

Price County  
*Community*  
Health Needs Assessment

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2022 - 2024

# Welcome

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At the start of our 2019-2022 Community Health Needs Assessment, Jim Braun as the then Chief Administrative Officer of Flambeau Hospital and myself wrote about an optimism we shared for our Price County community and the way it embraced a fellowship with others, and harbored common goals for a healthy and vibrant community.

We could not have anticipated a worldwide pandemic would upend our expectations. Hardship has marked the last few years in Price County and has left few unscathed. The pandemic created challenges related to access of services, whether education, food security or elder care. We have seen distinctly different perspectives emerge on opposite sides of many issues.

Through this, the Public Health Department has persisted, aiming to provide the best of services that remove obstacles for health equity.

This document represents a continued investment in the people of Price County. It demonstrates an inclusive process of listening to both the people we serve, the groups that collaborate with us to provide services and the general tax paying public in order to identify community health needs and to strategize localized activity that improves health.

Our priorities remain consistent from past plans. We will address Alcohol and Substance Abuse, Behavioral Health and Chronic Disease.

In this snapshot of time, the future feels uncertain and challenges abound, so we look to our mission to guide us. Price County Public Health aims to be “leaders in promoting, protecting, and preserving the health and well-being of Price County citizens through partnerships with people and community.” In our over hundred year history as a health department, we have faced hard things before and so we will again. Our community is resilient and the accompanying Community Health Improvement Plan demonstrates a commitment to working through the issues of the day in order to serve this community.

We hope you will partner with us. The future will be bright with persistence, willpower and continued collaboration.

*Michelle Edwards*

**Michelle Edwards**

Price County Public Health • Health Officer



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## **Price County Public Health Division Mission Statement:**

Leaders in promoting, protecting, and preserving the health and well-being of Price County citizens through partnerships with people and community.

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# Price County Public Health Department *Overview*

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Public Health boasts a long tradition in Price County. In 1913 State of Wisconsin legislators authorized local county leadership the right to hire public health nurses who could serve the local school, explicitly serve the poor, educate the general public on wide-spread health issues of the day, and otherwise answer to the local county board in order to meet the community's health needs. In 1919 state legislators affirmed the work of these determined professionals by mandating that at least one be hired in each county over the course of the next two years.

Price County jumped at the opportunity, naming Ernestine Kandel as the first County Health Nurse just two months after the legislation passed. Immediately she set out to visit all the schools and mothers groups in the county, assessing their ailments and referring them to the doctor and dentist when necessary. Her expectations were so diverse and numerous that her role eventually split into positions now held by professionals in our modern day Health and Human Services Department, the Department of Veterans Affairs and the local school districts.

Despite the changes to the position description of the first county health nurse, Price County Public Health professionals continue today to monitor and diagnose the health concerns of the community and to promote healthy practices and behaviors to ensure that populations stay healthy. Their efforts have been front and center during the coronavirus pandemic that has gripped our world for nearly three years, but this emergency response was just one of their myriad responsibilities. Public Health offers a variety of programs such as communicable disease prevention, environmental health, and maternal and child health to name a few.

With a mission of being “leaders in promoting, protecting, and preserving the health and well-being of Price County citizens through partnerships with people and community,” Price County Public Health aims to understand the social determinants of health and eliminate barriers to healthy living. These determinants underscore our daily activities, often influence or even predispose our choices, and as a result, shape our health outcomes. So while the role of County Nurse has changed in 100 years, caring for public health remains an important and colossal job.

## Price County Public Health Datapoints

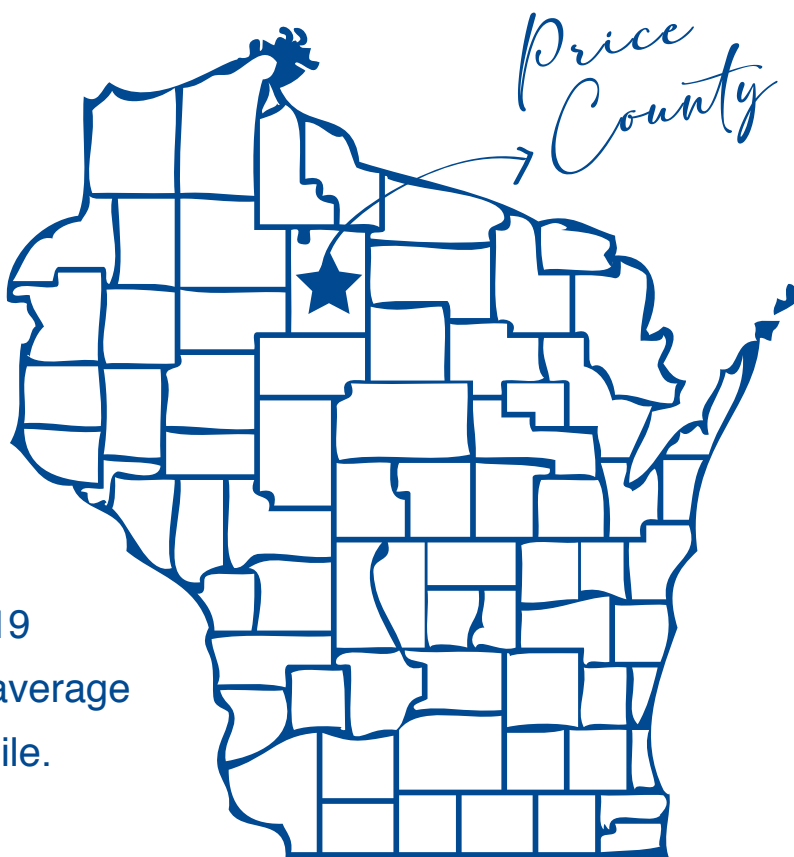
- ▶ Public Health, as a unit of Health and Human Services, has a primary office in Phillips, accessible Monday thru Friday, with satellite offices in Park Falls and Prentice.
- ▶ The Public Health unit employs approximately 10 people, including a Health Officer, nurses, a dietician, program coordinator and administrative support.

# PRICE COUNTY

Our “community served” was defined as Price County because (a) most community health data is available at the county level; (b) most of our assessment partners define their service area at the county level; (c) Price County includes the majority of our service area, although we do serve clients beyond Price County under some circumstances.

Price County is geographically the sixth largest county in the state. It includes two cities, three villages and 17 townships. The major industries are manufacturing and engineering, farming and forestry and construction. Additional industries include tourism, government services and health care.

Price County had a total population of 13,351 in 2019 and is 100% rural with on average 11.3 persons per square mile.



# Demographic Profile of Price County



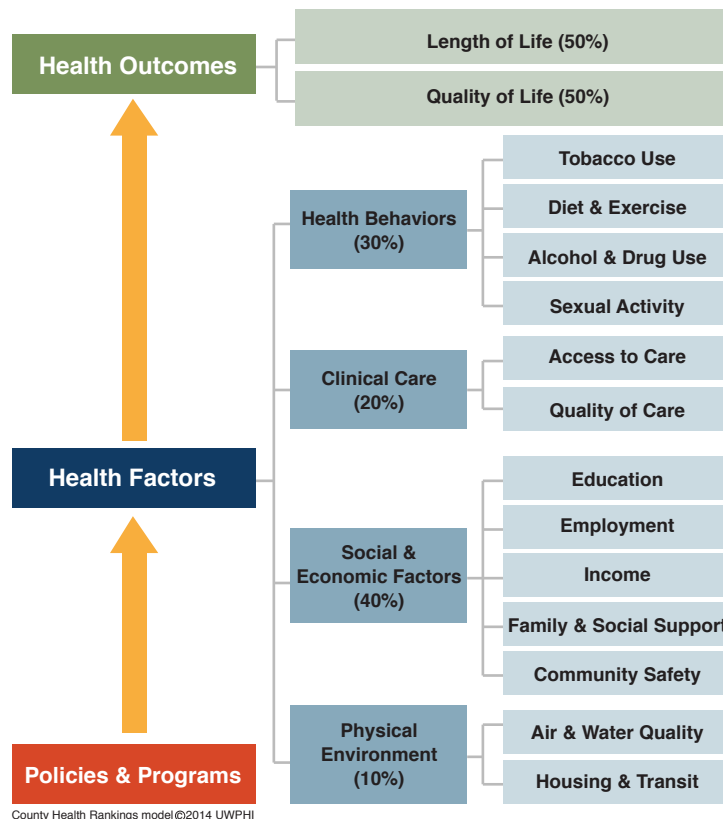
Price County Demographics, U.S. Census, 2019	P. C.	WI	US
<b>Total Population</b>	13,351	5,822,434	328,239,523
<b>Percent Population by AGE</b>			
Persons under 5 years	4.4%	5.7%	6.0%
Persons under 18 years	17.9%	21.8%	22.3%
Persons 65 years and over	26.9%	17.5%	16.5%
<b>Percent Population by SEX</b>			
Male Persons	51.1%	49.8%	49.2%
Female Persons	48.9%	50.2%	50.8%
<b>Percent Population by Race</b>			
White Alone, not Hispanic or Latino	95.2%	87%	60.1%
Hispanic or Latino	1.9%	7.1%	18.5%
American Indian and Alaska Native Alone	0.8%	1.2%	1.3%
Black or African American alone	0.7%	6.7%	13.4%
Asian Alone	0.7%	3.0%	5.9%
Native Hawaiian and Other Pacific Islander	0.9%	0.1%	0.2%
Two or more races	1.6%	2.0%	2.0%
Language other than English spoke at home	3.5%	8.7%	8.7%
<b>EDUCATION</b>			
High school graduate or higher	91.8%	92.2%	88.0%
Bachelor's degree or higher	16.5%	31.0%	32.1%
<b>INCOME</b>			
Median household income, 2015-2019	\$47,956	\$61,747	\$62,843
Persons in poverty	14.9%	10.4%	10.5

# A Strategy for Improving Community Health

## Overview

Every three years, Price County Public Health engages with community partners in community health improvement planning and processes (CHIPP). There are two key elements of CHIPP, including a community health needs assessment (CHNA) and an implementation strategy or community health improvement plan (CHIP). CHIPP is a collaborative effort including the voices of many community organizations and individuals who share a vision to improve community health.

The CHNA includes collecting current data on health trends, analyzing the data to identify and prioritize health issues that most closely affect our community, and choosing strategies to help alleviate these needs. The identified goals and strategies are outlined and documented in the CHIP.



CHIPP follows national best practices and relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing in particular the determinants of health model and the model for community health improvement. The Wisconsin Guidebook on Improving the Health of Local Communities (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program) serves as an additional resource. This guidebook builds on the County Health Rankings and Roadmaps' Action Center.

Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities thrive:

- ▶ Build and enhance community collaborations to effectively address health issues
- ▶ Acknowledge the forces that shape health outcomes (e.g., social and economic determinants)
- ▶ Focus efforts on target populations with a disparate health burden
- ▶ Leverage the powerful impact of policy and system-based approaches on change
- ▶ Utilize scientifically supported evidence-based strategies for greatest impact
- ▶ Identify and track specific, measurable performance indicators for continuous evaluation

## Collaboration with Marshfield Clinic Health System, Inc. and Affiliates



With public health resources acutely tied up in pandemic efforts, the bulk of the Price County needs assessment and prioritization process was administered by partners at Marshfield Clinic Health System (MCHS) Center for Community Health Advancement (CCHA) with extensive guidance, collaboration and input from Public Health. This process began in January 2021 and completed in December 2021.

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc. (MCHS) was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

MCHS operates a hospital, Marshfield Medical Center - Park Falls (MMC-Park Falls), in Price County. Located in Park Falls, the 25-bed critical access hospital offers a wide range of advanced care services including:

- ▶ 24-hour emergency services staffed by board certified emergency physicians.
- ▶ Imaging and lab, pharmacy and more.
- ▶ Licensed critical care transport ambulances to serve patients in Minocqua and Park Falls staffed 24/7 with critical care level paramedics and nurses.

CCHA enrich lives by addressing health priorities in our communities. This team of health educators, community health experts and volunteers regularly partner with coalitions, businesses, counties, schools and more to address specific health needs.

In January 2021 CCHA convened a group of MCHS employees on a team they called the Community Benefits Workgroup (CBW)-Park Falls. This group was chaired by the Chief Administrative Officer (CAO) of MMC-Park Falls and included additional hospital leadership chosen for their commitment to guide community efforts to improve health.

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## Planning Process and Timeline

The CBW-Park Falls utilized key contacts introduced to them with assistance from Public Health, to distribute a community health survey throughout the community and specifically to underrepresented groups in March and April 2021. From April to May 2021, they completed key informant interviews with stakeholders in Price County. Public Health collaborated during this process by ensuring the work group had connections to ample and diverse voices for the interviews. Primary and secondary data collection concluded by July 2021. The CBW-Park Falls convened in August 2021 to prioritize the community health needs identified in these surveys and interviews and upon review of secondary data from various sources. These results were shared with Public Health, which agreed with the findings.



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## Primary Data Collection

### *Community Health Assessment Survey*

Primary data collection began with a community health survey in March 2021. An electronic survey was widely distributed with leadership from the Marshfield Clinic Health System (MCHS) Center for Community Health Advancement (CCHA), leaning on connections created by Public Health to member groups of the Price County Alcohol and Other Drug Abuse/Mental Health Coalition and the Price County Health and Wellness Coalition to increase the reach of the survey. An abbreviated hard copy version of the electronic survey was created for residents with limited access to the internet and distributed at food pantries and libraries across Price County.

The survey asked residents to evaluate fourteen health needs based on the Wisconsin Department of Health Services Health Plan, Healthy People, Healthiest Wisconsin 2020, and include: mental health, substance use, alcohol misuse, chronic disease prevention and management, obesity, physical activity, injury and violence prevention, healthy nutrition, healthy growth and development, communicable disease prevention and control, tobacco use and exposure, oral health, reproductive and sexual health, and environmental and occupational health. In an effort to further understand the conditions that affect a wide range of health, functioning and quality-of-life outcomes and risks, a series of questions related to social determinants of health (SDOH) were included and further analyzed.

The survey collected 305 responses between March through April 2021 from Price County residents. Overall, respondents tended to be white, female and between the ages of 55-64. 12.75% of survey respondents are retired and less than 2% of survey respondents said they were unemployed, disabled.

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## Key Information Interviews

Key informant interviews are in-depth, qualitative interviews with individuals who understand a community or specific population group. The purpose of these interviews is to collect information from a wide range of individuals who have first hand knowledge about the community and/or population groups. These individuals can include, for example, residents, professionals, elected officials and faith leaders.

For this assessment, key informant interviews were conducted via WebEx video conferencing in observance of COVID-19 pandemic safety protocols. Twenty potential key informants across Price County were identified by Public Health for the Community Benefits Workgroup (CBW)-Park Falls and invited to complete an interview. Of these, ten accepted the invitation, and the resulting insights were compiled into a summary report. See Appendix A for the Key Informant Interview Questions and Summary Report.



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## Secondary Data Collection

Local secondary quantitative health data was compiled from a variety of sources based on recommendations from the Wisconsin Association of Local Health Departments and Boards (WALHDAB).

Data was drawn from a variety of sources including (but not limited to):

- ▶ US Census Bureau, American Community Survey,
- ▶ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System,
- ▶ United Way Reports,
- ▶ Wisconsin Department of Public Instruction,
- ▶ Wisconsin Department of Justice,
- ▶ Wisconsin Department of Health Services, Healthy People & Healthiest Wisconsin 2020,
- ▶ Additional public sources.

To best understand common themes and patterns in the data, it was organized into categories including: demographics, mortality, morbidity, various health behaviors (including physical activity and nutrition, tobacco use and others), clinical care, social and economic factors and the physical environment.

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## Criteria

In August 2021, the Community Benefits Workgroup (CBW) - Park Falls met to review the collected primary and secondary data and to prioritize the health needs of the community. They used the following criteria:

- ▶ Identification of a health disparity in the data
- ▶ Scope or severity of the problem
- ▶ Feasibility of known interventions with proven impact
- ▶ Momentum and commitment from the community for change
- ▶ Unanswered gaps of service around the health priority

After completing this extensive review, CBW-Park Falls identified Alcohol and Substance Abuse, Behavioral Health, Chronic Disease and Social Determinants of Health as the top community health priorities of Marshfield Medical Center-Park Falls.



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## Prioritization Process

Price County Public Health took the results of the Community Benefit Workgroup-Park Falls to the membership of the executive committees of the Price County Alcohol and Other Abuse (AODA)/Mental Health Coalition and the Price County Health and Wellness Coalition to further solicit community member input. These member groups each represent a variety of organizations intent on serving medically underserved and low income and minority populations. Each committee evaluated the results of the CBW-Park Falls utilizing the same criteria plus an alignment with a larger base of collaborative partners.

These leadership teams also evaluated the impact of the efforts of the previous community health improvement plan and processes (CHIPP) which was implemented from 2019-2022. An evaluation of the impact of these efforts can be found in Appendix B.

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## Priorities Selected

Based on this process, Price County Public Health selected the following priorities:

- ▶ Behavioral health
- ▶ Alcohol and other drug abuse
- ▶ Chronic disease

Public Health also identified that health equity and a lens inclusive of the social determinants of health underpins each of these priorities.

These are the same priorities of the previous community health needs assessment. Significant strides were made in each of these issues and they consequently remain important in Price County.



## Health Issues Not Selected for this Plan

Each health need acknowledged during the prioritization process is important and deserves attention. Given limited time and resources the following issues were not selected at this time:

- ▶ Communicable Disease Prevention and Control: COVID-19 has greatly affected our community; hospital and public health staff continue to address this pandemic.
- ▶ Oral Health: Public Health provides related dental health services and leans on other authorities like the Family Health Center Dental Center, NorthLakes Community Clinic as well as private providers for opportunities in oral health.

Social determinants of health will be addressed in the Price County plan in tandem with the three listed priorities. In other words, barriers to health improvement related to the chosen priorities requires social determinants of health to be addressed.

# Overview of *Priorities*

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An assessment of Price County conducted in partnership with Marshfield Clinic Health System, Inc. and Price County Public Health concluded priority health needs in 2022-2024 will include:

- ▶ Behavioral Health
- ▶ Alcohol and Other Drug Abuse (AODA)
- ▶ Chronic Disease



# BEHAVIORAL HEALTH

Like physical health, good mental health requires regular attention and occasional professional support. On the other hand, stigma related to myths around mental illness and lack of access to care can stifle good health.

In the United States, as much as 20% of the adult population will experience a mental health issue each year. These issues can stem from biological factors like physical illness or injury, life experiences like trauma and abuse, or even family history. Half of all mental health disorders first show signs before a person turns 14 years old, indicating that children are not immune. Where therapy and treatment is available, people can recover from illness and thrive. Prevention can come from the promotion of personal social-emotional wellbeing strategies and consideration of systemic community change related to the social determinants of health. These are each key to building an improved quality of life.

Source: <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

## Data highlights

- ▶ In Price County, adults age 18 and older self-report having 4.2 mentally unhealthy days out of the last 30 days, compared to 4.0 days for adults across Wisconsin (2018).
- ▶ Price County's suicide rate is 13.8 deaths per 100,000 residents (2013-2017).
- ▶ As of 2020, there are 1,670 residents in Price County for every one mental health provider, compared statewide to 470 residents per provider.

### **According to the 2021 Community Health Needs Survey:**

- ▶ 66.94% of survey respondents believe not everyone understands the impact of mental health on overall health.
- ▶ 80.99% of survey respondents believe people don't feel comfortable seeking mental health services (taboo or stigma attached to mental health).
- ▶ 70.25% of survey respondents believe affordable mental health treatment is not available for those who need it.
- ▶ 80.17% of survey respondents believe people cannot easily access services for mental health treatment (lack of transportation or convenient health services, unable to miss work, get "stuck" in the system, or don't know where to go for services).

### **Factors contributing to these challenges:**

- ▶ A shortage of mental health providers, including providers specifically trained to work with youth
- ▶ Limited telehealth capacity to address mental health concerns
- ▶ Price County lacks inpatient mental health facilities
- ▶ Student reports of being bullied
- ▶ Reports of high isolation by some demographic groups
- ▶ Children and families in poverty
- ▶ Rising reports of child abuse

### **Identified Local Assets and Resources**

- ▶ Price County AODA/Mental Health Coalition (including representatives from, but not limited to: health care, public health, library, clergy/religious, law enforcement, and education sectors)
- ▶ Chequamegon, Phillips and Prentice school districts' school counseling/guidance departments
- ▶ Price County Aging and Disability Resource Center Unit programs including Senior Nutrition (congregate dining sites located throughout Price County)
- ▶ Price County Behavioral Health Unit programs including Comprehensive Community Services and Community Support Programs

# ALCOHOL AND OTHER DRUG ABUSE (AODA)

Substance and alcohol misuse can lead to costly physical, mental and public health problems. Alcohol misuse is “more than one drink per day on average for women, and more than two drinks per day on average for men.” The pattern of drinking results “in harm to one’s health, interpersonal relationships or ability to work.” (Centers for Disease Control and Prevention, 2019). Substance abuse is “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs” (i.e. marijuana, heroin, cocaine, and methamphetamine). (World Health Organization, 2019). Misuse or abuse of these psychoactive inhibitors can lead to child development disorders, drug or alcohol dependence, sexually transmitted infections, domestic and child abuse, violence, crime and motor vehicle crashes.

## Data highlights

- ▶ Liquor licenses are dispensed at more than double the state average, serving 152.59 people per license in Price County compared to the state average of 339.35 people (2017-2018).
- ▶ Data on emergency room visits is labeled in terms of 100,000 residents in order to protect privacy and confidentiality:
  - Alcohol related emergency room visits in Price County are 1032.6 per 100,000 residents. In Wisconsin as a whole, the number is 635.7 per 100,000 residents.
- ▶ Arrests for possession of a controlled substance have risen: 22 in 2014, 52 in 2015, 62 in 2016

### **According to the 2021 Community Health Needs Survey:**

- ▶ 48.51% of survey respondents believe not everyone understands the impact of alcohol misuse on overall health; 52.78% responded similarly related to the impact of substance abuse
- ▶ 63.37% of survey respondents believe alcohol is easily available in the community (adults provide alcohol, number of establishments within the community), while 74.07% believe substances are easily available (schools, neighborhoods, homes, etc.)
- ▶ 69.31% of survey respondents believe alcohol misuse is an accepted attitude or belief within families or the community
- ▶ 61.11% of survey respondents believe people cannot access services for substance use treatment (lack of transportation or convenient health services, unable to miss work)

### **Factors contributing to these challenges:**

- ▶ Shortage of substance abuse counselors and related treatment providers (mental health)
- ▶ Lack of inpatient substance abuse treatment facilities in and around Price County
- ▶ A high prevalence of risk factors including poverty, reported physical or emotional abuse, and poor mental health
- ▶ Increasing drug use; more lethal drugs being used
- ▶ Limited tobacco cessation resources and support
- ▶ A local and state culture of binge drinking
- ▶ Systemic trauma, passed from one generation to the next

### **Identified Local Assets and Resources**

- ▶ Price County AODA/Mental Health Coalition (including representatives from, but not limited to: health care, public health, library, clergy/religious, law enforcement, and education sectors)
- ▶ Phillips, Prentice and Chequamegon school districts’ school counseling/guidance departments
- ▶ Park Falls Police, Phillips Police and Price County Sheriff’s Office
- ▶ Drug Abuse Resistance Education (DARE) programs in Price County School Districts
- ▶ Youth serving organizations/programs that promote resiliency including school and community athletic team/clubs
- ▶ Youth-serving organizations including school and community athletic teams and clubs

# CHRONIC DISEASE

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both (Centers for Disease Control and Prevention, 2019). They can include heart disease, stroke, cancer, diabetes and asthma. Prevention of chronic disease is possible by modifying risk factors like healthy diet, physical activity and/or eliminating tobacco use and substance abuse, but care should be given to understand barriers to making these changes.

Social determinants of health greatly influence chronic disease. These social determinants are the “non-medical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of places where people live, work, learn and play, which influence health” (Robert Wood Johnson Foundation, 2017). Also included is access to health care (Kaiser Family Foundation, 2018).

## Data highlights

- ▶ In Price County, 10% of the population lacks adequate access to food
- ▶ 25% of Price County residents age 20 and over report they have no leisure-time physical activity, compared to 20% statewide (2017)
- ▶ In 2019, 10.7% of Price County adults reported their health as “poor” or “fair”
- ▶ In Price County, 6% of occupied housing units do not have access to a vehicle (2015-2019) In Wisconsin,
- ▶ 86% of the population has adequate access to park and recreational facilities, compared to 67% of Price County residents

### ***According to the 2021 Community Health Needs Survey:***

- ▶ 69.89% of survey respondents believe health care or personal practices for healthy weight management are not the easy or desirable option (healthy food, physical activity, counseling)
- ▶ 48.65% of survey respondents believe people cannot easily access services for chronic disease prevention or management (lack of transportation or convenient health services, unable to miss work)
- ▶ 62.22% of survey respondents believe not everyone knows how to eat healthy or has the skills to prepare healthy food
- ▶ 57.78% of survey respondents believe health food is too expensive
- ▶ 55.91% of survey respondents identify access to educational, economic and job opportunities as contributing to top community health concerns
- ▶ 25.0% of survey respondents identify transportation options as contributing to top community health concerns

### ***Factors contributing to these challenges:***

- ▶ Limited indoor recreation or physical activity spaces (which can be needed in winter)
- ▶ Adults reporting little time for personal health and wellbeing care as a result of a wide number of factors
- ▶ Environmental barriers to healthy decisions at work
- ▶ Inconsistent access to and availability of fresh fruits and vegetables
- ▶ Food available at local food pantries is influenced by donors and not always the healthiest choice

### ***Identified Local Assets and Resources***

- ▶ Price County Health and Wellness Coalition
- ▶ School Districts with recreation facilities open to the public
- ▶ School District School Nutrition programs (free and reduced lunch)
- ▶ Parks and trail systems throughout Price County and the Chequamegon-Nicolet National Forest
- ▶ Farmers markets and food pantries throughout the county
- ▶ Northwoods Tobacco Free Coalition
- ▶ Backpack programs (providing food in a backpack for children in families with low income)
- ▶ Youth serving organizations or programs including school and community athletic teams and clubs

# Next Steps

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Having identified the priority health needs to be addressed, the next steps will include:

- ▶ Collaborating with community partners
- ▶ Developing a three-year implementation strategy/community health improvement plan
- ▶ Creating a more specific annual action plan during each year of the implementation strategy
- ▶ Integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations



# Approval

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## Approval

The Community Needs Assessment (CHNA) will be shared with the Price County Public Health's governing board at a public meeting.

## Public Comments/Feedback

If you would like to serve on a coalition that helps meet the aims of this report, or have another comment on this assessment, please contact either Price County Public Health or the Marshfield Clinic Health System Center for Community Health Advancement.

Price County Public Health  
715-339-3054

Marshfield Clinic Health System Center  
715-221-8400



# Appendices

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- ▶ **Appendix A:**  
Key Informant Interviews
- ▶ **Appendix B:**  
Progress Report on Results of Previous CHNA Process
- ▶ **Appendix C:**  
Resources



# Appendix A:

## Progress Report on Results of Previous CHNA Process

Key informant interviews are qualitative interviews with people who are actively involved in their community. Key informants include community leaders, professionals and residents.

Interviews were conducted with various sectors of the communities in Price County between May 1-May 21, 2021. A list of community sectors participating is located at the end of this report. Interviewees were provided three questions prior to speaking with Community Benefit Coordinator, Kate Stough, over the phone or via WebEx. The summary below includes repeating themes and key insights provided over the course of the interviews.

### 1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? Why?

#### A. Access to Care, broken down into many specific barriers:

- i. Physical distance to specialty care (typically must leave county for care)
- ii. Cost of individual insurance or private pay options
- iii. Lack of specialty providers and limitations on practice scope (youth or geriatric). Behavioral health services were mentioned most often in relation to access to care
- iv. Lack of broadband internet restricts telehealth options to some county residents in addition to lack of technology skills to utilize telehealth options

#### B. Low Income/Low wages/Poverty

- i. Few high paying jobs in the area
- ii. Many have to work multiple positions to sustain a family
- iii. Low wages restrict access to affordable housing, education options, recreation and healthcare options

#### C. Transportation

- i. Most would like to see more robust options in terms of route timing (nights, weekends) and larger service area (more rural door to door service)

#### D. Drug Abuse

- i. Law enforcement tends to be more reactive than proactive or supportive of prevention
- ii. Breaks up families and continues to perpetuate historical family trauma
- iii. Lack support groups willing to work with each other to serve everyone seeking support (users and family members)

#### E. Behavioral Health/Mental Health

- i. Stigma is felt and seen about accessing care
- ii. Limited appointment availability with specialists
- iii. Strong mindset that this is just how it's going to be

*Sectors interviewed:*

*Public Libraries, Public Schools, Price County Employees, Elected Officials, Disability Services, Healthcare, Tourism Organizations, Domestic Violence Services, Faith Leaders, General Community Members*

## Appendix A:

### *Progress Report on Results of Previous CHNA Process*

#### 2. Which areas of your community are ready to change?

- A. The interviewees were split on what areas of the community are ready for change.
- B. Some felt that 18-40 year olds are demanding change because of experience outside of the area. Adults with young families want new services and more community minded activities.
- C. Some felt employers are ready for change due to a lack of reliable employees and are starting to recruit employees directly from high school because they can directly train and retain for long careers. Others felt employers are ready to push change in wider community services to retain all members of a family in the region (tailing spouses).
- D. Many felt it was hard to determine areas of the community ready for change due to restrictions during the pandemic that prevented gathering and socialization.

#### 3. What are some ideas you have to help your community get or stay healthy?

- A. Increase in number free and low cost activities for all members of a family that also aren't hosted in alcohol serving venues (sports leagues, theater, arts, science)
- B. Offer free legal services or provide support for legal services
- C. Rental Readiness courses - provide potential renters with the skills to avoid evictions and increase communication between tenants and property owners
- D. Keep parenting support programs like the parent cafe and expand these to more communities
- E. Offer leadership courses to business leaders to increase collaboration across multiple sectors to address quality of life issues in Price County
- F. Support broadband access and infrastructure programs
- G. Continue support for the farmers markets and provide more learning opportunities in nutrition
- H. Develop volunteerism among local residents to support youth and senior programs that will benefit
- I. Support beautification of downtown areas to increase foot traffic and sense of ownership in their communities. This also includes working to improve road and sidewalk infrastructure
- J. Continue substantive programs from the Strong Families/Strong Kids program beyond music in the park
- K. Increase community meals and gathering to support socialization across multiple generations
- L. Increase arts and cultural expression opportunities
- M. Support community wide communication campaigns focused at reducing stigma around asking for help (i.e. mental health or substance use treatment)
- N. Offer a free or flat fee clinic for uninsured or underinsured residents
- O. Ensure all actives that were discontinued to COVID return again

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## Appendix B:

### *Progress Report on Results of Previous CHNA Process*

Price County Public Health is committed to making a positive, measurable impact on health of the people in the communities we serve. To that end, we evaluate the strategies we implement to address the health needs of the community.

We use a logic model, an approach that is nationally recognized for program evaluation. Logic models provide models for documenting the following:

- ▶ **Inputs:** Resources needed to implement the strategies
- ▶ **Outputs:** Actions taken, the number of programs/tactics implemented and the number of people reached
- ▶ **Outcomes:** Measures of the impact of the programs/strategies (such as changes in learning, actions or conditions)

To be specific about the outcomes we will be accountable for, we set SMART metrics - metrics that are Specific, Measurable, Achievable, Realistic and Time-related.

## Evaluation Schedule/Process

At the beginning of the three-year cycle:

- ▶ Establish SMART metrics for medium-term (3-year) indicators for each strategy
- ▶ Establish SMART metrics for long-term (beyond 3 years) indicators for each priority area

At the beginning of each fiscal year in the three-year cycle:

- ▶ Establish SMART metrics for short-term (fiscal year) indicators for each strategy
- ▶ Establish action steps and output indicators for each strategy

Quarterly each fiscal year:

- ▶ Report actions completed
- ▶ Report the status of each strategy/priority

At the end of each fiscal year:

- ▶ Report on results for short-term and output indicators
- ▶ Describe accomplishments and analyze results

At the end of the three-year cycle:

- ▶ Report on results for medium-term indicators for each strategy
- ▶ Describe and analyze results
- ▶ Incorporate results into next Community Health Needs Assessment

## Appendix B:

### *Progress Report on Results of Previous CHNA Process*

Health priorities identified in the preceding CHNA (2019-2022) were:

**Mental Health**

**Alcohol and Other Drug Abuse (AODA)**

**Chronic Disease**

## MENTAL HEALTH

### *Results for Year 1:*

A meeting was coordinated to include all county mental health professionals and the guidance departments of each of three county school districts (Park Falls, Phillips, Prentice), to determine need and access to care for youth requiring professional counseling services. The aim was to share a resource utilized by Aspirus and their corresponding Foundation in Taylor County which was under review for Phillips School District. The result of the meeting created a path for families in need to receive funding for counseling services that were made available at the school site when parents requested the service, eliminating time off and travel for parents. It also encouraged the addition of mental health professional full-time employment at at least one local clinic.

Sources of Strength, a student-led and adult-guided mental health resiliency program, was brought to three school districts in Price County. An initial training session took place with youth ambassadors and adult community members before kicking off the program in all three schools.

To strengthen parenting support, Parent Cafes were offered in collaboration with the Price County Extension offices and the Park Falls Library. Over the course of about a half dozen facilitated meetings, around 25 families received best practices for difficult parenting situations and most importantly, community support and acknowledgement of the hard task parenting can be.

Social connectedness for adults was improved with the addition of a Bay Area Rural Transit (BART) bus that traveled back and forth from Park Falls and Phillips to Minocqua. Another addition tied Prentice to Ashland once a week. Meanwhile, Connecting Aging Communities continued to offer technology trainings through the utilization of high school students in the Butternut, Park Falls and Phillips school districts specifically designed to encourage older adults to connect with their community through technology, whether by social media or with features like billpay, retrieving their medical profile from clinics, or conference calls for meetings and meet-ups. Music in the Park offered six concerts in the summer of 2019 and one Movie in the Park was experimented, providing intergenerational opportunities for social connection.

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## Appendix B:

### *Progress Report on Results of Previous CHNA Process*

## MENTAL HEALTH

### *Results for Year 2 and 3:*

The global COVID-19 pandemic significantly reduced forward movement on the initiatives in place in the 2019-2022 Community Health Improvement Plan. Resources, including time and energy of key volunteers were pulled toward other issues and real-time problem solving of immediate needs.

## AODA

### *Results for Year 1:*

Two local AODA resource guides were updated - one for providers and one for the community. These were delivered electronically to clinics, counseling centers, public health department, hospital, chamber, library and to each household with students with the help of the school districts. They were also posted electronically to partner websites and on social media.

Vaping shaped into a major concern at the beginning of this Community Health Improvement Plan, so a display was created to answer common questions for parents around what vaping is, its danger, and how easy it is to conceal. This display was utilized in four school districts (Butternut, Park Falls, Phillips, Prentice) at key events where parents were present.

The public received passive education on both AODA and mental health topic areas through utilization of sports programs at three area schools (Park Falls, Phillips, Prentice). These programs are handed to all spectators at volleyball, basketball, football, wrestling and sometimes other sports and had at least one new message per month for each season. They kicked off with vaping information also found in the aforementioned parent display.

A town meeting was held in each of three locations in March 2019. Topics included the misuse of drugs, including updated information on marijuana, as well as the availability of local resources. The “hidden in plain sight” room was set up to demonstrate how drugs can be concealed, and the Price County Sheriff’s Department shared how the community drug dog contributes toward removing substances from our community.

Unwanted prescription drug removal continued with the dissemination of DoTerra bags to community members at events and offices of our partners. Containment of needed prescription drugs was aided by dispersal of lock boxes to community partners. Drug Take Back events were held in conjunction with annual flu vaccine events.

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## Appendix B:

### *Progress Report on Results of Previous CHNA Process*

#### AODA

##### *Results for Year 2 and 3:*

The global COVID-19 pandemic significantly reduced forward movement on the initiatives in place in the 2019-2022 Community Health Improvement Plan. Resources, including time and energy of key volunteers were pulled toward other issues and real-time problem solving of immediate needs. Town Halls were completed each of these years, but virtually and through a social media platform, rather than in person.

#### CHRONIC DISEASE

##### *Results for Year 1:*

Strong Bodies fitness classes were held in three communities in 2019: Park Falls, Phillips and Ogema. The program was offered at day and evening times.

An awareness campaign of the 5210 program (5 fruits and vegetables daily; less than 2 hours of screen time; at least 1 hour of physical activity; 0 sugary beverages) was implemented. This included logo placement on t-shirts of multiple community races including the Phillips Triathlon, Phillips Flurry, the Park Falls Turkey Trot and the Evergreen Race, as well as information in race packets.

A meeting for all race directors of local community events was held to network best practices and determine how races could grow their numbers and consider new outlets for participation, including youth entries. This meeting aimed to build support of directors who volunteer their time to create these healthy events in our community.

The Park Falls Farmers Market continued to grow, hosting over a dozen vendors each week from May to September. The use of WIC dollars at the market grew.

##### *Results for Year 2 and 3:*

The global COVID-19 pandemic significantly reduced forward movement on the initiatives in place in the 2019-2022 Community Health Improvement Plan. Resources, including time and energy of key volunteers were pulled toward other issues and real-time problem solving of immediate needs. Strong Bodies were put on hold but the Farmers Market was able to continue.



## Appendix C:

### *Resources*

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