

Community Health Needs Assessment

2018





Communities We Serve





Ascension Good Samaritan Hospital

601 South Center Avenue Merrill, Wisconsin 54452



Ascension Sacred Heart Hospital

401 West Mohawk Drive Tomahawk, Wisconsin 54487 An assessment of Lincoln County conducted jointly by Ascension Good Samaritan, Ascension Sacred Heart and Lincoln County Health Department

Ascension Good Samaritan and Ascension Sacred Heart are critical access hospitals located in Merrill and Tomahawk, Lincoln County, Wisconsin. The community health needs assessment (CHNA) was conducted in 2017 and focused on the needs of individuals in Lincoln County.

Ascension Good Samaritan and Ascension Sacred Heart are part of Ascension. In Wisconsin, Ascension (<u>ascension.org/wisconsin</u>) operates 23 hospitals and hundreds of related healthcare facilities that together employ more than 19,600 associates. Serving Wisconsin for 170 years, Ascension is a faith-based healthcare organization committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Ascension is the largest non-profit health system in the U.S. and the world's largest Catholic health system, operating 2,500 sites of care – including 141 hospitals and more than 30 senior living facilities – in 22 states and the District of Columbia.

Our Mission as a Catholic healthcare system is: rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Ascension is continuing the rich and long tradition of addressing the health of the community, following in the footsteps of legacy Ministry Health Care. This flows directly from our Catholic Identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program.

Community Served by the Hospitals

Although Ascension Good Samaritan and Ascension Sacred Heart serve Lincoln County and beyond, for the purposes of the CHNA, the hospitals focused on the needs of Lincoln County. Our "community served" was defined as such because (a) most community health data is available on at the county level; (b) most of our assessment partners define their service area at the county level; (c) the majority of our service area is in Lincoln County.

Demographic Profile of Lincoln County

Encompassing almost 900 square miles, or 567,000 acres, in North Central Wisconsin, Lincoln County ranks 21st in size among the state's 72 counties. There are 16 townships in the county ranging in size from Corning's 92,690 acres to Scott's 20,890. Lincoln County has 152 name lakes and 577 unnamed lakes. Winter recreation is available with 22 miles of cross country trails, 315 snowmobile trails and 200 ATV winter trails.

Population

According to the U.S. Census Bureau, American Community Survey 2016, a total of 27,902 people live in Lincoln County. Like other rural counties in northern Wisconsin, Lincoln County is experiencing a decline in population as well as an increase in those residents who are age 65 or older. From 2010 to 2030, Lincoln County is expected to see a 62% increase in that age group (Source: Wisconsin Department of Administration, Demographics Services Division (2008)).

Age Group	Both Genders	Male	Female	
Total	28,743	14,412	14,331	
0-4	1471	741	730	
5-19	5468	2902	2566	
20-24	1169	619	550	
25-34	2798	1395	1403	
35-44	3576	1821	1755	
45-54	5078	2576	2501	
55-64	3914	2008	1906	
65+	5269	2350	2919	

Lincoln County, WI, Age and Gender

Source: U.S. Census Bureau, 2010 Census

Race and Ethnicity

The racial and ethnic diversity of Lincoln County is:

- White alone (96.8%)
- Black or African American (1%)
- American Indian/Alaskan Native alone (.5%)
- Asian (.6%)
- Hispanic or Latino (1.5%; Hispanic or Latino individuals are primarily from Mexico)

Source: U.S. Census Bureau, Census 2010

Disability

Over 15 percent of the adult population (18+) identifies themselves as having a disability (Source: American Community Survey, 2011-2015).

Process and Methods Used to Conduct the Assessment

Community Health Improvement Strategy

Ascension Wisconsin is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model and the model for community health improvement.



In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities* (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program). This guidebook builds on the County Health Rankings and Roadmaps' Action Center.



Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play:

- Work collaboratively to effectively address health issues
- Pay attention to the forces that shape health outcomes
- Focus efforts on target populations with a disparate health burden
- Emphasize the powerful impact of policy and system-based approaches on change
- Use the best evidence of effective strategies
- Identify and track specific, measurable performance indicators

Planning Process

The community health needs assessment began in Summer 2017 and continued through Fall 2017. Numerous organizations contributed to the assessment, including the hospitals, the Lincoln County Health Department, the state Division of Public Health, as well as representatives from other non-profit and government agencies. The organizing framework for the data was the Wisconsin State Health Plan 2020, which includes the following 12 focus areas:

- Alcohol and drug use
- Chronic disease prevention and management
- Communicable disease prevention and management
- Environmental and occupational health
- Healthy growth and development
- Injury and violence prevention
- Mental health
- Nutrition and healthy foods
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

Three additional focus areas were considered:

- Access to care
- Social determinants of health
- Built environment

Data Sources

Data were gathered from multiple sources; a list of data sources can be found in Appendix A.

Input from Persons Who Represent the Broad Interests of the Community

Ascension Good Samaritan and Ascension Sacred Heart are committed to addressing community health needs collaboratively with local partners. Since the 2013 CHNA, both hospitals have participated actively in the Healthy People Lincoln County Partnership, including the oral health, mental health and nutrition coalitions. More recently, the hospitals are participating in the AODA coalition. This year's assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus on.

Input from Community Stakeholders

The Healthy People Lincoln County Partnership developed and implemented the following data collection methods in order to hear community members' thoughts on the strengths and challenges of being a healthy county. These methods provided our partners additional perspectives on how to address top health issues facing our communities.

Community Health Survey. A community survey was administered to residents of Lincoln County in both an online and paper copy version. The survey was developed based off a template from the Northern Regional Wisconsin Division of Public Health. Nearly 650 surveys were completed between

June 16 and July 28, 2017. The purpose of the survey was to gather data on community's health needs. Surveys were distributed to key organizations and establishments in the county.

Community Forum. A community forum was held on August 16, 2017. The purpose of the forum was to review primary and secondary, national, state, and local data that align with the Wisconsin Healthiest 2020 Plan. Thirty-eight (38) stakeholders were in attendance. As the data were presented, stakeholders discussed the strengths, weaknesses, opportunities and challenges associated with each health focus area. Discussions included the identification of available community resources as well as how some populations were disproportionately affected by the issue.

Key stakeholders in attendance represented a cross sector of the community. A list of attending organizations is in *Appendix B*.

Input from Members of Medically Underserved, Low-income and Minority Populations

Ascension Wisconsin is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CHNA process must be informed by direct input from the poor, vulnerable and disparate populations we aim to serve. With that in mind, the community survey invited input from individuals who have low income. In addition to being survey respondents, individuals who are medically underserved, have low income or are members of a minority population were represented by key stakeholders at the community forum. (*See Appendix A* for the attendee list.) Finally, as part of the process to select the health priorities, strong consideration was given to how individuals who are more vulnerable are impacted by the health issues.

Input on previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

Prioritization Process and Criteria

After reviewing and discussing the demographic and health focus area data, stakeholders at the August 16, 2017 community forum were asked to complete "Health Prioritization Worksheet". The worksheet included 15 health focus areas. Stakeholders were asked to choose their top three priorities and offer additional comments. Specifically, stakeholders were asked to:

- Rank order their top three health priorities for inclusion in the next community health plan
- Keep the following criteria in mind when selecting:
 - ✓ The number of people impacted by the problem
 - ✓ The seriousness of the health problem-leading to chronic illness, injury and death
 - ✓ Are there known interventions to address the problem?
 - Are resources (funding/staff/multiple agencies) available to address the health problem?
 - ✓ Is this important to the community? Would they be active and want to make a difference?

The compilation of the submitted worksheet resulted in the following list of significant health issues:

- 1. Mental Health
- 2. Alcohol and Drug Use
- 3. Nutrition and Healthy Foods
- 4. Social Determinants of Health
- 5. Chronic Disease Prevention and Management
- 6. Oral Health

The (above) results of the August 16, 2017 community forum were shared with the Healthy People Lincoln County Partnership at their August 25, 2017 meeting. The Healthy People Lincoln County Partnership members reviewed the list and through a consensus process selected the final priorities. The Partnership identified the priorities using three considerations: community forum results, community momentum (i.e., what efforts are underway and successful) and the impact of the health issues on individuals who are more vulnerable.

Health Issues Not Selected

The following two health areas were not selected for the reason described.

- Social Determinants of Health The Healthy People Lincoln County Partnership determined that social determinants of health is a cross-cutting issue, and will be a component of all four priority areas.
- Chronic Disease Prevention and Management The Healthy People Lincoln County Partnership determined that chronic disease is a cross-cutting issue, and will be a component of all four priority areas.

Priorities Selected

The following health issues were selected as the priorities:

- Mental Health
- Alcohol and Drug Use
- Nutrition and Healthy Foods
- Oral Health

Overview of Priorities

A description of each priority area, data highlights, and relevant assets/resources are on the subsequent pages.

Mental Health

Why it is important

Approximately 20% of the population experiences a mental health problem during any given year.

Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity, and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, and disability.

Factors contributing to the challenges in Lincoln County

- There is an increased number of youth that have experienced abuse and/or trauma.
- Students are being bullied.
- There is a lack of mental health providers.
- Telehealth (provider availability).
- Some elderly are living in isolation.
- Providers/agencies are unaware of available services.
- Difficulty navigating the mental health system.
- Mental health is not taught at school.
- No statistics on coping strategies or benefits of resiliency strategies.
- Midwest mentality take care of yourself.
- Fear of children being taken away if you seek help for a mental illness.

Challenges for those at higher risk

- Having a blood relative, such as a parent or sibling, with a mental illness.
- Stressful life situations, such as financial problems, a loved one's death or a divorce.
- An ongoing medical condition.
- Traumatic experiences.
- Use of alcohol/recreational drugs
- Being abused or neglected.
- Having few friends or few healthy relationships.

Lincoln County Community Health Survey 2015

During the past 30 days...

46% felt tired or had little energy	13% Had trouble concentrating, i.e.	
42% had trouble sleeping	reading a newspaper or watching TV 4% felt like your family may be better	
30% had a poor appetite or ate too much	off without you	
21% felt down, depressed or hopeless	4% used alcohol or drugs to lessen the feelings of hopelessness or helplessness	
20% had little interest or pleasure in doing things	2% felt like harming yourself or someone else	
	443 respondents	

Data highlights:

- In 2017, 75% of 689 people reported that they experienced five or fewer days of not feeling mentally well.
- From 2006-2010 to 2011-2015 age adjusted mortality with suicide as the primary cause of death has decreased among those that live in Lincoln County by almost 5% (18.4 to 13.4).
- In 2017, 23.6% of Lincoln County middle school students and 34.1% of high school students felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities in the last year.

Identified local assets and resources:

- Mental health counselors in schools
- Lincoln County Mental Health Resource Guide
- North Central Health Care
- Medical College of WI Child Psychiatry
- Medical College of WI Periscope Project
- Trainings on ACEs/Trauma Informed Care
- Lincoln County Mental Health Coalition
- Crisis Intervention Team (CIT) training
- Psychiatry residency programs in Wausau

Sources: County Health Rankings (2017); Healthiest Wisconsin 2020; Healthy People 2020; Centers for Disease Control and Prevention; Lincoln County Community Health Survey 2017; Lincoln County Youth Risk Behavior Survey 2017.

Oral (Dental) Health

Why it is important

Good oral health improves the ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions.

Good oral health can prevent: mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects, and other disease of the mouth.

Good oral health care can prevent other diseases through early detection of diseases that may start with oral symptoms but that can later affect health in other parts of the body.

Factors contributing to the challenges in Lincoln County

Lincoln County residents experience the following barriers:

- A lack of dental insurance (public or private) and low reimbursement for dental services.
- Fear of going to dentist. •
- Lack of motivation to go to the • dentist.
- Ability to pay for dental care; dental care is not covered by Medicare.
- Those with coverage are not seeking • care.
- Difficult to access dental are after • work.
- Long waiting lists for Bridge • **Community Clinic.**
- Lack of awareness of the need for • oral/dental care.
- Transportation to dental office.

Challenges for those at higher risk

People more likely to have poor oral health include people with disabilities, those with health conditions, lower levels of education and income, and specific racial and ethnic groups.



Lincoln County Seal A Smile Program Data 2014-2016

number of students 150 100 63 67 50 35 17 8 8 0 with urgent with untreated early dental screened sealed needs needs decav 2014 240 165 47 24 75 2015 219 173 17 8 63 2016 209 197 35 8 67

Data highlights:

- 94.4% of Lincoln County's population is on fluoridated water. State is at 86%.
- In 2014 there were 140 emergency visits for non-trauma tooth pain in Lincoln County.
- Percent of Medicaid participants with dental service in 2010 in Lincoln County was 37%.
- 48% of third graders in the northern region of Wisconsin have • treated decay, while 16% have untreated decay, and 54% have experienced dental caries, 2012-2013.

Identified local assets and resources:

- · Oral Health Coalition prevention and education programs
- · Lincoln County Health Department school-base dental sealant program
- · Bridge Community Dental Clinic (federally qualified dental clinic)
- Fluoride supplement program
- Ascension Good Samaritan Tooth Fairy Fund
- · Loan forgiveness for dentists

Sources: Healthiest Wisconsin 2020; Healthy People 2020; Wisconsin Department of Health. Environmental Health Profiles 2017.

Alcohol and Other Drug Use

Why it is important

An estimated 22 million people per year in the U.S. have drug and alcohol problems. 95% of them are unaware of their problem.

Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).

Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDs and other STDs.

Factors contributing to the challenges in Lincoln County

- There is an increase in use of heroin, opiates and meth.
- Legalization of marijuana has a negative impact.
- Increase in drug possession arrests.
- Individuals are overdosing.
- Lincoln County youth are drinking and driving.
- Bars/taverns are community gathering sites.
- Low number of residents per liquor license.
- No alcohol checks being done in Lincoln County.
- Lack of treatment options and costs.
- Limited access to transportation for treatment.

Challenges for those at higher risk

A combination of genetic, environmental, and developmental factors influences the risk for addiction. The more risk factors a person has, the greater the chance that taking drugs or drinking alcohol can lead to addiction.



Data highlights:

- 191 residents per liquor license in Lincoln County (2014-15); the Wisconsin rate is 338 residents per liquor license.
- From 2012-2016, there were 11 alcohol-related fatalities in Lincoln County and from 2007-2011 there were 6.
- In 2014 there were 308 alcohol-related hospitalizations and 51 drug-related hospitalizations.
- The rate of neo-natal abstinence syndrome in Lincoln County was 8.2 per 1000 deliveries and newborn hospitalizations (2009-2014).
- In 2017, 4% of Lincoln County middle school students and 18% of Lincoln County high school students used marijuana-
- The percent of Merrill and Tomahawk High School students who reported never using tobacco or alcohol increased over the past 6 years; the percent who reported never using marijuana remained relatively even for Merrill students and increased somewhat for Tomahawk students.

Identified local assets and resources:

- Lincoln County Drug Free Coalition efforts
- DARE Program
- Medication drop box program
- Increase in canine units
- Increase in first responders carrying Narcan
- Merrill Safe Ride Home
- Local youth drug and alcohol data
- Social norms campaign

Sources: Healthiest Wisconsin 2020; Healthy People 2020; Center of Disease Control and Prevention; Northwoods Coalition Epidemiological Profile for Alcohol and Other Drugs (2017); Lincoln County Youth Risk Behavior Survey 2017; Merrill High School Social Norms Surveys; Tomahawk High School Social Norms Surveys.

Nutrition and Healthy Foods

Why it is important

A healthy diet reduces the risk of some chronic diseases, cancers, oral disease, malnutrition, anemia, etc.

Good nutrition in children is important for healthy growth and development and maintaining appropriate weight.

Annual health care costs are \$1400 higher for people who are obese than for those who are not.

When families have easy access to sufficient and nutritious foods they are more likely to be food-secure.

Factors contributing to the challenges in Lincoln County

- Lincoln County residents do not eat enough fruits and vegetables.
- Majority of restaurants are fast food.
- People are not motivated to be healthy.
- Family meals aren't happening as frequently and families don't know how to prepare food.
- Lack of access to grocery stores in rural area.
- There is food insecurity among our Lincoln County youth.
- Lincoln County has limited options and costs for fresh local food.

Challenges for those at higher risk

People with low income, the elderly, and those who are isolated or those living in a rural community have issues obtaining or eating healthy foods. Also, there is limited availability of healthy food options in Lincoln County.



Data highlights:

- In 2013, 33% of adults in Lincoln County reported they were obese.
- In 2017, 3% of Lincoln County middle school students and 8.3% of high school students reported not eating fruit in the last 7 days.
- In 2017, 5.8% of Lincoln County middle school students and 12.4% of high school students reported not eating vegetables in the last 7 days.
- In 2017, 16.4% of Lincoln County middle school students and 17.2% of high school students reported drinking a can, bottle, or glass of soda one or more times per day in the last 7 days.
- In 2017, 18.4% of Lincoln County middle school students and 38.7% of high school students reported eat meals with 1 or more of the adults in their home 3 or less times a week.

Note: For 2017 data above, 774 Lincoln County high school students and 708 middle school students completed the survey.

Identified local assets and resources:

- Lincoln County Nutrition Coalition programs
- UW-Extension Nutrition Classes (Foodwise)
- Community gardens
- Aging and Disability Resource Center (Meals on Wheels, Senior Dining Sites)
- Farmers markets in Merrill and Tomahawk
- Northwoods Breastfeeding Program
- Food pantries in Merrill and Tomahawk
- Kids Backpack Program
- WIC /Fit Families Program
- Free and reduced lunch at schools

Sources: Healthiest Wisconsin 2020; Healthy People 2020; Lincoln County Youth Risk Behavior Survey 2017.

Potential Resources to Address the Significant Health Needs

As part of the community forum, the attendees identified resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing implementation plans to address the prioritized community health needs:

Healthcare facilities:

- Ascension Sacred Heart Hospital
- Ascension Good Samaritan Hospital
- Ascension Medical Group Tomahawk and Merrill clinics
- Aspirus Clinic
- Marshfield Clinic
- Bridge Community Clinic
- St. Vincent DePaul Free Clinic
- Nurse lines
- North Central Healthcare facility (Wausau)
- Pharmacies providing vaccines
- Medical College of Wisconsin especially child psychiatry
- Children's Hospital of Wisconsin

Other organizations/groups/services/programs:

- Healthy People Lincoln County oral, nutrition and mental health coalitions
- Lincoln County Health Department
- Lincoln County Drug Free Coalition
- UW Extension
- Our Sisters House Tomahawk homeless shelter
- Lincoln County death review team
- Comunidad Hispana
- HAVEN
- St. Vincent DePaul
- Farmers' markets in Tomahawk and Merrill (accepting Electronic Benefit Transfers)
- Interfaith volunteers
- Aging and Disability Resource Center
- Mental health counselors in schools
- Lincoln County Falls Coalition
- Sexual Assault Nurse Examiner (SANE) at Good Samaritan
- Northwoods Tobacco-Free Coalition
- DARE program
- Medication drop-box program
- Merrill Safe Ride Hope
- Lincoln County Mental Health Resource Guide
- Drug courts
- Crisis Intervention Team (CIT) training for law enforcement
- Online DNR safety classes
- Housing Authority

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- Salvation Army
- Food pantries (including at Merrill High School)
- Parenting support network
- Backpack program
- Local newspapers
- Menard Resource Center
- Early Education (Pine River School for Young Learners, Head Start Program, 4K)
- Human Growth and Development classes offered at schools (curriculums reviewed periodically)
- Pine Crest Nursing Homes have programs that bring youth and adults together
- WIC (Women, Infants and Children) program
- Piggly Wiggly grocery store, free piece of fruit for kids under 5 years old
- Schools free and reduced lunches; health food options; curriculum
- HealthFirst (Reproductive Health Care, Preventative Screenings, Emergency Contraception, Education/Counseling and Domestic Violence Support) *Clinic to Tomahawk/ not Merrill
- Increase in number of community events that promote physical activity (Color Run, Rockin' Tomahawk, Tour de Merrill, etc.)
- Employer health incentives
- Some day cares now offering yoga
- Fit labs and high schools
- Biking and running clubs
- Summer school promoting lifelong activities

Physical resources:

- Parks
- Libraries
- Walking trails, including the Riverbend and Hiawatha Trails
- Merrill Area Recreation Center
- Athletic clubs/fitness programs
- School recreation facilities
- Treehaven
- Dog parks
- Biermann Aquatic Center
- Exercise opportunities for older adults
- Merrill Park and Recreation Program
- Frisbee golf, Pickle ball
- Sidewalk availability
- School Forests
- National Forests / State Parks
- Community Gardens

Next Steps

Having identified the priority health needs to be addressed, next steps include:

- Collaborating with community partners through Healthy People Lincoln County
- Developing a three-year implementation strategy
- Creating a more specific Annual Action Plan during each year of the implementation strategy
- Integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations.

Evaluation of the Impact of the Preceding Implementation Strategy

Ascension Wisconsin is committed to making a positive, measurable impact on the health of the communities we serve. To that end, we evaluate the strategies we implement to address the health needs of the community.

We use a logic model, an approach that is nationally recognized for program evaluation. Logic models provide methods for documenting the following:

- Inputs: Resources needed to implement the strategies
- **Outputs:** Actions taken, the number of programs/tactics implemented and the number of people reached
- **Outcomes:** Measures of the impact of the programs/strategies (such as changes in learning, actions or conditions)

To be specific about the outcomes we will be accountable for, we set SMART objectives – objectives that are Specific, Measurable, Achievable, Realistic and Time-related.

Evaluation Schedule/Process

At the beginning of the three-year cycle:

- o Establish SMART objectives for medium-term (3-year) outcome indicators for each strategy
- Establish SMART objectives for long-term (beyond 3 years) outcome indicators for each priority area

At the beginning of each fiscal year in the three-year CHNA cycle:

- Establish SMART objectives for short-term (fiscal year) outcome indicators for each strategy
- \circ $\;$ Establish fiscal year action steps and output indicators for each strategy $\;$

At the end of each fiscal year:

- o Report on results for short-term outcome and output indicators
- Describe accomplishments and analyze results

At the end of the three-year cycle:

- Report on results for medium-term outcome indicators for each strategy
- Describe and analyze results
- o Incorporate results into next Community Health Needs Assessment

At the writing of this report, data is available for the first 18 months of the previous CHNA (summarized below). Once final data is available, an evaluation report will be completed for the entire period of implementation.

Health priorities identified in the preceding CHNA were:

- Oral health
- Mental health
- Nutrition

Oral Health: Hospital associates were active participants in the Lincoln County Oral Health Coalition. Specific strategies and their results include:

- Education / Information for Children:
 - Sugar Out Day: Three schools in Merrill and one school in Tomahawk participated in Sugar Out Day. In Merrill, 97% of participating children increasing their knowledge of best practice oral hygiene.
 - Dental Kits: 101 4th grade students in the Merrill Area Public Schools system received dental kits; additional kits were provided to the school for students who are identified as needing them.
 - Displays: 'Rethink Your Drink' display boards continue to be in demand at various locations and agencies.
- Education / Information for Adults:
 - Billboards: 4 oral health 'Don't wait til it's too late' billboards (total) were displayed in multiple locations in the county over the course of 4 months from February thru June on a rotating basis (4 locations, 1 month at a time).
 - o Oral Health Supplies: Distributed 2500 toothbrushes to the Merrill community
 - Resources: Distributed 2000 Oral Health Resource Guides throughout Lincoln County. The Resource Guide is available electronically on the coalition's webpage.
 - Emergency Oral Health Care: Provided funding for patients with emergency needs to receive emergency care. The number of oral health-related visits to the hospital (Ascension Good Samaritan) Emergency Department has remained constant.

Mental Health: Hospital associates were active participants in the Lincoln County Mental Health Coalition. Specific strategies and their results include:

- Training:
 - Mental Health First Aid: Conducted 4 Adult Mental Health First Aid trainings (3 in Merrill; 1 in Tomahawk) and 4 Youth Mental Health First Aid Trainings (Merrill)
 - 81% (47 out of 58) of Mental Health First Aid training participants rated that they strongly agreed the course provided adequate opportunity to practice the skills learned. 72% (42 out of 58) of Mental Health First Aid training participants strongly agreed that they could recognize the signs of youth in crisis.
 - Memphis CIT: Memphis Crisis Intervention Team (CIT) training was held in August 2016 with 14 officers from across the county participating.

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• Mental Health Summit: Planning is underway for a regional Mental Health Summit scheduled for May 2018.

Resources:

- Resource Guide: Distributed over 1200 Mental Health Resource Guides.
- Cards: Distributed 229 individual crisis cards.
- Posters: Distributed 64 posters with tear-away crisis cards.
- Hopeline:
 - Distributed 60 Hopeline posters and 32 Hopeline cards in the Merrill and Tomahawk schools, as well as in the community.
 - Funded a digital marketing campaign to promote Hopeline.
 - 27% of surveyed Merrill School District students reported that they know about Hopeline (Social Norms Survey, 2016).

Nutrition: Hospital associates were active participants in the Lincoln County Nutrition Coalition. Specific strategies and their results include:

- Cooking Demonstrations: Both hospitals conducted healthy cooking demonstrations including providing equipment for cooking. Twenty-four (24) cooking demonstrations were held, with over 260 participants.
 - At the Good Samaritan demonstrations in FY2017, the percent of food demonstration participants who reported an increase in knowledge of preparing healthy nutritional food increased from 50 to 85 percent.
- Community Garden: Over 2000 pounds of fresh produce were contributed by community gardens supported by the hospitals.
- Farmers Market / EBT: Both hospitals financially supported the use of electronic benefit transfer (EBT) at the local Farmer's Market. At Ascension Good Samaritan, there was a demonstrated increase in the number of EBT dollars used and coupons redeemed.
- Water bottle filling stations: At Ascension Sacred Heart, as a way to discourage the consumption of sugar-sweetened beverages and increase water consumption, water bottle filling stations were installed and point-of-decision prompts were co-located with the stations.

Approval

This community health needs assessment (CHNA) report was adopted by the Ascension Good Samaritan Hospital Board on March 27, 2018.

This community health needs assessment (CHNA) report was adopted by the Ascension Sacred Heart Hospital Board on April 3, 2018.

APPENDIX A: Data Sources

- Applied Population Lab, University of Wisconsin Madison; Wisconsin Food Security Project; August 2013
- County Health Rankings, 2017
- Federal Reserve Bank, St. Louis
- Healthy People Lincoln County Community Health Opinion Survey 2017
- Infogroup, ReferenceUSA data platform
- Lincoln County Community Health Survey 2015
- Lincoln County government and local agencies (e.g., HAVEN, MAPS, NCCAP, St Vincent DePaul, Salvation Army, Tomahawk Schools, Our Sisters House)
- Lincoln County High School Youth Risk Behavior Survey 2017
- Lincoln County High School Social Norms Survey 2016
- Lincoln County Middle School Social Norms Survey 2016
- Olson, MA, Chaffin JG, Chudy N, Yang A. Healthy Smiles/Healthy Body: Wisconsin's Third Grade Children 2013.
 Wisconsin Oral Health Program, Wisconsin Department of Health Services
- Olson, MA and LeMay WR. The Burden of Oral Disease in Wisconsin, 2010. Wisconsin Oral Health Program, Wisconsin Department of Health Services
- U.S. Census Bureau

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- American Community Survey
- o American Fact Finder
- QuickFacts
- Small Area Health Insurance Estimates (SAHIE)
- o U.S. Census
- U.S. Department of Commerce, Bureau of Economic Analysis
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
 - o Division of Adolescent and School Health, Youth Risk Behavior Surveillance System (YRBSS)
 - National Center for Chronic Disease Prevention and Health Promotion
 - Office on Smoking and Health
 - Division of Population Health, Behavioral Risk Factor Surveillance System (BRFSS)
 - o National Center for Health Statistics
 - National Center for Injury Prevention and Control, CDC Vital Signs
- Wisconsin ACE Brief 2011-2012
- Wisconsin Cancer Reporting System
- Wisconsin Department of Administration
 - County & State Age/Sex Demographic Estimates
 - o Demographics Services Division
 - Population and Household Projections
- Wisconsin Department of Health Services
 - Division of Care and Treatment Services
 - o Division of Mental Health and Substance Abuse Services
 - o Division of Public Health
 - County Oral Health Wisconsin Surveillance System (COWSS)
 - Dental Seal a Smile Registry 2014-2016
 - Food Share data
 - Primary Care Program
 - Public Health Profiles

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- Communicable Disease Epidemiologist Section, Wisconsin Electronic Disease Surveillance System
- Immunization Section, Wisconsin Immunization Registry
- Division of Public Health, Bureau of Community Health Promotion, Tobacco Prevention and Control Program
- o Division of Public Health, Bureau of Environmental and Occupational Health
 - Childhood Lead Poisoning Prevention Program
 - Radon Prevention Program
 - Wisconsin Environmental Health Tracking Program
- Division of Public Health, Office of Health Informatics, Vital Records Section, Wisconsin Interactive Statistics on Health (WISH)
- Wisconsin Department of Justice, Wisconsin Justice Information Center, Office of Justice Assistance, Arrests in Wisconsin
- Wisconsin Department of Natural Resources, Bureau of Law Enforcement, Recreation Enforcement and Education, All Terrain Vehicle Enforcement and Safety Report
- Wisconsin Department of Public Instruction
 - Wisconsin Youth Risk Behavior Survey
 - WiseDash
- Wisconsin Department of Revenue, Wisconsin Liquor Licenses
- Wisconsin Department of Transportation, Division of State Patrol, Bureau of Transportation Safety, Wisconsin Traffic Crash Facts
- Wisconsin Department of Workforce Development

APPENDIX B: Community Forum Attendees (August 16, 2017)

- Brenda Mueller, Lincoln County Board of Health
- Carmen Viegut, Ascension Sacred Heart Hospital
- Debbie Moellendorf, UW-Extension Lincoln County/Drug Free Coalition
- Dr. Gabriella Hangiandreou, Medical College of Wisconsin/Children's Hospital of Wisconsin
- Erin Wells, Aging Disability Resource Center
- Georgia Fischer, Bridge Community Dental Center* **
- Haley Ellenbecker, North Central Health Care*
- Hope Williams, Ascension Sacred Heart Hospital
- Jackie Firkus, Ascension Medical Group at Tomahawk
- Jane Bentz, Ascension Good Samaritan Hospital
- Jennifer Clark, Aging Disability Resource Center *
- Jessica Scharfenberg, Healthfirst
- Jill Seaman, Pine River School for Young Learner* **
- Joan Krohn, Community Member
- Karen Baker, Merrill Area Public Schools
- Karen Noco, Pine Crest Nursing Home
- Kay Kissinger Wolf, Tomahawk School Board
- Lori Decker, Ascension Medical Group at Tomahawk
- Melissa Yates, UW-Extension Lincoln County
- Shelley Hersil, Lincoln County Health Department
- Kristi Krombholz, Lincoln County Health Department
- Sue Kuber, Lincoln County Health Department
- Karen Krueger, Lincoln County Health Department
- Mike Huth, Lincoln County Zoning
- Mitch Campbell, Ascension Medical Group at Merrill
- Nancy Baacke, Haven * **
- Pat Voermans, Board of Health
- Paul Thompson, Bible Presbyterian Church
- Renee Krueger, Lincoln County Social Services
- Sarah Pfund, North Central Health Care
- September Murphy, Community Member
- Sue Weith, Lincoln County Board of Health
- Sydney Harris, Community Member
- Tammy Hansen, UW-Extension Lincoln County
- Jackie Carattini, UW-Extension Lincoln County
- Will Gomez, Comunidad Hispana ** ***
- Jim Lawrence, WI Department of Public Health
- Angela Nimsgern, WI Department of Public Health
- Char Ahrens, WI Department of Public Health

*Denotes organizations or programs representing medically underserved populations.

- **Denotes organizations or programs representing low-income populations.
- ***Denotes organizations or programs representing minority populations.