

2015

COMMUNITY *Health Needs* ASSESSMENT



Lakeview
Medical Center

Better. Every day.



Table of Contents

01	About Lakeview Medical Center
03	CHNA Overview
04	Background Steering Committee Members
5	Community Health Expertise
7	Planning Timeline
08	Data Demographics
9	Community Perception Survey
14	Healthy Wisconsin 2020
16	Appendices

About

Lakeview Medical Center

Lakeview Medical Center (LMC) is a non-profit, 40-bed community hospital located in Rice Lake, Wisconsin. Founded by the Wisconsin Methodist Hospital Association as Rice Lake Hospital in 1919, LMC has grown to become a regional medical center of choice.

In 1922, 100 dozen eggs were sold to provide the operating capital for Rice Lake Hospital. Early on, the hospital became a leader in the area as the first to initiate ambulance service in 1926 and paramedic service in 1978. LMC remains committed to bringing needed healthcare solutions to the area, being the first hospital to add Peritoneal Dialysis in 1992, as well as adding Ultrasound and Chemotherapy the same year. In 2002, LMC was proud to begin offering pulmonary rehab and wound ostomy continence care. Lakeview Medical Center, along with its affiliate, Marshfield Clinic, continues to assess the healthcare needs of the community to determine what other programs and services may be needed.

Today, Lakeview Medical Center is one of two Sole Community Hospitals in Wisconsin. LMC services a primarily rural area and is greater than 35 miles from another Non-Critical Access Hospital. As a Disproportionate Share Hospital, LMC sees a high percentage of Medicaid and low-income patients. Lakeview Medical Center has shown a continued commitment to community program dollars, close to \$300,000 in 2013, as well as a growth in the use of charity care, from \$284,000 to \$333,000 in 2015. In 2013, LMC expanded its Charity Care Program and changed its name to Community Care. In 2015, LMC expanded its policy again to cover more patients who need assistance with their medical bills. LMC has always provided care to patients covered by BadgerCare, the state program for the uninsured. The hospital also offers a discount for private pay patients without insurance. Last year, LMC provided just over \$2.5 million in community benefits through uncompensated care, Medicaid shortfall and community programs also with a \$5.6 million Medicare reimbursement shortfall.

LMC also provides numerous wellness and prevention programs otherwise not available in Barron County. For the well-being of the community, the hospital opened a fully staffed health and wellness center in 2000 at Cedar Mall to provide a medically managed exercise option for the community. Plus, LMC provides a multitude of educational opportunities for our community throughout the year, providing classes and community programs focusing on nutrition and fitness, screenings and vaccinations, prenatal classes, support groups and more. The hospital continues to serve the community by adhering to its mission, vision and values.

Mission - Why we are here

We enrich lives through accessible, affordable compassionate healthcare.

Vision - What we aspire to be

We will continue to innovate, and define the future of healthcare for generations. We will be the consumer's first choice for healthcare.

Core Values - How we will treat patients and one another

- **Patient-centered:** We listen, serve and put the needs of the patient first.
- **Trust:** We earn trust through honesty, integrity, respect and compassion
- **Teamwork:** We work together, respecting each other and our professional roles
- **Excellence:** Through research, education and best practice, we deliver exceptional quality.
- **Affordability:** We are accountable as we manage resources and deliver value-based care.

LMC's service area includes Barron County, encompassing the communities of Rice Lake, Chetek, Cameron, Barron, Spooner, Cumberland and Birchwood. For fiscal year 2014-2015, 63% of the hospital's inpatient and 57% of the hospital's outpatient discharges were from Barron County. It is a natural fit for LMC's Community Health Needs Assessment (CHNA) to focus on Barron County, since over half of the patients served by the hospital come from that county alone.

Community Health Needs Assessment Overview

At the end of 2014, the Thrive Barron County steering committee began working to update the county's Community Health Needs Assessment, a project initiated in 2012 and repeated every three years. The steering committee is composed of representatives from Barron County Public Health, Cumberland Healthcare, Lakeview Medical Center and Mayo Clinic Health System: Northland, as well as Dr. Jeanette Olsen, Wisconsin Indianhead Technical College. The steering committee also engaged the Department of Health Services Western Regional Office in our meetings for expertise and innovative solutions. The 2012 Community Health Needs Assessment was conducted based on guidelines from the Healthy Wisconsin 2020 initiative. From 2012 to 2014, community health action teams made progress toward goals set after determining that the top health priorities of the county were alcohol, tobacco and other drug abuse; chronic disease; and mental health. However, due to the complex nature of change, we recognized that additional work was needed. The steering committee again referred to Healthy Wisconsin 2020 to organize Barron County's 2015 Community Health Needs Assessment. A community survey was created to 1) identify priority health issues and 2) dig deeper into root causes of, and potential strategies to address, the identified health issues. The results of the survey validated that the health priorities identified in 2012 remain the community's top health concerns.

Health Priorities Identified in 2012 and 2015:

- 1) Alcohol Tobacco and Other Drugs
- 2) Chronic Disease, specifically pre-diabetes
- 3) Mental Health

Karen Timberlake, Director of the UW-Madison Population Health Institute, was consulted regarding the County Health Rankings tool "What Works for Health", a database of strategies, policies and programs to improve health that have been evaluated by experts and are rated on their effectiveness. Thrive Barron County hosted Alison Bergum, Evidence Lead for County Health Rankings and Roadmaps, on the day of our Community Health Needs Assessment & Planning Meeting. Bergum worked with community members on how to use, implement and evaluate strategies listed in "What Works for Health".

Implementation of strategies to address top health needs in Barron County is ongoing and extends beyond the scope of this report. The Community Health Improvement Plans published by each partner agency, as well as Thrive Annual Updates, discuss in detail the goals, strategies and outcomes relative to meeting these health needs. These documents may be obtained by contacting any member of the Thrive Barron County steering committee.

Background

Thrive Barron County

The Barron County Health Department, community partners and other healthcare partners, including Cumberland Healthcare, Lakeview Medical Center, Marshfield Clinic, Amery Regional Medical Clinic and Mayo Clinic Health System, joined together to form Thrive Barron County. Thrive Barron County works to conduct periodic community health assessments, evaluate the findings and develop strategies to address top health priorities.

Mission

Thrive Barron County will work to engage community members and organizations to focus resources and develop and strengthen partnerships to establish sustainable, safe and healthy communities.

Vision

Community members and organizations working together to improve the quality of life for everyone in Barron County.



Thrive Barron County Steering Committee Members

Steering Committee Members

In January 2015, the Thrive Barron County steering committee began to lead the second CHNA for Barron County. Members of the steering committee include:

Jolene Anderson, Marshfield Clinic

Sara Baars, Public Health Nurse Consultant, Wisconsin Department of Health Services, Western Region

Deb Dietrich, Mayo Clinic Health System

Celina Dieckman, Barron County Public Health

Kelli Engen, Barron County Public Health Officer

Lisa Laatsch, Lakeview Medical Center

Jeanette Olson, Ph.D., WITC Nursing Instructor

Peter Potts-Shufelt, Mayo Clinic Health System

Tim Ringhand, Regional Director, Wisconsin Department of Health Services, Western Region

Laura Sauve, Barron County Public Health

Sarah Turner, Safe and Stable Family Coalition

Rebecca Volk, Cumberland Health Care

Community Health Expertise

Although it is the second CHNA that many of the steering committee members have worked on, expertise from the Wisconsin State Department of Health was again enlisted to provide guidance on the process, as well as share best practices from other counties.

With guidance from Tim Ringhand and Sara Baars, the steering committee began to research best practices for conducting the second CHNA. As the process for Barron County started to take shape, a planning timeline and outline for the assessment was developed to keep the project moving forward.



Kelli Engen, Barron County Public Health Officer

In 2008, Kelli started working at the Ho-Chunk Health Care Center as a clinic nurse, and educator. This job showed Kelli what “community health” looks like. During her tenure at the Ho-Chunk Nation (HCN), a CHNA was completed. Working for a tribal health department, demonstrated the perfect picture of how a specific community assesses, identifies and plans for improving health. Since beginning at Barron County as a health officer in January of 2012, Kelli has been a part of Thrive Barron County’s steering committee.

Tim Ringhand, Western Region Office of Public Health

Tim Ringhand is the Western Regional Director for the Wisconsin Division of Public Health’s (DPH) Office of Policy and Practice Alignment (OPPA). In this role, Tim directs the efforts of OPPA staff based out of the DPH Regional Office in Eau Claire. He provided support to the Thrive Barron County steering committee in preparing and gathering community feedback at the Community Health Needs Assessment and Planning Meeting.

Sara Baars, Western Region Office of Public Health

Sara Baars is a Public Health Nurse Consultant with the Wisconsin Division of Public Health's (DPH) Office of Policy and Practice Alignment (OPPA). Based out of the DPH Regional Office in Eau Claire, one of Sara's roles within OPPA is to provide technical assistance and consultation to local and tribal health departments for Community Health Assessments and Community Health Improvement Plans. She provided support to the Thrive Barron County steering committee through the preparation for the Community Health Needs Assessment and Planning Meeting.

Alison Bergum, Lead Researcher, What Works for Health, University of Wisconsin Population Health Institute

Alison is the lead researcher for What Works for Health (WWFH), a searchable online database that provides community leaders, coalitions and others with promising strategies to respond effectively to their health priorities. In WWFH, analysts systematically assess, summarize and rate evidence for policies and programs that can affect health behaviors, social and economic factors, the physical environment and clinical care. Prior to this project, Alison served as lead staff member for the privacy and consumer-related activities of Wisconsin's eHealth Care Quality and Patient Safety Board.

Planning Timeline

February 2015

Assessment plan/timeline was developed.

June 2015

Data collection began

Data sources reviewed:

- County Health Rankings
- Youth Risk Behavior Study
- Public health priorities
- Local data

June/August 2015

Promotion of community survey (newspaper/radio/flyers)

Electronic/paper community survey conducted

August 2015

Community meeting was promoted (newspaper/radio/invitations).

September 2015

Community meeting was held to present and continue planning for health initiatives for Barron County.

Ongoing

Community Health Action Teams (CHAT) for Alcohol and Drug Abuse, School-Based Mental Health, Mental Health Promotion and Chronic Disease workgroups continue to meet and work on goals and objectives.

Data

February 2015

Health data for Barron County was compiled by the steering committee for the following three areas to use in the CHNA process:

- Demographics
- Community perceptions
- Healthy Wisconsin 2020 Health Priorities

Demographics

Barron County is comprised of four cities, Rice Lake (population 8,339), Barron (population 3,398), Chetek (population 2,207) and Cumberland (population 2,159). Also in the county are seven villages and 25 towns. Barron County is home to 45,445 people and 19,168 households.

The racial makeup of the county is:

96%	White
2.4%	Hispanic or Latino of any race
1.2%	From two or more races
1%	Black or African American
1%	Native American
0.7%	Asian

Age

In the county, the population is almost even with 21.7% under the age of 18 and 21.7% over the age of 65. 6% were under the age of 6.

Income

The per capita income for the county is \$23,337 beneath the state average of \$27,523. The median household income is \$44,054 below the state average of \$52,413.

Poverty Level

12.8% of the residents live below poverty level, just below the state average of 13%.

Data for this section was pulled from Barron County QuickFacts from the U.S. Census Bureau.

Community Perception Survey

The committee decided to conduct a survey to engage the community in the process and gather input on what the community at large felt were the health concerns for Barron County. The steering committee used Healthiest Wisconsin 2020 (HW 2020) as the foundation to conduct the data collection. HW 2020 encompasses two main focus areas: crosscutting, which includes eliminating health disparities and socioeconomic and educational determinants; and health, which includes 12 focus areas:

- Alcohol and Drug Use
- Chronic Disease Prevention and Management
- Communicable Diseases
- Environmental and Occupational Health
- Healthy Growth and Development
- Injury and Violence Prevention
- Mental Health
- Nutrition and Healthy Foods
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Tobacco Use and Exposure

Survey Respondent Snapshot



Responses
908



Respondents with Zip Code Associated with Barron County
95%



White, Non-Hispanic
89%



Female
76%

Over 900 online and paper surveys were completed, and the results were tabulated. Nearly all of the respondents lived in Barron County, and a majority were white, non-Hispanic females.

Survey Distribution

SurveyMonkey® (electronic)

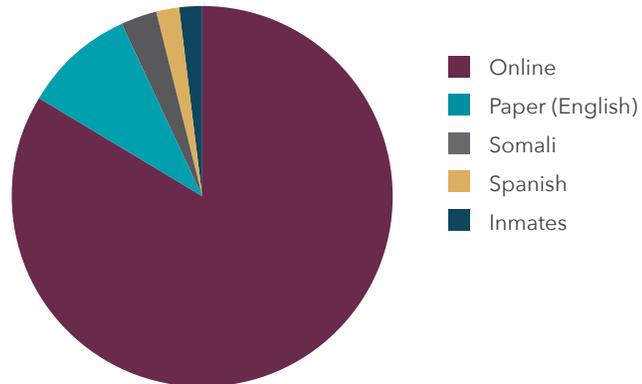
Promoted by:

- 83% of responses
- Barron County Fair
- National Night Out
- Press Releases

Paper

Distributed by:

- English, Somali, Spanish
- Jail
- Clinics, libraries, senior meal sites, etc.

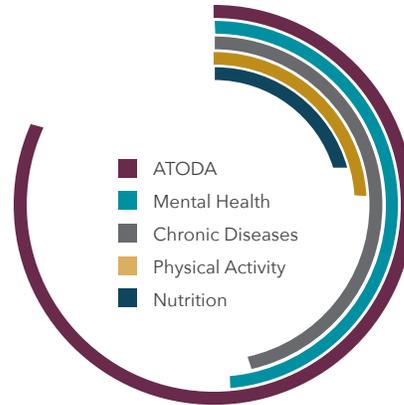


Most of the responses – 83% – came from completed electronic surveys. We advertised the electronic survey at several community events throughout the year. In addition, on July 20, 2015, a press release was published in area newspapers announcing the initiative and asking for community participation.

Paper surveys were distributed to libraries, hospitals, clinics, the free clinic, food pantries, the Barron County jail, senior centers and Meals on Wheels. The survey was translated into both the Spanish and Somali languages (key populations in Barron County) and distributed at strategic community centers for both populations. The survey was also forwarded to public health contacts at the St. Croix Tribal Health Clinic in Hertel, Wisconsin to get the information to the Native American population in the county.

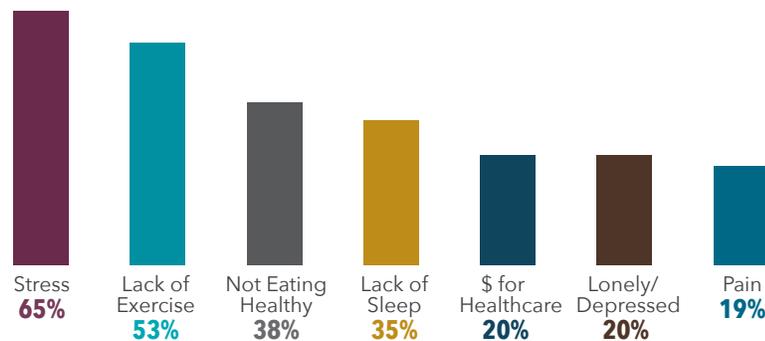
Top Health Problems

1. Alcohol, Tobacco and Other Drug Abuse **79.9%**
2. Mental Health (being able to find a counselor, suicide prevention, etc.) **49.1%**
3. Chronic Diseases (such as diabetes, heart disease, cancers, etc.) **46.4%**
4. Physical Activity **26.9%**
5. Nutrition (having enough food, access to healthy foods, etc.)



According to the survey responses, the top three health problems in Barron County are Alcohol, Tobacco and Other Drug Abuse; Mental Health; and Chronic Diseases. These are the same top three health problems as reported in the 2013 CHNA, which was also conducted via public survey.

Factors Contributing to Health Problems



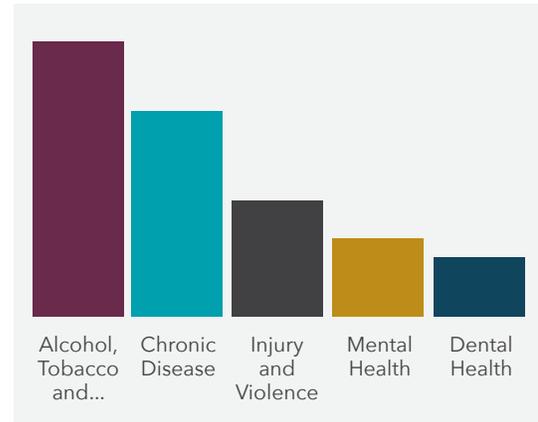
As an added level of data exploration to this year's CHNA, the survey also asked respondents to identify the factors they believe contribute to health problems in Barron County. The most common answers were Stress and Lack of Exercise, followed by Not Eating Healthy and Lack of Sleep. The Steering Committee would like to further explore what kinds of stress Barron County residents are facing and how that impacts their health.

Data was also categorized by demographics to understand and compare the health concerns of certain populations of Barron County. See below for a breakdown of the key differences among demographic groups.

Older Demographic

- Stress **45%**
- Not Getting Enough Exercise **43%**
- Severe or Chronic Pain **35%**
- Lack of Sleep (less than seven hours per night) **31%**
- Feeling Lonely or Depressed **31%**
- Trouble Seeing, Hearing, Remembering or Moving **30%**

In your opinion choose the TOP THREE health problems in Barron County.



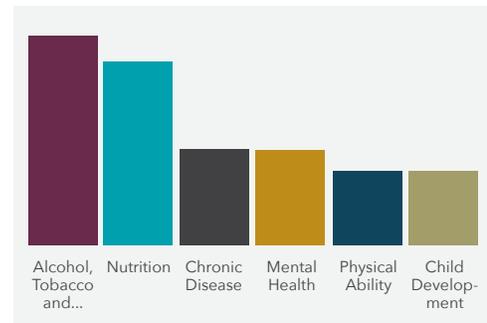
Those ages 65 and older chose Injury and Violence as their third top health priority, while ranking Mental Health fourth. Thirty-five percent of older adults cited Severe or Chronic Pain as a factor contributing to health problems, compared to a minority of the general population.

Inmate Population

In your opinion choose the TOP THREE health problems in Barron County.

- Stress **85%**
- Getting in Trouble with the Law **69%**
- Not Being Able to Find Affordable Housing **69%**
- Not Being Able to Get a "Good" Job **69%**
- Not Having Enough Money to Get Healthcare **62%**
- Not Knowing How to Get Help Paying Bills **62%**
- Not Having Enough Money to Get Food **54%**
- Not Knowing "Where to Start" **54%**

In your opinion choose the TOP THREE health problems in Barron County.

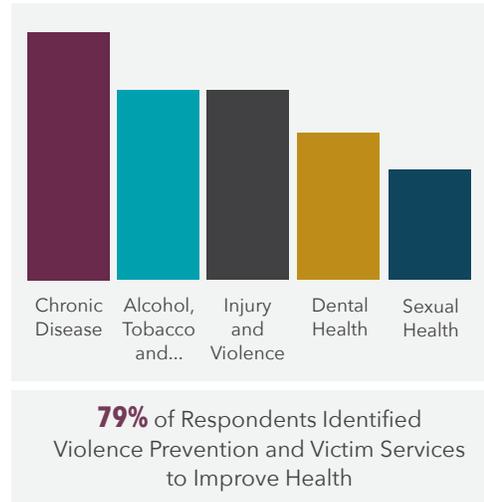


The steering committee distributed paper surveys to inmates at the Barron County Jail and received 14 completed surveys. The sample size is small, but the committee wanted to acknowledge the specific health concerns the inmate population faces. This population ranked Nutrition as the second highest health priority, just below Alcohol, Tobacco and Other Drug Abuse. Most of their health problems could be attributed to stress and economic and social issues.

Spanish-speaking Population

- Not Being Able to Communicate (language, ability to read, etc.) **73%**
- Not Having Enough Money to Get Healthcare **73%**
- Not Having Enough Money for Medications or Treatments **53%**
- Stress **47%**
- Not Understanding How Health Insurance Works **33%**
- Physical, Sexual or Verbal Abuse **27%**

In your opinion choose the TOP THREE health problems in Barron County.



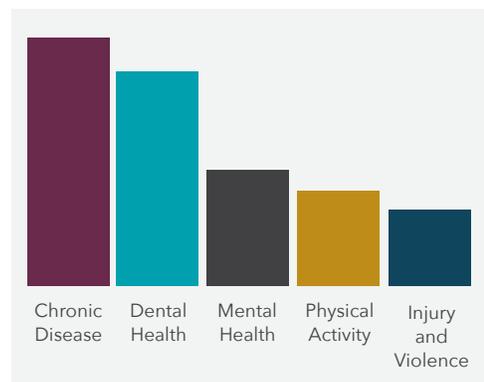
The survey was translated into Spanish and distributed to Spanish-speaking communities in Barron County. We received 16 completed surveys, also a small sample size, identifying Chronic Disease and Alcohol, Tobacco and Other Substance Abuse as the top two priorities. The third top priority for this group was Injury and Violence, and 79% of respondents identified Violence Prevention & Victim Services as a needed response to improve health. This group identified communication as the main barrier to receiving needed healthcare; economic issues were also contributors to health problems.

Somali Population

In your opinion choose the TOP THREE health problems in Barron County.

- Not Having Enough Money to Get Healthcare **37%**
- Not Being Able to Get Appointments **32%**
- Not Getting Enough Exercise **32%**
- Not Understanding How Health Insurance Works **32%**
- Not Knowing "Where to Start" **32%**

In your opinion choose the TOP THREE health problems in Barron County.



The survey was also translated to Somali and distributed to Somali communities in the county. We received 19 completed surveys, which identified Chronic Disease as a top priority, along with Dental and Mental Health. This demographic was the only one to not list Alcohol, Tobacco and Other Substance Abuse as a top five health priority. Economic and social issues were reported as the top barriers to good health. Unlike the Spanish-speaking demographic, communication was not noted as a barrier to receiving healthcare for Somalis.

2015 Top Health Priorities

Because the data and community survey responses aligned with the 2013 CHNA results, the steering committee collectively decided to identify the same top three health priorities for 2015:

- Alcohol, Tobacco and Other Substance Abuse
- Chronic Diseases
- Mental Health

Please read our Implementation Plan to see how we will work to address these health priorities over the next three years.

Community Planning Day

The committee hosted a Community Planning Day on September 30, 2015, and invited business leaders, health experts and the general community to come together to review assessment data regarding priorities for Barron County. Fifty community leaders, health experts and community members from Barron County were in attendance. Please see Appendix XX for a full list of those in attendance.

CHAT teams presented a review of their work from the 2013 implementation plan in the morning. A PowerPoint presentation including data on the Alcohol, Tobacco and other Drugs, Mental Health and Chronic Disease was also shared with the group. To prepare for the afternoon breakouts by health priority, an asset mapping exercise was conducted with the CHAT groups and other community members. By asset mapping, they were able to identify information about community strengths and opportunities. Asset mapping provides information about community strengths and resources and is used to help determine directions for future programming and planning by building on and connecting these strengths and resources.



Alison Bergum, lead researcher at What Works For Health, part of the University of Wisconsin Population Health Institute's County Health Roadmaps and Rankings, showed the group how to explore the Institute's website, which is a resource to identify evidenced-based practices and means-tested initiatives to address community health concerns. She also presented other considerations when choosing policies and programs to improve health, such as community fit and resources.

Once all of the logic models have been submitted to the steering committee, Lakeview Medical Center will look at ways that they can support the strategies identified and develop their own CHIP plan. Currently, Lakeview Medical Center staff Lisa Laatsch and Char Mlejnek are serving on the Chronic Prevention group that has identified Diabetes management as their first undertaking and Jenna Green is on the Alcohol, Tobacco and Other Drug CHAT.

Evaluation of the Impact

Health priorities identified in the preceding CHNA (2013-2015) were:

- Alcohol, Tobacco and Other Drug Abuse (AODA)
- Mental Health
- Chronic Disease

EVALUATION

AODA

Goals for this program included increasing referrals to the First Breath Program, LMC's Outpatient Tobacco Program and the N-O-T (Not-on Tobacco) program. Referrals were received into two of the three programs. A new challenge that is presenting itself is the increasing use of vapors and the false assumption that it is better for you than smoking.

Mental Health

Unlike the other two priorities, LMC doesn't have any resources in place to support this issue independently. Staff participated on the Thrive Barron County Mental Health Community Action Team (CHAT) that is now changing into a Poverty Coalition with a Mental Health focus of which we will continue to be a part.

Chronic Disease

LMC offered an annual 12-week Community Wellness Challenge and increased participation by 20%, from 500 community members to 700, to help community members establish healthy eating and exercising habits.

LMC also offered a free Know Your Numbers event annually to an average of 130 participants. In 2015, 120 participants were screened for fasting glucose levels. Twenty-three participants were found to be a risk for prediabetes and were referred to their physician for follow-up and also offered the opportunity to sign up for the evidenced-based National Diabetes Prevention Program offered by LMC and other area healthcare organizations.

This Community Health Needs Assessment was approved by the
Lakeview Medical Center Board of Directors February 8, 2016
and published on the LMC website February 9, 2016.

