



Ascension Wisconsin Community Health Needs Assessment

2019-2022

Ascension Our Lady of Victory Hospital

An assessment of Clark County

Ascension Our Lady of Victory Hospital, a critical access hospital, serves people in the communities of west-central Wisconsin. The community health needs assessment (CHNA) was conducted in 2018 and focused on the needs of individuals in Clark County. Based on this CHNA process, the hospitals will focus on the following priority health needs in 2019-2022:

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

Who We Are

Ascension Wisconsin (ascension.org/wisconsin) operates 24 hospital campuses, more than 100 related healthcare facilities and employs more than 1,300 primary and specialty care clinicians from Racine to Eagle River. Serving Wisconsin since 1848, Ascension is a faith-based healthcare organization committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. As one of the leading non-profit and Catholic health systems in the U.S., Ascension operates 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia.

Our Mission as a Catholic healthcare system: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Ascension is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy Ministry Health Care. 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.

Our Community

Although Ascension Our Lady of Victory serves Clark County and surrounding areas, for the purposes of the CHNA, the hospital focused on the needs of Clark 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) most of our service area is in Clark County.

Demographic Profile of Clark County

	Clark County	Wisconsin	United States
Population (2012-16 estimate)	34,486	5,754,798	318,558,162
Age 0-17 (2012-16 estimate)	29.4%	22.6%	23.1%
Age 65+ (2012-16 estimate)	16.0%	15.2%	14.5%
Ethnicity			
Hispanic	4.2%	6.5%	17.3%
Non-Hispanic	95.8%	93.5%	82.7%
Race or Ethnicity			
Asian	0.4%	2.6%	5.2%
Black / African American	0.5%	6.3%	12.6%
Native American	0.3%	0.9%	0.8%
White	96.6%	86.2%	73.3%
Families with Children (2012-16 estimate)	32.5%	28.9%	31.7%
Individuals with a Disability (2012-16 estimate)	10.9%	11.8%	12.5%

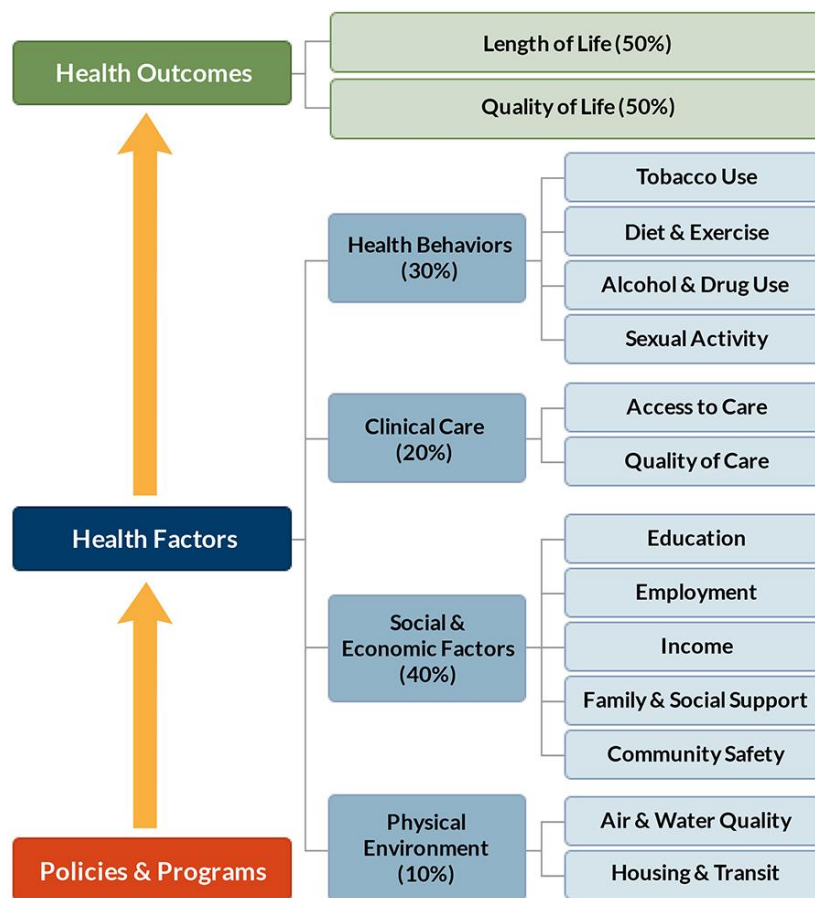
Source: U.S. Census Bureau (compiled by Community Commons)

Clark County has a significant Amish and Mennonite population.

- Approximately one-third of the population is Amish or Mennonite and the number of Amish or Mennonite individuals is increasing.
- Between 40 - 50 percent of the births in Clark County are to Amish or Mennonite parents.

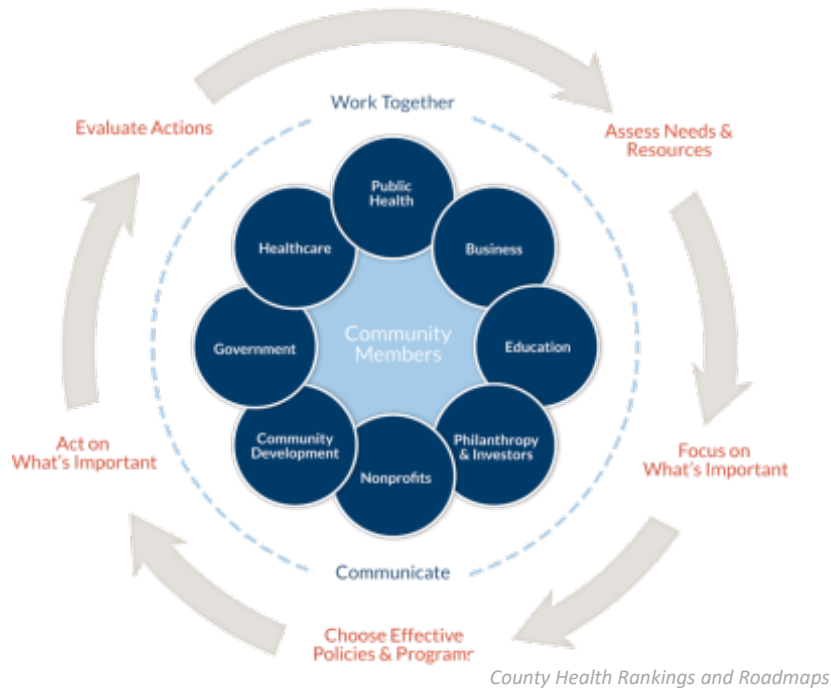
Our Community Health Improvement Approach

Ascension Wisconsin is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies to assure that our work has a positive, measurable impact on the health of the people in the communities we serve. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



County Health Rankings model © 2014 UWPHI

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 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, including social and economic determinants
- Focus efforts on populations with a disparate health burden to increase health equity
- Emphasize the powerful impact of policy and system-based approaches on change
- Use strategies with the best evidence of effectiveness
- Identify and track specific, measurable performance indicators

Framework and Data Sources

The assessment was conducted in 2018 by the hospital and its community partners: Clark County Health Department, Memorial Medical Center, Marshfield Clinic Health System and the Marshfield Clinic Neillsville Dental Center. A core component of the assessment was the compilation of secondary data. The secondary data were organized according to the County Health Rankings and Roadmaps determinants of health model:

- Demographics
- Morbidity and mortality
- Health behaviors
- Social and economic factors
- Environment
- Access to care

Secondary data were largely excerpted from the County Health Rankings and Roadmaps website, as well as the Community Commons website. Data cited from those sites included, but was not limited to: Wisconsin Council on Children and Families; U.S. Census; Centers for Disease Control and Prevention (Behavioral Risk Factor Surveillance System; Community Health Status Indicators); U.S. Department of Agriculture; U.S. Department of Education and www.healthdata.gov. Local Youth Risk Behavior Survey data also was compiled.

All secondary data, along with results of a community survey, described in the next section, were compiled into a report.

Voice of the Community

Ascension Our Lady of Victory Hospital is committed to addressing community health needs collaboratively with local partners. The hospital and its community partners used the following methods to listen to community members' thoughts on the strengths and challenges of being a healthy community. These methods provided us with additional perspectives on how to select and address top health issues facing our communities.

Input from Community Members and Stakeholders

Input was received from community members and stakeholders in multiple ways:

- Community survey: A survey of individuals who reside in or receive services in Clark County was conducted in Summer 2018. The survey was available electronically and on paper at a variety of locations/settings, including three food pantries, clinics, the public health department and in Amish and Mennonite communities. Input also was sought from individuals who are Hispanic. The survey process included focused outreach at locations where individuals who may be medically underserved, have low income or be part of a minority community may visit. The primary intent of the survey was to learn about perceptions of community strengths and health

concerns. Nearly 400 people responded. Results were summarized and included in the data report.

- **Community meetings:** Two open community meetings were held in September 2018. The meetings were promoted through the local newspaper, radio, social media and direct email. The meetings were facilitated by the regional office of the State Division of Public Health and included a brief review of community health improvement efforts over the past three years, a data presentation, facilitated group prioritization of health issues and asset identification. All participants who RSVP'd or who were directly invited received a copy of the data report prior to the meeting.

See Appendices for a list of community meeting attendees.

Input from Members of Medically Underserved, Low-income and Minority Populations and/or Organizations that Represent Those Populations

Ascension Wisconsin is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CHNA process must be informed by direct input from persons who experience health disparities based on income and/or race and ethnicity. With that in mind, the community survey the partners conducted in the summer of 2018 included a focus on individuals with low income. Survey results were sorted by respondents' indicated income and data on top health issues for individuals with low income were included in the prioritization process. Additionally, as part of the prioritization process to select the health priorities, strong consideration was given to how individuals who are more vulnerable are impacted by the health issues.

Input on the Previous CHNA

No written comments were received regarding the previous CHNA.

Priorities for Action

Prioritization Process and Criteria

The prioritization process included three steps:

1. The hospital and community partners (Healthy Clark County Coalition) conducted the September community meetings, which included a facilitated prioritization process with attendees.
2. In October 2018, the Health Clark County Partnership met. They reviewed a summary of data and results of the community meetings and then applied prioritization criteria to the set of possible health priorities.
3. The results of the October Healthy Clark County Coalition meeting were shared with the hospital's chief administrative officer. The chief administrative officer reviewed and approved the final set of health priorities.

Prioritization criteria included:

- Scope of problem (e.g., severity, number of people impacted)
- Health disparities (e.g., by income and/or race and ethnicity)
- Feasibility (e.g., are there known interventions, can we have an impact)
- Momentum/commitment (e.g., political will, community readiness)
- Alignment with others (e.g., local health department priorities)

Priorities Selected

The following health issues were selected as the priorities:

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

Health Needs Not Selected for This Plan

Ascension Our Lady of Victory is addressing all the priority needs identified.

[Overview of Priorities](#)

A description of each priority area, data highlights and relevant assets/resources are on the following pages.

Chronic Disease

Why it is Important

Chronic diseases include, but are not limited to, heart disease, stroke, cancer, diabetes and asthma. They can often be prevented through healthy diet, physical activity and eliminating tobacco use and substance abuse. Chronic diseases are important because:

- They are very costly. Ninety percent of healthcare spending is generated by 50 percent of the population that has one or more chronic diseases (2016).¹
- Effective management can prevent more serious complications.

A few facts on specific chronic diseases include:

- One in every four U.S. healthcare dollars is spent caring for people with diagnosed diabetes.²
- Cancer is the second-leading cause of death in the U.S.³
- Coronary heart disease is the leading cause of death in the U.S.³

Community Survey

When asked about the issues that concern them most about the health of the community:

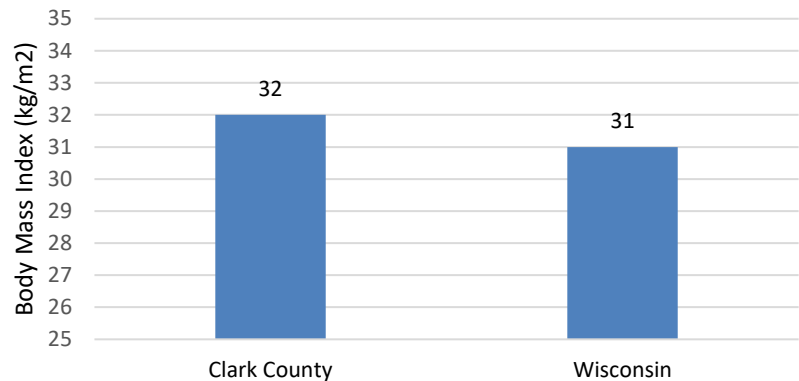
- Chronic diseases ranked fifth for all respondents (24 percent) and fourth for respondents with income less than \$35,000 per year (25 percent).
- Obesity ranked third for all respondents (40 percent) and second for respondents with income less than \$35,000 per year (42 percent).
- Physical inactivity ranked sixth for all respondents (17 percent) and sixth for respondents with income less than \$35,000 per year (17 percent).

Sources:

1. Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
2. American Diabetes Association
3. Centers for Disease Control and Prevention FastFacts

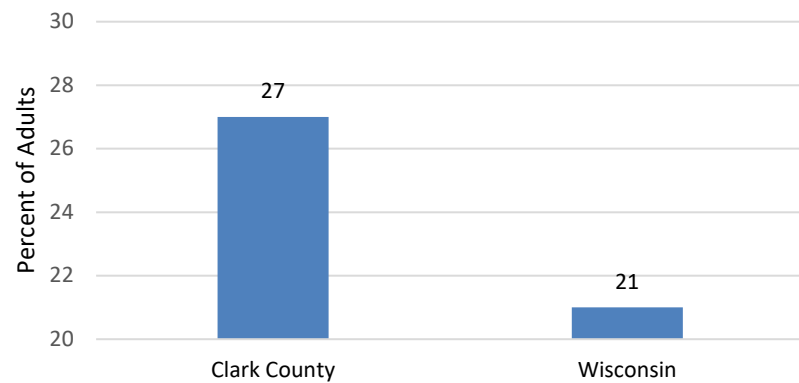
Data Highlights

Obesity: Percentage of Adults Who Report a Body Mass Index of 30 or More



Source: National Diabetes Surveillance System, as reported on County Health Rankings. Year of Data Used: 2014.

Physical Inactivity: Percentage of Adults Reporting No Leisure Time Activity



Source: National Diabetes Surveillance System, as reported on County Health Rankings. Year of Data Used: 2014.

Local Assets and Resources

- Eat Right, Be Fit Coalition
- Ascension Our Lady of Victory's 'Strong Bones, Strong Bodies' program
- Area food pantries

Mental Health

Why it is Important

Approximately 20 percent of the population experiences a mental health problem during any given year.¹

Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.²

Challenges for Those at Higher Risk

- Having a blood relative, such as a parent or sibling, with a mental illness
- Stressful life situations, such as financial problems, a loved one's death or a divorce
- An ongoing medical condition
- Traumatic experiences
- Use of alcohol/recreational drugs
- Being abused or neglected
- Having few friends or few healthy relationships³

Community Survey

When asked about the issues that concern them most about the health of the community:

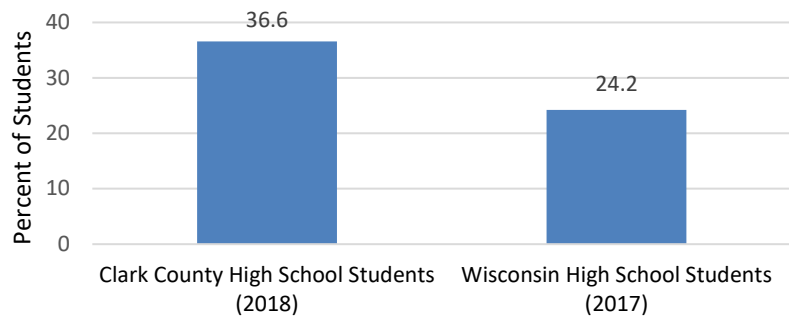
- Mental health was ranked second by all respondents (40 percent).
- Mental health was ranked third by respondents earning less than \$35,000 per year (32 percent).
- Comments on mental health centered on concerns with availability of and awareness of mental health service providers.

Sources:

1. National Institute for Mental Health
2. Healthiest Wisconsin 2020; Healthy People 2020
3. Centers for Disease Control and Prevention

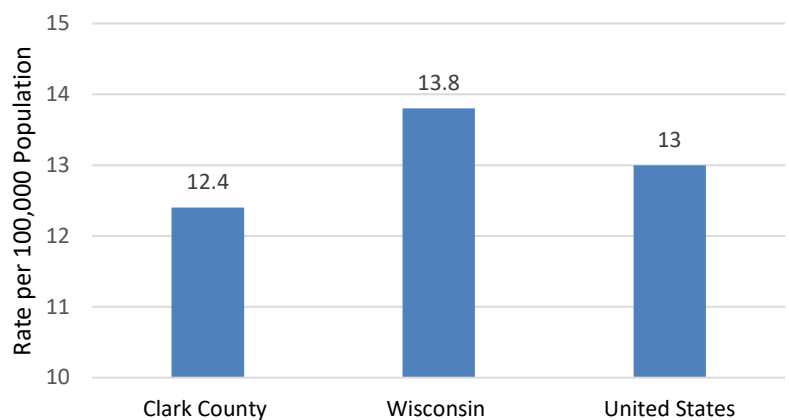
Data Highlights

Students Who Were Bullied on School Property in the 12 Months Before the Survey



Source: Youth Risk Behavior Survey.

Age-Adjusted Suicide Rate



Source: Centers for Disease Control and Prevention as reported on the Community Commons website (chna.org). Year of data used: 2012-16.

Local Assets and Resources

- Mental Health/Behavioral Health Task Force
- Ascension Our Lady of Victory telemental health equipment
- Living Well Mental Health Clinic
- School-based mental health services in some schools
- Question, Persuade, Refer (QPR) trainers
- Mental Health/AODA Resource Guides
- Parks and recreational areas

Alcohol and Other Drug Use

Why it is Important

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.¹

Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).²

Drug and alcohol use also can lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.¹

Challenges for Those at Higher Risk

A combination of genetic, environmental and developmental factors influences the risk for addiction. The more risk factors a person has, the greater the chance that taking drugs or drinking alcohol can lead to addiction.³

Community Survey

When asked about the issues that concern them most about the health of the community:

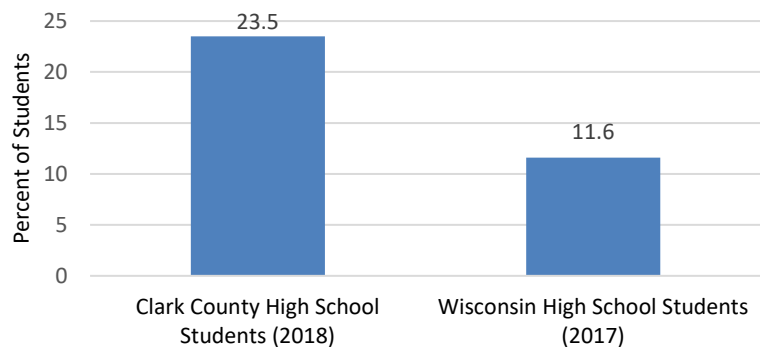
- Drug abuse ranked first for all respondents (60 percent) and first for respondents with income less than \$35,000 per year (47 percent).
- Alcohol misuse ranked fourth for all respondents (26 percent) and fifth for respondents with income less than \$35,000 per year (24 percent).
- Comments on alcohol and drugs centered on an overall concern around opioids and alcohol, the need for more resources and services, improving prevention and treatment options and increasing consequences/penalties for misuse.

Sources:

1. Healthy People 2020
2. Centers for Disease Control and Prevention
3. National Institute on Drug Abuse

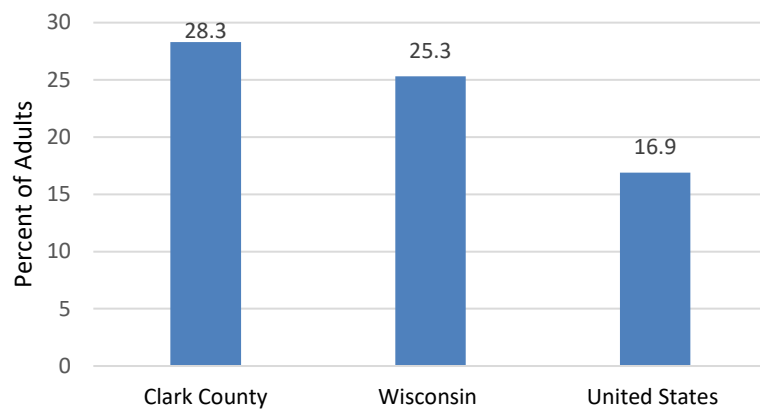
Data Highlights

Students Who Used Electronic Vapor Product During the Past 30 Days



Source: Youth Risk Behavior Survey.

Heavy Alcohol Consumption



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Years of data used: 2006-12.

Local Assets and Resources:

- Mental Health/Behavioral Health Task Force (inclusive of AODA)
- Living Well Mental Health Clinic
- Mental Health/AODA Resource Guides

Results of the Previous CHNA Process

Our previous CHNA process was completed in June 2016. The priority health issues selected and addressed were:

- Nutrition
- Mental Health
- Alcohol and Other Drugs

An evaluation of the impact of our efforts to date to address those issues can be found in the Appendices.

Next Steps

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

- Collaborating with community partners through local coalitions
- 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 Board of Directors of Ascension Our Lady of Victory Hospital, Inc., on April 30, 2019, and by the Ascension Wisconsin Board on May 16, 2019.

Public Comments/Feedback

We welcome feedback on this plan from community members. Please see our public website for the email address for submitting comments.

Appendices

Appendix 1: Progress Report on Results of Previous CHNA Process

Ascension Wisconsin is committed to making a positive, measurable impact on the health of the people in the communities we serve. To that end, we evaluate the strategies we implement to address the health needs of the community.

We use a logic model, an approach that is nationally recognized for program evaluation. Logic models provide methods for documenting the following:

- **Inputs:** Resources needed to implement the strategies
- **Outputs:** Actions taken, the number of programs/tactics implemented and the number of people reached
- **Outcomes:** Measures of the impact of the programs/strategies (such as changes in learning, actions or conditions)

To be specific about the outcomes for which we will be accountable, we set SMART metrics – metrics that are Specific, Measurable, Achievable, Realistic and Time-related.

Evaluation Schedule/Process

At the beginning of the three-year cycle:

- Establish SMART metrics for medium-term (three-year) indicators for each strategy
- Establish SMART metrics for long-term (beyond three years) indicators for each priority area

At the beginning of each fiscal year in the three-year cycle:

- Establish SMART metrics for short-term (fiscal year) indicators for each strategy
- Establish action steps and output indicators for each strategy

Quarterly each fiscal year:

- Report actions completed
- Report the status of each strategy/priority

At the end of each fiscal year:

- Report on results for short-term and output indicators
- Describe accomplishments and analyze results

At the end of the three-year cycle:

- Report on results for medium-term indicators for each strategy
- Describe and analyze results
- Incorporate results into next Community Health Needs Assessment

At the writing of this report, data is available for the first two years of the previous CHNA and is summarized below. Once final data is available, an evaluation report will be completed for the entire period of implementation.

Health priorities identified in the preceding CHNA were:

- Nutrition
- Mental Health
- Alcohol and Other Drugs

Nutrition

- Results for Year One:
 - Ascension Our Lady of Victory created some "superfood" resources for local pantries and displayed MyPlate and nutrition resources at two local business expos.

- Results for Year Two:
 - Ascension Our Lady of Victory hosted a nutrition education event at a local food pantry. One hundred twenty meals were distributed, along with educational materials.
 - The Eat Right, Be Fit Coalition, in which Ascension Our Lady of Victory participates, published the "Roadmap To A Healthier You" guide to healthy eating and physical activity options in Clark County. The guide was revised and updated to include roadside produce stands and other sources of fresh fruits and vegetables, fitness centers and other resources supporting healthy living.
 - Ascension Our Lady of Victory hosted a Strong Bones, Strong Bodies program in late Summer 2017. Twelve people participated in the 10-week program, with many more expressing interest in future classes. One Ascension Our Lady of Victory staff person was trained to be an instructor.

Mental Health

- Results for Year One:
 - A Mental Health Resource Guide was distributed in waiting rooms in Ascension Our Lady of Victory Hospital and three Ascension Medical Group Wisconsin clinics.
 - Ascension Our Lady of Victory invested in telemental health equipment, however a gap in providers prevented its use.

- Results for Year Two:
 - Ascension Our Lady of Victory hosted a suicide prevention Question, Persuade, Refer (QPR) training in April 2018. Twenty-four local EMTs, firefighters and ambulance crews attended the training.
 - A Mental Health Resource Guide was distributed in waiting rooms in Ascension Our Lady of Victory Hospital and three Ascension Medical Group Wisconsin clinics. The guide was also distributed through the health department and at a Healthy Aging Expo.
 - Progress on providing telemental health services was made late in the year, with the signing of a contract for telemental health providers.

Alcohol and Other Drugs

- Results for Year One:
 - Ascension Our Lady of Victory hosted public awareness displays at two community expos. The displays included an impaired driving simulation and information about responsible alcohol consumption.
 - Ascension Our Lady of Victory completed an environmental scan of AODA resources in Clark County. The scan identified substance abuse programs available in Clark County and surrounding counties. Based on the scan, an asset list was developed to connect residents with AODA resources.

- Results for Year Two:
 - Ascension Our Lady of Victory began developing educational programming focused on reducing high school graduation-related alcohol use.

Appendix 2: Community Leaders/Stakeholders

Listed below are the community organizations that provided input about the needs of the community. Due to the demographics and small population, stakeholder organizations largely serve all individuals and are inclusive of, but not exclusive to, medically underserved individuals, low-income individuals or minority individuals.

Community Meetings

Community meetings were held in two locations in Clark County in September 2018. A total of 24 individuals, including the facilitator team and representatives from the Healthy Clark County Partnership, attended the meetings. Attendees represented the following organizations:

- Ascension Medical Group Wisconsin
- Ascension Our Lady of Victory Hospital
- Clark County Board
- Clark County Emergency Management
- Clark County Health Department
- Clark County Department of Community Services
- Clark County Department of Social Services
- Meridian Group, Inc. - local provider of affordable housing
- Memorial Medical Center
- Marshfield Clinic Health System
- Marshfield Clinic Neillsville Dental Center
- Sniteman Pharmacy
- Tribune Record Gleaner - a local newspaper
- Wisconsin Division of Public Health, Western Regional Office (lead facilitators)

Healthy Clark County Partnership Prioritization Meeting

A prioritization meeting was held in October 2018. Attending organizations included:

- Ascension Our Lady of Victory Hospital
- Clark County Health Department
- Memorial Medical Center
- Marshfield Clinic Health System
- Marshfield Clinic Neillsville Dental Center

Appendix 3: Crosswalk Between This CHNA Report and 501(r) Requirements

Required Content from Section 501(r) Rules	Found in This Section
Definition of the community served and how it was determined	Our Community
Description of the process and methods used to conduct the assessment: <ul style="list-style-type: none"> - Data and other information used in the assessment - Methods of collecting and analyzing the data/information - Any parties collaborated with or contracted with 	Framework and Data Sources
Description of how the hospital solicited and accounted for input from persons who represent the broad interests of the community <ul style="list-style-type: none"> - Summary of the input - How it was provided - Over what period of time - Names of organizations providing input - Include at least one governmental public health department - Summary of nature and extent of their input - Description of populations being represented (medically underserved, low-income, minority) - Note any written input received on the prior CHNA 	Voice of the Community
Prioritized description of the significant health needs identified Description of the process and criteria used in prioritizing	Priorities for Action
Description of potential resources identified to address the needs	Overview of Priorities
Evaluation of the impact of the actions taken since completing the last CHNA to address the significant health needs in that CHNA	Appendix: Progress Report on Results of Previous CHNA Process

To learn more about Ascension Wisconsin, visit [ascension.org/wisconsin](https://www.ascension.org/wisconsin)



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