Healthy People Lincoln County

Community Health Assessment

Creating a healthier place where you work, learn, live and play.
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April 2018

Dear Community Members:

The Lincoln County Health Department in collaboration with its Healthy People Lincoln County partners is proud to present the 2018-2023 Community Health Assessment. This report includes a comprehensive review and analysis of data regarding health issues and needs of individuals residing in Lincoln County. The Community Health Assessment is the first step of our Community Health Improvement Process and provides an overall plan on tackling the health challenges in our county.

In completing the Community Health Assessment, Lincoln County Health Department followed the Wisconsin Way Framework from the Wisconsin Association of Local Health Departments and Boards. This included a comprehensive approach of working with community partners and members which included reviewing and analyzing data, identifying resources and assets, identifying priorities that align with the state and national health plans, and sharing final results of the health assessment with the community.

The final report provides useful information to public health officials, health care providers, policy makers, organizations, community groups and individuals who are interested in improving the health status of our community. These results enable organizations to strategically establish health priorities, develop strategies, and obtain or levy resources. It also allows us to come together as a community by focusing on common priorities and goals, ultimately making a larger impact.

I want to thank everyone who has contributed to this health assessment. We welcome any feedback presented in this report and extend an invitation to you to actively participate in making Lincoln County a healthier place to live, work, play, and learn.

On behalf of Lincoln County,

Shelley Hersil, CHES, MPH
Health Officer/Director
Lincoln County Health Department
The Lincoln County Health Department (LCHD) wishes to thank those who have contributed by participating in the development of this Community Health Assessment. The following agencies participated in activities that contributed in the completion of this report.

Ascension Sacred Heart Hospital, Carmen Viegut
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Ascension Medical Group at Merrill, Mitch Campbell
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Ascension Medical Group at Tomahawk, Lori Decker
Ascension Good Samaritan Hospital, Jane Bentz
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Aging Disability Resource Center, Jennifer Clark
Bible Presbyterian Church, Paul Thompson
Bridge Community Dental Center, Georgia Fischer
Community Action Program, Stacie Bartelt
City of Merrill, Mayor Bill Bialecki
City of Merrill Park and Recreation, Dan Wendorf
Comunidad Hispana, Will Gomez
Community Member, Joan Krohn
Community Member, September Murphy
Community Member, Sydney Harris
HAVEN, Nancy Baacke
Healthfirst, Jessica Scharfenberg
Kinship of Tomahawk, Youth Group
Lincoln County Board of Health Committee
Lincoln County Board of Health, Brenda Mueller
Lincoln County Board of Health, Pat Voermans
Lincoln County Board of Health, Sue Weith
Lincoln County Health Department, Kristin Bath
Lincoln County Health Department, Lexi Grzanna
Lincoln County Health Department, Shelley Hersil
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Lincoln County Health Department, Sue Kuber
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Merrill Area Public Schools, Karen Baker
Merrill Area United Way, Dee Olsen
Merrill High School Students
North Central Health Care, Haley Ellenbecker
North Central Health Care, Sarah Pfund
Our Sisters House, Tina Elvins
PCA, Patti Lemke
Pine Crest Nursing Home, Karen Noco
Pine River School for Young Learners, Jill Seaman
Pine River School for Young Learners Parents
Tomahawk School Board, Kay Kissinger Wolf
Tomahawk School District, Terry Reynolds
Tomahawk Senior Center
UW-Extension Lincoln County, Debbie Moellendorf
UW-Extension Lincoln County, Jackie Carattini
UW-Extension Lincoln County, Melissa Yates
UW-Extension Lincoln County, Tammy Hansen
WI Department of Public Health, Angela Nimsgern
WI Department of Public Health, Char Ahrens
WI Department of Public Health, Jim Lawrence
St. Stephens Church, Rev. Kyle Carnes
St. Vincent De Paul Free Clinic, Sharon Karow
St. Vincent De Paul Outreach Center, Sue Norenberg and Dennis McCarthy
Community Health Assessment Introduction

Lincoln County Health Department is required by Statutory Law 140 and Public Health Accreditation Board to conduct a Community Health Assessment every five years. According to the Affordable Care Act, non-profit hospitals are also required to complete a Community Health Assessment every three years. In Lincoln County, the Community Health Assessment is a collaboration by community partners “Healthy People Lincoln County”, with leadership from Lincoln County Health Department, UW-Extension Lincoln County, Ascension Sacred Heart Hospital, and Ascension Good Samaritan Hospital.

Purpose

The purpose of Lincoln County’s Community Health Assessment (CHA) is to complete a comprehensive review of information about the community’s current 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, top health priorities are determined by community partners and members. Following the Community Health Assessment, a Community Health Improvement Plan is developed to identify strategies to address these health priorities.

Community Health Assessment Model

The Community Health Assessment (CHA) process began in May of 2017. The Wisconsin Way is the framework Lincoln County used for completing the CHA. The Wisconsin Way Framework was developed by the Wisconsin Association of Local Health Departments and Boards (WALHDAB) www.walhdab.org. The figure below shows the Community Health Improvement Process model from the County Health Rankings which is referred to in the framework. Phase 1: Assess Needs and Resources and Phase 2: Focus on What’s Important are the two components of the framework’s cycle that are addressed in the Lincoln County Community Health Assessment. The model also reflects the importance during the CHA process to engage with partnering organizations and members of the community as well as to communicate efforts and findings throughout the phases represented in the model.
Assessing Needs and Resources is the first phase of the Community Health Assessment process and Phase 1 of the Community Health Improvement Plan Process shown below. This included:

**Step 1:** Identifying the questions and data that are critical to your community.

**Step 2:** Including input from the community.

**Step 3:** Identifying assets and resources.

**Step 4:** Complying and analyzing information collected.

Collecting data on the social determinants of health such as, employment, education and physical environment was a priority during this process. The Wisconsin Way Framework's list of core data set was used during the CHA (See table below). Data collection and analysis plays a critical role in making public health decisions, program development, evaluation, and policy formation. It is important that the data presented in this CHA comes from reliable and credible sources. Data comparisons and benchmarking are provided when possible. It is also important to keep in mind there are limitations to the data that is available. These limitations include small data size, lack of or access to local data, real time data not available, and poor participation by community members. A list of primary and secondary data sources used for this assessment are as follows:

### Primary Data Source List
- Lincoln County Community Health Surveys
- Lincoln County Community Forum
- Lincoln County Key Informant Interviews
- Lincoln County Focus Groups
- Lincoln County Social Norms Survey
- Lincoln County Youth Risk Behavior Survey
- WI Electronic Disease Surveillance System
- WI Immunization Registry
- WI WINS

### Secondary Data Source List
- Behavioral Risk Factor Surveillance System
- Centers of Disease Control and Prevention
- County Health Rankings
- Healthiest Wisconsin 2020
- Healthy People 2020
- Lincoln County Health Rankings
- WI Department of Health Services
- WI Interactive Statistics on Health
- WI Environmental Public Health Tracking

See Appendix E for definitions of each data source.

### Wisconsin Core Data Set

<table>
<thead>
<tr>
<th>Demographic Profile</th>
<th>Reproductive and Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Determinants</td>
<td>Oral (Dental) Health</td>
</tr>
<tr>
<td>Mortality</td>
<td>Nutrition and Healthy Foods</td>
</tr>
<tr>
<td>Morbidity</td>
<td>Physical Activity</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Built Environment</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Violence and Injury</td>
<td></td>
</tr>
</tbody>
</table>

Source: Wisconsin Way 2018
The following data collection methods were used to gather information from community members on what the health strengths and challenges are in Lincoln County as well as assets and resources. The goal of implementing these methods is to gain a better perspective from leaders in our community and target population groups on health challenges in the county.

### Community Health Survey

In June 2017, a community survey was administered to residents of Lincoln County in both an online and paper copy version. The survey was developed based off a template from the Northern Region Wisconsin Division of Public Health. This template referenced the Healthiest Wisconsin 2020 Plan focus areas. There were 648 surveys completed. The purpose of the survey was to gather data on the community’s health needs. Surveys were distributed to key organizations and establishments in the county, as well as areas of the community with higher health disparities such as those with low income and education. See survey distribution list and results in Appendix B.

### Community Forum

Lincoln County Health Department hosted a Community Forum on August 12, 2017 with the purpose to review primary and secondary, national, state, and local data that align with the Wisconsin Healthiest 2020 Plan and the Wisconsin Way Framework’s Core Data Sets. Thirty-eight partners were in attendance. In depth, one-on-one discussions took place after the review of each health focus areas. Each discussion included a review of the populations in Lincoln County with poor health outcomes due to health inequities and an analysis on why those groups are disproportionately affected. Populations identified are summarized on pages 7-23 under each health focus area. A brainstorming session on strengths, weaknesses, opportunities, and challenges was part of the analysis of the data, see summary in Appendix A.

### Key Informant Interviews

Face-to-face interviews took place in January through March of 2018 to obtain additional perspectives and insights from key partners in the community with diverse backgrounds. To see a list of those that were interviewed and a summary of key points, see Appendix C.

### Community Focus Groups

Specific target populations in Lincoln County participated in small group discussions and shared their beliefs, attitudes, experiences and challenges with regard to health. Focus groups consisted of 8-10 participants. Incentives were provided to recruit participants. Participants were able to talk about their perceptions of the strengths and challenges of living healthy in Lincoln County. See Appendix D for a list of who participated in the focus groups as well as a summary of results.

### 4. Compile & Analyze Information

All data that was gathered during this process was compiled by the Northern Region Wisconsin Division of Public Health, UW-Extension – Lincoln County and Lincoln County Health Department. Data was analyzed by community partners and members.

### Assessment Results—Health Focus Areas

The following section of this report presents a summary of the Lincoln County Community Health Assessment findings, organized according to the key categories outlined in the Wisconsin Way Framework Core Data Set. See page 24 for Phase 2 of the Assessment, Focus on What is Important.

For more information on the Community Health Assessment, contact Shelley Hersil, Director/Health Officer, Lincoln County Health Department, shersil@co.lincoln.wi.us or 715-539-1360.
Encompassing almost 900 square miles, or 567,000 acres in North Central Wisconsin, Lincoln County ranks 21st in size among the state’s 72 counties. There are 16 townships ranging in size from Corning’s 92,690 acres to Scott’s 20,890. Lincoln County has 152 named lakes and 577 unnamed lakes. Winter recreation is available with 22 miles of cross country trails, 315 snowmobile trails and 200 ATV winter trails. Lincoln County is primarily made up of manufacturing as well as larger employers in the areas of government, health care, education and insurance.

According to the U.S. Census Bureau American Community Survey 2016, a total of 27,902 people live in Lincoln County. A majority of the population is between 45 and 64 years of age. Like other rural counties in Northern Wisconsin, Lincoln County is experiencing a decline in population as well as an increase in those residents that are 65 years of age or older. If we measure the growth of this population from 2010 to 2030 we are expected to see a 62% increase in the elderly population.

### Age and Gender, US Census 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Both Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>28,743</td>
<td>14,412</td>
<td>14,331</td>
</tr>
<tr>
<td>0-4</td>
<td>1,471</td>
<td>741</td>
<td>730</td>
</tr>
<tr>
<td>5-19</td>
<td>5,468</td>
<td>2,902</td>
<td>2,566</td>
</tr>
<tr>
<td>20-24</td>
<td>1,169</td>
<td>619</td>
<td>550</td>
</tr>
<tr>
<td>25-34</td>
<td>2,798</td>
<td>1,395</td>
<td>1,403</td>
</tr>
<tr>
<td>35-44</td>
<td>3,576</td>
<td>1,821</td>
<td>1,755</td>
</tr>
<tr>
<td>45-54</td>
<td>5,078</td>
<td>2,576</td>
<td>2,501</td>
</tr>
<tr>
<td>55-64</td>
<td>3,914</td>
<td>2,008</td>
<td>1,906</td>
</tr>
<tr>
<td>65+</td>
<td>5,269</td>
<td>2,350</td>
<td>2,919</td>
</tr>
</tbody>
</table>

Lincoln County has seen a small change in race and ethnicity from 2010-2015. The population is decreasing and very slowly becoming more racially diverse.

<table>
<thead>
<tr>
<th>Race</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>27,860</td>
<td>27,426</td>
</tr>
<tr>
<td>(98.5%)</td>
<td>(97.3%)</td>
<td></td>
</tr>
<tr>
<td>Black or African</td>
<td>64 (.2%)</td>
<td>147 (.5%)</td>
</tr>
<tr>
<td>American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian and</td>
<td>83 (.3%)</td>
<td>154 (.5%)</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>122 (.4%)</td>
<td>144 (.5%)</td>
</tr>
<tr>
<td>Native Hawaiian or</td>
<td>21 (.1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>2010</td>
<td>2015</td>
</tr>
<tr>
<td>Non-Hispanic or Latino</td>
<td>28,743</td>
<td>27,172</td>
</tr>
<tr>
<td>(98.9%)</td>
<td>(96.1%)</td>
<td></td>
</tr>
</tbody>
</table>

There were 3,402 Lincoln County residents that identified themselves as people with disabilities in 2015 (15.4% of the 18+ population). Source: US Census Bureau.

At the time of this report, data was not available on sexual orientation or immigration, as well as health data by zip codes.
In Lincoln County...

- Families with low incomes often struggle to afford food, rent, childcare, and transportation.
- Individuals who are unemployed are more than 50% more likely to be in fair or poor health when compared to those who are employed.
- Working non-standard hours and having little control over working conditions is associated with increased illness, injury and mortality.
- 2018 key informant interview results indicate that Lincoln County has a residents with Asset Limited, Income Constrained, Employed or (ALICE).

**Homeowners and Homeless**

- Occupied Housing Units: 12,419; Owner Occupied: 9,381 (75.5%) State (67.3%), Source US Census Bureau.
- Lincoln County organizations have reported 121 individuals homeless as of May 2017.
- According to 2018 key informant interviews, there is a shortage of affordable quality housing especially for larger families. This has become a barrier to residing in Lincoln County for residents as well as employees.

**Poverty**

- In 2009 the estimated poverty rate was 15.6% for children under 18 years old and 16.8% for children under 5 years old. Lincoln County is comparable to the Wisconsin rate: 14.6% for children under 18 and 17% for children under 5. Source: US Census Bureau.

<table>
<thead>
<tr>
<th>Lincoln County Poverty 2011-15 Estimates (Source: American Community Survey)</th>
<th>Percent of Population</th>
<th>% Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people (2015)</td>
<td>10.2%</td>
<td>+/-1.2</td>
</tr>
<tr>
<td>Under 18 years</td>
<td>12.4%</td>
<td>+/-3.1</td>
</tr>
<tr>
<td>Retired children under 18 years</td>
<td>12.2%</td>
<td>+/-3.1</td>
</tr>
<tr>
<td>Under 5 years</td>
<td>16.8%</td>
<td>+/-8.4</td>
</tr>
<tr>
<td>5 to 17 years</td>
<td>11.0%</td>
<td>+/-3.4</td>
</tr>
<tr>
<td>18 to 64 years</td>
<td>10.2%</td>
<td>+/-1.2</td>
</tr>
<tr>
<td>65 years and over</td>
<td>7.9%</td>
<td>+/-1.8</td>
</tr>
</tbody>
</table>

Wisconsin poverty rate = 13% in 2015
FoodShare is a state program that provides food for those that have limited money. There currently is legislation pending as of March 2018 at the federal level to cut those that benefit from Food Share. Source: WI Department of Health Services.

**National School Lunch Program (NSLP)**
The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. Source: Food and Nutrition Service—USDA.

The chart below refers to the percentage of students that qualify for the reduced lunch program in Lincoln County.

**Education**

Years of formal education are correlated strongly with:
- Higher income
- Better working conditions
- Access to health care
- More stability
- Better housing
- Greater sense of personal control
- Healthier lifestyles

❖ 90% of Lincoln County residents have obtained a high school diploma or higher (2015) which is similar to Wisconsin. 15% of Lincoln County residents have a bachelors degree or higher which is lower than Wisconsin at 25%. Source: US Census Bureau.

**Literacy**

❖ According to the US Census Data 2015, 481 people in Lincoln County speak a different language at home, 194 of those do not speak English very well, with the most prevalent language being Spanish.

**Transportation**

❖ 2018 key informant interviews and focus groups report that transportation is an issue for the City of Tomahawk. There is some transportation available to seniors through an interfaith volunteer group but no public transportation system is available. This makes it difficult for those that don’t have a way to get to medical appointments, after school programs, grocery stores, etc. This is less of a problem in the City of Merrill which has multiple forms of public transportation.
ACEs are Adverse Childhood Experiences, also known as childhood trauma. Examples of trauma include abuse, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member, emotional neglect and physical neglect. For every one of these examples, that a child has, they get an ACE. The more ACEs a child has, the more likely they are to develop chronic diseases and/or mental illness when they get older.

**ACEs Data Dashboard 2011-2015**
Distribution of ACE Scores among residents—Percent of Population with Specific ACE Score.

<table>
<thead>
<tr>
<th>Number of ACES</th>
<th>Lincoln County</th>
<th>Northern Region</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACES</td>
<td>45%</td>
<td>50%</td>
<td>48%</td>
</tr>
<tr>
<td>1 ACES</td>
<td>22%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>2-3 ACES</td>
<td>20%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>4+ ACES</td>
<td>13%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

According to the Wisconsin Child Abuse and Neglect Prevention Board, from 2011 – 2015, Lincoln County was the second highest in the state in prevalence of 4 or more Adverse Childhood Experiences (ACEs). Lincoln County is a small, rural community which limits its capacity to promote healthy life skills and teach resilience. There are also the opinions of community members that there is no point in changing current living conditions as shared during 2018 focus groups. 2018 key informant interviews provided similar feedback stating county residents lack motivation which leads to hopelessness. This feeling of hopelessness could be a results of high ACE scores in our community. The high ACE scores among Lincoln County youth may also lead to increased mental health concerns, risky behaviors, and other chronic disease as these children become adults.

Social Support

There is a strong association between social isolation and poor health outcomes. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking in terms of adverse health outcomes. In Lincoln County, between 2011-2015, approximately 28% of children were raised in a single parent household. These families are more likely to be in poverty due to loss of financial resources of a second adult in the home, Source US Census Bureau. Consequences also include poor health outcomes, stress, unhealthy behaviors, illness and disease.

According to community forum discussions, Hispanic populations are typically known for strong family support but among those in Lincoln County that are undocumented, many do not have a drivers licenses which leads to transportation concerns. In addition, fear of being targeted by authorities for deportation often leaves them living in isolation and hesitant to obtain resources. These, along with other factors, have led this population to have higher unemployment, less education, lower home ownership and less access to health services.

What do Social Determinants mean for Lincoln County?

High ACE scores, lack of social support, and loss of good paying jobs have become an unhealthy cycle in Lincoln County leading to families with low incomes and lower education levels. Lincoln County had a very high unemployment rate during the great recession. There is also the population that is underemployed. They are not provided with enough hours during the work week to collect benefits such as health insurance from their employer. These factors have greatly influenced our ALICE (Asset Limited, Income Constrained, Employed) residents and family populations leaving them at higher risk for not obtaining basic needs and living in high stress situations that can be a catalyst to chronic diseases and premature death.
Mortality

Why it is important?
Premature death can provide a unique and comprehensive look at overall health status. To understand mortality in a community, analyzing leading causes as well as years of potential life lost is essential.

What does this mean for Lincoln County?
Lincoln County’s challenge with mortality is having a higher premature death rate, on average, than Wisconsin with about 6,700 premature deaths each year compared to 6,000 for the state, 2017. Chronic disease and preventable injuries are primary contributors to premature death.

Challenges for those at higher risk?
- Unhealthy behaviors such as smoking, poor diet, socioeconomic conditions, stress, unsafe practices, and availability of health care, can all be contributors to mortality.

Data highlights:

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Lincoln County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other Causes</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accidents (Unintentional)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Death by Age Group:

<table>
<thead>
<tr>
<th>Child and Adult Mortality by Age</th>
<th># of Deaths</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>5-14</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>15-19</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>35-55</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>55-64</td>
<td>41</td>
<td>843.4</td>
</tr>
<tr>
<td>65-74</td>
<td>65</td>
<td>2082.0</td>
</tr>
<tr>
<td>75-84</td>
<td>85</td>
<td>4497.40</td>
</tr>
<tr>
<td>85+</td>
<td>136</td>
<td>16037.7</td>
</tr>
</tbody>
</table>

Sources: County Health Rankings 2017, Wisconsin Department of Health
Morbidity
Why it is important?
Morbidity encompasses disease, injury and disability, and helps to understand measures of overall health in community.

Chronic diseases can be prevented through healthy diet, physical activity, and eliminating tobacco use and substance abuse. Chronic diseases are very costly. Effective management can prevent more serious complications.

84% of health care spending is generated by the 50% of the population who have one or more chronic disease.

What does this mean for Lincoln County?
Lincoln County is average in the number of residents reporting poor physical health days compared to surrounding counties in Wisconsin.

Cardiovascular, cancer, and mental health are the leading diseases that cause hospitalization in Lincoln County.

Challenges for those at higher risk.
- Population groups with lower educational attainment and economic status are more likely to become sick.
- The 2017 community survey showed that residents with lower incomes had a higher percentage reporting their health as fair versus good.
- Low income populations often lack reliable transportation, especially the elderly and those who lack a social network or support.
- Penalties for being off work often force employees to go to work sick. This combination of factors often leads to delays in medical treatment.

Data highlights:

Number of Poor Physical Health Days

<table>
<thead>
<tr>
<th></th>
<th>Lincoln</th>
<th>Langlade</th>
<th>Price</th>
<th>Taylor</th>
<th>Marathon</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average number of poor physical health days reported by Lincoln County residents in the last 30 days. Source: County Health Rankings.</td>
<td>3.4</td>
<td>3.5</td>
<td>3.9</td>
<td>3.3</td>
<td>3.3</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Total Hospitalizations

<table>
<thead>
<tr>
<th>Age</th>
<th># Hospitalized</th>
<th>Rate</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2,762</td>
<td>96.8</td>
<td>$26,264</td>
</tr>
<tr>
<td>&lt;18</td>
<td>332</td>
<td>61.3</td>
<td>$17,722</td>
</tr>
<tr>
<td>18-44</td>
<td>450</td>
<td>56.7</td>
<td>$16,451</td>
</tr>
<tr>
<td>45-64</td>
<td>761</td>
<td>81.6</td>
<td>$32,785</td>
</tr>
<tr>
<td>65+</td>
<td>1,219</td>
<td>208</td>
<td>$28,141</td>
</tr>
</tbody>
</table>

Hospitalization by Disease

<table>
<thead>
<tr>
<th>Disease</th>
<th># Hospitalized</th>
<th>Rate (per 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>52</td>
<td>1.8</td>
</tr>
<tr>
<td>Drug Use</td>
<td>18</td>
<td>-</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>130</td>
<td>4.6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>49</td>
<td>1.7</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>137</td>
<td>4.8</td>
</tr>
<tr>
<td>Chronic Pulmonary</td>
<td>80</td>
<td>-</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>88</td>
<td>3.1</td>
</tr>
<tr>
<td>Neoplasms (cancer)</td>
<td>129</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Sources: National Diabetes Statistics Report, 2014 (CDC); Fast Stats (CDC); Economic Benefits of Preventing Disease (National Prevention Strategy); Centers for Disease Control and Prevention; Healthiest Wisconsin 2020; Healthy People 2020; WI Department of Health, County Health Rankings 2017.
Access to Care

Why it is important?
Access to health care includes medical, dental, and behavioral health services and impacts overall physical, social and mental health status. There are many aspects to having access to care. Health insurance is essential, but it is also necessary to have:
- Comprehensive coverage, including preventive services, mental health, alcohol and other drugs (AODA).
- Providers that accept the individual’s insurance.
- Relatively close geographic location of providers to patients.
- Services from a trusted and ongoing source.
- Health literacy (definition: the ability to obtain, read, understand and use healthcare information to make appropriate health decisions).

Access to health care impacts:
- Prevention of disease and disability
- Detection and early treatment of health conditions
- Quality of life
- Preventable death
- Increased life expectancy

Health Care in Lincoln County:
Lincoln County has three medical clinics, one free clinic and two critical access hospitals. There are no psychiatrists, no pediatricians and a lack of specialty providers. Lincoln County has one federally qualified dental clinic. There are no mental or AODA inpatient treatment facilities, a shortage of mental health providers especially for youth, and a shortage of dental clinics that take Medicaid. Hospitals do not treat infants beyond emergent care. There is also no means to get an x-ray at some of our local clinics. Mental health counseling is now available at both school districts in the county as well as preventive dental care.

Data highlights:

<table>
<thead>
<tr>
<th>Lincoln County Community Health Survey 2012, 2015 and 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>48% (n=328) reported health insurance through their employer is the number one way they pay for healthcare, 2015. Those surveyed with a lower income responded they use Medicaid at 48% (n=19), 2017 and the Hispanic population report out of pocket as their primary source for payment at 43% (n=3), 2015.</td>
</tr>
<tr>
<td>43% (n=54) reported that cost is why they haven’t gone in for a routine checkup in more than two years, 2012.</td>
</tr>
<tr>
<td>18% (n=115) reported going to the emergency room or walk-in clinic as a primary source of health care. Reason was scheduling issues 23% (n=41); emergency care 25% (n=43); and convenient hours 19% (n=34), 2012.</td>
</tr>
<tr>
<td>37% (n=161) reported cost as the biggest barrier for them and there family to get services for mental health, 2012.</td>
</tr>
<tr>
<td>74% (n=483) reported having a dentist or dental clinic that they visit regularly, 2012.</td>
</tr>
<tr>
<td>72% (n=459) reported being covered by a public/private insurance plan that would pay part of their dental bills, 2012.</td>
</tr>
<tr>
<td>71% (n=315) stated the biggest barrier for them and/or their family to get dental care is cost, 2012.</td>
</tr>
</tbody>
</table>

Uninsured in Lincoln County, WI

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln County</td>
<td>10%</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Health Insurance
After the Affordable Care Act was implemented in 2014, health care insurance coverage was expanded to more residents living in Lincoln County. Low income residents when surveyed, stated access to health care as one of the top three strengths in the health of our community. Despite this change, those residents with private insurance often skip their routine and preventive medical care due to high deductibles, premiums and copays. Many county residents are underemployed, working just under the number of hours needed for insurance benefits. Reimbursement structures for Medicaid (MA) for providing dental care has lead to a lack of dentists who will take on Medicaid clients. Lincoln County has one dental clinic that will accept MA.
Access to Care cont.

Barriers for Lincoln County obtaining health care:
Additional barriers to care include:
- Transportation to appointments.
- Long waits to get an appointment.
- Longer clinic hours for workers.
- Lack of knowledge about the importance of preventive care.
- Low health literacy.
- Parents not able to prioritize care for their children.
- Reluctant to ask for help.
- Lack of insurance coverage.
- No internet.
- Difficult to navigate health care online.
- Clinics not serving those with MA.

These barriers disproportionately affect those with high health needs, low income, elderly and single parent households. The undocumented Hispanic population is also largely affected by these barriers and fear that if they get health services they will be reported, often don’t have insurance, and need to pay out of pocket for expenses.

Factors contributing to the gaps in access to care in Lincoln County:
Changes in ownership of our larger health care systems, specialists no longer coming to the county, and recent retirements of many primary care providers has led to more Lincoln County residents traveling out of county for health care. This disproportionally affects those with higher health needs and the growing elderly population who need transportation. 2018 key informants interview results show it is and will continue to be difficult to hire family practitioners. Also changes in Medicaid has lead to increased use of Emergency Rooms (ER) by those on MA as local primary care organizations often require reimbursement to be seen and the ER does not.

Emerging Health Care Trends in Lincoln County:
- Providing privileges to providers from other states.
- Increase use of telemedicine.
- Veterans choice for care within 100 miles.
- Changes in the healthcare systems’ reimbursement structure being quality based performance versus fee for service.
- Implementation of the community paramedic program.
- Online scheduling and online acute care.
- Providers becoming independent practice.

Lincoln County strategies to address access to care:
- Need local data on access to care—example emergency visits.
- Have coalitions address access to care issues with each health priority—nutrition, oral health, mental health, and alcohol and other drugs.
- Explore a community navigation “Hub”.
- Move towards becoming health literate agencies.
- Advocate on access to care issues for Lincoln County (elected officials, organizations, etc.).

Source: County Health Rankings, Lincoln County Key Informant Interviews 2018, Lincoln County Focus Groups, 2018
**Built Environment**

**Why it is important?**
The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person’s health.

**The following are additional contributions to a healthy built environment:**
- Sidewalks to ensure safety.
- Subsidized housing.
- Expand local food sources and commercial kitchens.
- Affordable transportation, gym membership, etc.

**What does this mean for Lincoln County?**
- There is a need to have better access to affordable and healthy food, especially in the rural communities.
- According to key informant interviews, housing is affordable in Lincoln County, but the quality of homes is an issue for residents.

**Challenges for those at higher risk:**
- In Lincoln County, some of those who live in the rural parts of the county, have limited or no access to transportation, affordable food and/or gyms.
- This is especially a concern for the elderly who live in isolation or have challenges utilizing resources.
- Those with a criminal background have limited housing and employment opportunities, making it difficult to reestablish their lives.
- Those who live in substandard housing with health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments.

**Data highlights:**
- Lincoln County has five recreation facilities located within the city limits of Merrill (3) and Tomahawk (2).
- There are (2) farmers’ markets in Merrill and (2) in Tomahawk.
- Lincoln County has 9,381 (76%) owner occupied housing compared to the state at 67%.
- Lincoln County residents reported in the Community Health Survey 2017 that access to parks, bike trails and walking paths is the number one strength in making Lincoln County a healthy place to live. See table below.

**Top Strengths of Lincoln County Reported in the Community Health Opinion Survey 2017**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Number Responses (N=1991)</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to parks, bike trails, walking paths</td>
<td>396</td>
<td>20%</td>
</tr>
<tr>
<td>Good Schools</td>
<td>230</td>
<td>12%</td>
</tr>
<tr>
<td>Clean Environment</td>
<td>210</td>
<td>11%</td>
</tr>
<tr>
<td>Low Crime/Safe Environment</td>
<td>204</td>
<td>10%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>197</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Identified Community Resources:**
- Lincoln County has walking and biking trails.
- Many opportunities for outdoor activities year round.
- Sidewalks.
- Updated Tomahawk bridge; promotes safety.
- Libraries in Tomahawk and Merrill.
- Community groups encouraging city development.
- Merrill High School gym used by the community.
- Community gardens.

Sources: US Census Bureau, County Health Rankings, Lincoln County Community Opinion Survey 2017, and Lincoln County Community Forum.
Environmental Health

Why it is important?
Natural environment includes a variety of factors, but in particular air and water quality. Air pollution can aggravate chronic bronchitis, asthma and lung disease. Contaminants in water, such as prescription drugs, pesticides, and chemicals can lead to an increased risk for illness or disease. According to one estimate, a 10% reduction in fine particulate matter could prevent over 13,000 deaths in the U.S.

What does this mean for Lincoln County?
- Radon levels are higher in the southern part of Lincoln County. Residents of Lincoln County may not have the resources to fix the problem in their home.
- There are high nitrate levels in well water, especially among residents that reside near farmland.
- Carbon monoxide poisoning has been increasing steadily.
- Health Department staff have reported that there are less state and federal resources available to protect the air and water quality in the state of Wisconsin.

Challenges for those at higher risk:
- Poor air and water quality have the greatest impact on the very young, the elderly, and those with chronic health conditions.
- Low income residents are at higher risk of elevated blood lead levels due to living in old homes.
- Those who live in rural Lincoln County have a higher risk of radon exposure, nitrates in well water, and Lyme disease.

Violence and Injury

Why it is important?
Injuries are the leading cause of death in ages 1-44 in the U.S. (2013), causing 59% of all deaths in that age group.

Direct and indirect health impacts of intentional/unintentional injuries can include poor mental health, poor physical health, premature death, high medical costs and decreased productivity.

Community safety affects both physical safety and psychological well-being. Children in unsafe situations display more aggressive behaviors and are at risk for alcohol/ tobacco use and risky sexual behavior.

Falls have surpassed motor vehicle crashes as the most common cause of injury-related death. Falls cost $800 million in hospital charges each year.

What does this mean for Lincoln County?
- Lincoln County has a high rate of falls and a growing elderly population.
- Students report not feeling safe.
- There is an increase in sexual predators and sex trafficking.

Challenges for those at higher risk:
- Children, teenagers and the elderly are more prone to injury. Most falls are among the elderly aged 65 and older.
- Youth/young adults are more susceptible to bullying, dating violence, and sex trafficking.
- Substance abusers have an increased risk for injury and violence.
- Women have a higher risk of domestic violence, dating violence and sexual assault.

Sources: The Burden of Falls in Wisconsin (2010), Healthy People 2020, County Health Rankings (2014), Wisconsin Behavioral Risk Survey, and Lincoln County Youth Risk Behavioral Survey

Data highlights:

<table>
<thead>
<tr>
<th>2010-2014 Cause of Injury Emergency Visit Lincoln County</th>
<th>Number</th>
<th>Rate per 100,000</th>
<th>WI Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>3,759</td>
<td>2,613</td>
<td>2,141</td>
</tr>
<tr>
<td>Struck by or Against Object or Person</td>
<td>1,638</td>
<td>1,139</td>
<td>1,066</td>
</tr>
<tr>
<td>Cutting or Piercing</td>
<td>1,103</td>
<td>767</td>
<td>632</td>
</tr>
<tr>
<td>Overexertion</td>
<td>1,007</td>
<td>700</td>
<td>596</td>
</tr>
<tr>
<td>Natural or Environmental Factors</td>
<td>811</td>
<td>564</td>
<td>346</td>
</tr>
<tr>
<td>Motor Vehicle Traffic Crash</td>
<td>759</td>
<td>528</td>
<td>590</td>
</tr>
<tr>
<td>Non-traffic</td>
<td>391</td>
<td>272</td>
<td>179</td>
</tr>
<tr>
<td>Poisoning</td>
<td>265</td>
<td>184</td>
<td>154</td>
</tr>
<tr>
<td>Fire, Heat and Chemical Burns</td>
<td>195</td>
<td>136</td>
<td>104</td>
</tr>
<tr>
<td>Machinery</td>
<td>100</td>
<td>70</td>
<td>60</td>
</tr>
</tbody>
</table>

- During 2010-2014 there were 1,440 hospitalizations listed for Lincoln County residents, an average of 288 per year. Falls make up 702 of the hospitalizations, with a rate of 488 per 100,000 population.
- In 2017, 24% of Lincoln County high school students reported that they were bullied on school property. *(during the 12 months before the survey).*
- In 2017, 25.8% of Lincoln County middle school students reported that they have been electronically bullied.
- In 2017, 11.8% of Lincoln County high school students reported that they never or rarely feel safe from physical harm at school.

Identified Local Assets and Resources:
- Adult Disability Resource Center Programs
- Lincoln County Falls Coalition
- UW Extension—Lincoln County Programs
- Lincoln County Death Review Team
- HAVEN
- Ascension Good Samaritan Hospital SANE Nurses
- Special events targeting child safety
- DNR Hunter and Snowmobile Safety Classes
Reproductive and Sexual Health

Why it is important?
Children/teens from unintended pregnancies are more likely to have poor mental and physical health, lower educational ability, lower paying jobs and more behavioral issues.

Risks associated with an unintended pregnancy include: delays in starting prenatal care; decreased likelihood of breastfeeding; increased risk of low birthweight; increased infant mortality; and increased risk of child abuse.

Sexually transmitted infections can lead to reproductive health problems, fetal and perinatal health problems, cancer, and aid in HIV transmission.

What does this mean for Lincoln County?
- Lincoln County has a significantly higher teen birth rate than WI.
- There is a lack of attendance in labor and delivery classes.
- Health literacy is a challenge.
- Women are not receiving prenatal care in the first trimester.
- Pregnant women are smoking at a higher rate than the state.

Challenges for those at higher risk:
- Teens, the low income, substance abusers, and those with mental health illness are at an increased risk for unhealthy, risky sexual behaviors
- Populations that struggle to provide their family with basic needs are at high risk for poor health outcomes. This includes women with unexpected pregnancies, new moms, and low income families.

Data highlights:
- The rate per 1,000 births from mothers less than 20 years of age in Lincoln County was 30.6 for 2006-2011 and 29.4 from 2011-2015. In 2011-2015 Wisconsin’s rate was 19.8.
- The percent of births in Lincoln County where prenatal care began in the first trimester was (84%, n = 209) in 2006-2010 and (79%, n= 209) in 2011-2015.
- Lincoln County percentages of low birth weight babies was (7%, n=21 ) in 2006-2010 and (7%, n= 18) in 2011-2015.
- Lincoln County averaged 66 people with chlamydia from 2012-2016.
- Approximately 35% of students in grades 9-12 reported ever having sexual intercourse in 2013. This has had little change from 1999 at 42%, but is higher than the state at 35%.
- From 2006-2015, there were 14 infant deaths to Lincoln County residents. An average of 1.4 per year.
- Percent of births to mothers who reported smoking during pregnancy, was (25%) in 2006-2010 and (23%) from 2011-2015. This is higher than the state with 13% in 2011-2015.
- In 2011-2015, Lincoln County ranked among the top counties with a high percentage of ACE scores. 22% of Lincoln County residents reported 4 or more ACEs.

Confirmed Cases of Selected Sexually Transmitted Diseases Infecting Lincoln County Residents

<table>
<thead>
<tr>
<th>Disease</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>56</td>
<td>64</td>
<td>86</td>
<td>58</td>
<td>67</td>
<td>46</td>
<td>377</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>13</td>
<td>24</td>
<td>6</td>
<td>61</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

NOTE: 2017 Data was run December 2017 and includes cases up to that date. Source: Wisconsin Department of Health Services

Identified Local Assets and Resources:
- Children’s Hospital of WI community services
- Lincoln County Health Department programs
- Early Education, Head Start, and 4K
- HealthFirst reproductive health programs
- Reproductive health curriculum in school
- State of WI requires discussion of birth control in sexual education in school curriculum.

Sources: County Health Rankings 2014; Healthiest Wisconsin 2020; Healthy People 2020, Behavioral Risk Survey, and WI Child Abuse and Neglect Prevention Board.
Oral (Dental) Health

Why it is important?
Good oral health improves the ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions.

Good oral health can prevent: mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects, and other diseases of the mouth.

What does this mean for Lincoln County?
Lincoln County residents experience the following barriers:
- A lack of dental insurance and low reimbursement for dental services.
- Fear of going to dentist.
- Lack of motivation to go to dentist.
- Those with coverage are not seeking care.
- Difficult to access dental care after work.
- Long waiting lists for Bridge Community Clinic.
- Lack of awareness of the need for oral/dental care.
- No transportation to dental clinics.
- Children dependent on parents to seek care.
- Lack of fluoride in rural areas.

Challenges for those at higher risk:
- Those who more likely to have poor oral health include people with disabilities, those with health conditions, lower levels of education and income, and specific racial and ethnic groups.
- A challenge for low income families in Lincoln County is only one dental clinic will take Medicaid. This can cause transportation issues if they need to go out of the area for services.


Data highlights:
- 94.4% of Lincoln County’s population is on fluoridated water. State is at 86%.
- In 2014, there were 140 emergency visits for non-trauma tooth pain in Lincoln County.
- Percent of Medicaid participants with dental service in 2010 in Lincoln County was 37%.
- 48% of third graders in the northern region of Wisconsin have treated decay, while 16% have untreated decay, and 54% have experienced dental caries, 2012-2013.

Lincoln County Community Health Survey 2012 and 2015

- In 2012, 97.7% (n=635) reported they know the daily recommendations for good dental health (brush teeth, floss, regular dental visits).
- In 2012, 85% (n=554) reported that they practice daily recommendations for good dental health (brush teeth, floss, regular dental visits) regularly.
- In 2012, 74% (n=651) reported they have a dentist or dental clinic that they visit regularly.
- In 2015, 65% (n=174) reported they go to the dentist either one or two times a year.
- In 2012, 73% (n=634) reported they are covered by public or private insurance that pay part of their dental bills. In 2015, 58% (n=140) reported they had public or private insurance.
- In 2012, 71% (n=443) reported the biggest barrier for them and their family to get dental care is costs. In 2015, 29% stated cost as biggest barrier.
- In 2012, 31% (n=640) reported they or someone in their family have not received dental care in the last 2 years.
- In 2012, 39% (n=338) reported they have had a tooth pulled due to pain.
- In 2015, 28% (n=102) reported they lost a tooth due to decay.

Identified Local Assets and Resources:
- Oral Health Coalition prevention and education programs
- School-base dental sealant program
- Federal Quality Dental Clinics
- Bridge Community Clinic
- Fluoride supplement program
- Good Samaritan Tooth Fairy Fund
- Loan forgiveness for dentists
**Nutrition and Healthy Foods**

**Why it is important?**
A healthy diet reduces the risk of a number of chronic diseases, cancers, oral disease, malnutrition, anemia etc.

Good nutrition in children is important for healthy growth and development and maintaining appropriate weight.

Annual health care costs are $1,400 higher for people who are obese than for those who are not.

When families have easy access to sufficient and nutritious foods they are more likely to be food-secure.

**What does this mean for Lincoln County?**
- Lincoln County residents do not eat enough fruits and vegetables.
- Majority of restaurants are fast food.
- People are not motivated to be healthy.
- Family meals aren’t happening as frequently and families don’t know how to prepare food.
- Lack of access to grocery stores in rural area.
- There is food insecurity among youth.
- There is limited options and costs for fresh local food.

**Challenges for those at higher risk:**
- People with low income, the elderly, and those who are isolated or living in a rural community have issues obtaining or eating healthy foods.
- Children are dependent on parents/caregivers for healthy foods.
- There is limited availability of healthy food options in Lincoln County.
- Healthy food options are perceived as too expensive to those with a fixed income.

**Data highlights:**
- In 2013, 33% of adults reported they were obese in Lincoln County and 14% of high school students.
- In 2017, 3% of Lincoln County middle school students and 8.3% of high school students reported not eating fruit in the last 7 days.
- In 2017, 5.8% of Lincoln County middle school students and 12.4% of high school students reported not eating vegetables in the last 7 days.
- In 2017, 16.4% Lincoln County middle school students and 17.2% of high school students reported drinking a can, bottle, or glass of soda one or more times per day in the last 7 days.
- In 2017, 18.4% of Lincoln County middle school students and 38.7% of high school students reported eating meals with 1 or more of the adults in their home 3 or less times a week.

**Note:** For 2017 data above 774 Lincoln County high school students and 708 middle school students filled out the survey.

**Identified Local Assets and Resources:**
- Lincoln County Nutrition Coalition Programs
- UW-Extension Nutrition Classes (Foodwise)
- Community Gardens
- ADRC (Meals on Wheels, Senior Dining Sites)
- Farmers Markets in Merrill and Tomahawk
- Northwoods Breastfeeding Program
- Food Pantries in Merrill and Tomahawk
- Kids Backpack Program
- WIC /Fit Families Program
- Free and reduced lunch at schools
- Summer Free Lunch Program
Physical Activity

Why it is important?
Regular physical activity in adults can lower the risk of premature death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls and depression.

Physical activity in children and adolescents can improve bone health, improve cardio-respiratory and muscular fitness, and decrease levels of body fat.

What does this mean for Lincoln County?
- Lincoln County has a lack of affordable winter weather activities.
- Those that live in the rural community have issues with access to safe and child friendly areas for activity.
- Sidewalks are limited or need repair.
- Our community culture doesn’t promote physical activity. There is a lack of motivation.
- Many people work physically demanding jobs and are too tired to exercise.
- Increase in recreational screen time among teens, putting them at high risk for low physical activity.

Challenges for those at higher risk:
- Those living in a rural community with little access to exercise opportunities/facilities can be at high risk for poor health.
- Limited places with free childcare so parents can exercise.
- Lack of physical activity, especially among teens, due to high amounts of TV, computer, videogame or other screen usage; associated with being overweight or obese.

Data highlights:
- In 2015, 31% of adults whose weight classification by body mass index as obese and 35% classified overweight. These are similar to national percentages.
- In 2015, 14% of students in grades 9-12 had a weight classification per the body mass index as obese and 17% were classified as over weight. These are similar to national percentages.
- In 2017, 4.5% of Lincoln County middle school students and 11.8% of high school students reported that they were not physically active at least 60 minutes per day on all 7 days before the survey.
- In 2017, 20.6% of Lincoln County middle school students and 22.6% high school students reported watching 3 or more hours of television per day.

Identified Local Assets and Resources:
- Availability of walking trails, bike paths, parks/playgrounds
- Merrill Park and Recreation program
- Employer health incentive programs
- Some day cares now offering yoga
- ADRC exercise programs for older adults
- Fit labs at schools
- Summer school is promoting lifelong physical activities
- UW-Extension Strong Bodies Program in Merrill and Tomahawk

Mental Health

Why it is important?
Approximately 20% of the population experiences a mental health problem during any given year.

Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity, and substance abuse. As a result these physical health problems can lead to chronic disease, injury and disability.

What does this mean for Lincoln County?
- There is an increased number of youth that have experienced abuse and/or trauma.
- Students are being bullied.
- There is a lack of mental health providers.
- Telehealth (provider availability).
- Some elderly are living in isolation.
- Providers/agencies are unaware of available services.
- Difficulty navigating access to care.
- Mental health education is limited at school.
- No statistics on coping strategies or benefits of resiliency strategies.
- Midwest mentality – take care of yourself.
- Fear of children being taken away if you seek help for a mental illness.

Challenges for those at higher risk:
- Those with a family history.
- Stressful life situations, such as financial problems; being bullied; no support system; a loved one’s death or a divorce. This can be more difficult for the low income population.
- Use of alcohol/recreational drugs.
- Being abused or neglected.
- Aging and disabled, living in isolation, chronic illness or lost a love one.

Community Health Survey 2015 Mental Health Data

During the past 30 days...

- 46% Felt tired or had little energy
- 42.2% Had trouble sleeping
- 30.2% Had a poor appetite or ate too much
- 21.2% Felt down, depressed, or hopeless
- 20.3% Had little interest or pleasure in doing things

- 13.5% Had trouble concentrating, i.e. reading a newspaper or watching TV
- 4.1% Felt like your family may be better off without you
- 4.1% Used alcohol or drugs to lessen the feelings of hopelessness or helplessness
- 2.7% Felt like harming yourself or someone else

Data highlights:

- In 2015, 75% of 689 Lincoln County residents reported that they experienced five or fewer days of not feeling mentally well.
- From 2006-2010 to 2011-2015, the age adjusted suicide rate in Lincoln County decreased by almost 5% (18.4 in 2006-2010 and 13.5 in 2011-2015).
- In 2017, 23.6% of Lincoln County middle school students and 34.1% of high school students felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities in the last year.
- In 2017, 36.4% of Lincoln County high school students reported never or rarely get the help they need when feeling sad, empty, hopeless, angry or anxious.
- One of the focus group in 2018 stated they fear their children will be taken away if they seek help for mental illness.

Identified Local Assets and Resources:

- Mental Health Counselors in schools
- Lincoln County Mental Health Resource Guide
- North Central Health Care
- Medical College of WI Child Psychiatry
- Medical College of WI Periscope Project
- Trainings on ACEs/Trauma Informed Care
- Lincoln County Mental Health Coalition
- Crisis Intervention Team Training
- Psychiatry residency programs in Wausau

Sources: County Health Rankings 2017; Healthiest Wisconsin 2020; Healthy People 2020; Centers for Disease Control and Prevention, Lincoln County Community Health Survey 2015 and Lincoln County Youth Risk Behavior
**Alcohol & Other Drug Use**

**Why it is important?**
An estimated 22 million people per year in the U.S. have drug and alcohol problems. 95% of them are unaware of their problem.

Approximately 88,000 deaths in the U.S. are attributed to excessive drinking annually (2006-2010).

Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.

**What does this mean for Lincoln County?**
- Increase in heroin, opiates and meth use.
- Increase in drug possession arrests.
- Individuals are overdosing.
- Youth are drinking and driving.
- Bars are community gathering sites.
- High ratio of bars to number of people.
- No alcohol checks are being done.
- Lack of treatment options and costs.
- Limited access to transportation for treatment.

**Challenges for those at higher risk:**
- A combination of genetic, environmental and developmental factors influence risk level.
- Those with low income, minorities, individuals with mental issues and ACEs are at higher risk to use.
- Youth are more susceptible to peer pressure and make risky behaviors. Also living in a household with a parent/caregiver using a substance increases risk of use.
- More are being prescribed opioids for pain that lead into addiction.

Sources: Healthiest Wisconsin 2020; Healthy People 2020, Center of Disease Control and Prevention, Northwoods Coalition Epidemiological Profile for Alcohol and Other Drugs 2017, Lincoln County Social Norms Survey 2016.

**Data highlights:**
- 151 alcohol licenses were issued from 2014-2015 in Lincoln County.
- From 2012-2016, there were 11 alcohol-related fatalities in Lincoln County and from 2007-2011 there were 6.
- In 2014 there were 308 alcohol-related hospitalizations and 51 drug related hospitalizations.
- In 2016, there were 237 OWI arrests per 100,000 population.
- From 2012-2014, the prevalence of binge drinking in Lincoln County among adults was 20%.
- From 2014-2016 there were 230 arrests in Lincoln County for methamphetamine including paraphernalia, possession and intent to deliver.
- Lincoln County Neonatal Abstinence Syndrome had a rate of 8.2 per population from 2009-2014.
- In 2016, Lincoln County 4% of middle school students used marijuana and 18% of high school students in the last 30 days.
- In 2016, 9% of middle school and 33% of high school students had at least one drink of alcohol in the last 30 days.

**Identified Local Assets and Resources:**
- Lincoln County Drug Free Coalition efforts
- DARE Program
- Medication Drop Box program
- Increase in Canine Units
- Increase in first responders carrying Narcan
- Merrill Safe Ride Home
- Local youth drug and alcohol data
- Social Norms Campaign
**Tobacco**

**Why it is important?**
Quitting the use of tobacco is the single most effective way in preventing diseases such as cancer, diabetes, heart disease and death in the U.S.

Every year in Wisconsin there are over 6,600 deaths due to tobacco use (2008-2012 data); $3 billion in direct health care costs; and $1.6 billion in lost productivity. Results of tobacco use accounts for 11% of Medicaid costs and nearly 10% of Medicare costs.

Secondhand smoke exposure can cause chronic disease, asthma, ear infections, and Sudden Infant Death Syndrome (SIDS).

**What does this mean for Lincoln County?**
- Increase in youth using e-cigarettes.
- A higher percent of pregnant women that smoke, increasing risk for unhealthy birth outcomes.
- Low birth weight among infants whose mother smoked during pregnancy.
- A lack of regulation on e-cigarettes.
- No health data for e-cigarettes and vapor products.
- Individuals can purchase tobacco products online.

**Challenges for those at higher risk:**
- Tobacco is an industry that directly targets youth and minorities as well as males, disabled, and LGBT.
- Others also at risk include those exposed to secondhand smoke involuntarily such as children.

Sources: Economic Benefits of Preventing Disease (National Prevention Strategy); Healthiest Wisconsin 2020; Healthy People 2020; Centers for Disease Control and Prevention, Wisconsin Department of Health, Burden of Tobacco 2015, and Lincoln County Lincoln County Social Norms Survey 2016.
Phase 2
Focus on What is Important

The last phase of the Community Health Assessment is to Focus on What is Important. The following are the steps taken by community partners and members.

Step 1: Identify a set of priority community health issues to address.

Step 2: Align the local health improvement plan with state and national priorities.

Step 3: Summarize and disseminate the results for the assessment to the community.

1. Identify Priority Issues

Once all the community data are reviewed, both primary and secondary, the partners collaboratively determine which issues to focus on in the upcoming years. These issues were chosen based on the following criteria:

- The number of people impacted.
- The seriousness of the health problem.
- If there are known interventions to address the problem.
- If resources available to address the health problem.
- The importance to the community and willingness to be active and want to make a difference.

Each partner was given an opportunity to vote for their top health priorities based on all of the data shared through the process including community input and the criteria mentioned above. See Appendix F.

The following health priorities were identified.

- Alcohol and Other Drugs
- Mental Health
- Nutrition and Healthy Foods
- Oral (Dental) Health

Further discussions during the development of the CHA concluded that the following overarching priorities need to be addressed.

- Social Determinants
- Health Equity

2. Align with State and National Priorities

The top health priorities chosen for Lincoln County align with the Healthiest Wisconsin 2010 and Healthy People 2020. This alignment will be evident with the completion of the Community Health Improvement Plan (CHIP).

3. Summarize and Disseminate

Lincoln County residents and community partners came together to both provide and analyze health data and health concerns for the Lincoln County population. A theme of specific populations for whom there was an inequitable share of poor health outcomes and the community factors that may have lead to these inequalities became evident. Those groups specifically mentioned repeatedly by both community members and partners were low income, elderly, and Hispanics. The health priorities selected reflect the health concerns that are often the root cause of other concerns within Lincoln County.

Before finalizing this report, preliminary findings will be shared to all community members for their input to ensure that the community as a whole is in agreement with the assessment and health priorities. Healthy People Lincoln County Partnership Committee, along with community stakeholders and the public, will begin to develop the Community Health Improvement Plan. Current coalitions of each health priority will meet to develop an action plan for the CHIP based on the community health assessment, resources and assets, and evidence based practices. Strategies will include policy work and address social determinants of health. Final results will be a catalyst for the next six years.
Appendix A
Community Forum Summary 2017-Health Priorities

The Wisconsin Division of Public Health conducted a Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis on each of our Core Data Sets at our Community Forum in August of 2017. This allowed community members from a wide variety of agencies and organizations to give input on the health needs and issues facing Lincoln County. Also comments were added from community feedback provided during the CHA process. The combined common themes discussed for each of the core data sets are below.

### Health Priority 1: Alcohol and Other Drugs

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Lincoln County Drug Free Coalition programs</td>
<td>- Drug possession arrest increasing</td>
</tr>
<tr>
<td>- Law Enforcement programs (Canine Units, DARE)</td>
<td>- Individuals are overdosing</td>
</tr>
<tr>
<td>- More first responders carrying Narcan</td>
<td>- Lincoln County youth are drinking and driving</td>
</tr>
<tr>
<td>- Merrill Safe Ride Home</td>
<td>- Culture of Lincoln County</td>
</tr>
<tr>
<td>- Social Norms Campaign</td>
<td>- Lack of treatment options and costly</td>
</tr>
<tr>
<td></td>
<td>- No alcohol checks being done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Drug Courts</td>
<td>- Data collection is very broad</td>
</tr>
<tr>
<td>- Increase access to Narcan</td>
<td>- Low number of residents per liquor license</td>
</tr>
<tr>
<td>- Offer DARE or equivalent program after 5(^{th}) grade</td>
<td>- Increase in use of heroin, opiates and meth</td>
</tr>
<tr>
<td>- Increase support groups and programs including inmates</td>
<td>- Legalization of marijuana negative impact</td>
</tr>
</tbody>
</table>

### Health Priority 2: Mental Health

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Mental Health Counselors in schools</td>
<td>- Lack of mental health providers/waiting lists</td>
</tr>
<tr>
<td>- Lincoln County Mental Health Coalition programs and resources</td>
<td>- Providers/agencies are unaware of services</td>
</tr>
<tr>
<td>- Medical College of WI programs</td>
<td>- Difficulty navigating the mental health system</td>
</tr>
<tr>
<td>- Training provided to organizations</td>
<td>- Midwest mentality – take care of yourself</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Need more education for new parents</td>
<td>- Increased number of youth abuse and trauma</td>
</tr>
<tr>
<td>- Need more online resources</td>
<td>- Data is still collected via landline vs cellphone</td>
</tr>
<tr>
<td>- Mental health courses in school</td>
<td>- No statistics on coping strategies or benefits of resiliency strategies</td>
</tr>
<tr>
<td></td>
<td>- Some elderly living in isolation</td>
</tr>
<tr>
<td></td>
<td>- Mental health not included in school classes</td>
</tr>
</tbody>
</table>
## Health Priority 3: Nutrition and Healthy Foods

**Strengths**
- Lincoln County Nutrition Coalition programs
- UW-Extension nutrition classes
- ADRC Programs (Meals on Wheels, meal sites)
- Farmers Markets
- Food Pantries
- Kids Backpack program
- School food programs
- WIC/Fit Families program

**Weaknesses**
- Low intake of fruits and vegetables
- Family meals aren’t happening as frequently
- Youth have unhealthy food habits
- Food insecurity among youth

**Opportunities**
- Need more education on food preparation and cooking
- Pursue Breastfeeding Coalition
- Work with schools to get families are completing forms for free and reduced lunch

**Challenges**
- Access to grocery stores in rural area
- Limited options for fresh local food
- Cost vs shelf life

## Health Priority 4: Oral (Dental) Health

**Strengths**
- Oral Health Coalition Programs
- Lincoln County Health Department Programs
- Good Samaritan Tooth Fairy Fund
- Federal Quality Dental Clinics

**Weaknesses**
- Those with coverage are not seeking care
- Long waiting lists for Bridge Community Clinic
- People have fear of going to dentist
- Lack of motivation to go to dentist

**Opportunities**
- Services for those without dental insurance
- Combine services for “one stop shopping”
- Work with WIC
- Sealants program for adults
- Education on dental care and its overall impact on health
- Offer more programs that encourage dentists to practice in northern WI

**Challenges**
- Difficult to access dental care after work
- Shortage of dentists that accept MA
- Medicare doesn’t cover dental
## Community Forum Summary 2017—Other Health Issues

### Strengths, Weaknesses, Opportunities, and Challenges (SWOC)

#### Social Determinants

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Strong volunteer network</td>
<td>- Better jobs</td>
</tr>
<tr>
<td>- Recipients of good community grants</td>
<td>- Better housing</td>
</tr>
<tr>
<td>- Large number of non-profit services</td>
<td>- Local Boys and Girls Club</td>
</tr>
<tr>
<td></td>
<td>- Transportation options</td>
</tr>
<tr>
<td></td>
<td>- Mentoring programs</td>
</tr>
<tr>
<td></td>
<td>- Head Start model implemented in other grades</td>
</tr>
<tr>
<td></td>
<td>- More volunteer, employment, training opportunities</td>
</tr>
</tbody>
</table>

#### Built Environment

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Walking and bike trails</td>
<td>- Merrill High School to allow community members to use their gym before or</td>
</tr>
<tr>
<td>- Lots of wooded space</td>
<td>after school</td>
</tr>
<tr>
<td>- Updated Tomahawk bridge</td>
<td>- Improve sidewalks</td>
</tr>
<tr>
<td>- Libraries in Tomahawk and Merrill</td>
<td>- Expand local food sources</td>
</tr>
<tr>
<td>- Community groups encouraging city development</td>
<td>- Less emphasis on phones and tablets</td>
</tr>
<tr>
<td>- Local Newspapers</td>
<td>- Affordable internet</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Access to Care

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- St. Vincent Free Clinic</td>
<td>- Increase health care hours of operations for after work</td>
</tr>
<tr>
<td>- Nurse lines</td>
<td>- Getting parents to get the care for their child</td>
</tr>
<tr>
<td>- Same day appointments/ online scheduling</td>
<td>- Adequate insurance coverage and transportation</td>
</tr>
<tr>
<td>- Transportation programs</td>
<td>- Need to do a better job of promoting existing programs</td>
</tr>
<tr>
<td></td>
<td>- Hospital needs to be more than band aid station</td>
</tr>
<tr>
<td></td>
<td>- Programs that highlight health literacy</td>
</tr>
</tbody>
</table>

#### Communicable Diseases

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Medical Providers promote immunizations</td>
<td>- Increase sharps disposal containers throughout the county and needle exchange.</td>
</tr>
<tr>
<td>- Best Practice disease investigation</td>
<td>- Jobs with sick leave or penalties for being off work</td>
</tr>
<tr>
<td>- Immunization available</td>
<td>- Increase community education on Hepatitis C</td>
</tr>
<tr>
<td>- ARCW and HealthFirst Hepatitis C/HIV testing</td>
<td>- Encourage flu and pneumonia shot for adults</td>
</tr>
</tbody>
</table>
### Environmental And Occupational Health

**Strengths**
- Health Department has a Registered Sanitarian and Water Lab
- All septic systems are inspected by Zoning
- Good detection of childhood lead exposure
- High percentage have fluoride in water supply
- Low arsenic levels

**Opportunities**
- Increase access to low interest loans for fixing septic, home, etc.
- Offer free carbon monoxide detectors
- Increase education about the importance of testing water annually
- Develop healthy home checklist and promote healthy home visits

### Injury and Violence

**Strengths**
- ADRC Programs
- UW Extension Programs
- Lincoln County Death Review Team
- HAVEN
- DNR Hunter and Snowmobile Safety classes
- Ascension Good Samaritan Hospital Programs

**Opportunities**
- Offer more evidence based fall prevention programs
- Increase ATV Safety courses
- Increase bullying education and prevention efforts
- Human trafficking needs more attention
- ATV Trail monitoring

### Healthy Growth and Development

**Strengths**
- Children’s Hospital of WI Community Services
- North Central Health Care Programs
- Lincoln County Health Department programs
- Early Education; Head Start and 4K

**Opportunities**
- Need more education for new parents
- Need more online resources

### Reproductive And Sexual Health

**Strengths**
- Lincoln County Health Department programs
- HealthFirst Reproductive Health programs
- State of WI requires discussion of birth control in sexual education curriculum

**Opportunities**
- More education directed to LGBT community
- More outreach is needed to older adults
- Limited means for preventative screening, contraception and prenatal care
- Add sexual health questions to YRBS
- Family Support outside of clinics and hospitals

### Chronic Disease

**Strengths**
- ADRC programs
- Good number of health care providers
- Percentage of adults getting cholesterol screened

**Opportunities**
- Hub for coordinating care
- Look at the entire person when providing care
- Provide affordable prevention screening
- Transportation to get to appointments
## Physical Activity

### Strengths
- Availability of walking trails, bike paths, parks
- Park and Recreation programs
- Employer health incentives
- Some day cares now offering yoga
- ADRC has exercise programs for older adults
- Fit labs at schools
- Summer school are promoting lifelong activities

### Opportunities
- Increase physical activity education
- Focus on lifelong physical activity vs sports; increase non competitive sports
- Promote winter activities
- Change physical activity mentality, doesn’t have to be intense/just move more
- Develop a guide with what resources are available per season
- Improve sidewalks to promote walking
- Interconnect walking paths
- Increase childcare at fitness centers/gyms

## Tobacco Prevention and Control

### Strengths
- Northwoods Tobacco Free Coalition programs
- Lincoln County Drug Free Coalition programs
- Smoke free air law
- Local data from the Social Norms survey

### Opportunities
- Increase enforcement of smoke free air law
- More regulations/laws needed for electronic tobacco projects
- Exposure to secondhand smoke at home
- Increase education to pregnant moms and youth that smoke
- More education to store staff that sell tobacco products (high staff turnover)
The Healthy People Lincoln County Community Health Opinion Survey 2017 was completed by 689 Lincoln County residents from June 16 to July 28. There were 398 people who responded to the survey online and 291 who responded with hard copy surveys. Those 15 years of age and older completed the survey.

The following is a list of organizations that distributed and collected the survey: Lincoln County Health Department, Oak Park Dental, Lincoln County Service Center, Retired Teachers Association, PCA, Lincoln County 4-H, Redeemer Church, Merrill Area Recreation Center, Family Services, Parkside Preschool, Tomahawk Senior Center, Adult Disability Resource Center, North Central Health Care, Ascension Good Samaritan Hospital, Ascension Sacred Heart Hospital, Ascension Merrill Clinic, Marshfield Clinic Merrill Center, Dave’s County Market, Nelson’s County Market, SEMCO, St Mary’s Catholic Church, Trinity Church, Tomahawk Library, and TB Scott Library.

Paper surveys were distributed to organizations that serve low income residents of Lincoln County with 40 participating in the survey. Data shown in red in the charts below reflect answers from low income participants from the following organizations Bridge Dental Clinic, Community Action Program, Tomahawk Annex, Our Sisters House, Social Services, and the Merrill Food Pantry. For complete copy of the survey results visit www.lincolncounthealthdepartment.com.

1. Please mark the top three strengths that make Lincoln County a healthy place to live.

<table>
<thead>
<tr>
<th>Number of responses (N=836) (N=46)</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to parks, trails, walking paths 396 16</td>
<td>20% 16%</td>
</tr>
<tr>
<td>Good schools 230 4</td>
<td>12% 4%</td>
</tr>
<tr>
<td>Clean environment 210 13</td>
<td>11% 13%</td>
</tr>
<tr>
<td>Access to Health Care 13</td>
<td>12%</td>
</tr>
</tbody>
</table>

Of the residents that filled out the survey low income survey participants identified access to health care as a top strength while total survey participants reported good schools. Both agreed access to parks and a clean environment as a top strength.

2. Please mark the top three health challenges affecting Lincoln County residents.

<table>
<thead>
<tr>
<th>Number of Responses</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and other drug abuse 463 17</td>
<td>23% 16%</td>
</tr>
<tr>
<td>Overweight/obesity 212 5</td>
<td>11% 5%</td>
</tr>
<tr>
<td>Aging health issues 172 11</td>
<td>9% 10%</td>
</tr>
<tr>
<td>Chronic Disease 7</td>
<td>6%</td>
</tr>
</tbody>
</table>

Of the residents that filled out the survey low income participants identified chronic disease as a top barrier while total survey participants identified overweight/obesity as a health challenge. Aging health issues and alcohol and other drug abuse are identify as top health challenges by all participants.
3. Please mark barriers that make it difficult for you to be healthy.

<table>
<thead>
<tr>
<th>Difficulty in handling stress</th>
<th>Number of Responses</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>146 16</td>
<td>12% 15%</td>
</tr>
<tr>
<td>Lack motivation</td>
<td>144 10</td>
<td>11% 9%</td>
</tr>
<tr>
<td>Unable to work</td>
<td>17</td>
<td>15%</td>
</tr>
<tr>
<td>Transportation</td>
<td>10</td>
<td>9%</td>
</tr>
</tbody>
</table>

All participants including low income residents identified stress and lack of motivation as a top barrier. In addition, low income survey participants identify unable to work and transportation as a barrier to being healthy.

4. Please circle your response below.

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are overweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't exercise enough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink alcoholic beverages more than they should</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are affected by drug use or abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't eat healthy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are affected by depression, mental health issues and suicide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lincoln County residents provided their health opinion on the health behaviors listed above. The results reflect that 50% or more of the participants surveyed agree that the above behaviors are present in Lincoln County.

5. Please mark your main type of health care coverage?

<table>
<thead>
<tr>
<th>Health Care Coverage</th>
<th>Number of Responses (N=562)</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance sponsored by employer</td>
<td>328 (2)</td>
<td>47.61% 3.28%</td>
</tr>
<tr>
<td>Medical Assistance (Medicaid)</td>
<td>25 (19)</td>
<td>3.63% 31.15%</td>
</tr>
<tr>
<td>Badger Care (Medicaid)</td>
<td>57 (19)</td>
<td>8.27% 31.15%</td>
</tr>
<tr>
<td>Medicare</td>
<td>152 (11)</td>
<td>22.06% 18.03%</td>
</tr>
</tbody>
</table>

Health care coverage is prevalent through an individual’s employer except those that are low income reported a higher number on Medicaid and Badger Care.
6. How would you rate your overall health?

<table>
<thead>
<tr>
<th>Health Rating</th>
<th>Number of Responses (N=642) (N=39)</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>44 (1)</td>
<td>6.39% 2.5%</td>
</tr>
<tr>
<td>Very Good</td>
<td>231 (10)</td>
<td>33.53% 25%</td>
</tr>
<tr>
<td>Good</td>
<td>268 (13)</td>
<td>38.90% 32.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>80 (11)</td>
<td>11.61% 27.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>23 (4)</td>
<td>3.34% 10%</td>
</tr>
</tbody>
</table>

79% of participants of the survey reported good to excellent health. This compares to 61% of the low income participants of the survey.
Appendix C

Key Informant Interview Summary 2018

Key Informant Interviews took place from January to March 2018. This included face to face meeting with individual leaders and decision makers in our community. The following are the list of agencies that participated in the Key Informant Interviews: St. Vincent de Paul Free Clinic, St. Vincent de Paul Outreach, Merrill United Way, Tomahawk Schools, St. Stephen’s Church, Merrill Area Public Schools and Board, Comunidad Hispania, Adult and Disability Resources Center, Ascension Merrill Clinic, Community Action Program, Lincoln County Board, Ascension Good Samaritan Hospital, Ascension Sacred Heart, City of Merrill, Our Sister’s House, PCA, North Central Health Care, City of Merrill and City of Tomahawk.

<table>
<thead>
<tr>
<th>What do you consider some of the strengths in our community/county?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Different organizations available to the public that provide variety of resources.</td>
</tr>
<tr>
<td>- Generous community donors - compassionate, caring.</td>
</tr>
<tr>
<td>- Strong coalitions.</td>
</tr>
<tr>
<td>- Good amenities (pool, parks, trails, library, ice rinks).</td>
</tr>
<tr>
<td>- Small town connections - local supportive businesses - investment by residents.</td>
</tr>
<tr>
<td>- Close to larger towns with more resources.</td>
</tr>
<tr>
<td>- Bus service in Merrill.</td>
</tr>
<tr>
<td>- Lincoln Industry</td>
</tr>
<tr>
<td>- Merrill Enrichment Center</td>
</tr>
<tr>
<td>- Schools are (strong) doing a good job of educating youth.</td>
</tr>
<tr>
<td>- People willing to help, volunteer and get involved.</td>
</tr>
<tr>
<td>- Mentality in the city; want to be progressive.</td>
</tr>
<tr>
<td>- Meaningful relationships.</td>
</tr>
<tr>
<td>- Cost of living low.</td>
</tr>
<tr>
<td>- Lots of activities available.</td>
</tr>
<tr>
<td>- Amazing natural resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What do you consider some of the challenges in our community/county?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Transportation</td>
</tr>
<tr>
<td>- Lack of affordable housing options. Homelessness</td>
</tr>
<tr>
<td>- Substance Abuse</td>
</tr>
<tr>
<td>- Hospital limited with services (no ICU, no birthing center).</td>
</tr>
<tr>
<td>- High health care costs.</td>
</tr>
<tr>
<td>- Lack of education.</td>
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<tr>
<td>- Lack of hope in the future.</td>
</tr>
<tr>
<td>- Misconception of immigrants/immigration, unwelcome to “outsiders”.</td>
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<tr>
<td>- Poverty (cannot afford basic needs) and lack of understanding of it.</td>
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<tr>
<td>- Misplaced energy with a disconnected community that resists change.</td>
</tr>
<tr>
<td>- Restrictive government policies and protocols that prohibit or make change and growth difficult.</td>
</tr>
<tr>
<td>- Weather</td>
</tr>
<tr>
<td>- Separation between Merrill and Tomahawk.</td>
</tr>
<tr>
<td>- Unable to attract professionals to area. No well-paying employment or sustainable living jobs.</td>
</tr>
<tr>
<td>- Agencies are disconnected - duplicate services - lack of coordination.</td>
</tr>
<tr>
<td>- Lack of funding in all areas.</td>
</tr>
<tr>
<td>- Mental health issues increasing, not enough services, resources, don’t except type of insurance.</td>
</tr>
</tbody>
</table>
| Continued: | -Lack of care for elderly population/ isolated and transportation issues.  
-Employment issues for disabled.  
-Lack of support groups.  
-Lack of health care providers in Tomahawk.  
-Declining enrollment, aging population, need to bring youth in.  
-Need advocates/mentors to help people.  
-No good role models for kids (need a Boys and Girls Club, parental education-all levels), limited resources for youth activities. |
| What do you consider some of the challenges in our community/county? | -Mental Health  
-Caregiver burnout.  
-Diabetes  
-Health is poor once residents get to their 40s  
-Alcohol and other substance abuse.  
-Poor nutrition- healthy eating not affordable (food pantry needs more perishables).  
-Obesity unhealthy lifestyles-inactivity-intergenerational patterns-happening earlier in life.  
-Homelessness-hunger  
-Oral health– challenging to access Bridge Dental Clinic, lack of access.  
-Poor family structure/dysfunctional families.  
-Lack of preventative screening for women.  
-No preventative action against mental health issues and drugs only reactive.  
-Financial resources  
-Noncompliant patients/lack of understanding/no follow thru.  
-Increase in health insurances costs and deductibles.  
-Medicaid use the emergency room to avoid paying up front and deductible.  
-Affordable medication. |
| What do you consider major health concerns for community/county residents? | -Up to the individual to utilize resources (poor personal motivation).  
-Access to health care.  
-Lack of education for low income.  
-Mental health stigma issues.  
-Need more AODA resources.  
-Difficult to reach to educate public on resources available/lack of understanding of resources and of health care.  
-Rural area equals isolation.  
-Poor broadband access.  
-Stagnant and complacent social forces.  
-No promotion of healthy lifestyles lack of nutrition education/lack of healthcare education.  
-Lack of trust to have agencies involved with “home” life.  
-Lack of homeless shelter.  
-Need more things to do in the community (YMCA, volunteer opportunities).  
-Lack of exercise and activity-lack of easy access to.  
-Free clinic too restrictive (time, access limited for working people).  
-Limited options for troubled students. |
| Continued: | - Poor Medicaid acceptance in health organizations.  
- Farmer's market too small.  
- Lack of insurance coverage.  
- Increase of suicides. |
| --- | --- |
| **What do you consider some of the barriers for community/county residents to be healthy that are not being addressed?** | **Why are barriers not being addressed adequately?**  
- Funding (lack of), limited resources, tax levy freeze.  
- No affordable weight loss program.  
- Lack of nutrition education.  
- Lack of time and money for residents to make healthy choices.  
- Lack of understanding differences and programs.  
- Barrier to change- family barriers.  
- Lack of planning or understanding resources.  
- Town myths  
- No incentive to come to our community.  
- Parental mistrust of the schools.  
- Generation cycle (continues)  
- Basic needs come before health/wellness.  
- Need to impact broader audience, make healthy “cool”.  
- Government and politics  
- Lack of motivation to work– government assistance is better reimbursement than a job. |
Appendix D
Focus Group Summary 2018

The following target populations participated in a focus group. Focus groups took place from January to March 2018. This included a group discussion of 8-10 people. Participants included: Kinship of Tomahawk Youth, Merrill High School Students, Tomahawk Senior Center, and Pine River School for the Young Learner Parents.

| What do you consider some of the strengths in our community/county? | - Helpful community especially in times of need (natural disaster).  
| | - Variety of events available, a good park system River Bend Trail, Ice Age Trail.  
| | - Easy to get around (but not when it’s cold).  
| | - Bad things don’t happen here.  
| | - Good volunteer groups.  
| | - People know each other (strong relationships).  
| | - Friends, good markets/stores.  
| | - Riverside Athletic, other clubs that are affordable for outside/inside activity.  
| | - Resources: multiply clinics, convenient that services are in town – WIC, Badgercare, and Bridge Dental Clinic.  
| | - Senior Day Care Center, Head Start, Lincoln Industry – can enjoy their peers.  
| | - Health stores i.e. Mustard Seed, Golden Harvest and County Market, Farmer’s Market vouchers (surprise we have stores like this in Merrill).  
| | - School Forest  
| | - Walkable community.  
| | - Soup kitchen |

| What do you consider some of the challenges in our community/county? | - Not much to do for youth/kids.  
| | - Drug/alcohol problems.  
| | - Limited mental health services.  
| | - Limited dental care.  
| | - All major medical care is transferred to Wausau.  
| | - Gym options not available in the summer (schools) or too expensive (Riverside).  
| | - Stagnant population, need new businesses, occupations limited.  
| | - Transportation a problem, have to rely on parents if live out of town.  
| | - Slippery, unsafe roads (farther north, worse they are).  
| | - Need a better school lunch.  
| | - Limited special needs access at parks.  
| | - Economic reasons – very hard to stay living in Merrill.  
| | - Poor housing options, no quality affordable places.  
<p>| | - Wish programs were local not regional (ADRC). |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Less Healthy</th>
<th>More Healthy</th>
</tr>
</thead>
</table>
| Do you feel people in Lincoln County are more healthy or less healthy than people that live in other areas and why? | - School lunches too healthy, youth don’t like, are not able to prep own lunch at home and end up going to fast food places.  
- No healthy food options when going out to eat.  
- Physically the same health as others, but mental health worse.  
- Midwest has long hard winters. Culture of Wisconsin is to drink. | - Northern Wisconsin is a lot healthier on younger stand point because we have a lot of people who work on farms and laboring jobs.  
- We swim and fish.  
- I see people running, and outside being active.  
- We’re not in a big city, we can grow our own food. |
| Do you feel people in our community eat healthy and have healthy foods available to them? | NO  
- No fresh, healthy produce available, and available food is too expensive.  
- Time is a factor for prepping/cooking healthy meals.  
- Price is more of a factor than health when choosing meals/grocery shopping.  
- Sometimes fast food can be cheaper than homemade meals.  
- Growing season is too short.  
- Our restaurants don’t have healthy, affordable, good options.  
- Need to know how to prepare. | YES  
- Meals on Wheels, Farmers’ Markets  
- Healthy options are available. |
| Do you feel people in our community are mentally healthy? | YES  
- It’s not as hectic in town.  
- For the most part people are mentally well.  
- Social time is important. | NO  
- There is not a lot for youth to do here.  
- Mental health resources are limited. Schools are the main source of help.  
- Mental health facilities are in Wausau.  
- Domestic violence is high.  
- Increase in drug use and crime.  
- Afraid kids will be taken away if you seek help. |
| Do you feel people in our community use too much drugs and alcohol? | YES  
- Our community uses too much drugs and alcohol.  
- Easiest way to combat is to give us other things to do.  
- When overusing or selling, offenders do not get punished enough.  
- It keeps you warm, we have a lot of bars.  
- Ties into mental health.  
- Easy access |
<table>
<thead>
<tr>
<th>Focus Group Summary 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you feel people in our community are take care of their teeth?</strong></td>
</tr>
</tbody>
</table>
| YES | - Better dental care in Wausau.  
     - Very hard to find insurance coverage for a dental surgery.  
     - Expensive to get good dental care beyond basic care.  
     - Hard to find dental products at the grocery store.  
     - You see a lot of people with black or missing teeth.  
     - People just don’t take care, don’t floss. |
| NO | - People care about how they look so care about their dental care. |
| **What resources do we have in our community that seem to be working to address these issues?** |
| - Our doctors are really good, including mental health providers.  
  - School counselors try very hard to help but can only help to a point where need someone else at that point.  
  - Riverside helps the community, but is expensive.  
  - We have 2 fitness places.  
  - Kinship, Boy and Girl Scouts, We have “DARE” in 5th grade.  
  - Therapy/Counseling.  
  - We have dentists, doctors, chiropractors, and a hospital.  
  - Health Food Store  
  - Food pantry  
  - Multiple stores have pamphlets and interactive educational displays.  
  - Fishing is a life skill; when you’re feeling down, go fish!  
  - HAVEN – domestic violence- they do what they can.  
  - Head Start good foundations.  
  - Health Service Building in town – easy accessibility means a lot.  
  -Need social events  
  -Kinship only for those in need. |
| **What other resources would you suggest that aren’t currently available?** |
| - Trampoline Park.  
  - Bigger, better skate park.  
  - Flex 14 schedule back at the high school.  
  - Adult playground  
  - Bigger supermarket with more fresh and diverse groceries.  
  - Different stores that appeal to more people – we only have Wal-Mart and County Market.  
  - Have to go to Wausau for nicer restaurants and here we only have fast food.  
  - Information on the negatives of coffee drinking.  
  - More AA, quit smoking, and drug and alcohol supports groups, “COPS” education for youth.  
  - Personal trainers  
  - A healthy economy which may include building for stores or hotels (some don’t want Tomahawk to expand).  
  - More fruits and vegetables, more naturally grown foods we could grow here, more whole foods.  
  - A healthy food restaurant and an organic restaurant.  
  - Expand the Humane Society. |
| In your opinion, why are they not being addressed or addressed adequately? | -Lack of people/population  
- Lack of funding/money.  
- Retirement community  
- Community focuses on sports and not much else. Need community leaders.  
- Youth not involved because all boards are filled with older people.  
- Potential is there (community needs to collaborate).  
- No one is trying.  
- People use the term “too expensive” when talking about health, but choose unhealthy expensive things like cigarettes.  
- Gas stations promote tobacco products (except Kwik Trip).  
- Childcare is too expensive- needed to quit job.  
- Merrill prioritization has been raising buildings.  
- Transportation  
- Life skills are being lost. |
| --- | --- |
| Anything else? | - We need renewable energy and a cleaner environment.  
- We need better school lunches and a professional chef.  
- We need a local car dealership (Tomahawk).  
- ER services an asset.  
- ER services not helpful.  
- The attic – those who want help can.  
- AA support group at a church, some people will not go into a church for this support group.  
- Need to travel for health care. |
## Appendix E

### Data Source Definitions

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centers of Disease Control and Prevention</strong></td>
<td>CDC provides access to numerous reports and databases related to health of our Nation i.e. National Diabetes Statistics Report, 2014.</td>
</tr>
<tr>
<td><strong>County Health Rankings</strong></td>
<td>Data provided by UW—Wisconsin which ranks the health outcomes at the county level in a ranking method from 1-72.</td>
</tr>
<tr>
<td><strong>Lincoln County Community Health Opinion Survey</strong></td>
<td>Lincoln County Community Health Opinion Survey completed in 2012, 2015, and 2017.</td>
</tr>
<tr>
<td><strong>Lincoln County Key Informant Interviews and Focus Groups</strong></td>
<td>Data collected by the Healthy People Lincoln County Partnership Group. This included Key Informant face to face interviews as well as targeted focus groups of 8-10 people.</td>
</tr>
<tr>
<td><strong>Healthiest Wisconsin 2010</strong></td>
<td>A five year health improvement plan for the state of Wisconsin.</td>
</tr>
<tr>
<td><strong>Healthy People 2020</strong></td>
<td>Science-based 10 year plan to improve the health of all Americans.</td>
</tr>
<tr>
<td><strong>Wisconsin Immunization Registry</strong></td>
<td>WIR is a database that tracks immunizations of Wisconsin's children and adults.</td>
</tr>
<tr>
<td><strong>WI Electronic Disease Surveillance System</strong></td>
<td>WEDSS is a tool used for reporting, investigation, and surveillance of communicable diseases in Wisconsin.</td>
</tr>
<tr>
<td><strong>Behavioral Risk Factor Surveillance System</strong></td>
<td>The BRFSS is one of the largest health surveys conducted in the United States. The BRFSS collects data regarding an individual’s health risk behaviors, the use of preventive services, and chronic health conditions.</td>
</tr>
<tr>
<td><strong>U.S. Census Bureau</strong></td>
<td>Demographic (Census) data on the United States Population.</td>
</tr>
<tr>
<td><strong>U.S Department of Health and Human Services</strong></td>
<td>Provides access to numerous reports and databases related to health of our Nation i.e. Economic Benefits of Preventing Disease.</td>
</tr>
<tr>
<td><strong>Lincoln County Youth Risk Behavior Surveillance System</strong></td>
<td>The YRBSS is similar to the BRFSS; however, it is a school-based survey that only monitors data related to health-risk behaviors in youth.</td>
</tr>
<tr>
<td><strong>WI Department of Health Services</strong></td>
<td>WI DHS provides access to numerous reports and databases related to the health of Wisconsin residents. i.e. Burden of Falls, Burden of Tobacco WI Child Abuse and Neglect Prevention Board.</td>
</tr>
<tr>
<td><strong>Wisconsin WINS</strong></td>
<td>WI WINS provides data related to the percentage of retail stores selling tobacco products to minors through annual compliance checks.</td>
</tr>
<tr>
<td><strong>WI Interactive Statistics on Health</strong></td>
<td>WISH provides information about health indicators in Wisconsin using protected databases otherwise not accessible.</td>
</tr>
<tr>
<td><strong>WI Environmental Public Health Tracking</strong></td>
<td>WI Environmental Public Health Tracking is a comprehensive and update environmental health data from the Wisconsin Department of Health.</td>
</tr>
</tbody>
</table>
## Weighted Rank

<table>
<thead>
<tr>
<th>Weighted Rank</th>
<th>Healthiest Wisconsin 2020 Focus Areas</th>
<th>Number of Votes</th>
<th>Weighted Score (1=3 pts, 2=2 pts, 3=1 pt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health</td>
<td>11 13 4</td>
<td>28 63</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol and Drug Use</td>
<td>7 4 8</td>
<td>19 37</td>
</tr>
<tr>
<td>3</td>
<td>Nutrition and Healthy Foods</td>
<td>4 2 4</td>
<td>10 20</td>
</tr>
<tr>
<td>4</td>
<td>Social Determinants of Health</td>
<td>3 3 4</td>
<td>10 19</td>
</tr>
<tr>
<td>5</td>
<td>Chronic Disease Prevention and Management</td>
<td>2 2 4</td>
<td>8 14</td>
</tr>
<tr>
<td>6</td>
<td>Oral Health</td>
<td>3 1 2</td>
<td>6 13</td>
</tr>
<tr>
<td>7</td>
<td>Access to Care</td>
<td>1 2 3</td>
<td>6 10</td>
</tr>
<tr>
<td>8</td>
<td>Healthy Growth and Development</td>
<td>1 2</td>
<td>3 7</td>
</tr>
<tr>
<td>9</td>
<td>Built Environment</td>
<td>1 1 2</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Reproductive and Sexual Health</td>
<td>1 1 2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Tobacco Use and Exposure</td>
<td>1 1 2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Injury and Violence Prevention</td>
<td>1 1 2</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Physical Activity</td>
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<td></td>
<td>Communicable Diseases</td>
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<tr>
<td></td>
<td>Environmental and Occupational Health</td>
<td>0 0</td>
<td>0</td>
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</tbody>
</table>
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April 2018