



# COMMUNITY HEALTH IMPROVEMENT PLAN

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2024-2026

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# ACKNOWLEDGEMENTS

The process of developing this Community Health Improvement Plan (CHIP) into a rich and meaningful resource for residents of Ashland, Bayfield, and Iron County is deeply indebted to the invaluable contributions of individuals from the community. The observations and participation from over a thousand residents across the tri-county region were instrumental in laying the foundation for the assessment and this subsequent plan. Your input and insight on the health of where we live, work, and play are not just appreciated, but crucial. We were able to further develop the information gathered through our CHIP Steering Committee, a focus group, and a stakeholder feedback meeting. Through everyone's involvement, we take a significant step towards a healthier future for Ashland, Bayfield, and Iron Counties.



**LUKE  
BEIRL**

Interim CEO, Tamarack Health

**“The process of developing a Community Health Improvement Plan is a large amount of work, but it’s incredibly important and meaningful work. We’re confident that by collaborating with the agencies and organizations in our communities, we will continue to affect positive change in the areas identified in this plan.”**

## CHIP Steering Committee

### **Abby Miller**

Marketing & Communications  
Ashland Medical Center

### **Anne Marie-Coy**

Director/Health Officer  
Bayfield County Health Department

### **Elizabeth Szot**

Health Officer  
Ashland County Health & Human Services

### **Maria Swartz**

Public & Reproductive Health Nurse  
Iron County Health Department

### **Melissa Geach**

Director/Health Officer  
Iron County Health Department





A photograph of two young girls standing in front of a large, colorful mural. The girl on the left is wearing a white t-shirt and light-colored pants, with her arms crossed. The girl on the right is wearing a pink dress. Both are smiling. The mural behind them features abstract shapes in blue, green, and brown.

# INTRODUCTION & SUMMARY

Local health departments and hospitals are responsible for conducting a Community Health Needs Assessment (CHNA), which is instrumental in developing a Community Health Improvement Plan (CHIP).

For the last several iterations, the Ashland, Bayfield, and Iron County Health Departments have worked in collaboration with Tamarack Health Ashland Medical Center in creating these processes and plans. The CHIP has been a powerful tool for enacting change at the local level, and its impact is evident in the improvements we've seen. Information can be put into action through the process of identifying and addressing health needs with the support and ideas of community organizations, local businesses, and devoted individuals. This progress is a testament to the power of collective action in improving our community's health.

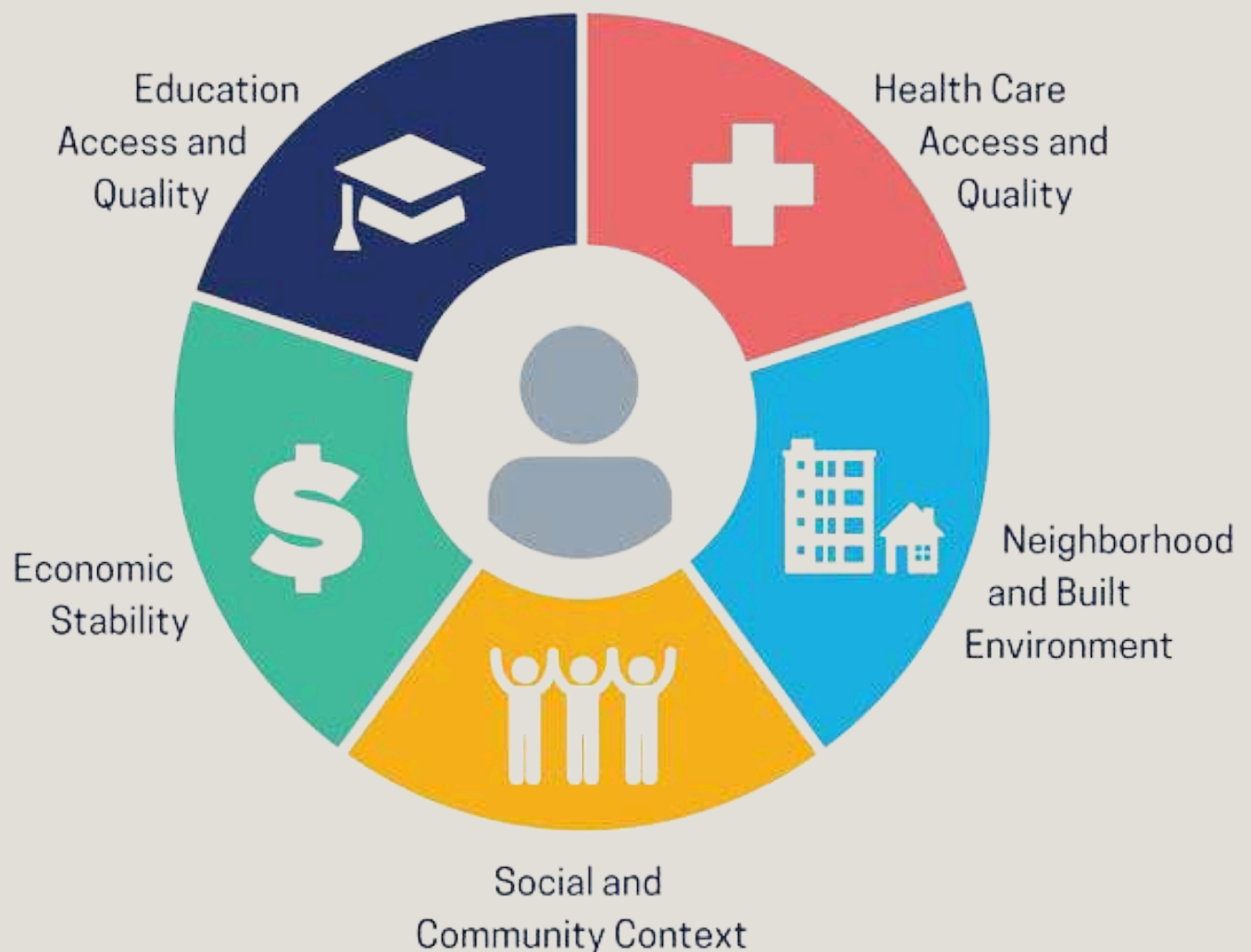
According to a 2022 County Health Rankings report, out of 72 Wisconsin counties, Ashland County ranks 67th, Bayfield County ranks 29th, and Iron County ranks 28th (the higher the number, the less healthy the county). Overall health outcomes consider how long people in each county live and how healthy they feel during their lives. These measures include premature death, poor or fair health, poor physical health days, poor mental health days, and low birth weight.

To survey this tri-county region, an online and paper community health survey was sent out in early 2024. Residents were asked to share what they believe are current health and socioeconomic concerns in our communities.

# Social Determinants of Health

For a community to truly thrive, it's crucial to recognize the influence of **Social Determinants of Health**. These factors not only impact health outcomes but also shape the conditions in which people live, work, and age, as well as the broader systems and forces that shape daily life, such as economic policies, social norms, and political structures.

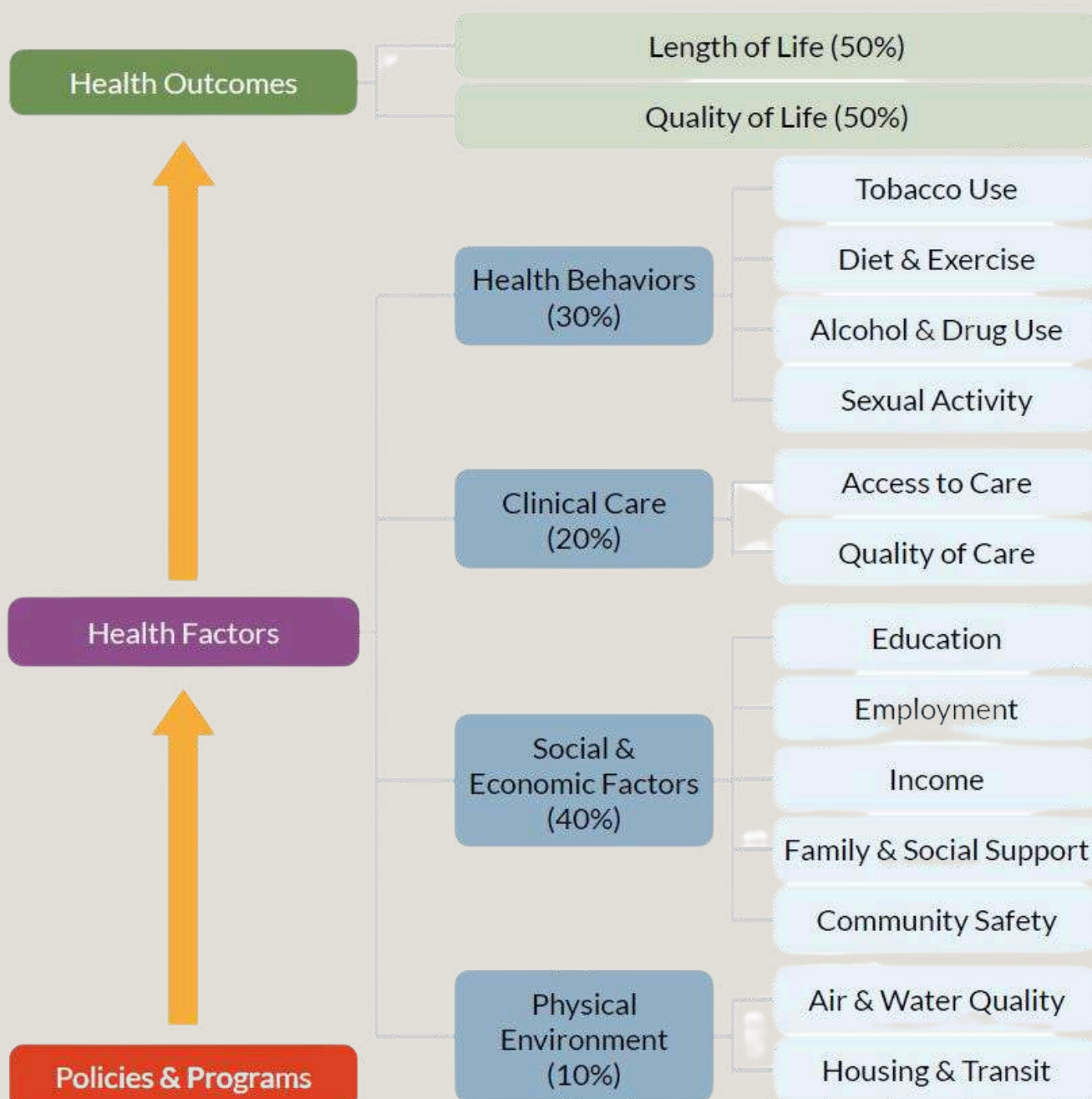
These are important considerations when identifying goals to improve a community's overall health.



# County Health Rankings

Similar to Social Determinants of Health are the County Health Rankings.

These rankings delve deep into the health of a county, examining the influence of habits like smoking, drinking alcohol, exercise, physician access, and the Social Determinants of Health. The County Health Rankings and Roadmap website offers a comprehensive array of county-specific data on each of these measures.



# Community Profile

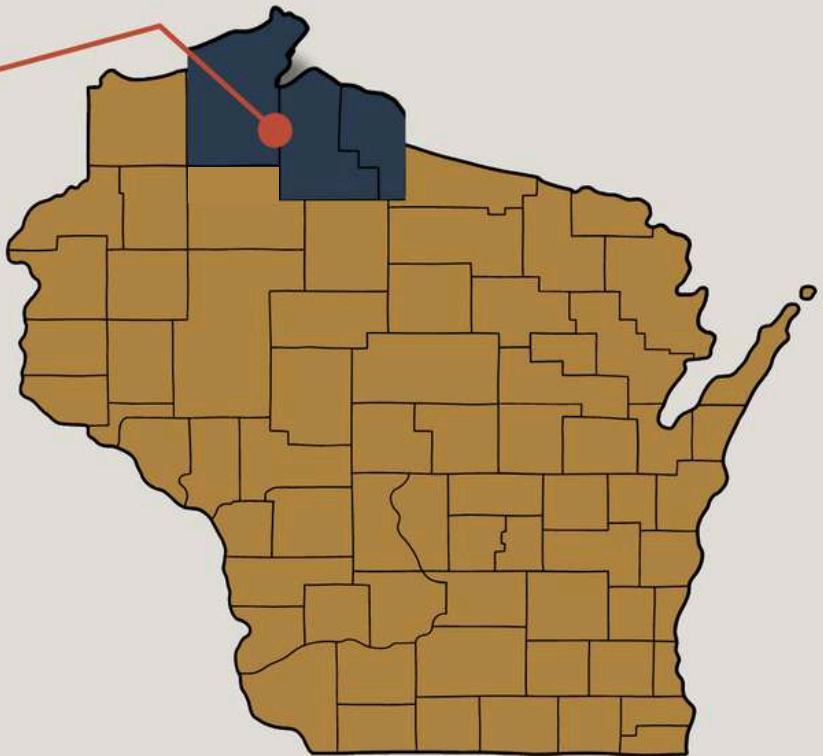
**Tamarack Health and all three county health departments (Ashland, Bayfield, and Iron) continued the collaboration as before in conducting the Community Health Needs Assessment, and developing the Community Health Improvement Plan.**

Ashland, Bayfield,  
and Iron Counties



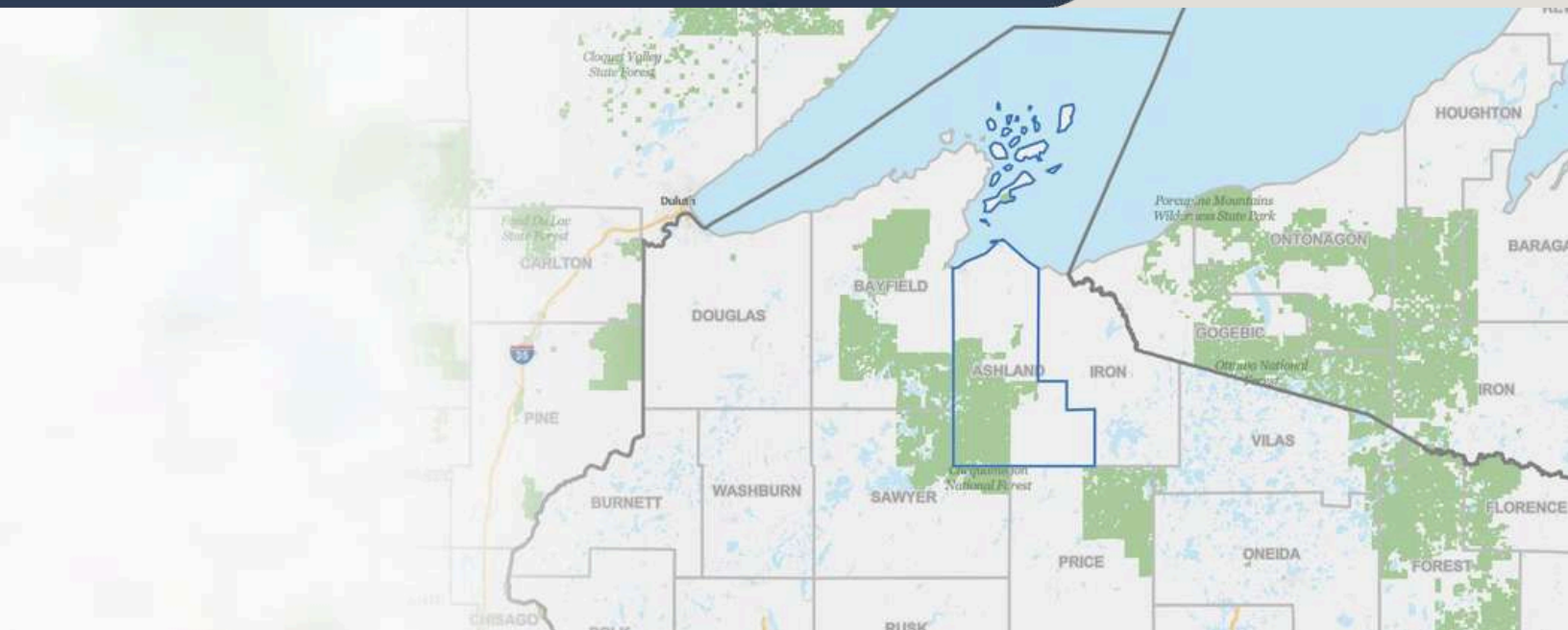
**39,076**

Total tri-county population

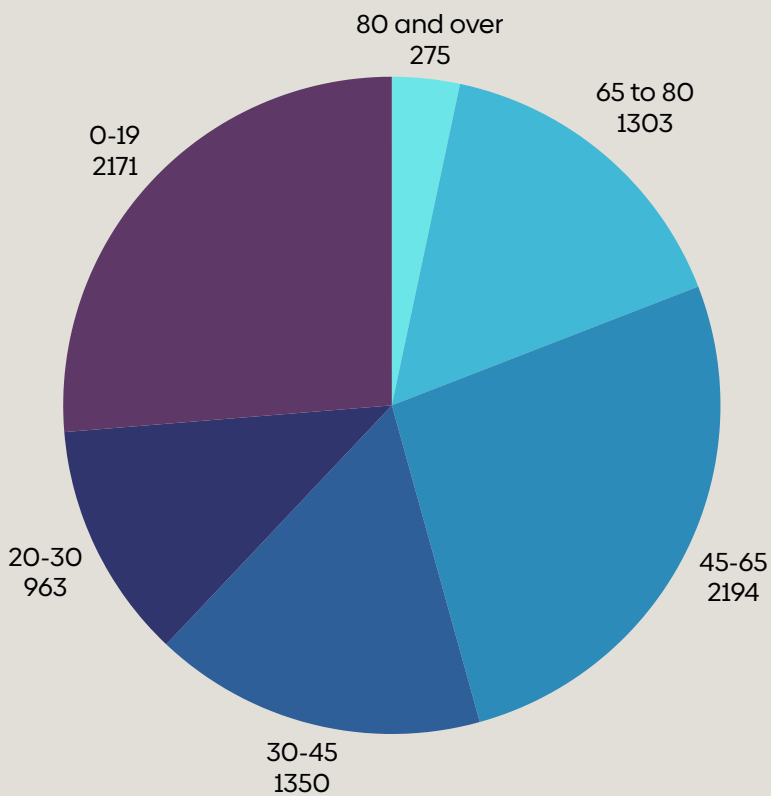




# Ashland County



## Age Breakdown



## People without health insurance



**6.5%**

(1.6% above state average)

## Median Household Income



**\$57,000**

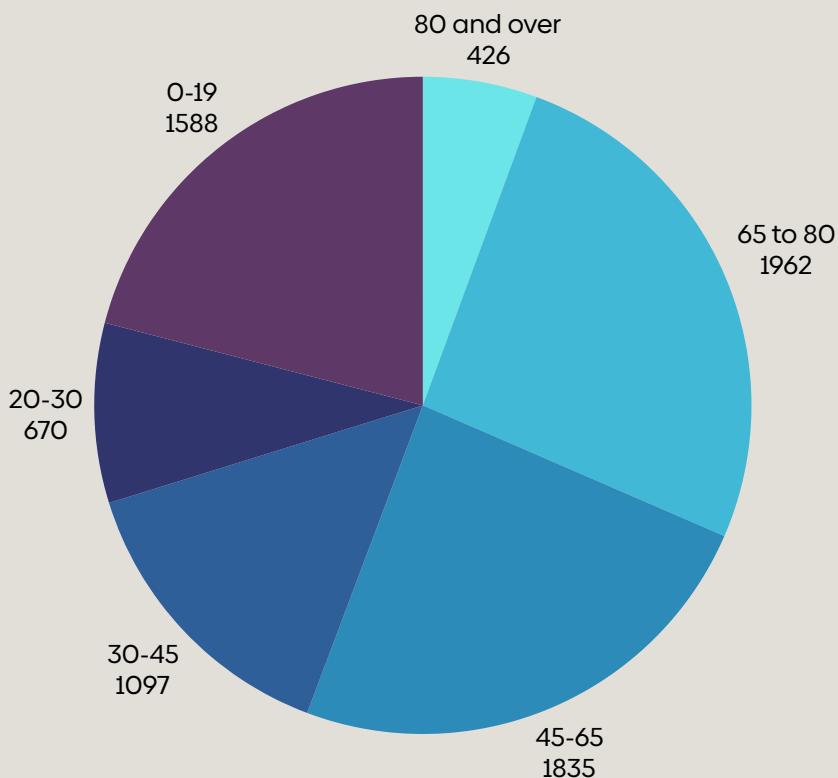
(\$17,631 below state average)



# Bayfield County



## Age Breakdown



## People without health insurance



**5.8%**

(.9% above state average)

## Median Household Income



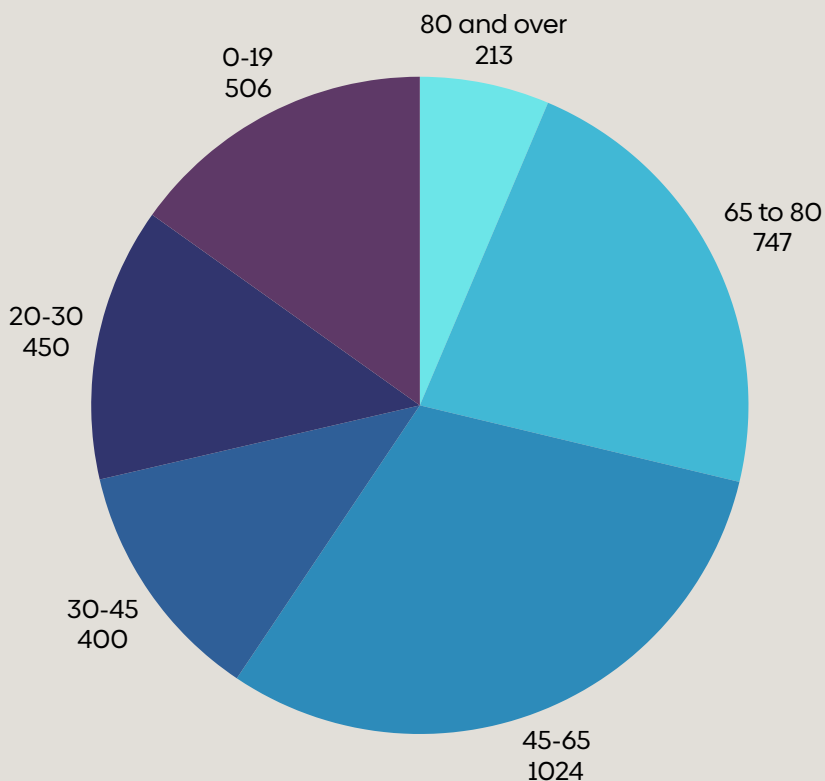
**\$67,266**

(\$7,365 below state average)

# Iron County



## Age Breakdown



## People without health insurance



**6.2%**

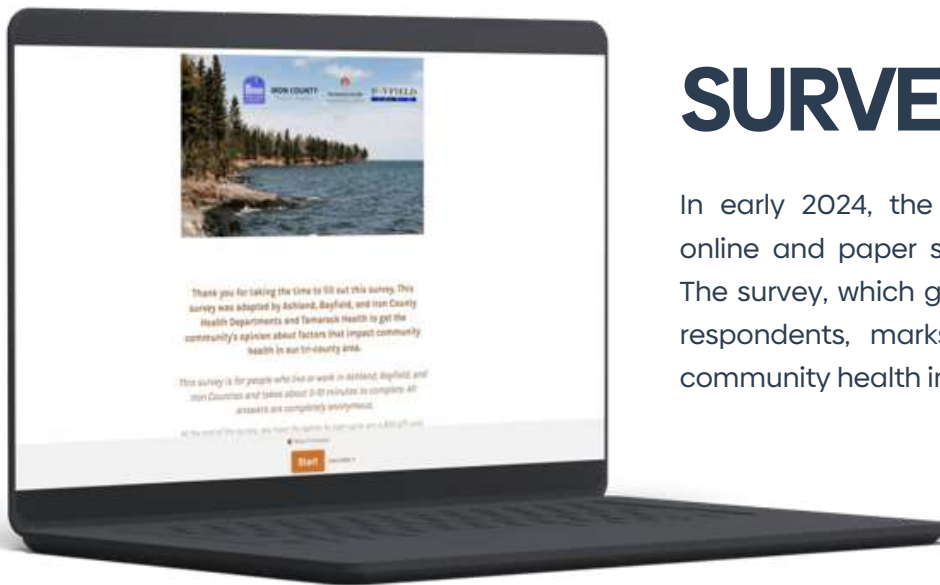
*1.3% above state average)*

## Median Household Income



**\$55,777**

*(\$18,854 below state average)*

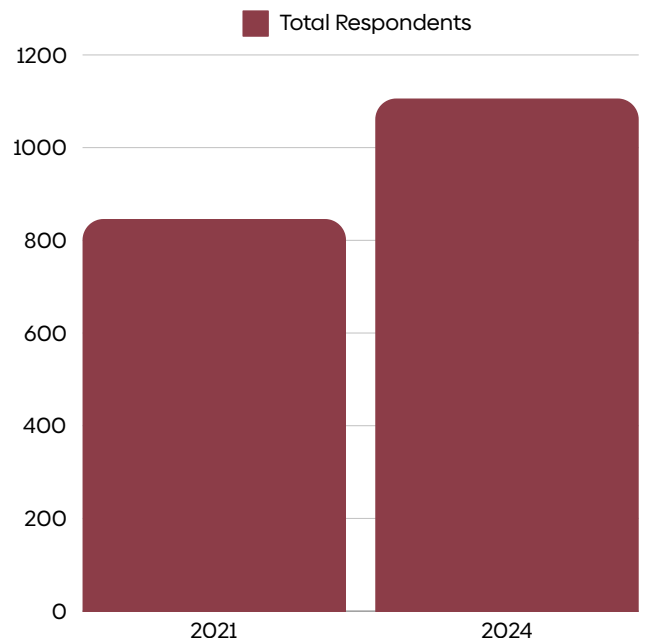


# SURVEY PROCESS

In early 2024, the CHIP steering team initiated an online and paper survey for our tri-county residents. The survey, which garnered an unprecedented 1,000+ respondents, marks a significant milestone in our community health initiatives.

Tamarack Health funded the promotion of the online survey, which received great engagement online, including on the Tamarack Health website, social media platforms, and more.

Paper surveys were also available. The local public health departments made great efforts to get these into the hands of elderly residents, community groups, and our local Native American tribes. We received hundreds of paper surveys.



## NEW QUESTIONS

It's universally accepted that there's a housing crisis across our nation and locally. Because of that, we wanted to add additional questions about housing availability, costs, and senior living facilities.

Another new question added to this survey was about loneliness. The COVID pandemic shifted the way people socialized, and for many, it had devastating effects that still linger today.

**30.7%**

Increase in respondents over the last survey



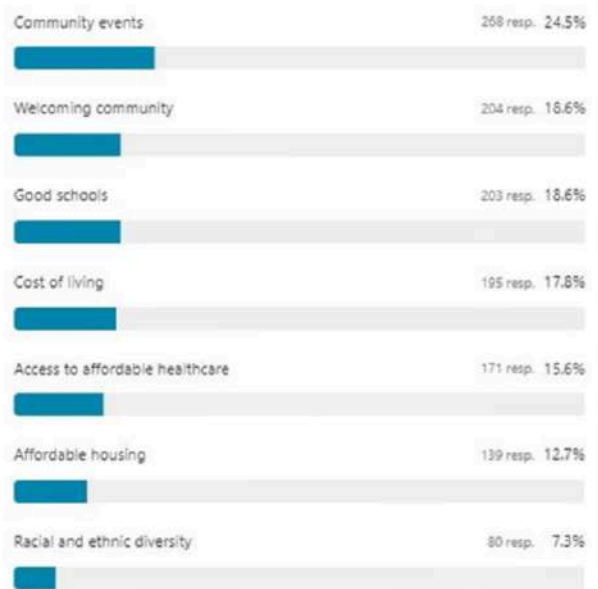
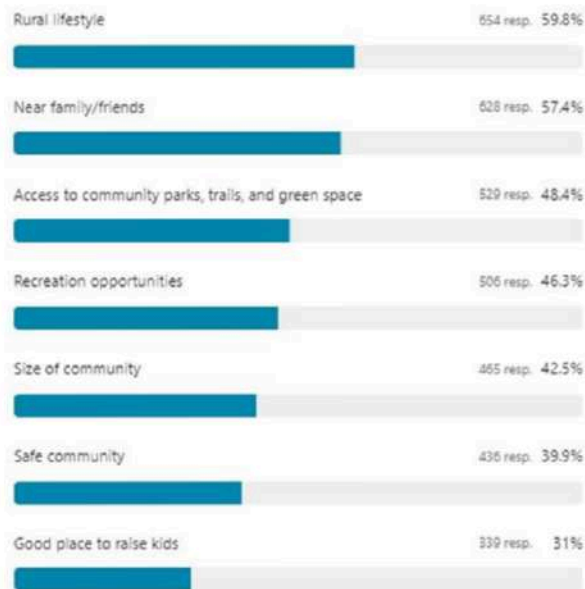
**1,106**

total survey respondents



# The reasons we love living here.

Ashland, Bayfield, and Iron County residents were asked in the community survey to select what they believe are the best reasons to live here.







# OBSERVATIONS FROM THE COMMUNITY

Included in the community survey were opportunities for open-ended comments, including some of the observations below.

**“The Ashland/Bayfield Co areas are in desperate need of affordable, safe housing. I have been at my current job for over 12 years and after taking out for health insurance and taxes, I would not, as a single mother be able to afford rent and basic living expenses in the Ashland/Bayfield Co area. Rent for the most basic apartments is over \$1000 a month.”**

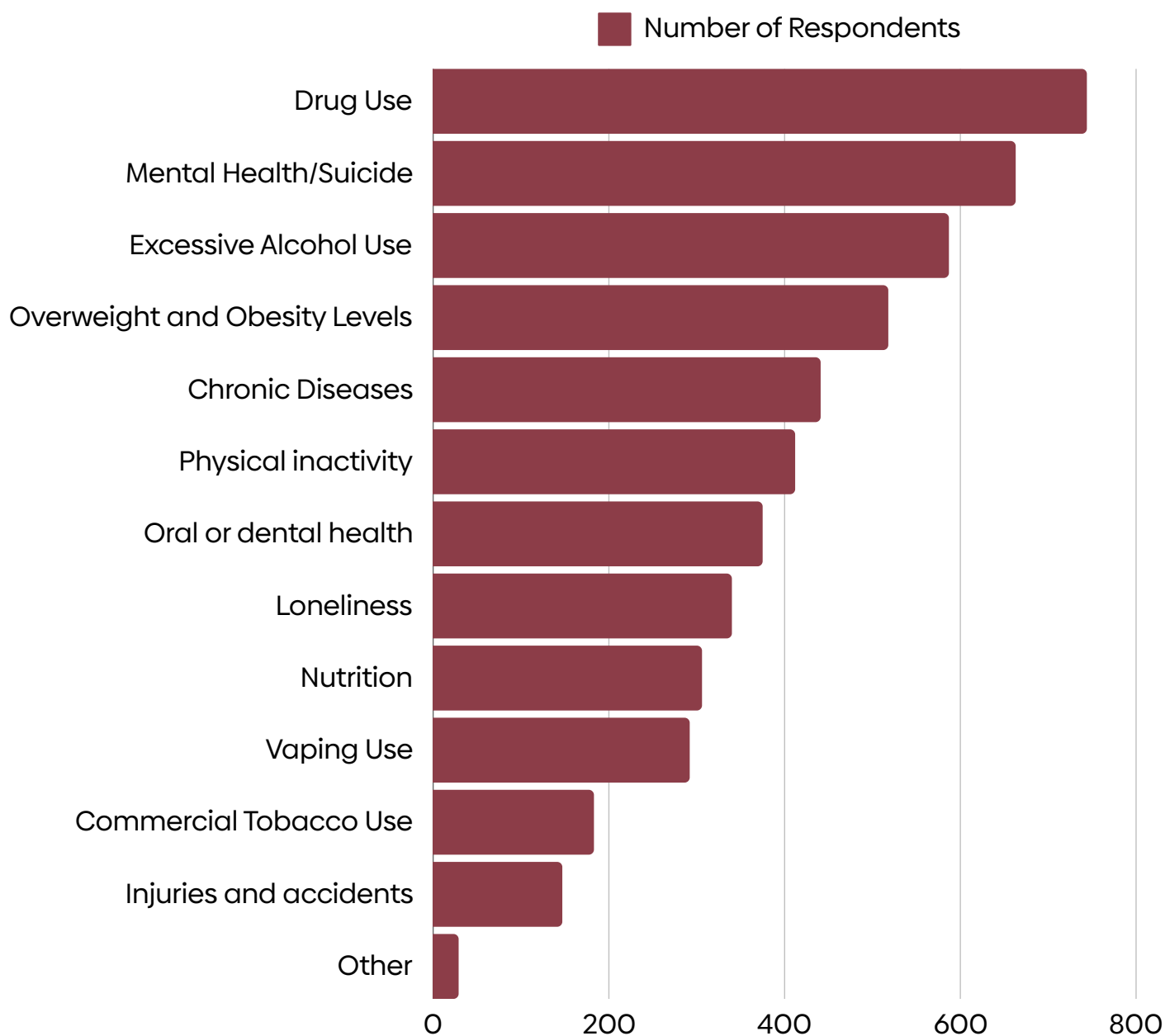
**“My child care costs \$1200 a month - more support for children and young families within this community.”**

**“I believe our community can focus on measures for health promotion and disease prevention. We can organize health education activities to advocate for healthy lifestyles, such as regular exercise, balanced diet, and abstaining from smoking and excessive drinking.”**

**“As a person who works closely with law enforcement, mental health is a major concern in our communities. Having a place where people can seek help, detox and reform themselves so so important. There are so many people who aren't getting the full extent t of help they need and it seems to be increasing yearly.”**

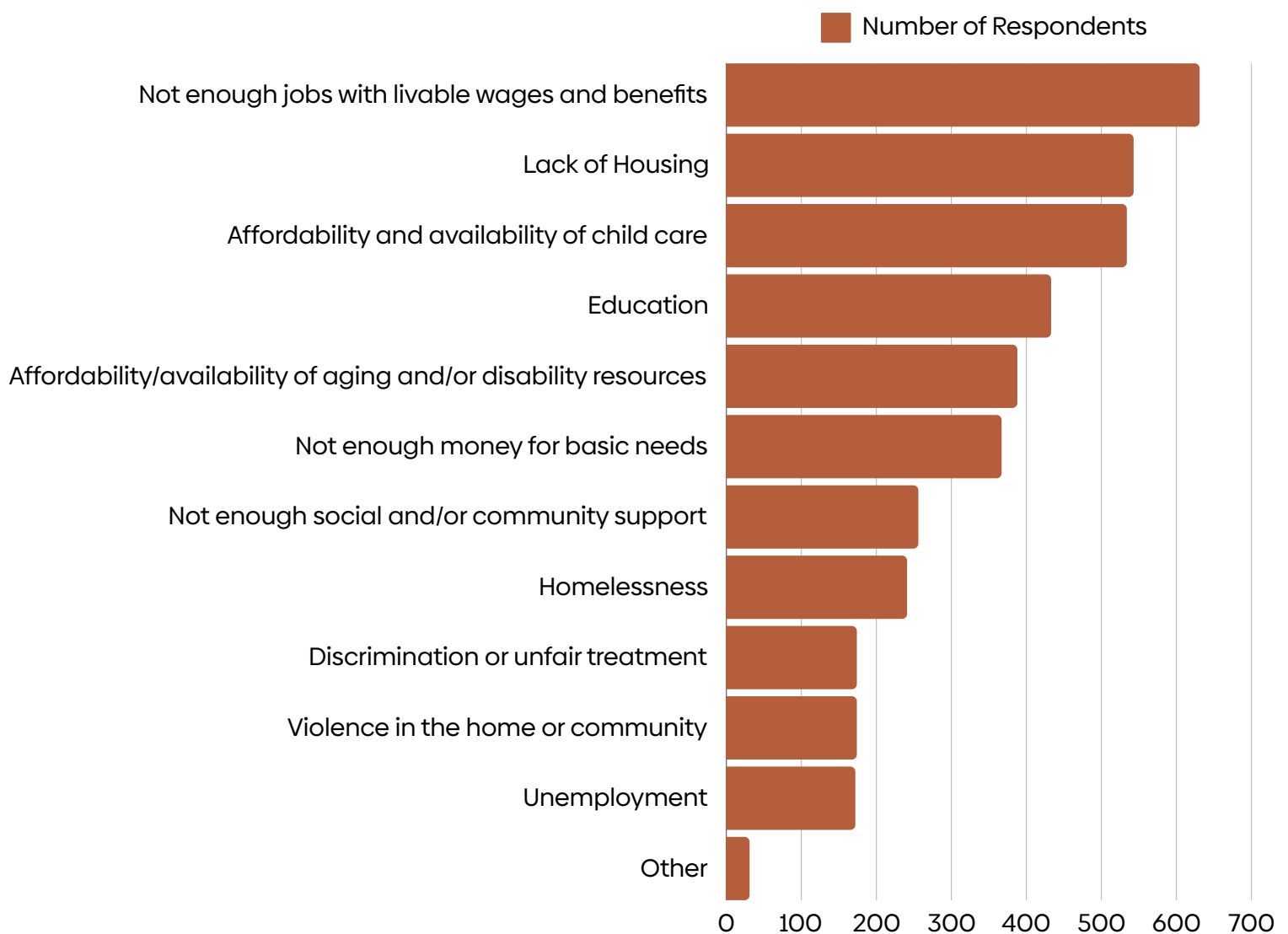
# HEALTH RANKINGS FROM THE COMMUNITY

Community respondents were asked to rank the following health concerns based on what they believe are the concerns most in need of being addressed.



# SOCIOECONOMIC RANKINGS FROM THE COMMUNITY

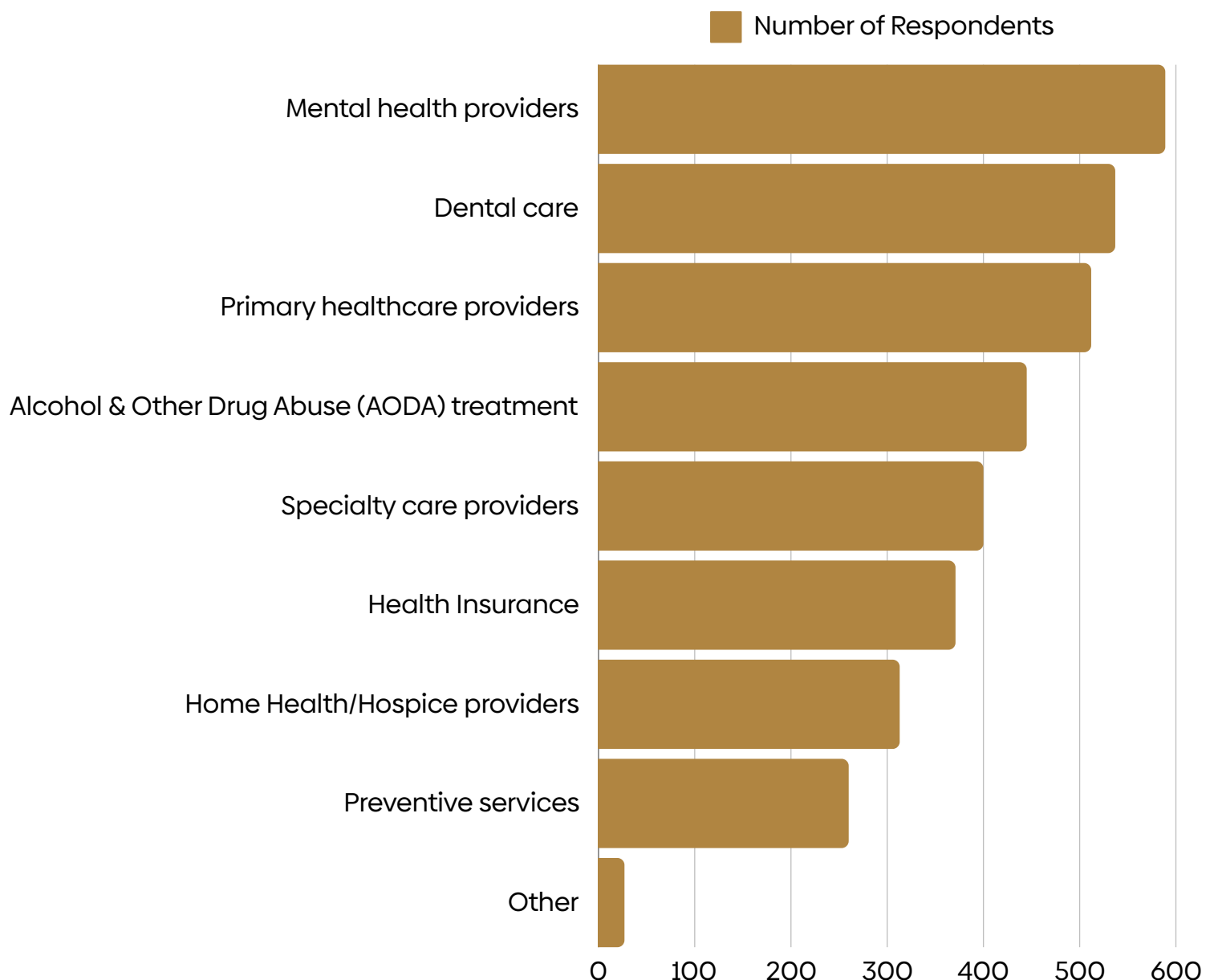
Community respondents were asked to rank the following socioeconomic concerns based on what they believe are the concerns most in need of being addressed.



# CLINICAL CARE RANKINGS FROM THE COMMUNITY

Community respondents were asked to rank the following socioeconomic concerns based on what they believe are the concerns most in need of being addressed.

## AVAILABILITY OF THE FOLLOWING SERVICES:

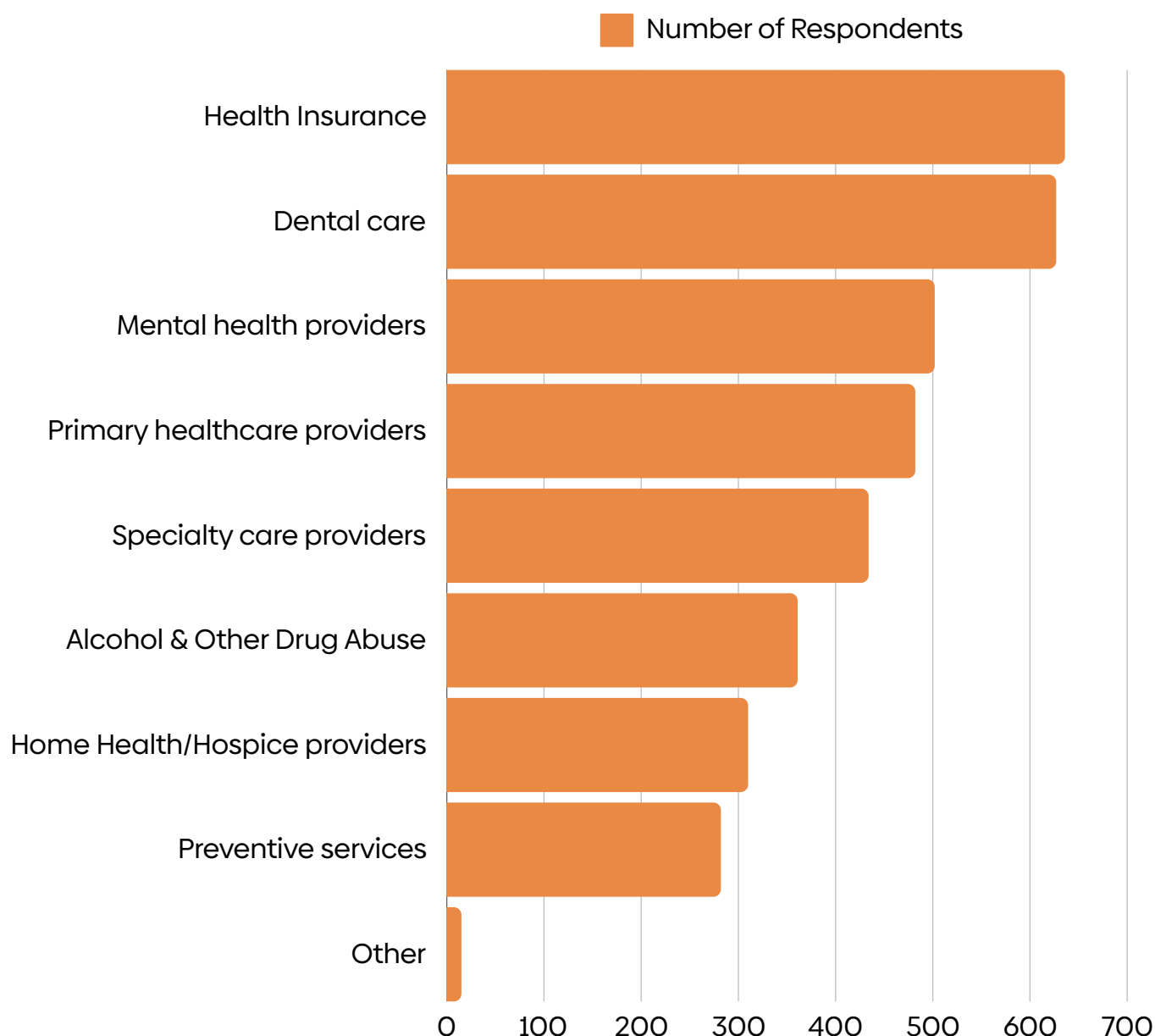




# CLINICAL CARE RANKINGS FROM THE COMMUNITY

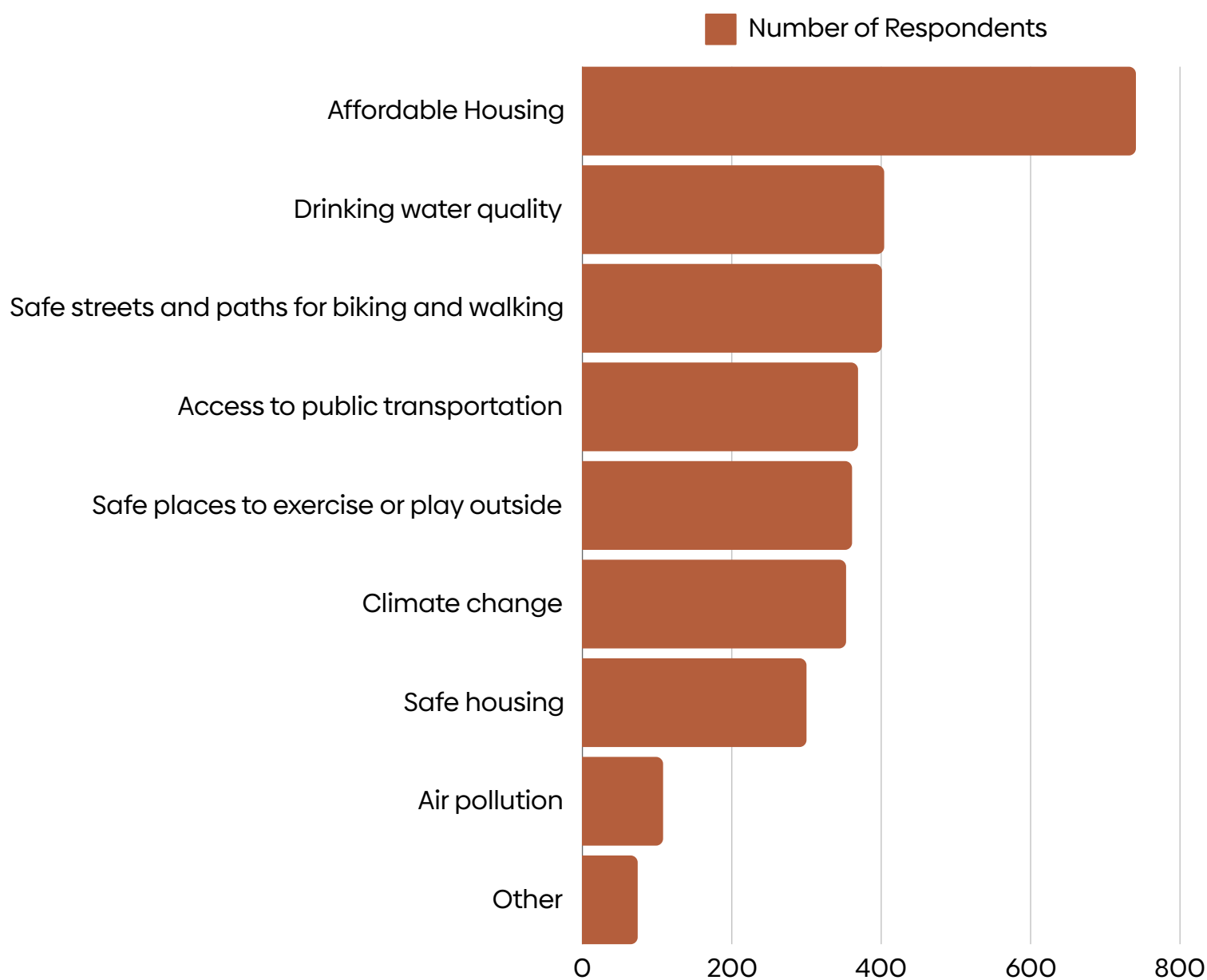
Community respondents were asked to rank the following socioeconomic concerns based on what they believe are the concerns most in need of being addressed.

## AFFORDABILITY OF THE FOLLOWING SERVICES:

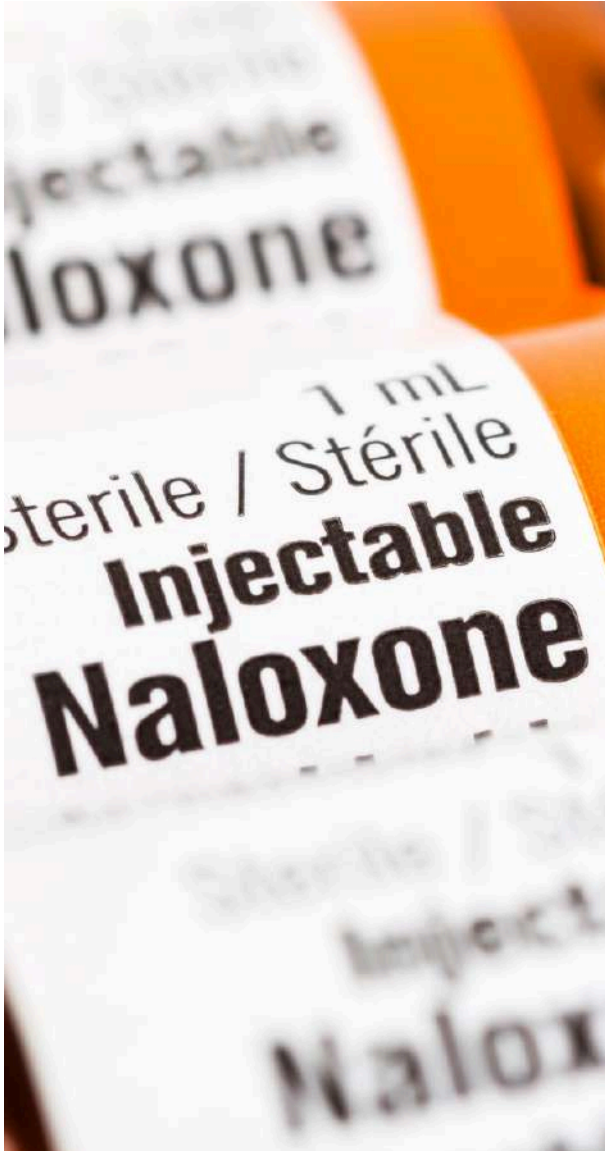


# PHYSICAL ENVIRONMENT RANKINGS FROM THE COMMUNITY

Community respondents were asked to rank the following physical environment concerns based on what they believe are the concerns most in need of being addressed.



# DRUG USE



***“In the area I reside there is a lot of drug abuse, finding used needles around playground equipment where my child plays.”***

## CENSUS DATA

For Ashland County, drug overdose deaths were 42 per 100K, which is up from Wisconsin's rate of 26 per 100K. The death rate from opioids (per 100K) were 21.0 for Ashland, 7.9 for Bayfield, and 5.7 for Iron. The state rate is 17.7.

## #1 issue for respondents

Drug use was identified in the community survey as the #1 issue by all three counties (70% of respondents named it #1).

## COMMUNITY RESPONSE

744 of the 1,106 respondents ranked drug use as a health concern in our tri-county area.

While there are current harm reduction programs in place, there is still an existing stigma that surrounds those programs. The CHIP will address ways to de-stigmatize this.

## Of the 744 respondents who marked drug use as a health concern,

- 652 are Caucasian
- 62 are Native American
- 31 Prefer Not To Answer
- 11 are Asian
- 7 are Multiracial
- 5 are African American
- 5 are Other
- 2 are Hispanic
- 1 is Pacific Islander

# MENTAL HEALTH, SUICIDE



***“As a healthcare provider in the area, I have seen countless patients with mental health issues and be unable to get access to a provider for it.”***

## CENSUS DATA

All three counties were higher than the state and national rates of “frequent mental distress (14 or more days in the past 30 days). Ashland’s rate is 16%, Bayfield’s is 15%, and Iron’s is 16%.

## #2 issue for respondents

Mental Health/Suicide was identified in the community survey as the #2 issue by all three counties (62% of respondents named it #2).

## COMMUNITY RESPONSE

663 of the 1,106 respondents ranked mental health/suicide as a health concern in our tri-county area.

## Of the 663 respondents who marked mental health/suicide as a health concern,

- 185 make less than \$50,000 a year
- 24 remarked that they don’t have one person they can talk to if they have a personal problem.
- 96 remarked they feel access to healthcare is a benefit to living here



# ALCOHOL USE



## CENSUS DATA

For Ashland County, the percentage of excessive drinking is 25%, for Bayfield it's 23%, and for Iron it's 20%. All of these are above the national percentage of 18%.

Iron County had the highest rate among the three counties (and above the state and national rate) of alcohol-impaired driving deaths at 54%.

## #3 issue for respondents

Excessive alcohol use was identified in the community survey as the #3 issue by all three counties (55% of respondents named it #3).

## COMMUNITY RESPONSE

587 of the 1,106 respondents ranked excessive alcohol use as a health concern in our tri-county area.

### Of the 587 respondents who marked excessive alcohol use as a health concern,

- 48 said they WOULD NOT take advantage of a support group to get help
- 429 said they WOULD take advantage of a support group to get help



# GOALS

For this CHIP, the planning committee decided to carry over two of the last plan's goals since the momentum around those goals is still strong, and the work needs to continue.

Specific action items have been identified within the two goals of awareness and collaboration. These are not exhaustive, as many community programs and initiatives fall under these goals, and that's great.

We firmly believe that by carrying over the goals and the work that has been done, we are paving the way for even greater achievements. This approach allows us to build on our successes, rather than starting from scratch with new programs and initiatives.

## **AWARENESS**

## **COLLABORATION**



# GOAL #1: AWARENESS

As described in the last plan, we seek to increase the general community awareness of the identified health priority areas, as we believe awareness increases involvement.

As a part of this Awareness goal, we envision a tangible and interactive community resource where communication and resources live.

## GOAL #1: AWARENESS

### Action item: Enhance communication and information sharing

Develop a **SWOT** (strengths, weaknesses, opportunities, and threats) analysis to identify an effective way to develop a user-friendly platform for centralized health information where residents can access up-to-date information from service providers, health services, recovery programs, chronic disease prevention resources, community support systems, etc.

This was done successfully in Sawyer County, Wisconsin, through a single collaborative website ([Healthier Together](#)) that listed real-time, upcoming community activities.

We plan on developing a similar website, depending on the outcome of the SWOT analysis. As a sub-goal, the CHIP planning team would like to establish an informal dashboard to track progress on the CHIP that highlights how each community is working toward the goals (either together or individually based on community needs).





## GOAL #2: COLLABORATION

As described in the last plan, we seek to collaborate with existing organizations and programs to “beef up” their effectiveness and reach rather than reinventing new programs. Similarly, we want to see a type of collaboration that is effective, efficient, and action-oriented.

### GOAL #2: COLLABORATION

#### Action item: Strengthen cross-sector collaboration

There is an existing mental health community coalition in our region. It’s a multi-sector group with representatives from public health, education, law enforcement, social services, local businesses, and community services to coordinate efforts around mental health, substance use, chronic disease, and community connections. Currently, this coalition meets monthly.

The action item is to expand this community health coalition to include even more organizations and agencies. There is strength in numbers. The coalition can:

- Advocate for local policies that support mental health, access to substance use treatment, and healthy living,
- Pursue collaborative funding opportunities to support health initiatives across sectors.
- Brainstorm upstream ways to address social determinants of health.

Second, we propose that this coalition add a quarterly meeting to develop a set of action items to accomplish in our communities. For example, the coalition may want to collectively focus on excessive drinking mitigation strategies and decide to bring to their respective municipalities a proposal to encourage more alcohol-free community events.



# USING THE CHNA WITH THE CHIP



## HOW IS THIS DATA USED?

The survey data was compiled into the working data used in the CHNA report. A community focus group was held in 2024 to provide feedback on the survey results and the comparative state and national data. Finally, a stakeholder feedback meeting provided important direction for goal-setting for this CHIP plan based on the survey results, industry and non-profit programs already existing in the community, and available resources.

The CHIP Steering Team met to plan the final goals of this plan. The CHIP is a tool that empowers the community, agencies, municipalities, and local organizations to work together and take responsibility for affecting change related to the health and socioeconomic concerns identified in the CHNA.

# REFERENCES

## COUNTY RANKINGS AND ROADMAPS

[countyhealthrankings.org/](https://countyhealthrankings.org/)  
[countyhealthrankings.org/sites/default/files/media/  
document/CHR2022\\_WI\\_0.pdf](https://countyhealthrankings.org/sites/default/files/media/document/CHR2022_WI_0.pdf)

## HEALTHY PEOPLE 2030

<https://health.gov/healthypeople>

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

<https://www.dhs.wisconsin.gov/data.htm>

## COMMUNITY HEALTH NEEDS ASSESSMENT

Conducted via Typeform

## US CENSUS

[Census.gov](https://census.gov)

