



MINISTRY
Saint Clare's Hospital



COMMUNITY HEALTH NEEDS ASSESSMENT

2016

Communities We Serve



3400 Ministry Parkway, Weston, Wisconsin 54476

Ministry Saint Clare's Hospital Community Health Needs Assessment

An assessment of Marathon County, Wisconsin conducted jointly with Ministry Saint Clare's Hospital, Marathon County LIFE Steering Committee and Healthy Marathon County.

Ministry Saint Clare's Hospital (MSCH) is located in Weston, Wisconsin, centrally located within Marathon County. The community health needs assessment (CHNA) was completed in 2015 by MSCH, focusing on the needs of individuals in the Marathon county region and utilizing internal hospital data in conjunction with two community coalitions: Marathon County LIFE Steering Committee and the Healthy Marathon County Committee, a community coalition overseen by the Marathon County Department of Health.

MSCH is part of Ministry Health Care, which is an integrated healthcare delivery network serving more than 1.1 million people across Wisconsin and eastern Minnesota. Ministry generates nearly \$2.2 billion in operating revenue with 15 hospitals, 45 clinics, and more than 12,000 associates including 650 physicians and advance practice clinicians. In 2013, Ministry Health Care joined Ascension, the largest Catholic and not-for-profit healthcare system in the nation.

Our mission as a Catholic healthcare system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.

Ministry Health Care has a rich and long tradition of addressing the health of the community. 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. In 2014-2015, MSCH's community benefit contributions were more than \$513,000.

Community Served by the Hospital

Although MSCH serves Marathon County and beyond, for the purposes of the CHNA, the hospital focused on the needs of Marathon 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) Marathon County includes the majority of our service area.

Demographic Profile of Marathon County

The 20-year view of Marathon County's changing demographics as provided by the [LIFE Report](#) provided a unique picture of this community; of note, the percentage of people of color living in the county more than doubled from 1996-2013. This shift is even more striking when viewed through school enrollments, where cultural diversity (21 percent) significantly outpaces county percentages (10.4%).

The LIFE Report also depicts an aging county: from 1996 to 2013 the percentage of people over 65 increased from 12.7 to 14.6. Understanding these demographic shifts and the impacts they are having on the county is necessary to determine appropriate responses to the community's health needs.

The following table provides an overview of Marathon County demographics. Additional information can be found in the LIFE Report.

Characteristics	Wisconsin 2014	Marathon County 2014	Marathon County 2010	% Change for County
Total Population*	5,757,564	135,780	134,063	1.3%
Median Age (years)^	38.8	40.2	38.8	3.5%
Age*				
Persons under 5 years	5.9%	6.1%	6.5%	-6.6%
Persons under 18 years	22.6%	23.4%	24.5%	-4.7%
Persons 65 years and over	15.2%	15.9%	14.2%	10.7%
Gender*				
Female	50.3%	49.7%	49.8%	-0.2%
Male	49.7%	50.3%	50.2%	0.2%
Race and Ethnicity*				
White alone	87.8%	91.5%	91.3%	0.2%
Black or African American alone	6.6%	0.8%	0.6%	25.0%
American Indian and Alaska Native alone	1.1%	0.6%	0.5%	16.7%
Asian alone	2.6%	5.7%	5.3%	7.0%
Two or more races	1.8%	1.3%	1.3%	0.0%
Hispanic or Latino	6.5%	2.6%	2.2%	15.4%
Speak a language other than English^				
	8.6%	8.1%	8.3%	-2.5%
Median household income^				
	\$52,738	\$53,773	\$53,471	0.6%
Percent below poverty in the last 12 months^				
	13.3%	11.4%	8.7%	23.7%
High School graduate or higher, percent of persons age 25+ ^				
	90.8%	90.7%	88.4%	2.5%

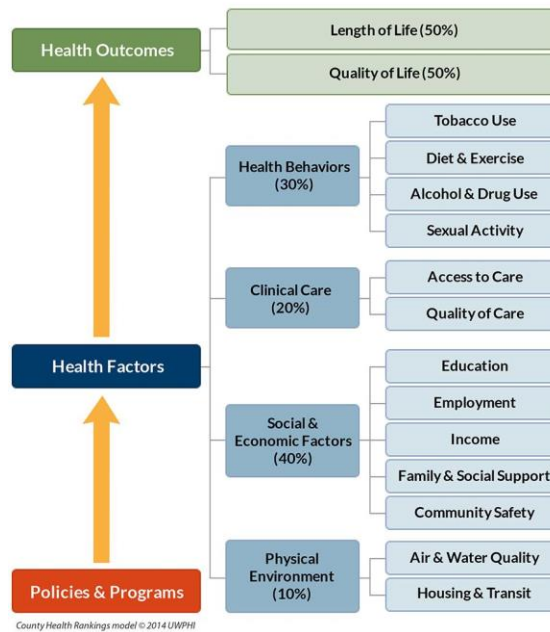
* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

^ Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-Year Estimates. Available through American FactFinder at: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml###>.

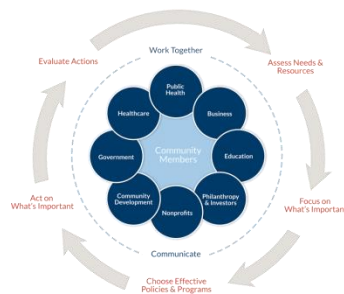
Process and Methods Used to Conduct the Assessment

Community Health Improvement Strategy

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

For the past 20 years, representatives from healthcare, business and other community resources have been actively engaged in the Marathon County LIFE report and Healthy Marathon County in an effort to positively impact the quality of life in this county. These coalitions regularly analyze and publicly report progress made on the key priorities that were identified through the assessment process. They also review updated data and reprioritize the key issues impacting health and quality of life in an effort to continually realign resources to take action on those priorities.

Ministry Saint Clare's leadership participates on the Marathon County LIFE Report Steering Committee, and also has a member on the executive committee. United Way of Marathon County serves as the lead agent for this committee of community partners who collaboratively seek to maximize opportunities to analyze, strategize and ultimately implement plans to address community health needs. The four major healthcare organizations of the region are active leaders on this committee and include Ministry Health Care, Aspirus, Marshfield Clinic and Marathon County Public Health. Participants also include governmental, school district and business representatives, as well as other community organizations and volunteer community representatives.

The Healthy Marathon County Board of Directors is comprised of diverse organizations working together to make a healthier community. Healthy Marathon County serves as the oversight board for Marathon County's Community Health Improvement Plan to ensure the success of the action teams tasked with addressing identified health priorities. MSCH leadership also serves on this board in an executive capacity.

Detailed analysis of health issues was conducted by the LIFE Report Health and Wellness Sub-Committee, a collaborative team comprised of membership from the LIFE Steering Committee, the Healthy Marathon County Board, and representation from the community. Representatives of MSCH were liaisons to this and other subcommittees of the LIFE Report process.

Data Sources

Data from the following sources of information were compiled to conduct this CHNA:

- 2015 LIFE in Marathon County Community Survey
- Clinic and hospital data from our facilities in Marathon County
- Marathon County Youth Health Risk Behavior Survey (Fall 2015)
- Strategic Community Conversations (July & August 2014)
- County Health Rankings
- Wisconsin Department of Health Services
- Marathon County Health Department (annual Start Right survey)
- Wisconsin Council on Children and Families

A summary of all of this data was gathered into a collated community health assessment packet by staff of the United Way of Marathon County. It was sent to community stakeholders to consider and comment on prior to multiple in-person stakeholder meetings (described below).

Input From Persons Who Represent the Broad Interests of the Community

Ministry Saint Clare's Hospital is committed to addressing community health needs collaboratively with local partners. After the 2013 CHNA, the hospital has participated actively in the LIFE Report Steering Committee, Healthy Marathon County, Early Years Coalition, Hunger Coalition, Housing and Homeless Coalition, Coalition for Healthy Aging, AOD (Alcohol and Other Drug) Partnership, Domestic Abuse Intervention Team, Tobacco Coalition, and Rural Health Initiative. 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 about the priorities on which to mutually focus.

Input From Community Stakeholders

Numerous community stakeholders were asked to participate in the planning process. Community health data was sent to all of them one month before the in-person meeting. In reviewing the data, they were asked to come prepared to discuss:

- Any outstanding gaps/needs related to the three current health priorities
- Any emerging issues demonstrated by the data
- Any additional observations in reviewing the data

A total of 43 individuals attended the CHNA meetings held on October 9 and October 30, 2015. At the meeting, stakeholders participated in facilitated discussions about the community health data, progress on the previous priority areas and any emerging needs. Community assets were identified and based on those assets and additional criteria, the group discussed and reached consensus on the health priorities for the next three years.

Those who participated represented:

- Marathon County Public Health (local health department)
- Northcentral Technical College
- WI Department of Workforce Development
- United Way of Marathon County (including representatives from the Housing and Homeless and Hunger Coalitions)
- North Central Community Action Program (serving populations whom lack basic needs)
- Rudar Ware
- Homme Homes Forest Park Village (serves the elderly)
- Wausau Police Department
- Marathon County Planning and Zoning Department
- Marathon County Administration
- Wausau School District
- Aspirus, Inc.
- Ministry Saint Clare's Hospital
- Marathon County Sheriff's Department
- EO Johnson Business Technologies
- Wausau Region Chamber of Commerce

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

Ascension Health and Ministry Health Care are fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CNHA process must be informed by direct input from the poor, vulnerable and disparate populations we aim to serve.

In February 2015, 4,000 LIFE in Marathon County Community surveys were randomly mailed to Marathon County residents. In order to assess the priority health issues for poor, vulnerable and disparate populations, an additional 120 surveys were issued to non-profit organizations that directly serve these populations. These organizations included: The Women's Community (a shelter for victims of abuse); Bridge Community Clinic (a Federally Qualified Health Center providing medical and dental services); The Community Center of Hope (a food pantry); and the YWCA. With help from our agency partners, more than 95 percent of these surveys were returned. The overall survey response rate was 25.3 percent.

The survey asked participants their perception of the top priority health needs in Marathon County and about their own physical, mental and oral health status. The survey was distributed in February and March at community sites that serve low-income, minority- and medically-underserved populations. The results were summarized and included in the data sent to community stakeholders prior to the subcommittee meetings held in August and September, and again distributed to stakeholders prior to the October 9 and October 30 CHNA meetings. All findings were discussed at those meetings.

Key concerns raised in the survey included:

- The availability and affordability of childcare
- The availability of mental health services
- The availability and affordability of healthcare
- The availability and affordability of dental care
- Illegal drug use and the misuse of alcohol
- Intimate partner violence across all age spectrums
- The availability and affordability of elder care

Input on previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA

After reviewing and discussing the community health data, stakeholders were asked to provide input on the priority needs to be addressed throughout the next three years. They used the following criteria to consider the prioritization:

Feasibility

- Is there sufficient community and political interest, informed by the LIFE Report and Marathon County Comprehensive Plan?
- Is there capacity to address the problem/issue?
- Are current conditions conducive to achievement?
- Will efforts be sustainable?

Impact

- Will addressing the problem/issue impact large numbers of the population?
- Will addressing the problem/issue reduce costs associated with illness, injury and disability across the lifespan?
- Will addressing the problem/issue significantly decrease premature death?
- Will addressing the problem/issue improve quality of life across the lifespan?

Health Equity

- Will addressing the problem/issue address health equity?

Measurability

- Are there reliable and valid measures for evaluating success?
- Are there existing data sources for measuring success?
- Are there opportunities to develop shared measurements?
- Do we have baseline or data available to establish a baseline?
- Can the information be easily explained or understood?

Effective Strategies

- Are there evidence based strategies or best/promising practices to address the problem/issue?
- Are there partnerships in place or able to be developed?

Timeliness

- Is the problem/issue serious?
- Is the problem/issue getting worse or more severe?

PRIORITIZATION PROCESS

During an initial moderator facilitated conversation, community stakeholders were asked to consider the previous county priorities and, based on all of the data received, decide if they should continue to be priorities for the community. Additional findings from the various surveys and community conversations employed since the last CHNA were identified and discussed. Finally, a comprehensive review of data and group discussion ensued, ensuring that all viewpoints were considered. Once again, a moderator was used to facilitate a stakeholder conversation. The group arrived at a consensus for the final community priorities for Marathon County. These included: A Great Start for Kids, mental health, income, and drug and alcohol abuse.

Once the county priorities were established, the Community Benefits Committee of MSCH met to review the finalized county priorities and to review additional data (such as emergency department visitation statistics and hospital admissions) in order to select the hospital's CHNA priorities. The hospital committee considered an additional factor in their selection: the tendency of the LIFE Steering Committee to be urban-centric, occasionally to the detriment of the more rural portions of the county.

Based on these additional considerations, MSCH was able to choose four priorities for the next CHNA cycle.

PRIORITIES SELECTED

Based on the process outlined above, the following priorities were selected:

- Improve Mental Health Services Access and Availability
- Reduce the Prevalence of Human Trafficking, Sexual Assault and Domestic Abuse
- Ensure Positive Early Childhood Development
- Address Issues of Substance Abuse

OVERVIEW OF PRIORITIES

Mental Health

For the first time, mental health issues were called out as being a significant issue in Marathon County. The data reviewed demonstrated a need to address mental health issues:

- Lesbian, gay, and bisexual teens were more likely to report poor mental health, suicidal thoughts and suicidal behaviors than their heterosexual peers
- Veterans accounted for nearly 20 percent of suicides in Wisconsin, while less than 10 percent of the state's residents over age 18 were veterans.

In their discussions, stakeholders noted:

- The absence of positive mental health contributes to numerous community challenges including social isolation, alcohol/drug abuse, intimate partner violence (including child abuse), criminal behavior, and poor performance in school and work.
- There is often stigma associated with accessing mental health services.

In addition, the survey of those who live in poverty showed:

- Mental health services are costly and difficult to access
- Individuals at risk for poor mental health included those who live in isolation, such as the elderly, disabled and those living in rural areas
- Limited mental health services exist for the incarcerated or recently released

Mental illness is the most common cause of disability in the United States. Mental health is essential to personal well-being, relationships, and the ability to contribute to society. Mental health issues are associated with increased rates of these risk factors: smoking, physical inactivity, obesity, substance abuse. These physical health problems can in turn lead to: chronic disease, injury, and disability. (*Centers for Disease Control & Prevention; County Health Rankings & Roadmaps; The Burden of Suicide in Wisconsin 2007-2011 Report; Healthiest Wisconsin 2020; Healthy People 2020.*)

Human Trafficking, Sexual Assault and Domestic Abuse

Sexual assault and domestic abuse continue to be significant issues in Marathon County. For the first time, human trafficking concerns rose to the top as well. The data reviewed demonstrated a need to address human trafficking, sexual assault and domestic abuse issues:

- The Chicago/Milwaukee/Wausau/Minneapolis corridor has been called out as being an active trafficking route
- Domestic and sexual assault and abuse cases, especially those involving children, saw increases in prosecution but also in prevalence

In their discussions, stakeholders noted:

- The prevalence of intimate partner violence
- Limited ability to reach children under five (prior to school age) to prevent future occurrences of child abuse
- The need to intervene with families to reduce stress
- The need to address the growing issue of human trafficking

In addition, the survey of those who live in poverty showed:

- Stress due to low/limited income contributed to incidents of domestic violence

Early Childhood Development

The desire to ensure a great start for every child in Marathon County was once again the most significant finding in the LIFE Report. The data reviewed demonstrated a need to address early childhood development issues:

- The importance of Adverse Childhood Experiences (ACEs) as related to poor mental, social and physical outcomes
- Results from the study of ACEs in Wisconsin suggest a compromised life trajectory for those who have experienced early toxic stress
- In Marathon County, it is estimated that 10-15 percent of adults have had four or more ACEs

In their discussions, stakeholders noted:

- Several challenges exist in reducing the impact of ACEs on children including knowledge and awareness among leaders, school staff and healthcare providers of the short- and long-term impacts of ACEs
- A two generational approach involving parents and children may be necessary to address the impact of ACEs on early childhood development

In addition, the survey of those who live in poverty showed the following issues linked to early childhood development:

- Not enough mental health providers
- Cost of mental health as a barrier
- Counselors not available in schools
- Acceptance of alcohol use
- Prevalence of partner violence

Substance Abuse

The consequences of alcohol and drug abuse are significant. They include the negative impact on children, lost jobs, increased crime, increased incidence of sexual abuse and domestic assault, multiple health concerns, incarcerations, and death. Wisconsin's alcohol environment is a prime example of how communities play a role in shaping culture. Marathon County would benefit from furthering conversations on what the safe use of alcohol and drugs looks like for individuals, families and communities.

The data reviewed demonstrated a need to address substance abuse issues:

- 84 percent of LIFE survey respondents were very or somewhat concerned about illegal drug use
- 83 percent of LIFE survey respondents were very or somewhat concerned about drinking and driving
- 60 percent of LIFE survey respondents ranked drunk driving as one of their top four concerns
- 68 percent of LIFE survey respondents were very or somewhat concerned about the abuse or misuse of prescription drugs
- 18.6 percent of Marathon County high school students drank alcohol before age 13
- Perpetrators of rape in Wisconsin were twice as likely to use drugs and almost twice as likely to use alcohol at the time of the offense compared to national rates
- The rate of heroin-related deaths in Wisconsin quadrupled from 2007 to 2012
- 36 percent of local inmates were under the influence of drugs at the time they committed their offense (compared to 33 percent of state and 22 percent of federal inmates)

In their discussions, stakeholders noted:

- The top safety concerns in Marathon County relate to illegal drug use (the abuse and misuse of prescription drugs and alcohol) and family violence causing the abuse of adults and children
- Mental health and substance abuse conditions often co-occur
- Integrated treatment that addresses mental health and substance abuse simultaneously is associated with lower costs and better outcomes
- Wisconsin's rate of alcohol use and abuse is the highest in the country
- The limited number of treatment facilities available to those suffering from addiction

In addition, the survey of those who live in poverty showed:

- Adults with an income below \$15,000/year are four times more likely to smoke than those with an income of \$75,000+/year
- Substance abuse is a key indicator as to the cause of homelessness
- Substance abuse reduces an individual's ability to earn a living wage, which in turn contributes to poorer health outcomes
- People in poor or insecure housing have higher rates of substance abuse than people with secure housing
- Access to prevention and treatment efforts are frequently inaccessible to addicts living in poverty

The Center for Disease Control and Prevention (CDC) has stated that states play a central role in prevention, treatment and recovery efforts for the growing heroin epidemic. The CDC identified five critical steps that states can take:

- Address the strongest risk factor for heroin addiction: addiction to prescription opioid painkillers
- Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction
- Expand access to and training for administering naloxone to reduce opioid overdose deaths
- Ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common

(Source: <http://www.cdc.gov/vitalsigns/heroin/index.html>)

Substance abuse impacts:

- Overall physical, social and mental health status
- Economic stability
- Crime and incarceration rates
- Quality of life
- Life expectancy and preventable death
- Rates of sexual assault
- Domestic violence

(Sources: County Health Rankings (2014); Life Report 2015-2017; Healthy People 2020)

Those who work most closely with these issues understand how complex and difficult they are to solve. No simple single solution exists. These issues present themselves over a continuum of life, and addressing them is complicated because they are so closely intertwined.

Potential Resources to Address the Significant Health Needs

As part of the community stakeholders' meeting, the group 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:

- Ministry Saint Clare's Hospital
- Aspirus Hospital
- Marshfield Clinic
- Bridge Community Clinic
- Northcentral Healthcare

Other organizations/groups/services/programs:

- Peaceful Solutions Counseling Services
- Marathon County Alcohol and Other Drug Partnership Council
- The Women's Community (domestic abuse shelter)
- The Community Clubhouse (serving individuals with mental health needs)
- The Neighbor's Place (serving the economically disadvantaged)
- Head Start/Early Head Start (serving children living in poverty)
- Start Right (serving at-risk families with children)
- Multiple food pantries

Physical resources:

- Availability of Parks and Recreation

Community characteristics:

- Strong collaboration as demonstrated by multiple coalitions addressing numerous community health needs
- Willingness to use collective impact methodology to address community health needs

Next Steps

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

- Collaborating with community partners through Healthy Marathon 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

Health priorities identified in the preceding CHNA (2013-2016) were:

- Early childhood development
- Access to health care
- Human trafficking, sexual assault, and domestic violence

Evaluation

Early childhood development: By providing funding to the Start Right program, St. Clare's supported impacting: children having a medical home, children being on schedule for well child exams, children being enrolled in early childhood programming, parents feeling of competence in their parenting skills, and parents knowledge about child development. Focusing on supporting breastfeeding led to an

increase in new mothers who were breastfeeding upon discharge. Working with nine schools, the Blessing in a Backpack program provided week-end (and full-week during the summer) food supplies for children of lower income families.

Access to health care: The hospital provided financial support for the Rural Health Initiative in Marathon County. The program provides health services and screenings to farm workers on the farm. 130 agribusinesses including farms were served with an increase the number of persons referred to other healthcare providers particularly for diabetes-related checks.

Human trafficking, sexual assault, and domestic violence: Presentations and information on human trafficking and sexual assault were provided in the community. Stories in the local media were provided to raise awareness and knowledge. Sexual Assault Nurse Examiner (SANE) nurses were trained and the percent who are dual adult and pediatric certified remained at 100%. An annual domestic violence conference was held with over 90% of participants reporting an increase in their knowledge on the topic.

Approval

This community health needs assessment (CHNA) report was adopted by the hospital's governing board on May 24, 2016.