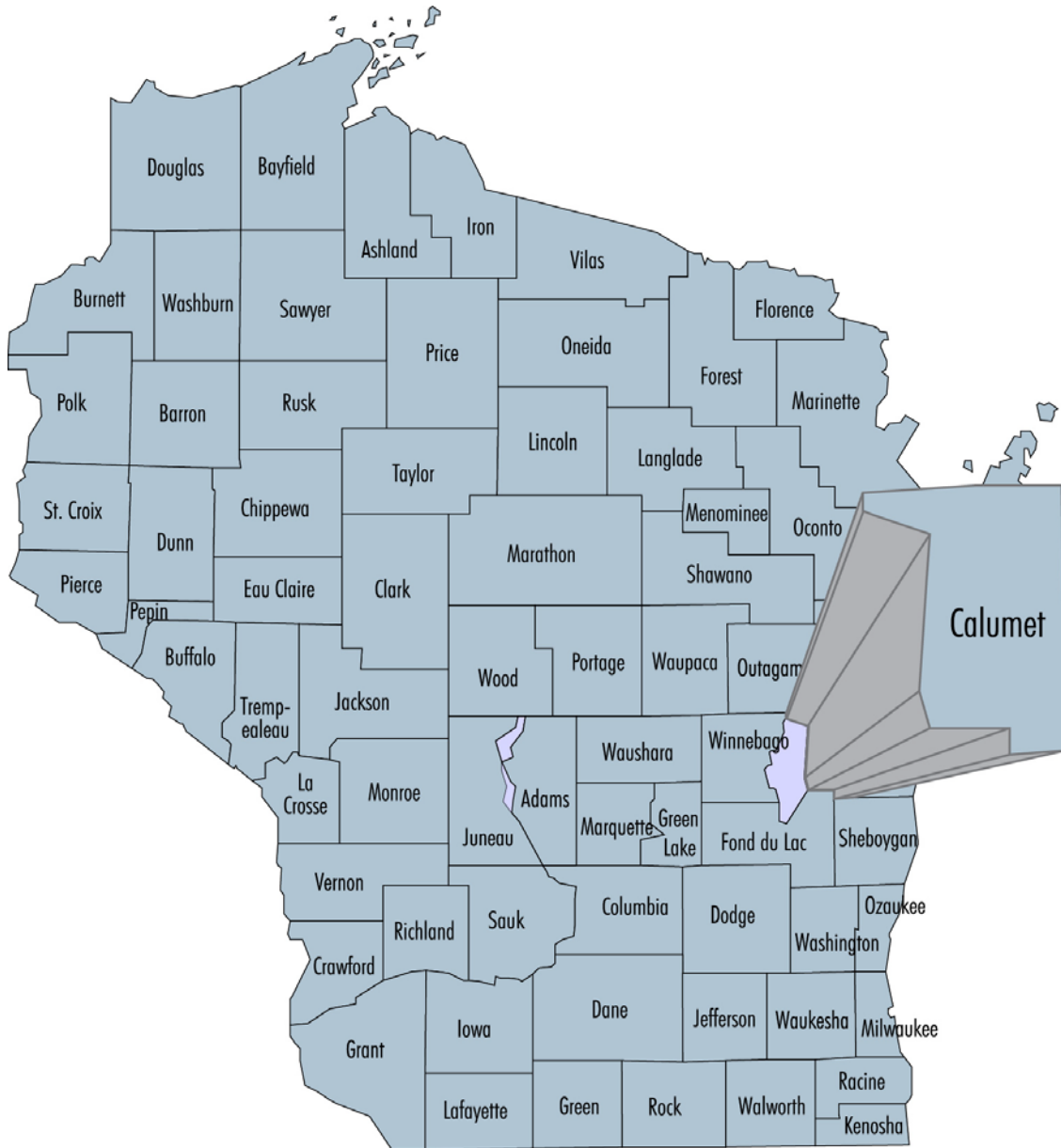




COMMUNITY HEALTH NEEDS ASSESSMENT

2016

Communities We Serve



614 Memorial Drive, Chilton, Wisconsin 53014

Calumet Medical Center Community Health Needs Assessment

An assessment of Calumet County conducted jointly by Calumet Medical Center and the Fox Valley Community Health Improvement Coalition.

Calumet Medical Center (CMC) is a critical access hospital located in Chilton, Calumet County, Wisconsin. The community health needs assessment (CHNA) was conducted in 2015 and focused on the needs of individuals in Calumet County.

CMC is part of Ministry Health Care (doing business in the Fox Valley as Affinity Health System). Ministry Health Care 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, CMC's community benefit contributions were \$429,565.

Community Served by the Hospital

Although CMC serves Calumet County and beyond, for the purposes of the CHNA, the hospital focused on the needs of Calumet County. Our 'community served' was defined as such because (a) most community health data is available at the county level; (b) most of our assessment partners define their service area at the county level; (c) Calumet County includes the majority of our service area.

Characteristics	Wisconsin 2014	Calumet County 2014	Calumet County 2010	% Change for County
Total Population*	5,757,564	49,491	48,971	1.1%
Median Age (years)^	38.8	39	37.5	3.8%
Age*				
Persons under 5 years	5.9%	6.2%	7.0%	-12.9%
Persons under 18 years	22.6%	25.4%	27.0%	-6.3%
Persons 65 years and over	15.2%	13.3%	11.5%	13.5%
Gender*				
Female	50.3%	49.9%	49.9%	0.0%
Male	49.7%	50.1%	50.1%	0.0%
Race and Ethnicity*				
White alone	87.8%	95.1%	94.3%	0.8%
Black or African American alone	6.6%	0.7%	0.5%	28.6%
American Indian and Alaska Native alone	1.1%	0.5%	0.4%	20.0%
Asian alone	2.6%	2.4%	2.1%	12.5%
Two or more races	1.8%	1.3%	1.2%	7.7%
Hispanic or Latino	6.5%	4.0%	3.5%	12.5%
Speak a language other than English^				
	8.6%	6.3%	6.3%	0.0%
Median household income^				
	\$52,738	\$66,250	\$72,208	-9.0%
Percent below poverty in the last 12 months^				
	13.3%	6.1%	5.5%	9.8%
High School graduate or higher, percent of persons age 25+ ^				
	90.8%	92.6%	92.0%	0.6%

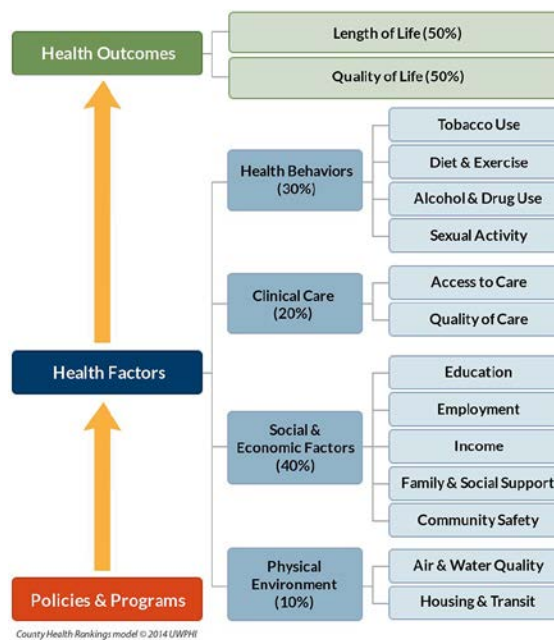
* Source: U.S. Census QuickFacts. Available at: <http://www.census.gov/quickfacts/table/PST045214/00>.

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

Process and Methods Used to Conduct the Assessment

Community Health Improvement Strategy

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



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



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

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

Planning Process

A shared CHNA was conducted in 2015 with regional partners collaborating and funding the effort. The Fox Valley Community Health Improvement Coalition (FVCHIC) is a core group of representatives from four health systems (Affinity Health System [now Ministry Health Care], Aurora Health Care, ThedaCare and Children's Hospital of Wisconsin), and five local public health departments (Calumet Public Health, Outagamie Public Health, Winnebago Public Health, City of Appleton Public Health and City of Menasha Public Health), as well as representatives from the State Department of Health Services. Members of this coalition represent one or more of the three counties of the Fox Valley (Calumet, Outagamie and Winnebago). These partners worked together to identify what data would be collected, what data collection tools would be used, and collaborated to gather the data. The purpose of the collaboration was to collectively:

- Determine the current community health needs by county of the region
- Gather input from persons who represent the broad interests of the community
- Obtain information about the assets and resources that exist in our county
- Identify significant health needs

The organizing framework for the data was the Healthiest Wisconsin 2020. The health focus areas described in the Healthiest Wisconsin 2020 address important health outcomes and objectives were developed for each focus area of this framework:

- Adequate, appropriate and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

Data Sources

The primary source of data was the *Calumet County Behavioral Risk Factor Surveillance System (BRFSS) Study: 2015 Report*, conducted by St. Norbert College Strategic Research Institute (SRI) in coordination with the FVCHIC. The Calumet County BRFSS Study utilizes the same process as the Centers for Disease Control and Prevention (CDC) state and national BRFSS surveys to gather information on the health practices and health-related behavioral risks of county residents. A total of 505 telephone interviews in Calumet County were completed between January 15 and March 12, 2015. Respondents were scientifically selected so that the survey would be representative of all of the county's adult population age 18 and older. The sample also included 25 percent cell-only numbers which were obtained by random sampling.

Key findings from BRFSS revealed (a complete listing of key findings can be found in appendix 1):

Mental health is an issue in Calumet County.

- 26 percent of residents in Calumet County reported three or more days of depression in the last 30 days at the time of the survey
- The percent of respondents that indicated they did not have any days that physical or emotional problems kept them from their normal activities during the past 30 days declined by two percent from 61 percent in 2011 to 59 percent in 2015
- 14 percent of respondents indicated that they experienced one to two days that physical or emotional problems kept them from their normal activities during the past 30 days, a one-percent increase from 2011

Nutrition and obesity prevention needs to be addressed in Calumet County.

- 71 percent of residents in Calumet County are overweight or obese
- 70 percent of adults only eat one to two servings of vegetables a day
- 67 percent of adults only eat one to two servings of fruits a day

Alcohol consumption is a health need that needs to be explored in Calumet County.

- 13 percent of Calumet County residents drank five or more drinks in one occasion in the last 30 days of the survey (proxy for binge drinking)
- 39 percent of respondents age 18-24 reported their largest number of drinks on an occasion to be five or more

Input From Persons Who Represent the Broad Interests of the Community

Calumet Medical Center is committed to addressing community health needs collaboratively with local partners. Community health improvement leaders actively participate in the FVCHIC, as well as in other community and regional groups, such as the Fox Valley Substance Abuse Coalition, Weight of the Fox Valley, the Zero Suicide Community Initiative, and others. This year's assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders and members, with the goal of reaching consensus on priorities to mutually focus on.

Input From Community Stakeholders

Information collected from leaders of the community was conducted using face-to-face interviews with key informants. Key informants in the Fox Valley region were identified by members of FVCHIC. Key informants also included Calumet Medical Center staff. Members of FVCHIC personally invited informants to participate and conducted the interviews in August and September 2015. A total of 134 key informants from the Fox Valley area representing different sectors of the region were interviewed. Eighty three (62 percent) key informants represented organizations or agencies that offered services that included Calumet County. Twenty-eight key informants represented organizations or agencies that offered services exclusively in/for Calumet County.

Key informant interviews were conducted in person with interviewers using a standard interview script that asked key informants to rank up to five public health issues, based on the focus areas presented in the Wisconsin State Health Plan, that are the most important issues for the region. In addition, once the five public health issues were identified, key informants were asked to (a) identify existing strategies to address the issue; (b) list barriers or challenges to address the issue; (c) list additional strategies needed to address the issue and (d) identify key groups or individuals in the community that hospitals could partner with to improve community health.

Table 1: Key informants who serve Calumet County Exclusively (n=28)

Name	Title	Organization
Rob Ash	Customer Service Manager	Wisconsin Public Service
Amber Bastian, RN ^{†,††,†††}	Public Health Nurse	Calumet County Health Division
Cassie Buechel	Supervisor, Specialty Services and Patient Access	Calumet Medical Center
Faye Burg	News Reporter	Delta Publications
Alice Connors	County Board Chair	Calumet County
Joann Dewhurst	Aging and Disability Resource Center Supervisor	Calumet County
Ann T. Gasch	Steering Committee Member; Co-owner	Healthiest Calumet County Steering Committee; Heritage Orchard

Merlin Gentz ^{†,††,†††}	Health and Human Services Board Member	Calumet County
Cory Goldschmidt	Senior Safety Manager	The Boldt Company
Jamie Hagenow ^{††}	Manager, Calumet Medical Center Clinic	Calumet Medical Center
Bonnie Kolbe	Health Division Manager/ Health Officer	Calumet County Health Division
Jenny Konen	Marketing and Public Relations Manager	Calumet Medical Center
Joann Kopack [†]	Manager	St. Vincent de Paul
Bill Krizek	County Veteran Service Officer	Calumet County
Tricia Lorenz, DO	Chairperson, Family Physician	Healthiest Calumet County Steering Committee
Jerry Mallmann	Owner	Chilton Furniture, Inc.
Claire Martin	Superintendent	School District of Chilton
Barbara Miller	Steering Committee Member; Business Owner; Retired Teacher	Healthiest Calumet County Steering Committee; Miller Manufacturing, Inc.
Andrea O'Bright	Nursing Student, BSN	Bellin College of Nursing
Lori Popp	Manager	Fox Valley Technical College
Barb Schaefer [†]	Breastfeeding Coordinator/Public Health Tech	Calumet County Women, Infants, and Children (WIC) Program
Megan Schmitt ^{†,†††}	Family Therapist	Calumet County Department of Health and Human Services
Susan Schneider, RN	Emergency Department Supervisor	Calumet Medical Center
Mary Schwarenberg	Calumet County Supervisor; Human Services and Health Committee Chair	Calumet County
Craig Schwobe	Laborer	Moehn Grain Farms, LLC
Judith Strodthoff	Inpatient Services Manager	Calumet Medical Center
Anthony Sweere	District Administrator	Hilbert School District
Janet Vande Hey	Steering Committee Member	Healthiest Calumet County Steering Committee

[†] Denotes this individual's position/organization represents low-income populations

^{††} Denotes this individual's position/organization represents medically underserved populations

^{†††} Denotes this individual's position/organization represents minority populations

Table 2: Key informants who serve the Fox Valley region including Calumet County

Name	Title	Organization	Calumet	Outagamie	Winnebago
Diana Aronson ^{†, ††}	Nurse Consultant	University of Wisconsin- Oshkosh Head Start	X	X	X
Sarah Bassing-Sutton ^{†, ††, †††}	Program Director	Samaritan Counseling Center	X	X	X
Bill Breider ^{†, ††, †††}	President and CEO	YMCA of the Fox Cities	X	X	X
Sarah Burmeister ^{†, ††, †††}	Public Health Preparedness Coordinator	City of Appleton Health Department	X	X	X
Kelly Butzlaff ^{†, ††}	Director, Family and Community Partnerships	University of Wisconsin-Oshkosh Head Start	X	X	X
Beth Clay ^{†, ††, †††}	Executive Director	N. E. W. Mental Health Connection	X	X	X
Todd Drew, RS	Contract DNR Asbestos Compliance Inspector; Environmental Health Sanitarian	Wisconsin DNR; Menasha Health Department	X	X	X
Julie Filapek ^{†, ††, †††}	Program Coordinator, Neighborhood Partners	Goodwill Industries of North Central Wisconsin		X	X
Kristina Foshag ^{†, ††, †††}	Nurse Specialist	Affinity Health System*	X	X	X
Ernesto Gonzalez ^{†, †††}	Director	Casa Hispana	X	X	X
Mike Goodwin ^{†, †††}	Co-Chair	Common Ground	X	X	X
Stephanie Gyldenvand ^{†, †††}	Lead Organizer	ESTHER		X	X
Lynn Hammen ^{†, ††}	Director, Early Childhood	University of Wisconsin- Oshkosh Head Start	X	X	X
Mary Harp-Jirschele ^{†, ††}	Executive Director	J.J. Keller Foundation	X	X	X
Kathi Hegranes	Injury Prevention and Outreach Coordinator	ThedaCare Trauma	X	X	X
Carlos Herrera ^{†, †††}	Coordinator of Hispanic Ministry	St. Therese Church	X	X	X
Chad Hershner ^{†, ††, †††}	Co-chair	INCLUDE		X	X
Sonja Jensen ^{†, ††, †††}	Public Health Nurse Supervisor	Appleton Health Department	X	X	X
Cal Kanowitz ^{†, ††, †††}	Executive Director	Hope Clinic/Alliance	X	X	X
Greg Keil	Director of Community Development	City of Menasha	X		X
Peter Kelly ^{†, ††, †††}	President & CEO	United Way Fox Cities	X	X	X

Steve Kihl	Environmentalist	Appleton Health Department	X	X	X
Lisa Kogan-Praska †, ††, †††	CEO and President	Catalpa Health	X	X	X
Wendy Krueger	Operations Manager for Personal Health	ThedaCare at Work; Well City Fox Cities	X	X	X
Ben Krumenauer	Regional Bicycle and Pedestrian Coordinator	East Central Wisconsin Regional Planning Commission	X	X	X
Sue Larson, RN ††	Registered Nurse	Appleton Health Department	X	X	X
Tina Lechnir †, ††, †††	Director, Behavioral Health	Affinity Health System*	X	X	X
Becky Lindberg, RN	Public Health Nurse	Appleton Health Department	X	X	X
Paul Linzmeyer	Sustainability Leader	ThedaCare	X	X	X
Nicole Malchow, MSW, APSW †, ††, †††	Social Worker	Children's Hospital of Wisconsin- Fox Valley	X	X	X
Jerome Martin †	Executive Director	Homeless Connections	X	X	X
Nancy McKenney, MS, RDH	Public Health Director	City of Menasha	X		X
Donald Merkes †, ††, †††	Mayor	City of Menasha	X		X
Tom Nichols, MD †, ††, †††	Pediatrician	Children's Hospital of Wisconsin- Fox Valley	X	X	X
Judith Olson †, †††	Executive Director	Child Care Resource & Referral	X	X	X
Lori Reblin, OTRIL	Occupational Therapist/ Rehab Supervisor	Children's Hospital of Wisconsin- Fox Valley	X	X	X
Michelle Roberts	Environmentalist II	City of Appleton Health Department	X	X	X
Sabrina Robins, PhD †††	Chair	African Heritage, Inc.	X	X	X
Frankie Rodriguez †, †††	Director	Hispanic Chamber of Commerce of WI	X	X	X
Karen Rosenberg	Program Manager, Weight of the Fox Valley	Weight of the Fox Valley/ United Way	X	X	X
Laura Ruys †, ††, †††	Director, Emergency Services	Affinity Health System*	X	X	X
Heather Schimmers †, ††, †††	Vice President of Patient Care Services	St. Elizabeth Hospital, Affinity Health System*	X	X	X
Beth Schnorr †, ††, †††	Executive Director	Harbor House	X	X	X
Jackie Schoening †, †††	Central Regional Coordinator for CESAs 2,3,& 6	Wisconsin Safe and Healthy Schools Center	X	X	X
Sherah Sroka, MSW, APSW †, ††, †††	Medical Social Worker	Children's Hospital of Wisconsin- Fox Valley	X	X	X
Kristene Stacker †, ††, †††	Executive Director	Partnership Community Health Ctr.	X	X	X
Tim Styka †, ††, †††	Police Chief	City of Menasha	X		X

Todd Thomas	Police Chief	City of Appleton Police	X	X	X
Tabitha Uitenbroek	Trauma Program Manager	ThedaCare Trauma	X	X	X
Greg Vandenberg [†]	Director of Giving and Community Engagement	U.S. Venture, Inc.	X	X	X
Maria Vargas ^{†,††,†††}	Outreach and Enrollment Coordinator	Partnership Community Health Ctr.	X	X	X
Cyril Walsh, MD ^{†,††,†††}	Emergency Department Medical Director	ThedaCare	X	X	X
Bryn Wehrwein ^{†,††}	Director of Health Services	University of Wisconsin- Oshkosh Head Start	X	X	X
Greg Woller [†]	Executive Director	Big Brothers Big Sisters of the Fox Valley	X	X	X
Jean Wollerman	Director, Menasha Senior Center	Neenah-Menasha YMCA	X		X
Kate Yonke, RDN, CD ^{†,††,†††}	Co-owner	Evolve	X	X	X

[†] Denotes this individual's position/organization represents low-income populations

^{††} Denotes this individual's position/organization represents medically underserved populations

^{†††} Denotes this individual's position/organization represents minority populations

* Affinity Health System is part of Ministry Health Care

The five health issues ranked most consistently as top five health issues by the key informants in the tri-county region including Calumet County were:

1. Mental health
2. Alcohol and substance abuse
3. Physical activity*
4. Nutrition*
5. Healthy growth and development

*Key informants routinely expressed a challenge in separating physical activity and nutrition and regarding them as two distinct issues. Most key informants regarded nutrition and physical activity as a proxy for obesity and responded accordingly.

Key informants routinely identified the high level of collaboration among organizations and agencies in the Fox Valley and the availability of health care organizations in the area as a positive regional asset.

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

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

A survey was developed by the community health improvement leaders at Affinity Health System (Ministry Health Care), with input from community partners. The survey was distributed electronically to a variety of community partners and agencies that serve vulnerable populations including the Women, Infants and Children (WIC) clinics, senior centers, food pantries, community clinics and others. The

survey was available in Spanish for those organizations and agencies that serve Spanish-speaking individuals. Each agency was responsible for administering the survey to their clients and returning the completed surveys to the community health improvement leader for analysis.

Respondents were aware that participating in the survey was voluntary and that responses would remain confidential and anonymous. The survey was distributed from September 28 to October 15, 2015.

The written survey asked participants to choose up to three public health issues, based on the focus areas presented in the Wisconsin State Health Plan, that are the most important issues for the region. In addition, the survey asked for some demographic information such as gender, age and race information. The survey also asked participants their perception of some health needs including access of services. Questions asked participants to indicate (a) how important a health issue was and (b) their satisfaction with the community's efforts in addressing the health issue.

Respondents of the vulnerable population survey ranked:

- Mental health as their number one health concern
- Alcohol misuse as their number two health concern
- Chronic disease (i.e. diabetes) as their number three health concern
- Physical activity and nutrition as their number four health concern

Respondents indicated that the following health issues were the top five most important:

- Drinking and driving
- Dental care
- Infrastructure of their community
- Prenatal care access for pregnant women
- Drug abuse

Respondents indicated the most satisfaction with community efforts in the following health areas:

- Prenatal care access for pregnant women
- Children and youth have access to basic medical services
- Resources to help people with diabetes
- Infrastructure of their community
- Healthcare is accessible to all

Respondents indicated the least satisfaction with community efforts in the following health areas:

- Understanding by youth of the dangers of e-cigarettes
- Dental care
- Parents knowing how to talk with their children about drugs
- Availability of health insurance for all
- Recognition of alcoholism and other drug dependence
- Children, youth and adults maintaining healthy weights
- Availability and accessibility to healthy foods for all

Input on Previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA

The following criteria were used for prioritization:

- Data on health of the community
- Stakeholders' input
- Needs of medically underserved/low-income population
- Available resources/community assets
- Community readiness and engagement
- Expertise/competence in the health priority
- Known effective interventions
- Existing organizations already addressing issue adequately

PRIORITIZATION PROCESS

Data from the various sources, information regarding community characteristics and organizational strategic priorities were summarized and presented to the Affinity Health System (Ministry Health Care) Community Health Improvement Council, a regional hospital-based team that supports the work of the community health improvement leader for Calumet CMC. The Council, comprised of staff from various departments (finance, marketing, foundation, clinics) provided feedback and suggestions and agreed with the recommendation that mental health, obesity prevention and alcohol misuse would be the top community health needs to be addressed by CMC.

Including the council's feedback, community health priority recommendations for the next three years were presented to the CMC and the medical group leadership teams for endorsement. These two entities endorsed the recommendation of the three recommended community health priorities.

PRIORITIES SELECTED

Based on this process, the following priorities were selected:

- Mental health
- Obesity prevention (physical activity and nutrition)
- Alcohol and other substances (including tobacco)

OVERVIEW OF PRIORITIES

Mental Health

Mental health issues continue to be a priority in Calumet County, in which the suicide rate is 12.0 per 100,000 populations as compared to 13.1 for Wisconsin and 12.93 for the US. The Healthy People 2020 target for the US is 10.2.

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

Significant steps have been addressed including:

- Continued support of the North East Wisconsin Mental Health Connection (N.E.W. MHC), a membership organization that leads the collaboration of community stakeholders to create and continuously improve the mental health system of care, including the mental health integration program which provides mental health education to providers in the Fox Valley
- Expansion of Question, Persuade and Refer (QPR) trainings in the region
- Formation of the Zero Suicide Community Initiative, a coalition that plans to take a systematic approach to quality improvement in health care and community settings to prevent suicides

In their discussions, stakeholders noted that following issues require the community's attention:

- Increased community awareness related to mental health
- Greater integration of physical and mental health services in healthcare
- Improved sharing of health documentation between providers
- Consistent messaging regarding mental health treatments and resources

In addition, the survey of those who live in poverty indicated that access to affordable health care including mental health is an issue that needs more attention in our community.

Obesity Prevention

Obesity continues to be a priority in Calumet County. According to the *2015 County Health Rankings* for Calumet County, 33 percent of adults were obese, which is higher than the national obesity rates (25 percent)*. The *2015 BRFSS Report* indicates that 71 percent of adults in Calumet County were

considered overweight (38 percent) or obese (33 percent). The overweight rates in Calumet County are higher than the state rate (36.7 percent), and the county's obesity rate is higher than the state's obesity rate (29.8 percent).

**Overweight and obesity are determined by body mass index (BMI), a measure of body fat based on height and weight that applies to adult men and women.*

BMI Categories:

Underweight = <18.5

Normal weight = 18.5–24.9

Overweight = 25–29.9

Obesity = BMI of 30 or greater

Overweight and obesity are contributors to the development of chronic diseases, such as diabetes, hypertension, stroke, coronary heart disease and even some cancers to name a few health conditions. In addition, literature suggests that mortality rates are higher among overweight and obese individuals. Obesity places an economic strain on health care systems. The annual economic cost of obesity-related medical expenses for Wisconsin is estimated at more than \$1.5 billion annually.

Significant steps have been addressed including:

- Continued support of the Weight of the Fox Valley (WOTFV), a coalition that brings together regional partners to collectively work together to help communities achieve and maintain a healthy weight
- Exploration of Baby Friendly certification for Ministry Health Care hospitals
- Exploration of an obesity prevention set of strategies to be implemented by and in Ministry Health Care hospitals

In their discussions, stakeholders noted:

- The region needs better trails and urban design that make physical activity the easy option and integrate exercise into daily life
- To make nutrition/food and physical activity education accessible to all
- To provide more Spanish-speaking providers, program staff and materials
- To focus on making the environment conducive to healthy choices

In addition, the survey of those who live in poverty showed that the following issues needs are important issues related to health:

- Bike lanes and trails
- Farmers' markets
- Affordable places to be physically active (such as a gym)
- Access to affordable healthy foods

Alcohol and Other Substances (including tobacco)

Alcohol misuse is a priority in Calumet County. The *2015 BRFSS Report* indicated that 29 percent of adults engaged in binge drinking in the past 30 days. This rate is higher than the state rate at 22.8 percent and much higher than the national rate of 17.0 percent. The *Healthy People 2020* target is to reduce binge drinking in the past 30 days to 24.4 percent for adults.

Alcohol consumption and misuse are prevalent in the state and in this region. Stakeholders commented on the pervasive culture that exists in this region that supports and accepts alcohol consumption. Many indicated a need to change the culture and law enforcement policies surrounding alcohol consumption for social change to occur with this issue.

Alcohol misuse, including binge drinking, is linked to a variety of other health issues, such as injury and violence, intentional injuries, alcohol poisoning, unprotected sexual activity, sexually-transmitted infections, high blood pressure, depression and others.

Significant steps have been addressed including:

- Community campaigns, such as “Parents who host, lose the most”
- Drug Abuse Resistance Education (DARE) in elementary and middle schools

In their discussions, stakeholders noted that following issues require the community’s attention:

- The ease of access to alcohol in our communities
- Social acceptance of alcohol and drug use
- Events like the pub crawl in Chilton that normalize excessive drinking
- DUI punishments that are not severe enough

In addition, the survey of those who live in poverty indicated that alcohol misuse and drinking and driving were top health priorities for respondents.

Obesity, mental health and alcohol misuse are health issues that share many similar characteristics. These three health priorities are connected. Literature suggests that alcohol and substance abuse is often seen in conjunction with mental health issues. Similarly, there is some evidence of the association between obesity and mental health; such as the effect of overeating triggered by mental health issues contributing to weight gain and obesity.

As strategies are implemented to address the three health needs listed, careful attention will be placed to address access to health care for each. As an example, as implementation plans are planned around mental health issues, access to mental health services will be addressed.

Potential Resources to Address the Significant Health Needs

COMMUNITY RESOURCES

Key informants were asked to list community assets and resources during their interviews. In addition, members of the FVCHIC also identified resources and assets in the community that currently support health or could be used to improve health. The following resources, categorized by health priority, will be considered in developing implementation plans to address the prioritized community health needs:

Health Priority: Mental Health

Regional (Calumet, Outagamie and Winnebago County)

Catalpa Health
National Alliance for Mental Illness (NAMI) Fox Valley
Northeast Wisconsin Mental Health Connection (NEWMHC)
Question, Persuade and Refer (QPR) Advisory Board
Reach Counseling Services
Samaritan Counseling
Zero Suicide Community Initiative

Health Priority: Physical Activity, Nutrition, Obesity

Regional

Breastfeeding Alliance of Northeast Wisconsin
Farmers' Markets
East Central Wisconsin Regional Planning Commission
Fox Valley Bike Challenge
UW-Extension Wisconsin Nutrition Education Program
Weight of the Fox Valley

Calumet County

U-CAN

Health Priority: Alcohol and other substances (including tobacco)

Regional

Fox Valley Substance Abuse Coalition

Calumet County

REACH
Calumet County Law Enforcement (Sheriff's Department & Chilton Police Department)

Other Community Partners

American Red Cross
Appleton Area School District
Aurora Health Care
Boys & Girls Club
Calumet County Public Health Department
Calumet Medical Center
Casa Hispana/Hispanic Chamber of Commerce
Children's Hospital of Wisconsin
Chilton Area School District
City of Appleton Public Health Department
City of Menasha Public Health Department
Community Action for Healthy Living
Cooperative Educational Service Agency (CESA)-6
Fox Valley Community Health Improvement Coalition
Fox Valley Technical College
Lawrence University
Mercy Medical Center
Oshkosh Area School District
Outagamie County Public Health Department
Outagamie County Pre-Action Network
Outagamie County Substance Abuse Taskforce
Rural Health Initiative
Salvation Army
St. Elizabeth Hospital
ThedaCare
University of Wisconsin-Extension
University of Wisconsin-Oshkosh
Winnebago County Public Health Department

Community characteristics:

- Strong history of collaboration
- Many efforts are conducted at the regional level (Calumet, Outagamie and Winnebago counties)

Next Steps

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

- Collaborating with community partners through Fox Valley Community Health Improvement Coalition
- 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.

Members of the FVCHIC agreed that specific community health implementation strategies would be addressed within each of their organizations in order to integrate with each organization's internal strategic priorities. The FVCHIC agreed that given the momentum surrounding obesity prevention, and their involvement in the Weight of the Fox Valley (WOTFV), a regional coalition using collective impact to enact social change related to obesity, they would continue to support WOTFV in a collaborative way. FVCHIC will continue to work together on future CHNAs and perhaps in the future will also work collaboratively in additional implementation strategies for community health need improvement.

Approval

This community health needs assessment (CHNA) report was adopted by the hospital's governing board on May 3, 2016.

Appendix 1
Fox Cities Behavioral Risk Factor Surveillance System Survey 2015
Calumet County Key Findings

- 1. Overall Health Rating** - More than half (56 percent) of the residents of Appleton, Neenah and Menasha felt their overall health was either very good or excellent. Just under half of respondents (49 percent) said that there was no time in the past 30 days that their physical health was not good while 60 percent indicated they had no days of poor mental health. Furthermore, 48 percent indicated they were not kept from usual activities by poor physical or mental health during the past 30 days.
- 2. Healthcare Access** - The majority of respondents have some type of health coverage. However, people are generally seeing doctors less often for annual physicals or checkups. Additionally, up to seven percent of respondents indicated they themselves or someone in their household is not taking their medications due to the cost, and 21 percent are still paying off medical bills over time.
- 3. Weight/Diet/Exercise** - Respondent's body mass index (BMI) was calculated by using weight (rounding up for fractions) and height (in feet and inches) without shoes. According to the CDC categories, 28 percent were obese, 36 percent were overweight, and 36 percent were neither overweight or obese. Additionally, the plurality of respondents said they eat two servings of vegetables per day and one serving of fruit per day. Seventy-three percent said they participated in physical activities or exercises during the past month; 87 percent reported they do moderate exercise in a typical week; and 49 percent reported they do vigorous exercise in a typical week.
- 4. Inadequate Sleep** - Twenty-nine percent of respondents reported sleeping 8 hours or more in a 24-hour period while seven percent reported sleeping five hours or less within a 24-hour period. The majority (64 percent) get between six and seven hours of sleep.
- 5. Asthma** - Seventeen percent of all respondents said they had ever been told they had asthma. Of those who have ever had it, 81 percent said they still have it. There has also been a trending increase in asthma since 2000.
- 6. Depressive Disorder** - Twenty-three percent of respondents reported ever being told they have a depressive disorder. Females, those with lower incomes, or those not in the workforce have the highest prevalence of a depressive disorder.
- 7. Diabetes** - Seven percent of respondents said a doctor told them they had diabetes. The vast majority, 93 percent, said they had never been told they had diabetes. As age increases, so does the number of diabetes cases, however as education and income increase, diabetes prevalence decreases.
- 8. Oral Health** - The majority (77 percent) of respondents had been to a dentist within the past year, a 10 percent decrease from 2005 levels. Additionally, nine percent said they had not visited a dentist in at least five years.

9. **Tobacco Use** - The majority of respondents (59 percent) had not smoked at least 100 cigarettes in their lifetime. Of those who currently smoke some days or every day, 70 percent said they had tried to quit for at least one day in the past year. Ninety-eight percent reported not using chewing tobacco, snuff or snus and 95 percent do not use electronic cigarettes.
10. **Alcohol Consumption** - Seventy-one percent of respondents reported drinking at least one drink of any alcoholic beverage at least one day in the past 30 days. Eighteen percent of respondents reported drinking at least one alcoholic beverage 15 or more days per month in the past 30 days. During the past 30 days when respondents drank, 34 percent reported having an average of one drink while 14 percent indicated five or more drinks.
11. **Immunization** - Less than half (43 percent) of respondents reported having either the flu shot or flu vaccine sprayed in their nose within the past 12 months.
12. **Falls** - Seventy-three (73 percent) percent of respondents reported zero falls in the past 12 months while 15 percent reported one fall, six percent reported two falls, and eight percent reported three or more falls. Of those who reported having fallen, 66 percent reported that their fall had not caused an injury.
13. **Seatbelt Use** - A large percentage (80 percent) of respondents reported always using their seatbelt while driving or riding in a car.
14. **Drinking and Driving** - The majority of respondents (95 percent) reported never driving while having too much to drink while three percent reported driving one time when they've perhaps had too much to drink.
15. **Women's Health Issues** - Eighty-seven percent (87 percent) of women had breast exams and 93 percent have had a Pap test. Additionally, 90 percent of women age 40 and older had a mammogram.
16. **Colorectal Cancer Screening** - A large percentage of respondents (69 percent) have never used a blood stool home testing kit while more respondents (75 percent) have had a colonoscopy/sigmoidoscopy.
17. **Alcohol Screening & Brief Intervention (ASBI)** - A majority (68 percent) of respondents reported that a health care provider did ask them how much the drink while only five percent reported being advised to reduce or quit drinking at their last routine checkup.
18. **Social Context** - In the past 12 months, 11 percent of respondents were always or usually worried about having enough money to pay their rent/mortgage while nine percent reported being always or usually worried about having enough money to buy nutritious meals. More than 50 percent reported never being worried about having enough money or rent/mortgage or for nutritious meals.
19. **Hypertension and Cholesterol Awareness** - Twenty-five percent (25 percent) of respondents said they had high blood pressure, while 33 percent of those who had ever had their cholesterol checked said they had high cholesterol.
20. **Emotional Support** - Slightly under half of respondents (44 percent) feel they always receive the social and emotional support they need.

- 21. Screen Time** - The majority of respondents (53 percent) spend two to three hours in front of an electronic screen at home or for leisure per day.
- 22. Sugar Drinks** - The majority of respondents drank soda with sugar over the past 30 days (54 percent); however, concerning sugared fruit drinks, tea, and energy drinks, the majority (65 percent) never had any.
- 23. Family Dining** - Thirty-one percent (31 percent) of respondents reported eating a household meal together seven or more times in the past week while only three percent said they never ate a meal together.