



Ascension Wisconsin Community Health Needs Assessment

2019-2022



**Howard Young
Medical Center**



**Ascension
Eagle River
Hospital**



**Ascension
St. Mary's Hospital**

Ascension St. Mary's Hospital, Ascension Eagle River Hospital and Howard Young Medical Center, part of Ascension Wisconsin An assessment of Forest County, Oneida County, and Vilas County

Ascension St. Mary's Hospital, Howard Young Medical Center, part of Ascension Wisconsin, and Ascension Eagle River Hospital, a critical access hospital, serve people in the communities of northern Wisconsin.

The community health needs assessment (CHNA) was conducted in 2018 and focused on the needs of individuals in Forest, Oneida and Vilas counties. 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](https://www.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 St. Mary's, Ascension Eagle River and Howard Young Medical Center serve Forest, Oneida and Vilas counties and surrounding areas, for the purposes of the CHNA, the hospitals focused on the needs of Forest, Oneida and Vilas counties. 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 Forest, Oneida and Vilas counties.

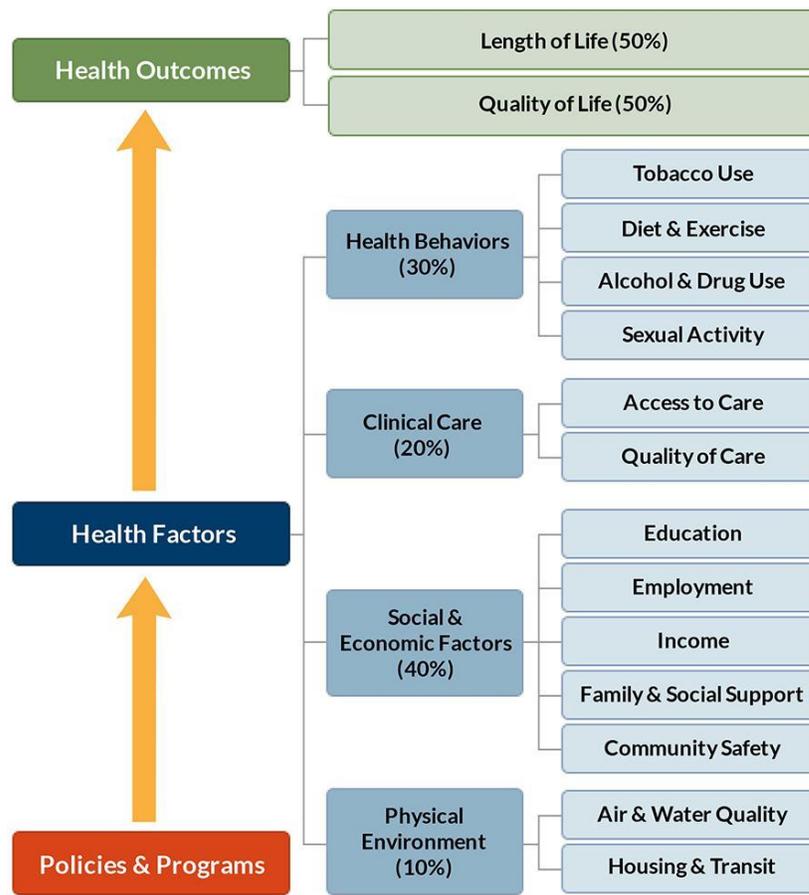
Demographic Profile of Forest, Oneida and Vilas Counties (2016 estimates)

	Forest County	Oneida County	Vilas County	Wisconsin	United States
Population	9,108	35,601	21,373	5,778,709	323,127,515
Age 0-17	20.3%	16.6%	13.1%	22.2%	22.8%
Age 65+	22.0%	25.0%	28.8%	16.0%	15.2%
Median Age	46.2	50.9	52.9	39.4	37.9
Race or Ethnicity					
Asian	0%	0.7%	0.5%	2.7%	5.4%
Black / African American	0%	0.7%	0.3%	6.3%	12.7%
Hispanic / Latino	--	2.5%	2.0%	6.7%	17.8%
Native American	14.1%	0.9%	9.1%	0.9%	0.8%
White	81.4%	96.2%	86.4%	85.5%	72.6%
Individuals who have served in the military	9.0%	10.2%	12.7%	7.5%	7.5%
Individuals with a disability	10.2%	8.5%	16.8%	7.0%	7.4%

Source: U.S. Census Bureau (compiled by the Oneida County Health Department)

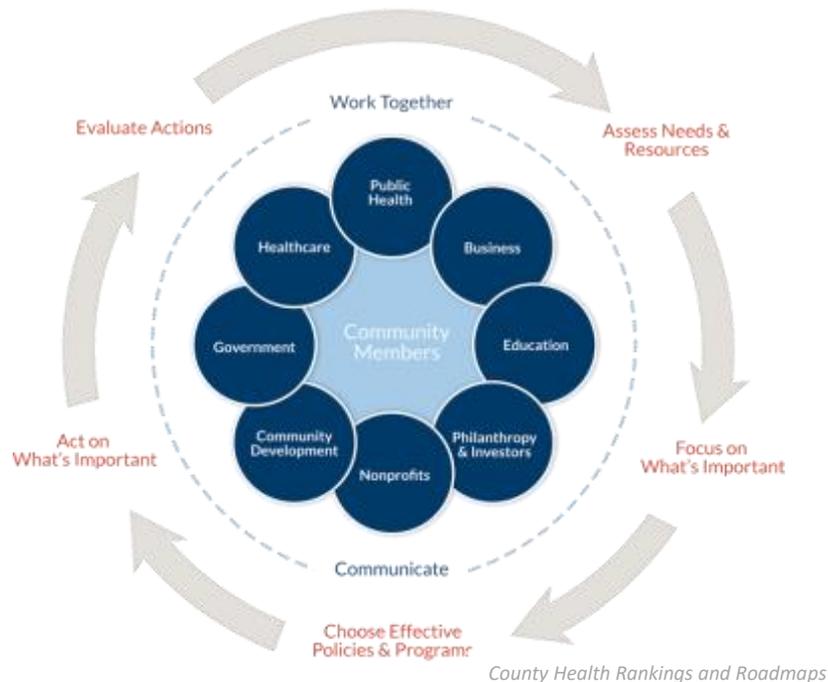
Our Community Health Improvement Approach

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 by the three hospitals in 2018. The assessment included multiple steps and partners:

- The tri-county (Forest, Oneida, Vilas counties) Collaborative Health Planning Committee (CHPC) conducted a four-meeting facilitated review of community health data throughout 2018. The CHPC is a multi-sector regional partnership including health departments, hospitals, clinics, schools, governmental agencies and non-profits. The CHPC is co-led by the Forest, Oneida and Vilas County Health Departments.
- The hospitals' community health improvement plan (CHIP) lead staff person and a regional Ascension Wisconsin CHIP manager compiled data into a report. The report included data from the CHPC meetings as well as data from the County Health Rankings and Roadmaps and Community Commons (www.chna.org). The report was shared in advance with the September 2018 prioritization meeting attendees.
- The hospitals' CHIP lead and Ascension Wisconsin's regional CHIP manager summarized the data and made recommendations for a September 2018 prioritization meeting.

The 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

Data were from multiple sources, including but not limited to:

- Local: Crisis hotline; Women, Infants and Children (WIC) program
- State: Wisconsin Immunization Registry; Wisconsin Department of Health Services
- Federal: U.S. Census; Centers for Disease Control and Prevention (Behavioral Risk Factor Surveillance System; Community Health Status Indicators); www.healthdata.gov
- Multiple sources as provided by County Health Rankings and Roadmaps (www.countyhealthrankings.org) and Community Commons (www.chna.org).

Voice of the Community

Ascension St. Mary's, Ascension Eagle River and Howard Young Medical Center are committed to addressing community health needs collaboratively with local partners. The hospitals and their 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 Leaders

Input was received from community stakeholders in multiple ways:

- CHPC meetings: During the four data review meetings, community partners reviewed data and discussed root causes, current related strategies, challenges, information gaps and health equity.
- Community survey: The hospitals conducted a community survey in the summer of 2018. The survey was available to all individuals at multiple locations throughout the tri-county area, including the hospitals, clinics, food pantries, WIC clinics and county buildings (e.g., with a focus on veterans, aging, health departments). Results were shared at the September 2018 prioritization meeting.
- Prioritization meeting: Attendees at the September 2018 prioritization meeting discussed the data, the potential priorities and the rationale for the priorities.

See Appendices for a list of stakeholders.

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 hospitals 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 overall review of data. 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 hospitals' CHIP lead and Ascension Wisconsin's regional CHIP manager reviewed the data report, summarized the data according to the criteria below and made recommendations for the September 2018 prioritization meeting.
2. At the September 2018 prioritization meeting, a team of internal and external stakeholders reviewed the data and the recommendations, identified top priorities and narrowed the list of potential priorities through a voting process.
3. The results of the September prioritization meeting were shared with the hospitals' chief administrative officer. The chief administrative officer reviewed and approved the final set of health priorities.

Prioritization criteria included:

- Scope of problem (e.g., scope, severity)
- 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:

- Mental Health
- AODA
- Chronic Disease

Health Needs Not Selected for This Plan

Ascension Wisconsin understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities we serve. For the purposes of this CHNA, we have chosen to focus our efforts on the priorities listed above.

In the prioritization process, the following health issues were ranked lower: child abuse and graduation rates. The group recommended not naming these as priorities so efforts could be focused on the top three selected. In addition, the group indicated that the youth components should be woven into the selected priorities when possible, which could have an impact on child abuse and graduation rates.

Overview of Priorities

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

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

Stakeholder Discussion

- Being mentally healthy helps a person take care of many areas of their life
- There is a ripple effect from poor mental health – self-medicating, risk of child abuse and more
- Mental health impacts everyone
- Momentum: mental health is currently a visible issue in the media

Community Survey

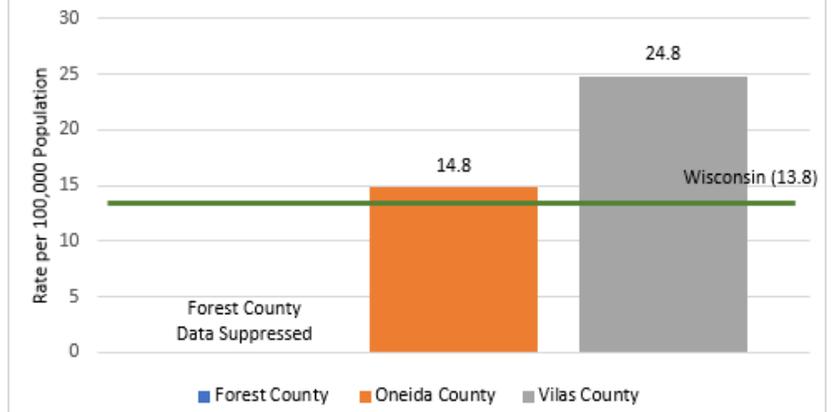
- For surveyed community members, access to affordable mental health services was the third-most selected issue for improvement.

Sources:

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

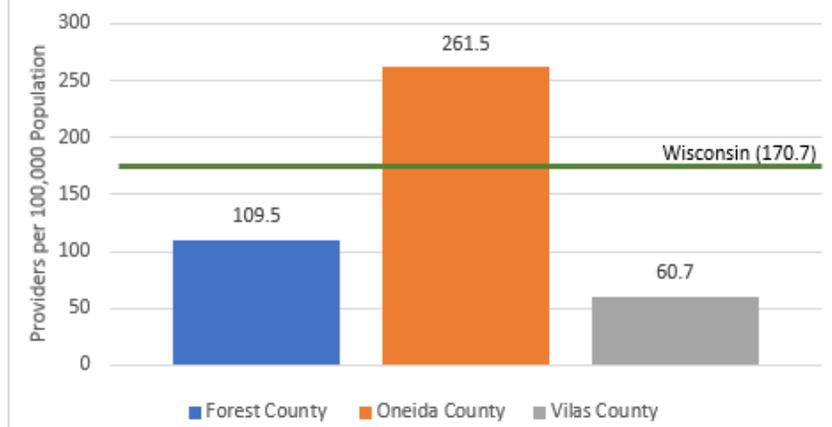
Data Highlights

Suicide, Age-Adjusted Death Rate



Source: Centers for Disease Control and Prevention, accessed on Community Commons (chna.org). Years of data used: 2012-16.

Mental Health Care Provider Rate



Source: University of Wisconsin Population Health Institute, County Health Rankings, accessed on the Community Commons website (chna.org). Year of data used: 2018.

Local Assets and Resources

- Ascension Koller Behavioral Health
- Human Service Center of Forest, Oneida and Vilas Counties
- United Way 211
- Private counseling providers
- Faith community / Churches
- Clinics and hospitals
- NEWCAP (Northeast Wisconsin Community Action Program, Forest County)

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 can also 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

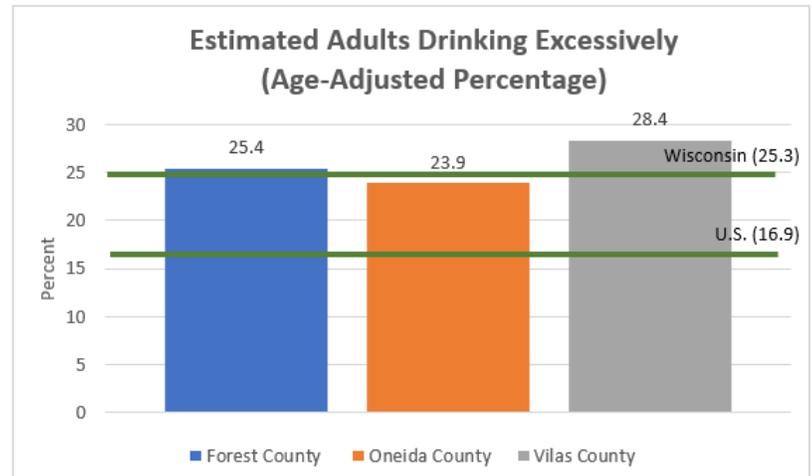
Stakeholder Discussion

- It is a struggle every day to get patients the resources they need (e.g., for opioid addiction)
- For those with addiction, the addiction is their first love; a person can't move forward until that addiction is gone
- Addiction affects the person with the addiction and people around that person
- Momentum: opioid addiction is currently visible in the media
- Drug potency and availability are higher
- Marijuana is the gateway drug for many issues
- Mothers are asking if CBD oil is safe and if marijuana is safe

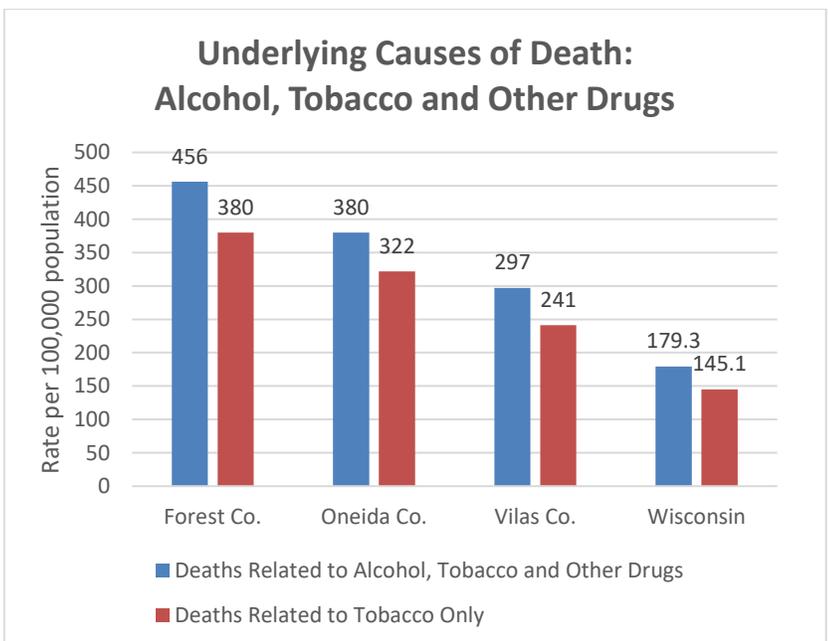
Sources:

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

Data Highlights



Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, accessed on the Community Commons website (chna.org). Years of data used: 2006-12.



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section, Public Health Profiles, Wisconsin 2016 (P-45358-17). August 2017. Year of data used: 2015.

Local Assets and Resources:

- HOPE Consortium (regional partnership of organizations in north central Wisconsin to address opioid use disorders)
- Wisconsin Addiction Line (part of 211)
- Alcohol Anonymous, Narcotics Anonymous groups
- AmeriCorps recovery coaches
- Public health departments
- All assets and resources listed with the Mental Health priority

Chronic Disease

Chronic diseases include 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 diabetes²
- ▶ 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

Stakeholder Discussion

- Chronic diseases are prevalent and cost billions of dollars
- Many chronic diseases are preventable
- Chronic diseases have a long-term impact on quality and length of life
- Chronic diseases are linked to AODA and mental health
- The three counties have an older population, and older individuals have higher rates of chronic diseases

Community Survey

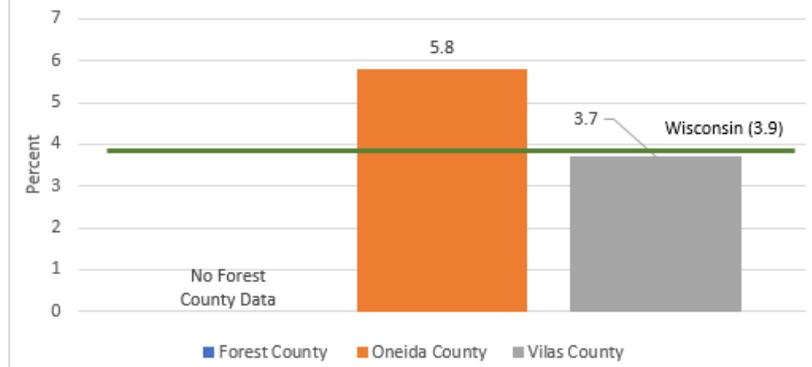
- For surveyed community members with low income, access to affordable healthy foods was identified as the issue that needs the most improvement.

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

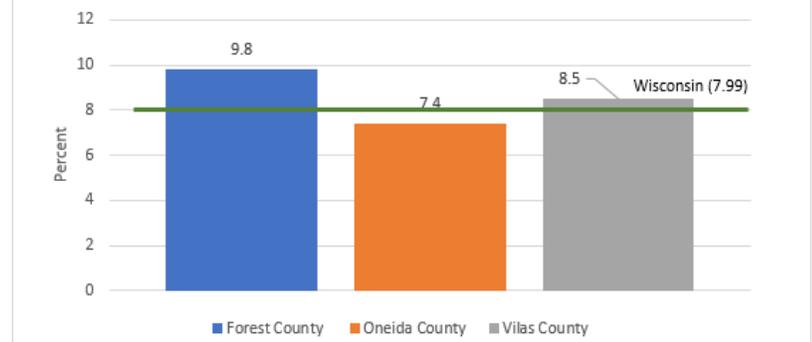
Data Highlights

Percent Adults Diagnosed with Heart Disease or Angina



Source: Centers for Disease Control and Prevention, accessed on the Community Commons website (chna.org). Years of data used: 2011-12.

Percent Adults Diagnosed with Diabetes (Age-Adjusted)



Source: Centers for Disease Control and Prevention, accessed on the Community Commons website (chna.org). Year of data used: 2013.

Local Assets and Resources:

- Wisconsin Institute for Healthy Aging programs (e.g., Strong Bones, Healthy Living, etc.) conducted by local agencies
- Diabetes Prevention Program (DPP) in the Ascension Medical Group at Rhinelander clinic
- Certified Diabetes Educators (CDE) in Ascension Medical Group Wisconsin clinics
- YMCA programs in Oneida County
- Community education programs focused on chronic diseases and related contributors
- Forest County 'Ties that Bind Us' (cancer-prevention activities and supportive services for individuals with cancer)
- Lions Club (raising awareness around diabetes prevention and other health issues)

Results of the Previous CHNA Process

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

- AODA
- Mental Health
- Chronic Disease

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 Boards of Directors of Ascension Eagle River Hospital, Inc., Ascension Sacred Heart-St. Mary's Hospitals, Inc., and The Howard Young Medical Center, Inc., on April 2, 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 Process¹

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

Health priorities identified in the preceding CHNA were:

- AODA
- Mental Health
- Chronic Disease

¹ The original CHNA report was posted in June 2019 with results for Year One and Year Two. This appendix was updated in early 2020 to also include results for Year Three.

AODA

- Results for Year One:
 - During FY17, the regional AODA and mental health coalitions combined.
 - The hospitals each had a separate but consistent discharge process for patients admitted with AODA issues. Each hospital's discharge process includes sharing printed resources with the patient.

- Results for Year Two:
 - Ascension Wisconsin is a member of the Mental Health and AODA Community Outreach Prevention and Education (COPE) Coalition. The Coalition is comprised of community stakeholders from Forest, Oneida and Vilas counties and meets quarterly. Coalition impact included: community viewings of "Written Off," a documentary about a boy who died of a drug overdose; drug recognition training for officers; prescription drug 'take back' events; Naloxone training; and community presentations on "Hidden in Plain Sight," which show parents where and how teens might be concealing drugs. Ascension Wisconsin hospitals also provided financial support for local efforts.
 - The hospitals strengthened their internal systems to better treat substance abuse disorders through the Behavioral Health Department by maintaining an outpatient Suboxone program for opiate use disorder and providing access to recovery coaches and service coordinators to anyone age 18 and up living with an opiate use disorder diagnosis.

- Results for Year Three:
 - Ascension St. Mary's is hosting a recovery coach. Across the northern region, 17 recovery coaches are placed through the Marshfield Clinic Health System Recovery Coach Program in the tri-county area. Recovery coaches are individuals who have been affected by drug use and have not used drugs for at least six months. Recovery coaches provide one-on-one care, community education, support groups, resources and transportation. Four hundred forty-four (444) unique individuals received services from recovery coaches from September 2018 through August 2019.
 - During FY19, Ascension Howard Young, Eagle River and Saint Mary's worked with their community partners to implement substance abuse prevention programming, including promoting the availability of resources through the United Way's 2-1-1 information center by distributing posters, postcards and over 500 2-1-1 business cards throughout the community and providing training on overcoming opioid addiction (with funding from the Area Health Education Center). Additionally, from January to December 2018, the Oneida County Drug Take-Back program collected over 1000 pounds of unused prescription drugs.

Mental Health

- Results for Year One:
 - Question, Persuade, Refer (QPR) trainings were held throughout the three counties in five sectors [healthcare (hospital/clinic), health departments, students (college and high school), school district staff and train-the-trainer events].
 - Mindfulness/meditation classes were offered monthly during FY17. During that time, there were 24 mindfulness programs and 21 meditation groups, free and open to the public, at Ascension Medical Group in Rhinelander.
 - Memory Cafés were held monthly in Rhinelander. Approximately 10-15 patients and family members attend each month.

- Results for Year Two:
 - The hospitals implemented QPR trainings in Forest, Oneida and Vilas counties. Participants were from multiple sectors, including local schools, law enforcement, Nicolet College, healthcare facilities, the public and more. Eighty participants were trained in Vilas County. In Forest County, staff and teachers in the school districts were trained. In Oneida County, the 8th grade students and the new staff in the school district of Rhinelander were trained. In FY 2018, one hundred percent of attendees who completed the evaluation indicated they felt confident asking the important questions.
 - Although we were not able to standardize a process between all hospitals, the Behavioral Health Department, which services all hospitals, has been making great strides toward these goals. Ascension Koller Behavioral Health has participated in the Zero Suicide initiative and our team is comprised of administrators and clinicians from both inpatient and outpatient departments. We have focused on standardized suicide risk assessments for the outpatient department, including a risk stratification table with suggested interventions. We have expanded training for staff on suicide risk factors, legality assessments and safety planning. We are in the process of identifying patients who have a psychiatry provider but not a psychotherapy provider, so we can assure routine risk assessments. Our inpatient team addresses access to lethal means, safety planning, family/support conferences and discharge planning with mental health follow-up.
 - The hospitals led the planning for a regional Mental Health Summit. It was the third biennial summit and 108 people attended. Nearly 90 percent of participants who completed the evaluation indicated they are better prepared to advocate for the mentally ill.
 - The Memory Café in Rhinelander was supported by the local hospital. Memory Cafes provide support and resources for families of loved ones with dementia.

- Results for Year Three:
 - During FY19, Ascension Howard Young, Eagle River and Saint Mary's worked with their community partners to implement mental health programming, including:
 - Promoting the availability of resources through the United Way's 2-1-1 information center by distributing posters, postcards and over 500 2-1-1 business cards throughout the community.

- Conducting Question, Persuade, Refer (QPR) suicide prevention training. QPR is an evidence-based program to help identify and intervene with individuals at risk of suicide. QPR trainings were held in Forest, Oneida and Vilas counties at schools, hospitals/clinics and emergency medical services. While no new individuals became trained to be a QPR instructor, all current QPR trainers continued to train in the three counties. Over 85 people were trained in QPR in FY19.
 - Conducting Mental Health First Aid training. Mental Health First Aid provides participants with knowledge on how to offer support to individuals struggling with mental health issues. Three Mental Health First Aid trainings were held in FY19; 26 people were trained. Locations included Ascension St. Mary's Hospital in Rhinelander and the town of Eagle River. Ascension Behavioral Health took a leadership role in conducting these trainings. One Ascension Wisconsin associate was trained as an instructor and provided all three trainings.
 - Promoting mental health resources for men through the HeadsUP campaign in taverns/bars in three counties.
- The Memory Café in Rhinelander was supported by the local hospital. Memory Cafes provide support and resources for families of loved ones with dementia. Approximately 15 patients and family members attend each month.
- Planning began for the 2020 Mental Health Summit. The Summit is a bi-annual event that provides education and resources to community members on various mental health-related topics. The planning committee has been convened. The 2020 Summit will focus on eating disorders. The keynote speaker has been confirmed. The 2020 Summit will be held in May in Lac du Flambeau. Ascension Behavioral Health takes a leadership role in planning the Summit.

Chronic Disease

- Results for Year One:
 - A Healthy Hospital Physical Activity Environmental Scan was completed at Ascension St. Mary's, Howard Young and Ascension Eagle River.
 - Six water bottle filling stations have been installed in Ascension Wisconsin's Northern Region hospitals and clinics. Point-of-decision prompts are posted near the stations, and the stations' measure of "how many water bottles saved" is showing use.
- Results for Year Two:
 - Several gaps identified in a previously-completed Healthy Hospital Physical Activity Environmental Scan were addressed, including: installing a bike rack at Ascension Eagle River; rotating physical activity point-of-decision prompts with healthy messages monthly at Howard Young and Ascension St. Mary's; and rotating water consumption point-of-decision prompts at Ascension St. Mary's.
 - Strong Bones sessions were held across the service area, with two, 12-week sessions held in Oneida, Vilas and Forest Counties. One hundred percent of participants who completed the

pre- and post-assessment showed an improvement in at least one of four strength areas (sit and reach, back scratch, arm curl, chair sit).

- Results for Year Three:
 - In FY19, the Northwoods Coalition for Activity and Nutrition (CAN), along with its county-based subcommittees (Oneida, Forest, Vilas), offered a number of programs that encouraged increased nutrition and physical activity. Programs included: walking challenges (Forest); farmers market (Forest); food pantry survey regarding barriers to accessing healthy foods (Oneida); cooking classes (Oneida); medical screenings at food pantry (Howard Young providing services in Vilas County); blood pressure checks at food pantry (Oneida).
 - The Northwoods CAN and its members also conducted and/or promoted a number of classes.
 - One Stepping On class was held in FY19 in Oneida County. Ten (10) individuals participated in the class and all of the participants made at least one life/environment change to reduce the risk of falls.
 - Living Well with Chronic Conditions is a 10-week course that provides individuals with chronic illness the tools, resources and community to live their best life with chronic conditions. In FY19, one course was held in each of Oneida County, Forest County and Vilas County. Participation data is not available.
 - Strong Bodies continues to be a popular program in Oneida, Vilas and Forest Counties. Strong Bodies classes are coordinated by the Aging and Disability Resource Center (ADRC) in each of the three counties (Oneida, Vilas, Forest). Ascension St. Mary's hosted one Strong Bodies class in FY19, with 13 individuals completing the class. At the Aging and Disability Resource Center (ADRC) of Oneida County, classes are always in session and at capacity. Classes are held at multiple sites: Minocqua Library, Oneida County ADRC, and Ascension Saint Mary's, with a new site added in FY19: Rhine House. Six additional classes were offered in five other locations in the region. Ascension Wisconsin hospitals and clinics promote classes offered in the region. For classes held at Ascension St. Mary's, one hundred percent of participants who completed the pre- and post-assessment showed an improvement in at least one of four strength and flexibility areas.
 - Since installation of water bottle filling stations at Ascension Saint Mary's in Rhinelander, 30,000 bottles of water have been saved by associates and patients. In FY19, point of decision (POD) prompts were displayed January-March at each of the hospitals. The POD prompts encouraged associates/ patients to choose water over other beverages and drink more water daily.
 - The 5210 program emphasizes five fruits and vegetables, no more than two hours of screen time, at least one hour of physical activity and zero sugar-sweetened beverages. The pediatric clinic near Ascension St. Mary's in Rhinelander continues to promote 5210 with patients whose body mass index exceeds the 85th percentile.

Appendix 2: Community Leaders/Stakeholders

Listed below are the community stakeholders who 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.

Collaborative Health Planning Committee (CHPC)

The Collaborative Health Planning Committee (CHPC) is a multi-sector, tri-county partnership including health departments, hospitals, clinics, schools, governmental agencies and non-profits. The CHPC is co-lead by the Forest, Oneida and Vilas County Health Departments. The CHPC met to review and discuss data and the current community context four times over the course of 2018.

Representatives from the following organizations attended at least one of the CHPC meetings in 2018:

- Forest County Health Department
- Oneida County Health Department
- Vilas County Health Department
- Forest County Department on Aging
- Vilas County Department on Aging
- Oneida County Department of Social Services
- Lac du Flambeau Band of Lake Superior Chippewa Indians - Community Health / Peter Christensen Health Center
- Forest, Oneida and Vilas County UW-Extension
- Ascension St. Mary's Hospital, Ascension Eagle River Hospital and Howard Young Medical Center
- Ascension Medical Group in Eagle River
- Aspirus (healthcare system)
- Marshfield Clinic Health System
- Lakeland Union High School
- Girls on the Run of the Northwoods
- Community members

Prioritization Meeting

A prioritization meeting was held on September 13, 2018. Attendees included internal and external stakeholders representing a variety of sectors:

- Ascension Koller Behavioral Health
- Forest County Health Department
- Oneida County Health Department
- Vilas County Health Department
- Ascension St. Mary's Hospital, Ascension Eagle River Hospital and Howard Young Medical Center
- Ascension Medical Group (Crandon, Eagle River, Rhinelander)

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

Required Content from Section 501r 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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