Communities We Serve

Ministry Good Samaritan Health Center
601 South Center Avenue
Merrill, Wisconsin 54452

Ministry Sacred Heart Hospital
401 West Mohawk Drive
Tomahawk, Wisconsin 54487
Ministry Good Samaritan Health Center and Ministry Sacred Heart Hospital
Community Health Needs Assessment

An assessment of Lincoln County conducted jointly by Ministry Good Samaritan Health Center, Ministry Sacred Heart Hospital and Lincoln County Health Department.

Ministry Good Samaritan Health Center (MGSHC) and Ministry Sacred Heart Hospital (MSHH) are critical access hospitals located in Merrill and Tomahawk, Lincoln County, Wisconsin. The community health needs assessment (CHNA) was conducted in 2015 and focused on the needs of individuals in Lincoln County.

MGSHC and MSHH are part of Ministry Health Care, which is an integrated healthcare delivery network serving more than 1.1 million people across Wisconsin and eastern Minnesota. Ministry generates nearly $2.2 billion in operating revenue with 15 hospitals, 45 clinics, and more than 12,000 associates including 650 physicians and advance practice clinicians. In 2013, Ministry Health Care joined Ascension, the largest Catholic and not-for-profit healthcare system in the nation.

*Our mission as a Catholic healthcare system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.*

Ministry Health Care has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In 2014-2015, MGSHC’s community benefit contributions were more than $1.7 million; MSHH’s community benefit contributions were more than $1.3 million.

Community Served by the Hospitals

Although MGSHC and MSHH serve Lincoln County and beyond, for the purposes of the community health needs assessment, the hospitals focused on the needs of Lincoln County. Our “community served” was defined as such because (a) most community health data is available on at the county level; (b) most of our assessment partners define their service area at the county level; (c) Lincoln County includes the majority of our service area.
Demographic Profile of Lincoln County

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Wisconsin 2014</th>
<th>Lincoln County 2014</th>
<th>Lincoln County 2010</th>
<th>% Change for County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>5,757,564</td>
<td>28,493</td>
<td>28,743</td>
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</tr>
<tr>
<td>Median Age (years)^</td>
<td>38.8</td>
<td>45.5</td>
<td>44.0</td>
<td>3.3%</td>
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<tr>
<td>Age*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons under 5 years</td>
<td>5.9%</td>
<td>4.5%</td>
<td>5.1%</td>
<td>-13.3%</td>
</tr>
<tr>
<td>Persons under 18 years</td>
<td>22.6%</td>
<td>20.4%</td>
<td>21.9%</td>
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<td>Persons 65 years and over</td>
<td>15.2%</td>
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<td>18.3%</td>
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<tr>
<td>Gender*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50.3%</td>
<td>49.2%</td>
<td>49.9%</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Male</td>
<td>49.7%</td>
<td>50.8%</td>
<td>50.1%</td>
<td>1.4%</td>
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<tr>
<td>Race and Ethnicity*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone</td>
<td>87.8%</td>
<td>96.5%</td>
<td>97.2%</td>
<td>-0.7%</td>
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<tr>
<td>Black or African American alone</td>
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<td>1.4%</td>
<td>0.5%</td>
<td>64.3%</td>
</tr>
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<td>American Indian and Alaska Native alone</td>
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<td>0.5%</td>
<td>0.3%</td>
<td>40.0%</td>
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<td>Asian alone</td>
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<td>0.6%</td>
<td>0.4%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.8%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6.5%</td>
<td>1.5%</td>
<td>1.2%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Speak a language other than English^</td>
<td>8.6%</td>
<td>2.2%</td>
<td>2.5%</td>
<td>-13.6%</td>
</tr>
<tr>
<td>Median household income^</td>
<td>$52,738</td>
<td>$49,189</td>
<td>$46,625</td>
<td>5.2%</td>
</tr>
<tr>
<td>Percent below poverty in the last 12 months^</td>
<td>13.3%</td>
<td>10.9%</td>
<td>10.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>High School graduate or higher, percent of persons age 25+ ^</td>
<td>90.8%</td>
<td>89.1%</td>
<td>87.3%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

* Source: U.S. Census QuickFacts. Available at: [http://www.census.gov/quickfacts/table/PST045214/00](http://www.census.gov/quickfacts/table/PST045214/00).

Process and Methods Used to Conduct the Assessment

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

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

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

**Planning Process**

The Lincoln County CHNA was led by MGSHC and MSHH. A core group of representatives from the two hospitals and Ministry Health Care system office worked together to identify the data to be used, gather that data and prepare it to be presented.

The organizing framework for the data was the determinants of health model. Indicators were identified within each category of this framework:

- Demographics
- Social and economic factors
- Physical environment
- Clinical care
- Health outcomes

**Data Sources**

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

- Merrill High School and Tomahawk High School Social Norms Survey
- Clinic and hospital data from our facilities in Lincoln County
- Lincoln County World Café (March 2015)
- County Health Rankings
- Wisconsin Department of Health Services
- Lincoln County Health Department (sealant survey)
- American Community Survey
- Wisconsin Council on Children and Families

All of this data was gathered into a written report which was sent to community stakeholders to consider and comment on prior to an in-person stakeholder meeting.
Input From Persons Who Represent the Broad Interests of the Community

Ministry Good Samaritan Health Center and Ministry Sacred Heart Hospital are committed to addressing community health needs collaboratively with local partners. After the 2013 CHNA, both hospitals have participated actively in Healthy People Lincoln County, including the oral health, mental health and nutrition coalitions. This year’s assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus on.

Input From Community Stakeholders

Sixty-eight community stakeholders were asked to participate in the planning process. Community health data was sent to all of them one month before the in-person meeting. In reviewing the data, they were asked to come prepared to discuss:

- Any outstanding gaps/needs related to the three current health priorities
- Any emerging issues demonstrated by the data
- Any additional observations in reviewing the data

A total of 23 individuals attended the community health needs assessment meeting on October 20, 2015. At the meeting, stakeholders participated in a facilitated discussion about the community health data, progress on the previous priority areas, and any emerging needs. Community assets were identified, and based on those assets and additional criteria, the group discussed and reached consensus on the health priorities for the next three years.

Those who participated were:

- Cynthia Heenan (Northern Region Ministry Medical Group and Ministry Hospitals)
- Lauri Doepke (Ministry Medical Group - Merrill)
- Dee Olson (Merrill Area United Way)*
- Georgia Fisher (Bridge Dental Clinic)*
- Brigid Flood (Lincoln County Health Department)
- Karen Krueger (Lincoln County Health Department)
- Kristen Bath (Lincoln County Health Department)
- Debbie Moellendorf (UW Extension Lincoln County)
- Amanda Kossman (UW Extension Lincoln County)
- Sue Noramburg (St. Vincent DePaul)*
- Shelly Wojan (DHHS Lincoln County)
- Jeff Sargent (North Central Community Action Program)*
- Tammy Hanson (UW Extension Lincoln County, Nutrition Education Program)*
- Jackie Frombach (Ministry Good Samaritan Health Center)
- Teri Theiler (Ministry Health Care - Northern Region)
- Jackie Firkus (Ministry Medical Group Tomahawk)
Carmen Viegut (Ministry Sacred Heart Hospital)
Andrea Stefonek (Ministry Behavioral Health Services)
Amanda Duncan (Tomahawk School District)
Jane Bentz (Ministry Good Samaritan Health Center)
Paula Gebauer (Ministry Sacred Heart Hospital)
Julie Hladky (Ministry Health Care)
Sarah Beversdorf (Ministry Health Care)

*Denotes organizations or programs representing medically underserved, low-income, and/or minority populations.

Input from members of Medically Underserved, Low-income and Minority Populations
Ascension Health and Ministry Health Care are fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CHNA process must be informed by direct input from the poor, vulnerable and disparate populations we aim to serve. Ministry Good Samaritan Health Center and Ministry Sacred Heart Hospital conducted a survey to assess the priority health issues for these populations. The survey asked participants their perception of the top priority health needs in Lincoln County and about their own physical, mental and oral health. The survey was distributed from June 6 to August 31, 2015, at community sites that serve low-income, minority and medically-underserved populations. The results were summarized and included in the data sent to community stakeholders prior to the October 20 CHNA meeting and were discussed at that meeting.

Respondents identified the topics below as the most important to address in Lincoln County:
- Chronic diseases (54 percent of respondents)
- Drugs (37 percent of respondents)
- Mental health (34 percent of respondents)

Input on previous CHNA
No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA
After reviewing and discussing the community health data, stakeholders were asked to provide input on the priority needs to be addressed throughout the next three years. They used the following criteria to consider the prioritization:
- Community assets
  o Organizations/groups
  o Services/programs
Physical resources
Community characteristics

- Emerging needs
  - Culture/understanding behavior change
  - Oral health
  - Drug use
  - Trauma – mental and physical
  - Nutrition and food
  - Outreach
  - Basic needs

- Current health priorities selected for CHNA 2013
  - Oral health
  - Mental health
  - Nutrition/healthy lifestyle

PRIORITIZATION PROCESS
Using a consensus technique where each stakeholder visually showed level of consensus, the stakeholders were asked to consider the three previous priorities and decide if they should continue to be priorities for the community. Then they identified and discussed any additional issues that had arisen from the data and group discussion. Using a traditional brainstorming process, the stakeholders identified community opportunities, grouped the ideas into themes and then identified who or what community resource would take ownership of the suggestion. The group decided to continue working on the same three health priorities selected during the last assessment cycle and also identified that substance abuse, trauma and domestic violence should be incorporated into existing coalitions as priorities within the community.

PRIORITIES SELECTED
Based on this process, the following priorities were selected:

- Mental health
- Oral health
- Nutrition

OVERVIEW OF PRIORITIES

Mental Health
Mental health issues continue to be a priority in Lincoln County. Progress since 2013 showed significant steps have been taken to address mental health including:

- 4,000 Lincoln County Mental Health Resource guides published and distributed
- Mental health awareness walk and presentation – Tomahawk (2015) and Merrill (2014)
- Mental health banner with resource information displayed in community – Tomahawk and Merrill (2014 and 2015)
• BeSAFE (Safe, Affirming and Fair Environments) anti-bullying training: Tomahawk Middle School (2014), Lincoln County 4H (2015) and area youth group leaders
• MOAB (Management of Aggressive Behavior) training – 52 people trained
• QPR (Question, Persuade, Refer) training for suicide prevention: 71 people trained
• Youth substance abuse screening and brief intervention education to Ministry medical providers (Tomahawk and Merrill)
• Three nurses trained in SANE (Sexual Assault Nurse Examiner) Program at Ministry Good Samaritan Health Center
• Mental Health Coalition coordinated mental health support for Lincoln County inmates
• $10,000 donation to HAVEN (domestic violence shelter)
• AODA services: Ministry Good Samaritan Health Center financially supported AODA screening and referral services for five individuals
• Psychologist services: Good Samaritan financially supported a psychological assessment for one individual
• Menard Center occupants – St. Vincent De Paul, CAP, United Way, Comunidad Hispana
• Telehealth capability installed at Merrill; the availability of mental health services via telehealth is pending

However, the data reviewed continue to indicate a need:
• Lincoln County’s suicide rate is 19.44 per 100,000 population as compared to 12.84 for Wisconsin and 11.82 for the U.S. The Healthy People 2020 target for the US is 10.2.
• Ministry Health Care depression screening data:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of Ministry or Marshfield Clinic Patients from Lincoln County with a Depression Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>12.9%</td>
</tr>
<tr>
<td>2013</td>
<td>12.2%</td>
</tr>
<tr>
<td>2014</td>
<td>11.9%</td>
</tr>
</tbody>
</table>
• Lincoln County has been federally designated as a mental health professional shortage area (U.S. Department of Health and Human Services, May 29, 2013)
• Lincoln County’s average number of mentally unhealthy days reported in the past 30 days is 3.1 days compared to the state average of 3.0.

![Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted) (averaged over 2006-2012)](image)


In their discussions, stakeholders noted:
• Suicide rates are very high in the community
• Soft skills education is lacking (the skills needed to be successful in life are under mental health: how to manage emotions, how to manage stress, how to communicate, what to do if you are in a crisis, how to de-escalate your own behaviors)
• There are emerging issues with drugs and alcohol in the community
• Medical providers may be uncomfortable treating mental health issues

In addition, the survey of those who live in poverty showed:
• 10 percent of respondents felt mentally or physically “not good” every day during the past 30 days
• Approximately one-third of respondents had zero days in the last 30 that they felt mentally or physically “not good”
• 33.64 percent of respondents chose mental health as one of the top three health priorities
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, such as smoking, physical inactivity, obesity and 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.)

Oral Health
Oral health issues continue to be a priority in Lincoln County. The Progress Report showed that significant steps have been taken to address oral health including:

- **Seal-A-Smile Program (Dental Sealants)**
  - Provides classroom education, oral health exam, placement of sealants and fluoride varnishes
  - In the 2013-14 school year, six Lincoln County schools participated; 210 students were screened; 176 received sealants

- **Sugar-Out Day (education, dental supplies and sugar-free pledge)**
  - Tomahawk Elementary (all 2nd graders in 2014 and 2015)
  - Students at Merrill schools (varying in 2014 and 2015): Kate Goodrich, Pine River School for the Young Learners, Maple Grove, Washington and Jefferson

- **Safety Day Camp: Oral Health Education – ages 8-11 (120 in 2014; 114 in 2015)**

- **Dental Supplies**
  - Tomahawk Kinship Program grant (35 children)
  - Tomahawk Homeless Shelter (15 dental kits)
  - Tomahawk Food Pantry (50 dental kits)
  - Tomahawk back-to-school supply outreach (175 dental kits)
  - Tomahawk Salvation Army Backpack Program (45 families)
  - Merrill Youth Dental Kits (400 in 2014; 1,000 in 2015)
  - Merrill Food Pantry (100 kits in 2014; 200 tubes toothpaste and 330 toothbrushes in 2015)

Good Samaritan Medical Center Tooth Fairy Fund provides financial assistance for emergency dental care.

- In 2014, 21 persons served totaling $7,019
- In 2015, 5 persons served totaling $1,491
- Menard Center space is provided for the Bridge Community Dental Clinic
However, the data reviewed continues to indicate a need:

- The indicator below shows the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This is relevant as it demonstrates lack of access to dental care and/or social barriers to utilization of dental services.

- The indicator below shows the number of dentists per 100,000 population. This indicator includes all dentists—qualified as having a doctorate in dental surgery (D.D.S) or dental medicine (D.M.S.) who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

- The indicator below shows the percentage of adults aged 18 and older who self-reported that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreased the likelihood of developing further health problems. The indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.
In their discussions, stakeholders noted:

- People may not recognize the connection between oral health and overall physical health.
- It is hard to recruit medical, specialty care and oral healthcare providers.
- There is a connection between oral health and drug abuse (prescription and nonprescription).
- Emergency department visits for tooth related issues are on the rise.
- Medical and dental professions may work in silos.

In addition, the survey of those who live in poverty showed:

- 13 percent of respondents reported all of the past 30 days their oral health was “not good”
- 16.82 percent of respondents chose oral health as one of the top three health priorities

The mouth is an integral part of human anatomy and plays a major role in our overall physiology. Thus, oral health is intimately related to the health of the rest of the body. For example, mounting evidence suggests that infections in the mouth, such as periodontal (gum) diseases, may increase the risk of heart disease, may put pregnant women at greater risk of premature delivery, and may complicate control of blood sugar for people living with diabetes. Conversely, changes in the mouth often are the first signs of problems elsewhere in the body, such as infectious diseases, immune disorders, nutritional deficiencies and cancer. (Wisconsin Department of Health Services)

**Nutrition**

Nutrition issues continue to be a priority in Lincoln County. The Progress Report showed that significant steps have been taken to address nutrition including:

- Systems change:
  - Tomahawk School District Wellness Committee formed
  - Menard Center: space provided for Merrill Community Food Pantry
  - Electronic Benefit Transfer (EBT) machines are in place and actively used at three farmers’ markets. Ministry Good Samaritan Health Center and Ministry Sacred Heart Hospital provided funding to launch and support this easy opportunity to use Food Share benefits for healthy foods:
    - EBT machines, signs and ads – $3,000 from Good Samaritan (2015)
    - EBT transaction support in Merrill – $500 (2014); $3,000 (2015)
    - EBT transaction support in Tomahawk – $500 (2014); growth in usage seen in 2015 with additional $750 funding
- Nutrition education:
  - Farmers’ market nutrition classes
  - Healthy snack and drink education provided to Tomahawk Elementary School
  - Cooking demonstrations targeting low-income residents provided at Head Start, food pantry and WIC. In 2014, two events with a total of 61 attendees (unduplicated); in 2015, 14 events with a total of 319 attendees (unduplicated); cooking appliances provided.
  - Tomahawk 5K Kick Start event

- Supplies provided/funded:
  - $1,000 to Tomahawk School district for pedometers
  - $1,500 to Tomahawk Kinship Program for cost of healthy snacks and community garden supplies
  - Implementation of “food bucks” at Tomahawk and Merrill Farmers’ Markets. Food bucks are an incentive coupon to use an EBT card at the markets. With food bucks, the recipient can receive an additional amount of fresh produce free of charge.
  - Farmers’ Market Coupons in Merrill: 500 @ $10 = $5,000
  - Farmers’ Market Coupons in Tomahawk: 100 @ $4 = $400
  - Increased demand for non-processed meat and produce at the food pantry
  - Breaking Bread Meal (192 persons served)
  - Fill The Gazebo (100 persons served)

- Grants received:
  - Awarded Corner Store grant of $7,000. Tomahawk BP and Northern Pantry in Merrill are participating
  - Awarded Community Opportunity Grant (UW School of Medicine and Public Health) – $50,000
  - Grant to provide EBT machines and training for farmers’ markets
  - Ministry Good Samaritan Health Center received a $7,500 HEAL Grant
  - Ministry Sacred Heart Hospital (in collaboration with Ministry’s Northern Region) received two HEAL Grants in the amounts of $11,700 and $40,465

However, the data reviewed continue to indicate a need:
- The indicator below demonstrates that in the reported area, an estimated 18,341 or 79.9 percent of adults over the age of 18 are consuming less than five servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of further health, and unhealthy eating habits may be the cause of significant health issues, such as obesity and diabetes.
This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores, which also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

In their discussions, stakeholders noted:
- Children’s BMI is not improving over time.
- Children have little control over the food parents make available to them.
- There are gaps between the school districts and community health initiatives.
- Overall, the population is aging.

In addition, the survey of those who live in poverty showed:
- 24.3 percent of respondents chose healthy eating as one of the top three health priorities.

A healthy diet reduces the risk of a number of chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses. Good nutrition in children is important for healthy growth and development, as well as maintaining appropriate weight. Annual health care costs are $1,400 higher for people who are obese than for those who are not. When families have ready-access to sufficient and nutritious foods, they are food secure. Ten percent of Wisconsin households are food insecure. *(Healthiest Wisconsin 2020; Healthy People 2020)*
Potential Resources to Address the Significant Health Needs

As part of the community stakeholders’ meeting, the group identified resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing implementation plans to address the prioritized community health needs:

Healthcare facilities:
- Ministry Sacred Heart Hospital
- Ministry Good Samaritan Health Center
- Ministry Medical Group Tomahawk and Merrill clinics
- Aspirus Clinic
- Marshfield Clinic
- Chiropractic clinics
- Ministry Behavioral Health
- Bridge Community Clinic
- Dental clinics
- Eye clinics
- St. Vincent DePaul Free Clinic

Other organizations/groups/services/programs:
- Healthy People Lincoln County – oral, nutrition and mental health coalitions
- Private and parochial schools
- UW Extension
- North Central Community Action Program
- Merrill Area United Way
- North Central Technical College
- Lincoln County Health Department
- Head Start
- Kinship
- Lincoln County drug free coalition
- Lincoln County homeless coalition
- Our Sisters House Tomahawk – homeless shelter
- Lincoln County death review team
- Comunidad Hispania
- HAVEN
- Merrill Area Enrichment Center
- Adult and children day care centers
- St. Vincent DePaul
• Churches
• Ministry Sacred Heart Hospital Star Foundation /Merrill Area United Way
• Department of Health and Human Services
• Merrill Area Warming Center
• Farmers’ markets in Tomahawk and Merrill
• Chambers of Commerce
• Grocery and convenience stores
• Senior centers
• Interfaith volunteers
• Lincoln County 4-H
• Girl/Boy Scouts
• Meals on Wheels
• Family Resource Center
• Service groups (i.e. rotary, optimists)
• Aging and Disability Resource Center
• AlAnon, AA, NA

Physical resources:
• Parks
• Libraries
• Walking trails
• Merrill Area Recreation Center
• Athletic clubs/fitness programs
• Emergency services
• School recreation facilities
• Public transportation

Community characteristics:
• Collaboration
• Strong engaged leadership
• Stay local preference
• Sense of community commitment
Next Steps

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

- Collaborating with community partners through Healthy People Lincoln County
- 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.

Evaluation of the Impact of the Preceding Implementation Strategy

**Good Samaritan**

Health priorities identified in the preceding CHNA (2013-2016) were:

- Oral Health
- Mental Health
- Nutrition

**Evaluation**

Oral Health: Associates of GSMC were active participants in the Lincoln County Oral Health Coalition. Five schools participated in Sugar Out Day program with participating students demonstrating expanded knowledge of good oral hygiene. Sealants were provided to children in Lincoln County. The percentage of children with dental caries or untreated decay when screened decreased from 49% to 43%. The number of oral-health related visits to the hospital Emergency Department has remained constant.

Mental Health: Associates of GSMC were active participants in the Lincoln County Mental Health Coalition. Mental Health Resource Guides were distributed annually throughout the community to assist providers and residents in finding needed services. Mental Health First Aid instructor training was provided with 100% of participants demonstrating increased knowledge. There was a decrease in the rate of suicides in the community. However, this area continues to be a priority for ongoing efforts.

Nutrition: Associates of GSMC were active participants in the Lincoln County Nutrition Coalition. Good Samaritan provided healthy cooking demonstrations including providing equipment for cooking. 100% of participants reported an intention to cook healthier and in follow-up surveys 86% reported using the recipes that were provided. Good Samaritan financially supported the use of electronic benefit transfer (EBT) at the local Farmer’s Market with a demonstrated increase in the number of EBT dollars used and coupon redeemed.

**Sacred Heart**

Health priorities identified in the preceding CHNA (2013-2016) were:

- Oral Health
- Mental Health
- Nutrition
Evaluation
Oral Health: Oral health supplies were provided to four local agencies serving lower income residents. Funding was provided to support children receiving dental sealants. 97% of children participating in the Sugar Out Day took a pledge to decrease their sugar intake. The percentage of children with dental caries or untreated decay when screened decreased from 49% to 43%.

Mental Health: QPR and Mental Health First Aid training was provided in the community. Educational displays regarding mental health issues were provided. A Mental Health Summit was held with the majority of participants indicating on the evaluation that the content was helpful in their work or personal life.

Nutrition: The hospital financially supported the use of electronic benefit transfer (EBT) at the local Farmer’s Market with a demonstrated increase in the number of EBT dollars used and coupon dollars used. Community food demonstrations were provided with 75% of participants indicating an increase in knowledge about how to eat healthier. In addition, four local agencies implemented policies and/or environmental changes to support healthy nutrition. However, obesity rates continue to be very high in the area; over 49% of clinic patients are obese.

Approval

This community health needs assessment (CHNA) report was adopted by the Ministry Good Samaritan Health Center Board on May 24, 2016.

This community health needs assessment (CHNA) report was adopted by the Ministry Sacred Heart Hospital Board on June 7, 2016.