Dear patients, families and friends,

Community health needs assessment and strategy implementation reports are completed every three years. Findings from the assessment help us understand your community's overall health, which allows us to understand how best to improve our services and adjust our community health strategy.

In July, 2017, Ministry Saint Joseph's Hospital was acquired by Marshfield Clinic Health System. The hospital's name was changed to Marshfield Medical Center.

With the sale of Ministry Saint Joseph's Hospital and out of respect for the community health partners who helped complete the 2016 community needs assessment and implementation strategy, Marshfield Medical Center has adopted the former hospital's community health benefits strategy.
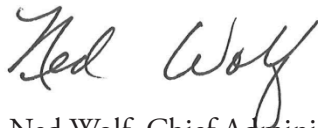
Ministry Saint Joseph's-named community health benefits reports published on this website will remain unchanged until the assessment and strategy are revised again in 2019.

Community health is part of our mission

Understanding our community's health needs and providing services to meet those needs is integral to the mission of Marshfield Clinic Health System and those of our community health partners. We look forward to working with our community health partners to implement the community health strategy currently in process and going forward.

Thank you for your interest in the community health benefits our hospital and community partnerships can provide to the region.

Sincerely,

Ned Wolf, Chief Administrative Officer
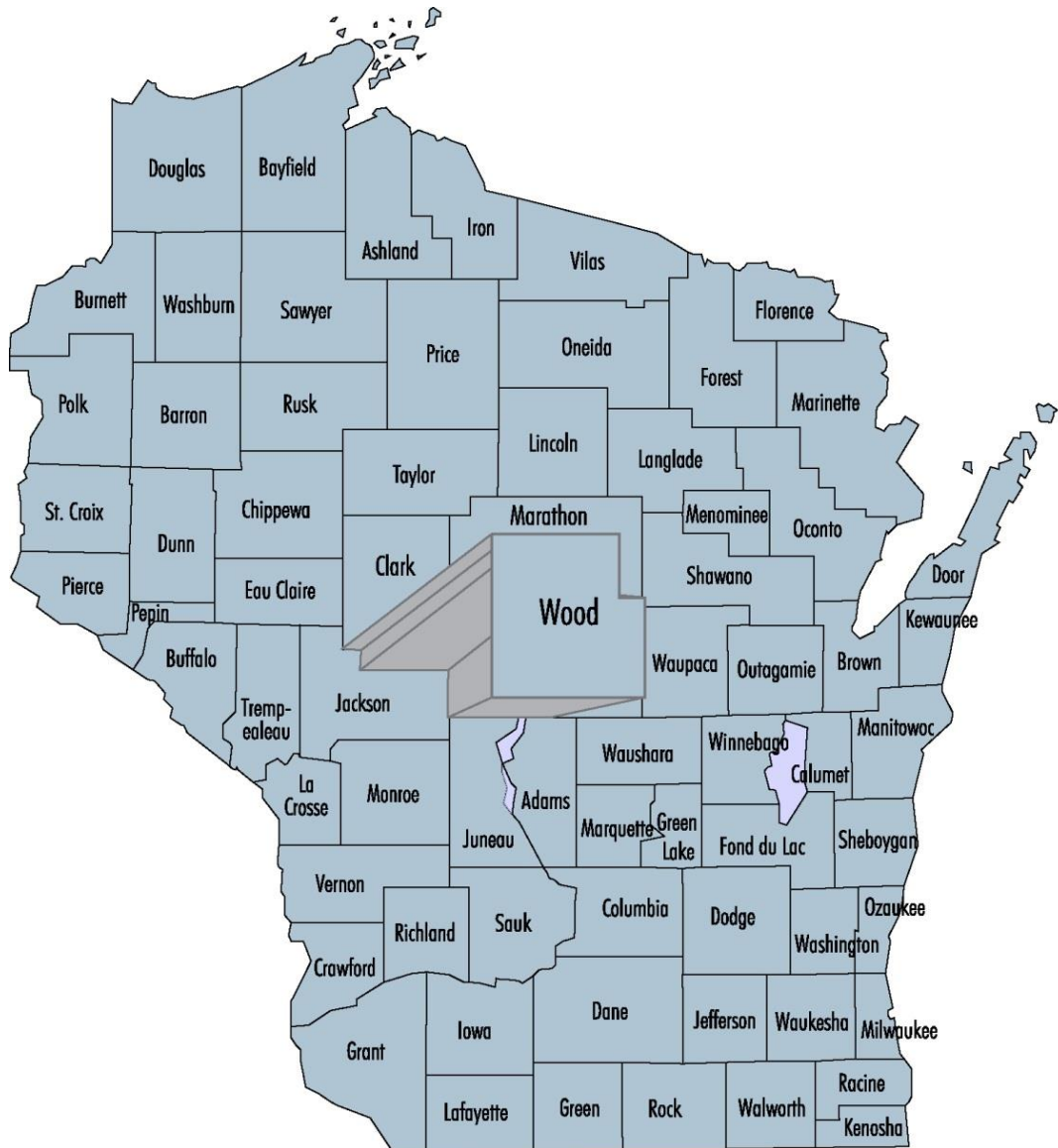Marshfield Medical Center

MINISTRY
Saint Joseph's Hospital

COMMUNITY
HEALTH NEEDS ASSESSMENT

2016

Communities We Serve

MINISTRY
Saint Joseph's Hospital
611 Saint Joseph Avenue, Marshfield, Wisconsin 54449

Ministry Saint Joseph's Hospital

Healthy People Wood County 2016

Community Health Needs Assessment

An assessment of Wood County community health needs was conducted jointly by Wood County Health Department, Ministry Saint Joseph's Hospital (MSJH), Aspirus Riverview Hospital and Clinics (ARHC), Marshfield Clinic (MC) and the Legacy Foundation.

Wood County Health Department is a governmental public health agency providing services to all of Wood County. The mission of the department is *maximizing quality of life across the lifespan.* With 29 employees, the health department strives to be an innovative and valued asset, visible within the community and to be a credible resource driven by an interdisciplinary team of passionate professionals leading the way to a healthier community. Historically, the Wood County Health Department has facilitated and coordinated the community health needs assessment (CHNA) and planning activities in Wood County.

Ministry Saint Joseph's Hospital 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, MSJH community benefit contributions were more than $32.8 million.

Riverview Aspirus Hospital and Clinics (ARHC) includes a full-service hospital, cancer center, three physician clinics and a community dental center. Its mission is to provide compassionate, affordable, state-of-the-art healthcare to the communities it serves. ARHC has a history of more than 100 years serving residents primarily located in south Wood County and Adams County.

ARHC is part of Aspirus, Inc., a non-profit, community-governed, integrated healthcare system, which advances initiatives dedicated to improving the health of the people it serves. With more than 7,000 employees, Aspirus serves communities throughout 14 counties in northern and central Wisconsin as well as the western upper peninsula of Michigan. The Aspirus system includes four hospitals in Michigan and four hospitals in Wisconsin, 50 physician run clinics as well as pharmacies, home health and hospice care services.

The mission of the Aspirus health system is to serve patients through accessible, high-quality healthcare, research and education, ground and helicopter transport, medical goods, nursing homes, and high-quality affiliated physicians.

Marshfield Clinic was founded in 1916, is a not for profit 501[c][3]organization that is one of the largest private multi-specialty group practices in the US with nearly 775 physicians and 80 specialties located in over 54 clinics in northern and western Wisconsin. The MC Center for Community Outreach [CCO] was established in 1998 and is responsible for population-based strategies focused on community improvement. CCO partners with coalitions, businesses and other organizations. The work of CCO focuses on education, training, as well as providing technical assistance and other resources to community partners.

Legacy Foundation is an independent organization dedicated to improving the health and well-being for the people of Wisconsin Rapids and surrounding communities. Recognizing that health is determined by the complex interaction of individuals with societal factors, the Foundation seeks to address health status concerns through integrated, comprehensive strategies involving both population-based efforts to promote and protect health and individual-based efforts to improve access to care. In applying a broad definition of health, the Foundation's grants reflect its understanding that the determinants of health include medical care, socioeconomic status, environment, genetics, lifestyle, and behavior.

The assessment of Wood County community health included broad representation of Wood County residents' needs. The assessment serves as a guide to identifying key health priorities. Further, the assessment will result in the development of an implementation plan, which will include specific goals, objectives and strategies with measureable outcomes that will be used to improve the health of the people in our community.

Community Served by the Hospitals and Health Systems

Although MSJH, ARHC and MC have broader service areas than Wood County, for the purposes of the CHNA, this assessment will focus on the health needs of Wood County. The 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) Wood County includes the majority of our service area.

Demographic Profile of Wood County

Characteristics	Wisconsin 2014	Wood County 2014	Wood County 2010	% Change for County
Total Population*	5,757,564	73,608	74,749	-1.6%
Median Age (years)^	38.8	43.2	42.0	2.8%
Age*				
Persons under 5 years	5.9%	5.7%	6.0%	-5.3%
Persons under 18 years	22.6%	21.9%	22.7%	-3.7%
Persons 65 years and over	15.2%	18.6%	17.1%	8.1%
Gender*				
Female	50.3%	50.6%	50.8%	-0.4%
Male	49.7%	49.4%	49.2%	0.4%
Race and Ethnicity*				
White alone	87.8%	95.4%	95.0%	0.4%
Black or African American alone	6.6%	0.7%	0.5%	28.6%
American Indian and Alaska Native alone	1.1%	0.9%	0.8%	11.1%
Asian alone	2.6%	2.0%	1.8%	10.0%
Two or more races	1.8%	1.0%	1.1%	-10.0%
Hispanic or Latino	6.5%	2.7%	2.2%	18.5%
Speak a language other than English^	8.6%	4.9%	4.7%	4.1%
Median household income^	$52,738	$48,241	$47,204	2.1%
Percent below poverty in the last 12 months^	13.3%	11.2%	8.4%	25.0%
High School graduate or higher, percent of persons age 25+ ^	90.8%	91.3%	89.2%	2.3%

* 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

The Wood County CHNA 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 in particular the determinants of health model and the model for community health improvement.
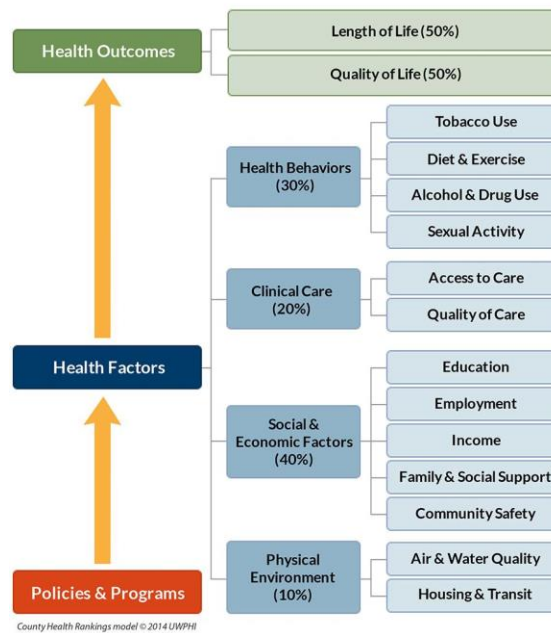
In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities* (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program). This guidebook builds on the County Health Rankings and Roadmaps' Action Center.
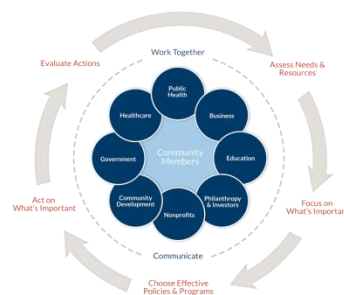
Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play:

- 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

The Core Planning Team was comprised of leaders from Wood County Health Department, MSJH, ARHC, the Legacy Foundation and Marshfield Clinic. These leaders served as the coordinating council to identify and engage individuals and key stakeholders who represented all aspects of the community, including law enforcement, education, business, poor and vulnerable populations, social service agencies and healthcare providers.

The core set of community health data used included the following:

- Health outcome data:
  - Mortality data related to leading cause of death
  - Morbidity data related to leading causes of illness, teen pregnancy and low birth weight babies, communicable disease, mental health, injury, and violence, as well as healthy growth and development indicators
- Data on the factors that shape health:
  - Health behaviors related to alcohol and drug use, physical activity, tobacco use, sexual health and healthy nutrition
  - Healthcare and public health data related to access, chronic disease prevalence and management
  - Social and economic factor data related to education, employment, income disparity and community safety
  - Physical environment data related to housing, food security and natural environment

Data Sources

- CDC (Centers for Disease Control and Prevention) Diabetes Interactive Atlas
- CDC Youth Risk Behavior Survey
- County Health Rankings & Roadmaps
- County Oral Health Wisconsin Surveillance System
- FBI Arrest Statistics
- Healthiest Wisconsin 2020
- Institute of Medicine, "Improving Health in the Community: Role for Performance Monitoring Wisconsin Department of Health Services"
- Primary data collected through community surveys, focus groups and key stakeholder interviews

- UW (University of Wisconsin) Extension Food Security Project
- UW Milwaukee Center for Urban Initiatives and Research
- UW Population Health Institute
- Wisconsin Department of Health Services
- Wisconsin Department of Revenue
- Wisconsin Department of Transportation
- Wisconsin Epidemiological Profile on Alcohol and Other Drug Use
- Wisconsin Environmental Public Health Tracking
- Wisconsin Interactive Statistics on Health
- Wisconsin Medicaid
- Wisconsin Youth Risk Behavior Survey
- Wisconsin Wins
- Wood County Communicable Disease Reports
- Wood County Women, Infants, and Children (WIC) Program

The compiled data was disseminated via both electronic and written format. The planning process model and data were sent in advance to all those invited to attend the community stakeholders meeting. This allowed the participants the opportunity to review the data and to begin discernment of the key community health priorities. An individual certified as a Lean Six Sigma Black Belt assisted with the analysis and organization of the survey data, as well as the process for determining the health priorities used in the stakeholder and focus group meetings.

_____

Input From Persons Who Represent the Broad Interests of the Community

The core planning team was committed to actively engaging individual community members and groups who represent the broad interests of the community. To assure we were getting input from key stakeholders, we used a variety of approaches to include a community health survey, community stakeholder meetings, focus groups and key informant interviews as well as input from existing community based coalitions.

Community Health Needs for Wood County Survey
In fall 2015, a survey was distributed electronically and as a hard copy requesting input on health priorities. Community members were provided with a list and definition of Healthy Wisconsin 2020 focus areas. Approximately 1,600 community resident surveys were returned from about 12,000 surveys that were distributed. This survey was conducted to gauge resident perspectives on the level of importance of various health issues. To reach diverse populations in Wood County, the survey was offered in English, Hmong and Spanish. In addition, the survey was designed for an 8th grade reading level and reading ease through the use of the "*Affordable Language Services*" Tool.

Individuals were asked to rate the following 22 health issues on a scale of 1-5 (with 1 being "not important" and 5 being "very important"). Below is a listing of the health issues as ranked by community residents who completed the surveys. The issues are ranked in order of importance, with the top issue being most important.

Health Issue	Average Rating
1 Mental health	4.29
2 Drugs	4.28
3 Income	4.16
4 Alcohol	4.15
5 Employment	4.08
6 Chronic disease	4.05
7 Quality of care	4.03
8 Access to care	3.99
9 Physical activity	3.96
10 Healthy eating	3.93
11 Food security/hunger	3.90
12 Oral health	3.88
13 Violence	3.86
14 Education	3.83
15 Family and social support	3.82
16 Communicable disease	3.78
17 Immunizations	3.72
18 Reproductive and sexual health	3.72
19 Healthy growth and development	3.65
20 Tobacco	3.65
21 Environmental and occupational health	3.53
22 Injury	3.45

Community Stakeholder Meeting
A forum was held to gather input from key stakeholders on October 8, 2015 at the Pittsville Fire Department from 11:30 a.m. to 2 p.m. Key stakeholders with varied expertise were invited to participate and help prioritize the community health needs for Wood County. From the community surveys, the health needs were priorities based on weighted averages and ranking in level of importance to community health. Eight priorities areas were identified as targets for further assessment at the community stakeholder forum. At the forum, the top eight priorities (bulleted below) were discussed and further prioritized through two separate activities as detailed below.

Table top advocacy: Each participant selected one of the eight priority areas that are of interest to them. The small groups then discussed why this health priority should be given a high ranking. Following the small group discussion, each group advocated for their health priority and individuals voted twice for their first and second priority through an electronic voting process.

The results for the 1st priority (46 total votes):
- Mental health 65%
- Chronic disease 11%
- Physical activity 11%
- Healthy eating 4%
- Alcohol 2%
- Drugs 2%
- Food security 2%
- Oral health 2%

The results for the 2nd priority (47 total votes):
- Drugs 28%
- Food security 21%
- Mental health 21%
- Healthy eating 13%
- Chronic disease 11%
- Physical activity 4%
- Alcohol 2%
- Oral health 0%

Drivers-Means-Outcomes: Participants continued to stay in their identified groups and worked through an activity to determine if certain health priorities drive or influence others. The activity required participants to assess each of the priorities which were written on poster paper and placed in a circle. The participants then needed to determine if the health need was a driver as it related to other health priorities and therefore the arrow pointed out to other health priority[ies] or if it was an outcome of the other priority and therefore would have the arrow pointing in from the other health priority[ies].

The results of this activity: In the chart below, "In" and "Out" reflects number of arrows drawn between health priorities. Priorities with all or mostly "out" are considered a "driver"—it drives many of the other categories. Priorities with all or mostly "in" are considered an "outcome"—The health priority is an outcome from the other health priority[ies] If the priority has the same number of "in" and "out" arrows, then it is probably a "means"—a way to address the health priority. Ultimately the exercise helped the participants better understand the nature of health priorities and provide insights into possible implementation strategies for future planning.

Health Priority	In	Out
Mental Health	10	38
Alcohol	12	25
Drugs	16	23
Chronic Disease	45	7
Physical Activity	15	18
Healthy Eating	22	18
Food Security	13	21
Oral Health	25	10

- Looking at the drivers-means-outcomes will help us determine new breakthrough strategy/strategies. A general rule is to first look at the drivers. By focusing on the drivers, resources can be invested in strategies that focus on the underlying causes of poor health outcomes. Because every organization has limited resources, focusing on the drivers is a way to maximize those resources.
- A listing of participants/organizations represented in the community stakeholder meeting is included at the end of the section entitled "Organizations and Populations Providing Input."

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

Focus Groups and Key Informant Interviews
In order to gather additional information on community health needs, barriers and resources, from disparate, underrepresented and vulnerable populations in Wood County, focus groups were held with representatives from the St. Vincent DePaul Free Clinic (patients), River Cities Clubhouse, Forum 55, East Junior High (students) and Hmong representatives. In addition to the focus groups, six key informant interviews were conducted with physicians in Wood County. Below is a summary of the input from the vulnerable populations as well as from the focus groups and key stakeholder meetings:

When asked what they consider a healthy lifestyle, **the most common responses were healthy eating, being in good health physically and mentally, and being physically active**. Other responses included having a healthy weight, family time, low stress, having relationships with others, setting goals, being academically successful, having hobbies/keeping busy and being positive overall. In addition, avoiding unhealthy things like smoking and excessive drinking, being spiritually healthy, having access to transportation and places to be physically active, and having a low crime rate were also mentioned.

When asked how the community supports their ability to lead/promote a healthy lifestyle, **the most common responses were having a good school system (wellness programs, physical education, health classes) and having local fitness centers**. Community groups like Forum 55 and social events/activities were also mentioned, along with worksite wellness programs, WIC, farmer's markets and access to bike paths and parks. People are looking forward to a new YMCA in Wisconsin Rapids and appreciate when the local media has articles about health. An awareness of prevention initiatives that are going on was verbalized as well. A need for better job security and income was expressed so people are better able to purchase healthy foods.

When asked what the community's most important health needs are, **reducing obesity rates, drug and alcohol use, and mental health were mentioned most often.** In addition, concerns about sexually transmitted infections were expressed, along with concerns about teen pregnancy and vulnerable children. In addition, improved access to healthy foods and community gardens, more visible nutrition facts (at restaurants and schools), healthy school lunches and better options at restaurants were also mentioned. Improved air quality and education about air pollution were desired, along with reduced smoking rates. Access to dental care for all was also desirable. Finally, emergency preparedness, access to emergency care and highly infectious diseases were of concern.

The participants were also asked *what is causing the current health needs in the community*. **Poor economy, too many fast food restaurants and lack of awareness/knowledge were mentioned most often**. Low paying jobs, lack of time, fitness center fees, vending machines, and the drug culture were of concern, along with laziness and poor self-control. The marketing of unhealthy items, as well as unhealthy foods being cheaper than healthy options, was also listed as a cause of current health needs.

Participants most often felt that the health department, individuals, and healthcare providers *have a significant role in addressing health needs*. When asked who/what agency has a role in addressing the health needs, government, the community, the YMCA, schools, restaurants, community leaders, social groups, human services and volunteers were also listed. Farm-to-table initiatives were cited as being important. It was also noted that current Healthy People Wood County coalitions have a major role, but the meeting times are often a barrier that prevent broad participation by medical providers.

When asked about challenges and barriers that our community faces to maintain health, **participants frequently cited the economy, unhealthy foods costing less and being too busy with daily life**. A number of access issues were described, including access to bathroom facilities on paths/trails, access to mental health services and substance abuse resources, access to transportation, and access to support groups and positive activities for youth. Some discussed how people are too busy to cook at home and there are too many fast food restaurants in our area. Serving size at restaurants was also listed as an issue. People expressed a need to get good information to the community about what is available that promotes a healthy lifestyle. Smoking cessation resources was specifically stated as something to promote better. There were also comments about the paper mills contributing to poor air quality, our culture of alcohol use being so strong, end-of-life care issues, and prejudice.

When asked what might prevent someone in the community from receiving care, **income and having no insurance or being underinsured were described frequently**. Access, funding cuts, poor health, and concerns about the quality of care were also expressed. Participants felt that some individuals are stubborn, lazy or don't want to change and, in some cases, parents are too busy to get their children in for medical care. Lack of access in general was described, and lack of access to transportation and mental health services were highlighted. People felt that there is also lack of knowledge about a number of health issues, but specifically mental health and mental illnesses. Some felt that occasionally people just don't want to hear bad news about their health. Finally, lack of staffing at human services, a stigma for using Medicare and Medicaid services, concerns about quality of health-related services at schools, and the anti-vaccination movement were mentioned as things that prevent people from receiving care.

To wrap up, *participants were asked to describe the resources available in our community to address these issues*. **Schools, churches, healthcare providers/systems, the YMCA and youth activities were mentioned most**. In addition, libraries, the family center, Planned Parenthood, Opportunity Development Center [ODC] and the courthouse were discussed, along with human services and peer specialists. Healthy options locally, such as farmers' markets and co-ops were cited, along with farming, our youth, mental health clubhouses and the free medical clinic. Finally, menu labeling at restaurants, United Way organizations, the Legacy Foundation, volunteer groups, first responders and the area's low crime rate were also pointed out by participants.

Community Coalitions

As part of 2013 CHNA efforts, four community coalitions had been organized representing the following key focus areas:

- Mental health
- Alcohol and drug abuse
- Chronic disease (nutrition and physical activity)
- Healthy growth and development

These coalitions have been responsible for development of implementation plans for the previously identified health priorities. In January-April 2016, we asked these coalitions who have representatives from the broader community to complete an assessment of their work, to include accomplishments, effectiveness of their actions, gaps and future opportunities (essentially a SWOT analysis). The outcome of this effort is to determine how the priorities that are being identified in the current CHNA can be aligned with previously identified CHNA priorities and implementation plans. It is important to preserve and sustain the work of these very valuable community based coalitions while refining the focus with the most recent CHNA work. Ultimately, this work will contribute to the development of a new implementation plan with measurable goals, objectives and strategies.

Organizations/Populations Providing Input

Community Survey:

- Employers distributed to employee base (i.e. MSJH, MC, Aspirus Riverview and others)
- Distributed through local chamber of commerce to local businesses
- St. Vincent DePaul Outreach center
- School district
- Technical schools and university systems
- Public service organizations
- Community service groups

Stakeholder forum:

- Wood County Public Health
- Ministry Saint Joseph's Hospital
- Ministry Medical Group – Employer Solutions
- YMCA

- United Way of Marshfield
- United Way of Wisconsin Rapids
- Wood County Sheriff Department
- City of Marshfield
- City of Wisconsin Rapids
- Legacy Foundation
- Marshfield Clinic
- Aspirus Riverview Hospital and Clinic
- Wood County Human Services
- Nekoosa School District
- Security Health Plan
- UW–Stevens Point
- Childrearing Inc.
- Incourage
- Wood County Dispatch
- WI State Assembly
- St. Vincent de Paul Outreach center
- Clear Green Action
- North Central Community action
- Aging and Disability Resource Center
- Opportunity Development Center
- Boys and Girls Club
- Wisconsin Energy
- Marshfield Public Library
- UW–Wood County Extension
- Port Edwards School District
- Wisconsin Rapids police department

Focus groups and Key informant interviews:
- Hispanic community (minority population)
- Hmong community (minority population)
- Women, Infant and Children [WIC] (low-income population)
- Food pantry and soup kitchens clients (low-income population)
- Elderly population (i.e. Forum 55)
- Physician and healthcare providers (emergency physicians; primary care physicians; case managers)
- Patients served by the St. Vincent DePaul Free Medical Clinic (medically-underserved population)
- Religious community

Input on previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA

After review of the data and input from stakeholder groups, the following criteria were used by the core planning group to determine the health improvement priorities:

- Health areas that have the largest community impact
- Health areas that have the most serious impact
- Health areas for which the community is ready for change
- Health improvement areas that can be changed over a reasonable timeline
- Health coalitions [mental health; alcohol and drug abuse; chronic disease and healthy growth and development] current status as it relates to implementation plans

PRIORITIZATION PROCESS

The process for prioritization involved the following steps:

- **Community-based survey** – Approximately 1,600 survey responses were received. Responses to each of the 22 health concern areas identified on the survey were weighted based on level of perceived importance. The health concerns were then ranked based on weighted averages. Narrative responses relative to assets in the community that help individuals be healthy and those factors that were perceived barriers were summarized. From this initial survey listing the 22 health concerns, eight were identified with higher weighted averages.
- **Community stakeholder meeting** – The eight health concern areas with highest weighted averages were then presented to the community stakeholder group along with the general data related to all the health concerns. The 50 participants self-selected one of the health areas and participated in both the table top and a group exercise to further discern the impact and outcomes associated with each of the eight identified health concerns.
- **Focus group and key informant interviews** provided insight into importance, impact, assets and perceive outcomes as it related to not only the top eight issues, but also the broader list of 22 health concerns. The specific intent of these sessions was to assure that feedback from vulnerable populations was included into the prioritization effort.

- **Community coalitions** that are organized around mental health, alcohol and drug abuse, chronic disease, and healthy growth and development were asked as to review the top prioritized areas from the 2015-2016 CHNA in relation to their current health improvement efforts. Their effort was to review information related to the identified priorities. They were then asked to complete their strategic planning process with focus on mission, vision, SWOT and goal and objective development. The work of the coalitions would support the development of the implementation plans around the prioritized areas.

The outcome of this work listed above led to the identification of four priority areas which would include aspects of the eight top health concerns. The identification of the four priorities from the eight was done by the core planning group using a consensus-based discussion taking into consideration the community input.

PRIORITIES SELECTED
- Mental health
- Alcohol and other drug abuse
- Chronic disease management to include oral health and healthy eating
- Healthy growth and development to include physical activity and food security

OVERVIEW OF PRIORITIES

Mental Health
Mental health is defined as the state of well-being in which people can be productive and successful while managing to cope with the normal stresses of life. Mental health issues are a concern for many individuals in the population. More than half the respondents to the community survey, as well as those who participated in the community stakeholder meeting identified mental health as a concern. Issues related to access to care, risky behavior, and disrupted family life were some factors identified.
The overarching goal is to provide opportunities and resources that promote healthy coping, which enhances the quality of life.

The following represents some of the relevant data that provided insight into this health improvement priority. In reviewing this data, we find the following aspects of concern:
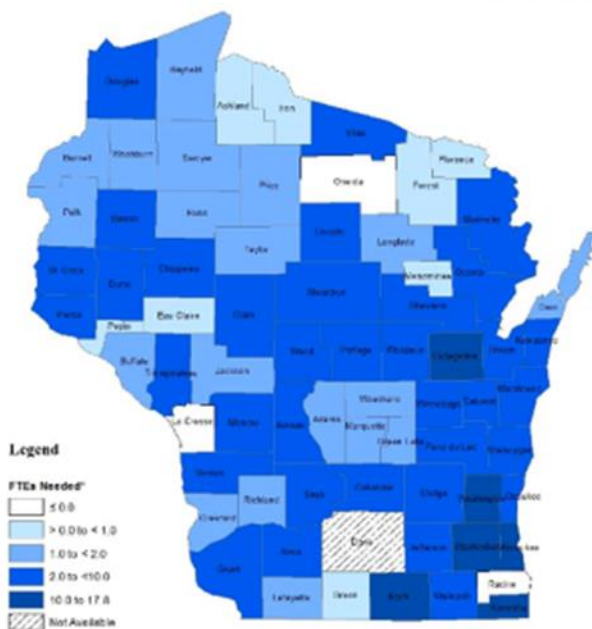- Wood County has one mental health provider for every 732 residents, which is worse than the statewide ration of 1:623
- Wood County has a higher suicide rate than the northern region of the state, and the state as a whole
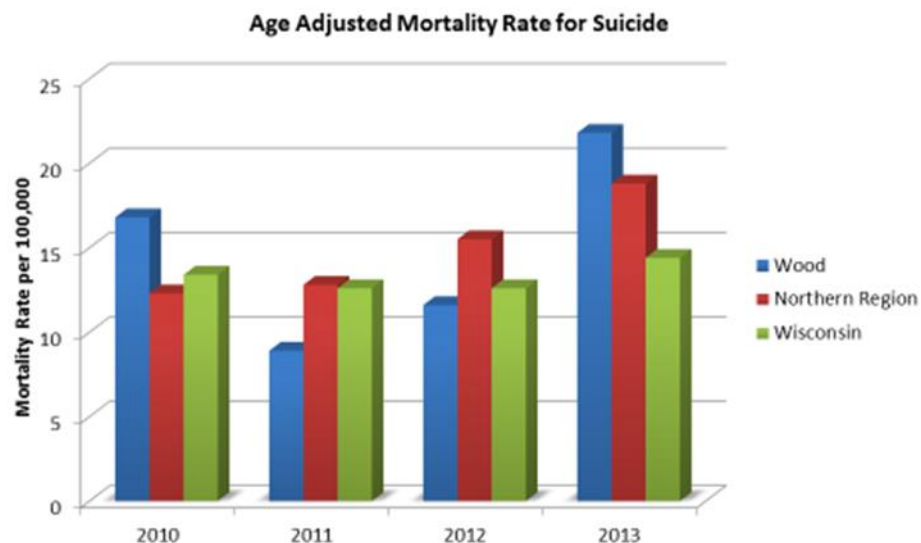- Wood County's average number of poor mental health days is higher than the state average

Mental Health Providers to Population Ratio 2014

Wood County 732:1
Wisconsin 623:1

Self-inflicted Injury
Hospitalizations (rate
per 100,000
- Wood County 67
- Wisconsin 95

BEST   WORST   MISSING

189
County Health Rankings & Roadmaps, 2014
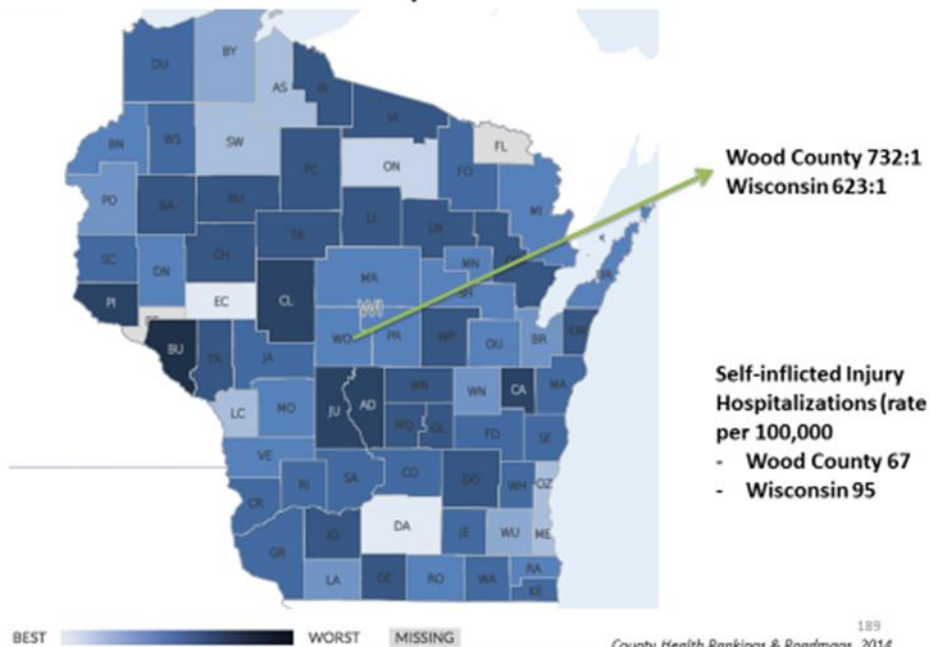
Number of Psychiatrist FTEs Needed to Reduce
Significant Shortages for the Resident Population
November, 2012

Legend

FTEs Needed'
≤ 0.0
> 0.0 to < 1.0
1.0 to < 2.0
2.0 to < 10.0
10.0 to 17.8
Not Available

191
Wisconsin Department of Health Services

Age Adjusted Mortality Rate for Suicide

- Between 1999 and 2013, a total of 151 deaths in Wood County had suicide listed as the primary cause of death, an average of 10 per year.

192
Wisconsin Interactive Statistics on Health

Average Number of Poor Mental Health Days (reported in past 30 days), 2006-2012

Wood County 3.1
Wisconsin 3.0

193
County Health Rankings & Roadmaps, 2006-2012
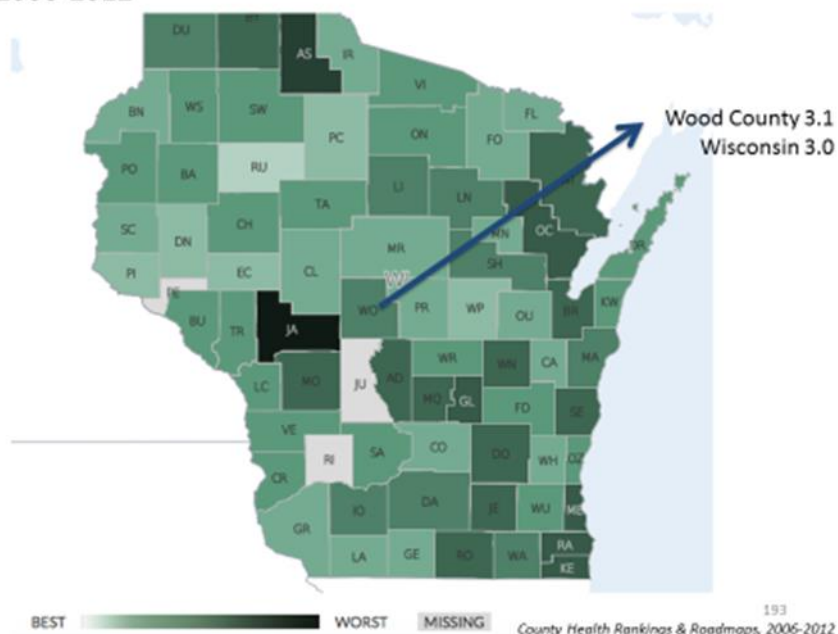
Alcohol and Other Drug Abuse

Alcohol abuse as a health concern is defined as unhealthy use of alcohol as well as related behaviors, such as drunk driving, drinking while pregnant, alcoholism, excessive drinking, underage drinking and other alcohol related issues. Drug use as a health concern is defined as use of things, like mood-altering substances, whether prescription or illegal. Drug abuse is the illegal or non-medical use of drugs. Drug abuse can also lead to criminal behavior, arrest, illness or death. The overarching goal is to identify resources and interventions that promote healthy lifestyles and the appropriate use of alcohol or drugs.

The following represents some of the relevant data that provides insight into this health improvement priority. In reviewing this data, we find the following aspects of particular concern:
- The economic cost of excessive alcohol use in Wood County is $7.3 million each year
- Alcohol use and binge drinking have been steadily increasing in Wood County
- The age adjusted mortality rate for chronic liver disease and cirrhosis is higher in Wood County than in the northern region of the state, and the state as a whole
- Operating a motor vehicle while intoxicated, juvenile arrests for liquor law violations, and opioid-related hospitalizations are higher in Wood County than Wisconsin as a whole
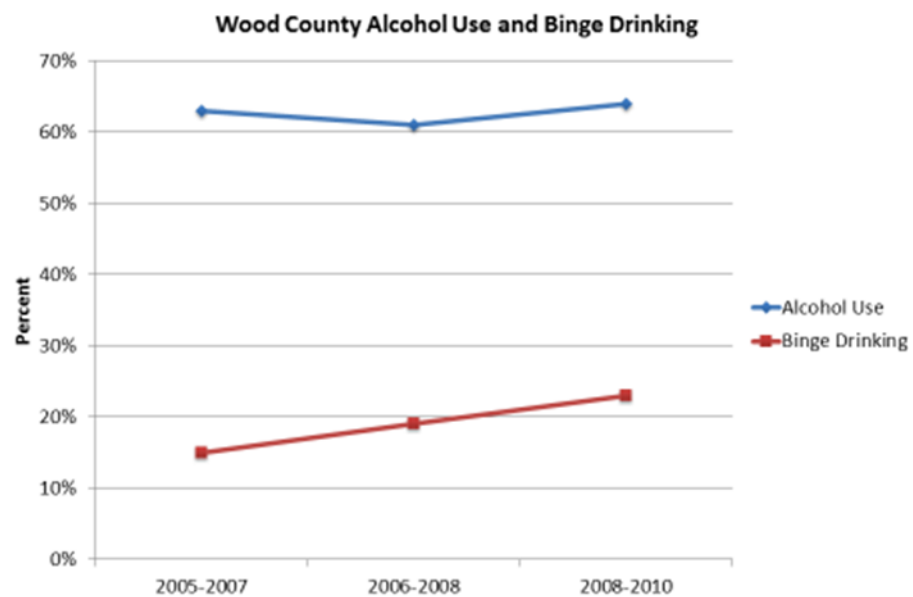

The Cost of Excessive Alcohol Use in Wood County

Annual economic cost of excessive alcohol use in Wood County **$7.3 MILLION**

What We Pay For[1]

$7.3 million

$0.8 million
Healthcare

$5.2 million
Lost
Productivity

$1.2 million
Other

We All Pay[1]

$7.3 million

$3.1 million
Taxpayers

$3.0 million
Excessive
Drinkers and
their Families

$1.2 million
Others in Society

Wood County population: 7,108[2]

Cost per Wood County resident: $1,007.91

Other includes costs associated with the criminal justice system, motor vehicle crashes, and other consequences.

Others in Society includes private health insurers, employers, crime victims, and others.   115

Black PD, Paltzer JT. The Burden of Excessive Alcohol Use in Wisconsin. University of Wisconsin Population Health Institute, March 2013

Binge Drinking Among Adults

- Binge drinking accounts for 76% of the economic cost of excessive alcohol consumption

118
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Wood County Alcohol Use and Binge Drinking

119
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Age Adjusted Mortality Rate for Chronic Liver Disease and Cirrhosis

122
Wisconsin Interactive Statistics on Health

Alcohol Related Hospitalization Rate
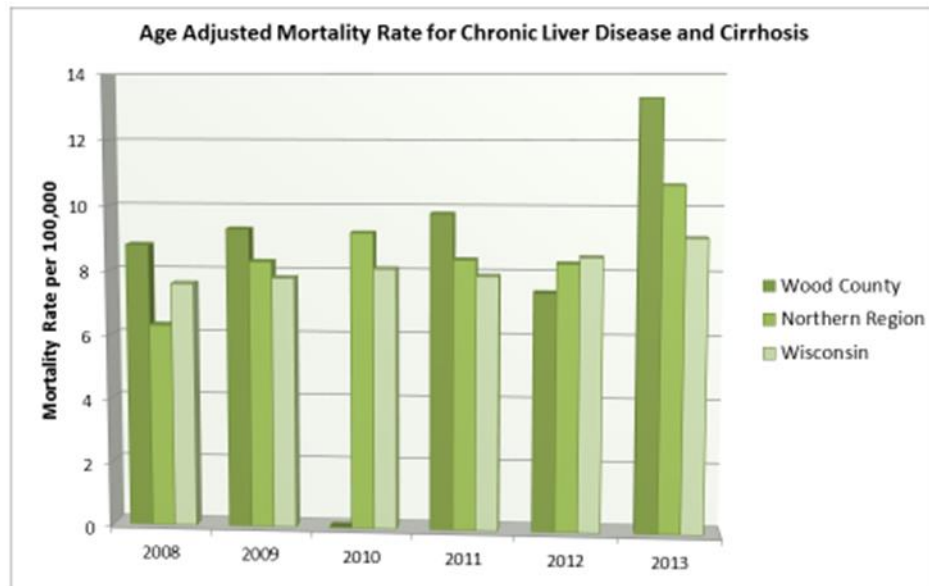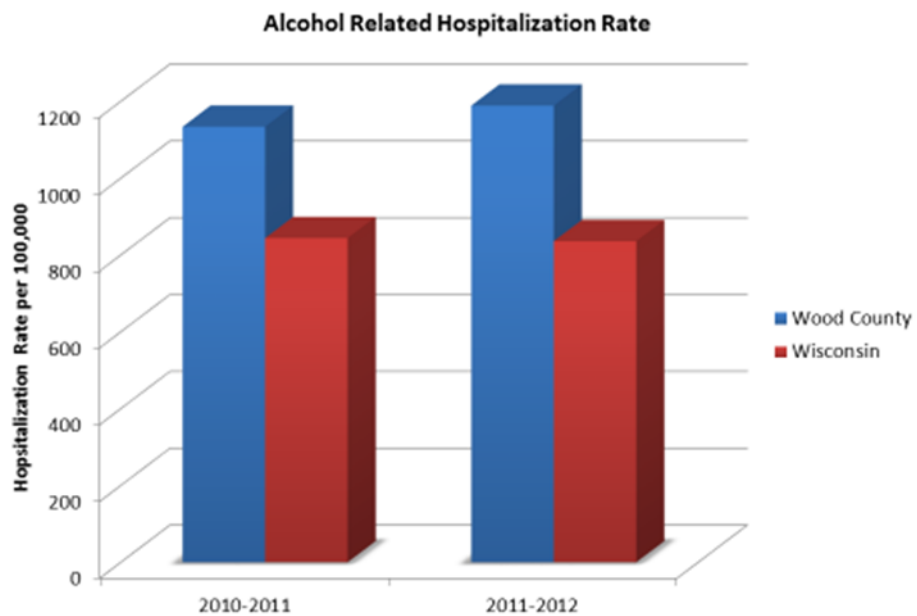
125
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Operating a Motor Vehicle While Intoxicated
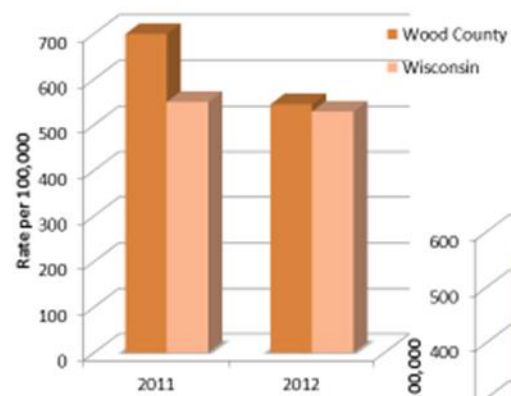
Liquor Law Arrest Rate
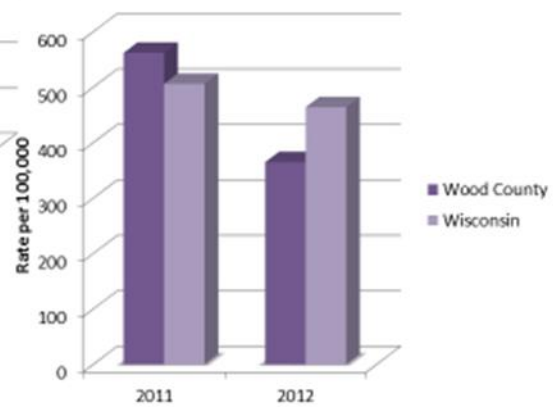
126
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Juvenile Arrest Rates for Liquor Law Violations
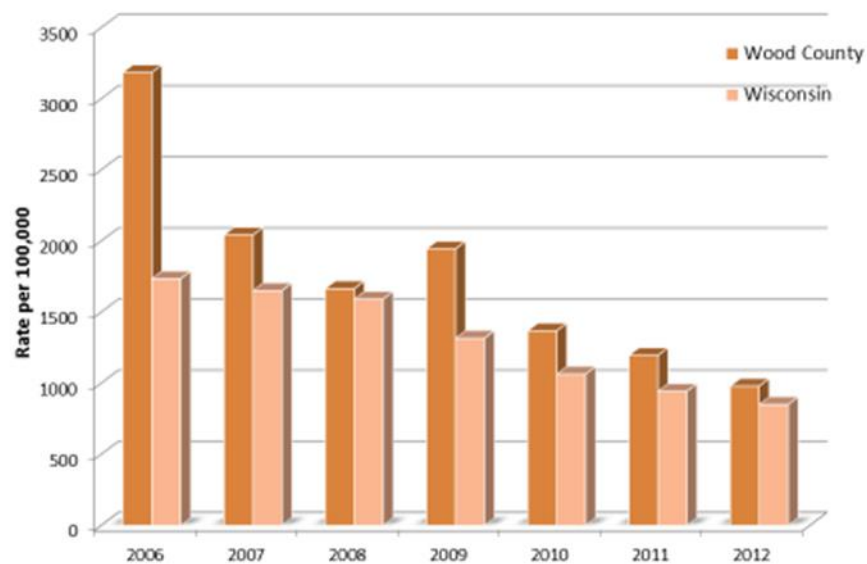
137
FBI Arrest Statistics 1994-2012

Drug-Related Hospitalizations (2011-12)
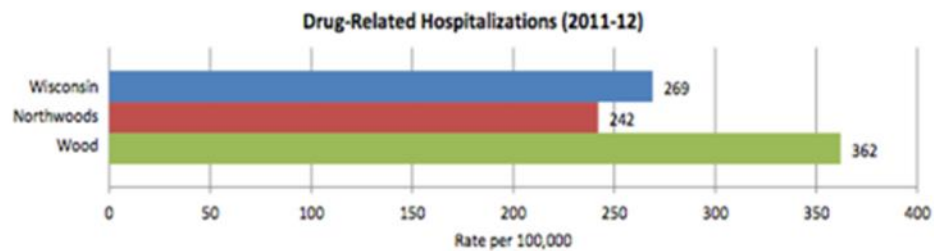
Northwoods Coalition Epidemiological Profile on Alcohol and Other Drug Use, Wood County

Opiod Related Hospitalization Rate Among 12-25 year olds
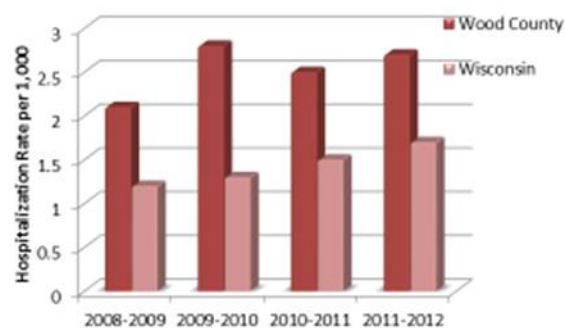
128
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Alcohol Related Expulsions/Suspension Rate in Public Schools 2011-2012
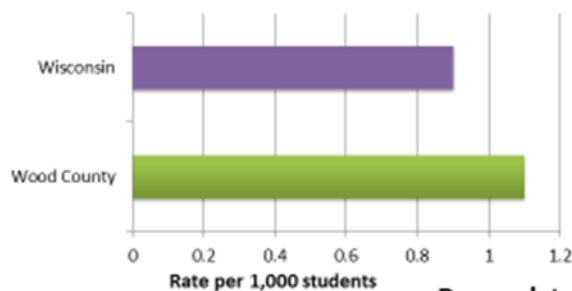
Drug-related Suspensions/Expulsion Rate in Public Schools 2011-2012
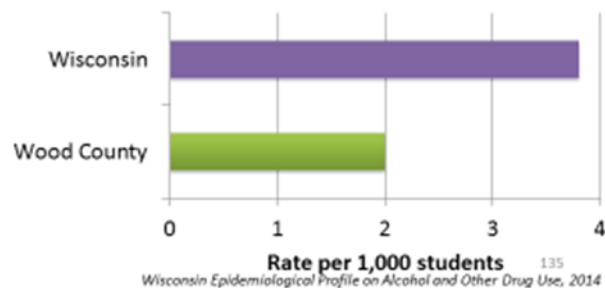
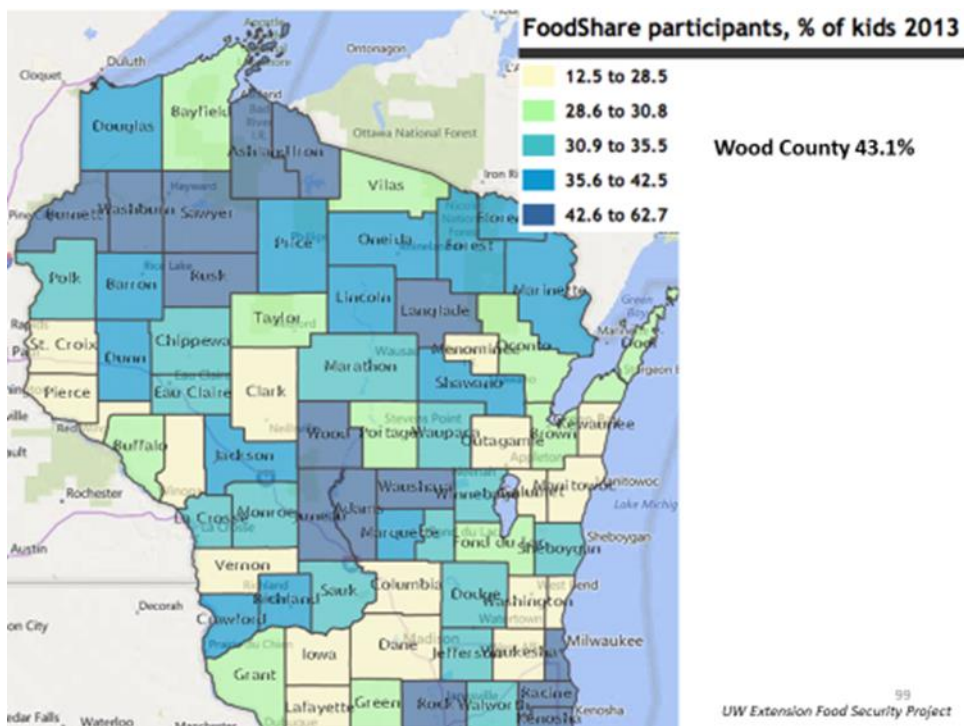
135
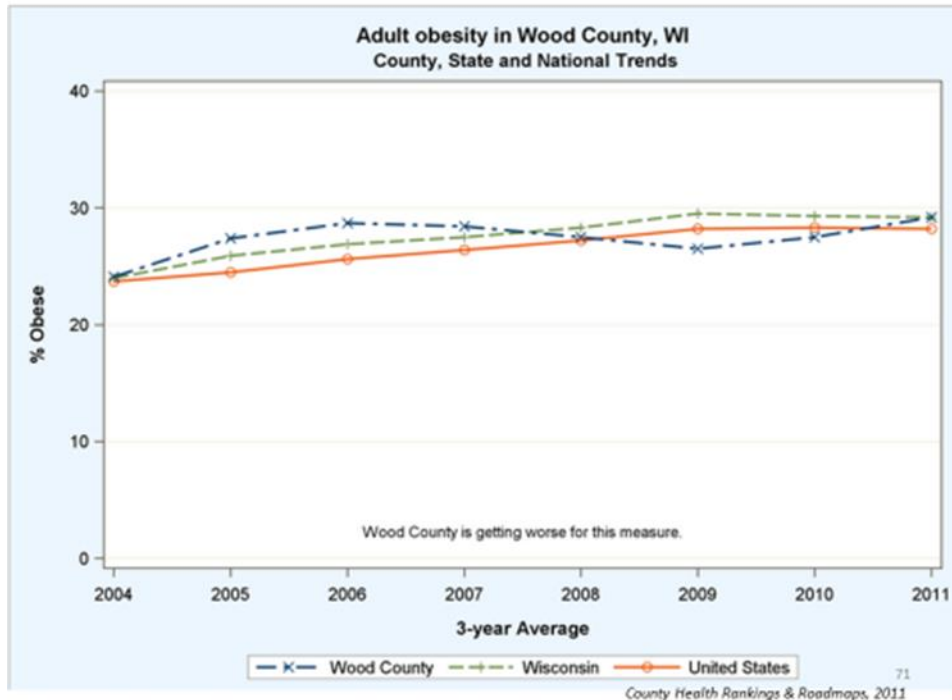Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014
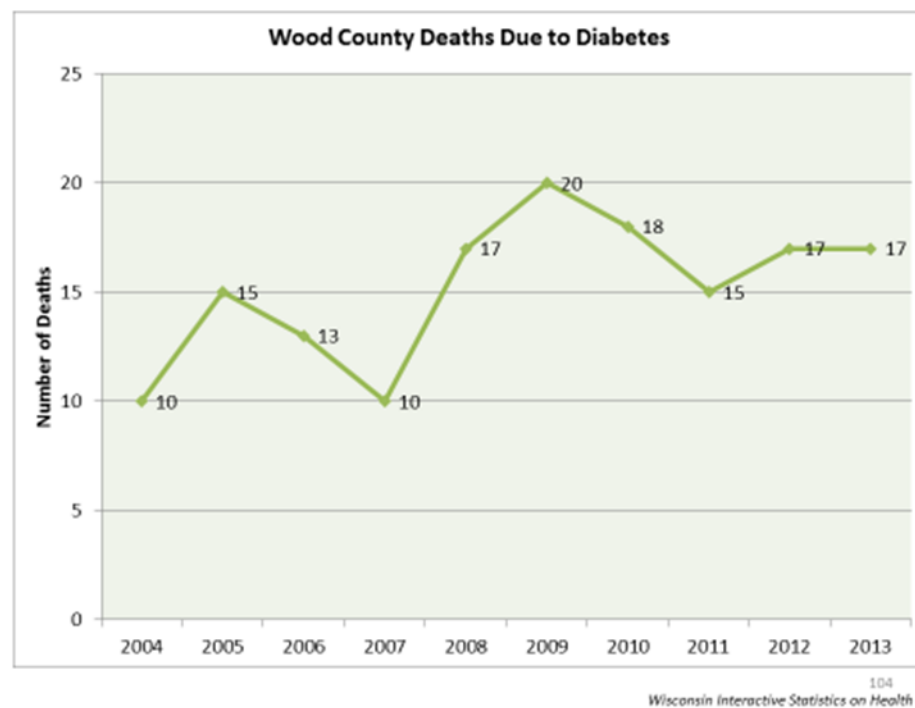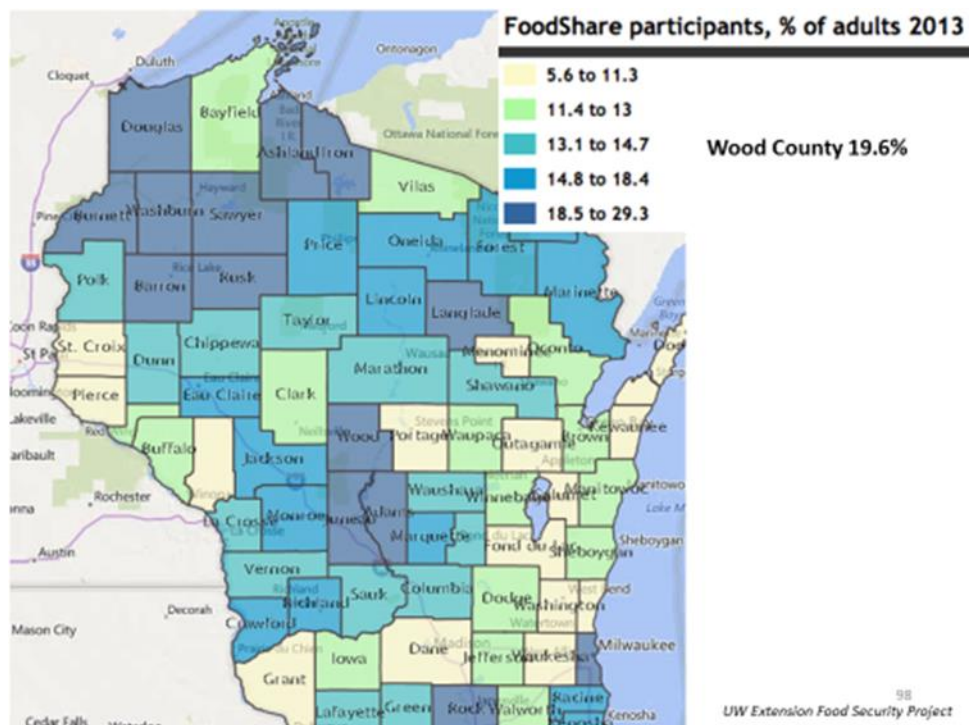
Chronic Disease

Chronic disease as a health concern is defined as an illness that lasts a long period of time and tends not to go away on its own. Contributing factors may be an unhealthy life style, lack of good oral health and/or good nutrition, and limited access to healthcare to treat disease symptoms. Common chronic diseases are heart disease, stroke, cancer, asthma and diabetes.
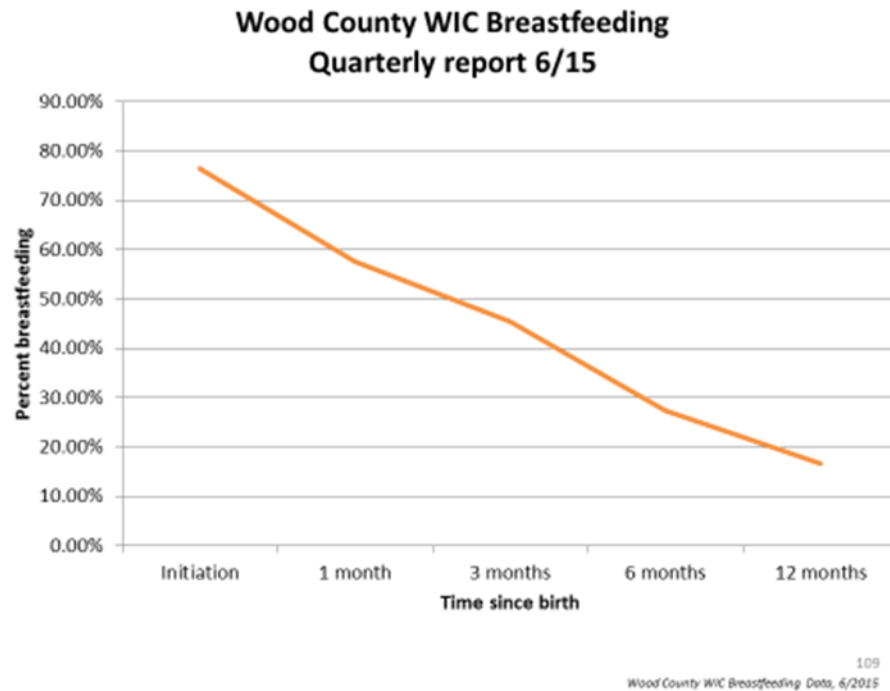
The overarching goal is the reduction of disease-related symptoms by empowering individuals impacted by chronic disease to make healthy lifestyle choices, as well as to create support systems for healthy choices and improved access to care. The following represents some of the relevant data that provides insight into this health improvement priority. In reviewing this data, we find the following aspects of particular concern:

- The percent of the population with access to exercise opportunities is lower in Wood County than in Wisconsin
- Adult obesity rates continue to rise
- Wood County deaths due to diabetes are trending up
- Overall, breastfeeding is not continuing to one year of age as recommended.
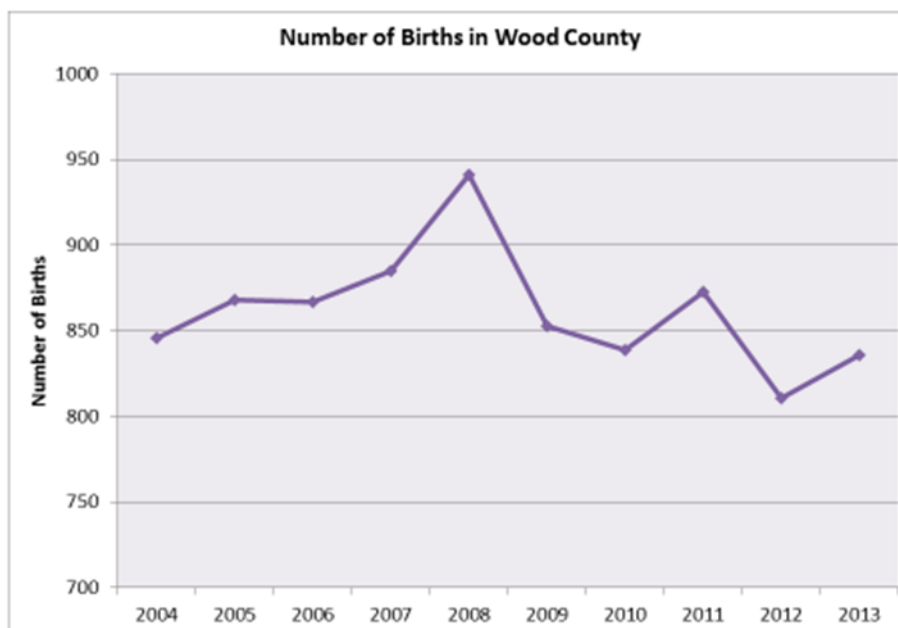

Access to Exercise Opportunities, 2010 & 2013

Wood County 75%
Wisconsin 83%

BEST   WORST   MISSING County Health Rankings & Roadmaps, 2010 & 2013

Adult obesity in Wood County, WI
County, State and National Trends

Wood County is getting worse for this measure.

3-year Average

— X— Wood County   —+— Wisconsin   —o— United States

County Health Rankings & Roadmaps, 2011

FoodShare participants, % of kids 2013

12.5 to 28.5
28.6 to 30.8
30.9 to 35.5
35.6 to 42.5
42.6 to 62.7

Wood County 43.1%

UW Extension Food Security Project

FoodShare participants, % of adults 2013

- 5.6 to 11.3
- 11.4 to 13
- 13.1 to 14.7
- 14.8 to 18.4
- 18.5 to 29.3

Wood County 19.6%

98
UW Extension Food Security Project

Wood County Deaths Due to Diabetes

104
Wisconsin Interactive Statistics on Health

Wood County WIC Breastfeeding Quarterly report 6/15

109
Wood County WIC Breastfeeding Data, 6/2015

Healthy Growth and Development

Healthy growth and development as an area of health concern is defined as people having access to organized care and services throughout their life with a particular focus on young children and youth. Factors that contribute to healthy growth and development are physical activity, injury prevention and adequate nutrition along the continuum of life.

The overarching goals is to improve the quality-of-life during critical periods of growth and development by maximizing access to care and services, providing education, and strengthening systems and partnerships.

The following represents some of the relevant data that provides insight into this health improvement priority. In reviewing this data, we find the following aspects of particular concern:

- Low birthweight and preterm births are trending upward
- Smoking during pregnancy is more prevalent in Wood County than on average statewide
- Sexually transmitted infections are on the rise in Wood County, while they are trending downward statewide
- Tobacco sales to minors are increasing in Wood County

Number of Births in Wood County

Wisconsin Interactive Statistics on Health[154]

•**6.5%**
LOW BIRTH WEIGHT
PERCENT BIRTHS
<2,500 GRAMS
STATEWIDE: 7.3%

•**9.6%**
PRETERM BIRTH
PERCENT BIRTHS
<37 WEEKS GESTATION
STATEWIDE: 10.3%

● Above state value   ● At or below state value   ^ Suppressed

LOW BIRTH WEIGHT
PERCENT OF BIRTHS BELOW 2,500 GRAMS
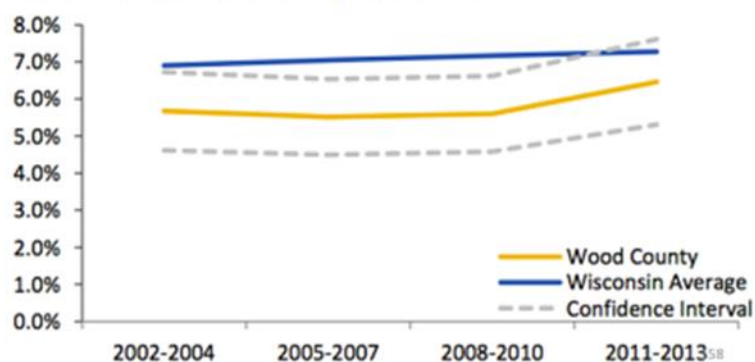
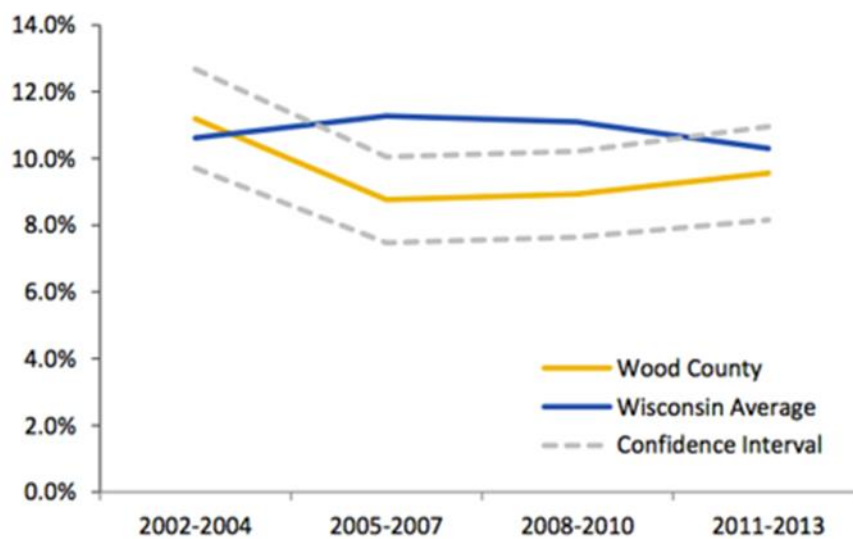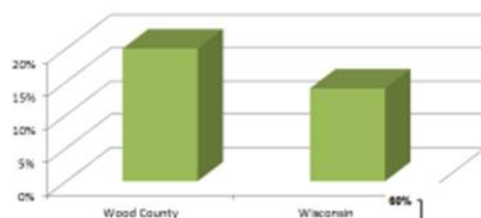*Wisconsin Environmental Public Health Tracking Wood County Profile 2015*[58]

PRETERM BIRTHS
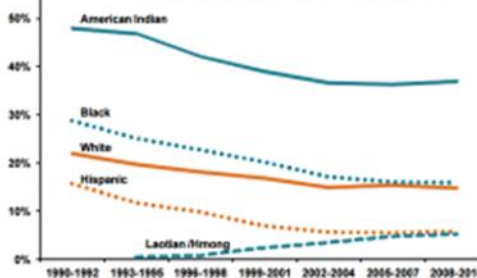### PERCENT OF BIRTHS <37 WEEKS GESTATION

160
Wisconsin Environmental Public Health Tracking Wood County Profile 2015

Smoking and Pregnancy

Percent of Births w/ Smoking during Pregnancy 2010-2013

Prevalence of Smoking During Pregnancy by Race in Wisconsin

County Health Rankings & Roadmaps
Smoking during Pregnancy in Wisconsin and the U.S. 2012, Center for Urban Initiatives and Research, UW-Milwaukee

Infant Deaths in Wood County

Wisconsin Interactive Statistics on Health[164]

Teen Birth Rate
For mothers <20 years of age

Wisconsin Interactive Statistics on Health[77]
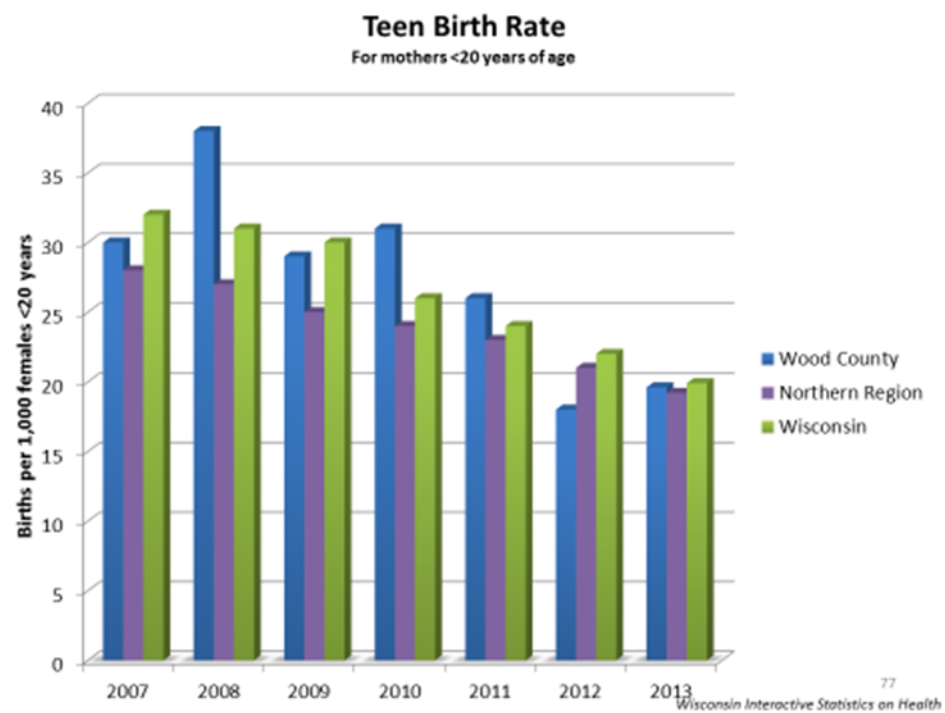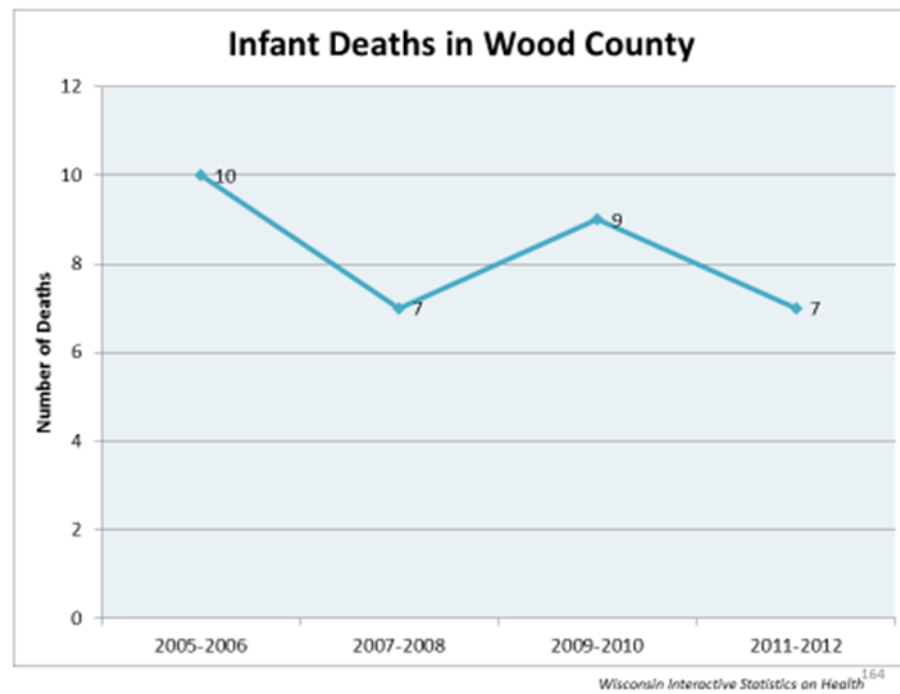
Wood County Sexually Transmitted Diseases

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Chlamydia	157	111	113	121	107	140	164	200	218	224
Gonorrhea	10	8	<5	8	9	9	12	8	5	2
Syphilis	0	<5	0	0	<5	<5	<5	0	2	0

82
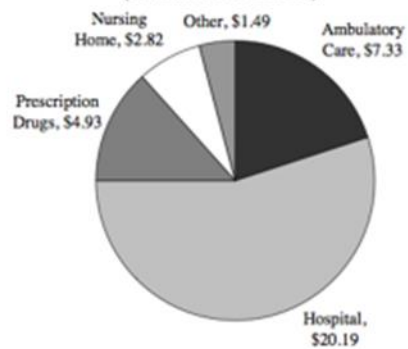*Wisconsin Department of Health Services*

Chlamydia Rates 2011-2013
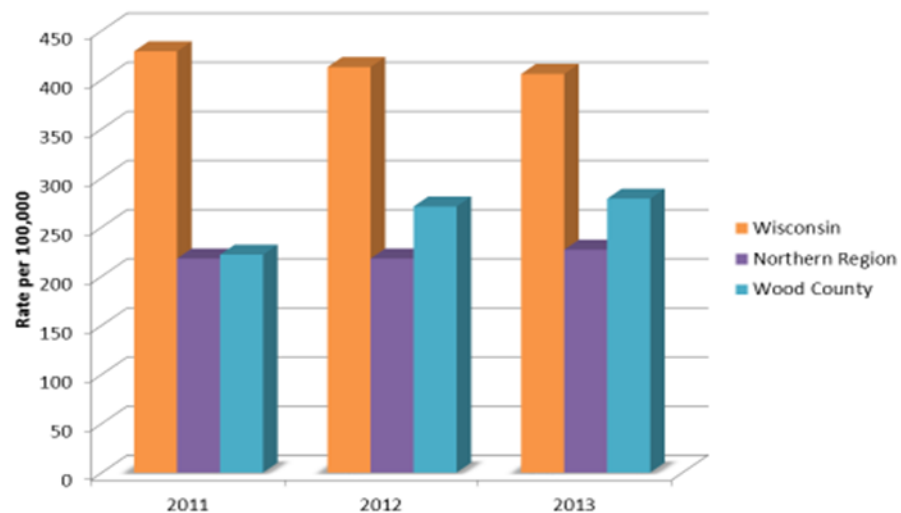
83
Wisconsin Department of Health Services

Smoking Attributable Health Care Costs in Wood County, 2007[6,12]
(In millions of dollars)

Nursing Home, $2.82
Other, $1.49
Ambulatory Care, $7.33
Prescription Drugs, $4.93
Hospital, $20.19

Total: $36.8 Million*

Cost of Productivity Lost Due to Smoking in Wood County, Averaged Annual 2003-07[6-8]
(In millions of dollars)

Respiratory Disease, $3.58
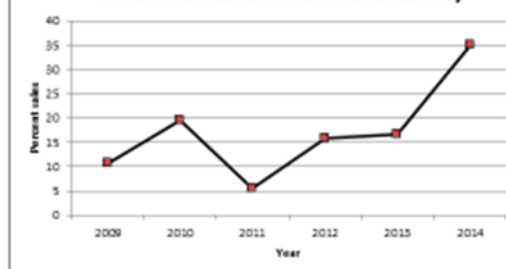Cardio-vascular Disease, $7.54
Cancer, $11.55
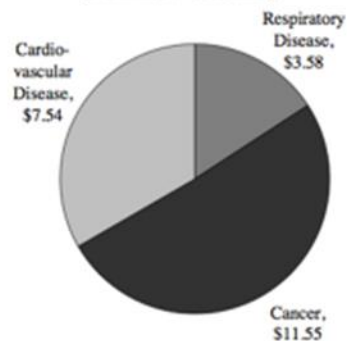
Total: $22.7 Million*

56
The Burden of Tobacco Report 2010

Wood County Tobacco Sales to Minors
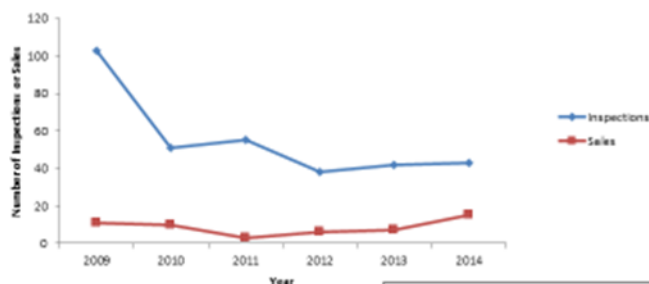
Percent Sales to Youth Wood County

58
Wisconsin WINS Program

Potential Resources to Address the Significant Health Needs

Potential resources and assets in our community that will help address the identified health priorities as well as help develop the implementation plans include the following:

- Healthy People Wood County Coalitions: mental health, healthy growth and development, alcohol and other drug abuse, and chronic disease prevention
- United Way – Marshfield and Wisconsin Rapids
- Wood County Health Department
- Law enforcement
- Education system throughout Wood County
- Social support systems: the Aging and Disability Resource Center, Opportunity Development Center
- Healthcare facilities: Aspirus Riverview Hospital and Clinics, Marshfield Clinic, Ministry Saint Joseph's Hospital, Norwood Health Center
- Community services: YMCA, libraries and Boys and Girls Club
- Environmental factors – clean air and clean water
- Business and industry – unemployment rates within state average; engaged employers

Next Steps

Having identified the health priorities that need to be addressed, the next steps include:
- Collaboration with community partners through Healthy People Wood County
- Development of a three-year implementation plan
- Creation of more specific annual action plans with measurable outcomes during each year of the implementation plan
- Integration of health priorities and implementation strategies into the 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:
- Falls & Injury Prevention
- Access to Health Care
- Chronic Disease Prevention
- Healthy Growth & Development of Youth

Evaluation

Falls & Injury Prevention: Associates participated on several community coalitions that address this area: a community coalition that worked on distracted driving and use of alcohol or other substances by youth; the regional trauma advisory team which identifies intervention opportunities; and a coalition addressing interventions to reduce the risk of falls in the elderly. During this time period, the rate of falls-related deaths declined in Wood County.

Access to Health Care: Funding for the Seal a Smile program led to 88.5% of third graders receiving dental sealants at school. Funding for the St. Vincent DePaul Free Clinic allowed 90% of uninsured patients to receive free medication prescriptions. While the rate of uninsured persons dropped during this time period, many insurance plans still have high deductibles and therefore access to care is still a concern in that regard.

Chronic Disease Prevention: Funding for the St. Vincent DePaul (SVDP) Free Clinic allowed for preventive care and lab appointments for patients with 80% of adult patients who receive ongoing care at the SVDP Diabetic Clinic having their HgbA1c completed annually. The hospital supported the Youth Net program; of particular note, Youth Net participants who were overweight received health and fitness services. Associates participated in a community coalition addressing tobacco use in youth with particular success in creating barriers to access to tobacco products.

Healthy Growth & Development of Youth: The Birth Center focused on reducing infant mortality by identifying moms and families at risk and linked them to community-based resources. In addition, efforts focused on increasing breastfeeding rates by providing support groups, participating in community coalitions that address barriers to breastfeeding, and by pursuing Baby Friendly recognition. Breastfeeding rates did not improve during this timeframe so this continues to be a community need. Finally, the risks of texting and driving by youth were addressed collaboratively through a community coalition and the schools.

Approval

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