

A Healthier Clark County

Connecting the Dots

2021 - 2022



**Clark County
Health Department**

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EXECUTIVE SUMMARY



Welcome to Clark County, Wisconsin!

Commencing in 2018, the Clark County Health Department collaborated with local stakeholders and partners to review community health data, determine priorities, and develop a plan for improving the health and wellbeing of county residents. The following document includes both an overview of the community health assessment (CHA) process and the 2021-2022 Community Health Improvement Plan (CHIP).

In most cases, community health concerns are very complex and multi-faceted. They do not have simple, clear-cut solutions that effectively improve all areas of an overlying issue. The causes of community health concerns are also multi-dimensional and should be addressed from a systems perspective approach. Since the overall health status of a community impacts everyone, there is a need for a variety of people and agencies to become vested partners in the health improvement process.

This community health improvement plan represents a concerted interest by various groups to increase access to resources that support healthy growth and development. The public health problems and challenges that Clark County faces are simply too great for a single individual, organization, or even sector to solve alone. Only through true collaboration can the needs identified during the CHA process be met.

Using data collected from the *2018 Clark County Community Health Survey (CHS)* survey; Clark County's *2018 Youth Risk Behavior Survey (YRBS)*; community conversations; the *County Health Rankings & Roadmaps* program; *Healthiest Wisconsin 2020: Everyone Living Better, Longer*; and other data sources, stakeholders from throughout the county selected three key priority areas to focus on during 2021-2022:

1. Chronic Disease
2. Mental Health
3. Alcohol and Other Drug Abuse (AODA)

Members of the Healthy Clark County group later reaffirmed these priorities and provided strategic direction. The goal of the CHIP is to outline issues, future action steps, and strategies to improve the health of Clark County—and to align with already existing state objectives and other local programs, projects, and organizations. Each priority area is accompanied by an explanation regarding its significance as well as supportive goals, progress indicators, and an open invitation to community members to get involved.

PREFACE

DEFINITIONS

CHA – An acronym for a Community Health Assessment. It is a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. Health departments are required to participate in a CHA every 5 years. Non-profit (tax exempt) hospitals are required by the Affordable Care Act to conduct a CHA once every 3 years.

CHIP – An acronym for a Community Health Improvement Plan, which is a long-term effort to address public health problems identified through a community health assessment.

Goal – Describes one or more overall purpose or aims of the CHIP.

Key Stakeholder – A community or business leader who has extensive knowledge of health, public health, and/or human services issues.

Root Cause – A factor identified as having significant influence on an objective (based on the perspective of CHIP planning participants). A Root Cause Analysis (RCA) is a method of problem solving aimed at identifying specific factors that contribute to problems or events. Its premise is that by addressing the root cause(s) of a problem, the overlying issue will be improved or corrected (as opposed to simply addressing “surface” or obvious issues).

Strategy – Actions that CHIP planning participants believe have the greatest potential to impact CHIP objectives as well as the most momentum to implement through collective action.

Underserved – A community adult who may be uninsured, underinsured, or have Medicaid; an ethnic or racial minority; an adult of low income; or a senior citizen.

THE CHA AND CHIP PROCESSES:

Healthy Clark County (HCC)

Healthy Clark County (HCC) is a collaboration of Clark County-based organizations and stakeholders who have a vested interest in improving the health of Clark County residents. Stakeholders include the Clark County Health Department, Ascension Our Lady of Victory Hospital, Marshfield Medical Center-Neillsville, Marshfield Dental Clinic-Neillsville, and Clark County University of Wisconsin-Extension. Together, these community representatives review the health status of Clark County, affirm or reaffirm health priorities, and provide direction regarding future strategies.



(To ensure a well-represented community, additional members are also welcome to join)

PREFACE

THE CHA AND CHIP PROCESSES:

Healthy Clark County (HCC) (cont'd.):

In 2018, HCC facilitated the community health assessment (CHA) process and guided the development of the Clark County Health Department's 2021-2022 CHIP.

HCC Vision Statement: Healthy Clark County will:

- Strive to ensure that all Clark County residents have access to healthy choice options and health care services regardless of the ability to pay.
- Strive to ensure healthy and safe environments.
- Educate the community on existing, emerging, and reemerging public health issues and services

Values Statement: Through teamwork and willingness to explore change among individuals and groups, the HCC will achieve improved health among Clark County residents by adopting the following values:

- Collaborate with traditional and non-traditional partners
- Seek cooperation from community members and key stakeholders
- Act with integrity on all accounts
- Be aware that one size does not fit all
- Be sensitive to religious and cultural backgrounds

Participating CHIP Organizations and Individuals:

Population-Based Health

- Clark County Health Department
- Clark County Women, Infants, & Children (WIC)
- Wisconsin Division of Public Health-Western Region Office

Health Care Providers

- Ascension Our Lady of Victory Hospital
- Family Health Center of Marshfield-Neillsville Dental Clinic
- Living Well Mental Health Clinic, LLC.
- Marshfield Clinic Health System
- Memorial Medical Center

Groups and Coalitions

- Clark County 4H
- Clark County Prevention Partnership
- Eat Right, Be Fit
- Mental/Behavioral Health Task Force

Community-Based

- Clark County University of Wisconsin-Extension
- Clark County Economic Development Corporation & Tourism Bureau
- Community Members
- House of Mercy Catholic Charities
- Wisconsin Job Center-Clark County

Human Services

- Clark County Community Services
- Clark County Social Services

Other

- Abbyland Foods, Inc.
- Neillsville School District
- United Church of Christ-Neillsville

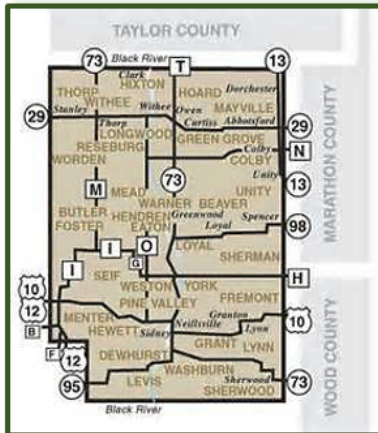
PREFACE

THE CHA AND CHIP PROCESSES:

HCC Workflow for Identifying Health Focus Areas:



INTRODUCTION TO CLARK COUNTY, WI



Clark County is the seventh largest county in Wisconsin (1209.82 square miles). It is located in the northwestern region and is bordered by Taylor, Marathon, Wood, Jackson, Eau Claire, and Chippewa Counties.

According to the United States Census Bureau, the total population of Clark County is estimated to be 34,774 people. Of Wisconsin's 72 counties, Clark ranks 41st in terms of total population and 51st in terms of population density, averaging only 28 people per square mile (United States Census Bureau, 2019).

BACKGROUND

Race/Ethnic Diversity:

The ethnic majority of Clark County consists of mainly white individuals (92.4%). Over the last 19 years, however, the Hispanic population has experienced a significant increase (from 1.0% in 2000 to 5.2% in 2019).

RACE/ETHNICITY	Clark County	Wisconsin
White Alone, non-Hispanic or Latino	92.4%	87.0%
Hispanic or Latino	5.2%	7.1%
American Indian and Native Alaskan (alone)	0.8%	1.2%
Black or African American (alone)	0.6%	6.7%
Asian (alone)	0.5%	3.0%
Native Hawaiian & Other Pacific Islander	Z*	0.1%
U.S. Census Bureau: State and County QuickFacts (2019)		
*Z: Value greater than zero but less than half unit of measure shown		

Age Distribution:

Approximately 29% of Clark County's population is 18 years of age or younger. According to the *County Health Rankings & Roadmaps (2019)*, of Wisconsin's 72 counties, Clark has the second highest percentage of young people per the total population (behind Menominee County).

AGE	Clark County	Wisconsin
Persons Under 5 Years	8.1%	5.7%
Persons Under 18 Years	29.4%	21.8%
Persons 65 Years and Over	17.0%	17.5%
U.S. Census Bureau: State and County QuickFacts (2019)		

Education:

In regard to education, Clark County ranks lowest in the state for high school graduation rates as well as the percent of residents who hold a bachelor's degree or higher.

Approximately 18% of individuals in Clark County do not graduate from high school and only 11.5% have earned (at least) a four-year degree. Although anecdotal, this could be, in part, due to Clark County's high Amish and Mennonite populations; many of whom do not go on to school past 8th grade.

EDUCATION	Clark County	Wisconsin
High School Graduate or Higher (ages 25+)	81.9%	91.9%
Bachelor's Degree or Higher (ages 25+)	11.5%	29.5%
U.S. Census Bureau: State and County QuickFacts (2018) IndexMundi (2018)		

INTRODUCTION TO CLARK COUNTY, WI

BACKGROUND (cont'd.)

Households, Lifestyle, and Income:

Approximately 17% of Clark County's population speaks a language other than English within the home. Of Wisconsin's 72 counties, Clark ranks highest in the state in this category. Though not quantifiable, anecdotal information suggests that as

HOUSEHOLDS, LIFESTYLE, & INCOME	Clark County	Wisconsin
Language Other Than English Spoken at Home	17.3%	8.7%
Homeownership Rate	77.8%	66.9%
Median Value of Owner-Occupied Housing Units	\$121,300	\$173,600
Per Capita Money Income in Past 12 Months (2018 Dollars)	\$24,114	\$32,018
Median Household Income	\$51,872	\$59,209
Persons in Poverty	11.9%	11.0%
U.S. Census Bureau: State and County QuickFacts (2014-2018) IndexMundi (2018)		

much as 30% of Clark County's population consists of individuals from the plain community (Amish and Mennonite). Since the plain community speaks dialects of Pennsylvania Dutch and German, this could account for a significant percent of Clark County's population speaking another language within the home.

Evidence supports the clear relationship between the socioeconomic position of a population and its health. Clark County ranks the third lowest in the state for *Per Capita Money Income in the Past 12 Months* (69th of 72), fifty-third for *Median Household Income*, and twenty-sixth for the percent of *Persons Below Poverty Level* in the state. On average, Clark County median household income is about \$7,300 less than the state average. Within the region, 11.9% of the population lives at or below the federal poverty level (slightly higher than the state average of 11.0%).

Access to Health Care:

Access to professional health care services is an area of concern for Clark County residents. More than 90% live in a rural area, compared to the state average of 30%. This means that unless a reliable form of transportation is available, some residents may not be able to attend regular health check-ups or other doctor visits.

ACCESS TO HEALTH CARE	Clark County	Wisconsin
% Rural	91.7%	29.8%
Uninsured Adults	17%	7%
Uninsured Children	20%	4%
Mental Health Providers	2,890:1	530:1
Other Primary Care Providers	1,927:1	964:1
County Health Rankings & Roadmaps (2019)		

In addition, an estimated 18% of all Clark County residents (youth and adults) go without any form of health insurance (WI average: 6%) and there are less than half as many primary health care providers within Clark County compared to the state average. Clark County has been identified as a federally designated health care shortage area for primary care providers, dentists, and mental health providers.

Health Status Leading Risk Factors:

Overall, Clark County residents face barriers to professional, quality care that other Wisconsinites do not. Research indicates that differences in geographic, demographic, and socioeconomic factors affect personal health. Based on the above data sets, it is evident that Clark County residents are at increased risk for experiencing negative health implications (when compared to other counties within Wisconsin).

COMMUNITY HEALTH ASSESSMENT

Community Health Assessment

WISCONSIN LAW

Wisconsin State Statute HS 140.04(g) requires that each local health department complete a community health assessment (CHA) and participate in a local health improvement plan at least every five years.

Wisconsin State Statute 251.05 requires local health departments to:

- Regularly and systematically collect, assemble, analyze, and make available information on the health of the community
- Develop public health policies and procedures for the community
- Involve key policy makers and the general public in determining and developing a community health improvement plan (CHIP) that includes actions to implement services and functions
- Submit data, as requested, to the local public health data system established by the department

INTRODUCTION TO THE COMMUNITY HEALTH ASSESSMENT PROCESS:

A Community Health Assessment (CHA) is foundational in improving and promoting the health of a community. The first step in developing a new Community Health Improvement Plan (CHIP) is completing a CHA. A CHA is a process that aims to describe the health of a community by offering information on health status, community health needs, and available resources. In addition, a CHA aims to identify target populations that may be at increased risk for poor health outcomes, gain a better understanding of their needs, and assess the larger community environment and how it relates to the health of individuals.

THE 2018 CLARK COUNTY COMMUNITY HEALTH ASSESSMENT:

The 2018 Clark County CHA process was conducted, in partnership, by the Clark County Health Department, Ascension Our Lady of Victory Hospital, Marshfield Medical Center-Neillsville, Marshfield Dental Clinic-Neillsville, and Clark County University of Wisconsin-Extension. Representatives from these organizations served as stakeholders in assessing the public's health. Collectively, this group of individuals became known as Healthy Clark County (HCC). They reviewed primary and secondary data, organized community conversations, and engaged in meetings to facilitate the CHA process.

CHA PROCESS AND METHODS:

The Clark County Health Department is committed to using evidence-based strategies and best practices to ensure that the CHA process is measurable, inclusive, and representative of diverse sectors of Clark County communities.

The HCC focus group utilized the *County Health Rankings Model* to inform data collection, data analysis, and to have a greater understanding for incorporating social determinants of health and health equity throughout the CHA process.

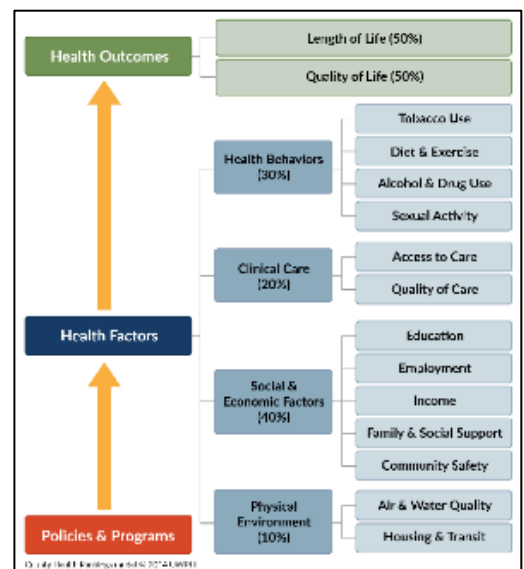
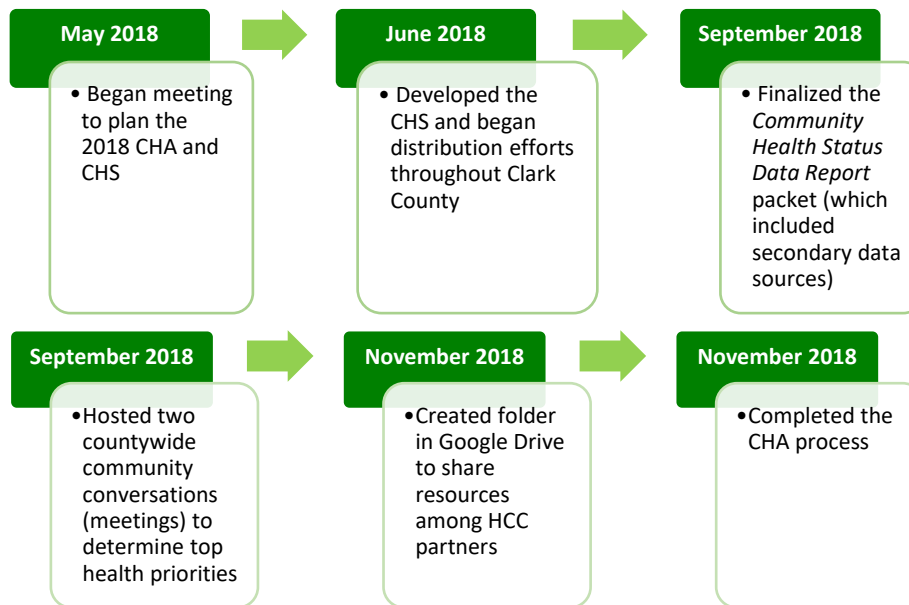


Figure A: County Health Rankings Model, 2014

COMMUNITY HEALTH ASSESSMENT

HCC 2018 COMMUNITY HEALTH ASSESSMENT TIMELINE:



CHA DATA COLLECTION AND SOURCES:

Primary Data:

2018 Clark County Community Health Survey (CHS)

In general, a Community Health Needs Assessment (CHNA) is a survey or questionnaire that is used to gain valuable insight on community perceptions regarding health strengths and needs within a certain population or area. In June 2018, the HCC group finalized the *2018 Clark County Community Health Survey (CHS)* and began distribution efforts. The survey was publically available from June 2018 to August 2018 via hard copy and electronically (SurveyMonkey). In addition to all Clark County residents being invited to participate, non-Clark County residents who indicated that they had utilized programs or services located within the county were also invited to participate. See Appendix A for the complete survey and Appendix B for the survey responses.

Appendix A: 2018 Clark County CHS

HCC was mindful of the importance of receiving input from individuals who were likely underserved, underrepresented, or of low income. To ensure these populations were represented during the CHA process, hard copies of the CHS were made available at local food pantries, hospitals/clinics, long-term care facilities, and Clark County local government departments (Social Services, Community Services, Aging and Disability Resource Center, Public Health, and WIC Nutrition Program).

COMMUNITY HEALTH ASSESSMENT

Primary Data (cont'd.):

2018 Clark County Community Health Survey (cont'd.)

In total, 403 surveys were completed. Respondents represented a wide range of individuals of various income and education levels. Of those that participated:

- 73% were Clark County residents
- 78% were female
- 58% held an associate degree or higher
- 95% were white
- 5% were Hispanic/Latino
- 8% were either under-employed, unemployed, or unable to work
- 18% had an annual household income of less than \$20,000 per year

Survey participants were asked to identify the top three greatest strengths of their community. Figure C shows the top 10 responses out of 336 who responded.

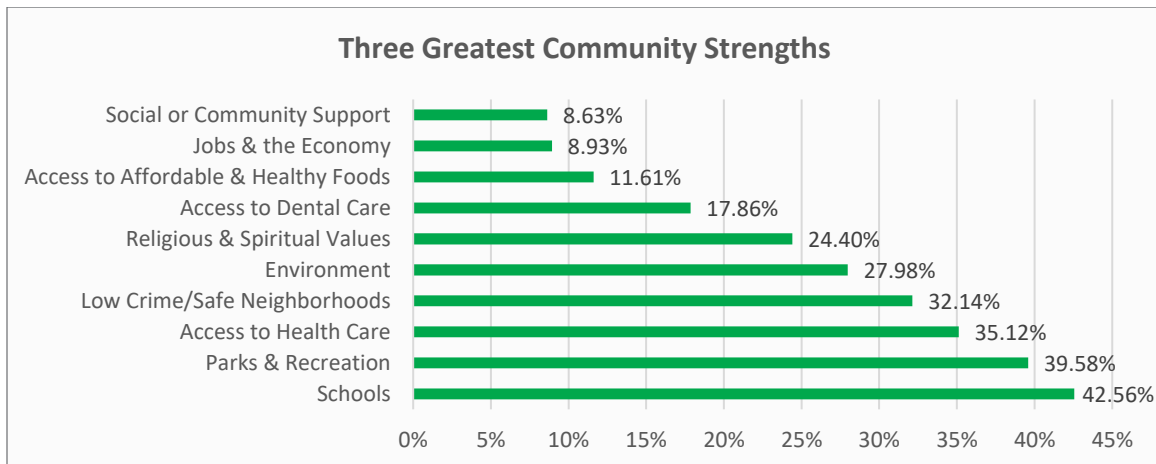


Figure B: Top 10 Greatest Strengths, 2018 Clark County CHS

Participants were also asked to identify what three issues concerned them the most about the overall health of the people in their community. Figure D shows the top 10 responses out of 336 who responded.

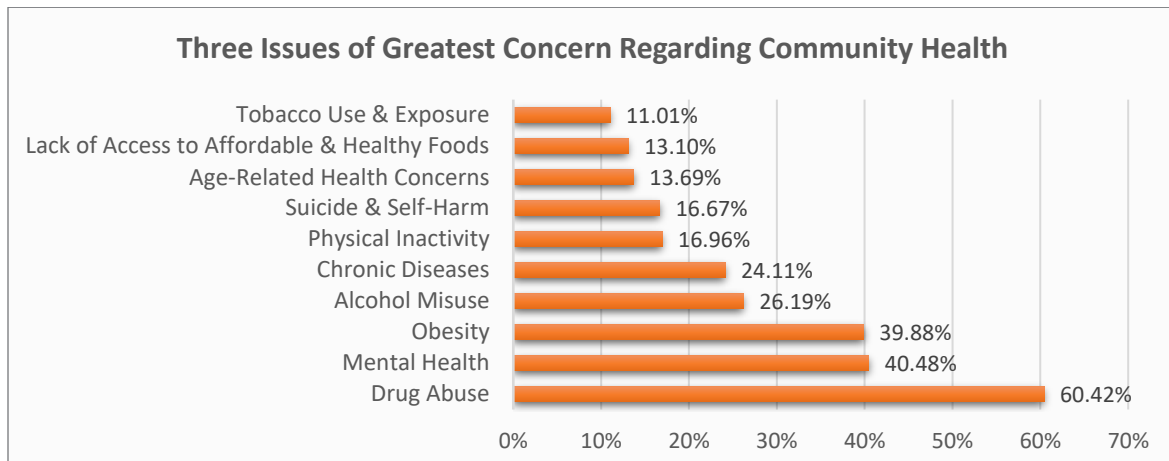


Figure C: Top 10 Issues of Greatest Concern, 2018 Clark County CHS

COMMUNITY HEALTH ASSESSMENT

Primary Data (cont'd.):

2018 Clark County Community Health Survey (CHS) (cont'd.)

Resulting from the CHS data, areas of concern were then grouped into three general categories:

1. **Chronic Disease** (including Obesity, Physical Inactivity, Age-Related Health Concerns, and Access to Healthy Foods)
2. **Mental Health** (including Suicide and Self-Harm)
3. **Alcohol and Other Substance Abuse** (including Drug Abuse, Alcohol Misuse, and Tobacco Use & Exposure)

2018 Youth Risk Behavior Survey (YRBS)

The *Youth Risk Behavior Survey* (YRBS) is a surveillance system designed to monitor a wide range of priority health risk behaviors (e.g., unintentional injury and violence, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, physical inactivity, etc.) among adolescents.

In total, 527 high school students and 530 middle school students across the county participated in the spring 2018 YRBS. Cumulative youth responses to survey questions helped identify health priority areas during the CHA process. See data included within Appendix C.

Community Conversations

Stakeholders come in many forms and should be representative of the community. They can be individuals or organizations.

In September 2018, HCC organized and hosted two CHA meetings at two separate locations. The first event took place in Neillsville (southern Clark County) and the second event was hosted in Owen (northern Clark County). Stakeholders that were representative of various Clark County communities were invited to attend via postcard. They included businesses, media, faith-based groups, county government department heads, the Wisconsin Job Center, hospitals, dental clinics, long-term care and assisted living facilities, housing authorities, school districts, childcare agencies, law enforcement, elected officials, and Amish/Mennonite leadership. Clark County residents were also encouraged to attend. Both events were promoted through local newspapers, the radio, social media, direct e-mail, and flyers posted at businesses and libraries.

In total, 24 Clark County stakeholders/community members participated in the CHA meetings. These meetings were facilitated by staff from the regional office of the State Division of Public Health and the Clark County University of Wisconsin-Extension. Attendees were given information on community health improvement efforts over the past three years and were presented with primary and secondary data. Through a facilitated process, attendees prioritized health concerns and identified assets.



Figure D: Clark County Community Conversations Invitation

COMMUNITY HEALTH ASSESSMENT

Primary Data (cont'd.):

Community Meetings (cont'd.)

The top three health priorities that participants identified during the community meetings were:

1. **Chronic Disease**
2. **Mental Health**
3. **Alcohol and Other Drug Abuse**

Secondary Data:

Clark County Community Health Status Data Report (CHSDR)

The *Clark County Community Health Status Data Report* (CHSDR) packet was developed to facilitate stakeholder discussion during the community meetings and ultimately helped to identify top priority health issues. The packet was formatted to provide the reader with reasons why a particular issue was important and data to indicate how well Clark County was doing on that particular indicator (often in comparison to Wisconsin and United States data).

Data was compiled from a variety of sources including (but not limited to): County Health Rankings & Roadmaps, Community Commons, U.S. Census, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Community Health Status Indicators, U.S. Department of Agriculture, U.S. Department of Education, and HealthData.gov.

An overview of the 2019 Clark County data from the County Health Rankings & Roadmaps website is included in Appendix D.



Appendix C: *Clark County Community Health Status Data Report*

CHA PRIORITIZATION PROCESS:

Step 1: Community Conversations in September 2018

During the two community conversations (meetings), attendees participated in a review of primary and secondary health data and heard from local experts. Attendees were then guided through a facilitated prioritization process in which they identified health issues based on the information they were given. Each participant was then instructed to vote for (what they considered to be) the top three health issues in the county.

Step 2: HCC meeting in October 2018

The HCC group met to review the CHS survey results and the community conversation results. The following criteria was also considering during the HCC's prioritization process:

- Scope of the problem (e.g., severity, number of individuals impacted)
- Health disparities (e.g., income, race or ethnicity)
- Feasibility (e.g., known interventions, likelihood to have a potential impact)
- Momentum/commitment (e.g., political will, community readiness)
- Alignment with others (e.g., local hospital and clinic priorities)

COMMUNITY HEALTH ASSESSMENT

CHA PRIORITIZATION PROCESS (cont'd.):

Step 3: Internal Health Department Discussions January-February 2019

CCHD staff members involved with the HCC group met internally to discuss outcomes that resulted from the CHA prioritization processes. Staff understood that the purpose of these meetings would be to ultimately select the top three health priorities that would be the center of the Health Department's 2020-2022 Community Health Improvement Plan (CHIP). Considerations that were taken into account during the vying and selection process included:

- County alignment with State of Wisconsin health priorities
- Selecting health priorities that were specified in both the primary and secondary data sources
- Selecting health priorities that will potentially have the largest community impact
- Community readiness (for change) in regard to certain health priorities
- Capacity to make measurable changes in a reasonable periods of time
- Momentum/commitment (e.g., political will, community readiness)
- Alignment with community partner (e.g., local hospital and clinics) priorities

HEALTH PRIORITIES SELECTED:

After analyzing the 2018 Clark County CHS results, reviewing primary and secondary data, participating in the CHA prioritization process, and considering the feasibility of the CCHD to drive realistic change, the top three community health priorities identified by the Clark County Health Department are:

1. **Chronic Disease**
2. **Mental Health**
3. **Alcohol and Other Drug Abuse**

COMMUNITY HEALTH IMPROVEMENT PLAN

What is a Healthy Community?

“... One that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

- World Health Organization, 2015

INTRODUCTION TO THE COMMUNITY HEALTH IMPROVEMENT PLAN:

According to the Centers for Disease Control and Prevention (CDC), a community health improvement plan (CHIP) is a long-term systematic effort to address public health problems in a community. It is based on the results of community health assessment (CHA) activities, and is one step in the process to improving community health.

The CHIP represents a concerted effort (between multiple entities, individuals, and organizations) to improving a community's health. It is critical for developing policies and defining actions that induce change. A CHIP should acknowledge existing strengths, weaknesses, challenges, and opportunities within a community so that targeted interventions can be made. The overall goal of a CHIP is to improve a community's health status.

CHIP PROCESS AND METHODS:

The CHIP relies on evidence-based practices to build strategies and goals for addressing health focus areas.

To ensure that all the necessary steps and considerations were taken into account throughout the CHA and CHIP processes, the HCC group and CCHD followed the County Health Rankings and Roadmaps' *Take Action Cycle*. This model describes community health improvement as a continuous cycle and includes the following steps:

- Assess Needs and Resources
- Focus on What's Important
- Choose Effective Policies and Programs
- Act on What's Important
- Evaluate Actions

In addition, the Take Action Cycle places a heavy emphasis on:

- Working together: Engaging community members and collaborating with all interested organizations (including businesses, schools, healthcare organizations, government entities, philanthropists, etc.)
- Communicating efforts and findings back to the community



Figure E: County Health Rankings & Roadmaps' *Take Action Cycle*

COMMUNITY HEALTH IMPROVEMENT PLAN

LOCAL COALITIONS AND GROUPS INVOLVED IN THE CHIP:

A CHIP relies on the collaborative efforts of multiple partners, organizations, and individuals to improve health priority areas. The CHIP is not representative of a single organization, but rather a concerted effort of many partners.

Eat Right, Be Fit Committee (ERBF)

Eat Right, Be Fit (ERBF) is a local, long-standing committee that is supportive of nutrition, physical activity, and general wellness. Coalition members are representative of local health care groups, human services departments, educational and agricultural institutions, and community members. The ERBF coalition has played (and continues to play) a pivotal role in addressing CHIP priorities and strategies related to *Chronic Disease*.

ERBF Mission Statement: Promoting healthy lifestyles by eating right and being fit.

Mental/Behavioral Health Task Force (MBHTF)

The *Mental/Behavioral Health Task Force* (MBHTF) is a local group that was organized in 2013. It is represented by multiple organizations invested in addressing the mental and/or behavioral health needs of Clark County residents. Task force members are representative of local health care groups, Social and Community Services departments, law enforcement, faith-based groups, educational institutions, professional mental/behavioral health agencies, and community members. This group has played (and continues to play) a pivotal role in identifying CHIP priorities and strategies related to *Mental Health* and *AODA*.

MBHTF Mission Statement: The Mental/Behavioral Health Task Force (MBHTF) is dedicated to supporting the mental and behavioral health of individuals, families, and communities in Clark County who are affected by, or at risk of, mental illness and/or substance use disorders through the cultivation of strengths toward promoting prevention and recovery in the least restrictive environment.

MBHTF Vision Statement: The Mental/Behavioral Health Task Force (MBHTF) will lead Clark County in creating a comprehensive, integrated, and culturally responsive system of mental health services/resources that will promote resiliency, recovery, and stigma-free integration into the fabric of our local communities.

COMMUNITY HEALTH IMPROVEMENT PLAN

Chronic Disease

DEFINITION:

Chronic diseases are broadly defined as conditions that last one year or more and require ongoing medical attention, limit activities of daily living, or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also the leading drivers of the United States' \$3.5 trillion in annual health care costs. Many chronic diseases are caused by a short list of risk behaviors including: tobacco use and exposure to secondhand smoke, poor nutrition (including diets low in fruit and vegetables and high in sodium and saturated fats), lack of physical activity, and excessive alcohol use (*National Center for Chronic Disease and Prevention and Health Promotion website, 2019*).

IMPORTANCE:

"Chronic diseases, such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common and costly of health problems. Rates will rise over the decade as the average age of the population increases and because of the current epidemic of obesity. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, screening, and disease-management programs" (*Healthiest Wisconsin 2020, 2010*).

STATE PRIORITIES:

The State of Wisconsin identified chronic disease prevention and management as one of its twelve Health Focus Areas in the statewide Community Health Improvement Plan.

ACCESS:

Limited access to indoor physical activity options and limited access to healthy food options are significant factors that impact the health of Clark County given its predominantly rural geography. Unreliable transportation, infrequency of shopping centers, and lack of healthy food options (especially during the winter months) contribute to access issues.

KEY FACTORS IMPACTING CHRONIC DISEASE IN CLARK COUNTY:

- In the 2018 Clark County CHS, residents were asked to select the three areas that they feel need the greatest amount of improvement in Clark County. Results that fall under the umbrella of Chronic Disease are as follows:
 - 28.65% (98 of 342 respondents) access to affordable and healthy foods
 - 21.35% (73 of 342 respondents) access to exercise activities
 - 16.67% (57 of 342 respondents) access to public transportation
 - 11.11% (38 of 342 respondents) access to health care
 - 8.77% (30 of 342 respondents) age-related health concerns/ability to age in place
 - 8.48% (29 of 342 respondents) access to dental care
 - 6.43% (22 of 342 respondents) parks and recreation

COMMUNITY HEALTH IMPROVEMENT PLAN

Chronic Disease

KEY FACTORS IMPACTING CHRONIC DISEASE IN CLARK COUNTY (CONT'D.):

- In the *2018 Clark County CHS*, residents were asked to select the three issues that concern them the most about the overall health of the people in their community. Results that fall into the Chronic Disease focus area are as follows:
 - 39.88% (134 of 336 respondents) obesity
 - 24.11% (81 of 336 respondents) chronic (ongoing) diseases (e.g., cancer, heart disease, stroke, diabetes, asthma, COPD)
 - 16.96% (57 of 336 respondents) physical inactivity
 - 13.69% (46 of 336 respondents) age-related health concerns (e.g., hearing/vision loss, dementia)
 - 13.10% (44 of 336 respondents) lack of access to affordable and healthy foods
 - 7.14% (24 of 336 respondents) poor oral health
- According *2019 Clark County Health Rankings & Roadmaps* data:
 - Clark County adults report, on average, 3.6 physically unhealthy days out of the last 30 days
 - 11% of Clark County residents report having 14 or more days of poor physical health per month
 - 33% of Clark County adults are obese (WI: 31%)
 - 24% of Clark County adults report no leisure-time physical activity (WI: 20%)
 - Only 47% of Clark County residents report having adequate access to locations for physical activity (WI average: 86%)
 - 9% Clark County residents are diabetic
 - 17% of Clark County adults are smokers
- Of 527 Clark County high school students surveyed during the spring *2018 Youth Risk Behavior Survey* (YRBS):
 - 11.4% (60) reported smoking cigarettes on at least one day during the 30 days before the survey
 - 23.5% (124) reported having used an electronic vapor product during the past 30 days
 - Only 65.5% (345) reported being physically active for a total of at least 60 minutes per day on five or more of the 7 days before the survey

COMMUNITY HEALTH IMPROVEMENT PLAN

Chronic Disease

OTHER FACTORS IMPACTING CHRONIC DISEASE IN CLARK COUNTY:

In December of 2018, the HCC hosted a stakeholder meeting focused on chronic disease. Through a root cause analysis (RCA) process, attendees identified factors that contribute to *Chronic Disease* being an issue in Clark County and organized them into categories:

RCA: What is Contributing to Chronic Diseases? What are Some of the Causes/Drivers? (Chronic diseases to consider: heart disease, lung disease, obesity, etc.)			
Causes/Drivers	Individual (knowledge, attitudes, behavior)	Organizational (workplace, school, other institutions) Community (cultural values, norms, built environment)	Public Policy (federal, state, and local laws)
Tobacco Use	<ul style="list-style-type: none"> • People think e-cigs are harmless flavored water vapor • Surrounded by friends/family who also use e-cigs 	<ul style="list-style-type: none"> • Does not prohibit use of e-cigs on grounds, provides no cessation resources to employees • E-cig “vape” shops are built near schools/colleges • Purchasing tobacco when an individual turns 18 as a “rite of passage” 	<ul style="list-style-type: none"> • Little regulation of e-cigs (including Juul) <ul style="list-style-type: none"> ○ Amount of nicotine allowed in e-juice/pods ○ Accurate labeling of the amount of nicotine in e-juice/pods ○ Enforcement of childproof caps ○ Limiting promotion
Poor Nutrition & Obesity	<ul style="list-style-type: none"> • Both parents working outside of the home • Drive thru is easier/more convenient • Prices are affordable • Few quality grocery stores available in Clark County • Lack of awareness for what “healthy nutrition” truly is • Poverty-ridden areas • Lack of availability by price • Lack of knowing how to prepare healthy meals 	<ul style="list-style-type: none"> • Modeling through families • Nothing to do • Vending machine readily available • Breastfeeding areas in worksites • Community dietician • School lunches • Wellness policies • Community Supported Agriculture (CSA) • Lack of childcare 	<ul style="list-style-type: none"> • Potential loss of rural status • Policy supporting breastfeeding mothers in daycares • Breastfeeding areas in worksites

COMMUNITY HEALTH IMPROVEMENT PLAN

Chronic Disease

OVERALL CHRONIC DISEASE GOALS:

1. By December 2022, youth residents of Clark County will decrease their usage of vaping and e-cigarette products.
2. By December 2022, Clark County retailers will decrease the number of illegal tobacco sales to minors (individuals under the age of 21).
3. By December 2022, women who are nursing or pumping will have increased access to breastfeeding friendly areas within Clark County.
4. By December 2022, underserved Clark County residents will have increased access to healthy and nutritious foods.
5. By December 2022, Clark County will make strides to develop or implement plans for public infrastructure that promotes physical activity.
6. By December 2022, Clark County will incorporate infrastructure that eases accessibility limitations for underserved Clark County populations.
7. By December 2022, Clark County will offer opportunities for senior citizens to improve their physical health through strength training programs.

INDICATORS OF PROGRESS:

- Indicator 1: The percent of Clark County students who report having used an electronic vapor product during the last 30 days will decrease from 23.5% to 19.0% (*Clark County YRBS*, 2018).
- Indicator 2: The percent of Clark County retailers who sell a tobacco or vaping product to a minor will decrease from 6.5% to 0% (*WI Wins Dashboard*, 2018).
- Indicator 3: The number of breastfeeding/pumping friendly facilities in Clark County will increase by the following numbers within the following sectors:
- Public buildings, 2
 - Public events, 2
 - Worksites, 1
- Indicator 4: Food voucher redemption rates at local farmers' markets by WIC-insured individuals and senior citizens will remain stable or increase from the current baseline (WIC 49%, 2019; senior 76%, 2019).
- Indicator 5: At least one exploratory plan will be developed regarding the steps needed to implement a new hiking, biking, walking, or skiing trail within Clark County.
- Indicator 6: At least one horse/buggy parking stall will be implemented at either a healthcare facility or government building within Clark County.
- Indicator 7: Strength training opportunities for senior citizens will be offered in 3 different Clark County communities.

COMMUNITY HEALTH IMPROVEMENT PLAN

Chronic Disease

<i>What Can I Do to Help?</i>	
Individuals and Families	<ul style="list-style-type: none"> • Become informed and educated on healthy nutrition • Develop and/or promote personal and family nutrition: <ul style="list-style-type: none"> ○ Decrease consumption of sweetened beverages ○ Increase consumption of fruits and vegetables ○ Decrease portion sizes ○ Increase actual “meal time” at the table with no television ○ Increase preparation of meals with family and/or friends • Participate in community coalitions or partnerships
Organizations and Institutions	<ul style="list-style-type: none"> • Teach food preparation skills in multiple settings such as farmers’ markets, grocery stores, worksites, schools, and food pantries (with an emphasis on low-income and local foods when appropriate) • Offer in-store grocery presentations on a variety of topics such as “Shopping On a Budget” • Provide social support to breastfeeding women/families • Educate parents of school-age children regarding school breakfast and lunch requirements • Provide breastfeeding information to health care providers and worksites to better support breastfeeding/pumping families • Create appropriate lactation rooms in worksites • Encourage employers to inform their employees about their insurance benefits (specifically, when breast pumps are covered within health insurance plans) • Sponsor nutrition information at health fairs/screenings at worksites and medical centers • Use local foods in the menus at medical centers, nursing homes, senior dining sites, schools, childcare centers, restaurants, etc. • Encourage local businesses to develop a culture of healthy eating for employees through an incentive-based wellness program • Include youth leadership opportunities within nutrition/wellness programs • Encourage worksites, daycares, and medical centers to implement breastfeeding friendly policies • Participate in community coalitions or partnerships
Community and Systems	<ul style="list-style-type: none"> • Collaborate to create and/or distribute a quarterly newsletter that focuses on health • Develop a resource toolkit for groups establishing community/school gardens • Support community/school gardens and other programs that promote local foods • Educate communities on becoming breastfeeding/pumping friendly • Educate the public on advocacy opportunities that impact nutrition policy • Accept SNAP and WIC coupons and EBT cards at farmers’ markets • Participate in community coalitions or partnerships

COMMUNITY HEALTH IMPROVEMENT PLAN

Mental Health

14.5% of Clark County high school students reported that they had seriously considered suicide within the last 12 months (Clark County Youth Risk Behavior Survey, 2018).

DEFINITION:

Mental health is, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively . . . and is able to make a contribution to his or her community” (World Health Organization, 2001). It is also, “the foundation for well-being and effective functioning for an individual and community” (*British Columbia, Ministry of Health*, 2007).

IMPORTANCE:

During a one-year period, approximately 20% of the population experiences a mental health problem. Mental health is linked with physical health and is fundamental to good health and human functioning. Mental health disorders are associated with increased rates of other chronic health issues and risk factors such as smoking, physical inactivity, obesity, and substance abuse (*Healthiest Wisconsin 2020*, 2010).

STATE PRIORITIES:

The State of Wisconsin identified mental health as one of its twelve priorities in the statewide Community Health Improvement Plan.

ACCESS TO CLINICAL CARE:

Access to both general health care and mental health care is a leading cause for concern and a county-wide issue. Clark County ranks lowest in the state of Wisconsin for *Clinical Care* (*County Health Rankings & Roadmaps*, 2019). It also ranks lowest in the state for the percent of residents under age 65 that go without health insurance (16.5%); 17% are uninsured adults and 20% are uninsured children.

Community members emphasized the lack of access to both mental and behavioral health treatment facilities within the community. There is only one clinical mental health professional per 2,890 people in Clark County (*County Health Rankings & Roadmaps*, 2019). This is a regional issue as well. Therefore, individuals in need of professional mental health care often do not receive it due to trained provider shortage.

Lastly, The *Youth Risk Behavior Survey* (YRBS) data regarding the number of poor mental health days, self-harm tendencies, and suicidal thoughts, further necessitate the critical importance of improving mental, emotional, and behavioral health outcomes for young folks in Clark County.

COMMUNITY HEALTH IMPROVEMENT PLAN

Mental Health

KEY FACTORS:

- In the *2018 Clark County CHS*, residents were asked to select the three areas that they feel need the greatest amount of improvement in Clark County. Results that fall under the Mental Health focus area, are as follows:
 - 28.65% (98 of 342 respondents) access to mental health care
 - 15.79% (54 of 342 respondents) mental health/well-being
 - 10.23% (35 of 342 respondents) child abuse/neglect
 - 9.36% (32 of 342 respondents) family issues (divorce, parenting)
 - 4.68% (16 of 342 respondents) social or community support
- In the *2018 Clark County CHS*, residents were asked to select the three issues that concern them the most about the overall health of the people in their community. Results that fall under the Mental Health umbrella are as follows:
 - 40.48% (136 of 336 respondents) mental health (e.g., depression, anxiety, stress)
 - 16.67% (56 of 336 respondents) suicide and self-harm, including suicidal talk, planning and attempts
 - 6.85% (23 of 336 respondents) violence (e.g., murder, in-home violence, child abuse)
- Clark County residents report, on average, 3.7 mentally unhealthy days out of the last 30 days (*Clark County Rankings & Roadmaps*, 2019)
- 12% of Clark County residents report having 14 or more days of poor mental health per month (*Clark County Rankings & Roadmaps*, 2019)
- The ratio of Clark County residents to clinical mental health providers is 2,890 to 1 (WI average: 530 to 1) (*Clark County Rankings & Roadmaps*, 2019)
- 14% of Clark County youth (ages 16-19) are disconnected, meaning they are neither working nor in school (*Clark County Rankings & Roadmaps*, 2019)
- Clark County ranks lowest in *Clinical Care* health factors in the state of Wisconsin (72 of 72) (*County Health Rankings & Roadmaps*, 2019)
- Of 527 total Clark County high school students surveyed in the *2018 Youth Risk Behavior Survey* (YRBS):
 - 18.2% (96) reported doing something to purposefully harm themselves without wanting to die, such as cutting or burning during the past 12 months
 - 23.6% (124) reported feeling so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities
 - 14.5% (76) reported that they seriously considered attempting suicide during the 12 months before the survey
 - 6.3% (33) reported that they attempted suicide one or more times during the 12 months before the survey
 - 34.7% (183) reported that they have had significant problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen during the 12 months before the survey
 - 34.9% (184) reported that they felt like they did not have a teacher or adult in their school that they could talk to if they had a problem

COMMUNITY HEALTH IMPROVEMENT PLAN

Mental Health

OTHER FACTORS IMPACTING MENTAL HEALTH IN CLARK COUNTY:

In November of 2018, the *Clark County Mental/Behavioral Health Task Force* analyzed the data provided in the *CHS*, *YRBS*, and *CHSR*. Through a root cause analysis (RCA), members of the task force identified factors that contribute to *Mental Health* being an issue in Clark County and organized them into categories:

Direct Drivers

- Poor emotional, psychological, and/or social well-being (mental health)
- Demands placed on a person exceed their resources and coping abilities
- Depression and anxiety (mental illness)
- Unaware of resources
- Limited self-care (and stigma attached to "doing nothing")
- Bullying and exclusion
- Coping skills/resiliency

Possible Strategies:

- Suicide prevention training for youth &/or adults (e.g., Mental Health First Aid; Question, Persuade, Refer; Signs of Suicide; ACT on FACTS)
- mHealth (mobile apps for mental health)
- Provide training for self-care (e.g., meditation)
- School curriculum (e.g., SAMHSA toolkit)
- Hospital health coaches
- Utilize online bullying prevention hubs

Intermediary Causes

- Lack of access to mental health care
- Stress
- Experiences related to other ongoing chronic medical conditions
- Biological factors such as genetics or chemical imbalances in the brain
- Alcohol/drug use
- Children internalizing family issues (e.g., parents divorcing/separating)
- Access to treatment (e.g., inconsistencies with treatment, lack of interagency collaboration/communication, privacy laws that create barriers to coordinating care)
- Provider and patient understanding of mental health-related pharmaceuticals
- Low levels of healthy eating and physical activity (especially youth)
- Parents working and unable to spend time with kids
- Resources for farmers exist, but outreach is limited due to lack of collaboration
- Social media

Possible Strategies:

- Depression screening in primary care settings
- School-based mental health services
- Equip primary care providers to address mental health (in clinical appointments, with pharmaceuticals)
- Family connecting efforts/family dinner project
- Big buddy/peer support outside of school
- Wrap around services for youth who are in vulnerable situations (Handle with Care program)
- Firearm locks
- Community HUB Model (care coordination, crisis liaison, etc.)
- Telemental health services
- Advocate for funding
- Trauma Informed Care
- Big buddy/peer support in school
- Meditation
- Prevention programming in elementary schools

COMMUNITY HEALTH IMPROVEMENT PLAN

Mental Health

OTHER FACTORS IMPACTING MENTAL HEALTH IN CLARK COUNTY (CONT'D.):

Social and Economic Factors

- Lack of social support
- Discrimination
- Stigma (e.g., mental health is a trigger, suicidality not discussed)
- Adverse Childhood Experiences and PTSD
- Trauma and historical trauma
- Poor community environments (e.g., poverty, violence and crime, housing quality and affordability)
- Policy
- Lack of transportation causes stress and limits ability to access mental health services
- Poverty
- Circumstances of farming
- Lack of jobs with strong health insurance coverage
- Lack of culturally appropriate services (especially language barriers)

Possible Strategies:

- Employee Assistance Program (perhaps for farms and self-employed individuals)
- *Say It Out Loud* NAMI stigma-reduction program for teens
- *Make It OK* NAMI stigma-reduction program (general community)
- Adverse Childhood Experiences (ACEs) training

OVERALL MENTAL HEALTH GOALS:

1. By December 2022, Clark County will increase the number of youth who are able to recognize the warning signs of a suicide risk and respond appropriately.
2. By December 2022, Clark County will increase the number of youth who are able to recognize and appropriately respond to indicators of self-harm.
3. By December 2022, Clark County will increase awareness for mental health illnesses and services.
4. By December 2022, Clark County will reduce access to readily operable firearms.
5. By December 2022, Clark County will increase the number of adults who are aware of the effects of childhood trauma.

INDICATORS OF PROGRESS:

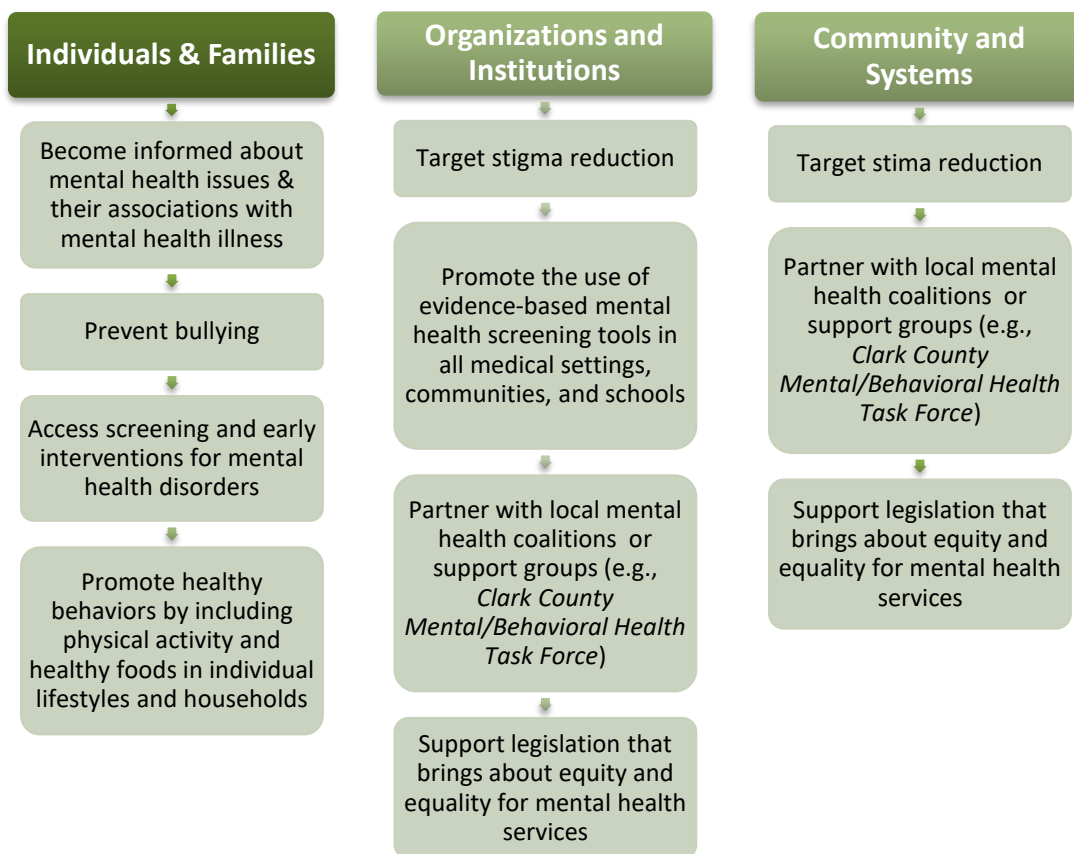
- Indicator 1: Annually train at least 150 students at two different Clark County schools in evidence-based suicide prevention programming.
- Indicator 2: Annually train at least 30 students at one Clark County school in self-harm prevention programming.
- Indicator 3: Annually provide education to at least 100 underserved residents of Clark County on mental illness and/or available services.
- Indicator 4: Distribute at least 125 firearm locks per year, emphasizing on households with veterans and children.
- Indicator 5: Host at least one annual training on topics related to childhood trauma.

COMMUNITY HEALTH IMPROVEMENT PLAN

Mental Health

CALL TO ACTION:

Successful implementation of the Clark County CHIP requires the collaboration of individuals, organizations, and partnerships within the community. Here are some ways that Clark County residents can contribute, both individually and collaboratively, to making a positive local impact on mental health.



COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol and Other Drug Abuse

DEFINITION:

Alcohol and other drug abuse (AODA) means any use of a substance that results in negative consequences. This includes mood altering substances such as alcohol, prescription substances, and illegal mood-altering substances. Negative consequences of alcohol and drug use include, but are not limited to, operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, liquor law violations, alcohol-related hospitalizations, alcohol-attributable deaths (including motor vehicle), heavy (binge) drinking, underage drinking, non-medical or illicit drug use, drug-related deaths and hospitalizations, and drug or alcohol-related crimes (*Healthiest Wisconsin 2020*, 2010).

IMPORTANCE:

Alcohol and other drug use can have long-lasting, adverse effects on physical and mental health; ultimately impacting morbidity and mortality. Health implications related to alcohol and drug use include unintended injuries; poor birth outcomes, childhood development and adolescent health; violence; liver disease (*Healthiest Wisconsin 2020*, 2010)

STATE PRIORITIES:

The state of Wisconsin recognized alcohol and other drug use as one of its twelve priorities in the statewide Community Health Improvement Plan. Alcohol-related deaths are the fourth leading cause of death in Wisconsin (*Healthiest Wisconsin 2020*, 2010).

The excessive and inappropriate consumption of alcohol amongst both adult and youth populations is a major health concern in Clark County as well. Twenty-four percent of Clark County adults drink excessively (*County Health Rankings & Roadmaps*, 2019) and 31.4% of Clark County high school students reported that they had at least one drink of alcohol in the past 30 days (*Clark County Youth Risk Behavior Survey*, 2018).

ACCESS TO CARE:

The Health Resources and Services Administration identifies Clark County as a medically underserved area for primary, dental, and mental health. This means that there is a lack of providers as measured against total population. In terms of access to mental health and substance abuse counseling services, the ratio of Clark County residents to clinical mental health providers is 2,890 to 1 (WI average: 530 to 1) (*County Health Rankings & Roadmaps*, 2019).

"Wisconsin tops the nation in wasted lives, harm, and death associated with its drinking culture. We find ourselves in a culture that in some ways is tolerant of excessive dangerous, unhealthy, and illegal drinking, which results in a host of societal problems such as homelessness, child abuse, crime, unemployment, injury, health problems, hospitalizations, suicide, fetal abnormalities, and early death."

Healthiest Wisconsin 2020 (2010)

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol and Other Drug Abuse

KEY FACTORS:

- In the *2018 Clark County CHS*, residents were asked to select the three areas that they feel need the greatest amount of improvement in Clark County. Results that fall under the umbrella of AODA, are as follows:
 - 33.04% (113 of 342 respondents) substance abuse issues (e.g., opioid abuse, alcohol misuse)
 - 28.65% (98 of 342 respondents) access to mental health care
 - 15.79% (54 of 342 respondents) mental health/well-being
 - 4.68% (16 of 342 respondents) social or community support
- In the *2018 Clark County CHS*, residents were asked to select the three issues that concern them the most about the overall health of the people in their community. Results that fall under the AODA umbrella are as follows:
 - 60.42% (203 of 336 respondents) drug abuse (illegal & prescription drugs, including methamphetamines and opioids)
 - 26.19% (88 of 336 respondents) alcohol misuse
 - 11.01% (37 of 336 respondents) tobacco use and exposure
- 24% of Clark County adults report binge or heavy drinking (WI: 26%) (*County Health Rankings & Roadmaps, 2019*)
- Alcohol was involved in 43% of Clark County driving deaths (WI: 36%) (*County Health Rankings & Roadmaps, 2019*)
- There were 33 drug-related arrests in 2018 (*County Health Rankings & Roadmaps, 2019*)
- 95 Clark County residents visited a hospital for an opioid-related concern (*County Health Rankings & Roadmaps, 2019*)
- Of 527 total Clark County high school students surveyed in the *2018 Youth Risk Behavior Survey (YRBS)*:
 - 99 (18.7%) reported riding one or more times during the 30 days before the survey in a car or other vehicle by someone who had been drinking alcohol
 - 101 (19.1%) reported that they had drank alcohol (other than a few sips) for the first time before age 13 years.
 - 165 (31.4%) had at least one drink of alcohol on at least one day during the 30 days before the survey
 - 83 (15.8%) had 5 or more drinks of alcohol in a row (within a couple of hours) on at least one day during the 30 days before the survey
 - 39 (7.4%) students used marijuana one or more times during the 30 days before the survey

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol and Other Drug Abuse

OTHER FACTORS IMPACTING AODA IN CLARK COUNTY:

In November of 2018, the *Clark County Mental/Behavioral Health Task Force* analyzed the data provided in the *CHS*, *YRBS*, and *CHSR*. Through a root cause analysis (RCA), members of the task force identified factors that contribute to AODA being an issue in Clark County and organized them into categories:

Direct Drivers

- Excessive drinking (binge/heavy drinking)
- Underage drinking
- Alcohol use by pregnant women
- Tobacco use
- Illegal drug use
- Prescription misuse

Possible Strategies:

- Behavioral Health Primary Care Integration (substance abuse screenings and treatments in primary care settings)
- Alcohol Brief Interventions (5-10 minute sessions that include screening, feedback on behavior, advice, and decision making support to encourage change)
- Mobil Health for Mental Health (uses text messaging and mobile apps to deliver healthcare services and support to individuals with mental health and substance abuse concerns; some smartphone apps can be integrated into electronic health records)

Intermediary Causes

- Availability (outlet density, parental alcohol use, attitudes, and monitoring)
- Accessibility (level and ease of access to alcohol, sales to minors)
- Acceptability (social norms, marketing, peer pressure, early initiation, etc.)
- Affordability (easy access to inexpensive alcohol)
- Lack of availability of healthy recreational and social activities (youth have too much unsupervised time)
- Home environment (unstable conditions)
- Ineffective laws and policies (social host policies not enforced, minors allowed to have alcohol in certain circumstances, lack of increases in alcohol tax, etc.)
- Social media (easier for youth to organize parties, parents and adults not as social media savvy)
- Gaps in knowledge (understanding addiction as a disease)

Possible Strategies:

- Responsible beverage server training
- Mentoring programs (especially for at-risk youth)
- Proper drug disposal programs

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol and Other Drug Abuse

OTHER FACTORS IMPACTING AODA IN CLARK COUNTY (CONT'D.):

Social and Economic Factors

- Adverse Childhood Experiences (ACEs)
- Historical trauma
- High levels of family conflict or violence
- Policy, laws, and regulations (local and state)
- Neighborhood disinvestments (poverty, violence, crime, physical deterioration, low social capital, etc.)
- Low socioeconomic status (combination of education, income, and employment)
- Decline in church attendance/moral education

Possible Strategies:

- Alcohol taxes (states and municipalities can add excise tax or a sales tax to alcoholic beverages; strong evidence shows that increasing taxes reduces excessive alcohol consumption and related harms)
- Alcohol outlet density restrictions (reduce or limit the number of places that sell alcohol through state and local licensing or zoning processes)
- Alcohol access restrictions in public places (e.g., festivals and other events)

OVERALL AODA GOALS:

1. By December 2022, Clark County will decrease youth alcohol use.
2. By December 2022, Clark County will reduce unauthorized access to prescription medications.
3. By December 2022, Clark County will reduce the number of residents who die from opioid overdoses.
4. By December 2022, Clark County will increase the number of AODA self-help groups.
5. By December 2022, Clark County will increase awareness in the community about the dangers of problematic adult alcohol consumption.

INDICATORS OF PROGRESS:

- Indicator 1: Reduce the percent of students who report drinking alcohol during the last 30 days from 31.4% to 27.0% (*Clark County YRBS, 2018*).
- Indicator 2: Implement at least one means-reduction strategy to decrease illegal access to prescription medications.
- Indicator 3: Increase the number of publically accessible sharps disposal sites within Clark County by one.
- Indicator 4: Increase the number of needle exchange sites within Clark County by one.
- Indicator 5: Maintain the current supply of nasal naloxone (128 doses) to law enforcement/EMS and provide training to at least 2 additional entities.
- Indicator 6: Assist in launching at least one Narcotics Anonymous and one Alcoholics Anonymous group.
- Indicator 7: Distribute information pertaining to alcohol and narcotics use in three new venues.

POTENTIAL CHIP RESOURCES & NEXT STEPS

POTENTIAL RESOURCES TO ADDRESS CHIP GOALS:

Potential Clark County resources and assets that may assist in addressing the identified health goals (Chronic Disease, Mental Health, and AODA) and help develop work plans, include the following:

- Ascension Our Lady of Victory Hospital
- Clark County 24-Hour Mental Health and AODA Crisis Line
- Clark County Aging and Disability Resource Center
- Clark County Board of Health
- Clark County Community Services
- Clark County Health Department
- Clark County Prevention Partnership
- Clark County Schools
- Clark County Sheriff's Department
- Clark County University of Wisconsin-Extension
- Community Members
- Clark County Board of Supervisors
- County (Individual) Department Boards
- Eat Right, Be Fit
- Living Well Mental Health Clinic, LLC
- Marshfield Clinic Health System
 - Behavioral, Emotional, Social Traits Universal Screening
 - Center for Community Health Advancement
 - Marshfield Medical Center-Neillsville
- Mental/Behavioral Health Task Force
- Town Mayors

NEXT STEPS:

The Clark County Health Department will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities. These priorities will be monitored, evaluated, and improved upon over time. The CHIP serves as a snapshot in time. Although the three health priority areas will remain the same, indicators of progress and strategies are subject to change depending on evolving community needs and roadblocks to implementation efforts.

In the months ahead, the CCHD will routinely meet with the HCC group to identify specific strategies, develop yearly work plans, and monitor progress.

After Board of Health approval, this CHA and CHIP document will be distributed among all partners and made publically available.

APPENDIX A: 2018 CLARK COUNTY COMMUNITY HEALTH SURVEY

Community Health Survey 2018 Clark County Health Care Partnership

We want to hear from you!

Please take a moment to complete the survey below. The purpose of this **anonymous** survey is to get your opinions about health in your community. The Clark County Health Department, Memorial Medical Center, Ascension Our Lady of Victory Hospital, Family Health Center Dental Clinic, and Marshfield Clinic Health System are conducting the survey. The information collected will help these organizations identify future Clark County programs and services. If you have any questions please contact the Clark County Health Department at 715.743.5105. Thank you for your participation. Please complete this survey if you are **at least 18 years old**.

I live in Clark County: (select one)

☐ Yes
☐ No

I use programs and services in Clark County (ex: hospitals, dental care, schools, parks, grocery/convenience stores, etc.). (select one)

☐ Yes
☐ No

*If you answered "No" to both questions above, you can STOP answering the survey. Thank you for your interest. If you answered "Yes" to either, please continue with the survey.

COMMUNITY HEALTH CONCERNS: Community refers to where you live, learn, work, and play. This is often the neighborhood, city/town, or county that you live in.



What are the **THREE** greatest **areas needing improvement** in your community?

- | | |
|---|--|
| <input type="checkbox"/> Access to affordable and healthy foods | <input type="checkbox"/> Family issues (divorce, parenting) |
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Having enough income to live on |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Jobs and the economy |
| <input type="checkbox"/> Access to exercise activities | <input type="checkbox"/> Mental health / well-being |
| <input type="checkbox"/> Access to mental health care | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Race/ethnic relations |
| <input type="checkbox"/> Age-related health concerns / Ability to age in place | <input type="checkbox"/> Religious and spiritual values |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Safe and affordable housing |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Crime / unsafe neighborhoods | <input type="checkbox"/> Social or community support |
| <input type="checkbox"/> Discrimination and harassment (e.g., racism, sexism, ageism) | <input type="checkbox"/> Substance abuse issues (e.g., opioid abuse, alcohol misuse) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environment (e.g., air and water quality) | |



2. What are the **THREE** greatest **strengths** of your community?

- | | |
|--|---|
| <input type="checkbox"/> Access to affordable and healthy foods | <input type="checkbox"/> Low levels of crime / safe neighborhoods |
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Low levels of discrimination and harassment (e.g., racism, sexism, ageism) |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Low levels of domestic violence |
| <input type="checkbox"/> Access to exercise activities | <input type="checkbox"/> Low levels of substance abuse (e.g., opioid abuse, alcohol misuse) |
| <input type="checkbox"/> Access to mental health care | <input type="checkbox"/> Mental health / well-being |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Age-related health concerns / Ability to age in place | <input type="checkbox"/> Race/ethnic relations |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Religious and spiritual values |
| <input type="checkbox"/> Environment (e.g., air and water quality) | <input type="checkbox"/> Safe and affordable housing |
| <input type="checkbox"/> Families (few divorces, parenting) | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Having enough income to live on | <input type="checkbox"/> Social or community support |
| <input type="checkbox"/> Jobs and the economy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Low levels of child abuse/neglect | |

3.a. What are the **THREE** issues that concern you the most about the overall health of people in your community?

- | | |
|--|--|
| <input type="checkbox"/> Age-related health concerns (e.g., hearing/vision loss, dementia) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Lack of access to affordable and healthy foods | <input type="checkbox"/> Occupational health / dangers or risks at work (e.g., injuries while on the job, toxic chemicals) |

- ☐ Alcohol misuse
- ☐ Chronic (ongoing) diseases (e.g., cancer, heart disease, stroke, diabetes, asthma, COPD)
- ☐ Contagious disease (e.g., hepatitis, tuberculosis)
- ☐ Drug abuse (illegal & prescription drugs, including methamphetamines and opioids)
- ☐ Environmental health (e.g., safe air, safe water, safe housing)
- ☐ Infant death
- ☐ Injuries (e.g., accidents, falls, drownings, motor vehicle crashes)
- ☐ Lack of sleep
- ☐ Mental health (e.g., depression, anxiety, stress)
- ☐ Physical inactivity
- ☐ Poor oral health
- ☐ Sexual and reproductive health (e.g., unhealthy pregnancy, unwanted pregnancy)
- ☐ Sexually transmitted infections (e.g., chlamydia, gonorrhea, HIV/AIDS)
- ☐ Suicide and self-harm, including suicidal talk, planning and attempts
- ☐ Tobacco use and exposure
- ☐ Violence (e.g., murder, in-home violence, child abuse)
- ☐ Other _____

3.b. Choose at least one of your answers from the list above. Tell us what you think should be done about it.

4. What do you (personally) need to be healthy and well?

DEMOGRAPHICS: Please tell us more about you.

1. What is your zip code?

2. Are you:

☐ Male ☐ Female

☐ Prefer to self-describe _____

3. Your age group:

- ☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ 75+
☐ 25-34 ☐ 45-54 ☐ 65-74

4. Your highest education level:

- ☐ Less than high school graduation
☐ High school diploma or equivalent
☐ College degree (incl. associate's degree) or higher

5. Which of the following best describes your ethnicity?

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

6. Which of the following best describes your race?

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other _____

7. Are you currently:

- ☐ Employed
☐ Under-employed
☐ Not working, by choice
☐ Not working, not by choice
☐ Student
☐ Retired
☐ Unable to work
☐ Other: _____

8. Household income per year:

- ☐ Less than \$20,000
☐ \$20,000-\$34,999
☐ \$35,000-\$49,999
☐ \$50,000-\$74,999
☐ \$75,000 or more

9. Are you currently:

- ☐ Insured (e.g., through your employer, the "Marketplace," BadgerCare, Medicare)
☐ Uninsured (e.g., no insurance, self-pay)
☐ Underinsured (e.g., high co-pays, high deductibles, and/or limited coverage)

Thank you for completing the survey. Information from this survey will be included in the Community Health Needs Assessments for members of the Clark County Health Care Partnership in 2019 and after.

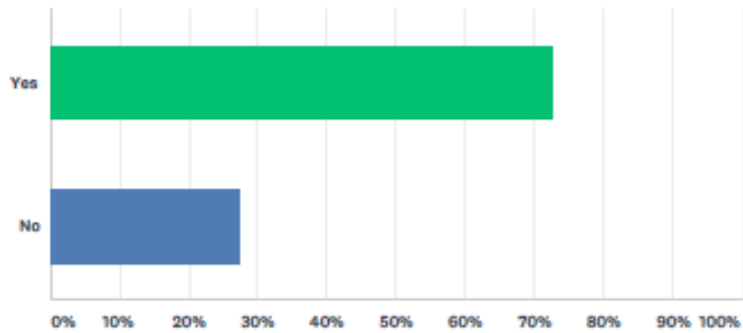
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APPENDIX B: 2018 CLARK COUNTY COMMUNITY HEALTH SURVEY PARTICIPANT RESPONSES

Clark County Community Health Survey

Q1 I live in Clark County. (Select one.)

Answered: 399 Skipped: 4

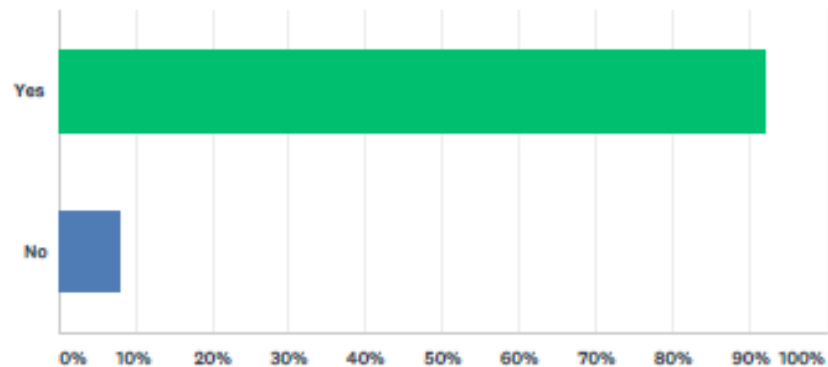


ANSWER CHOICES	RESPONSES	
Yes	72.68%	290
No	27.32%	109
TOTAL		399

Clark County Community Health Survey

Q2 I use programs and services in Clark County (ex: hospitals, dental care, schools, parks, grocery/convenience stores, etc.). (select one)

Answered: 395 Skipped: 8

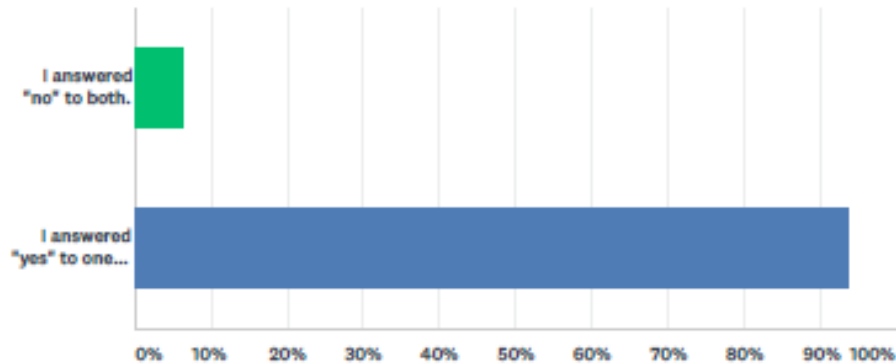


ANSWER CHOICES		RESPONSES
Yes		92.15% 364
No		7.85% 31
TOTAL		395

Clark County Community Health Survey

Q3 *If you answered "No" to both questions above, you can STOP answering the survey. Thank you for your interest. If you answered "Yes" to either, please continue with the survey.

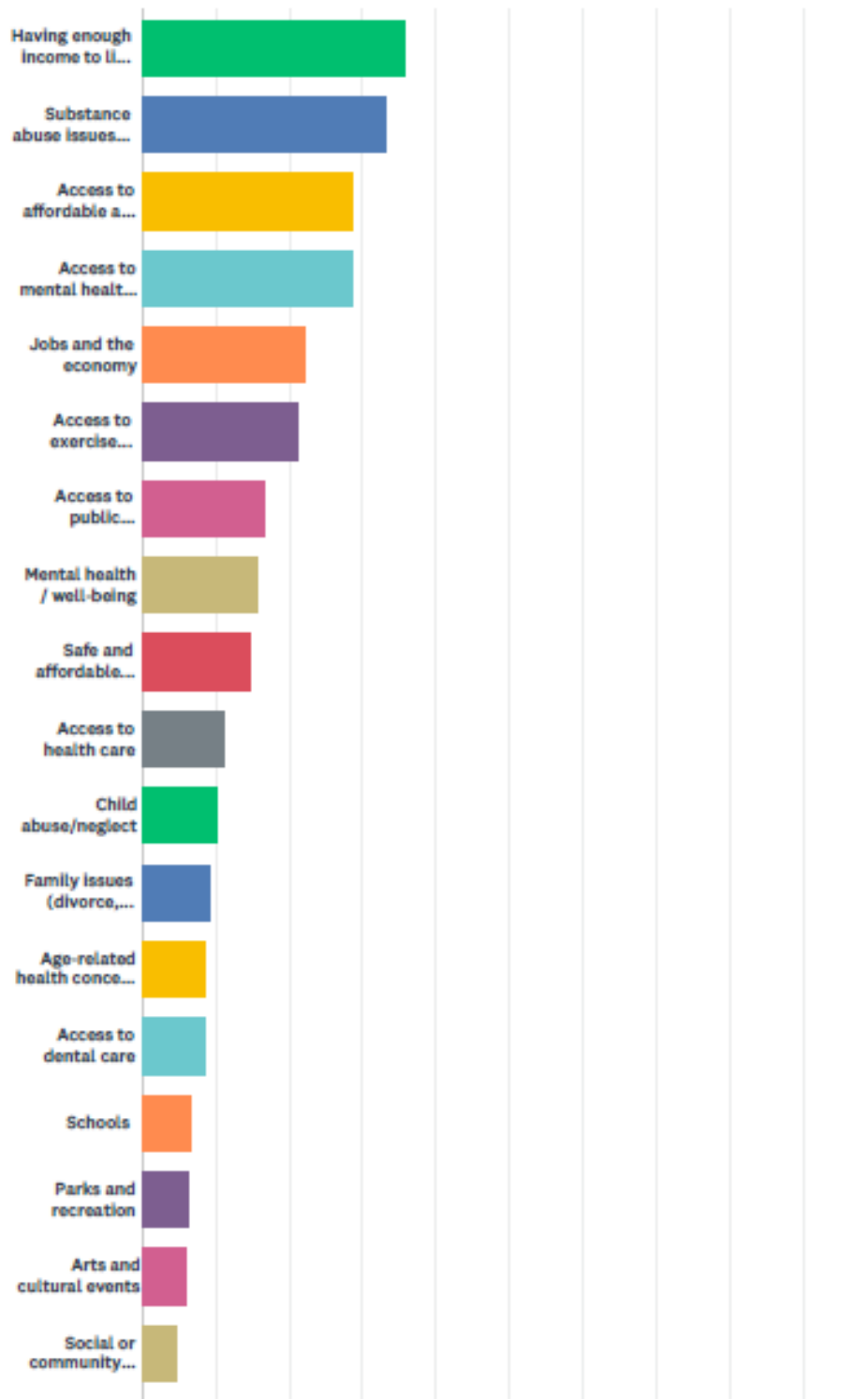
Answered: 383 Skipped: 20



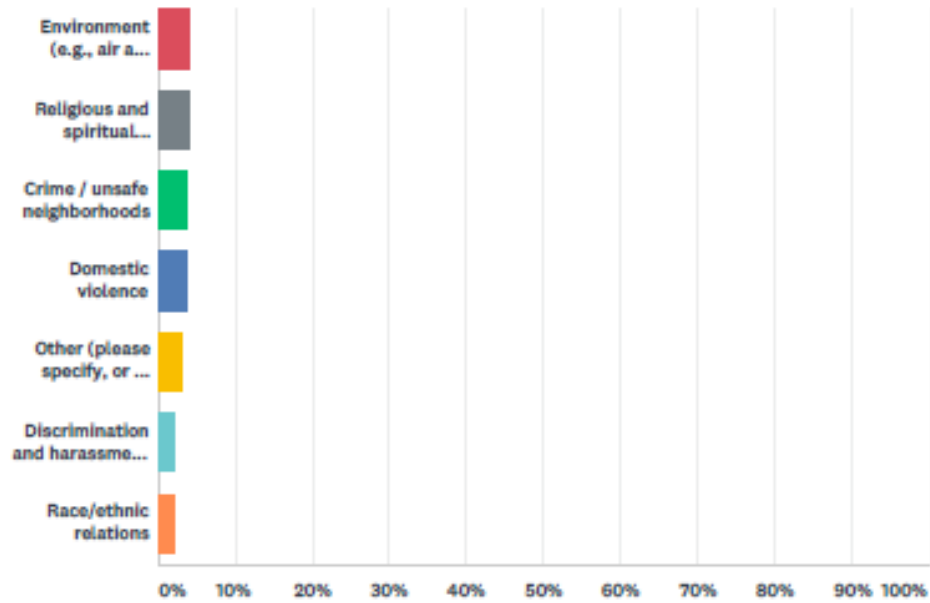
ANSWER CHOICES	RESPONSES	
I answered "no" to both.	6.27%	24
I answered "yes" to one or the other.	93.73%	359
TOTAL		383

Q4 What are the THREE greatest areas needing improvement in your community?

Answered: 342 Skipped: 61



Clark County Community Health Survey



ANSWER CHOICES	RESPONSES	
Having enough income to live on	35.67%	122
Substance abuse issues (e.g., opioid abuse, alcohol misuse)	33.04%	113
Access to affordable and healthy foods	28.65%	98
Access to mental health care	28.65%	98
Jobs and the economy	22.22%	76
Access to exercise activities	21.35%	73
Access to public transportation	16.67%	57
Mental health / well-being	15.79%	54
Safe and affordable housing	14.91%	51
Access to health care	11.11%	38
Child abuse/neglect	10.23%	35
Family issues (divorce, parenting)	9.36%	32
Age-related health concerns / Ability to age in place	8.77%	30
Access to dental care	8.48%	29
Schools	6.73%	23
Parks and recreation	6.43%	22
Arts and cultural events	6.14%	21
Social or community support	4.68%	16
Environment (e.g., air and water quality)	4.09%	14
Religious and spiritual values	4.09%	14

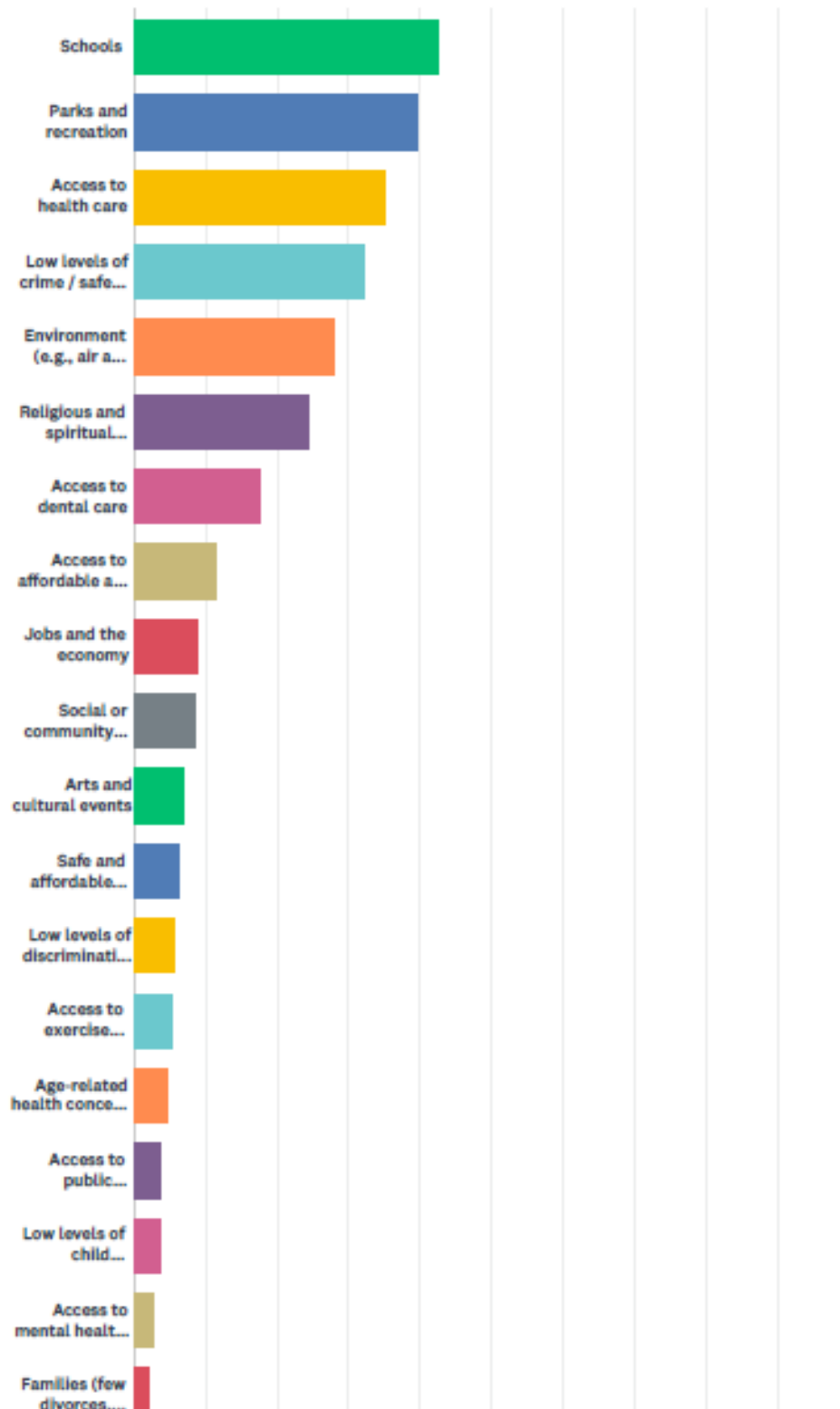
Clark County Community Health Survey

Crime / unsafe neighborhoods	3.80%	13
Domestic violence	3.80%	13
Other (please specify, or put an "X" in the box)	3.22%	11
Discrimination and harassment (e.g., racism, sexism, ageism)	2.05%	7
Race/ethnic relations	2.05%	7
Total Respondents: 342		

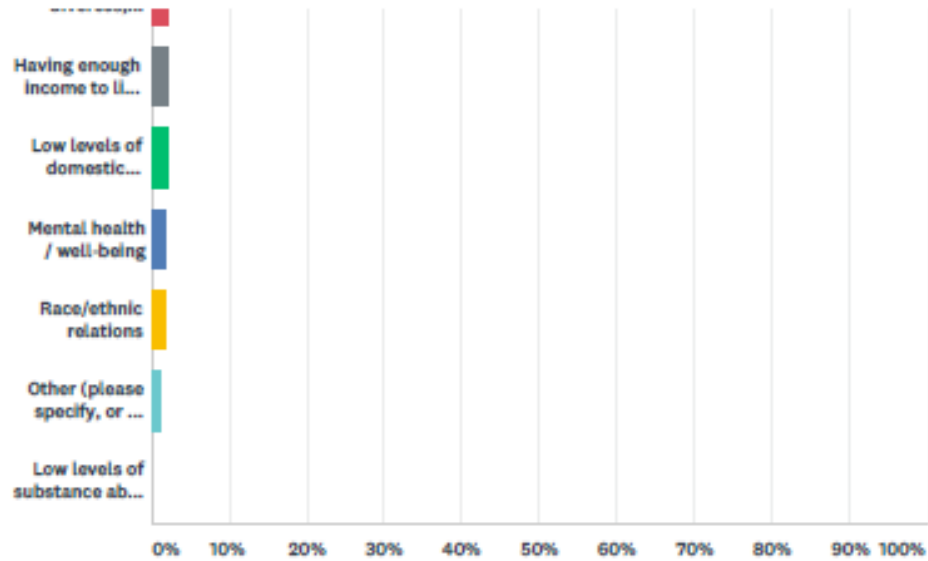
#	OTHER (PLEASE SPECIFY, OR PUT AN "X" IN THE BOX)	DATE
1	Baby-Birth doctors (Obstetricians)	9/11/2018 3:04 PM
2	School Crossing	9/4/2018 3:05 PM
3	Water (bill) too high	9/4/2018 2:59 PM
4	Senior center activities	8/6/2018 9:01 AM
5	activities for teenagers so they do not get board, into trouble, Comment about safe and affordable housing is 2 entirely different things in my opinion, having affordable housing and more availability to rent.	8/1/2018 11:43 AM
6	safe place for men & women in domestic situations or just being released from jail	7/31/2018 4:13 PM
7	Bullying in the schools	7/27/2018 12:13 PM
8	Work/Personal Life balance	7/26/2018 1:31 PM
9	Affordable Health Care	7/24/2018 11:09 AM
10	Family friendly events	7/24/2018 10:10 AM
11	Affordable health care (access is fine)	7/19/2018 10:54 AM

Q5 What are the THREE greatest strengths of your community?

Answered: 336 Skipped: 67



Clark County Community Health Survey



ANSWER CHOICES	RESPONSES	
Schools	42.56%	143
Parks and recreation	39.58%	133
Access to health care	35.12%	118
Low levels of crime / safe neighborhoods	32.14%	108
Environment (e.g., air and water quality)	27.98%	94
Religious and spiritual values	24.40%	82
Access to dental care	17.86%	60
Access to affordable and healthy foods	11.61%	39
Jobs and the economy	8.93%	30
Social or community support	8.63%	29
Arts and cultural events	7.14%	24
Safe and affordable housing	6.55%	22
Low levels of discrimination and harassment (e.g., racism, sexism, ageism)	5.95%	20
Access to exercise activities	5.36%	18
Age-related health concerns / Ability to age in place	4.76%	16
Access to public transportation	3.87%	13
Low levels of child abuse/neglect	3.87%	13
Access to mental health care	2.98%	10
Families (few divorces, parenting)	2.38%	8
Having enough income to live on	2.38%	8
Low levels of domestic violence	2.38%	8

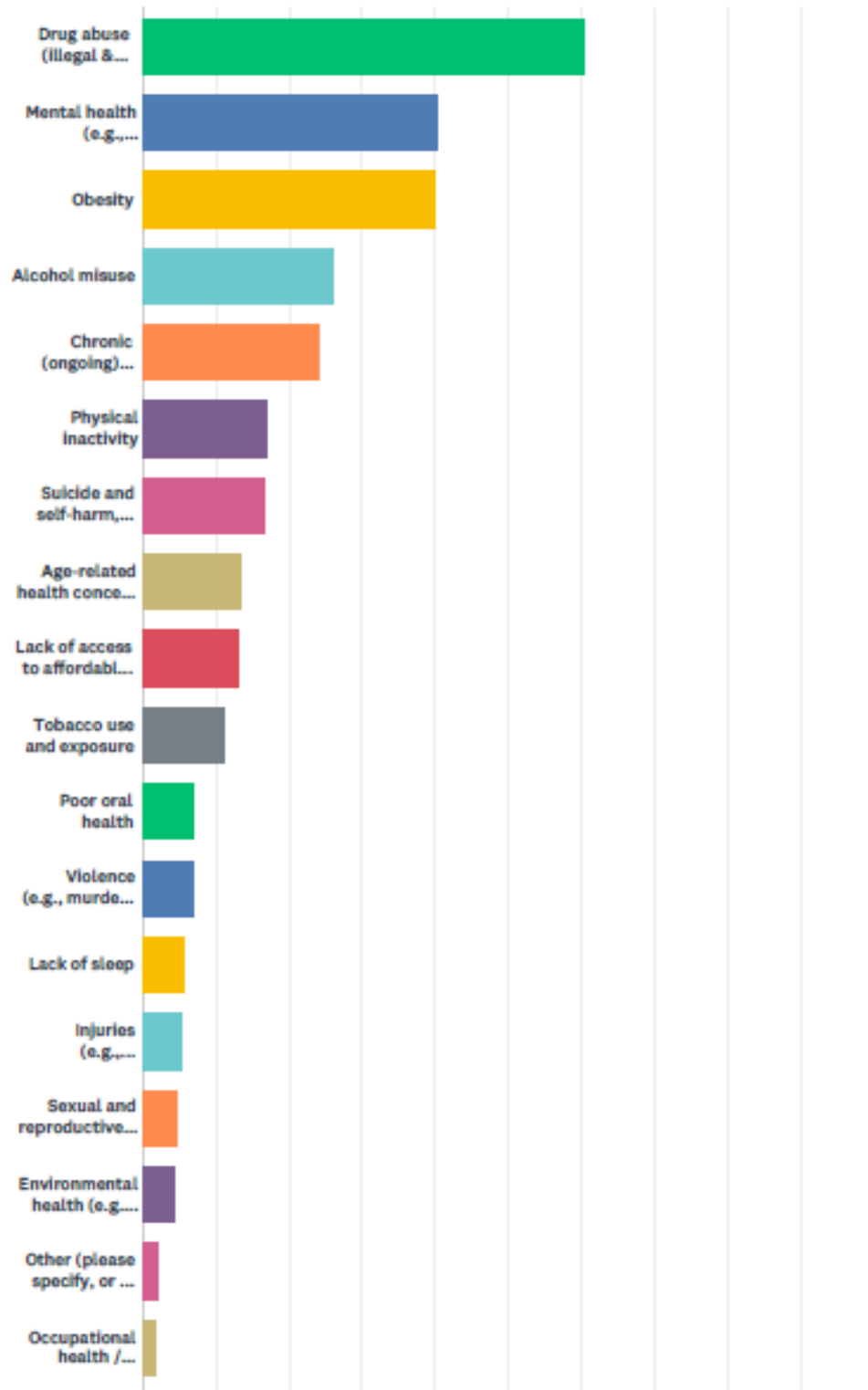
Clark County Community Health Survey

Mental health / well-being	1.79%	6
Race/ethnic relations	1.79%	6
Other (please specify, or put an "X" in the box)	1.19%	4
Low levels of substance abuse (e.g., opioid abuse, alcohol misuse)	0.00%	0
Total Respondents: 336		

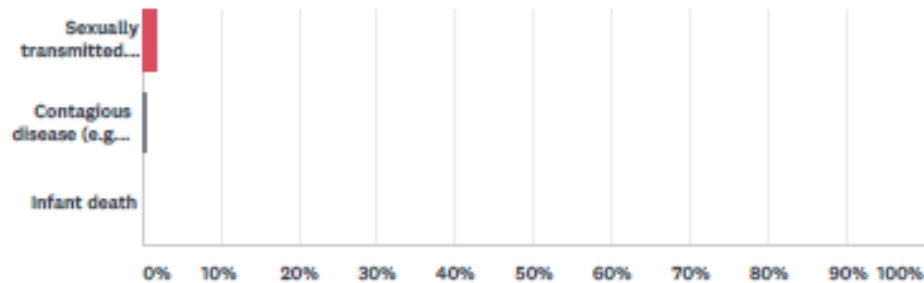
#	OTHER (PLEASE SPECIFY, OR PUT AN "X" IN THE BOX)	DATE
1	Road conditions	9/11/2018 3:41 PM
2	Pool and treadmill	9/4/2018 3:05 PM
3	X	7/26/2018 3:53 PM
4	This kind of goes with access to healthcare - but the Family Health Center program is of great help to many people	7/25/2018 11:39 AM

Q6 What are the THREE issues that concern you the most about the overall health of people in your community?

Answered: 338 Skipped: 67



Clark County Community Health Survey



ANSWER CHOICES	RESPONSES	
Drug abuse (illegal & prescription drugs, including methamphetamines and opioids)	60.42%	203
Mental health (e.g., depression, anxiety, stress)	40.48%	136
Obesity	39.88%	134
Alcohol misuse	28.19%	88
Chronic (ongoing) diseases (e.g., cancer, heart disease, stroke, diabetes, asthma, COPD)	24.11%	81
Physical inactivity	16.96%	57
Suicide and self-harm, including suicidal talk, planning and attempts	16.67%	56
Age-related health concerns (e.g., hearing/vision loss, dementia)	13.69%	46
Lack of access to affordable and healthy foods	13.10%	44
Tobacco use and exposure	11.01%	37
Poor oral health	7.14%	24
Violence (e.g., murder, in-home violence, child abuse)	6.85%	23
Lack of sleep	5.95%	20
Injuries (e.g., accidents, falls, drownings, motor vehicle crashes)	5.36%	18
Sexual and reproductive health (e.g., unhealthy pregnancy, unwanted pregnancy)	4.76%	16
Environmental health (e.g., safe air, safe water, safe housing)	4.46%	15
Other (please specify, or put an "X" in the box)	2.08%	7
Occupational health / dangers or risks at work (e.g., injuries while on the job, toxic chemicals)	1.79%	6
Sexually transmitted infections (e.g., chlamydia, gonorrhea, HIV/AIDS)	1.79%	6
Contagious disease (e.g., hepatitis, tuberculosis)	0.60%	2
Infant death	0.00%	0
Total Respondents: 336		

#	OTHER (PLEASE SPECIFY, OR PUT AN "X" IN THE BOX)	DATE
1	Activities for senior citizens	9/4/2018 4:19 PM
2	More education on alcoholism and legal ramifications for OWI	8/14/2018 7:59 AM
3	LACK OF SINGLE STORY HOMES FOR DISABLED PEOPLE AND LACK OF BUILDING THEM	8/6/2018 1:28 AM
4	Firearms	8/2/2018 7:07 PM
5	Individual responsibility for health and wellness	7/29/2018 1:21 AM

Clark County Community Health Survey

6	Really lesson to the people when they talk about there health issues,people need more time with talking to how they feel an not a No.	7/28/2018 6:35 AM
7	Bullying	7/27/2018 12:13 PM

Clark County Community Health Survey

Q7 Choose at least one of your answers from the list above. Tell us what you think should be done about the issue.

Answered: 245 Skipped: 158

#	RESPONSES	DATE
1	education on poor oral health	9/18/2018 8:50 AM
2	get rid of alcohol	9/18/2018 8:42 AM
3	concern of drugs and alcohol abuse could there be more efforts for education or the dangers of starting in schools	9/18/2018 8:39 AM
4	more balance diets and foods	9/18/2018 8:33 AM
5	do not sell	9/18/2018 8:29 AM
6	Suicide: need more resources and help	9/12/2018 10:03 AM
7	Raise prices of tobacco product so people don't use as much	9/12/2018 10:01 AM
8	n/a	9/12/2018 9:59 AM
9	Help with the people that need it	9/12/2018 9:57 AM
10	n/a	9/12/2018 9:51 AM
11	n/a	9/12/2018 9:49 AM
12	n/a	9/12/2018 9:47 AM
13	n/a	9/12/2018 9:45 AM
14	n/a	9/12/2018 9:41 AM
15	Enforce regulations to reduce pollution of natural resources.	9/12/2018 8:15 AM
16	Need more resources to support programming and efforts [three issues were: drug abuse; physical inactivity; suicide]	9/11/2018 9:38 PM
17	More mental health workers and resources. Programs (i.e., support groups).	9/11/2018 9:36 PM
18	Diet plans and healthier foods	9/11/2018 9:34 PM
19	Enhance and promote efforts aimed at primary prevention of tobacco, alcohol and other drug abuse	9/11/2018 9:32 PM
20	Alcohol misuse -- cont'd education for parents and in schools	9/11/2018 9:30 PM
21	Drug abuse stricter laws	9/11/2018 9:28 PM
22	Mental health and promoting positive mental health is an ongoing need. I'm not sure what to suggest other than we as a community need to be aware of more mental health issues and recognize when someone needs help.	9/11/2018 8:48 PM
23	Mental health -- more emphasis on providing counseling services to those who need it.	9/11/2018 8:40 PM
24	Tobacco use and exposure: should not be available for purchase	9/11/2018 8:36 PM
25	Alcohol misuse -- crack down more on under-age drinking and address binge drinking	9/11/2018 8:34 PM
26	Too many arrests for drugs and drunk driving	9/11/2018 8:31 PM
27	Physical inactivity -- There could be more affordable gyms, swimming pools or public invited activities like local 5Ks.	9/11/2018 8:29 PM
28	Mental Health -- access to MD's and follow up care. Help for adults with high functioning autism.	9/11/2018 8:26 PM
29	Get tough on drug abuse -- crime	9/11/2018 8:24 PM
30	More group therapies, maybe more advertisements on how to get help.	9/11/2018 8:20 PM

Clark County Community Health Survey

31	Get a drug house and not let people out	9/11/2018 8:17 PM
32	More police involvement in schools and with youth	9/11/2018 8:14 PM
33	Make drug bust get drugs out	9/11/2018 8:11 PM
34	Obesity – More access for working out, other physical activities, etc.	9/11/2018 8:09 PM
35	Mental health – we need more child mental health professionals!	9/11/2018 8:07 PM
36	Drug abuse – more enforcement	9/11/2018 8:04 PM
37	Penalties for drugs should be harder not slapped hands only. More help for oral health costs are too high for people to have work done.	9/11/2018 8:02 PM
38	Chronic: Alzheimer's – more info on prevention, new research, etc.	9/11/2018 7:58 PM
39	Feel in a small community – everyone knows everyone – so people are afraid to op for help – because it still is not confidential	9/11/2018 7:55 PM
40	Would like to see more resources for the older adults related to injury prevention	9/11/2018 7:51 PM
41	Physical inactivity classes on exercise place to go that's not too expensive	9/11/2018 7:44 PM
42	Hearing loss: the cost of hearing aids – seems to be a reason many do nothing about it.	9/11/2018 7:37 PM
43	Suicides - more classes and discussion about it – how to deal with bullying	9/11/2018 7:32 PM
44	Injuries - learning to keep your balance and pick up feet	9/11/2018 3:39 PM
45	Bring more help & support in schools & community	9/11/2018 3:34 PM
46	Obesity - More exercise available, ex: gym, YMCA, local use of facilities	9/11/2018 3:31 PM
47	There should be more community events to encourage physical activity	9/11/2018 3:28 PM
48	The people charged with drug charges in my community are let back into the public too soon, to commit more crimes related to meth & heroin, including thefts.	9/11/2018 3:23 PM
49	Drug abuse is so bad, not sure what more can be done other than more drug testing. This leads to crime & violence, child abuse & neglect, unwanted pregnancies & more in younger generation	9/11/2018 3:19 PM
50	Reduce promotion of soda	9/11/2018 3:14 PM
51	More access to healthier food variety (no grocery store)	9/11/2018 3:12 PM
52	There's nothing that can really be done. People just need to make better choices	9/11/2018 3:08 PM
53	Trying to get kids and young adults more involved with events and social activities without continual electronics connections. Too much screen time-phone & computers	9/11/2018 3:04 PM
54	N/A	9/11/2018 2:57 PM
55	Mental Health - I don't know what should be done	9/11/2018 2:54 PM
56	More activities to keep people busy. Not enough to do = a bored mind	9/11/2018 2:52 PM
57	More importance put on physical movement, less on technology	9/11/2018 2:48 PM
58	Drug abuse - more treatment for addicts vs jail time	9/11/2018 2:43 PM
59	Drug abuse - Better rehab options	9/11/2018 2:41 PM
60	Need a place for senior meals/activities in the Stanley area	9/4/2018 4:19 PM
61	Chronic diseases: Medical research needs to be continued; medical treatment needs to be affordable	9/4/2018 4:17 PM
62	Living in small towns can be stressful. I know of a few people who have committed suicide. Suicide prevention could greatly help.	9/4/2018 4:01 PM
63	I do not pretend to know how to make it better (alcohol misuse & suicide/self-harm). More counseling and education with family to identify signs of problems	9/4/2018 3:57 PM
64	Environmental health: Test water supplies more often	9/4/2018 3:54 PM
65	Physical activity is lacking. There need to be bike paths, running paths where people who do not live in town may safely work out	9/4/2018 3:51 PM

Clark County Community Health Survey

66	Obesity - Help people to lose weight	9/4/2018 3:01 PM
67	A lot of elderly fall on sidewalks during winter. Last year 6 of my friends and me fell on ice.	9/4/2018 2:59 PM
68	Better services provided	9/4/2018 2:50 PM
69	Obesity - eliminate the use of corn syrup in food & drinks	9/4/2018 2:40 PM
70	More in-home services for elderly that are covered by insurance. More specialists coming into area hospitals/clinic so elderly don't have to travel.	9/4/2018 2:30 PM
71	Lack of healthy affordable foods. More than one day/week farmers market	9/4/2018 2:26 PM
72	More suicide prevention awareness in small communities	9/4/2018 2:23 PM
73	Transportation	9/4/2018 2:20 PM
74	Chronic diseases - COPD. I have it. Better med treatment	9/4/2018 1:11 PM
75	Drug Abuse: Need more programs to deal mental health & job training & higher incomes	9/4/2018 1:05 PM
76	Obesity - Programs & education, classes	9/4/2018 12:59 PM
77	More monitoring of children-access to drugs, alcohol, cigarettes	9/4/2018 11:24 AM
78	More awareness and signs of depression/suicide	8/29/2018 10:56 AM
79	For ALL, we need affordable options and rural accessibility.	8/27/2018 4:58 PM
80	Obesity - more emphasis on exercise	8/14/2018 7:59 AM
81	obesity better programs on health issues	8/9/2018 11:30 AM
82	More action taken by social services when a report is made. More education for parents on how to discipline children without violence.	8/8/2018 5:01 PM
83	More drug/alcohol abuse support in our area	8/8/2018 4:59 PM
84	Obesity - decrease insurance premiums for people who are within normal limits for BMI	8/6/2018 1:10 PM
85	Access to yoga and safe bike trails	8/6/2018 9:01 AM
86	There should be a grocery store that has healthy foods available.	8/6/2018 8:53 AM
87	People that are physically inactive, or abusing drugs/children need to be employed and not rely on handouts from government.	8/6/2018 8:36 AM
88	DEVELOPERS SHOULD ASK WHO KNOWS ABOUT THAT GRANTS AND INCENTIVES THAT ARE AVAILABLE FROM THE GOVERNMENT FOR THE VERY TYPE OF DISABLED SINGLE STORY HOUSING THAT IS GREATLY NEEDED FOR INDIVIDUALS THAT ARE AGE 55	8/6/2018 1:28 AM
89	Obesity starts at a young age and we should be doing more in the schools. Physical Education needs to be done everyday in schools starting at a very young age, along with nutrition.	8/5/2018 6:02 PM
90	Drugs - additional drug focused police	8/3/2018 6:54 AM
91	Firearms-realistic gun control	8/2/2018 7:07 PM
92	I wish there were more exercise places closer to the Greenwood area, swimming!	8/2/2018 4:33 PM
93	METH/HEROIN: BIGGER PENALTIES & NARCAN SHOULD NOT BE FREE IF NEEDED!	8/2/2018 1:42 PM
94	Concerning mental health and well-being, I believe that greater access should be possible, eg., private entities providing therapy/psychiatry, not just the county.	8/2/2018 11:37 AM
95	Drug Abuse - I think that there needs to be more resources for people to become aware of what is out there and what to look for.	8/1/2018 8:06 PM
96	The amount and availability of mental health resources needs to increase dramatically. There are a disturbing amount of individuals who go without care because they have no knowledge of where, or who, to go to.	8/1/2018 8:05 PM
97	Obesity-Buying healthy foods is more expensive than buying unhealthy foods. In small towns the cost is way higher than the bigger towns. I would reduce prices of home-grown/state grown fruits and vegetables in small towns. The farmer's markets have been a great thing in our area.	8/1/2018 2:59 PM

Clark County Community Health Survey

98	Increase transportation options in Clark County that are affordable whether private paying or through the use of government aide.	8/1/2018 2:40 PM
99	people know it is bad to smoke but still do it anyway, perhaps more education in schools	8/1/2018 11:43 AM
100	More education in the schools about healthy lifestyle choices.	8/1/2018 10:53 AM
101	Provide enhanced pediatric psychiatric and counseling services. There is much family dysfunction and adolescent health safety risk linked with parental drug abuse and closed cultural norms.	8/1/2018 10:23 AM
102	Health care specialist located on a more permanent basis within our health care system.	8/1/2018 10:20 AM
103	A really nice bike path along the Black River that has access to the commerce	8/1/2018 9:05 AM
104	Increase availability of mental health and AODA providers & programs	8/1/2018 9:01 AM
105	Having a mental health provider available in the clinic setting of Stanley, WI.	8/1/2018 7:01 AM
106	More events/education to kids on Drug usage and being active/eating well.	7/31/2018 5:04 PM
107	better information given to the medical reasons for dental hygiene	7/31/2018 4:13 PM
108	education	7/31/2018 11:25 AM
109	opioid and prescription drug abuse needs to be addressed at the community level. Getting a local community supported task force is important. Including, local Doctors, Pharmacies, schools, Police, County Health, city officials and community members(parents).	7/31/2018 9:17 AM
110	Fresh healthy food needs to be in the community	7/31/2018 8:34 AM
111	Have these topics addressed at medical facilities.	7/30/2018 10:51 PM
112	Chronic disease. there is nobody to talk to to help understand or help you. With bills who to call more information needs to be out there	7/30/2018 3:50 PM
113	As a health care worker the drug abuse, poor oral health and mental health is growing more and more in Clark CO. I'm not sure if there is anything besides educate the community members.	7/30/2018 12:43 PM
114	Obesity - work harder at eating healthy	7/30/2018 10:56 AM
115	More action on drug abuse	7/30/2018 9:56 AM
116	Chronic diseases --I feel there are many cancer cases and allergy type symptoms &/or COPD in our area. I would like to see a good research done of the area to determine if it is cause by enviroment or if it is human caused.(like drinking alcohol, smoking cigaretts). Find a way to reduce the cases.	7/30/2018 9:53 AM
117	Healthy food is very expensive. Fruits and veggies, gluten free options. You are forced to go to a bigger town or over spend	7/30/2018 8:24 AM
118	Offer low income housing to families that are unable to live in a group apartment setting.	7/29/2018 1:36 PM
119	more access to affordable dentistry	7/29/2018 12:12 PM
120	Get a gym	7/29/2018 7:22 AM
121	Obesity is at epidemic levels and causes many other problems. It should be brought to the forefront with education and programs for everyone.	7/29/2018 1:21 AM
122	support groups, education, public awareness	7/28/2018 11:26 PM
123	drug abuse leads to crime in the area theft, break ins to get cash for the habit and sometimes others get injured in the process.	7/28/2018 12:36 PM
124	.	7/28/2018 5:53 AM
125	exersise programs, reward for loosing weight	7/27/2018 5:32 PM
126	mental health. more providers to allow better access	7/27/2018 4:10 PM
127	a more safe and publice place of excersise	7/27/2018 2:06 PM

Clark County Community Health Survey

128	Bullying - the school turns a blind eye to children who are bullies that are involved in sports or in with a certain "popular" group. I feel that bullying shouldn't be bring everyone together and "let's talk". The children getting bullied are not going to stop because of this. There needs to be some sort of consequence for the actions. I watched a girl slam a volleyball at another girl's head because she missed the ball and the parent (the coach) and her laughed about it. If it were my child, I would have pulled her out for the remainder of the games. I would have even called a time-out and made her apologize on the court. This is how our community accepts bullying.	7/27/2018 12:13 PM
129	weight loss options	7/27/2018 11:43 AM
130	I don't do drugs or drink.so I don't know how to help.	7/27/2018 11:31 AM
131	obesity	7/27/2018 9:50 AM
132	drug issue needs more education to help them	7/27/2018 9:48 AM
133	Provide options for those with mental health issues something in town to be seen and get better	7/27/2018 9:30 AM
134	Instruction in healthy food choices	7/27/2018 7:34 AM
135	Obese people need to be taught how to make healthy food choices;the program needs to be free or at least affordable	7/27/2018 6:00 AM
136	having enough income to live on	7/27/2018 5:39 AM
137	Drug abuse, there is no place to send any person seeking help that is positive for drugs or alcohol and those individuals are extremely trying on the hospital's resources	7/26/2018 7:22 PM
138	Better screenings for age related issues	7/26/2018 5:08 PM
139	Need a psychologist in the area accepting new adult patients.	7/26/2018 4:59 PM
140	lack of access to healthy and affordable food/better more affordable store(like an Aldies or Walmart, etc....)	7/26/2018 4:56 PM
141	1:1 counseling and free access to workout/diets for obesity; this is a key area that impacts joint function heart and brain health and depression; however it is very expensive and being in one of the poorest counties it is frequently overlooked	7/26/2018 4:22 PM
142	Drug abuse is a huge problem in Clark Co. I think we need more resources, rehab, group meetings, counseling, mental health.	7/26/2018 3:53 PM
143	The cancer rate in this area is very high. A study should be done to see if a cause can be identified.	7/26/2018 3:28 PM
144	cancer seems to be high in our area, take a survey to see if it is higher,and why	7/26/2018 2:53 PM
145	Increase dollars spent on drug investigation in homes with children	7/26/2018 2:07 PM
146	more talking about suicide and teaching people to be more open about the issue	7/26/2018 2:05 PM
147	with our growing population of aged people i feel that the institutions do not offer enough area interactment for them instead of them living out their lives in a 12x12 room when they could be offering so much to their living community as they had in the past.	7/26/2018 2:02 PM
148	Improve Court system. Do not give children back to offenders	7/26/2018 1:31 PM
149	lack of affordable healthy foods - with grocery stores closing around clark county there is less competition and less "affordable" healthy and organic foods. Not sure what we can do to promote others to open (or not close) grocery stores in the area.	7/26/2018 1:31 PM
150	I think the community needs an easily accessible and afforable place for physical fitness	7/26/2018 1:31 PM
151	Improved mental health access	7/26/2018 1:27 PM
152	Mental Health Dr. on site at MMC	7/26/2018 1:18 PM
153	LACK OF SLEEP IS VERY HARD ON PERSON-I DON'T KNOW WHAT SHOULD BE DONE.	7/26/2018 12:57 PM
154	Drug abuse is a huge problem particularly Opioids. This is a national problem. Things have gotten better w PDMP and the use of Patient drug contracts but more needs to be done. Need other alternatives to pain meds to treat pain. More behavioral health services	7/26/2018 12:54 PM
155	More counseling made available for families who are affected by alcohol and drug abuse.	7/26/2018 12:49 PM
156	air quality in the city. stop heating with wood and allowing wood burning	7/26/2018 12:47 PM

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157	Medicare needs to pay for hearing aids	7/26/2018 12:47 PM
158	get local help for people with suicide help.	7/26/2018 12:45 PM
159	THEIR ARE SO MANY PEOPLE IN THIS COMMUNITY ON METH AND THEIR CHILDREN SUFFER	7/26/2018 12:44 PM
160	Mental health-we need a hospital that can take the critically ill patient who can be given DT support	7/26/2018 12:42 PM
161	There should be more places to have in the community for a affordable fitness center for all ages, with trained health coaches to give support and education	7/26/2018 12:39 PM
162	Corpal punishment	7/26/2018 12:37 PM
163	offer more activity/exercise programs for people of all ages; Neillsville needs an affordable gym/place to workout	7/26/2018 10:58 AM
164	Alcohol should not be so readily available and there should be stricter enforcement with drunk driving and other alcohol abuse situations. It is concerning to me that Wisconsin is considered the one of the highest states for alcohol consumption. The problems that arise from drunkenness is very concerning.	7/26/2018 8:46 AM
165	more affordable programs, clinics, etc. to resolve obesity	7/26/2018 7:50 AM
166	alcohol misuse. Monitored closer with steeper fines if caught.	7/26/2018 3:01 AM
167	Mental health: we need more clinical specialists and to educate the community and our young adults/child about how to deal with stress, decrease screen time and how to get help.	7/25/2018 10:08 PM
168	It would be really nice to have a facility either where I live or where I work that has decent quality machinery to work out on at an affordable rate. It would also be hugely beneficial if the community I live in would have a larger variety of healthy foods to choose from. Currently I have to drive at least 30 minutes to get groceries as our town and the one next to us do not have a grocery store only a Kwik Trip and Dollar General.	7/25/2018 9:02 PM
169	I wish we could sterilize everyone if they have had a child taken from their custody. Or have them pass a test to have a child. We know that won't happen... we need to check in on parents more after they have children. Make them take classes. Keep up on certain things to keep Medicaid benefits. Children can qualify, but parents shouldn't be rewarded for having more kids.	7/25/2018 8:12 PM
170	Obesity-Community education offered along with options for physical fitness	7/25/2018 6:32 PM
171	Housing for elderly	7/25/2018 6:07 PM
172	Get back to church	7/25/2018 4:47 PM
173	Changes to the welfare system	7/25/2018 4:21 PM
174	Not sure what is being done to teach children from a young age how damaging or harmful drug, alcohol and tobacco can potentially be	7/25/2018 11:39 AM
175	Affordable access	7/25/2018 9:44 AM
176	More regulation for environmental health	7/25/2018 8:24 AM
177	Physical activity - get a gym! Buy the old IGA building and put a 24 hr ADULT gym in Neillsville and set up a childcare facility with it so people can have their children watched while they're working out.	7/25/2018 8:03 AM
178	drug abuse, stricter punishment as they will just get back out and do the same	7/25/2018 5:35 AM
179	Suicide, more support and access to help	7/24/2018 8:52 PM
180	Its a bigger issue than just local. Need more funding which will not happen	7/24/2018 6:22 PM
181	Unsure	7/24/2018 4:38 PM
182	access to places for AODA issues.	7/24/2018 3:29 PM
183	Dental care in Clark County especially that accepts Badger Care	7/24/2018 2:40 PM
184	Affordable drug and alcohol treatment. Most is not covered by Medical Assistance.	7/24/2018 2:30 PM
185	Education and enforcement of Laws	7/24/2018 1:44 PM

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186	More providers are needed to address the AODA issues in Clark County. The one main person who works with this population is very overloaded at times.	7/24/2018 1:18 PM
187	I don't know.	7/24/2018 12:33 PM
188	More education and awareness	7/24/2018 12:03 PM
189	Available health care from a specialist, such as diabetes, kidney disease, etc.	7/24/2018 11:40 AM
190	we live in a farming community and have difficulty living with farm prices to make a living and insurance rates.	7/24/2018 11:29 AM
191	2 grocery stores with better produce	7/24/2018 11:29 AM
192	Alcohol and Drug Misuse- more support groups and activities for people to participate in to prevent alcohol and drug use	7/24/2018 11:01 AM
193	The drug issue in the county related to meth and opioids but also I believe reliance on lesser drugs like marihuana are effecting the people and their mental health.	7/24/2018 10:57 AM
194	Safe, affordable public transportation is needed. If you live in a rural area or small town and do not have a car or are unable to drive, you are really in jepordy. You rely on friends or neighbors for shopping and medical appointments. I am thinking a voucher system with participating transport companies may work, as long as there was coordination between the few public transport companies and (hopefully) additional county or regional govt sponsored organizations.	7/24/2018 10:51 AM
195	Hire more police officers to keep our communities safe	7/24/2018 10:45 AM
196	improve dental care/insurance	7/24/2018 10:39 AM
197	Need to get a public workout facility being free or low cost in Neillsville.	7/24/2018 10:34 AM
198	Better access to mental health services	7/24/2018 10:30 AM
199	I feel mental health issues is a concern and one that there are very few providers	7/24/2018 10:27 AM
200	Access to healthy, affordable foods. There is a need for a greater variety of retail outlets for grocers. Recently communities in clark co. have lost their stores requiring people to drive a fair distance for their food. There needs to be greater access.	7/24/2018 10:26 AM
201	need more options for buying foods, more stores	7/24/2018 10:24 AM
202	more availability to mental health conunselors in rural areas and with hours after 5pm	7/24/2018 10:23 AM
203	Citizens need access to Mental Health services and these services need to start at a young age as the easiest time to educate individuals is during adolescence when we force them to attend school. After they have graduated it becomes difficult to educate individuals on what is at stake with Mental Health concerns that remain untreated. School Based services are critical in preventing/educating individuals before they become consumed in the "real" world.	7/24/2018 10:21 AM
204	more in home care opportunities for elderly in need of them so they can stay in their homes longer	7/24/2018 10:17 AM
205	Drug Abuse - tougher sentences on those that are being charged through the Courts and a community drug treatment program (closest one is in Eau Claire)	7/24/2018 10:17 AM
206	We need more clinics and facilities to help people with mental health and drug abuse issues.	7/24/2018 10:14 AM
207	we are without a grocery store in our area and the farmers markets are held when I have to work	7/24/2018 10:14 AM
208	Need exercise places	7/24/2018 10:14 AM
209	Drug Court	7/24/2018 10:13 AM
210	Community education	7/24/2018 10:12 AM
211	affordable health care	7/24/2018 10:11 AM
212	More community open forums to help the community understand what the issues truly are instead of keeping them hidden for only the proffessionals to address. We do not have to do this alone!	7/24/2018 10:10 AM
213	work out areas	7/24/2018 10:09 AM
214	There needs to be more areas to be physically active for children as well as adults. Instead of a unused tennis court put in a splash pad where parents and kids and be active. Gyms ect	7/24/2018 9:14 AM
215	obesity - need low cost healthy foods easily available and more nutrition education	7/23/2018 12:44 PM

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216	Increase access to Mental Health Services and make more affordable	7/23/2018 12:15 PM
217	Suicide in our community and all over is so high. More awareness and help for mental issues. I feel uncomfortable to even talk about these issues.. I believe helping all of us be aware and helpful ways to communitie are really needed.	7/23/2018 10:02 AM
218	drug abuse: more education in the schools: bring back "DARE" like programming, start talking to children in schools at younger ages	7/23/2018 8:39 AM
219	More access to mental health facilities	7/22/2018 11:05 PM
220	Hearing aids and dentures are not a luxury for the elderly. Being able to hear and to eat healthier foods is integral to people remaining healthier, and maintaining their independence. Medicare, Medicaid, and insurances should cover these things.	7/21/2018 4:21 AM
221	More access to healthcare that supports all health needs for all communities.	7/20/2018 7:10 PM
222	Quit offering so many young people free health ins. So many young adults are on disability and/or Medicaid, and yet they are very capable of working. A "job placement" program would great or some type of incentive to get these young adults out working part-time. Pull weeds, wash windows for the elderly, pick up garbage along the highways, data entry, farm help (any simple jobs that would give them purpose).	7/20/2018 3:50 PM
223	Drug abuse is becoming an issue in all small communities. Education more in the schools to help stop the problem or community education to help the community understand.	7/20/2018 1:57 PM
224	make healthy foods more affordable	7/20/2018 10:24 AM
225	quit glamorizing drinking of alcohol	7/20/2018 9:44 AM
226	Addiction and drug reform should have increased funding to provide access to those in need. Education to those whom may be suseptible to addiction.	7/19/2018 5:06 PM
227	Lower cost in food.	7/19/2018 11:20 AM
228	People should establish with a dentist and continue with follow-up cleaning appointments.	7/19/2018 11:13 AM
229	Have better screening processes and access to mental health facilities for patients needing help. Not just the police.	7/19/2018 10:54 AM
230	Obesity, There needs to be more access to healthy foods, more small town grocery stores.	7/19/2018 10:52 AM
231	Education	7/19/2018 7:41 AM
232	We need programs for obscenity as there are so many people with this problem	7/18/2018 7:38 PM
233	Stricter laws regarding smoking	7/18/2018 4:29 PM
234	?????	7/18/2018 3:53 PM
235	more support for those living with chronic conditions	7/18/2018 3:44 PM
236	Offer more support groups for those with any type of addiction closer to home	7/18/2018 2:39 PM
237	Mental health: need more professional resources readily available in the community (ie psychiatrists, counselors, AODA facilities, etc)	7/18/2018 12:43 PM
238	Get affordable healty foods available/via a farmers market, etc	7/18/2018 12:32 PM
239	.	7/18/2018 12:30 PM
240	more support for suicide attempts	7/18/2018 10:56 AM
241	Need more treatment programs for drug users	7/18/2018 10:52 AM
242	more severe punishment for drug users/dealers.	7/18/2018 10:47 AM
243	More education on what to look for in people using drugs. And more resources on helping our children stay drug free.	7/18/2018 10:41 AM
244	Organize local collection days for un-needed/expired medication	7/18/2018 9:32 AM
245	Mental Health: goes along with drug abuse. Would like to see the ability to have access to psychiatric counsels, etc. Also, get people off from welfare and get them to work. In a lot of cases, working folks make less have than our people on welfare. Make those people take drug tests and don't give them money for cigarettes and alcohol.	7/18/2018 7:46 AM

Q8 What do you (personally) need to be healthy and well?

Answered: 235 Skipped: 168

#	RESPONSES	DATE
1	self discipline in weight control	9/18/2018 8:50 AM
2	eat right	9/18/2018 8:44 AM
3	food and work	9/18/2018 8:42 AM
4	strong support of church and community	9/18/2018 8:39 AM
5	balanced diets	9/18/2018 8:33 AM
6	Better playing jobs	9/12/2018 10:03 AM
7	Sleep, healthy food	9/12/2018 10:01 AM
8	Better president	9/12/2018 9:59 AM
9	n/a	9/12/2018 9:57 AM
10	n/a	9/12/2018 9:51 AM
11	n/a	9/12/2018 9:49 AM
12	n/a	9/12/2018 9:47 AM
13	n/a	9/12/2018 9:45 AM
14	n/a	9/12/2018 9:41 AM
15	Access to organic foods.	9/12/2018 8:15 AM
16	Good medical care. Adequate housing.	9/11/2018 9:36 PM
17	Exercise and diet	9/11/2018 9:34 PM
18	Safe environment. Active physically. Healthy eating. Access to health care.	9/11/2018 9:30 PM
19	Healthy food, little stress	9/11/2018 9:28 PM
20	I want to be happy, so my whole family can be happy.	9/11/2018 9:26 PM
21	Time... LOL. I'm a workaholic so I spend a lot of time at work by choice. I wish there was more time for me to do exercise, eat healthier, spend more time with my loved ones.	9/11/2018 8:48 PM
22	Coffee, sleep, positive/happy family, my cats, positive work environment	9/11/2018 8:40 PM
23	Good healthcare, positive home and work environment	9/11/2018 8:36 PM
24	Healthy, save and happy family	9/11/2018 8:34 PM
25	More exercise	9/11/2018 8:31 PM
26	To eat healthier and have more physical activity	9/11/2018 8:29 PM
27	Help for the two autism adults in my family	9/11/2018 8:26 PM
28	Exercise and eating right	9/11/2018 8:20 PM
29	Food, water, shelter, hospitals	9/11/2018 8:14 PM
30	Food, water, shelters	9/11/2018 8:11 PM
31	Good diet and exercise	9/11/2018 8:09 PM
32	watch what you eat, be more educated on what is more important to be healthy	9/11/2018 8:02 PM
33	Exercise program for older adults and access to affordable, healthy foods on a daily basis	9/11/2018 7:58 PM
34	Affordable healthy food. Access to exercise facilities.	9/11/2018 7:55 PM

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35	Will power -- to stay engaged in healthy diet and exercise	9/11/2018 7:51 PM
36	Lower cost healthy and access to healthy -- sugar free, non GMO products in the food available	9/11/2018 7:37 PM
37	church and friends	9/11/2018 7:32 PM
38	I do a lot of gardening, yard & housework, have breakfast once a week with friends, and coffee with family.	9/11/2018 3:39 PM
39	To continue with my health, dental & mental health	9/11/2018 3:34 PM
40	Exercise, health exams regularly	9/11/2018 3:31 PM
41	Eat better, healthier foods	9/11/2018 3:28 PM
42	More help for low income/single parent households	9/11/2018 3:23 PM
43	To stop smoking cigarettes	9/11/2018 3:19 PM
44	Good mental health, family, food	9/11/2018 3:14 PM
45	Better sleep & more access for exercise closer to home	9/11/2018 3:12 PM
46	A dentist closer to home that accepts my insurance	9/11/2018 3:08 PM
47	More affordable health care - deductibles & copays prevent me from going in for healthcare more promptly	9/11/2018 3:04 PM
48	Insurance affordable now, not having to wait every year to enroll	9/11/2018 2:57 PM
49	I personally need my mental health services	9/11/2018 2:54 PM
50	?	9/11/2018 2:52 PM
51	More income	9/11/2018 2:48 PM
52	Sleep	9/11/2018 2:43 PM
53	Better teeth	9/11/2018 2:41 PM
54	Sleep & Exercise	9/4/2018 4:17 PM
55	Great work environment and great friends	9/4/2018 4:01 PM
56	More opportunities for physical activity	9/4/2018 3:57 PM
57	Just moved here, trying to get acquainted	9/4/2018 3:54 PM
58	Got to get rid of my cancer	9/4/2018 3:01 PM
59	More active, lose weight	9/4/2018 2:59 PM
60	Doctors who stay in the community	9/4/2018 2:56 PM
61	Access to mental health care	9/4/2018 2:53 PM
62	Good support system	9/4/2018 2:50 PM
63	Exercise, eat good	9/4/2018 2:48 PM
64	More physical activity	9/4/2018 2:42 PM
65	Self-discipline, Jesus' forgiveness & hope & purpose	9/4/2018 2:40 PM
66	Healthy foods & less pollution	9/4/2018 2:34 PM
67	Regular 5 days a week hours at the local clinic staffed with qualified personnel who give patient-centered care	9/4/2018 2:30 PM
68	A Gym	9/4/2018 2:26 PM
69	Nothing comes to mind	9/4/2018 2:23 PM
70	Health	9/4/2018 2:20 PM
71	COPD (management of)	9/4/2018 1:11 PM
72	More self-discipline	9/4/2018 1:05 PM
73	Weight loss	9/4/2018 12:59 PM

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74	exercise and watch what I eat	8/29/2018 10:58 AM
75	Affordable dental care.	8/27/2018 4:58 PM
76	More exercise facilities	8/14/2018 7:59 AM
77	Walking and biking trails	8/9/2018 11:30 AM
78	Exercise, healthy food, emotional support	8/8/2018 5:01 PM
79	A grocery store nearby that sells quality produce and a good doctor	8/8/2018 4:59 PM
80	More time for exercise	8/6/2018 1:10 PM
81	Yoga. Bike trail in Neillsville	8/6/2018 9:01 AM
82	Food and exercise	8/6/2018 8:53 AM
83	Fruits and a nice country road to walk 2 miles everyday.	8/6/2018 8:36 AM
84	SINGLE STORY CONDO OR APARTMENT, MORE HELP IN DOING THINGS FOR PEOPLE AGE 55. CAN'T AFFORD TO KEEP UP MY HOME ANYMORE, NOR CAN I PHYSICALLY DO IT EITHER	8/6/2018 1:28 AM
85	exercise - walk	8/5/2018 6:02 PM
86	time and motivation	8/3/2018 2:22 PM
87	.	8/3/2018 6:54 AM
88	Shorter survey	8/2/2018 7:07 PM
89	A swim area	8/2/2018 4:33 PM
90	NUTRITIOUS FOOD/WATER, PLENTY OF EXERCISE & PEACE OF MIND	8/2/2018 1:42 PM
91	Support	8/1/2018 8:06 PM
92	Healthy and fresh foods readily available, information on health and wellness, and programs available to members of the community.	8/1/2018 8:05 PM
93	I need to exercise more.	8/1/2018 2:59 PM
94	Affordable foods and resources to healthy living.	8/1/2018 2:40 PM
95	better diet and exercise	8/1/2018 11:43 AM
96	More exercise.	8/1/2018 10:53 AM
97	Increased access to wellness and exercise .	8/1/2018 10:23 AM
98	A wellness and exercise facility.	8/1/2018 10:20 AM
99	Fresh produce...Greenwood currently offers none	8/1/2018 9:05 AM
100	Activities and good health care providers	8/1/2018 9:01 AM
101	Healthy food choices and exercise.	8/1/2018 7:01 AM
102	it is expensive to eat fresh foods	7/31/2018 5:04 PM
103	restaurants with healthier choices of foods, a bike trail for more outdoor exercise for whole families	7/31/2018 4:13 PM
104	duh....just to live longer!!!!	7/31/2018 11:25 AM
105	Stay active. Improve. Learn. Help others.	7/31/2018 9:17 AM
106	Fresh healthy food and exercise	7/31/2018 8:34 AM
107	Good medical and mental health	7/30/2018 10:51 PM
108	better health care lower deductables lower insurance	7/30/2018 3:50 PM
109	I would like some type of 24/7 gym in the community. Not much here for health and well being	7/30/2018 12:43 PM
110	lose weight	7/30/2018 10:56 AM
111	Wellness groups	7/30/2018 9:56 AM
112	exercise and positive family activities	7/30/2018 9:53 AM

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113	time with family and friends, healthy food choices.	7/30/2018 8:24 AM
114	I am under a lot of stress due to money issues. It would be nice to be able to have transportation and child care services to parents who do not have these items. It falls on me, the parent/ grandparent to try and provide these needs. My health and age is putting a strain on me to ry and provide these items to my family. I am working 40 hours a week and then need to run around after work to transport or babysit my grandchildren.	7/29/2018 1:36 PM
115	a gym	7/29/2018 7:22 AM
116	I need a well rounded approach including physical, mental and spiritual components. Having mental health counseling and maybe yoga available for all ages would be wonderful.	7/29/2018 1:21 AM
117	better income	7/28/2018 11:26 PM
118	as i get older i need more instruction on strength training and balance to avoid falls classes for the aging adults in the community to maintain our strength and good health	7/28/2018 12:36 PM
119	Being able to have the energy to do exercise	7/28/2018 8:27 AM
120	every thing in moderation	7/28/2018 6:35 AM
121	money	7/28/2018 5:53 AM
122	insurance	7/27/2018 5:32 PM
123	this question does not make any sense	7/27/2018 4:10 PM
124	more physical active	7/27/2018 2:06 PM
125	Accessibility and affordability.	7/27/2018 12:13 PM
126	healthy food, clean air and water , safe environment	7/27/2018 11:43 AM
127	lose weight. and don't start smoking again. haven't smoked in 6 years.	7/27/2018 11:31 AM
128	healty food	7/27/2018 9:50 AM
129	i eat from the garden	7/27/2018 9:48 AM
130	N/A	7/27/2018 9:30 AM
131	Excercise more.	7/27/2018 7:39 AM
132	eat well and exercise	7/27/2018 7:34 AM
133	See above	7/27/2018 6:00 AM
134	Enough Dr.'s	7/27/2018 5:39 AM
135	a decent gym (with a variety of exercise equipment) in our town would be helpful	7/26/2018 7:22 PM
136	positive attitude and family support	7/26/2018 5:39 PM
137	More areas for safe and fun physical activities	7/26/2018 5:08 PM
138	Affordable easy access gym (24 hour)	7/26/2018 4:59 PM
139	Everyone needs a wide selection of produce (fruit, vegies)	7/26/2018 4:56 PM
140	community work out center with ease of access; more accountability to work out as well;	7/26/2018 4:22 PM
141	Time with family and friends!	7/26/2018 3:53 PM
142	Feeling I can see a healthcare provider when I have a concern without it causing me a financial hardship.	7/26/2018 3:28 PM
143	A fitness center with flexible hours and low cost to be able to include all that want to participate	7/26/2018 2:07 PM
144	doctors/medical establishments that do not treat you as a number and are in it just for the money	7/26/2018 2:02 PM
145	Motivation	7/26/2018 1:31 PM
146	Time that I never have enough of	7/26/2018 1:31 PM
147	Better access to physical fitness	7/26/2018 1:31 PM
148	access to places to perform physical activity	7/26/2018 1:27 PM

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149	Exercise and eat well	7/26/2018 1:18 PM
150	AFFORDABLE FOOD	7/26/2018 12:57 PM
151	I need a exercise facility in town. In summer i can get outside and exercise but as we all know summer is very short in WI	7/26/2018 12:54 PM
152	no comment	7/26/2018 12:49 PM
153	Lose weight	7/26/2018 12:47 PM
154	no just see and head about peole that have committed suicide and tried il.	7/26/2018 12:45 PM
155	A GOOD PLACE TO GET EXCERICISE	7/26/2018 12:44 PM
156	High quality affordable foods, safe home, and areas to exercise	7/26/2018 12:42 PM
157	work out center, and Health coach for training and education	7/26/2018 12:39 PM
158	Quit smoking	7/26/2018 12:37 PM
159	Healthy foods and a gym/exercise classes to be offered	7/26/2018 10:58 AM
160	quality water, food and exercise	7/26/2018 8:46 AM
161	same as above	7/26/2018 7:50 AM
162	More sleep.	7/26/2018 3:01 AM
163	Access to healthy options such as exercise activities, healthy foods and a safe supporting community in general.	7/25/2018 10:08 PM
164	Motivation, accountability, affordability and access. I walk during the summer but during the winter there isn't anything close or affordable to use for exercise.	7/25/2018 9:02 PM
165	Exercise gym. 24/7	7/25/2018 8:12 PM
166	Access to healthy food and affordable health and dental care	7/25/2018 6:32 PM
167	Exercise	7/25/2018 6:07 PM
168	Exercise	7/25/2018 4:47 PM
169	Find the fountain of youth	7/25/2018 4:21 PM
170	More convenient access to fresh produce. Greenwood and Loyal no longer have grocery stores. Produce from IGA in Neillsville is usually mediocre at best. We have our own garden (can and freeze what we can) and purchase from Amish. But, during the winter or on Sundays, access to fresh items is pretty limited unless you're willing to drive to Marshfield	7/25/2018 11:39 AM
171	Support	7/25/2018 9:44 AM
172	more time for excercise	7/25/2018 8:03 AM
173	more sleep	7/25/2018 5:35 AM
174	Healthy foods closer to home at a reasonable price	7/24/2018 8:52 PM
175	More sleep due to kids	7/24/2018 6:22 PM
176	My family	7/24/2018 4:38 PM
177	Nothing at this time, I feel good.	7/24/2018 3:29 PM
178	closer farmers market/grocery store	7/24/2018 2:40 PM
179	Continue appropriate self care and wellness opportunities	7/24/2018 2:30 PM
180	Supportive people in my life, healthy diet, and regular physical activity.	7/24/2018 1:18 PM
181	a good night's sleep	7/24/2018 12:33 PM
182	support groups for local people to attend for issued they may be facing -Lonliness - Loss - and other mental health issues	7/24/2018 12:08 PM
183	Care from specialist, not just a primary care physician.	7/24/2018 11:40 AM
184	have no difficult eating right as we grow a lot of our own meat and veg	7/24/2018 11:29 AM

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185	better produce, farm market more than Saturday mornings	7/24/2018 11:29 AM
186	Motivation	7/24/2018 11:01 AM
187	Access to affordable health care and an income that allows me not worry every month how I am going to pay my bills.	7/24/2018 10:57 AM
188	everything i need is within me, thanks!	7/24/2018 10:51 AM
189	All the above, from safe communities to better jobs.	7/24/2018 10:45 AM
190	better quality sleep	7/24/2018 10:39 AM
191	Low cost or FREE workout facility with volunteer instructors to show you how to do stuff or teach classes	7/24/2018 10:34 AM
192	Access to fresh food. Time for physical activity. Competent healthcare.	7/24/2018 10:26 AM
193	air conditioning	7/24/2018 10:24 AM
194	don't know	7/24/2018 10:23 AM
195	Eat healthier to lose weight, maintain a healthy sleep pattern, increase exercise habits, etc.	7/24/2018 10:21 AM
196	Access to more affordable fruits and vegetables year round, not just in the summer months. Exercise programs or gyms with affordable fees.	7/24/2018 10:17 AM
197	Exercise and less stress.	7/24/2018 10:14 AM
198	motivation and cheaper healthy food	7/24/2018 10:14 AM
199	Exercise	7/24/2018 10:14 AM
200	Time	7/24/2018 10:13 AM
201	Education	7/24/2018 10:12 AM
202	healthy enviroment, money	7/24/2018 10:11 AM
203	Time!	7/24/2018 10:11 AM
204	Ambition and support	7/24/2018 10:10 AM
205	excercise	7/24/2018 10:09 AM
206	A decent gym would be great	7/24/2018 9:14 AM
207	more education in schools regarding drug and alcohol abuse.	7/23/2018 1:27 PM
208	safe, clean environment/streets for walking/running/biking, healthy foods	7/23/2018 12:44 PM
209	Good balance between work and personal life	7/23/2018 12:15 PM
210	Like most people a healthy living is eating healthy, exerice and a great nite sleep.. We all tend to worry to much and are not eating correctly which makes the cycle of not sleeping to heal our bodies.. I always need reminders of this.	7/23/2018 10:02 AM
211	I have the things I need to be healthy and well but many people lack transportation, money, etc. that prohibits them from being healthy	7/23/2018 8:39 AM
212	Healthy food options. Recreational activities	7/22/2018 11:05 PM
213	I need to accept that while the healthcare system is there to support us, we have to have self control to eat right, and get proper exercise to improve our odds of remaining healthy.	7/21/2018 4:21 AM
214	more exercise facilities available at an affordable price	7/20/2018 7:10 PM
215	I'm am healthy and well because I am active and busy.	7/20/2018 3:50 PM
216	Group activities are nice because then you are held more accountable to participation. I am not good at motivating myself to go work out.	7/20/2018 1:57 PM
217	good nutrition	7/20/2018 9:44 AM
218	more Exercise. I like bike trails and access to family friendly parks	7/19/2018 5:06 PM
219	more access to mental health	7/19/2018 11:47 AM
220	Food choices at affordable costs	7/19/2018 11:20 AM

Clark County Community Health Survey

221	Exercise & food	7/19/2018 11:13 AM
222	Affordable health care; will pay out of pocket and use the clinic services more if the care is affordable	7/19/2018 10:54 AM
223	I need to take better care of myself and try to eat more healthy	7/18/2018 7:38 PM
224	Nothing	7/18/2018 4:29 PM
225	I am	7/18/2018 3:53 PM
226	Easy access to affordable/healthy foods (McDonalds and A&W are closest quicke food options in my area) nothing available that would be considered a healthier option within Stanley, WI.	7/18/2018 2:39 PM
227	good insurance, income, access to healthcare, and family/social support	7/18/2018 12:43 PM
228	Healthy foods and exercise/ride bike/walk/run/	7/18/2018 12:32 PM
229	.	7/18/2018 12:30 PM
230	Food, water, family	7/18/2018 11:03 AM
231	Lower stress on the job.	7/18/2018 10:52 AM
232	Healthy food and peace of mind	7/18/2018 10:47 AM
233	Exercise and healthy eating	7/18/2018 10:41 AM
234	More sleep! Social supports for myself and my children, including opportunities for healthy group activities (such as cycling or walking clubs & fitness classes) that meet outside of "normal business hours"	7/18/2018 9:32 AM
235	Fitness center	7/18/2018 7:46 AM

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Q9 What is your zip code?

Answered: 323 Skipped: 80

#	RESPONSES	DATE
1	54771	9/18/2018 8:50 AM
2	54437	9/18/2018 8:46 AM
3	54436	9/18/2018 8:44 AM
4	54436	9/18/2018 8:42 AM
5	54771	9/18/2018 8:40 AM
6	54436	9/18/2018 8:37 AM
7	54460	9/18/2018 8:35 AM
8	54450	9/18/2018 8:31 AM
9	54421	9/12/2018 10:04 AM
10	54405	9/12/2018 10:02 AM
11	54405	9/12/2018 10:00 AM
12	54449	9/12/2018 9:58 AM
13	54425	9/12/2018 9:52 AM
14	54405	9/12/2018 9:50 AM
15	54425	9/12/2018 9:48 AM
16	54405	9/12/2018 9:46 AM
17	54425	9/12/2018 9:44 AM
18	54436	9/12/2018 8:15 AM
19	54615	9/11/2018 9:39 PM
20	54465	9/11/2018 9:37 PM
21	54456	9/11/2018 9:34 PM
22	54437	9/11/2018 9:33 PM
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36	54437	9/11/2018 8:18 PM
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274	54456	7/24/2018 10:15 AM
275	54466	7/24/2018 10:15 AM
276	54746	7/24/2018 10:13 AM
277	54437	7/24/2018 10:13 AM
278	54456	7/24/2018 10:11 AM
279	54456	7/24/2018 10:11 AM
280	54456	7/24/2018 10:11 AM
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282	54437	7/24/2018 10:09 AM
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285	54771	7/23/2018 12:45 PM
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292	54768	7/20/2018 7:12 PM
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295	54437	7/20/2018 9:45 AM
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299	54446	7/19/2018 11:20 AM
300	54768	7/19/2018 10:55 AM
301	54446	7/19/2018 10:53 AM
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315	54460	7/18/2018 11:05 AM
316	54768	7/18/2018 11:04 AM
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323

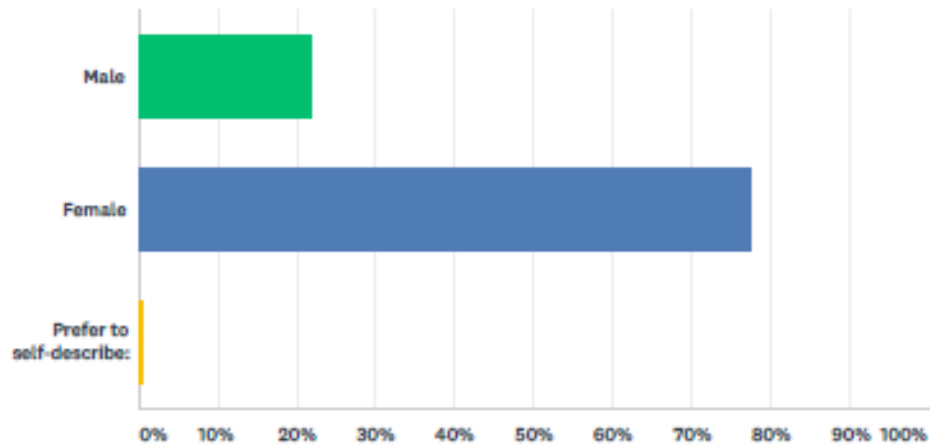
54456

7/18/2018 7:47 AM

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Q10 Are you:

Answered: 327 Skipped: 76

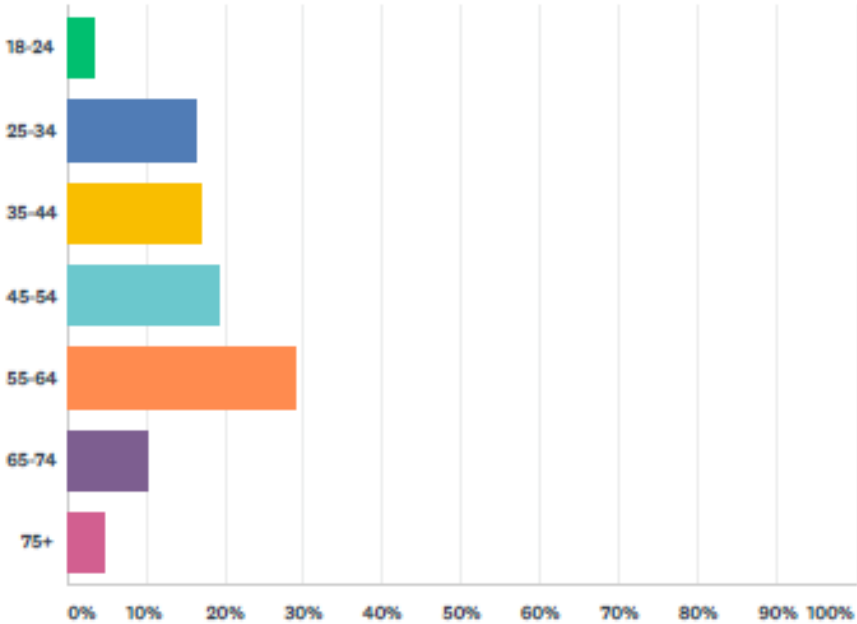


ANSWER CHOICES		RESPONSES	
Male		21.71%	71
Female		77.68%	254
Prefer to self-describe:		0.61%	2
TOTAL			327

#	PREFER TO SELF-DESCRIBE:	DATE
1	x	9/11/2018 2:58 PM
2	seriously?	7/24/2018 10:42 AM

Q11 Your age group:

Answered: 333 Skipped: 70

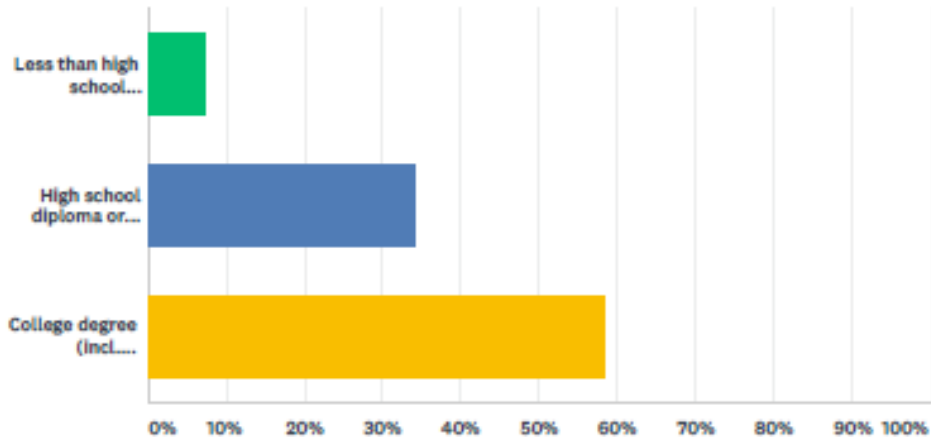


ANSWER CHOICES	RESPONSES	
18-24	3.30%	11
25-34	16.22%	54
35-44	17.12%	57
45-54	19.52%	65
55-64	29.13%	97
65-74	10.21%	34
75+	4.50%	15
TOTAL		333

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Q12 Your highest education level:

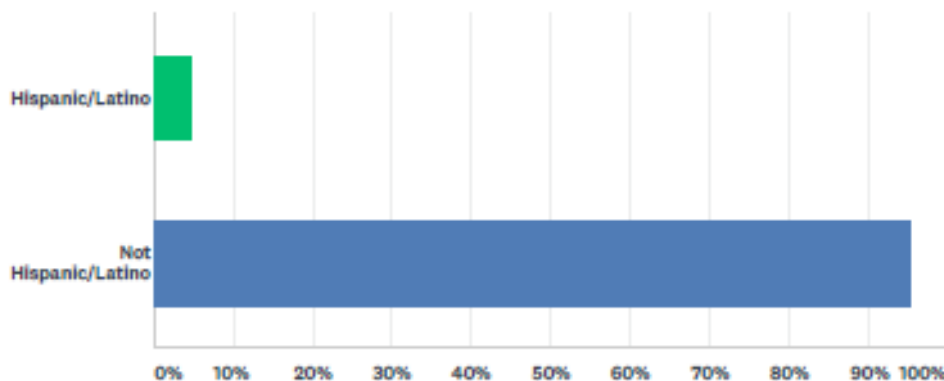
Answered: 329 Skipped: 74



ANSWER CHOICES	RESPONSES	
Less than high school graduation	7.29%	24
High school diploma or equivalent	34.35%	113
College degree (incl. associate's degree) or higher	58.36%	192
TOTAL		329

Q13 Which of the following best describe your ethnicity?

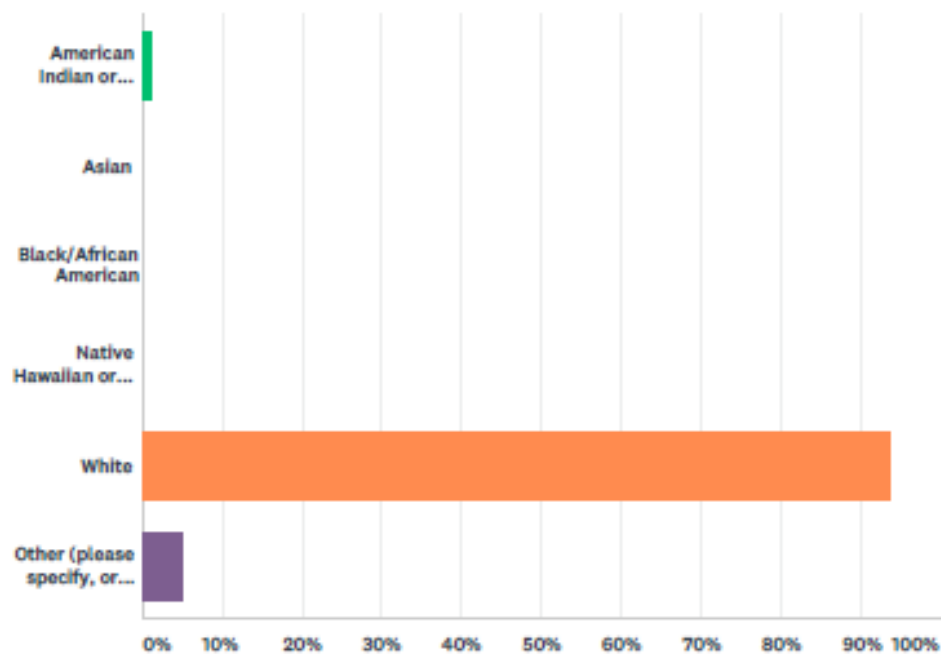
Answered: 324 Skipped: 79



ANSWER CHOICES	RESPONSES	
Hispanic/Latino	4.63%	15
Not Hispanic/Latino	95.37%	309
TOTAL		324

Q14 Which of the following best describes your race?

Answered: 331 Skipped: 72



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	1.21%	4
Asian	0.00%	0
Black/African American	0.00%	0
Native Hawaiian or Pacific Islander	0.00%	0
White	93.66%	310
Other (please specify, or enter an "X" in the box)	5.14%	17
TOTAL		331

#	OTHER (PLEASE SPECIFY, OR ENTER AN "X" IN THE BOX)	DATE
1	Hispanic	9/12/2018 10:04 AM
2	Hispanic	9/12/2018 10:00 AM
3	Hispanic	9/12/2018 9:58 AM
4	Hispanic	9/12/2018 9:52 AM
5	Hispanic	9/12/2018 9:50 AM
6	Hispanic	9/12/2018 9:48 AM
7	Hispanic	9/12/2018 9:46 AM
8	Hispanic	9/12/2018 9:44 AM
9	Euroamerican	9/11/2018 7:39 PM

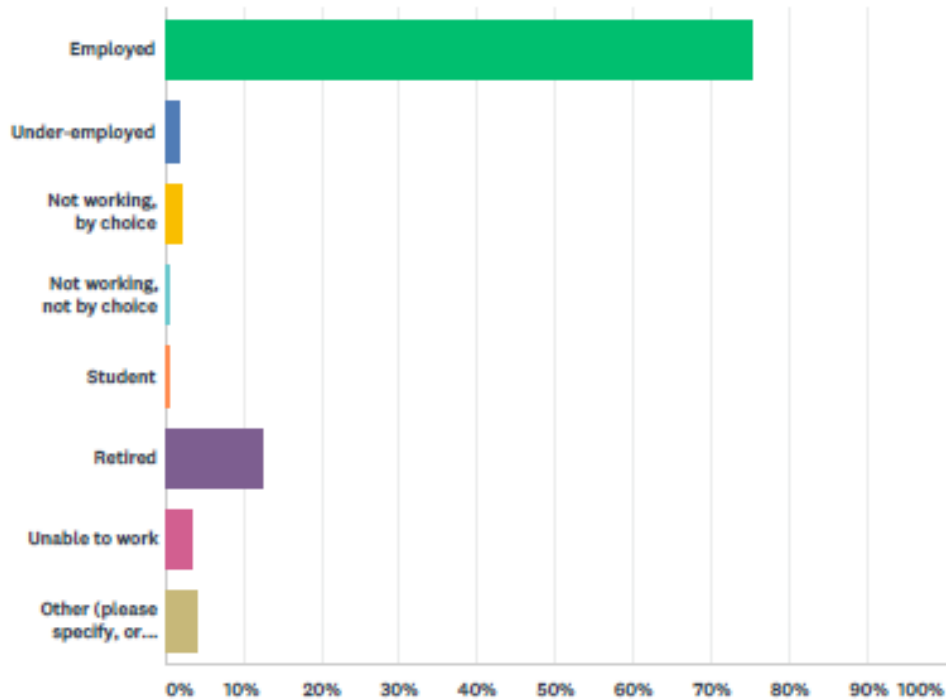
Clark County Community Health Survey

10	Human	9/11/2018 3:35 PM
11	X	9/4/2018 2:26 PM
12	x	9/4/2018 1:06 PM
13	we are all the human race	8/5/2018 6:03 PM
14	multi-racial	7/31/2018 4:15 PM
15	Should this really matter	7/23/2018 10:03 AM
16	black, spanish, norwegian and french canadian	7/20/2018 10:25 AM
17	luxembourg	7/18/2018 3:54 PM

Clark County Community Health Survey

Q15 Are you currently:

Answered: 333 Skipped: 70



ANSWER CHOICES	RESPONSES	
Employed	75.08%	250
Under-employed	1.80%	6
Not working, by choice	2.10%	7
Not working, not by choice	0.60%	2
Student	0.60%	2
Retired	12.61%	42
Unable to work	3.30%	11
Other (please specify, or enter an "X" in the box)	3.90%	13
TOTAL		333

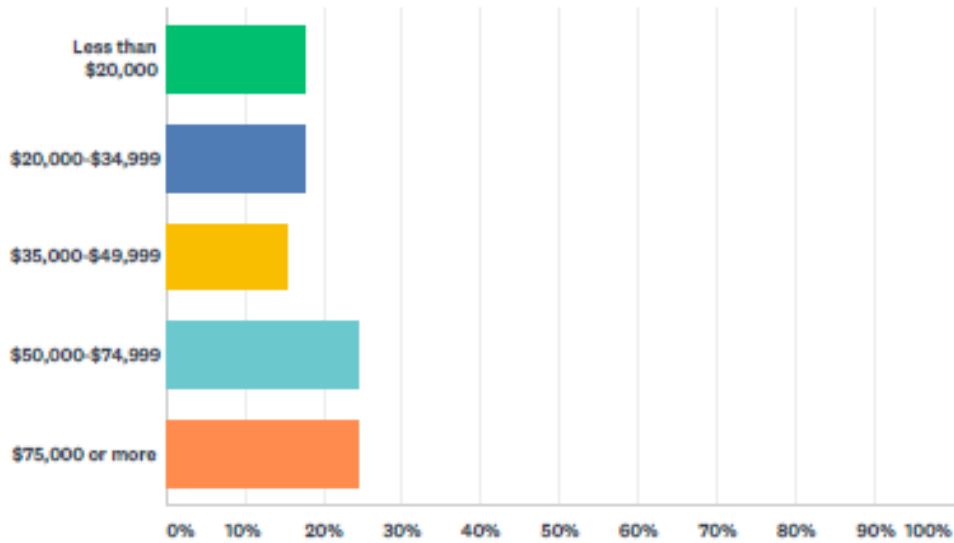
#	OTHER (PLEASE SPECIFY, OR ENTER AN "X" IN THE BOX)	DATE
1	self employed	9/18/2018 8:50 AM
2	self employed	9/18/2018 8:46 AM
3	self employed	9/18/2018 8:44 AM
4	self employed	9/18/2018 8:42 AM
5	self employed	9/18/2018 8:40 AM
6	self employed	9/18/2018 8:37 AM

Clark County Community Health Survey

7	self employed	9/18/2018 8:35 AM
8	self employed	9/18/2018 8:31 AM
9	Self-employed	9/11/2018 2:49 PM
10	x	9/4/2018 2:32 PM
11	Self-employed	9/4/2018 11:26 AM
12	Semi retired	8/2/2018 7:09 PM
13	Semi-retired	8/1/2018 10:24 AM

Q16 Household income per year:

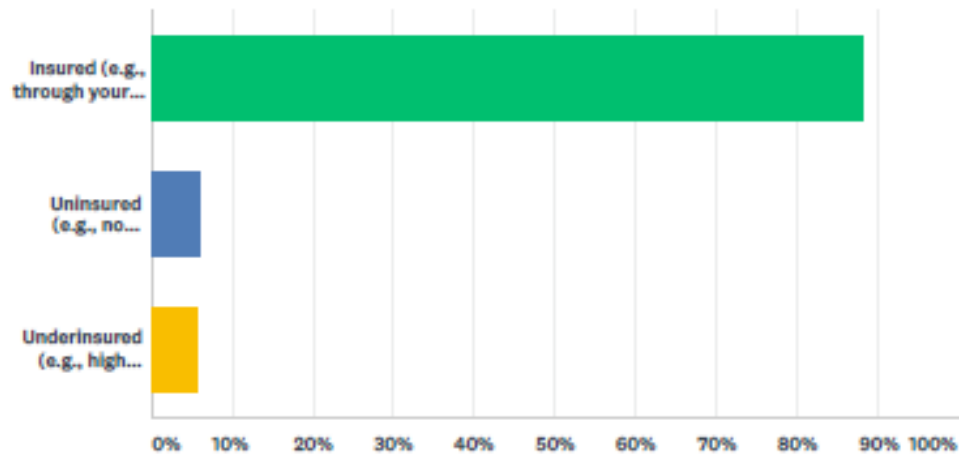
Answered: 322 Skipped: 81



ANSWER CHOICES	RESPONSES	
Less than \$20,000	17.70%	57
\$20,000-\$34,999	17.70%	57
\$35,000-\$49,999	15.53%	50
\$50,000-\$74,999	24.53%	79
\$75,000 or more	24.53%	79
TOTAL		322

Q17 Are you currently:

Answered: 327 Skipped: 76



ANSWER CHOICES	RESPONSES	
Insured (e.g., through your employer, the "Marketplace," BadgerCare, Medicare)	88.07%	288
Uninsured (e.g., no insurance, self-pay)	6.12%	20
Underinsured (e.g., high co-pays, high deductibles, and/or limited coverage)	5.81%	19
TOTAL		327

Clark County Community Health Survey

Q18 Internal Code

Answered: 47 Skipped: 356

#	RESPONSES	DATE
1	4b	9/12/2018 10:04 AM
2	4b	9/12/2018 10:02 AM
3	4b	9/12/2018 10:00 AM
4	4b	9/12/2018 9:58 AM
5	4b	9/12/2018 9:52 AM
6	4b	9/12/2018 9:50 AM
7	4b	9/12/2018 9:48 AM
8	4b	9/12/2018 9:46 AM
9	4b	9/12/2018 9:44 AM
10	1a	9/11/2018 9:39 PM
11	1a	9/11/2018 9:37 PM
12	1a	9/11/2018 9:34 PM
13	1a	9/11/2018 9:33 PM
14	1a	9/11/2018 9:31 PM
15	1a	9/11/2018 9:28 PM
16	1a	9/11/2018 9:26 PM
17	1c	9/11/2018 8:52 PM
18	1c	9/11/2018 8:50 PM
19	1c	9/11/2018 8:49 PM
20	1j	9/11/2018 8:42 PM
21	1j	9/11/2018 8:40 PM
22	1j	9/11/2018 8:37 PM
23	1j	9/11/2018 8:35 PM
24	1j	9/11/2018 8:32 PM
25	1j	9/11/2018 8:30 PM
26	1j	9/11/2018 8:27 PM
27	1j	9/11/2018 8:25 PM
28	1j	9/11/2018 8:22 PM
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34	1j	9/11/2018 8:07 PM
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Clark County Community Health Survey

36	1j	9/11/2018 8:02 PM
37	1j	9/11/2018 7:59 PM
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39	1A	9/11/2018 7:51 PM
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45	1A	9/11/2018 7:35 PM
46	1A	9/11/2018 7:32 PM
47	1A	9/11/2018 7:31 PM

APPENDIX C: CLARK COUNTY COMMUNITY HEALTH STATUS DATA REPORT

Clark County Community Health Status Data Report

Summer 2018



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Note: The planning team suggests reviewing and/or printing this packet in color to more readily interpret the graphics and data tables.

Introduction

This data packet was prepared for a Clark County Community Health Needs Assessment (CHNA) that is being conducted in Summer 2018. The packet and a facilitated discussion with key stakeholders will inform the identification of top priority health issues that will be the focus of the next three years of implementation.

This packet includes a spectrum of community data on causes of death and causes of illness, disease and injury. The packet is formatted in such a way as to provide the reader with (a) the reasons why a particular issue is important* and (b) data that indicate how well Clark County is doing on that particular indicator – often in comparison to Wisconsin and the United States. Both numbers/values as well as charts are provided.

** The descriptions of why an issue is important are largely excerpted verbatim from the Wisconsin Community Health Improvement Plans and Processes (CHIPPP) Infrastructure Improvement Project. The project was led by the Wisconsin Association of Local Health Departments and Boards and the University of Wisconsin Population Health Institute.*

Determinants of Health Model

If communities want to improve the health of people where they live, work, learn and play, all factors that influence health need to be considered. While we tend to focus on health outcomes (e.g., cancer, infant mortality), understanding what health factors are *contributing* to those outcomes is essential for any improvements to be made. By understanding the root causes of disease and illness, communities can implement strategies that interrupt the pathways to poor health and create new ones for improved health.

The model below (Figure 1) is a research-based model used to better understand what impacts health and therefore what can help improve health. This data packet is outlined to follow this model. The packet starts with Health Outcomes data, and then reviews Health Factor data in the areas of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

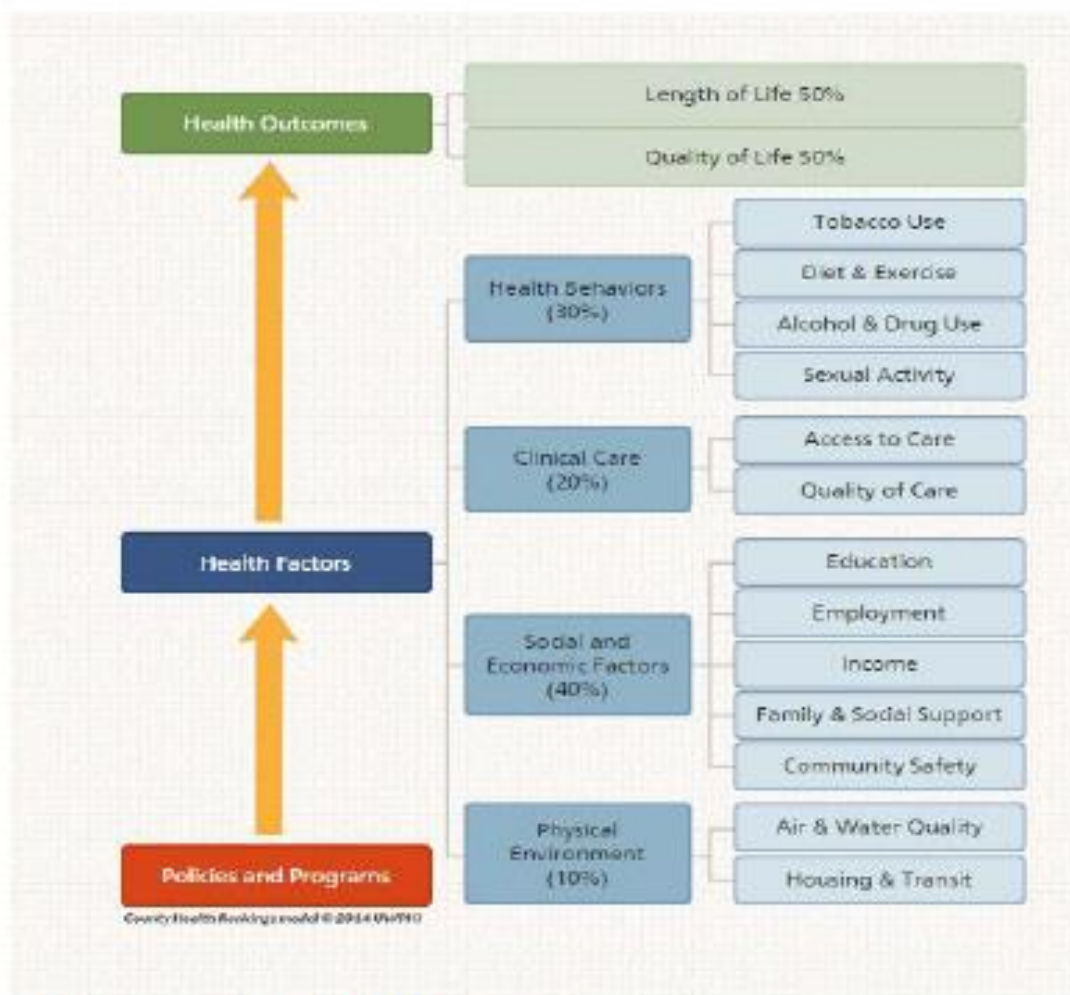


Figure 1: County Health Rankings model (2014).

Demographics

Reviewing population trends can help identify changes that may point to the need for new strategies. For instance, whether the under age 18 population is going up or down will affect how resources and services are allocated across the system.

KEY FINDINGS

The next few pages provide summary data of Clark County's population. A few highlights include:

- Clark County's age 0-17 population is higher than the same age group for Wisconsin and the U.S. while the age 18-65 population is lower. Clark County's age 65+ population is slightly higher than for Wisconsin and the U.S.
- Over 96% of Clark County's residents are Caucasian. Black, Asian, Native American or Alaskan Native, Native Hawaiian Islander or Pacific Islander comprise less than 1% of the population each.
- Slightly over 4% of the population is Hispanic or Latino.
- Approximately one-third of the population is Amish or Mennonite.
- Between 40% and 50% of the births in Clark County are to Amish or Mennonite parents.

Total Population

A total of 34,486 people live in the 1,209.70 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. The population density for this area, estimated at 28.51 persons per square mile, is less than the national average population density of 90.19 persons per square mile.

[Download Data](#)

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Clark County, WI	34,486	1,209.70	28.51
Wisconsin	5,754,798	54,159.94	106.26
United States	318,558,162	3,532,068.58	90.19

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

Note: U.S. Census estimate for Clark County total population in 2017: 34,679.

Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 1,133 persons, a change of 3.38%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

[Download Data](#)

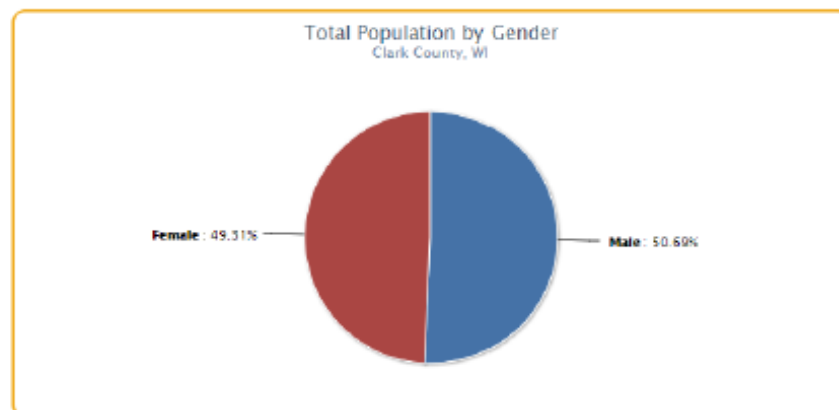
Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Clark County, WI	33,557	34,690	1,133	3.38%
Wisconsin	5,363,669	5,686,986	323,317	6.03%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, [Decennial Census](#), 2000 - 2010. Source geography: Tract

Total Population by Gender

[Download Data](#)

Report Area	Male	Female	Percent Male	Percent Female
Clark County, WI	17,482	17,004	50.69%	49.31%
Wisconsin	2,859,055	2,895,743	49.68%	50.32%
United States	156,765,322	161,792,840	49.21%	50.79%



Population Under Age 18

An estimated 29.43% of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. An estimated total of 10,150 youths resided in the area during this time period. The number of persons under age 18 is relevant because this population has unique health needs which should be considered separately from other age groups.

[Download Data](#)

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Clark County, WI	34,486	10,150	29.43%
Wisconsin	5,754,798	1,301,498	22.62%
United States	318,558,162	73,612,438	23.11%

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

Population Age 18-64

This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

[Download Data](#)

Report Area	Total Population	Population Age 18-64	Percent Population Age 18-64
Clark County, WI	34,486	18,805	54.53%
Wisconsin	5,754,798	3,578,080	62.18%
United States	318,558,162	198,765,092	62.4%

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

Population Age 65+

An estimated 16.04% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. An estimated total of 5,531 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

[Download Data](#)

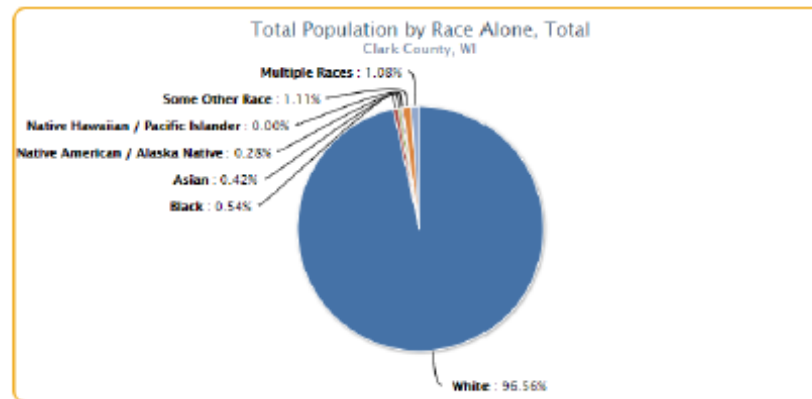
Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Clark County, WI	34,486	5,531	16.04%
Wisconsin	5,754,798	875,220	15.21%
United States	318,558,162	46,180,632	14.5%

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

Total Population by Race Alone, Total

[Download Data](#)

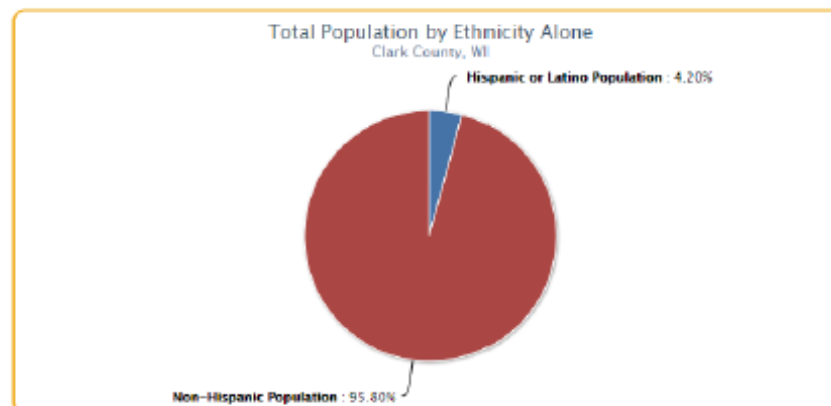
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Clark County, WI	33,301	187	146	97	0	383	372
Wisconsin	4,961,193	361,730	148,077	51,459	1,378	105,038	125,923
United States	233,657,078	40,241,818	16,614,625	2,597,817	560,021	15,133,856	9,752,947



Total Population by Ethnicity Alone

[Download Data](#)

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Clark County, WI	34,486	1,450	4.2%	33,036	95.8%
Wisconsin	5,754,798	371,205	6.45%	5,383,593	93.55%
United States	318,558,162	55,199,107	17.33%	263,359,055	82.67%



Families with Children

According to the most recent the American Community Survey estimates, 32.53% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As [defined](#) by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

[Download Data](#)

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Clark County, WI	12,732	8,810	4,142	32.53%
Wisconsin	2,310,246	1,471,314	666,965	28.87%
United States	117,716,237	77,608,829	37,299,113	31.69%

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract

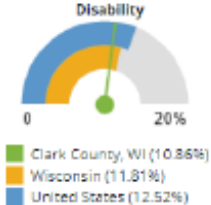
Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

[Download Data](#)

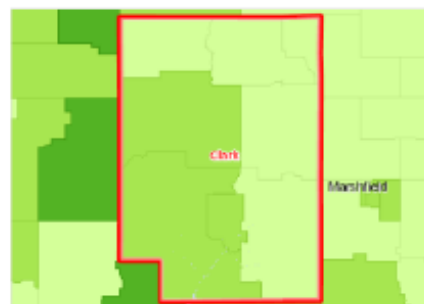
Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Clark County, WI	33,992	3,693	10.86%
Wisconsin	5,681,891	671,220	11.81%
United States	313,576,137	39,272,529	12.52%

Percent Population with a Disability



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



[View larger map](#)

Disabled Population, Percent by Tract, ACS 2012-16



Clark County has a significant **Amish and Mennonite** population.

- Approximately one-third of the population is Amish or Mennonite and the number of Amish or Mennonite individuals is increasing.
- Between 40% and 50% of the births in Clark County are to Amish or Mennonite parents.

DISPARITIES KEY POINTS:

The following information is intended to provide background information on some – but not all – disparities that may exist in Clark County. These are general statements and not individualizable.

- Compared to adults with higher levels of education and income, adults with lower levels of education have:
 - Less access to health and dental care, higher utilization of the emergency room, lower rates of prenatal care, and lower rates of cancer screening
 - Higher rates of risk behaviors including obesity and tobacco use and exposure
 - Higher rates of poor physical and mental health
 - Higher rates of chronic diseases such as asthma, diabetes, heart disease, high cholesterol and blood pressure, stroke, and arthritis.
- Individuals with disabilities:
 - People with disabilities can be healthy and well; however, many face social, structural and environmental barriers that restrict participation in daily activities and/or access to care.
 - Compared to people without a disability, adults with a disability are more likely to:
 - Be low-income
 - Have less access to health care
 - Report higher health risk factors such as tobacco use, secondhand smoke exposure, obesity, and obesity-related chronic conditions
 - The presence of a chronic condition, such as diabetes or asthma, may be the reason some people have a disability.
- Individuals who are Hispanic or Latino¹
 - Access to health care: Hispanics have less access to health care compared to other racial/ethnic groups.
 - Key health issues for Hispanic adults include: consequences of lack of exercise, obesity, high blood pressure, diabetes, unintended pregnancies, lack of emotional support, and (among Hispanic men) alcohol and tobacco use.

Source for the above information: [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#)

Additionally, approximately one-third of Clark County's population is Amish or Mennonite. Amish and Mennonite residents infrequently use medical services and do not participate in most government programs.

¹ Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. A person counted as Hispanic is not also counted by their race. Hispanics in Wisconsin include both those born in the United States and those born in other countries.

Health Outcomes

Many factors contribute to health outcomes. (See Figure 2 below.) Examples of health outcomes include morbidity (illness and injury such as cancer, diabetes, and falls) as well as mortality (death).

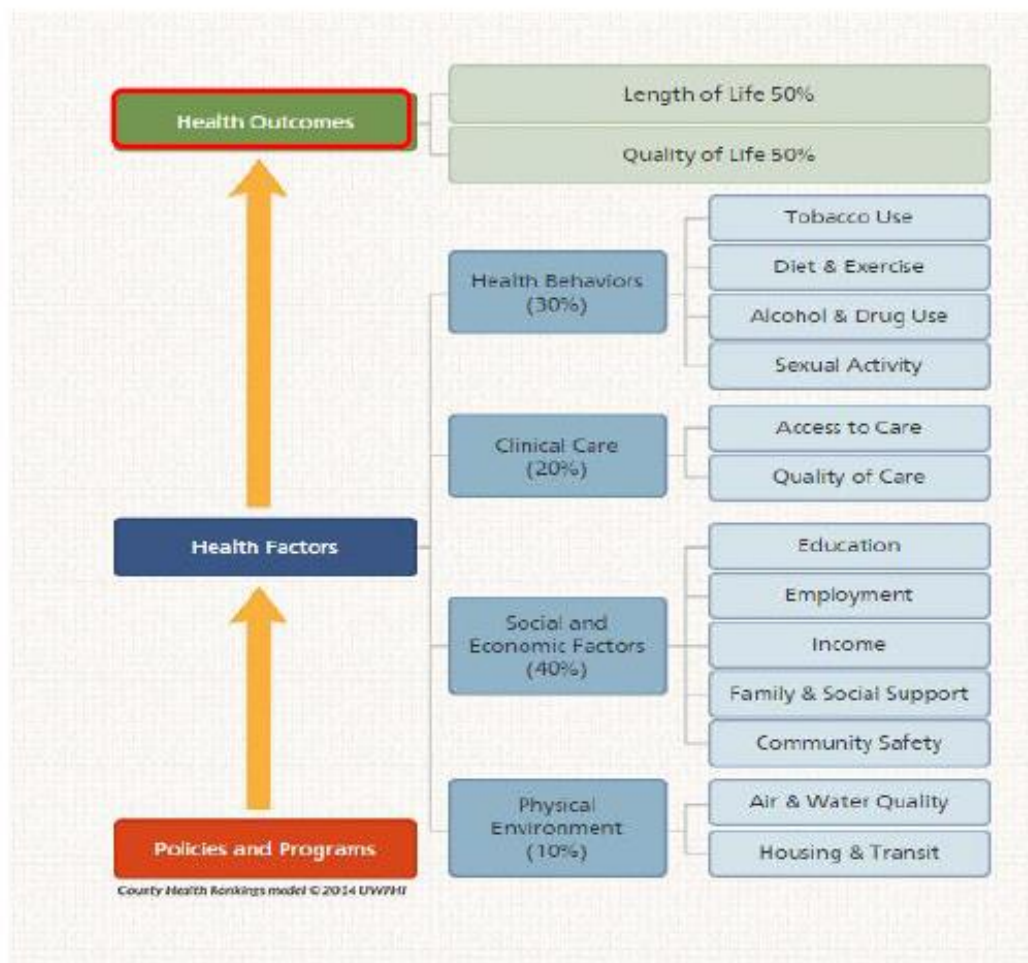


Figure 2: County Health Rankings model (2014).

KEY FINDINGS

The next few pages provide a description of Clark County's health outcomes. The summary table immediately below provides an overview.

For the following outcomes, Clark County is ...

Better than or about the same as WI and/or the U.S.	Worse than WI and/or the U.S.
<ul style="list-style-type: none"> • Mortality: premature death, stroke, unintentional injury, pedestrian motor vehicle crashes, deaths related to alcohol and other drugs • Fall fatalities among those aged 65+ • Diabetes, heart disease, and asthma • Depression in the Medicare population • Self-inflicted injury hospitalizations • Drug and alcohol-related hospitalizations • Poisoning-related hospitalizations • Low birthweight rate • Average number of mentally unhealthy days in the previous 30 days 	<ul style="list-style-type: none"> • Mortality: infant mortality, cancer, heart disease, coronary heart disease, lung disease, motor vehicle crashes, suicide • Breast, prostate, colon and rectum cancer rates • Adult obesity levels • Adults reporting poor or fair health • Percent of adults in Clark County with poor dental health

MORTALITY (Causes of Death)

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

[Download Data](#)

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Clark County, WI	2,910	19	6.6
Wisconsin	357,880	2,290	6.4
United States	20,913,535	136,369	6.5
HP 2020 Target			≤ 6.0

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2006-10. Source geography: County

Infant Mortality Rate (Per 1,000 Births)



Clark County, WI (6.6)
Wisconsin (6.4)
United States (6.5)

Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

[Download Data](#)

Report Area	Total Population	Total Premature Death, 2014-2016	Total Years of Potential Life Lost, 2014-2016 Average	Years of Potential Life Lost, Rate per 100,000 Population
Clark County, WI	176,594	307	9,931	5,624
Wisconsin	15,960,056	60,712	987,237	6,186
United States	896,379,917	3,642,755	64,739,406	7,222

Note: This indicator is compared with the state average.

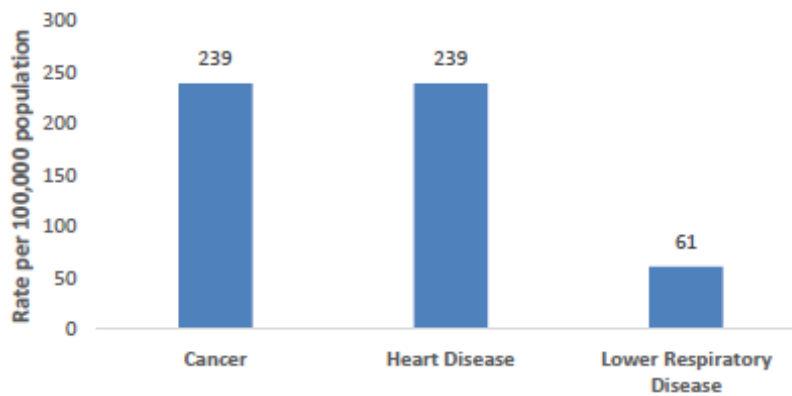
Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2014-16. Source geography: County

Years of Potential Life Lost, Rate per 100,000 Population



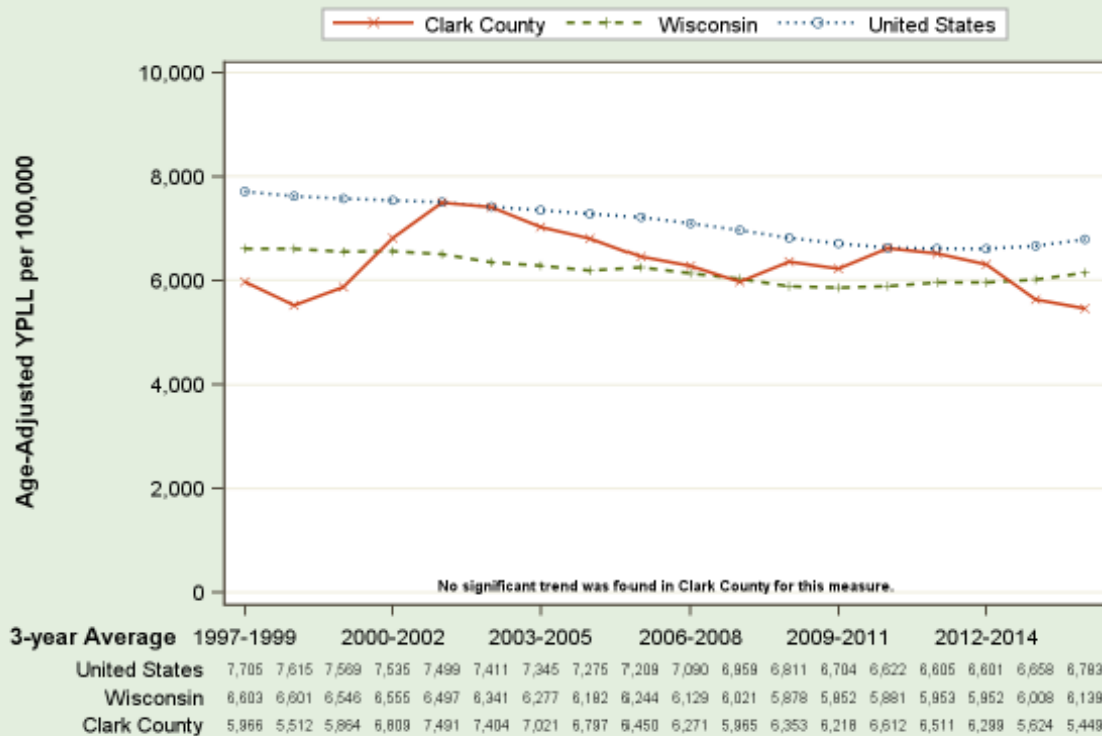
Clark County, WI (5,624)
Wisconsin (6,186)
United States (7,222)

Top 3 Causes of Death in Clark County (2015)



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin 2016 (P-45358-17). August 2017.

Premature death in Clark County, WI Years of Potential Life Lost (YPLL): County, State and National Trends



Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

Source: National Center for Health Statistics, through the County Health Rankings and Roadmaps website.

Mortality - Heart Disease

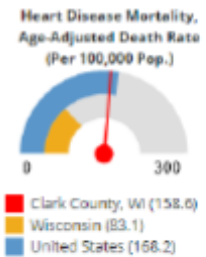
Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I25) per 100,000 population is 158.6. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	79	229	158.6
Wisconsin	372,237	107	28.8	83.1
United States	318,689,254	618,853	194.2	168.2

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County



Mortality - Cancer

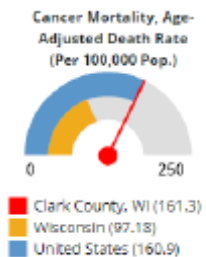
This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	71	206.4	161.3
Wisconsin	372,237	140	37.56	97.18
United States	318,689,254	590,634	185.3	160.9
HP 2020 Target				<= 160.6

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County



Mortality - Coronary Heart Disease

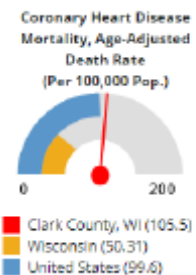
Within the report area the rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 105.5. This rate is greater than than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	51	149	105.5
Wisconsin	372,237	66	17.68	50.31
United States	318,689,254	367,306	115.3	99.6
HP 2020 Target				<= 103.4

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County



Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

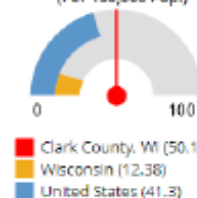
[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	23	66.7	50.1
Wisconsin	372,237	14	3.65	12.38
United States	318,689,254	149,886	47	41.3

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County

Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Mortality - Stroke

Within the report area there are an estimated 26.8 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is less than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

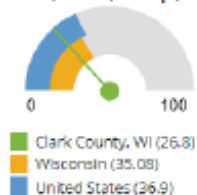
[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	13	37.7	26.8
Wisconsin	5,755,344	2,533	44.01	35.08
United States	318,689,254	134,618	42.2	36.9
HP 2020 Target				<= 33.8

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County

Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Mortality - Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

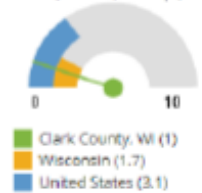
[Download Data](#)

Report Area	Total Population (2010)	Total Pedestrian Deaths, 2011-2015	Average Annual Deaths, Rate per 100,000 Pop.
Clark County, WI	34,690	1	1
Wisconsin	5,686,986	298	1.7
United States	312,732,537	28,832	3.1
HP 2020 Target			<= 1.3

Note: This indicator is compared with the state average.

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, [Fatality Analysis Reporting System](#), 2011-2015. Source geography: County

Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

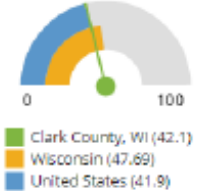
[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	17	48.7	42.1
Wisconsin	6,127,581	3,203	52.28	47.69
United States	318,689,254	140,444	44.1	41.9
HP 2020 Target				<= 36.0

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#), Accessed via [CDC WONDER](#), 2012-16. Source geography: County

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Mortality - Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

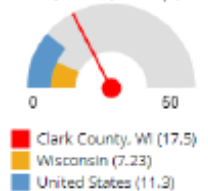
[Download Data](#)

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	6	18	17.5
Wisconsin	372,237	27	7.31	7.23
United States	318,689,254	37,053	11.6	11.3

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#), Accessed via [CDC WONDER](#), 2012-16. Source geography: County

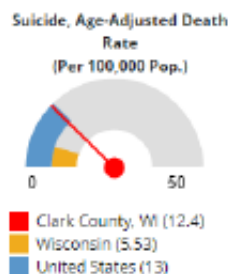
Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)



Mortality - Suicide

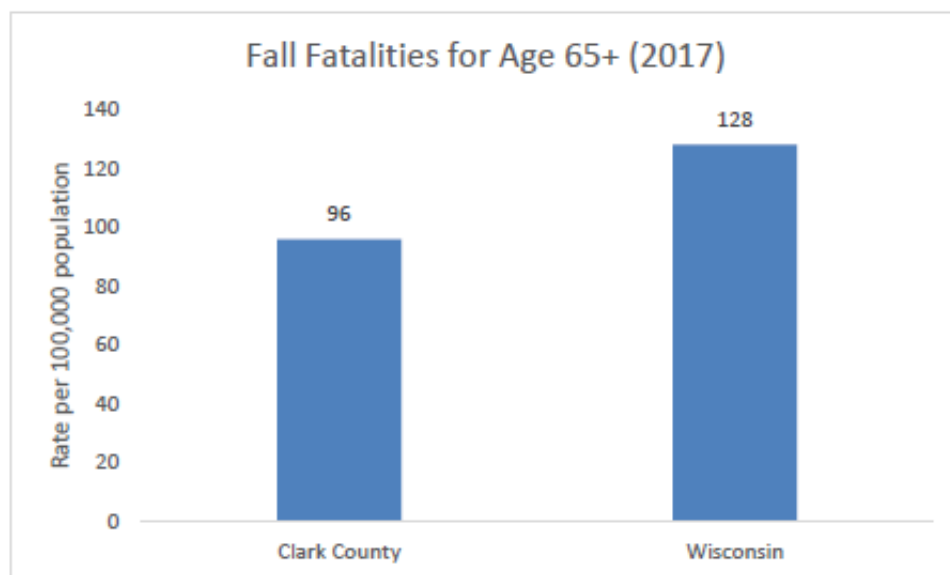
This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Download Data				
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clark County, WI	34,495	4	11.6	12.4
Wisconsin	372,237	20	5.43	5.53
United States	318,689,254	42,747	13.4	13
HP 2020 Target				≤ 10.2

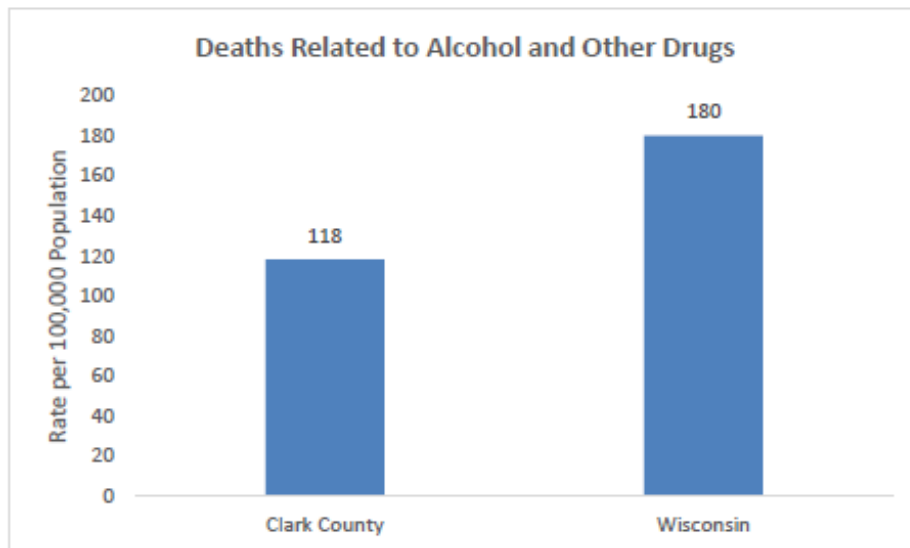


Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2012-16. Source geography: County



Source: Wisconsin Interactive Statistics on Health (WISH) data query system, through the County Health Rankings and Roadmaps website.



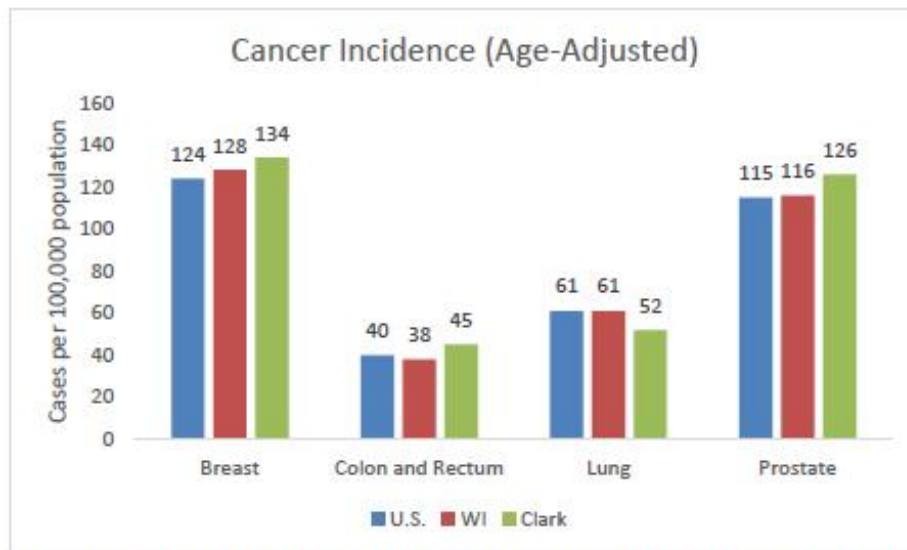
Source: Wisconsin Public Health Profiles 2017. Clark County and Wisconsin. Data are from calendar year 2015.

MORBIDITY (Causes of Illness or Injury)

This section includes data on chronic diseases, injuries and a number of other indicators of overall health. These health status indicators are important for a number of reasons, including the following:

- **Chronic diseases:** Chronic diseases include heart disease, stroke, cancer, diabetes, asthma. They can often be prevented through healthy diet, physical activity, eliminating tobacco use and substance abuse. (Healthiest Wisconsin 2020) Chronic diseases are important because:
 - They are very costly.
 - Effective management can prevent more serious complications.
- **Injuries:** In the U.S., injuries rank as one of the top 10 leading causes of death. Injuries are also a leading cause of disability. Injuries can be intentional or unintentional. Some kinds of injuries include motor vehicle accidents, falls, and assault. (Healthy People 2020; Centers for Disease Control and Prevention)
- **Other:**
 - Low birthweight – Low birthweight babies are at higher risk for health problems.
 - Obesity – Obesity is a risk factor for many chronic illnesses.
 - Oral health – Good oral health can prevent mouth pain, tooth decay and loss, oral and throat cancer and other diseases. (Healthiest Wisconsin 2020; Healthy People 2020)
 - Overall physical health – This is a general, global measure of overall physical health.
 - Mental health – Mental illness is the most common cause of disability in the U.S. Mental health is essential to personal well-being, relationships, and the ability to contribute to society. (Healthy People 2020)

Chronic Diseases



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2010-14. Source geography: County.

Diabetes (Adult)

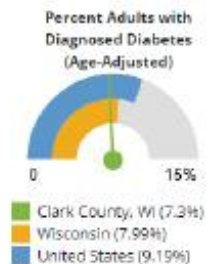
This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Clark County, WI	23,580	2,075	8.8	7.3%
Wisconsin	4,277,660	384,823	9	7.99%
United States	236,919,508	23,685,417	10	9.19%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention. [National Center for Chronic Disease Prevention and Health Promotion](#). 2013.
Source geography: County



Heart Disease (Adult)

526, or 2% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

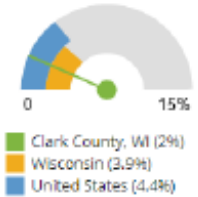
[Download Data](#)

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Clark County, WI	26,857	526	2%
Wisconsin	4,338,932	171,303	3.9%
United States	236,406,904	10,407,185	4.4%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2011-12. Source geography: County

Percent Adults with Heart Disease

Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

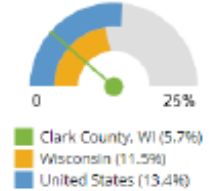
[Download Data](#)

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Clark County, WI	26,857	1,518	5.7%
Wisconsin	4,349,506	499,130	11.5%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2011-12. Source geography: County

Percent Adults with Asthma

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

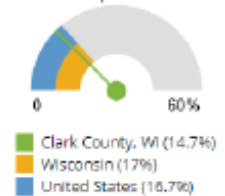
[Download Data](#)

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Clark County, WI	3,214	474	14.7%
Wisconsin	617,888	104,953	17%
United States	34,118,227	5,695,629	16.7%

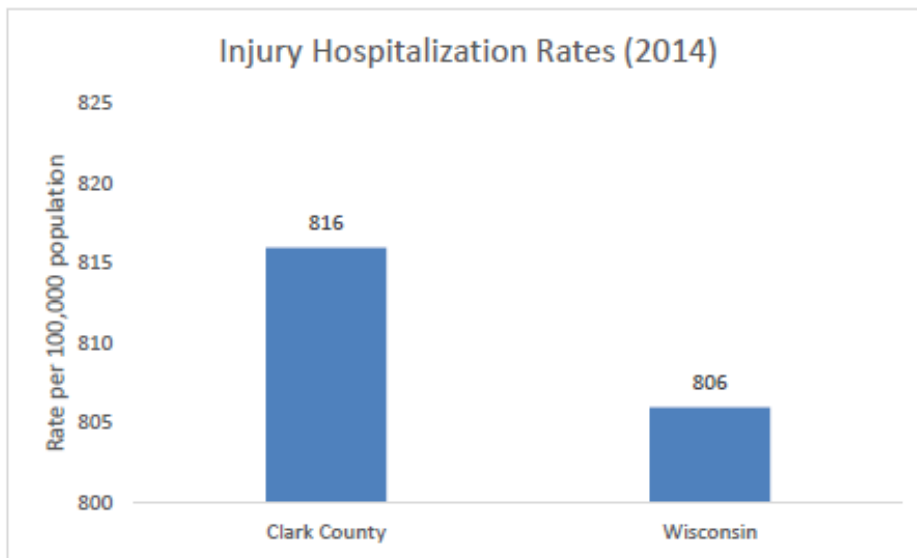
Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#), 2015. Source geography: County

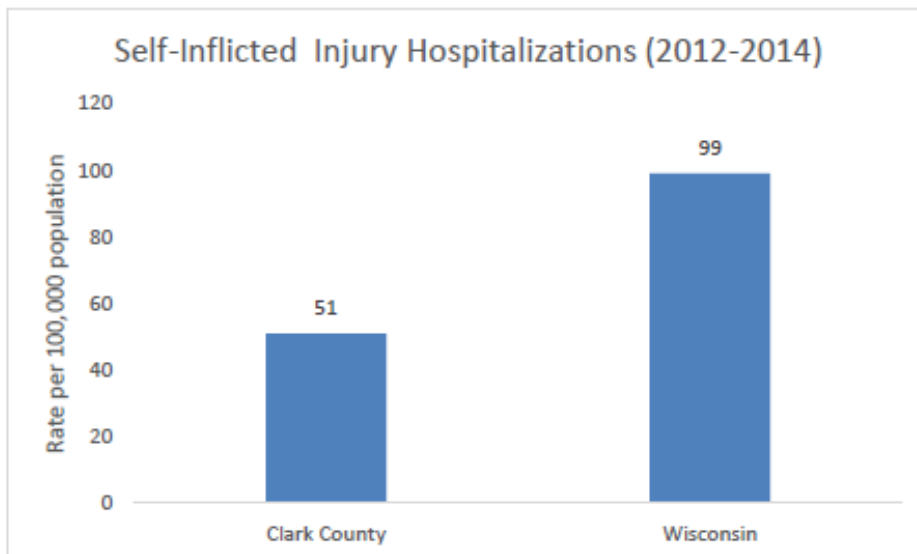
Percentage of Medicare Beneficiaries with Depression



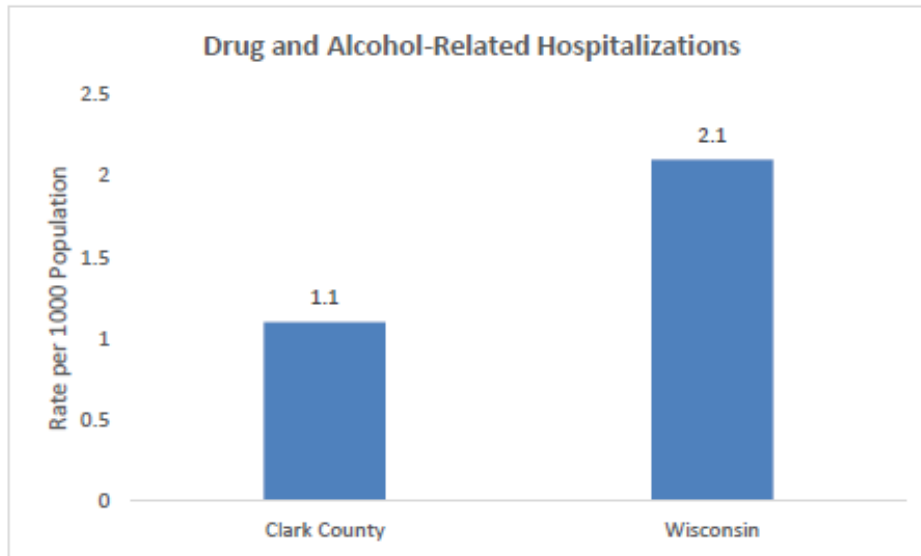
Injuries



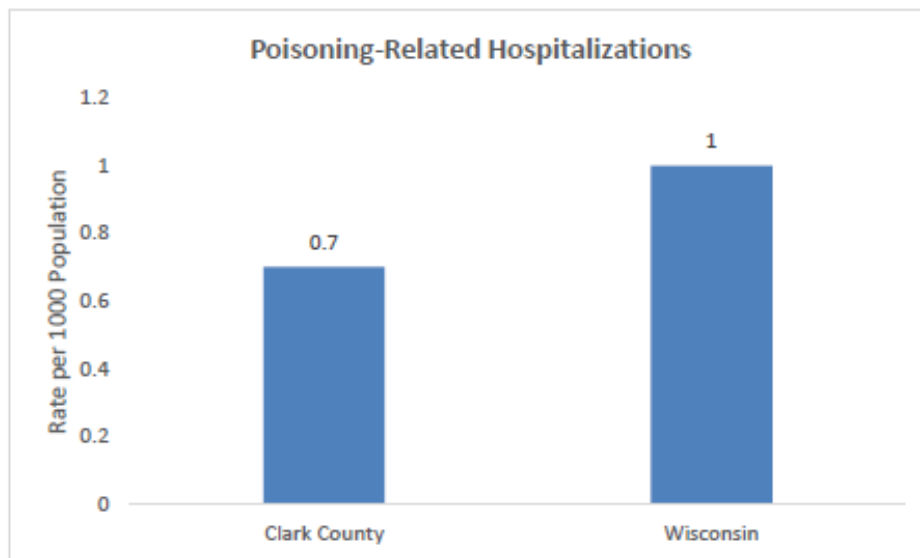
Source: Wisconsin Interactive Statistics on Health (WISH) data query system, through the County Health Rankings and Roadmaps website.



Source: Wisconsin Interactive Statistics on Health (WISH) data query system, through the County Health Rankings and Roadmaps website.



Source: Wisconsin Public Health Profiles 2017. Clark County and Wisconsin. Data are from calendar year 2015.



Source: Wisconsin Public Health Profiles 2017. Clark County and Wisconsin. Data are from calendar year 2015.

Poisonings may occur as a result of drug or alcohol use or misuse.

Other

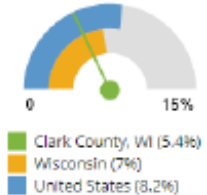
Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

[Download Data](#)

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Clark County, WI	3,955	214	5.4%
Wisconsin	499,401	34,958	7%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Percent Low Birth Weight Births



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2006-12. Source geography: County

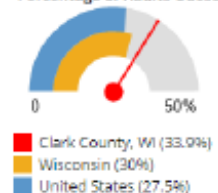
Obesity

33.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Clark County, WI	23,554	8,032	33.9%
Wisconsin	4,275,713	1,299,673	30%
United States	234,188,203	64,884,915	27.5%

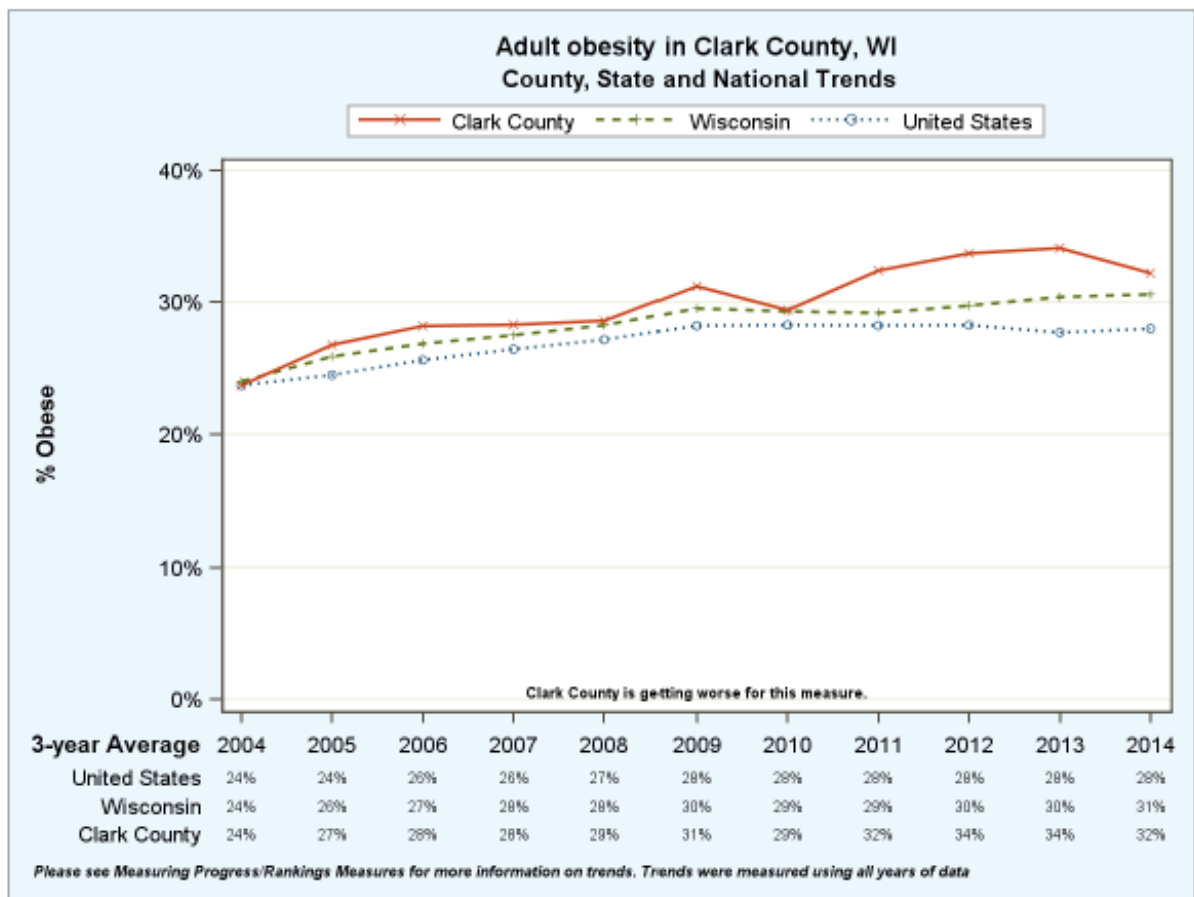
Percentage of Adults Obese



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2013. Source geography: County

Data from 2011-14 indicates U.S. obesity rates for ages 2-19 was 17.0%, which has remained fairly stable in recent years, however; the prevalence of obesity among children aged 2 to 5 years decreased significantly from 13.9% in 2003-2004 to 9.4% in 2013-2014.



Source: National Diabetes Surveillance System, through the County Health Rankings and Roadmaps website.

Physical Health

Poor General Health

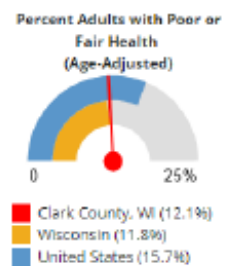
Within the report area 12.9% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

[Download Data](#)

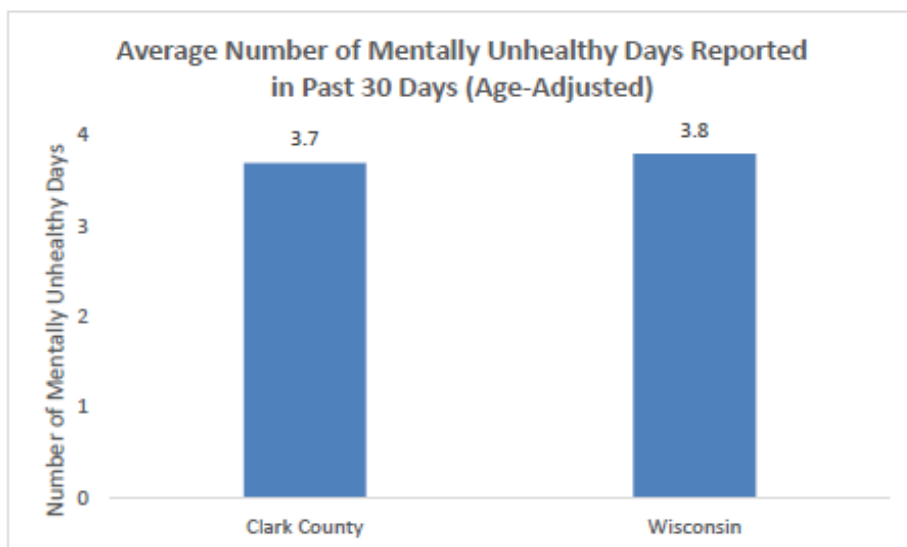
Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Clark County, WI	24,554	3,167	12.9%	12.1%
Wisconsin	4,326,412	532,149	12.3%	11.8%
United States	232,556,016	37,766,703	16.2%	15.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Mental Health



Source: Wisconsin: Behavioral Risk Factor Surveillance System (BRFSS) through the County Health Rankings. Accessed on 5/18/2018.

Oral Health

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

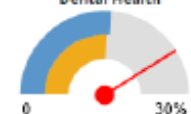
[Download Data](#)

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Clark County, WI	24,502	6,064	24.7%
Wisconsin	4,326,412	659,064	15.2%
United States	235,375,690	36,842,620	15.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention: [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2006-10. Source geography: County

Percent Adults with Poor Dental Health



Clark County, WI (24.7%)
Wisconsin (15.2%)
United States (15.7%)

Health Behaviors

It is estimated that approximately 30% of health is determined by health behaviors. (See Figure 3 below.) Examples of health behaviors that affect health include drug and alcohol abuse, physical activity, and fruit and vegetable consumption.

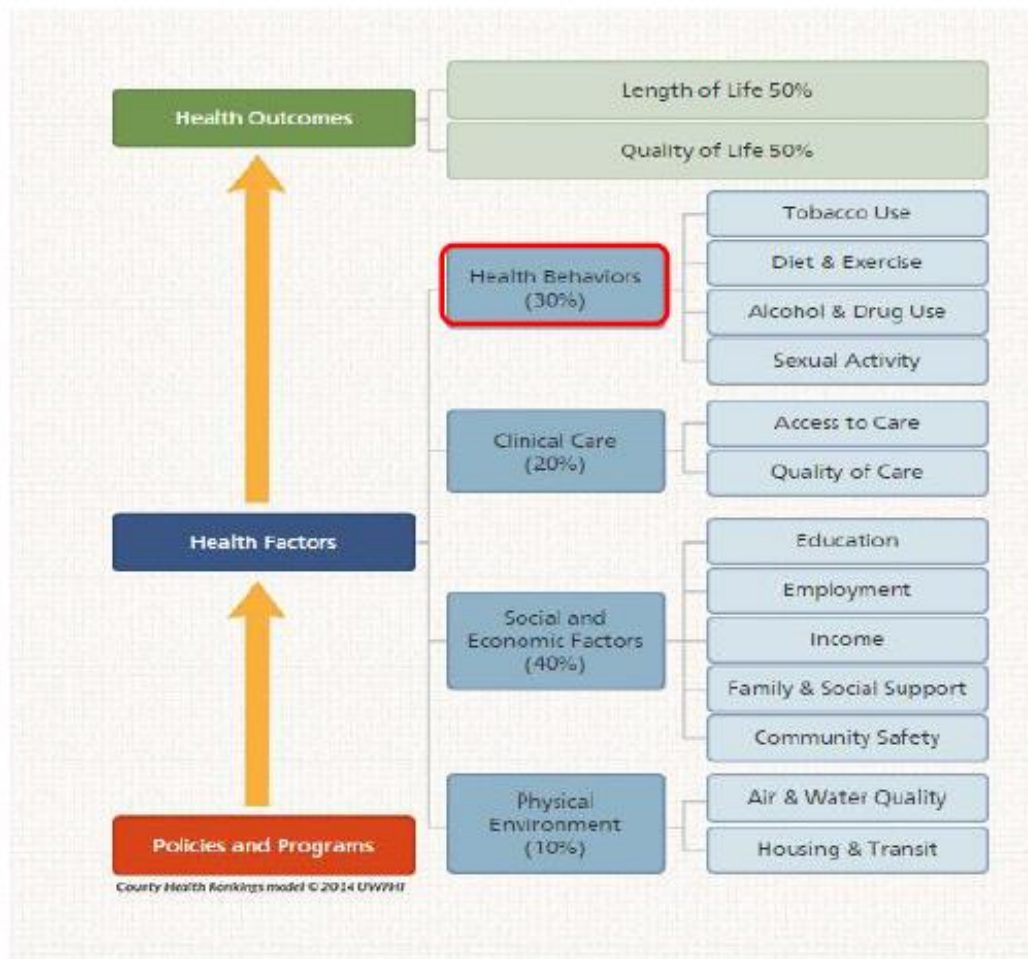


Figure 3: County Health Rankings model (2014).

KEY FINDINGS

The next few pages provide a description of Clark County's health behavior factors. The summary table immediately below provides an overview.

For the following factors, Clark County is ...

Better than or about the same as WI and/or the U.S.	Worse than WI and/or the U.S.
<ul style="list-style-type: none"> Rate of sexually transmitted infections 	<ul style="list-style-type: none"> Alcohol consumption Tobacco usage Percent of adults who are physically inactive

Health Behaviors – Background Information

Significance of key health behaviors:

- **Alcohol use:** An estimated 22 million people per year in the U.S. have drug and alcohol problems. Drug and alcohol use can contribute to chronic illnesses, fetal alcohol spectrum disorders, motor vehicle crashes, crime and violence. Wisconsin's rates for various measures of alcohol use and abuse are among the highest if not the highest in the nation. (Healthiest Wisconsin 2020; Healthy People 2020)
- **Tobacco use:** Tobacco use is the single most preventable cause of death and disease in the U.S. Annual health care costs are \$2000 higher from smokers than nonsmokers. Tobacco use can negatively contribute to a number of chronic illnesses as well as birth outcomes. Sources: Economic Benefits of Preventing Disease (National Prevention Strategy); Healthy People 2020)
- **Physical activity:** Regular physical activity can help lower the risk of numerous chronic diseases, as well as falls and depression.
- **Nutrition:** A healthy diet reduces risk of a number of chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses. Good nutrition in children is important for healthy growth & development, as well as maintaining appropriate weight. Annual health care costs are \$1400 higher for people who are obese than for those are not. When families have ready-access to sufficient and nutritious foods, they are food secure. Ten percent of Wisconsin households are food insecure. (Healthiest Wisconsin 2020; Healthy People 2020)
- **Sexually transmitted infections:** Sexually transmitted infections can lead to reproductive health problems, fetal and perinatal health problems, and cancer. (Healthy People 2020)

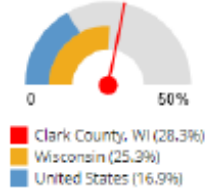
Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

[Download Data](#)

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Clark County, WI	24,554	6,605	26.9%	28.3%
Wisconsin	4,326,412	1,055,645	24.4%	25.3%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

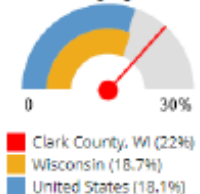
Tobacco Usage - Current Smokers

In the report area an estimated 5,230, or 21.3% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

[Download Data](#)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Clark County, WI	24,554	5,230	21.3%	22%
Wisconsin	4,326,412	791,733	18.3%	18.7%
United States	232,556,016	41,491,223	17.8%	18.1%

Percentage of Adults Smoking Cigarettes



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

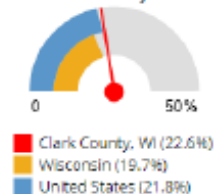
Physical Inactivity

Within the report area, 5,628 or 22.6% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

[Download Data](#)

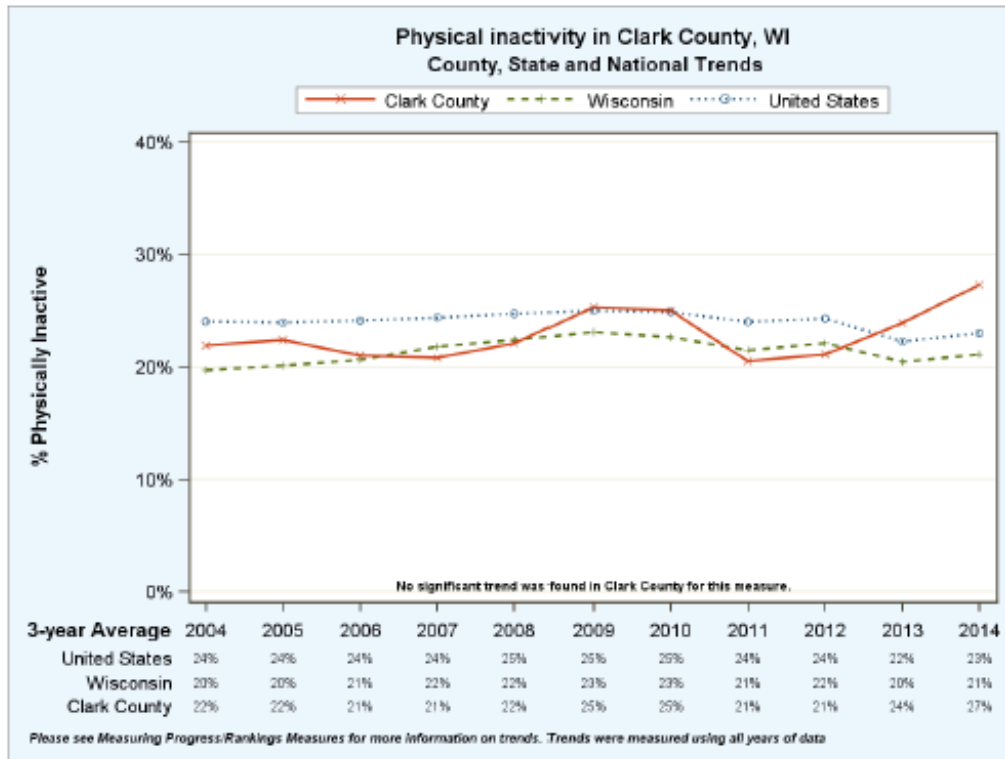
Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Clark County, WI	23,548	5,628	22.6%
Wisconsin	4,274,278	873,504	19.7%
United States	234,207,619	52,147,893	21.8%

Percent Population with no Leisure Time Physical Activity



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2013. Source geography: County



Source: National Diabetes Surveillance System, through the County Health Rankings and Roadmaps website.

Fruit/Vegetable Consumption

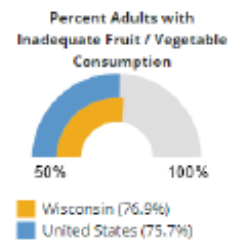
This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

[Download Data](#)

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Clark County, WI	23,760	no data	suppressed
Wisconsin	4,279,113	3,290,638	76.9%
United States	227,279,010	171,972,118	75.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, Accessed via the *Health Indicators Warehouse*, US Department of Health & Human Services, *Health Indicators Warehouse*, 2005-09. Source geography: County



STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

[Download Data](#)

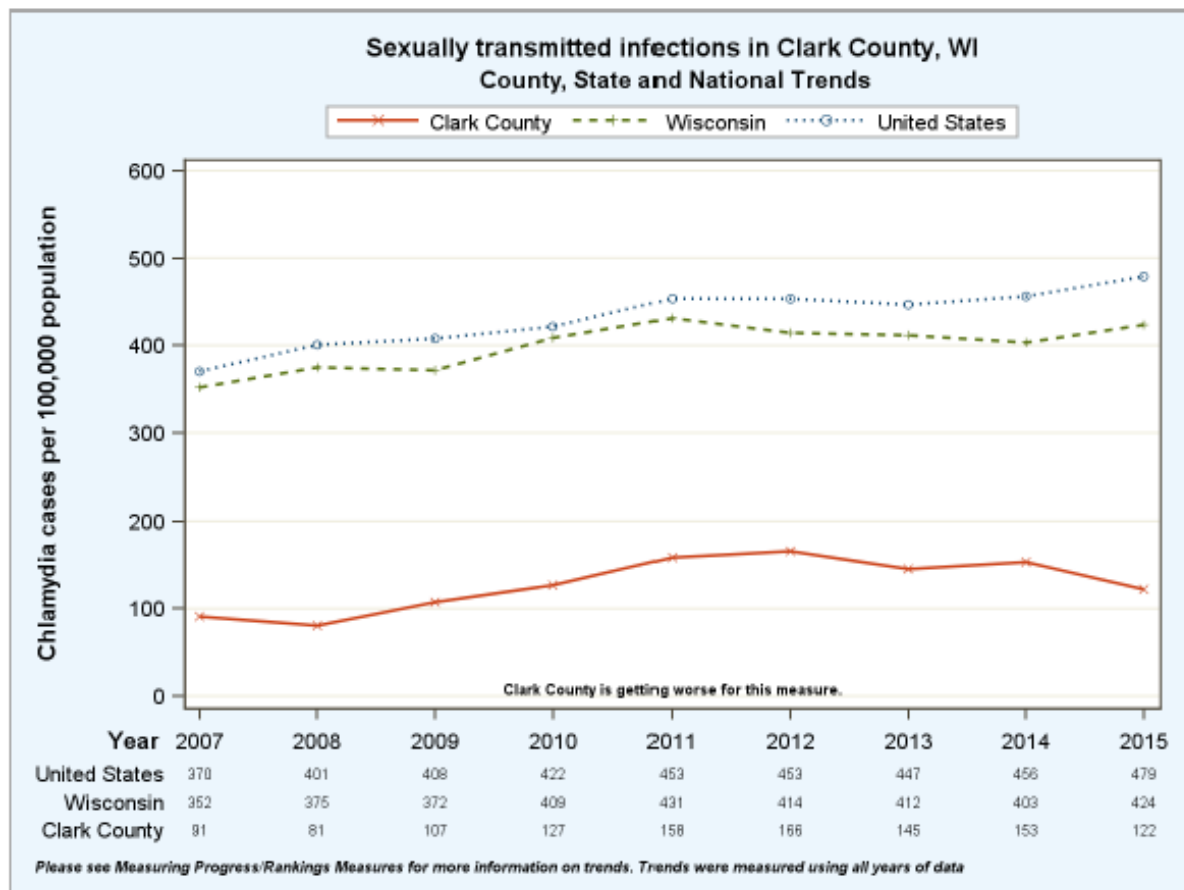
Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Clark County, WI	34,615	53	153.11
Wisconsin	5,743,361	23,140	402.9
United States	316,128,839	1,441,789	456.08

Chlamydia Infection Rate
(Per 100,000 Pop.)

Clark County, WI (153.11)
Wisconsin (402.9)
United States (456.08)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#), 2014. Source geography: County



Source: National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, through the County Health Rankings and Roadmaps website.

Clinical Care

It is estimated that approximately 20% of health is determined by clinical care. (See Figure 4 below.) Examples of clinical care that affects health include access to providers, rates of preventive health screenings, and preventable hospitalizations.

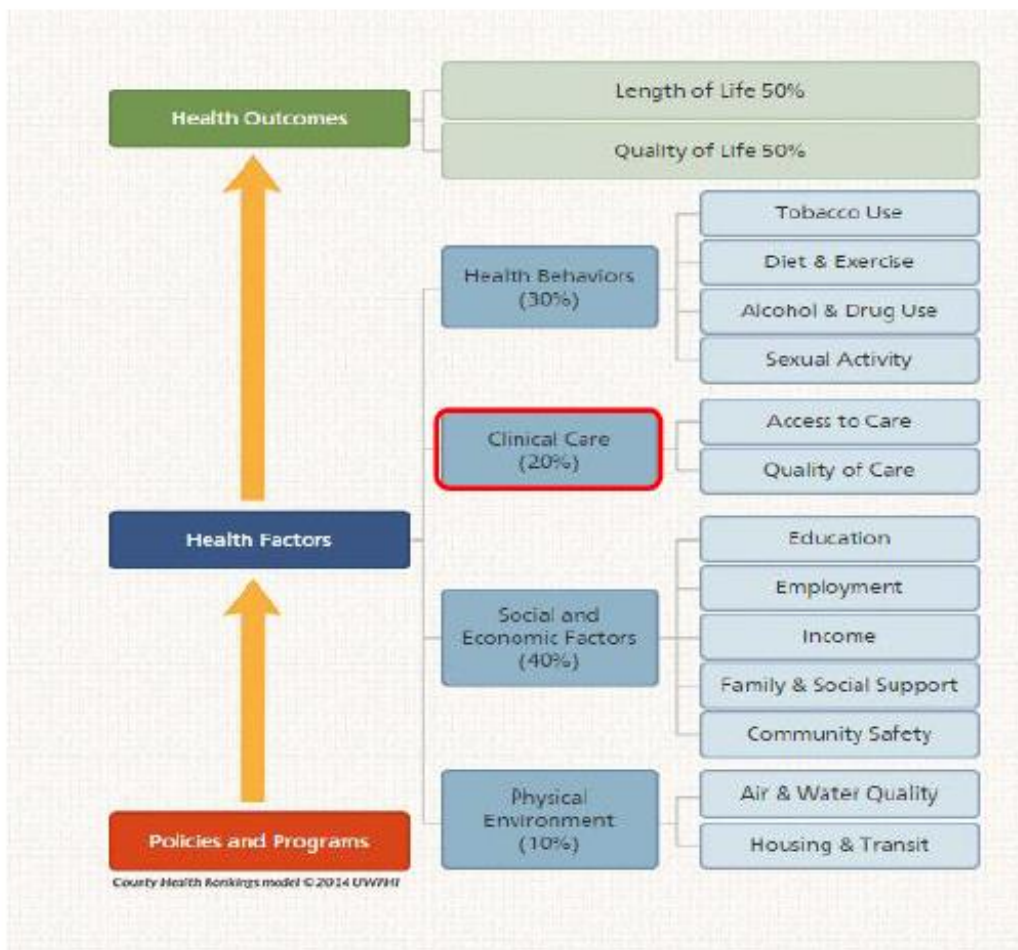


Figure 4: County Health Rankings model (2014).

KEY FINDINGS

The next few pages provide a description of Clark County's clinical care factors. The summary table immediately below provides an overview.

For the following factors, Clark County is ...

Better than or about the same as WI and/or the U.S.	Worse than WI and/or the U.S.
	<ul style="list-style-type: none"> • Level of primary care providers • Level of dental care providers • Percent of adults who have not had a recent dental exam • Percent of Medicare patients who have had a hemoglobin A1c test • Percent of adults 50+ who have been screened for colon cancer • Percent of preventable hospital stays for Medicare enrollees • Percent of adults and children who are uninsured

Access to Care / Clinical Care –Background Information

Significance of access to care and clinical care:

There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access. It is also necessary to have:

- Comprehensive coverage, including preventive services
- Providers that accept the individual's insurance
- Relatively close geographic location of providers to patients
- Services from a usual and ongoing source

Access to health care impacts:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Detection and early treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Sources: County Health Rankings (2014); Healthy People 2020

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

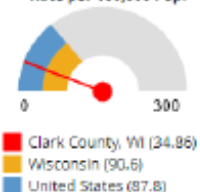
[Download Data](#)

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Clark County, WI	34,423	12	34.86
Wisconsin	5,757,564	5,217	90.6
United States	318,857,056	279,871	87.8

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2014. Source geography: County

Primary Care Physicians, Rate per 100,000 Pop.



Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

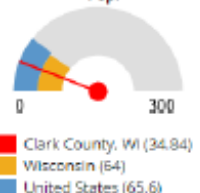
[Download Data](#)

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Clark County, WI	34,445	12	34.84
Wisconsin	5,771,337	3,692	64
United States	321,418,820	210,832	65.6

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2015. Source geography: County

Dentists, Rate per 100,000 Pop.



Dental Care Utilization

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

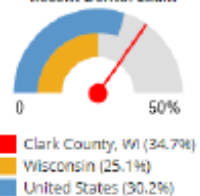
[Download Data](#)

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Clark County, WI	24,502	8,494	34.7%
Wisconsin	4,326,412	1,086,059	25.1%
United States	235,375,690	70,965,788	30.2%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2006-10. Source geography: County

Percent Adults Without Recent Dental Exam



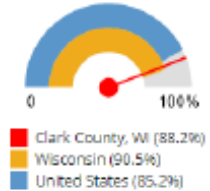
Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (HbA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 232 Medicare enrollees with diabetes have had an annual exam out of 263 Medicare enrollees in the report area with diabetes, or 88.2%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

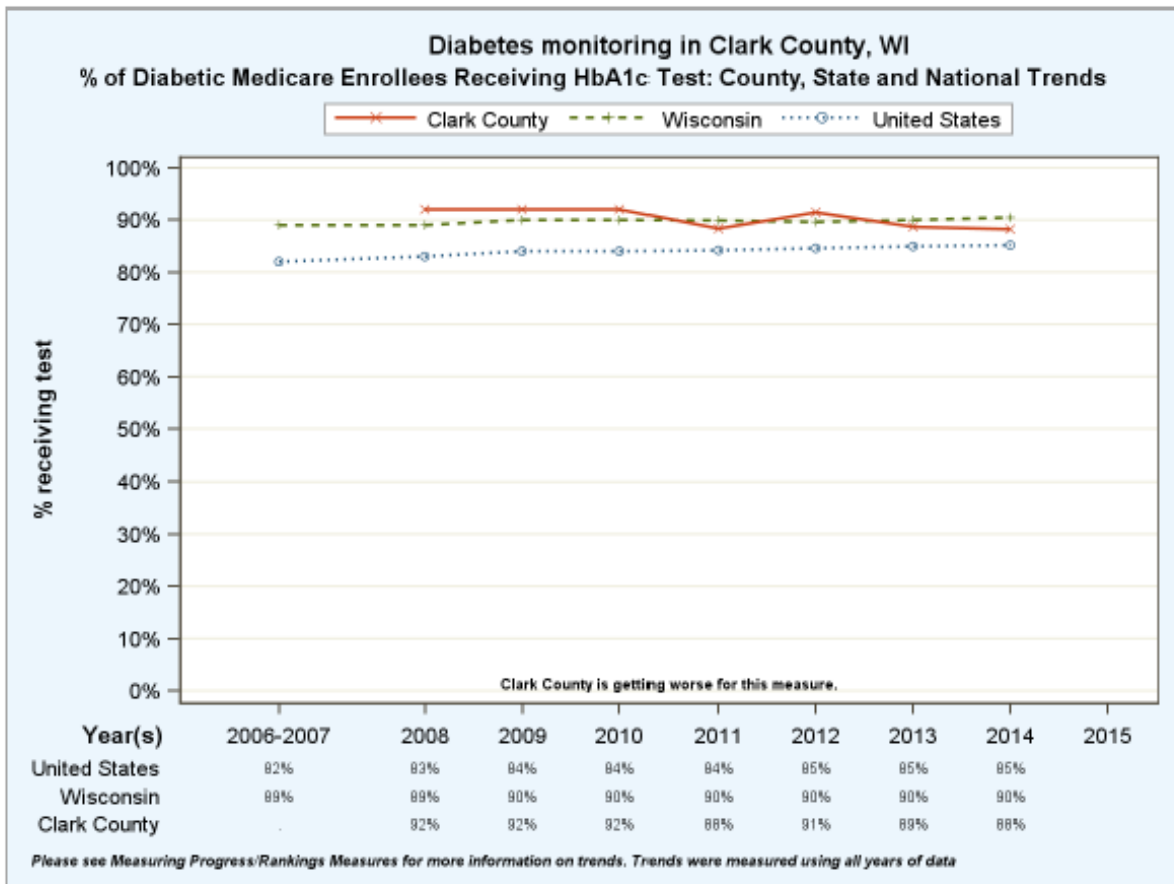
Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Clark County, WI	2,348	263	232	88.2%
Wisconsin	483,815	53,725	48,599	90.5%
United States	26,753,396	3,314,834	2,822,996	85.2%

Percent Medicare Enrollees with Diabetes with Annual Exam



Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2014. Source geography: County



Source: Dartmouth Atlas of Health Care, through the County Health Rankings and Roadmaps website.

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

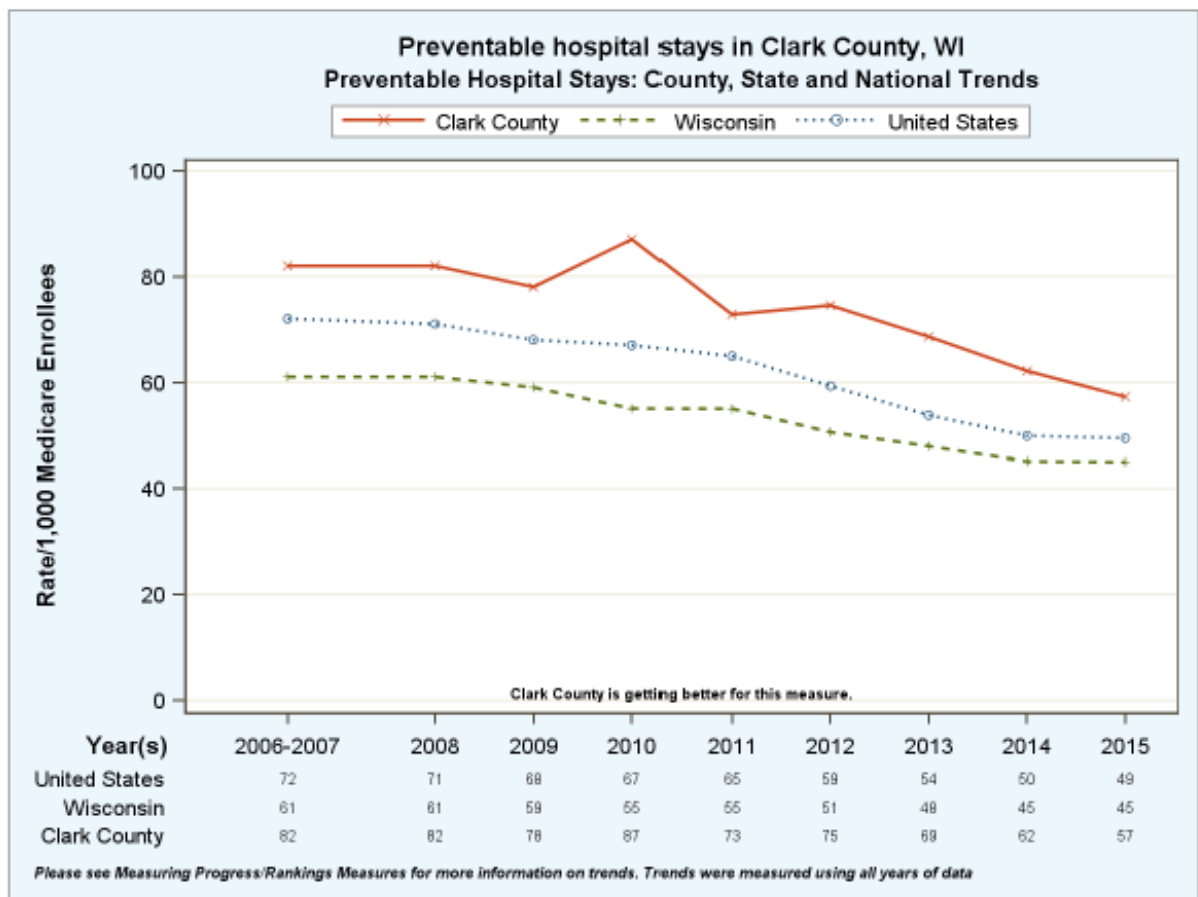
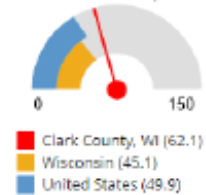
[Download Data](#)

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Clark County, WI	2,492	154	62.1
Wisconsin	560,332	25,289	45.1
United States	29,649,023	1,479,545	49.9

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2014. Source geography: County

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Source: Dartmouth Atlas of Health Care, through the County Health Rankings and Roadmaps website.

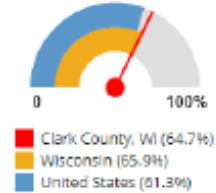
Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Clark County, WI	9,251	6,133	66.3%	64.7%
Wisconsin	1,446,287	1,002,277	69.3%	65.9%
United States	75,116,406	48,549,269	64.6%	61.3%

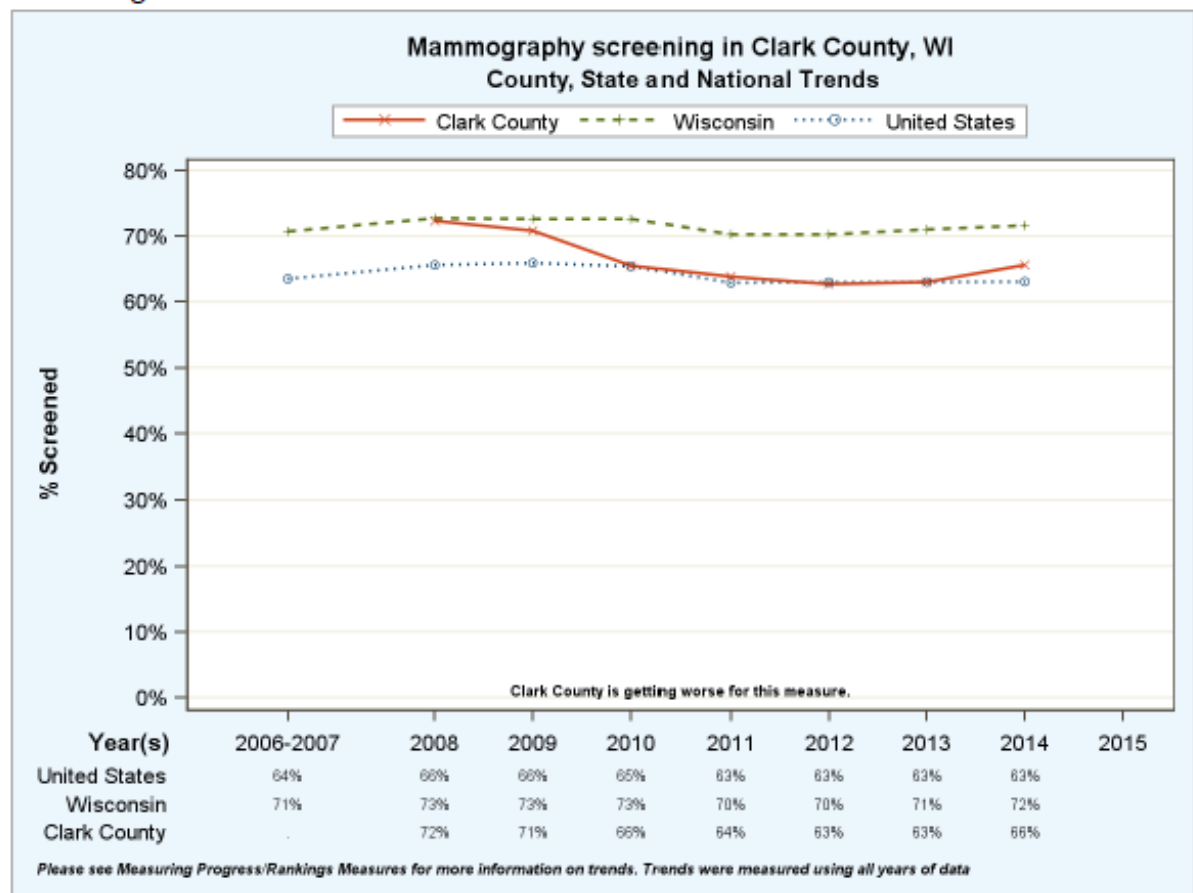
Percent Adults Screened for Colon Cancer (Age-Adjusted)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Accessed via the *Health Indicators Warehouse*. US Department of Health & Human Services, *Health Indicators Warehouse*, 2006-12. Source geography: County

Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.



Source: Dartmouth Atlas of Health Care, through the County Health Rankings and Roadmaps website.

Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

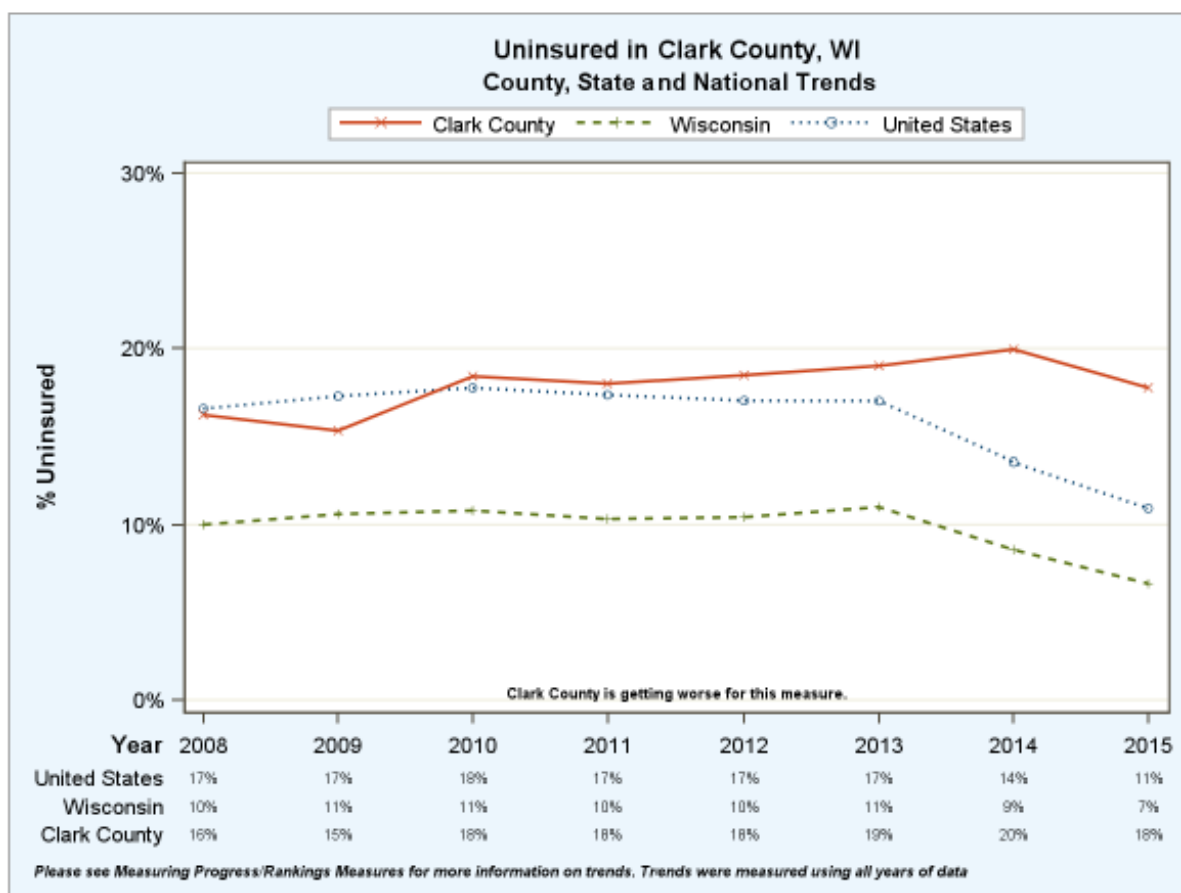
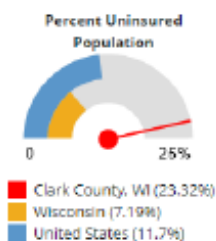
This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

[Download Data](#)

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Clark County, WI	33,992	7,927	23.32%
Wisconsin	5,681,891	408,789	7.19%
United States	313,576,137	36,700,246	11.7%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, *American Community Survey*, 2012-16. Source geography: Tract



Source: U.S. Census Bureau Small Area Health Insurance Estimates program, through the County Health Rankings and Roadmaps website.

Insurance - Uninsured Children

The lack of health insurance is considered a *key driver* of health status.

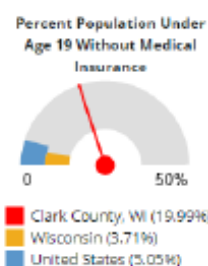
This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

[Download Data](#)

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Clark County, WI	10,196	8,158	80.01%	2,038	19.99%
Wisconsin	1,335,030	1,285,459	96.29%	49,571	3.71%
United States	76,217,025	72,369,595	94.95%	3,847,430	5.05%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2014. Source geography: County



Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.

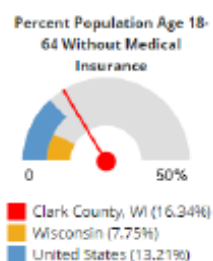
This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

[Download Data](#)

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Clark County, WI	18,607	15,566	83.66%	3,041	16.34%
Wisconsin	3,480,090	3,210,460	92.25%	269,630	7.75%
United States	194,584,952	168,884,012	86.79%	25,700,940	13.21%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2015. Source geography: County



Social and Economic Factors

It is estimated that approximately 40% of health is determined by social and economic factors. (See Figure 5 below.) Examples of social and economic factors include education, income, employment and social support. While addressing social and economic factors may, in some cases, seem very difficult to address, they are important considerations when understanding the health of the community as well as strategies to address priority needs.

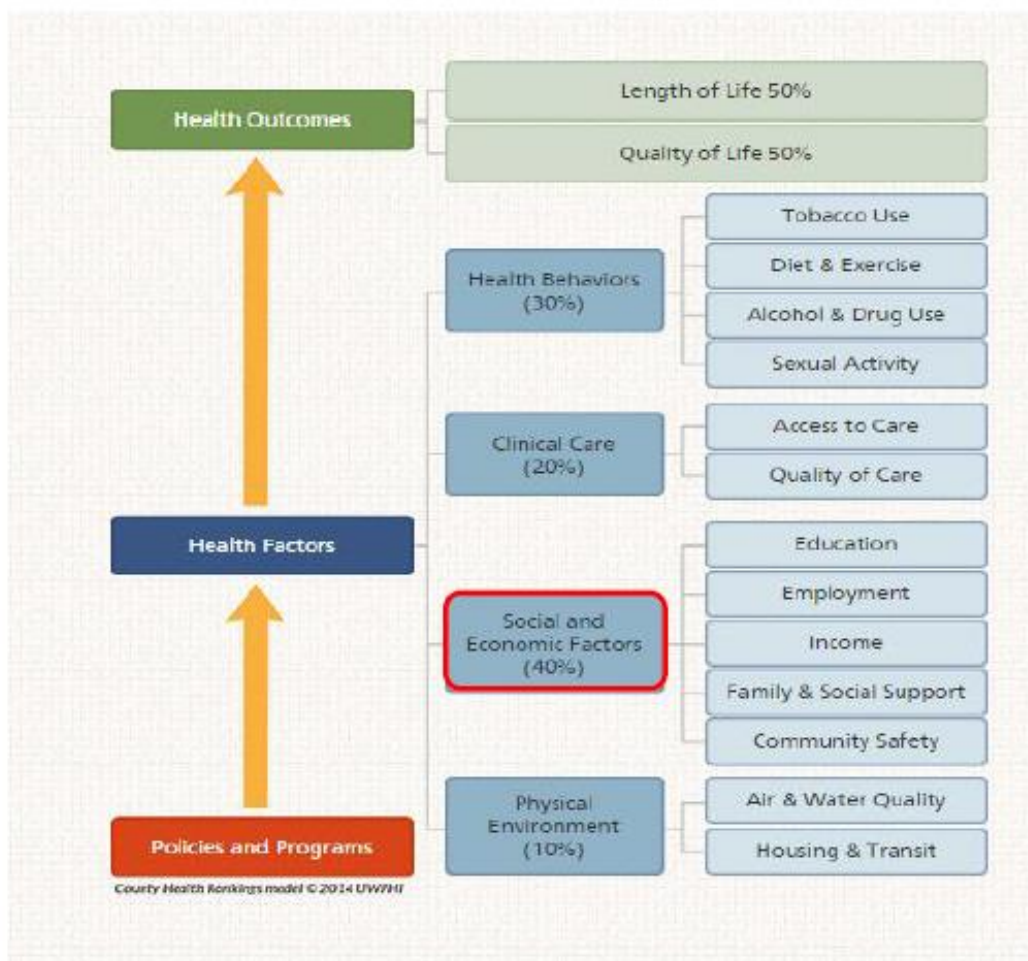


Figure 5: County Health Rankings model (2014).

KEY FINDINGS

The next few pages provide a description of Clark County's social and economic factors. The summary table immediately below provides an overview.

For the following factors, Clark County is ...

Better than or about the same as WI and/or the U.S.	Worse than WI and/or the U.S.
<ul style="list-style-type: none"> • Children in single parent households • Violent crime • Older adults living alone • Child abuse 	<ul style="list-style-type: none"> • Level of poverty • Percent of the population that has an associate's degree or higher or has a high school diploma • Perceived social support

Social and Economic Factors – Background Information

Significance of key health behaviors:

- **Education:** Years of formal education are correlated strongly with: better work and economic opportunities, better housing; greater sense of personal control, and; more opportunities for healthier lifestyles. Even after controlling for income and insurance status, education still has a significant positive effect on health outcomes. In addition, there are multi-generational health effects. Children born to parents with lower education are at higher risk for decreased cognitive development, increased tobacco and drug use, and a higher risk of some chronic mental and physical diseases. Reading is a critical predictor of high school success or failure. Poor readers are more likely to drop out of school. Less education negatively impacts health. (County Health Rankings (2014); United Way Worldwide (2014); Healthiest Wisconsin 2020; Annie E. Casey Foundation (2014))
- **Income:** While poverty data usually uses the federally established poverty level, a good general definition of poverty is: insufficient income to meet the needs for food, clothing, and shelter. Poverty leads to increased risk of: a variety of medical conditions and diseases; depression; intimate partner violence; poor health behaviors; premature death. There is some evidence that poverty at a very early age may result in developmental damage. (County Health Rankings (2014))
- **Employment:** Individuals who are unemployed are more than 50% more likely to be in fair or poor health when compared to those who are employed. When compared to higher wage earners, individuals who are underemployed are: less likely to have insurance and preventive care; more likely to work in hazardous conditions; less able to afford quality child care; often have less access to paid leave. Working non-standard hours and having little control over working conditions are associated with increased illness, injury and mortality. (County Health Rankings (2014); United Way Worldwide (2014))
- ▶ **Social support:** Family and social support includes the quality of relationships (among family members, friends, colleagues, acquaintances as well as involvement in community life. Social isolation is related to: poor health outcomes as well as stress. Stress has been linked to cardiovascular disease, unhealthy behaviors in adults, and obesity in children and adolescents. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking in terms of adverse health outcomes. Both adults and children in single-parent households are at higher risk for: illness; mental health problems and mortality; engagement in unhealthy behaviors. (County Health Rankings (2014). Benzeval, M. The Self-Reported Health Status of Lone Parents. *Social Science Medicine* 1998 May; 46(10):1337-53. House, JS. Social Isolation Kills, but How and Why? *Psychosomatic Medicine* 2001; 63:273-274.)
- **Violence:** Examples of violence include bullying, assault, abuse (e.g., of children or elderly individuals), homicide and suicide. Violence, and even the threat of violence or force, can result in "injury, death, psychological harm, maldevelopment, or deprivation eroding communities by reducing productivity, decreasing property values, and disrupting social services, to name a few (Dahlberg and Krug 2002, Centers for Disease Control 2008)." (Healthiest Wisconsin 2020)

High School Graduation Rate (EdFacts)

Within the report area 93.2% of students are receiving their high school diploma within four years. Data represents the 2015-16 school year.

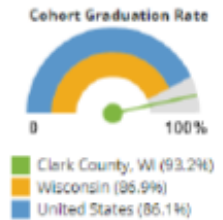
This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Buglis, 2007).

[Download Data](#)

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Clark County, WI	370	345	93.2
Wisconsin	62,286	54,112	86.9
United States	3,135,216	2,700,120	86.1

Note: This indicator is compared with the state average.

Data Source: US Department of Education, [EdFacts](#). Accessed via [DATA.GOV](#). Additional data analysis by [CABES](#), 2015-16. Source geography: School District



Population with No High School Diploma

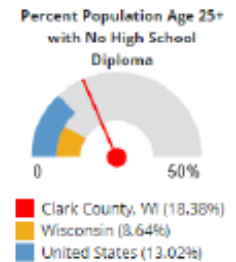
Within the report area there are 3,990 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 18.38% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Buglis, 2007).

[Download Data](#)

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Clark County, WI	21,713	3,990	18.38%
Wisconsin	3,891,252	336,096	8.64%
United States	213,649,147	27,818,380	13.02%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



Population with Associate's Level Degree or Higher

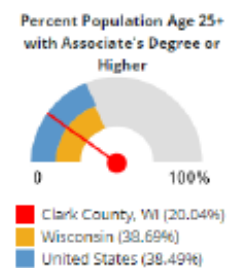
20.04% of the population aged 25 and older, or 4,352 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

[Download Data](#)

Report Area	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
Clark County, WI	21,713	4,352	20.04%
Wisconsin	3,891,252	1,505,396	38.69%
United States	213,649,147	82,237,511	38.49%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status.

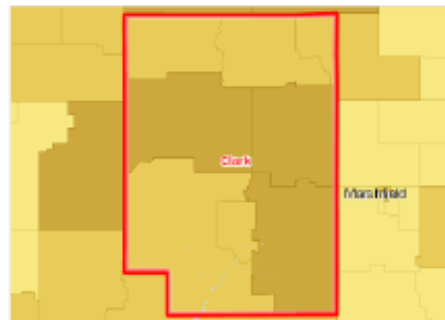
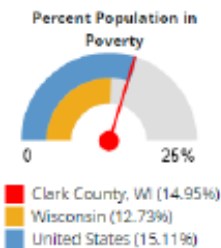
Within the report area 14.95% or 5,060 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

[Download Data](#)

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Clark County, WI	33,857	5,060	14.95%
Wisconsin	5,603,274	713,472	12.73%
United States	310,629,645	46,932,225	15.11%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



[View larger map](#)

Population Below the Poverty Level, Percent by Tract, ACS 2012-16Poverty - Children Below 100% FPL

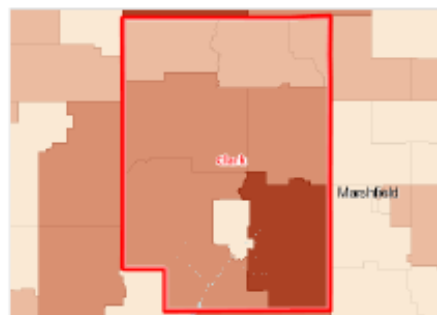
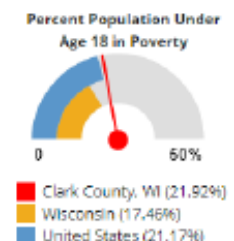
In the report area 21.92% or 2,192 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

[Download Data](#)

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Clark County, WI	33,857	10,001	2,192	21.92%
Wisconsin	5,603,274	1,277,614	223,027	17.46%
United States	310,629,645	72,456,096	15,335,783	21.17%

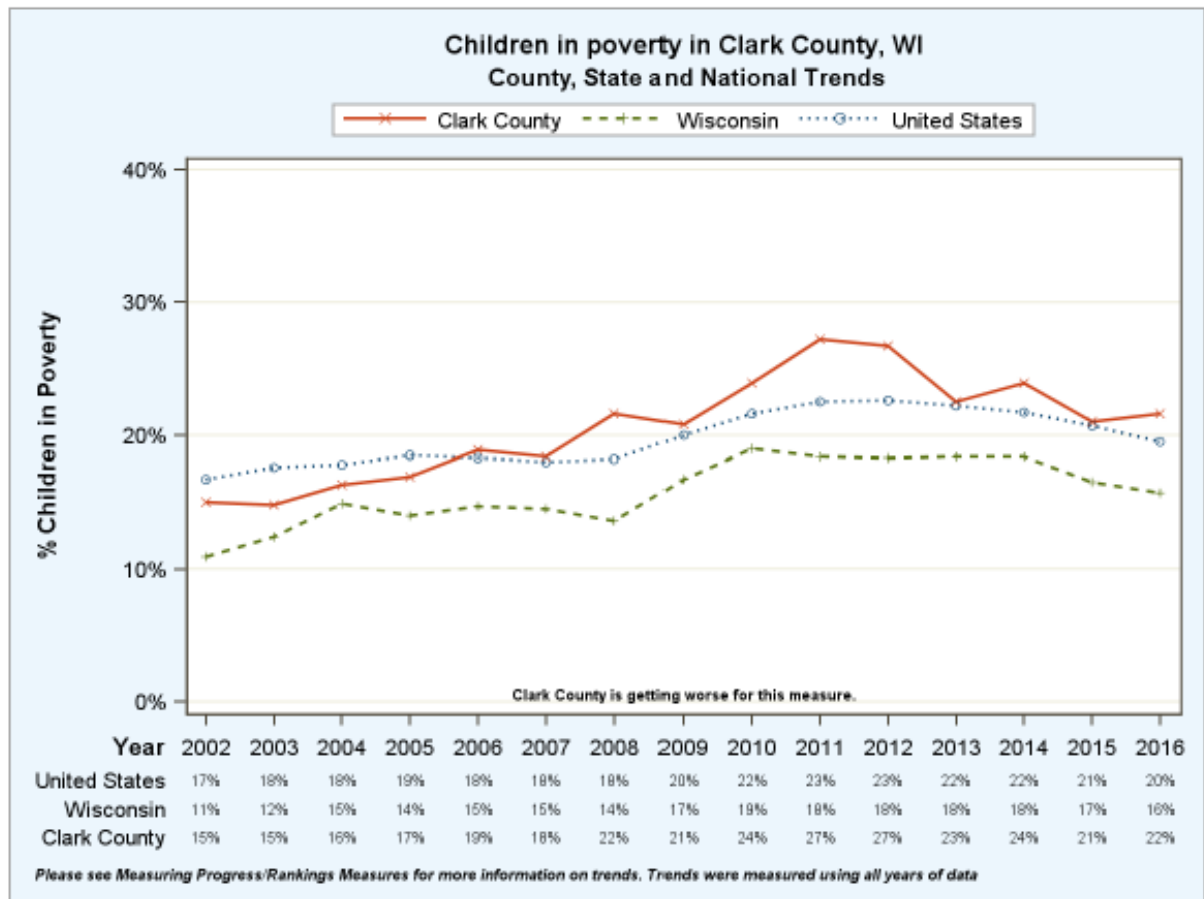
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



[View larger map](#)

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2012-16



Source: U.S. Census Bureau Small Area Income and Poverty Estimates, through the County Health Rankings and Roadmaps website.

Children Eligible for Free/Reduced Price Lunch

Within the report area 2,522 public school students or 51.68% are eligible for Free/Reduced Price lunch out of 4,880 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

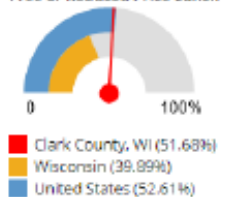
[Download Data](#)

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Clark County, WI	4,880	2,522	51.68%
Wisconsin	867,619	342,247	39.89%
United States	50,611,787	25,893,504	52.61%

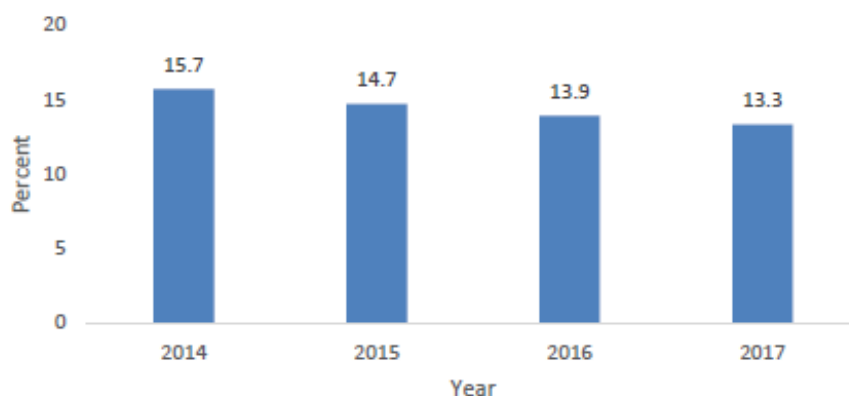
Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2015-16. Source geography: Address

Percent Students Eligible for Free or Reduced Price Lunch



Percent of Clark County Residents Receiving FoodShare



Source: Calculations were made using the FoodShare recipient totals from the Wisconsin Department of Health Services divided by the U.S. Census estimated Lincoln County population for each year.

Income - Per Capita Income

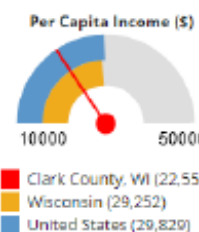
The per capita income for the report area is \$22,559. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

[Download Data](#)

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Clark County, WI	34,486	\$777,997,100	\$22,559
Wisconsin	5,754,798	\$168,344,278,800	\$29,252
United States	318,558,162	\$9,502,305,741,900	\$29,829

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



Unemployment Rate

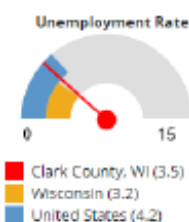
Total unemployment in the report area for the current month was 647, or 3.5% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

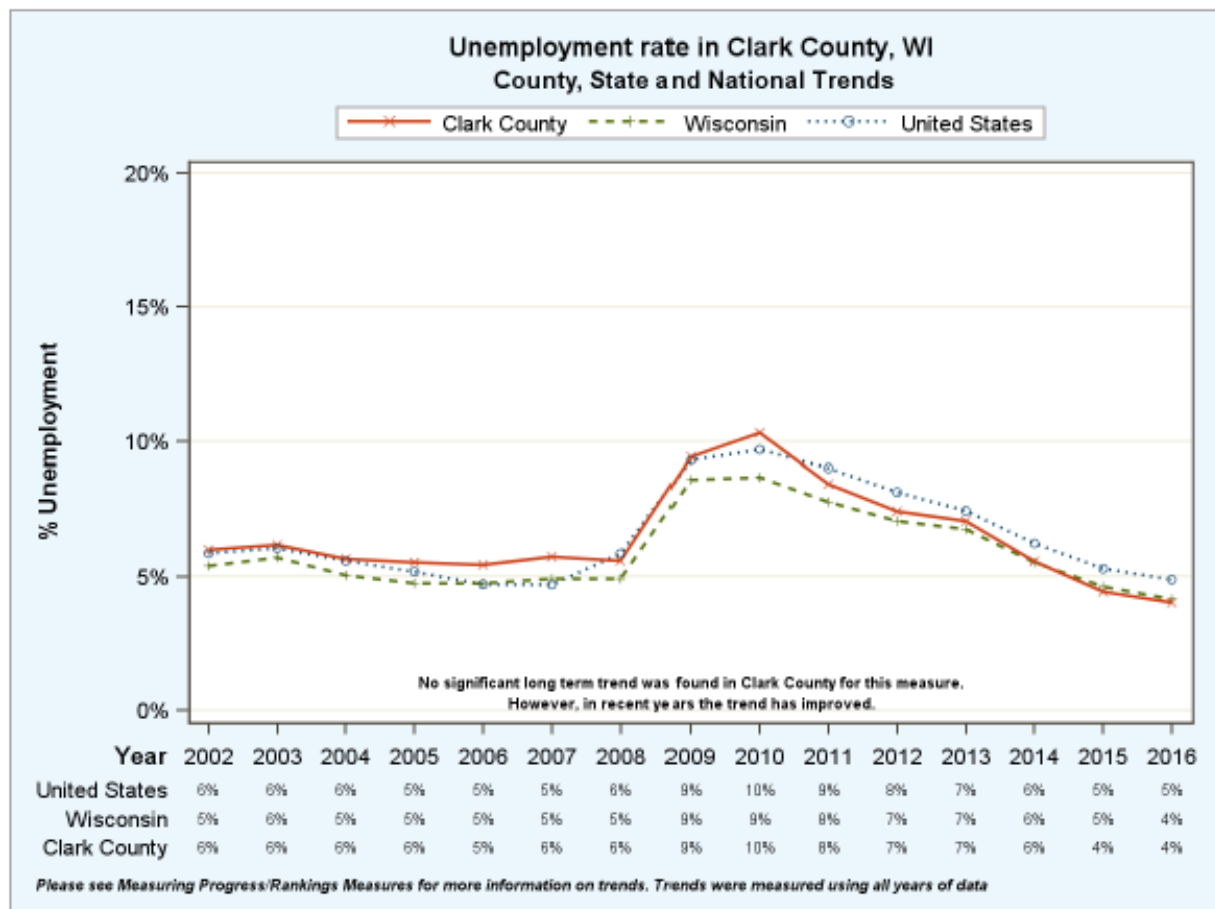
[Download Data](#)

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Clark County, WI	18,409	17,762	647	3.5
Wisconsin	3,177,883	3,076,792	101,091	3.2
United States	162,635,301	155,857,594	6,777,707	4.2

Note: This indicator is compared with the state average.

Data Source: US Department of Labor, [Bureau of Labor Statistics](#), 2018 - March. Source geography: County





Source: Bureau of Labor Statistics Local Area Unemployment Statistics, through the County Health Rankings and Roadmaps website.

Lack of Social or Emotional Support

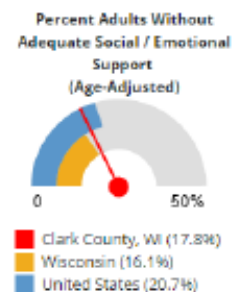
This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

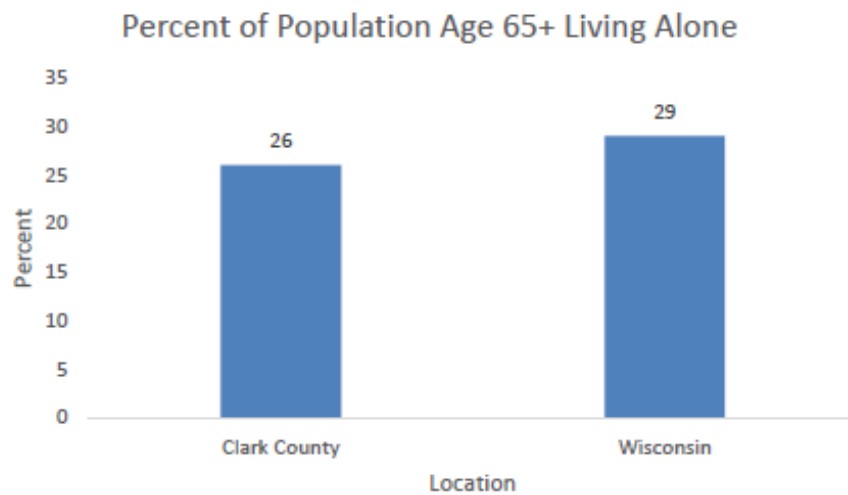
[Download Data](#)

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Clark County, WI	24,554	4,444	18.1%	17.8%
Wisconsin	4,326,412	696,552	16.1%	16.1%
United States	232,556,016	48,104,656	20.7%	20.7%

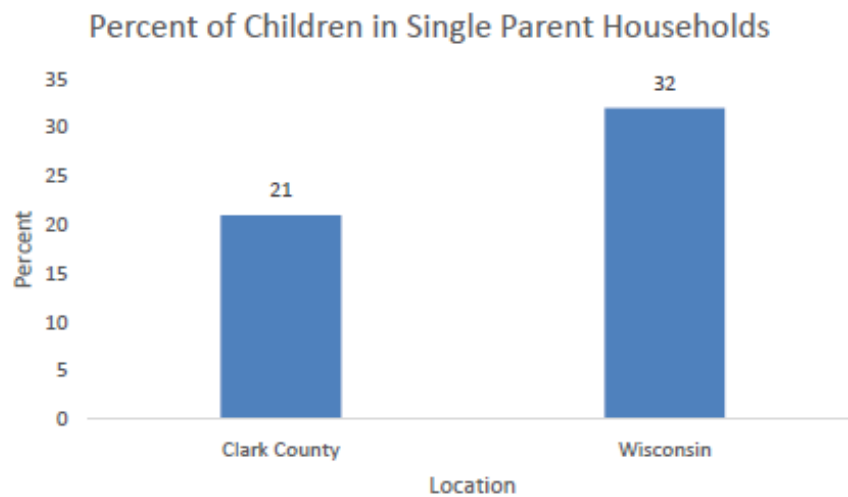
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County





Source: American Community Survey, 5-Year Estimates (2012-2016).



Source: American Community Survey, 5-Year Estimates (2012-2016).

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

[Download Data](#)

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Clark County, WI	34,604	41	118.5
Wisconsin	5,632,199	16,060	285.2
United States	311,082,592	1,181,036	379.7

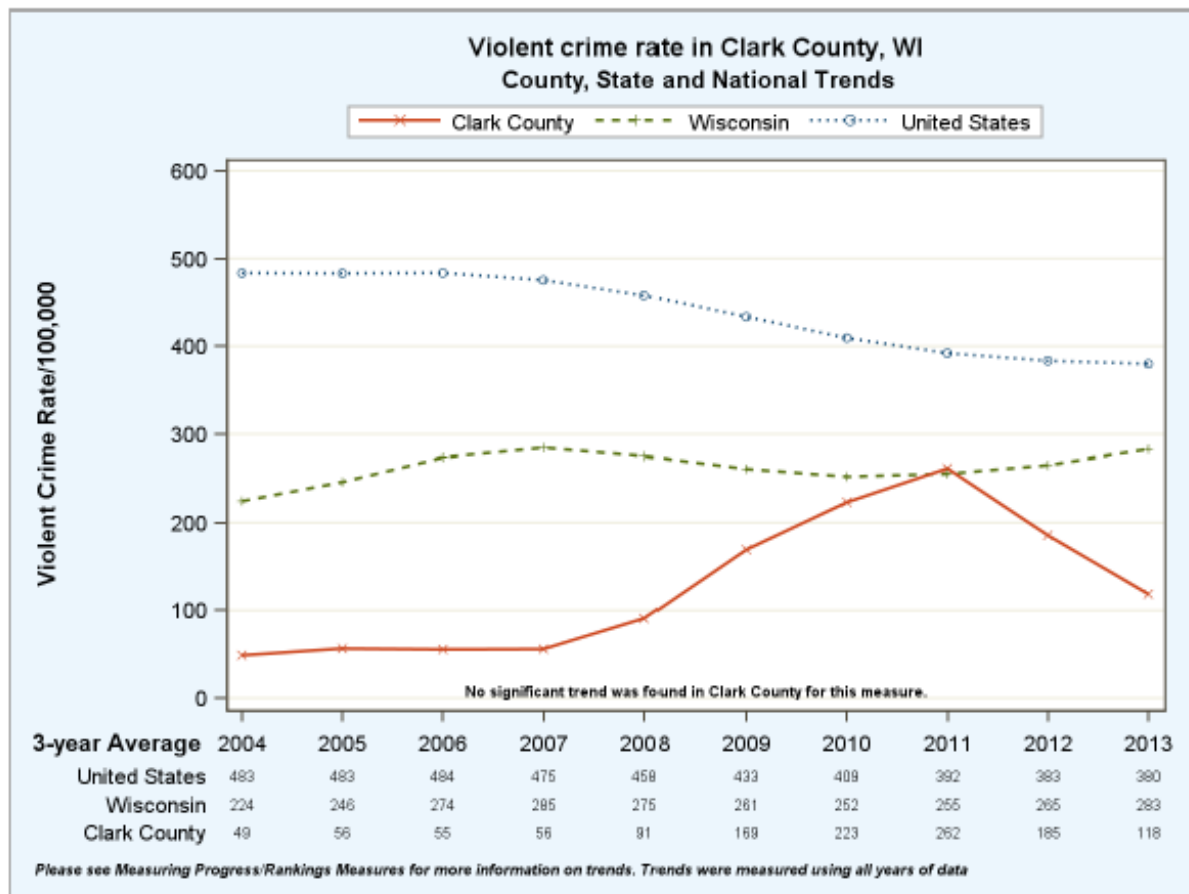
Violent Crime Rate (Per 100,000 Pop.)



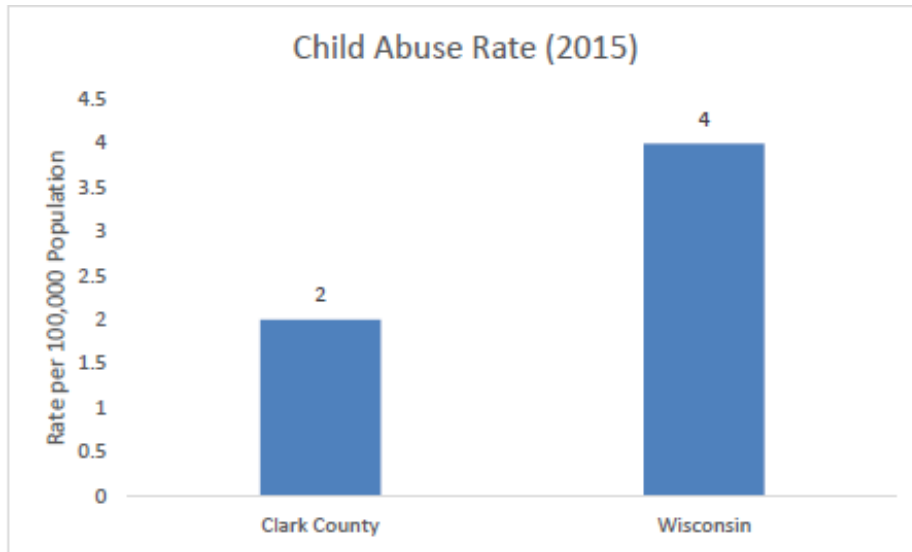
Clark County, WI (118.5)
Wisconsin (285.2)
United States (379.7)

Note: This indicator is compared with the state average.

Data Source: Federal Bureau of Investigation, *EBI Uniform Crime Reports*, Additional analysis by the *National Archive of Criminal Justice Data*. Accessed via the *Inter-university Consortium for Political and Social Research*, 2012-14. Source geography: County



Source: International Association of Chiefs of Police Uniform Crime Reporting Program, through the County Health Rankings and Roadmaps website.



Source: Wisconsin Council on Children and Families, through the County Health Rankings and Roadmaps website.

Access to Transportation

9.5% of households in Clark County do not have a vehicle. (Source: 2016 American Community Survey, U.S. Census Bureau)

Physical Environment

It is estimated that approximately 10% of health is determined by the physical environment. (See Figure 6 below.) Examples of the physical environment that affect health include air and water pollution, housing problems, and long or solo commutes, and the built environment (e.g., access to recreation facilities and fast food). Factors in the physical environment that are positive and strong can be assets in a community.

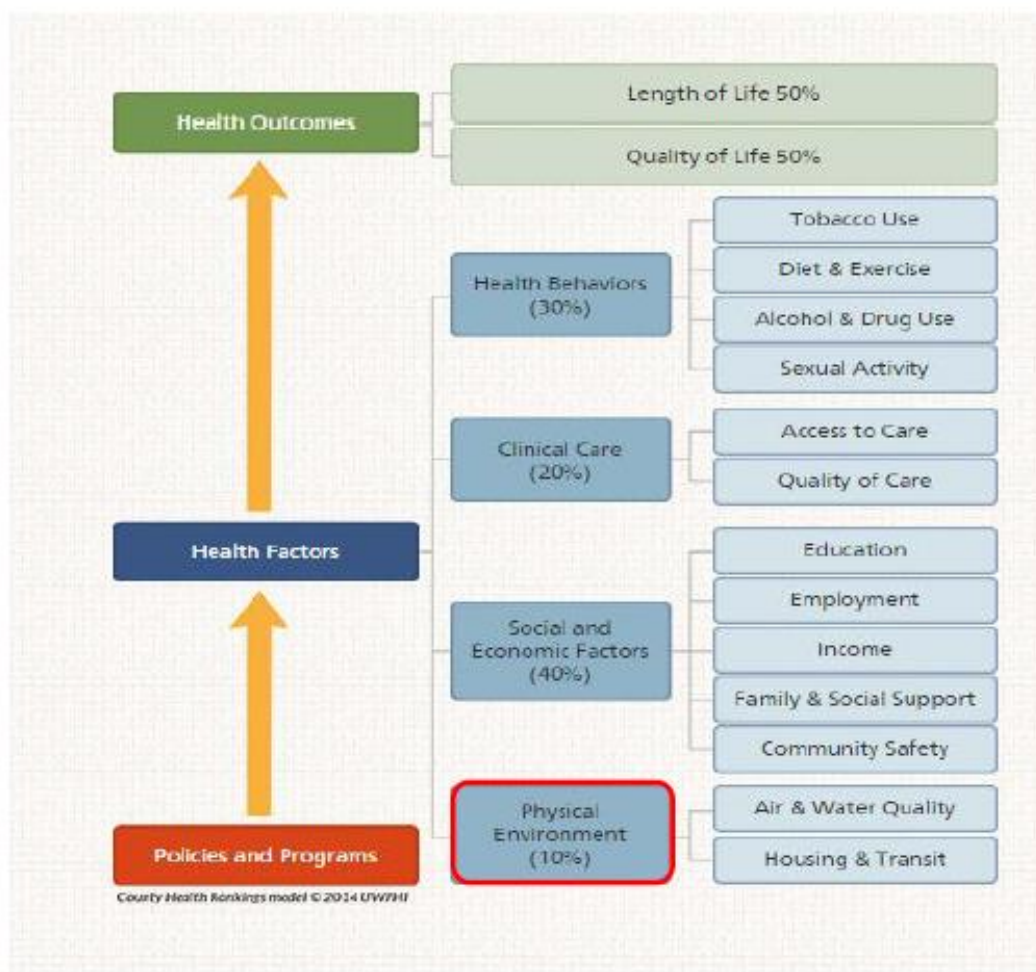


Figure 6: County Health Rankings model (2014).

KEY FINDINGS

The next few pages provide a description of Clark County's physical environment. The summary table immediately below provides an overview.

For the following factors, Clark County is ...

Better than or about the same as WI and/or the U.S.	Worse than WI and/or the U.S.
<ul style="list-style-type: none"> • Air quality – Ozone • Substandard housing • Access to fast food • Access to grocery stores • Low food access 	<ul style="list-style-type: none"> • Access to recreation and fitness facilities • Access to fluoridated water

Physical Environment – Background Information

Significance of the physical environment:

- **Built Environment:** The built environment includes human-made resources and infrastructure such as buildings, roads, parks, restaurants, and grocery stores. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments. These built environment hazards can be reduced through engineering, regulation, safe work practices and other methods. One critical aspect of the built environment is having access to healthy foods. Access to recreational facilities has a strong relationship with physical activity levels in adults and children and is linked to lower obesity levels. Increasing access to recreational facilities is one of the CDC's 24 recommended strategies to reduce obesity. (County Health Rankings; Healthiest Wisconsin 2020)

Air Quality - Ozone

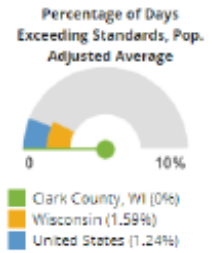
Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

[Download Data](#)

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Clark County, WI	34,690	38.27	0	0%	0%
Wisconsin	5,686,986	38.25	5.96	1.63%	1.59%
United States	312,471,327	38.95	4.46	1.22%	1.24%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#), 2012. Source geography: Tract



Housing - Substandard Housing

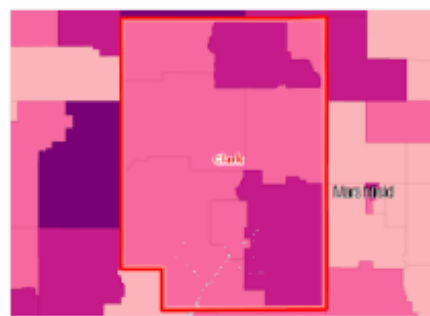
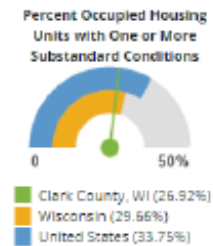
This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

[Download Data](#)

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent: Occupied Housing Units with One or More Substandard Conditions
Clark County, WI	12,732	3,427	26.92%
Wisconsin	2,310,246	685,293	29.66%
United States	117,716,237	39,729,263	33.75%

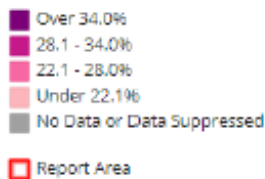
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2012-16. Source geography: Tract



[View larger map](#)

Substandard Housing Units, Percent of Total by Tract, ACS 2012-16



Food Access - Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

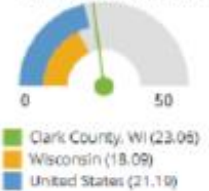
[Download Data](#)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Clark County, WI	34,690	8	23.06
Wisconsin	5,686,986	1,029	18.09
United States	312,846,570	66,284	21.19

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CBPPS](#), 2015. Source geography: County

Grocery Stores, Rate (Per 100,000 Population)



Food Access - Low Income & Low Food Access

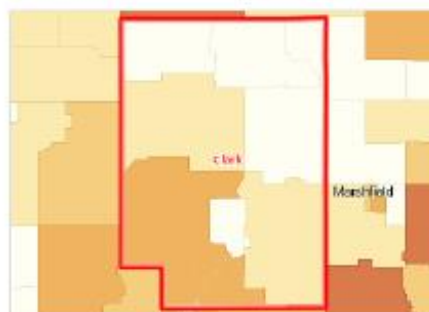
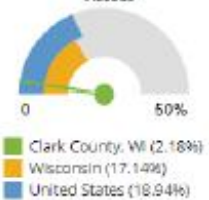
[Download Data](#)

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Clark County, WI	34,690	14,830	324	2.18%
Wisconsin	5,686,986	1,758,480	301,461	17.14%
United States	308,745,538	106,758,543	20,221,368	18.94%

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2015. Source geography: Tract

Percent Low Income Population with Low Food Access



[View larger map](#)

Population with Limited Food Access, Low Income, Percent by Tract, FARA 2015

- Over 50.0%
 - 20.1 - 50.0%
 - 5.1 - 20.0%
 - Under 5.1%
 - No Low Food Access
- Report Area

Food Access - Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

[Download Data](#)

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Clark County, WI	34,690	973	2.8%
Wisconsin	5,686,986	1,203,963	21.17%
United States	308,745,538	69,266,771	22.43%

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2015. Source geography: Tract

Percent Population with Low Food Access



Clark County, WI (2.8%)
Wisconsin (21.17%)
United States (22.43%)

Food Access - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

[Download Data](#)

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Clark County, WI	34,690	29	8.36
Wisconsin	5,686,986	4,200	7.39
United States	312,411,142	257,596	8.25

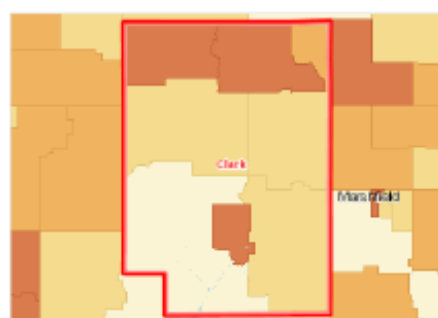
Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Food and Nutrition Service, [USDA - SNAP Retailer Locator](#). Additional data analysis by CARES, 2017. Source geography: Tract

SNAP-Authorized Retailers, Rate (Per 10,000 Population)



Clark County, WI (8.36)
Wisconsin (7.39)
United States (8.25)



[View larger map](#)

SNAP-Authorized Retailers Access, Rate per 10,000 Population by Tract, USDA 2017

Over 12.0
6.1 - 12.0
Under 6.0
No SNAP-Authorized Retailers
No Population or No Data
Report Area

Recreation and Fitness Facility Access

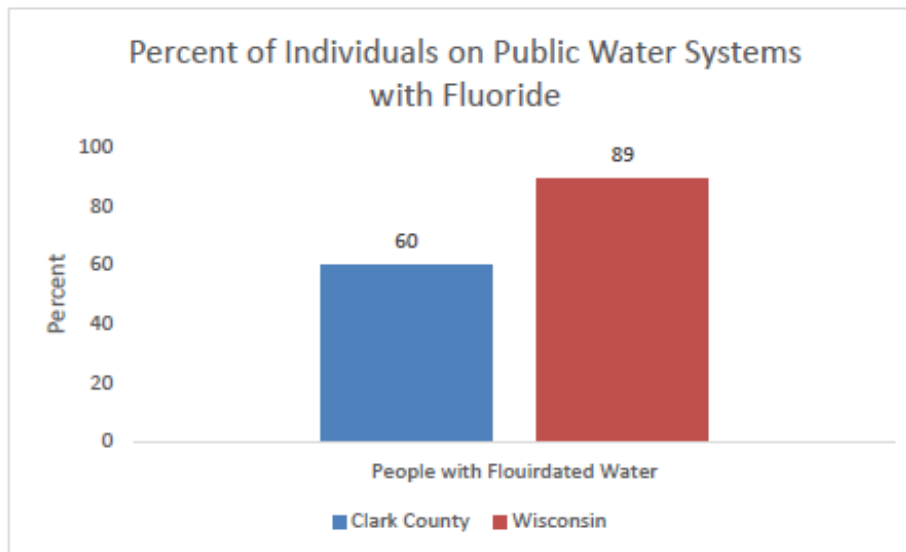
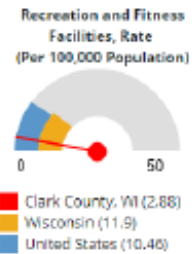
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

[Download Data](#)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Clark County, WI	34,690	1	2.88
Wisconsin	5,686,986	677	11.9
United States	312,846,570	32,712	10.46

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CABES](#), 2013. Source geography: County



Source: 2017 Clark County Environmental Health Profile report. <https://www.dhs.wisconsin.gov/publications/p0/p00719-clark.pdf>

APPENDICES

Appendix A: Clark County Youth Risk Behavior Survey Results
 CLARK COUNTY HIGH SCHOOLS AND MIDDLE SCHOOLS – 2018 YRBS DATA & COMPARISON REPORT

YRBS = Youth Risk Behavior Survey

YRBS High School Respondents	
Grade Level	2018
9th	277
10th	32
11th	215
12th	1
Other	2
Declined to answer	0
Total	527

YRBS Middle School Respondents	
Grade Level	2018
6th	1
7th	294
8th	234
Other	-
Declined to answer	1
Total	530

Data in Purple = High Schoolers
 Data in Blue = Middle Schoolers

TRAFFIC SAFETY				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who rode one or more times during the 30 days before the survey in a car or other vehicle driven by someone who had been drinking alcohol.	18.7	20.7	24.1	17.4
Percentage of students who have ridden in a car driven by someone who was drinking alcohol.	29.7	29.0	31.7	-
VIOLENCE-RELATED BEHAVIORS				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who did not go to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.	9.8	4.2	6.7	-
Percentage of students who have not gone to school because they felt unsafe on their way to or from school.	5.3	9.0	7.2	-
BULLYING				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who were bullied on school property during the 12 months before the survey.	36.6	27.3	30.8	24.2
Percentage of students had been electronically bullied, including being bullied through e-mail, chat rooms, instant messaging, web sites, or texting, during the 12 months before the survey.	22.3	15.8	18.5	-
Percentage of students who have been electronically bullied.	27.4	24.8	26.3	-

SELF HARM				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who did something to purposefully hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the past 12 months.	18.2	11.2	14.7	16.6
DEPRESSION & SUICIDE				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017* WI Results
	%	%	%	%
Among distressed students, the percent who most of the time or always get the help they need.	26.5	-	-	28.1
Percentage of students who felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey	23.6	20.5	23.1	27.0
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities.	26.9	19.4	19.2	-
Percentage of students who seriously considered attempting suicide during the 12 months before the survey.	14.5	11.2	11.8	16.4
Percentage of students who have seriously thought about killing themselves.	20.0	16.1	13.2	-
Percentage of students who attempted suicide one or more times during the 12 months before the survey.	6.3	2.7	4.1	7.8
Percentage of students who have attempted suicide.	7.0	5.7	1.2	-

TOBACCO USE				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who have tried cigarette smoking.	11.2	10.1	5.4	-
Percentage of students who smoked cigarettes on at least 1 day during the 30 days before the survey.	11.4	10.1	8.9	7.8
Percentage of students who have used electronic vapor product during the past 30 days.	23.5	-	-	11.6
Percentage of students who used chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey.	9.2	7.3	7.9	-
Percentage of students who used electronic cigarettes or e-cigs in the past 30 days.	11.1	5.5	7.0	-
ALCOHOL USE				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who drank alcohol (other than a few sips) for the first time before age 13 years.	19.1	17.4	23.8	15.5
Percentage of students who have had a drink of alcohol, other than a few sips.	29.5	25.7	22.8	-
Percentage of students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey.	31.4	25.5	27.0	30.4
Percentage of students who drank alcohol during the last 30 days, other than a few sips.	10.0	6.9	4.2	-
Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least 1 day during the 30 days before the survey.	15.8	15.0	13.7	16.4
Percentage of students who have had 5 or more drinks of alcohol in a row (binge drinking) during the past 30 days.	4.5	1.8	0.6	-

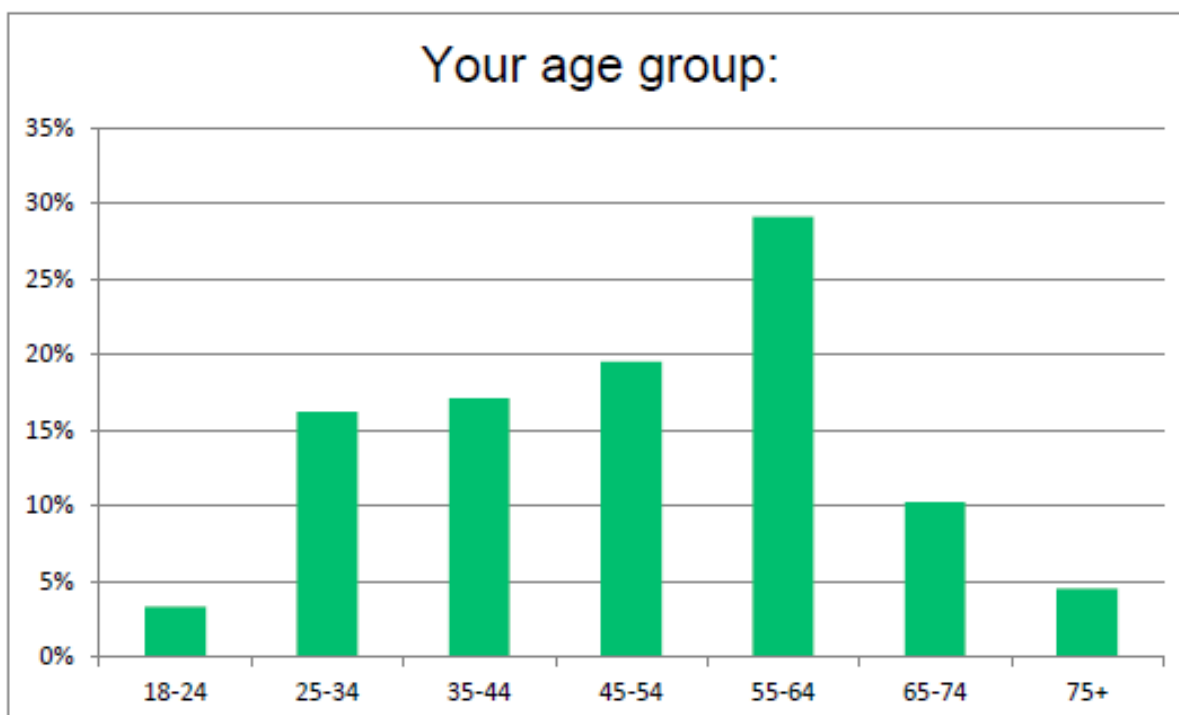
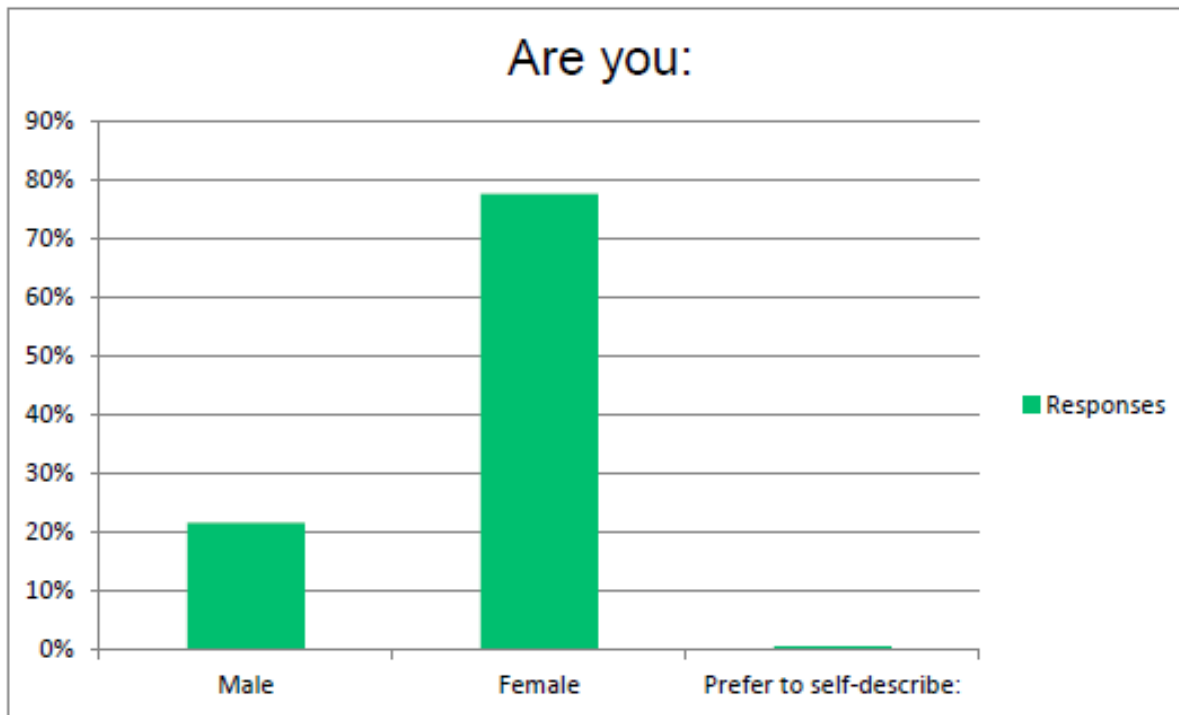
MARIJUANA USE				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who used marijuana one or more times during the 30 days before the survey.	7.4	7.1	5.6	16.0
Percentage of students who have used marijuana at least once in their life.	4.0	4.2	0.6	-
OTHER DRUG USE				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017* WI Results
	%	%	%	%
Percentage of students that have taken prescription pain medication without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life).	7.4	-	-	11.2
SEXUAL BEHAVIOR				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who described themselves as gay, lesbian, bisexual, or not sure.	6.5	7.9	8.0	9.8

EATING HABITS				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who drank a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least 1 time per day during the seven days before the survey.	16.1	15.8	23.1	15.3
Percentage of students who had a drink that was high in caffeine (including coffee, espresso, or energy drinks (such as Red Bull, Monster, or Rockstar)) during the past 7 days.	8.4	-	-	10.1
PHYSICAL ACTIVITY				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the 7 days before the survey.	65.5	68.1	64.1	48.7
Percentage of students who have increased their physical activity to lose weight or to keep from gaining weight.	52.3	-	-	-
OTHER HEALTH ISSUES				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who saw a dentist during the 12 months before the survey.	77.9	-	-	78.9
Percentage of students who got 8 or more hours of sleep (on an average school night).	38.5	-	-	25.6
Percentage of students who report having at least one teacher or adult in their school that they can talk to if they have a problem.	65.1	69.6	66.8	71.6

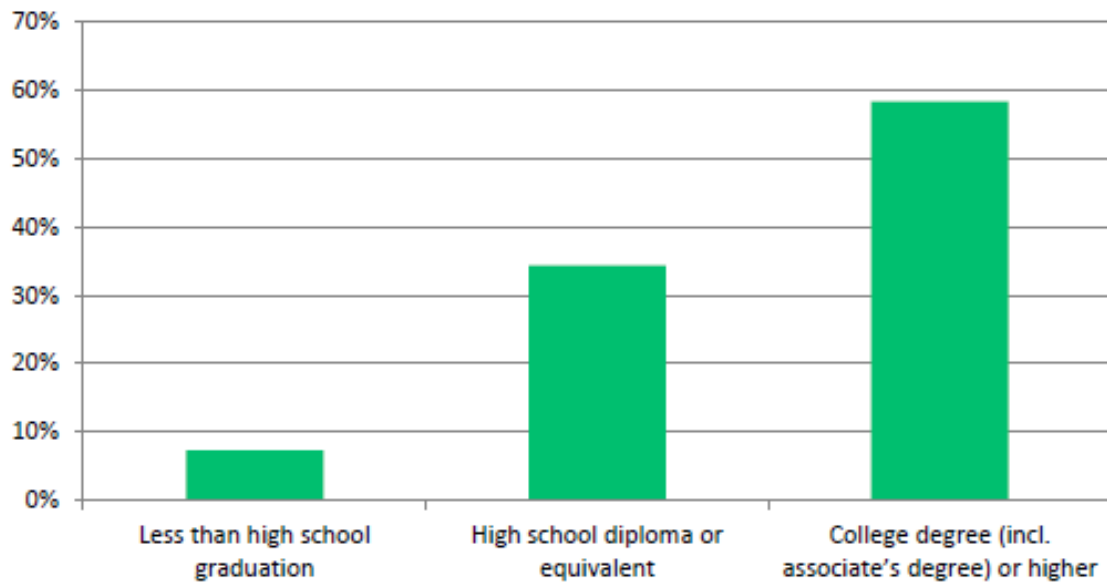
Percentage of students who report having at least one teacher or adult in their school that they can talk to if they have a problem.	73.6	71.3	73.1	-
Percentage of students who feel like they belong at school.	68.0	74.3	84.4	-
HEALTH STATUS				
Question	2018 Clark County Results	2016 Clark County Results	2014 Clark County Results	2017 WI Results
	%	%	%	%
Percentage of students who have had significant problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen (during the 12 months before the survey).	34.7	-	-	39.9

Appendix B: Clark County Community Survey Results 2018

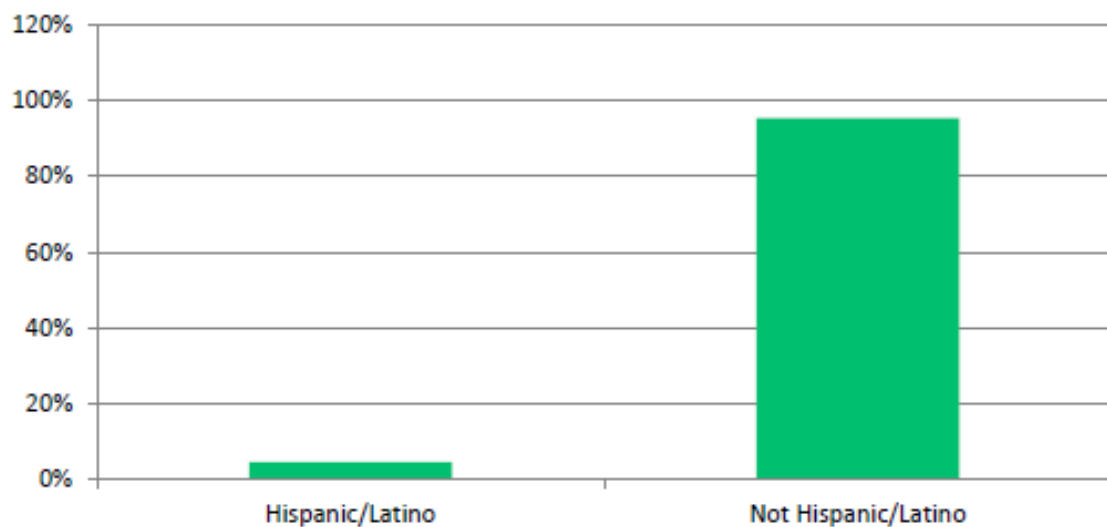
A community survey was conducted in Summer 2018. Nearly 400 individuals completed the survey. The survey was available online as well as on paper in a variety of settings. A subset of the results are provided here.



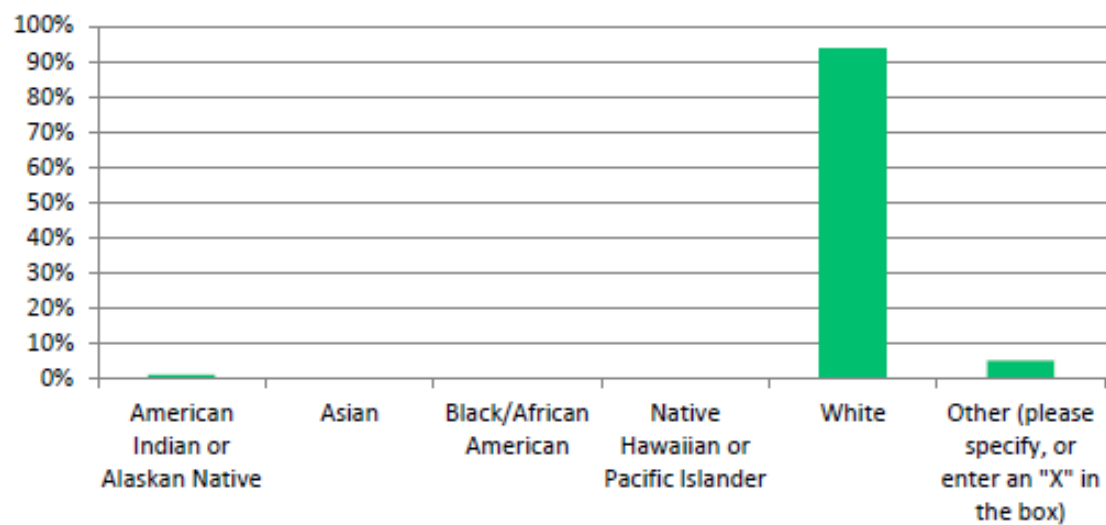
Your highest education level:



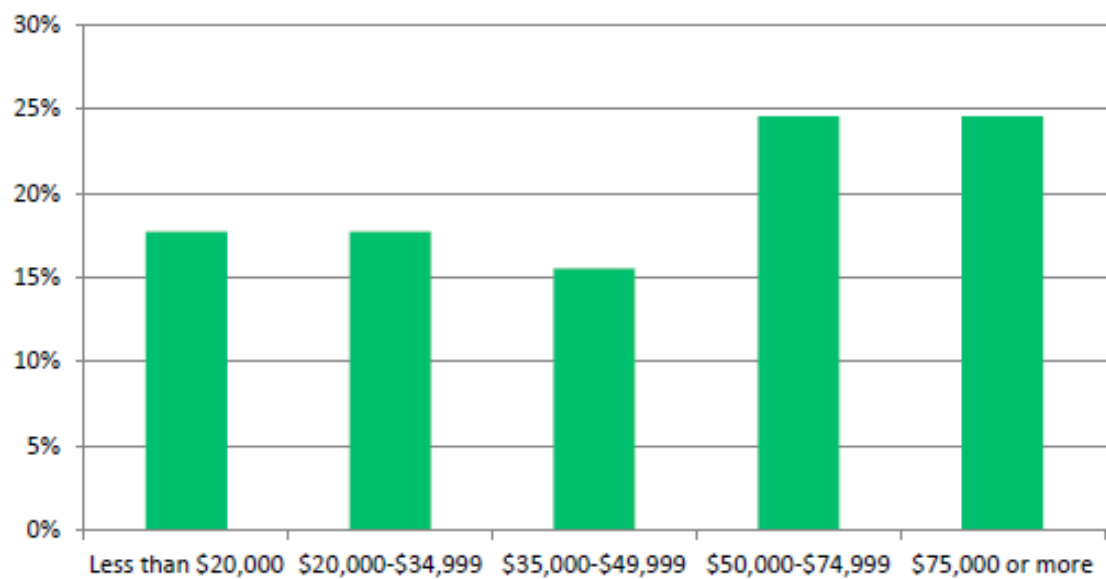
Which of the following best describe your ethnicity?



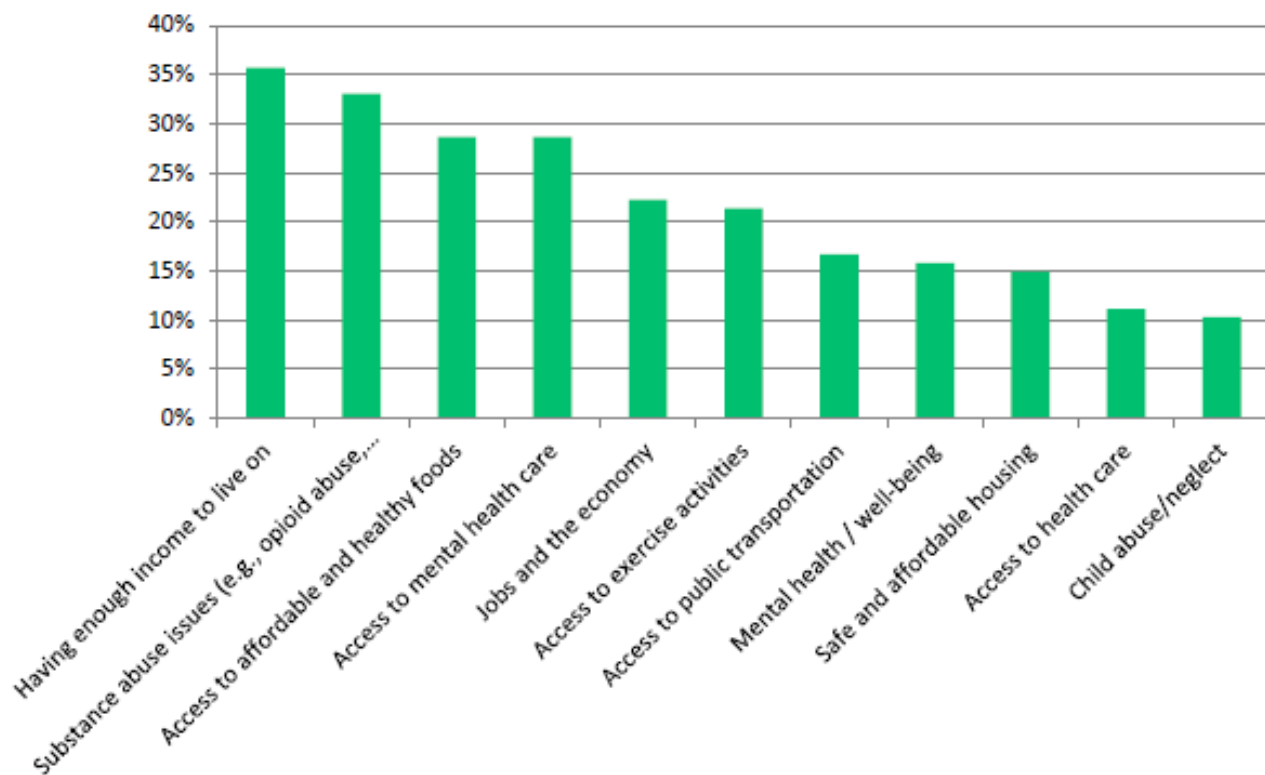
Which of the following best describes your race?



Household income per year:



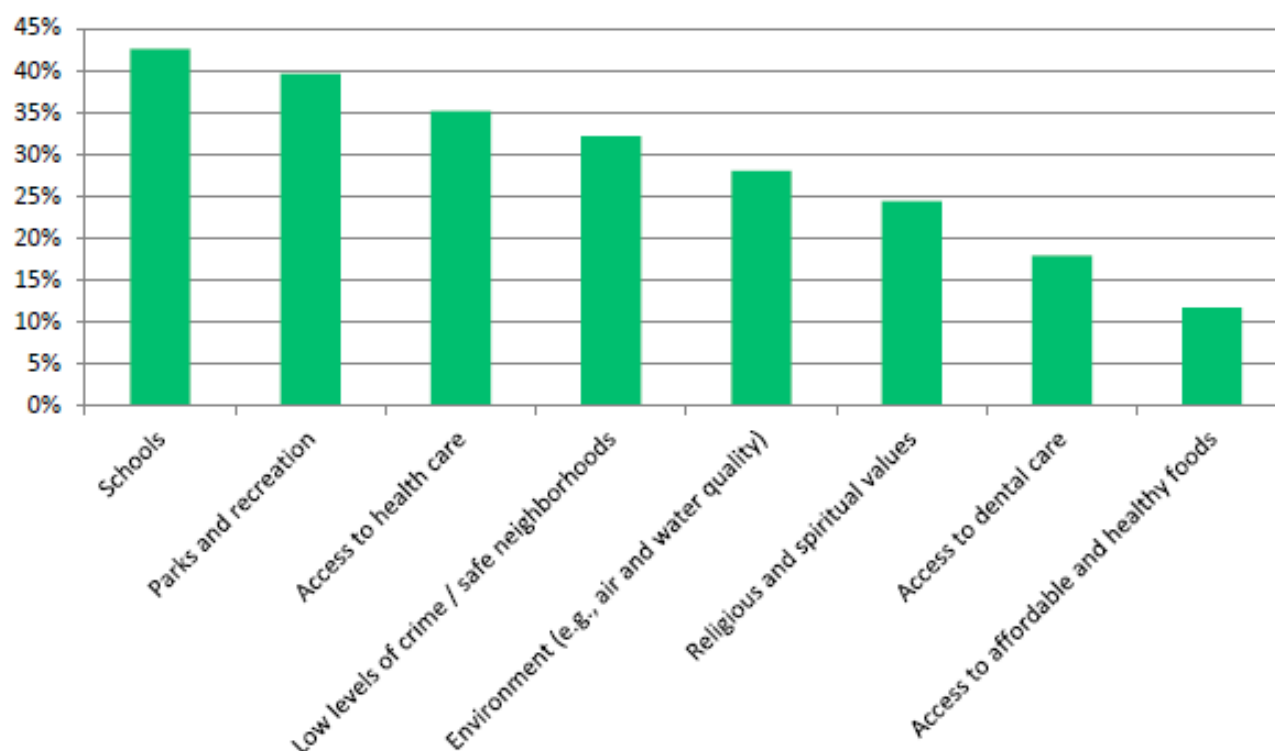
What are the THREE greatest areas needing improvement in your community?



Responses for which less than 10% of respondents selected:

- Family issues (divorce, parenting)
- Age-related health concerns / Ability to age in place
- Access to dental care
- Schools
- Parks and recreation
- Arts and cultural events
- Social or community support
- Environment (e.g., air and water quality)
- Religious and spiritual values
- Crime / unsafe neighborhoods
- Domestic violence
- Other
- Discrimination and harassment (e.g., racism, sexism, ageism)
- Race/ethnic relations

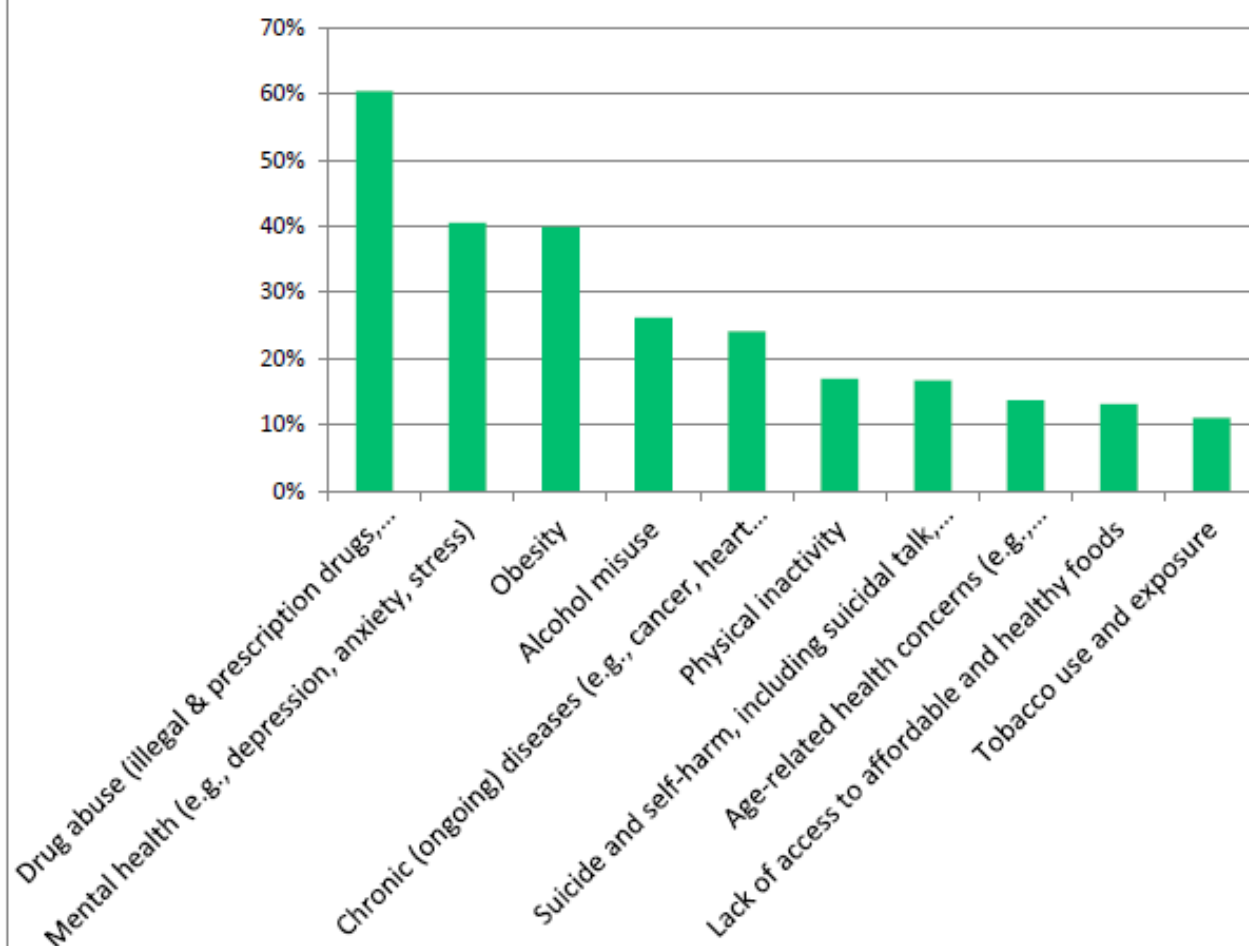
What are the THREE greatest strengths of your community?



Responses for which less than 10% of respondents selected:

- Jobs and the economy
- Social or community support
- Arts and cultural events
- Safe and affordable housing
- Low levels of discrimination and harassment (e.g., racism, sexism, ageism)
- Access to exercise activities
- Age-related health concerns / Ability to age in place
- Access to public transportation
- Low levels of child abuse/neglect
- Access to mental health care
- Families (few divorces, parenting)
- Having enough income to live on
- Low levels of domestic violence
- Mental health / well-being
- Race/ethnic relations
- Other
- Low levels of substance abuse (e.g., opioid abuse, alcohol misuse)

What are the **THREE** issues that concern you the most about the overall health of people in your community?



Responses for which less than 10% of respondents selected:

- Poor oral health
- Violence (e.g., murder, in-home violence, child abuse)
- Lack of sleep
- Injuries (e.g., accidents, falls, drownings, motor vehicle crashes)
- Sexual and reproductive health (e.g., unhealthy pregnancy, unwanted pregnancy)
- Environmental health (e.g., safe air, safe water, safe housing)
- Other
- Occupational health / dangers or risks at work (e.g., injuries while on the job, toxic chemicals)
- Sexually transmitted infections (e.g., chlamydia, gonorrhea, HIV/AIDS)
- Contagious disease (e.g., hepatitis, tuberculosis)
- Infant death

APPENDIX D: CLARK COUNTY HEALTH RANKINGS & ROADMAPS DATA

County Health Rankings & Roadmaps

Building a Culture of Health, County by County



Robert Wood Johnson Foundation

Clark (CL) 2019 Rankings

County Demographics

	County	State
Population	34,679	5,795,483
% below 18 years of age	29.4%	22.1%
% 65 and older	16.4%	16.5%
% Non-Hispanic Black	0.5%	6.3%
% American Indian & Alaska Native	0.7%	1.2%
% Asian	0.4%	2.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	4.8%	6.9%
% Non-Hispanic White	92.9%	81.3%
% not proficient in English	2%	1%
% Females	49.5%	50.3%
% Rural	91.7%	29.8%
Male population 0-17 *	5,193	656,000
Male population 18-44 *	5,409	1,004,204
Male population 45-64 *	4,425	781,937
Male population 65+ *	2,794	432,330
Total male population *	17,821	2,874,471
Female population 0-17 *	4,894	626,656
Female population 18-44 *	4,883	969,103
Female population 45-64 *	4,167	789,101
Female population 65+ *	3,107	519,498
Total female population *	17,051	2,904,358
Population growth *	1%	2%

	Clark County	Error Margin	Top U.S. Performers ^	Wisconsin	Rank (of 72)
Health Outcomes					18
Length of Life					25
Premature death	5,900	5,000-6,800	5,400	6,300	
Quality of Life					13
Poor or fair health **	15%	14-15%	12%	15%	
Poor physical health days **	3.6	3.4-3.8	3.0	3.6	
Poor mental health days **	3.7	3.5-3.9	3.1	3.8	
Low birthweight	5%	4-6%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.4	78.5-80.3	81.0	79.5	
Premature age-adjusted mortality	300	270-330	280	310	
Child mortality	40	20-60	40	50	
Infant mortality	6	4-9	4	6	
Frequent physical distress	11%	11-11%	9%	11%	
Frequent mental distress	12%	11-12%	10%	12%	
Diabetes prevalence	9%	6-11%	9%	9%	
HIV prevalence	37		49	122	
Communicable disease *	680			1,033	
Self-inflicted injury hospitalizations *	36	22-50		49	
Cancer incidence *	469	439-500		468	
Coronary heart disease hospitalizations *	4.3			2.8	
Cerebrovascular disease hospitalizations *	2.7			2.5	

Health Factors					61
Health Behaviors					53
Adult smoking **	17%	16-18%	14%	17%	
Adult obesity	33%	28-39%	26%	31%	
Food environment index	8.8		8.7	8.8	
Physical inactivity	24%	18-30%	19%	20%	
Access to exercise opportunities	47%		91%	86%	
Excessive drinking **	24%	23-25%	13%	26%	
Alcohol-impaired driving deaths	43%	35-51%	13%	36%	
Sexually transmitted infections	165.5		152.8	466.0	
Teen births	16	13-18	14	18	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	10%		9%	11%	
Limited access to healthy foods	1%		2%	5%	
Drug overdose deaths			10	18	
Motor vehicle crash deaths	19	14-25	9	10	
Insufficient sleep	30%	28-31%	27%	32%	
Smoking during pregnancy *	9%			12%	
Drug arrests *	33			29,106	
Opioid hospital visits *	273	218-328		469	
Alcohol-related hospitalizations *	1.1			2.1	
Motor vehicle crash occupancy rate *	33			53	
On-road motor vehicle crash-related ER visits *	415	367-463		696	
Off-road motor vehicle crash-related ER visits *	108	83-132		78	
Clinical Care					72
Uninsured	18%	16-20%	6%	6%	
Primary care physicians	2,880:1		1,050:1	1,250:1	
Dentists	2,480:1		1,260:1	1,470:1	
Mental health providers	2,890:1		310:1	530:1	
Preventable hospital stays	4,687		2,765	3,971	
Mammography screening	47%		49%	50%	
Flu vaccinations	35%		52%	52%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	17%	15-19%	6%	7%	
Uninsured children	20%	16-25%	3%	4%	
Other primary care providers	1,927:1		726:1	964:1	
Childhood immunizations *	43%			73%	
Social & Economic Factors					33
High school graduation	96%		96%	89%	
Some college	42%	40-45%	73%	69%	
Unemployment	3.1%		2.9%	3.3%	
Children in poverty	19%	13-25%	11%	15%	
Income inequality	3.7	3.5-3.9	3.7	4.3	
Children in single-parent households	20%	18-23%	20%	31%	
Social associations	14.8		21.9	11.6	
Violent crime	48		63	298	
Injury deaths	66	54-78	57	77	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	14%	11-17%	4%	5%	
Median household income	\$49,700	\$47,400-52,000	\$67,100	\$59,300	
Children eligible for free or reduced price lunch	48%		32%	37%	
Residential segregation - Black/White	55		23	77	
Residential segregation - non-white/white	33		15	56	
Homicides			2	3	
Firearm fatalities	7	4-12	7	10	
Reading proficiency *	38%			48%	
W-2 enrollment *	10			8,331	
Poverty *	12%	9-15%		11%	
Older adults living alone *	27%			29%	
Hate crimes *				1	
Child abuse *	4			4	
Injury Hospitalization Rate *	492	419-566		457	
Fall fatalities 65+ *	65	27-103		136	
Physical Environment					10

Air pollution - particulate matter **	7.9		6.1	8.6
Drinking water violations	No			
Severe housing problems	15%	14-16%	9%	15%
Driving alone to work	73%	72-75%	72%	81%
Long commute - driving alone	27%	25-29%	15%	27%
Additional Physical Environment (not included in overall ranking)				
Homeownership	78%	77-78%	80%	67%
Severe housing cost burden	10%	9-11%	7%	13%
Year structure built *	35%			25%

* 10th/90th percentile, i.e., only 10% are better.

* Data supplied on behalf of state

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

APPENDIX E: REFERENCES

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