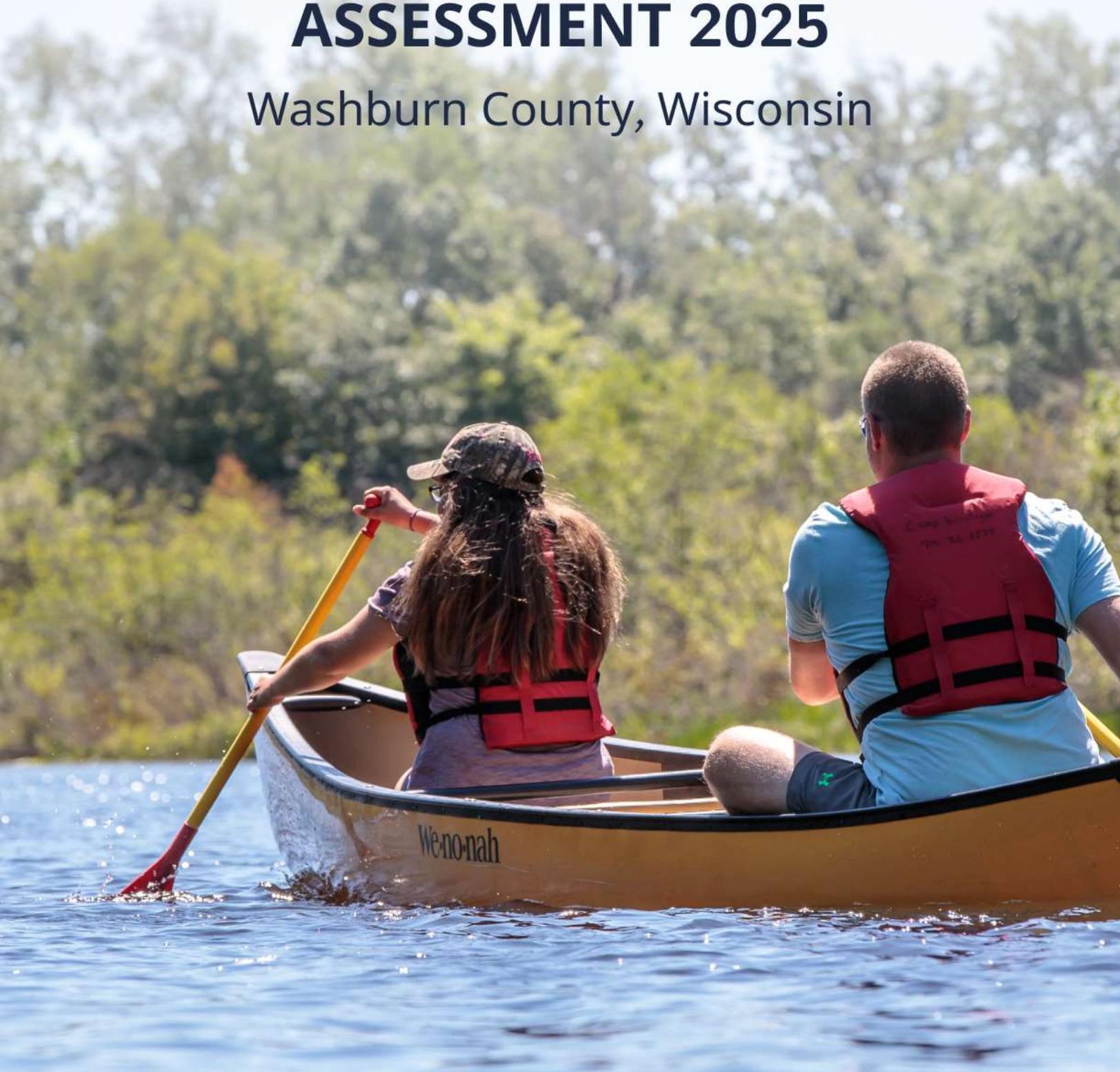




COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Washburn County, Wisconsin





CONTENTS

Introduction and Overview 3

 Letter from the Steering Committee Members..... 3

 About Washburn County Public Health 4

 About Spooner Health..... 4

 About Indianhead Medical Center..... 4

 Availability of CHNA to the Public..... 4

 Spoooner Health’s Availability of the CHNA to the Public..... 4

 IMC’s Availability of the CHNA to the Public..... 5

Acknowledgements and Steering Committee 5

 Steering Committee 5

 Consultants..... 5

 Photos 5

Regulatory Requirements 6

Gap Analysis 6

Overview of Process 6

Data Collection Methodology 8

 Secondary Data 8

 Primary Data: Community Survey 9

Evaluation of Prior CHNA Implementation Plan 9

Demographic and Health Profile of Community Served..... 10

 Geographic Assessment Area Defined..... 10

 Demographic Snapshot..... 11

 Social Determinants of Health and Health Data 13

Community Survey 17

Prioritization of Health Needs 18

 Prioritization Meeting..... 18

 Prioritization Criteria 19

 Prioritization Input..... 19

Prioritized Health Needs 20

Next Steps 20

Appendix 1: Preceding CHNA Implementation Plan Report 21

Appendix 2: County Health Rankings & Roadmaps..... 28

Appendix 3: Social Vulnerability Index (SVI) 34

Appendix 4: CHNA Data Report, Better Than State Average 35

Appendix 5: CHNA Data Report, Worse Than State Average..... 42

Appendix 6: Community Survey 60

Appendix 7: Community Resources Directory 76

INTRODUCTION AND OVERVIEW

LETTER FROM THE STEERING COMMITTEE MEMBERS

Dear Washburn County Resident:

On behalf of all involved in creating this 2025 Community Health Needs Assessment (CHNA), we invite you to review this document as we collaboratively strive to meet the health and medical needs in our county.

The 2025 CHNA report communicates the local health needs identified, and the subsequent implementation plan conveys how the partnership of Washburn County Public Health (WCPH), Spooner Health (SH), and Indianhead Medical Center (IMC), in collaboration with other area organizations, plan to respond to the prioritized needs.

As you review this 2025 CHNA document, please consider how, together, we can further improve the health and medical services our area needs. WCPH, SH, and IMC do not have adequate resources to solve all the problems identified. Some issues are beyond each organization's mission, and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a process for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

We invite you to review the CHNA document, provide feedback and join us in creating a healthier county. We all live and work in this county together, and our collective efforts can make living here a more enjoyable and healthier experience.

Thank you,



Elise Anderson
Public Health Specialist
Washburn County Public
Health



Michelle L. Martin
Public Relations and
Marketing Director
Spooner Health



Carissa David
Human Resources Mgr
Indianhead Medical
Center

ABOUT WASHBURN COUNTY PUBLIC HEALTH

The Washburn County Public Health Department is located in Shell Lake, WI, and serves residents living within the county. The mission of the Washburn County Public Health Department is 'promoting, protecting, and improving the lifelong health of individuals and communities in Washburn County.' The vision is 'Healthy People. Healthy Places.'

ABOUT SPOONER HEALTH

Spooner Health is a 25-bed critical access hospital offering a wide range of services from emergency and inpatient care to outpatient therapy, surgery, diagnostic imaging, and more. Spooner Health is dedicated to providing high-quality, personalized care that puts people first.

ABOUT INDIANHEAD MEDICAL CENTER

Indianhead Medical Center (IMC) is an independent, non-profit critical access hospital located in Shell Lake, WI. At IMC, we are proud to offer our community exceptional primary care clinics conveniently located in both Shell Lake and Siren, WI. In addition, in Shell Lake we offer accredited 24/7 emergency care, visiting specialty providers, on-site radiology, lab services, out-patient therapy, and cardiac rehab.

AVAILABILITY OF CHNA TO THE PUBLIC

SPOONER HEALTH'S AVAILABILITY OF THE CHNA TO THE PUBLIC

This report will be made available to the public on the SH website, www.SpoonerHealth.com. Paper copies may be obtained at no charge from either Administration or the Public Relations department by calling 715-635-2111 or contacting the hospital at the following address.

Spooner Health, 1280 Chandler Dr, Spooner, WI 54801

IMC'S AVAILABILITY OF THE CHNA TO THE PUBLIC

This report will be made available to the public on the IMC's website, www.indianheadmedicalcenter.com. Paper copies may be requested at no charge from any member of Hospital Administration by contacting 715-468-7833 or at the following address. Indianhead Medical Center, 113 4th Avenue, Shell Lake, WI 54871

ACKNOWLEDGEMENTS AND STEERING COMMITTEE

STEERING COMMITTEE

The CHNA steering committee established the methodology for conducting the CHNA and provided guidance and direction throughout the process.

The steering committee members included:

- Elise Anderson; Public Health Specialist; Washburn County Public Health
- Carissa David; Human Resources Manager; Indianhead Medical Center
- Michelle Martin; Public Relations and Marketing Director; Spooner Health

CONSULTANTS

SH contracted with HealthTech to assist in conducting the 2025 Community Health Needs Assessment. HealthTech is a healthcare consulting and hospital management company based in Plano, Texas. The HealthTech consultant was Julie Haynes.

PHOTOS

Photo credits of images found in this report are to the Washburn County Tourism Association.

REGULATORY REQUIREMENTS

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years.

The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers; commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.

GAP ANALYSIS

Qualitative and quantitative data were used to complete the 2025 CHNA and identify community health priorities. The assessment was designed to provide a comprehensive and broad picture of the health in the overall community served. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input. In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English. Efforts were made to obtain input regarding these specific populations through the community survey.

OVERVIEW OF PROCESS

The Affordable Care Act requires nonprofit hospitals to complete a community health needs assessment (CHNA) process every three years. While CHNAs are a recent requirement, community health assessments (CHAs) have long been used as a tool by hospitals, public

COMMUNITY HEALTH NEEDS ASSESSMENT

health departments, and other social service agencies to identify key community health concerns. A CHNA is a systematic process involving the community to identify and analyze community health needs and assets, prioritize those needs, and then implement a plan to address significant unmet needs.¹ Upon completing the assessment, an implementation plan will be developed that includes strategies to address the significant community health needs identified in the CHNA process and documented in this report.

Community Health Needs Assessment Process Graph:



SOURCE: <http://www.healthycommunities.org/Resources/toolkit.shtml>

¹ Catholic Health Association of the United States. (2015). Assessing and addressing community health needs. Retrieved from <https://www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs>

DATA COLLECTION METHODOLOGY

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on gathering and analyzing secondary data as well as obtaining input from community members to identify and define significant health needs, issues, and concerns.

Both quantitative and qualitative methods were utilized to gather data.

SECONDARY DATA

A variety of secondary data sources were used to obtain data about both health trends and health disparities including but not limited to the following.

- Wisconsin State Health Improvement Plan (SHIP) 2023-2027
- County Health Rankings & Roadmaps
- The Better and Worse Than Wisconsin Reports Reflect data from the following sources:
 - o US Census Bureau, American Community Survey & Small Area Income and Poverty Estimates
 - o US Department of Education
 - o Feeding America
 - o Centers for Disease Control and Prevention, CDC - National Vital Statistics System
 - o Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool
 - o Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
 - o Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care
 - o US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System
 - o US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File
- Social Vulnerability Index (<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>)
- Causes of Death (<https://www.worldlifeexpectancy.com>)

Every effort was made to obtain the most current data. Data was analyzed for comparison purposes with the United States, the state of Wisconsin, and counties within the State when comparative data was available.

Pertinent secondary data captured is found in the appendices.

PRIMARY DATA: COMMUNITY SURVEY

Input was solicited from community members in Washburn County including those who represent the broad interest regarding the health needs of the county.

The 262 survey responses are found in the appendices from the electronic and paper community survey that opened on August 2, 2024, and closed on October 22, 2024. Also in the appendices are the details about the various survey distribution methods used. The survey results were presented and considered at the November Prioritization Meeting.

EVALUATION OF PRIOR CHNA IMPLEMENTATION PLAN

The prior CHNA identified the following three priorities.

- Mental Health
- Substance Use
- Access to Care

An implementation plan to address the above needs was executed by an engaged group of people. Their efforts made a noticeable difference, as evidenced in part by the written feedback received from the attendees of the November 2024 Prioritization Meeting.

A summary report of the efforts and the evaluation feedback regarding the prior CHNA implementation plan are found in Appendix 1.

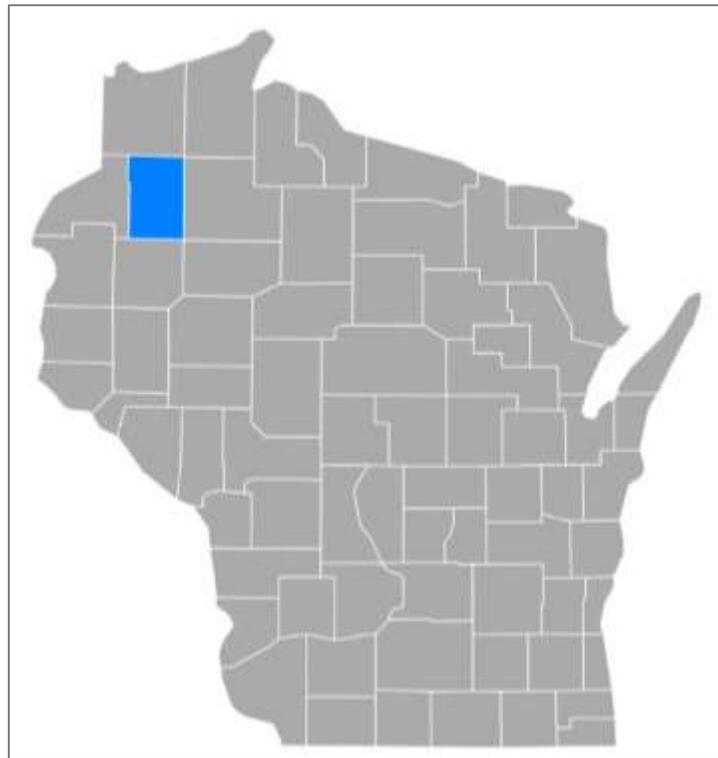
DEMOGRAPHIC AND HEALTH PROFILE OF COMMUNITY SERVED

GEOGRAPHIC ASSESSMENT AREA DEFINED

Washburn County was used as the geographic defined service area for the CHNA. The majority of both SH's and IMC's patients are from ZIP Codes in Washburn County. It is therefore reasonable to utilize Washburn County as SH's CHNA geographic area. Washburn County includes medically underserved, low-income and minority populations. All patients were used to determine the CHNA geographic area.

SH'S CHNA SERVICE AREA

Washburn County



Map Source: <https://www.vectorstock.com/royalty-free-vector/map-washburn-in-wisconsin-vector-33648916>

DEMOGRAPHIC SNAPSHOT

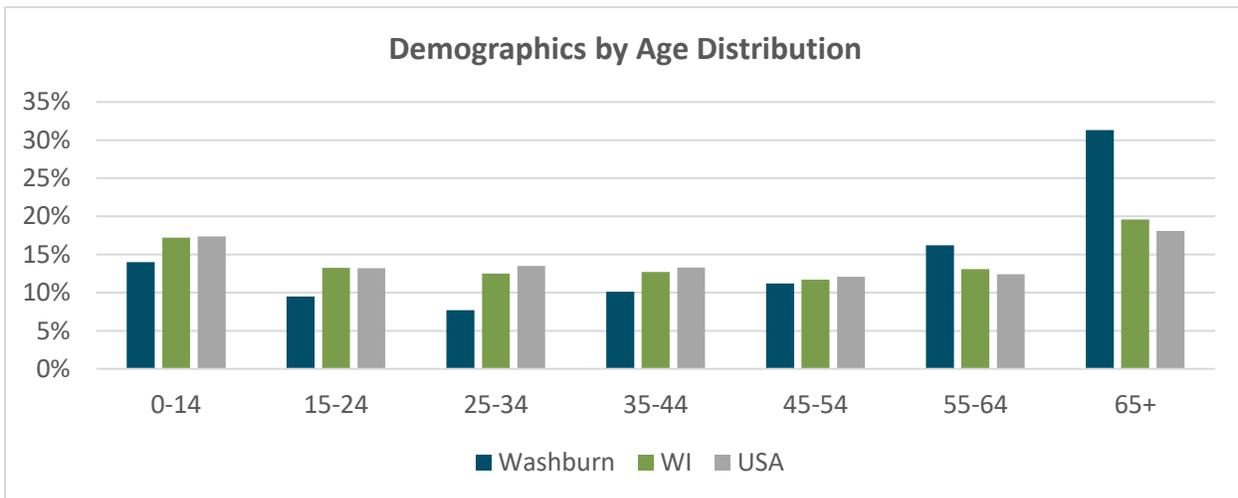
The following tables provide a summary regarding the demographics of Washburn County. Data tables show total population of the community, as well as the breakout of the population by age distribution, education level and race/ethnicity distribution.

POPULATION	WASHBURN COUNTY	WISCONSIN	UNITED STATES
2010 Total Population	15,911	5,686,986	308,745,538
2024 Total Population	16,862	5,945,274	338,440,954
2029 Total Population	16,895	5,984,097	344,873,411
% Change 2024 - 2029	0.2%	0.7%	1.9%

SOURCE: HealthTech, October 2024; ESRI

POPULATION DISTRIBUTION BY AGE			
	WASHBURN COUNTY	WISCONSIN	UNITED STATES
0-14	14%	17.2%	17.4%
15 to 24 years	9.5%	13.2%	13.2%
25 to 34 years	7.7%	12.5%	13.5%
35 to 44 years	10.1%	12.7%	13.3%
45 to 54 years	11.2%	11.7%	12.1%
55 to 64 years	16.2%	13.1%	12.4%
65+ years	31.3%	19.6%	18.1%

SOURCE: HealthTech, October 2024; ESRI

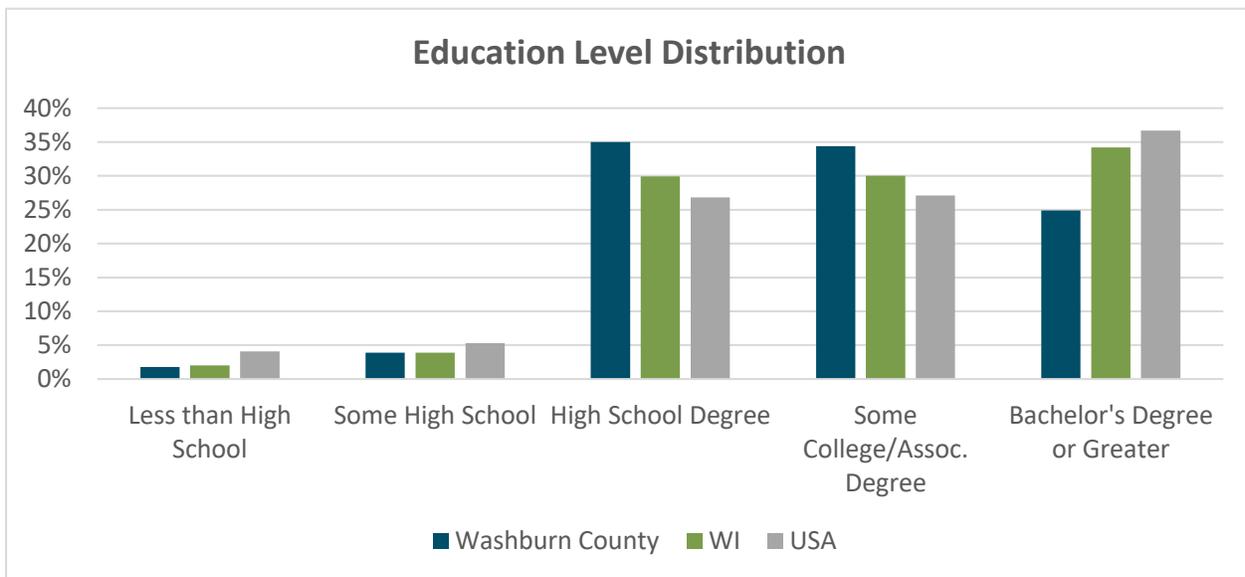


SOURCE: HealthTech, October 2024; ESRI

COMMUNITY HEALTH NEEDS ASSESSMENT

2024 ADULT EDUCATION LEVEL	POP AGE 25+	WASHBURN COUNTY % OF TOTAL	WI % OF TOTAL	USA % OF TOTAL
Less than High School	232	1.8%	2.0%	4.1%
Some High School	503	3.9%	3.9%	5.3%
High School Degree	4,518	35.0%	29.9%	26.8%
Some College/Assoc. Degree	4,441	34.4%	30.0%	27.1%
Bachelor's Degree or Greater	3,214	24.9%	34.2%	36.7%
Total	12,909	100.0%	100.0%	100.0%

SOURCE: HealthTech, October 2024; ESRI

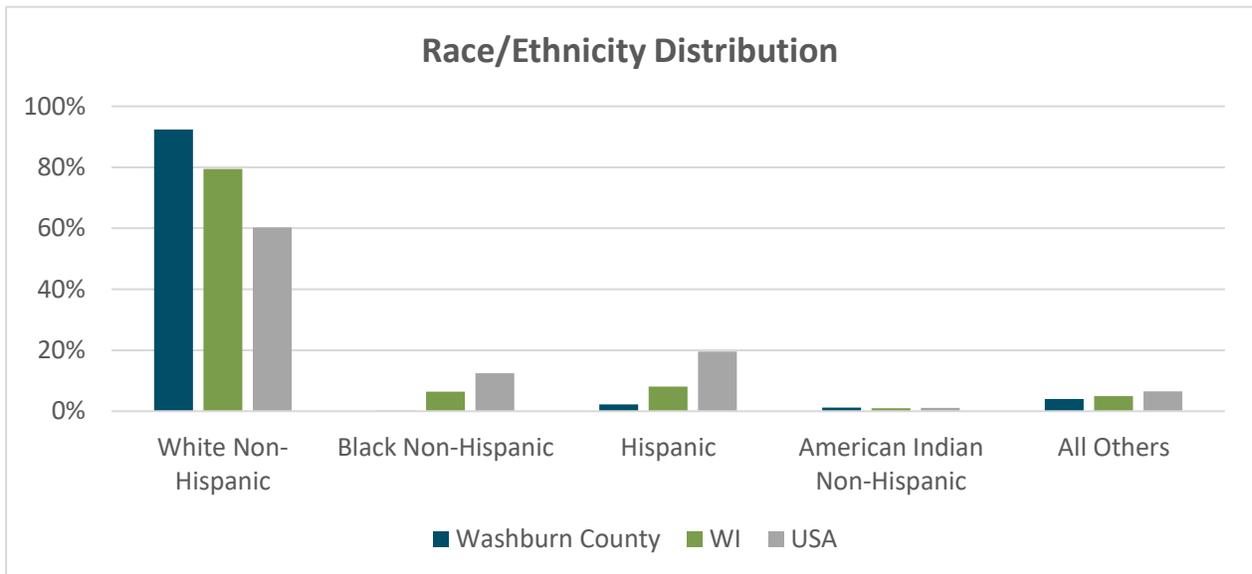


SOURCE: HealthTech, October 2024; ESRI

COMMUNITY HEALTH NEEDS ASSESSMENT

RACE/ETHNICITY	2024 POP	WASHBURN COUNTY % OF TOTAL	WI % OF TOTAL	USA % OF TOTAL
White Non-Hispanic	15,580	92.4%	79.5%	60.3%
Black Non-Hispanic	34	0.2%	6.4%	12.5%
Hispanic Origin	371	2.2%	8.1%	19.6%
American Indian	202	1.2%	1.0%	1.1%
All Others	674	4.0%	5.0%	6.5%
Total	16,862	100.0%	100.0%	100.0%

SOURCE: HealthTech, October 2024; ESRI



SOURCE: HealthTech, October 2024; ESRI

SOCIAL DETERMINANTS OF HEALTH AND HEALTH DATA

Information from a variety of secondary sources was reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health (SDOH) of the residents of Washburn County.

SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. SDOH include the social environment, physical environment, health services, and structural and societal factors. By applying what we know about SDOH, we can improve individual and population health.

Healthy People 2030 uses a place-based framework that outlines five key areas of SDOH²:

- Healthcare access and quality
- Education access and quality
- Social and community context
- Economic stability
- Neighborhood and built environment



WISCONSIN STATE HEALTH IMPROVEMENT PLAN (SHIP) 2023-2027

One of the data sources considered when identifying the priorities for Washburn County's CHNA included the implications of the SDOH found in the Wisconsin State Health Improvement Plan (SHIP) 2023-2027.

² Healthy People 2030; <https://health.gov/healthypeople/priority-areas/social-determinants-health>

The Wisconsin Department of Health Services (DHS) State Health Improvement Plan (SHIP) lays out an ambitious roadmap to guide actions across sectors in order to address public health needs in ways that will help all Wisconsinites chart their course to better health and thriving communities.

The following reflects the five priority areas in the Wisconsin State Health Improvement Plan (SHIP) 2023-2027.

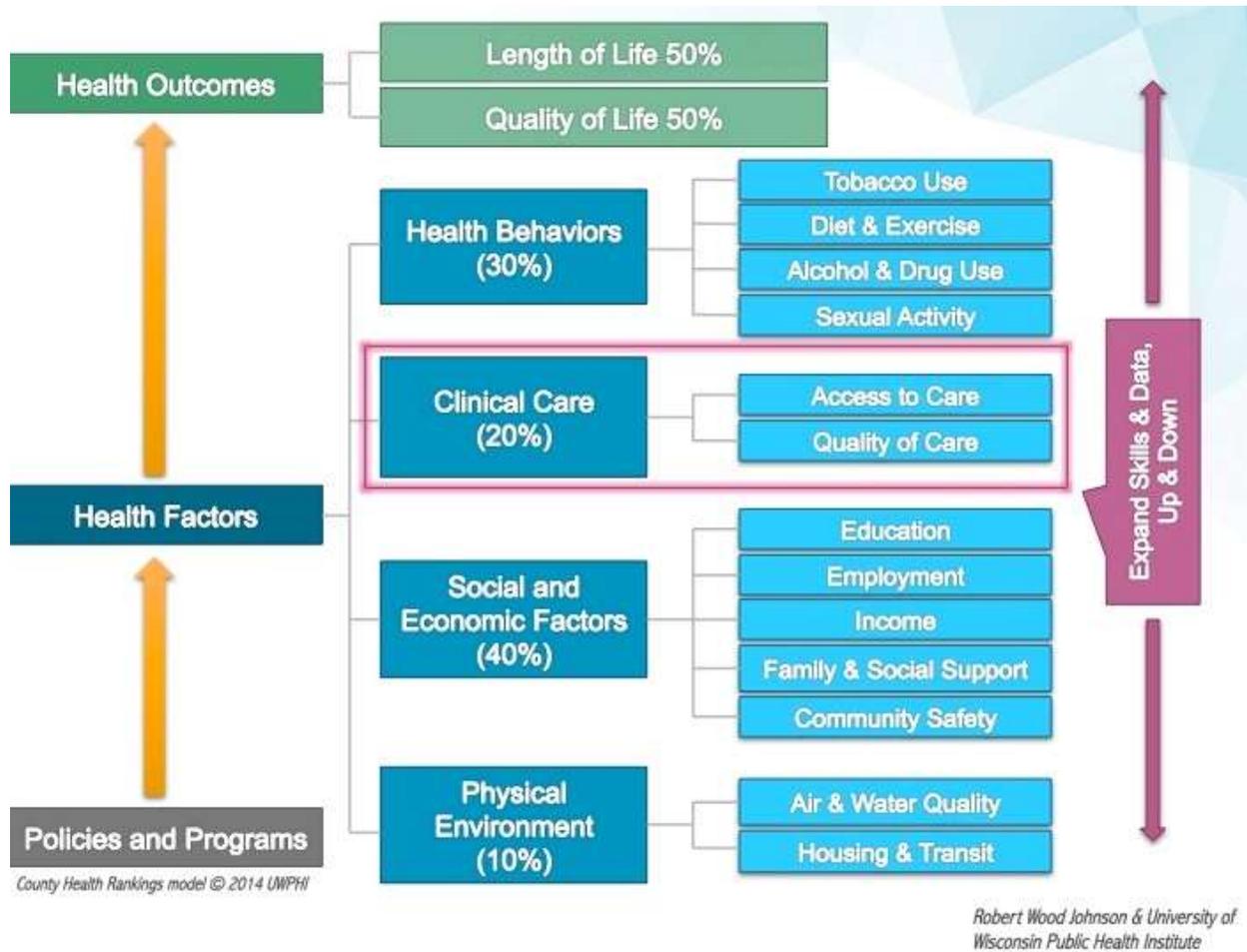
- Social and community conditions, including:
 - Economic well-being
 - Supportive systems of care
 - Healthy housing
- Physical, mental, and systemic safety
- Person and community-centered health care
- Social connectedness and belonging
- Mental and emotional health and well-being

COUNTY HEALTH RANKINGS & ROADMAPS

Also, attendees of the Prioritization Meeting reviewed and considered data from the County Health Rankings & Roadmaps website that is found in Appendix 2. The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Below is an image of the County Health Rankings & Roadmaps model³. At the Prioritization Meeting the remark was made that eighty percent (80%) of what affects health outcomes is associated with factors outside the traditional boundaries of healthcare delivery - health behaviors (e.g. tobacco use and sexual activity), social and economic factors (e.g. employment, education, and income), and physical environment (e.g. air and water quality).

³ County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model>



SOCIAL VULNERABILITY INDEX

SDOH data from the Social Vulnerability Index (SVI) (Appendix 3) was also presented to the Prioritization Meeting attendees before establishing the CHNA priorities.

CHNA DATA BETTER AND WORSE THAN STATE REPORTS

The County Health Rankings & Roadmaps model was used as the framework when presenting, reviewing and considering the various health outcomes and health factors data from a multitude of sources that is found compared to the State of Wisconsin in both a better than report (Appendix 4) and a worse than report (Appendix 5). This data was also reviewed and considered by the Prioritization Meeting attendees when establishing the priorities.

CAUSES OF DEATH

Health outcomes are measured in part by the length of life in the County Health Rankings & Roadmaps model so the primary causes of death in Washburn County were reviewed and compared to the rates of both the state of Wisconsin and United States. The causes of death figures are found in the table below. The attention of the prioritization meeting attendees was called to the contents of the cells highlighted in red.

Cause of Death			Rank among all counties in WI (#1 rank= worst in county)	Rate of Death per 100,000 age adjusted			Observation (Washburn County compared to U.S.)
WI Rank	Washburn Rank	Condition		US	WI	Washburn	
13	1	Blood Poisoning	3 of 72	10.22	8.2	10.71	<i>Higher than expected</i>
2	2	Cancer	3 of 72	146.55	147.19	201.25	<i>Higher than expected</i>
10	3	Suicide	13 of 72	14.09	15.07	16.98	<i>Higher than expected</i>
1	4	Heart Disease	17 of 72	173.78	171.72	200	<i>Higher than expected</i>
4	5	Accidents	19 of 72	64.71	54.46	47.05	<i>Lower than expected</i>
5	6	Stroke	20 of 72	41.14	35.9	46.6	<i>Higher than expected</i>
11	7	Nephritis/Kidney	21 of 72	13.55	11.6	15.73	<i>Higher than expected</i>
3	8	COVID-19	23 or 72	104.12	71.15	63.14	<i>Lower than expected</i>
7	9	Alzheimer's	26 of 72	30.96	33.03	27.72	<i>Lower than expected</i>
15	10	Influenze/Pneumonia	26 of 72	10.53	11.31	16.42	<i>Higher than expected</i>
14	11	Hypertension/Renal	28 of 72	10.69	8.03	6.11	<i>Lower than expected</i>
9	12	Liver Disease	29 of 72	14.47	12.54	9.07	<i>Lower than expected</i>
6	13	Lung Disease	37 of 72	34.71	32.03	39.62	<i>Higher than expected</i>
8	14	Diabetes	44 or 72	25.41	22.59	19.61	<i>Lower than expected</i>
12	15	Parkinson's	56 of 72	9.84	10.27	6.32	<i>Lower than expected</i>

COMMUNITY SURVEY

Input from community members was solicited regarding the health needs of Washburn County that resulted in 262 survey responses. Details about the survey distribution methods used, questions asked, and the responses provided are in Appendix 6.

PRIORITIZATION OF HEALTH NEEDS

PRIORITIZATION MEETING

A group of individuals that represented the interests of the county and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to participate in identifying priority county health needs and services. The meeting was held at SH on Thursday, November 7, 2024 to review the data collected and prioritize the health needs. Julie Haynes, a consultant with HealthTech, facilitated the meeting. The following list of people were invited to attend. The asterisk (*) indicates the person did not attend.

- City of Spooner, Administrator; Nick Koverman
- CITY Youth representatives; Lily Hobsheid and Addy O'Campo
- Essentia Health; Julie Sindlinger
- Healthy WashCo; Chet Hurt
- Indianhead Medical Center, Human Resources Manager; Carissa David
- Indianhead Medical Center, Chief Executive Officer; Shannon Jack
- Indianhead Medical Center, Director of Nursing; Bobbi Topper
- Lakeland Family Resource Center; Renee Luell
- North Lakes Clinic; Patricia Whalley, Community Health Worker
- Spooner Area School District; Tim Radke, Pupil Services Director
- Spooner Health, Social Services Director; Anne Focht
- Spooner Health, Education Director; Bethany Clemenson
- Spooner Health, Chief Nursing Officer; Clint Miller
- Spooner Health, Public Relations & Marketing Director; Michelle Martin
- Spooner Health, Chief Executive Officer; Mike Schafer
- Spooner Library; Kerry Russell
- Spooner Police Department; Mike Kronberger*
- Washburn County ADRC; Linda Hand*
- Washburn County Board of Supervisors; Tim Kessler*
- Washburn County Economic Development Corporation; James Hanke*
- Washburn County Health & Human Services; Marie Schrankel
- Washburn County Public Health, Public Health Officer; Julie McCallum, Interim*
- Washburn County Public Health, Public Health Specialist; Elise Anderson
- Washburn County UW-Extension; Lori Baltrusis
- Washburn County Sheriff's Department; Warren Tuttle
- Washburn County Tourism Association; Kaitlin Hanson*

PRIORITIZATION CRITERIA

To identify the significant health needs and services of Washburn County, prioritization meeting participants were asked to consider the following criteria when identifying their top three selections after reviewing the status of the prior CHNA efforts, as well as the primary and secondary data collected for the 2025 CHNA.

- **Magnitude / scale of the problem**
The health need affects a large number of people within the community.
- **Severity of the problem**
The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
- **Health disparities**
The health need disproportionately impacts the health status of one or more vulnerable population groups.
- **Community assets**
The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
- **Ability to leverage/feasibility**
Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, etc.

PRIORITIZATION INPUT

After small and large group discussion about priorities selected, each participant submitted their final votes. The following category headings were created and the number of votes in the form of a post-it note for each are indicated below.

- Mental Health (15 post-it notes/votes)
- Substance Misuse (12 post-it notes/votes)
- Wellness (prevention, annual visits, wellness) (11 post-it notes/votes)
- Chronic Disease (prevention and care) (10 post-it notes/votes)
- Awareness/Education of Resources (5 post-it notes/votes)
- Economic Insecurity (5 post-it notes/votes)
- Access to Care (4 post-it notes/votes)

PRIORITIZED HEALTH NEEDS

To prioritize the significant health needs and services of Washburn County, the top three selections made by each meeting participant were submitted and then grouped together by like topic. The group discussed the outcome and determined that the topics with the highest number of selections were the top priorities. The preference to group Wellness and Chronic Disease was expressed. Below is the list of prioritized health needs and services for Washburn County that were generated by the meeting participants.

- **Healthy Living** (prevention and chronic disease management)
(21 post-it notes/votes) combined
 - Wellness (prevention, annual visits, wellness) and
 - Chronic Disease (prevention and care)
- **Mental Health**
(15 post-it notes/votes)
- **Substance Misuse**
(12 post-it notes/votes)

NEXT STEPS

Over the next several months, WCPH, SH, and IMC, in collaboration with community partners, will develop an implementation plan for each of the priority health needs. The implementation plan will be published in a separate report.

APPENDIX 1: PRECEDING CHNA IMPLEMENTATION PLAN REPORT

This Appendix contains both the community health implementation plan accomplishments overview report and the written feedback received from the attendees of the November 2024 Prioritization Meeting regarding an evaluation of the progress made.

The three priorities identified in the prior CHNA are listed below.

- Mental Health
- Substance Use
- Access to Care

CHIP Accomplishments Overview

Mental Health

- **Strategy 1: Collaborate with community partners to enhance education and utilization of available mental health services.**
 - UW-Extension & Healthy WashCo are working to expand MHFA (Mental Health First Aid).
 - Youth wellness screenings are continuing and follow-up is being provided.
 - The Healthy WashCo group has evolved to include CAP (Community Alliance for Prevention) and the MHTF (Mental Health Task Force) into one cohesive meeting with many community partners.
 - Healthy WashCo wrote and was awarded two school-based mental health grants.
 - One for Shell Lake School District
 - One for Spooner School District and The Oak (youth center)
 - Healthy Minds developed a student-led mindfulness program in Spooner School District.
 - Several organizations have increased their social media content to include more mental health promotion.
 - Spooner Health has included a mental health article in the Living Well Magazine. The magazine is mailed to addresses within the service area, roughly 17-18,000 homes and businesses.

- **Strategy 2: Increase mental health program offerings and prevention services.**
 - UW-Extension collaborated with Healthy WashCo to provide the teen & youth mental health first aid program, direct education of teen & youth MHFA (Mental Health First Aid), Learning to Breathe, WeCOPE (Connecting with Our Positive Emotions), COMET (Changing Our Mental and Emotional Trajectory), & marketing and outreach for these programs.
 - Washburn County Public Health has continued to provide QPR (Question, Persuade, Refer), a suicide prevention training to Washburn County community members and organizations.
 - Healthy WashCo is continuing to provide the Youth Leadership Adventure for building resiliency skills.
 - Lakeland Family Resource Center is continuing parent education and community response. Three staff are trained in evidence-based Positive Parenting.
 - North Lakes Clinic continues to communicate and provide behavioral health services for Northwoods and Birchwood schools. In addition, they have a provider offering a parent group for neurodiverse children.
 - Spooner and Shell Lake resiliency groups (based on the information from the Youth Wellness screen) are continuing to be led. Spooner Health's Social Services Director, Anne Focht, is now leading the resiliency groups.
 - Healthy WashCo and The Oak provide skill-based programs, emphasizing Strong Youth, through presentations and skill building.

- **Strategy 3: Support access to behavioral and mental health services in Washburn County.**
 - Healthy WashCo designed and implemented a new resource [website](#) for Washburn County.
 - Healthy WashCo has increased the distribution of rack cards and business cards with behavioral and mental health resources.
 - Northlakes Clinic behavioral & mental health services continue to be provided in the Minong and Birchwood clinics.

- The telepsychiatry program at Spooner Health launched in the spring of 2024 to better serve the emergency department and inpatient needs.
- Washburn County Health and Human Services implemented a no-wrong-door referral process in 2021; this has resulted in making it easier to access services.

Substance Use

- **Strategy 1: Continue building collaborative education with community partners surrounding standardized substance abuse awareness for the K-12 population throughout Washburn County.**
 - Healthy WashCo is coordinating with all four school districts to provide “Catch my Breath”, a vaping prevention curriculum.
 - Prescription Drug Takeback Day partnerships were expanded to include Spooner Police Department, Washburn County Public Health, and Healthy WashCo.
 - Healthy WashCo regularly attends community events such as the Washburn County Family Festival, school events, Lakeland events, and more to provide substance use prevention education.
 - AODA (Alcohol and Other Drug Abuse) mini grant has provided funding for substance use prevention to increase drug & alcohol-free community events to: Lakeland Family Resource Center, Washburn County Family Festival, Shell Lake Library, Birchwood School, Community First, UW-Extension Positive Parenting Program, Spooner School, Spooner Junior Prom, Shell Lake School, 4-H Summer Camp, St. Croix Tribal, and the Minong Library.
 - Essentia has worked with Duluth to provide local call assistance support staff member to the Spooner Behavioral Health in house.
 - The Sheriff's Office has a Juvenile Deputy assigned to work with the school districts in Washburn County. The juvenile deputy has been working with Healthy WashCo.
 - Healthy WashCo is working with the Washburn County DA (District Attorney) Office to provide education for youth with marijuana/vaping/alcohol citations.
 - Healthy WashCo is assisting Spooner Police with the Right Track program at Spooner Middle School for 6th grade. Topics include: decision making, influences, substance misuse, bullying, violence, etc.
 - Spooner Health's Respiratory Therapy Director, Jenna Green, offers a smoking cessation program.
- **Strategy 2: Expand education and support for healthy alternatives to substance use for the adult population throughout Washburn County.**
 - The Sheriff's Office works closely with the Washburn County DA's (District Attorney) Office and the Criminal Justice Coordinator. Those groups have implemented a diversion program for first-time marijuana arrests. The diversion program includes an online educational component that teaches the subject about the risks of marijuana use.
 - North Lakes Community Clinic offers a recovery program.
 - Spooner Health is supporting the local AA group by providing a free meeting space.
 - Essentia is collaborating with LCO (Lac Courte Oreilles) to train grief counselors.
 - Essentia has MOUD (Medications for Opioid Use Disorder) providers and are having great success. These providers are available via telehealth as well.
 - Spooner Memorial Library offers adult programs such as board game/video game events, as well as summer reading programs to provide alternatives to substance use.
 - Spooner Health, Washburn County Public Health, and Lakeland Family Resource Center have partnered to create a community-oriented health fair in conjunction with Lakeland's Beach Bash event. The health fair offered mental health, AODA (Alcohol and Other Drug

Abuse), safety, and wellness resources for community members. The Beach Bash is an established, well-attended event, and the group saw an opportunity to bring health resources where community members already are.

- UW-Extension has formed a multi-disciplinary team focused on jail transition into the community.
- Washburn County Wellness Center 50+ offers mocktails at all the events as an alternative for alcohol consumption during meal times.
- **Strategy 3: Educate and promote safer and more effective pain management programs and resources.**
 - Healthy WashCo distributes medication lock boxes and bags, as well as Detera medication deactivation kits, at community events, as well as Prescription Drug Takeback Day. Distribution data:
 - 2020 – gave out 14 lock boxes and ordered 1000 deactivation kits (we are still handing them out with each lock box)
 - 2021 – 203 lock boxes; 600 medication deactivation kits distributed to the four school districts to be shared with families
 - 2022 – 175 lock boxes
 - 2023 – 240 lock boxes
 - 2024 – 125 lock boxes (through July)
 - Northlakes Minong Clinic offers a pain management program.
 - Spooner Health is providing education on opioid addiction in patient folders and is promoting Drug Takeback Day and safe disposal options.
 - Spooner Health is a sharps disposal site.
 - Spooner Health is working with Washburn County Public Health to provide information cards on NARCAN® availability.
 - Washburn County Public Health is a participant in the Narcan Direct program and promotes the medication disposal sites in the county. In 2023, more than 100 community members received NARCAN® training.
 - Essentia Clinic is working hard to reduce the number of opioids prescribed in the ambulatory setting and highlighting alternate methods for pain management.
 - UW-Extension participated in the COSSUP (Comprehensive Opioid, Stimulant, and Substance Use Program) which discusses MAT (Medication-Assisted Treatment) and jail transition.
 - Indianhead Medical Center provides pain management.
 - Indianhead Medical Center provides opioid information to all patients upon discharge.
 - Spooner Health has increased access to pain management through their visiting specialist program. A provider has increased to two days per month from Essentia Health – Duluth Clinic.

Access to Care

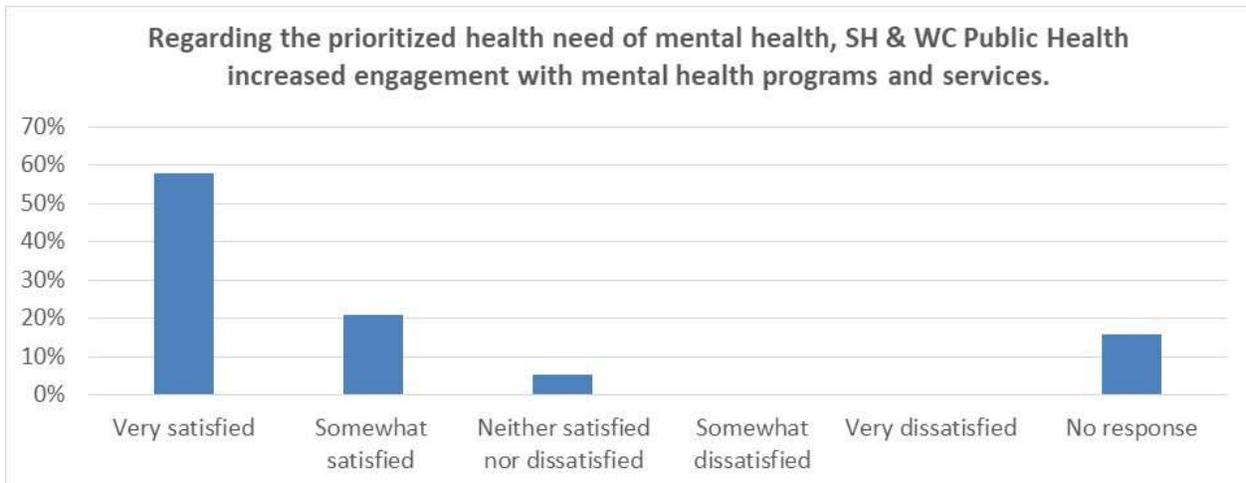
- **Strategy 1: Expand low-cost transportation to healthcare services.**
 - Spooner Health promotes available transportation services to patients.
 - The ADRC, with the support of many community partners, wrote a successful grant to increase the transportation options in Washburn County.
 - The ADRC received the mobility manager grant to create a position in Washburn County to help qualifying individuals navigate the transportation system.
- **Strategy 2: Collaborate with partner facilities and providers to expand telemedicine program and increase access to specialty care.**

- Essentia Health added Behavioral Health, Internal Medicine & Endocrinology/Diabetes services.
- Essentia Health has approved telemedicine for primary care use.
- Spooner Health implemented tele-stroke (tele-neurology) and tele-psychiatry for Emergency Department and inpatient patients.
- Indianhead Medical Center added DEXA scanning and mobile mammography.
- Indianhead Medical Center and the Siren Clinic moved to a more accessible location in Siren, Wisconsin.
- **Strategy 3: Develop public relations and education campaign with community partners to promote the availability and awareness of clinic providers, visiting specialist, telemedicine services and coordinated services with community partners.**
 - North Lakes Clinic, Spooner Health, Indianhead Medical Center, and Essentia Health all execute campaigns for the availability of services.
 - The ADRC was awarded a vaccine grant, which increased partnerships with local clinics for providing vaccinations.
 - Partners have helped in sharing each other's messaging efforts via flyers and social media.
 - The ADRC and Spooner Health have developed a partnership to provide presentations at the Washburn County Wellness Center 50+.
 - Washburn County Public Health offers an accessible vaccination clinic for neurodivergent youth. This is in partnership with the Autism Society of WI and is designed to provide a more sensory-friendly vaccination experience.
- **Strategy 4: Conduct and implement with Essentia Health a medical staff development plan (MSDP)**
 - Spooner Health began strategic planning to identify gaps in services

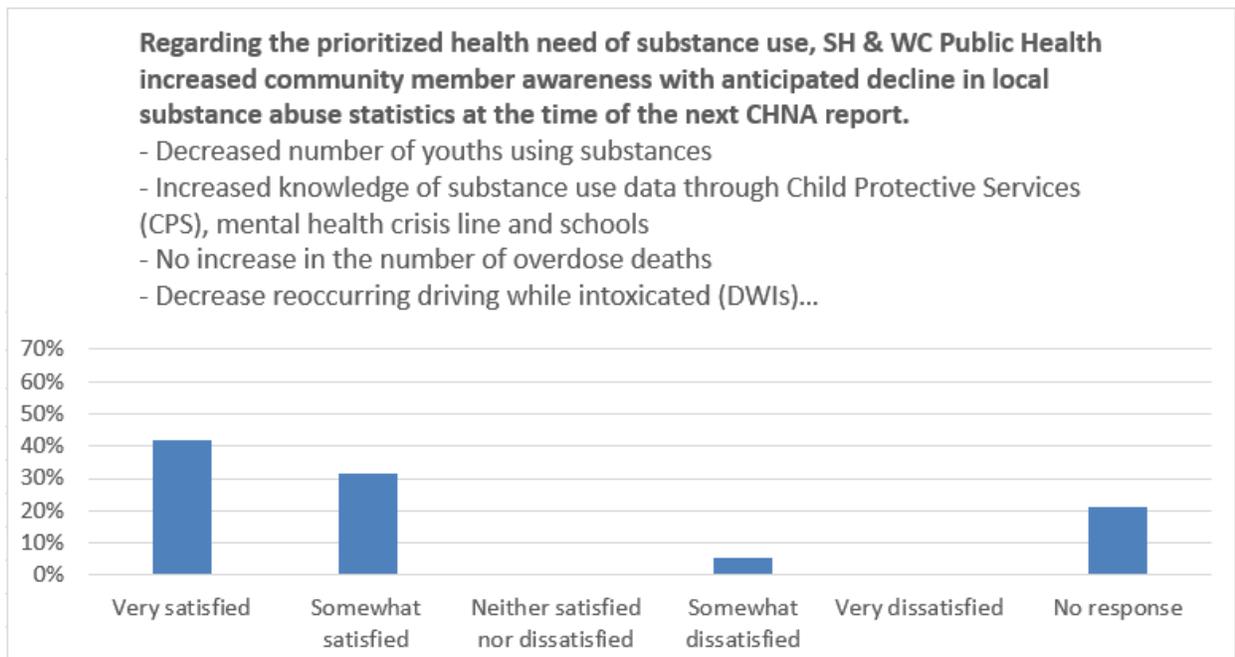
COMMUNITY HEALTH NEEDS ASSESSMENT

An opportunity to provide written feedback about the community health implementation plan accomplishments was given to attendees of the November 2024 CHNA Prioritization Meeting at the same time their input was solicited about the meeting.

The following text preceded the last three questions on the CHNA Prioritization Meeting evaluation: “SH & Washburn County Public Health chose several initiatives to work on in 2022. How do you think we did since then?” Below are the results.

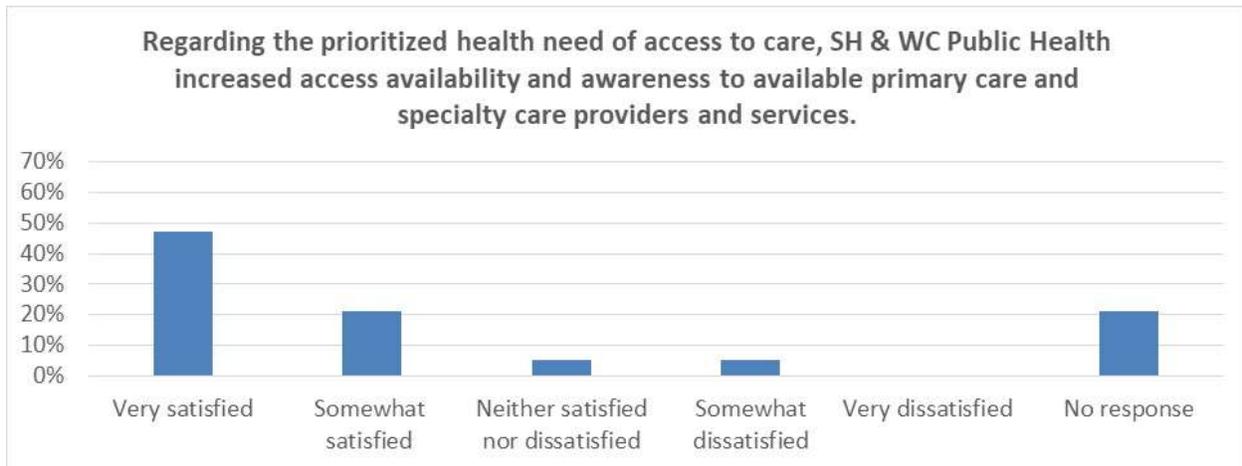


SOURCE: CHNA Prioritization and Implementation Planning Meeting Summary for Washburn County 2024 “Evaluation CHNA Prioritization Meeting, November 2024” Question 22



SOURCE: CHNA Prioritization and Implementation Planning Meeting Summary for Washburn County 2024 “Evaluation CHNA Prioritization Meeting, November 2024” Question 23

COMMUNITY HEALTH NEEDS ASSESSMENT



SOURCE: CHNA Prioritization and Implementation Planning Meeting Summary for Washburn County 2024 "Evaluation CHNA Prioritization Meeting, November 2024" Question 24

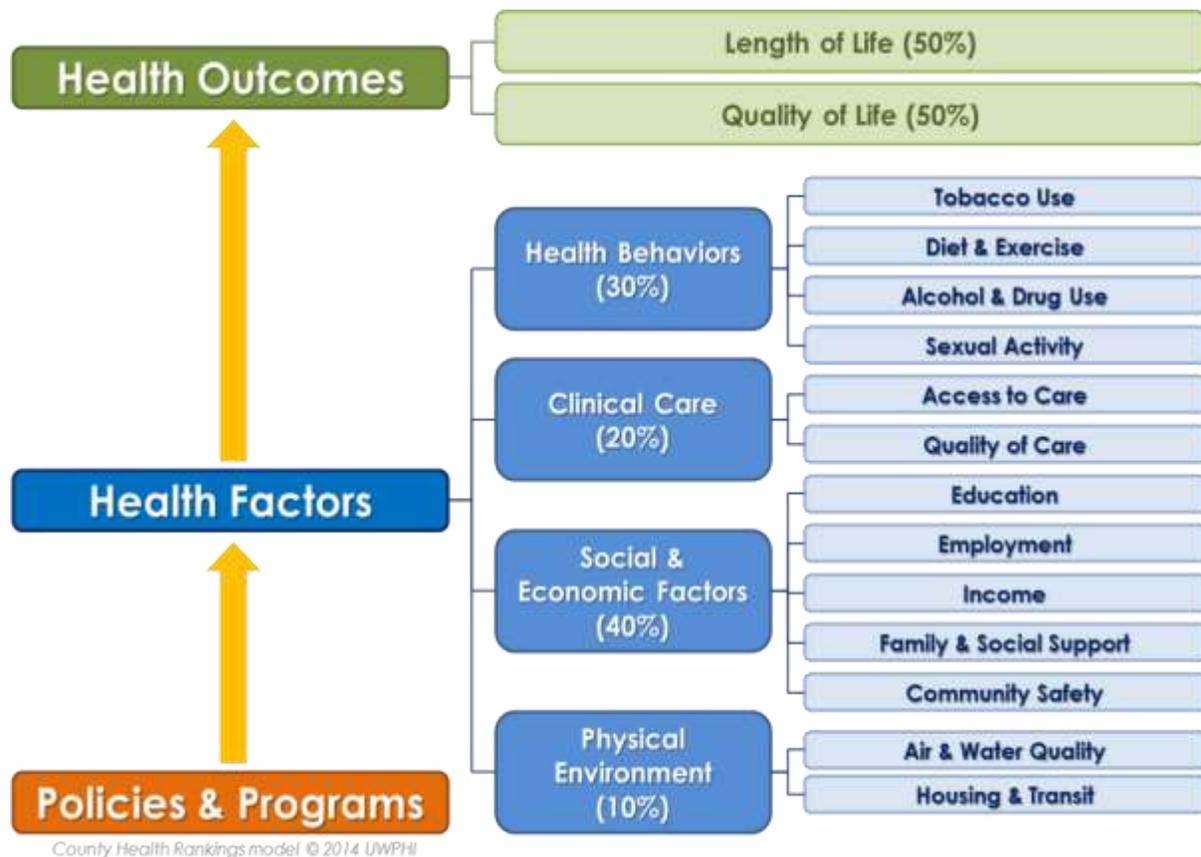
APPENDIX 2: COUNTY HEALTH RANKINGS & ROADMAPS

The County Health Rankings & Roadmaps Program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

HEALTH OUTCOMES: Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

HEALTH FACTORS: Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

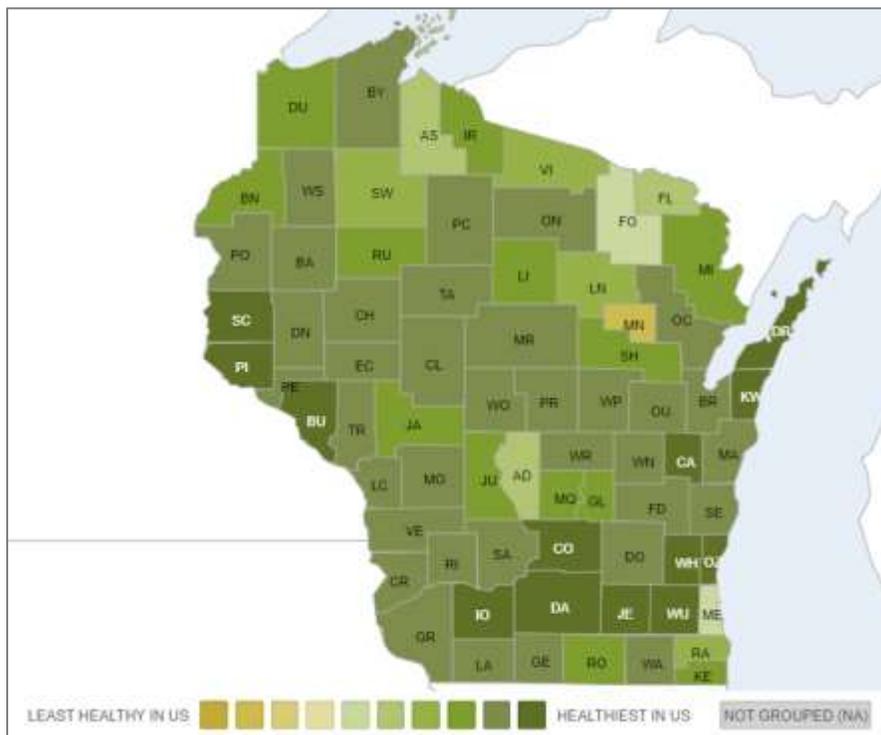
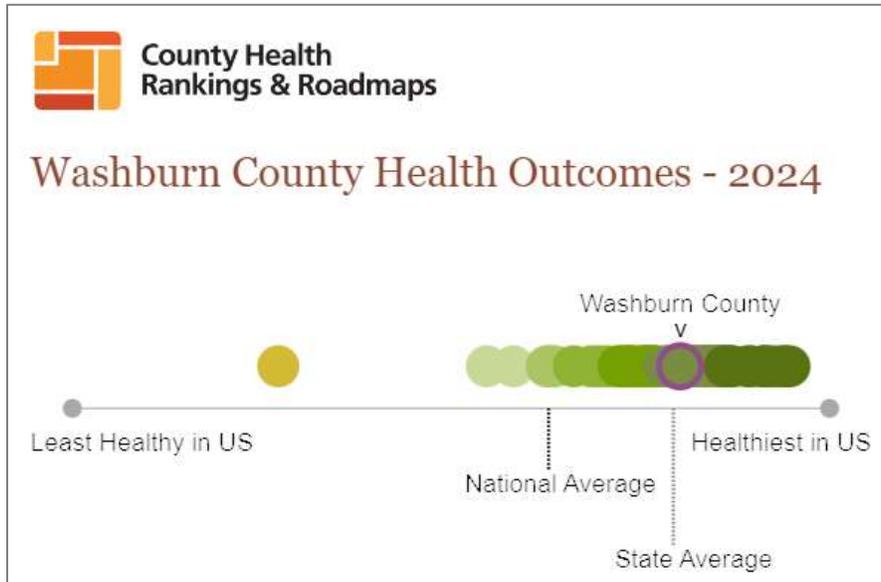
The information emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.



COMMUNITY HEALTH NEEDS ASSESSMENT

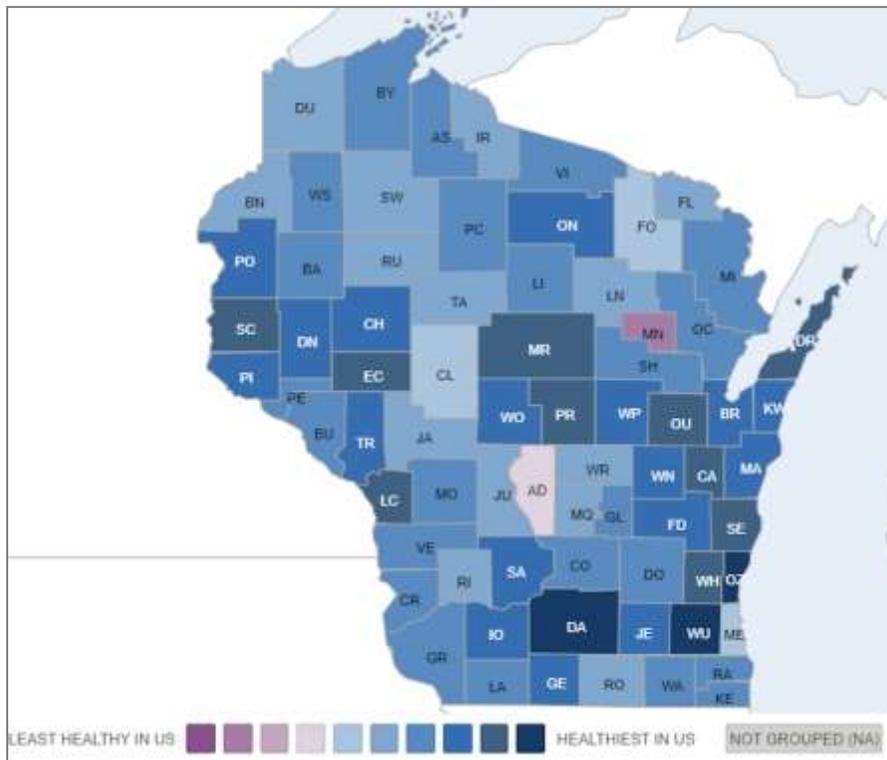
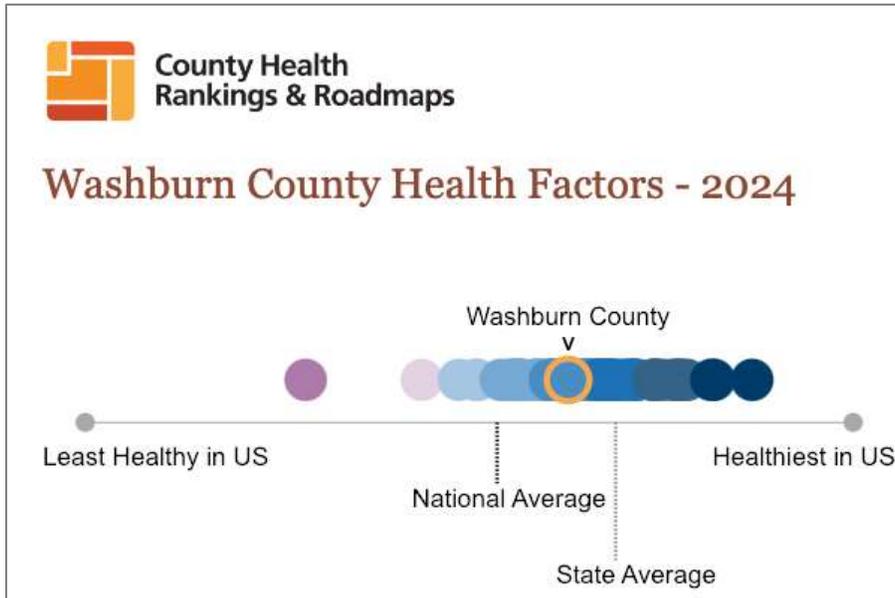
The following images show how Washburn County compares out of the 72 counties in Wisconsin.

For Health Outcomes, Washburn County is about the same as the average county in Wisconsin, and better than the average county in the nation.



COMMUNITY HEALTH NEEDS ASSESSMENT

For Health Factors, Washburn County is worse than the average county in Wisconsin, and better than the average county in the nation.



COMMUNITY HEALTH NEEDS ASSESSMENT

	Washburn County	Trend	Wisconsin	United States
Health Outcomes				
Length of Life				
Premature Death	7,600		7,100	8,000
Quality of Life				
Poor or Fair Health	14%		13%	14%
Poor Physical Health Days	3.4		3.1	3.3
Poor Mental Health Days	4.7		4.8	4.8
Low Birthweight	6%		8%	8%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	77.1		78.2	77.6
Premature age-adjusted mortality	370		340	390
Child mortality			50	50
Infant mortality			6	6
Frequent physical distress	11%		9%	10%
Frequent mental distress	16%		14%	15%
Diabetes prevalence	8%		8%	10%
HIV prevalence	82		137	382

	Washburn County	Trend	Wisconsin	United States
Health Factors				
Health Behaviors				
Adult smoking	17%		14%	15%
Adult obesity	34%		34%	34%
Food environment index	8.4		9.1	7.7
Physical inactivity	21%		19%	23%
Access to exercise opportunities	61%		84%	84%
Excessive drinking	21%		25%	18%
Alcohol-impaired driving deaths	62%	Worse	35%	26%
Sexually transmitted infections	131.3	Worse	472.3	495.5
Teen births	14		12	17
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	9%		7%	10%
Limited access to healthy foods	5%		5%	6%
Drug overdose deaths			26	27
Insufficient sleep	32%		31%	33%

Color Legend	
areas of strength =	
areas to explore =	



COMMUNITY HEALTH NEEDS ASSESSMENT

	Washburn County	Trend	Wisconsin	United States
Health Factors				
Clinical Care				
Uninsured	8%	Better	6%	10%
Primary care physicians	1,050:1		1,250:1	1,330:1
Dentists	2,420:1	Better	1,360:1	1380:1
Mental health providers	770:1		400:1	320:1
Preventable hospital stays	2,444	Better	2,451	2,681
Mammography screening	53%		50%	43%
Flu vaccinations	28%	Worse	52%	46%
Additional Clinical Care (not included in overall)				
Uninsured adults	8%	Better	7%	12%
Uninsured children	5%	Better	4%	5%
Other primary care providers	1,540:1		670:1	760:1

Color Legend	
areas of strength =	
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	Washburn County	Trend	Wisconsin	United States
Health Factors				
Social & Economic Factors				
High school completion	93%		93%	89%
Some college	59%		70%	68%
Unemployment	3.7%	Better	2.9%	3.7%
Children in poverty	16%		13%	16%
Income inequality	4		4.2	4.9
Children in single-parent households	17%		22%	25%
Social associations	11.9		11	9.1
Injury deaths	98		93	80
Additional Social & Economic Factors (not included in overall)				
High school graduation	90%		90%	86%
Disconnected youth			5%	7%
Reading scores	2.9		3	3.1
Math scores	3		3	3
School segregation	0.03		0.27	0.24
School funding adequacy	\$348		\$355	\$634
Median household income	\$59,200		\$71,100	\$74,800
Living wage	\$40.88		\$49.27	
Children eligible for free or reduced price lunch	47%		39%	51%
Residential segregation - black/white			77	63
Children cost burden	25%		31%	27%
Childcare centers	10		6	7
Homicides			4	6
Suicides	23		15	14
Firearm fatalities	19		11	13
Motor Vehicle Crash Deaths	14		10	12



COMMUNITY HEALTH NEEDS ASSESSMENT

	Washburn County	Trend	Wisconsin	United States
Health Factors				
Physical Environment				
Air pollution - particulate matter	5.8	Better	7.8	7.4
Drinking water violations	No			
Severe housing problems	10%		13%	17%
Driving alone to work	77%		77%	72%
Long commute - driving alone	31%		28%	36%
Additional Physical Environment (not included in overall ranking)				
Traffic volume	17		281	108
Homeownership	81%		66%	65%
Severe housing cost burden	8%		11%	14%
Broadband access	82%		88%	88%

Color Legend	
areas of strength =	
areas to explore =	

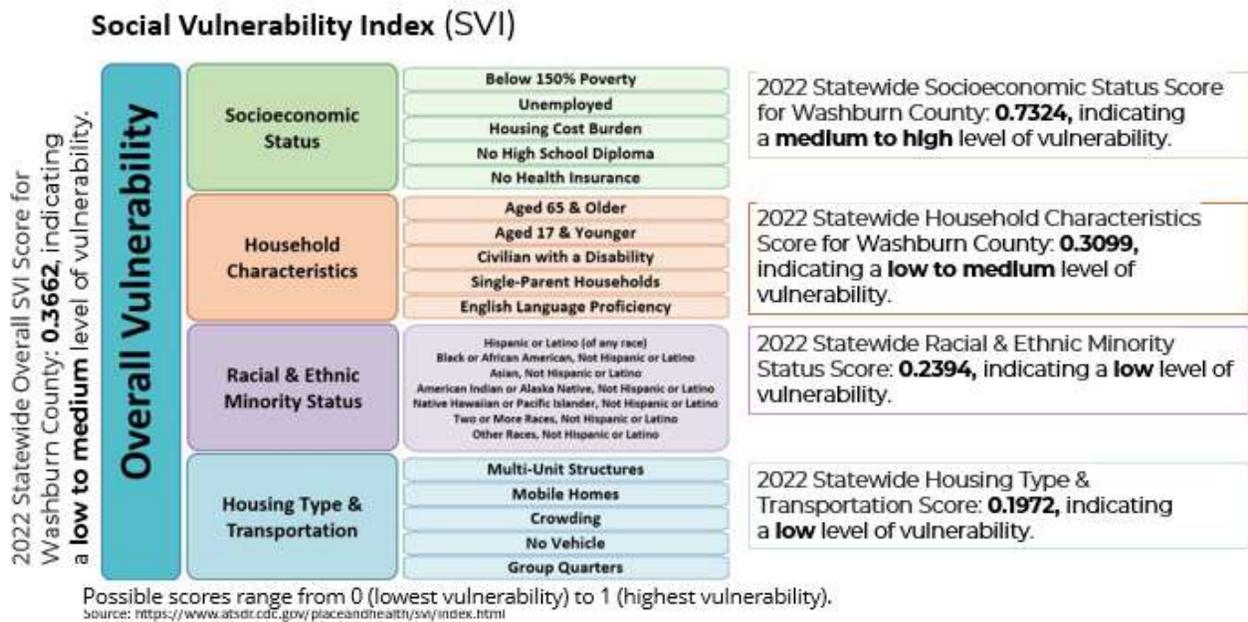
Source: <https://www.countyhealthrankings.org/health-data/wisconsin/washburn?year=2024#health-factors>

APPENDIX 3: SOCIAL VULNERABILITY INDEX (SVI)

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index (hereafter, CDC/ATSDR SVI or SVI) is a place-based index, database, and mapping application designed to identify and quantify communities experiencing social vulnerability.

The Geospatial Research, Analysis & Services Program (GRASP) maintains the CDC/ATSDR SVI to help public health officials and local planners better prepare for and respond to emergency events with the goal of decreasing human suffering, economic loss, and health inequities.

A model of the tool and the scores associated with Washburn County are below.



APPENDIX 4: CHNA DATA REPORT, BETTER THAN STATE AVERAGE

The information presented in this Appendix reflects the framework used by the County Health Rankings & Roadmaps program, a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The data presented in this Appendix reflects the Washburn County data that is better than state of Wisconsin, whereas Appendix 5 captures the data that is worse than.

Washburn County CHNA **BETTER** than Wisconsin State Report

- Education 2
 - Access - Preschool Enrollment (Age 3-4)..... 2
 - Attainment - No High School Diploma 2
 - Attainment - High School Graduation Rate 2
- Housing and Families 3
 - Household Structure - Single-Parent Households 3
 - Homeless Children & Youth..... 3
- Physical Environment..... 3
 - Climate & Health - National Risk Index 4
 - Food Environment - SNAP-Authorized Food Stores 4
- Health Risk Behaviors..... 4
- Alcohol and Substance Use..... 4
 - Substance Misuse - Poisoning (Includes Drug Overdose) 5
- Health Outcomes 5
 - Birth Outcomes - Low Birth Weight (CDC) 5
 - Chronic Conditions - High Cholesterol (Medicare Population) 6
- Access to Healthcare..... 6
 - Federally Qualified Health Centers 6

Education

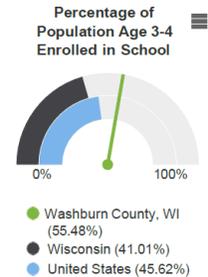
This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Washburn County, WI	292	162	55.48%
Wisconsin	135,679	55,645	41.01%
United States	7,958,841	3,631,021	45.62%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

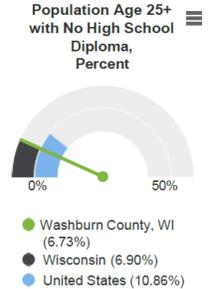


Attainment - No High School Diploma

Within the report area there are 848 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 6.73% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Washburn County, WI	12,605	848	6.73%
Wisconsin	4,047,831	279,405	6.90%
United States	226,600,992	24,599,698	10.86%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.

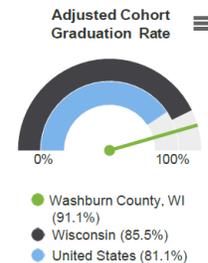


Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 91.1% during the most recently reported school year. Students in the report area performed better than the state, which had an ACGR of 85.5%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Washburn County, WI	79	72	91.1%
Wisconsin	19,903	17,019	85.5%
United States	3,448,175	2,795,415	81.1%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDData. Additional data analysis by CARES, 2020-21.



Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders.

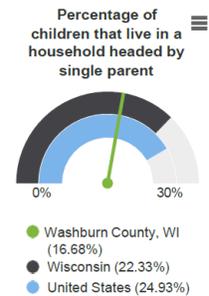
Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

Household Structure - Single-Parent Households

This indicator reports the percentage of children who live in households where only one parent is present.

Report Area	Population Age 0-17	Children in Single-Parent Households	Percentage of Children in Single-Parent Households
Washburn County, WI	3,063	511	16.68%
Wisconsin	1,267,358	282,976	22.33%
United States	73,025,646	18,206,449	24.93%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.



Homeless Children & Youth

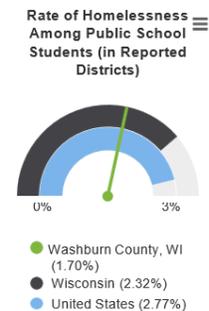
This indicator reports the number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.

In the report area, of all the 1,931 students enrolled in reported districts during the school year 2019-2020, there were 32 or 1.70% homeless students, which is lower than the statewide rate of 2.32%.

Note: Data are available for 100.00% school districts in the report area, representing 100.00% of the public school student population.

Report Area	Students in Reported Districts	Homeless Students	Homeless Students, Percent	Districts Reporting	Students in Reported Districts
Washburn County, WI	1,931	32	1.70%	100.00%	100.00%
Wisconsin	765,180	17,756	2.32%	88.51%	95.82%
United States	47,386,316	1,311,089	2.77%	86.95%	97.47%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDData. Additional data analysis by CARES, 2019-2020.



Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Climate & Health - National Risk Index

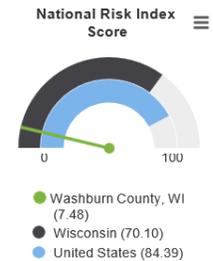
The FEMA National Risk Index provides a holistic view of community-level risk nationwide by combining multiple hazards with socioeconomic and built environment factors. It calculates a baseline relative risk measurement for each United States county and census tract for 18 natural hazard types as a composite score from the summation of all 18 hazard types (as shown in the main table) as well as individual scores for each hazard type (as shown in the breakout tables).

This indicator displays the composite FEMA National Risk Index score and the scores of the three components - Expected Annual Loss, Social Vulnerability, and Community Resilience. All the scores are constrained into a scale ranging from 0 (lowest risk) to 100 (highest risk) describing a community's relative position among all other communities. For example, a county's Risk Index score (as shown in the table below) and rating (as displayed in the map inset) is relative to all other counties in the United States. Similarly, a Census tract's Risk Index score and rating is relative to all other Census tracts in the United States.

Note: Use caution when comparing data for custom areas to national averages. View methodology for more information.

Report Area	National Risk Index Score	Expected Annual Loss Score	Social Vulnerability Score	Community Resilience Score
Washburn County, WI	7.48	9.13	11.62	52.26
Wisconsin	70.10	72.15	30.69	91.11
United States	84.39	84.47	58.54	57.95

Note: This indicator is compared to the state average.
Data Source: Federal Emergency Management Agency, National Risk Index. 2023.

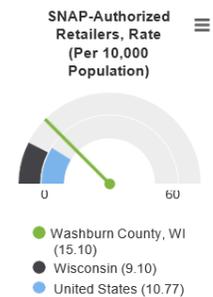


Food Environment - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. The report area contains a total of 16 SNAP-authorized retailers with a rate of 15.10.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Washburn County, WI	10,593	16	15.10
Wisconsin	4,731,376	4,460	9.10
United States	236,977,224	262,606	10.77

Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2024.



Health Risk Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol and Substance Use

Understanding the prevalence of alcohol and substance use disorders is important for assessing the health and well-being of a community. These behaviors can have widespread impacts on individuals, families, and social systems, contributing to physical health issues, mental health challenges, and socioeconomic burdens. Identifying patterns of use and risk factors helps to highlight areas where prevention and treatment services are most needed, ensuring that resources are directed to support those most affected.

Substance Misuse - Poisoning (Includes Drug Overdose)

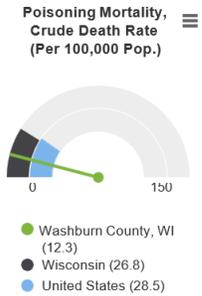
This indicator reports the 2018-2022 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.

Within the report area, there are a total of 10 deaths due to poisoning. This represents a crude death rate of 12.3 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	10	12.3
Wisconsin	5,851,421	7,828	26.8
United States	330,014,476	469,860	28.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2018-2022.



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

Birth Outcomes - Low Birth Weight (CDC)

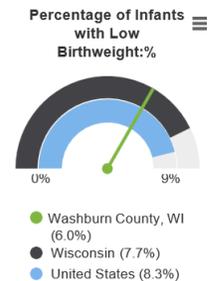
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2016-2022) and are used for the 2024 County Health Rankings.

Within the report area, there were 52 infants born with low birth weight. This represents 6.0% of the total live births.

Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Washburn County, WI	898	52	6.0%
Wisconsin	441,071	33,850	7.7%
United States	26,262,906	2,190,533	8.3%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2016-2022.



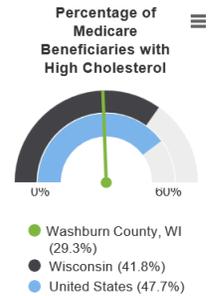
Chronic Conditions - High Cholesterol (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with hyperlipidemia, which is typically associated with high cholesterol. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 909 beneficiaries with hyperlipidemia based on administrative claims data in the latest report year. This represents 29.3% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Washburn County, WI	3,106	909	29.3%
Wisconsin	608,339	254,177	41.8%
United States	33,499,472	15,965,312	47.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.



Access to Healthcare

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

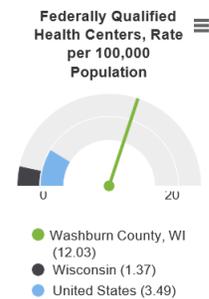
Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Within the report area, there are 2 Federally Qualified Health Centers. This means there is a rate of 12.03 Federally Qualified Health Centers per 100,000 total population.

Report Area	Total Population (2020)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Washburn County, WI	16,623	2	12.03
Wisconsin	5,893,718	81	1.37
United States	334,735,149	11,680	3.49

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, December 2023.



APPENDIX 5: CHNA DATA REPORT, WORSE THAN STATE AVERAGE

The information presented in this Appendix reflects the framework used by the County Health Rankings & Roadmaps program, a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The data presented in this Appendix reflects the Washburn County data that is worse than state of Wisconsin, whereas Appendix 4 captures the data that is better than.

Washburn County CHNA **WORSE** than Wisconsin State Report

- Income and Economics 2
 - Income - Median Household Income 2
 - Poverty - Children Eligible for Free/Reduced Price Lunch 2
- Other Social & Economic Factors 3
 - Area Deprivation Index..... 3
 - Insurance - Population Receiving Medicaid..... 3
- Physical Environment 3
 - Community Design - Broadband Internet Access 4
 - Community Design - Park Access (CDC) 4
- Clinical Care and Prevention 4
 - Hospitalizations - Emergency Room Visits 5
 - Prevention - Annual Wellness Exam (Medicare) 5
- Health Risk Behaviors..... 5
 - Alcohol and Substance Use 5
 - Alcohol & Tobacco - Current Smokers 6
 - Mortality - Motor Vehicle Crash, Alcohol-Involved 6
 - Opioids - Opioid Drug Claims 6
- Health Outcomes 7
 - Chronic Conditions - Arthritis 7
 - Chronic Conditions - Cancer (Adult) 7
 - Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult) 8
 - Chronic Conditions - Diabetes Prevalence (Adult)..... 8
 - Chronic Conditions - Heart Disease (Adult) 8
 - Chronic Conditions - High Blood Pressure (Adult) 9
 - Chronic Conditions - High Cholesterol (Adult) 9
 - Chronic Conditions - Kidney Disease (Adult) 9
 - Mortality - Cancer 10
 - Mortality - Coronary Heart Disease 10
 - Mortality - Firearm 11
 - Mortality - Influenza & Pneumonia 11
 - Mortality - Lung Disease 12
 - Mortality - Stroke..... 12
 - Mortality - Suicide..... 13
 - Poor Physical Health 13
- Access to Healthcare..... 13
 - Access to Care - Dental Health Providers (Address) 14
 - Access to Care - Mental Health 14
 - Access to Care - Primary Care Providers (Address) 15
 - Access to Care - Maternal Care Providers 15
 - Health Professional Shortage Areas - Primary Care..... 15
 - Health Professional Shortage Areas - Dental Health Care 16
 - Health Professional Shortage Areas - Mental Health Care 17

Income and Economics

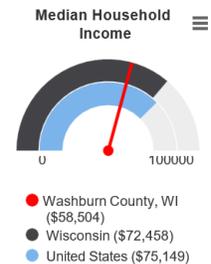
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 7,252 households in the report area, with an average income of \$76,892 and a median income of \$58,504.

Report Area	Total Households	Average Household Income	Median Household Income
Washburn County, WI	7,252	\$76,892	\$58,504
Wisconsin	2,425,488	\$94,995	\$72,458
United States	125,736,353	\$105,833	\$75,149

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2018-22.



Poverty - Children Eligible for Free/Reduced Price Lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 2,231 total public school students in the report area, 1,025 were eligible for the free or reduced price lunch program in the latest report year. This represents 46.1% of public school students, which is higher than the state average of 40.5%.
Note: States with more than 80% records "not reported" are suppressed for all geographic areas, including hospital service area, census tract, zip code, school district, county, state, etc.

Report Area	Total Students	Students Eligible for Free or <u>Reduced Price Lunch</u>	Students Eligible for Free or <u>Reduced Price Lunch, Percent</u>
Washburn County, WI	2,231	1,025	46.1%
Wisconsin	824,022	333,170	40.5%
United States	46,791,755	24,677,523	53.5%

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2022-2023.



Other Social & Economic Factors

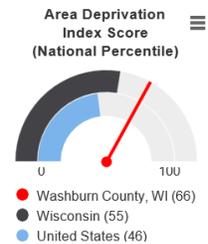
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Washburn County, WI	16,623	66	66
Wisconsin	5,893,718	49	55
United States	331,129,211	51	46

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin-Madison School of Medicine and Public Health, *Neighborhood Atlas*, 2022.

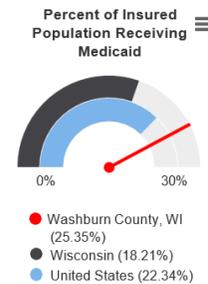


Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Washburn County, WI	16,513	15,441	3,914	25.35%
Wisconsin	5,815,677	5,498,813	1,001,590	18.21%
United States	326,147,510	297,832,418	66,532,218	22.34%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, *American Community Survey*, 2018-22.



Physical Environment

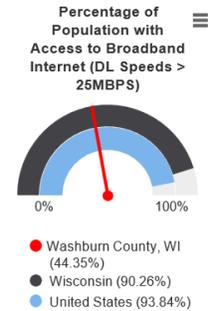
A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Community Design - Broadband Internet Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Report Area	Total Number of Broadband Serviceable Locations	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS
Washburn County, WI	13,814	44.35%	33.99%
Wisconsin	2,313,423	90.26%	81.59%
United States	115,342,228	93.84%	91.20%

Note: This indicator is compared to the state average.
Data Source: FCC FABRIC Data. Additional data analysis by CARES. December, 2023.

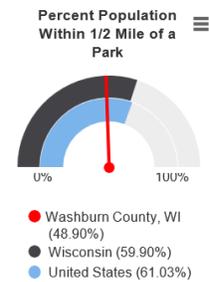


Community Design - Park Access (CDC)

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2016-20	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Washburn County, WI	15,726	7,690	48.90%
Wisconsin	5,806,975	3,478,378	59.90%
United States	326,569,308	199,317,503	61.03%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020.



Clinical Care and Prevention

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

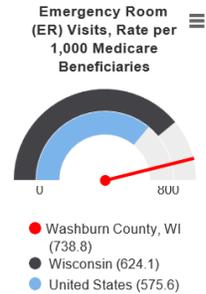
Hospitalizations - Emergency Room Visits

This indicator reports the number and rate of emergency room (ER) visits among Medicare beneficiaries age 65 and older. This indicator is relevant because emergency room visits are "high intensity" services that can burden on both health care systems and patients. High rates of emergency room visits "may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented"¹.

In the latest reporting period there were 5,577 Medicare beneficiaries in the report area. Beneficiaries had 2,226 emergency room visits, and the rate of visits per 1,000 beneficiaries was 738.8. The ER visit rate in the report area was higher than the state rate of 624.1 during the same time period.

Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Washburn County, WI	5,577	2,226	738.8
Wisconsin	1,189,288	331,237	624.1
United States	59,319,668	17,059,786	575.6

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.



Prevention - Annual Wellness Exam (Medicare)

This indicator reports the percentage of Medicare beneficiaries who had one or more annual wellness visits in most recent reporting year. Annual wellness visits are visits to develop or update a personalized prevention plan and perform a health risk assessment. These services are fully covered once every 12 months. In the latest reporting period there were 5,438 Medicare beneficiaries in the report area, and 19% had an annual wellness visit. The rate in the report area was lower than the state rate of 44% during the same time period.

Report Area	Medicare Beneficiaries	Beneficiaries with Annual Wellness Visit, Percent
Washburn County, WI	5,438	19%
Wisconsin	1,160,274	44%
United States	58,652,883	36%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2021.



Health Risk Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol and Substance Use

Understanding the prevalence of alcohol and substance use disorders is important for assessing the health and well-being of a community. These behaviors can have widespread impacts on individuals, families, and social systems, contributing to physical health issues, mental health challenges, and socioeconomic burdens. Identifying patterns of use and risk factors helps to highlight areas where prevention and treatment services are most needed, ensuring that resources are directed to support those most affected.

Alcohol & Tobacco - Current Smokers

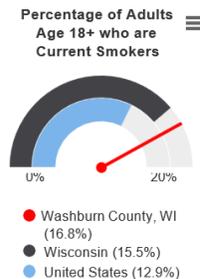
This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 16.8% adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Washburn County, WI	16,911	16.8%	19.5%
Wisconsin	5,892,539	15.5%	16.1%
United States	333,287,557	12.9%	13.2%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



Mortality - Motor Vehicle Crash, Alcohol-Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

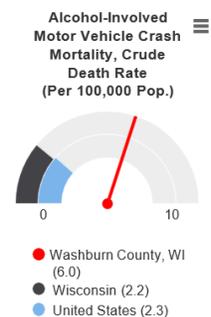
Within the report area, there are a total of 5 deaths due to motor vehicle crash involving alcohol. The crude rate per 100,000 total population is 6.0.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2020)	Alcohol-Involved Crash Deaths (2018-2022)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Washburn County, WI	16,623	5	6.0
Wisconsin	5,893,718	779	2.2
United States	334,735,155	44,355	2.3

Note: This indicator is compared to the state average.

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2018-2022.



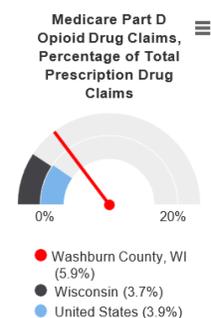
Opioids - Opioid Drug Claims

This indicator provides information about Medicare Part D opioid drug claims. Report data includes the number of Medicare Part D claims (for both original prescriptions and refills), and the number of opioid drug claims as a percentage of total prescription drug claims.

Report Area	Medicare Beneficiaries	Total Prescription Drug Claims	Opioid Drug Claims	Opioid Drug Claims, Percentage of Total Claims
Washburn County, WI	5,577	72,969	4,304	5.9%
Wisconsin	1,189,288	28,424,902	1,046,467	3.7%
United States	No data	1,541,263,682	59,766,596	3.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool, 2022.



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

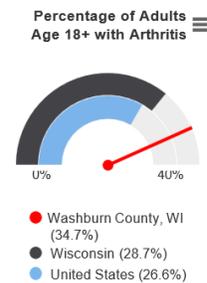
Chronic Conditions - Arthritis

This indicator reports the number and percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had arthritis.

Within the report area there are 34.7% adults age 18 and older with arthritis of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with Arthritis (Crude)	Adults Age 18+ with Arthritis (Age-Adjusted)
Washburn County, WI	16,911	34.7%	24.9%
Wisconsin	5,892,539	28.7%	24.4%
United States	333,287,557	26.6%	23.3%

Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



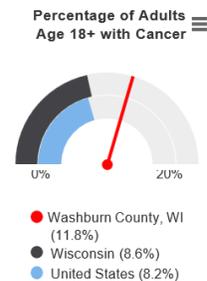
Chronic Conditions - Cancer (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have any other types (besides skin) of cancer.

Within the report area there are 11.8% adults age 18 and older with cancer of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with Cancer (Crude)	Adults Age 18+ with Cancer (Age-Adjusted)
Washburn County, WI	16,911	11.8%	7.5%
Wisconsin	5,892,539	8.6%	7.1%
United States	333,287,557	8.2%	6.9%

Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



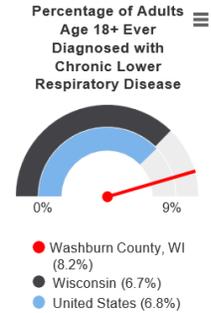
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

Within the report area, there were 8.2% of adults age 18 and older who reported having chronic obstructive pulmonary disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with COPD(Crude)	Adults Age 18+ with COPD (Age-Adjusted)
Washburn County, WI	16,911	8.2%	6.4%
Wisconsin	5,892,539	6.7%	5.8%
United States	333,287,557	6.8%	5.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



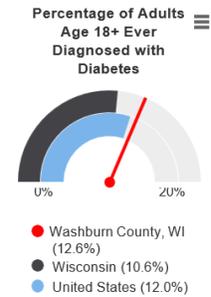
Chronic Conditions - Diabetes Prevalence (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

Within the report area there are 12.6% adults age 18 and older with diabetes of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)
Washburn County, WI	16,911	12.6%	8.8%
Wisconsin	5,892,539	10.6%	9.1%
United States	333,287,557	12.0%	10.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



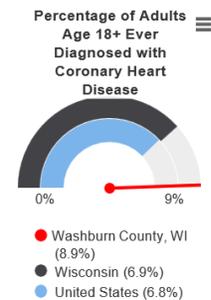
Chronic Conditions - Heart Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

Within the report area, there were 8.9% of adults 18 and older who reported having coronary heart disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with CHD (Crude)	Adults Age 18+ Ever Diagnosed with CHD (Age-Adjusted)
Washburn County, WI	16,911	8.9%	5.8%
Wisconsin	5,892,539	6.9%	5.6%
United States	333,287,557	6.8%	5.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



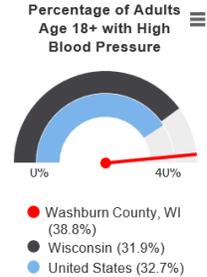
Chronic Conditions - High Blood Pressure (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Within the report area, there were 38.8% of adults age 18+ who reported having high blood pressure of the total population age 18+.

Report Area	Total Population	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Washburn County, WI	16,911	38.8%	28.5%
Wisconsin	5,892,539	31.9%	28.2%
United States	333,287,557	32.7%	29.6%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.



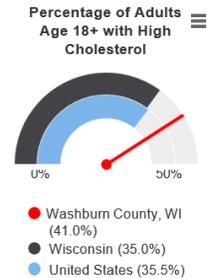
Chronic Conditions - High Cholesterol (Adult)

This indicator reports the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol.

Within the report area, there were 41.0% of adults age 18 and older who reported having high cholesterol of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with High Cholesterol (Crude)	Adults Age 18+ with High Cholesterol (Age-Adjusted)
Washburn County, WI	16,911	41.0%	30.0%
Wisconsin	5,892,539	35.0%	29.6%
United States	333,287,557	35.5%	30.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.



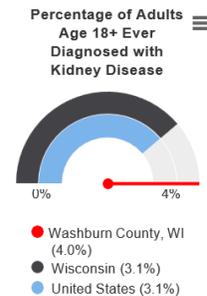
Chronic Conditions - Kidney Disease (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.

Within the report area there are 4.0% adults age 18 and older with kidney disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Kidney Disease (Crude)	Adults Age 18+ with Kidney Disease (Age-Adjusted)
Washburn County, WI	16,752	4.0%	2.7%
Wisconsin	5,895,908	3.1%	2.7%
United States	331,893,745	3.1%	2.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.



Mortality - Cancer

This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

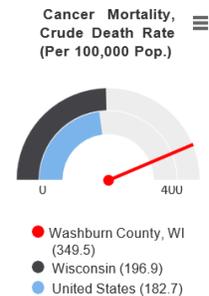
Within the report area, there are a total of 283 deaths due to cancer. This represents a crude death rate of 349.5 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	283	349.5
Wisconsin	5,851,421	57,606	196.9
United States	330,014,476	3,014,809	182.7

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Coronary Heart Disease

This indicator reports the 2018-2022 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

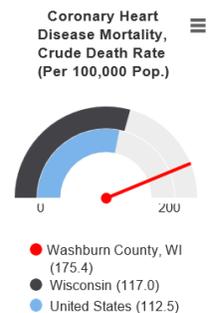
Within the report area, there are a total of 142 deaths due to coronary heart disease. This represents a crude death rate of 175.4 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	142	175.4
Wisconsin	5,851,421	34,235	117.0
United States	330,014,476	1,856,446	112.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Firearm

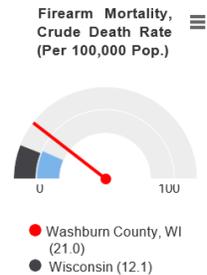
This indicator reports the 2018-2022 five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates. This indicator is relevant because firearm deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 17 deaths due to firearm wounds. This represents a crude death rate of 21.0 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	17	21.0
Wisconsin	5,851,421	3,542	12.1
United States	330,014,476	221,703	13.4

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Influenza & Pneumonia

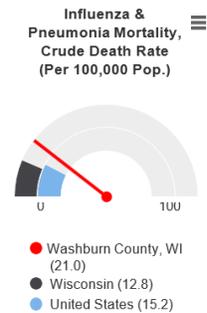
This indicator reports the 2018-2022 five-year average rate of death due to influenza and pneumonia (ICD10 Codes J09-J18) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because influenza and pneumonia is a leading cause of death in the United States.

Within the report area, there are a total of 17 deaths due to influenza and pneumonia. This represents a crude death rate of 21.0 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	17	21.0
Wisconsin	5,851,421	3,754	12.8
United States	330,014,476	251,416	15.2

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Lung Disease

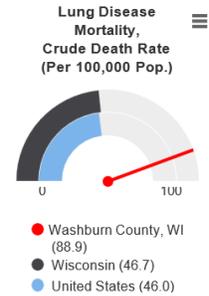
This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within the report area, there are a total of 72 deaths due to lung disease. This represents a crude death rate of 88.9 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	72	88.9
Wisconsin	5,851,421	13,662	46.7
United States	330,014,476	758,846	46.0

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Stroke

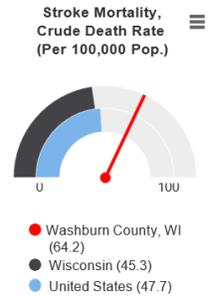
This indicator reports the 2018-2022 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there are a total of 52 deaths due to stroke. This represents a crude death rate of 64.2 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	52	64.2
Wisconsin	5,851,421	13,265	45.3
United States	330,014,476	786,362	47.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Suicide

This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

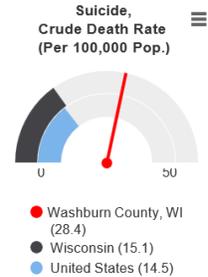
Within the report area, there are a total of 23 deaths due to suicide. This represents a crude death rate of 28.4 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Washburn County, WI	16,195	23	28.4
Wisconsin	5,851,421	4,428	15.1
United States	330,014,476	239,493	14.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2018-2022.



Poor Physical Health

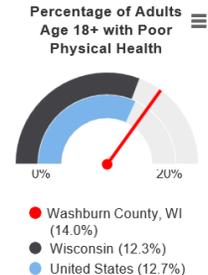
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Within the report area, there were 14.0% of adults 18 and older who reported poor physical health in the past month of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with Poor Physical Health (Crude)	Adults Age 18+ with Poor Physical Health (Age-Adjusted)
Washburn County, WI	16,911	14.0%	12.8%
Wisconsin	5,892,539	12.3%	11.5%
United States	333,287,557	12.7%	12.0%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.



Access to Healthcare

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Care - Dental Health Providers (Address)

This indicator reports the number of oral health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty. The number of facilities that specialize in oral health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Washburn County, WI	16,623	0	5	30.08
Wisconsin	5,893,718	831	4,175	70.84
United States	334,735,155	59,484	212,022	63.34

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPDES), 2024.



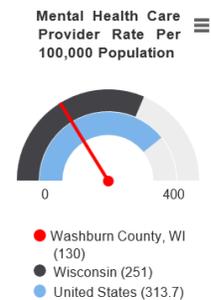
Access to Care - Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from the 2023 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2024 County Health Rankings.

Within the report area there are 22 mental health providers with a CMS National Provider Identifier (NPI). This represents 130 providers per 100,000 total population.

Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Washburn County, WI	16,923	22	769.2	130
Wisconsin	5,899,602	14,808	398.4	251
United States	333,191,688	1,045,210	318.8	313.7

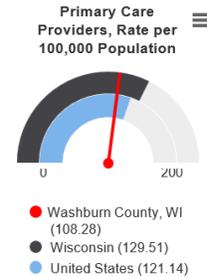


Access to Care - Primary Care Providers (Address)

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Washburn County, WI	16,623	3	18	108.28
Wisconsin	5,893,718	1,107	7,633	129.51
United States	334,735,155	145,797	405,487	121.14

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPDES), September 2024.

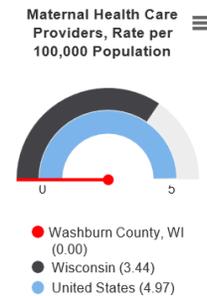


Access to Care - Maternal Care Providers

This indicator reports the number of maternal health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "obstetrician/gynecologist", "certified nurse midwife (CNM)", "certified midwife (CM)", or "certified professional midwife" as their primary practice classification, regardless of sub-specialty. Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Washburn County, WI	16,623	0	0	0.00
Wisconsin	5,893,718	46	203	3.44
United States	334,735,155	7,280	16,643	4.97

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPDES), 2024.



Health Professional Shortage Areas - Primary Care

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA:** Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA:** Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA:** Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

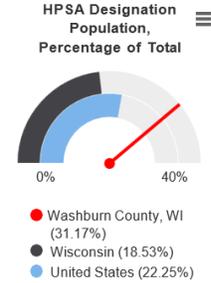
This indicator reports the total population in the report area that is living in a primary care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

$$\text{Percentage} = \frac{[\text{HPSA Population}]}{[\text{Report Area Population}]} * 100$$

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

Within the report area, there are 4,890 people living in a primary care Health Professional Shortage Area. This represents 31.17% of the total population.

Report Area	Total Population (ACS 2019 5-Year Estimates)	Primary Care HPSA Designation Population	HPSA Designation Population, Percentage of Total	Percentage of HPSA Population Underserved
Washburn County, WI	15,688	4,890	31.17%	81.84%
Wisconsin	5,790,716	1,072,886	18.53%	37.26%
United States	324,697,795	72,230,619	22.25%	51.64%



Note: This indicator is compared to the state average.
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

Health Professional Shortage Areas - Dental Health Care

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA:** Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA:** Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA:** Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

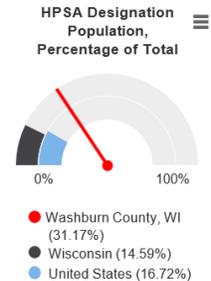
This indicator reports the total population in the report area that is living in a dental health care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

$$\text{Percentage} = [\text{HPSA Population}] / [\text{Report Area Population}] * 100$$

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

Within the report area, there are 4,890 people living in a dental health care Health Professional Shortage Area. This means 31.17% of people likely don't have reliable or affordable access to a dentist.

Report Area	Total Population (ACS 2019 5-Year Estimates)	Dental Health Care HPSA Designation Population	HPSA Designation Population, Percentage of Total	Percentage of HPSA Population Underserved
Washburn County, WI	15,688	4,890	31.17%	100.00%
Wisconsin	5,790,716	844,772	14.59%	75.21%
United States	324,697,795	54,288,291	16.72%	67.52%



Note: This indicator is compared to the state average.
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

Health Professional Shortage Areas - Mental Health Care

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA:** Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA:** Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA:** Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

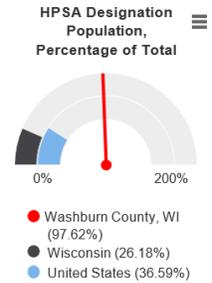
This indicator reports the total population in the report area that is living in a mental health care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

$$\text{Percentage} = \frac{\text{HPSA Population}}{\text{Report Area Population}} * 100$$

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Within the report area, there are 15,315 people living in a mental health care Health Professional Shortage Area. This represents 97.62% of the total population.

Report Area	Total Population (ACS 2019 5-Year Estimates)	Mental Health Care HPSA Designation Population	HPSA Designation Population, Percentage of Total	Percentage of HPSA Population Underserved
Washburn County, WI	15,688	15,315	97.62%	32.13%
Wisconsin	5,790,716	1,515,806	26.18%	41.98%
United States	324,697,795	118,818,005	36.59%	62.78%



Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

APPENDIX 6: COMMUNITY SURVEY

A survey was conducted to acquire input from community members who represent the broad interest of the community. A community survey link opened on August 2, 2024, and closed on October 22, 2024. Also, paper copies of the community survey were distributed in various public locations during this same time frame. Details about both the electronic and paper survey distribution methods can be found in the lists below. There was a total of 262 survey respondents (49 paper surveys were returned and 213 utilized the survey link). The results of the community survey are included in this appendix.

Paper copies of the community survey were distributed to the following locations in the quantities specified.

- Meals on Wheels – 100 copies
- Spooner Area Memorial Library – 45 copies
- Spooner Health Flu Shot Clinics – 25 copies
- Spooner Health – 25 copies
- Health Department – 20 copies
- Shell Lake Library – 20 copies
- Birchwood Village Hall – 20 copies
- Minong Library - 20 copies
- Siren Clinic – 20 copies
- IMC – Shell Lake – 20 copies

A link to the community survey was distributed and promoted via the following methods.

- Facebook
- DrydenWire.com
- Spooner Advocate (Print Ads and Web Ads)
- SpoonerHealth.com
- Email distribution lists (i.e., hospital staff, managers, & steering committee members)

Community Health Needs Assessment Survey Results

Fall 2024

Q1. This survey is intended to support the assessment of health needs of individuals in Washburn County. Please indicate which ZIP Code you live (or plan to live) in at least 6 months out of the year.

54801 Spooner	41%	108
54871 Shell Lake	27%	70
54888 Trego	6%	17
54870 Sarona	6%	15
54859 Minong	5%	14
54893 Webster	4%	11
54875 Springbrook	3%	8
54813 Barronett	2%	5
54817 Birchwood	2%	5
54830 Danbury	1%	3
54876 Stone Lake	1%	3
54843 Hayward	0%	1
54845 Hertel	0%	1
54872 Siren	0%	1
My ZIP Code is not listed (Thank you, no need to complete the survey.)	0%	0
	Answered	262
	Skipped	0

Q2. What are the three (3) best things Washburn County offers regarding health and wellbeing?

Outdoor recreation opportunities	57%	150
Family friendly events and activities	47%	123
Church and spiritual opportunities	35%	91
Recreation trails (unpaved)	27%	72
Civic and social groups (Lions Club, etc.)	15%	39
Nutritious & affordable food options (access)	15%	38
Recreation trails (paved)	13%	33
Support groups (access to Grief Group, AA, Al-Alon, Aphasia, Suicide Survivor, etc.)	13%	33
Activity based clubs (biking, sailing, fishing, running, etc.)	12%	32
Safe swimming options	8%	22
Mental health resource access	8%	20
Health education access	7%	19
Fitness classes (affordable)	7%	18
Other (please specify)	9%	23
	Answered	262
	Skipped	0

Family Resource Center		
I can't even pick out 1		
Libraries		
Local Hospital and Clinic		
Meals on Wheels		
Meals on Wheels		
Neighbor to neighbor and library services		
None		
None		
None selected.		
Nothing		
Nothing Selected (paper survey)		
Plenty of public land for use		
School sports activities		
Senior Center		
Senior Center		
Senior Center		
Senior Centers		
Senior Centers		
Siren Clinic		
Spooner Clinic and Hospital		
Transportation		
We need more things or better knowledge or access. Food is expensive there isn't much to do outside of walks and I never see education or club recruiting.		

Q3. How would you rate the general health of our community? (Please indicate your response on the scale below.)		
Very poor health	2%	5
Poor health	29%	77
Acceptable health	54%	142
Good health	14%	36
Very good health	1%	2
	Answered	262
	Skipped	0

Q4. What are the three (3) most important health problems that affect the health of the people in our community? Please select up to three (3).		
Mental health (depression, anxiety)	60%	157
Drug abuse/overdose	58%	152
Alcohol abuse	46%	120
Obesity (lack of nutrition/exercise)	43%	112
Chronic diseases (arthritis, heart disease, cancer, Alzheimer's, diabetes, etc.)	35%	92
Tobacco/cigarette/vaping use	20%	52
Unintentional injury (ATV/UTV accident, vehicle accident, farm accident, etc.)	11%	28
Infectious disease (flu, ticks, food borne, measles)	9%	23
Prescription drug abuse	6%	16
Falls	3%	7
Reproductive and sexual health (unintended pregnancy and/or Sexually Transmitted Diseases (STD)/unsafe sex)	1%	3
Other (please specify)	2%	4
	Answered	262
	Skipped	0
Paper Survey - Checked box; didn't write comment		
Lack of affordable healthcare		
Lack of affordable housing and homelessness		
Stress		

Q5. What are the three (3) most important social/environmental problems that affect the health of your community? Please select up to three (3).		
Housing (lack of affordable safe)	45%	118
Mental healthcare (lack of access)	36%	95
Dental care (lack of access)	26%	67
Childcare (lack of affordable)	24%	64
Healthcare (lack of access)	18%	46
Job opportunities (lack of)	18%	46
Mental illness (lack of knowledge/stigma of)	18%	46
Healthy foods (limited access)	15%	39
Social isolation/loneliness	15%	39
Insurance (availability/access to)	13%	33
Transportation problems	12%	32
Child abuse/neglect	10%	27
Domestic violence &/or abuse	10%	26
Exercise options (limited places)	6%	15
Motor vehicle safety (accidents, car seat/seat belt safety, cell phone use while driving)	6%	15
Health education (lack of)	5%	12
Environmental health (water, air, pollution)	2%	6
Gender discrimination	2%	4
Racial/ethnicity discrimination	2%	4
Elder abuse	1%	3
School dropout/poor schools	1%	3
Neighborhood safety/violence	1%	2
Other (please specify)	3%	9
	Answered	262
	Skipped	0
None selected.		
None selected.		
Too much access to alcohol, drugs, tobacco		
Lack of interest/motivation to make healthy choices		
Lack of enforcing child support and consequences for unpaid child support		
You have to be a part of a certain clique or have a certain amount of money to fit in		
Navigating mental health through the system is very poor. The individual providers are helpful but the insurance and county guidelines tie your hands. There are no affordable options for families and providers of children. Also, it is a complex process that is hard to navigate alone and if the individual is seeking personal mental health help I cannot imagine how navigating it alone would be feasible.		
Lack of knowledge in proper nutrition (the nutrients we should be getting, water consumption, etc... eating fruits and veggies is lame advice and nobody understands the true effects of the nasty stuff that's in their processed foods), and lack of knowledge in exercise/ movement related disease and side effects.		
Distance/Time for Emergency Services		

Q6. What would be the three(3) best ways to improve people's health in our community? Please select up to three (3).		
Access to mental health providers	54%	142
Affordable healthy food	49%	129
Awareness of local services	38%	100
Access to dental care	29%	75
Transportation services	21%	55
Access to health insurance	20%	53
Community education	18%	47
Access to exercise options	15%	40
School health programs	13%	34
Worksite health programs	9%	24
Changes to public policy/laws	5%	14
Remove language barrier	0%	0
Other (please specify)	10%	25
	Answered	262
	Skipped	0
Travel outside of Washburn county and see the bigger picture.		
None selected.		
Access to timely healthcare.		
None selected.		
None selected.		
Less alcohol, tobacco, illegal drugs accessibility.		
Socialization for seniors & for individuals (not families).		
Housing		
Drug and alcohol addiction resources. Access to social workers.		
Affordable food-Economart is so much more expensive than Aldi's, Walmart and Marketplace and many people have very limited income and can not get to Rice Lake.		
Brainstorm ways to encourage taking health seriously.		
Teaching mindset and mental health wellness in schools.		
Enforcing of and consequences for unpaid child support.		
Access to physicians locally		
Recruit more family practice physicians		
Some type of urgent care that isn't going to an ER.		
Availability of Non Medical Home Care		
Housing & daycare		
Closer options for health referrals		
Continued support throughout the whole mental health process. Family check ins, that go deeper than surface level. There are so many reasons the process gets halted and people give up. It is sad and the problem keeps growing.		
Access to functional medicine		
Increase housing options by working with builders to make this affordable.		
Increase housing options by working with builders to make this affordable.		
Social worker at public libraries		
Urgent care availability		

Q7. In the past three (3) years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?		
No	57%	150
Yes	43%	112
	Answered	262
	Skipped	0

Q8. What barriers have you experienced to accessing healthcare or health resources for yourself or your household? Please select up to three (3) that apply.		
Appointment wait time	47%	122
Costs (such as high deductibles, copays, out of pocket expenses)	33%	87
Could not get an appointment	22%	57
I have not experienced any barriers to accessing healthcare or health services	19%	50
Insurance coverage (lack of coverage, poor coverage, provider not covered)	18%	47
Office hours limited	11%	29
Don't like, fear, or mistrust medical providers	8%	21
Negative past experience with medical care	8%	21
Unaware of available services/locations	8%	21
Transportation problems (lack or cost of transportation, too far to go)	6%	17
Childcare (lack of)	5%	14
Internet/technology knowledge	5%	12
Could not get off work	4%	11
Internet/technology access	4%	10
No insurance	4%	10
Too nervous or afraid	3%	8
Language barrier	0%	1
Race/ethnicity barrier	0%	0
Other barrier not listed (please specify)	7%	19
	Answered	262
	Skipped	0
N/a.		
N/a		
Medical liason		
Lack of consistent local medical Dr/RN's and traveling people hired. Most of the people in traveling positions are good but when follow up care is needed the clinic Dr's may or maynot provide coordinated follow up care. There is one newer clinic Dr who has created barriers to service for myself, my sister and others I have heard of.		
Not being able to talk with local clinic directly!		
Insurance requires travel to other towns (i.e. Rice Lake), which makes it tricky to schedule and plan visits		
Lack of specialized care and not trusting local providers ... especially Er, to do anything.		
Lack of MD's available		
Lack of physicians		

poor quality healthcare system disjointed/cumbersome	
Lack of family practice physicians	
Under staffed, turnover of providers; possible staff burnout	
None	
None	
lack of family practice for young children in the immediate area	
Lack of urgent care.	
Dental insurance coverage	
No longer qualify for dental/sliding fee scale	
Poor use of technology by Essentia.	

Q9. In your opinion, what would most improve our community's access to healthcare services? Please select up to three (3).

More primary care providers	54%	142
Urgent Care	51%	133
More specialists	44%	114
Outpatient services expanded hours	26%	68
Improved quality of care	24%	63
Transportation assistance	16%	42
Greater health education services	16%	41
Telemedicine	12%	31
Cultural sensitivity	2%	6
Interpreter services	1%	3
Other (please specify)	8%	20
	Answered	262
	Skipped	0
N/a.		
Providers who work with you, not just on or over you.		
Dentists that take BadgerCare		
N/a.		
N/a.		
More dentists		
A referral system to other professional and non professional resources in the community (lakeland family resource center, embrace, etc)		
Access to more specialists that doesn't involve travel out of the county		
Being able to talk to clinic		
Physicians		
Simpler access, not one doctor sending you to another.		
Functional Health options that are covered by insurance		
General support services		
OBGYN		
Smaller clinics where you can see same provider. I am a low user of health care and go into the clinic less than yearly so every time I need to establish care with a new provider because the last one is gone.		
Direct primary care		
Walk in clinics		
Go back to pre-obamacare BS. Was fine then		
Labor & Delivery; Family Practice for Young Children		

Q10. If you or a household member needed to be hospitalized in the future, which facility would you choose?		
Spooner Health	31%	82
Marshfield Medical Center Rice Lake	20%	53
Tamarack Health - Hayward Medical Center	11%	29
Indianhead Medical Center	11%	28
Cumberland Healthcare	6%	16
Burnett County Medical Center	1%	2
Other (please specify)	20%	51
	Answered	261
	Skipped	1
All of these are poor options		
Any other than Spooner		
Depends on for what health issue.		
Depends on Reason		
Depends on the medical issue		
Don't know		
Duluth		
Duluth clinic in Duluth		
Eau Claire		
Eau Claire		
Essentia Duluth		
Fairview in MN		
Hospital or clinic of Twin Cities or Mayo Clinic		
Lakeview Medical Rice Lake—WELL worth the drive.		
Larger facility		
Marshfield Medical Center - Eau Claire		
Mayo		
Mayo (Eau Claire) or Oakleaf		
Mayo Eau Claire		
Mayo Luther Eau Claire Wi		
no clue		
None - Not worth the cost, would stay home and die		
None of the above		

None of these		
Rice Lake		
Rice lake		
Something in the Twin Cities		
St croix		
St Mary's		
St Mary's Superior		
St Mary's, Duluth		
St. Croix Health		
St. Mary's in Duluth, MN		
The nearest to me, but typically they send you away. So I cannot make a choice here.		
Unsure. New to the area.		
We've been to a few in the area but it would depend on severity of the emergency		
Whatever is available and close to me.		
Where ever they could handle my situation		

Q11. Overall, how would you rate your personal physical health? Please indicate your response on the scale below.		
Very poor health	1%	2
Poor health	6%	16
Acceptable health	38%	100
Good health	47%	122
Very good health	8%	22
	Answered	262
	Skipped	0

Q12. Overall, how would you rate your personal mental health? Please indicate your response on the scale below.		
Very poor health	0%	0
Poor health	8%	20
Acceptable health	37%	98
Good health	36%	95
Very good health	19%	49
	Answered	262
	Skipped	0

Q13. What ideas or suggestions do you have to improve health in our community?		
Helping the elderly with general chores, yard work, etc.		
More interesting or diverse food options that broaden people's horizons. We are what we eat.		
Push mental health info/contacts. Send info home with students in every school in the County several times a year. Advertise and talk about mental health so the community accepts and embraces the idea that asking for mental health help is as good as asking for physical help!		
Get providers other than Marshfield as they are horrendous. Not enough providers in area for specialty care		
Get better doctors and care at spooner health, the ER is killing people in our community.		
Farmers markets		
Mental Health issues need to be priority #1 and having access to certain programs for the nurses working the local ER's.		
To have more special care for the homeless.		

More dental care options. Local options are minimal, we go to Webster - closest provider for Blue Cross Medicare Advantage Plan.		
Essentia Health - Spooner needs to get their act together.		
More primary care doctors, more dentists, more ophthalmologists, more hospitals, more specialists. Rural healthcare needs to be examined and addressed more by the government. Also, more help for elderly and disabled to remain in their own homes.		
Less alcohol, less tobacco etc, celebrate recovery programs. More outdoor activities, more handicap accessible fishing, hunting options, etc.		
Increase appointment time and decrease appointment wait time for both doctors and dentists.		
Increase appointment time and decrease appointment wait time for both doctors and dentists.		
awareness of local resources and use of these services		
More supports through the school systems. Children living in difficult situations because parents don't have needed resources. Often times the school can be seen as the non-threatening first step.		
Do not expect the majority of the population to get their information from the Spooner Advocate. It is too expensive and does not regularly cover applicable topics for most people. Maybe a regular monthly insert in the free Weekender (like ADRC's monthly Focus). A new "Healthy Living" monthly insert should be separate from ADRC's issue. The sharing of a new way to get additional information about physical health and mental health and healthy living must be advertised by people in contact with those who don't usually read the weekly paper at this point. It should be introduced/publicized by the community based organizations that serve our area, visiting nurses, social workers, clinics, hospital, etc. Topics covered could include; recipes for the types of foods WIC or other food programs provide - where to find online exercise classes available for people without mobility like chair yoga, Strong Bodies or for people without internet, diagrams in the article of exercises (include some for chair or bed bound people) - how to regain control of high blood pressure - causes of kidney disease - how longtime use of over the counter pain relievers can contribute to disease - where to go for immunizations and why to get them, etc.		
One issue I recently experienced (I am on Medicare with a Supplemental Insurance) was that I went to more paved trails for walking and biking.		
We need more internists. I'm not impressed with our hospitals. We need more doctors (primary) in Shell Lake.		
Be nice to have insurance. Can't afford it and do qualify for assistance. There are no mental health resources locally not even for emergency. Have cycled through many drs in 5 years because they transfer to other places that makes it hard to have faith in a dr when they don't stay long enough to know you.		
Walk-in clinics		
Stakeholders brainstorm how to encourage healthy lifestyles and if Spooner Health could improve access to mental health - even with online partners.		
Walking and biking lanes on roads.		
More accessible for people w/o ins. no copay or small copay less than \$50.		
More access to front end health & dental care including mental health issues before they become intreatable fundamentally support local providers		
Improve ER doctors. Wait time of 1.75 hrs to see doctor with broken bone when NO ONE was in ER. Faster to go to clinic. Besides, took ice off wound when we came in so swelled while waiting for Dr to arrive then hospital PR arrives to ask how our stay is going. We only came to be treated not to camp out. 🙄 🙄 Dr needed bed side manner. No discussion regarding X-rays, just splinted and dismissed. Whole experience was negative!!!		

Education about physical health, nutrition, and mental health. Teaching healthy coping skills and mindset to children and families.
Better healthy food options in schools. Greater access to healthcare providers without a long wait to get appointment.
Trail system expansion and improved. Safe playground or splash pad that attracts families. Community health fair partnering with schools, businesses, health providers/counselors, to both serve and provide basic help to our community.
Community pool, better childrens playgrounds. AFFORDABLE food. Shouldn't have to drive to Rice Lake/Hayward to get the best deal on fruits & vegetables. We need more Family Doctors - pediatricians especially labor & delivery!
More Drs.
Family based splash pad or summer water area. Better parks for children, skateboard park.
We desperately need more providers - wait times to see one is unacceptable. A person should not have to wait months for care.
Urgent care at the clinic!!!!!!!!!!!!
More primary care providers to decrease clinic wait times. I work in a rural emergency department that gets many patients that would otherwise be acceptable clinic patients, but they cannot get into the clinic in a timely manner.
Hire physicians
Move from a sick care model to a wellness model. Promote healthy food options (what is allowed in our food is shameful). Steer away from medications when possible and promote healthy lifestyles. Start health education/mental wellness in young grades to develop effective coping and lifestyle choices.
Partnering with local agencies to support the entire individual and family.
1) We need OBGYN services locally to keep younger families in the community with access to care. 2) Groceries are NOT affordable in our area in terms of fresh/healthy options outside of the farmer's
more nutritional education
Need to recruit & keep more physicians
Access to low cost exercise classes. Need access to teenage mental health services. Community education about and access to healthy food choices. Community garden? Local dental services that take state ins. A local place for teens in shell lake to gather. Options for people to volunteer their time and talents to our community maybe a community newsletter with info about all of the things the community has to offer. Sent to homes on paper not an email.
More emphasis on making personal health a priority. We are what we eat, and do. Make good choices where possible... eating (food is medicine), life style (understand risky choices; alcohol, drugs, type and risk of recreational activities. More options for social networking... besides churches, bars, and the beer tent events.
Free clinics for those without insurance. More access to healthy food choices for families in need. More childcare options.
More accessible health care providers; extended hours or an urgent care option other than go to an ER.
Retention of health care providers. Need supportive home care providers and staff!
Lower cost of healthy foods.
Men's groups devoted to mental health.
A place where someone can go to see all resources available in Washburn County. A one-site fits all, where you use key words to identify needs (electricity, water, mental health, childcare, etc). that will lead you to a resource.

Increase access for same-day medical appointments in Spooner. I called to get an appointment and I was told I would have to wait 4 business days for the next available appointment with any medical professional at Spooner Health. I have heard from friends that they have had similar experiences. We then went to a different medical facility. We have children and can't be waiting 4-5 days for an appointment for ear infections, strep-throat, etc.
Work up stream. Get to the issues before they become issues. Treat kids and help them understanding staying healthy.
Education - if people do not want to invest in themselves to feel better they will not - no matter the options / classes etc that are available.
More community based activities
Better staff/administration who actually care and don't see you as a number or \$ and better follow-up calls.
The current health insurance system makes healthcare unaffordable even for those who have insurance.
Open a dentist office that accepts state insurance for children and adults.
Walking path along Hwy 63 bridge so that people can walk to grocery store and farmers market.
More community outings/opportunities to educate and engage people within the community.
Attract highest quality providers—pcp and specialists.
Better county support for low income citizens. Not in regards to money (Food Stamps, etc.), but assisting with mental health referrals and child neglect/abuse.
Affordable health care
1) More mental health services, especially drug/alcohol treatment options.
more doctors.
I've used Spooner health. I like the facility. Most of the people are good. My issue is constantly being referred to others or other facilities in different towns. This happens more often than not. So you go to Spooner AND to another facility for the reason!
1) Education is important, but run of the mill "exercise is important" or the stupid my plate promotions aren't enough. People need to know what sedentary lifestyles actually do to our bodies. They need to know the severity of stress related effects on our health, and how to make atomic habit changes that lean to positive sustainable habits.
2) Medical professionals also lack the care for their patients. There is such a push for medication and putting band aids in major health issues, that we are losing sight of the simplicity of solutions. Exercising is as effective as Zoloft, 1 minute at max effort on a stationary bike has a better impact in insulin production than an hour in the gym, etc....
More education at the community level.
More mental health providers for children. Eliminate children's access to vapes and other drugs.
Access to affordable, healthy food options (certified organic, minimal ingredients, no use of Apeel).
Preventative dementia education. Mental healthcare (addiction, depression, anxiety, etc).
Remove the separation of providers and hospital. Very few providers are actually employed by hospitals.
More affordable choices, sensitivity training for Drs, community education.
Better access to specialists and more mental health care
Open up school gym for public walking/track.
More mental health awareness/accessibility.
Mayo Clinic Doctors and Clinic
More physicians

I would suggest education about physical and mental health first as we can't help others until we are first educated and well. Then address child care and rearing to protect and establish good for the next generation. Then address the low income disparity for the many in this area that can barely afford to live.		
More connections and building trust with our at risk families.		
Quality mental health providers that can diagnose and properly prescribed medications.		
We need more outdoor activities and things for people to do. More biking trails, hiking trails, access to healthier food		
Formation of a community coalition or task force to address local health issues.		
Paved biking/walking trails; More focus on alternative hobbies/activities to decrease chronic disease, mental health issues, etc. from an early intervention perspective.		
	Answered	82
	Skipped	180

Q14. Where did you learn about this survey?		
Facebook	20%	53
Email	13%	34
School newsletter or communication	12%	30
Washburn County Public Health	11%	29
Spooner Health	10%	26
Spooner advocate (article, print ad, and/or web ad)	8%	20
DrydenWire.com	7%	19
Meals on Wheels	6%	16
Indianhead Medical Center	4%	10
Spooner Area Memorial Library	3%	7
NorthLakes Community Clinic	0%	1
Shell Lake Library	0%	1
Washburn County Fairgrounds - Flu Shot Clinics	0%	0
Wild Rivers North Newspaper	0%	0
Other (please specify)	12%	30
	Answered	260
	Skipped	2
My Door		
Caregiver Conference - ADRC Washburn County		
Dove Healthcare-Spooner		
Shell Lake Senior Center		
Caregiver Conference		

Spooner Chamber		
A friend		
WeekEnder		
surface mail		
Senior Focus Weekender North		
Senior Focus		
Friend		
Spouse		
School email		
Lakeland Family Resource Center		
ADRC		
Shell lake school		
ELISE :)		
school district		
Lakeland Family Resource Center		
Michelle		
Internet		

Q15. What is your age range?		
18-24	0%	0
25-44	31%	80
45-64	38%	98
65+	31%	80
Prefer not to answer	1%	3
	Answered	261
	Skipped	1

Q16. What is your gender?		
Female	82%	216
Male	16%	43
Prefer not to answer	1%	3
Other (please specify)	0%	0
	Answered	262
	Skipped	0

Q17. What race or ethnicity best describes you? Please choose only one.		
White/Caucasian	95%	1
Two or More Races	1%	0
American Indian or Alaska Native	0%	0
Asian/Pacific Islander	0%	0
Black or African American	0%	0
Hispanic or Latino	0%	2
Native Hawaiian or other Pacific	0%	249
Prefer not to answer	4%	10
	Answered	262
	Skipped	0

APPENDIX 7: COMMUNITY RESOURCES DIRECTORY

The following pages reflect a multitude of community resources identified to assist with addressing needs, including those prioritized in this CHNA.

Al-Anon

www.area61afg.org

Support group for alcoholics' significant others, friends, parents, and relatives.

Alcoholics Anonymous

715-931-8262 or www.area74.org

Helps with sobriety issues and provides fellowship through sharing experiences, strength and hope.

Alzheimer's Caregiver Support Group

715-416-2942

Anchor Bay Counseling Services

715-939-1393 | www.anchorbaycounseling.com

ADRC of Washburn County

715-635-4460 | www.adrcwashburncounty.org

Agency offers a single source for unbiased, accurate and understandable information and support for adults 60+ or adults with disabilities.

Aphasia Support Group

715-939-1745

Education and support for those with aphasia and family members to increase communication, confidence through interaction, communication strategies and exercises. Group developed and maintained by speech therapists.

Assisted Living

- Care Partners Assisted Living
715-635-9211
- VitaCare Living Spooner
715-635-3908
- Glenview
715-468-4255
- Dove Healthcare – Spooner Assisted Living
715-939-1759

Aurora Community Counseling

715-635-4858 | www.auroraservices.com

Community Alliance for Prevention (CAP)

jbever@co.washburn.wi.us | www.healthywashco.org

Coalition to address and prevent substance abuse in youths as well as provide education and resources within the community regarding substance abuse.

Essentia Health – Spooner Clinic

715-635-2151 | www.EssentiaHealth.org

Offers family practice, full laboratory, drug testing and screening, cancer care, heart care and more.

Grief Support Group

715-635-9077 | www.regionalhospice.org

Indianhead Medical Center

715-468-2711 | www.indianheadmedicalcenter.com

Indianhead Medical Center is a fully licensed and Joint Commission Accredited acute care facility, offering a comprehensive range of inpatient and outpatient services as well as 24/7 emergency room. On top of our clinical and emergency departments, we are proud to offer a robust therapy program including Physical Therapy and Occupational Therapy in our newly built Therapy gym. We have an on-site lab and radiology department with travelling mammography, MRI, and bone density screenings available.

Lakeland Family Resource Center

715-635-4669 | www.lakelandfrc.com

Services are free and open to everyone.

- Food programs – Pop-up Pantry
- Free family fun – playgroups, family nights, scavenger hunts, more
- Support programs – parent education classes, school-to-home student support, community response and outreach, resource coordination, family assistance, Relatives as Parents, and more.

Loan Closet at Spooner Health

715-939-1687

Used medical equipment available such as commodes, canes, bathroom equipment, walkers, etc. No wheelchairs. Donations are welcome.

Dove Healthcare - Spooner

715-635-1415 | www.dovehealthcare.com/spooner

Dove Healthcare - Spooner is a 75-bed skilled nursing facility with core services including inpatient and outpatient rehabilitation, post-hospital care, skilled nursing, and long-term, and end-of-life care.

Medication Disposal

- Birchwood Village Hall
- Minong Police Department (receptacle outside)
- Spooner Police Department
- Washburn County Sheriff's Office, Shell Lake

Medication Set-Up

- Red Cross Pharmacy
715-635-2117

Mental Health Task Force

churt@co.washburn.wi.us | www.healthywashco.org

Coalition to address overall mental health needs in the community

Namekagon Transit

715-634-6633

Provides public transportation on routes in Washburn, Sawyer, Barron and Bayfield counties.

New Freedom Transportation Program

800-228-3287

Operated through the Center for Independent Living. Must have temporary or permanent disability, or be frail and elderly, and have a transportation barrier.

IndiGO715-392-9118 | www.indigowi.org

In-home assessment for tools and resources to remain safely at home.

NorthLakes Community Clinic715-466-2201 | www.NLCCWI.org

NorthLakes Community Clinic is a 501(c)3 non-profit organization that provides care to individuals with Medicaid and Medicare, those without insurance, and those with private health insurance. A sliding fee scale is available for patients who qualify.

Parkinson's Disease Support Group

715-781-9710

PowerUp Voice and Movement Group

715-939-1745

Education and support for those with Parkinson's disease and other neurological disorders such as stroke, ataxia, or MS. The purpose of the group is to help individuals maintain the physical movement needed for speech and mobility so that they can function more safely and independently, improving quality of life. Group developed and maintained by physical and occupational therapists.

Regional Hospice Services and Palliative Care715-635-9077 | www.regionalhospice.org

In-home hospice care for people living with terminal illness. Medical care and support to patients and their families by physicians, nurses, social workers, clergy, aides and volunteers.

Shell Lake Clinic

715-349-2910 | www.indianheadmedicalcenter.com

Provides family medical services for Shell Lake, Spooner, Siren, Webster and surrounding areas. Services also include minor trauma care, well-person care, lab work and surgical services.

Shell Lake Health Care Center

715-468-7292

Shell Lake Health Care Center provides long-term, short-term, rehabilitation care, hospice care, IV therapy, respite care, wound care, and physical, occupational and speech therapy. Medicare and Medicaid certified.

Smoking, Vaping, and Smokeless Cessation

715-939-1536

Education and support for smoking, vaping, and smokeless cessation. Spooner Health's Respiratory Therapy Director offers this program for youth and adults.

Soar Counseling

715-468-2841 | www.soarservices.com

Spooner Health

715-635-2111 | www.SpoonerHealth.com

Spooner Health is a licensed 25-bed critical access hospital offering a full range of inpatient and outpatient services, including swing bed and observation services; 24-hour emergency care; rehabilitation (physical, occupational, and speech therapy); surgical services, home care, diagnostic imaging (including state-of-the-art digital x-rays, 3D mammography, CT and MRI); and respiratory therapy, laboratory services, infusion services, and specialty clinics from a variety of consulting specialists.

Spooner Health Home Care

715-939-1738

Care is through doctor's orders. Team includes registered nurses, home health aides, and physical, occupational, and speech therapists. Skilled services include but are not limited to rehabilitation after illness or injury, wound care, and intravenous monitoring.

Suicide Survivor Group

715-645-0024

The survivor group is a regional effort to create a healing space for those who have been impacted by the loss of a loved one to suicide. The group is facilitated by a licensed therapist and is free to the public.

Travis Hinze Counseling

800-994-4693

University of Wisconsin-Extension715-635-4444 | washburn.extension.wisc.edu

- Positive Youth Development and 4-H
- Health and Wellbeing/Human Development and Relationships
- Health and Wellbeing - FoodWise

Washburn County Human Services Department715-468-4747 | www.co.washburn.wi.us

- Adult Services:
 - Information and referral
 - Adult protection services – elder abuse investigations. Focus is on providing support and assistance to enable victims to remain in their own homes
- Child Support:
 - Child support – administers enforcement program, including collecting child support payments from non-custodial parents
- Economic Support Services:
 - Food Share – assists low-income children and adults with meeting their nutritional needs
 - BadgerCare+ - programs for families with children. Includes BadgerCare, Healthy Start, Family Planning Waiver, and Elderly, Blind and Disabled Medicaid
 - Caretaker supplement – provides financial assistance to children whose parents receive Supplemental Security Income (SSI)
 - Child care authorizations – assists working families with paying for quality child care services (not include eligibility requirements)

- Child and Family Services:
 - Child protective services – investigates abuse and neglect allegations. Ongoing services provided if needed
 - Juvenile court intake – receives referrals from law enforcement and schools; makes recommendations to district attorney. Supervises youths under deferred prosecution agreements and court orders
 - Early intervention and prevention services – assesses children, youths and families and then makes recommendations for services. Services may be provided by the agency or through referrals to community resources.
 - Birth-to-3 – services for enhancing the skills of children with disabilities or the potential of development disabilities.
 - Children’s Long Term Support– assistance with reducing the stress and financial demands families can have with a severely disabled child living at home
- Mental Health, AODA
 - Mental Health Emergency Crisis Phone Number – 888-860-0373
 - Information and referral
 - Case management
 - Mental health treatment
 - Alcohol and other drug services
 - Community support program
 - Comprehensive Community Services (CCS) program
 - Psychiatric services
 - Jail consults
 - Indigent medication program
 - Residential services
 - Children’s long-term support waivers – services provided to qualified children with long-term care needs
 - Prevention services – aimed at reducing substance use in youths, increasing awareness in mental health and targeting needs in the community

Washburn County Public Health Department

715-635-4400 | www.co.washburn.wi.us

- Safe Infant Sleep program – infant safe sleep education along with educational materials and infant sleep sacks.
- Community access point – assistance with temporary and continuous enrollment for all ForwardHealth programs including BadgerCare+, ChildCare, FoodShare and Family Planning Only Services
- Communicable disease – disease surveillance, investigation and follow-up
- Family planning/reproductive health – reproductive health and family planning education, screenings/tests, and limited birth control supplies, early identification of pregnancy with referrals and STI assessment, screening and testing, with treatment referrals as needed.
- Environmental health – investigation of human health hazard complaints with enforcement of state statutes as necessary.
- Immunizations – childhood immunizations for uninsured and those with medical assistance. Limited adult vaccines .
- Lead poisoning prevention – education, risk assessment and referral to clients provider for blood lead testing, with treatment and follow-up as needed.
- Preparedness – works with state and local government to provide emergency services for threats endangering the health of the public.
- Rabies prevention – investigation of all animal bites (domestic and wild) involving humans

Washburn County Transit

715-635-4465 | 304 2nd St. P.O. Box 316 Shell Lake, WI 54871

Offers transportation for medical appointments and nutritional needs of county residents aged 60+; rides for eligible veterans to local Veterans Affairs clinics; and non-emergency medical transportation to the elderly and disabled who are not eligible for Medicaid and who are unable to drive themselves. Transportation for shopping & social activities available also in our transit van. Contact Washburn County Transit at 715-635-4465 for information on our Transit Van Schedule. If scheduling a trip, please call at least 48 hours in advance.

Whole Life Counseling Services

715-939-1248 | www.wearewholelifeservices.com