MAYO CLINIC

Community Health Needs Assessment 2022

Mayo Clinic Health System-Northland

MAYO CLINIC HEALTH SYSTEM

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Executive Summary

Enterprise Overview

MAYO CLINIC

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education, and research. Mayo Clinic serves more than 1.4 million patients annually from every U.S. state and communities throughout the world, offering a full spectrum of care from health information, preventive, and primary care to the most complex medical care. Mayo Clinic has locations in Rochester, MN; Scottsdale and Phoenix, AZ; Jacksonville, FL; and many Mayo Clinic Health System sites in Minnesota and Wisconsin.

COMMITMENT TO COMMUNITY

Through its interdisciplinary expertise in medical practice, research and education, Mayo Clinic serves communities everywhere. Mayo Clinic reinvests its net operating income to advance breakthroughs in diagnoses, treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. One example illuminating this is how Mayo Clinic responded to the COVID-19 pandemic, which intensified existing community health needs. Mayo Clinic's front-line and virtual reams cared for more than 160,000 patients with COVID-19 in 2021. Mayo staff tested more than 1.1 million people for COVID-19, administered more than 500,000 COVID-19 vaccinations, and provided more than 19,000 monoclonal antibody infusions. In addition to its extensive medical, public health and research response, Mayo Clinic also cared for broader aspects of community need, including assistance to local non-profits,

schools and government agencies, human service collaborative efforts and small local businesses to help stabilize and sustain the economies of its local communities.

Entity Overview

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS has a physical presence in 44 communities and consists of 53 clinics, 16 hospitals and other facilities that serve the health care needs of people in Iowa, Minnesota, and Wisconsin. The more than 900 community-based providers, paired with the resources and expertise of Mayo Clinic, enable patients in the region to receive the highest-quality physical and virtual health care close to home. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, we have opened the door to information sharing in a way that allows us to keep our family, friends, and neighbors healthier than ever before.

The system also provides patients with access to cutting-edge research, technology, and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

Mayo Clinic Health System – Northland in Barron is a 25-bed critical-access hospital located in Barron, Wisconsin. Since 1959, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

Barron is part of the Northwest Wisconsin region of MCHS, which includes hospitals in Eau Claire, Bloomer, Menomonie, and Osseo. Mayo Clinic Health System – Northland in Barron supports the community through inpatient and outpatient services, as well as health and wellness. Although MCHS - Northland serves patients from several communities in northwestern Wisconsin, the majority are from Barron County. For the purposes of MCHS – Northland's CHNA, the community is defined as Barron County.

In 2021, MCHS in Barron provided over $1.8 million in charity care and more than $3.5 million in bad debt. The organization also provided more than $103,000 through philanthropic donations to support programs such as the Alzheimer's Association, Boys & Girls Club of Barron County, Benjamin's House Emergency Shelter, and the Salvation Army of Barron County.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it is estimated we reached another 13,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

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

Summary of the Health Needs Assessment

The MCHS – Northland community assessment process was led by a multisector community collaborative, Thrive Barron Steering County Committee, that encompasses the Barron County Health Department, local health care organizations, community groups and residents working together to identify Barron County's top health concerns. The committee met virtually beginning in September 2021 to determine an approach to evaluating the health needs of the greater Barron County area.

The primary input into the assessment and prioritization process was the Barron County 2021-22 Community Health Needs Assessment Survey. The 2021-22 Community Health Needs Assessment (CHNA) was designed to be a reaffirmation survey based on the findings of the extensive CHNA of 2019. The main reason for choosing this design for the CHNA, is like many others, the ongoing pandemic has limited the resources and capacity for a full needs assessment.

In early 2020, Barron County Public Health and all healthcare organizations in Barron County swiftly shifted to emergency response mode when COVID-19 began to greatly impact our community. Due to the derailment and pause of ordinary procedures and work, as well as the lack of adequate resources and staff to devote to the CHNA, the decision was made to use a reaffirmation survey.

This assessment was used to make sure that the previous community identified health priority needs within the 2019 CHNA survey are still what our Community Health Improvement Plan (CHIP) should be based around. In addition, written comments related to the previous CHNA were invited, however, no written comments were received.

Qualitative and quantitative data collection methods included:

- Analysis of existing population health data gathered from a variety of sources, including census data, government reports, health department statistics, Youth Risk Behavior Study and information collected from local hospitals and local community service organizations. Gathering this breadth of quantitative data facilitated the evaluation of how Barron County compared to state and national averages and benchmarks.
- Community input via a community perception survey was widely distributed to community resource organization representatives and residents, with 370 responses received from county residents. The survey produced quantitative data to inform the assessment process.

  - The electronic survey was promoted via social media and email communication, in addition to a press release published in area newspapers announcing the initiative and asking for community participation.

- Input and information were also gathered from the Barron County Community Connections to Prosperity Coalition. This coalition is a group of organizations, businesses, and community members in Barron County, whose focus is on addressing poverty and social determinants of health and equity with a vision of helping everyone in Barron County live their best lives.
  - Members of this team include those from Benjamin's House Emergency Shelter, Aging and Disability Resource Center of Barron, Rusk & Washburn Counties, Rice Lake Area School District, UW - Madison Office of Extension, Northlakes Community Clinic and Barron County Public Health (including assistance from the Community Health Workers representing and serving the Somali and Hispanic populations.) This collaboration and outreach have allowed the assessment team to garner more valuable qualitative data as part of the assessment process.

The County Health Rankings, a joint effort of the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, also were considered.

Our Community

GEOGRAPHIC AREA

MCHS – Northland in Barron is in Barron County in northwestern Wisconsin. Barron has a population of 3,306, while Barron County has 45,244 residents. Barron County is considered 66% rural. MCHS – Northland's primary service area is Barron County; this report is based on the needs of the residents of Barron County. For this assessment, our community is defined geographically as Barron County, since this is where the majority of the hospital's patients live.

DEMOGRAPHICS

The population in the Northland region is young, with 22% under 18 years of age and 30% percent between the ages of 18 and 44. Currently, 23% of the regional population are over age 65. However, the 65+ age group is growing at a rapid pace, and currently is the second-largest population segment. The population is made up primarily of high school graduates and individuals who have some college education. Forty five percent of the children in Barron County are eligible for free or reduced-price lunch.

The largest ethnic populations identified by the 2021 County Health Rankings are Hispanic/Latino at 2.7% and 1.5% Non-Hispanic Black. (See Appendix A for more demographic detail.)

The largest industries in Barron County are manufacturing, health care and social assistance, and retail.

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Assessing the Needs of the Community

MCHS – Northland in Barron actively contributed to the assessment process in Barron County. A comprehensive process was used to gather input from a cross-section of our community, including direct input from community members. The assessment was aimed particularly at understanding the needs of the traditionally underserved.

Process and Methods

The assessment process began with the community health planning efforts of the Thrive Barron County Steering Committee. In January 2011, a group of health care leaders formed a steering committee to lead the CHNA for Barron County. Thrive Barron County is a collaboration of various healthcare organizations and community members and agencies working together to assess and positively impact the health of Barron County. The committee was created to combine effort and resources, all with the common goal of assessing the needs of our community. This group, now called the Thrive Barron County Steering Committee, coordinated joint hospital and public health assessments in 2012, 2015 and 2018.

The steering committee also engages the Department of Health Services Western Regional Office in meetings for expertise and innovative solutions. The 2012 CHNA was conducted based on guidelines from the Healthy Wisconsin 2020 initiative. From 2012 to 2018, community health action teams made progress toward goals set after determining that the top health priorities of the county were alcohol, tobacco, and other drug abuse; chronic disease; and mental health.

However, the COVID-19 pandemic has greatly affected and impacted all of us, this includes the members of the Thrive Barron County Committee, Barron County Public Health Department, and all healthcare systems. We recognized in 2021 that the survey would need to be done differently. The

steering committee referred to the County Health Rankings and input from steering committee members to organize Barron County's 2021 Community Health Needs Assessment survey. A community reaffirmation survey was agreed upon, to affirm the priority health issues and dig deeper into root causes of, and potential strategies to address, the identified health issues. The results of the survey validated that health priorities identified in 2012, 2015 and 2018 remain the community's top health concerns for 2021-22.

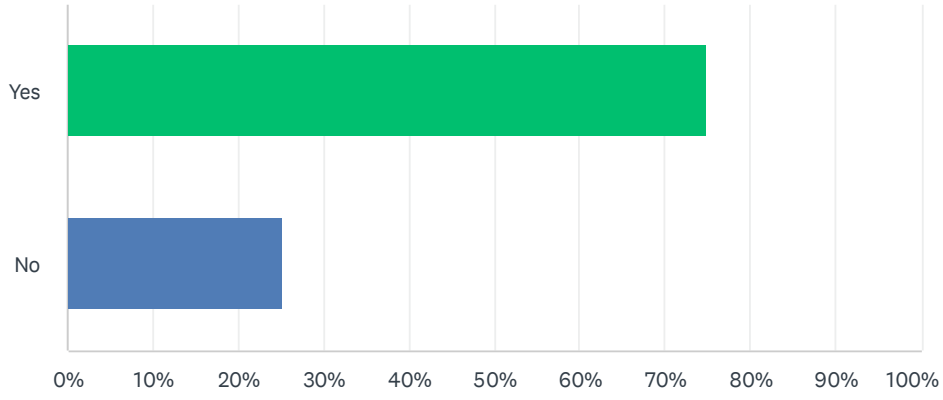
Community perception survey

The collaborative health assessment process began by engaging the public through a community health needs survey. The reaffirmation survey was distributed in late 2021. The objective was to increase understanding of the community's health needs and perception of the main challenges facing the residents of Barron County.

The following pages represent the questions and responses from the 2021 Barron County Community Health Needs Affirmation Survey.

Q1 Do you consider mental health a top health priority within Barron County?

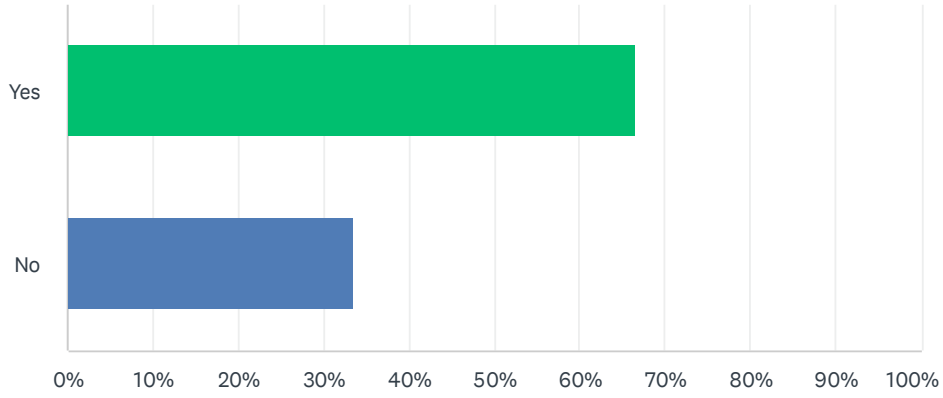
Answered: 369 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	74.80%	276
No	25.20%	93
TOTAL		369

Q2 Do you consider chronic disease prevention a top health priority within Barron County?

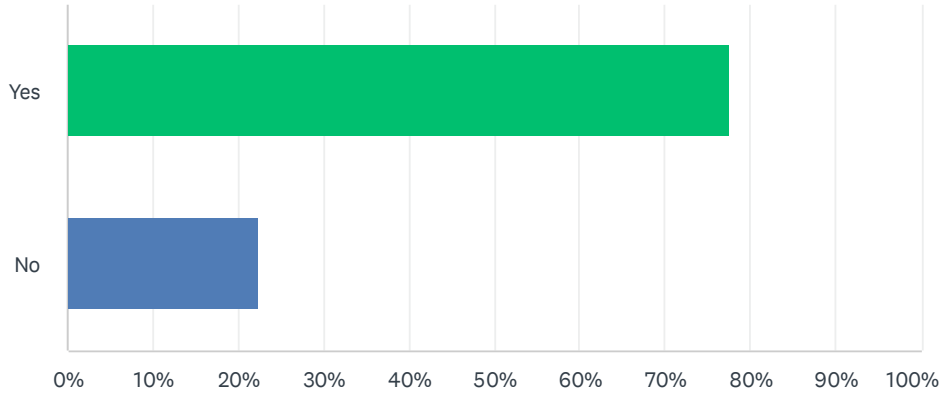
Answered: 370 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	66.49%	246
No	33.51%	124
TOTAL		370

Q3 Do you consider prevention and treating alcohol, tobacco, and drug misuse a top health priority within Barron County?

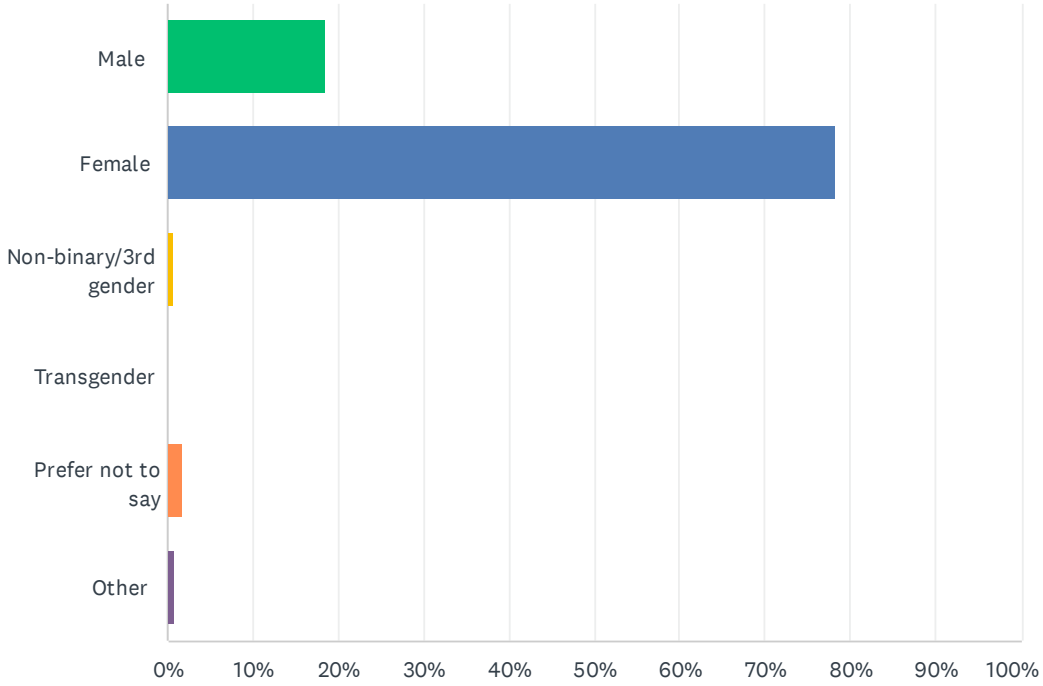
Answered: 371 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	77.63%	288
No	22.37%	83
TOTAL		371

Q4 What is your gender? Please select one option.

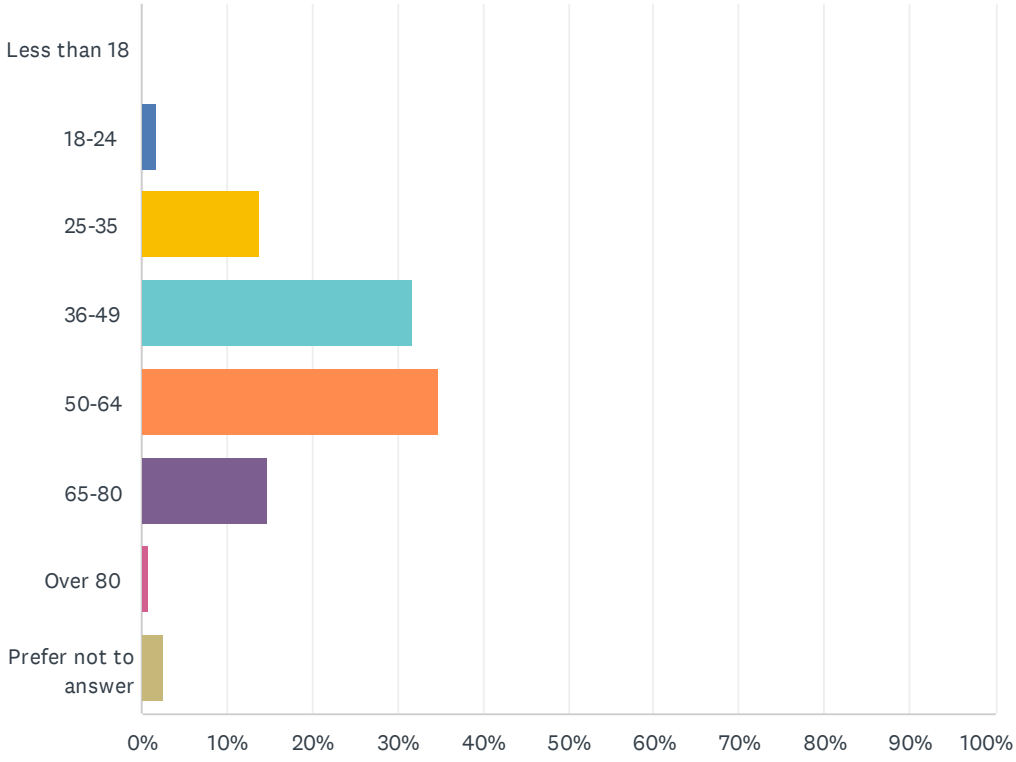
Answered: 360 Skipped: 11



ANSWER CHOICES	RESPONSES	
Male	18.61%	67
Female	78.33%	282
Non-binary/3rd gender	0.56%	2
Transgender	0.00%	0
Prefer not to say	1.67%	6
Other	0.83%	3
TOTAL		360

Q5 Which category below includes your age? Please select one option

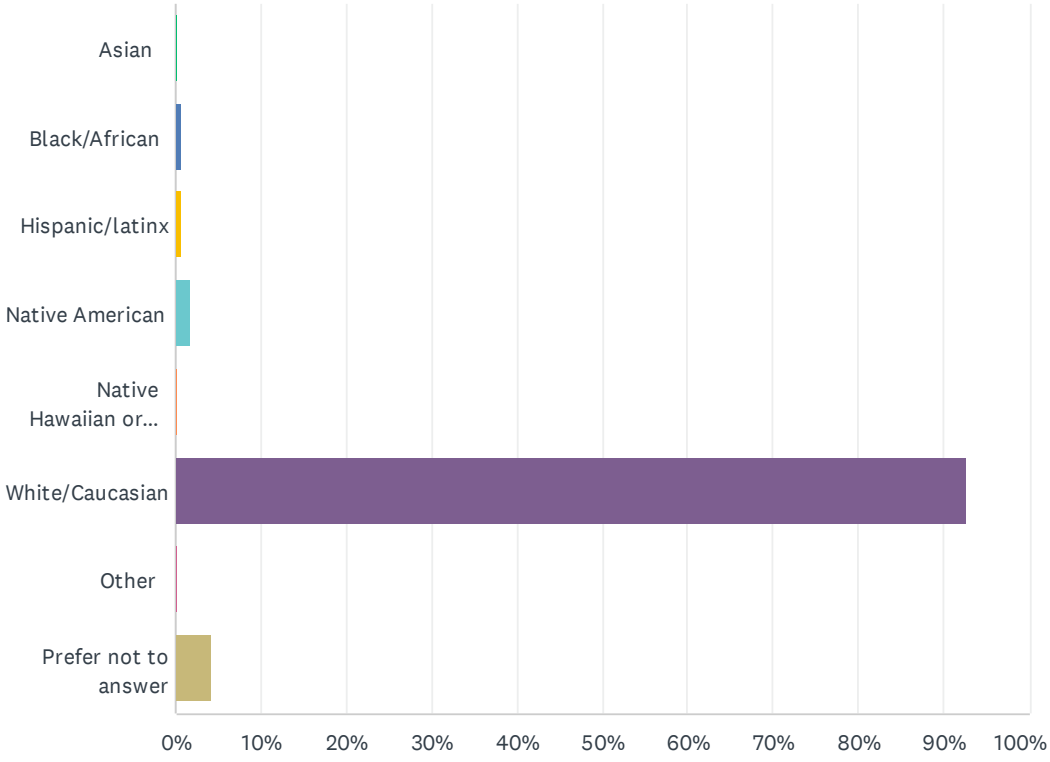
Answered: 362 Skipped: 9



ANSWER CHOICES	RESPONSES	
Less than 18	0.00%	0
18-24	1.66%	6
25-35	13.81%	50
36-49	31.77%	115
50-64	34.81%	126
65-80	14.64%	53
Over 80	0.83%	3
Prefer not to answer	2.49%	9
TOTAL		362

Q6 Race and ethnicity: I identify as…please select all that apply.

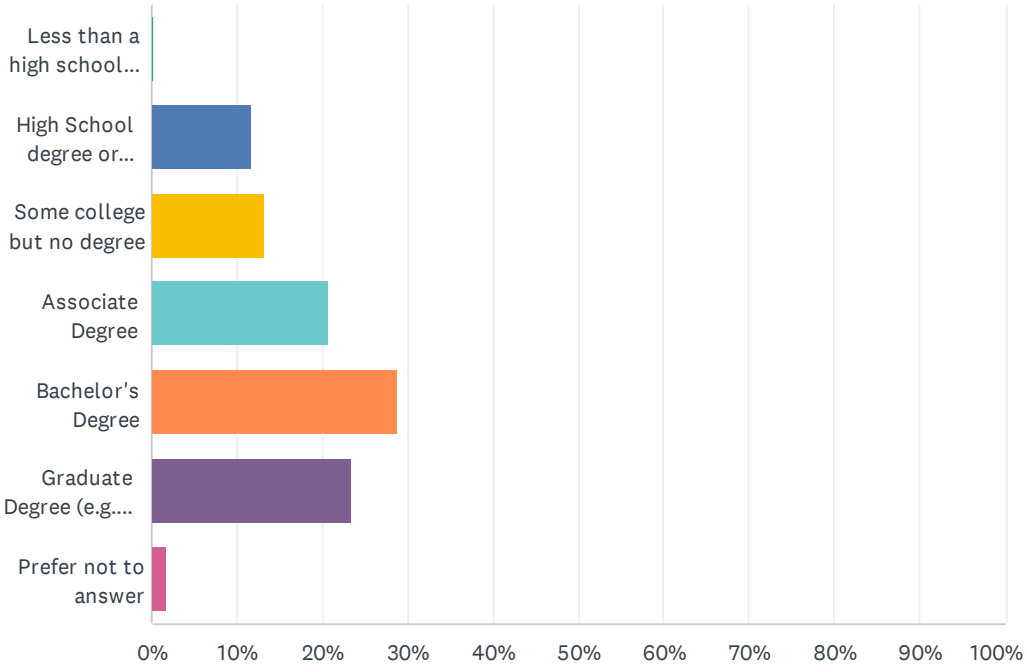
Answered: 360 Skipped: 11



ANSWER CHOICES	RESPONSES	
Asian	0.28%	1
Black/African	0.56%	2
Hispanic/latinx	0.56%	2
Native American	1.67%	6
Native Hawaiian or Pacific Islander	0.28%	1
White/Caucasian	92.78%	334
Other	0.28%	1
Prefer not to answer	4.17%	15
Total Respondents: 360		

Q7 What is the highest level of school you have completed or the highest degree you have received? Please select one.

Answered: 361 Skipped: 10



ANSWER CHOICES	RESPONSES	
Less than a high school degree	0.28%	1
High School degree or equivalent (e.g GED)	11.63%	42
Some college but no degree	13.30%	48
Associate Degree	20.78%	75
Bachelor's Degree	28.81%	104
Graduate Degree (e.g. Masters, PhD, M.D., etc)	23.55%	85
Prefer not to answer	1.66%	6
TOTAL		361

A press release was sent to area newspapers announcing the initiative and asking for community participation. In addition, the survey was promoted on social media and through email communication channels.
A total of 371 online surveys were completed. Based on the surveys returned, community members felt the top health issues in Barron County were:

- Prevention and treating alcohol and drug abuse
- Mental health
- Chronic disease prevention

In the June 2021 meeting, the Thrive Barron County Steering Committee also reviewed the primary and secondary data collected and community rankings provided by County Health Rankings (See Appendix C.)

Launched in 2010, the County Health Rankings program aimed to produce rankings for all 50 states. County Health Rankings identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live. Factors determining the health status of a community include environment, education, jobs, individual behaviors, access to services and health care quality.

Prioritization Process and Criteria

The MCHS CHNA committee in the Northwest Wisconsin region (NWWI) used the data sources and priorities from the Barron County 2021 CHNA Survey and County Health Rankings to compile and submit the top identified community health priorities — mental health, substance abuse and alcohol misuse, and chronic disease prevention — to the MCHS NWWI Regional Board of Directors.

Both community input and quantitative data from the Thrive Barron County assessment process were provided to help frame these top identified community health priorities. Data from the assessment findings, along with priority health area recommendation, were presented. Areas of high community need, and priority focus were identified, including data indicating a need for focus on inequity, disparity and poverty needs within the population. Much of this data indicated that Barron County outcomes are worse than state or national outcomes, and established collaboration and continuing momentum of existing work is needed.

Board members confirmed that by prioritizing mental health, substance abuse and alcohol misuse, and chronic disease and obesity, MCHS – Northland will align with other partners of Thrive Barron County to make an impact on Barron County's top health needs.

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Addressing the Needs of the Community

Identified Health Needs

An extensive review and analysis of the 2019-21 Barron County Community Health Improvement Plan, 2021 Barron County CHNA survey results, 2020 & 2021 County Health Rankings and other quantitative and qualitative data identified the priority community health needs for MCHS – Northland in Barron remain the same.

Each of these health focus areas are equally important, however, they are ranked in this order:

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

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

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were reaffirmed as significant needs in Barron County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease and Obesity. Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined during the assessment process.

Identified Health Need

Mental Health

This focus area refers to the services and support needed to address how we think, act, and feel as we cope with life. Mental health is essential for personal well-being, caring for family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may include, but are not limited to, isolation, depression, anxiety, and posttraumatic stress disorder.

Good mental health allows us to form positive relationships, use our abilities to reach our potential and deal with life's challenges. Mental illnesses are medical conditions that impair a person's thinking, mood, ability to relate to others and ability to cope with the daily demands of life.

Mental illnesses often are associated with physical health problems and risk factors, such as smoking, physical inactivity, obesity, and substance abuse: factors that can lead to chronic disease, injury, and disability.

In Barron County:

- 75% of survey respondents still consider mental health a top health priority within Barron County.
- The ratio of population to mental health providers is 1,130:1 in Barron County, which is higher than the state rate of 440:1 and U.S. performance of 270:1.
- The rate of death by suicide is 17 per 100,000 people.

Identified Health Need

Substance Use and Alcohol Misuse

Substance use is defined as the use of and negative effects from mood-altering substances (marijuana, heroin) or misuse of prescription drugs. Across the country and in Wisconsin, there has been a surge in the use of prescription drugs for nonmedical purposes. The misuse of these substances is most prevalent among young adults. From 2021-2020 the count of opioid-related deaths in Wisconsin changed by 46.2%.

Alcohol misuse is defined as underage alcohol consumption, consumption during pregnancy, binge drinking (four or more drinks per occasion for women, five or more for men), and heaving drinking (one or more drinks per daily average for women, two or more for men).

In Barron County:

- Twenty-six percent of the adult population reports either binge drinking or heavy drinking within the last 30 days.

- 78% of survey respondents still consider prevention and treating of alcohol, tobacco, and drug misuse a top health priority within Barron County.
- 13% percent of the arrests in Barron County were related to drug possession, compared to the state at 7.3 %.

Identified Health Need

Chronic Disease Prevention & Management (with emphasis on obesity)

According to the CDC (Centers for Disease Control) National Center for Chronic Disease and Health Promotion, chronic disease prevention and management typically focus on behavioral interventions such as healthy eating, increased physical activity and cessation of unhealthy practices such as tobacco and alcohol use. In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially heart disease and diabetes. Prevention is not always possible, so it is important that effective management is also part of the health care system.

Although chronic diseases usually become clinically apparent in adulthood, the exposures and risk factors that precede disease onset occur at every stage of life. Childhood and adolescence are critical times to deliver and reinforce health education messages.

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma, and arthritis, are among the most common and costly of all health problems in the U.S. Currently, six in ten Americans live with at least one chronic disease. Maintaining a healthy weight is important for reducing the risk of developing chronic conditions that may have a major impact on quality of life. Healthy weight management promotes good mental health, healthy nutrition, physical activity, and a longer life.

In Barron County:

- Sixty-six percent of survey respondents still consider chronic disease prevention a top health priority within Barron County.
- 41% of adults in Barron County are considered obese compared to the state average of 32% and U.S. Top Performers at 26%.
- In Barron County, only 74% of residents live close to a location for physical activity (e.g., parks and recreational facilities.)

Available Resources within the Community

Health care providers

There are two other hospitals in Barron County: Lakeview Medical Center in Rice Lake and Cumberland Health Care in Cumberland. There are three hospitals in neighboring Eau Claire County that provide secondary and tertiary level care (MCHS in Eau Claire, HSHS Sacred Heart Hospital, and Marshfield Medical Center-Eau Claire). MCHS in Eau Claire also provides Level II trauma care.

As a member of MCHS, Barron County has seamless access to the care offered in Eau Claire, as well as the world-renowned Mayo Clinic in Rochester, Minn. In addition, the residents of Barron County have access to the following resources:

Healthcare services (chronic disease prevention/management and obesity)

- Marshfield Medical Center, Rice Lake
- Sensible Solution Care Clinic, Barron
- Northlakes Community Clinic, Turtle Lake
- Rice Lake Area Free Clinic
- Prevea Rice Lake Health Center

Mental health clinics

- Barron County Community Support Program, Rice Lake
- Callier Clinic, Rice Lake
- Marshfield Clinic, Rice Lake
- NAMI
- Lutheran Counseling & Family Services
- Omne Clinic, Barron
- Prevea Behavioral Care
- Rice Lake Area Free Clinic
- Vantage Point Clinic & Assessment Center, Barron
- Several independent counselors

Drug treatment facilities

- ABR Counseling, Rice Lake
- Ain Dah Ing, Inc. Halfway House
- Arbor Place, Rice Lake
- Barron County Health & Human Services, Barron
- Lakeview Medical Center – Rehab Center
- Lutheran Counseling & Family Services

MAYO CLINIC HEALTH SYSTEM

Evaluation of Prior CHNA and Implementation Strategy

Impact of 2019-2022 Implementation

The 2019 Community Health Needs Assessment final report for Mayo Clinic Health System - Northland has been posted on the Mayo Clinic Health System Community Engagement internet page for public review and comment. No written comments have been received.

Prioritized needs & objectives per the 2019 Implementation Plan:

Mental Health – Increase strong, healthy social connections among residents across all life stages to promote mental wellness.
Substance Abuse & Alcohol Misuse – Reduce substance abuse by providing education and advocacy around substance abuse in the community.
Chronic Disease & Obesity – Reduce chronic disease by promoting health and wellness lifestyle choices in the community.

COVID-19 emerged as the leading community health priority in 2020

In February 2020, the COVID-19 virus became a pandemic throughout the U.S. and within Eau Claire County. Mayo Clinic responded to this challenge in a multitude of ways to protect the health of its local and regional communities as well as contributing to the national and global response, including:

- Restructuring patient care services to ensure capacity for intensive care for community needs. This required significant interruptions to normal operations as non-emergency care services were deferred to increase COVID19 response capacity.
- Expanding virtual care capabilities to advance home care and treatment to safely improve access for community and rural patients.

- Rapid development and dissemination of public and consumer information about the COVID-19 virus to help the public (consumers, government, peer medical providers, etc.). understand the risks and take actions to prevent and/or care for the infection.
- Development and dissemination of rapid COVID-19 testing resources to strengthen efforts of local public health and other health care organizations in serving community needs.
- Refocused research efforts to bring greater understanding, therapies, and potential vaccine solutions for the COVID-19 virus, including antibody testing capabilities, blood plasma therapies and effectiveness and safety of various pharmaceutical therapies.
- Sharing knowledge and collaborating broadly with other academic health centers and businesses to expand understanding and resources to address and contain the disease. Examples include using AI to model and forecast hotspots across the U.S., as well as developing tools to standardize contact tracing and exposure management. These systems were also shared with Public Health departments to inform changing health safety policies as the pandemic has evolved locally.

These efforts, combined with the capacity challenges of local non-profits and other sectors delayed some of the 2020 community health improvement (implementation plan) strategies.

COVID-19 disclaimer: With the COVID-19 pandemic lingering as a crisis in 2021, education and communication about COVID-19 safety measures, including vaccination, often took priority over CHNA efforts. Many activities that supported CHNA priority areas were held virtually or cancelled to support community safety considering COVID-19 positivity.

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

Mental Health

The following efforts have been implemented to impact mental health and related health concerns:

Monetary support:

- Barron Public library – $3,500 (Fall Wellness Programming)
- Boys and Girls Club of Barron County – $22,000 (2020 Covid Operations, 2021 Advocate for Change)
- Hunt Hill – $2,000 (Active Outdoor Sponsorship)
- Barron Area Community Center - $680 (Annual renewal – Programming)
- Barron Senior Center - $1,500 (Programming)
- Benjamin’s House Emergency Shelter - $3,000 (Programming)
- Forrest Run Foundation - $1,000 (Support for cancer research)
- NAMI Barron County - $2,000 (Programming)
- Rice Lake Public Library - $1,500 (Programming)
- United Way of Rice Lake - $1,000 (Programming)
- WITC Foundation – Rice Lake $500 (Programming)

Grants:

- The Salvation Army of Barron County - $25,000 (Programming)
- Benjamin's House Emergency Shelter - $10,000 (Programming)
- River Middle School - $5,000 (Positive Behavior Rewards Programming)
- Cameron Elementary School - $5,000 (Book Vending Machine Programming)
- Chetek-Weyerhaeuser Area School District - $5,000 (Social/Emotional Improvement)
- Turtle Lake Middle and High School - $3,000 (Everyone has a home)

Programming and Education:

- **Car seat training checks in Barron County** (50 people attended)
- **Fall Into Wellness virtual program** - Distributed materials for the Fall into Wellness virtual program to the general population, key organizations, and area schools. This program, delivered in a points-based, friendly month-long competition, helped highlight small, simple changes to manage stress, eat nutritionally balanced foods and get regular physical activity. Presentations are available to view on YouTube following the live webinars.
- **Community Contribution funding for mental well-being initiatives** – facilitated grant invitations and review for those community organizations with initiatives supporting the Community Health Needs Assessed areas. Activity included grant review and approvals and follow-up with the organizations.
- **Discover Gratitude** - invited educators, social service agencies and community members to participate in this free, self-guided virtual program that helps improve mental well-being through daily journaling, with emphasis on gratitude for improved mental well-being. This was held in November with 256 journal clicks and 204 watched the video for the NWWI region.
- **Blogs -** provided subject matter on a variety of topics focusing on CHNA to community members through web access and newsletters.

Community Involvement:

- Barron Chamber of Commerce (Board of Director and committee member)
- Career presentations to Cameron High School (A total of 10 people attended).
- Chetek and Dallas Ambulance Service/EMS
- Community Response to Poverty Summit (Committee member)
- Free Clinic – Lab oversite, compliance and assist with point of care. (Volunteer)
- Kiwanis (Presentation on COVID)
- Rice Lake Farm Days (400 people were in attendance).

Substance Use & Alcohol Misuse

The following efforts have been implemented to impact substance abuse & alcohol misuse and related health concerns:

Monetary support:

- Barron High School – $50 (Post Prom sponsor)

Grants:

- Barron County Restorative Justice Programs - $10,000 (Behavior intervention programming)

Research:

- Study finds changes in substance abuse among young adults during pandemic; findings were reported in local media.

Community Involvement:

- School District of Turtle Lake – Wellness Committee (Volunteer)

Chronic Disease & Obesity

The following efforts have been implemented to impact chronic disease & obesity and related health concerns:

Monetary support:

- Barron Area Community Center – $3,000 (Triathlon)
- Chetek-Weyerhaeuser Scholarship – $2,000 (2020 Fishy Four 4K community race)
- Midwest Power Soccer – $833.34 (Chippewa Valley Hooligans – wheelchair powered soccer for disabled)
- Rice Lake Area School District – $1,000 (Snacks for success)
- American Red Cross - $2,000 (Heroes Breakfast Programming)
- Barron Chamber of Commerce - $1,000 (Annual Fall Fest Celebration Children's Games)
- Barron County Dairy Promoters, Inc. - $400 (Handwashing stations)
- Barron County Development Services - $1,500 (Sustainable water source for community garden)
- Beaver Creek Reserve - $500 (Programming)
- Hunt Hill - $1,200 (Programming)
- Prairie Farm Lions Club - $600 (Handwashing stations)
- Village of Ridgeland-Ridgeland Fair - $300 (Handwashing stations)
- Alzheimer's Association - $1,500 (Walk Sponsorship)

Grants:

- Ruby's Pantry – Cameron - $10,000 (Increased Food Security)
- Turtle Lake School - $4,000 (Backpack program and free swim/gym and free snacks)

Programming and Education:

- **Blood Pressure Screening** – Knowing your numbers can help you maintain your health. Get your blood pressure checked regularly.
- **Morning Yoga –** This class combines flow movements, and holding postures to improve strength, flexibility, and balance. Beginners will learn the basics, while more experienced students can take postures to a deeper level. (4 sessions held with 30 people in attendance).

- **Rock 'N' Roller Skating** – Lace up your roller skates and gather your friends for some fast-paced fun and exercise. (166 people participated).
- **Snowshoe and Winter Hike** – Bundle your family for a free winter wonderland hike. Warm up afterward with a light snack and hot beverage. A limited number of snowshoes are available.
- (25 people attended).
- **Chronic disease webinars-** designed to educate the community about chronic disease prevention. The topics of the three webinars include: healthy eating strategies, chronic pain management and Yoga to relieve pain and stress. Presentations were available to view on YouTube following the live webinars.
- **Community Contribution funding for Chronic Disease Prevention** – facilitated grant invitations and review for those community organizations with initiatives supporting the Community Health Needs Assessed areas. Activity included grant review and approvals and follow-up with the organizations.
- **Vaccinations** - Promote COVID vaccination to community groups with education on symptoms, vaccine safety, availability, and community collaboration.
- **Myeloma Support Group** - Open to the community.
- **Breast Cancer Support Group** - Open to the community.
- **Community communication -** COVID updates and other health related topics. (18 emails sent)

Community Involvement:

- American Red Cross – Board Member and attend meetings on a regular basis, host, and champion local blood drives.
- Barron County Health Department – county health coalition member.
- Healthcare Emergency Readiness Coalition – member (COVID preparedness, other state discussions).
- School District of Turtle Lake (Committee member of wellness committee).

Despite the actions taken since the prior CHNA to address mental health, substance use and alcohol misuse and chronic disease/obesity, the results of the reaffirmation survey in 2021 concluded these priorities continue to be health concerns in the community and will continue to be addressed by MCHS-Northland.

MAYO CLINIC HEALTH SYSTEM

Mayo Clinic Health System Individuals Involved in CHNA

Community Health Needs Assessment Committee:

Richard Helmers, MD, Regional Vice President, Mayo Clinic Health System, Northwest Wisconsin

Karolyn Bartlett, Manager, Operations

Brook Berg, Community Engagement Director

Tasha Bjork, Administration, Operations

Cory Carlson, RN, Behavioral Health Supervisor

Andrew Calvin, MD, Cardiology

Jason Craig, Administration, Regional Chair

Marquita Davis, Quality, Performance Improvement Advisor

Jen Drayton, RN, Nurse Administrator

Joni Gilles, RN, EMS Coordinator

Frances Jordahl, Social Work Supervisor

Jenny Jorgenson, Community Engagement Specialist

Carie Martin-Krajewski, Vice Chair, Administration

Sarah McCune, RN, Operations, Administration

Maria Seibel, Community Engagement Specialist

Tina Tharp, Community Engagement Specialist

Pam White, RN, Chief Nursing Officer

MAYO CLINIC HEALTH SYSTEM

References

2019-2021 Barron County Community Health Improvement Plan

CDC National Center for Chronic Disease and Health Promotion (NCCDPHP)

County Health Rankings & Roadmaps

U.S. Census QuickFacts Barron County, WI

Wisconsin Department of Health Services WISH Data Sources

Appendix A

Source: County Health Rankings and Roadmaps

Barron (BA)

Health Outcomes

Barron (BA) is ranked in the higher middle range of countie in Wisconsin (Higher 50%-75%)

Health Factors

Barron (BA) is ranked in the higher middle range of countie in Wisconsin (Higher 50%-75%)

Download Wisconsin Rankings Data

County Demographics –

	County	State
Population	45,244	5,822,434
% below 18 years of age	21.5%	21.8%
% 65 and older	22.6%	17.5%
% Non-Hispanic Black	1.5%	6.4%
% American Indian & Alaska Native	1.1%	1.2%
% Asian	0.7%	3.0%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.6%	7.1%
% Non-Hispanic White	93.0%	80.9%
% not proficient in English	1%	1%
% Females	50.0%	50.2%
% Rural	65.9%	29.8%

	Barron (BA) County	Error Margin	Top U.S. Performers	Wisconsin
Flu vaccinations	45%		55%	53%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	9%	7-10%	7%	8%
Uninsured children	7%	5-8%	3%	4%
Other primary care providers	750:1		620:1	810:1
Social & Economic Factors				
High school completion	90%	89-91%	94%	92%
Some college	60%	55-64%	73%	70%
Unemployment	4.0%		2.6%	3.3%
Children in poverty	12%	7-16%	10%	14%
Income inequality	4.0	3.7-4.2	3.7	4.2
Children in single-parent households	21%	17-26%	14%	23%
Social associations	16.8		18.2	11.5
Violent crime	46		63	298
Injury deaths	90	77-102	59	84
Additional Social & Economic Factors (not included in overall ranking)				
High school graduation	95%		95%	90%
Disconnected youth	6%	3-10%	4%	5%
Reading scores	2.9		3.3	3.0
Math scores	2.8		3.4	3.0
Median household income	$54,400	$49,700 to $59,100	$72,900	$64,200
Children eligible for free or reduced price lunch	45%		32%	39%
Residential segregation - Black/white	79		23	76
Residential segregation - non-white/white	44		14	55
Homicides	3	2-6	2	4
Suicides	17	11-23	11	15
Firearm fatalities	13	9-18	8	11
Juvenile arrests	6			

Appendix B Barron County Core Data Sets

Category	Title	Measure	Targets and Top Performers*	Barron County 2021	Wisconsin 2021	Year(s) Data Used		Barron County 2020	Wisconsin 2020
Demographics	**Below 18 Years**	% of population below 18 years of age		21.60%	22.10%	2015-2019		21.70%	23.00%
Demographics	**65 and Older**	% of population aged 65 years and older		21.40%	16.50%	2015-2019		20.90%	14.40%
Demographics	**Race/ Ethnicity**	% of population that is African American, Asian, American Indian or Alaskan Native, or Hispanic		4.10%	24.70%	2019			
Demographics	**Not Proficient in English**	% of population that is not proficient in English	**Site Unavailable**						
Demographics	**Rural**	% of population living in a rural area	**Site Unavailable**						
Demographics	**Population Estimates**	Population numbers by age group and gender		See table at the bottom of the worksheet		2014			
Demographics	**Population Change**	% of change in population 2010 - 2014		0.2%	0.3%	2018-2019		0%	0%
Mortality	**Premature Death**	years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,400 per 100,000 (Top Performer)	6,600 per 100,000	6,300 per 100,000	2017-2019		6,500 per 100,000	6,400 per 100,000
Mortality	**Infant Mortality**	Rate per 1,000 live births	1.8 per 1000 (HP2020)	4.5 per 1000	6 per 1000	2020		4.2 per 1000	5.8 per 1000
Measures of Overall Health	**Poor or Fair Health**	% of adults self-reporting poor or fair health (age-adjusted)	14% (Top Performer)	17%	15%	2018		14%	17%
Measures of Overall Health	**Poor Physical Health Days**	Average number of physically unhealthy days self-reported in adults in past 30 days (age-adjusted)	3.4 (Top Performer)	4	3.7	2018		3.7	3.9
Measures of Overall Health	**Low Birth Weight**	% of birth weights <2,500 grams	6% (Top Performer)	6%	7%	2013-2019		6%	7%
Chronic Disease	**Diabetes**	% of adults age 20 and above with diagnosed diabetes	6% (Top Performer)	11%	10%	2017		12%	9%
Chronic Disease	**Cancer**	Incidence per 100,000 population by cancer site (age-adjusted)		473.27 per 100,000	468.64 per 100,000	2014-2018			
Chronic Disease	**Coronary Heart Disease**	Coronary heart disease hospitalization rate per 1,000		3.8 per 1,000	3.2 per 1,000	2017			
Chronic Disease	**Cerebrovascular Disease**	Cerebrovascular disease hospitalization rate per 1,000		2.1 per 1,000	2.5 per 1,000	2017			
Chronic Disease	**Youth Asthma**	Cases under age of 18 sent to the Emergency Room for asthma		25.63	23.4	2020			
Oral Health	**Fluoride in Public Water**	% of public water supplies with fluoride content at 0.7 PPM or		Only Rice Lake		2020			
Oral Health	**Oral Health of 3rd Grade Children**	% of untreated decay	20% (HP2010 target)	18.40%		2017-2018			used West region
Communicable Disease	**Childhood Immunizations**	% of children aged 19 to 35 months who received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV	80% (HP2020 target)	65%	70%	2020		65	72.1
Communicable Disease	**Communicable Disease**	Population of top reportable communicable diseases		124	36,263	2017			
Mental Health	**Poor Mental Health Days**	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.8 (Top Performer)	4.3	4	2018		3.8	4
Mental Health	**Intentional Injury**	Self-inflicted hospitalization rate per 100,000 population		23.9 per 100,000	28.2 per 100,00	2017		81 per 100,000	99 per 100,00
Mental Health	**Youth Suicide**	% who seriously considered attempting suicide during the 12		15.70%	18.80%	2019			
Injury and Violence	**Youth Injury**	% who rarely or never wore a seat belt when riding in a car driven by		5.00%	6.50%	2019			
Injury and Violence	**Injury Hospitalizations**	Ranked causes of hospitalizations for injuries (age-adjusted per		352.00	471.2	2017			
Injury and Violence	**Falls Fatalities 65+**	Injury deaths due to falls for age 65 and older (per 100,000		93 per 100,000	235.4 per 100,000	2017		119.6 per 100,000	146.7 per 100,000
Alcohol & Other Drugs	**Excessive Drinking**	% of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average	15% (Top Performer)	26%	27%	2018			24%
Alcohol & Other Drugs	**Alcohol impaired driving deaths**	Proportion of driving deaths with alcohol involvement	11% (Top Performer)	15%	36%	2015-2019		7%	36%
Alcohol & Other Drugs	**Drug Overdose Deaths**	# of drug poisoning deaths per 100,000 population		10	20	2017-2019		12	19
Alcohol & Other Drugs	**Drug Arrests**	Number of arrests for drug possession		13%	7.30%	2012			

Alcohol & Other Drugs	**Alcohol-related hospitalizations**	Rate of alcohol-related hospitalizations per 1,000		1.9 per 1,000	2.2 per 1,000	2017														
Alcohol & Other Drugs	**Youth Drug and Alcohol Use**	% of students who had at least one drink of alcohol on one or more of the past 30 days		29.80%	29.20%	2019		19.2	19.3											
Alcohol & Other Drugs	**Youth Drug and Alcohol Use**	% of students who had their first drink of alcohol other than a few sips before age 13		16.50%	15.00%	2019		16.4	14.6											
Insufficient Sleep	**Insufficient Sleep**	% of adults who report fewer than 7 hours of sleep on average (age adjusted)		34%	33%	2018		32%	32%											
Physical Activity and Nutrition	**Adult Obesity**	% adults (age 20 +)with BMI > 30	26% (Top Performer)	41%	32%	2017		41%	31%	33										
Physical Activity and Nutrition	**Physical Activity / Inactivity**	Estimated percent of adults aged 20 and over reporting no leisure time physical activity	19% (Top Performer)	20%	20%	2017		23%	21%											
Physical Activity and Nutrition	**Access to exercise opportunities**	Percentage of individuals in a county who live reasonably close to a location for physical activity (e.g., parks and recreational facilities)	91% (Top Performer)	74%	85%	2010 & 2019		58%	81%											
Physical Activity and Nutrition	**Youth Dietary Behavior**	Percentage of students who ate fruits less than five times per day		5.70%	5.6	2019														
Physical Activity and Nutrition	**Youth Dietary Behavior**	Percentage of students who ate vegetables less than five times per day		5.90%	6.3	2017														
Physical Activity and Nutrition	**Youth Dietary Behavior/ Overweight**	Percentage of students overweight		14.60%	16%	2019			used how do you describe your weight.											
Physical Activity and Nutrition	**Youth Physical Activity**	Percentage of students physically active at least 60 minutes per day on less than 5 days		55.30%	55.90%	2019														
Physical Activity and Nutrition	**Breast-feeding**	% of infants receiving WiC breastfed exclusively through three months		84%	81%	2018-2019														
Tobacco	**Adult Smoking**	% adults self-reporting smoking > 100 cigarettes in their lifetime and currently smoking (every day or most days)	16% (Top Performer)	21%	17%	2018		17%	16%											
Tobacco	**Adult Smokeless Tobacco Use**	% of persons aged ≥18 years who reported currently using chewing tobacco, snuff, or snus (a small pouch of smokeless tobacco) every day or some days		N/A	3.70%	2009														
Tobacco	**Smoking During Pregnancy**	% of mothers who report smoking during pregnancy	10%	18%	12%	2021		20%	13%											
Tobacco	**Tobacco Sales to Minors**	% of illegal tobacco sales to minors		4.10%	14.1	2021														
Tobacco	**Youth Tobacco Use**	% of students who smoked cigarettes on one or more of the past 30 days	16% (HP2020)	5.70%	6.00%	2019														
Tobacco	**Youth Tobacco Use**	% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days		3.30%	3.80%	2019														
Tobacco	**Electronic Vapor Products**	% of students who ever used electronic vapor products		45.50%	50.10%	2019														
Reproductive and Sexual Health	**Sexually Transmitted Infections**	Chlamydia cases per 100,000 population	161 cases per 100,000 (Top Performer)	278 per 100,000	484 per 100,000	2018		243 per 100,000	479 per 100,000											
Reproductive and Sexual Health	**Teen Birth Rate**	Birth rate per 1,000 females age 15-19	12 (Top Performer)	18 per 1,000	15 per 1,000	2017		19 per 1,000	17 per 1,000											
Reproductive and Sexual Health	**Prenatal Care**	Adequacy of prenatal care per Kessner or Kotelchuck indices		97%	77%	2020														
Reproductive and Sexual Health	**Preterm births**	% of births < 37 weeks gestation		7.00%	9.90%	2020														
Reproductive and Sexual Health	**Youth Sexual Behavior**	% of students who have ever had sexual intercourse		34.60%	38.40%	2019														
Reproductive and Sexual Health	**Youth Sexual Behavior**	Among students who had sexual intercourse during the past three months, the percentage who did not use a condom during last sexual intercourse		25.00%	27.40%	2019														
Access to Care	**Preventable Hospital Stays**	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2565 per 100,000 (Top Performer)	3,255 per 100,000	3,747 per 100,000	2018		3,841 per 100,000	3,940 per 100,000											

Access to Care	**Uninsured under Age 65**	% population under age 65 that has no health insurance coverage		8%	7%	2018		8%	6%											
Access to Care	**Primary care physicians**	Ratio of population to primary care physicians	1030:1 (Top Performer)	890 to 1	1270 to 1	2018		910 to 1	1270 to 1											
Access to Care	**Mental health providers**	Ratio of population to mental health providers	270:1 (Top Performer)	**1130 to 1**	470 to 1	2020		**1250 to 1**	490 to 1											
Access to Care	**Dental Utilization**	% of Medicaid members receiving a dental service		30.02%	23.43%	2008														
Access to Care	**Dentists**	Ratio of population to dentists	1210:1 (Top Performer)	**1460 to 1**	1410 to 1	2019		**1560 to 1**	1460 to 1											
Access to Care	**No recent dental visit**	% of population age 2+ that did not have a dental visit in the past year		33%	26%	2017														
Access to Care	**Local Health Department Staffing**	Fulltime equivalents of local health department staff per 1,000 population		13.2 per 1,000	13.3 per 1,000	2016														
Access to Care	**Flu Vaccination 65+**	% of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination	55% (Top Performer)	45%	53%	2018		47%	52%											
Chronic Disease Management	**Cervical Cancer Screening**	% of women 18+ who had a pap test in last 3 years		no data																
Chronic Disease Management	**Colon Cancer Screening**	% of 50+ population who ever had a sigmoidoscopy or colonoscopy		no data																
Chronic Disease Management	**Diabetic Screening**	% of diabetic Medicare enrollees that received HbA1c screening in past year	90% (Top Performer)	91%	90%	2017		91%	90%											
Chronic Disease Management	**Mammography Screening**	% of female Medicare enrollees aged 65-74 that received annual mammography screening	51% (Top Performer)	51%	49%	2018		50%	50%											
Chronic Disease Management	**Cholesterol Screening**	% of adults ever had cholesterol checked	94% (Top Performer)	90%	92%	2015-2019														
Education	**High School Completion**	% of adults ages 25 and over with a high school diploma or equivalent		90%	92%	2015-2019														
Education	**Some College**	% of adults age 25-44 with some post-secondary education	73% (Top Performer)	60%	70%	2015-2019		58%	69%											
Education	**Reading Proficiency**	Average grade level performance for 3rd graders on English Language Arts Standardized tests		2.9	3	2018		3	3											
Employment	**Unemployment**	% of population age 16+ unemployed but seeking work	2.6% (Top Performer)	4.00%	3.30%	2019		3.40%	3.00%											
Employment	**W2 Enrollment**	Count of Individuals enrolled in W-2 (Wisconsin Works) on the last		41	14,439	2017		29	11,039											
Adequate Income	**Median Household**	Median household income (all residents of a household over age		$54,400	$64,200	2019		$50,300	$60,800											
Adequate Income	**Poverty, All Ages**	% of population living below the Federal Poverty Line (FPL)		11%	12%	2017		11%	12%											
Adequate Income	**Poverty, Children**	% of children under 18 living below the Federal Poverty Line	10% (Top Performer)	14%	17%	2019		15%	14%											
Adequate Income	**Children Eligible for Free Lunch**	% of children enrolled in public schools that are eligible for free school lunch		45%	39%	2018-2019		39%	37%											
Adequate Income	**Severe Housing Problems**	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9% (Top Performer)	9%	14%	2013-2017		10%	14%											
Community Safety	**Violent Crime**	Violent crime rate per 100,000 population (includes offenses that	63 per 100,000 (Top Performer)	46 per 100,000	298 per 100,000	2014 & 2016		46 per 100,000	298 per 100,000											
Community Safety	**Child Abuse**	Child abuse rate per 1,000 population (allegation of		9 per 1,000	4 per 1,000	2018		3 per 1,000	4 per 1,000											
Community Safety	**Youth Violence**	% of students who have been bullied on school property during		22%	19.50%	2019														
Community Safety	**Youth Violence**	% of students who have ever been physically forced to have sexual intercourse when they did not want to		6.90%	7.3	2019														
Health Literacy	**Illiteracy**	% of the population age 16 and older that lacks basic prose literacy skills		8%	7%	2003														
Social Support	**Inadequate Social Support**	% adults without social/emotional support (self reported that 'never', 'rarely', or 'sometimes' get support they need)	14% (Top Performer)	21%	23%	2015-2019		32%	32%											
Social Support	**Single-parent Households**	% of children that live in a household headed by a single parent	14% (Top Performer)	21%	23%	2015-2019		32%	32%											
Social Support	**Older Living Alone**	% 65 years and older who live alone		28%	29%	2017		29%	29%											
Racism	**Hate Crimes**	Hate crime rate		28	72	2020														

Built Environment	**Limited Access to Healthy Foods**	% population who are low income and do not live close to a grocery store (10 miles rural/one mile urban)		3%	5%	2015		3%	5%											
Built Environment	**Food Insecurity**	Percent of people who do not have adequate access to food during the past year		9%	9%	2018		10%	10%											
Built Environment	**Lead Poisoned Children**	Prevalence of elevated blood lead levels among children age six and under		1	678	2014														
Built Environment	**Year Structure Built**	% of housing units built prior to 1950		29%	26%	2017		27%	26%											
Natural Environment	**Air Pollution -- Particulate Matter**	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	5.2 (Top Performer)	6.4	7	2.16		7.2	8.6											
Natural Environment	**High Ozone Days**	The 8-hour ozone concentration in parts per million, converted to an air quality index level	0 (Top Performer)	N/A	N/A			N/A	N/A											
Natural Environment	**Drinking Water Violations**	Indicator of the presence of health-related drinking water violation. Yes-violations No-no violations		No		2019		Yes												
* Targets: Obtained from Healthy People 2020 or 2010 (HP2020 and HP2010).																				
* Top Performers: See the County Health Rankings and Roadmaps (CHRR) Exploring the Data (http://www.countyhealthrankings.org/using-the-rankings-data/exploring-the-data) for more information on this metric. The "Top Performer" is the value for which only 10% of counties in the country are doing better.																				
Population Data																				
Barron County	**2014 Data**	**Change from 2010-2014**		**Wisconsin**																
Age Group	**Males**	**Female**	**Percent Change**	**Age Group**	**Male**	**Female**	**Percent Change**													
0-17	4,934	4,719	-5%	0-17	664,657	636,188	-3%													
18-44	6,939	6,503	-3%	18-44	1004757	973,698	-1%													
45-64	6,714	6,587	-2%	45-64	794,628	799,615	1%													
65+	4,336	5,159	14%	65+	390,698	483,717	12%													
Total	22,923	22,968	0%	Total	2,854,740	2893218	1%													

Appendix C

Thrive Barron County Steering Committee Members:

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