thrive
BARRON COUNTY
Growing Together in Health

2018/19

Barron County

Community Health Assessment

A Summary of Key Findings

BARRON COUNTY DEPARTMENT OF
HEALTH & HUMAN SERVICES

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Assessment Partners

Amery Hospital & Clinic
HealthPartners

ADRC
Aging & Disability Resource Center
Barron, Rusk and Washburn Counties

CUMBERLAND HEALTHCARE

Marshfield Medical Center
Rice Lake

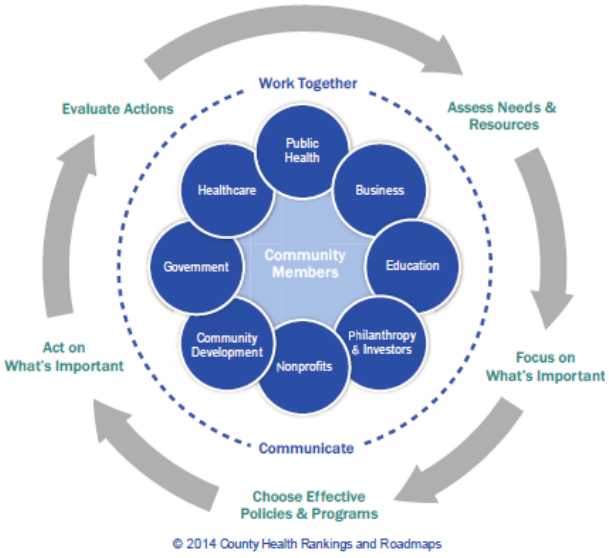
MAYO CLINIC HEALTH SYSTEM

Summary

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

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

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



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

Barron County Health Priorities

Substance Abuse

Mental Health

Chronic Disease

Acknowledgements

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

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

Community Health Assessment (CHA) Timeline

December 2017	Began meeting monthly to plan the Community Health Assessment (CHA) with the Thrive Steering Committee
January 2018	Began compiling secondary health data
April 2018	Distributed the Community Health Survey throughout the community (online and paper copies)
May 2018	Began compiling additional primary data through key informant interviews and focus groups
September 7, 2018	Thrive Steering Committee meeting to determine top health priorities
September 26, 2018	Hosted community meeting to obtain input on the top health priorities and discuss root causes
November 2018	Began Community Health Improvement Planning (CHIP) Meetings
January 2019	Began compiling information into the Barron County CHA and CHIP Documents
November 25, 2019	CHA was completed and approved by the Health & Human Services Board for distribution to the public.

Community Definition of Health

The 2018 Barron County Community Health Assessment Survey asked residents how they defined health. More than 800 people responded and below is a summary of themes found in the community's response to the question "How do you define health?"

Health is the physical, mental, emotional, and spiritual wellbeing of an individual. It is the absence of disease and pain.

One should exercise and have a balanced diet to remain in good health and to have the capabilities of being independent.

Preventative care is necessary to achieve an optimal health level.

The larger the word the more often it was used by survey respondents to define health.

Health Equity

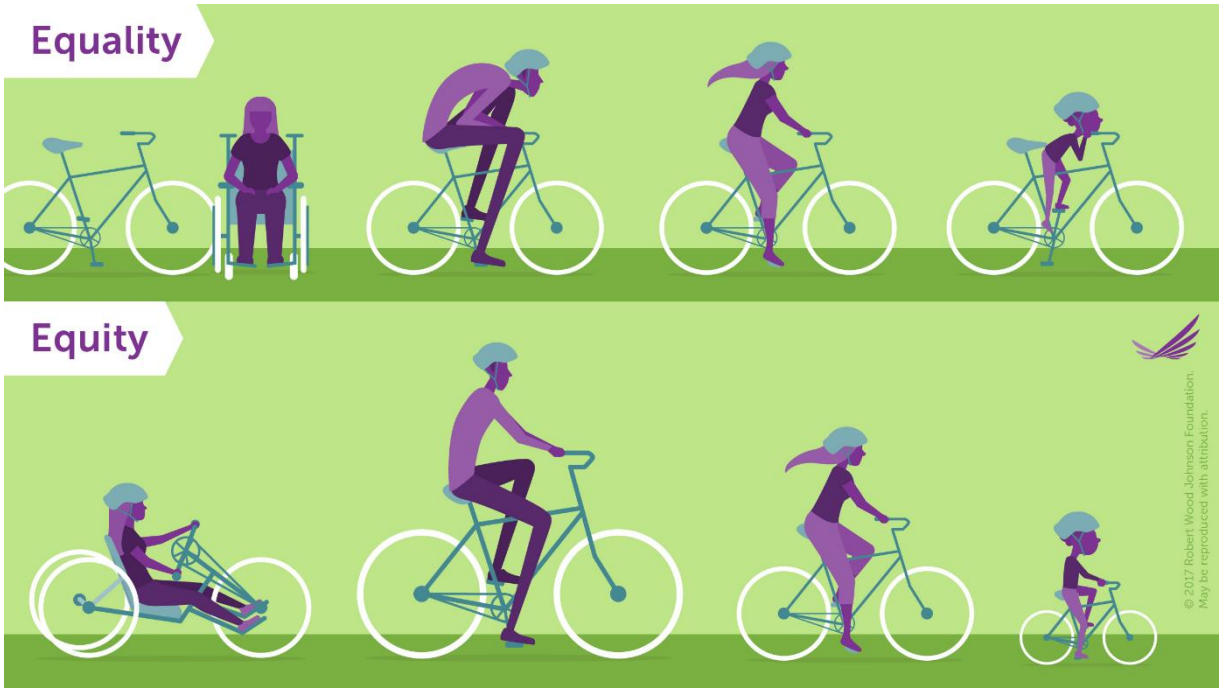


Photo courtesy of the Robert Wood Johnson Foundation

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

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

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

Barron County Demographics

Population 45,164[1]
(Decreased 1.5% since 2010)

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

Non English Languages Spoken[2]
- Spanish: 1.62%
- African (Somali): 0.90%
- German (Amish): 0.78%

Median Household Income[1]

County	Wisconsin
$49,257	$59,759

Persons in Poverty[1]

County	Wisconsin
13.1%	11.3%

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

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

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

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

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

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

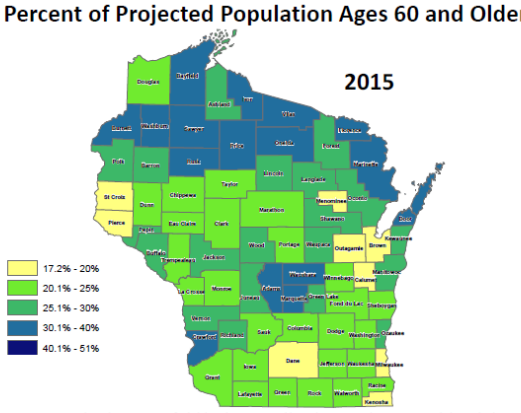
Age of Residents

Age[1]	Barron County	WI
Under 5 years	5.5%	5.8%
Under 18 years	21.7%	22.1%
65 years & over	21.4%	16.5%

[1]Census Quick Facts, Barron County WI (2018)

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

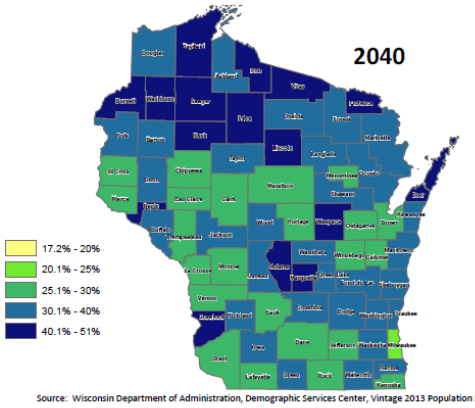
Percent of Projected Population Ages 60 and Older



Source: Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Population Projections

Division of Public Health
Bureau of Aging and Disability Resources
P-01803 (05/2017)

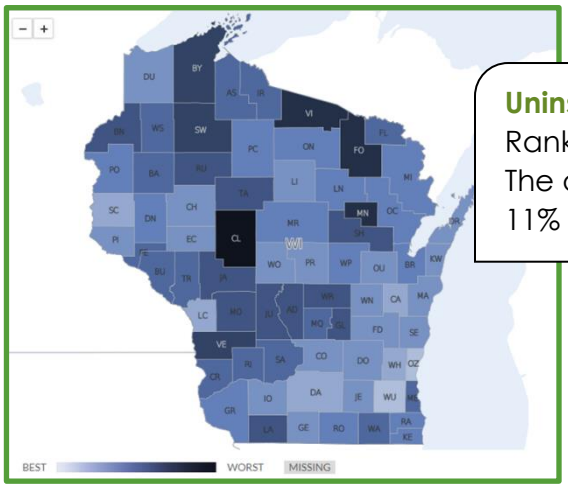
Percent of Projected Population Ages 60 and Older



Source: Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Population Projections

Division of Public Health
Bureau of Aging and Disability Resources
P-01803 (05/2017)

Health Care Capacity and Distribution



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

Primary Medical Care:
Five medical systems serve Barron County residents through ten clinics and three hospitals.

Amery Hospital & Clinic
HealthPartners
Clinic-Turtle Lake

CUMBERLAND HEALTHCARE
Hospital-Cumberland
Clinics –Cumberland, Turtle Lake

MAYO CLINIC HEALTH SYSTEM
Hospital- Barron,
Clinics- Barron, Rice Lake, Chetek

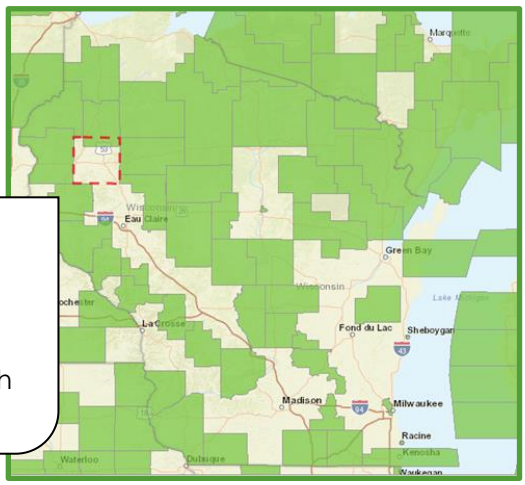
PREVEA health
Clinic-Rice Lake

Marshfield Medical Center Rice Lake
Hospital- Rice Lake
Clinics- Rice Lake, Cumberland, Chetek
Family Health Center Dental Center- Rice Lake
(*Federally Qualified Healthcare Center*)

No Cost Healthcare:

Rice Lake Area Free Clinic

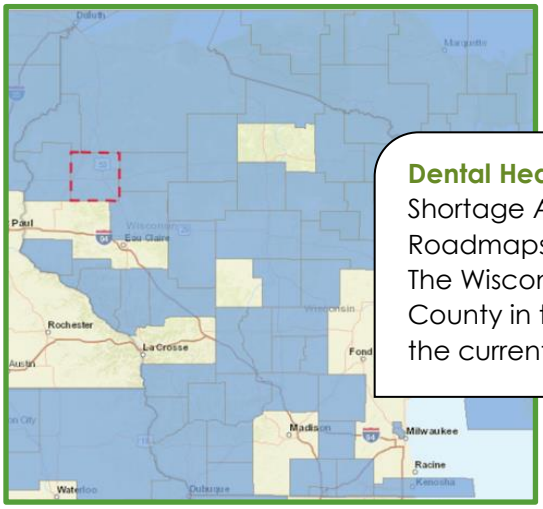
Open Tuesday nights, staffed by volunteers.
Provides free primary medical care, diabetic clinic and new in 2019 mental health counseling services.



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

Dental Health

Two dental clinics in Barron County currently accept medical assistance and provide care on a sliding fee scale: Northlakes Community Clinic (FQHC) in Turtle Lake and Marshfield Clinic Health System in Rice Lake.
Barron County has an additional 10 dental clinics, an oral surgery clinic and two orthodontic clinics.

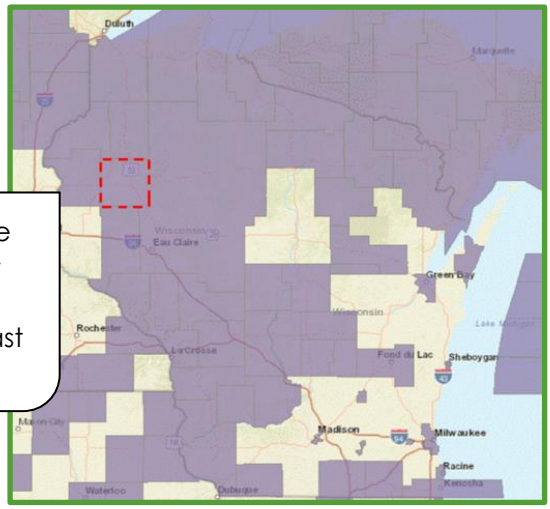


Dental Health: Barron County is a Dental Care Health Professional Shortage Area[4]. According to the 2019 County Health Rankings & Roadmaps Barron County has ratio of population to dentists of 1560:1. The Wisconsin average is 1470:1. This ratio has improved slightly in Barron County in the last five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

Mental Health

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

Low cost options include:
Northlakes Community Clinic, a FQHC, provides mental health services on a sliding fee scale.
Rice Lake Area Free Clinic provides free counseling services one night a month.
Barron County Behavioral Health Programs ensures access for qualified persons to DHS 75, DHS, 34, DHS 36, and DHS 63 programs. The services provided adhere to the statutorily mandated behavioral health services that are outlined in the administrative codes and provide behavioral health and substance use services to populations who cannot otherwise afford services.



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

Healthcare Barriers and Gaps

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

Barriers:

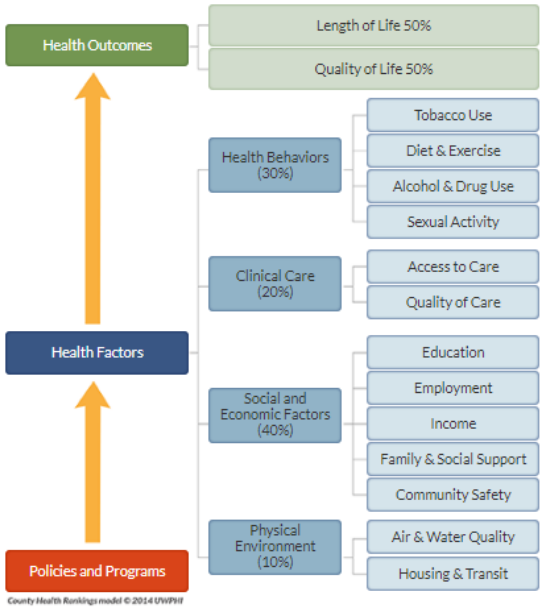
- Poverty: issues which force residents to make choices between basic living costs and healthcare
  - affordable housing
  - education
  - low wage jobs
- Affordability:
  - high insurance costs/ high deductible
  - cost of healthcare overall
  - cost of medications
- Communication:
  - language barriers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

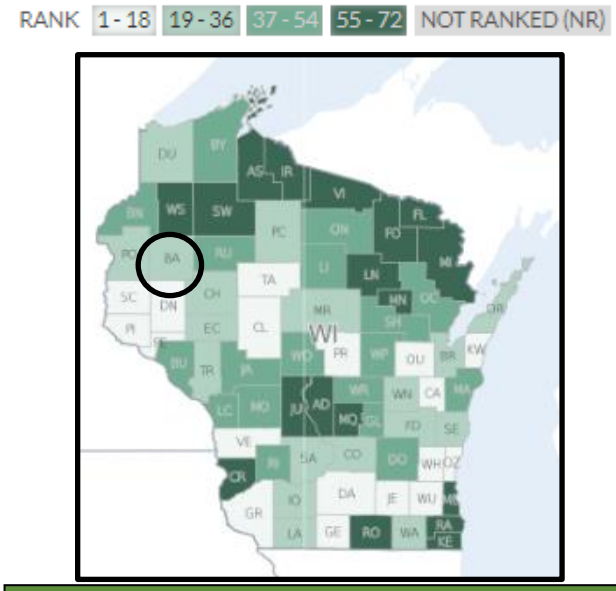
Gaps:

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

County Health Rankings & Roadmaps

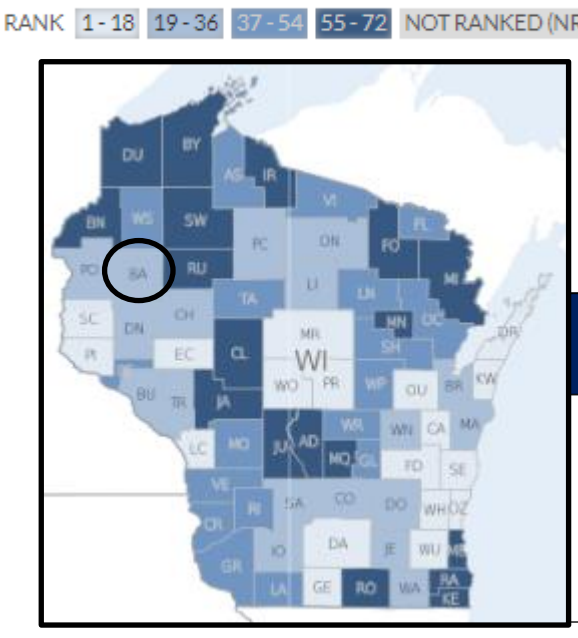
The County Health Rankings compare all Wisconsin Counties using the same health factors and outcomes shown in this diagram. The information found in the County Health Rankings helped inform Barron County's Health assessment. More details on the Barron County Health Rankings may be found at:
https://www.countyhealthrankings.org/app/wisconsin/2019/overview





2019 County Health Rankings: Health Outcomes Map (above)

Barron County ranked 21th out of 72 counties in health outcomes. Health outcomes include length of life (50%) and quality of life (50%).



2019 County Health Rankings: Health Factors Map (left)

Barron County ranked 24th out of 72 counties in health factors. Health factors include physical environment (10%), social & economic factors (40%), clinical care (20%), and health behaviors (30%).

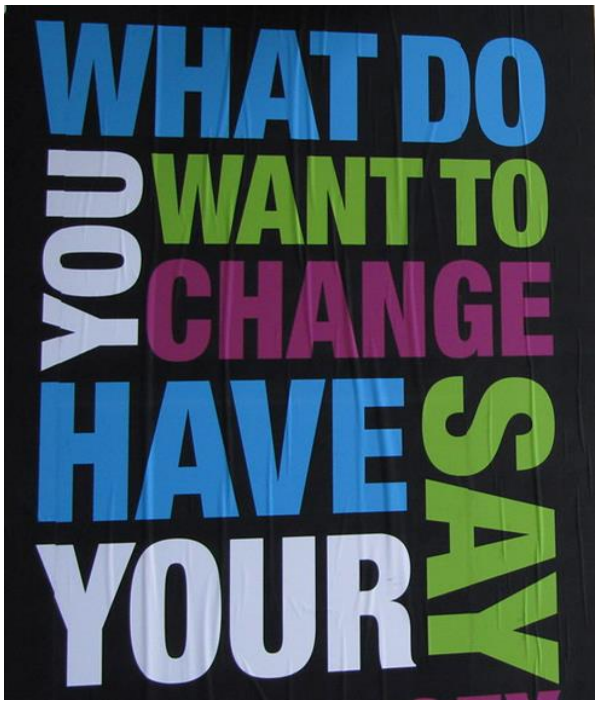
County Health Rankings & Roadmaps

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

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

Core Data

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

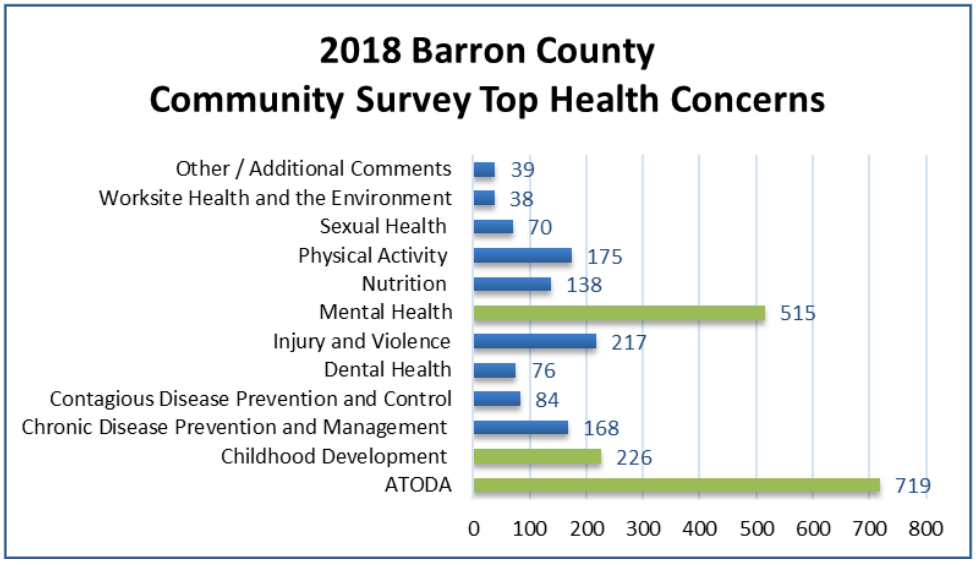


Community Voices

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

Community Survey

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



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

Focus Groups and Key Informant Interview Data

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

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

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

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

Specific needs identified included:

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

Prioritization of Health Issues by the Steering Committee

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

Comparison to State and National Goals	How is Barron County doing in comparison to the State and National goals? (Core Data Set)
Community Impact	How is Barron County currently and in the future going to be affected by the health priority in terms of: • Number of people affected • Costs associated in not doing something (health care, lost work, supportive living) • Severity of the condition (chronic illness, disability, death) • Impact on quality of life
Ability to Impact	Are there known strategies to make a difference? Are there adequate resources available in the county to address the health priority? Are there adequate internal resources available to address the health priority?
Community Readiness	Is the community of Barron County ready to address the health priority in terms of: • Stakeholders awareness of concern • Community organizations receptiveness to addressing the health priority • Citizens being open to hearing more about the health priority
Gaps in Community	Are there gaps in Barron County efforts to address the health priority?
Voice of Local Customer	Did focus groups/key informant interviews identify this as an issue? Did survey data identify this as an issue?

Analysis of Data and Priorities

Top Identified Health Priorities Identified by Various Data Collection Methods	
Core Data Interpretation	1. Chronic Disease 2. Alcohol, Tobacco, and Other Drug Abuse (ATODA) 3. Mental Health
Survey (Electronic and Paper)	1. ATODA 2. Mental Health 3. Childhood Development
Community Conversations	1. ATODA 2. Mental Health 3. Chronic Disease

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

Community Meetings

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

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

The small groups came up with the following information:

Alcohol, Tobacco and Other Drug Abuse Community Discussion Results

<u>Root Causes:</u>

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

Community Assets/Resources:

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

Who do we need to recruit to help?

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

Mental Health

Root Causes:

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

Community Assets/Resources:

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

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

Who do we need to recruit to help?

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

Chronic Disease

Root Causes:

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

Community Assets/Resources:

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

Who do we need to recruit to help?

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

Citations

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

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

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

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

Appendix 1

Core Data Table

Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	Source*
Demographics	**Below 18 Years**	% of population below 18 years of age		21.70%	22.40%	2017	CHR – Additional Measures
Demographics	**65 and Older**	% of population aged 65 years and older		20.50%	15.60%	2017	CHR – Additional Measures
Demographics	**Race/ Ethnicity**	% of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic		5.40%	16.90%	2017	CHR – Additional Measures
Demographics	**Not Proficient in English**	% of population that is not proficient in English		1%	2%	2017	CHR – Additional Measures
Demographics	**Rural**	% of population living in a rural area		65.90%	29.80%	2017	CHR – Additional Measures
Demographics	**Population Estimates**	Population numbers by age group and gender	See table at the bottom of the worksheet			2014	DHS
Demographics	**Population Change**	% of change in population 2010 - 2014		0%	1%		DHS
Mortality	**Premature Death**	years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,200 per 100,000 (Top Performer)	5,800 per 100,000	6,000 per 100,000	2017	CHR – Ranked Measures ("County Snapshot")
Mortality	**Infant Mortality**	Rate per 1,000 live births	6 per 1000 (HP2020)	6.1 per 1000	6.2 per 1000	2016	DHS WISH system
Measures of Overall Health	**Poor or Fair Health**	% of adults self-reporting poor or fair health (age-adjusted)	10% (Top Performer)	13%	14%	2017	CHR – Ranked Measures ("County Snapshot")
Measures of Overall Health	**Poor Physical Health Days**	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	2.5 (Top Performer)	3.4	3.4	2017	CHR – Ranked Measures ("County Snapshot")
Measures of Overall Health	**Low Birth Weight**	% of birth weights <2,500 grams	6% (Top Performer)	6%	7%	2017	CHR – Ranked Measures ("County Snapshot")
Chronic Disease	**Diabetes**	% of adults age 20 and above with diagnosed diabetes	6% (Top Performer)	9%	9%	2017	CHR – Additional Measures
Chronic Disease	**Cancer**	Incidence per 100,000 population by cancer site (age-adjusted)		427.2 per 100,000	469.3 per 100,000	2010-2014	DHS WISH system

Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Chronic Disease	**Coronary Heart Disease Hospitalizations**	Coronary heart disease hospitalization rate per 1,000 population		2.1 per 1,000	2.8 per 1,000	2016	DHS Public health profiles
Chronic Disease	**Cerebrovascular Disease Hospitalizations**	Cerebrovascular disease hospitalization rate per 1,000 population		2.4 per 1,000	2.5 per 1,000	2016	DHS Public health profiles
Chronic Disease	**Youth Asthma**	% ever told by a doctor or nurse they had asthma and still have asthma		Unable to obtain			YRBS
Oral Health	**Fluoride in Public Water Supply**	% of public water supplies with fluoride content at 0.7 PPM or greater		Only City of Rice Lake			DHS WI Public Water Supply Fluoridation Census
Oral Health	**Oral Health of 3rd Grade Children**	% of untreated decay	20% (HP2010 target)	20.70%		2008	DPH, Make Your Smile Count survey
Communicable Disease	**Influenza Immunization 65+**	% of population age 18 and older that had flu vaccination in last 12 months	70% HP 2020 target	47%		2015-16	DHS WISH system
Communicable Disease	**Childhood Immunizations**	% of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	80% (HP2020 target)	70%	73%		DHS WI Immunization Registry (WIR)
Communicable Disease	**Communicable Disease**	Rate per 100,000 population of top reportable communicable diseases		919.6 per 100,000	839 per 100,000	2017	DHS Analysis, Visualization, and Reporting (AVR)
Mental Health	**Poor Mental Health Days**	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.4 (Top Performer)	3.5	3.5	2017	CHR – Ranked Measures ("County Snapshot")
Mental Health	**Intentional Injury Hospitalizations**	Self-inflicted hospitalization rate per 100,000 population		81 per 100,000	99 per 100,00	2017	DHS WISH system
Mental Health	**Youth Suicide**	% who seriously considered attempting suicide during the 12 months before the survey		14.90%	13.20%	2016	YRBS
Injury and Violence	**Youth Injury**	% who rarely or never wore a seat belt when riding in a car driven by someone else		2.70%	8.30%	2016 Barron 2013 State	YRBS
Injury and Violence	**Falls Fatalities 65+**	Injury deaths due to falls for age 65 and older (per 100,000 population)		119.6 per 100,000	146.7 per 100,000	2016	DHS WISH system

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

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

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

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

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

Category	Title	Measure	Targets & Top Performers *	Barron County	WI	Year(s) Data Used	
Built Environment	**Food Insecurity**	Percent of people who do not have adequate access to food during the past year		12%	12%	2017	CHR – Additional Measures
Built Environment	**Lead Poisoned Children**	Prevalence of elevated blood lead levels among children age six and under		1	678	2014	CHR – Additional Measures
Built Environment	**Year Structure Built**	% of housing units built prior to 1950		29%	26%	2017	DHS
Natural Environment	**Air Pollution -- Particulate Matter**	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.5 (Top Performer)	8.8	9.3	2017	US Census
Natural Environment	**High Ozone Days**	The 8-hour ozone concentration in parts per million, converted to an air quality index level	0 (Top Performer)	N/A	N/A		CHR – Ranked Measures ("County Snapshot")
Natural Environment	**Drinking Water Violations**	Percentage of population potentially exposed to water exceeding a violation limit during the past year		Yes		2017	CHR – Ranked Measures ("County Snapshot")
* Targets: Obtained from Healthy People 2020 or 2010 (HP2020 and HP2010).							
* Top Performers: See the County Health Rankings and Roadmaps (CHRR) Exploring the Data (http://www.countyhealthrankings.org/using-the-rankings-data/exploring-the-data) for more information on this metric. The "Top Performer" is the value for which only 10% of counties in the country are doing better.							

Population Data						
Barron County	**2014 Data**			**Wisconsin**		
Age Group	**Males**	**Female**	**Percent Change**	**Age Group**	**Male**	**Female**
0-17	4,934	4,719	-5%	0-17	664,657	636,188
18-44	6,939	6,503	-3%	18-44	1004757	973,698
45-64	6,714	6,587	-2%	45-64	794,628	799,615
65+	4,336	5,159	14%	65+	390,698	483,717
Total	22,923	22,968	0%	Total	2,854,740	2,893,218

Citations

High School YRBS. (2018, February). Retrieved from Centers for Disease Control and Prevention: https://nccd.cdc.gov/Youthonline/App/Default.aspx

Introduction to WISH Cancer Module. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/wish/cancer/intro.htm

Lead Poisoning Data. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/epht/lead.htm

Population Estimates. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/population/index.htm

Quick Facts Barron County, Wisconsin. (2018). Retrieved from United States Census Bureau: https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045218

Robert Wood Johnson. (2018, January). *Wisconsin Overview*. Retrieved from County Health Rankings & Roadmaps; Building a Culture of Health, County by County: https://www.countyhealthrankings.org/app/wisconsin/2017/rankings/barron/county/outcomes/overall/snapshot

State & County Estimats of Low Literacy. (2018, February). Retrieved from IES:NCES National Center for Education Statistics: https://nces.ed.gov/naal/estimates/StateEstimates.aspx

Wisconsin Department of Health Services. (2018, February). Retrieved from WISH Query: Infant Mortality Module: https://www.dhs.wisconsin.gov/wish/infant-mortality/form.htm

Wisconsin District and School Performance Reports. (2018, February). Retrieved from Wisconsin Department of Public Instruction: https://apps2.dpi.wi.gov/sdpr/home

Wisconsin Immunization Registry (WIR). (2018, February). Retrieved from WIsconsin Department of Health Services: https://www.dhs.wisconsin.gov/immunization/wir.htm

Wisconsin Public Health Profiles. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm

(2014). *Wisconsin Public Water Supply Fluoridation Census-2013*. Madison, WI: Wisconsin Departmen of Health Services Division of Public Health Oral Health Program.

WISH Query Behavioral Risk Factor Survey All Counties. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/wish/brfs/county.htm

WISH Query: Injury-Related Mortality 1999 and Later. (2018, February). Retrieved from Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/wish/injury-mortality/icd10-form.htm

WISH: Injury-Related Hospitalizations Module. (2018, February). Retrieved from Wsconsin Department of Health Services: https://www.dhs.wisconsin.gov/wish/injury-hosp/index.htm

Appendix 2

Barron County Community Health Survey

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

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

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

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

Other / Additional Comments:

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

3. **How do you define health?**

4. **How do you define a healthy community?**

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

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

Other / Additional Comments:

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

- ☐ Yes
- ☐ No

Please explain:

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

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

Other / Additional Comments:

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

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

Other / Additional Comments:

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

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Emotional abuse
- ☐ Physical neglect
- ☐ Emotional neglect
- ☐ Intimate partner violence
- ☐ Mother treated violently
- ☐ Substance misuse within household
- ☐ Household mental illness
- ☐ Parental separation or divorce

☐ Household member in jail

Other / Additional Comments:

<u>We are asking the following questions to make sure we are getting opinions from people of different backgrounds.</u>

10. What is your current gender identity?

☐ Male
☐ Female
☐ Trans male/ trans man
☐ Trans female/ trans woman
☐ Genderqueer/gender non-conforming
☐ Prefer not to answer
☐ Different identity (please state): _____

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

12. What is your age?

☐ Less Than 18
☐ 18-24
☐ 25-49
☐ 50-64
☐ 65-80
☐ Over 80
☐ Prefer not to answer

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

☐ Some high school
☐ High school diploma or GED
☐ Associate degree/ some college
☐ Bachelor's degree
☐ Graduate or professional degree
☐ Prefer not to answer

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

☐ White – non Hispanic
☐ White- Hispanic
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ From multiple races
☐ Prefer not to answer
☐ Other (please specify): _____

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

☐ Less than $25,000
☐ $25,001 to $50,000
☐ $50,001 to $100,000
☐ More than $100,000
☐ Prefer not to answer

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

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

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

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

Appendix 3

2018 Community Health Assessment Fact Sheets

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

Appendix 3

2018 Barron County Community Health Assessment

September 26, 2018

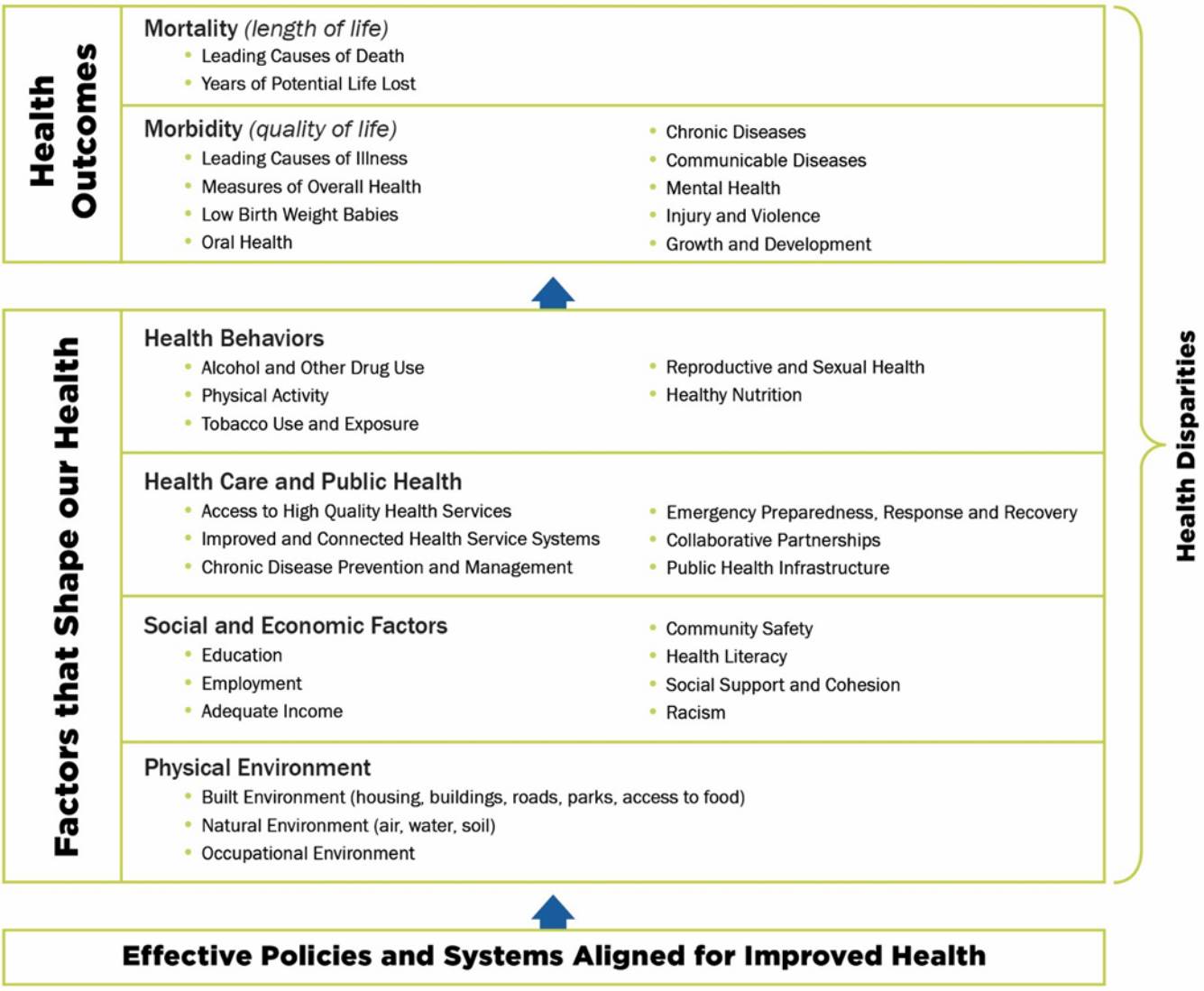
2018 Barron County Community Health Assessment
Community Meeting Agenda

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

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

thrive
BARRON COUNTY
Growing Together in Health

What Makes a Community Healthy?



"Note: The majority of the health outcomes and factors listed in the diagram above are included in the Wisconsin State Health Plan, Healthiest Wisconsin 2020, as health objectives, infrastructure objectives, or pillar objectives."

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

Barron County Demographics

Population 45,251
(decreased 1.3% since 2010)

Non English Languages Spoken[2]
- Spanish: 1.62%
- African (Somali): 0.90%
- German: 0.78%

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

County
$46,863

Wisconsin
$54,610

Median Household Income[3]

County
11.3%

Persons in Poverty[3]

Wisconsin
11.8%

Age[1]	Barron County	WI
Under 5 years	5.5%	5.8%
Under 18 years	21.7%	22.1%
65 years & over	21.4%	16.5%

[1]Census Quick Facts, Barron County WI (2017)
[2] Data USA: https://datausa.io/profile/geo/barron-county-wi/#demographics (2015)
[3]Census Quick Facts, Barron County WI (2012-2016)

2018 Barron County Community Health Survey
Response Demographics

Age

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

Total Surveys Collected: 838

Electronic: 539 (64%)

Paper: 299 (36%)

- English: 276 (33%)
- Somali: 6 (1%)
- Spanish: 9 (1%)
- Drug Court: 8 (1%)

89% White-Non Hispanic

71% Female

Race and Ethnicity

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

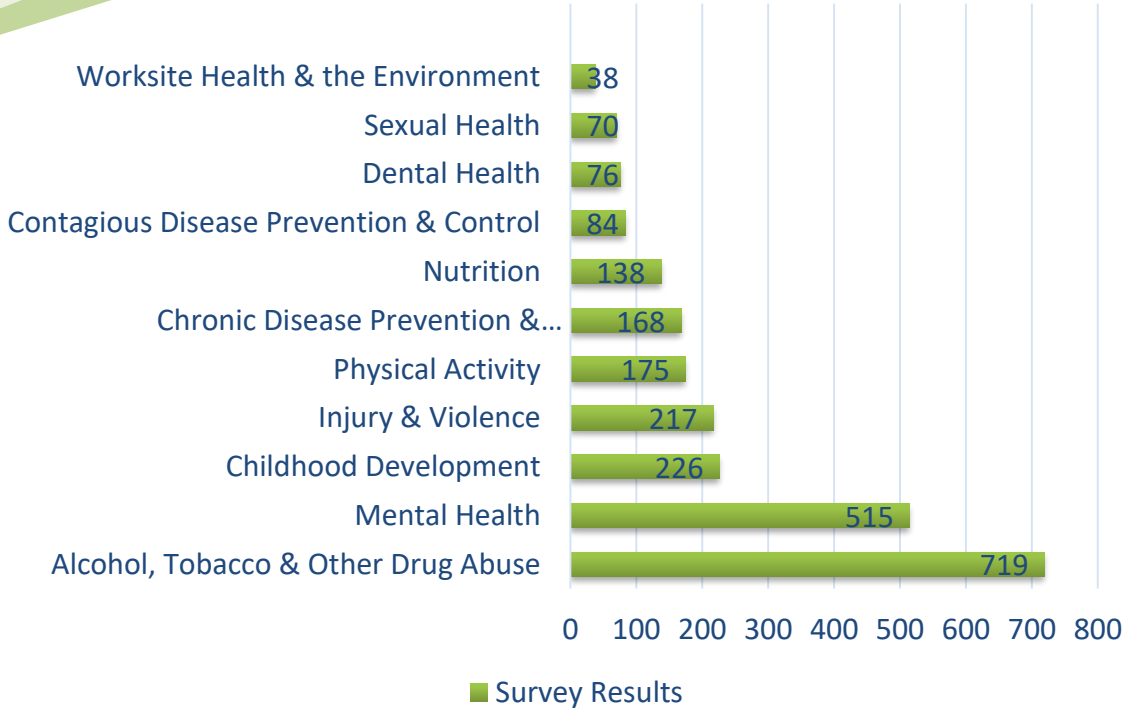
Income

$25,001 to $50,000	190
$50,001 to $100,000	224
Less than $25,000	130
More than $100,000	157
Prefer not to answer	105
Grand Total	**806**

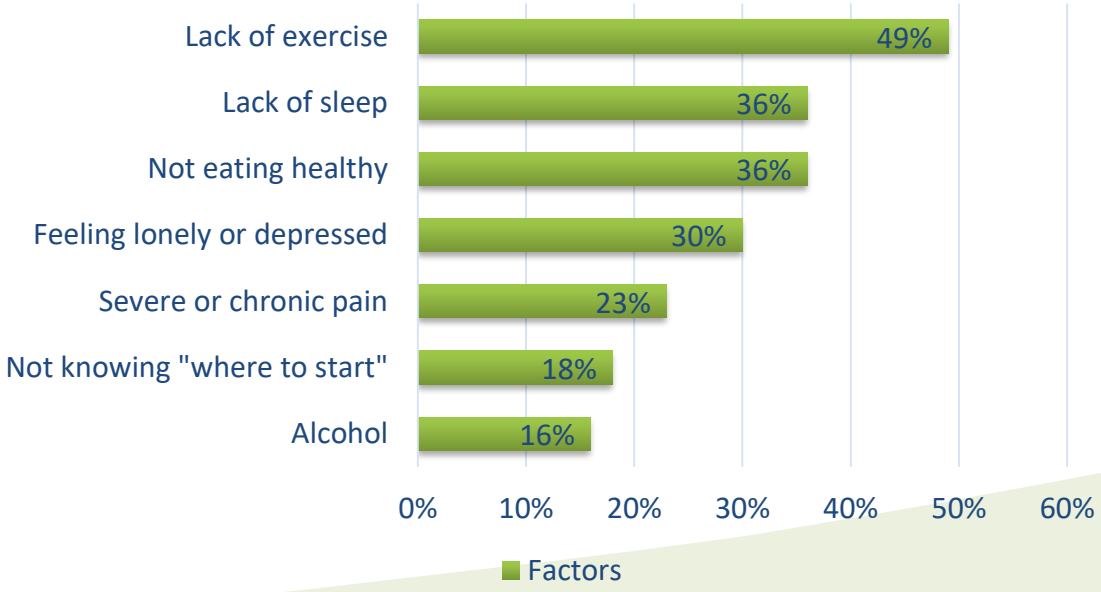
Education

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

Survey respondents chose their top three health concerns in Barron County



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



Alcohol Misuse

Barron County

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

Local data

10% County **36%** Wisconsin

Percent of driving deaths with alcohol involvement[1]

19% County **30%** Wisconsin

Students that reported consuming at least one drink in the past 30 days[2]

25% County **23%** Wisconsin

18% Nationally

Adults that reported engaging in excessive drinking[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

[1]2018 County Health Rankings (Fatality Analysis Reporting System, 2012-2016)
[2]Barron County YRBS (2016) WI YRBS (2017)
[3]2016 WI Epidemiological Profile on Alcohol & Other Drug Use (2012-2014)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

Other Drug Use

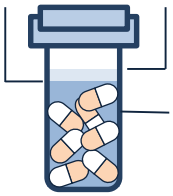
Barron County

Defined as: *Use of and negative impacts from mood altering substances (marijuana, meth) or misuse of prescription drugs*

Local data

0.8
County

1.5
Wisconsin



1.5
Nationally

Opioid-related hospitalizations per 1,000 people[1]

185
County

490
Nationally

439
Wisconsin

Drug arrests per 100,000 people[2]

1.8%
County

0.3%
Nationally

Percent of high school youth reporting having used meth in their lifetime[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

We are more likely to die from drugs if we are non-Hispanic whites or American Indian/Alaskan Native.

Data sheets adapted from Eau Claire City-County Health Department

[1]2016 WI Epidemiological Profile on Alc. & Other Drug Use (2013-2014)
[2] 2016 WI Epidemiological Profile on Alc. & Other Drug Use (2013-2014)
[3]2016 Youth Risk Behavioral Surveillance Survey
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Tobacco Use & Exposure

Barron County

Defined as: *Preventing tobacco use, providing treatment to stop smoking, protection from second-hand smoke*

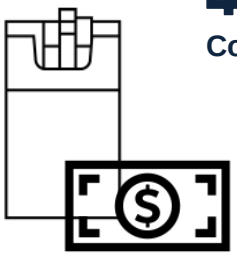
Local data

16%
County

17%
Wisconsin

15.5%
National goal

Adults report smoking most days or everyday[1]



4.1%
County

9.8%
Nationally

Tobacco sales to minors[2]

20%
County

13%
Wisconsin

Mothers who report smoking during pregnancy[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

We are more likely to smoke cigarettes if we have a low socioeconomic status.

Data sheets adapted from Eau Claire City-County Health Department

[1]2018 County Health Rankings (Behavioral Risk Factor Surveillance System, 2016)
[2] Wisconsin WINS (2017)
[3]2018 County Health Rankings (DHS Wisconsin Interactive Statists on Health, 2013-2016)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Childhood Development

Barron County

Defined as: *Care and support for best possible physical, social & emotional health and development (i.e. prenatal care, regular check-ups, child care, & education)*

Local data

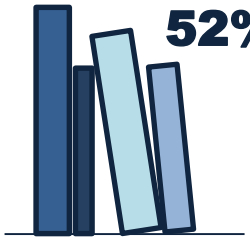
6% **County**

7% **Wisconsin**

Live births considered low birth weight[1]

52% **County**

52% **Wisconsin**



Fourth grade students proficient or advanced in reading[2]

89.9% **County**

91.4% **Wisconsin**

Adults (25 yrs+) who graduated from high school[3]

Community Health Survey[4]

27% of community survey respondents felt **childhood development** was a top health concern.

Population Specific Concerns[5]

We are less likely to graduate high school if we are Hispanic, live in poverty, have a disability, or were born outside the United States.

Data sheets adapted from Eau Claire City-County Health Department

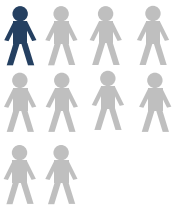
[1]2018 County Health Rankings (National Vital System, 2010-2016)
[2]2018 County Health Rankings (WI DPI, 2014-2015)
[3]2017 Census Quick Facts, (2012-2016)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Chronic Disease Prevention & Management

Barron County

Defined as: *Preventing and managing illnesses that last a long time and usually cannot be cured (i.e. Alzheimer's, cancer, diabetes, heart disease)*

Local data



1 in 10
County

1 in 11
Wisconsin

Adults diagnosed with diabetes[1]

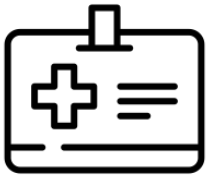
33
Wisconsin

29
Nationally

Deaths from Alzheimer's disease per 100,000 people[2]

427
County

469
Wisconsin



Cancer incidence per 100,000 people[3]

232
County

199
Wisconsin

Deaths from heart disease per 100,000 people[4]

Community Health Survey[5]

20% of community survey respondents felt **chronic disease prevention & management** was a top health concern.

Population Specific Concerns[6]

Risks from chronic disease increase if we have lower income, less education, and if we were born outside the United States.

[1]2018 County Health Rankings CDC (2014)
[2]2017 Alzheimer's Disease Facts and Figures (2014)
[3]2018 County Health Rankings (Wisconsin Cancer Reporting System, 2010-2014)
[3]Wisconsin Public Health Profiles, 2017 Barron County (2015)
[5]2018 Barron County Community Health Survey
[6]CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

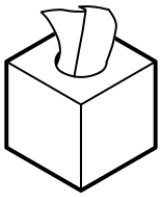
Communicable Disease Prevention & Control

Barron County

Defined as: *Illnesses caused by bacteria, viruses, parasites, etc. that can be passed to others (i.e. Lyme disease, influenza, whooping cough)*

Local data

47%
County



70% **National goal**

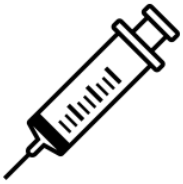
Population over age 18 that had flu shot in last 12 months[1]

121
County

23
Wisconsin

Positive Lyme disease cases per 100,000 people[2]

70%
County



73% **Wisconsin**

Children that received recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal[3]

Community Health Survey[4]

10% of community survey respondents felt **communicable disease prevention & control** was a top health concern.

Population Specific Concerns[5]

We are seeing more children receiving influenza vaccination however the influenza vaccination rate among non-Hispanic whites ≥65 years is decreasing.

Data sheets adapted from Eau Claire City-County Health Department

[1]DHS (Wisconsin Immunization Registry, 2015-2016)
[2]2017Environmental Public Health Data Track (2016)
[3]2018 County Health Rankings (Wisconsin Immunization Registry, 2017
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Healthy Nutrition

Barron County

Defined as: *Having enough and nutritious food for healthy eating (i.e. balanced meals, breastfeeding infants, fruits & vegetables)*

Local data

11%
County

11%
Wisconsin

Percent who lack adequate access to food[1]

30%
County

27%
Wisconsin

Infants in WIC (Women, Infants, Children) exclusively breastfed for three months[2]

24%
Wisconsin

22%
Nationally

Percent of adults that consume vegetables less than one time per day[3]

Community Health Survey[4]

16% of community survey respondents felt **nutrition** was a top health concern.

Population Specific Concerns[5]

We are less likely to live close to stores with healthy food choices when we live in rural areas.

Data sheets adapted from Eau Claire City-County Health Department

[1]2018 County Health Rankings (Map the Meal Gap, 2015)
[2] Breastfeeding Composite Report (2017)
[3]CDC (Winnable Battles,2015)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Injury & Violence

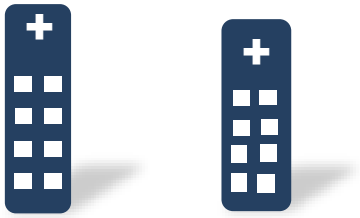
Barron County

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

Local data

73
Wisconsin

72
County



Injury deaths per 100,000 people[1]

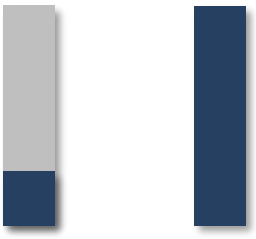
133
Wisconsin

109
County

Injury deaths due to falls per 100,000 people, for adults over 65[2]

67
County

283
Wisconsin



Violent crimes per 100,000 people[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

Data sheets adapted from Eau Claire City-County Health Department

[1] 2018 County Health Rankings (CDC Wonder 2012-2016)
[2]DHS Wisconsin Interactive Statistics on Heath (2013-2016)
[3]2018 County Health Rankings (FBI-Uniform Crime Reporting, 2012-2014)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Mental Health

Barron County

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

Local data

81
County

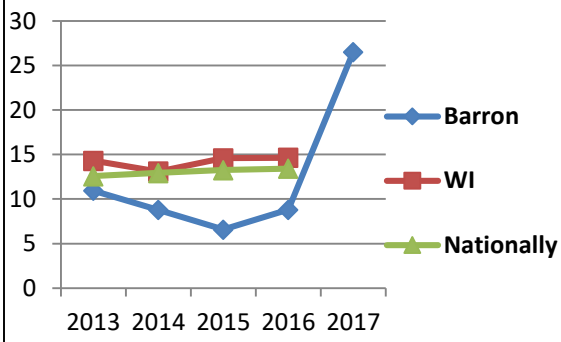
99
Wisconsin

Hospitalizations for self-inflicted wounds per 100,000 people[1]

3.6
County

3.8
Wisconsin

Number of mentally unhealthy days in the past 30 days[2]



Suicide death rate per 100,000 people[3]

2017 data for WI / Nation not available

Community Health Survey[4]

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

Population Specific Concerns[5]

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

Data sheets adapted from Eau Claire City-County Health Department

[1]2018 County Health Rankings (DHS-Wisconsin Interactive Statistics on Health, 2012-2014)
[2]2018 County Health Rankings (Behavioral Risk Factor Surveillance System, 2016)
[3]American Foundation for Suicide Prevention/Barron County DHHS- Public Health (2017)
[4]2018 Barron County Community Health Survey
[5]Barron County DHHS- Public Health (2017)

Oral Health

Barron County

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

Local data

33% **County**

26% **Wisconsin**

Residents 2+ years old that did not have a dental visit in the past year[1]

17%
Western Wisconsin

18% **Wisconsin**

3rd graders with untreated dental decay in Western Wisconsin[2]

41%
County

89%
Wisconsin

Residents on municipal water with fluoride content at the recommended level[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

[1]2018 County Health Rankings (DHS – Wisconsin Family Health Survey, 2012, 2014, 2015)
[2] DHS-Health Smiles/Healthy Growth Wisconsin's Third Grade Children (2013)
[3]2017 Environmental Public Health Tracker (2015)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

Physical Activity

Barron County

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

Local data

25% **County**

21% **Wisconsin**

Adults report no leisure time physical activity[1]

17% **Wisconsin**

25% **Nationally**

High school students who watched television 3 or more hours/day[2]

72% **County**

86% **Wisconsin**

Residents with adequate access to a physical activity location[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

[1]2018 County Health Rankings (The National Diabetes Surveillance System, 2014)
[2] Youth Risk Behavioral Surveillance System (2015)
[3]2018 County Health Rankings (ArcGIS, 2016)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Data sheets adapted from Eau Claire City-County Health Department

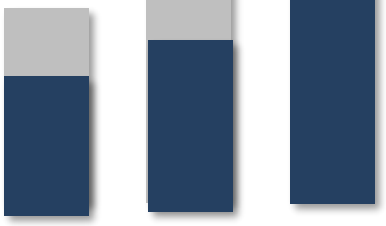
Reproductive & Sexual Health

Barron County

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

Local data

304 County
424 Wisconsin
456 Nationally



Positive chlamydia tests per 100,000 people[1]

23 County
20 Wisconsin
32 Nationally

Females age 15 to 19 that gave birth per 1,000 people[2]

73% County
74% Wisconsin

Pregnant women that received 1st trimester prenatal care[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

[1]2018 County Health Rankings (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015)
[2] 2018 County Health Rankings (National Vital Statistics System (2010-2016)
[3]DHS- Wisconsin Interactive Statistics on Health (2016)
[4]2018 Barron County Community Health Survey
[5]Barron County DHHS-Public Health (2017)

Data sheets adapted from Eau Claire City-County Health Department

Worksite Health & the Environment

Barron County

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

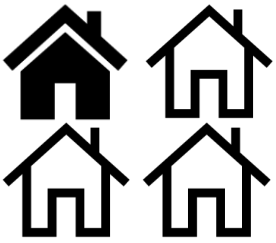
Local data

8.2 County

7.9 Wisconsin

ER Visits for Carbon Monoxide Poisoning per 100,000 people[1]

27% County



26% Wisconsin

Percent of housing units built before 1950s[2]

2.4% County

6.4% Wisconsin

Children Lead Poisoning Percent with blood lead ≥5µg/dL[3]

Community Health Survey[4]

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

Population Specific Concerns[5]

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

Data sheets adapted from Eau Claire City-County Health Department

[1]2017 Environmental Health Profile (2010-2014))
[2]2018 County Health Rankings (American Community Survey, 2012-2016)
[3]2017 Environmental Health Profile (2015)
[4]2018 Barron County Community Health Survey
[5]CDC Health Disparities and Inequalities Report-2013

Data

ALICE: A Study of Financial Hardship in Wisconsin, 2018 Report
https://unitedwaywi.site-ym.com/page/2018ALICE

County Health Rankings & Roadmaps
http://www.countyhealthrankings.org/app/wisconsin/2018/overview

Environmental Health Profile, 2017 Barron County
https://www.dhs.wisconsin.gov/publications/p0/p00719-barron.pdf

US Census Quick Facts
https://www.census.gov/quickfacts/fact/table/barroncountywisconsin/PST045217

Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016
https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf

Wisconsin Health Atlas/ Wisconsin Obesity Map
https://www.wihealthatlas.org/

Wisconsin Public Health Profiles, 2017
https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm

2018 Barron County Community Health Assessment
Comment Form

Name (optional) _____

Contact Information (optional) _____

Comments:

Please return to the registration table or mail to:

Barron County DHHS- Public Health
Attn: Laura Sauve
335 E. Monroe Avenue, Room 338
Barron WI 54812

thrive
BARRON COUNTY
Growing Together in Health

2019-2021

Barron County

Community Health Improvement Plan

November, 2019

BARRON COUNTY DEPARTMENT OF
HEALTH & HUMAN SERVICES

Table of Contents

***This report adapted from Eau Claire Healthy Communities Community Health Improvement Plan*

An Invitation to the Community

Making Barron County a healthy place to live, work, learn, and play is a responsibility we all share as a community.

We want to thank the many individuals, agencies and organizations dedicated to improving the health of Barron County community members through their participation in this project. Many of you have helped ensure the success of the *2018 Community Health Assessment* and the creation of this *2019-2021 Community Health Improvement Plan*.

We would like to invite you to join us and become involved in promoting the health and well-being of individuals, families and the communities of Barron County. For more information on Thrive, or to learn how to help make Barron County healthier, contact us at health@co.barron.wi.us or 715-537-6442.

Sincerely,

Thrive Barron County Steering Committee

2019-2021 Barron County CHIP
Executive Summary

The 2019-2021 Barron County Community Health Improvement Plan details the recent comprehensive community health planning efforts for Thrive Barron County. Thrive Barron County is a collaboration of various healthcare organizations and community members and agencies working together to assess and positively impact the health of Barron County.

The community health planning effort includes two major phases: a community health assessment (CHA) and a community health improvement plan (CHIP).

- Included is a summary of the community engagement methods and prioritization process for the *2018 Barron County Community Health Assessment*. Through this process, residents identified substance use, mental health, and chronic disease as top priorities. Existing Community Health Action Teams (CHAT) adopted these priorities.
- The CHIP provides the community with a plan and goals for improving the health in the health priority areas identified over the next three years. It reflects the collective work of many individuals and organizations working to improve health in our county-for groups facing health disparities and the population as a whole.

Over the next 3 years, the CHATs will continue to implement and evaluate evidence-based practices in order to reach our goals. Efforts will be updated to align with community resources and needs as necessary. The CHA and CHIP are available at www.barroncountywi.gov.

Community Health Improvement Plan Overview

Thrive Barron County utilized the *County Health Ranking and Roadmaps Take Action Cycle* to guide the community health improvement process. This included:

- Review of key findings from the *2018 CHA*- qualitative data from surveys, focus groups, key informant interviews and community health improvement events, as well as quantitative data from local, state and national indicators.
- Review of evidence-based practices through "What Works for Health" and additional resources.
- Identification of strategies based on evidence, community input, and community assets. Strategies were also chosen to align with state and national health plans.
- Consideration of populations with disparate health outcomes.

Source: County Health Rankings & Roadmaps

Summary of 2019-2021
Community Health Improvement Plan Goals

Alcohol Tobacco and Other Drug (Substance Abuse) Action Team
Works to create a positive change and community support around the culture of alcohol and addiction in our community with a focus on youth substance use prevention.

Goals:

- Implement Family Treatment Court
- Increase protective factors in youth to build resiliency
- Increase access/remove barriers to alcohol, tobacco and other drug treatment services in Barron County

Mental Health Action Team
Works to improve access to mental health services and reduce rates of suicide.

Goals:

- Increase primary care provider's ability to access mental health expertise, resources, and information
- Increase access to mental health care; Barron County is currently a mental health care shortage area
- Reduce Barron County suicide rates

Chronic Disease Prevention Action Team
Works to prevent the onset of chronic disease by making the easy choice the healthy choice where people live, work and play.

Goals:

- Increase healthy food consumption in families who use Barron County food pantries
- Increase access to evidence based programs to prevent and/or manage chronic diseases
- Reduce obesity rates and increase physical activity in 2 to 5 year old children participating in WIC

About Thrive Barron County

Vision: Community members and organizations working together to improve the quality of life for everyone in Barron County.

Mission: Thrive Barron County will work to engage community members and organizations to focus resources and develop and strengthen partnerships to establish sustainable, safe and healthy communities.

Since 2012, Thrive Barron County has provided a "table" where stakeholders collaborate to understand current and future health needs of Barron County through a process of assessing, prioritizing and addressing health needs. Many diverse partners from across the county participate. Together they work to better align efforts among community partners and create a strategic framework for collaborative local health improvement activities.

thrive
BARRON COUNTY
Growing Together in Health

Overarching Goals

Assess needs-Conduct community survey, seek community input, review and analyze data.

Establish Priorities-Identify three THRIVE health priorities based on Healthiest WI 2020.

Identify programs and policy-Identify evidence based interventions to address identified health priorities.

Organizations- Interested organizations who actively engage in THRIVE.

Partnerships- Collaborative efforts of stakeholders.

Community members- Interested persons who actively engage in THRIVE.

Implementation-Create and implement a work plan for each identified priority based on selected interventions.

Evaluate efforts-Did the intervention meet the goals. If not met; modify or adapt work plan.

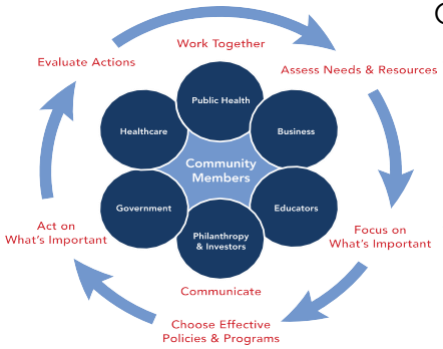
About CHA/CHIP

The community health improvement process includes two major phases: a community health assessment and a community health improvement plan. Assessing needs and planning collaboratively helps solve complex health issues. The goals of a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are to engage the community in addressing priority health issues.

Community Health Assessment (CHA) is a process that engages community members and partners to collect and analyze data and information from a variety of sources to assess the health needs and strengths of the community. Together, the community identifies top health concerns. The findings of a CHA can inform community decision-making, the prioritization of health concerns, and the development and implementation of the community health improvement plan. It is known that health is greatly influenced by where people live, how they work, the safety of their surroundings and the strength and connectivity of families and communities. The assessment provides a greater understanding of these *social determinants of health*, which is critical when developing best strategies to improve identified health priorities and is a first step to eliminating health disparities.

As a result of the *2018 Community Health Assessment,* Thrive Barron County committed to continuing work on the health priorities of Substance Use, Mental Health, and Chronic Disease, all of which were identified by the community as priority issues for 2013-2018.

Community Health Improvement Plan (CHIP) is a roadmap that will guide the work on health priorities for community health improvement. It is an action-oriented plan that guides community partners in implementing evidence-based strategies to produce better health outcomes. The CHIP provides overarching goals, specific objectives, and evidence-based strategies that will mobilize the community to collaborate toward policy, system and environmental strategies related to the areas of concern identified in the CHA. Thrive Barron County's plan addresses the three identified health priorities.



Source: County Health Rankings & Roadmaps

Thrive Barron County utilized the *County Health Rankings and Roadmaps Take Action Cycle* to guide their CHIP process. Improving community health requires people from multiple sectors to work collaboratively on a variety of activities and the Take Action Cycle guides communities on how to move diverse stakeholders forward to action.

2018 Community Health Assessment Process

To combine efforts and resources, and better serve the community, Thrive Barron County brought together the healthcare systems and County Health Department to conduct a county wide community health assessment in 2018. The prior CHA and CHIP process for Barron County took place in 2015. The health priorities from the 2015 Community Health Assessment and Community Health Improvement Plan (Alcohol, Tobacco and other drug abuse, Mental Health and Chronic Disease Prevention) were similar to those identified in 2018 (Substance Use, Mental Health and Chronic Disease).

The *2018 Community Health Assessment* was completed through a collaborative partnership between partner organizations in Barron County to jointly assess the health needs and assets of the community, as well as identify the top health concerns and mobilize the community in working toward prevention for these areas of concern.

Partners included:

Amery Hospital & Clinic
HealthPartners

ADRC Aging & Disability Resource Center Barron, Rusk and Washburn Counties

CUMBERLAND HEALTHCARE

Marshfield Medical Center Rice Lake

BARRON COUNTY DHHS

MAYO CLINIC HEALTH SYSTEM

Existing Thrive Barron County Community Action Teams adopted the identified health priorities and continue to work towards their goals. The action teams understand that though they may focus on a single priority, each of these health needs are related and interconnected. For example, poor mental health can lead to substance use and/or chronic diseases.

Thrive Barron County Community Action Teams

Substance Abuse Prevention

Mental Health

Chronic Disease

2019-2021 Community Health Improvement Plan

The process for developing the Community Health Improvement Plan follows the *County Health Ranking & Roadmaps Take Action Cycle*. Each step of the action cycle is a critical piece toward improving community health for all.

Work Together

Everyone has a role to play in improving the health of communities. To move from data to action, Thrive engaged diverse stakeholders from multiple sectors.

- Thrive Barron County includes diverse stakeholders to collaboratively work on identified health issues to improve the health of our community members.
- Quarterly, the Steering Committee meets to review all action team progress as well as to continue to support broad collaborative action.
- Community Health Action Teams meet regularly and work together to plan, implement and evaluate their goals/objectives.

Assess Needs & Resources

Thrive Barron County explored the community's needs, resources, strengths, and assets.

- After the *Community Health Assessment was completed* in 2018, action teams reviewed and discussed the health assessment data along with health priority areas and themes identified by community members during the community health assessment.
- Steering Committee and Action Team members also reviewed existing assets and resources from the *2018 Community Health Assessment*.

Focus on What's Important

Thrive Barron County determined the most important issues to address in order to achieve the greatest impact on the identified health priorities.

- Existing Action Teams adopted the *2018 Community Health Assessment* health priorities.
- Action Teams reviewed goals and objectives from the *2015 Barron County CHIP* and discussed successes/challenges to guide the future focus and direction of the Action Teams.
- Action Teams met in November and December 2018, to participate in a Mad Tea Party. Mad Tea is a facilitation model that quickly provokes a deeper set or reflections and strategic insights among group members. The questions focus attention and produce shared understanding of strategic options and next steps. This process helped in the development of goals, objectives and action plans for each team.
- Action Teams reviewed the root cause analysis created by community members at the

community health improvement event held in September 2018. Root cause analysis provides an understanding of the causes of a health issue in order to identify effective solutions.

Choose Effective Policies & Programs

Thrive Barron County chose effective strategies to align with goals and objectives based on evidence, community input, community assets and resources, health disparities and community readiness. Strategies were also chosen to align with state and national health plan goals.

- Action Teams reviewed *2018 CHA* data, root cause analysis, community assets and resources.
- Action Teams worked to identify evidence-based or best practice interventions and strategies at all levels to effectively address health priorities. Evidence-based strategies were gathered from "What Works for Health" and additional resources about evidence-based practice resources from the state and national health plans.
- Additional evidence-based policies and programs were explored based on feedback from Action Team members. Action Teams focused on policy, systems and environmental change, as a way to modify the environment to make healthy choices practical and available to all community members. By changing policies, systems and/or environments, Barron County will be able to better tackle the complex health issues identified by the community.
- Action Teams explored interventions that would affect disparate populations in our community: Somali, Hispanic, Native American, Amish, rural, and low-resource residents. Using health data, assessment survey results and community partner input, Action Teams had discussions around additional populations affected unequally by identified health priorities.
- Action Teams assessed the community's level of readiness and capacity through discussion of local efforts and their effectiveness, the extent to which appointed leaders and influential community members are supportive of the issue, community climate toward the issue, community knowledge about the issue, cultural relevancy and resources available to support efforts.
- Action Teams brainstormed draft goals and objectives and accepted responsibility for implementing strategies outlined in the CHIP.

Act on What's Important

Thrive Barron County Community Action Teams defined what they want to achieve with each program or policy, and how they will achieve it.

- A work plan template was created to track progress on goals and objectives. The Steering Committee reviewed and provided feedback on this work plan. Each Action Team used the finalized work plan template to delineate how they will achieve their goals and objectives through clearly identified activities and action steps.
- Action Team work plan includes community health priority goals, measureable objectives, improvement strategies and activities, time frame, person(s) responsible, and indicators. These work plans will be used throughout the community health improvement plan timeline to track and share progress with the Steering Committee and community at-large.

Evaluate Actions

Thrive Action Teams identified measures available to monitor Action Teams' progress over time.

- As action teams continue to work together, they will use evaluation tools to assess community readiness for implementation of policies/program, monitor results of implemented policies/programs, and evaluate policy/program outcomes.
- Thrive will review at least quarterly and update work plans to monitor the Action Teams' progress toward achieving the goals and objectives that they have identified in the CHIP. The information from the work plan will be shared in an annual report on the progress Thrive has made in implementing strategies in the CHIP.

Communicate

Communication is an ongoing step in the Take Action Cycle. In addition to regular meetings, Thrive Barron County strives to have high levels of communication with members and partners.

- In spring and summer 2019, a work plan template to track progress of goals and objectives was shared with Action Team members and the Steering Committee. Members provided feedback to make the document more useful for them. Revisions were made based on this feedback.
- On November 25th, 2019, the Department of Health Humans Services Board voted to approve and adopt the *2019-2021 Community Health Improvement Plan*. The CHIP is available online at www.barroncountywi.gov and has been shared with community partners and the community-at-large.
- On November 27th, 2019 the CHIP was shared with the Steering Committee, all action team members and Thrive partner's networks.

Community Health Initiatives

Thrive Barron County and the Department of Health and Human Services have been a part of a number of other community health initiatives not directly tied to action team work plans. These initiatives include:

Community Connections to Prosperity (CCP) - This coalition focuses on addressing the social determinants of health to move people from poverty to prosperity. Projects within this group include.

- **Mental Health Action Team**- CCP also has an action team working on mental health. In 2017, CCP's mental health action team and Thrive's community health action team working on mental health combined.
- **Homes of Hope**- a tiny home project starting in Barron County partnering, the homeless shelter, churches and worksites to help transition individuals and families out of

homelessness.

- **Community Hub Model-** this project seeks to find a better way to serve our neighbors through collaboration and coordination of resources among agencies and groups that provide assistance to those in need. This project involves partners from CCP, Thrive, the Barron County Community Coalition and the Department of Health and Human Services.
- **Bridge to Self-Sufficiency**- This is a tool to chart a path to economic self-sufficiency. The Bridge helps families and individuals plan, reach, and sustain their personal goals in six essential areas: family stability, well-being, education and training, financial management, employment and career management and mobility.

Community Collaboration

In order to achieve the best outcomes, Thrive understands the need to collaborate on a higher level. In September 2019, Thrive Barron County joined with 4 other community organizations; the Barron County Community Coalition, Community Connections to Prosperity (a coalition addressing poverty and the social determinants of health, End Domestic Abuse Barron County and the Barron County Sexual Assault Response Team to participate in a facilitated strategic planning meeting. The meeting helped to identify potential areas of collaboration and brainstorm ways to make a larger impact. This group, is working with Thrive and its Action Teams to develop a community hub model to better serve Barron County residents. The community hub model was identified by all three action teams as a way to overcome many of the barriers of a rural community and help people achieve better health outcomes. The group is currently working to recruit board members from the St. Croix Tribe, the Somali and Hispanic Communities. The group has an emphasis on the social determinants of health and equity with a vision of helping everyone in Barron County live their best life.

Health Priority Areas

The following sections summarize the impact each health area has to the community, as well as 2019-2021 goals for each of these three areas prioritized by Thrive Barron County.

Substance Abuse Prevention

Mental Health

Chronic Disease

Substance Use

Alcohol, tobacco and other drug use is a health priority in Barron County because the Burden of Excessive Alcohol Use in Wisconsin report show that the state has some of the highest rates of problem drinking in the U.S. including; underage alcohol consumption, consumption during pregnancy, binge drinking (4+ drinks per occasion for women, 5+ drinks per occasion for men). In addition to alcohol, Wisconsin and Barron County have seen recent spikes in methamphetamine and opioid use.

Preventing unhealthy alcohol, tobacco and other drug use is important to Barron County. Over 85% of residents who participated in the community survey feel alcohol and drug misuse is a moderate to major problem in the community.

Substance Use Action Team Goals

Members of the alcohol, tobacco, and other drug use community health action team identified the following goals and objectives based on root cause, evidence, community input, assets (located CHA) and community readiness and capacity. The action team will achieve these goals through increased awareness, education, and policy change related to substance use. The evidence-informed/based practices and programs listed below were identified through the CHIP process as potential strategies to discourage unhealthy use of alcohol, tobacco and other drugs. The action team considered these strategies as they developed the following goals and objectives.

Goal 1: Implement a Family Treatment Court

Objective 1: By 12/31/19 seek out and apply for funding to develop a Family Treatment Court in Barron County.

Objective 2: By 12/31/2021 develop and implement a Family Treatment Court in Barron County.

Goal 2: Increase developmental assets in youth to build protective factors/resiliency.

Objective 1: By 1/31/2020 screen 4th grade students in Barron County on development assets.

Objective 2: By 12/31/2021 implement at least one evidence based program to build protective factors and/or build resiliency in youth in Barron County.

Goal 3: Increase access and remove barriers to alcohol tobacco, and other drug services in Barron County.

Objective 1: By 12/31/2021 develop a user friendly step by step guide of accessing ATODA services in Barron County.

Current work to accomplish goal

- Funding for development of Family Treatment Court applied for.
- 4 of 7 schools currently on board to screen all 4th grade students on developmental assets.
- Botvin Life Skills program running in 3 schools and the Boys & Girls Club.
- Strengthening Families classes currently running in 2 communities.
- Working with the St. Croix Tribe to expand jail transition programming.

Mental Health

Mental Health is a health priority in Barron County because we are a mental health professional shortage area. According to the 2019 County Health Rankings, Barron County has a ratio of population to mental health providers of 1.370:1. The Wisconsin Average is 530:1. The Youth Risk Behavior Surveillance Survey shows that Barron County also ranks above the state in rates of youth suicide.

Prevention of mental health issues is important to Barron County. Mental illnesses affect all ages and influence many areas of one's well-being. Mental health issues are commonly associated with physical health problems and increased risk factors like substance abuse, smoking, physical inactivity, and obesity. These risk factors can lead to chronic disease, injury, and disability, which decrease overall quality of life.

Mental Health Action Team Goals

Members of the Mental Health community health action team identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA) and community readiness and capacity. The action team will achieve these goals through increased awareness, education, and policy change related to mental health. The evidence-based practices/programs listed below were identified through the CHIP process as potential strategies to increase access to mental health care. The action team considered these strategies as they developed the following goals and objectives.

Goal 1: Increase primary care provider's ability to access mental health expertise, resources and information

Objective 1: By 12/31/2021 incorporate the Periscope Project into at least one health system in Barron County. *(The Periscope Project is provider to provider perinatal psychiatry teleconsultations for health care providers treating perinatal women struggling with mental health and/or substance use disorders.)*

Goal 2: Increase access to mental health care

Objective 1: By 12/31/2021 complete county wide mental health services assessment to help health systems decrease provider shortages.

Goal 3: Reduce Barron County suicide rates

Objective 1: By 12/31/2021 provide Question, Persuade, Refer (QPR) training to at least 1,500 community members.

Objective 2: By 12/31/2021 promote/provide National Alliance on Mental Illness (NAMI) evidence based trainings annually, to include at least one each of; Family to Family, Basics, and Ending the Silence.

Current work to accomplish goal

- Over 600 community members in Barron County have been trained in QPR.
- NAMI is current holding Family to Family and Peer to Peer classes as well as peer and family support groups.

Chronic Disease

Chronic Disease is a health priority in Barron County because the 2019 County Health rankings show that we have a higher rate of adulthood obesity than the state of Wisconsin. The Youth Risk Behavior Surveillance Survey shows our percentage of overweight students is also higher than the State. The presence of an excessive amount of body fat can increase the risk for heart disease, high blood pressure, diabetes, or other chronic diseases.

Prevention of Chronic Disease issues is important to Barron County. According to the Wisconsin Partnership for Nutrition and Activity, Chronic diseases such as heart disease, stroke, cancer, and diabetes can all be linked to obesity. These chronic conditions are some of the leading causes of preventable death, according to the CDC. Maintaining a healthy weight is important for reducing the risk of developing these chronic conditions.

Chronic Disease Action Team Goals

Members of the Chronic Disease Prevention Action Team identified the following goals and objectives based on root cause, evidence, community input, assets (located in the appendix of the CHA) and community readiness and capacity. This action team will work to; increase awareness and education of evidence-based programs; strengthen relationships with our community and clinical partners; and collaborate with food pantry partners to increase the percentage of healthy food options. The evidence-based practices and policies listed below were identified through the CHIP process as potential strategies to encourage obesity prevention. The action team considered these strategies as they developed the following goals and objectives.

Goal 1: Increase healthy food consumption in families who use Barron County food pantries

Objective 1: By 12/31/2021 implement an evidence based program to increase access to healthy foods in at least one Barron County food pantry.

Goal 2: Increase access to evidence based programs to prevent and/or manage chronic disease

Objective 1: By 12/31/2021, work with all partners to promote and expand current evidence based programs in Barron County.

Objective 2: By 12/31/2021 Increase the number participants in current evidence based programming in Barron County.

Goal 3: Reduce obesity rates and increase physical activity in 2 to 5 years children participating in the WIC program.

Objective 1: By 12/31/2019, educate at least 75% of families who participate in WIC on the negative effects of screen time for children.

Current work to accomplish goal

- Met with food pantries in Barron County to review evidence based program, FoodWIse.
- Currently running Living Well and the Diabetes Prevention Program

Acknowledgements

Thanks to all the individuals and organizations involved in Thrive Barron County for providing input and feedback in the development of the CHIP and dedicating their time and expertise to implement goals and objectives listed in the plans.

- Aging and Disability Resource Center of Barron, Rusk & Washburn Counties
- Amery Hospital and Clinic
- Barron County Department of Health and Human Services
- Barron County Sheriff's Department
- Benjamin's House Emergency Shelter
- CESA #11
- Community Connections to Prosperity
- Cumberland Healthcare
- Disability Rights Wisconsin
- Marshfield Clinic Health System
- Mayo Clinic Health System- Northland
- Rice Lake Area Free Clinic
- NAMI Barron County
- Northlakes Community Clinic
- Prevea Health
- University of Wisconsin Eau Claire
- UW- Extension
- Wisconsin Indianhead Technical College
- Many individual community members

Appendix I: Sample Work Plan

Visit www.barroncountywi.gov for work plans.

Mental Health Team Action Plan

Goal Three: Reduce Barron County suicide rates
Objective 1: By 12/31/2021 provide Question Persuade Refer (QPR) trainings to at least 1,500 community members.

Activity	Who is responsible?	By when?
A list of QPR trained facilitators willing to provide QPR to Barron County groups will be developed.	Community Connections to Prosperity – Mental Health Workgroup (CCP-MH)	March 2019
Promote QPR training to community entities.	Public Health CCP-MH Group	Ongoing Annually during Suicide Prevention Month (September)
Connect entities wanting QPR with trained facilitators.	Public Health CCP-MH Group	Ongoing