2. What do you think would make the health of the community better?

3. What are the greatest strengths in Barron County in relation to the health of the community? (Choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Affordable Housing Options | <input type="checkbox"/> Employment | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Community Connectedness | <input type="checkbox"/> Healthy Eating Options | <input type="checkbox"/> Substance Use Treatment Access |
| <input type="checkbox"/> Community Safety | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Treatment Access | |
| | <input type="checkbox"/> Parks | |

4. When thinking about the health of the community, what worries you about the future?

5. Marshfield Clinic Health System along with local health departments, other agencies, and residents are working together to improve where we live, learn, work, and play. **What would you like to see these partners work on to improve health?**

6. For each health area listed below, please indicate if you feel it is an issue in the community.

Note: This portion refers to the Health Areas identified in the Healthiest Wisconsin 2020: State Health Plan please reference attached definition document for further explanation. Learn more about the State Health Plan at: <https://www.dhs.wisconsin.gov/hw2020/index.htm>

	Not an Issue	Slight Issue	Moderate Issue	Major Issue	Unsure
Alcohol Misuse	<input type="checkbox"/>				
Chronic Disease Prevention & Management	<input type="checkbox"/>				
Communicable Disease Prevention & Control	<input type="checkbox"/>				
Environmental & Occupational Health	<input type="checkbox"/>				
Healthy Growth & Development	<input type="checkbox"/>				
Healthy Nutrition	<input type="checkbox"/>				
Injury & Violence	<input type="checkbox"/>				
Mental Health	<input type="checkbox"/>				
Obesity	<input type="checkbox"/>				
Oral Health	<input type="checkbox"/>				
Physical Activity	<input type="checkbox"/>				
Reproductive & Sexual Health	<input type="checkbox"/>				
Substance Use	<input type="checkbox"/>				
Vaping/Tobacco Use & Exposure	<input type="checkbox"/>				

7. Choose 3 health areas from the list above that you think are the biggest issue in the community and explain why.

Health Area 1: _____ is an issue in the community because.....

Health Area 2: _____ is an issue in the community because.....

Health Area 3: _____ is an issue in the community because.....

8. We know that many important issues in other areas of life also impact our health. **Which of the factors below contribute most to your top community health concerns?** (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Access to educational, economic, and job opportunities | <input type="checkbox"/> Racism and discrimination |
| <input type="checkbox"/> Access to health care services | <input type="checkbox"/> Resources provided for multiple languages and literacy levels |
| <input type="checkbox"/> Access to mass media and emerging technologies (e.g., cell phones, Internet and social media) | <input type="checkbox"/> Social support |
| <input type="checkbox"/> Availability of resources to meet daily needs (e.g., safe housing and local food markets) | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Living in poverty and the stressful conditions that accompany it | <input type="checkbox"/> Quality of education and job training |
| <input type="checkbox"/> Opportunities for recreation and leisure | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Other (please specify):
_____ |

9. What impacts of COVID-19 have you seen in the community?

Demographics – Tell us more about you.

10. To which gender do you most identify?

- | | | |
|---|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Variant/Non-Conforming | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Not listed:
_____ | |
| <input type="checkbox"/> Transgender Male | | |
| <input type="checkbox"/> Transgender Female | | |

11. Age Group:

- | | | |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Prefer not to answer |

12. Ethnicity: (Choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino or Spanish Origin | <input type="checkbox"/> Another group: _____ |
| <input type="checkbox"/> Not Hispanic or Latino or Spanish Origin | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Ethnicity unknown | |

13. Race: (Choose all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- Two or More Races
- Race unknown
- Another group: _____
- Prefer not to answer

14. Highest level of education completed:

- Some education (elementary school/high school)
- High School/GED
- Some College
- Associate's Degree

- Bachelor's Degree
- Graduate/Professional Degree
- Prefer not to answer

15. Which of the following most accurately describes your current employment status?

- Employed, Full Time (35+ hours/week)
- Employed, Part Time
- Unemployed, Looking for Work
- Unemployed, Not Looking for Work

- Unemployed, Disabled
- Unemployed, Retired
- Prefer not to answer

16. Yearly household income:

- \$24,999 or below
- \$25,000-\$74,999

- \$75,000 and above
- Prefer not to answer

17. Are there children (under age 18) in your household?

- Yes
- No
- Prefer not to answer

18. How many people are in your household, including you? _____

19. Do you help or provide caregiving assistance to another adult who lives in your home or in your community?
(Examples: cooking meals, grocery shopping, housekeeping, yard care, provide transportation, medication assistance)

- Yes
- No
- Prefer not to answer

20. What is your current housing situation? (Indicate your primary living situation during the past 30 days)

- Homeowner
- Homeless
- Institution (e.g., Jail or Nursing Home)
- Living with Someone Else
- Renter (Home, Apartment, or Room)
- Prefer not to answer

Thank you for completing the survey!

Appendix F: Community Health Survey Results

Survey Description:

For four weeks in March-April 2021, Marshfield Medical Center- Beaver Dam (MMC-BD) asked community members who live and/or work in Dodge County to complete a survey to share what health issues they see in our community and share their ideas about services and programs that would help improve the health of our community in that area. The survey was available online through the Survey Monkey platform and paper copies were distributed to local community health partners. Due to the COVID-19 pandemic, limited paper survey distribution was conducted. Responses most likely are influenced by the pandemic and the disruption felt by virtually all those who live and work in Dodge County.

The goals of the survey were to:

- Understand community members' knowledge of and experiences with health needs at an individual and community level at this point in time;
- Gauge community members' awareness of health needs, resources to address health issues, and perception of the community's willingness to improve the health issues; and
- Receive actionable feedback that community leaders and supporters could use in support of addressing these health needs.

For more information or the full survey summary, please contact Emily Dieringer, dieringer.emily@marshfieldclinic.org.

Overall Summary and Themes:

- Community members connect social and environmental factors to health outcomes, recognizing health and well-being is impacted by more than just health care or individual behaviors.
 - People with lower incomes specifically note lack of safe, affordable housing and employment as two factors that are weaknesses in Dodge County as they relate to health of the community.
 - Compared to all respondents, people with less education and people with lower incomes more frequently recognize stress associated with poverty contributes to health concerns.
- Assets in Dodge County, like parks and trails, are strengths of the community, and should be supported and replicated.
- The mental health of residents is top of mind as a top area in need of improvement. Access to (mental) health care and treatment is noted to be an issue by those who participated in the survey. There are very limited resources for mental health care in Dodge County.
- Other top health issues* in the community that need improvement include obesity, substance use and alcohol misuse.

Highlighted Survey Results:

Survey participants were asked “**What do you think would make the health of the community better?**” Below is word cloud¹ created using the 248 responses.

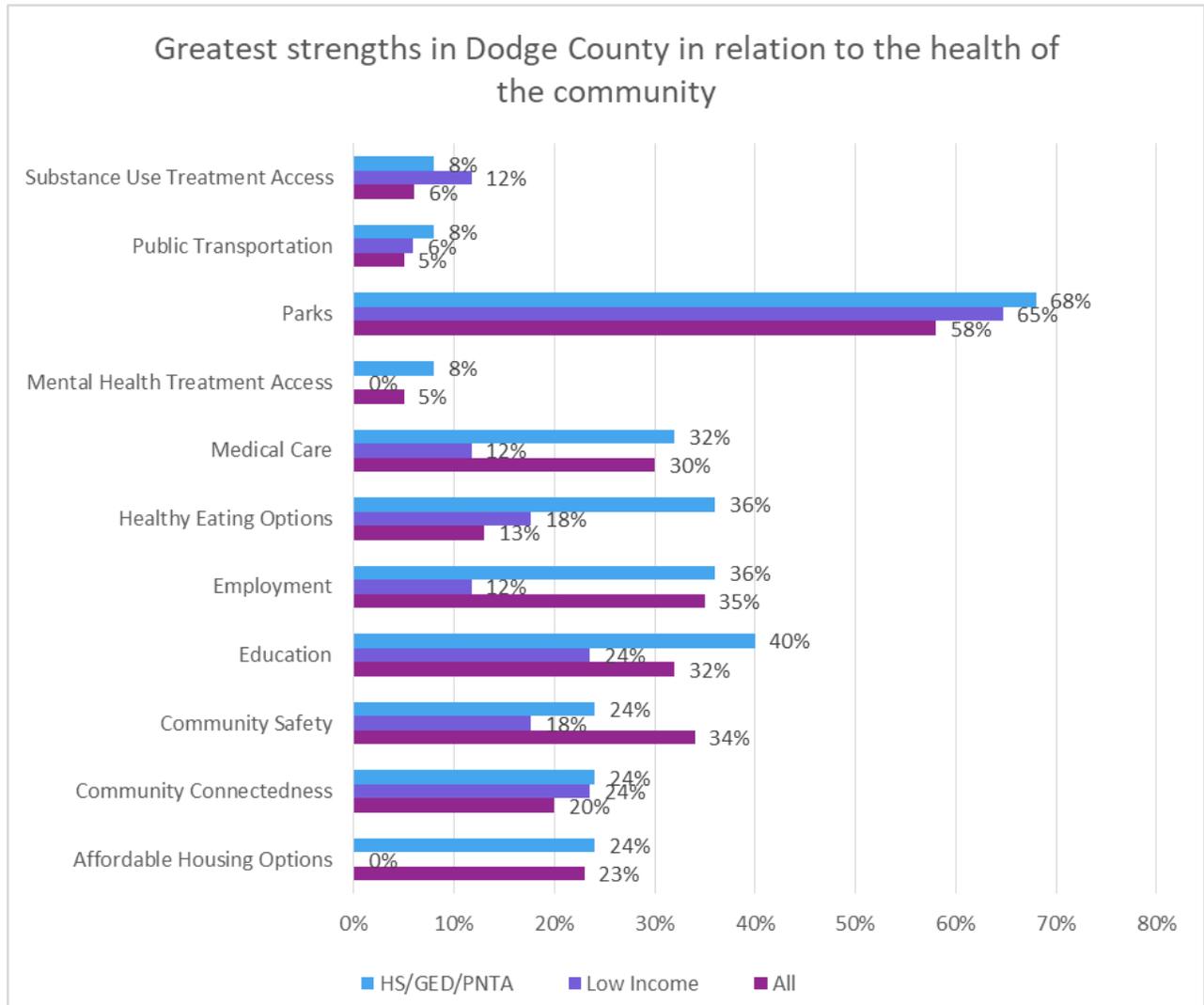


Additional themes related to “making the health of the community better” include:

- Health Behaviors Themes
 - Nutrition education
 - Create better overall wellness and sense of community (resources)
 - Increase the number of individuals following COVID-19 protocols
 - Tackling substance abuse and alcohol culture
- Living Conditions Themes:
 - Service Environment:
 - Access to health care providers and services (including mental health services and providers)
 - Low-cost physical activity opportunities
 - Access/options to engage in healthy behaviors
 - Physical Environment:
 - Biking/walking facilities
 - Access to healthier food, healthier choices/options
 - Public transportation

1- Word Cloud created using artificial intelligence with text analysis at [MonkeyLearn.com/word-cloud](https://monkeylearn.com/word-cloud) with a 50-word quantity.

Participants were asked about the **greatest strengths in Dodge County** related to the health of the community. The chart below show all responses, responses by those with lower household incomes (below \$25,000, n=17) and those with a high school degree/GED or preferred not to answer (n=25).



Participants were asked about **additional factors that contribute to their top community health concerns**. These factors are often referred to as “social determinants of health.” Respondents could select all that apply. There were 232 responses in total. The table below show all responses, and responses by those with lower household incomes (below \$25,000, n=17) and those with a high school degree/GED or preferred not to answer (n=25).

FACTOR	All Respondents	Respondents with Lower Incomes	Respondents with HS/GED
Access to educational, economic, and job opportunities	33%	29%	48%
Access to health care services	53%	59%	68%
Access to mass media and emerging technologies (e.g., cell phones, internet and social media)	14%	6%	20%
Availability of resources to meet daily needs (e.g., safe housing and local food markets)	38%	47%	36%
Living in poverty and the stressful conditions that accompany it	44%	53%	52%
Opportunities for recreation and leisure	38%	18%	28%
Public safety	24%	24%	36%
Racism and discrimination	25%	6%	36%
Resources provided for multiple languages and literacy levels	14%	6%	16%
Social support	34%	29%	40%
Transportation options	33%	35%	32%
Quality of education and job training	28%	29%	36%

Top Issues in the Community:

Participants were asked to choose from a list of 13 health areas² and indicate if they felt it is an **issue in the community** (Question 6). Top health issues from the 275 respondents included:

	Not An Issue	Slight Issue	Moderate Issue	Major Issue	Unsure
Substance Use	0%	7%	27%	59%	7%
Obesity	0%	5%	32%	60%	3%
Mental Health	1%	8%	32%	55%	4%
Vaping/Tobacco Use and Exposure	1%	7%	33%	55%	4%

Additionally, participants were asked to select their **top three** health areas that are **in most need of improvement** (Question 8), and answer additional questions about those concerns. Top health areas that need improvement from the 264 respondents included:

	Response Percentage	Number of Responses
Mental Health	59%	156
Obesity	47%	123
Substance Use	43%	114
Alcohol Misuse	41%	107

Follow-up questions asked survey participants about their **top three health areas**:

1. [Health Area] is an issue in the community because...*(chose all that apply)*
2. Do you believe resources (funding, volunteers, programs, services, etc.) are available in the community to address [Health Area]?
3. Do you believe that the community is ready to address [Health Area]?
4. Please share any additional comments on [Health Area]

Below are summaries of the top health issues follow-up questions:

Mental Health

1. Mental health is an issue in the community because people don't feel comfortable seeking mental health services, people cannot easily access services for mental health treatment, and affordable mental health treatment is not available for those who need it.
2. 38% of respondents disagree (15% strongly disagree) that there are resources available in the community to address mental health, and 30% are unsure if there are resources available in the community to address mental health.
3. 33% of respondents agree that the community is ready to address mental health, but 32% are unsure, and 19% disagree that the community is ready to address mental health.
4. Comments: "There is a huge lack of resources for people" (mentions of needing to travel to Fond du Lac for services), "[...] it appears individuals and governments

2- The health area "Healthy Nutrition" was inadvertently left off of survey Question 6 (issue), but was included in Question 8 (needs improvement).

are not willing to pay the true cost of fixing those in need. Meanwhile, the community blindly absorbs the cost of not addressing the need.”, and “mental health is still considered taboo”.

Obesity

1. Obesity is an issue in the community because not everyone understands or takes seriously the risks of obesity to overall health, health care or personal practices for healthy weight management are not the easy or desirable option, and healthy weight support groups or treatment services are not affordable.
2. 43% of respondents are unsure if there are resources available in the community to address obesity, and 32% disagree that there are resources available in the community to address obesity.
3. 41% of respondents are unsure if the community is ready to address obesity, 25% agree that the community is ready, and 24% disagree that the community is ready to address obesity.
4. Comments: “The price of healthier foods is high [...] it’s easier to go out to eat than to make food at home when both parents work or if you are a single parent.”, and “Obesity is still listed as a laziness disease. Insurance helps with you to stop smoking, sexual issues with males, and many ‘other’ less life threatening things, but does NOT help with weight loss in any way.”

Substance Use

1. Substance use is an issue in the community because substances are easily available in the community, substance use is an accepted practice within families or the community, more substance abuse prevention education is needed, and not everyone understands the impact of substance use on overall health.
2. 37% of respondents are unsure if resources are available in the community to address substance use, and 32% disagree that there are resources available in the community to address substance use.
3. 33% of respondents are unsure if the community is ready to address substance use, and 34% agree that the community is ready to address substance use.
4. Comments: “This is a huge issue, those who are substance abusers will not be honest about it being an issue for their health or community...”, “I think there needs to be more education for the youth on the problems and effects of substance use”, and “... people have become far too dependent on prescription narcotics and when not available, they turn to illicit drug use ...”

Alcohol Misuse

1. Alcohol misuse is an issue in the community because it is an accepted attitude or belief within families or the community, alcohol is easily available in the community, and not everyone understands the impact of alcohol misuse on overall health.
2. 40% of respondents are unsure if resources are available in the community to address alcohol misuse, while 36% disagree that resources are available in the community to address alcohol misuse.
3. 38% of respondents were unsure if the community is ready to address alcohol misuse, and 32% disagree that the community is ready to address alcohol misuse.
4. Comments: “Changing the cultural and social norms is difficult.”, “Many community gatherings are based around alcohol...”, “[we need] more options and activities that do not center around alcohol...”, “There are few options for alcohol free events for young people”.

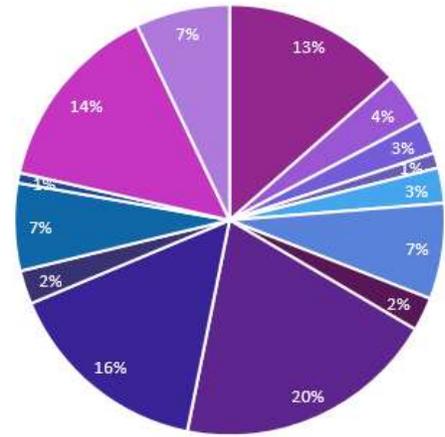
Top Issues in the Community, by Income and Education:

Not all groups of participants selected the same top health areas most in need of improvement in the community (Question 8). Responses broken down by income and education are below. When compared to all respondents, people with lower incomes responded that Oral Health, Chronic Disease Prevention and Communicable Disease Prevention were more in need and Alcohol Misuse, Substance Abuse, and Vaping/Tobacco Use and Exposure were less of a perceived need.

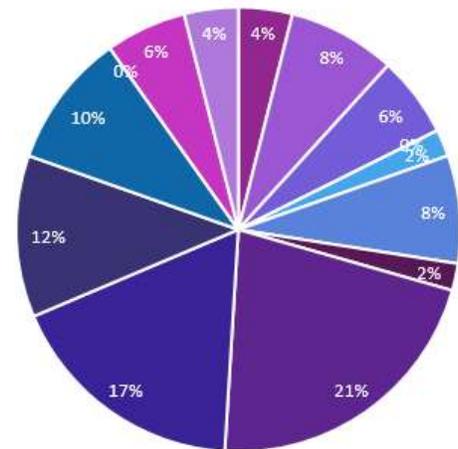
When compared to all respondents, people with a high school education, GED, or who chose "preferred not to answer" (PNTA) responded that Alcohol Misuse, Injury and Violence, and Oral Health were more in need and Obesity, Physical Activity and Vaping/Tobacco Use and Exposure were less of a perceived need.

- Alcohol Misuse
- Chronic Disease Prevention and Management
- Communicable Disease Prevention and Control
- Environmental and Occupational Health
- Healthy Growth and Development
- Healthy Nutrition
- Injury and Violence
- Mental Health
- Obesity
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Substance Use
- Vaping/Tobacco Use and Exposure

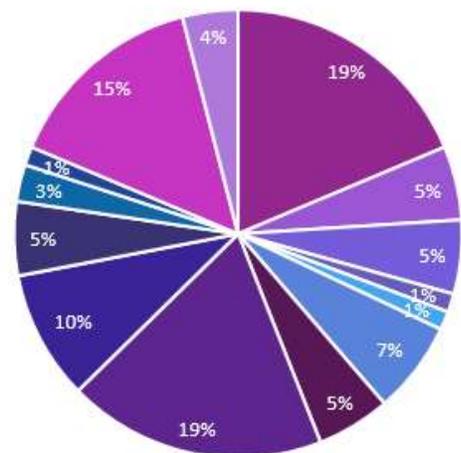
All Respondents to Q8 (n=264)



Q8, People with Lower Incomes (n=17)



Q8, HS/GED/PNTA (n=25)



Demographic Profile of Survey Respondents

Gender	Female	86%	Prefer not to answer	2%
	Male	12%	Not listed	1%
	Non-Conforming	0%		
Age	Under 18	0%	55-64	23%
	18-24	2%	65-74	5%
	25-34	14%	75+	1%
	35-44	29%	Prefer not to answer	3%
	45-54	23%		
Ethnicity	Hispanic or Latino or Spanish Origin			1%
	Not Hispanic or Latino or Spanish Origin			79%
	Ethnicity unknown			1%
	Prefer not to answer			16%
	Another group			3%
Race	White			88%
	Prefer not to answer			10%
	All other answer options			3%
Education Level	Some education (elementary school/high school)			0%
	High School/GED			9%
	Some College			18%
	Associate's Degree			25%
	Bachelor's Degree			34%
	Graduate/Professional Degree			13%
	Prefer not to answer			2%
Employment Status	Employed, Full Time (35+ hours/week)			74%
	Employed, Part Time			13%
	Unemployed, Looking for Work			1%
	Unemployed, Not Looking for Work			1%
	Unemployed, Disabled			1%
	Unemployed, Retried			6%
	Prefer not to answer			4%
Yearly Household Income	\$24,999 or below			7%
	\$25,000-\$74,999			38%
	\$75,000 and above			39%
	Prefer not to answer			16%
Household Situation	Homeowner			75%
	Renter			17%
	All other answer options			8%

Appendix G: Resources

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<https://www.dhs.wisconsin.gov/hw2020/index.htm>.

Wisconsin Department of Health Services. (2021). *Environmental Public Health Tracker*. <https://dhsgis.wi.gov/DHS/EPHTracker/#/map>

Wisconsin Department of Health Services. (2021). *Wisconsin Public Health Profiles*. <https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm>