



Lincoln County Health Department

Collective Impact Plan

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*Report developed by
Art Lersch*

*Community Resource Development Educator
University of Wisconsin – Extension, Lincoln County
&*

*Shelley Hersil
Lincoln County Health Department*

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INTRODUCTION & PLAN SUMMARY

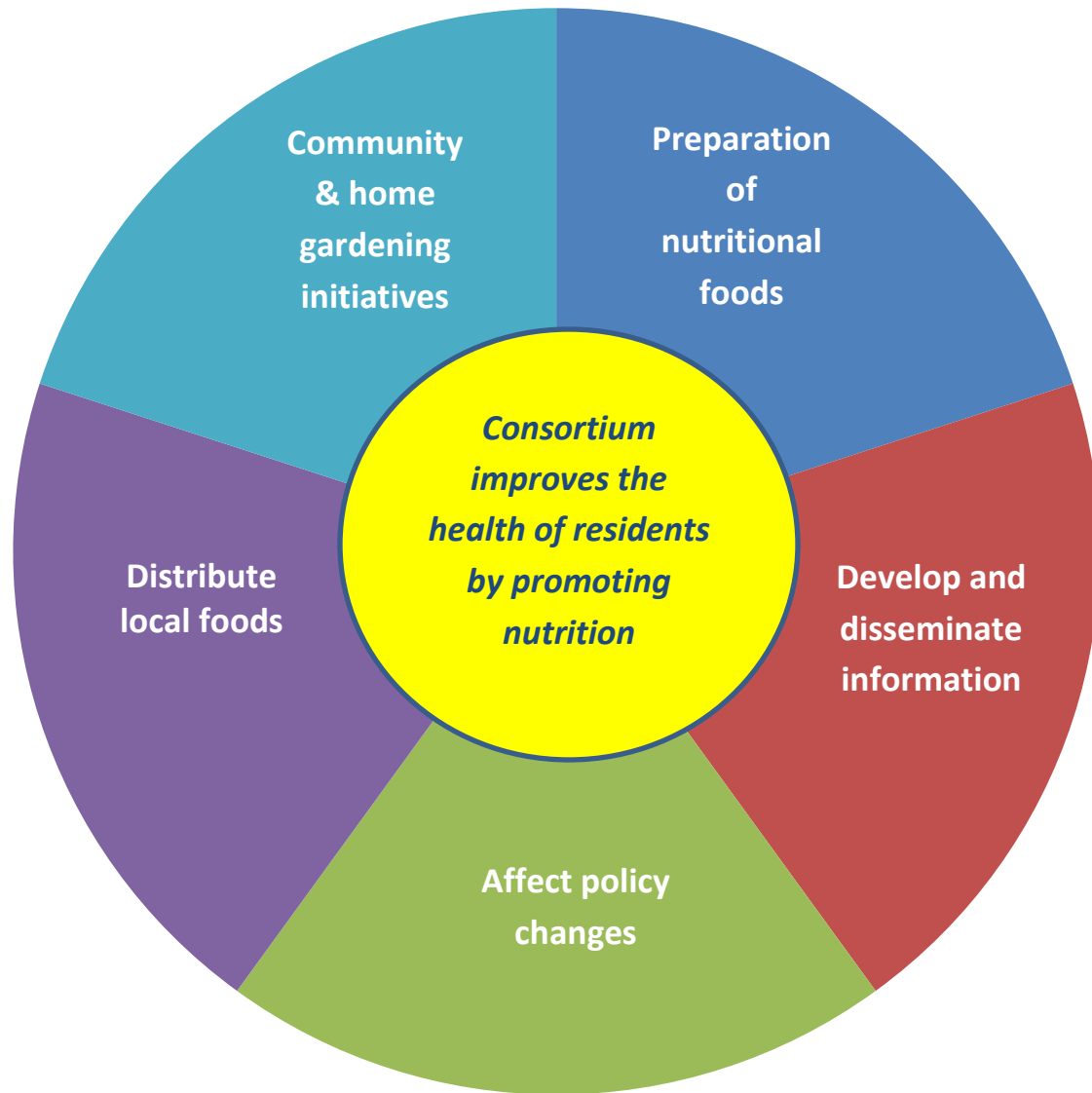
Access to nutritious foods and opportunities that help people learn how to properly prepare them is an important component of achieving healthier lifestyles. Based at least in part on the most recent county health rankings published by the Robert Wood Johnson Foundation and despite successful initiatives begun mostly in the last couple of years, Lincoln County is not yet doing enough to create widespread access to healthy foods nor the educational opportunities needed, especially for low income individuals, teens, seniors, and members of the local Hispanic/Latino population, to properly prepare them.

These are the primary conclusions of a group of healthcare and community representatives that gathered five times during the late winter and spring of 2015 to discuss what is preventing Lincoln County residents from achieving better health. Organizations participating in this collective impact planning process included most of the major health care players in the county. They were:

- Lincoln County Health Department
- City of Merrill (mayor)
- Tomahawk City Council
- Ministry Good Samaritan Health Center (Merrill)
- Ministry Sacred Heart Hospital (Tomahawk)
- Allied Health
- University of Wisconsin-Extension, Lincoln County
- HAVEN, Inc. (domestic abuse, sexual assault shelter)
- Trinity Food Pantry (Merrill)
- Ott's Garage (Merrill youth center)
- Marshfield Clinic, Merrill
- Jester Studio (Tomahawk)
- Merrill Area Public Schools (Head Start/Early Childhood)
- Tomahawk Public Schools
- City of Merrill Housing Authority
- Tomahawk and Merrill Chiropractors
- Center for Well Being (psychiatric services)
- Golden Living Skilled Nursing Services

During the meetings, a wide variety of topics were discussed. Much attention was focused on how better life choices begin with skills taught in early life, often ones that many county residents do not possess. Everything from a lack of self esteem to desires of suicide (the county suicide rate of 16/100,000 is five more than the state rate of 11/100,000) act as barriers to good decision making that can help prevent future health issues. Eating processed, non-nutritious foods is a conscious decision that is often reinforced by a dearth of healthy foods available, people not knowing how to prepare those healthy foods, or the inability to even pay for them.

In an effort to promote nutrition, the group created a collective impact plan that builds on what is already being done and takes initiatives to a much higher level. On the next page is a summary of that plan. The remainder of this report discusses how the plan was created and provides its details (pages 26-33).



PROCESS PART I (World Café)

An important part of the collective impact planning process was the initial generation of ideas. The following section explains how ideas were generated using the World Café model.

A total of 32 community stakeholders and health professionals gathered in both Merrill (March 10, 2015) and Tomahawk (March 11, 2015) to engage in deep conversations about what is preventing Lincoln County residents from achieving healthy lives. The World Café format was used to generate discussion around the following questions:

- **“Based on factors that influence health in Lincoln County, what are the most critical barriers preventing residents from being healthy?”**
- **“What are some measures that can be taken to eliminate barriers to becoming healthy, especially those relating to factors that influence health in Lincoln County?”**
- **“Based on factors that influence health in our county, what gaps in services, policies, or infrastructure exist that may be contributing to poor health and which are the most important to eliminate?”**
- **“What are some ways Lincoln County community organizations can work together (collaborative efforts) to eliminate barriers or gaps preventing people from being healthy?”**

Four groups of three to four people addressed each of the questions in round robin fashion. Rounds were 20-25 minutes long. Each table had a recorder who acted as primary note taker and reported out to the larger group after all the rounds were completed. The recorders stayed at the tables to debrief groups on the previous table discussions. Groups were instructed to identify new approaches or elaborate on ideas already recorded.

Below are the comments organized under discussion themes. Some comments are placed under more than one theme. Categories are based on this report author’s subjective judgment. Groups did not address the questions sequentially. An “M” at the end of a comment signifies that it was made in Merrill, and a “T” indicates Tomahawk. The primary themes were:

- **Nutritional Foods** (65 related comments) Participants in both Merrill and Tomahawk, but particularly the former, focused their discussions on how the lack of nutritional foods is a barrier to good health. In addition to the unavailability of such foods they stressed that many residents cannot afford nutritional foods even when available, they often do not know how to properly prepare them, and they lack the time to learn how to cook them.
- **Life Issues/Skills** (49 related comments) Most of these comments have to do with providing more life skills type training. The premise behind many of them is that an individual who can better deal with life's difficulties is more resilient both physically and mentally.
- **Mental Health** (41 comments) These comments refer to a wide variety of issues, with none being paramount. In general, several allude to a lack of local support on many fronts for people suffering from mental illness. Making it more acceptable for people to seek treatment for mental illness seems, based on Café discussions, to be a key component of improving residents' mental health.
- **Physical Fitness** (27 comments) Comments are focused primarily on making both indoor and outdoor exercise opportunities more readily available.

Other topics discussed included developing and more effectively disseminating information (22 comments), Internet availability to access telemedicine services and medical information (17 comments), dental issues (14 comments), general economic factors (14 comments), and transportation (9 comments). There were several comments that could not be categorized either because they are too general or their meanings are too vague. They are placed in each section under the heading "*General.*"

World Café participants were asked "**Based on factors that influence health in Lincoln County, what are the most critical barriers preventing residents from being healthy?**"

Nutritional Foods (23 comments)

- People don't know how to cook nutritious foods. (M)
- Processed fast foods are easier to make – down time/cheaper (M)

- People don't have necessary appliances to make food. (M)
- Education on how to prepare food – parents don't teach kids. (M)
- Cooking for one is challenging. (M)
- Spices – expensive – flavoring healthy foods difficult. (M)
- Limited food budget – can't afford to try new healthier foods – need samples! (M)
- Quality of fresh produce sometimes unpredictable. (M)
- Limited food budget – people don't care about healthy – just want food. (M)
- Schools are not teaching students about healthy foods consistently – or how to prepare (M)
- Food Share Cards – make foods accepted only healthier foods – not processed (state level) (M)
- Obesity in school children – measure BMI's – how do parents use information? How to integrate with MD's? (M)
- Food quality in schools is poor (M)
- Food for kids bags – need healthier food (T)
- Price of food in Tomahawk/budgeting (T)
- Lack of organic sources (T)
- Loss of good food (T)
- Food – healthy (T)
- Food/nutrition education (T)
- Crockpot class/demo (T)
- Dollars for education @ senior center for food demo (T)
- Monthly/weekly sale on certain items for a healthy recipe (T)
- School lunches – healthy (T)

Mental Health (19 comments)

- Do dental/mental health care providers accept BC? (M)
- Are people aware of dental/mental health services available? (M)
- Recognition/denial of mental health problems by person needing treatment (M)
- Stigma of mental health needs vs. physical needs (M)

- No mental health support groups (M)
- Mental health resources fewer for kids (M)
- People with mental illness – often negative, difficult – hard to be in support groups (M)
- People with mental illness – invades all of their life – difficult to get full benefits and resources. Can't follow through. No one to help them (M)
- Mental health issues – law protects them – can't force treatment or benefits (M)
- Mental health issues have distorted thinking – not clear (M)
- No “coach” for mental health patients, mental health management is changing (M)
- Phone system at social services – huge barrier to MH services (M)
- Mental health resources may be available – not expanded to hospital, clinics, and workplace (M)
- Support groups for family/caregivers of mental health patients & AODA (M)
- Mental health meds: will pharmacies mail meds? Transportation problems. Do they deliver? (M)
- Alcohol – AODA (T)
- Culture – cracking down on drug use (T)
- Mental Health – elderly/everyone lack of providers (T)
- Suicide/mental health/children (T)

Dental Care (8 comments)

- BC? Private pay? Percentage dental reimbursement is too large for people to afford
 - Hard to find sedation fee providers.
- Dental compensation for BC is much less than medical (M)
- Transportation – Bridge Dental must refer some dental care to Wausau (M)
- Do dental/mental health care providers accept BC? (M)
- Are people aware of dental/mental health services available? (M)
- Poor dental health – can't eat! (all foods) (M)
- Collaboration between MD's and DDS – do they refer? (M)
- Dental care –lower income (T)

Life Issues/Skills (7 comments)

- People in poverty are exhausted; stress is up – always solving problems – no time for creativity in food prep. Other core issues trump nutrition (M)
- Condition of housing – too much poor housing – rodents, mold, water – down nutrition – down mental health (M)
- Budgeting – poverty; know preventive incentives – need to budget proactively vs. reactively. Mental Health would improve – empowering people.
Insurances: Refills are “tight” (M)
- Time vs. money – educating on how to keep family healthy with limited time – single parent situation – breakdown of family values – busy (T)
- Education (T)
- Youth opportunities – social outlets – youth jobs(bar and grill/not great) (T)
- Housing – lack of good/clean housing to bring in better health options need better places to live (T)

Physical Fitness (4 comments)

- Walking – important for nutrition (weight control) and mental health – weather is a problem – cold-slippery (M)
- Lack of sidewalks to walk and talk out problems with friends (M)
- Unable to use schools for walking, exercise – schools can’t afford (M)
- Lack of promotion of activities (M)

Economic Factors (6 comments)

- People in poverty are exhausted; stress is up – always solving problems – no time for creativity in food prep. Other core issues trump nutrition (M)
- Budgeting – poverty; know preventive incentives – need to budget proactively vs. reactively. Mental Health would improve – empowering people.
Insurances: Refills are “tight” (M)
- Insurance system broken – abuse (T)
- Lack of insurance coverage (T)
- Deductible cost (T)
- Unemployment (T)

Transportation (2 comments)

- Transportation (T)
- Mental health meds: will pharmacies mail meds? Transportation problems. Do they deliver? (M)

Internet Availability (1 comment)

- Lack of Internet connections (T)

Develop/Disseminate Information (4 comments)

- Agencies, donors don't share information, resources not clear (M)
- Conflicting information by media on what is healthy (M)
- Lack of promotion of activities (M)
- School lunch program available in summer – poor participation (M)

General

- People put up “walls” toward new ideas and healthy recommendations (M)
- Less collaboration between food pantries and donators (M)
- Medication refills: insurances track but health care providers don't have information. High risk concerns – not always identified, available to HC providers (M)
- Kids' not getting sufficient food at school – can't have seconds - USDA rules kids don't like food (M)
- Kids on weekends lack food – parents responsible (M)
- Coop buying club (T)
- Over medication (T)
- Cost (T)

The next question pondered was **“What are some measures that can be taken to eliminate barriers to becoming healthy, especially those relating to factors that influence health in Lincoln County?”**

Nutritional Foods (25 comments)

- Schools: Need cooking classes. Financial education/budgeting, practical life skills learning, needs vs wants (M)
- More fresh produce available or affordable in stores, food pantries, convenience stores, gas station, school lunch and snack, New Kwik Trip – more produce, meant. Walmart more organics (M)
- Increase Farmer’s Market – Include vendors from outside Lincoln County (M)
- Community gardens where people learn and work together and all reap harvest (M)
- Find land for community gardens – in town. Raised beds near Pine Crest, school gardens (M)
- Use produce from gardens for school lunches and the backpack food program (M)
- Utilize local producers to supply school lunch (M)
- School Nutrition (T)
 - Nutrition isn’t adequate, education of choices,
 - Portion sizes for different ages – Tomahawk it is all schools by law
 - Education of my plate/portion
- Use central hub (big building) to have classes/physical activity; cooking classes, ability to bring all ages together) (T)
- Community Garden (T)
 - Get garden for school kids can learn about nutrition. Also school kids can use greenhouse to start seeds, community can be involved in summer, veggies back to school for lunches or health classes.
 - Recipe cards/samples to go with vegetables @ cooking classes/food pantries/gardens so not just school age students get education.
- Healthy foods have healthy effects (T)
 - Change of thinking of food choices
- Nutrition coalition (T)
- Education/ marketing of healthy options (T)
 - Cooking classes for all income levels
 - Different approach taken to reach all.

- Healthy options at restaurants (T)
 - Having healthy options for breakfast/lunch (how to change that? Social change also)
- Accountability (T)
 - Education of store owners to sell healthier options/provide signs to promote healthy- options/encourage better choices.

Mental Health (8 comments)

- Mental Health (T)
 - Education of where to go long-term/inpatient care
 - Taboo/stigma – education to eliminate this
 - Shortage of providers – especially for elderly (high priority – high retirement community)
 - Insurance coverage/underinsured
 - Misdiagnosed/treated
 - Community outreach to elderly/homebound
 - No community center/recreation center.
 - Get community center or use school (where may people on go) to get information about resources or use for physical activity (place to find partners to workout with).

Dental Care (1 comment)

- Dentists accept Badger Care (M)

Life Issues/Skills (14 comments)

- Get back to basics: For grade school agers, soft skills learning in clubs, 4-H, boy/girl scouts (M)
- Give willing volunteers opportunity to do coaching of soft skills (M)
- Build self-sufficiency and responsibility (M)
- Improve and expand educational opportunities (M)
- Improve “life skills” learning through coaching. Programs are not one sided. People need support to do what’s necessary to access help (M)
- Increase intrinsic motivation (M)

- Develop mentors to meet various needs: Job support, motivation, parenting, organizational and planning skills, writing resumes, interviewing, and computer/tech use (M)
- Assist young workers in understanding what it takes to get/keep/and succeed in their jobs. Keep skilled young people in Merrill – mentoring programs (M)
- Programs need to get “something back” from people they serve (M)
- Meaningful ways for people to give back after they receive help. Coach people to experience the “joy of giving”. Plant seeds of success – feeling pride in accomplishment and giving back to others. Giving back feels good (M)
- Building measurable milestones (M)
- Get high school students to teach tech classes (M)
- Schools: Need cooking classes. Financial Education/Budgeting, practical life skills learning, needs vs wants (M)
- Housing (T)
 - Inadequate, unclean – affects health (mental & others)

Physical Fitness (14 comments)

- Access schools for physical activity including PRMS pool – mentors to help people learn to access it (M)
- Finish the bike trail and safe access to the trail (M)
- Improve sidewalks/bike right of way (M)
- Sliding fee scale for community recreation resources. Pool, Council Grounds (M)
- Encourage outdoor play in all seasons for children and adults. Play coaches or mentors for parents (M)
- Increase community events that promote physical activity – fun runs/walks, biking (M)
- Low level activities along with community fun runs, etc. Incentives to participate (fit bits) (M)
- Feeling comfortable with an activity group for all levels and feeling community support (M)
- Limited active transport (T)
 - B-cycles, bike racks @ public places, bike trails (sore in Tomahawk), good/healthy sidewalks.
- Inactive Youth (T)
 - Having 5th. quarters after school/in Fall for Families/kids to be active(Kayak, ropes)
 - Organize youth day(bike safety or other ideas)
 - Leaf raking drive to have kids help elderly

- Have events host make it seem they are helping community and they are but also helping others (advertising individual)

Economic Factors (6 comments)

- Increase wages (minimum wage) (M)
- Create better paying jobs (M)
- Do a focus group of low income families to determine what their barriers are and how to overcome them (M)
- Job limit (T)
 - More jobs, incentives for youth to stay in community, cycle of poverty.
 - Downtown – putting in smaller businesses that employees kids and is a place they can go to network or shop/play at (helps mental health and provides community, decreases isolation).

Transportation (3 comments)

- Increase public transportation – Wheels to Work Program (M)
- Transportation (T)
 - TAIV van for disabled, getting more organizations involved to volunteer and pay for expenses.

Internet Availability (6 comments)

- Internet (T)
 - Need internet for everyone to get information, high speed, then have Facebook page for tomahawk – this is being worked on.
- Lacking internet (T)
 - Computers in different agencies/ fax machines/ phones and some help of how to use them – this can help people get jobs/make appt./socialize
 - Have tablets @ clinics for patient education to learn about health.
 - Utilize kids' tablets/computers to get information at school and take it home to family.

Develop/Disseminate Information (8 comments)

- Awareness of community programs and what they provide so referrals can be efficient and helpful (M)
- Central referral service (T)

- Letting citizens know where they can go for services.
- Question organization and promote committee link pages (T)
- Resources (T)
 - Knowing key contacts and knowing where dollars can be spent from grants and who would be best of use.
- Advertising/marketing individual (T)
 - They can make it appealing and have ideas to promote it.

General

- Support low income families with learning (M)
- Run MGR on weekends (M)
- Insurance coverage and payment (T)
 - education citizens on resources that are available (mental, dental, all health)
- Neighborhood awareness (T)
 - Checking in on neighbors/community
- School/Community communication/collaboration (T)
- Wisconsin well woman can use resources(going regional and need to know resources) (T)

Thirdly, the groups were asked to answer the following: **“Based on factors that influence health in our county, what gaps in services, policies, or infrastructure exist that may be contributing to poor health and which are the most important to eliminate?”**

Nutritional Foods (10 comments)

- Provide education; i.e. nutrition, in childcare setting. – Tied in with incentive (financial) (M)
- Farmer’s Market – families using EBT cards, incentives on fruits and vegetables (M)
- Restrict EBT card use of purchasing soda, bakery, “junk food” (M)
- Lack of vendors at Farmer’s Market at times (M)
- Access to affordable produce (M)
- Education on nutrition, health, safety – public access channel use (M)
- Availability of healthy foods (T)

- Increase grocery stores interest in access to healthy food options (grocery store tours) (T)
- Community Gardens/school gardens) (T)
- Farm to school (T)

Mental Health (7 comments)

- Mental health providers within hospital/clinic “setting” (M)
- How to get people the help (mental health) they need (if not capable) (M)
- Better referral system with mental health services (M)
- Availability of Mental Health? (Annex-NCHC? – who qualifies?) (T)
- Mental Health Line (T)
- AODA services – what is available? (T)
- Lack of education/complacency of mental health concerns by family and friends (T)

Dental Care (2 comments)

- Dental providers accepting all insurances; Badger Care, Medicaid (M)
- Restorative dental care at schools/community day (T)

Life Issues/Skills (12 comments)

- Work study program in school/i.e. technical skills – 20/20 program (8th. graders) – Merrill Students connecting w/Merrill industries, H.S. mentoring program (M)
- Wellness programs/policies at employers (M)
- Life skill programs through Tech Schools – Grade school level (due to cuts) – Education not legislatures, including school boards (M)
- Offer after school programs, access youth groups; i.e. Boy Scouts, Girl Scouts, Financial literacy, cooking, basic life skills, conversation skills, manners, church groups – Gap Transportation (bussing). Piggy backing with summer school – community connection program; i.e. life skills – H.S. students helps with classes (M)
- Ott’s Garage (M); *(Note: An assumption is made that this comment refers to the services the agency provides.)*
- Expanding cooking classes – WIC coming spring 2015, Head Start (currently Food pantry) (M)

- Expanding Farmer’s Market; i.e. cooking classes, (Home and Community Education/Live Sustainable) and outside Lincoln County providers, food demonstrations, entertainment, expanding hours (M)
- Environment, i.e. living conditions (M)
- Community Benefit outreach on Health Care (Badger Care), economic support, social services) (T)
- Social opportunities for youth (T)
- Homeless shelter/low income housing (T)
- Housing Rentals (good housing) not available – no internet – Do they cook? What is the current policy? (T)

Physical Fitness (5 comments)

- Walking “trails” availability during winter. Currently MARC, Wal-Mart (M)
- Sidewalks being shoveled consistently – schools letting/opening for walking (H.S. Fieldhouse) (M)
- Sidewalks, crosswalks throughout the city – Riverside Avenue (M)
- No YMCA Rec Dept. (T)
- Marketing existing services/programs for full use(bike trails)(individual collaboratively) (T)

Economic Factors (0 comments)

Transportation (2 comments)

- Transportation; limited bus schedule and cab fare up. Incentives if access health resources (M)
- Transportation to medical/dental (all age groups) – can’t drink no car cost of gas) appointments (T)

Internet Availability (5 comments)

- Telemedicine (expand) – md visit via technology similar to SKYPE (M)
- Gap could be internet coverage (cable, Verizon, dish/direct) (M)
- Availability of public/free internet services (M)
- Internet not available (T)
- Housing Rentals (good housing) not available – no internet – Do they cook? What is the current policy? (T)

Develop/Disseminate Information (4 comments)

- Develop process to assure dissemination of info from different organizations and facilities (ph, hospital, coalitions) (T)

- Identify who needs the information and what is the best way to get it to them. (barriers – lack of internet, phone, transport) (T)
- Assemble a resource manual that is annually updated to assure it is current and accurate and get it in the hands of all organizations that individuals may access (Merrill Free Clinic, MMG Clinics, dental offices, P.H. Social Services). Include contact names/ numbers, resource availability, (i.e. library for internet, school, track, gym, hotel use) (T)
- Investigate access to computers in kiosk's in hospital/clinic lobbies, schools, senior center, and community bank (T)

General

- Education on nutrition, health, safety – public access channel use (M)
- Education to legislatures about need for incentive programs (M)
- Assisted Living care facilities accepting Medicaid – (yes family care) (M)
- Collaboration on food pantry resources: Trinity, New Testament, Merrill Food Pantry (M)
- Providers offering family appointments (all in one day) (T)
- Better Way to Communicate to all residents current resources – (HMO's events boards) (T)
- Expand backpack summer and on-going program (T)
- School resources and availability – funding to maximize use (T)
- Food pantry – sufficient access (T)
- Referral services for residents to call (T)
- Participate in the regional community health needs assessment group (currently – 4 hospitals, Oneida, Forest, and Vilas Public Health) (T)
- Improve collaborative working relationship with school district and other partners (T)
- Identify grants/funding availability and assistance with application. Assess capacity to write and use these funds (T)
- Market our needs – develop plan to involve community members who may not be aware of needs/wants – don't forget senior center (T)

The last question was **“What are some ways Lincoln County community organizations can work together (collaborative efforts) to eliminate barriers or gaps preventing people from being healthy?”**

Nutritional Foods (7 comments)

- Positive outcome – county market and LCHD with nutrition display (M)
- Schools/UWEX/LCHD look at kids’ knowledge of healthy activity and nutrition (M)
- Trailhead – get farmer’s market (farmers, City Park & Rec. Department and Good Sam) (M)
- MAPS – DARE, nutrition education in schools, lighted school house – how to get there when parents are there (M)
- Nutrition condition: Cooking demos @ WIC and Head Start in May 2015 (UWEX, Good Sam, food pantries (3) right now only 1 (M)
- Sugar out day/oral health coalition (M)
- City provides low interest home loans or down payment help and homeowners education (city housing authority) (M)

Mental Health (7 comments)

- Education about impact of sexual assault, for mental health of victims – SANE Nurses – Good Sam (M)
 - Online dating
 - Poverty
- River Bend Trail – letting disabled know they can use it, lighting – citizens use for social use(good for mental and physical health) (M)
- Food Pantry and drug and alcohol agencies(how to bring up topic and where to help) (M)
- Mental Health – incentive for grants to start to go into business/provide care/field to tuition payback. Gov. provider base (M)
- Employee rec of mental health issues and how workplace can be supportive and take next step to get individual help (employers and LCHD, other mental health providers) (M)

Dental Care (3 comments)

- Food pantries and dental clinics – what is offered and payment (M)
- Sugar out day/oral health coalition (M)
- Think outside of the box – toothbrushes available at food pantry, clinics, health fairs, home shows (T)

Life Issues/Skills (16 comments)

- Childhood trauma – HAVEN, school counselors, others interested? (M)
- Environment for children, drug & alcohol, education of trauma – where to go (M)
 - Cities(inspectors go to home to look at environment)
 - Children’s hospital of WI
 - Clinic provider and home inspector/LCHD if concerns of trauma, social services.
 - Schools notify agency of trauma possible.
- Interagency meetings focusing on health issues of ALL community members (3-4 times per/yr.) (M)
 - Specific issues to correct agencies can be at table working on problem
- Mandatory budget class (UWEX, Social Services, banks housing authority, Trinity Church) (M)
- Life style coaching for teens/youth: (M)
 - Cooking, people skills.
 - Hope Resource for sexual assault/drugs.
 - Agencies with incentives.
 - Family video and agency to provide education and incentive.
 - Older adults (housing authority) can also go cross generational gap.
- City provides low interest home loans or down payment help and homeowners education (city housing authority) (M)

Physical Fitness (4 comments)

- River Bend Trail – letting disabled know they can use it, lighting – citizens use for social use(good for mental and physical health) (M)
- Schools/UWEX/LCHD look at kids’ knowledge of healthy activity and nutrition (M)
- Access to field house for walking (citizens, MAPS) (M)
- Better promotion of events – bike trails, sports – collaborate with tourism industry – focus on existing events as well as creation of new events – how can our goals be incorporated into these (Chamber of Commerce), (Tomahawk Main Street) (T)

Economic Factors (2 comments)

- Increase in minimum wage (M)
- Increase in availability of education for citizens to fill jobs (tech, employers) (M)

Transportation (2 comments)

- Transportation to get youth to Ott's (M)
- Develop/explore options for shared or public transportation (T)

Internet Availability (5 comments)

- Increase access to internet(UWEX, MAPS, library, health center) (M)
- Church Mutual? Flipping/rec. computers (M)
- Utilize local and law enforcement, collaboratively work with them for school education on injury, deaths, and drugs (T)
- Education for the caregiver – resources, needs, planning ahead and being prepared (T)
- Draw focus to the schools as a “hub” for disseminating information (T)

Develop/Disseminate Information (6 comments)

- Pamphlet of health resources (M)
- Health Department or clinics information at all Food pantries (free mam or shots) (M)
- Resource guide, education of what agencies do (M)
- After school/summer schools – get my agency (churches/Haven, Parks and Rec, 4-H, Girl/Boy Scouts to talk about their agency and give some education called community connections (M)
- Sexual assault and all access channels for resources (don't have to leave home) (M)
- Explore possibility of central referral agency – one go-to place or one central phone number (T)

General

- Police work with HAVEN, schools, LCHD.
- Health Department goes into schools overloaded.
- Public access channel:
 - All agencies can use
 - Increase use
 - Gets to rural areas
- Increase travel coverage area and times (employers provide buss pass)
- Knowing what other agencies do

- City
- Sponsors
- Pine Crest
- Mobile to rural areas(all agencies)
 - Mini wellness check, send referral sheet (tech can p.o.) – tech students.
 - Dental and Food pantries.
- Wal-Mart educational classes (agencies have space to hold classes/provide samples)
- Agency train staff or provide samples/recipes
- Library and senior classes; also in places where they live
- Community members support each other and provide resources, needing to have a sense of community ALL.
- Access the faith based community for participation in these efforts, (lock-ins, 5th. Quarter example from Merrill, after Prom gatherings).
- Organize meeting with decision makers of local organizations, (school district, chamber, local industry) to tap into their resources and ability to assist to meet our goals.
- Promote area as a good place to retire; mental health, recreation and provide what a retired person needs.

PROCESS PART II (Collective Impact Planning)

The second part of the process consisted of the participant group beginning to narrow down World Café generated ideas in an effort to identify priorities based on their potential impact (high) and how effectively a collaboration of the agencies represented can address those issues.

Building off a foundation that was created during the World Café events, 20 organization representatives from both the Merrill and Tomahawk areas met in Merrill on March 26, 2015. The organization representatives participated in an action planning process designed to select and develop strategies to implement one or two high impact projects that they can work on together aimed at markedly improving health care access and the overall health of county residents. The project gained in significance as stakeholders learned the county was still in early 2015 ranked 58th in health outcomes and 43rd in health factors out of Wisconsin's 72 counties (Robert Wood Johnson Foundation).

Next, those in attendance discussed at greater length which ideas mentioned at the Cafes should be pursued based on the strengths each organization brings to the table. Attendees were asked to discuss these ideas within the context of which had the most potential to improve access to health care and residents' health, which are root causes of why people cannot or will not access health care, and which could be pursued using a collective impact approach (collaborative capacity). Group members focused their discussion on the general topic of "improving life skills." "Improved life skills," many in the participant group agreed, leads to better decision making. Using a modified appreciative inquiry process, what they specifically talked about is below.

- **Life Skills;** e.g. cooking nutritious foods, budgeting, how to find/hold a job, resume' development, learning problem solving skills. This type of education helps make people more resilient to life's challenges. By becoming more resilient, studies have shown they will be more proactive taking care of themselves and seeking medical attention when needed. Possessing ample life skills leads to people making better choices. They become more able to support themselves. All this, group members seemed to agree, will help promote safer communities as well. The Lincoln County Health Department, in collaboration with other agencies in the county, currently utilizes a few fundamentals of the "Life Course" to help analyze and reverse behaviors that can lead to poor decisions. Course elements focus on the department's current health priorities of improving county residents' oral health, mental health, and nutrition. Many in the group indicated that they felt something like this course could provide a framework for helping residents become more proactive. Lack of life skills, they agreed, is a root cause of not seeking health care and poor health in general.
 - Build on current initiatives such as the Parent Support Network (child development and safe sleep), nutrition education being provided through Good Samaritan Health Center and UW-Extension, and/or the Life Course focus areas.
 - Help residents better identify what their health needs are and improve their willingness to seek the help they need. Focus on teaching people about simple preventative measures that can be taken to help avoid health issues (e.g. brushing at least twice a day; flossing; annual medical and dental checkups, etc.).
 - Provide people with much more information about the local resources that are available to, for example, help them improve their mental health, their nutrition, and oral health. Revise and maintain the activity guide that was available a few years ago. Establish and maintain more of a local 211 type system. Strengthen the referral network that already exists. Plan to maintain and replenish a support system to help bring people along.

- Do more to advocate for area job creation.
- Educate people about self-worth. Promote the notion, especially in schools, that everyone has something to contribute.
- Help to develop more life skills training in schools using tools such as Junior Achievement and 7 Habits of Highly Effective People. Help schools determine how these kinds of programs can be integrated into existing curriculums (e.g. teach household budget as part of math classes).
- Work in collaboration with other agencies to create more local parks and recreation opportunities to help improve both physical and mental well-being.

➤ **Connecting residents to county health care resources;** Those in attendance agreed that the current 211 system, not based in Lincoln County but in Marathon County, does not do an adequate job informing residents what is available where and when. They agreed that the web – based system once maintained by UW-Extension was far more effective. Maintenance of that system was for the most part ongoing, whereas the current system is not kept up to date mainly because it is based out of county. Extension stopped offering and maintaining the web – based option when 211 was instituted. The group identified various ways of how to more effectively distribute information about resources and how to access them.

- Use social media, perhaps utilizing the Health Department Facebook page as a jumping off point. (It was asserted that the county has an aging population and that many elderly are not comfortable nor do they have any interest in using the Internet.
- Establish a county-based helpline similar to 211 (ongoing maintenance by the person/people answering the phones)
- Find out first how people want to receive their information
- Partner with local libraries and other institutions (like Tomahawk Community Bank) offering the use of computers to get Internet based information to residents. (These entities have people that train customers how to use computers).
- Improve the phone service and Social Services. The wait is currently too long. It needs to be more efficient.
- Educate people on the difference among the services offered (e.g. What is the difference between Social Services and the Northern Consortium?)
- Organizations need to share information with one another about what they provide.
- Create a mentoring system for those who need assistance.

- **Nutrition;** The discussion morphed into one that focused heavily on improving nutrition as a necessary life skill leading to better health. There were comments that several agencies that are participating in this collective impact planning are already working to improve access to healthy foods and teaching people how to cook them. But they expressed the need to do much more, including expanding efforts into the northern part of the county, particularly the Tomahawk area. Besides expanding these programs, agencies represented in the planning process indicated that they intend to affect policy changes that will profoundly influence residents’ eating habits.

PROCESS PART III (Finalizing Collective Impact Action Planning)

The final two sessions held in Tomahawk (April 14, 2015) and Merrill (May 12, 2015), were devoted to solidifying the priority and planning how the “consortium” of organizations represented in the planning could improve the health of residents by promoting nutrition. Below is a table listing strategies and action plans to carry them out. Partners and collaborators are listed along with subcommittee members, initial tasks, and suggested impact indicators. It is the intent of the consortium to communicate short-term outcomes and impacts no later than a year into the project, with more long-term behavioral changes leading to healthier citizens beginning no later than the fifth year after implementation is begun. (Unless otherwise noted, tasks will be assigned to individuals by subcommittees).

Priority: Consortium improves the health of residents by promoting nutrition

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
<p><i>Develop more community and home gardening initiatives</i> (Note: The group agreed that the timeline will be dictated by the acquisition of funding. A grant requesting \$50,000 for community garden has been submitted with an expected answer sometime in mid – June 2015. A Rural Hospital grant proposal will be submitted</p>	<ul style="list-style-type: none"> Lincoln County Health Department University of Wisconsin – Extension (Agricultural educator) <p>(Note: UW-Extension and the Health Department will share lead party</p>	<ul style="list-style-type: none"> Schools Pine Crest Nursing Home City governments (land acquisition) County’s five food pantries Kinship Merrill and Tomahawk warming centers Our Sisters’ Homeless shelter Backpack programs 	<ul style="list-style-type: none"> Apply for the Rural Hospital grant (July 2015; local hospitals with Health Department) Finalize negotiations and logistics for Pine Crest Nursing home (county owned) as initial site for community garden (UW – Extension and Health Department in collaboration with county oversight committee and Pine Crest administration) 	<ul style="list-style-type: none"> Grant dollars obtained to support the development of community gardens (short term) Consistent increases in the next three years of the number of community gardens, their output, and the number of people involved in them (short and medium – term) (Note:

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
<p>sometime in July by the Health Department and Ministry Hospitals in Lincoln County).</p>	<p>responsibilities. Shelley Hersil of the Health Department will act initially as convener.)</p> <ul style="list-style-type: none"> • Good Samaritan Health Center • Sacred Heart Hospital 	<ul style="list-style-type: none"> • Live Sustainable Lincoln County • Master Gardeners • United Methodist Church/Tomahawk • Churches • Merrill Housing Authority 	<p>(Note: The bullet above assumes that the \$50,000 grant is awarded)</p> <ul style="list-style-type: none"> • Subcommittee to research grants in conjunction with the Live Sustainable group • Continue and attempt to increase nutrient management trainings specifically geared toward community and home gardening (UW – Extension) • Identify low income individuals to mentor as community or home gardeners • Implement gardening mentoring program <p>Subcommittee Members:</p> <ul style="list-style-type: none"> ✓ Shelley Hersil – Health Department (initial convener) ✓ Dan Marzu – UW-Extension; supporting role ✓ Paula Gebauer – Ministry Sacred Heart Hospital ✓ Jackie Firkus – Ministry Sacred Heart Hospital ✓ Jane Bentz – Ministry Good Samaritan Health Center ✓ Paula McIntyre – St. Stephen’s UCC member 	<p>Increases in home gardens can be measured but will be very difficult)</p> <ul style="list-style-type: none"> • Reported increases in the amount of community garden foods being supplied to food pantries and similar organizations making food distributions to low-income residents (short and medium-term) • Reported increases in the amount of community garden food consumed (short and medium-term) • Dollars saved on grocery bills during the growing season (medium-term; What are the savings being used for?) • Positive health changes are attributed at least in part to people increasing their intake of community and home garden foods (medium and long-term) • Those in the program report greater food security (long-term)

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
			<ul style="list-style-type: none"> ✓ Betty Anne Tubbin – Live Sustainable Group and Master Gardeners 	
<p><i>Expand a current program focusing on teaching residents, especially those who have low –incomes, how to prepare nutritional foods</i> (Note: Some initiatives have already begun by consortium partners but no formal subcommittee has been developed until now. That subcommittee will begin meeting the summer of 2015).</p>	<ul style="list-style-type: none"> • Good Samaritan Health Center (<u>lead party and convener</u>) • Sacred Heart Hospital • University of Wisconsin – Extension (Family Living and Nutrition Education) • HAVEN • Lincoln County Health Department • Ott’s Garage • Dieticians (hospitals and clinics) • Chiropractors 	<ul style="list-style-type: none"> • Comunidad Hispana (venue) • Lincoln County Social Services • WIC (Women, Infants & Children program) • W2 (Forward Services Program) • Merrill Go-Round (transportation to classes) • Merrill Housing Authority (senior housing facilities) • Schools (class venues) • Churches (possible class venues) 	<ul style="list-style-type: none"> • Determine if there are other audiences (besides those listed in the introduction of this report) to target e.g. those in senior living facilities such as Park Place in Merrill, foster care/independent living programs; obtain information from Social Services • Use HEAL grant already obtained by Good Samaritan to do more educational programming by the end of June 2015 (Good Samaritan Health Center and UW-Extension) • Develop and conduct programs for low income teens (Good Samaritan Health Center, UW-Extension, and Ott’s Garage Youth Center) • Conduct cooking demonstrations at local farmers markets • Obtain more grants to support the expansion of this education <p>Subcommittee Members ✓ Jane Bentz – Ministry Good</p>	<ul style="list-style-type: none"> • Attendance in these classes continues to be strong as additional incentives to come are offered (short-term) • Number of repeat attendees (evaluate why they returned; Is it just because of the incentive?; (short-term) • What did attendees learn in the classes? (short-term) • How do attendees intend to use what they learned? (short-term) • How did attendees use what they learned? (Especially those from a previous class; medium term) • Have attendees changed their eating behaviors to include more nutritional foods on a regular basis and to lessen or eliminate less

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
			<p>Samaritan Health Center (co-convener)</p> <ul style="list-style-type: none"> ✓ Meghan Young-Williams – UW-Extension and Health Department (co-convener) ✓ Tammy Hansen – UW-Extension ✓ Bryan Federitz – Ministry Sacred Heart & St. Mary’s Hospital ✓ Amanda Kostman – UW-Extension (food preservation) ✓ Julie Jensen – Ministry Sacred Heart Hospital ✓ Justin Novitski – Ott’s Garage 	<p>nutritional foods? (long-term)</p> <ul style="list-style-type: none"> • Do attendees believe that their health has improved due to the changes they have made in their eating patterns? (long-term)
<p><i>Develop and disseminate information about nutrition</i> (Note: New subcommittee to meet the summer of 2015).</p>	<ul style="list-style-type: none"> • Lincoln County Health Department (<u>lead party and convener</u>) • University of Wisconsin – Extension (Family Living and Nutrition Education) • Good Samaritan Health Center • Sacred Heart Hospital • Marshfield, Ministry, and Aspirus Clinics • Ott’s Garage (adapt information for teen 	<p>Mainly for distribution</p> <ul style="list-style-type: none"> • Free Clinic • Grocery stores • Convenience stores • Delis • Whole and organic food sellers • Work sites • Health insurance carriers • Social Services Departments • Senior/Enrichment Centers • ADRC • HAVEN 	<ul style="list-style-type: none"> • Compile HMO and wellness contacts • Contact HMO and wellness entities to ask if information can be placed in those facilities • Approach Piggly Wiggly and other grocery stores (How best to disseminate information in those stores?) • Distribute recipes during the Harvest of the Month program • Obtain grants to support interns 	<ul style="list-style-type: none"> • What additional organizations are receiving and distributing the information? (short-term) • Evidence that these organizations’ clients are learning from the information (medium – term) • Evidence that those receiving the information have changed their eating habits based on what they learned (medium to long-

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
	audience)	<ul style="list-style-type: none"> • Merrill Warming Center • Tomahawk Warming Center • Kinship • WIC Program • W2 (Forward Program) • Our Sisters’ House Homeless Shelter • Public school districts and parochial schools • Other support agencies such as both Salvation Armies, Comunidad Hispana, Merrill Area United Way, St. Vincent DePaul, North Central CAP, Lincoln County Homelessness Task Force/represented organizations • Doctors and chiropractic offices 	<p>would will work on these projects</p> <ul style="list-style-type: none"> • Update current materials and redesign as needed • Continuously review best practices and apply them in Lincoln County when it makes sense (design of materials, methods of distribution, etc.) • Rejuvenate campaign to reduce portion sizes at home and in restaurants <p>Subcommittee Members</p> <ul style="list-style-type: none"> ✓ Brigid Flood – Health Department (convener) ✓ Sue Weith – Retired health care provider ✓ Peggy McDowell – to contribute artistic work ✓ Amanda Kostman – UW-Extension ✓ Barb ? – County Market Grocery ✓ Pam Melander ✓ Paula McIntyre – Marshfield Clinic 	<p>term)</p> <ul style="list-style-type: none"> • Have county residents, especially those who have changed their eating habits, lost weight? (Lincoln County obesity statistics; 31% of adults in 2015 considered obese/County Health Rankings; down to 25% by 2018; long-term) • Do those who have changed their eating habits feel healthier than they have in the past? (long-term)
<p><i>Affect policy changes (some could be related to distribution of local foods)</i> (Note: First meeting of the subcommittee to take place</p>	<ul style="list-style-type: none"> • Lincoln County Health Department • UW-Extension • Ministry Sacred Heart Hospital 	<ul style="list-style-type: none"> • Public and parochial schools • Grocery stores • Convenience stores • Farmers Markets 	<ul style="list-style-type: none"> • Work with various organizations to identify policies that promote poor nutritional choices • Identify barriers preventing 	<ul style="list-style-type: none"> • The number of organizations willing to discuss and then implement policy changes based on the consortium’s efforts (short-

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
<p>between November 2015 and January 2016).</p>		<ul style="list-style-type: none"> • Work sites • Whole and organic food sellers • State legislators 	<p>organizations from offering healthy foods</p> <ul style="list-style-type: none"> • Work with various organizations, including companies and businesses, to identify policies that promote good nutrition choices • Create and implement strategies to eliminate barriers, to eliminate poor policy, and to establish good policy • Focus efforts on working with schools to get them to change their policies, including offering healthy food rewards for incentives to read more, etc. • Create and distribute messages aimed at influencing individual behaviors <ul style="list-style-type: none"> ○ Portion sizes (rejuvenate campaign to reduce portion sizes at restaurants and in the home) ○ Inappropriate mixing of foods (in schools, if unhealthy mixed with healthy, students throw away the healthy) ○ Moderation (okay to have certain foods but only in moderation) ○ Pressure; others are offering these healthy choices so why 	<p>term)</p> <ul style="list-style-type: none"> • What specific policies has the consortium helped to change and how? (medium-term) • What are the impacts of those policy changes? (long-term)

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
			<p>can't you do something similar?</p> <p>Subcommittee Members</p> <ul style="list-style-type: none"> ✓ Peggy McDowell (initial convener) ✓ Amanda Kostman – UW-Extension ✓ Brigid Flood – Health Department ✓ Meghan Young-Williams – UW-Extension (if policies affect low-income residents) ✓ Tammy Hansen – UW-Extension (if policies affect low-income residents) ✓ Rejeana Ebert – Tomahawk community stakeholder ✓ Paula Koelsch – Parkside Pre-school ✓ Paula Gebauer – Ministry Sacred Heart Hospital ✓ Jennifer Freyer - PH dentist and MAPS parent ✓ Marilyn Zastrow – MAPS Head Start <p>(Note: The group will ask Paula Gebauer to be its convener).</p>	
<p>Promote the distribution of local foods (Note: The group agreed that prompt to purchase efforts that</p>	<ul style="list-style-type: none"> • Lincoln County Health Department (<u>lead party and convener</u>) • Good Samaritan 	<ul style="list-style-type: none"> • Grocery stores • Convenience stores • Merrill (St. Vincent DePaul, Trinity, etc.) and Tomahawk food pantries 	<p>(Note: Specific tasks and subcommittee members will be determined when the coalition is ready to pursue this strategy).</p>	<ul style="list-style-type: none"> • Number of food sellers willing to stock and sell local foods (medium-term) • Evidence over time of

Strategy and Timeline	Consortium Partners	Collaborators	Tasks and who will do them	Suggested Impact Indicators
<p>the Health Department is already leading will be important to continue and can form the basis for promoting the actual distribution of local foods. However, of the five strategies to be carried out, this is not to be addressed until the others are well into implementation stages.)</p>	<p>Health Center</p> <ul style="list-style-type: none"> • Sacred Heart Hospital • HAVEN (to clients) 	<ul style="list-style-type: none"> • Merrill and Tomahawk Salvation Armies • Farmers markets (use of EBT) • Schools • Organic and bulk food sellers • Restaurants • Greenhouses • Backpack programs • Nursing homes • Walmart • Churches • Taher Foods • To Your Health and other sellers of bulk or organic foods • Organizers of Breaking Bread and other community meals • Farmers • Russ Davis Wholesale 		<p>increased sales of such foods at the various venues where managers have made a concerted effort to stock them (medium to long-term outcomes)</p> <ul style="list-style-type: none"> • Evidence over time that residents (customers of these places) have modified their eating patterns (medium to long-term) • Testimonials and other data from these customers that eating healthier has led to them feeling better and having fewer health issues and concerns (long-term)

HEALTHY PEOPLE LINCOLN COUNTY 2015 SURVEY RESULTS (Nutrition)

Group members were provided with the following summary of results about residents’ nutritional habits. 443 residents completed the survey either on-line or by a hard copy through agencies serving the general public, low income, older adults and families, in February through March 2015 (see Appendix A beginning on page 36 for complete survey and results). Although no surprises are contained in the results related to nutrition, they will help to inform the subcommittees as they move forward with their work. It is worth pointing out that “cost” was mentioned as the most significant barrier preventing people from obtaining healthy foods. The strategies and tasks meant to carry them out are designed to make local healthy foods more available and presumably more affordable.

Nutrition

1. Do you have access to affordable and healthy food?
 - a. Yes (90.7%)
 - b. No (6.1%)
 - No answer (2.9%)
 - Invalid (0.02%)
2. Where do you buy your food? (Circle all that apply.)
 - a. Grocery store (94.6%)
 - b. Convenience store (20.8%)
 - c. Farmers market (27.3%)
 - d. Food pantry (11.7%)
 - e. Meals on Wheels (3.8%)
 - f. Grown (community garden) (2.3%)
 - g. Grown (personal garden) (21.9%)
 - h. Other (1.7%): Friends & Family (2), Hunt (4), Restaurant (2), Health Food Store (4), Senior Center, Coop (2), Walmart (3), Friend/Family Garden (4), Alde's
No answer (2.9%)
Invalid (0%)
3. What is the biggest barrier for you to have healthy foods? (Circle one answer.)
 - a. No barriers (57.8%)
 - b. Cost (28.2%)
 - c. Limited health options (0.09%)
 - d. Lack of transportation (0.04%)
 - e. Lack of knowledge on what is "healthy" (0.04%)
 - f. Lack of knowledge on how to prepare food (0.07%)
 - g. Lack of appliances to prepare food (0.04%)
 - h. No time (2.5%)
 - i. Language barrier (0%)
 - j. Other (0.07%): Nursing home, Don't like vegetables, short shelf life
No answer (4.3%)
Invalid (3.6%)

Conclusion

The most important factor that will lead to the successful implementation of this plan is that most of the coalition members already work with nutrition related issues on a consistent basis. In some cases, they have already begun to implement the strategies listed in the plan. Together, their efforts will help generate greater awareness of how the consumption of locally grown foods can help prevent health issues. Almost as important, a vibrant local foods market will help create numerous other benefits, not the least of which is a stronger local economy and relatedly more entrepreneurial activities around the selling of nutritional foods.

The fact that subcommittees are already in place will help ensure that the plan is implemented. Creating specific evaluation tools based on suggested impact indicators, a logical next step, will help the coalition point to successes, even early in the implementation stage, that will attract additional resources such as other partners and funding for this important cause.

Appendix A; Healthy People Lincoln County Health Survey - 2015

(for Lincoln County residents 18 years and older)

Lincoln County Health Department (LCHD) and community partners are committed to working together to create a healthier county for all. We hope you will take time to complete and return this anonymous survey.

If you have any questions, please contact LCHD, 607 N. Sales Street, Suite 101, Merrill, WI 54452; phone at 715-539-1360 or email shersil@co.lincoln.wi.us.

Please circle your answers.

A total of 443 respondents filled out the survey (Hard copy=285; Online=158).

N: Number of responses.

Note: Percentages will be very near but won't add up to 100% due to rounding.

Health Care

1. How long has it been since you last visited a doctor or medical provider for a routine checkup (physical exam not an illness or condition)?
 - a. Within the past year (82.8%)
 - b. Within the past 2 years (6.8%)
 - c. Within the past 5 years (2.7%)
 - d. 6 or more years ago (3.4%)
 - e. Never (0.09%)
 - f. Don't know (2.5%)
No answer (0%)
Invalid (0.09%)

2. Where do you get your primary health care from?
 - a. Clinic/hospital (90.1%)
 - b. Emergency Department (0.02%)

- c. Fast Care (i.e. Shopko, CVS) (0%)
- d. Free Clinics (0.07%)
- e. Clinics that take Medicaid (low income) (3.8%)
- f. Urgent Care (0%)
- g. Other: (2.9%) VA (3), Homeopath (2), Nursing Home, None (3), Family doctor (2)
No answer (0.02%)
Invalid (2%)

3. How do you pay for your medical bills? (Circle all that apply.)
 - a. Health insurance through employer (41.8%)
 - b. Self-paid health insurance plan (22.1%)
 - c. Community care (1.1%)
 - d. Medicaid (13.8%)
 - e. Medicare (35.2%)
 - f. Out of pocket (21.2%)
 - g. Sliding scale (0.02%)
 - h. Other (6.5%): Parents (4), Badgercare (4), Forward Health (2), Supplement (4), VA (6), Tricare (3), Senior Care, Humana 2nd, Healthcare Reform, I don't know
No answer (0.04%)
Invalid (0%)

4. What is the biggest reason or barrier why you don't seek healthcare? (Circle one answer.)
 - a. No barriers (55.3%)
 - b. Cost (no insurance, high copays or deductibles) (21.7%)
 - c. Lack of transportation (1.2%)
 - d. Lack of doctors/medical providers (0.02%)
 - e. Lack of family support (0.02%)
 - f. Lack of knowledge (0.02%)

- g. No time (4.7%)
- h. Fear or lack of trust (2.5%)
- i. Language barrier (0.05%)
- j. Other (3.6%): Overcharge, Just married, Already have healthcare, Nursing home, healthy, seek help when needed
No answer (7.2%)
Invalid (2.7%)

Mental Health

5. During the past 30 days, how many days did you not feel well, mentally (includes stress, depression and problems with emotions)?
- a. 0 (46.5%)
 - b. 1-5 (34.3%)
 - c. 6-10 (7%)
 - d. 11-20 (4.1%)
 - e. 21-30 (5.9%)
 - No answer (2%)
 - Invalid (2.7%)
6. During the past 30 days, how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- a. 0 (73.1%)
 - b. 1-5 (14.9%)
 - c. 6-10 (4.5%)
 - d. 11-20 (2.9%)
 - e. 21-30 (2.0%)
 - No answer (2.3%)
 - Invalid (0.02%)

During the past 30 days, have you?

7. Had little interest or pleasure in doing things
- a. Yes (20.3%)
 - b. No (75.6%)
 - No answer (4.1%)
 - Invalid (0%)
8. Felt down, depressed, or hopeless
- a. Yes (21.2%)
 - b. No (72.2%)
 - No answer (6.1%)
 - Invalid (0.05%)

9. Had trouble sleeping
- a. Yes (42.2%)
 - b. No (53.3%)
 - No answer (4.3%)
 - Invalid (0.02%)
10. Felt tired or had little energy
- a. Yes (46%)
 - b. No (49%)
 - No answer (4.7%)
 - Invalid (0.02%)
11. Had a poor appetite or ate too much
- a. Yes (30.2%)
 - b. No (64.8%)
 - No answer (4.3%)
 - Invalid (0.07%)
12. Had trouble concentrating, i.e. reading a newspaper or watching TV
- a. Yes (13.5%)
 - b. No (82.2%)
 - No answer (4.1%)
 - Invalid (0.02%)
13. Felt like harming yourself or someone else
- a. Yes (2.7%)
 - b. No (93%)
 - No answer (4.3%)
 - Invalid (0%)
14. Felt like your family may be better off without you
- a. Yes (4.1%)
 - b. No (91.2%)
 - No answer (4.7%)
 - Invalid (0%)
15. Used alcohol or drugs to lessen the feelings of hopelessness or helplessness?
- a. Yes (4.1%)
 - b. No (91.2%)
 - No answer (4.7%)
 - Invalid (0%)
16. If “no” to all questions 7-15, go to question 20. If “yes” to any of the questions 7-15, do you have the support and/or resources that you need?
- a. Yes (42%)
 - b. No. If “no”, go to question 18. (4.5%)

No answer (53.5%) Invalid (0%)

17. If you have answered “Yes” to question 16, what resources do you use? (Circle all that apply.)

- a. Self-help (27.3%)
- b. Support groups (24.8%)
- c. Faith-based organizations/church (14.9%)
- d. Mental health provider/counselor 7.0%
- e. Family or friend (33.2%)
- f. Employee Assistance Program through work (1.1%)
- g. Other (2.5%): Spouse, Herbs, physician (2), None, VA doctors, Myself, Medicine, Alcohol, Cold medicine
No answer (53% hard copy; 50% online)
Invalid (0%)

18. What is the biggest barrier for you to get services for mental health? (Circle one answer.)

- a. No barriers (35%)
- b. Cost (no insurance, high copays or deductibles) (5.6%)
- c. Lack of transportation (1.3%)
- d. Lack of doctors/medical provider/counselor 1.6%
- e. Lack of family support (0.02%)
- f. Lack of knowing where to go (1.1%)
- g. No time (3.2%)
- h. Fear of social stigma or lack of trust (2.5%)
- i. Language barrier (0.02%)
- j. Other (2.93%): Do not offer real help, just more bills; mental health is never well covered; no problem; don't care; cots, time, lack of contact information of last psychologist I saw; Don't like North Central; Don't need it; Unable to find counseling services provided by a woman in Merrill.

I would have to travel to Wausau at night weekly; nursing home; my doctor doesn't seem to care; I want to self-cope and learn techniques on my own.

No answer (44.2%)
Invalid (2%)

19. How do you pay for your mental health care appointment? (Circle all that apply.)

- a. Health insurance through employer (17.4%)
- b. Self-paid health insurance plan (6.5%)
- c. Community care (0%)
- d. Medicaid (6.8%)
- e. Medicare (11.7%)
- f. Out of pocket (8.3%)
- g. Sliding scale (0.02%)
- h. Other (9%): US Army; None (9); Not necessary (6); Friends and Family for free; Faith-based help; Badgercare (3); Forward Health (2); VA (2); Parents; Supplemental; Don't go; Free from college; Tricare; N/A (2); Cost; Do not seek professional assistance; I don't know what is covered so I didn't click to reply
No answer (53.5%)
Invalid (0%)

Nutrition and Physical Activity

20. Do you have access to affordable and healthy food?

- a. Yes (90.7%) b. No (6.1%)
- No answer (2.9%)
Invalid (0.02%)

21. Where do you buy your food? (Circle all that apply.)

- a. Grocery store (94.6%)
- b. Convenience store (20.8%)
- c. Farmers market (27.3%)
- d. Food pantry (11.7%)

- e. Meals on Wheels (3.8%)
- f. Grown (community garden) (2.3%)
- g. Grown (personal garden) (21.9%)
- h. Other (1.7%): Friends & Family (2), Hunt (4), Restaurant (2), Health Food Store (4), Senior Center, Coop (2), Walmart (3), Friend/Family Garden (4), Alde's
No answer (2.9%)
Invalid (0%)

22. What is the biggest barrier for you to have healthy foods?
(Circle one answer.)

- a. No barriers (57.8%)
- b. Cost (28.2%)
- c. Limited health options (0.09%)
- d. Lack of transportation (0.04%)
- e. Lack of knowledge on what is "healthy" (0.04%)
- f. Lack of knowledge on how to prepare food (0.07%)
- g. Lack of appliances to prepare food 0.04%
- h. No time (2.5%)
- i. Language barrier (0%)
- j. Other (0.07%): Nursing home, Don't like vegetables, short shelf life
No answer (4.3%)
Invalid (3.6%)

23. During the past 7 days, how many days did you exercise more than 30 minutes per day? Exercise (heavy breathing and increased heart rate) can be broken up during the day, doesn't need to be nonstop 30 minutes.

- | | |
|-------------------|------------------|
| a. 0 days (28.2%) | b. 1 day (9.5%) |
| c. 2 days (16.5%) | d. 3 days (6.5%) |
| e. 4 days (1.1%) | f. 5 days (7%) |
| g. 6 days (4.5%) | h. 7 days (8.8%) |

- i. I don't know (1.8%)
No answer (4.1%)
Invalid (0.07%)

24. Which of these in Lincoln County do you use? (Circle all that apply.)

- a. Bike Trail (8.6%)
- b. Walking Trail (20.0%)
- c. Workout facilities (14.2%)
- d. Parks (35.9%)
- e. None (37.7%)
- f. Other (13.8%): Walk streets in area (6), House cleaning, Walking (9), Hallway and steps (2), Club, Services, Forest (4), At work, Walk in school (2), Home/Sidewalks, Exercise at home (3), School, MARC, MAPS pool, Ski and snowshoe trails (2), Treadmill, Aerobic swimming (4), Exercise bike, PT or Pine Crest, Cemetery for walking, Senior Center, Biking on highway, Exercise class, Live in the country (2), Around my house, Fishing, Council Grounds, Wrestling room
No answer (5%)
Invalid (0%)

25. What is the biggest barrier for you to be active?

- a. No barriers (36.3%)
- b. Cost (1.6%)
- c. Lack of transportation (0.07%)
- d. Lack of family support (0.02%)
- e. Health problems (11.3%)
- f. Lack of knowledge (0%)
- g. Lack of time (17.2%)
- h. Weather (11.1%)
- i. Safety (1.3%)

- j. Other (5.2%): Body hurts, Arthritis, Too lazy (2), Can't walk far, Depression, Back problem, My husband is blind - I am a caregiver, Lack of energy, Don't do as much in winter, Mental health PTSD, But am active at work waitressing: for me that's exercise, Knee, Attitude in winter and pain
No answer (4.7%)
Invalid (10.4%)

Oral Health

26. How often do you brush your teeth daily?
- a. 0 times (4.3%) b. 1 times (36.1%)
 - c. 2 or more times (52.6%)
- Other (0.02%): Once a week (although "other" was not a choice; someone wrote it in
No answer (6.1%)
Invalid (0.07%)

27. How often do you floss?
- a. Daily (33.4%) b. Occasionally 41.3%
 - c. Never (16.2%)
- No answer (8.3%)
Invalid (0.07%)

28. Can you afford dental supplies for your child(ren) (toothpaste, floss, or toothbrush)? If no, why?
- a. No child(ren) (47.4%) b. Yes (37.7%)
 - c. No (1.3%): Not enough income (2)
- No answer (12.9%)
Invalid (0.1%)

29. How often do you go to a dentist?
- a. More than one time per year (44.7%)
 - b. One time per year (21.7%)

- c. Less than one time per year (26.4%)
No answer (6.7%)
Invalid (0.04%)

30. Does your child(ren) go the dentist twice a year? If no, why?
- a. No child(ren) (54.8%) b. Yes (25.3%)
 - c. No (6.3%): No problems with teeth/can't afford, Can't afford it (3), 18+ age (2), Infant (3), One time (2), Not yet, Just (indiscernible), High cost, Lack of insurance (2), No time (2), Once a year (2)
No answer (13.1%)
Invalid (0.04%)

31. How do you pay for your dental appointment? (Circle all that apply.)
- a. Health insurance through employer (30.5%)
 - b. Self-paid health insurance plan (9.7%)
 - c. Community care (1.6%)
 - d. Medicaid (8.1%)
 - e. Medicare (7%)
 - f. Out of pocket (31.8%)
 - g. Sliding scale (1.3%)
 - h. Other (6.5%): None (3), Don't go (6), Too expensive, Small insurance, Forward Health (3), No dental bills, Badger Care (2), VA, Don't have insurance, Parents (3), Don't have dentist, Dentures, Health Savings Account, Spouse's insurance, Through employer, Family Insurance plan
No answer (9.3%)
Invalid (0.03%)

32. What is the biggest barrier for you to get dental care?
(Circle one answer.)
- a. No barriers (52.8%)
 - b. Cost (no insurance, high copays or deductibles) (28.7%)
 - c. Lack of transportation (1.1%)
 - d. Lack of dentists that will accept Medicaid (1.6%)
 - e. Clinic will no longer see me (0%)
 - f. Lack of family support (0%)
 - g. Lack of knowledge (0.04%)
 - h. No time (2%)
 - i. Fear or lack of trust (2%)
 - j. Language barrier (0.02%)
 - k. Other (1.6%): No teeth, Live 35 away, Need to establish since I returned to state, None, Lack of dentists in area that accept insurance plan
No answer (6.8%)
Invalid (2.7%)

33. How you lost a tooth due to decay or gum disease?
- a. Yes (28%) b. No (60%)
No answer (12%)
Invalid (0%)

Demographics

34. What is your gender?
- a. Female (76.5%) b. Male (18.7%)
No answer (4.7%)
Invalid (0%)
35. How old are you?
- a. 18-28 (7.2%) b. 29-39 (13.5%)
 - b. 51-61 (19.6%) d. 62-72 (16.7%)
 - c. 73+ (22.1%)
No answer (4.1%)

Invalid (0.02%)

36. Which racial group best represents you?
- a. White (93%)
 - b. Asian (0%)
 - c. Native Hawaiian and other Pacific Islander (0%)
 - d. African American/Black (0%)
 - e. American Indian or Alaska Native (0.07%)
 - f. Hispanic or Latino (0.07%)
 - g. Two or more races (1.1%)
No answer (4.1%)
Invalid (0.04%)

37. What is the highest grade of school you completed?
- a. Middle school (3.2%)
 - b. High school (44.0%)
 - c. Technical college/two year college (22.3%)
 - d. 4 year college (12.2%)
 - e. Graduate studies (12.4%)
No answer (4.7%)
Invalid (1.1%)

38. How many adults live in your household?
- a. 1 (28.2%) b. 2-3 (61.6%)
 - c. 4-6 (4.7%) d. 7+ (0.02%)
No answer (5.3%)
Invalid (0%)

39. How many children 18 and under live in your household?
- a. 0 (67.9%) b. 1 (10.2%)
 - c. 2-3 (14.7%) d. 4-6 (2.0%)
 - e. 7+ (0%)
No answer (5.2%)
Invalid (0%)

40. What is your current employment status? (Circle one answer.)

- a. Employed (41.1%)
 - b. Self-employed (2%)
 - c. Out work less than 1 year (1.1%)
 - d. Out of work 1+ years (2%)
 - e. Homemaker or stay home parent (2.9%)
 - f. Student (1.1%)
 - g. Retired (36.1%)
 - h. Unable to work (5.6%)
 - i. Other (2.5%): Self-employed & employed full time, several part time jobs
- No answer (4.1%)
Invalid (1.3%)

41. Your annual household income from all sources is

- a. Less than \$10,000 (16.7%)
 - b. Between \$10,001-\$25,000 (26.4%)
 - c. Between \$25,001-\$50,000 (21.7%)
 - d. Between \$50,001-\$75,000 (10.8%)
 - e. More than \$75,001 (14%)
- No answer (9.7%)
Invalid (0.07%)

Note: With a sample size of 443 and a total population of about 28,600, the confidence interval =+ or -4.6% (at the 95% confidence level)