#### LINCOLN COUNTY BOARD OF HEALTH MEETING Lincoln County Service Center, 801 N. Sales Street, Merrill WI 54452 Wednesday, August 16, 2023 at 4:00 p.m. **Rooms 247/248** Via Teleconference and In-Person Attendance

Electronic Attendance Available: Persons wishing to attend the meeting electronically may enter the meeting beginning ten minutes prior to the start time indicated above using the following number or address:

#### Conference Call: (US) +1 260-782-6586 Access Code PIN: 895 590 116# Meeting ID: meet.google.com/jzy-xiai-hru

The teleconference cannot start until the host (county clerk) dials in and enters the host password. In the event there is an unforeseen technical difficulty that prevents all or a part of the meeting from being available electronically, the meeting will continue in person and those wishing to attend can appear in person at the location indicated in this agenda.

All public participants' phones, microphones and chat dialog boxes will be muted or disabled during the meeting. If "public comment" appears on the agenda, before the meeting is called to order, the clerk will ask teleconference attendees whether any public comment is being offered. When called upon by the clerk or chair, any person offering public comment should state their name and comments.

#### AGENDA

- 1. Call to Order and Introductions
- 2. Public Comment
- 3. Approve Minutes of Previous Meeting
- 4. Q & A on Written and Financial Report
- 5. Approval of Timesheets 06/26/2023 08/06/2023
- 6. Immunization Program Update Kristi Krombholz
- 7. Approval Change in Fees (flu, oral health, environmental health)
- 8. Approve of Community Health Assessment and Improvement Plan 2023-2028
- 9. Agenda Items and Next Meeting
- 10. Adjourn

#### **Distribution:**

Julie Allen, Steve Osness, Laurie Thiel, Angela Cummings, Susan Weith, Dr. Michael Clark, and Brenda Mueller Administrative Coordinator **Other County Board Supervisors Department Heads** 

Posted on: at: a.m./p.m. by:

While there may be a quorum of the following committees present, no committee business will be conducted at this meeting: Law Enforcement, EMS, Judicial and Emergency Management.

Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of this meeting. Please contact the County Clerk at 715-539-1019 or chris.marlowe@co.lincoln.wi.us as early as possible so that proper arrangements can be made. Requests are kept confidential.

#### GENERAL REQUIREMENTS:

- Must be held in a location which is reasonably accessible to the public. 1.
- 2. Must be open to all members of the public unless the law specifically provides otherwise.

#### NOTICE REQUIREMENTS:

- In addition to any requirements set forth below, notice must also be in compliance with any other specific statue. 1.
- Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely 2. to give notice to the public.

#### MANNER OF NOTICE:

Date, time, place, and subject matter, including subject matter to be consider in a closed session, must be provided in a manner and form reasonably likely to give notice to the public.

#### TIME FOR NOTICE:

- 1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
- No less than 2 hours prior to the meeting if the presiding officer establishes there is a good cause that such notice is impossible or 2. impractical.

#### EXEMPTIONS FOR COMMITTEES AND SUB-UNITS:

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful meeting to act or deliberate upon a subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place, and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

#### PROCEDURE FOR GOING INTO CLOSED SESSION:

- Motion must be made, seconded, and carried by roll call majority vote and recorded in the minutes. 1.
- 2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

#### STATUTORY EXEMPTIONS UNDER WHICH CLOSED SEESIONS ARE PERMITTED:

- Deliberation of judicial or quasi-judicial matters. Sec. 19.85(1)(a) 1.
- 2. Considering dismissal, demotion, or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
- 3. Considering employment, promotion, compensation, or performance evaluation data of any public employee. Sec. 19.85(1)(c).
- Considering strategy for crime detection or prevention. Sec. 19.85(1)(d). 4.
- 5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
- Considering financial, medical, social, or personal histories or disciplinary data of specific persons, preliminary consideration of 6. specific personnel problems or the investigation of specific charges, which, if discussed in public would likely have an adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f).
- 7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g).
- 8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

#### CLOSED SESSION RESTRICTIONS:

- Must convene in open session before going into closed session. 1.
- May not convene in open session, then convene in closed session and thereafter reconvene in open session with twelve (12) hours 2. unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.
- 3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

#### BALLOTS, VOTES, AND RECORDS:

- Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes. 1.
- 2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
- 3. Motions and roll call votes must be preserved in the record and be available for public inspection.

#### USE OF RECORDING EOUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

#### LEGAL INTERPRETATION:

- The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon 1. request.
- 2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

#### PENALTY:

Upon conviction, nay member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation. 2

#### LINCOLN COUNTY BOARD OF HEALTH LINCOLN COUNTY SERVICE CENTER, ROOMS 247/248 JULY 10, 2023 12:30 PM MEETING MINUTES

MEMBERS PRESENT: Laurie Thiel, Brenda Mueller, Julie Allen (via teleconference), Dr. Michael Clark (via teleconference), Angela Cummings (via teleconference) MEMBERS ABSENT: Sue Weith, Steve Osness GUESTS: None

**DEPARTMENT HEAD:** Shelley Hersil

- 1. **Call to Order**: Secretary Mueller appointed Thiel as acting chairperson. Thiel called the meeting to order at 12:30 p.m.
- 2. Public Comment: None.
- 3. **Approval of Minutes of Previous Meeting**: Motion to approve minutes of the previous meeting by Allen, 2<sup>nd</sup> by Thiel. All ayes, motion carried.
- 4. **Service Recognition-Mike Loka:** Exploring appreciation/recognition ideas for Mike. Suggestions are appreciated and will be revisited at the next meeting.
- 5. **Q & A on Written Report and Financial Report:** Licensing of businesses is currently happening and is a major source of funding for the department. An Environmental Health Technician has been hired. Reports reviewed and placed on file.
- 6. **Approval of Timesheets**: **May 1-June 24, 2023**: Motion by Cummings, 2<sup>nd</sup> by Allen to approve timesheets. All ayes, motion carried.
- Approval of Vaccine Fees: LCHD would like to offer a limited amount of vaccines to the public at their cost plus \$15. This would be for out of pocket payers and would not include influenza. Motion to approve providing vaccines at cost plus \$15 by Cummings, 2<sup>nd</sup> by Thiel. All ayes, motion carried.
- 8. **140 Review Overview:** The review will take place virtually on July 25, 1:00-2:30 p.m. Board members are invited to participate. Health departments must meet certain statutes by law. LCHD is at level 3, the most advanced level.
- Approval of Board of Health Ordinance Revision 2023: An Ordinance Amending the General Code of the County of Lincoln Chapter 1 (revising 1.29 – County Board of Health) is authored by Cummings and sponsored by BOH Committee. Motion to approve amending Ordinance Chapter 1 (revising 1.29) by Cummings, 2<sup>nd</sup> by Thiel. All ayes, motion carried.
- Approval of Employee FDA Grant Meal Reimbursement: Request made to approve an employee's meal reimbursement above standard rate, which will be covered by grant funds. Motion to approve FDA grant employee meal reimbursement by Mueller, 2<sup>nd</sup> by Allen. All ayes, motion carried.
- **11. Approval Public Health Mutual Aid Agreement:** Motion by Mueller, 2<sup>nd</sup> by Allen to approve the Public Health Mutual Aid Agreement which is an agreement to provide support to surrounding counties listed in the agreement, if available. All ayes, motion carried.
- **12.** Approval UW Eau Claire Memorandum of Understanding: Motion by Cummings, 2<sup>nd</sup> by Thiel to approve the UW Eau Claire Memorandum of Understanding, which allows Eau Claire to place a student intern in LC. All ayes, motion carried.
- **13. Agenda Items and Next Meeting:** Information from the Healthy Minds Coalition on mental health services for teens; Community Health Improvement Plan. Next meeting is August 16, 2023, 4:00 p.m.
- **14. Adjourn:** Motion made by Allen, 2<sup>nd</sup> by Thiel to adjourn. All ayes, motion carried. Meeting adjourned at 1:08 p.m.
- B. Mueller, Secretary, Minutes submitted 7/12/2023



#### Lincoln County Health Department

Board of Health Written Report for June 13, 2023 – August 7, 2023

#### **Director Meetings**

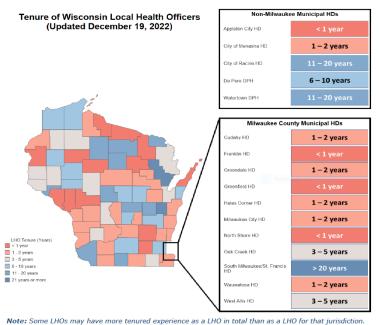
| Meeting(s)  | Date                  | Location |
|---|-----------------------|----------|
| Action Planning Meetings (Nutrition, Mental Health, | Month of July         | onsite   |
| Aging)  |                       |          |
| 140 Review  | July 25 <sup>th</sup> | Onsite   |
| ESF 6 Meeting – Emergency Plan Mass Care            | August 3              | Onsite   |
| Live Well Lincoln Leadership Team Meeting           | August 4              | Onsite   |

#### **Operations**

| Staff Recruitment               | Date Vacant      | Progress                            |
|---------------------------------|------------------|-------------------------------------|
| Public Health Nurse             | 8/22             | 1 Interview Pending                 |
| Opioid Grant Coordinator        | Posted 6/15/2023 | 2 applications, 1 offer – not taken |
| Environmental Health Technician | Position filled  | Start Day July 17th                 |

- Health Department Staff completed 1. Behavioral and Adapting Communication Skills Training on July 26<sup>th</sup> and 2. Emotion Intelligence Training on August 1st. Funding for the training came from the Workforce Development Grant.
- MAP of tenure of Local Health Officers (for your information).





A leader in public health by promoting optimal health and safety through prevention, protection, and intervention.

#### Environmental Health

#### **Complaints:**

- Travelodge regarding cleanliness of rooms and customer service. Complaint was unsubstantiated.
- KFC/Taco Bell regarding undercooked food, cross contamination of raw and RTE foods, bare hand contact and playing hockey with a piece of chicken on the ground. Upon inspection, the establishment is was filthy and there were numerous flies in the building. A re-inspection will take place on or after Monday, August 2, 2023.

#### Enforcement:

• Rodeway Inn regarding carbon monoxide. Tomahawk FD responded and hotel was evacuated and licenses suspended. A referral was made to DSPS who opened and investigation. A re-inspection took place with Dave Hilgendorf (Building Inspector) and Tomahawk FD checked CO levels with everything functioning to ensure the issue had been resolved prior to re-opening.

#### New Licenses/Establishments:

- Everson's Escape TRH
- JB's Catering Mobile Food Serving Meals
- Jokin Joes Change of Ownership
- Scott and Christin Hill TRH
- The Happy Quacker Retail Food Prepackaged
- Vibe-Out Nutrition Change of Ownership (Operating Without a License)
- Viegut's Do It Express Change of Ownership (Operating Without a License)

#### Chronic Disease Live Well Lincoln (Community Health Plan and Assessment)

See agenda Adopt Community Health Assessment and Plan

#### Communicable Disease

#### COVID-19 Disease Level

- According to the Merrill Wastewater SARS-CoV-2 Report COVID-19, disease is at very low with 175 samples.
- 73 TOTAL cases for the months May July 2023, **4** Hospitalized, **0** Deaths

#### COVID Testing:

- 0 TOTAL COVID-19 PCR tests; 4 TOTAL COVID-19 Antigen Rapid tests for May July 2023
- 313 TOTAL Antigen Rapid Home Test Kits were Distributed May July 2023

#### COVID-19 Vaccinations:

- 17 TOTAL vaccines for the months of May July 2023
- COVID-19 vaccines are going private. But will still be available to those who are underserved Source: <u>https://www.hhs.gov/coronavirus/commercialization/index.html</u>

#### Legislative Update

Senate Joint Resolution 54/Assembly Joint Resolution 60 - Freedom to gather in places of worship during a state of emergency (Constitutional Amendment) WALHDAB summary: At the hearing, WCC, shared that they have concerns about moving forward but others provided support for the constitutional amendment. A Constitutional amendment has to be passed in 2 consecutive sessions. It also has to pass during the next legislative session. This would need to go to a statewide referendum. This will go to floor in fall.

| E   | nvironmenta   | l Health Qua   | arterly Repor   | t   |           |  |
|---|---|--|---|---|-----------|--|
|   | Agent I   | Program (July 1, 2022 - July 31,   | 2023)   |   |           |  |
|   | Q1 (July-September)   | Q2 (October - December)  | Q3 (January - March)  | Q4 (April - June)                                     | Total     |  |
| Licensed Establishments   | 399   | 400  | 404   | 412   |           |  |
| nspections Complete (%)   | 11.63%  | 24.26%   | 17.82%  | 34.22%  | 87.94%    |  |
| Routine   | 30  | 92   | 60  | 113   | 295       |  |
| re-Inspections (New Licenses)   | 17  | 6  | 12  | 28  | 63        |  |
| License Enforcement   |   | nty Average (2016 - Present): 25   |   | 3 Complaints  |           |  |
| e-Inspections   | 0   | 0  | 4   | -   | 4         |  |
| ollow-Up Inspections  | 3   | 5  | 19  | 6   | 33        |  |
| isits/No Action   | 0   | 2  | 1   | 1   | 4         |  |
| omplaint(s)   | 9   | 2  | 4   | 2   | 17        |  |
| econd Inspections   | 0   | 0  | 0   | 25  | 25        |  |
| ther/Consultations<br>Notes: Q4 of the 2022-2023 license was ver  | 0   | 2  | 5   | 8   | 15        |  |
| Health Specialist and 51 were conducted by<br>did not receive inspections and a considera<br>2022-October, 2022), followed by turnover<br>and continued efforts on the FDA Retail Sta<br>full-time equivalent (FTE) devoted to food f | ble amount of follow-up was ur<br>in the Environmental Health Te<br>ndards Grant. Standard 8 of the | hable to be completed. This is ir<br>echnician (twice). Other factors<br>e FDA Retail Standards addresse | part due to several months of included the need for increased | required training (May,<br>I support in the water lab |           |  |
|   | UNTY LICENSES   | 388 412  | Pools<br>4%<br>Summer O<br>1%<br>Lodging<br>25%               |   |           |  |
| 2014 2015 2016 2017 201   | Year  | h Hazards (January 1 - Septemb   | ody Art<br>2%<br>her 30, 2023)                                | als)  |           |  |
|   | Q1 (January - March)  | Q2 (April - June)  | Q3 (July-September)   | Q4 (October - December)                               | Total     |  |
| Human Health Hazard Complaints  |   | nty Average (2016 - Present): 9  | Complaints/Year (4 Required E                                 | nforcement)   | 1         |  |
| omplaint Investigations   | 0   | 1  | -   | -   | 1         |  |
| omplaint(s) Requiring Enforcement   | 0<br>Criteria fan elevete   | 1  | -   | -   | 1         |  |
| Childhood Lead Poisoning  |   | ed lead levels was reduced from  | i 5 to 3.5 mcg/dL - not enough (                              | -   | 450       |  |
| hildren Tested  | 70  | 88   | -   | -   | 158       |  |
| hildren with Elevated Lead Levels   | 1   | 10<br>County Average (2018-2022) 7   | -<br>Pitos /Voor /2 4 Deswired Enfor                          | -   | 11        |  |
| Animal Bites  |   |  | Sites/ real (5.4 Required Entor                               | -   | 4         |  |
| nimal Bites Reported  | 1   | 3  | -   | -   | 4         |  |
| ites W/ Enforcement (Rabies)  | 0   | 3<br>Inter Quality As of July 21, 2022   | -   | -   | 3         |  |
|   |   | /ater Quality As of July 31, 2023  |   | Oty Desitive for 5 -                                  | oli       |  |
| Deiverte Martin Tractice  | Total # Tested (YTD)  | Qty. Positive/High<br>unty Average (2015 - Present): I   | % Positive/High   | Qty. Positive for E.c.                                |           |  |
| Private Well Testing  |   |  | -   | Silive 15.0/0   |           |  |
| rivate Water Nitrates   | 23  | 0  | 0.00%   | 1 (Sample Source in Oreide                            | Country   |  |
| rivate Water Bacteria   | 145   | 17<br>punty Average (2015 - Present):  | 11.72%  | 1 (Sample Source in Oneida                            | a county) |  |
| DNR Well Program  |   | 1  | 1   | JSILIVE 3.3%  |           |  |
| NR/TNC Water Nitrates   | 37  | 0  | 0.00%   |   |           |  |
| NR/TNC Water Bacteria   | 38<br>Nolls (79 Total)  | 4  | 10.53%  | 0   |           |  |
| Transient Non-Community V   |   | DNR Corrective Action  |   | ary Surveys (20% = 16)                                |           |  |
| Complete  | % Complete  | # of Establishments  | Complete  | % Complete  |           |  |
| 41  | 69%   | 79   | 11  | 69%   |           |  |

#### LINCOLN COUNTY HEALTH DEPARTMENT YEAR TO DATE BUDGET REPORT FOR 2023 7

|  | RT   |   |   |                        |   |  |  |
|--|--|---|---|------------------------|---|--|--|
| FOR 2023 7   |  |   |   | YTD                    | YTD   |  |  |
| ACCOUNT  |  | ORIGINAL  | REVISED   | 2023                   | 2023  | AVAILABLE  | PERCENT  |
| ACCOUNT<br>23000054.461900   | NIAL CARE REVENUES   | BUDGET<br>10,080.00   | BUDGET<br>10,080.00   | 3,228.00               | EXPENDITURES  | 6,852.00   | USED<br>32.0%  |
| 23000054.465910  | HEALTH DEPT PUBLIC CHARGES   | 24,736.00   | 24,736.00   | 3,702.57               |   | 21,033.43  | 15.0%  |
| 23000054.473500  | PRSYL SERVICES   | 6,500.00  | 6,500.00  | 2,939.50               |   | 3,560.50   | 45.2%  |
| 23000054.473510  | MAPS SCHOOL SERVICES   | 115,104.00  | 115,104.00  | 67,822.65              |   | 47,281.35  | 58.9%  |
| 23000054.474000  | INTER DEPT SERVICES  | 96,192.00   | 96,192.00   | 40,812.00              |   | 55,380.00  | 42.4%  |
| 23000054.485000  | IMMUNIZATION DONATIONS   | 1,500.00  | 1,500.00  | 980.00                 |   | 520.00   | 65.3%  |
| 23000054.511000  | PUBLIC HEALTH SALARY   | 582,581.00  | 582,581.00  |                        | 271,924.91  | 310,656.09   | 46.7%  |
| 23000054.520000  | PUBLIC HEALTH FRINGE   | 233,126.00  | 233,126.00  |                        | 92,936.53   | 140,189.47   | 39.9%  |
| 23000054.531010  | AUDITING SERVICES  | 1,300.00  | 1,300.00  |                        | 0.00  | 1,300.00   | 0.0%   |
| 23000054.531320  | CONTRACTED SERVICES  | 221.00  | 221.00  |                        | 227.50  | (6.50)   | 102.9%   |
| 23000054.551000  | LIABILITY INSURANCE  | 7,300.00  | 7,300.00  |                        | 0.00  | 7,300.00   | 0.0%   |
| 23000054.552001  | PUBLIC HEALTH TELEPHONE  | 3,500.00  | 3,500.00  |                        | 1,965.50  | 1,534.50   | 56.2%  |
| 23000054.554001  | PRINTING ALLOCATION  | 2,500.00  | 2,500.00  |                        | 613.71  | 1,886.29   | 24.5%  |
| 23000054.555000  | PUBLIC HEALTH TRAVEL/TRAINING  | 4,500.00  | 4,500.00  |                        | 2,824.68  | 1,675.32   | 62.8%  |
| 23000054.561100  | PUBLIC HEALTH OFFICE SUPPLIES  | 7,000.00  | 7,000.00  |                        | 1,537.82  | 5,462.18   | 22.0%  |
| 23000054.561101  | PUBLIC HEALTH POSTAGE  | 1,500.00  | 1,500.00  |                        | 325.54  | 1,174.46   | 21.7%  |
| 23000054.561214  | PUBLIC HEALTH VACCINE  | 10,500.00   | 10,500.00   |                        | 444.45  | 10,055.55  | 4.2%   |
| 23000054.570000  | STATE GRANT OPERATIONS   | 0.00  | 0.00  |                        | 0.00  | 0.00   | 100.0%   |
| 23000054.571000  | FOOT CARE OPERATIONS   | 300.00  | 300.00  |                        | 55.12   | 244.88   | 18.4%  |
| 23000060.411000  | HEALTH DEPT TAX LEVY   | 563,054.00  | 563,054.00  | 563,054.00             |   | 0.00   | 100.0%   |
| 23000054.435500.10119  | HEALTH CHECK   | 4,000.00  | 4,000.00  | 165.61                 |   | 3,834.39   | 4.1%   |
| 23000054.435500.10120  | STATE HEALTH   | 25,600.00   | 25,600.00   | 13,105.00              |   | 12,495.00  | 51.2%  |
| PUBLIC HEALTH TOTALS   |  |   |   | 695,809.33             | 372,855.76  |  |  |
| 23000054.435510.10120  | PREVENTION GRANT REVENUE   | 6,165.00  | 6,165.00  | 2,778.00               |   | 3,387.00   | 45.1%  |
| 23000054.511000.10120  | PREVENTION GRANT WAGES   |   |   |                        | 2,189.30  | 0.00   | 100.0%   |
| 23000054-520000.10120  | PREVENTION GRANT FRINGE  |   |   |                        | 588.89  | 0.00   | 100.0%   |
| 23000054.571002.10120  | PREVENTION GRANT OPERATIONS  | 6,165.00  | 6,165.00  |                        | 0.00  | 6,165.00   | 0.0%   |
| PREVENTION TOTALS  |  |   |   | 2,778.00               | 2,778.19  |  |  |
| 23005554.461900  | WATER LAB TESTING REVENUE  | 0.00  | 0.00  | 6,073.00               |   | (6,073.00)   | 100.0%   |
| 23005554.560000  | ENVIRONMENTAL HEALTH OFFICE  | 800.00  | 800.00  |                        | 151.89  | 648.11   | 19.0%  |
| 23005554.571000  | WATER LAB OPERATIONS   | 0.00  | 0.00  |                        | 3,885.65  | (3,885.65)   | 100.0%   |
| ENVIRONMENTAL HEALTH TO  |  |   |   | 6,073.00               | 4,037.54  |  |  |
| 23005654.435500.20100  | COMMUNICABLE DISEASES GRANT  | 3,800.00  | 3,800.00  | 3,800.00               |   | 0.00   | 100.0%   |
| 23005654.511000.20100  | COMMUNICABLE DISEASES WAGES  | 2,700.00  | 2,700.00  |                        | 2,709.85  | (9.85)   | 100.4%   |
| 23005654.520000.20100  | COMMUNICABLE DISEASES FRINGE   | 1,100.00  | 1,100.00  |                        | 1,017.17  | 82.83  | 92.5%  |
| 23005654.560000  | CLINIC SUPPLIES  | 2,000.00  | 2,000.00  |                        | 68.00   | 1,932.00   | 3.4%   |
| COMMUNICABLE DISEASES TO   |  |   |   | 3,800.00               | 3,795.02  |  |  |
| 23005754.485000  | TOBACCO GRANT  | 2,500.00  | 2,500.00  | 1,333.00               |   | 1,167.00   | 53.3%  |
| 23005754.511000.10121  | TOBACCO GRANT SALARY   | 1,595.00  | 1,595.00  |                        | 1,448.11  | 146.89   | 90.8%  |
| 23005754.520000.10121  | TOBACCO GRANT FRINGE   | 780.00  | 780.00  |                        | 503.85  | 276.15   | 64.6%  |
| 23005754.554001.10121  | TOBACCO GRANT PRINTING   | 75.00   | 75.00   |                        | 4.10  | 70.90  | 5.5%   |
| 23005754.570000.10121<br>TOBACCO TOTALS  | TOBACCO GRANT OPERATIONS   | 50.00   | 50.00   | 1,333.00               | 0.00  | 50.00  | 0.0%   |
| 23006954.435500.10128  | PREPAREDNESS GRANT REVENUE   | 40,953.00   | 40,953.00   | 17.436.00              | 1,990.00  | 23,517.00  | 42.6%  |
| 23006954.511000.10128  | PREPAREDNESS SALARY  | 28,648.00   | 28,648.00   | 17,430.00              | 18,544.77   | 10,103.23  | 64.7%  |
| 23006954.520000.10128  | PREPAREDNESS FRINGE  | 6,805.00  | 6,805.00  |                        | 3.031.15  | 3,773.85   | 44.5%  |
| 23006954.554001.10128  | PREPAREDNESS PRINTING  | 300.00  | 300.00  |                        | 7.32  | 292.68   | 2.4%   |
| 23006954.555000.10128  | PREPAREDNESS TRAVEL/TRAINING   | 2,000.00  | 2,000.00  |                        | 1,025.00  | 975.00   | 51.3%  |
| 23006954.570000.10128  | PREPAREDNESS OPERATIONS  | 3,200.00  | 3,200.00  |                        | 4,386.90  | (1,186.90)   | 137.1%   |
| PUBLIC HEALTH PREPAREDNES  |  | 3,200,000   | 5)200100  | 17,436.00              | 26,995.14   | (1)100100/   | 107/11/0   |
| 23027854.465900  | SEAL A SMILE REVENUE   | 15,814.00   | 15,814.00   | 9,522.33               |   | 6,291.67   | 60.2%  |
| 23027854.465916  | DENTAL HEALTH (MA)   | 2,500.00  | 2,500.00  | 2,206.41               |   | 293.59   | 88.3%  |
| 23027854.511000  | ORAL HEALTH SALARY   | 4,550.00  | 4,550.00  |                        | 1,757.50  | 2,792.50   | 38.6%  |
| 23027854.520000  | ORAL HEALTH FRINGE   | 552.00  | 552.00  |                        | 134.47  | 417.53   | 24.4%  |
| 23027854.570000  | SEAL A SMILE OPERATIONS  | 350.00  | 350.00  |                        | 54.15   | 295.85   | 15.5%  |
| 23027854.571000  | DENTAL HEALTH OPERATIONS   | 2,500.00  | 2,500.00  |                        | 363.98  | 2,136.02   | 14.6%  |
| ORAL HEALTH TOTALS   |  | ,   | ,   | 11,728.74              | 2,310.10  | ,  |  |
| 23008454.435500.10173  | ENHANCE DETECTION REVENUE  | 0.00  | 0.00  | 27,552.00              | ,   | (27,552.00)  | 100.0%   |
| 23008454.511000.10173  | ENHANCE DETECTION SALARY   | 0.00  | 0.00  |                        | 21,428.17   | (21,428.17)  | 100.0%   |
| 23008454.520000.10173  | ENHANCE DETECTION FRINGE   | 0.00  | 0.00  |                        | 4,796.84  | (4,796.84)   | 100.0%   |
| 23008454.554001.10173  | ENHANCE DETECTION PRINTING   | 0.00  | 0.00  |                        | 466.36  | (466.36)   | 100.0%   |
| 23008454.555000.10173  | ENHANCE DETECTION TRAVEL/TRAINING  | 0.00  | 0.00  |                        | 68.78   | (68.78)  | 100.0%   |
| 23008454.561101.10172  | ENHANCE DETECTION POSTAGE  | 0.00  | 0.00  |                        | 9.10  | (9.10)   | 100.0%   |
| 20000 10 11001101120172  |  | 0.00  | 0.00  |                        | 3,958.52  | (3,958.52)   | 100.0%   |
| 23008454.571000.10173  | ENHANCE DETECTION OPERATIONS   |   |   | 27,552.00              | 30,727.77   |  |  |
|  |  |   |   |                        |   |  | 100.000/   |
| 23008454.571000.10173  |  | 0   | 0   | 13,776.00              |   | (13,776.00)  | 100.00%  |
| 23008454.571000.10173<br>COVID ENHANCE DETECTION 1   | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES  | 0.00  | 0<br>0.00   | 13,776.00              | 2,724.03  | (13,776.00)<br>(2,724.03)  | 100.00%  |
| 23008454.571000.10173<br>COVID ENHANCE DETECTION 1<br>23008454.435500.10174  | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES<br>COVID VACCINE SUPP FRINGE   |   |   | 13,776.00              | 2,724.03<br>209.84  |  |  |
| 23008454.571000.10173<br>COVID ENHANCE DETECTION 1<br>23008454.435500.10174<br>23008454.511000.10174   | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES  | 0.00  | 0.00  | 13,776.00              |   | (2,724.03)   | 100.0%   |
| 23008454.571000.10173<br>COVID ENHANCE DETECTION 1<br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174  | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES<br>COVID VACCINE SUPP FRINGE   | 0.00<br>0.00  | 0.00<br>0.00  | 13,776.00              | 209.84  | (2,724.03)<br>(209.84)   | 100.0%<br>100.0%<br>100.0%                                     |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174<br>23008454.554001.10174  | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES<br>COVID VACCINE SUPP FRINGE<br>COVID VACCINE SUPP PRINTING<br>COVID VACCINE OPERATIONS  | 0.00<br>0.00<br>0.00  | 0.00<br>0.00<br>0.00  | 13,776.00<br>13,776.00 | 209.84<br>31.50   | (2,724.03)<br>(209.84)<br>(31.50)  | 100.0%<br>100.0%   |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174<br>23008454.554001.10174<br>23008454.571000.10174   | TOTALS<br>COVID VACCINE REVENUE<br>COVID VACCINE SUPP WAGES<br>COVID VACCINE SUPP FRINGE<br>COVID VACCINE SUPP PRINTING<br>COVID VACCINE OPERATIONS  | 0.00<br>0.00<br>0.00  | 0.00<br>0.00<br>0.00<br>0.00<br>150,000.00  |                        | 209.84<br>31.50<br>12,408.94  | (2,724.03)<br>(209.84)<br>(31.50)  | 100.0%<br>100.0%<br>100.0%<br>21.0%                            |
| 23008454.571000.10173<br>COVID ENHANCE DETECTION 1<br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174<br>23008454.554001.10174<br>23008454.571000.10174<br>COVID VACCINE SUPPLEMENT  | TOTALS COVID VACCINE REVENUE COVID VACCINE SUPP WAGES COVID VACCINE SUPP FRINGE COVID VACCINE SUPP PRINTING COVID VACCINE OPERATIONS TOTALS  | 0.00<br>0.00<br>0.00<br>0.00  | 0.00<br>0.00<br>0.00<br>0.00  | 13,776.00              | 209.84<br>31.50<br>12,408.94  | (2,724.03)<br>(209.84)<br>(31.50)<br>(12408.94)  | 100.0%<br>100.0%<br>100.0%<br>100.0%                           |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174<br>23008454.571000.10174<br><b>COVID VACCINE SUPPLEMENT</b><br>23008454.435500.10175  | TOTALS COVID VACCINE REVENUE COVID VACCINE SUPP WAGES COVID VACCINE SUPP FRINGE COVID VACCINE SUPP PRINTING COVID VACCINE OPERATIONS TOTALS ARPA COVID REVENUE   | 0.00<br>0.00<br>0.00<br>0.00<br>150,000.00  | 0.00<br>0.00<br>0.00<br>0.00<br>150,000.00  | 13,776.00              | 209.84<br>31.50<br>12,408.94<br><b>15,374.31</b>  | (2,724.03)<br>(209.84)<br>(31.50)<br>(12408.94)<br>118,450.00                                  | 100.0%<br>100.0%<br>100.0%<br>21.0%                            |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.520000.10174<br>23008454.554001.10174<br><b>COVID VACCINE SUPPLEMENT</b><br>23008454.435500.10175<br>23008454.511000.10175   | TOTALS COVID VACCINE REVENUE COVID VACCINE SUPP WAGES COVID VACCINE SUPP FRINGE COVID VACCINE SUPP PRINTING COVID VACCINE OPERATIONS TOTALS ARPA COVID REVENUE ARPA COVID REVENUE  | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00                                    | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00<br>12,969.00<br>300.00             | 13,776.00              | 209.84<br>31.50<br>12,408.94<br><b>15,374.31</b><br>28,986.53                               | (2,724.03)<br>(209.84)<br>(31.50)<br>(12408.94)<br>118,450.00<br>91,757.47                     | 100.0%<br>100.0%<br>100.0%<br>21.0%<br>24.0%                   |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.511000.10174<br>23008454.524001.10174<br>23008454.571000.10174<br><b>COVID VACCINE SUPPLEMENT</b><br>23008454.435500.10175<br>23008454.520000.10175<br>23008454.520000.10175<br>23008454.555000.10175 | TOTALS COVID VACCINE REVENUE COVID VACCINE SUPP WAGES COVID VACCINE SUPP FRINGE COVID VACCINE SUPP PRINTING COVID VACCINE OPERATIONS TOTALS ARPA COVID REVENUE ARPA COVID REVENUE ARPA COVID RECOVERY SALARY ARPA COVID RECOVERY FRINGE ARPA COVID TRAVEL/TRAINING | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00<br>12,969.00<br>300.00<br>3,000.00 | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00<br>12,969.00<br>300.00<br>3,000.00 | 13,776.00              | 209.84<br>31.50<br>12,408.94<br><b>15,374.31</b><br>28,986.53<br>3,604.54<br>293.53<br>0.00 | (2,724.03)<br>(209.84)<br>(31.50)<br>(12408.94)<br>  | 100.0%<br>100.0%<br>100.0%<br>21.0%<br>24.0%<br>27.8%<br>97.8% |
| 23008454.571000.10173<br><b>COVID ENHANCE DETECTION 1</b><br>23008454.435500.10174<br>23008454.520000.10174<br>23008454.520000.10174<br>23008454.554001.10174<br><b>COVID VACCINE SUPPLEMENT</b><br>23008454.435500.10175<br>23008454.520000.10175<br>23008454.520000.10175                          | TOTALS COVID VACCINE REVENUE COVID VACCINE SUPP WAGES COVID VACCINE SUPP FRINGE COVID VACCINE SUPP PRINTING COVID VACCINE OPERATIONS TOTALS ARPA COVID REVENUE ARPA COVID RECOVERY SALARY ARPA COVID RECOVERY FRINGE ARPA COVID RECOVERY PRINTING                  | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00<br>12,969.00<br>300.00             | 0.00<br>0.00<br>0.00<br>150,000.00<br>120,744.00<br>12,969.00<br>300.00             | 13,776.00              | 209.84<br>31.50<br>12,408.94<br><b>15,374.31</b><br>28,986.53<br>3,604.54<br>293.53         | (2,724.03)<br>(209.84)<br>(31.50)<br>(12408.94)<br>118,450.00<br>91,757.47<br>9,364.46<br>6.47 | 100.0%<br>100.0%<br>100.0%<br>21.0%<br>24.0%<br>27.8%<br>97.8% |

|     | 2023 | - |
|-----|------|---|
| FOR | 2023 | 1 |

| FOR 2023 7                |                              |                    |                   | YTD             | YTD                  |                     |                 |
|---------------------------|------------------------------|--------------------|-------------------|-----------------|----------------------|---------------------|-----------------|
| ACCOUNT                   |                              | ORIGINAL<br>BUDGET | REVISED<br>BUDGET | 2023<br>REVENUE | 2023<br>EXPENDITURES | AVAILABLE<br>BUDGET | PERCENT<br>USED |
| ARPA COVID RECOVERY TOTAL | c                            | BODGET             | BODGET            | 31,550.00       | 37,002.05            | BODGET              | USED            |
| 23008454.435500.10176     | PH WORKFORCE REVENUE         | 0                  | 0                 | 4,988.00        | 57,002.05            | (4,988.00)          | 100.0%          |
| 23008454.511000.10176     | PH WORKFORCE SALARY          | 0.00               | 0.00              | 4,500.00        | 1,863.31             | (1,863.31)          | 100.0%          |
| 23008454.520000.10176     | PH WORKFORCE FRINGE          | 0.00               | 0.00              |                 | 517.92               | (517.92)            | 100.0%          |
| 23008454.554001.10176     | PH WORKFORCE PRINTING        | 0.00               | 0.00              |                 | 28.88                | (28.88)             | 100.0%          |
| 23008454.555000.10176     | PH WORKFORCE TRAVEL/TRAINING | 0.00               | 0.00              |                 | 2,859.97             | (2,859.97)          | 100.0%          |
| 23008454.571000.10176     | PH WORKFORCE OPERATIONS      | 0.00               | 0.00              |                 | 861.30               | (861.30)            | 100.0%          |
| PH WORKFORCE TOTALS       |                              |                    |                   | 4,988.00        | 6,131.38             | (                   |                 |
| 23201054.465900           | AGENT REVENUE                | 105,000.00         | 105,000.00        | 124,841.00      |                      | (19,841.00)         | 118.9%          |
| 23201054.465912           | DNR REVENUE                  | 28,679.00          | 28,679.00         | 8,507.50        |                      | 20,171.50           | 29.7%           |
| 23201054.511000           | AGENT/DNR SALARIES           | 74,055.00          | 74,055.00         |                 | 40,351.43            | 33,703.57           | 54.5%           |
| 23201054.520000           | AGENT/DNR FRINGE             | 40,599.00          | 40,599.00         |                 | 20,993.63            | 19,605.37           | 51.7%           |
| 23201054-554000           | DNR PRINT                    | 0.00               | 0.00              |                 | 9.61                 | (9.61)              | 100.0%          |
| 23201054.554001           | AGENT PRINT                  | 325.00             | 325.00            |                 | 61.93                | 263.07              | 19.1%           |
| 23201054.555000           | AGENT TRAVEL-TRAIN           | 3,700.00           | 3,700.00          |                 | 1,121.40             | 2,578.60            | 30.3%           |
| 23201054.555002           | DNR TRAVEL-TRAIN             | 0.00               | 0.00              |                 | 71.98                | (71.98)             | 100.0%          |
| 23201054.571000           | AGENT OPERATIONS             | 11,000.00          | 11,000.00         |                 | 1,256.92             | 9,743.08            | 11.4%           |
| 23201054.571002           | DNR OPERATIONS               | 4,000.00           | 4,000.00          |                 | 7.86                 | 3,992.14            | 20.0%           |
| AGENT STATUS PROGRAM TOT  | ALS                          |                    |                   | 133,348.50      | 63,874.76            |                     |                 |
| 23201054.511000.10137     | FDA GRANT SALARY             | 0.00               | 0.00              | 0.00            | 596.43               | (596.43)            | 100.0%          |
| 23201054.520000.10137     | FDA GRANT FRINGE             | 0.00               | 0.00              |                 | 214.75               | (214.75)            | 100.0%          |
| 23201054.554001.10137     | FDA GRANT PRINT              | 0.00               | 0.00              |                 | 0.02                 | (0.02)              | 100.0%          |
| 23201054.555000.10137     | FDA GRANT TRAVEL/TRAINING    | 0.00               | 0.00              |                 | 1,293.65             | (1,293.65)          | 100.0%          |
| FDA GRANT TOTALS          |                              |                    |                   |                 | 2,104.85             |                     |                 |
| 23201154.461900           | HEALTHY MINDS REVENUE        | 0.00               | 0.00              | 16,000.00       |                      | (16,000.00)         | 100.0%          |
| 23201154.461900.20110     | HPLC-TOMAHAWK REVENUE        | 0.00               | 0.00              | 2,000.00        |                      | (2,000.00)          | 100.0%          |
| 23201154.570000.20110     | HPLC-TOMAHAWK OPERATIONS     | 0.00               | 0.00              |                 | 280.42               | (280.42)            | 100.0%          |
| 23201154.485005           | NUTRITION COALITION          | 1,000.00           | 1,000.00          | 0.00            | 0.00                 | 1,000.00            | 0.0%            |
| 23201154.571001           | HEALTHY MINDS OPERATIONS     | 0.00               | 0.00              |                 | 7,089.70             | (7,089.70)          | 100.0%          |
| 23201154.571002           | NUTRITION COALITION          | 1,000.00           | 1,000.00          |                 | 0.00                 | 0.00                | 0.0%            |
| MINI GRANT TOTALS         |                              |                    |                   | 18,000.00       | 7,370.12             |                     |                 |
|                           | TOTAL REVENUES               | 1,203,177.00       | 1,203,177.00      | 968,172.57      |                      |                     | 80.5%           |
|                           | TOTAL EXPENDITURES           | 1,203,177.00       | 1,203,177.00      |                 | 577,313.05           |                     | 48.0%           |
|                           | GRAND TOTAL                  |                    |                   |                 |                      | 390,859.52          |                 |
|                           |                              |                    |                   |                 |                      |                     |                 |

#### Lincoln County Employee Timesheet

| Name:<br>Emplo        |      |      | y Hersi      | l<br>319               |     |             | Depar | tment: | Health | Depar | tment |     |     |       |                        |             |                       |
|-----------------------|------|------|--------------|------------------------|-----|-------------|-------|--------|--------|-------|-------|-----|-----|-------|------------------------|-------------|-----------------------|
| Repre<br>FLSA<br>6/26 |      |      | tus:<br>6/29 | Nonre<br>Exemp<br>6/30 | •   | nted<br>7/2 | 7/3   | 7/4    | 7/5    | 7/6   | 7/7   | 7/8 | 7/9 | From: | 6/26/2023              | To:<br>FMLA | 7/9/2023              |
| Mon                   | Tue  | Wed  |              | Fri                    | Sat | Sun         | Mon   | Tue    | Wed    | Thur  | Fri   | Sat | Sun | Hours | Pay Category           | hours       |                       |
| 8.75                  | 8.75 |      |              |                        |     |             |       |        | 8.75   | 9.25  | 8.75  |     |     | 44.25 | Regular: Health Dept.  |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | PHER Grant             |             | 23201554.511000.10137 |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | Preparedness           |             | 23006954.511000       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | Tobacco Grant          |             | 23005754.511000.10121 |
|                       |      | 8.00 | 8.00         | 8.00                   |     |             | 3.75  |        |        |       |       |     |     | 27.75 | Vacation:              |             |                       |
|                       |      |      |              |                        |     |             |       | 8.00   |        |       |       |     |     | 8     | Holiday:               |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | Paid Sick Allowance:   |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | Paid Funeral Leave:    |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     | 0     | Worker's Compensation: |             |                       |
| 8                     | 8    | 8    | 8            | 8                      | 0   | 0           | 8     | 8      | 8      | 8     | 8     | 0   | 0   | 80    | TOTAL HOURS PAID       |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     |       |                        |             |                       |
|                       |      |      |              |                        |     |             |       |        |        |       |       |     |     |       |                        |             |                       |
| 8.75                  | 8.75 | 8    | 8            | 8                      | 0   | 0           | 3.75  | 8      | 8.75   | 9.25  | 8.75  | 0   | 0   | 80    | TOTAL HOURS REPORT     | ED          |                       |

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT:

#### Lincoln County Employee Timesheet

| Name  |         | Shelle | / Hersi | I     |        |      | Depar | tment: | Health | Depar | tment |      |      |       |                        |       |                       |
|-------|---------|--------|---------|-------|--------|------|-------|--------|--------|-------|-------|------|------|-------|------------------------|-------|-----------------------|
| Emplo | yee Nu  | umber: |         | 319   |        |      |       |        |        |       |       |      |      |       |                        |       |                       |
| Repre | sentati | ve Sta | tus:    | Nonre | preser | nted |       |        |        |       |       |      |      |       |                        |       |                       |
| FLSA  | Status  | :      |         | Exemp | ot     |      |       |        |        |       |       |      |      | From: | 7/10/2023              | To:   | 7/23/2023             |
| 7/10  | 7/11    | 7/12   | 7/13    | 7/14  | 7/15   | 7/16 | 7/17  | 7/18   | 7/19   | 7/20  | 7/21  | 7/22 | 7/23 |       |                        | FMLA  |                       |
| Mon   | Tue     | Wed    | Thur    | Fri   | Sat    | Sun  | Mon   | Tue    | Wed    | Thur  | Fri   | Sat  | Sun  | Hours | Pay Category           | hours |                       |
| 9.25  | 8.75    | 8.50   | 9.00    | 8.50  |        |      | 9.00  | 9.25   | 8.50   | 7.00  | 6.75  |      |      | 84.5  | Regular: Health Dept.  |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | PHER Grant             |       | 23201554.511000.10137 |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Preparedness           |       | 23006954.511000       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Tobacco Grant          |       | 23005754.511000.10121 |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Vacation:              |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Holiday:               |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Paid Sick Allowance:   |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Paid Funeral Leave:    |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      | 0     | Worker's Compensation: |       |                       |
| 8     | 8       | 8      | 8       | 8     | 0      | 0    | 8     | 8      | 8      | 8     | 8     | 0    | 0    | 80    | TOTAL HOURS PAID       |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      |       |                        |       |                       |
|       |         |        |         |       |        |      |       |        |        |       |       |      |      |       |                        |       |                       |
| 9.25  | 8.75    | 8.5    | 9       | 8.5   | 0      | 0    | 9     | 9.25   | 8.5    | 7     | 6.75  | 0    | 0    | 84.5  | TOTAL HOURS REPORT     | ED    |                       |

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT:

#### Lincoln County Employee Timesheet

| Name:<br>Emplo | yee Nu                    |        | y Hersi | l<br>319       |     |              | Depar | tment: | Health | Depar | tment      |     |     |       |                        |             |                       |
|----------------|---------------------------|--------|---------|----------------|-----|--------------|-------|--------|--------|-------|------------|-----|-----|-------|------------------------|-------------|-----------------------|
| Repre          | sentati<br>Status<br>7/25 | ve Sta |         | Nonre<br>Exemp | •   | nted<br>7/30 | 7/31  | 8/1    | 8/2    | 8/3   | 8/4        | 8/5 | 8/6 | From: | 7/24/2023              | To:<br>FMLA | 8/6/2023              |
| Mon            | Tue                       | Wed    |         | Fri            | Sat | Sun          | Mon   | Tue    | Wed    | Thur  | 5/4<br>Fri | Sat | Sun | Hours | Pay Category           | hours       |                       |
| 9.75           | 8.75                      | 9.00   | 8.50    |                |     |              | 8.50  | 9.50   | 8.75   | 9.25  | 6.75       |     |     | 78.75 | Regular: Health Dept.  |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | PHER Grant             |             | 23201554.511000.10137 |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Preparedness           |             | 23006954.511000       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Tobacco Grant          |             | 23005754.511000.10121 |
|                |                           |        |         | 1.25           |     |              |       |        |        |       |            |     |     | 1.25  | Vacation:              |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Holiday:               |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Paid Sick Allowance:   |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Paid Funeral Leave:    |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     | 0     | Worker's Compensation: |             |                       |
| 8              | 8                         | 8      | 8       | 8              | 0   | 0            | 8     | 8      | 8      | 8     | 8          | 0   | 0   | 80    | TOTAL HOURS PAID       |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     |       |                        |             |                       |
|                |                           |        |         |                |     |              |       |        |        |       |            |     |     |       |                        |             |                       |
| 9.75           | 8.75                      | 9      | 8.5     | 1.25           | 0   | 0            | 8.5   | 9.5    | 8.75   | 9.25  | 6.75       | 0   | 0   | 80    | TOTAL HOURS REPORT     | ED          |                       |

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT: GRANT NAME/PROJECT:



# Lincoln County Community Health Assessment & Improvement Plan 2023-2028



Photo Credit: Top Center Photo, Maura Ogurek, Lower Photos Left to Right, Kandie Sipple-King, Justine Engman, Austin Brown







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#### ELECTRONIC ACCESS:

This publication and all associated documents can be accessed electronically at **www.welllincoln.org** We welcome comments and feedback and can be reached at 715-536-0307 or **Lchealth@co.lincoln.wi.us** 



## About the Live Well Lincoln Collaboration

Live Well Lincoln is a partnership that envisions a healthy community where Lincoln County residents can live their highest quality of life possible. This collaboration came together in 2006 as a partnership representing membership from the Lincoln County Health Department, Aspirus Health, Aging and Disability Resource Center of Central Wisconsin, Lincoln County Department of Social Services and UW-Madison Division of Extension Lincoln County (past partner). This team provides oversight for coalition-led efforts addressing community health priorities for Lincoln County.

Working with partners helps us accomplish things that one agency could not do alone. Live Well Lincoln strives to foster collaboration of shared resources, ideas, and skills in order to avoid duplication and to provide high quality, best practice interventions for the community.

Live Well Lincoln provides guidance in the development, implementation and evaluation of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Achieving success in implementing this plan is facilitated through endless efforts from our community coalitions, organizations, and the community as a whole.

#### "Alone we can do so little; together we can do so much." – Helen Keller



#### Vision:

To help Lincoln County become the healthiest community in Wisconsin where residents live the highest quality of life possible.

#### **Mission**:

To promote partnerships within the community to improve health through advocacy, prevention and implementation of best practices.



## Acknowledgements

Lincoln County Health Department wants to thank those who participated in the development of the Community Health Assessment and Community Health Improvement Plan. The following agencies and individuals participated in activities that contributed to the completion of this report.

#### Live Well Lincoln Leadership Team Members

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North Central Health Care Holly Westberg **Opportunity Development** Centers. Inc. Ann Lepak **Pine Crest Nursing Home Rvan Hanson T.B. Scott Free Library** Laurie Ollhoff **Tomahawk City Council** Patricia Haskin **Tomahawk Public Library** Heidi O'Hare **Tomahawk School District** Wendy Simonis **Tomahawk Together** Kay Kissinger-Wolf **UW-Extension** Terri Kolb, Melissa Yates, Art Lersch Wisconsin Institute for Public **Policy and Service** Francisco Guerrero



## Introduction

This report represents findings from the Community Health Assessment and a Community Health Improvement Plan that identifies and addresses top health issues facing Lincoln County. This document is intended to serve as a resource for informing a better understanding of how certain factors, including the social determinants of health, impact the health status of some community members more than others. It also provides a roadmap of focused strategies to be implemented by our community to create a healthier Lincoln County.

As we developed this road map for the next 5 years, the Live Well Lincoln Leadership Team identified the following **overarching values** to be considered during this process.

- Address Root Cause of Poor Health Outcomes
- Community Driven and Sustainable Solutions
- Strive to Shift Social Norms that Value Health
- Investment in Community Health

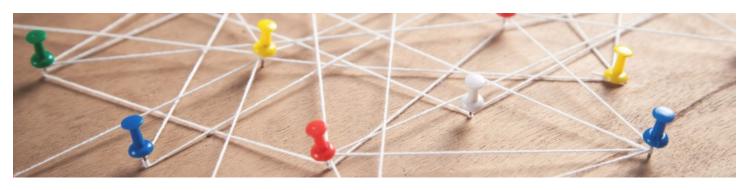
#### 2023 Shift in Needs

Community members identified the following as new needs and challenges since our last health assessment

- Workforce shortages
- Equitable pay
- Increases in the cost of living
- Reductions in funding for community prevention staff
- Growing aging population with more needs

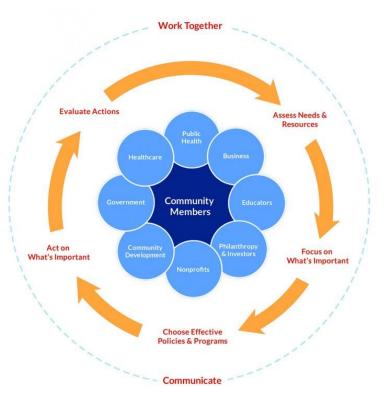
This process is not new to Lincoln County but is built off of previous health assessments and plans conducted in the county. Although there has been several shifts in community needs since our last assessment in 2017, our findings show our community is still facing similar health issues. Mental health and emotional well being is still considered a top issue in our county, along with social and environment conditions continuing to create barriers for community members to achieve healthy lifestyles. As we complete our assessment, we are now more than ever seeing increased needs for our older population. We also recognize the new obstacles we face, such as COVID-19 pandemic recovery, and community wide issues including workforce shortages and rising cost of basic needs such as childcare, food and housing.

As we move forward it is our hope that this assessment and plan will provide tools for organizations serving Lincoln County. We hope this document is embraced by our partners and community as a basis for setting internal priorities and goals. Whether these efforts include utilizing the provided data to strengthen existing programs or addressing policies and systems that contribute to Lincoln County's health inequities, we are confident this assessment can help improve health outcomes within our community.



## **Community Health Improvement Planning Process**

The Live Well Lincoln Leadership Team began the Community Health Assessment process in fall 2022. The Community Health Assessment is completed every 5 years and includes a comprehensive review of information about the community's health status, needs, issues, assets and resources with the goal of improving and promoting the health of those that live in Lincoln County. Upon the completion of data review and analysis, community members determine if current health priorities have shifted and if root causes have changed. Following the Community Health Assessment, a Community Health Improvement Plan is updated to reflect strategies that will address current health priorities. Lincoln County's Community Health Improvement Plan process began in May of 2023.



Live Well Lincoln Leadership Team utilized a modified, community-driven strategic planning

process based off of the County Health Rankings Tack Action Cycle and the Mobilizing for Action through Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials.

#### The Steps in the Take Action Cycle are

- Step 1 Gather information to assess needs and resources.
- **Step 2** Set priorities, so you can focus on what is important.
- **Step 3** Find the most effective approaches to address your priorities.
- **Step 4** Get to work on acting on what's important.
- **Step 5** Evaluate actions throughout the cycle to help improve strategies and ensure that work being done is effective.

At the center of the Take Action Cycle is people working together. This is a key factor in having a successful and impactful process. We know that when people work together with a shared vision and commitment to improve health; we are better able to achieve our goals.



## **Community Health Improvement Planning Process Time Line**

#### Step 1: Gather information to assess needs and resources

#### May – November 2022

- Conduct Lincoln County Community Health Survey.
- Collect secondary data (alignment with County Health Rankings Model).
- Seek out primary data from community partners.
- Complete one-on-one interviews and focus groups representing diverse populations.

#### Step 2: Set priorities, so you can focus on what is important

#### December 2022—May 2023

- Compile data and summarize findings.
- Meet with Live Well Lincoln Leadership Team (LWL) to review data, identify trends and themes and identify priority issues.
- Hold Community Health Forum with local leaders and partner organizations to complete a forces of change assessment, and complete problem analysis and priority setting for each health issue.
- Assess the alignment of results with Healthiest Wisconsin 2030, Healthy People 2030 and current Lincoln County Plan.
- Live Well Lincoln and Lincoln County Health Department finalize health priories and goals for 2023-2028.

#### Step 3: Find the most effective approaches to address your priorities

#### June—August 2023

- Hold Action Planning Meetings for each priority health issue.
- Compile findings and finalize action plans.
- Seek input from target populations and the organizations that serve these individuals.
- Complete Community Health Improvement Plan.

#### **Step 4: Get to work on acting on what's important August—September 2023**

- Develop a community engagement plan including members of the community.
- Hold community conversations.
- Implement Community Health Improvement Plan.
- Distribute Community Health Improvement Plan and recruit membership.

## **Step 5:** Evaluate actions throughout the cycle to help improve strategies and ensure that work being done is effective

#### Ongoing

- Monitor data, engage with community members, evaluate partnerships and outcomes.
- Modify strategies as needed to increase efficacy and meet local needs.
- Share and celebrate results.



## **Community Health Improvement Planning Process Assessment Data Methods**

The process of data collection and analysis was lead by Lincoln County Health Department with support from the Live Well Lincoln Leadership Team as well as input from community members and partner organizations. Focus was placed on gathering primary, secondary, quantitative and qualitative data that aligned with the County Health Rankings model and key indicators.

The following is a list of most frequent used data sources.

#### **Quantitative Data**

#### **Primary Data Sources**

- Lincoln County Youth Risk Behavior Survey
- WI Electronic Disease Surveillance System
- WI Immunization Registry
- Lincoln County Community Health Survey *See Appendix A for survey results*

#### **Secondary Data Sources**

- County Health Rankings
- U.S. Census Bureau
- CDC Behavioral Risk Factor Survey
- WI Department of Health Services
- WI Department of Justice

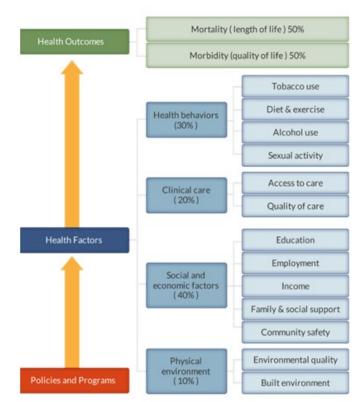
#### **Qualitative Data**

#### **Primary Data Sources**

- Lincoln County Community Forum
- Lincoln County Key Informant Interviews
- Lincoln County Focus Groups See Appendix B for survey Key Informant and Focus Group results

Quantitative data was initially presented to the Live Well Leadership Team to not only analyze community strengths, challenges, trends and themes, but to determine gaps in data and a process for obtaining partner and community input through qualitative data collection methods. Through this process Live Well Lincoln partners were able to identify major health issues in the community as well as best practices for implementation of the Community Health Improvement Plan.

**It is important to note data limitations**. The focus groups and interview results we are sharing are not entirely generalizable and there are limitations to the strength of the conclusions. Survey data results have issues from how, where, and whom thtee data were collected as well as sample size.



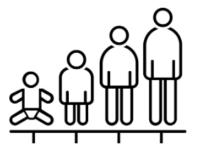


## **Community Profile**

Lincoln County is located in north central Wisconsin and ranks 21st in size among the state's 72 counties at about 900 square miles (584,960 acres), which includes approximately 15,000 acres of water. Lincoln County has 16 towns and 13 unincorporated "villages." Lincoln County has 152 named lakes and 577 unnamed lakes. The County has 22 miles of cross country trails, 315 snowmobiling trails and 200 ATV trails, which are a tourism attraction. The majority of jobs in the area are made up of manufacturing, government, healthcare, education, and insurance.



Lincoln County Population



Median Age: 48 Average Life Expectancy: 79



Median Household Income: \$61,100

Median Property Value: \$147,700





Rural

46% Urban





50% Male1,88250% FemaleVeterans

### Language

97.3% Speak only English1.2% Spanish1.0% Other Indo-European languages

- **0.6%** Asian and Pacific Islanders
- 0.1% Other languages

### Disabilities

**9.8%** of individuals under age 65 have a disability.

#### Transportation

Most people in Lincoln County **drive alone** to work, and the average commute time is **23.1 minutes.** 

The average car ownership in Lincoln County is **2 cars per household**.

Source: U.S. Census Bureau 2020

Source: U.S. Census Bureau 2020



65+

## **Community Profile**

Since Lincoln County's last Community Health Assessment in 2018, there have been several shifts in demographics that are important to note.

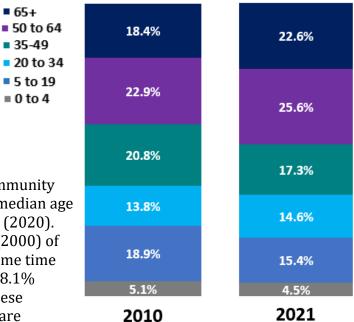
- **Aging Community** ٠
- **Growing Diversity**
- **Employment Opportunities**

The most significant change that has occurred is community age demographics. Over the course of 10 years, the median age for Lincoln County jumped from 38.1 (2010) to 47.9 (2020). The population 19 and under declined from 25.4% (2000) of the total population to 20.3% (2020). During that same time period, the 65 and older age group increased from 18.1% (2000) of the total population to 21.6% (2020). <sup>1</sup> These demographics are not unique to Lincoln County the are consistent with rural north-central Wisconsin demographics.

Lincoln County's population is becoming slightly more diverse. Although the largest racial and ethnic group in Lincoln County is White, Non Hispanic or Latino, this population slightly decreased from 2010 to 2020, while all other racial and ethnic groups increased,

According to the Wisconsin Department of Workforce Development, in 2020, employment in Lincoln County decreased by 815 jobs (7.5%). Manufacturing experienced the greatest numerical loss in employment with a loss of 331 jobs, a decrease of 13.1%. Additionally, this industry made up 27% of total payroll and accounted for 40.6% of the decline in overall employment Even though COVID-19 contributed to job loses these trends were building up well before the pandemic as Lincoln County experienced members of the baby boomer generation exiting the 21 workforce.

Age makeup of Lincoln County





| Race               | 2010   | 2020   |
|--------------------|--------|--------|
| White              | 98.5%  | 98.4%  |
| white              | 28631  | 27,245 |
| Black or African   | 0.3%   | 1.4%   |
| American           | 98     | 397    |
| American Indian    | 0.5%   | 0.9%   |
| and Alaskan Native | 410    | 241    |
| Asian              | 0.5%   | 0.80%  |
| Asidii             | 149    | 235    |
| Native Hawaiian or | 0.1%   | 0.30%  |
| Pacific Islanders  | 21     | 81     |
| Ethnicity          | 2010   | 2020   |
| Non Hispanic or    | 98.9%  | 98.1%  |
| Latino             | 28,743 | 27,165 |
| Hispanic or Latino | 1.1%   | 1.9%   |
| (of any race)      | 332    | 522    |

Source: United States Census Bureau

10



# **Health Outcomes**

In order to understand overall health in Lincoln County, we look at health outcomes. It reflects the physical and mental well-being of residents through measures that represent not only the length, (as measured by premature death) but quality of life (as measured by low birth weight, and poor mental or physical health).

## Life Expectancy

Compared to Wisconsin, Lincoln County residents live slightly shorter lives and are more likely to die prematurely (before the age of 75). Chronic disease and preventable injuries are primary contributions to premature death.

The overall life expectancy for Lincoln County residents is 78.1 years (72.8 years for males and 80.9 years for females). Many factors influence life expectancy including health behaviors, clinical care, social and economic factors and the physical environment.

|                     | Lincoln County                                       | Wisconsin                                       |
|---------------------|--|---|
| Life<br>Expectancy  | 78.1 years<br>(2018-2020)                            | 78.9 years<br>(2020)                            |
| Premature<br>Death  | 6,900 years of<br>potential life lost<br>(2018-2020) | 6,600 years of<br>potential life lost<br>(2019) |
| Infant<br>Mortality | 16 deaths per<br>1,000 live births<br>(2020)         | 6 deaths per<br>1,000 births<br>(2020)          |

Source: County Health Rankings, National Center for Health Statistics - Mortality Files 2018-2020

## **Infant Mortality**

For the youngest residents, infant mortality is higher in Lincoln County than Wisconsin overall. In Lincoln County, causes of infant deaths include prematurity, low birth weight, birth defects, sudden infant death syndrome, and conditions occurring during pregnancy. <sup>2</sup> According to the Women's Council Wisconsin Perinatal Health Inequities Report July 2022, 85% of women in the state covered by private insurance received first-trimester prenatal care, compared to just 66.9% of women on Medicaid/Badger Care in 2022. Communities with greater income inequities are generally the same communities with a higher infant mortality rate.

Source: Women's Perinatal Health Inequities Report, Women's Council of Wisconsin, July 2022



## **Leading Causes of Death**

Cancer can cause a significant loss of life, along with physical, emotional, and financial struggles. Cancer is the leading cause of premature death (under 75 years) and the second leading cause of death in Lincoln County overall. The leading cancers in the county include prostate, lung and bronchus, and breast. Data findings from 2015-2019 show that females in Lincoln County have a slightly higher age adjusted incidence rate per 100,000 of lung cancer at 61.3 than males at 59.8. <sup>3</sup>

According to the Wisconsin Cancer Plan 2020-2030, it is well documented that social and economic factors, injustices, geographic location, and gaps in cultural responsible health care services puts individuals at higher risk of developing and or dying from cancer. Access to quality health care and engaging in healthy behaviors determine the quality and length of one's life.

## **Injury-Related Deaths**

Injuries are predictable and preventable. Primary prevention has a proven track record of eliminating unnecessary death and reducing the burden of family and healthcare costs due to injury. Safety devices, accompanied with education, are highly effective in preventing injuries and saving lives.

There were 92 deaths due to injury per 100,000 in Lincoln County from 2016-2020 (WI 89). <sup>4</sup> The top causes of injury related deaths in Lincoln County were falls, firearms and motor vehicles during 2020. The leading causes of injury related hospitalizations in Lincoln County were falls, non traffic transportation, and poisoning both for children and adults during 2021.<sup>5</sup>

Lincoln County has a high number of fatal falls and a growing elderly population. According to the Wisconsin Department of Health Services, one-third of people over the age of 65 years will fall every year. The death rate due to unintentional falls in Wisconsin is twice the national average.

| Leading Causes of Death<br>Under Age 75 | Deaths | Age-Adjusted Rate<br>per 100,000 |
|---|--------|----------------------------------|
| Malignant neoplasms                     | 121    | 87.7                             |
| Diseases of heart                       | 50     | 37.1                             |
| Accidents                               | 34     | 42.5                             |
| Chronic lower<br>respiratory diseases   | 31     | 21.2                             |
| Chronic liver disease<br>and cirrhosis  | 23     | 19.1                             |

Source: County Health Rankings, CDC WONDER, Lincoln County 2018-2020

#### Top Causes of Injury Deaths in Lincoln County, 2020



Statistics on Health



## **Intentional Injury-Related Deaths**

Suicide serves as an important measure of the mental health of a county's population. Many factors can increase the risk for suicide or protect against it. People who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to healthcare can decrease suicidal thoughts and behaviors.

Lincoln County had more suicide deaths per 100,000 than the state and country in 2016-2020.

- Lincoln County: 21 deaths per 100,000
- Wisconsin: 15 deaths per 100,000
- United States: 11 deaths per 100,000 6

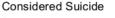
According to Lincoln County suicide data from 2017-2021, 82% of suicide deaths were among men and 67% of deaths involved firearms. Deaths were highest among 51-70 year olds. Factors contributing to a higher suicide rate among middle aged/older men include loss of relationships, death of a spouse or loved one, serious 15.0% illness diagnosis, job loss, financial problems, substance use and general sense 10.0% of hopelessness.

Lincoln County high school students who reported seriously considering suicide was 14% in 2019 (WI 16%). Female students (18%) were more likely than male students (10%) to consider suicide.

## Lincoln County Suicide Deaths by Age 2017-2021



Source: Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021



Students who seriously considered suicide (past 12 months)



In addition a higher percentage of 11 grade students reported thoughts of suicide, which may be connected to increased stress caused by post secondary education and employment planning. That same year, 7% of Lincoln County high school student reported attempting suicide, which was the same as Wisconsin.<sup>7</sup>



# **Quality of Life**

Quality of life represents the overall well-being of individuals. To improve health, it is important to understand individuals' perceptions of their health so we can better understand barriers and factors contribute to the overall health of our communities.

Many factors impact quality of life and include living conditions, physical environment, economic stability, education, access to care and community resources, social connectedness, emotional well-being and physical health.

According to the Lincoln County Community Health Survey 2022, overweight and obesity across the lifespan, poor mental health, chronic disease and poor physical health were top concerns related to poor health outcomes.

## **Physical Health**

Self reported health status is a general measure of health-related quality of life. It is an indicator of how well people are living, particularly for individuals with chronic disease and disabilities.

In Lincoln County, the number of physically unhealthy days reported by adults in the past month increased from 3.4 in 2015 to 3.7 in 2019 (WI 3.6, U.S. 3.9). During that same year, 15% of adults in Lincoln County reported their health as fair or poor which was the same as Wisconsin and slightly lower than the U.S. at 17%. <sup>8</sup> The percentage of Lincoln County adults reporting 14 or more days of poor physical health has stayed relatively the same at 10% in 2015 and 11% in 2019 (WI 11%, U.S. 10%). <sup>9</sup> It is important to identify patterns of poor physical health days over time and the inequities between groups in our community.

#### **Community's Top Concerns**

Individuals who completed the 2022 Community Health Survey identified these as the top issues causing poor health

- Overweight or Obesity (52%)
- Poor Mental Health (44.2%)
- Chronic Disease (32.6%)
- Poor Physical Health (30.2%)
   669 respondents



Average number of physically unhealthy days reported by Lincoln County adults in the last month in 2019

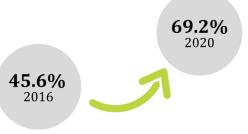
(WI 3.6, U.S. 3.9) Source: County Health Rankings 2022 Report, Behavioral Risk Factor Surveillance System



### **Chronic Disease**

Chronic diseases are a leading cause of death and disability in the United States. Obesity, a BMI of 30+, increases risk for chronic diseases such as heart disease, type 2 diabetes and certain cancers. Many chronic diseases are caused by poor nutrition, physical inactivity, tobacco and excessive alcohol use.

In Lincoln County, 34% of adults reported having a BMI of 30+ (obese) in 2019 (WI 34%, U.S. 32%), which was a slight increase from 33% in 2013. <sup>10</sup> During that same year, 8% of Lincoln County adults age 20 and older were diagnosed with diabetes (WI 7%, U.S. 9%). <sup>11</sup> In 2021, 26.9% of Lincoln County adults reported having high blood pressure (WI 31.6%, U.S. 32.4%). <sup>12</sup>



**Percent of women in northern WI overweight or obese <u>prior</u> to pregnancy** (WI 58%, 2020)

Source: Wisconsin Department of Health Services Pregnancy Risk Assessment Monitoring System

We are seeing the largest increase in obesity over the last 4 years among pregnant women in northern Wisconsin. The percent of women overweight or obese (BMI 25+) prior to pregnancy has increased in from 45.6% in 2016 to 69.2% in 2020 (WI 58%). Having a high BMI during pregnancy increases the risk for miscarriage, stillbirth, gestational diabetes, preeclampsia and cesarean delivery. <sup>13</sup>

## **Adverse Childhood Experiences**

Adverse Childhood Experiences (ACEs) are traumatic events or circumstances that happen during childhood that can impact lifelong health. ACEs can include violence, neglect, physical and sexual abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can impact brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance

#### Estimated Percent of Adults Who Experienced Adverse Childhood Experiences (ACEs) 2017-2021

| Auverse ciliunoou Experiences (ACLS) 2017-2021 |                   |                    |           |  |
|--|-------------------|--------------------|-----------|--|
|  | Lincoln<br>County | Northern<br>Region | Wisconsin |  |
| 0 ACEs   | 40%               | 44%                | 40%       |  |
| 1 ACE  | 22%               | 22%                | 23%       |  |
| 2-3 ACEs                                       | 22%               | 19%                | 21%       |  |
| 4+ ACEs  | 16%               | 15%                | 16%       |  |

Source: Wisconsin Behavioral Risk Factor Surveillance System

misuse in adulthood. In Lincoln County, the percent of adults reporting ACEs was comparable to northern counties and Wisconsin as a whole in 2017-2021. ACEs are common and can impact anyone, however social determinants can increase risk for ACEs. Children who don't have safe housing, quality education, financial opportunities or access to quality health care are more likely to experience ACEs.

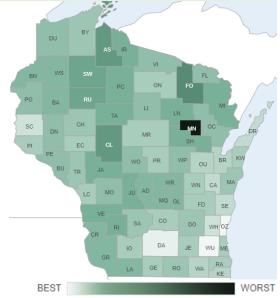


## **Mental Health**

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act and impacts how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life and can change over time, depending on a variety of factors.

In Lincoln County, the number of mentally unhealthy days reported by adults in the past month increased from 3.3 in 2015 to 4.5 in 2019 (WI 4.4, U.S. 4.5). <sup>14</sup> The percentage of Lincoln County adults reporting 14 or more days of poor mental health per month also increased from 10% in 2015 to 14% in 2019 (WI 13%, U.S. 14%). <sup>15</sup> Communities with more unhealthy days are likely to have higher poverty, unemployment, high school incompletion and mortality rates than those with fewer unhealthy days.

#### Average Number of Poor Mental Health Days Reported by Adults in Past 30 Days

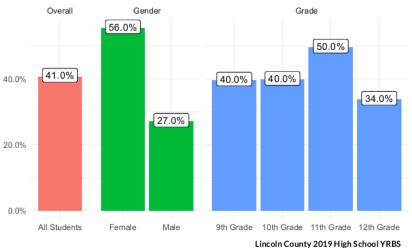




When it comes to youth mental health, 41% of Lincoln County high school students reported significant problems with anxiety in the past year in 2019 (WI 49%). Female students (56%) were twice as likely as male students to report anxiety (27%).

That same year, 26% of Lincoln County high school students reported experiencing prolonged, disruptive sadness (depression) in the past year (WI 29%). The percent of female students (30%) reporting depression was slightly higher than male students (22%).<sup>7</sup> Self-Reported Anxiety

Students who had experienced significant problems with anxiety (past 12 months)





## **Family Support and Social Connectedness**

People who are socially connected, less isolated and have trusting relationships live longer and more healthy lives that those who are socially isolated.

The COVID-19 pandemic significantly impacted social connectedness by encouraging isolation as a mitigation strategy and promoting virtual options for work, school and social gatherings. Lincoln County is in the process of shifting to pre COVID-19 social engagement, however this will take time.

One of the strengths of Lincoln County continues to be civic engagement. In 2019, there were 15.6 membership organizations per 10,000 people in Lincoln County (WI 11.4, U.S. 9.2). <sup>16</sup> This includes civic, political, religious, sports and professional organizations.

The natural beauty and rural nature of Lincoln County draws in many retirees, however this often means moving away from family. From 2015-2020 the percentage of Lincoln County residents age 65 and older living alone in a non-family household increased from 12% (2015) to 13.9% (2020). <sup>17</sup> This number is anticipated to increase. It is important that older adults, particularly those living alone, have access to resources and emotional support.

Social connectedness and supportive relationships are essential to youth well-being. When youth are socially connected they can engage in healthy relationships where they feel safe, valued, and supported. Lincoln County high school students were comparable to Wisconsin when asked questions about support, safety and connectedness in the 2019 Youth Risk Behaviors.

#### **Connectedness & Family Support Challenges in Lincoln County**

Participants at the 2023 Community Forum identified the following issues and themes:

- Isolation among older adults and youth
- Fast paced environment is impacting family structure and well-being
- Technology is affecting relationships, particularly among youth
- Generations are disconnected
- Sense of community is being lost

#### Lincoln County High School Youth Risk Behavior Survey Results 2019

| 27%  | 83%  | 63%   |
|--|--|---|
| of high school<br>students reported<br>getting emotional<br>support when<br>needed<br>(WI 24%) | of high school<br>students reported<br>having at least one<br>supportive adult<br>besides a parent<br>(WI 84%) | of high school<br>students agreed<br>that they belong at<br>school<br>(WI 61%)                            |
| 79%  | 68%  | 39%   |
| of high school<br>students reported<br>feeling safe at<br>school<br>(WI 83%)                   | of high school<br>students reported<br>participating in<br>after school<br>activities, teams<br>or clubs       | of high school<br>students reported<br>spending 3+ hours<br>a day on a phone,<br>Xbox, or other<br>device |

(WI 68%)

(WI 46%)



## **Physical Environment**

Where you live can significantly impact your health. Physical environment includes both natural and built environments. Assuring equitable access to environments that promote health and safety are essential to a healthy community.

Many people who live in Lincoln County are drawn to the area's clean environment, recreation and its rural way of life. Lincoln County's physical environment was identified as a top strength by community members in the Lincoln County Community Health Survey in 2022. In order to protect one of Lincoln County's greatest assets, we must prioritize climate change and its impact on the health, safety and economic well-being of our community. Reducing one's carbon footprint through transportation, energy efficiency, sustainable food options, stewardship, and waste reduction are top considerations.

## **Air & Water Quality**

Clean air and safe water are essential to health. Poor air quality and unsafe drinking water can be particularly harmful to vulnerable populations such as the very young, pregnant women, older adults, and those with chronic health conditions.

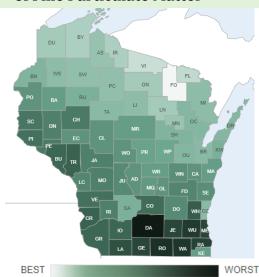
Air quality in Lincoln County is better than the state average. In Lincoln County, an annual average of 6.4 micrograms per cubic meter of fine particulate matter was measured in the air, compared to Wisconsin at 7.5 in 2018. <sup>18</sup> Average EPA standards are 12.0 micrograms. There has been a steady decline in ER visits due to asthma in Lincoln County over the last decade with 139 visits in 2010 and 83 visits in 2021. An area worth noting is the rate of ER visits per 10,000 due to COPD in Lincoln County (55) was much higher than Wisconsin (26.4) in 2021. <sup>19</sup> Tobacco use and exposure to secondhand smoke are potential considerations for this higher rate. 29

#### **Physical Environment** is Our Strength

Individuals who completed the **Community Health Survey** identified these strengths:

- Access to Community Parks and Recreation (41.7%)
- **Clean Environment**—Air and Water Quality (30.2%)
- **Community Events** (26.2%)
- Low Crime and Safe Neighborhoods (24.7%)
- Good Schools (20.7%) - 726 respondents

#### Air Pollution—Average Daily Density of Fine Particulate Matter



Source: County Health Rankings 2022 Report



## Air & Water Quality

Lincoln County has naturally higher levels of radon, particularly do to granite formation in the southern portion of the county. Radon is the second leading cause of lung cancer, and the first leading cause among non-smokers. The percent of radon tests with results at or above EPA standard of 4 pCi/L in Lincoln County was 40.2% compared to Wisconsin at 35.2% in 2020. <sup>19</sup>

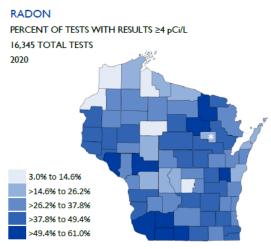
One of the Lincoln County's strengths is that both Merrill and Tomahawk public water systems have fluoridated water. Fluoridated water has shown to positively impact dental health. In 2021, 95.2% of Lincoln County's population has fluoridated public water, compared to Wisconsin at 88.6%. <sup>20</sup>

## Transportation

Since much of Lincoln County is rural there are challenges with the availability of amenities that promote health and quality of life such as transportation. A community's transportation system includes public transit, roadways, sidewalks, walking paths and recreation trails.

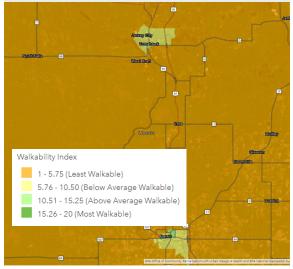
The two primary cities in Lincoln County are Merrill and Tomahawk and about 25 minutes apart. The county has one public transit system in the City of Merrill. There is very limiting transportation in the City of Tomahawk and surrounding townships. Lincoln County as whole has a low walkability score, particularly in areas outside of city limits.

The dispersed nature of the county poses challenges for individuals with limited access and ability to afford transportation. Older adults, who live outside of city limits, are also disproportionately impacted due to driving limitations and their ability to access services and resources.



Note: The data for this map represent the percent of tests with results at or above the EPA standard of 4 pCi/L. The white asterisk denotes a county with 5 tests from 2017-2020. All other counties display data from 2020 only. These percentages may not be representative of radon levels for the entire county and should be interpreted with caution.

Source: Wisconsin Department of Health Services, Lincoln County Environmental Health Profile 2021



Source: Environmental Protection Agency National Walkability Index, Lincoln County 2021

#### Lincoln County Walkability Index



## **Social and Economic Factors**

Social and economic factors, such as income, education, employment, social supports and community safety can affect length and quality of life. These factors can also affect our ability to make healthy choices, afford basic needs, and manage stress. Social and economic factors are important to address, as interventions focused on improving these areas can be more effective then strategies that target health behaviors. According to the Lincoln County Community Health Survey in 2022, top social and economic concerns include, having enough money for housing, household expenses and food, caregiving for family, and aging related concerns.

## **Education and Employment**

Individuals with higher education tend to live longer, have better health outcomes and their children are more likely to thrive than those with less education. This connection exists even when factors like income are taken into consideration.

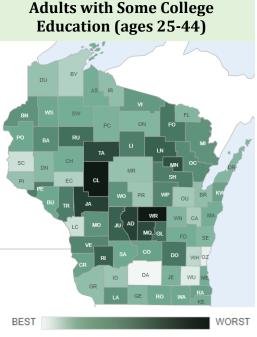
In Lincoln County, 92% of adults ages 25 and over received a high school diploma or equivalent during 2016-2020 (WI 93%, U.S. 89%). <sup>21</sup> During that same time period, 10% of Lincoln County youth ages 16-19 were neither working nor in school which is higher than the state (5%) and U.S. (7%). <sup>22</sup> Disconnected youth are at increased risk for substance use, violence, mental health conditions, criminal activity and poor health.

Lincoln County adults (24-44 years) with some college education was 59% in 2016-2020 which was lower than WI (70%) and U.S. (67%). <sup>23</sup> This could be due to a number of factors with affordability of college being one of them. With advancements in technology, high school diplomas are becoming insufficient for many good paying jobs in the county. In 2020, 5.9% of Lincoln County residents ages 16 and older were unemployed, but seeking work (WI 6.3%, U.S. 8.1%). <sup>24</sup> Many residents are choosing to drive out of county to get paid better earnings for the same position in Lincoln County. 31

#### **Community's Top Concerns**

Individuals who completed the **Community Health Survey** identified these as top issues

- Not enough money for housing, household expenses and food (38.7%)
- **Caregiving for family** (36.2%)
- Aging related health concerns (33.5%)
- Family issues (17.6%)
- Employment opportunities (16.2%)
- 693 respondents



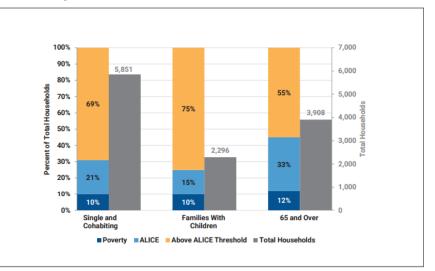
Source: County Health Rankings 2022 Report



### Income

Having enough money to pay for household expenses is a leading stressor for many. In Lincoln County, the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children was \$35.76 in 2021 (WI \$39.10, U.S. \$38.11). <sup>25</sup> In 2020, the median household income in Lincoln County was \$61,000 (WI \$64,900, U.S. \$67,300). <sup>26</sup> The percent of people under 18 in poverty in Lincoln County has improved slightly from 15% (2015) to 11% (2020). <sup>27</sup> The percent of Lincoln County households in poverty has remained relatively the same with 11% (2014) and 10%  $(2018).^{28}$ 

#### Household Financial Status by Household Type, Lincoln County, 2021



Source: ALICE Threshold, 2021; American Community Survey, 2021

### **ALICE Population**

To take a closer look at financial hardship in Lincoln County we refer to the United Way ALICE (Asset Limited, Income Constrained, Employed) 2021 Report. ALICE refers to households who struggle with paying monthly bills, saving money for emergencies, and saving for investing in the future. ALICE households typically hold low wage jobs and are more vulnerable to hardships, including health-related concerns.

In 2021, 24% of households in Lincoln County were ALICE. Households with older adults, 65 and older, had a higher percentage of poverty (12%)

ALICE is defined as households that earn more than the Federal Poverty Level, but less than the basic cost of living in our county.

with older adults, 65 and older, had a higher percentage of poverty (12%) compared to single households and those with children both at 10%. Households with older adults were also more likely to be ALICE (33%) compared to single households (21%) and households with children (15%).<sup>28</sup>

When looking at ALICE subpopulations for children in Wisconsin, single parent households with children have the most financial stressors. In 2021, 76% of single female head of household were at or below the ALICE threshold compared to single male head of household at 58%. There is a higher percentage of ALICE household in the city limits of Merrill and Tomahawk, both over 40%, which maybe due to available of affordable housing. <sup>28</sup>



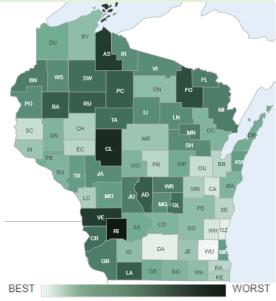
## **Internet Access (Broadband)**

Access to reliable, high-speed broadband internet increases opportunities for education, employment, health care and economic development.

The COVID-19 pandemic and the closing of schools and workplaces presented new challenges for those who couldn't access or afford high-speed internet (broadband).

In 2022, 80% of Lincoln County households had a broadband internet connection (WI 85%, U.S. 85%). <sup>29</sup> A survey that was completed by the Lincoln County Broadband Coalition in 2020 showed that 30% (445 out of 1,362 survey respondents) indicated that their household didn't have access to high-speed internet.

### Households with Broadband Internet



## Housing

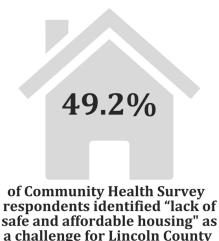
Poor housing circumstance whether it be due to poor quality or unaffordability, increases stress and can lead to tradeoffs when it comes to basic needs and prioritizing health. Lack of housing options can also influence families' decisions to relocate to other areas where housing options are better, impacting the county's economy and overall growth.

Currently, Lincoln County residents are having difficulty finding quality and affordable housing options. During 2016-2020, 8% of Lincoln County households spent 50% or more of their income on housing (WI 11%, U.S. 14%). <sup>30</sup>

When looking at housing disparities in the region we refer to the Grow North Region Group that represents Lincoln, Forest, Langlade, Oneida, and Vilas Counties. From 2017-2021, 78% of housing units were owner-occupied in Lincoln County (WI 67%). In 2019, only 21% of rentable homes were occupied in the Grow North Region,

compared to Wisconsin as a whole at 33%; and only 8% of homes were multi-family units.

Source: County Health Rankings 2022 Report



(706 responses, 2022)

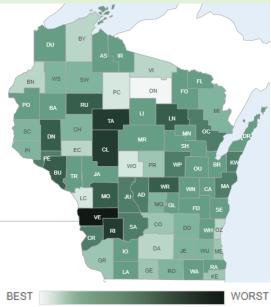


## **Child Care**

Finding affordable and quality child care is one of the top challenges facing Lincoln County caregivers. Access to child care and education supports the cognitive and socialemotional development of young children. Access to affordable child care can increase opportunities for parents and caregivers to further education and pursue employment opportunities which can provide healthcare and retirement benefits that support their families

Child care facilities are at the forefront of having to deal with staff shortages. It's difficult to maintain staff in childcare centers because of the low pay and lack of benefits. According to the U.S. Labor Statistics, the mean wage for a child care worker in Wisconsin is \$13.00 per hour (2022). Child care is an important part of a community's infrastructure. Without childcare it is hard for parents to work, and this then in turn, makes it difficult for employers to find workers.

Number of Child Care Centers



Source: County Health Rankings 2022 Report

In Lincoln County, the average household spent 25% of its income on child care for two children in 2020 and 2021 (WI 26%, U.S. 25%). <sup>31</sup> In 2021, Lincoln County had a total of 6 child care centers per 1,000 population under 5 years of age (WI 6, U.S. 6). <sup>32</sup> Lack of child care facilities can be a burden especially to single-parent households which made up 15% of our population in 2016-2020 (WI 23%, U.S. 25%). 33

## Access to Food

Lack of access to healthy foods can negatively impact a person's health and increase risk for chronic disease and premature death. Having access to healthy foods promotes physical and mental health and supports academic achievement.

In Lincoln County, 9% of residents did not have a reliable source of food during 2019 (WI 9%, U.S. 11%) which was a slight improvement from 11% in 2014. <sup>34</sup> During that same year, 4% of Lincoln County residents had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods (WI 5%, U.S. 6%). <sup>35</sup> In 2019-2020, 40% of children in public schools were eligible for free or reduced price lunch (WI 40%, U.S. 52%). 36 34



of Lincoln County high school students reported hunger due to lack of food at home in the past month in 2019 (WI 25%) Source: Lincoln County High School Youth Risk Behavior Survey



### **Community Safety**

Community safety not only represents violence and criminal acts in neighborhoods and homes, but also accidental injuries. Living in an unsafe neighborhood can harm physical and mental health. Businesses are also less likely to invest in unsafe neighborhoods, impacting community growth and job opportunities.

Lincoln County's low level of crime and safe neighborhoods is considered a strength by community members. Youth also feel their neighborhoods are safe, as 90% of Lincoln County high school students reported they "most of the time" or "always feel safe" in 2019 (WI 90%).<sup>7</sup>

The rate of reported violence crime offenses per 100,000 population has increased in Lincoln County from 148 in 2012-2014 to 181 in 2014 and 2016 (WI 298, U.S. 386). <sup>37</sup> Violent crimes include rape, homicide, robbery and aggravated assault.

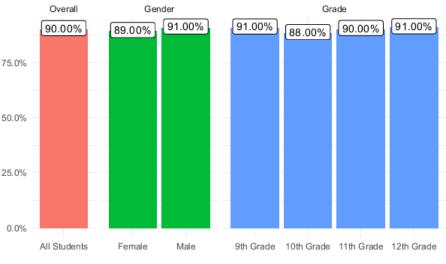
of Lincoln County Community Health Survey respondents identified low levels of crime and safe neighborhoods as strengths in 2022 (726 responses)

24.7%

According to the Wisconsin Department of Justice, Lincoln County has had an increase in the number of aggravated assaults from 50 (2017) to 123 (2021) and burglaries from 80  $_{75.0\%}$ (2017) to 142 (2021). It is difficult to determine the specific reasons for this increase as the drivers of criminal activity and violence are multi-faceted. Possible reasons for increases in crime may be connected 25.0% to socioeconomic factors, lacking basic needs and support, substance use and overall sense of purpose and 0.0% community. Lincoln County lacks comprehensive adult substance use

#### Safe Neighborhood

Students who most of the time or always feel safe in their neighborhood



data which makes it difficult to drawn correlation between substance use, crime and other areas.

Lincoln County 2019 High School YRBS



# **Health Behaviors**

Health behaviors are actions individuals take that affect their health. Eating well and being physically active promote wellbeing and decrease risk for chronic diseases. Using tobacco, alcohol and other substances are harmful to health and lead to poor health outcomes. Not everyone has access and financial means to healthy behaviors. When a person's basic needs are met, such as housing, employment, childcare and food, they are better able to prioritize their health and well-being. Communities that invest in programs and opportunities that make healthy choices convenient and accessible for all tend to have better health outcomes.

Substance use, physical inactivity, overall well-being and tobacco were identified as top concerns related to health behaviors by respondents who completed the Lincoln County Community Health Survey in 2022.

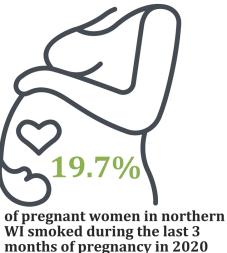
## Adult Tobacco/Nicotine Use

Tobacco use is the leading cause of preventable death in the United States. In 2019, 19% of Lincoln County adults were smokers compared to Wisconsin at 16%. <sup>38</sup> Pregnant women who smoke in northern Wisconsin is nearly double the amount of Wisconsin as a whole. Poverty, education, and ethnicity are all contributing factors to higher tobacco use.

In Lincoln County, the percentage of live births with low birthweights has slightly increased over the years from 6% (2008-2014) to 8% (2014-2020), which is the same as Wisconsin and the U.S. at 8%. <sup>39</sup> Although many factors can contribute to low birth weights, women who smoke during pregnancy are more likely to deliver their babies early.

#### **Community's Top Concerns**

- Individuals who completed the Community Health Survey identified these strengths:
- **Drug Abuse** (46.2%)
- Alcohol Use/Misuse (42.6%)
- Physical Inactivity (24.1%)
- Overall Well-Being (19.2%)
- Tobacco & Vaping (14.7%)
   723 respondents



(WI 8.2%, 2018-2019)

Source: Wisconsin Pregnancy Risk Assessment Monitoring System

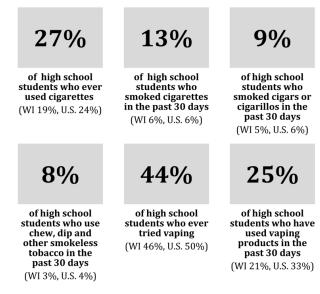


## Youth Tobacco/Nicotine Use

Tobacco use among youth can cause serious health problems immediately and into adulthood, which include addiction, issues with lung function and growth and cardiovascular damage. Nicotine use can also have lasting effects on adolescent brain development. Youth are more susceptible to tobacco marketing and are more likely to use if their peers and family members do. There is a strong relationship between youth smoking and depression, anxiety, and stress.

Lincoln County high school students who reported ever vaping was 44%, which was slightly lower than the state at 46% and the U.S. at 50% in 2019. The percent of Lincoln County high school students who reported vaping in the past 30 days was 25%, which was slightly higher than Wisconsin at 21%, but lower than the U.S. at 33% that same year. <sup>7</sup>

### Lincoln County High School Youth Risk Behavior Survey Results 2019



Community partners who attended the Lincoln County Community Forum in 2023 shared concerns about youth vaping and described the numbers as being at "crisis levels". Concerns were specifically raised about the increased number of students using vaping products in school.

# **Adult Alcohol Use**

Binge drinking is the most common pattern of excessive alcohol use in the country. Binge drinking is defined as consuming 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women. Binge drinking is associated with health problems such as injury, violence, sexually transmitted diseases, unintended pregnancy, poor pregnancy outcomes, heart disease, cancer and memory and learning problems.

Lincoln County adults who reported binge or heavy drinking increased from 22% (2015) to 27% (2019), which was similar to Wisconsin at 25%,

but higher than the U.S. at 20%. <sup>40</sup> Wisconsin's culture and social acceptance of excess alcohol consumption is demonstrated by the 5% higher prevalence than the United States. Inequities in support and treatment resources is especially concerning in rural areas of Wisconsin.



of Lincoln County driving deaths involved alcohol in 2016-2020 (WI 36%, U.S. 27%) Source: County Health Rankings 2022 Report



## Youth Alcohol & Drug Use

Youth substance use interferes with brain development and increase risk for addiction later life. It also increases risk for violence, risky behaviors and mental health problems. Youth are more likely to use substances if their peers and family members do.

The percent of Lincoln County high school students who reported binge drinking in the last 30 days was slightly higher at 17% when compared to Wisconsin (13%) and U.S. (14%) in 2019. During that same year, 14% of high school students reported using marijuana in the past 30 days, which was lower than the state (20%) and the U.S. (22%). Use of prescription pain medication, heroin and methamphetamines among Lincoln County high school students was comparable to Wisconsin and the U.S. <sup>7</sup>

## **Physical Activity & Nutrition**

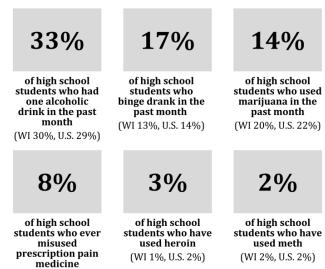
Healthy nutrition and physical activity are essential for health. A poor diet and inactive lifestyle can increase risk for many chronic diseases including obesity.

In Lincoln County, 25% of adults reported no physical activity outside of work in 2019 (WI 22%, U.S. 26%). <sup>41</sup> The percentage of Lincoln County high school students who reported exercising most days in the past week was 61% in 2019, which was slightly higher than the state at 57%. <sup>7</sup>

Efforts to expand local parks and trails systems throughout the county has increased access to parks and recreation opportunities,

with 64% of Lincoln County residents living close to a park or recreational facility in 2020 and 2021. Adult nutrition data is limited for Lincoln County, however in Wisconsin 38.8% adults report eating fruit less than one time per day and 20.1% eating vegetables less than one time per day. <sup>42</sup> The percentage of Lincoln County high school students who reported eating fruit everyday in the past week was 44% in 2019 (WI 43%) and the percent who at vegetables every day in the past week was 43% (WI 40%). 7 38

### Lincoln County High School Youth Risk Behavior Survey Results 2019



(WI 11%, U.S. 14%)

of Lincoln County residents live

close to a park or recreation facility (WI 78%, U.S. 80%, 2010 & 2021) Source: County Health Rankings 2022 Report



# **Clinical Care**

Access to affordable, quality and timely health care can help prevent disease and detect issues sooner, enabling people to live longer, healthier lives. Healthcare access is determined by healthcare coverage, availability of services, and availability of providers.

Lincoln County is fortunate to have two hospitals in Merrill and Tomahawk, which allows for easier access to care. However, many residents are having to travel out of county for specialty care as healthcare systems become more regionalized.

## **Preventative Care**

Preventative care includes routine check ups, screenings and vaccines that can prevent disease and illnesses.

In Lincoln County, 56% of female Medicare enrollees (ages 65-74) received an annual mammography screening in 2019, which was higher than Wisconsin at 49% and the U.S. at 43%. <sup>43</sup> This percentage for Lincoln County was higher in 2014 at 71%. These changes may be due to mammogram recommendations changing to every two years for those 55 and older.

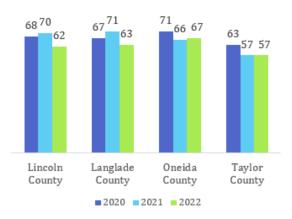
From 2013 to 2016 Lincoln County jumped from 28.4% (2013) to 40.8% (2016) of children 13-18 years old completing their HPV vaccine series. In 2022, 62% of Lincoln County children received their necessary routine childhood immunizations by 24 months of age, which is lower than our goal of 81%. <sup>44</sup> As a county we still have a ways to go and more immunizations to give prior to this goal being met. Overall the Wisconsin Department of Health Services reported a 3.3% decline in vaccination among this population during

### **Community's Top Concerns**

Individuals who completed the Community Health Survey identified these as top issues

- Availability and affordability of healthcare (59.1%)
- Availability and affordability of dental care (41.9%)
- Lack of mental health care providers (36.9%)
- Lack of doctors and other healthcare providers (26%)
   - 731 respondents

The percentage of 2 year olds that are up to date with immunizations in Lincoln County has been above or equal to adjunct jurisdiction rates in 2020-2022



Source: Wisconsin Immunization Registry

the COVID-19 pandemic. The decline in coverage is concerning since vaccine-preventable diseases can lead to serious outcomes, including death, especially among young children.



## Access to Care

Access to affordable, quality health care is important to overall health. Health insurance helps individuals access needed primary, specialty and emergency care. Insurance alone does not assure access, it is necessary that care is affordable, providers are available and are close to where people live.

In Lincoln County the ratio of population to primary care physicians, dentists and mental health providers is getting worse and is poor when compared to Wisconsin and the U.S. This is due to providers retiring or relocating. The lack of providers directly impacts residents ability to access care when needed. Many residents are experiencing long wait lists and having to travel out of county for services. Telemedicine has improved access for some people. Limited or low-quality care can lead to delayed diagnoses and treatments, worse health outcomes, lower quality of life and shorter lives.

### **Lincoln County People to Provider Ratios**

### **Primary Care**

1,720 people per 1 primary care physician (WI 1,260:1, U.S. 1,310:1, 2019) <sup>45</sup>

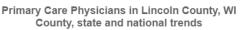
### **Dental Care**

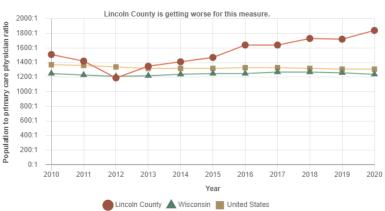
1,840 people per 1 dentist (WI 1,390:1, U.S. 1,400:1, 2020) <sup>46</sup>

#### **Mental Health Care**

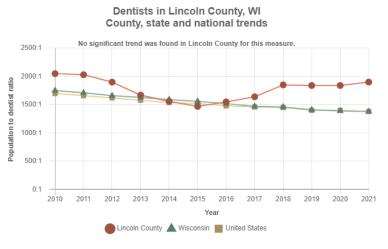
1,450 people per 1 mental health provider (WI 440:1, U.S. 350:1, 2021) <sup>47</sup>

The only Federally Qualified Dental Clinic in Lincoln County closed in 2021 due to dentist shortages. This has had a significant impact on Lincoln County residents who rely on Medicaid to have access oral health services. In 2021, 0% Medicaid members were seen by dentists in Lincoln County, compared to Wisconsin at 82.4%. <sup>48</sup> The crude rate of ER visits for oral health issues (non-traumatic) increased from 49.87 (2012) to 57.32 (2020), which was higher than Wisconsin at 31.97. <sup>19</sup>





Source: County Health Rankings 2022 Report



Source: County Health Rankings 2022 Report

<sup>29</sup> 



## **Affordability of Care**

Cost of health care can be a barrier even for those with insurance. High premiums and out of pocket expenses can significantly impact financial stability and in some cases deter people from seeking necessary services and treatment due to costs.

Individuals who are uninsured are less likely to have a primary care provider and to receive preventative care, oral health services, chronic disease care and behavioral health services. As a result, individuals are more likely to be diagnosed with diseases at later stages when they are more difficult to be treated.

Overall the percentage of uninsured adults and children have been improving in Lincoln County. In 2019, 6% of Lincoln County adults under age 65 did not have health insurance, likely due to prices of insurance policies (WI 7%, U.S. 11%). <sup>49</sup> During that same year the percentage of Lincoln County children under 19 without health insurance was 4% (WI 4%, U.S. 6%). <sup>50</sup>

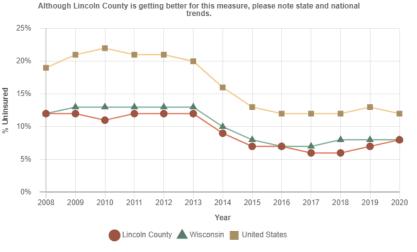
In 2020, over half of Lincoln County residents (52.1%) received insurance through employers. <sup>1</sup> Families who experience job loss and have employer insurance courage can face extreme stress and financial burden as a result.

### **Insurance Coverage in Lincoln County**

Census Bureau, ACS 5 Year Estimate, 2020

| 3.85%     | 52.1%             | 11.9%          |
|-----------|-------------------|----------------|
| Uninsured | Employer Coverage | Medicaid       |
| 16.2%     | 14.1%             | 1.86%          |
| Medicare  | Non-Group         | Military or VA |

Uninsured adults in Lincoln County, WI County, state and national trends



Source: County Health Rankings 2022 Report



## **COVID-19**

Many challenges associated with health care and it's infrastructure were brought to the public's attention during the COVID-19 pandemic. Healthcare faced many challenges including shortages on staffing, hospital beds and equipment and an increase of patients with more complex needs and longer stays.

COVID-19 created a dysfunctional health care system where individuals delayed care even when it was an emergent issue. This was due to public messaging, early in the pandemic, which emphasized staying at home and delaying healthcare if only necessary to avoid putting additional strain on healthcare systems. This message stuck with the public, even when healthcare capacity increased and patients were encouraged to seek care. Preventive screenings and other elective procedures were also postponed; and when services resumed, patients experience long wait times, which continue to this day. There is a strong possibility that diseases, illness, and underlying conditions were missed due to not being seen by a provider.

In 2021, United Way's Telehealth 2-1-1 received **305** requests for help from Lincoln County residents, **185** were related to COVID-19.

Although we have transitioned into a recovery phase, community members continue to have concerns about COVID-19, specifically related to getting sick and spreading the virus to others. According to the Lincoln County Community Health Survey in 2022:

• **28.3%** of individuals indicated stress or fear related to getting sick was an impact they are still experiencing from COVID-19.

# • **24.3%** of individuals indicated stress or fear related to having the virus and spreading it to someone else was an impact they are still experiencing from COVID-19.

## COVID-19 Impacted Health Care Infrastructure

- Workforce shortages
- Staff burnout
- Increase in hospitalizations
- Delayed prevention services, annual wellness checks and elective procedures
- Increased availability of telehealth/telemedicine

### Confirmed & Probable COVID-19 Cases in Lincoln County

| 2020  | 2021  | 2022  |
|-------|-------|-------|
| 2,655 | 2,932 | 3,340 |

### **Confirmed & Probable COVID-19** Hospitalizations in Lincoln County

| 2020 | 2021 | 2022 |
|------|------|------|
| 102  | 128  | 68   |

### Rate of deaths due to COVID-19 per 1,000 population 1/1/20 - 12/31/20

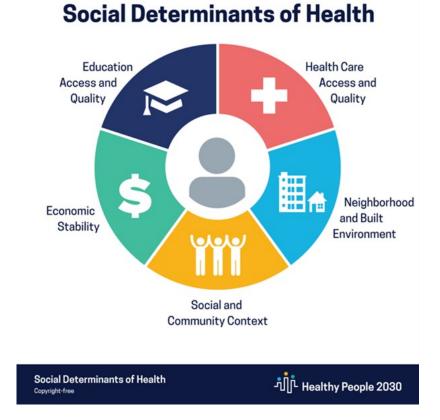
| Lincoln | Wisconsin | U.S |
|---------|-----------|-----|
| 146     | 70        | 43  |



# **Advancing Health For All**

In order to achieve a goal of a healthy community we must look at factors that cause barriers for all individuals to have a long and quality life. The CDC Social Determinants of Health model, considers multiple factors that contribute to one's health. It describes that health is not solely based on individual behaviors but determined by a combination of factors such our access to health care, physical environment, transportation, and education.

Because a healthy community is the mission of Lincoln County Health Department and its Live Well Lincoln partners, we have taken multiple steps to ensure that efforts to address the social determinants of health are built into the Community Health Improvement Planning Process.



# The following reflect considerations that were addressed during this process as well as practical guidance on how we can take action in our community.

- Obtain, align, and analyze health equity data and root causes for decision making.
- Involve people impacted by health disparities in development, implementation, and evaluation of the Community Health Improvement Planning Process.
- Ensure health messages are equitable, appropriate and widely distributed.
- Ensure strategies target people impacted by health disparities.
- Support and build community capacity to act.
- Develop relationships and multi-sectoral collaborations.

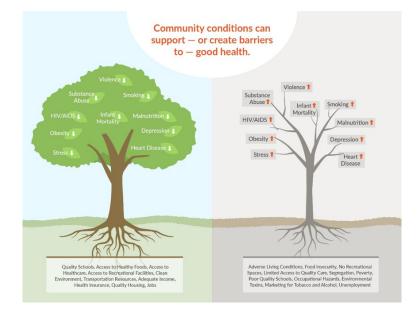


# Identifying Priorities Root Causes of Health Issues

Trying to figure out the "but, why" of health problems is an essential part of the problem solving process. This process is referred to as a root cause analysis.

In December 2022, the Live Well Lincoln (LWL) Leadership Team met to further develop an understanding of health issues facing Lincoln County residents, and to address social determinants of health. The goal of this process was to narrow health issues and underlying factors that could be shared with community partners at our Community Forum for further discussion and analysis.

The LWL Leadership Team reviewed local data related to the following topics: health outcomes, environment, social and economic factors, health behaviors and clinical care and considered the following questions.



- What are the challenges and what are the contributing factors such as environment, social and economic factors, etc?
- Who is experiencing challenges in this area? See Appendix C: Populations at Higher Risk
- What are our the community's strengths, resources and assets? *See Appendix D: Assets & Resources*
- What are our opportunities for improvement?
- What are themes, issues or trends in the data?
- How was COVID-19 impacted this issue?
- What additional data do we need? Who is not represented in the data?

Through this process, the LWL Leadership Team identified the following priority issues: mental health and well-being, unhealthy weights due to lack of physical activity and poor nutrition and support and caregiving for the aging population. These findings where then shared with partners at the Lincoln County Community Forum on January 26, 2023. Participants completed a forces of change assessment and discussed factors currently impacting these health issues in Lincoln County. In small groups, participants further discussed root causes to poor health outcomes and then prioritized the top two issues that they thought should be addressed in Lincoln County. Findings where shared with all participants at the conclusion of the event. *See Community Forum results on the following page.* 

# **Community Forum Results**

At the Community Forum, 50 community members came together to review the top health priories presented by the Live Well Lincoln Leadership Team. The purpose of the Community Forum was to get input from our community partners and members from the public on issues and factors impacting health outcomes. The following is a summary of the results of this forum.

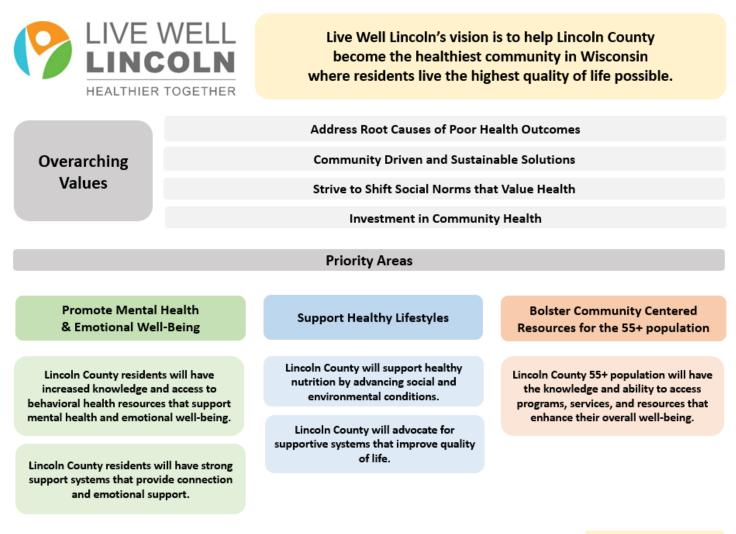
See Appendix E for summary of Forces of Change activity that occurred at the Community Forum

|   | Health Issues   | <b>Top Factors</b>   |
|---|---|--|
| Mental<br>Health and<br>Well Being                                      | <ul> <li>Health care system and agency capacity</li> <li>Staffing shortages and turnover</li> <li>Generational differences</li> <li>Community connection, social norms and values</li> <li>Technology impacting authentic connection</li> <li>Isolation</li> <li>Trauma/Adversity</li> <li>Stigma</li> <li>Changes in family structure</li> <li>Skills and knowledge</li> <li>Lack of collaboration among agencies</li> <li>Lack of community focus</li> <li>Lack of community engagement and voice</li> <li>Wait time to access services</li> <li>Navigation of services</li> <li>Insurance Coverage/affordability of services</li> <li>COVID-19 increased stress and social isolation</li> </ul>  | <ul> <li>Lack of awareness, and education<br/>on mental health and healthy<br/>coping skills.</li> <li>Lack of collaboration among<br/>system partners resulting in<br/>decreased access to services</li> <li>Lack of people who are most im-<br/>pacted being involved in the<br/>change making process</li> </ul>                              |
| Unhealthy<br>Weight<br>(Lack of<br>Physical<br>Activity &<br>Nutrition) | <ul> <li>Healthy choices require time, work and money</li> <li>Skills and education</li> <li>Mixed messages on "healthy"</li> <li>Stress and mental health</li> <li>Lack of government funding to support healthy choices</li> <li>Lack of central locations promoting lifelong health</li> <li>Resource accessibility</li> <li>Societal shifts</li> <li>Meal sites and institutionalized food programs are not embracing healthy and local options</li> </ul>  | <ul> <li>Lack of motivation to make healthy choices</li> <li>Affordability of healthy options</li> <li>Lack of community acceptance/ support of healthy behaviors</li> <li>Lack of an institutionalized nutrition system that is locally grown</li> </ul>  |
| Support and<br>Caregiving<br>for the<br>Aging<br>Population             | <ul> <li>No one location to get resources</li> <li>Complex system to navigate</li> <li>Social setbacks in finding resources</li> <li>Lack of coordination of services</li> <li>Lack of value of aging</li> <li>Culture "not acceptable" or failure to ask for help</li> <li>Desire of independence is the new social norm</li> <li>Pre-planning is not a priority, can be ignored</li> <li>Lack of pre-planning or resources</li> <li>Conversations about aging can be stressful</li> <li>Generation relationship gaps</li> <li>Lack of motivation and resources to connect</li> <li>Other competing priorities</li> <li>Lack of chronic disease providers</li> <li>Knowledge and skills</li> </ul> | <ul> <li>Knowledge of resources and how to access</li> <li>Stigma associated with asking for help, accessing services and of multigenerational spaces (housing, centers, activities)</li> <li>Lack of planning for aging</li> <li>Lack of social connectedness</li> <li>Lack of health services</li> <li>Burnout of family caregivers</li> </ul> |



## Moving from Assessment to Community Health Plan

Lincoln County Health Department staff and the Live Well Lincoln Leadership Team reviewed results from the Community Forum and compared its alignment to the Healthy People 2023 and Healthiest Wisconsin 2030 as well as current Live Well Lincoln goals in order to formalize priorities and goals for the next 5 years. The following is the result of this work.



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# **Health Priority Cross Walk**

The Health Priority Crosswalk is designed to show a high level overview of health issues being addressed in the local, state and national levels. The topics listed below in each level are



not all inclusive. More information can be found by visiting the <u>welllincoln.org</u>.

| Health<br>Priority   | Lincoln County<br>Community Health<br>Plan  | Wisconsin 2030<br>State Health Plan   | Healthy People 2030   |
|--|---|---|---|
| Promote<br>Mental Health<br>and Emotional<br>Well Being                    | <ul> <li>Increase knowledge<br/>and access to<br/>behavioral health<br/>services and<br/>resources that<br/>support mental<br/>health and emotional<br/>well-being</li> <li>Develop strong<br/>support systems that<br/>provide connection<br/>and emotional<br/>support</li> </ul> | <ul> <li>Mental and emotional<br/>health and wellbeing</li> <li>Social connectedness<br/>and belonging</li> <li>Person and community-<br/>centered health care</li> </ul> | <ul> <li>Increase screening and<br/>treatment for mental<br/>health disorders,<br/>anxiety, and substance<br/>abuse</li> <li>Reduce nonfatal<br/>intentional self-harm</li> </ul>   |
| Support<br>Healthy<br>Lifestyles   | <ul> <li>Support healthy<br/>nutrition by advancing<br/>social and<br/>environmental<br/>conditions.</li> <li>Advocate for<br/>supportive systems<br/>that improve quality of<br/>life</li> </ul>   | <ul> <li>Social connectedness<br/>and belonging</li> <li>Person and community-<br/>centered health care</li> <li>Social and Community<br/>conditions</li> </ul>           | <ul> <li>Increase fruit and<br/>vegetable consumption</li> <li>Reduce household food<br/>insecurity</li> <li>Increase counseling by<br/>providers.</li> <li>Healthy weight before<br/>pregnancy</li> <li>Reduce spend more<br/>than 30% of income on<br/>housing.</li> <li>Increase broadband<br/>internet</li> </ul> |
| Bolster<br>Community<br>Centered<br>Resources for<br>the 55+<br>Population | • Increase knowledge<br>and ability to access<br>programs, services,<br>and resources that<br>enhance overall well-<br>being  | <ul> <li>Social connectedness<br/>and belonging</li> <li>Person and community-<br/>centered health care</li> <li>Social and Community<br/>conditions</li> </ul>           | <ul> <li>Reduce the proportion<br/>of preventable<br/>hospitalization</li> <li>Reduce anxiety and<br/>depression among<br/>caregivers</li> <li>Increase talking to<br/>others about their<br/>health</li> </ul>   |



-1 Healthy People 2030



# **Community Health Priorities**

## **Priority 1:**



## **Promote Mental Health and Emotional Well-Being**

Mental Health has been a top health priority for several years in Lincoln County as well as for the State of Wisconsin. This priority has been a focus of many community partners who serve as activity participants in a well established Healthy Minds for Lincoln County Coalition. We know that mental health is an important part of overall health and well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life and can change over time, depending on many factors.

## **Priority 2:**

## **Support Healthy Lifestyles**

With obesity rates rising and stagnant poor life expectancy in Lincoln County, healthy lifestyles has been identified as a top health priority with a focus placed of social determinants of health. This compliments current goals of the Lincoln County Nutrition Coalition. Many of our health outcomes come from a healthy diet. Good nutrition can lead to less chronic disease and illness and an overall better quality of life. Some key advantages of eating healthy are living longer, having more energy in daily aspects of life, and lower medical bills. We know social determinants of health such as lack of good paying jobs and quality housing must be addressed in order for some individuals to have the energy, time and resources to improve healthy lifestyles.

## **Priority 3:**

## **Bolster Community Centered Resources for the 55+ population**

With an increasing older adult population in Lincoln County the need to support those 55 and older has become a top health priority for Lincoln County. To bolster our efforts, Live Well Lincoln has two goals in mind — increase the ability to navigate resources to be better prepare for aging and enhance support and connectedness with others. By acting strategically and collaboratively, Lincoln County can stimulate needed change to systems that will improve the health of those 55 and older and increase the support that is needed for healthy aging.

## **Action Planning**

The following pages are the results of action planning meetings that were held in July and August 2023 with community partners. The primary goal of these meeting were to develop a road map of best practice strategies that will address these three priorities.



## **Promote Mental Health and Emotional Well-Being**

Goal 1: Lincoln County residents will have increased knowledge and access to behavioral health services and resources that support mental health and emotional well-being.

Objective 1: By December 2028, Healthy Minds for Lincoln County will implement one strategy annually to increase access to local services and resources by eliminating barriers and supporting effective navigation.

| Strategies   | Potential Activities   |
|--|--|
| Identify, maintain and expand mental health and emotional well-being resources.  | • Maintain and expand resource directories such as FindHelp, 211 and local resource guides   |
| Enhance local referral systems by identifying<br>community information hubs and promoting<br>resources widely and through various methods. | <ul> <li>Identify trusted information hubs and assure<br/>resources are available</li> <li>Implement campaigns that promote trusted<br/>information hubs and local resources</li> <li>Build confidence among partners to make referrals<br/>through presentations and information sharing</li> </ul> |

Objective 1.2: By December 2028, Healthy Minds for Lincoln County will implement 2 strategies annually that build robust, collaborative networks that include diverse partners and community member aimed at increasing awareness, resources and support.

| Strategies  | Potential Activities  |
|---|---|
| Increase knowledge and awareness of providers and<br>stakeholders' roles and responsibilities within the<br>behavioral health system residents.   | <ul> <li>Host mental health forums and networking meetings</li> <li>Offer continuing education opportunities for<br/>healthcare and behavioral health professionals,<br/>focused on common language and other best practices</li> <li>Explore wrap around service agreements</li> </ul> |
| Build upon existing cross sector networks that serve<br>school aged children to support resource sharing<br>and navigation.   | • Support school based networks such as Merrill Area<br>Public Schools Mental Health Matters Alliance and<br>trauma informed partnerships like Handle with Care   |
| Promote and support community prevention partners, local advocacy groups and youth mentor programs.   | <ul><li>Secure funding and resources</li><li>Promote events and initiatives</li></ul>   |
| Maintain and recruit leaders, partners and<br>community members to the Healthy Minds for<br>Lincoln County coalition through various methods.   | <ul> <li>Implement collaborative campaigns</li> <li>Provide presentations and participate in events</li> <li>Promote coalition via media</li> <li>Share data reports</li> </ul>   |
| Recruit Healthy Minds for Lincoln County coalition<br>champions to assist in developing an advocacy<br>network that supports behavioral health policies,<br>infrastructure, and programs. | <ul> <li>Obtain funding through grants</li> <li>Support policies that address shortages in behavioral health care providers and expansion of community resource navigators</li> </ul>   |



## **Promote Mental Health and Emotional Well-Being**

Goal 2: Lincoln County residents will have strong support systems that provide connection and emotional support.

Objective 1: By December 2028, Healthy Minds for Lincoln County will implement four strategies annually that promote, educate and support mental health and emotional-well-being through community engagement and open conversations.

| Strategies   | Potential Activities  |
|--|---|
| Implement community campaigns and programs to<br>increase awareness and knowledge of mental health<br>and emotional well-being.  | <ul> <li>Implement awareness campaigns</li> <li>Provide evidence based programs such as Mental<br/>Health First Aid, Question, Persuade, Refer (QPR)</li> <li>Offer programs for older adults and caregivers, such as<br/>Dementia Basics, Savvy Caregiver</li> </ul> |
| Continue to explore and integrate evidence based<br>behavioral health programming and training that<br>targets school age youth. | • Support evidence based behavioral health and suicide prevention program at schools such as Teen Mental Health First Aid, Question, Persuade, Refer (QPR), Botvin Life Skills Program  |
| Support and expand peer support groups and community informed programs that promote family engagement and social connectedness.  | <ul> <li>Promote and expand peer support groups</li> <li>Support school, library and faith based programs and initiatives</li> <li>Promote programs for older adults and caregivers</li> <li>Promote community events</li> </ul>                                      |

## **Measuring Success**

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- Decreased average number of mentally unhealthy days reported by adults in past 30 days.
- Decreased percentage of adults who have ACEs (Adverse Childhood Experiences).
- Decreased percentage of high school students who report significant problems with anxiety (past 12 months).
- Decreased percentage of high school students who report feeling so sad or hopeless almost everyday for two weeks or more in a row that they stopped doing some usual activities (past 12 months).
- Improved ratio of population to mental health providers.





## **Support Healthy Lifestyles**

Goal 1: Lincoln County will support healthy nutrition by advancing social and environmental conditions.

Objective 1: By December 31, 2028, Lincoln County Nutrition Coalition will implement 2 strategies annually that aim to build robust cross-sector partnerships among diverse partners and community members to advance healthy nutrition efforts.

| Strategies  | Potential Activities   |
|---|--|
| Build and foster partnerships to support and<br>enhance nutrition options and resources in the<br>community.  | <ul> <li>Provide technical assistance to schools and youth serving organizations</li> <li>Recruit new partners and community members to participate in the coalition through various methods</li> <li>Assist partners in obtaining resources and funds</li> <li>Promote events and activities</li> </ul> |
| Recruit Nutrition Coalition champions to assist in<br>developing an advocacy network that promotes and<br>educates on best practices for healthy nutrition poli-<br>cies, infrastructure, and programs. | <ul> <li>Develop an advocacy partnership list</li> <li>Have a standing agenda item on nutrition legislation at coalition meetings</li> <li>Create a call to action template document for other organizations and the community to advocate</li> </ul>  |

Objective 1.2: By December 31, 2028, Lincoln County Nutrition Coalition will implement three strategies to increase equitable access to nutritious foods throughout the community.

| Strategies  | Potential Activities  |  |
|---|---|--|
| Address barriers to utilizing local nutrition re-<br>sources and food systems through awareness, educa-<br>tion, and support. | <ul> <li>Maintain and expand resource directories such as<br/>FindHelp, 2-1-1, local resource guides</li> <li>Identify local resource hubs and assure they have<br/>resources available</li> <li>Develop campaigns to increase use of farmers market</li> </ul> |  |
| Strengthen and enhance food support systems to provide nutritious food options for low income individuals.                    | • Assess and develop improvement plan for healthier options or systems availability in the community (Food Pantries, Community Gardens)   |  |

Objective 1.3: By December 31, 2028, Lincoln County Nutrition Coalition will implement two strategies improve life skills that promote healthy nutrition through education and connection to resources.

| <ul> <li>Develop, implement and evaluate the imcampaigns that promote healthy nutrition</li> <li>Provide food demonstrations and cooking</li> </ul>  |                                 |
|--|---------------------------------|
| youth and low income individuals.<br>Provide mini grant opportunities to partsupport low income individuals and your support low | on<br>ng tools for<br>tners who |



## **Support Healthy Lifestyles**

Goal 2: Advocate for supportive systems that improve quality of life.

Objective 2: By December 2028, Live Well Lincoln Leadership Team will implement 1 strategy annually that will focus on the monitoring and guiding of public policy with partners that will address and support resource gaps and barriers in achieving healthy living and well-being for all Lincoln County residents.

| Strategies   | Potential Activities  |
|--|---|
| Build capacity and relationships to monitor and<br>access local, state and federal policy in alignment<br>with public health priorities daycare, broadband,<br>transportation, employment and housing. | <ul> <li>Create and maintain an advocacy partnership network including identifying current local and state advocacy groups.</li> <li>Identify membership roles and responsibilities.</li> </ul> |
| Synchronize a multi-channel communication and<br>messaging approach for policy priorities, emerging<br>issues, opportunities for learning, and specific policy<br>roles of partners and the public.    | • Develop a process on sharing policy information using a variety of methods.   |

Objective 2.2: By December 31, 2028, Live Well Lincoln coalition members and stakeholders will implement 1 strategy annually in taking an active role in advocating for healthy living and well-being for all

| Strategies   | Potential Activities  |
|--|---|
| Increase education and skills among staff, coalition members, and the public in taking on an active advocacy role. | • Develop and provide partnership training, technical assistance, and tools in advocacy.  |
| Align and coordinate strategies for advancing legislation.   | <ul> <li>Develop an annual advocacy plan to address key policy opportunities.</li> <li>Schedule annual legislative meetings.</li> </ul> |

## Measuring Success

- Decreased potential years of life lost.
- Decreased percentage of woman overweight or obese (BMI 25+) prior to pregnancy.
- Improved percentage of students who ate fruits and vegetables every day (past 7 days).
- Improved percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
- Improved number of child care centers per 1,000 population under 5 years old.
- Improved of the percentage of households with broadband internet connection.





## **Bolster Community Centered Resources for the 55+ Population**

Goal 1: Lincoln County 55+ population will have the knowledge and ability to access programs, services, and resources that enhance their overall well-being

Objective 1: By December 31, 2028, Live Well Lincoln will establish a Lincoln County Aging Network to provide leadership to address barriers to accessing resources, services, programs, support and engagement.

| Strategies  | Potential Activities  |
|---|---|
| Advocate for programs and services that lead to equity for older adults in Lincoln County.  | <ul> <li>Provide a platform to share and address priorities that address social determinants - housing, transportation.</li> <li>Provide opportunities for older adults to share feedback on services</li> <li>Provide advocacy opportunities community groups</li> <li>Encourage older adults to communicate on specific issues at local, state, and federal levels</li> </ul>   |
| Enhance and promote health care services and<br>community resources through trusted information<br>hubs and referral systems to the aging community,<br>caregivers, and stakeholders using a variety of<br>methods. | <ul> <li>Increase promotion and expand resource directories, such as ADRC Resources Directory and FindHelp.</li> <li>Promote local information hubs/navigation networks</li> <li>Further build and strengthen referral systems</li> </ul>   |
| Link older adults to opportunities that foster so-<br>cial connections and engagement in the communi-<br>ty by increasing awareness and addressing partici-<br>pation barriers.                                     | <ul> <li>Provide information on accessibility, transportation and other resources when planning and promoting programs and events</li> <li>Encourage welcoming events such as accessible locations, virtual options, etc.</li> <li>Promote events via word of mouth/bringing a friend</li> <li>Explore new ways to reach people such as faith-based groups, civic groups, etc.</li> <li>Implement awareness and education campaigns</li> <li>Support a volunteer network</li> </ul> |
| Assist in promoting caregiver support for those providing care for a loved one.   | <ul> <li>Gather and provide information on caregiver support<br/>resources and programs using a variety of methods.</li> <li>Address barriers to accessing caregiver support<br/>programs, such as wheelchair accessible locations, vir-<br/>tual options, social media groups, etc.</li> </ul>   |

#### 

- Increased in average number of years a person can expect to live.
- Decreased in percentage of adults reporting fair or poor health.
- Decreased in average of number of mentally unhealthy days reported in past 30 days.
- Decreased in percentage of population ages 65 years and older living alone in a non-family household.
- Decreased of hospitalizations for non-fatal falls.



# **Call to Action**

What can be done by Organizations, Individuals and Decision Makers During the Next 5 Years?

## **Become an Advocate**

Educate your social circle including your family, your friends and your coworkers! Inform anyone you can get to listen about the possibilities outlined in this plan.

### **Take Action**

Whether you hold a neighborhood meeting about starting a community garden, provide caregiver support, or contact your legislature on the need for mental health providers—remember, every effort makes a difference toward the collective good of our community. "It takes motivation from an entire community to make a healthy community."

### Listen

Review this plan and see how much of your strategic planning reflects the desires of the community you are serving.

### **Innovate and Partner**

Consider addressing some of the strategies discussed in the plan. Maybe you are already working on some of the pieces but need support to help complete or enhance the program. Contact members of Live Well Lincoln to help identify partnerships you can get involved in to successfully implement some of these interventions.

### For more information contact

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# **Data Sources**

1. United States Census Bureau. (2020). Lincoln County, Wisconsin, 2020: ACS 5-Year Estimates Data Profiles. Retrieved from <u>https://data.census.gov/table?g=050XX00US55069</u>.

2. Wisconsin Department of Health Services. (2021) Wisconsin Interactive Statistics on Health. Infant Mortality. Retrieved from <u>https://www.dhs.wisconsin.gov/wish/infant-mortality/index.htm</u>.

3. Wisconsin Department of Health Services. (2015-2019) Wisconsin Interactive Statistics on Health. Cancer. Retrieved from <u>https://www.dhs.wisconsin.gov/wish/cancer/index.htm</u>.

4. County Health Rankings. (2016-2020). Number of deaths due to injury per 100,000 population. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> year=2022&measure=Injury+Deaths.

5. Wisconsin Department of Health Services. (2021) Wisconsin Interactive Statistics on Health. Injury related health outcomes. Retrieved from <u>https://www.dhs.wisconsin.gov/wish/injury/index.htm</u>.

6. County Health Rankings. (2016-2020). Number of deaths due to suicide per 100,000 population (age-adjusted). Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

7. Wisconsin Department of Public Instruction. (2019) Lincoln County High School Youth Risk Behavior Survey. Retrieved from <u>https://dpi.wi.gov/sspw/yrbs/online</u>.

8. County Health Rankings. (2019). Percentage of adults reporting fair or poor health (age-adjusted). Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?yyear=2022&measure=Poor+or+Fair+Health">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

9. County Health Rankings. (2019). Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Frequent+Physical+Distress\*">https://www.countyhealthrankings.org/explore-health-rankings/</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Frequent+Physical+Distress\*">https://www.countyhealthrankings.org/explore-health-rankings/</a>

10. County Health Rankings. (2019). Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Adult+Obesity">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Adult+Obesity</a>.

11. County Health Rankings. (2019). Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Diabetes+Prevalence\*</u>.

12. Wisconsin Department of Health Services. (2021). Wisconsin hypertension age adjusted adult prevalence by county. Retrieved from <a href="https://www.dhs.wisconsin.gov/publications/p01946.pdf">https://www.dhs.wisconsin.gov/publications/p01946.pdf</a>.

13. Wisconsin Department of Health Services. (2016-2020). Wisconsin Pregnancy Risk Assessment Monitoring System. Retrieved from <a href="https://www.dhs.wisconsin.gov/stats/prams/index.htm">https://www.dhs.wisconsin.gov/stats/prams/index.htm</a>.

14. County Health Rankings. (2019). Average number of mentally unhealthy days reported in past 30 days (ageadjusted). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Poor+Mental+Health+Days\*</u>.

15. County Health Rankings. (2019). Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Frequent+Mental+Distress\*</u>.

16. County Health Rankings. (2019). Number of membership associations per 10,000 population. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a><br/>
year=2022&measure=Social+Associations.

17. Wisconsin Department of Health Services (2020). Percentage of population ages 65 years and older living alone in a non-family household. Retrieved from <u>https://dhsgis.wi.gov/DHS/EPHTracker/#/map</u>.

18. County Health Rankings. (2018). Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Air+Pollution+-+Particulate+Matter</u>.

19. Wisconsin Department of Health Services. (2021). Lincoln County Environmental Health Profile. Retrieved from <u>https://www.dhs.wisconsin.gov/epht/profile.htm</u>.

20. Centers for Disease Control and Preventions. (2021). Environmental Public Health Tracking Network. Re-trieved from <u>https://ephtracking.cdc.gov/</u>.

21. County Health Rankings. (2016-2020). Percentage of adults ages 25 and over with a high school diploma or equivalent. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=High+School+Completion">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=High+School+Completion">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

22. County Health Rankings. (2016-2020). Percentage of teens and young adults ages 16-19 who are neither working nor in school. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/</u>wisconsin?year=2022&measure=Disconnected+Youth\*.

23. County Health Rankings. (2016-2020). Percentage of adults ages 25-44 with some post-secondary education. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

24. County Health Rankings. (2020). Percentage of population ages 16 and older unemployed but seeking work. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

25. County Health Rankings. (2021). The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Living+Wage\*">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Living+Wage\*</a>.

26. County Health Rankings. (2020). The income where half of households in a county earn more and half of households earn less. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Median+Household+Income\*">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Median+Household+Income\*</a>.

27. County Health Rankings. (2020). Percentage of people under age 18 in poverty. Retrieved from <u>https://</u><u>www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Children+in+Poverty</u>.

28. American Community Survey. (2010-2021). ALICE in Wisconsin and Lincoln County 2021 Reports. Retrieved from <a href="https://www.unitedforalice.org/county-reports/wisconsin">https://www.unitedforalice.org/county-reports/wisconsin</a>.

29. County Health Rankings (2016-2020). Percentage of households with broadband internet connection. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Broadband+Access\*</u>.

30. County Health Rankings (2016-2020). Percentage of households that spend 50% or more of their household income on housing. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Severe+Housing+Cost+Burden\*</u>.

31. County Health Rankings (2020- 2021). Child care costs for a household with two children as a percent of median household income. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/</u> wisconsin?year=2022&measure=Child+Care+Cost+Burden\*.

32. County Health Rankings (2021). Number of child care centers per 1,000 population under 5 years old. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Child+Care+Centers\*</u>.

33. County Health Rankings (2016-2020). Percentage of children that live in a household headed by a single parent. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Children+in+Single-Parent+Households</u>.

34. County Health Rankings (2019). Percentage of population who lack adequate access to food. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

35. County Health Rankings (2019). Percentage of population who are low-income and do not live close to a grocery store. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Limited+Access+to+Healthy+Foods\*</u>.

36. County Health Rankings (2019-2020). Percentage of children enrolled in public schools that are eligible for free or reduced price lunch. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Children+Eligible+for+Free+or+Reduced+Price+Lunch\*">https://www.countyhealthrankings.org/explore-health-rankings/</a> wisconsin?year=2022&measure=Children+Eligible+for+Free+or+Reduced+Price+Lunch\*.

37. County Health Rankings (2014 & 2016). Number of reported violent crime offenses per 100,000 population. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?yyear=2022&measure=Violent+Crime">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?yyear=2022&measure=Violent+Crime">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

38. County Health Rankings (2019). Percentage of adults who are current smokers (age-adjusted). Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Adult+Smoking">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Adult+Smoking">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a> <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</a>

39. County Health Rankings (2014-2020). Percentage of live births with low birthweight (< 2,500 grams). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Low+Birthweight</u>.

40. County Health Rankings (2019). Percentage of adults reporting binge or heavy drinking (age-adjusted). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Excessive+Drinking</u>.

41. County Health Rankings (2019). Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/</u> wisconsin?year=2022&measure=Physical+Inactivity.

42. Centers for Disease Control and Prevention (2021). Behavioral Risk Factor Surveillance System. Retrieved from <u>https://www.cdc.gov/brfss/brfssprevalence/index.html</u>.

43. County Health Rankings (2019). Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Mammography+Screening</u>.

44. Wisconsin Immunization Registry (2013-202). Lincoln County Agency Report. Retrieved from <u>https://www.dhfswir.org/PR/logoff.do</u>

45. County Health Rankings (2019). Ratio of population to primary care physicians. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Primary+Care+Physicians</u>.

46. County Health Rankings (2020). Ratio of population to dentists. Retrieved from <u>https://</u><u>www.countyhealthrankings.org/explore-health-rankings/wisconsin?year=2022&measure=Dentists</u>.

47. County Health Rankings (2021). Ratio of population to mental health providers. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Mental+Health+Providers</u>.

48. Wisconsin Department of Health Services (2022). Enrolled Dentist Counts By Medicaid Members Served. Retrieved from <u>https://dhsgis.wi.gov/DHS/EPHTracker/#/all/Oral%20Health/oralHealthIndex/NOTRACT/</u><u>Medicaid/OHMDEnrolled</u>.

49. County Health Rankings (2019). Percentage of population under age 65 without health insurance. Retrieved from <a href="https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?yyear=2022&measure=Uninsured">https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?yyear=2022&measure=Uninsured</a>.

50. County Health Rankings (2019). Percentage of children under age 19 without health insurance. Retrieved from <u>https://www.countyhealthrankings.org/explore-health-rankings/wisconsin?</u> <u>year=2022&measure=Uninsured+Children\*</u>.

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The Lincoln County Community Health Survey was completed by 752 Lincoln County residents from September 12 to October 31, 2022. The survey was available in English and Spanish as well as online and paper versions. Respondents, who indicated they did not live, work, or use services in Lincoln County were not included in the data. Respondents who did not indicate their demographics were not included in the data and were noted as an invalid response.

When calculating percentages for questions included in the "Community Concerns" section in which more than one answer could be selected, the number of responses in a particular category was divided by the total number of individual responses to that question to obtain the percentage. There are also notes under questions that indicate the number of responses as well as how many surveys were left blank, included one answered and two answers. Surveys that displayed more than two answers were not calculated in data collection.

|                  | # Responses | % Responses |
|------------------|-------------|-------------|
| 54452 (Merrill)  | 486         | 64.6%       |
| 54487 (Tomahawk) | 137         | 18.2%       |
| 54435 (Gleason)  | 40          | 5.3%        |
| 54442 (Irma)     | 17          | 2.3%        |
| 54564 (Tripoli)  | 1           | 0.13%       |
| Outside County * | 71          | 9.4%        |
| Total Responses  | 752         | 100%        |

#### What is your zip code

\* Zip code is outside of Lincoln County, but work or use services in Lincoln County.

#### With which gender do you most identify

|                         | # Responses | % Responses |
|-------------------------|-------------|-------------|
| Female                  | 554         | 73.7%       |
| Male                    | 194         | 25.8%       |
| Prefer to Self Describe | 4           | 0.5%        |
| Total Responses         | 752         | 100%        |

#### Your age group

|                 | # Responses | % Responses |
|-----------------|-------------|-------------|
| 15-19           | 3           | 0.4%        |
| 20-24           | 15          | 2.0%        |
| 25-34           | 86          | 11.5%       |
| 35-44           | 119         | 15.8%       |
| 45-54           | 108         | 14.4%       |
| 55-59           | 66          | 8.8%        |
| 60-64           | 66          | 8.8%        |
| 65-74           | 160         | 21.3%       |
| 75-84           | 102         | 13.6%       |
| 85+             | 26          | 3.5%        |
| Total Responses | 751         | 100%        |

1 invalid response (no category: 51-61). No6iocluded in Total.

#### Which of the following best describes your ethnicity

|                        | # Responses | % Responses |
|------------------------|-------------|-------------|
| Not Hispanic or Latino | 718         | 95.5%       |
| Hispanic or Latino     | 34          | 4.5%        |
| Total Responses        | 752         | 100%        |

#### Which of the following best describes your race

|   | # Responses | % Responses |
|---|-------------|-------------|
| White                                     | 723         | 96.4%       |
| American Indian or Alaskan Native         | 11          | 1.5%        |
| Black or African American                 | 6           | 0.8%        |
| Two or more races                         | 5           | 0.7%        |
| Native Hawaiian or other Pacific Islander | 2           | 0.3%        |
| Other                                     | 2           | 0.3%        |
| Asian                                     | 1           | 0.1%        |
| Total Responses                           | 750         | 100%        |

2 invalid responses (host, inappropriate question). Not included in Total.

#### Your highest education level completed

|                                     | # Responses | % Responses |
|-------------------------------------|-------------|-------------|
| Less than 9th grade                 | 6           | 0.8%        |
| 9th to 12th grade, no diploma       | 25          | 3.3%        |
| High school graduate, or equivalent | 166         | 22.1%       |
| Some college, no degree             | 157         | 21.0%       |
| Associates degree                   | 129         | 17.2%       |
| Bachelors degree                    | 161         | 21.4%       |
| Graduate or professional degree     | 107         | 14.2%       |
| Total Responses                     | 751         | 100%        |

1 invalid response (no category: graduate studies). Not included in Total.

#### Current employment status

|                                  | # Responses | % Responses |
|----------------------------------|-------------|-------------|
| Employed                         | 341         | 45.3%       |
| Retired                          | 311         | 41.4%       |
| Self-employed                    | 40          | 5.3%        |
| Unable to Work                   | 33          | 4.4%        |
| Homemaker or stay-at-home parent | 18          | 2.4%        |
| Out of work less than 1 year     | 6           | 0.8%        |
| Out of work 1+ years             | 2           | 0.3%        |
| Student                          | 1           | 0.1%        |
| Total Responses                  | 752         | 100%        |

#### Household income per year

|                    | # Responses | % Responses |
|--------------------|-------------|-------------|
| Less than \$10,000 | 37          | 4.9%        |
| \$10,001-\$14,999  | 56          | 7.4%        |
| \$15,000-\$24,999  | 82          | 10.9%       |
| \$25,000-\$34,999  | 86          | 11.4%       |
| \$35,000-\$49,999  | 107         | 14.2%       |
| \$50,000-\$74,999  | 157         | 20.9%       |
| More than \$75,000 | 227         | 30.2%       |
| Total Responses    | 752         | 100%        |

#### How many adults and children, including you, live in your household

|                 | # Responses | % Responses |
|-----------------|-------------|-------------|
| 1               | 177         | 23.6%       |
| 2               | 320         | 42.6%       |
| 3               | 112         | 14.9%       |
| 4+              | 142         | 18.9%       |
| Total Responses | 751         | 100%        |

#### Are any of the individuals in your household children

|                 | # Responses | % Responses |
|-----------------|-------------|-------------|
| Yes             | 215         | 29.7%       |
| No              | 510         | 70.3%       |
| Total Responses | 725         | 100%        |

#### **Community Health Concerns**

Clinical Care (choose up to 2 options)

|   | # Responses | % Responses |
|---|-------------|-------------|
| Availability and affordability of health care                                   | 432         | 59.1%       |
| Availability and affordability of dental care                                   | 306         | 41.9%       |
| Lack of mental health care providers  | 270         | 36.9%       |
| Lack of doctors and other healthcare<br>providers                               | 190         | 26.0%       |
| Low rates of routine vaccinations (flu, infant vaccines)                        | 64          | 8.8%        |
| Limited use of preventive services (ex:<br>annual exam, mammogram, colonoscopy) | 54          | 7.4%        |
| Other   | 21          | 4.8%        |
| Total Responses   | 1337        | 184.9%      |
|   |             |             |

731 individual responses (606 selected two options, 125 selected one option) 21 left blank

#### Health Behaviors (choose up to 2 options)

|   | # Responses | % Responses |
|---|-------------|-------------|
| Drug abuse (prescribed and illegal)                                   | 334         | 46.2%       |
| Alcohol use/misuse  | 308         | 42.6%       |
| Physical inactivity   | 174         | 24.1%       |
| Overall well-being  | 139         | 19.2%       |
| Tobacco, e-cigarettes/vaping  | 106         | 14.7%       |
| Poor oral or dental health  | 80          | 11.1%       |
| Unintentional injury (motorvehicle, bicycle, ATV, snowmobiling, etc.) | 40          | 5.5%        |
| Intentional injury (self-harm, suicide)                               | 37          | 5.1%        |
| Other   | 8           | 0.8%        |
| Total Responses   | 1226        | 169.3%      |

723 individual responses (618 selected two options, 105 selected one option) 29 left blank

| Social and Economic Factors (choose up to | 2 options) |
|---|------------|
|   |            |

|  | # Responses | % Responses |
|--|-------------|-------------|
| Not enough money for housing, household expenses and food              | 268         | 38.7%       |
| Caregiving for your family (child care, aging relative, special needs) | 251         | 36.2%       |
| Aging related health concerns  | 232         | 33.5%       |
| Family issues (divorce, parenting)                                     | 122         | 17.6%       |
| Employment opportunities   | 112         | 16.2%       |
| Lack of social or community support                                    | 75          | 10.8%       |
| Lack of job related skills   | 57          | 8.2%        |
| Availability and affordability of education                            | 36          | 5.2%        |
| Violence in the home and community                                     | 36          | 5.2%        |
| Race/ethnic relations (harassment, discrimination)                     | 31          | 4.5%        |
| Other  | 26          | 2.7%        |
| Total Responses  | 1246        | 178.8%      |

693 individual responses (553 selected two options, 140 selected one option) 59 left blank

#### Outcomes & Systems (choose up to 2 options)

|   | # Responses | % Responses |
|---|-------------|-------------|
| Overweight or obesity across the lifespan     | 348         | 52.0%       |
| Poor mental health                            | 296         | 44.2%       |
| Chronic diseases (diabetes, heart disease)    | 218         | 32.6%       |
| Poor physical health                          | 202         | 30.2%       |
| Communicable disease (chlamydia,<br>COVID-19) | 66          | 9.9%        |
| Infant and child health                       | 47          | 7.0%        |
| Other   | 8           | 0.8%        |
| Total Responses                               | 1185        | 176.7%      |

669 individual responses (516 selected two options, 153 selected one option) 83 left blank

#### Physical Environment (choose up to 2 options)

|  | # Responses | % Responses |
|--|-------------|-------------|
| Lack of safe and affordable housing<br>options                             | 347         | 49.2%       |
| Internet access  | 290         | 41.1%       |
| Limited access to public transportation                                    | 181         | 25.6%       |
| Drinking water quality   | 148         | 21.0%       |
| Access to healthy foods  | 127         | 18.0%       |
| Access to healthy recreational activities (walking, biking, hiking, parks) | 73          | 10.3%       |
| Air pollution  | 57          | 8.1%        |
| Other  | 22          | 2.2%        |
| Total Responses  | 1245        | 175.5%      |

706 individual responses (539 selected two options, 167 selected one option) 46 left blank

| What negative impacts are you | still experiencing as a result of COVID-19 |
|-------------------------------|--|
| (check all that apply)        |  |

|  | # Responses | % Responses |
|--|-------------|-------------|
| None   | 312         | 42.8%       |
| Stress or fear related to getting sick   | 206         | 28.3%       |
| Stress or fear related to having the virus<br>and spreading it to someone else | 177         | 24.3%       |
| Social isolation   | 119         | 16.3%       |
| Long COVID   | 104         | 14.3%       |
| Accessing medical care   | 69          | 9.5%        |
| Schooling/education issues   | 58          | 8.0%        |
| Unemployment/ job loss   | 52          | 7.1%        |
| Child care constraints   | 48          | 6.6%        |
| Other  | 28          | 2.8%        |
| In-home violence/abuse   | 8           | 1.1%        |
| Total Responses  | 1181        | 161.1%      |

729 individual responses (23 left blank)

#### **Community Strengths**

|  | # Responses | % Responses<br>41.7% |  |
|--|-------------|----------------------|--|
| Access to community parks and other<br>recreation                                      | 303         |                      |  |
| Clean environment (air and water quality)  | 219         | 30.2%                |  |
| Community events   | 190         | 26.2%                |  |
| Low levels of crime/ safe neighborhoods  | 179         | 24.7%                |  |
| Good schools   | 150         | 20.7%                |  |
| Access to exercise activities  | 119         | 16.4%                |  |
| Religious and spiritual values   | 96          | 13.2%                |  |
| Access to health care  | 92          | 12.7%                |  |
| Access to affordable and healthy foods   | 73          | 10.1%                |  |
| Strong family life/ relationships  | 66          | 9.1%                 |  |
| Access to public transportation  | 59          | 8.1%                 |  |
| Age-related health resources/ ability to age<br>in your home                           | 51          | 7.0%                 |  |
| Social or community support  | 48          | 6.6%                 |  |
| Low levels of discrimination and<br>harassment (racism, sexism, ageism,<br>disability) | 33          | 4.5%                 |  |
| Safe and affordable housing  | 33          | 4.5%                 |  |
| Having enough income to live on  | 28          | 3.9%                 |  |
| None of the above/ choose not to answer  | 28          | 3.9%                 |  |
| Access to dental care  | 24          | 3.3%                 |  |
| Well-paying jobs/ strong economy   | 23          | 3.2%                 |  |
| Respecting cultural differences  | 19          | 2.6%                 |  |
| Access to mental health care   | 12          | 1.7%                 |  |
| Other  | 10          | 1.1%                 |  |
| Mental health/ well-being  | 9           | 1.2%                 |  |
| Low levels of violence in the home   | 8           | 1.1%                 |  |
| Low levels of child abuse/ neglect   | 7           | 1.0%                 |  |
| Low levels of substance abuse (drug<br>abuse, alcohol misuse)                          | 1           | 0.10%                |  |
| Total Responses  | 1880        | 258.8%               |  |

726 individual responses (499 selected three options, 156 selected two options,

71 selected one option) 26 left blank

# Appendix B: Key Informant Interviews and Focus Groups

Key Informant Interviews were completed by five individuals representing their organizations during the time frame of November 10 through November 23, 2022, either in person or through a virtual interview. Individuals represented the following: manufacturing, agencies serving vulnerable populations, community organizations, youth group, and community leader. The following is a summary of results.

| Question   | Social and<br>Economic Factors   | Health<br>Behaviors   | Clinical Care   | Physical<br>Environment   | Health<br>Outcomes  |
|--|--|---|---|---|---|
| What are the<br>strengths in<br>our commu-<br>nity/county?                             | <ul> <li>Employment<br/>opportunities</li> <li>Respecting cultural<br/>differences</li> <li>Good schools</li> <li>Resources for<br/>homelessness</li> <li>Accepted in the<br/>community</li> <li>Economic and social<br/>advantages of<br/>Mennonite</li> </ul>  |   | <ul> <li>Home vaccinations</li> <li>Bilingual<br/>Chiropractor;<br/>accept people with<br/>no insurance</li> </ul>  | <ul> <li>Excellent<br/>parks, lakes,<br/>rivers</li> <li>Farm land</li> <li>Riverside<br/>Athletic</li> <li>Not over<br/>crowded</li> </ul> |   |
| What are the<br>challenges in<br>our commu-<br>nity/county?                            | <ul> <li>Merrill not<br/>supportive of LGBTQ+<br/>Community</li> <li>Youth leaving Merrill<br/>after graduation</li> <li>Shortage of help in<br/>businesses, families,<br/>neighborhoods</li> <li>Social connection with<br/>next generation</li> <li>Accessible resources</li> <li>Jobs that don't require<br/>education</li> </ul>                                   | <ul> <li>Drugs users<br/>and<br/>distributors</li> <li>Alcohol</li> </ul> | <ul> <li>Dental services for<br/>low income</li> <li>EMT services<br/>won't go out to the<br/>rural areas</li> <li>Lack of transporta-<br/>tion and driver's<br/>license</li> <li>Affordability of<br/>healthcare and<br/>health insurance</li> <li>Health literacy to<br/>all including Span-<br/>ish and Hmong</li> </ul> | • Lack of<br>community<br>supported<br>agriculture  | • Suicide is<br>one of the<br>leading<br>causes of<br>death in<br>Lincoln<br>County |
| What charac-<br>teristics of<br>our commu-<br>nity/county<br>pose an op-<br>portunity? | <ul> <li>Library</li> <li>Could be more adult<br/>education</li> <li>Building neighbor-<br/>hood relationships in<br/>appreciation of<br/>cultural differences</li> <li>The idea that more<br/>people will eventually<br/>move north and pro-<br/>vide us with a popula-<br/>tion growth</li> <li>Ability for individuals<br/>to have a creative<br/>spirit</li> </ul> | • Every month<br>the District<br>Attorney sees<br>200-230 Drug<br>cases   | <ul> <li>Hospital</li> <li>Mental Health help<br/>for youth and un-<br/>insured</li> <li>Missionary work</li> <li>Free Clinic</li> <li>Seal a Smile Pro-<br/>gram</li> </ul>  | <ul> <li>Parks and Recreation Department</li> <li>The land that we live on, access to the Wisconsin River.</li> <li>River walk</li> </ul>   |   |

# **Appendix B:** Key Informant Interviews and Focus Groups

| Question   | Social and<br>Economic Factors   | Health<br>Behaviors  | Clinical Care   | Physical<br>Environment   | Health<br>Outcomes |
|--|--|--|---|---|--------------------|
| What charac-<br>teristics of<br>our commu-<br>nity/county<br>pose a<br>threat?                   | <ul> <li>Problems holding a job</li> <li>Lack of LGBTQ+ support</li> <li>Housing shortages</li> <li>Conservative views</li> <li>Removal of UW-<br/>Extension, future of Pine<br/>Crest</li> <li>No more "wheel tax"</li> <li>Lack of adult education</li> <li>Inadequate taxation on<br/>the wealthy</li> <li>Police department lack<br/>of cultural diversity<br/>acceptance</li> </ul>   | <ul> <li>Substance<br/>abuse</li> <li>Drugs</li> <li>Number of<br/>accessible<br/>drugs in the<br/>community</li> <li>Number of<br/>drunk driving<br/>incidents</li> </ul> |   | <ul> <li>Overall climate</li> <li>Lack of<br/>transportation</li> </ul> | • Mental<br>health |
| What trends<br>or changes<br>have you<br>noticed that<br>may impact<br>health and<br>well-being? | <ul> <li>School referendum<br/>failing</li> <li>Enrichment center - free<br/>options</li> <li>Destruction of<br/>UW- Extension</li> <li>Lack of funding for well<br/>being</li> <li>Change is for the better</li> <li>Improvement of commu-<br/>nication over time</li> <li>Moms of Merrill is a<br/>huge benefit</li> <li>Lack of diversity<br/>acceptance in schools<br/>and worksites</li> <li>Need Bi-lingual individ-<br/>uals on school board</li> </ul> | <ul> <li>Increased drug problems</li> <li>Chronic diseases</li> </ul>  | <ul> <li>Dysfunctional<br/>health care<br/>system</li> <li>Dental care is<br/>non-existent</li> <li>No more<br/>delivery of<br/>babies</li> </ul>   |   | • Mental<br>health |
| Why are<br>barriers not<br>being<br>addressed or<br>addressed<br>adequately?                     | <ul> <li>Cut backs in programs</li> <li>Lack of queer youth groups</li> <li>No youth perspective on the city council</li> <li>Barriers within the families, communication gaps</li> <li>Within our own foundations—doesn't allow us to go out help others</li> <li>Lack of diversity in the workplace</li> <li>No money to implement programs. staffing</li> <li>Volunteers are difficult to achieve</li> </ul>  | 07   | <ul> <li>Stigma for<br/>certain health<br/>issues thus<br/>ignored—<br/>mental health,<br/>race, LBTQ+</li> <li>Media<br/>undermines<br/>many situations,<br/>especially<br/>COVID</li> </ul> |   |                    |

# Appendix B: Key Informant Interviews and Focus Groups

| Question   | Social and  | Health   | <b>Clinical Care</b>  | Physical   | Health  |
|--|---|--|---|--|---|
| -  | <b>Economic Factors</b>   | Behaviors  | Chincal Care  | Environment  | Outcomes  |
| How has<br>COVID-19<br>affected the<br>health and<br>well-being of<br>our<br>community?                        | <ul> <li>Gave kids the time/<br/>space to be<br/>themselves</li> <li>More trans students—<br/>came out during this<br/>time</li> <li>Loss of jobs</li> <li>Keeping kids home,<br/>social distancing</li> <li>Services constricted -<br/>example library</li> <li>Social isolation</li> <li>Believed that COVID-<br/>19 united some<br/>groups</li> <li>Many people gathered<br/>for funerals to give<br/>their prayers. Usually<br/>it was just the imme-<br/>diate family if that<br/>happened a few years<br/>ago</li> <li>Brought disparities up<br/>to the surface that<br/>were always there but<br/>were often not paid<br/>enough attention too</li> </ul> | <ul> <li>Domestic violence</li> <li>COVID is now ignored even though it is still around</li> <li>Believed that COVID-19 would never allow people to trust getting close to one another again</li> <li>People outside of the Mennon-ite community seemed to be more sensitive on the topic</li> </ul>   | <ul> <li>Liked the no-cost vaccination.</li> <li>Low vaccination rates for the Hispanic community</li> <li>Suicide rates have increased (throughout all races/ethnicities)</li> <li>Multi-generational households- entire household sick</li> <li>Difficult to find care (preventable)</li> </ul>   |  | <ul> <li>Mental<br/>health<br/>issues have<br/>increased<br/>(isolation)</li> <li>Increased<br/>depression<br/>and the<br/>feeling of<br/>withdrawal</li> </ul>   |
| Please<br>review the<br>Lincoln<br>County<br>Community<br>Health<br>Survey. What<br>areas stand<br>out to you? | <ul> <li>Demographic<br/>question not inclusive</li> <li>Family issues are very<br/>typical - support/no<br/>support</li> <li>Community violence,<br/>bullied daily</li> <li>Social aspects to en-<br/>gage with others -use<br/>creativity</li> <li>Lack of income<br/>distribution</li> <li>Lack of leisure time</li> <li>Lack of leisure time</li> <li>Lack of job related<br/>skills - use current<br/>education/skills in the<br/>county</li> <li>Unable to get the<br/>medication that is<br/>needed</li> <li>Child care<br/>affordability</li> </ul>   | <ul> <li>Eating and<br/>exercise are big<br/>parts of overall<br/>health</li> <li>Stigma that<br/>poor people<br/>are overweight<br/>and that they<br/>need to eat<br/>healthier</li> <li>Affordable<br/>healthy food</li> <li>Drug use and<br/>drug distribu-<br/>tions changed<br/>over time</li> <li>Easy to start<br/>vaping -youth</li> </ul> | <ul> <li>It is <u>cheaper</u> to<br/>stay at an all-<br/>inclusive resort in<br/>Mexico and get<br/>your tooth fixed in<br/>Lincoln County (2)</li> <li>Lack of mental<br/>health treatment<br/>and providers</li> <li>Hormone Therapy<br/>– affordability and<br/>access</li> <li>Clinical Care-<br/>affordability</li> <li>No free clinics</li> </ul> | <ul> <li>Expensive in-<br/>ternet access</li> <li>Limited access<br/>to public<br/>transportation</li> </ul> | <ul> <li>Poor<br/>physical<br/>health</li> <li>Poor<br/>mental<br/>health</li> <li>Trend- self<br/>harm or<br/>intention<br/>injury</li> <li>Mental<br/>Health First<br/>Aide though<br/>health class</li> <li>Intentional<br/>injury<br/>(self-harm,<br/>suicide)</li> </ul> |

# **Appendix C: Populations at Higher Risk**

### The following are population groups that are a higher risk of poor health outcomes.

| <b>Health Factors</b>          | Who does this issue most effect?   |
|--------------------------------|--|
| Environmental<br>Health        | <ul> <li>Lincoln County's number one asset is its environment, but with that said there are some subgroups that are at higher risk when exposed to environmental health conditions.</li> <li>Compromised air and water quality affect our older population, youth, pregnant women and those who are immune compromised.</li> <li>Those in the southern part of Lincoln County have a disproportion exposure to radon causing an increase incidence in lung cancer.</li> <li>Those who are living in our rural communities, especially low income and the older adults, have access to transportation issues. Lack or cost of transportation can effect the ability to access services and resources such as food and health care, which ultimately affect ones quality of life.</li> </ul>   |
| Social and<br>Economic Factors | There are two sectors of the population that rise to the top with concerns related to social<br>and economic issues in Lincoln County; low income and the ALICE population. These<br>populations struggle with basic needs, affordability of child care, housing, food, transpor-<br>tation, and health care. This may be an indicator as to why Lincoln County's shorter life<br>expectancy trends have not changed over the years compared to other counties in the<br>state.  |
| Clinical Care                  | <ul> <li>With shortages in health care workers, access to health care, dental care and mental health services is becoming a critical access issue in Lincoln County. Most clinics that provide services are out of county causing an access issue for those that do not have the means, time or dollars for transportation. Lack or delay of health care can cause later diagnosis for disease, leading to poor health outcomes and premature death. Addressing affordability of health care is equally important.</li> <li>Medicaid patients do not have local access to dental care in Lincoln County.</li> <li>Populations with mental health issues that do not have access to timely services and treatment are at increased risk for unemployment, poverty, disability and have higher mortality rates.</li> <li>Low income populations are at most risk, especially those with chronic disease, mental illness, immune compromise, and pregnant women.</li> </ul> |
| Health Behaviors               | <ul> <li>Health behaviors that are learned as youth can carry into adulthood. Youth are more susceptible to tobacco marketing and are more likely to use if their peers and family members do. Youth substance use interferes with brain development and increase risk for addiction later life.</li> <li>Strong relationship between youth smoking/vaping and depression, anxiety, and stress.</li> <li>Higher incidence of smoking and unhealthy weight among pregnancy women in Lincoln County.</li> <li>Those who are not able to meet their basic needs (low income/ALICE population) are not able to prioritize their health and well-being and adopt good health behaviors.</li> </ul>  |
| Health Outcomes                | <ul> <li>There are several populations that have inequities when looking at living a healthy and long life. Individuals with higher ACE scores are at increased risk for chronic health problems, mental illness and substance use. ACEs disproportionately impact youth with disabilities, LGBTQ+ and youth among low income families.</li> <li>Suicide rates have continue to be high in the county for men 51-70 years old.</li> <li>Female youth tend to have more anxiety and thoughts of suicide than male youth in Lincoln County.</li> <li>Additional population groups that come to the top with poor outcomes are older adult who fall, pregnant women with high BMIs, and females diagnosed with lung cancer.</li> </ul>  |

# **Appendix D: Community Assets and Resources**

The following are a list of community assets and resources that were identified during the community needs assessment by organizations and the public that may benefit efforts in address health.

| Health<br>Factors                 | Community<br>Assets  | Community<br>Resource  | Supportive Organizations   |
|-----------------------------------|--|--|--|
| Environmental<br>Health           | <ul> <li>Air quality good</li> <li>Fluoridated<br/>municipal water</li> <li>Less traffic, pollution</li> <li>Public transportation<br/>options</li> <li>River Bend Trail</li> <li>Parks</li> <li>Headstart Program</li> <li>Blood lead reviewed<br/>at wellness checks</li> <li>Farm land</li> </ul> | <ul> <li>Land Use Plan for Lincoln County</li> <li>Health care does ask about if you have private or public well water during well child visits</li> <li>Seal a Smile Program</li> <li>Lead Prevention Program</li> <li>Park and Recreation Programs</li> <li>Community Parks</li> </ul>                         | <ul> <li>Lincoln County Zoning</li> <li>Merrill Go Round</li> <li>Blue Jay Tax</li> <li>Tomahawk Interfaith<br/>Volunteers</li> <li>Lincoln County Health<br/>Department</li> <li>City of Merrill</li> <li>City of Tomahawk</li> <li>Pine River School for Young<br/>Learner</li> <li>Tomahawk Head Start</li> <li>River Side Athletic Club</li> </ul>   |
| Social and<br>Economic<br>Factors | <ul> <li>Good schools</li> <li>New apartments and<br/>homes</li> <li>More affordable<br/>housing</li> <li>Clubs and<br/>organizations</li> </ul>   | <ul> <li>College Classes (AP) at<br/>High Schools</li> <li>Social Services programs<br/>for vulnerable youth</li> <li>Ability of individuals to<br/>have a creative spirit</li> </ul>  | <ul> <li>MADA Bridges Virtual Academy</li> <li>ADRC<br/>Economic Support</li> <li>Community Action Program</li> <li>Childcare, Inc.</li> <li>Law Enforcement</li> <li>HAVEN</li> <li>MAC Home</li> <li>Our Sister's House</li> <li>Tomahawk Kinship</li> <li>Big Brothers and Big Sisters</li> <li>Boys and Girls Club</li> <li>Churches</li> <li>Tomahawk Schools</li> <li>Merrill Schools</li> </ul> |
| Clinical Care                     | <ul> <li>Vaccines (home vaccination)</li> <li>Bilingual Chiropractor</li> <li>Hospitals/Clinics</li> <li>Assistance with Economic Support</li> </ul>   | <ul> <li>Aspirus Community<br/>Paramedic Program</li> <li>Nail Care Program</li> <li>Seal A Smile Program</li> <li>Fluoride varnishing</li> <li>Programs that support<br/>clinics—public health,<br/>pharmacy</li> </ul>   | <ul> <li>Lincoln County Health<br/>Department</li> <li>ADRC</li> <li>Social Services</li> <li>Aspirus Health Care</li> <li>Marshfield Clinic</li> <li>Dental Providers</li> <li>Behavioral Health Providers</li> <li>Chiropractors</li> <li>Wellness Organizations</li> </ul>  |
| Health<br>Behavior                | <ul> <li>Community Gardens</li> <li>Access to healthy<br/>food and exercise<br/>opportunities</li> </ul>   | <ul> <li>Reproductive health part<br/>of school curriculum</li> <li>Tobacco Quit Line</li> <li>WI WINS Compliance<br/>Checks</li> <li>School Food Backpack<br/>Program</li> <li>School summer lunches</li> <li>School Food Pantry</li> <li>Opioid Settlement Fund-<br/>ing</li> <li>Food Wise Program</li> </ul> | <ul> <li>Lincoln County Health<br/>Department</li> <li>Northwoods Tobacco Free<br/>Coalition</li> <li>UW Extension</li> <li>Healthy Minds Coalition</li> <li>Vivent Health</li> <li>WI Voices of Recovery</li> <li>Tomahawk Schools</li> <li>Merrill Schools</li> <li>Public Libraries</li> </ul>  |
| Health<br>Outcomes                | <ul> <li>Hospitals</li> <li>Students wearing seatbelts</li> </ul>  | <ul> <li>Mental Health Resource<br/>Guide</li> <li>Fall Prevention<br/>Programs</li> <li>Aggression replacement<br/>training</li> </ul>  | <ul> <li>Lincoln County Health<br/>Department</li> <li>Relay for Life</li> <li>ADRC</li> <li>Healthy Minds Coalition</li> <li>MHS Raise your Voice</li> <li>MAPS Mental Health Alliance</li> <li>Aspirus Health Care</li> </ul>  |

# **Appendix E:**

## **Community Forum Forces of Change Results**

Participants at the Community Forum were asked to consider the following health issues when answering the questions below:

- Mental Health and Emotional Well-being
- Healthy Lifestyles
- Community Centered Resources for the 55+ Population

| What has occurred recently<br>that may impact these health<br>issues in Lincoln County?   | What are emerging issues at<br>the local or state level that<br>might impact these health<br>issues in Lincoln County?  | What characteristics of<br>Lincoln County may pose an<br>opportunity or threat with<br>these health issues?   |
|---|---|---|
| <ul> <li>COVID-19</li> <li>Political division emphasis on cutting cost versus community investment</li> <li>Healthcare system capacity, impacting access to services</li> <li>Inflation</li> <li>Loss of funding and local resources—UW-Extension</li> <li>Failed school referendum</li> <li>Increased isolation among community members</li> <li>Increase in remote work and learning opportunities</li> <li>Dental therapists expected to soon be approved in WI, which will help to address dentist shortages</li> </ul> | <ul> <li>Aging community</li> <li>More people choosing to age at home when they would be better served at assisted living homes</li> <li>Lack of openings at assisted living and nursing homes</li> <li>Workforce shortages—people retiring earlier (take care of family)</li> <li>Loss of support systems and sense of community</li> <li>Childhood adversity and trauma</li> <li>Stress management and healthy coping skills</li> <li>Foster care system (more complex cases, lack of personnel and foster families)</li> <li>Substance use among students in schools at crisis levels (THC, vaping)</li> <li>Lack of conversations and coming together due to political climate</li> <li>More refugees coming to the area (language barriers, trauma, etc.)</li> <li>High prices of basic needs (child care, housing, food) has a big impact on the younger generation.</li> <li>Lack of support for the younger families</li> </ul> | <ul> <li>Less opportunities in Tomahawk<br/>area, more resources focused on<br/>Merrill</li> <li>Funding, programs and<br/>resources are designed for urban<br/>communities versus rural</li> <li>Lack of mental health crisis<br/>resources</li> <li>Lincoln County has an ever-<br/>increasing aging population.</li> <li>Rural communities cause<br/>barriers—transportation,<br/>infrastructure</li> <li>Access to aging population<br/>resources—in-home care, lack of<br/>openings at assisted living/ nurs-<br/>ing homes, accessibility to ap-<br/>pointments, lack of professional<br/>caregivers</li> <li>Lack of in-patient mental health<br/>resources</li> <li>Lack of family that is close<br/>(young family moves away, older<br/>individuals live here to retire)</li> <li>Rural versus urban change<br/>differences-cultural</li> <li>Lack of adequate paying jobs and<br/>affordable housing</li> <li>Employee-Centered hiring—<br/>flexibility, benefits, hybrid</li> <li>Food desert- high prices, low<br/>quality</li> </ul> |