

A Healthier Clark County

Connecting the Dots

2023 - 2025



**Clark County
Health Department**

***Clark County's Community Health Assessment Process
and Community Health Improvement Plan***

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
PREFACE	4-6
DEFINITIONS	4
THE CHA AND CHIP PROCESSES	4-6
INTRODUCTION TO CLARK COUNTY, WI	7-8
BACKGROUND	7-8
COMMUNITY HEALTH ASSESSMENT	9-16
INTRODUCTION TO THE COMMUNITY HEALTH ASSESSMENT PROCESS	9
THE 2021-2022 CLARK COUNTY COMMUNITY HEALTH ASSESSMENT	9
CHA PROCESS AND METHODS	9
HCC 2021-2022 COMMUNITY HEALTH ASSESSMENT TIMELINE	10
CHA DATA COLLECTION: PRIMARY DATA	10-13
CHA DATA COLLECTION: SECONDARY DATA	14
CHA PRIORITIZATION PROCESS	14-16
COMMUNITY HEALTH IMPROVEMENT PLAN	17-27
INTRODUCTION TO THE COMMUNITY HEALTH IMPROVEMENT PLAN	17
CHIP PROCESS AND METHODS	17
STATE HEALTH PRIORITY AREAS	17-18
LOCAL COALITIONS AND GROUPS INVOLVED IN THE CHIP	18
PHYSICAL ENVIRONMENT AND SAFETY	19-21
COMMUNICABLE DISEASE	22-24
ALCOHOL MISUSE AND DRUG USE	25-27
POTENTIAL CHIP RESOURCES AND NEXT STEPS	28
POTENTIAL RESOURCES TO ADDRESS CHIP GOALS	28
NEXT STEPS	28
CALL TO ACTION	28
REFERENCES	29-30
APPENDICES	31
APPENDIX A: CLARK COUNTY COMMUNITY HEALTH SURVEY 2021	31
APPENDIX B: CLARK COUNTY COMMUNITY HEALTH SURVEY 2021 PARTICIPANT RESPONSES	31
APPENDIX C: CLARK COUNTY COMMUNITY HEALTH STATUS DATA	31

EXECUTIVE SUMMARY



Welcome to Clark County, Wisconsin!

The following document includes an overview of the Community Health Assessment and Community Health Improvement Plan processes, led by the Clark County Health Department.

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

Since 2018, the Clark County Health Department has been an active member of the Healthy Clark County (HCC) group. Other group members include representatives from Aspirus Stanley Hospital and Marshfield Medical Center-Neillsville. The purpose of HCC is to collaborate with other prevention-focused healthcare partners in order to best assess, evaluate, and determine the health-related needs of Clark County community members.

In 2021, the HCC group conducted a countywide Community Health Assessment (CHA), which took almost a year to complete. During this time, the HCC group facilitated a countywide community health survey, collected and analyzed both primary and secondary data, and met with community stakeholders. The role of stakeholders during the CHA process was pivotal in that they provided valuable insights, helped determine priority areas, and offered suggestions on how to improve the health and wellbeing of county residents.

Using data collected from Clark County's *Community Health Survey 2021*; Clark County's *2019 Youth Risk Behavior Survey (YRBS)*; stakeholder meetings; *2021 County Health Rankings & Roadmaps*; *Healthiest Wisconsin 2020: Everyone Living Better, Longer*; and other data sources, the Clark County Board of Health approved three key priority areas to focus on during 2023-2025:

1. Physical Environment and Safety
2. Communicable Disease
3. Alcohol Misuse and Drug Use

Also included in this document is the Clark County Health Department's 2023-2025 Community Health Improvement Plan (CHIP). The CHIP offers an overview of each health priority area, provides baseline data pertinent to each issue, defines goals, and identifies indicators of progress. It also includes an open invitation for community members to get involved. Goals within the CCHD's CHIP are in alignment with the Wisconsin State Health Improvement Plan. Through partnerships and meaningful initiatives, the CCHD hopes to improve the health of Clark County residents and contribute to healthier environments across the state.

PREFACE

DEFINITIONS

CHA – An acronym for a Community Health Assessment. It is a state, tribal, local, or territorial health assessment that identifies key health needs and issues through a systematic data collection and analysis process. In Wisconsin, local health departments are required to complete a CHA every 5 years. Under the Patient Protection and Affordable Care Act, non-profit (tax exempt) hospital organizations are required to conduct a CHA every 3 years.

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

Goal – A general aim or objective of the CHIP.

Indicator of Progress – Metric used to track or assess completion of an objective.

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

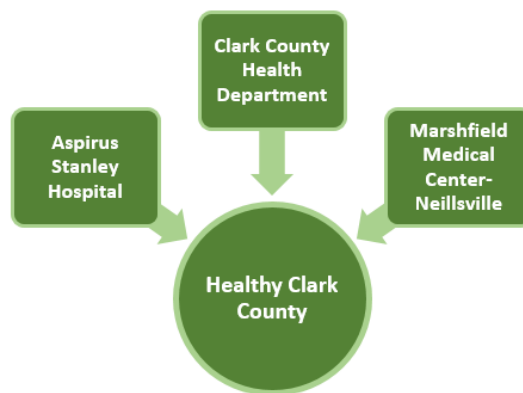
Root Cause – A factor identified as having significant influence on a health priority area. A Root Cause Analysis (RCA) is a method of problem solving aimed at identifying specific factors that contribute to problems or events. Its premise is that by addressing the root cause(s) of a problem, the overlying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

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

THE CHA AND CHIP PROCESSES:

Healthy Clark County (HCC)

Healthy Clark County (HCC) is a collaboration of Clark County-based organizations who have a vested interest in improving the health of Clark County residents. Membership includes representatives from Aspirus Stanley Hospital, the Clark County Health Department, and Marshfield Medical Center-Neillsville. To fulfill both federal and state requirements, the HCC group convenes every three years to assess the health status of Clark County, affirm or reaffirm health priorities, and provide direction regarding future strategies.



PREFACE

THE CHA AND CHIP PROCESSES:

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

In 2021-2022, the HCC group facilitated the community health assessment (CHA) process and guided the development of the Clark County Health Department’s 2023-2025 CHIP.

HCC Vision Statement: Healthy Clark County will:

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

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

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

Participating CHA Organizations and Individuals:

<p style="text-align: center;"><u>Health and Health-Related Service Providers</u></p> <ul style="list-style-type: none"> • Clark County Aging and Disability Resource Center • Clark County Community Services • Clark County Health Department • Clark County Women, Infants, & Children (WIC) • Aspirus Stanley Hospital • Family Health Center of Marshfield • Family Health La Clinica • Marshfield Medical Center-Neillsville 		<p style="text-align: center;"><u>Groups and Coalitions</u></p> <ul style="list-style-type: none"> • Clark County Board of Health • Clark County Prevention Partnership • Eat Right, Be Fit Coalition
<p><u>Other County Agencies</u></p> <ul style="list-style-type: none"> • Clark County Emergency Management • Clark County Sheriff’s Office • Clark County Veterans’ Service Office • Extension-Clark County 	<p><u>Community-Based Agencies & Individuals</u></p> <ul style="list-style-type: none"> • American-Hispanic Association • Community Members • Hmong and Hispanic Communication Network (H2N) • Neillsville Recreation Department • Neillsville YMCA • St. Bernard and St. Louis Catholic Churches 	<p><u>State-Based Agencies</u></p> <ul style="list-style-type: none"> • Wisconsin Institute for Public Policy and Service


PREFACE

THE CHA AND CHIP PROCESSES:

HCC Workflow for Identifying Health Focus Areas:

Create Successful Community Partnerships	<ul style="list-style-type: none">• Involve key stakeholders and the general public• Reinforce existing partnerships and develop new ones
Examine Clark County & State Data	<ul style="list-style-type: none">• <i>2021 County Health Rankings & Roadmaps</i>• Clark County's <i>Community Health Survey 2021</i>• Clark County's <i>2019 Youth Risk Behavior Survey (YRBS)</i>• <i>Clark County Community Health Status Data Report</i>• <i>Healthiest Wisconsin 2020: Everyone Living Better, Longer</i>
Identify Top Local Health Priorities that Align with State Health Priorities	<ul style="list-style-type: none">• Utilize expertise of community partners to evaluate health data• CHA process• <i>Healthiest Wisconsin 2020: Everyone Living Better, Longer</i>
Identify Local Health Factors that Cause/Contribute to Overlying Health Concerns	<ul style="list-style-type: none">• Clark County key stakeholder meeting (01/13/22)• Clark County LatinX focus group meeting (05/09/22)
Identify Community Assets/Resources	<ul style="list-style-type: none">• Clark County key stakeholder meeting (01/13/22)• Clark County LatinX focus group meeting (05/09/22)• Asset mapping• Recognize redundancy or overlapping of services
Mobilize Toward an Improvement Plan	<ul style="list-style-type: none">• Develop strategic direction (create goals and progress indicators for improving community health)
Evaluate	<ul style="list-style-type: none">• Regular assessment of program progress and impact(s)

INTRODUCTION TO CLARK COUNTY, WI



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

According to the United States Census Bureau, the estimated total population of Clark County is 34,746 people. Of Wisconsin's 72 counties, Clark ranks 41st in terms of total population.

BACKGROUND

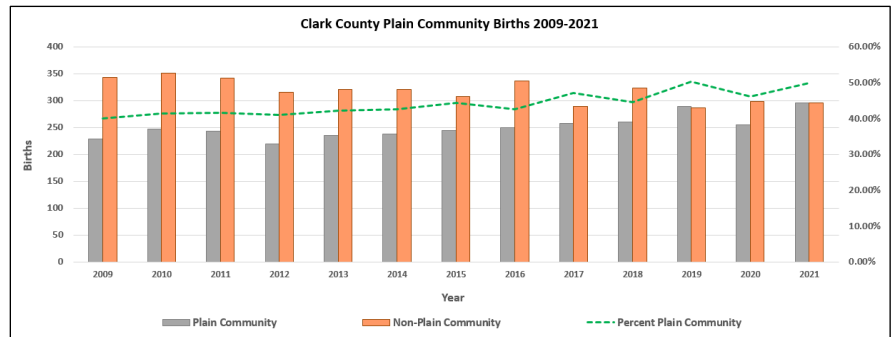
Race/Ethnic Diversity:

The ethnic majority of Clark County consists of mainly white individuals (91.7%). Over the last 21 years, however, the Hispanic population has experienced a significant increase (from 1.0% in 2000 to 5.9% in 2021).

Of note, Clark County has a significant number of individuals who belong to the Plain Community (identify as either Amish or Mennonite). Based on Clark County birth records from 2009-2021, 44.13% of all Clark County births were attributed to Plain Community mothers (3,262 of 7,391 total births).

RACE/ETHNICITY	Clark County	Wisconsin
White Alone, non-Hispanic or Latino	91.7%	80.2%
Hispanic or Latino	5.9%	7.5%
American Indian and Native Alaskan (alone)	0.9%	1.2%
Black or African American (alone)	0.7%	6.8%
Asian (alone)	0.5%	3.2%
Native Hawaiian & Other Pacific Islander	Z*	0.1%

U.S. Census Bureau: State and County QuickFacts (2021)
*Z: Value greater than zero but less than half unit of measure shown



Column Chart 1: 2009-2021 Clark County Births. Data taken from DHS SPHERE.

Age Distribution:

Approximately 30% of Clark County's population is 18 years of age or younger. According to County Health Rankings & Roadmaps (2021), of Wisconsin's 72 counties, Clark has the second highest percentage of young people per the total population (behind Menominee County).

AGE	Clark County	Wisconsin
Persons Under 5 Years	8.1%	5.4%
Persons Under 18 Years	29.8%	21.6%
Persons 65 Years and Over	17.1%	17.9%

U.S. Census Bureau: State and County QuickFacts (2021)

Education:

Clark County ranks lowest in the state for high school graduation rates as well as the percent of residents who hold a bachelor's degree or higher. Approximately 17% of individuals in Clark County do not graduate from high school and only 13% have earned (at least) a four-year degree. Although anecdotal, this could be, in part, due to Clark County's high Amish and Mennonite populations; many of whom do not go on to school past 8th grade.

EDUCATION	Clark County	Wisconsin
High School Graduate or Higher (ages 25+)	83.0%	92.6%
Bachelor's Degree or Higher (ages 25+)	13.4%	30.8%

U.S. Census Bureau: State and County QuickFacts (2016-2020)

INTRODUCTION TO CLARK COUNTY, WI

BACKGROUND (cont'd.):

Households, Lifestyle, and Income:

Approximately 16% of Clark County’s population speaks a language other than English within the home. Of Wisconsin’s 72 counties, Clark ranks highest in the state in this category. Though not quantifiable, anecdotal information suggests that as much as 30% of Clark County’s population consists of individuals from the Plain Community (Amish and Mennonite). Since the Plain Community speaks dialects of Pennsylvania Dutch and German, this could account for a significant percent of Clark County’s population speaking another language within the home.

HOUSEHOLDS, LIFESTYLE, & INCOME	Clark County	Wisconsin
Language Other Than English Spoken at Home	16.2%	8.7%
Homeownership Rate	78.4%	67.1%
Median Value of Owner-Occupied Housing Units	\$128,200	\$189,200
Per Capita Income in Past 12 Months	\$25,472	\$34,450
Median Household Income	\$54,463	\$63,293
Persons in Poverty	13.1%	10.0%
U.S. Census Bureau: State and County QuickFacts (2016-2020) IndexMundi (2018)		

Evidence supports the clear relationship between the socioeconomic position of a population and its health. Clark County ranks the third lowest in the state for *Per Capita Money Income in the Past 12 Months* (69th of 72), forty-ninth for *Median Household Income*, and twenty-sixth for the percent of *Persons Below Poverty Level* in the state. On average, Clark County’s median household income is about \$8,800 less than the state average. Within the region, 13.1% of the population lives at or below the federal poverty level (WI average: 10.0%).

Access to Health Care:

An estimated 17% of all Clark County residents (youth and adults) go without any form of health insurance (WI average: 7%).

Access to professional health care services is an area of concern for Clark County residents. More than 90% of residents live in a rural area, compared to the state average of 30%. This means that unless a reliable form of transportation is available, some residents may not be able to attend regular health check-ups or other doctor visits. In addition, the Health Resources and Services Administration (HRSA) recognizes Clark County as a federally designated Health Professional Shortage Area (HPSA) in all three categories (primary care, dental care, and mental health providers). There are only 37% as many primary care physicians within Clark County compared to the state average.

ACCESS TO HEALTH CARE	Clark County	Wisconsin
% Rural	91.7%	29.8%
Uninsured Adults	16%	8%
Uninsured Children	20%	4%
Primary Care Physicians	3,470:1	1,270:1
Other Primary Care Providers	1,740:1	810:1
Mental Health Providers	2,900:1	470:1
Dentists	2,320:1	1,410:1
County Health Rankings & Roadmaps (2021)		

Health Status Leading Risk Factors:

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

COMMUNITY HEALTH ASSESSMENT

Community Health Assessment

WISCONSIN LAW

Wisconsin Administrative Code 140.04(1)(g) requires that each local health department complete a community health assessment (CHA) and participate in a local health improvement plan at least every five years.

Wisconsin Statute 251.05(3) requires local health departments to:

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

INTRODUCTION TO THE COMMUNITY HEALTH ASSESSMENT PROCESS:

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

THE 2021-2022 CLARK COUNTY COMMUNITY HEALTH ASSESSMENT:

The 2021-2022 Clark County CHA process was conducted, in partnership, by Aspirus Stanley Hospital, the Clark County Health Department, and Marshfield Medical Center-Neillsville. Representatives from these organizations served as facilitators in assessing the public's health. Collectively, this group of individuals is known as Healthy Clark County (HCC). From March 2021-May 2022, HCC conducted a countywide community health survey, reviewed primary and secondary data, organized stakeholder conversations, and engaged in meetings to facilitate the CHA process.

CHA PROCESS AND METHODS:

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

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

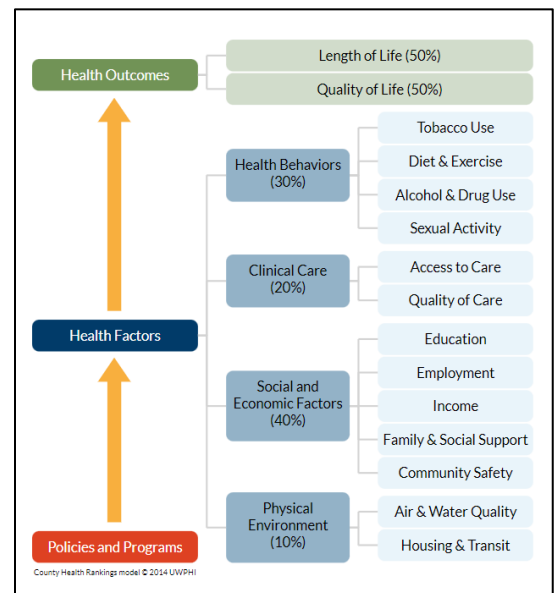
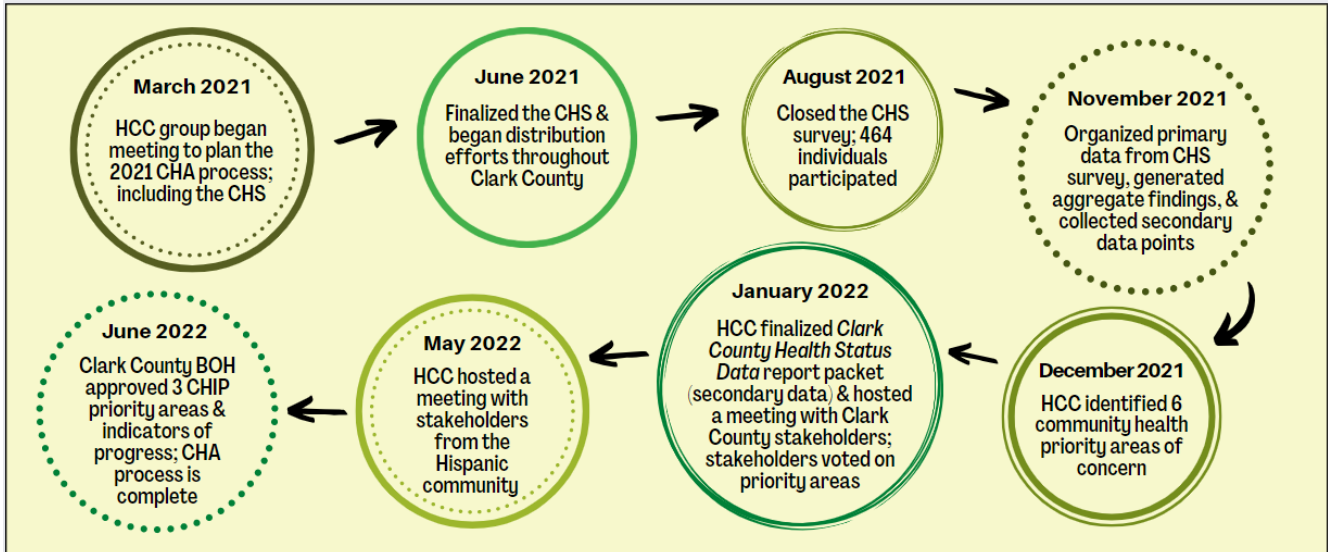


Figure 1: County Health Rankings Model, 2014.

COMMUNITY HEALTH ASSESSMENT

HCC 2021-2022 COMMUNITY HEALTH ASSESSMENT TIMELINE:



CHA DATA COLLECTION: PRIMARY DATA

Clark County Community Health Survey 2021 (CHS)

In general, a Community Health Survey (CHS) is a questionnaire that is used to gain valuable insight on community perceptions regarding health strengths and needs within a certain population or area. In June 2021, the HCC group finalized Clark County's *Community Health Survey 2021* and began distribution efforts.

The survey was publicly available from June 2021 to August 2021 via hard copy and electronically (SurveyMonkey). In addition to all Clark County residents being invited to participate, non-Clark County residents who utilized programs or services within the county were also invited to participate. See Appendix A for the complete survey and Appendix B for the survey responses.

HCC was mindful of the importance of receiving input from individuals who were likely underserved, underrepresented, or of low income. To ensure these populations were represented during the CHA process, hard copies of the CHS were hand-delivered to Meals on Wheels participants, distributed within the Clark County jail, available at local food pantries, and mailed to Amish and Mennonite community leaders. In addition, the HCC group activity outreached to professionals who serve within specific public sectors to complete the online version of the survey. These sectors included law enforcement, emergency medical services, school administration, Clark County Courthouse employees, and Clark County Board of Health personnel.

In total, 464 surveys were (at least partially) completed by individuals who either resided in Clark County or utilized services within Clark County. Respondents represented a wide range of individuals of various backgrounds. Of those that participated:

- 96% were white
- 68% were female
- 40% held a bachelor's degree or higher
- 35% completed technical school or some college
- 15% had an annual household income of \$100,000 or higher
- 15% had an annual household income \$24,999 or less
- 9% were under-employed, unemployed, or unable to work
- 4% were Amish or Mennonite
- 2% were Hispanic or Latino

Appendix A: CHS 2021

COMMUNITY HEALTH ASSESSMENT

CHA DATA COLLECTION: PRIMARY DATA (cont'd.)

Clark County Community Health Survey 2021 (cont'd.)

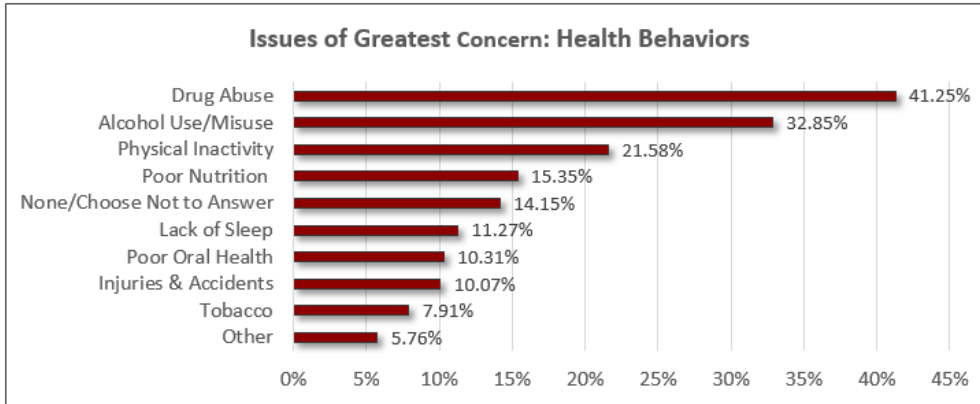


Figure 2: Question 2 responses from Clark County Community Health Survey 2021.

Question 2: Survey participants were asked to identify up to two *Health Behaviors* that concerned them the most about others in their community.

Figure 2 depicts all survey response options, accounting for 417 respondents.

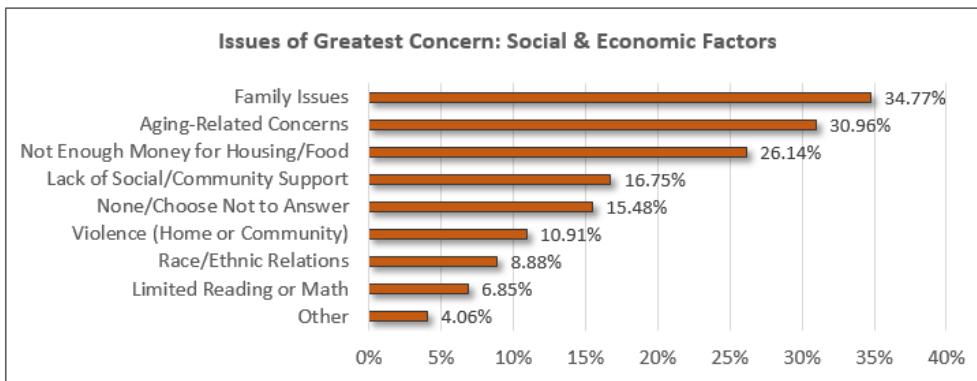


Figure 3: Question 3 responses from Clark County Community Health Survey 2021.

Question 3: Survey participants were asked to identify up to two *Social and Economic Factors* within their community that concerned them the most.

Figure 3 depicts all survey response options, accounting for 394 respondents.

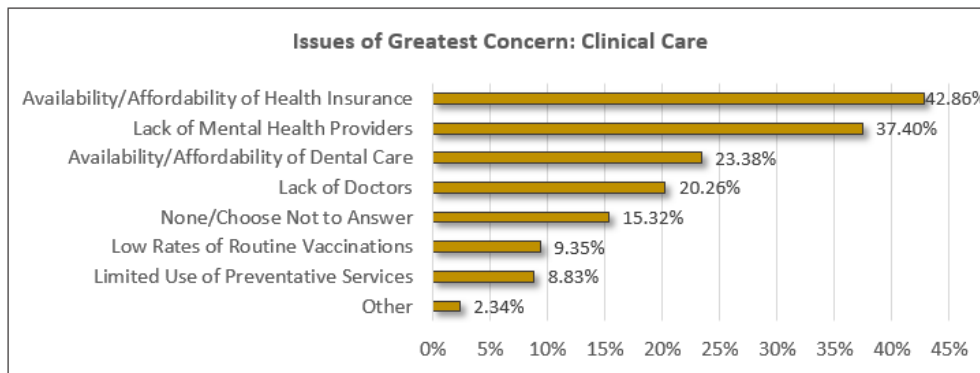


Figure 4: Question 4 responses from Clark County Community Health Survey 2021.

Question 4: Survey participants were asked to identify up to two *Clinical Care* issues within their community that concerned them the most.

Figure 4 depicts all survey response options, accounting for 385 respondents.

COMMUNITY HEALTH ASSESSMENT

CHA DATA COLLECTION: PRIMARY DATA (cont'd.)

2021 Clark County Community Health Survey (CHS) (cont'd.)

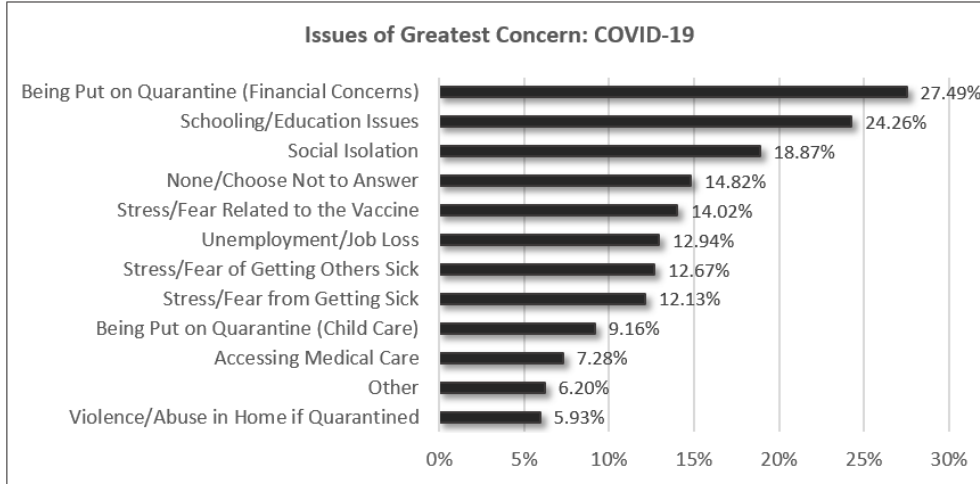


Figure 5: Question 5 responses from Clark County Community Health Survey 2021.

Question 5: Survey participants were asked to identify up to two COVID-19 issues within their community that concerned them the most.

Figure 5 depicts all survey response options, accounting for 371 respondents.

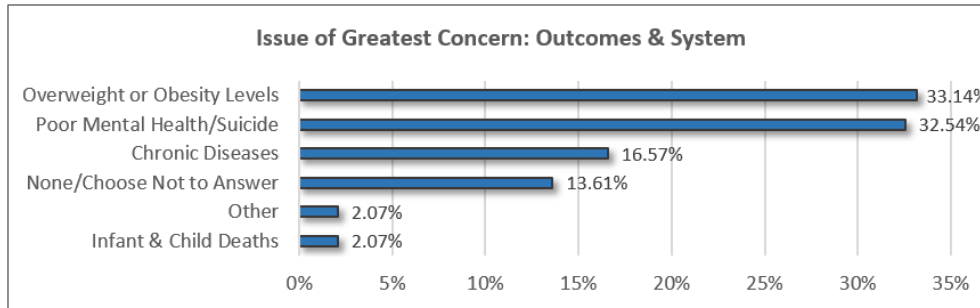


Figure 6: Question 6 responses from Clark County Community Health Survey 2021.

Question 6: Survey participants were asked to identify up to one Outcomes & System issue within their community that concerned them the most.

Figure 6 depicts all survey response options, accounting for 338 respondents.

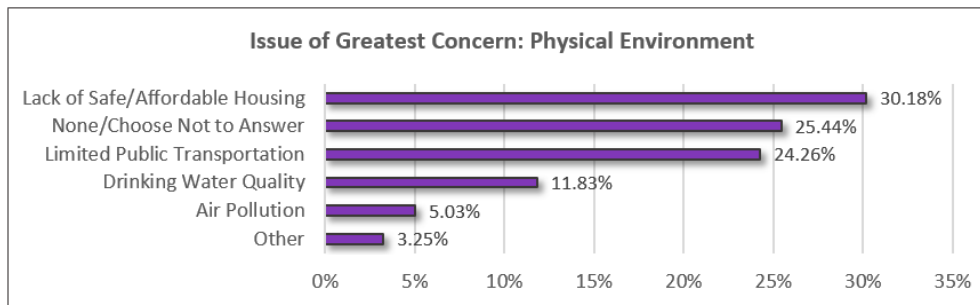


Figure 7: Question 7 responses from Clark County Community Health Survey 2021.

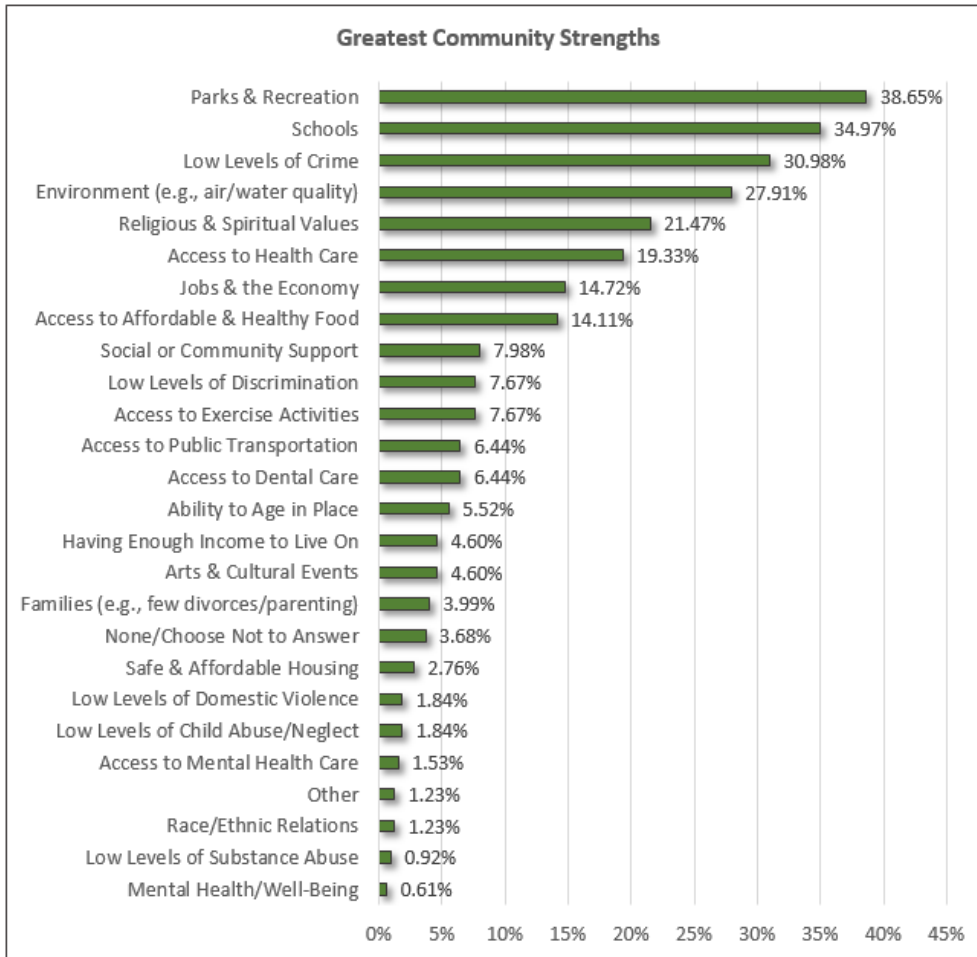
Question 7: Survey participants were asked to identify up to one Physical Environment issue within their community that concerned them the most.

Figure 7 depicts all survey response options, accounting for 338 respondents.

COMMUNITY HEALTH ASSESSMENT

CHA DATA COLLECTION: PRIMARY DATA (cont'd.)

2021 Clark County Community Health Survey (CHS) (cont'd.)



Question 8: Survey participants were asked to identify the three *Greatest Strengths* of their community.

Figure 8 depicts all survey response options, accounting for 326 respondents.

Figure 8: Question 8 responses from Clark County Community Health Survey 2021.

2019 Youth Risk Behavior Survey (YRBS)

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

In total, 774 high school students and 740 middle school students across the county participated in the fall 2019 YRBS. Cumulative youth responses to survey questions helped identify health priority areas during the CHA process.

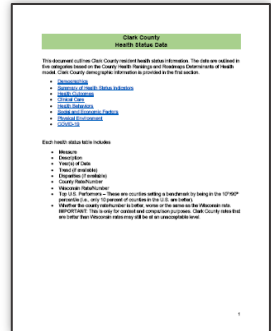
COMMUNITY HEALTH ASSESSMENT

CHA DATA COLLECTION: SECONDARY DATA

Clark County Community Health Status Data (CHSD)

The *Clark County Community Health Status Data (CHSD)* packet was developed to help facilitate discussion during the stakeholder meeting. It included several comparisons between Clark County, the state of Wisconsin, and top U.S. performers in terms of health status indicators.

Data was compiled from a variety of sources including, but not limited to, County Health Rankings & Roadmaps; the United States Department of Commerce, Bureau of the Census; United States Department of Health and Human Services, Centers for Disease Control and Prevention; Wisconsin Department of Children and Families; Wisconsin Department of Health Services, Bureau of Environmental and Occupational Health; Wisconsin Department of Health Services, Division of Public Health, Health Analytics Section; Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics; Wisconsin Department of Justice; and Wisconsin Interactive Statistics on Health.



Appendix C: Clark County Community Health Status Data

CHA PRIORITIZATION PROCESS:

Step 1: HCC Data Review and Health Priority Selection

In December 2021, the HCC group finalized their review of all primary and secondary data. In determining which priority areas to present to Clark County stakeholders at upcoming meetings, the HCC group applied the following criteria:

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

Based on their prevention-focused scopes of work, the capacities of existing Clark County coalitions, community readiness for change, and the ability to measure potential impact, the HCC group identified six community health priority areas of concern to potentially address for 2023-2025:

1. *Mental Health/Suicide*
2. *Alcohol Misuse and Drug Use*
3. *Chronic Disease*
4. *Communicable Disease*
5. *Social and Economic Factors (e.g., food insecurity, income, education, racism, etc.)*
6. *Physical Environment and Safety*

Step 2: CHA Stakeholder Prioritization Meeting, January 2022

Stakeholders come in many forms and should be representative of the community; they can be individuals or organizations. In January 2022, HCC organized and hosted a virtual CHA stakeholder meeting. Stakeholders were invited to attend via e-mail. They included representatives from local businesses, the media, faith-based groups, county government department heads and elected officials, local mayors, the county coroner, hospitals and clinics, mental health facilities, victim services agencies, law enforcement, emergency medical services, and school districts.

COMMUNITY HEALTH ASSESSMENT

CHA PRIORITIZATION PROCESS (cont'd.):

Step 2: CHA Stakeholder Prioritization Meeting, January 2022 (cont'd.)

In total, 15 Clark County stakeholders/community members participated in the CHA meeting. They included representatives from Clark County Aging and Disability Resource Center, Marshfield Clinic Health System, Clark County Emergency Management, Clark County Sheriff's Office, Extension Clark County, Clark County Health Department, Neillsville School District, Neillsville YMCA, Clark County Board of Health, and the Neillsville Recreation Department. Members of the HCC group facilitated the meeting. Attendees were presented with primary data, secondary data, and additional considerations for addressing each priority area. Stakeholders then engaged in an active discussion, and offered their feedback regarding each priority area as well as potential advantages and challenges to pursuing each issue.

At the end of the data review and discussion, the stakeholders were instructed to vote, via an online poll, for their top two health-related issues. The results were as follows:

1. *Physical Environment & Safety* (53%)
2. *Mental Health/Suicide* (47%)
3. *Alcohol Misuse & Drug Use* (33%)
4. *Chronic Disease* (27%)
5. *Communicable Disease* (13%)
6. *Social & Economic Factors* (13%)

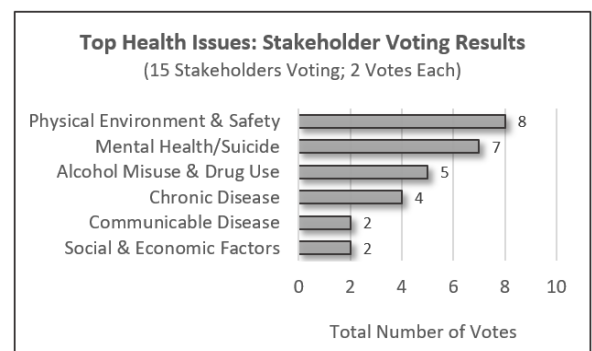


Figure 9: Stakeholder priority health issues.

Step 3: Internal Health Department Discussions, January 2022

After the January stakeholder meeting, the CCHD held an internal meeting to discuss the outcomes of the stakeholder selection process. CCHD staff understood that the purpose of this meeting would ultimately be to select the top three health priority areas for the Health Department's 2022-2025 Community Health Improvement Plan (CHIP). Staff were instructed to vote based on the following criteria:

1. *Appropriateness:*
 - Does this health priority area fall under the CCHD's scope of work?
 - Will the Board of Health approve of this priority area?
 - In general, will the residents of Clark County approve of this priority area?
2. *Feasibility:*
 - Can the CCHD actually make a difference in this priority area?
 - Can the CCHD potentially find funding to support this priority area?
3. *Staff Capacity and Commitment:*
 - Will staff have the time and knowledge to support initiatives that fall under this priority area?
 - Is the CCHD able to lead this priority area?
 - Will staff enjoy this work and find fulfillment in it?
4. *Impact Potential and Community Need:*
 - Has this priority area been previously addressed in Clark County?
 - Can the CCHD potentially impact large groups of people within this priority area?

COMMUNITY HEALTH ASSESSMENT

CHA PRIORITIZATION PROCESS (cont'd.):

Step 3: Internal Health Department Discussions, January 2022 (cont'd.)

Eight full-time CCHD staff members participated in the voting process. Staff were instructed to vote for their top three preferred health priority areas to address. The results were as follows:

1. *Physical Environment & Safety* (6)
2. *Alcohol Misuse & Drug Use* (6)
3. *Communicable Disease* (6)
4. *Mental Health/Suicide* (4)
5. *Chronic Disease* (2)
6. *Social & Economic Factors* (0)

Step 4: HCC Partner Meeting, February 2022

In February, the HCC group convened to finalize which health priority areas each organization planned to focus on. Through discussions with stakeholders and internal meetings, the HCC group determined that it would be appropriate to address any of the six proposed health priority areas; and that doing so would contribute to improving the community environment and overall health of Clark County.

Due to varying scopes of work and staff capabilities, members of the HCC group (Aspirus Stanley Hospital, the Clark County Health Department, and Marshfield Medical Center-Neillsville,) selected different health priority areas to address. Congruently, each organization opted to develop their own 2023-2025 Community Health Improvement Plan.

Proposed 2023-2025 Health Priority Areas by Entity/Organization <i>(Three separate CHIPs)</i>			
	Aspirus Stanley Hospital	Clark County Health Department	Marshfield Medical Center-Neillsville
Alcohol Misuse & Drug Use		✓	✓
Physical Environment & Safety	✓	✓	
Communicable Disease		✓	
Mental Health/Suicide	✓		✓
Chronic Disease	✓		✓
Social & Economic Factors			✓

Step 5: Clark County Board of Health Approval, June 2022

In June, the CCHD received approval from the Clark County Board of Health to address the following three health priority areas in the CCHD's 2023-2025 CHIP:

1. Physical Environment & Safety
2. Alcohol Misuse & Drug Use
3. Communicable Disease

COMMUNITY HEALTH IMPROVEMENT PLAN

What is a Healthy Community?

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

- World Health Organization, 2015

INTRODUCTION TO THE COMMUNITY HEALTH IMPROVEMENT PLAN:

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

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

CHIP PROCESS AND METHODS:

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

To ensure that all the necessary steps and considerations were taken into account throughout the CHA and CHIP processes, the Healthy Clark County (HCC) group followed the County Health Rankings & Roadmaps' *Take Action Cycle*. This model illustrates community health improvement as a continuous cycle and addresses "how" to create healthy communities:

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

In addition, the Take Action Cycle places a heavy emphasis on working together and effective communication. Each community is different. Thus, efforts to improve health will vary. However, there is one constant—when individuals or organizations from multiple sectors work together to achieve a shared goal or vision, they can accomplish much more than when working alone.

Healthy partnerships play an important role in fulfilling CHIP strategies and deliverables. Clear and effective communication between all organizations, coalitions, and individuals involved in the CHIP is vital. Each person should understand their role in achieving CHIP objectives and be held accountable for his or her area of work.

STATE HEALTH PRIORITY AREAS:

Every five years, the Wisconsin Department of Health Services' Division of Public Health completes a state health assessment (SHA). The state's health assessment process is similar to Clark County's CHA process—just on a much larger scale. First, the state collects a significant amount of both qualitative and quantitative data. Then, after analyzing the data, a state health improvement plan (SHIP) is developed in collaboration with key stakeholders, community organizations, and state agencies. Each SHIP lasts five years; and an annual report is published to update partners on progress at the end of each year. Wisconsin's current [SHIP](#) was developed in 2017. Its priority areas include (1) Alcohol, (2) Nutrition and Physical Activity, (3) Opioids, (4) Suicide, and (5) Tobacco. Key conditions within the SHIP include (1) Improved Social and Community Conditions, (2) Healthy Environments and Supportive Systems, and (3) Transformative Change to Power Structures.

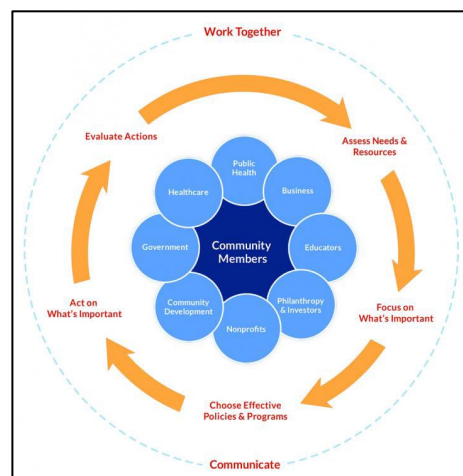


Figure 10: County Health Rankings & Roadmaps' Take Action Cycle

COMMUNITY HEALTH IMPROVEMENT PLAN

STATE HEALTH PRIORITY AREAS (cont'd.):

Based on data collected during Clark County's 2021 CHA, it is evident that some of the health-related issues that exist within Clark County are widespread across the state. Other health-related issues, however, are more specific to Clark County. In determining which health priority areas to address in Clark County's 2023-2025 CHIP, the Clark County Health Department referenced the state's 2018-2022 SHIP, entitled the [Wisconsin State Health Improvement Plan Transitional Report](#).

LOCAL COALITIONS AND GROUPS INVOLVED IN THE CHIP:

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

Eat Right, Be Fit Coalition (ERBF)

Eat Right, Be Fit (ERBF) is a local, long-standing coalition that aims to promote physical activity, nutrition, and general wellness in Clark County. Membership consists of representatives from Aspirus Stanley Hospital; Benz Fitness Center; Clark County Health Department; Clark County Women, Infants, and Children; Extension Clark County; FoodWise; Marshfield Medical Center-Neillsville; and the Neillsville Improvement Corporation. In the past, ERBF has played a pivotal role in addressing CHIP priorities and strategies related to chronic disease.

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

Clark County Prevention Partnership (CCPP)

The *Clark County Prevention Partnership* (CCPP) is a local group that was organized in 2013. It is comprised of multiple organizations vested in addressing the mental and/or behavioral health needs of Clark County residents. Task force members are representative of local health care groups, human services departments, law enforcement, educational institutions, professional mental/behavioral health agencies, and community members. This group has played (and continues to play) a pivotal role in identifying CHIP priorities and strategies related to substance misuse and abuse.

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

Hispanic Stakeholder Group

In order to gain a better understanding of health concerns affecting Clark County's Hispanic communities, the Healthy Clark County group hosted two separate focus group meetings with Hispanic stakeholders. The first meeting took place in May of 2022 during the Community Health Assessment (CHA) process and the second took place in June of 2022 during the development of the Community Health Improvement Plan (CHIP). At these meetings, stakeholders addressed cultural differences and beliefs, common hardships and stressors, and suggested potential strategies for improvement.

COMMUNITY HEALTH IMPROVEMENT PLAN

Physical Environment & Safety

DEFINITION:

According to County Health Rankings & Roadmaps (2022), “The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they utilize to travel to work or school” (para. 1). Having a safe and healthy physical environment increases the likelihood of individuals living longer, healthier lives.

IMPORTANCE:

The quality of a community’s physical environment greatly influences the health and wellbeing of the population. Food safety, housing, school and workplace conditions, community design for recreation, air and water quality, transportation systems, and zoning patterns all contribute to an individual’s overall health status. According to County Health Rankings & Roadmaps (2022), “Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung diseases, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other contaminants can lead to illness, infection, and increased risks of cancer” (para. 2).

Environments that are constructed or modified by human activity are known as “built” environments. Examples of built environments include parks, trail systems, roads, walkways, and homes. Public health has the ability to promote community health and wellness by supporting environments that are non-hazardous, conducive to physical activity, and are equally accessible for all.

Public safety is also a very important factor to consider when implementing or surveying built environments. According to [The Burden of Injury in Wisconsin](#) report (2011), “Injuries are the leading cause of death in Wisconsin residents 1-44 years of age, and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable” (p. 1). The National Children’s Center for Rural and Agricultural Health and Safety (2022) reports that, “Agriculture had the leading number of occupational fatalities across industries for youth age 17 and younger from 2011-2020” (p. 1). In 2017, there were 2,095 farms in Clark County, accounting for 57.8% of the county’s land (United States Department of Agriculture, 2017, p. 1). Additionally, Clark County offers over 135 miles of all-terrain vehicle/utility terrain vehicle (ATV/UTV) trails. Given the number of individuals employed on farms (including family farms) and Clark County’s extensive recreational trail systems, Clark County residents (and some visitors) are at increased risk for agricultural or recreational injuries or deaths.

STATE PRIORITIES:

The [Wisconsin State Health Improvement Plan Transitional Report](#) (2022) names Healthy Environments and Supportive Systems as their second key condition for health. It is defined as, “places and systems are designed for health and well-being” (Wisconsin Department of Health Services, p. 7).

ACCESS:

Access, in general, is a common issue in many rural counties. In terms of the Physical Environment and Safety, “access” can take on many meanings—such as limited access to clean drinking water, access to environmental test kits or services, lack of safe and affordable housing, and unreliable transportation. Clark County residents who are socioeconomically disadvantaged typically experience a greater number of access issues than residents who are more financially stable. According to the United States Census Bureau, in 2020, 13.1% of Clark County’s residents were living in poverty compared to the state’s average of 10% (2022).

COMMUNITY HEALTH IMPROVEMENT PLAN

Physical Environment & Safety

KEY FACTORS IMPACTING THE PHYSICAL ENVIRONMENT & SAFETY IN CLARK COUNTY:

- According to data compiled from the U.S. Census Bureau, Clark County has the 13th oldest housing stock in WI; with 1970 being the median year for homes built (Stacker, 2022).
- In the 2021 Clark County CHS, participants were asked to select the issues that they felt were the most important in Clark County. Results that fall under the *Physical Environment* umbrella are as follows:
 - 30.18% (102 of 338 respondents) lack of safe and affordable housing options
 - 26.14% (103 of 394 respondents) not enough money for housing, household expenses, and food
 - 24.26% (82 of 338 respondents) limited access to public transportation
 - 11.83% (40 of 338 respondents) drinking water quality
 - 5.03% (17 of 338 respondents) air pollution
- In the 2021 Clark County CHS, participants were asked to select the issues that they felt were the most important in Clark County. Results that fall under the *Safety* umbrella are as follows:
 - 10.91% (43 of 394 respondents) violence in the home or community
 - 10.07% (42 of 417 respondents) injuries and accidents (motor vehicle, bicycle, etc.)
 - 8.88% (35 of 394 respondents) race/ethnic relations (harassment, discrimination, etc.)
 - 2.07% (7 of 338 respondents) infant and child deaths
- According to the 2021 County Health Rankings & Roadmaps data:
 - Clark County ranks within the top five counties in the state for the highest child mortality rate
 - 14% of Clark County households experience at least 1 of 4 major housing problems: overcrowding, high housing cost, lack of kitchen facilities, or lack of plumbing facilities (WI: 14%)
- Of 774 Clark County high school students surveyed during the fall 2019 Youth Risk Behavior Survey (YRBS):
 - 232 (30.0%) reported that they have lived in 4 or more residences
 - 147 (19.0%) reported that they did not always feel safe at school
 - 108 (14.0%) reported that they had experienced a sports-induced concussion in the last 12 months
 - 101 (13.0%) reported that they did not always wear a seatbelt
 - 93 (12.0%) reported that they did not always feel safe in their neighborhood

COMMUNITY HEALTH IMPROVEMENT PLAN

Physical Environment & Safety

PHYSICAL ENVIRONMENT GOALS + INDICATORS OF PROGRESS:

1. By December 2025, Clark County will increase the number of community members who are able to identify environmental health hazards.
 - Indicator 1: The CCHD will annually host, or participate in, at least one public training event on environmental health hazards (i.e., radon, lead, water quality, food safety, etc.).
 - Indicator 2: The CCHD will provide education, on a quarterly basis, to at least 100 underserved residents of Clark County on environmental health hazards and/or available services.
2. By December 2025, Clark County will increase the number of community partners who are able to identify environmental health hazards within households.
 - Indicator: The CCHD will host at least one annual training, specific to volunteers or professionals who work with individuals who are underserved, on environmental health hazards (i.e., radon, lead, water quality, food safety, etc.).
3. By December 2025, Clark County will have established at least one new interagency or interdepartmental partnership regarding environmental health.
 - Indicator: The CCHD will collaborate with a new agency or entity to accomplish a mutually beneficial environmental health goal.
4. By December 2025, Clark County will implement at least one quality improvement measure regarding the DATCP program.
 - Indicator: At a minimum, the CCHD will enroll in the FDA Standards program.

SAFETY GOALS + INDICATORS OF PROGRESS:

1. By December 2025, Clark County will have established at least one new interagency or interdepartmental partnership regarding safety/injury prevention.
 - Indicator: The CCHD will collaborate with a new agency or entity to accomplish a mutually beneficial safety-related goal.
2. By December 2025, Clark County will raise public awareness for safety and injury prevention.
 - Indicator 1: The CCHD will contribute to the implementation of new signage or infrastructure that promotes public safety.
 - Indicator 2: Per quarter, the CCHD will conduct at least one public outreach initiative (i.e., presentation, newsletter article, social media post, etc.)
3. By December 2025, Clark County will have increased capacity to provide safety-related trainings to the public.
 - Indicator 1: At least one CCHD staff member will become certified to provide a new safety-related service.
 - Indicator 2: At least one CCHD staff member will become certified to expand on an existing safety-related service.
4. By December 2025, Clark County will increase the number of publicly accessible sharps disposal sites within Clark County by one (2022 baseline, 0).
 - Indicator: The CCHD will collaborate with a local partner to establish an outdoor needle disposal site at a communal location.

COMMUNITY HEALTH IMPROVEMENT PLAN

Communicable Disease

"Infectious diseases account for 90% of the health problems worldwide and kill about 14 million people annually, 90% of whom are from the developing world. They have killed more people than famine, war, accidents, and crimes together."

- Peter Ndeboc Fonko, International Consultant on Public Health (2008)

DEFINITION:

According to the National Library of Medicine's National Center for Biotechnology Information (2022), "Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air" (para 11). Examples of communicable diseases include tuberculosis, cholera, measles, influenza, salmonella, and chlamydia.

IMPORTANCE:

According to the New York State Department of Health (2007), "Communicable disease is the leading cause of sickness and death worldwide and is the third leading cause of death in the United States" (para. 1). In addition to affecting the health of individuals directly, infectious diseases can impact entire societies, economies, and political systems. The U.S. Centers for Disease Control and Prevention (CDC) estimates that, "on average, seasonal flu outbreaks cost the nation's economy \$10.4 billion in direct costs of hospitalizations and outpatient visits. That does not include the direct costs related to lost productivity and absenteeism ... one study [estimates] that each flu season 111 million workdays are lost to flu-related absenteeism, which amounts to about \$7 billion annually in lost productivity" (Challenger, Gray, & Christmas Inc., 2020, para. 4).

Immunizations are considered to be one of the greatest public health achievements of the 20th century. Vaccines prevent or decrease the severity of disease not only in the people who receive them, but also provide indirect protection to individuals in the community who are not fully immunized or have weakened immune systems. According to the CDC (2022), "The introduction of vaccines led to substantial achievements in the control of infectious diseases. Many notifiable infectious diseases, such as diphtheria, measles, tetanus, and rubella have been virtually eliminated in the United States through vaccination" (p. 1).

STATE PRIORITIES:

Preventing the spread of infectious disease is one of the most integral roles of public health. The Wisconsin Department of Health Services identifies Communicable Diseases as one of 12 health focus areas in its 2017-2022 [Wisconsin State Health Assessment and Health Improvement Plan 2017](#).

ACCESS:

In terms of communicable disease, physical access to vaccination sites does not seem to be a large contributing factor to Clark County's low immunization rates. Multiple permanent clinic sites within Clark County offer access to vaccines, including locations in Greenwood, Neillsville, Owen, and Thorp. In addition, the Clark County Health Department facilitates "pop-up" or traveling vaccine clinics in Abbotsford, Colby, Dorchester, Greenwood, Loyal, Neillsville, Owen, Thorp, and Withee. Many of these traveling vaccine clinics occur in Mennonite homes or schools.

Qualitative or empirical factors that do seem to influence Clark County's low immunization rates include differences in cultural and religious beliefs, language barriers, low rates of health insurance coverage, and the dissemination of misinformation. Clark County is home to a large Plain Community population as well as a growing Hispanic population. Many individuals belonging to the Plain Community do not wish to receive vaccines due to certain personal convictions. Additionally, many individuals belonging to the Hispanic community are first generation Wisconsinites and speak very limited English—making it difficult for non-Spanish speaking healthcare providers to offer education on vaccines. Across all populations, Clark County ranks highest in the state for the percent of residents under age 65 that go without health insurance (17%) (County Health Rankings & Roadmaps, 2021). Individuals who forgo health insurance are less likely to attend annual physicals or preventative care visits. Lastly, misinformation regarding vaccines, and their components, has been a reality for decades. However, with the rise in social media, non-experts now have the ability to provide false information regarding vaccines on very public platforms.

COMMUNITY HEALTH IMPROVEMENT PLAN

Communicable Disease

COMMUNICABLE DISEASE GOALS + INDICATORS OF PROGRESS:

1. By December 2025, Clark County will have an increased number of children who receive childhood vaccines.
Indicator: The percent of Clark County 2 year olds who have completed their 4:3:3:1:4:3:1 vaccine series will increase from 37% (2021 baseline) to 39%.
2. By December 2025, Clark County will promote vaccines.
Indicator: The CCHD will complete at least 12 community education activities regarding vaccines (i.e., presentations, radio interviews, social media posts, etc.).
3. By December 2025, Clark County will increase access to vaccines.
Indicator 1: The CCHD will provide vaccines at one new location.
Indicator 2: The CCHD will offer at least one pop-up clinic annually.
4. By December 2025, Clark County will create and/or expand the availability of communicable disease resources.
Indicator 1: The CCHD will chair the Clark County Immunization Coalition (CCIC) and host quarterly meetings.
Indicator 2: The CCHD will recruit at least 3 new partners to serve on the CCIC.
Indicator 3: The CCHD will create and establish a permanent communicable disease webpage within the CCHD's website.
5. By December 2025, Clark County will increase the number of community members who are able to identify and appropriately respond to non-reportable communicable diseases (i.e., head lice; bed bugs; hand, foot, and mouth disease, scabies, etc.).
Indicator 1: The CCHD will host at least one non-reportable communicable disease training for professionals or volunteers on an annual basis.

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol Misuse and Drug Use

“Binge drinking in Wisconsin costs almost \$4 billion a year, which is approximately \$700 per Wisconsin resident. Over two-thirds of the economic cost of binge drinking is in lost productivity ... The negative health and social consequences of binge drinking are far-reaching and come at a great economic cost”

- University of Wisconsin Population Health Institute (2022)

DEFINITION:

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

IMPORTANCE:

Alcohol and other drug use can have long-lasting, adverse effects on physical and mental health; ultimately impacting morbidity and mortality. Health implications related to alcohol and drug use include unintended injuries, poor birth outcomes, liver disease, and reduced childhood development and adolescent health ([Healthiest Wisconsin 2020](#), 2010). According to the National Institute on Alcohol Abuse and Alcoholism (2022), “Alcohol contributes to about 18.5 percent of ED visits and 22.1 percent of overdose deaths related to prescription opioids. An estimated 95,000 people (approximately 68,000 men and 27,000 women) die from alcohol-related causes annually, making alcohol the third-leading preventable cause of death in the United States” (para. 4).

Year after year, Wisconsin tops the nation in excessive and illegal alcohol consumption. According to the Medical College of Wisconsin, “Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children” (*Wisconsin Alcohol Policy Project*, 2022). In Clark County, twenty-six percent of adults drink excessively (WI: 27%) and 31% motor vehicle crash deaths involve alcohol (County Health Rankings & Roadmaps, 2021). Additionally, of 774 high school students surveyed in 2019, 27% reported that they had at least one drink of alcohol in the past 30 days—and 50% of those students had engaged in binge drinking activities during that same time period (Wisconsin Department of Public Instruction, 2019).

THE BURDEN OF BINGE DRINKING IN CLARK COUNTY

In Clark County, excessive alcohol consumption contributes to an annual average of:

- ♥ 10 alcohol-related deaths
- 🏥 225 alcohol-related hospitalizations
- 🚗 23 alcohol-related crashes
- 👥 111 persons in an alcohol-related treatment service

University of Wisconsin Population Health Institute
School of Medicine and Public Health (2019)



STATE PRIORITIES:

The state of Wisconsin names both Alcohol and Opioids as two of its top five health priority areas in the statewide 2018-2022 Health Improvement Plan. In relation to alcohol, the state’s objectives are to reduce underage drinking, reduce heavy and binge drinking among adults aged 18 and older, and reduce alcohol-related deaths and harms. Opioid-related objectives in the state’s plan include preventing initiation of opioid use, reducing death and harm due to nonmedical opioid use, and increasing access to a full continuum of family-centered treatment services throughout Wisconsin—including in rural areas and within underserved populations ([Wisconsin State Health Improvement Plan Transitional Report](#), 2022).

ACCESS TO CARE:

The Health Resources and Services Administration identifies Clark County as a medically underserved area for primary and mental health. This means that there is a lack of providers as measured against total population. In terms of access to mental health and substance abuse counseling services, the ratio of Clark County residents to clinical mental health providers is 2,900 to 1 (WI average: 470 to 1) (County Health Rankings & Roadmaps, 2021).

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol Misuse and Drug Use

KEY FACTORS:

- In the 2021 Clark County CHS, participants were asked to select up to two *Health Behavior* issues within their community that concerned them the most. Results that fall under the umbrella of AODA, are as follows:
 - 41.25% (172 of 417 respondents) drug abuse (prescribed and illegal)
 - 32.85% (137 of 417 respondents) alcohol use/misuse
 - 7.91% (33 of 417 respondents) tobacco
- In the Clark County CHS 2021, participants were asked to select up to two *Clinical Care* issues within their community that concerned them the most. Results that fall under the AODA umbrella are as follows:
 - 42.86% (165 of 385 respondents) availability and affordability of health insurance
 - 37.40% (144 of 385 respondents) lack of mental health care providers
 - 20.26% (78 of 385 respondents) lack of doctors and other healthcare providers
- According to the 2021 County Health Rankings & Roadmaps data:
 - 15% of Clark County adults report experiencing frequent mental distress (WI: 11%)
 - 26% of Clark County adults report binge or heavy drinking (WI: 27%)
 - Alcohol was involved in 31% of Clark County driving deaths (WI: 36%)
 - The ratio of Clark County's population to mental health providers is 2,900:1 (WI: 470:1)
- Of 774 Clark County high school students surveyed during the fall 2019 Youth Risk Behavior Survey (YRBS):
 - 132 (17.0%) reported riding, one or more times during the 30 days before the survey, in a car or other vehicle driven by someone who had been drinking alcohol
 - 464 (60.0%) students have ever drunk an alcoholic beverage (other than a few sips)
 - 209 (27.0%) had at least one drink of alcohol on at least one day during the 30 days before the survey
 - 108 (14.0%) binge drank on at least one day during the 30 days before the survey
 - 85 (11.0%) reported that they had been offered, sold, or given drugs on school property at least once during the past 12 months
 - 62 (8.0%) reported that they had attended school under the influence of either alcohol or other illegal drugs at least once during the past 12 months
 - 310 (40%) students have ever tried vaping
 - 132 (17%) used a vaping product in the 30 days before the survey
 - 93 (12%) used cigarettes, chew, cigars, or cigarillos in the past 30 days before the survey
 - 155 (20.0%) students have ever used marijuana
 - 77 (10.0%) students used marijuana one or more times during the 30 days before the survey
 - 85 (11.0%) have ever misused over-the-counter and/or prescription pain medicines

COMMUNITY HEALTH IMPROVEMENT PLAN

Alcohol Misuse and Drug Use

ALCOHOL MISUSE AND DRUG USE GOALS + INDICATORS OF PROGRESS:

1. By December 2025, Clark County will implement at least one youth-focused initiative that addresses the culture of youth alcohol consumption in Clark County.
Indicator: The CCHD will collaborate with a school or local organization to assist in the facilitation of a mock accident event.
2. By December 2025, Clark County will implement at least one adult-focused initiative that addresses the culture of adult alcohol consumption in Clark County.
Indicator: The CCHD will work to implement a new policy or establish an alcohol-free zone in Clark County.
3. By December 2025, Clark County will prevent unauthorized access to prescription medications.
Indicator: The CCHD will implement as least one means-reduction strategy to decrease illegal access to prescription medications.
4. By December 2025, Clark County will have completed 4 different opioid overdose prevention initiatives in Clark County.
Indicator 1: The CCHD will continue to supply Clark County law enforcement and EMS with fresh nasal naloxone (2022 baseline, 128 doses).
Indicator 2: On an annual basis, the CCHD will host at least one training specific to law enforcement/EMS on nasal naloxone administration.
Indicator 3: On an annual basis, the CCHD will train at least 5 community members in nasal naloxone administration.
Indicator 4: The CCHD will work with community partners to increase the number of needle exchange sites in Clark County by one (2022 baseline, 0)

POTENTIAL CHIP RESOURCES & NEXT STEPS

POTENTIAL RESOURCES TO ADDRESS CHIP GOALS:

Potential Clark County partners and resources that may assist in addressing the identified health priority areas (Physical Environment & Safety, Communicable Disease, and Alcohol Misuse and Drug Use) include the following:

- Aspirus Stanley Hospital
- Clark County Aging and Disability Resource Center
- Clark County Board of Health
- Clark County Board of Supervisors
- Clark County Child Death Review Team
- Clark County Community Services
- Clark County Forestry and Parks Department
- Clark County Health Department
- Clark County Immunization Coalition
- Clark County Prevention Partnership
- Clark County Schools
- Clark County Sheriff's Office
- Clark County Community Members
- Eat Right, Be Fit Coalition
- Family Health Center of Marshfield
- Marshfield Medical Center-Neillsville
- Safe Kids Wood and Clark Counties
- St. Bernard's Catholic Church
- University of Wisconsin
- Wisconsin Electronic Disease Surveillance System
- Wisconsin Immunization Registry

NEXT STEPS:

The Clark County Health Department will leverage partnerships and community resources to coordinate strategic efforts toward addressing the three community health priority areas. The CHIP serves as a snapshot in time. Although the three health priority areas will remain the same, indicators of progress (strategies) are subject to change depending on evolving community needs and roadblocks to implementation efforts. Over the next three years, progress within each priority area will be monitored, evaluated, and reported to Clark County's Board of Health on a quarterly basis. The CCHD will continue to meet with the HCC group (Aspirus Stanley Hospital and Marshfield Medical Center-Neillsville) regularly to evaluate progress within each organization's CHIP.

After Clark County Board of Health approval, this document will be made publicly available on the Clark County Health Department's website.

CALL TO ACTION:

In order to maintain accountability and fulfill reporting requirements, the Clark County Health Department plans to lead the majority of the initiatives identified in this document. However, successful implementation of the CHIP will greatly depend on the collaboration of individuals, organizations, and partnerships within the community. Those who are interested in becoming involved in Clark County's 2023-2025 Community Health Improvement Plan should contact Rebecca Greisen at rebecca.greisen@co.clark.wi.us or call 715-743-5110.

REFERENCES

- Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Analysis and Epidemiology. (2022, August 12). *Health, United States, 2020-2021: vaccination*. Centers for Disease Control and Prevention. Retrieved December 27, 2022, from <https://www.cdc.gov/nchs/hus/topics/vaccination.htm>
- Challenger, Gray, & Christmas, Inc. (2020, December 4). *Flu in the workplace: About \$7B in lost productivity*. Retrieved December 27, 2022, from <https://www.challengergray.com/blog/flu-workplace-about-7b-lost-productivity/>
- County Health Rankings & Roadmaps. (2022). *County health rankings model*. Retrieved July 12, 2022, from <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/physical-environment>
- Edemekong, P.F., & Huang, B. (2022, October 24). *Epidemiology of prevention of communicable diseases*. National Library of Medicine, National Center for Biotechnology Information. Retrieved November 24, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK470303/>
- IndexMundi. (n.d.). Wisconsin population by county. Retrieved July 12, 2022, from <https://www.indexmundi.com/facts/united-states/quick-facts/wisconsin/population#map>
- Linnan, S., Paltzer, J., & Skalitzky, E. (2019, October 14). *The burden of binge drinking in Wisconsin*. University of Wisconsin Population Health Institute, School of Medicine and Public Health. Retrieved January 3, 2023, from <https://uwphi.pophealth.wisc.edu/wp-content/uploads/sites/316/2019/10/The-Burden-of-Binge-Drinking-in-Wisconsin-Full-Report-2.pdf>
- Medical College of Wisconsin. (2022). *Wisconsin alcohol policy project*. Retrieved January 3, 2023, from <https://www.mcw.edu/departments/comprehensive-injury-center/wi-alcohol-policy-project>
- National Children's Center for Rural and Agricultural Health and Safety. (2022). *2022 fact sheet - Childhood agricultural injuries*. Marshfield Clinic Health System. Retrieved November 23, 2022, from http://umash.umn.edu/wp-content/uploads/2022/06/2022_Child_Ag_Injury_Fact_Sheet.pdf
- National Institute on Alcohol Abuse and Alcoholism. (2022, March). *Alcohol facts and statistics*. Retrieved January 3, 2023, from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
- Ndeboc Fonkwo, P. (2008, July 1). *Pricing infectious disease: The economic and health implications of infectious diseases*. EMBO Reports. Retrieved November 28, 2022, from <https://doi.org/10.1038/embor.2008.110>

REFERENCES

- New York State Department of Health. (2007). *Communicable disease control*. Retrieved November 28, 2022 from <https://www.health.ny.gov/diseases/communicable/control/>
- Stacker. (2022, August 27). *Counties with the oldest homes in Wisconsin*. Retrieved October 12, 2022, from <https://stacker.com/wisconsin/counties-oldest-homes-wisconsin>
- United States Census Bureau. (n.d.). *QuickFacts: Clark County, Wisconsin; United States*. Retrieved July 20, 2022, from <https://www.census.gov/quickfacts/fact/table/clarkcountywisconsin,US/PST045219>
- United States Department of Agriculture. (2017). *2017 census of agriculture county profile: Clark County Wisconsin*. Retrieved July 20, 2022, from https://www.nass.usda.gov/Publications/AgCensus/2017/Online_Resources/County_Profiles/Wisconsin/cp55019.pdf
- Wisconsin Department of Health Services (2023, January 3). *Immunization: Rate data*. Retrieved January 4, 2023 from <https://www.dhs.wisconsin.gov/immunization/data/index.htm>
- Wisconsin Department of Health Services, Division of Public Health. (2011, Fall). *The burden of injury in Wisconsin*. Retrieved November 4, 2022, from <https://www.dhs.wisconsin.gov/publications/p0/p00283.pdf>
- Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. (2010, July). *Healthiest Wisconsin 2020: Everyone living better, longer*. Retrieved September 8, 2022, from <https://www.dhs.wisconsin.gov/publications/p00187-intro.pdf>
- Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. (2017, February). *Wisconsin state health assessment and health improvement plan 2017*. Retrieved November 23, 2022, from <https://bloximages.chicago2.vip.townnews.com/madison.com/content/tncms/assets/v3/editorial/f/48/f48021da-b5ae-53af-8946-49224b1d9e89/5928c89a732af.pdf.pdf>
- Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. (2022, August). *Wisconsin state health improvement plan transitional report*. Retrieved September 29, 2022, from <https://www.dhs.wisconsin.gov/publications/p01791.pdf>
- Wisconsin Department of Public Instruction (n.d.). *2019 county and regional reports*. Retrieved October 5, 2022, from <https://dpi.wi.gov/sspw/yrbs/online>

APPENDICES

Appendix A: [Clark County Community Health Survey 2021](#)

Appendix B: [Clark County Community Health Survey 2021 Participant Responses](#)

Appendix C: [Clark County Community Health Status Data](#)