

2022 COMMUNITY HEALTH DATA REPORT

Presented by -



We are   AdvocateAuroraHealth™



Public Health
Prevent. Promote. Protect.
Marinette County



PROVIDENT
HEALTH FOUNDATION
OF MARINETTE/MENOMINEE

2022 COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATORS



We are  Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience, and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology, and pediatrics. The organization contributed over \$2.5 billion in charitable care and services to its communities in 2020. We help people live well.

The new Aurora Medical Center – Bay Area in Marinette, WI opened its doors in August 2018. As a healing environment on 91 acres of wooded surroundings, this facility was designed with the help of staff, providers and the community with your health and the environment in mind. You'll find an extraordinary team of doctors, nurses and caregivers, along with exceptional amenities.



Public Health
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Public Health's mission is to promote, protect and assure the optimal quality of life for Marinette County through prevention, education, services, leadership, and partnership. While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place. We also promote wellness by encouraging healthy behaviors.

Our Core Values are:

- **Resourceful:** We continually strive to learn and improve to achieve the highest level of public service and act as a trusted source of health information.
- **Social Justice:** We believe in empowering and advocating for vulnerable populations to assure the optimal quality of life.
- **Compassion:** We approach all people with openness, honesty, understanding, kindness, and dignity.
- **Partnerships:** We recognize the importance of a strong public health system and help to meet this need by collaborating with partners and communities.



The purpose of the Provident Health Foundation is to improve and sustain the health and well-being of the people who live in Marinette and Menominee Counties and ensure them access to affordable quality acute hospital care.

Provident Health Foundation was started when Advocate Aurora bought out Bay Area Medical Center and gave \$25,000,000 to create an independent community health foundation, Provident. Our focuses are informed by the Community Health Needs Assessment and as such, has focused funding on impacting Childhood Obesity, Mental Health, and Substance Abuse. Provident grants promotion and prevention efforts rather than recovery and treatment efforts. Provident also believes in sooner rather than later and funds programs more focused on children, youth, teens, and families.

Since 2021, Provident has granted \$468,464 to nonprofit organizations serving Marinette County, WI and Menominee County, MI.

TABLE OF CONTENTS

- **Methodology** 2
- **Part 1 - Health and Health Care Data** 4
 - Online Survey Data Table
 - Phone Survey Summary Data
- **Part 2 - Social Determinants of Health** 6
 - Online Survey Data Table
 - Online, Phone, and Key Stakeholder Ranking Table
 - Key Stakeholder Interview Data Summary
- **Part 3 - Health Conditions and Behaviors** 9
 - Online, Phone, and Key Stakeholder Ranking Table
 - Key Stakeholder Interview Data Summary
- **Part 4 - Community Resource Data** 12
 - Online Survey Data
- **Part 5 - Summary** 13
 - Top Priorities Alignment Chart
 - Health Determinants and Behaviors Flow Chart
- **Part 6 - Secondary Data** 14
 - Robert Wood Johnson County Health Ranking - Marinette
 - Robert Wood Johnson County Health Ranking - Menominee

METHODOLOGY

Phone Survey

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the two counties. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between April 18 and June 11, 2022. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county.

Online Survey

To supplement the Community Health Survey phone survey, an online survey was created by partners: Aurora Health Care, Marinette County Public Health Department, and Provident Health Foundation. Partners marketed the survey throughout the county. A total of 482 online surveys were completed between April 27 and July 15, 2022. Post-stratification was conducted at the age-group level by sex of the 2020 characteristics of the American Community Survey. The margin of error is ± 4 percent. The margin of error for smaller subgroups will be larger than ± 4 percent since fewer respondents are in that category.

Key Stakeholder Interviews

As a supplement to the community health phone and online surveys, Key Stakeholders who represent the diverse sectors of Marinette County, Wisconsin, and Menominee County, Michigan were interviewed. A total of 45 Key Stakeholders participated between May and July 2022. A few interviews had more than one person participating in the call but were considered one interview for the purpose of identification. All Stakeholders were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from the team interviewed the Key Stakeholders and entered responses into Survey Monkey for analysis.

Secondary Data Sources

Robert Wood Johnson County Rankings for Marinette County, WI
Robert Wood Johnson County Rankings for Menominee County, MI

PART 1 - HEALTH AND HEALTH CARE DATA

In this section, you'll find the data related to general health as well as health care in our community. It begins with a table from the Online Survey and continues with data summaries from the Phone Survey for questions pertaining to health and health care.

Below are some statements about health care services and providers (doctors, nurse practitioners, physician assistants or primary care clinics) in Marinette/Menominee County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.] (Online Survey)

	Yes	No	Not Sure
I have a health care provider where I regularly go for check-ups and when I am sick.	86%	13%	<1%
I can get an appointment for my health needs quickly.	75%	17%	8%
I can easily get to my health care provider or clinic.	92%	6%	2%
I am heard, seen, and listened to when receiving health care.	87%	6%	7%
I am treated differently because of my race or ethnicity when receiving healthcare.	2%	94%	4%
I am treated differently because of my gender when receiving health care.	5%	90%	5%
I am treated differently because of my sexual orientation when receiving health care.	2%	94%	4%
My family/support people are seen and listened to when I receive health care.	79%	9%	12%
I am seen and listened to when my child/children are receiving health care.	91%	4%	5%
There are quality health care services in my community	79%	11%	9%
There are affordable health care services in my community	58%	20%	22%
Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc.	72%	2%	26%

Health Care Coverage - In 2022, 3% of all respondents and 4% of respondents 18 to 64 years old reported they were not currently covered by health care insurance. Five percent of respondents reported someone in their household was not covered at least part of the time in the past year; unmarried respondents were more likely to report this. In 2022, 5% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents in households with children were more likely to report this. Eighteen percent of respondents reported in the past year someone in the household did not receive the dental care needed. Three percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking. (Phone Survey)

HEALTH AND HEALTHCARE DATA, CONT.

General Health - In 2022, 37% of respondents reported their health as excellent or very good; 31% reported fair or poor. Respondents 35 to 44 years old, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor health. (Phone Survey)

Health Information - In 2022, 68% of respondents reported they trust a doctor or other health professional the most for health information while 11% reported they were/family member was in the health care field. Eight percent each reported family/friends or the Internet as the most trusted source for health information. Respondents who were female, 55 to 64 years old or with a high school education or less were more likely to report their doctor/other health professional. Respondents who were 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report themselves or a family member in the health care field as their most trusted source for health information. Respondents 45 to 54 years old or with some post high school education were more likely to report family/friends. (Phone Survey)

Health Services - In 2022, 85% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 55 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 19% reported an urgent care center. Five percent reported a hospital emergency room. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket, married or lived in Menominee County were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old or with at least some post high school education were more likely to report an urgent care center as their primary health care. Respondents who were female, unmarried or lived in Marinette County were more likely to report a hospital emergency room as their primary health care. (Phone Survey)

Health Conditions - In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (37%), high blood cholesterol (29%) or heart disease/condition (15%). Respondents 65 and older, with a high school education or less, who were overweight, nonsmokers or lived in Menominee County were more likely to report high blood pressure. Respondents who were 65 and older, married or overweight were more likely to report high blood cholesterol. Respondents 65 and older were more likely to report they were treated for, or told they had heart disease/condition in the past three years. Thirteen percent of respondents reported a mental health condition; respondents who were female or in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported diabetes; respondents who were 65 and older or overweight were more likely to report this. Eleven percent reported current asthma; respondents who lived in Marinette County were more likely to report this. Of respondents who reported these health conditions, at least 75% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. (Phone Survey)

PART 2 - SOCIAL DETERMINANTS OF HEALTH DATA

In this section, you'll find the data related to Social Determinants of Health in our community. It begins with a table and list from the Online Survey, continues with a data summary from the Phone Survey, and concludes with a ranking table and then response summaries from the Key Stakeholder Interviews.

Below are some statements about Marinette/Menominee County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.] (Online Survey)	Yes	No	Not Sure
There are enough well-paying jobs available for those who are over 18 years old.	65%	21%	14%
There are enough jobs available for those who are under 18 years old.	66%	7%	27%
There are job trainings or employment resources for those who need them.	60%	5%	35%
There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	35%	12%	53%
Childcare (daycare/pre-school) resources are affordable and available for those who need them.	13%	37%	49%
The K-12 schools in my community are well funded and provide good quality education.	41%	29%	30%
Our local university/community college provides quality education at an affordable cost.	68%	4%	28%
There are affordable places to live in my community.	36%	36%	28%
Streets in my community are typically clean and buildings are well maintained.	60%	35%	5%
Public transportation is easy to use if I need it.	4%	70%	26%

Interviewees were told to select the top two social determinants of health impacting our community from the list below.	Online Survey (Pick 2)*	Phone Survey (Pick 2)**	Key Stakeholder Top 2	Key Stakeholder Number 1 Choice
Safe and Affordable Housing	30%	10%	17	9
Accessible and affordable health care (medical, dental, mental health)	26%	8%	7	7
Affordable and accessible childcare	22%	0%	10	7
Accessible and affordable transportation	19%	13%	11	4
Economic stability and employment	18%	25%	1	0
Environmental health (clean air, safe water, etc.)	15%	12%	3	1
Community Violence and Crime	11%	4%	0	0
Education Access and Quality	6%	5%	3	2
Access to Social Services	6%	0%	10	4
Social Connectedness and Belonging	5%	10%	7	3
Quality of Health Care	4%	0%	1	0
Family Support	4%	0%	15	6
Racism and Discrimination	3%	0%	2	0
Food Insecurity	3%	10%	2	1
Other, Not Sure, or Do Not Want to Answer (Online Only)	15% Combined			

*Online Survey Results calculated to 200%

**Phone Survey Results calculated to 100%

SOCIAL DETERMINANTS OF HEALTH DATA, CONT.

Safe and Affordable Housing **Key Stakeholder Interview Summary**

- **Populations Affected and How:** The most often cited populations affected were low to mid income, the unemployed, underemployed, the working class, homeless/transient people or employers. People who were older, with special needs or disabilities, with mental health issues or substance abuse were also listed a handful of times. The high cost-burden of safe and affordable housing creates a deficit for other basic needs such as food security, employment, physical health care, mental health care, safety and quality of life.
- **One Major Effort:** Over two-thirds of Key Stakeholders indicated that communities need to build more affordable rentals and permanent supportive housing since there are not enough to meet the need. In addition, there should be a planning effort to identify all the resources available and determine gaps. Finally, an attitude shift on who is homeless is also needed.
- **Critical Community Stakeholders:** Top critical stakeholders included elected officials and government leaders. Government agencies, employers and granting agencies were listed next. Finally, city planners, developers, builders, contractors and investors were also listed by a few key stakeholders.

Family Support **Key Stakeholder Interview Summary**

- **Populations Affected and How:** Parents, the low to mid income households, the older population or family caretakers were most often listed populations affected. Without family support, residents' mental health issues and AODA issues can increase. In addition, there is a generational cycle that needs to be broken.
- **One Major Effort:** Over half of Key Stakeholders indicated that educational programs on how to be a supportive family member needs to occur along with social connectedness and belonging. Increasing access to these programs was also needed.
- **Critical Community Stakeholders:** Critical stakeholders included schools, government agencies, employers and health care providers.

Accessible and Affordable Transportation **Key Stakeholder Interview Summary**

- **Populations Affected and How:** Over half of Key Stakeholders indicated people who were older or with low to mid income level as the most affected populations. Rural residents were also listed. Without transportation access, community members' overall health and wellbeing can decrease as a result of the isolation and limited access to health care and mental health care.
- **One Major Effort:** About half of key informants indicated free access or more affordable access to a shuttle were major efforts needed. Finding volunteers to drive was also needed.
- **Critical Community Stakeholders:** Critical stakeholders included government agencies, granting agencies, transportation providers and elected officials/government leaders. Health care systems, employers and people affected by the problem were also listed.

Affordable Childcare **Key Stakeholder Interview Summary**

- **Populations Affected and How:** The most often cited populations affected by affordable childcare were households with low income, near or below poverty, young families, single parents or employers. If a parent cannot find affordable quality childcare, they are less likely to be fully employed impacting their economic stability, housing stability and health care coverage.
- **One Major Effort:** Employer-based/sponsored childcare, child subsidies/allowances or second/third shift childcare were the most often mentioned efforts to address the need for affordable childcare.
- **Critical Community Stakeholders:** Critical stakeholders included employers, government agencies, schools and advocacy groups.

SOCIAL DETERMINANTS OF HEALTH DATA, CONT.

Access to Social Services **Key Stakeholder Interview Summary**

- **Populations Affected and How:** The most often cited populations affected were people with mental health issues, older people or households with low income, near or below poverty. A waiting list or a lack of timely assistance can impact residents' health and wellbeing.
- **One Major Effort:** The most often listed efforts included just in time help/walk-in mental health, AODA assistance, affordable mental health providers as well as education. Collaborating agencies or having navigators were also mentioned.
- **Critical Community Stakeholders:** Critical stakeholders included health care providers/systems, schools and government agencies. Employers and advocacy groups were also mentioned.

Accessible and Affordable **Key Stakeholder Interview Summary**

- **Populations Affected and How:** The most often cited populations affected were households with low income, near or below poverty, unemployed or underinsured. People who were older or with disabilities were also identified. Without affordable health care, a person's overall quality of life is affected. The high-cost burden can affect their economic stability and can cause additional problems if the person delays services.
- **One Major Effort:** Some key informants indicated universal health care or some form of free access to address the need. Transportation options or popup/remote clinics were also listed. Addressing the health care differences between Michigan and Wisconsin residents as well as rural residents were mentioned.
- **Critical Community Stakeholders:** Critical stakeholders included health care providers/systems, government agencies, employers and granting agencies.

Social Connectedness and Belonging **Key Stakeholder Interview Summary**

- **Populations Affected and How:** People who were older, with mental health issues and/or AODA issues or rural residents were most often cited. With a lack of social connectedness, there can be an increase in mental health issues.
- **One Major Effort:** Key informants indicated more social connectedness programs, including school-based, or more mental health providers were major efforts to address social connectedness.
- **Critical Community Stakeholders:** Critical stakeholders were schools, government agencies, employers and granting agencies.

PART 3 - HEALTH CONDITIONS/BEHAVIORS DATA

In this section, you'll find the data related to Health Conditions and Behaviors in our community. It begins with data summaries from the Phone Survey, continues with a ranking from the Online Survey, and concludes with a ranking table and then response summaries from the Key Stakeholder Interviews.

Physical Health - In 2022, 77% of respondents were classified as at least overweight while 42% were obese. Respondents who were 45 and older or lived in Marinette County were more likely to be at least overweight. Respondents who were 45 to 54 years old or lived in Marinette County were more likely to be obese. (Phone Survey)

Tobacco Use - In 2022, 19% of respondents were current cigarette smokers; respondents 35 to 44 years old or with a high school education or less were more likely to be a smoker. Seven percent of respondents used electronic vapor products in the past month; respondents 18 to 34 years old were more likely to report this. Three percent of respondents each used smokeless tobacco in the past month or used cigars, cigarillos or little cigars. In 2022, 82% of respondents reported smoking is not allowed anywhere inside the home. Respondents with children in the household were more likely to report smoking is not allowed anywhere inside the home. (Phone Survey)

Delta-8 Use - In 2022, 1% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. (Phone Survey)

Alcohol Use - In 2022, 65% of respondents had an alcoholic drink in the past month. Seven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 20% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were 55 to 64 years old or unmarried were more likely to report heavy drinking. Respondents who were male, 18 to 34 years old or 55 to 64 years old were more likely to have binged in the past month. (Phone Survey)

Mental Health Status - In 2022, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past month. Four percent of respondents reported they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were 35 to 44 years old, 65 and older, unmarried or lived in Menominee County were more likely to report this. (Phone Survey)

Children in Household - In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Eighty-four percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse, with 91% reporting the child visited their personal doctor or nurse for preventive care during the past year. Five percent of respondents reported the child had a diagnosed mental health condition. Ten percent of respondents reported the child is overweight or obese. Less than one percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. One percent of respondents reported the child was seldom/never safe in their community. (Phone Survey)

HEALTH CONDITIONS/BEHAVIORS DATA, CONT.

Interviewees were told to pick the top two health behaviors/conditions affecting our community.	Online Survey (Pick 2)*	Phone Survey (Pick 2)**	Key Stakeholder Top 2 Choice	Key Stakeholder Number 1 Choice
Alcohol and Substance Use	83%	46%	31	22
Mental Health, Mental Conditions, Suicide	65%	18%	39	16
Nutrition, Physical Activity, Obesity	18%	10%	10	4
Tobacco and Vaping Products	7%	4%	0	0
Chronic Diseases	4%	10%	3	2
Oral Health	3%	0%	3	1
Communicable Diseases or COVID-19	3%	8%	2	0
Intimate Partner and Domestic Violence	3%	0%	1	0
Reproductive and Sexual Health	2%	0%	0	0
Maternal, Infant, and Child Health	1%	4%	1	0
Unintentional Injury, including falls and motor vehicle accidents	<1%	0%	0	0
Other, Not Sure, or Do Not Want to Answer (Online Only)	5%(Combined)			

*Online Survey Results calculated to 200%

**Phone Survey Results calculated to 100%

Mental Health, Mental Conditions, Suicide Key Stakeholder Interview Summary

- **Populations Affected and How:** Over half of key informants reported the most affected population was “everyone”. Teens and children were listed next followed by low to middle income, community members who were older or LGBTQ residents. The inability to socially connect affects family support/relationships, employment/productivity and school success.
- **Existing Strategies:** Outpatient care, student programs or education were the most often cited strategies. Mental health screenings in schools, residential treatment, community groups or telehealth were also existing strategies.
- **Additional Strategies Needed:** Nearly all suggested strategies included more mental health providers, quicker access, crisis care, more affordable services, more education (help reduce stigma) or more collaborations for a holistic approach. Student programs or school-based mental health screenings were also listed. Bridging the gap between counties was listed several times.
- **Critical Community Stakeholders:** The health care system, mental health providers, schools, youth programs and government agencies were the most often listed critical stakeholders. Employers, elected officials, law enforcement and community advocates were also included.
- **One Major Effort:** Marketing/communication of current resources as well as educating people on mental health to reduce stigma were efforts to meet the needs of the communities. More mental health providers, or increased access, including a community-wide behavioral health facility, were also mentioned.
- **Organization Needs:** Crisis care, increased access, additional education programs, more providers, retaining staff as well as additional funding were the most often mentioned critical items organizations needed. More collaboration was also listed quite often.
- **Social Determinants of Health Impact:** Most social determinants of health are intertwined and can impact mental health. Limited family support, inaccessible social services, health care, employment, housing or education were the most common ones listed that have an impact on mental health. In addition, social isolation, limited transportation or food insecurity can also impact the ability to receive care, therapy and/or medication.

HEALTH CONDITIONS/BEHAVIORS DATA, CONT.

Alcohol and Substance Use **Key Stakeholder Interview Summary**

- **Populations Affected and How:** Over two-thirds of key informants reported the most affected population was “everyone”. Teens or children were listed next, followed by people with low income. Employment, families, finances, mental health/stress or chronic health issues can all be affected by alcohol and substance use. Overall quality of life, relationships and criminal justice were also areas that were affected by alcohol and substance use. The relationship between alcohol and substance use with mental health was also listed several times.
- **Existing Strategies:** Collaborations/coalitions, outpatient services, student programs or education were the most often cited existing strategies. Residential treatment, peer coaching/recovery coaches/support groups or community programs were also listed.
- **Additional Strategies Needed:** Additional strategies included more education to combat alcohol as a cultural norm, easier and quicker access to services, residential treatment options or collaboration. More peer coaching/recovery coaches/support groups, community programs, more providers or more corporate buy-in followed. Navigators to help community members reach all resources was also mentioned.
- **Critical Community Stakeholders:** Critical stakeholders included AODA providers, government agencies, schools, health care systems and law enforcement. Elected officials, collaborations, community advocates, youth programs and families were also listed.
- **One Major Effort:** Just in time help/crisis care as well as health education/awareness/communication were the most often mentioned efforts to focus on. More affordable services, a community-wide behavioral health facility, early intervention or reducing stigma followed. A few mentioned school-based programs. Changing the attitude about alcohol and more recently, marijuana, as a cultural norm was listed as a barrier that need to be addressed.
- **Organization Needs:** Crisis care, quicker access, more programs, people or funding were the most often organizational needs listed. Increased awareness of resources, more collaboration or more housing options were also listed quite often.
- **Social Determinants of Health Impact:** Lack of family support, health care access, employment stability, education or social connectedness were social determinants of health that impact the ability to receive care. Access to social services, childcare or transportation were also listed.

Nutrition, Physical Activity, and Obesity **Key Stakeholder Interview Summary**

- **Populations Affected and How:** The most common population listed was “everyone”. Teens or children were the most often specified populations. Affected populations often eat convenient food, which can be cheaper and less healthy. In addition, there are limited recreational activities, especially in winter. This results in increased chronic diseases, poor physical health and an unhealthy quality of life.
- **Existing Strategies:** YMCA/recreational center was listed as an existing strategy most often. Student programs, walking paths and parks were also listed.
- **Additional Strategies Needed:** Education, community/parent/student programs, additional safe walking paths, more funding or more access were most often listed additional strategies.
- **Critical Community Stakeholders:** Critical stakeholders included schools, community advocacy groups, grocery stores, health care providers/dieticians and affected people.
- **One Major Effort:** Increased access to healthy food/vouchers, community activities or health education problems were the most often mentioned efforts to address the issue.
- **Organization Needs:** More time and resources, increased awareness or education tools were organizational needs to address the issue.
- **Social Determinants of Health Impact:** Employment, transportation or family relationships were the most often listed social determinants that impact nutrition, physical activity and obesity. Access to quality healthy food, access to health care or living in an unhealthy environment were also social determinants of health that impact the issue.

PART 4 - COMMUNITY RESOURCE SUPPORT

In this section, you'll find the data related to support from community resources. All of these data points come from the Online Survey.

In the past year, did you seek community resource support from an organization in Marinette/Menominee County? Examples include food pantries, support groups, energy assistance, pregnancy resources, or housing assistance. (Online Survey)

- o Yes = 5%
- o No = 95%
- o Not Sure = <1%

What resource(s) did you seek? (open-ended) [24 Respondents: Multiple Responses Accepted] (Online Survey)

- o Energy/Heat/Utility Assistance = 71%
- o Food Assistance/Pantry/Salvation Army/St. Vincent DePaul = 42%
- o Health Care/Badger Care/Medicaid = 29%
- o Transportation = 17%
- o Mental Health or AODA Services = 8%
- o Human Services/WIC = 8%
- o Aging and Disability Resource Center = 4%
- o Other (2% or less) = 13%

How supported did you feel by [Resource] offered to you? Would you say... [24 Respondents Listing 70 Resources] (Online Survey)

- o Not at all supported = <1%
- o Slightly supported = 6%
- o Somewhat supported = 8%
- o Very supported = 66%
- o Extremely supported = 19%
- o Not sure = 0%

For answers of "Not at all supported," "Slightly Supported," or "Somewhat Supported," to the previous question, what is the reason or reasons you answered the way you did? [10 Respondents Listing 11 Resources] (Online Survey)

- o Finances = 1 respondent
- o Stigma related to needing help/disapproval = 1 respondent
- o Lack of knowledge of where to go = 3 respondents
- o Inconvenient hours = 7 respondents
- o Other, please specify = 3 respondents
 - Location, have to travel far

During the past year has anyone made you afraid for your personal safety? (Online Survey)

- o Yes = 8%
- o No = 92%
- o Not sure = <1%

If you have felt unsafe in the past year, what relationship is this person or people to you? Please remember, all your responses are strictly confidential. [38 Respondents: Multiple Responses Accepted] (Online Survey)

- o Stranger = 47%
- o Acquaintance = 8%
- o Spouse = 5%
- o Separated spouse = 5%
- o Ex-spouse = 3%
- o Boyfriend or girlfriend = 3%
- o Coworker = 3%
- o Someone else = 38%
- o Not sure = 0%

PART 5 - SUMMARY

In this section, you'll find an overview of the top priorities of health behaviors and social determinants of health for these three data sources as well as other pertinent data in the area. You'll also find an informational graphic on the County Health Ranking model.

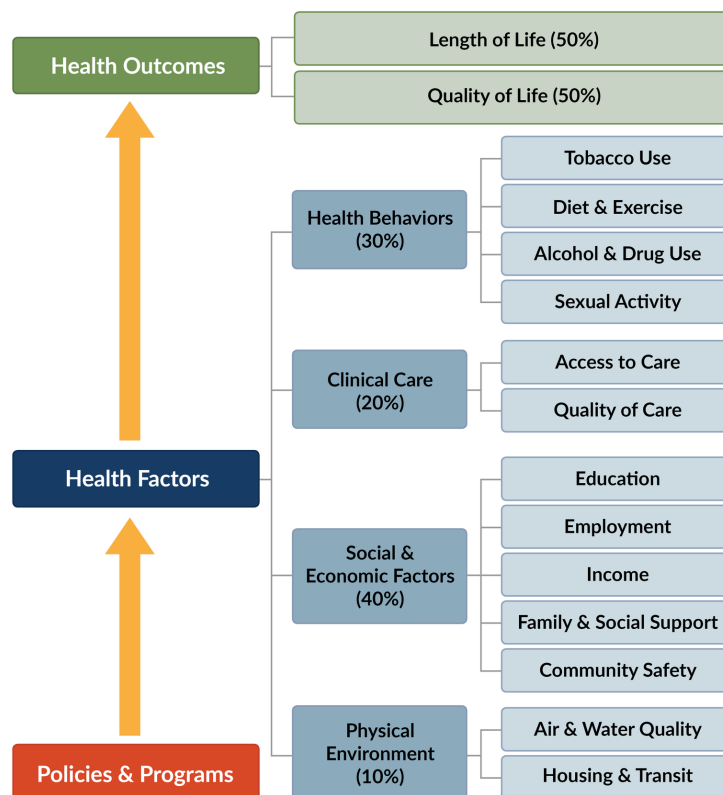
	Phone Survey	Online Survey	Key Stakeholder Interviews	Aurora Medical Center - Bay Area 2019-2022	Bellin (Oconto) Hospital	Menominee County
Substance Abuse	x	X	X	X	X	X
Mental Health	x	X	X	X	X	X
Obesity	x(t)	X	X	X	X	
Access to Care				X		X
Chronic Diseases	x(t)					
Family Support			X			
Housing		X	X			
Child Care		X				
Transportation	X		X			
Employment	X					X
Environmental Health	X					
Healthcare		X		X		X

This graphic, from the Robert Wood Johnson Foundation, informs the County Health Rankings on the final two pages of this Data Summary.

This model shows how social determinants of health, as well as a community's policies and programs, inform health outcomes that are captured in length as well as quality of life.

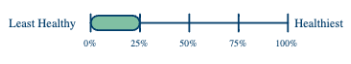
For more information on the Robert Wood Johnson County Health Rankings as well as this model, visit the following website -

<https://www.countyhealthrankings.org/reports/2022-county-health-rankings-national-findings-report>



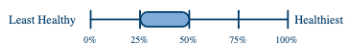
County Health Rankings model © 2014 UWPHI

Marinette (MI)



Health Outcomes

Marinette (MI) is ranked among the least healthy counties in Wisconsin (Lowest 0%-25%)



Health Factors

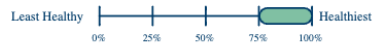
Marinette (MI) is ranked in the lower middle range of counties in Wisconsin (Lower 25%-50%)

	Marinette (MI) County	Error Margin	Top U.S. Performers	Wisconsin
Health Outcomes				
Length of Life				
Premature death	6,800	5,800-7,700	5,500	6,400
Quality of Life				
Poor or fair health	15%	14-16%	12%	17%
Poor physical health days	3.8	3.6-4.0	3.1	3.9
Poor mental health days	3.8	3.6-4.0	3.4	4.0
Low birthweight	7%	6-8%	6%	7%
Additional Health Outcomes (not included in overall ranking)				
Life expectancy	78.7	77.8-79.5	81.1	79.4
Premature age-adjusted mortality	340	310-370	270	310
Child mortality	50	30-80	40	50
Infant mortality			4	6
Frequent physical distress	11%	11-12%	9%	12%
Frequent mental distress	12%	11-12%	11%	12%
Diabetes prevalence	8%	4-12%	7%	9%
HIV prevalence	54		41	125
Communicable disease	815			923
Cancer incidence	501	475-528		467
Coronary heart disease hospitalizations	5.7			2.9
Cerebrovascular disease hospitalizations	4.0			2.6
Health Behaviors				
Adult smoking	16%	16-17%	14%	16%
Adult obesity	31%	24-38%	26%	31%
Food environment index	7.8		8.6	8.8
Physical inactivity	25%	19-32%	20%	21%
Access to exercise opportunities	77%		91%	85%
Excessive drinking	24%	23-25%	13%	24%
Alcohol-impaired driving deaths	41%	32-49%	11%	36%
Sexually transmitted infections	282.8		161.4	478.6
Teen births	18	15-21	13	17
Additional Health Behaviors (not included in overall ranking)				
Food insecurity	11%		9%	10%
Limited access to healthy foods	10%		2%	5%
Drug overdose deaths	12	7-20	10	19
Motor vehicle crash deaths	16	12-22	9	10
Insufficient sleep	34%	33-36%	27%	32%
Smoking during pregnancy	21%			11%
Opioid hospital visits	421	358-484		459
Alcohol-related hospitalizations	1.4			2.2
Motor vehicle crash occupancy rate	46			53
On-road motor vehicle crash-related ER visits	648	603-692		669

	Marinette (MI) County	Error Margin	Top U.S. Performers	Wisconsin
Clinical Care				
Uninsured	6%	5-7%	6%	6%
Primary care physicians	1,550:1		1,030:1	1,270:1
Dentists	2,130:1		1,240:1	1,460:1
Mental health providers	810:1		290:1	490:1
Preventable hospital stays	3,163		2,761	3,940
Mammography screening	52%		50%	50%
Flu vaccinations	36%		53%	52%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	7%	6-8%	7%	7%
Uninsured children	4%	3-5%	3%	4%
Other primary care providers	1,064:1		665:1	865:1
Childhood immunizations	76%			72%
Social & Economic Factors				
High school graduation	92%		96%	89%
Some college	61%	56-66%	73%	69%
Unemployment	4.0%		2.6%	3.0%
Children in poverty	17%	12-21%	11%	14%
Income inequality	4.4	4.1-4.8	3.7	4.3
Children in single-parent households	38%	32-44%	20%	32%
Social associations	15.9		18.4	11.6
Violent crime	40		63	298
Injury deaths	75	63-87	58	80
Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	6%	2-10%	4%	5%
Reading scores	3.0		3.4	3.0
Math scores	3.0		3.4	3.0
Median household income	\$50,700	\$46,900 to \$54,400	\$69,000	\$60,800
Children eligible for free or reduced price lunch	42%		32%	37%
Residential segregation - Black/white	53		23	77
Residential segregation - non-white/white	26		14	55
Homicides			2	3
Suicides	18	12-25	11	15
Firearm fatalities	11	7-16	8	10
Juvenile arrests	6			
Reading proficiency	41%			45%
W-2 enrollment	18			7,505
Poverty	12%	10-14%		11%
Older adults living alone	30%			29%
Child abuse	7			4
Injury Hospitalization Rate	440	376-504		421
Self-inflicted injury hospitalizations	35	24-45		51
Fall fatalities 65+	92	57-128		143
Physical Environment				
Air pollution - particulate matter	8.1		6.1	8.6
Drinking water violations	No			
Severe housing problems	13%	11-15%	9%	14%
Driving alone to work	86%	84-87%	72%	81%
Long commute - driving alone	22%	20-24%	16%	27%
Additional Physical Environment (not included in overall ranking)				
Traffic volume	71			304
Homeownership	75%	74-76%	81%	67%
Severe housing cost burden	11%	9-12%	7%	12%
Year structure built	23%			25%

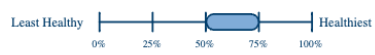
Note: Blank values reflect unreliable or missing data

Menominee (MM)



Health Outcomes

Menominee (MM) is ranked among the healthiest counties in Michigan (Highest 75%-100%)



Health Factors

Menominee (MM) is ranked in the higher middle range of counties in Michigan (Higher 50%-75%)

	Menominee (MM) County	Error Margin	Top U.S. Performers ⓘ	Michigan
Health Outcomes				
Length of Life				
Premature death	5,800 ⓘ	4,600-6,900	5,500	7,600
Quality of Life				
Poor or fair health	14% ⓘ	14-15%	12%	17%
Poor physical health days	4.1 ⓘ	3.9-4.3	3.1	4.3
Poor mental health days	4.3 ⓘ	4.1-4.5	3.4	4.4
Low birthweight	5%	4-6%	6%	8%
Additional Health Outcomes (not included in overall ranking) –				
Life expectancy	79.8	78.7-80.8	81.1	78.0
Premature age-adjusted mortality	330	290-370	270	370
Child mortality			40	50
Infant mortality			4	7
Frequent physical distress	12%	12-12%	9%	14%
Frequent mental distress	13%	13-14%	11%	14%
Diabetes prevalence	14%	9-22%	7%	11%
HIV prevalence	49		41	184
Health Behaviors				
Adult smoking	17% ⓘ	17-18%	14%	19%
Adult obesity	31%	23-39%	26%	32%
Food environment index	7.3		8.6	7.1
Physical inactivity	26%	19-34%	20%	23%
Access to exercise opportunities	72%		91%	85%
Excessive drinking	20% ⓘ	19-21%	13%	20%
Alcohol-impaired driving deaths	25%	10-42%	11%	29%
Sexually transmitted infections	212.6		161.4	507.9
Teen births	24	19-28	13	20
Additional Health Behaviors (not included in overall ranking) –				
Food insecurity	12%		9%	14%
Limited access to healthy foods	14%		2%	6%
Drug overdose deaths	14	7-27	10	26
Motor vehicle crash deaths	12	7-18	9	10
Insufficient sleep	33%	32-34%	27%	37%
Clinical Care				
Uninsured	7%	6-8%	6%	6%
Primary care physicians	2,880:1		1,030:1	1,280:1
Dentists	1,640:1		1,240:1	1,340:1
Mental health providers	880:1		290:1	370:1
Preventable hospital stays	3,356		2,761	5,203
Mammography screening	48%		50%	44%
Flu vaccinations	32%		53%	46%

	Marinette (MI) County	Error Margin	Top U.S. Performers ⓘ	Wisconsin
Additional Clinical Care (not included in overall ranking) –				
Uninsured adults	8%	7-9%	7%	7%
Uninsured children	4%	2-5%	3%	3%
Other primary care providers	2,298:1		665:1	944:1
Social & Economic Factors				
High school graduation	86%		96%	81%
Some college	60%	54-66%	73%	68%
Unemployment	4.0%		2.6%	4.1%
Children in poverty	17%	12-23%	11%	19%
Income inequality	4.1	3.7-4.5	3.7	4.7
Children in single-parent households	35%	29-41%	20%	34%
Social associations	10.4		18.4	9.9
Violent crime	222		63	443
Injury deaths	81	65-99	58	75
Additional Social & Economic Factors (not included in overall ranking) –				
Disconnected youth			4%	7%
Reading scores	3.0		3.4	2.9
Math scores			3.4	2.8
Median household income	\$46,500	\$41,700 to \$51,300	\$69,000	\$56,600
Children eligible for free or reduced price lunch	55%		32%	50%
Residential segregation - Black/white			23	73
Residential segregation - non-white/white	41		14	59
Homicides			2	6
Suicides	21	13-31	11	14
Firearm fatalities	15	9-24	8	12
Juvenile arrests	46			28
Physical Environment				
Air pollution - particulate matter	7.9 ⓘ		6.1	8.4
Drinking water violations	No			
Severe housing problems	11%	10-13%	9%	15%
Driving alone to work	80%	77-82%	72%	82%
Long commute - driving alone	25%	23-28%	16%	33%
Additional Physical Environment (not included in overall ranking) –				
Traffic volume	171			567
Homeownership	78%	77-80%	81%	71%
Severe housing cost burden	8%	7-10%	7%	13%

Note: Blank values reflect unreliable or missing data