

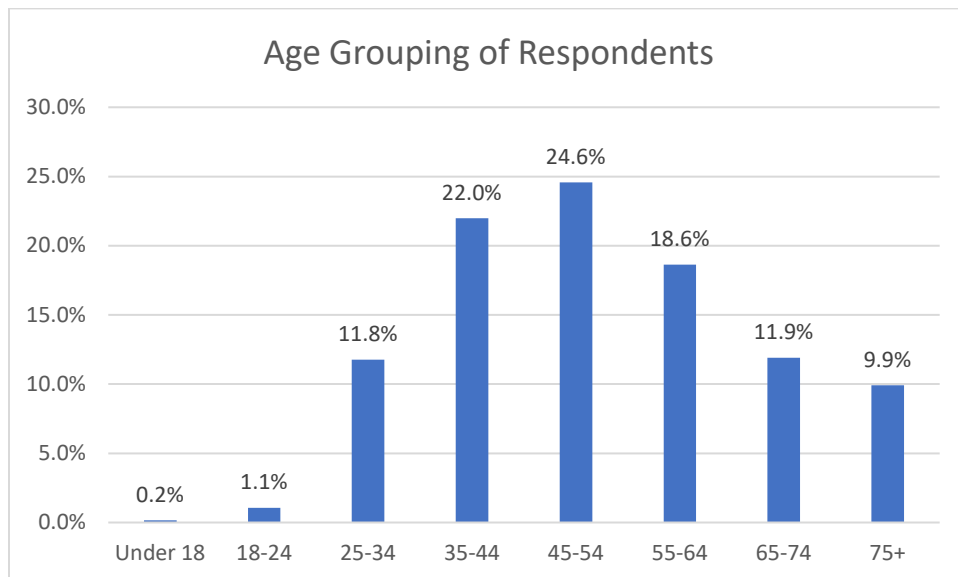
## Introduction

The COVID-19 pandemic has heightened many inequities and issues in public health. Ordinary citizens who rarely considered the importance of health care in their daily lives before the pandemic now consider access to high-quality health care as a fundamental right. As such, it is important to consider how the pandemic has changed conditions and attitudes. The survey administered by Columbia County Public Health over the winter provides a useful glimpse.

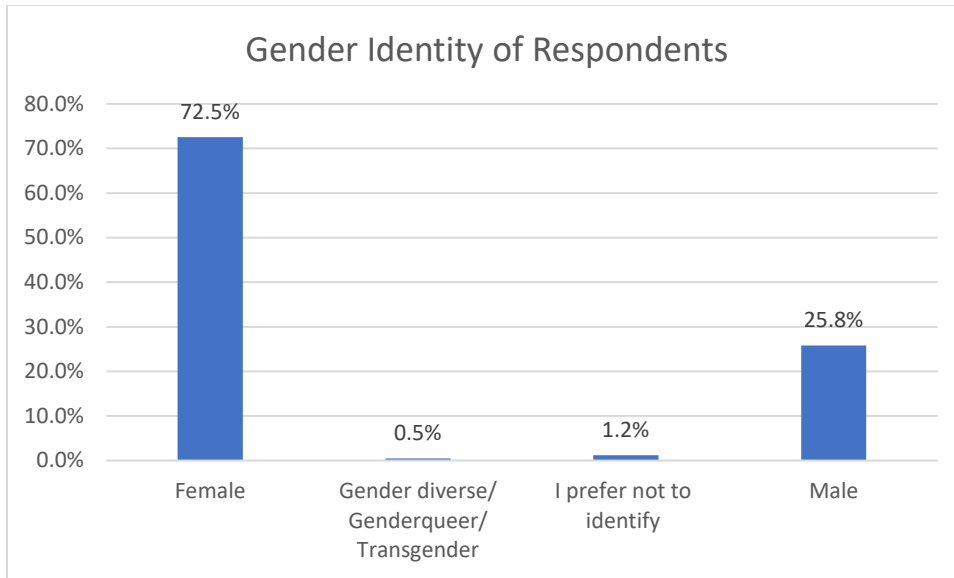
The summary that follows considers a variety of key issues. This is not a comprehensive assessment of survey trends; rather it highlights those issues that may warrant further discussion.

## Respondent Demographics

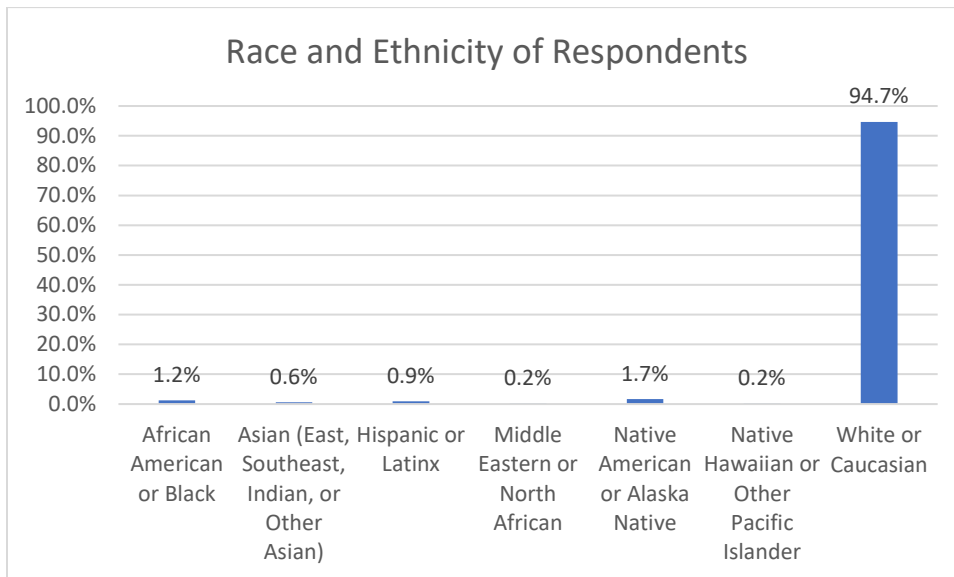
Respondents were first asked a series of qualifying questions. We see that the respondent pool contains several potentially biasing characteristics. As such, we can view later responses through this lens.



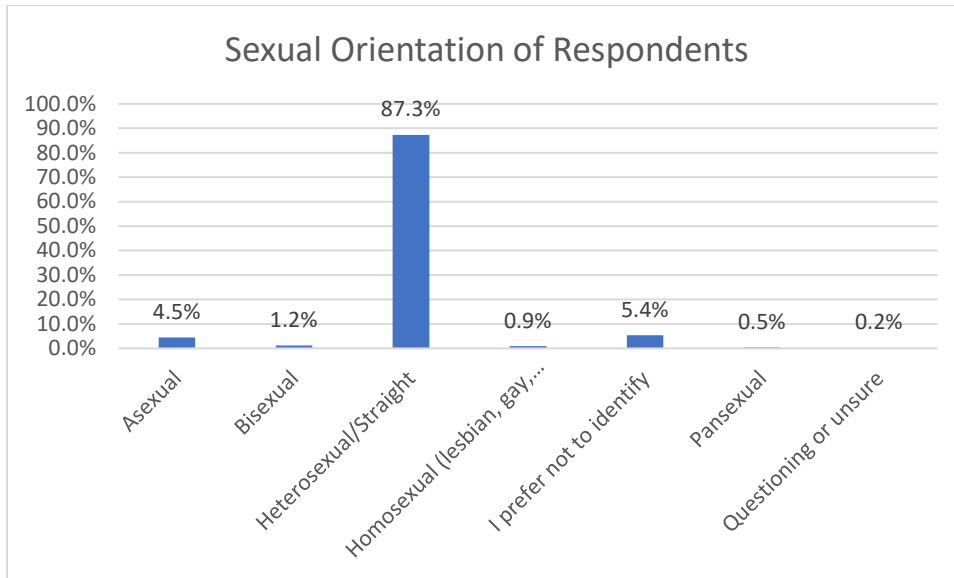
Respondents were first sorted among broad age groupings, as presented above. We see that most respondents are among prime working age, with more than half of all respondents aged 25 to 54. Conversely, few responses were collected from younger respondents, pointing to a potential weakness. We will see the connection between health care attitudes and employment throughout the survey.



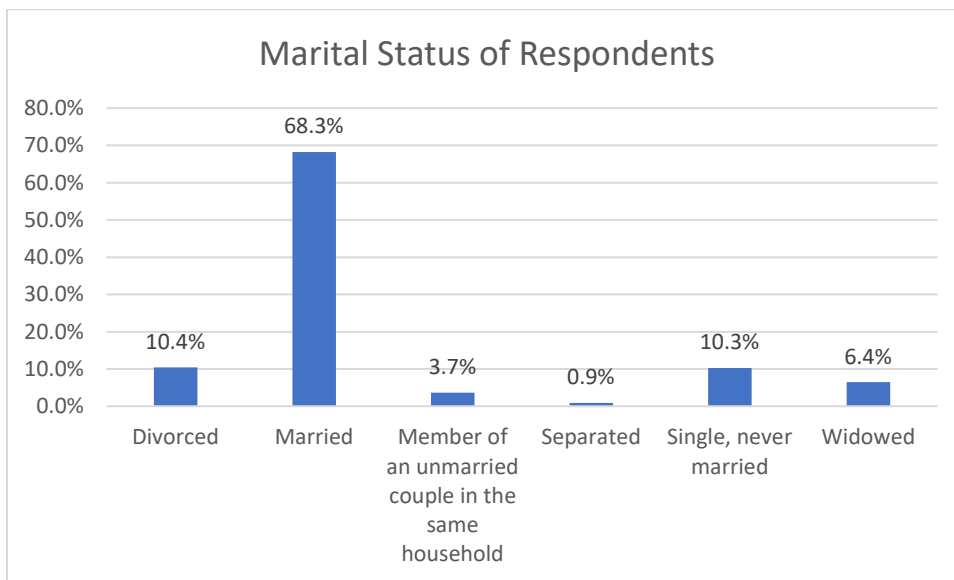
Respondents were next asked to identify by gender. We see that nearly three-quarters of respondents are female. This will again impact the balance of the survey as we have found in other research that women make a significant share of childcare and healthcare decisions in their households and may have different attitudes on access and standard of care.



The survey next asked respondents to identify their race or ethnicity. We find that ninety-five percent of respondents are white or Caucasian. This aligns generally with the composition of the county's population. However, it also represents a lost opportunity in two regards. First, we know that the state's Hispanic population has been growing rapidly in many of its rural counties. Second, we know that underrepresented groups typically have different attitudes and experience with health care services. The responses presented here may not reflect these differences.



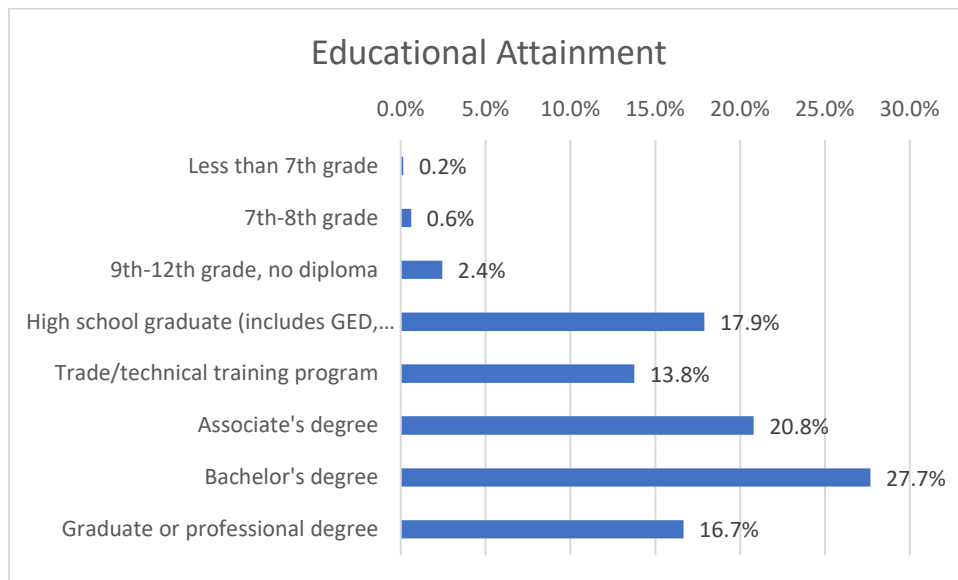
Respondents were next asked to present their sexual orientation. A wide majority of respondents are heterosexual. Interestingly, the next largest group of respondents preferred to not identify their orientation where another notable group identified as asexual. It is again difficult to draw notable differences among groups here because of the broad disparity of identities.



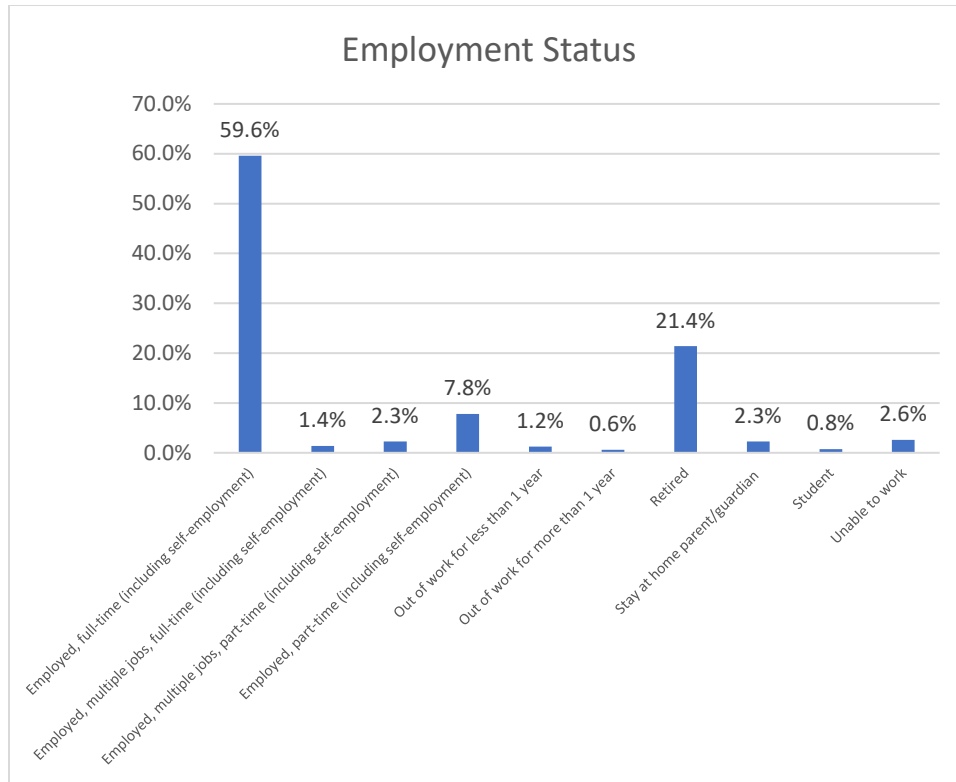
Respondents were finally asked to identify their marital status. Interestingly, eighty-six percent of the respondent pool either are or were once married. Similarly, there is some correlation between marital status and age, where most respondents who are either single or cohabitating with an unmarried partner are under the age of 35. We will see that marital status has some bearing on issue attitudes, although the survey did not ask respondents to identify whether they have children.

## Socioeconomic Status

Respondents were next asked a series of socio-economic questions. These are distinguished from the demographic questions previously discussed as they consider educational attainment, employment, and income, all of which have strong correlations to health care access and satisfaction.



We first see that the respondent pool is well-educated, with more respondents reporting having earned a bachelor's degree (27.7 percent) or graduate or professional degree (16.7 percent) than in the general population (16.5 percent and 7.7 percent respectively.) This is likely since the survey was largely administered through employers and among health care professionals.

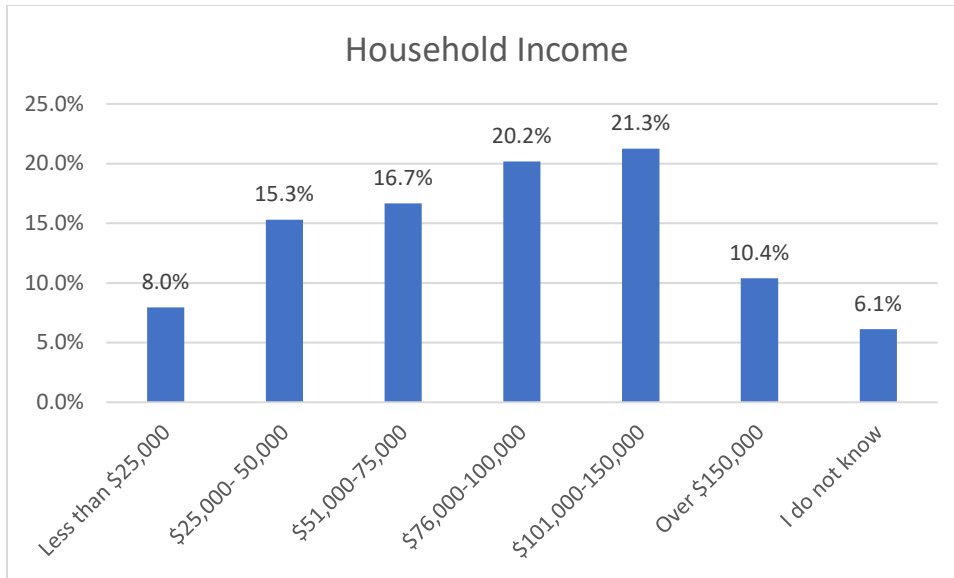


Respondents were next asked to identify their employment status. We see that most respondents are employed full-time (59.6 percent) or retired (21.4 percent). Conversely, fewer respondents either work part-time or are out of work. This is important as respondents in these groups may be less likely to have either employer or government-provided health insurance where others, including stay-at-home parents and students may have greater access.

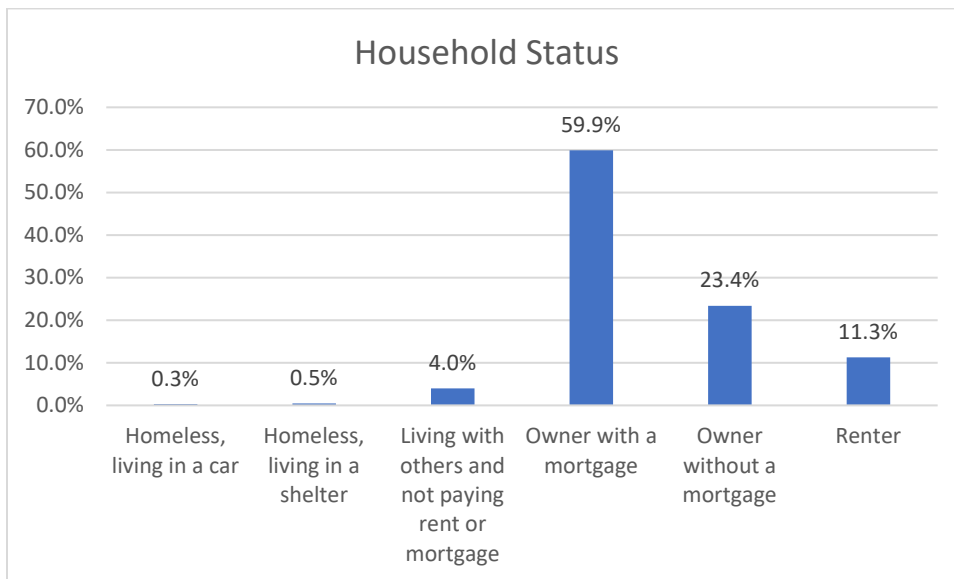
Respondents were also asked about their job satisfaction. Those unsatisfied with their job most referenced the following issues:

1. Job does not use educational background
2. Lack of advancement
3. Lack of benefits
4. Low wages
5. Long commute/travel time
6. Poor work environment

There is little correlation between employment status and job satisfaction, though those employed less-than-full-time were more likely to point to a lack of benefits as a cause of concern.



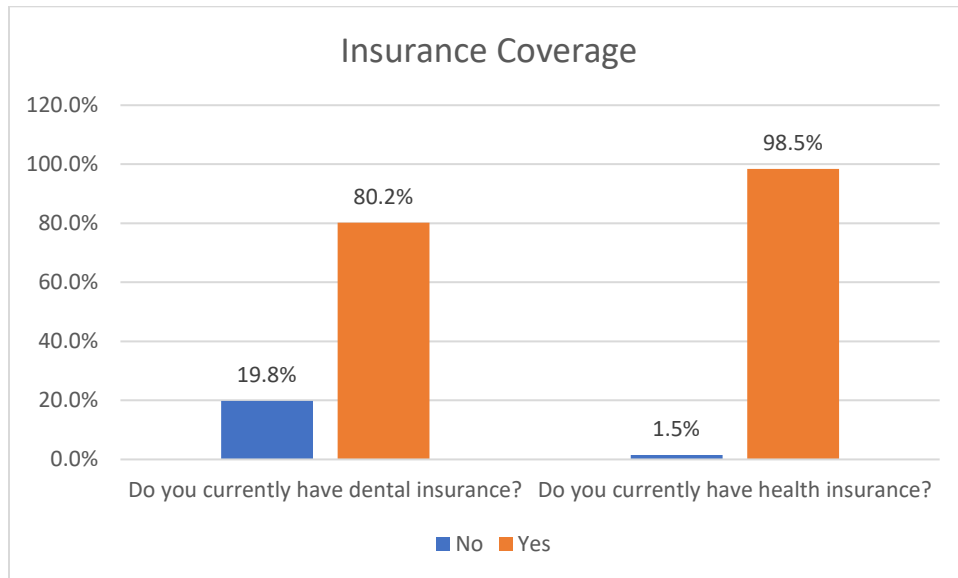
Respondents were next asked to estimate their gross (pre-tax) annual household income. We see that the distribution is normal, though it does skew towards the upper quintiles of the chart. This correlates with earlier findings about marital status as the respondent pool contains many dual earner households. Similarly, we know that there is a positive correlation between income and health care outcomes. As such, we would anticipate a greater level of access to and satisfaction with health care services among the respondent pool.



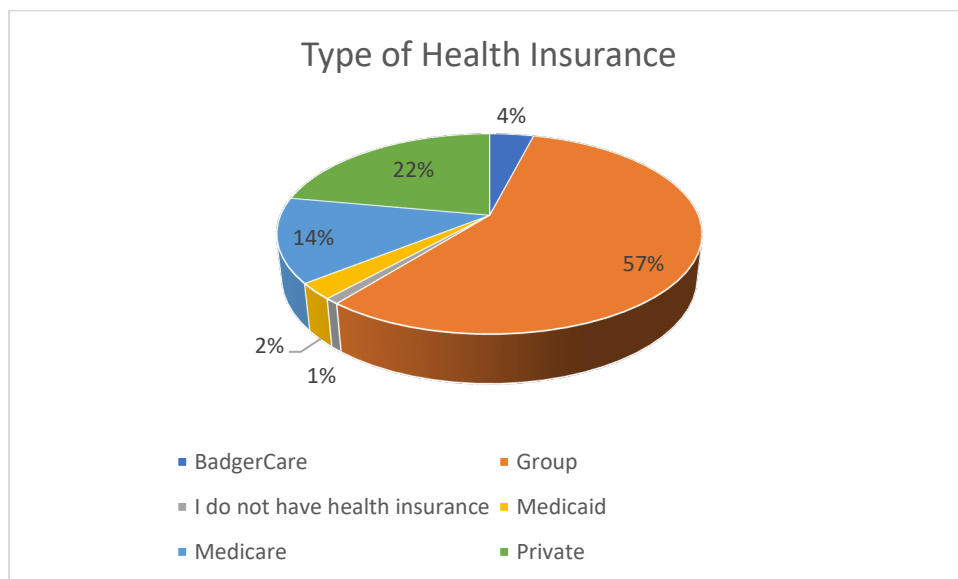
Respondents were finally asked to identify their current household or living situation. We see that most respondents live in single-family homes, either with or without a mortgage. This again correlates with the marital status, employment, and income data reported earlier. Respondents were also asked to identify any issues with their current living situation. Single-family owners reported lacking carbon monoxide detectors, high radon levels, pest issues, and water damage. Similar concerns were shared by renters.

## Access to and Utilization of Care

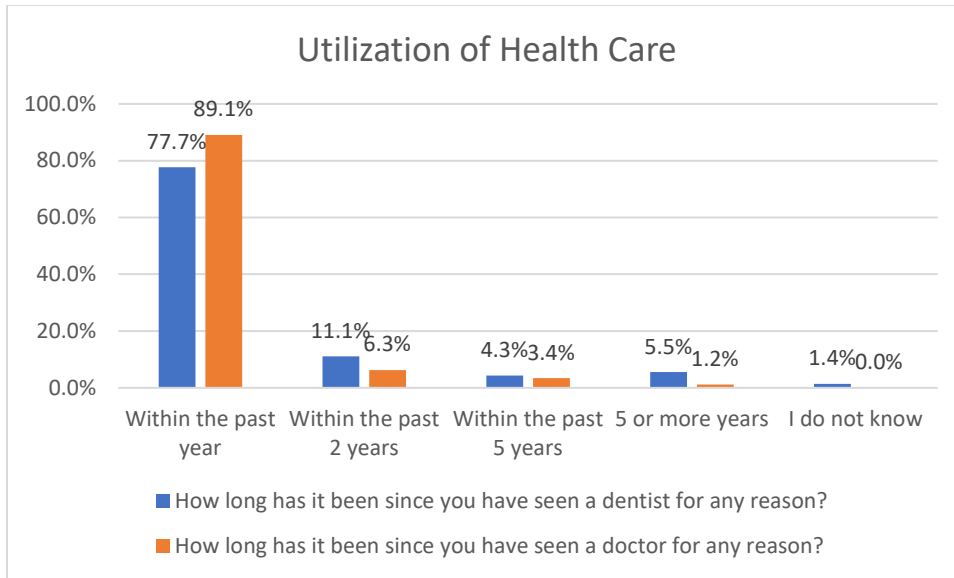
The survey next started to consider access to and use of health care services in Columbia County. Respondents were first asked whether they had access to health insurance.



We see here that most respondents have health insurance, and slightly fewer also have dental insurance. This difference is consistent with national trends as employers are less likely to offer discrete dental coverage in favor of basic preventative services covered through an HMO or PPO arrangement.

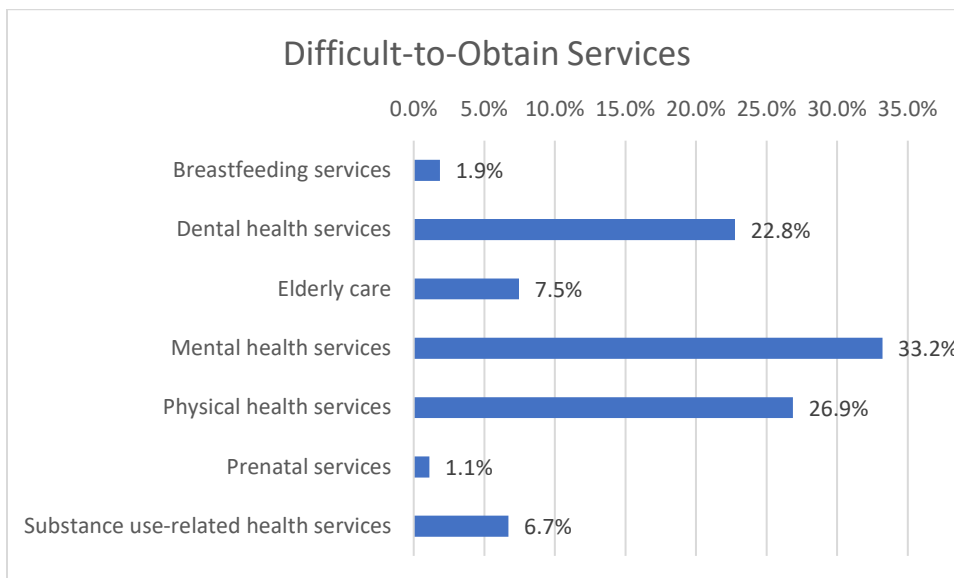


Respondents were also asked to identify the type(s) of health insurance they have access to. Group insurance, such as an HMO or PPO is the most common, with a sizable share of respondents also covered under private coverage including HSA's. Those covered by BadgerCare, Medicaid, or Medicare were likely to list secondary group coverage as well.



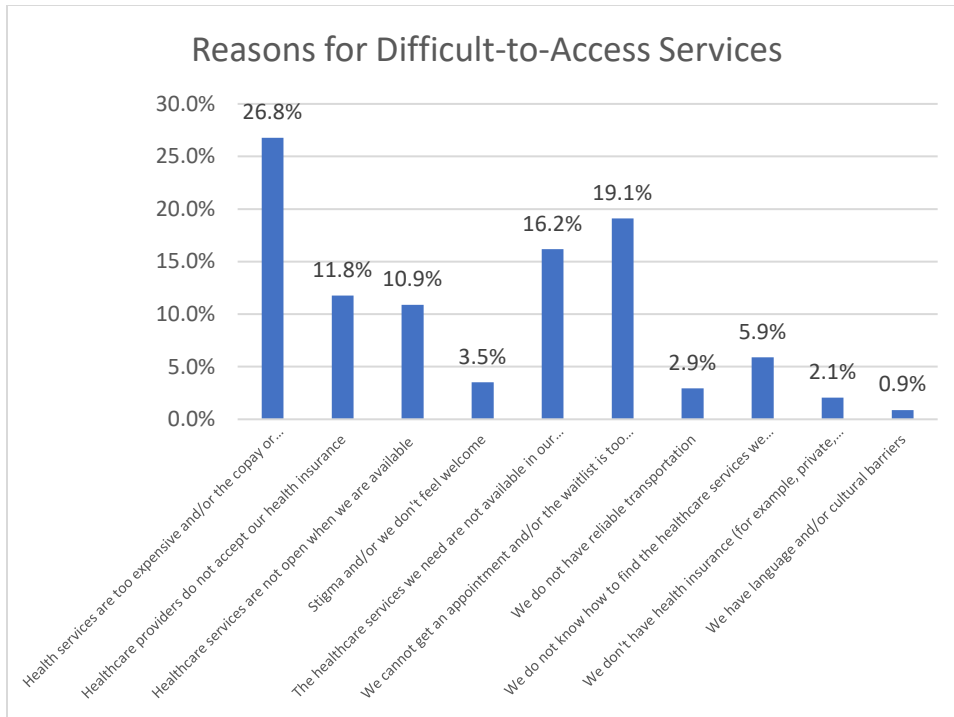
Respondents were next asked to discuss their utilization of care services, as indicated above. Most respondents have visited both a dentist and doctor within the past year, with a lesser share doing so in the past two years. We know that dental care utilization decreased significantly during the height of the COVID-19 pandemic, for example. Similarly, there is no correlation between the number of respondents not visiting a dentist in more than five years and access to dental insurance.

Access to care is of little concern to 63.8 percent of respondents, with most suggesting that they have no difficulty finding services. However, there are several services that respondents reported finding difficulty accessing, as indicated below.



We see that mental and physical health services, along with dental services are difficult to obtain for a third of the survey respondents.





Among those facing difficulty obtaining services, cost and capacity are the two greatest concerns. Insurance coverage and availability are also issues. Finding an available provider appears to be the central issue for most respondents facing difficulties.

## Community Affinity and Issues

Respondents were next presented with a series of value statements based on affinity with their community and satisfaction with services. Their responses to these statements, which range from community acceptance to mental health are summarized in the table below.

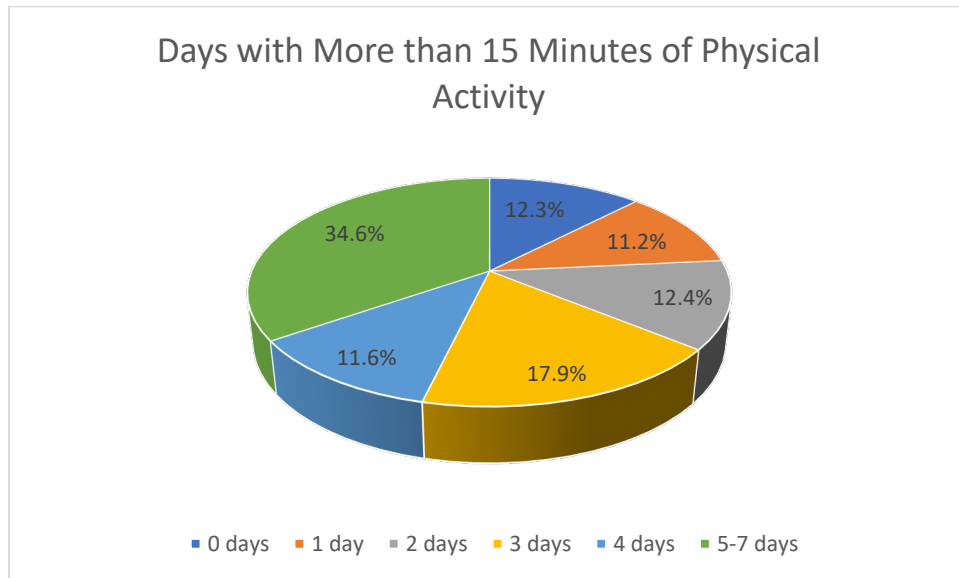
	Agree	Neither Agree nor Disagree	Disagree	Not applicable or Not Sure
A. Typically, there are opportunities for people like me to gather in my community (for example, at events, parks, places of worship, community centers, libraries).	74.3%	12.4%	7.6%	5.7%
B. There are places to volunteer in my community.	74.0%	11.6%	5.1%	9.4%
C. I feel accepted in my community.	72.6%	18.2%	5.5%	3.6%
D. I feel safe in my community.	82.2%	13.6%	3.0%	1.3%
E. There is affordable childcare.	14.4%	14.4%	15.7%	55.5%
F. There is accessibility to childcare.	21.3%	12.8%	12.8%	53.0%
G. There is quality public K-12 education.	61.2%	10.8%	7.4%	20.6%
H. My community is a good place to raise children.	66.7%	15.9%	3.9%	13.4%
I. There are enough youth programs.	31.8%	17.3%	21.3%	29.6%
J. There are enough resources for those struggling with mental health.	13.2%	15.3%	40.3%	31.3%
K. Accessibility of assistance programs for those in need.	24.4%	21.2%	19.6%	34.9%
L. My household can get healthy food to eat.	89.9%	4.1%	2.7%	3.3%
M. My household has transportation that we can depend on to meet our daily needs (e.g., car, truck, bike, rides from family/friends, walking, taxi).	90.5%	3.9%	2.7%	2.8%
N. There are enough safe, affordable houses and apartments in my community.	29.8%	16.8%	26.3%	27.1%

We see that respondents are generally happy with their communities, finding acceptance and safety. Communities are viewed as good places to raise children, though childcare and youth programs are in demand. Conversely, mental health services are in demand, as is affordable housing.

Respondents were also asked whether they feel they have been discriminated against. We see that a third of all respondents faced some form of discrimination, with age, gender, income, and race or ethnicity being the most common dimensions. Respondents felt discriminated against at work, in public spaces, and when applying for employment.

## Physical and Mental Health

Respondents were next asked a series of questions to assess their general physical and mental well-being. They were first asked about their level of physical activity.



We see that more than a third of respondents see between five and seven days with at least fifteen minutes of physical activity. Among those with lower levels, motivation, cost, and other work and family obligations were noted as the most common barriers to exercise.

Only three percent of respondents reported contemplating suicide in the past year. An equally small share (4.8 percent) reported using any illegal substances in the past thirty days, with marijuana and prescription narcotics being the most common. Alcohol abuse is a more notable concern as fourteen percent of respondents reported drinking more than three drinks on days when they consume alcohol. Nonetheless, more than half reported having a drink, at most, suggesting a wide variance in response.

## Changes Since the COVID-19 Pandemic

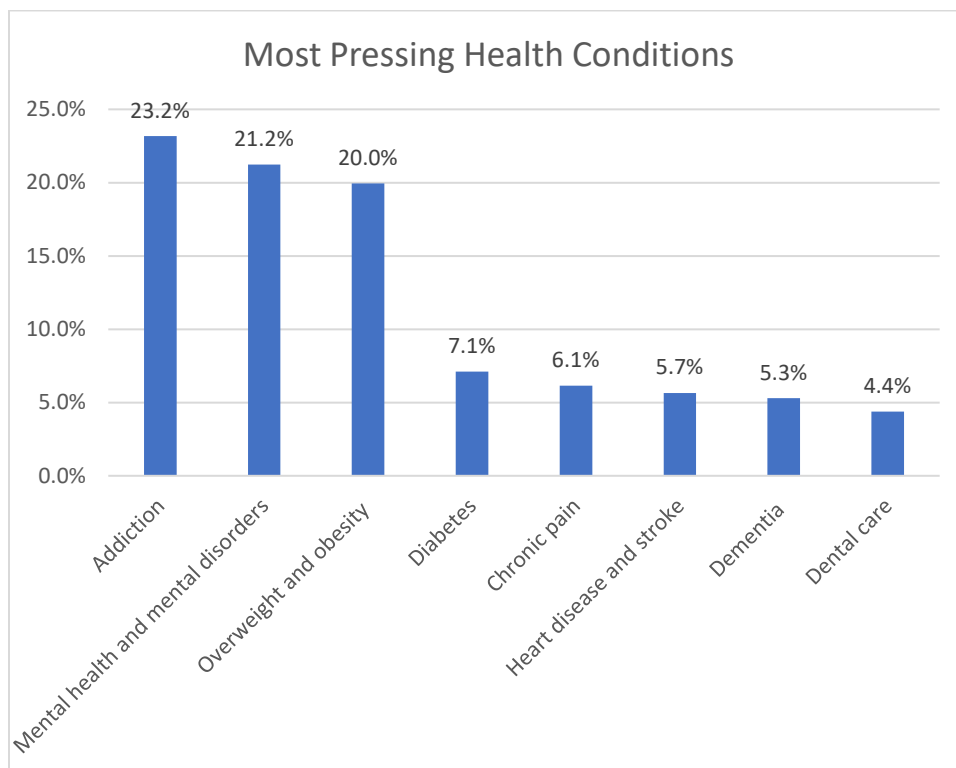
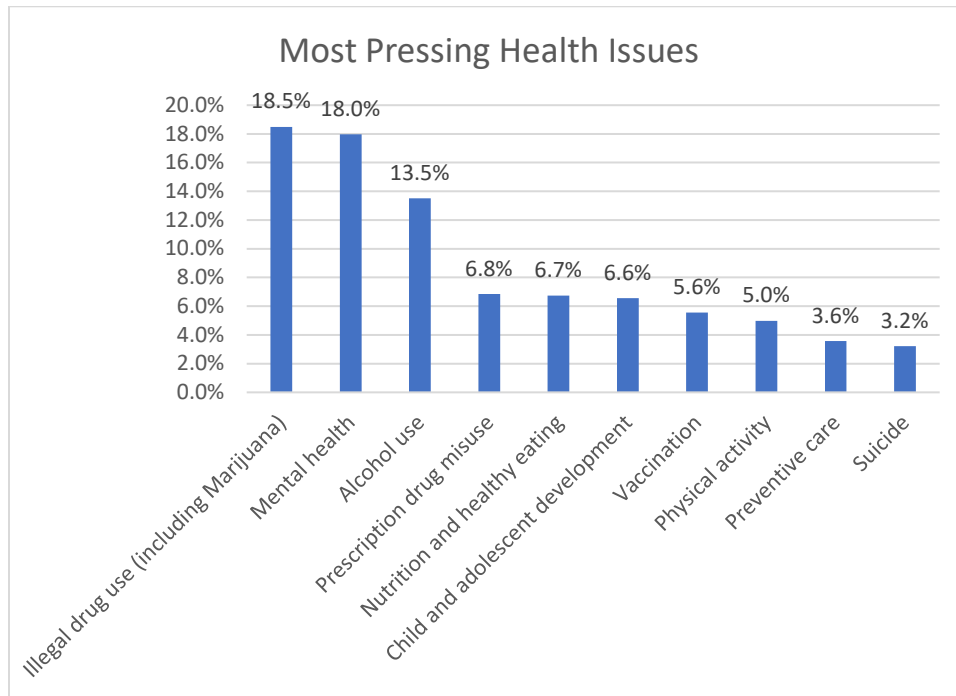
Respondents were asked to measure changes in behavior because of the COVID-19 pandemic. These are summarized in the table below.

	Increased	Stayed the Same	Decreased	Not Applicable or Not Sure
Has your alcohol use changed since the beginning of the pandemic?	10.0%	58.0%	13.7%	18.4%
Has your communication with your social connections (neighbors, family, friends, etc.) changed since the beginning of the pandemic?	8.0%	38.8%	50.5%	2.7%
Has your financial situation changed since the beginning of the pandemic?	13.9%	63.2%	20.0%	2.8%
Has your access to reliable childcare changed since the beginning of the pandemic?	0.3%	14.5%	7.9%	77.3%
Has your housing situation changed since the beginning of the pandemic?	3.6%	69.9%	4.4%	22.0%
Has your domestic abuse and family violence changed since the beginning of the pandemic?	2.7%	15.7%	0.9%	80.6%

We see that the COVID-19 pandemic has seemingly had little impact on many of the areas where impact has been noted elsewhere. Alcohol use has increased slightly along with financial pressures, but neither has grown at the same levels as have been observed in other surveys. Similarly, childcare, which has been a significant concern in many communities because of the pandemic is of little interest among the survey group. As such, it is difficult to ascertain what impacts the pandemic will bring long-term. It is certainly a topic for further conversation.

## Most Pressing Issues and Conditions

Finally, respondents were asked to identify their three most pressing health issues and conditions facing Columbia County. The top ten issues and top eight conditions are presented below.



There is significant overlap between the two charts, as addiction and mental health issues are top of mind. Obesity, nutrition, and activity are also of concern. What is interesting is the disconnect between the respondents’ assessment of concern of these issues for the community versus their own behavior. Most are active and eat healthy. Few drink or use illegal drugs. Yet most believe that these are issues facing the county, writ large. This external bias continues in other areas, where respondents complain about the level of crime in the community despite reporting feeling safe themselves. This is common in perception surveys as problems tend to be expressed in terms of the “other.”

### Informant Interviews

The final piece of feedback that the public health team collected for this assessment came through interviews with key informants throughout the county. The fifteen interviewees represent a variety of organizations from throughout Columbia County, including education, elder care, and recovery services, for example. The interviewees are identified in the table below.

<b>NAME</b>	<b>WHAT ORGANIZATION DO YOU REPRESENT?</b>
DAVID FISCHER	Poynette Schools
JIM SCHMIEDLIN/MARY WILKES	Reach Out Lodi, Inc.
TOBY MONOGUE	Portage Parks and Rec Department
REV. CRAIG WOLFGRAM	Bethany Lutheran Church
PAT WAGNER	UW Extension 4H
TOM DRURY	PARCC, Health and Human Services Board
DR. DANIEL GUTMAN	Aspirus Divine Savior Hospital and Clinics- Regional Medical Director
AMY LUEBKE	River Haven Homeless Shelter
JANELLE ZACHO	Columbia County Health Care Center
ROB PASBRIG	Prairie Ridge
JAKE NIESEN	Satori House Recovery
HEATHER GOVE	Columbia County Health and Human Services
TIM RAYMOND	Cambria-Friesland Schools
ERIKA SWEEN	Boys and Girls Club of Portage - Columbia County
STEPHANIE NICKEL	Columbia County Health and Human Services- Behavioral Health

Interviewees were asked a series of four questions:

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community?
2. What are 1-2 assets for improving health in the community?
3. Who are most vulnerable or underserved groups in the community?
4. What can the public health/healthcare organization in your community do to help?

Responses were open-ended and are summarized here by frequency of response and theme.

### Most Important Issues

Interviewees were first asked to identify the three most important health or quality of life issues facing the community. They provided the following themes:

- **Mental health:** Six interviewees identified this as among the most critical issues. Particular attention was given to the need for more services in schools, especially in rural districts as well as support for addiction recovery.
- **Substance abuse:** Both alcohol and drug abuse were noted by four respondents. Interest was given to middle-aged adults as well as diversion programs for teenagers.
- **Chronic Disease/Aging Issues:** Two interviewees cited several elder care issues, ranging from the quality of assisting living facilities, to chronic disease and dementia.
- **Affordable Housing:** This was mentioned both in the context of supporting low-income families and in fighting homelessness.
- **Support for Low-Income Families:** A range of services, including childcare, housing assistance, and transportation were noted by several interviewees. Focus was given to youth, who oftentimes lack quality of life amenities.

The array of most pressing issues aligns with several of the issues surfaced in the data analysis and survey results. Access to mental health services is a clear challenge in the county, as is a perceived substance abuse crisis. This prioritization provides greater support for the data analysis as comment was solicited by care givers and other advocates.

### Assets for Improving Health

Interviewees next identified which assets are most important to improve public health in Columbia County.

- The presence and engagement of Aspirus Healthcare was frequently cited. Other assets include primary care services and Flight for Life were also identified.
- Other community organizations such as the ADRC, the future Boys and Girls Club, and Harbor House for Recovery are viewed as current and future assets.
- Several interviewees also cited the collaboration and community spirit that exists throughout the county. Neighbors supporting each other, supporting schools, and the engagement of county and community leaders.
- The importance of funding streams, including sustainable funds and the MAP program were also identified.
- Finally, interviewees pointed to the importance that education and information plays in providing resources on COVID-19 and substance abuse.

It is important to note that each interviewee highlighted several assets throughout the county with others pointing out the variety of natural amenities, including its park system. Not all

directly relate to the most important issues previously cited but each can be connected to improving a general sense of health in the county.

#### Vulnerable and Underserved Groups

Interviewees were also asked to identify underserved groups in the county. The array of groups and needs are again familiar and align with the needs identified throughout the survey.

- Low-income families were frequently cited as the most vulnerable with some citing financial instability and others pointing to the lack of access to technology as particular concerns.
- Children, especially young children were also highlighted.
- The elderly, including those with chronic disease as well as those caring for someone with dementia were also identified.
- Finally, new resident communities, including migrant workers, the Amish, and African Americans were identified as underserved groups.

The vulnerability of these groups can be tied both to lack of access to care and poor health outcomes. This is again validated in the data analysis.

#### Public Health Helping

Interviewees were finally asked to identify ways that public health organizations can help in the community. While several specific examples, such as the Boys and Girls Club and dementia care were cited, most comments fell along three common themes.

- Collaboration: Respondents felt that public health could more effectively collaborate with other organizations, including the health care system.
- Education: Respondents believe that public health plays a vital role in building awareness and education of issues and resources.
- Funding: Rather than serving as a funding source, public health can collaborate to build capacity, both in pursuing grants as well as in licensing other providers, including childcare providers.

In sum, Columbia County Public Health is viewed as an important partner, but it is unclear again how these resources directly address the most pressing needs identified earlier.