



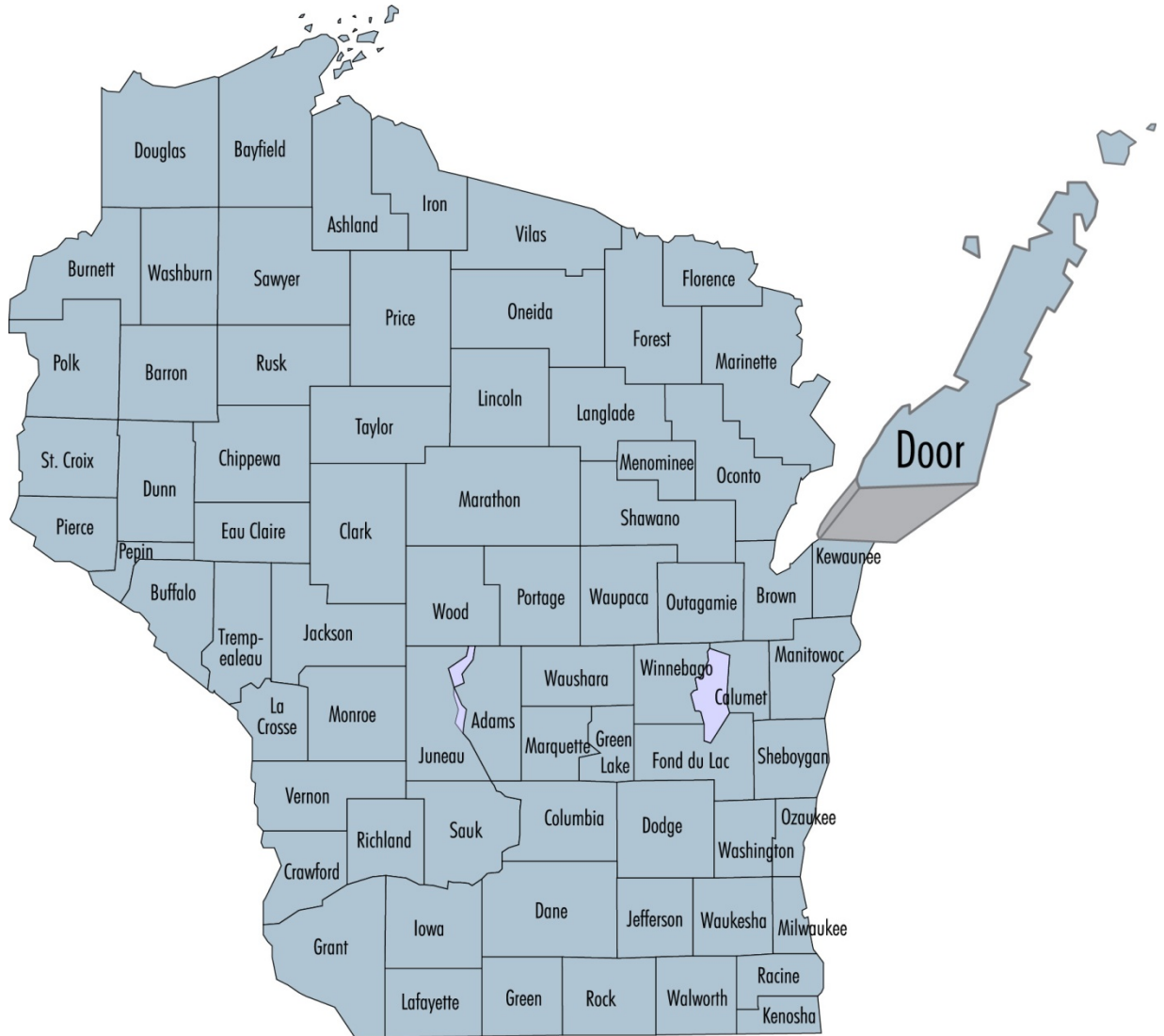
MINISTRY
Door County Medical Center



COMMUNITY HEALTH NEEDS ASSESSMENT

2016

Communities We Serve



323 South 18th Avenue, Sturgeon Bay, Wisconsin 54235

Ministry Door County Medical Center Community Health Needs Assessment

An assessment of Door County conducted jointly by Ministry Door County Medical Center and the Door County Health Department.

Ministry Door County Medical Center (MDCMC) is a critical access hospital located in Door County, Wisconsin. For more than 70 years, MDCMC has been the leader in health and wellness for Door and Kewaunee counties. MDCMC's hospital and outpatient medical center provides a wide range of specialties, including the Women's and Children's Center, the Bone and Joint Center of Door County, the Door County Cancer Center, a skilled nursing facility, a rehabilitation services department, and Ministry North Shore Medical Clinic. With its main campus in Sturgeon Bay and satellite clinics and rehabilitation services facilities in four smaller communities, MDCMC serves a wide range of patients.

MDCMC partners with other local organizations to address the health needs of the community, living up to its mission to improve the health and well-being of all people, especially the poor. MDCMC's myriad community involvements – including support for silent sporting events, arts and music events, afterschool programs, and youth sports – make Ministry the leaders in community wellness for all ages. MDCMC also supports school nursing programs in local public schools, as well as occupational and physical therapy and sports medicine, and partners with local employers through occupational health services and the Personal Health Team Program.

The community health needs assessment (CHNA) was conducted in 2015-2016 and focused on the needs of individuals in Door County.

MDCMC 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, MDCMC's community benefit contributions were more than \$5 million.

Community Served by the Hospital

Although MDCMC serves Door County and beyond, including the community of Algoma, WI, for the purposes of the community health needs assessment, the hospital focused on the needs of Door 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) Door County includes the majority of our service area.

Demographic Profile of Door County

Characteristics*	Wisconsin 2014	Door County 2014	Door County 2010	% Change for County
Total Population	5,757,564	27,766	27,785	-0.1%
Median Age (years)	38.8	50.8	48.7	-4.1%
Age				
Persons under 5 years	5.9%	3.9%	4.6%	-17.9%
Persons under 18 years	22.6%	16.8%	18.3%	-8.9%
Persons 65 years and over	15.2%	26.4%	22.5%	14.8%
Gender				
Female	50.3%	50.8%	50.8%	0.0%
Male	49.7%	49.2%	49.2%	0.0%
Race and Ethnicity				
White alone (non-Hispanic)	87.8%	97.1%	96.6%	0.5%
Black or African American alone	6.6%	0.7%	0.5%	28.6%
American Indian and Alaska Native alone	1.1%	0.7%	0.6%	14.3%
Asian alone	2.6%	0.5%	0.4%	20.0%
Two or more races	1.8%	1.1%	1.0%	9.1%
Hispanic or Latino	6.5%	2.7%	2.4%	11.1%
Speaks language other than English at home[^]				
	8.6%	4.0%	4.0% [^]	0.0%
Median household income				
	\$52,738	\$50,078	\$47,775	4.6%
Percent below poverty in the last 12 months[^]				
	13.3%	11.7%	7.7%	34.2%
High School graduate or higher, percent of persons age 25+ [^]				
	90.8%	93.9%	92.6	1.4%

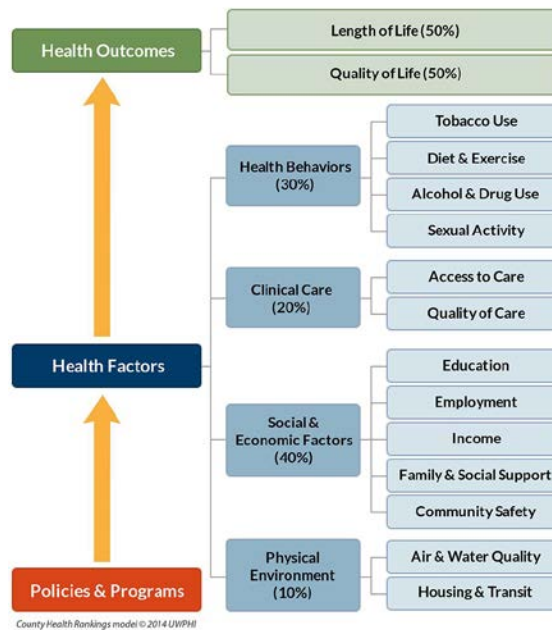
* Unless otherwise indicated, the data source is: U.S. Census QuickFacts. <http://www.census.gov/quickfacts/table/PST045214/55,55069>.

[^] Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5-year estimates. (through FactFinder). Accessed at <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>.

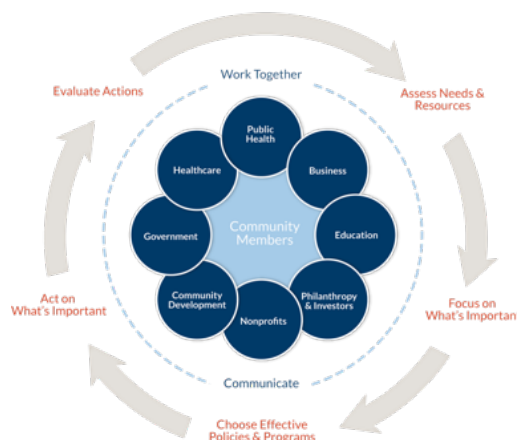
Process and Methods Used to Conduct the Assessment

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 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 Door County CHNA was led by the Door County Public Health Department and MDCMC. A core group of representatives from the hospital and Public Health Department worked together to identify the data to be used, gather that data and prepare it to be presented.

The organizing framework for the data was Healthiest Wisconsin 2020, with categories as follows: alcohol and other drug abuse (AODA), chronic disease, communicable disease, environmental and occupational health, healthy growth and development, injury and violence, mental health, food and nutrition, oral health, physical activity, reproductive and sexual health, and tobacco use.

Data Sources

The primary source of this data was the Community Commons CHNA.org site which, in turn, draws from multiple secondary data sources including the US Census Bureau, Behavioral Risk Factor Surveillance System, and other Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- County Health Rankings and Roadmaps
- Wisconsin Department of Health Services
- American Community Survey
- Wisconsin Department of Children and Families
- National Center for Education Statistics
- Wisconsin Department of Public Instruction
- Wisconsin Environmental Public Health Tracking Program
- Wisconsin WIC Program
- Youth Risk Behavior Survey for Door County

All of this data was gathered into a written report shared with community stakeholders at an in-person stakeholder meeting (described below).

Input From Persons Who Represent the Broad Interests of the Community

Ministry Door County Medical Center is committed to addressing community health needs collaboratively with local partners. After the 2013 community health needs assessment, MDCMC participated actively in addressing the three top identified community needs: oral health, mental health and food and nutrition. 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

Community stakeholders were asked to participate in the planning process. Preliminary community health data was distributed to participants prior to the in-person meeting. Participants 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 35 individuals attended the CHNA meeting on January 28, 2016. At the meeting, stakeholders were presented with a PowerPoint presentation given by members of the Door County Public Health Department and MDCMC, focusing on an overview of county demographics, and detailed data on the twelve health focus areas identified by Healthiest Wisconsin 2020. Topics were: food and nutrition, chronic disease prevention and management, communicable disease, environmental and occupational Health, healthy growth and development, mental health, oral health, physical activity, reproductive and sexual health, tobacco, alcohol and other drug use, and injury and violence. The group then participated in a facilitated discussion 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:

- Door County Department of Public Health Staff*
- Ministry Door County Medical Center
- United Way of Door County*
- Door County Public Library
- Ministry Dental Clinic*
- UW-Extension, Door County
- UW-Green Bay
- Door County Public Schools*
- Boys and Girls Club of Door County*
- Door County YMCA
- Senior Resource Center*
- Ministry Home Care
- Sturgeon Bay Fire Department

- Northeast Wisconsin Technical College (NWTC)
- Door County Board of Health
- Bellin College
- Good Samaritan- Scandia Village
- Lakeshore CAP Food Pantry*
- Door County Sheriff's Department*

**Denotes groups representing medically underserved, low-income, and minority populations.*

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 Community Health Needs Assessment (CHNA) process must be informed by input from the poor, vulnerable and disparate populations we aim to serve. To ensure that the interests of these groups were adequately represented, we included leadership from groups such as The United Way of Door County, our county's public schools, the Senior Resource Center, and the Boys and Girls Club of Door County. These organizations serve the underserved in our community, including low-income seniors, children living in poverty, and families who struggle with food insecurity. Leaders of these organizations, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Having these organizations represented was a critical piece in making sure that the interests of the most vulnerable in our communities will continue to be met by the CHNA process.

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:

- Existing community assets – are needs already being met by community organizations?
- Severity – has this need been identified as severe, sudden and/or threatening to community health?
- Burden – how is this need affecting overall community health?

PRIORITIZATION PROCESS

Using a two-staged process, stakeholders were asked to consider the three previous priorities and decide if they should continue to be priorities for the community. It was agreed upon by consensus that the three previously identified needs (mental health; adequate, appropriate and safe food and nutrition; and oral health) should remain as three priorities.

The reasoning for this decision was that the community has made good initial progress in actively addressing these issues. Stakeholders believed that the community should build on this momentum to continue to develop programs and initiatives created since 2013. Also, the data shows that these three needs continue to exist in the community, are severe and exert a significant health burden on the community.

Acknowledging that issues beyond the three current health priorities warranted attention, stakeholders then identified and discussed any additional issues that had arisen from the data and discussion. The group used a two-staged ballot voting process to identify a potential fourth health priority. As a result of the first vote, three issues were identified: chronic disease prevention, healthy growth and development, and alcohol and other drug use. An open discussion session followed, during which stakeholders gave their input, citing data and experiences from their organizations, on what the fourth identified need should be. Following the open discussion, the final vote was held. This vote identified healthy growth and development as the fourth community need.

PRIORITIES SELECTED

Based on this process, the following priorities were selected:

- Mental health
- Adequate, appropriate and safe food and nutrition
- Oral health
- Healthy growth and development – emphasis on early childhood social/emotional health and school readiness

OVERVIEW OF PRIORITIES

Mental Health

Mental health issues continue to be a priority in Door County. The 2016 Door County CHNA showed that significant steps have been made, including the increase in the ratio of mental health providers to residents, the formation by MDCMC of a behavioral health services program, and the creation of a Mental Health Resource Guide. However, the data reviewed continue to indicate a need:

- Door County's suicide rate is 13.17 per 100,000 population as compared to 12.84 for Wisconsin and 11.82 for the US. The Healthy People 2020 target for the US is 10.2.
- The 2015 Youth Behavioral Risk Factor Survey shows bullying rates are high for Door County middle and high school students – 34.0 percent of Door County high school students reported bullying at school, compared to a rate of 22.7 percent statewide in 2013.

- The child abuse rate per 1,000 population is higher in Door County (4.9) than the Wisconsin average (4). Child abuse can detrimentally affect children's mental health and lead to long term health challenges.

In discussions, stakeholders also noted that depression and mental health issues are associated with increased rates of other risk factors including smoking, lack of physical activity and substance abuse.

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. *(Source: Centers for Disease Control & Prevention; County Health Rankings & Roadmaps; Healthiest Wisconsin 2020; Healthy People 2020)*

Adequate, Appropriate and Safe Food and Nutrition

Access to adequate, appropriate and safe food and nutrition continues to be a challenge for many in Door County. The average cost of a meal in Door County is \$3.24, the second highest in the state, and significantly higher than the \$2.56 average in the state of Wisconsin. This food cost disparity, combined with the facts that Door County's average annual income is lower than the state average and many families struggle with seasonal employment, makes food security a perennial issue in the community.

- The food insecurity rate among children in Door County 23.2 percent, surpassing the state rate of 20.7 percent.
- Food insecure families lack assured access to sufficient food for a healthy and active life. Overall, families in Door County have reported ever-increasing rates of food insecurity, resulting in a 2012 rate of 11.8-12.4 percent. Door County youth report poor eating habits, with 41.4 percent of high school students who reported eating fruit one or more times during the seven days before the survey. About 92.4 percent of students statewide reported eating fruit during the same time period.
- Door County's public schools report significant levels of poverty among students, up to 19.2 percent in one district. Corresponding eligibility for free and reduced meal programs has continued to grow steadily since 2004, with 36.6 percent of student households qualifying for these programs.

A healthy diet reduces risk of a number of chronic diseases, some cancers, oral disease, malnutrition and more. Annual healthcare costs are \$1,400 higher for people who are obese than for those who are not, and people who maintain a healthy weight are less likely to develop chronic disease or die at an earlier age.

Oral Health

Access to dental care for low-income children and adults continues to be a health concern in Door County. Since adopting oral health as a prioritized community need, the Dental Clinic has expanded its services. Several years ago, the clinic served patients three days a week with volunteer staff, but the clinic has now expanded to a larger space, a full-time dentist and hygienists on staff, and full-time hours. As a result, more than 400 patients received dental care at the clinic in 2015. Also, programs in public schools to provide dental sealants for children continue. If applied at the appropriate time, sealants can help prevent tooth decay.

Despite this progress, the need for accessible dental care continues, especially for adults on Medicaid.

- 27 percent of the Door County population age two or above did not have a dental visit in the last year compared to 24 percent statewide.
- According to data from the 2010 Burden of Oral Disease in Wisconsin, less than 20 percent of Medicaid members in Door County received dental service in 2009, a significant portion of a vulnerable population rendered unable to prevent dental or related health issues.
- According to Tanya Fischer, MDCMC Dental Clinic director, 90 percent of the calls the clinic receives are from adults, but the clinic cannot serve them all. "The biggest problem in Door County now is lack of dental care access for adults," she says.

Oral health is an important component of general health throughout a person's life. In addition to health risks posed by oral conditions, some of these conditions can impact and reveal health issues in other areas of the body. Oral health also has social impact. Difficulty chewing or swallowing can affect diet and nutrition by limiting food selection, and may lead to overall poor nutrition and health. Poor oral health can also affect self-esteem in children and adults, and result in difficulty in social situations or obtaining employment.

Healthy Growth and Development

In early 2015, a group of educators, parents and other professionals associated with early childhood and school-age children came together to discuss concerns about a perceived pervasive lack of social/emotional readiness for the demands of school. Increased numbers of children with behavioral issues, a lack of school readiness, and the need for increased teaching of basic social skills had these groups concerned about the impact of this issue on our youth and our community.

- The child abuse rate per 1,000 population in Door County is higher than the Wisconsin average, standing at 4.9 vs. the statewide rate of 4. Child abuse leads to long term detrimental effects including health challenges.
- It was noted that staff from Door County's Child and Family Services Department, in charge of handling cases of child abuse and neglect, were absent from the meeting, not because of a lack of interest, but because they are "busier than ever." Door County has seen an 800 percent increase in CHIPS petitions (filed alleging maltreatment of a child), from three in 2010 to 27 in 2014.
- Sturgeon Bay Head Start director reports that the program is seeing increased numbers of children with challenging behaviors and Individualized Education Plans (IEPs).

- At the start of the 2015 school year, Sturgeon Bay schools report 22 percent of kindergarteners were at risk in reading, and 28 percent did not meet beginning benchmarks in math; 14 percent of 4K students and 30 percent of kindergarten students had discipline referrals in the first quarter of the year.

Early childhood is a critical development period with lifelong impacts on health. Recent research has clearly shown that brain development of children prior to age five has a profound impact on their social, emotional, language, memory, physical and cognitive development. Positive environments and relationships in the life of the child lay the foundation for future learning, behavior and health. Adverse conditions, such as persistent poverty, violence and substandard daycare, put children at higher risk for mental health and developmental problems that can persist into school-age years and adulthood.

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 Door County Medical Center
- Ministry's satellite clinics in Algoma, Southern Door, Fish Creek and Washington Island
- Aurora Urgent Care and Nor-Door Clinics
- Bellin Employer Health Clinic in Sturgeon Bay

Other organizations/groups/services/programs:

Mental Health

- Door County Public Health
- Door County YMCA
- Behavioral Health Services (MDCMC)
- Counseling Associates of Door County
- Jak's Place
- Big Brothers Big Sisters of Door County
- Boys and Girls Club of Door County
- Prevent Suicide Door County Nathan Wilson Coalition
- LEAP - The Human Kindness Project (MDCMC outreach program)
- Art for Health/Art on the Wild Side Program (MDCMC outreach program)
- Anti-bullying curricula in public schools
- Door County Mental Health Focus Group
- Community Programs of Door County

Food and Nutrition

- Door County Public Health
- FoodShare (supported by MDCMC)
- Door County YMCA – Summer Foods Program
- WIC and Breastfeeding Support Groups
- The Community’s Garden (in partnership with MDCMC)
- Boys and Girls Club of Door County
- United Way of Door County
- Feed my People
- Lakeshore CAP Food Pantry
- Healthy Door County 2020 Task Force (representation from MDCMC)

Oral Health

- Ministry Door County Dental Clinic
- Door County Public Health

Healthy Growth and Development

- Door County YMCA
- Boys and Girls Club of Door County
- Door County Library
- Ministry Door County Medical Center Children’s Center
- Big Brothers Big Sisters of Door County
- Family Services of Northeast Wisconsin
- Sturgeon Bay Head Start
- Birth to Three Invention Program
- Family Support Program/Children’s Services
- Child and Family Services Unit – DC Dept. of Human Services
- Door County Partnership for Children and Families

Physical resources:

- Three WI state parks
- County and city parks
- Crossroads at Big Creek
- Multiple opportunities for outdoor activities
- Bike lanes
- Performing arts venues

Community characteristics:

- Community readiness
- Silent sporting/recreational destination
- Collaborative spirit
- Arts-rich community (galleries, museums)
- High number of non-profit organizations
- High level of volunteerism

Next Steps

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

- Collaborating with community partners
- 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.

Approval

This community health needs assessment (CHNA) report was adopted by the hospital's governing board on May 25, 2016.