



Ascension Wisconsin Community Health Needs Assessment

2021-2024



**Ascension
Good Samaritan
Hospital**



**Ascension
Sacred Heart
Hospital**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Lincoln County and to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input gathered from the community. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

<p>Ascension Good Samaritan Hospital 601 South Center Avenue Merrill, Wisconsin 54452 715.536.5511 https://healthcare.ascension.org/Locations/Wisconsin/WIAPM/Merrill-Good-Samaritan-Health-Center EIN: 39-0808503</p>	<p>Ascension Sacred Heart - St. Mary's Hospitals 401 West Mohawk Drive Tomahawk, Wisconsin 54487 715.453.7700 https://healthcare.ascension.org/Locations/Wisconsin/WIAPM/Tomahawk-Sacred-Heart-Hospital EIN: 39-1390638</p>
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The Spring 2021 Community Health Needs Assessment report was approved by the Ascension Good Samaritan Hospital board on April 27, 2021 and the Ascension Sacred Heart Hospital board on May 4, 2021. The report applies to the following three-year cycle: July 2021 to June 2024. This report, as well as the previous report, can be found at our public website: <https://healthcare.ascension.org/chna>

Suggested citation: Ascension Wisconsin. (2021). *Ascension Wisconsin Community Health Needs Assessment: 2021-2024: Good Samaritan Hospital and Sacred Heart Hospital*. Unpublished report. Ascension. <https://healthcare.ascension.org/chna>

We value the community's voice and welcome feedback on this report. Please visit our public website at <https://healthcare.ascension.org/chna> to submit your comments.

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Acknowledgements

The 2021 Community Health Needs Assessment (CHNA) represents a collaborative effort to gain a meaningful understanding of the most pressing health needs across Lincoln County. Ascension Good Samaritan and Ascension Sacred Heart are exceedingly thankful to the many community partners and members who shared their views, knowledge, expertise and skills with us. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report and your interest in and commitment to improving the health of all of our Lincoln County communities.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Lincoln County. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Good Samaritan and Ascension Sacred Heart serve Lincoln County and the surrounding areas, the hospitals have defined Lincoln County as their community served for the 2021 CHNA. Lincoln County was selected because it is the hospitals' primary service area and its community partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from summer 2020 to December 2020. The process incorporated community input and existing community health data. Community input was received through a survey and key informant interviews. More than 270 individuals responded to the survey and 11 community leaders were interviewed. Special attention was given to the needs of individuals and communities who are more vulnerable, to unmet health needs or to gaps in services and input gathered from the community. The results of the survey and key informant interviews were compiled and summarized. Existing community health data included metrics designed to measure health status, chronic disease, social and economic factors impacting residents and healthcare delivery system access.

Identifying Prioritized Needs in Lincoln County

A community stakeholder meeting was held (virtually) in December 2020. Prior to the meeting, the hospitals sent community input data and community health data to the attendees. The hospitals also sent a recommendation of the priorities based on established criteria. Stakeholders who were not able to attend the meeting were invited to comment prior to the meeting. During the meeting, the stakeholders were asked to respond to the recommendation. The hospitals documented the comments.

Based on the process described above, the prioritized needs include: nutrition and healthy food; mental health; alcohol and other drugs; oral health.

Conclusion and Next Steps

To ensure our efforts best meet the needs of our communities and will have a lasting and meaningful impact, Ascension Good Samaritan and Ascension Sacred Heart will develop a three-year implementation strategy plan which focuses on the identified priority needs.

About Ascension

As one of the leading non-profit and Catholic health systems in the U.S., Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of the communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: 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.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension Good Samaritan, Ascension Sacred Heart

As a Ministry of the Catholic Church, Ascension Good Samaritan and Ascension Sacred Heart are non-profit, critical access hospitals governed by a local board. The hospitals provide medical care to Lincoln County and the surrounding communities. In Wisconsin, Ascension operates 21 hospital campuses, more than 100 related healthcare facilities and employs more than 1,200 primary and specialty care clinicians from Racine to Eagle River.

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.

For more information about Ascension Good Samaritan, visit:

<https://healthcare.ascension.org/Locations/Wisconsin/WIAPM/Merrill-Good-Samaritan-Health-Center>

For information about Ascension Sacred Heart, visit:

<https://healthcare.ascension.org/Locations/Wisconsin/WIAPM/Tomahawk-Sacred-Heart-Hospital>

About the Community Health Needs Assessment

Community Health Needs Assessments, or CHNAs, are essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.”¹ The process serves as a foundation to promote the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Good Samaritan’s and Ascension Sacred Heart’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Good Samaritan in Merrill and Ascension Sacred Heart in Tomahawk.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Ascension Good Samaritan and Ascension Sacred Heart have both defined Lincoln County as their community served. Although the hospitals serve Lincoln County and the surrounding areas, the “community served” was defined as such because (a) most of their service area is in each county; (b) most of their community partners define their service area at the county level; and (c) most community health data is available at the county level.

Demographic Data

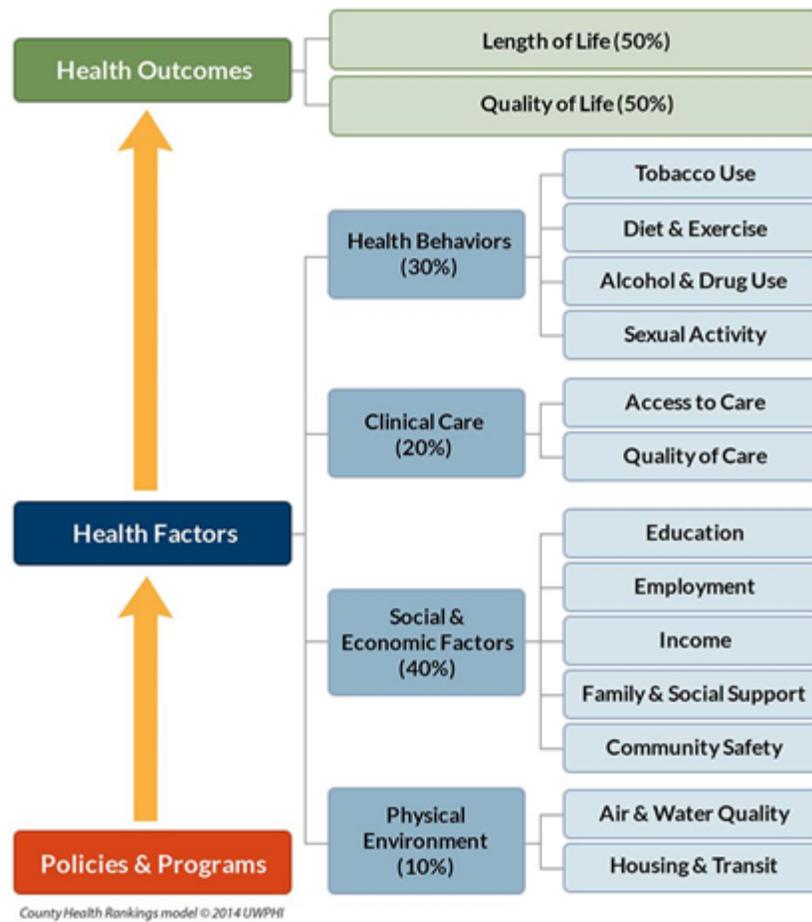
Lincoln County, with a population over 28,000, is located in rural northcentral Wisconsin. Geographically, Lincoln County has 32.7 people per square mile and Wisconsin has 105.0 people per square mile. Compared to Wisconsin, Lincoln County:

- Residents are older – 22 percent of the residents of Lincoln County are 65 or older, compared to 17 percent in Wisconsin.
- Is predominantly non-Hispanic and white; between one and two percent of the population is Hispanic.
- Is predominantly English-speaking – more than 99 percent of the population speaks English.
- Has a lower median household income (\$56,600 for Lincoln County; \$60,800 for Wisconsin).
- Has the same proportion of individuals who are uninsured (six percent for both Lincoln County and Wisconsin).

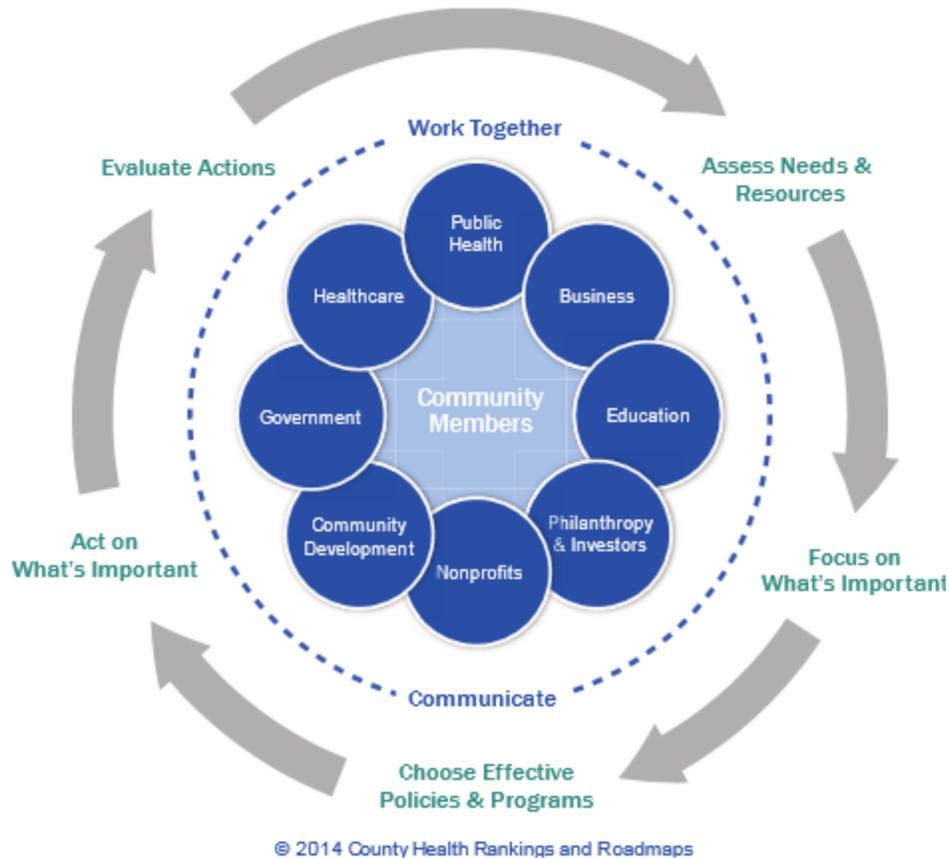
For additional demographic information and data sources for the above summary, please see [Appendix A](#).

Process and Methods Used

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.



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

Collaborators and/or Consultants

The hospitals conducted the assessment together. The coronavirus pandemic and the health department's accreditation timing limited the ability of community partners to co-lead the assessment.

Data Collection Methodology

Ascension Good Samaritan and Ascension Sacred Heart collected and analyzed community input (primary data) and publicly available health data (secondary data).

Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the hospitals invited the input of community members-at-large as well as a range of public health and social service providers that represent the broad interest of Lincoln County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Two methods were used to gather community input: a community survey and key informant interviews. The process and results are outlined below.

Community Survey

An electronic/online survey was created and distributed via email through local networks in August-October 2020. Initial distribution was conducted through community coalition members, the health department, the hospital foundations and existing community member email lists of the hospitals' community health improvement associates. The survey asked community members about their opinion of the community's top health issues across multiple categories of health factors. More than 270 individuals responded. Data were analyzed as a whole as well as by household income (under \$50K annually) and ethnicity.

Survey respondents were reflective of the community in some demographic characteristics (e.g., age, race) but not reflective of the community in other characteristics (e.g., gender, education). The table below describes the differences between the population and the respondents.

Measure	Lincoln County, Wisconsin	Survey Respondents
Gender/Sex ¹	49.3% female	85% female; 14% male
Age ²	65+: 22% 45-64: 32% 25-44: 20% 15-24: 11%	62+: 20% 51-61: 23% 40-50: 25% 29-39: 23% 18-28: 9%
Race ²	White: 97.5% Black: 1.3%	White: 97% Two or more races: 2% Other: 1%
Ethnicity ²	Hispanic: 1.7%	Hispanic: 5% Non-Hispanic: 95%
Household Income ³	Median household income: \$56,600	More than \$75,000: 46% \$50,000-\$75,000: 26% Less than \$50,000: 28%
Education (highest grade completed) ⁴	Completed high school or higher: 92% Completed a bachelor's degree or higher: 18%	Middle or high school: 20% Technical college, 2-year: 34% 4-year college: 29% Graduate school: 17%

Citations for Lincoln County, Wisconsin, data:

¹ U.S. Census Bureau, American Community Survey, 2019

² Wisconsin Department of Health, Wisconsin Interactive Statistics on Health. Data from 2018. Retrieved 10-26-2020

³ The median household income is the income at which half the population earns more and half the population earns less. Source: Small Area Income and Poverty Estimates, 2018

⁴ U.S. Census Bureau, American Community Survey, 2015-19

Key Informant Interviews

Eleven key informant interviews were conducted virtually in October and November 2020. Respondents represented the following organizations:

<ul style="list-style-type: none"> ● Kinship (Tomahawk) ● Tomahawk School District ● Head Start (Tomahawk)* ● Senior Dining Site (Tomahawk) ● St. Vincent de Paul (Merrill)* ● Merrill Community Food Pantry* 	<ul style="list-style-type: none"> ● Lincoln County Health Department (county-wide) ● Aging and Disability Resource Center (county-wide) ● Comunidad Hispana (county-wide)* ● Community Action Program (CAP) Services (county-wide)* ● UW Extension (county-wide)
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* Represented individuals who are medically underserved, have low-income, or are considered among the minority populations served by the hospital.

Interviewees were asked to review the community survey, be prepared to speak to their perceptions of the community’s top health issues and describe their reasoning. The interviews were conducted by two hospital associates and one statewide (Ascension Wisconsin) associate who lead community health improvement efforts. A qualitative review and resulting summary was conducted by two statewide (Ascension Wisconsin) community health improvement associates.

Community Input Summary

The results of the community survey and the key informant interviews were combined into a grid to identify similarities, differences and patterns. The grid is on the next page. Note some data is separated by income and by ethnicity as a way to better understand differing priorities.

	Survey Respondents (All)	Survey Respondents (<\$50K/year)	Survey Respondents (Hispanic)	Key Informants
Health Behaviors*	Alcohol, drugs (62%)	Alcohol, drugs (57%)	Chronic disease (38%)	Mental health (7 of 11)
	Mental health (51%)	Mental health (44%)	Alcohol, drugs (23%)	Alcohol, drugs (4 of 11)
	Weight (37%)	Weight (36%)	Oral health (23%)	
	Chronic disease (34%)	Chronic disease (33%)	Mental health, Weight (15% each)	
Clinical Care	Availability and affordability of health insurance (67%)	Availability and affordability of health insurance (73%)	Availability and affordability of health insurance (86%)	Availability and affordability of health insurance (3 of 11)
	Lack of mental health providers (50%)	Availability and affordability of dental care (41%)	Limited use of preventive services (57%)	Availability and affordability of dental care (3 of 11)
	Availability and affordability of dental care (37%)	Lack of mental health providers (38%)	Availability and affordability of dental care (21%)	Lack of mental health providers (4 of 11)
	Lack of doctors and healthcare providers (25%)	Limited use of preventive services (18%)	Mental health providers, Vaccines (7% each)	
Social and Economic Factors	Aging-related concerns (50%)	Not enough money for housing, household expenses and food (52%)	Aging-related concerns (48%)	Not enough money for housing, household expenses and food / living wage jobs (4 of 11)
	Not enough money for housing, household expenses and food (44%)	Aging-related concerns (48%)	Limited reading, math and similar skills (23%)	Family issues (e.g., divorce, parenting) (3 of 11)
	Family issues (e.g., divorce, parenting) (41%)	Family issues (e.g., divorce, parenting) (33%)	Family issues (e.g., divorce, parenting) (33%)	
	Violence in the home (12%)	Limited reading, math and similar skills (23%)	Violence, Not enough money, Ethnic relations (8% each)	
Physical Environment	Safe and affordable housing (61%)	Safe and affordable housing (67%)	Access to public transportation (50%)	Access to public transportation (4 of 11)
	Access to public transportation (32%)	Access to public transportation (27%)	Safe and affordable housing (50%)	Safe and affordable housing (3 of 11)
COVID-19	Schooling, education (39%)	Schooling, education (35%)	Accessing medical care (43%)	Schooling or child care (3 of 11)
	Social isolation (36%)	Social isolation (33%)	Social isolation (43%)	
	Stress or fear related to having the virus and spreading it (32%)	Unemployment/ job loss (29%)	Schooling, education (36%)	
	Stress or fear related to getting sick (26%)	Stress or fear related to getting sick (28%)	Unemployment, Stress of getting sick, Stress of getting others sick (14% each)	

* In the secondary data tables, mental health and chronic diseases are included in “Outcomes” and not in “Health Behaviors” (as they are in this table).

Community Feedback on the Previous CHNA and Implementation Strategy

Ascension Good Samaritan's and Ascension Sacred Heart's previous CHNA and implementation strategy were made available to the public and open for public comment via the website:

<https://healthcare.ascension.org/>. No comments on the CHNA or implementation strategy reports were received.

Summary of Secondary Data

Secondary data is information that has already been collected and published by another party. Governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems.

The following health categories / topics were reviewed:

- Health Outcomes -- mortality and morbidity
- Social and Economic Factors
- Health Behaviors
- Clinical Care
- Physical Environment
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

- Health Outcomes: Lincoln County is similar to Wisconsin levels for premature death, life expectancy, low birthweight, suicide, diabetes prevalence and cancer incidence. Lincoln County is better than the Wisconsin levels for having poor or fair health, poor physical health days, frequent physical distress, fall fatalities (age 65+), poor mental health days, frequent mental distress, HIV prevalence and sexually transmitted infections.
- Social and Economic Factors: Lincoln County is worse than the Wisconsin levels for disconnected youth, adults with some level of college and social associations. Lincoln County has levels similar to Wisconsin for median household income, unemployment, poverty, childhood poverty, high school graduation rates, children in single-parent households, healthy food environment and houses built prior to 1950. Lincoln County has levels better than Wisconsin for violent crime, food insecurity, limited access to healthy foods, severe housing cost burden, air pollution and homeownership.
- Clinical Care: Lincoln County is worse than the Wisconsin levels for primary care physicians and other primary care providers. Lincoln County has levels similar to Wisconsin for uninsured, preventable hospital stays and flu vaccinations. Lincoln County is better than the Wisconsin levels for mammography screenings.
- Health Behaviors: Lincoln County is worse than the Wisconsin levels for obesity, physical inactivity, access to exercise opportunities, motor vehicle crash deaths, alcohol-impaired driving deaths and teen births. Lincoln County has levels similar to Wisconsin for insufficient sleep, adult smoking and excessive drinking. Lincoln County is better than the Wisconsin levels for opioid hospital visits and sexually transmitted infections.

To view secondary data and sources in their entirety, see [Appendix B](#).

COVID-19

The COVID-19 pandemic has had an impact on communities worldwide. In the United States, rural counties had lower cases of COVID-19 and COVID-19 deaths at the beginning of the pandemic. However, by Fall 2020, rural counties began to have higher case counts and a higher death due to COVID than urban populations.²

Some reasons for these differences include:

- A higher percentage of individuals 65 and older
- A higher proportion of individuals with underlying health conditions
- Higher rates of uninsured
- Longer distances to healthcare facilities³

While numbers of cases and deaths seem low in Lincoln County, COVID-19 case rates (cases per 100,000) and death rates (deaths per 100,000) were higher than the state of Wisconsin.

COVID-19 (as of April 18, 2021)

COVID-19	Lincoln County*	Wisconsin*
Total Cases	3023	590,458
Confirmed Cases per 100,000	10,628	10,213
Total Deaths (of confirmed cases)	60	6709
Deaths per 100,000	211	116
Case Fatality Percentage (percent of total confirmed cases who died of COVID-19)	2.0%	1.1%
* Wisconsin Department of Health Services: COVID-19 Wisconsin Cases		

² [Rural Residents Appear to be More Vulnerable to Serious Infection or Death From Coronavirus COVID-19](#). U.S. Department of Agriculture, Economic Research Service, Amber Waves Magazine. February 01, 2021. By Elizabeth A. Dobis and David McGranahan.

³ Ibid.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Lincoln County. This constraint limits the ability to fully assess all the community's health needs.

For this assessment, there are three kinds of limitations:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- The coronavirus pandemic impacted community organizations' capacity and community members' participation and engagement in the assessment.

Despite the data limitations, the hospitals are reasonably confident of the overarching themes and health needs represented through our assessment data. This is based on the fact the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs and Prioritization Process

At the time of the assessment (primarily Fall 2020), Wisconsin was experiencing a surge in coronavirus cases, impacting community organizations and the hospitals. Community organizations’ capacity to participate in an extensive data review and prioritization process was limited; organizations were redirecting resources to the pandemic response. Additionally, in-person meetings, the traditional approach for a data review and prioritization process, were prohibited. At the same time, the hospitals wanted to engage with and learn from community stakeholders as part of the prioritization process. Balancing the current context with the hospitals’ desired process, the hospitals used a two-step prioritization approach.

First, Ascension Good Samaritan and Ascension Sacred Heart compiled community input results along with secondary data into reports. They also prepared an executive summary of the results. The executive summary included a table that outlined the intersection of the prioritization criteria with identified / significant needs in the community as well as a recommendation of the prioritized needs for the hospital.

- Significant needs included: Mental Health; Alcohol and Other Drugs; Oral Health; Nutrition and Healthy Food
- Criteria included: Scope of the Issue; Disparities and Equity; Feasibility of Interventions; Community Momentum; Alignment with Others.
- Recommended priority needs included: Mental Health; Alcohol and Other Drugs; Oral Health; Nutrition and Healthy Food

Second, a virtual community stakeholder meeting was held in December 2020. The reports and recommendations were shared with community stakeholders in advance of the meeting. Representatives from approximately 12 community organizations were invited. Those not able to attend were asked to share any comments in writing in advance of the meeting.

Stakeholder meeting attendees represented the following organizations:

<ul style="list-style-type: none"> ● Aging and Disability Resource Center ● Kinship (mentoring program) ● Ascension Sacred Heart Hospital ● Ascension Good Samaritan Hospital 	<ul style="list-style-type: none"> ● Lincoln County Health Department (multiple representatives) ● UW-Madison Division of Extension, Lincoln County <ul style="list-style-type: none"> ○ Positive Youth Development and Health and Wellbeing Program ○ FoodWise Program
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No written feedback was received from stakeholders unable to attend the meeting. During the stakeholder meeting, the participants were asked for their feedback in two ways: a short, online poll and a facilitated discussion.

- Results of the poll showed 10 of the 12 participants who voted indicated they had “high” support for the recommendation; two participants indicated “medium” support.
- During the facilitated discussion, participants were asked to say more about their level of support for the recommendation and also share any additional concerns or suggestions for improvement on the recommendation. Participants shared:
 - They are generally supportive of the recommended priorities.
 - These are complex issues that are still relevant and require a collaborative response.
 - The pandemic has exacerbated these issues.

- 'Aging issues' was a top issue identified by the survey respondents; there was discussion of the implementation strategy including a specific focus on older individuals.
- With the recognition of social and economic issues as part of this process, it will be interesting to see how they are addressed. The respondent was looking forward to addressing them (together).

The hospitals' final prioritized needs are:

- Mental health
- AODA
- Oral health
- Nutrition and health food

A description of the prioritized needs, data highlights, disparities data and community input related to the needs are on the following pages.

Healthcare facilities and community resources available to address the prioritized needs are outlined in [Appendix C](#).

Mental Health

Why is it 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 Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.³

During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.⁴

Sources:

(1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020: Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. *et al.* What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10 (2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MĒ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

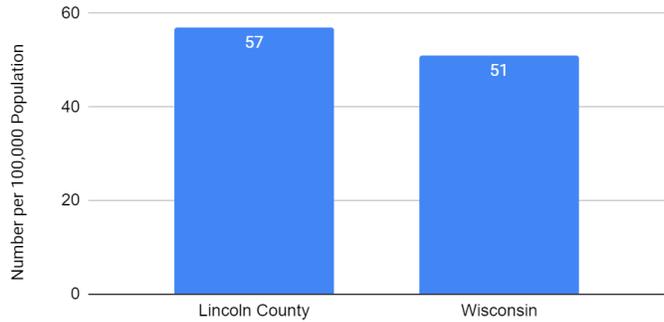
Mental health issues disproportionately impact some groups of people:

- Individuals in Wisconsin who have low income, are female, are African American, or are Hispanic report higher rates of mental distress.⁵
- Individuals in Wisconsin who are male have higher rates of suicide compared to individuals who are female.⁶
- Ninety percent of LGBT youth in Lincoln County reported anxiety compared to 41 percent of non-LGBT youth.⁷
- Fifty-seven percent of Hispanic youth in Lincoln County reported poor mental health compared to 46 percent of White youth.⁷

Sources: (5) Healthiest Wisconsin 2020 Baseline and Health Disparities Report; (6) Wisconsin Department of Health Service; (7) Youth Risk Behavior Survey, Lincoln County, 2019

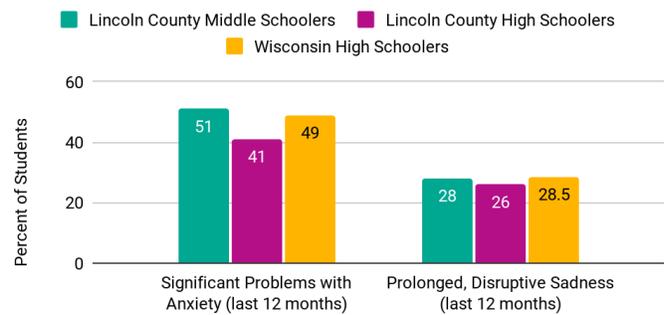
Data Highlights

Hospitalizations due to Self-Inflicted Injuries



Source: Wisconsin Interactive Statistics on Health (WISH), 2016-18

Youth Mental Health



Source: Youth Risk Behavior Survey, Lincoln County, 2019

In Lincoln County:

- The average number of poor mental health days, percent of people with frequent mental distress and the suicide rate is the same as or better than for Wisconsin
- The proportion of mental health providers to the population is about 200 percent worse than for Wisconsin (1:1460 for Lincoln County; 1:490 for Wisconsin)

Sources: See [Appendix B](#).

Community Perceptions & Challenges

- A majority of key informants identified mental health as a top issue
- A majority of community survey respondents identified as mental health and the lack of mental health care providers as top issues
- 44 percent of survey respondents with household income less than \$50K identified mental health as an issue

Alcohol and Other Drugs

Why is it 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 Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.³

COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.⁴

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

Alcohol and other drug issues disproportionately impact some groups of people:

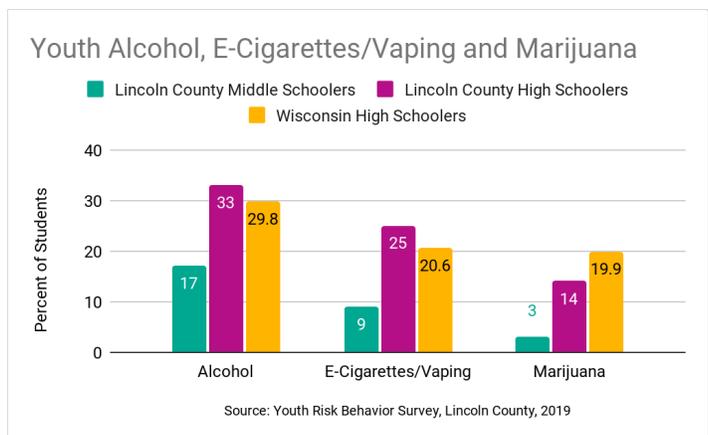
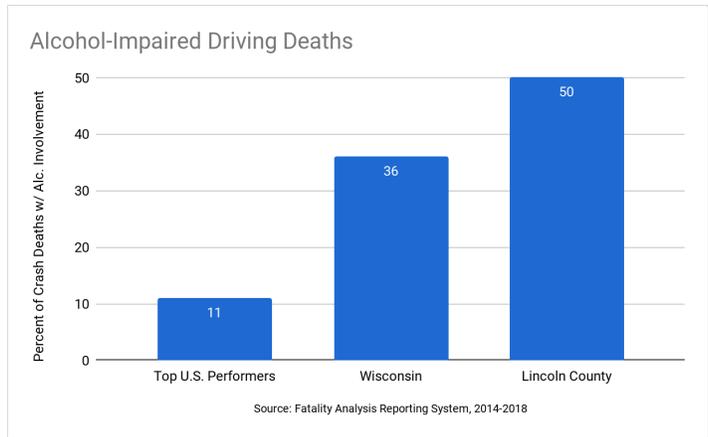
- Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than \$50K.⁵
- High school students who do not feel a sense of belonging in school engaged in vaping more often than students who felt they belonged (43 percent and 19 percent, respectively).⁶

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report – United States, 2011); (6) Youth Risk Behavior Survey, Lincoln County, 2019

Community Perceptions & Challenges

- A majority of all community survey respondents and respondents with household income less than \$50K identified AODA as a top issue

Data Highlights



In Lincoln County:

- Excessive drinking is the same as Wisconsin (24 percent of adults) and 85 percent higher than the top U.S. performers
- Opioid-related hospital visits are 40 percent lower than for Wisconsin (278 per 100,000 for Lincoln County; 459 for Wisconsin)
- Fatalities due to falls is at a rate of 83 per 100,000 people, compared to Wisconsin's rate of 143 per 100,000 people (alcohol mixed with prescription medications can contribute to falls)

Sources: See [Appendix B](#).

Oral Health

Why is it Important?

Good oral health improves the ability to speak, smile, smell, taste, touch, chew, swallow and make facial expressions.¹

Good oral health can help prevent: mouth pain, tooth decay, tooth loss, oral and throat cancer, birth defects and other diseases of the mouth.²

Good oral health care can prevent other diseases through early detection of diseases that may start with oral symptoms but that can later affect health in other parts of the body.²

The COVID-19 pandemic has had a significant impact on access to dental healthcare. Non-emergent dental care was postponed for several months and continues to be decreased. Rural communities are considered at-risk for worsening oral health compared to urban communities.³

Sources: (1) Healthy People 2020; (2) Healthiest Wisconsin 2020; (3) Zachary, B. & Weintraub, J. (2020) Oral Health and COVID-19: Increasing the need for prevention and access. *CDC: Preventing Chronic Disease*, 17

Disparities and Equity

Individuals with disabilities, some health conditions, lower levels of education and income and specific racial and ethnic groups are disproportionately impacted by oral health issues.⁴

A higher percentage of elders have gum disease, tooth loss and higher risk of oral cancer.⁵

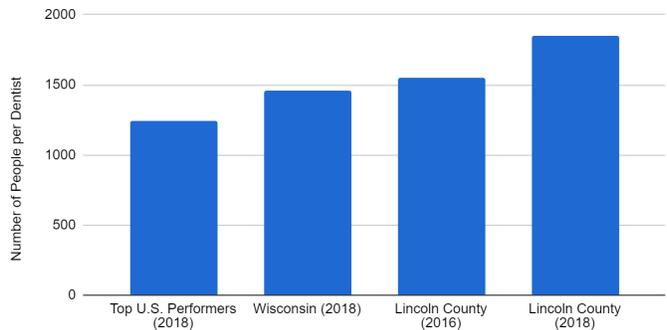
Source: (4) Healthy People 2020; (5) [CDC \(2021\) Older Adult Oral Health](#)

Community Perceptions & Challenges

- For survey respondents who are Hispanic, oral health was tied for the second-highest health issue in the "Health Behavior" category
- Forty percent of respondents with household income less than \$50K identified a lack of dental care as an issue

Data Highlights

Ratio of Dentists to Population



Source: Area Health Resource File/American Medical Association, 2018

In Lincoln County:

- Lincoln County had a rate of 59 per 10,000 emergency room visits for dental issues compared to the Wisconsin rate of 39 per 10,000 (2019).
- Only 79% of Lincoln County high school students reported seeing a dentist in the previous 12 months.

Sources: See [Appendix B](#).

Nutrition and Healthy Food

Why is it Important?

A healthy diet reduces risk of several chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses.¹

At a healthy weight, one is less likely to:

- Develop chronic diseases
- Die at an earlier age¹

Good nutrition in children is important:

- To healthy growth and development
- To maintaining appropriate weight¹

When families have ready-access to sufficient and nutritious foods, they are food secure.² Ten percent of Wisconsin households are food insecure.³

COVID-19 has created a larger demand for access to healthy foods due to school closures and job losses. There has been a 55 percent increase in people seeking assistance from food banks since the pandemic began.⁴

Sources: (1) Healthy People 2020; (2) Healthiest Wisconsin 2020 (3) Map the Meal Gap; (4) Feeding America, <https://www.feedingamerica.org/take-action/coronavirus>

Disparities and Equity

Individuals in Wisconsin with lower income are disproportionately affected by obesity and many related chronic illnesses.⁴

Individuals in Wisconsin who are Hispanic, African American and American Indian are disproportionately affected by obesity and/or lower rates of physical activity.⁴

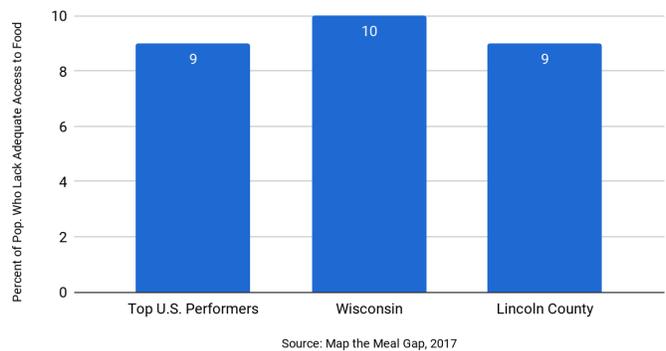
Source: (4) Healthiest WI 2020 Baseline and Health Disparities Report

Community Perceptions & Challenges

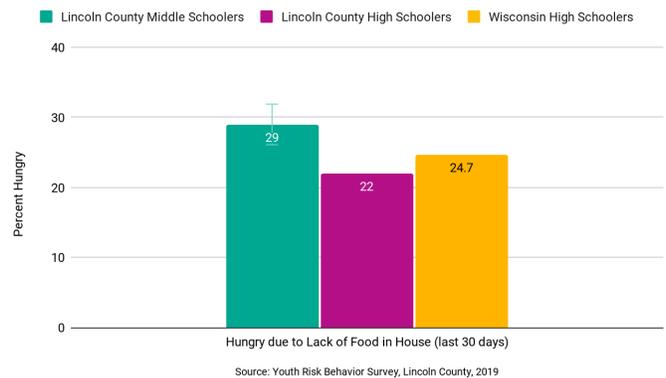
- Chronic disease was the fourth-rated 'Health Behavior' issue identified by the survey respondents
- Chronic disease was the top 'Health Behavior' issue identified by individuals who are Hispanic

Data Highlights

Food Insecurity



Youth Hunger



In Lincoln County:

- Obesity rates are worsening. Lincoln County's rate is 10 percent worse than Wisconsin and 31 percent higher than top U.S. performers. Thirty-four (34) percent of Lincoln County residents are obese.
- Diabetes rates are improving. Lincoln County's rate is similar to Wisconsin and worse than top U.S. performers. Nine percent of Lincoln County residents have diabetes.

Sources: See [Appendix B](#).

Evaluation of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better focus resources and efforts during the next CHNA cycle.

An evaluation of our efforts to address the significant health needs identified in the 2018-2021 CHNA can be found in [Appendix D](#).

Approval by the Hospital Boards

To ensure Ascension Good Samaritan's and Ascension Sacred Heart's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to each hospital's board of directors for approval and adoption. The Ascension Good Samaritan Board approved a resolution to adopt the CHNA report on April 27, 2021. The Ascension Sacred Heart Board approved a resolution to adopt the CHNA report on May 4, 2021. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension Good Samaritan and Ascension Sacred Heart serve. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of the hospitals to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Good Samaritan and Ascension Sacred Heart hope this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Lincoln County. As a Catholic health ministry, the hospitals are dedicated to spiritually-centered, holistic care that sustains and improves the health of not only patients, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Good Samaritan and Ascension Sacred Heart are dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

The hospital values the community's voice and welcomes feedback on this report. Please visit this public website at <https://healthcare.ascension.org/chna> to submit your comments.

Appendices

Appendix A: Community Demographic Data and Sources

Appendix B: Secondary Data and Sources

Appendix C: Healthcare Facilities and Community Resources

Appendix D: Evaluation of Impact From Previous CHNA

Appendix A: Community Demographic Data and Sources

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

	Lincoln County	Wisconsin	United States	Description
Total Population*	28,442	5,822,434	328,239,523	
Population Density*	32.2	105	87.4	People per square mile
Rural**	54%	29.8%	21%	Percentage of population living in a rural area*
English Proficiency***	<1%	1.3%	4.3%	Speaks "English Less than Well"***

*U.S. Census 2010: Population Density Data. <https://www.census.gov/data/tables/2010/dec/density-data-text.html>

**U.S. Census 2010 DEC Summary File

<https://data.census.gov/cedsci/table?q=united%20states%20population%20living%20in%20rural%20settings&tid=DECENNIALSF12010.H2&hidePreview=false>

***US Census 2018 ACS 5-Year Estimates Detailed Tables

<https://data.census.gov/cedsci/table?q=not%20proficient%20in%20english%20lincoln%20county%20wi&tid=ACSDT5Y2018.B16005H&hidePreview=false>

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Ages	Number Lincoln County*	Proportion Lincoln County*	Number Wisconsin*	Proportion Wisconsin*	Proportion U.S.**
<1	252	<1%	64,417	1%	
1-14	3,970	14%	983,771	17%	
15-24	3,119	11%	769,797	13%	
25-44	5,633	20%	1,432,738	25%	
45-64	9,146	32%	1,549,840	27%	
65+	6,292	22%	980,488	17%	16%
75+	2,855*	10%	411,762	7%	6.7%
85+	866*	3%	127,979	2%	1.9%

*Wisconsin Department of Health, Wisconsin Interactive Statistics on Health. Data from 2018. Retrieved 10-26-2020 and 4-18-2021.

**[US Census Lincoln County Wisconsin 5-year estimates](#)

Population by Race and Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race/Ethnicity*	Number Lincoln County	Proportion Lincoln County	Number Wisconsin	Proportion Wisconsin
White	27,733	97.5%	5,093,950	88.1%
Black	359	1.3%	424,781	7.3%
American Indian	182	<1%	75,428	1.3%
Asian	168	<1%	186,891	3.2%
Hispanic	477	1.7%	402,036	7.0%

*Wisconsin Department of Health, Wisconsin Interactive Statistics on Health. Data from 2018. Retrieved 10-26-2020 and 4-18-2021.

Income and Health Insurance

Why it is important: Median household income and the percentage of children living in poverty are well-recognized indicators of income and poverty. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

	Lincoln County	Wisconsin	Top U.S. Performers (the best 10 percent in the country)
Median Household Income*	\$56,600	\$60,800	\$69,000
Children in Poverty**	13%	14%	11%
Uninsured***	6%	6%	6%

*The median household income is the income at which half the population earns more and half the population earns less. Source: Small Area Income and Poverty Estimates, 2018.

** Children in poverty is the percentage of people under the age of 18 who are living in poverty. Source: Small Area Income and Poverty Estimates, 2018.

*** Uninsured is the percentage of the population under age 65 without health insurance. Source: Small Area Health Insurance Estimates, 2017.

Appendix B: Secondary Data and Sources

The tables below are based on data vetted, compiled and made available on the County Health Rankings and Roadmaps (CHRR) website. The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites the data from other public sources. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

Some data included in the review process came from sources outside of the CHRR set, including but not limited to:

- [Wisconsin Interactive Statistics on Health](#) (WISH) data platform.
- [Wisconsin Public Health Profiles](#).
- [Wisconsin Environmental Health Tracker](#) data platform.
- Youth Risk Behavior Survey data from the Lincoln County schools (McCoy, K. & Frederick, C. (2019). Lincoln County 2019 Youth Risk Behavior Survey Results (High School version). Madison: Wisconsin Department of Public Instruction).

Additionally, as part of the process, trend data for many measures was reviewed.

How To Read These Charts

Lincoln v WI: Describes how Lincoln County's most recent data for the health issue compares to Wisconsin.

- **Red:** Lincoln County is at least 10 percent worse than Wisconsin.
- **Green:** Lincoln County is at least 10 percent better than Wisconsin.
- **Light yellow:** Lincoln County is within +/- 10 percent of Wisconsin.

Top US Counties: The best 10 percent of counties in the country.

Description: What the indicator measures, how it is measured and who is included in the measure.

n/a: Not available or not applicable.

Health Outcomes, Lincoln County

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Lincoln v WI	Lincoln County	WI	Top US Counties	Description
Length of Life					
Premature Death		6,500	6,400	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		78.9	79.4	81.1	How long the average person should live.
Infant Mortality	n/a	n/a	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		11%	17%	12%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.2	3.9	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		9%	12%	9%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		7%	7%	6%	The percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		83	143	n/a	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		3.2	4.0	3.4	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		10%	12%	11%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		15	15	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		9%	9%	7%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		460	467	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence		25	125	41	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		204.8	478.6	161.4	Number of newly diagnosed chlamydia cases per 100,000.
County Health Rankings, Lincoln County, Wisconsin (2020-published data)					

Social and Economic Factors, Lincoln County

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicator	Lincoln v WI	Lincoln County	WI	Top US Counties	Description
Economic Stability					
Median Household Income		\$56,600	\$60,800	\$69,000	The income where half of households in a county earn more and half of households earn less.
		American Indian White	\$45,900 \$55,900		
Unemployment		3.2%	3.0%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		11%	11%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		13%	14%	11%	Percentage of people under age 18 in poverty.
		Hispanic	22%	White 10%	
Educational Attainment					
High School Graduation Rate		94%	89%	96%	Percentage of ninth grade cohort that graduates in four years.
Some College		62%	69%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		29%	32%	20%	Percentage of children that live in a household headed by a single parent.
Social Associations		13.7	11.6	18.4	Number of membership associations per 10,000 population.
Disconnected Youth		6%	5%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests	n/a	15	n/a	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		181	298	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		8.7	8.8	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		9%	10%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		4%	5%	2%	Percent of population who are low-income and do not live close to a grocery store.
Physical Environment					
Severe housing cost burden		8%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		9%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		7.4	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		78%	67%	81%	Percentage of occupied housing units that are owned.

Year Structure Built		26%	25%	n/a	Percentage of housing units built prior to 1950.
Drinking water violations	n/a	No	n/a	n/a	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation. 'No' indicates no violation.
County Health Rankings, Lincoln County, Wisconsin (2020-published data)					

Clinical Care, Lincoln County

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Lincoln v WI	Lincoln County	WI	Top US Counties	Description
Healthcare Access					
Uninsured		6%	6%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		6%	7%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		4%	4%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,640:1	1,270:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers		1,538:1	865:1	665:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		1460:1	490:1	290:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,994	3,940	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		53% Asian 50% White 53%	52%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		56%	50%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
County Health Rankings, Lincoln County Wisconsin (2020-published data)					

Health Behaviors, Lincoln County

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone’s risk of disease and premature death. It is important to note that all community members do not have the same opportunity to choose healthier behaviors; some policies and programs have disproportionately impacted the choices available to some groups of people.

Indicator	Lincoln v WI	Lincoln County	WI	Top US Counties	Description
Healthy Life					
Adult Obesity		34%	31%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		25%	21%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		74%	85%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		34%	32%	27%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		18	10	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		16%	16%	14%	Percentage of adults who are current smokers.
Excessive Drinking		24%	24%	13%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		50%	36%	11%	Alcohol-impaired driving deaths.
Opioid Hospital Visits		278	459	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		26	17	13	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		204.8	478.6	161.4	Number of newly diagnosed chlamydia cases per 100,000 population.
County Health Rankings, Lincoln County Wisconsin (2020-published data)					

Appendix C: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Good Samaritan and Ascension Sacred Heart have identified resources available in Lincoln County that address the prioritized needs outlined in this CHNA. The list of resources is not exhaustive.

	Mental Health	AODA	Oral Health	Nutrition & Healthy Food
Aging and Disability Resource Center (including Meals on Wheels, Strong Bones, Caregiver programs)	X			X
St. Vincent de Paul	X			X
School counselors	X	X		
Police liaisons	X	X		
Food Pantry (Merrill)				X
Food Pantry (Tomahawk)				X
Community Action Program (CAP) Services	X			
Kinship (youth mentoring program, Tomahawk)	X	X		X
HeadStart			X	X
Merrill Community Homeless Center	X			
Economic development task forces	X			X
Recovery coaches	X	X		
Ascension Sacred Heart Hospital	X	X	X	X
Ascension Good Samaritan Hospital	X	X	X	X
Ascension Medical Group (primary care; Merrill and Tomahawk)	X	X		X
2-1-1 information and referral	X	X		
United Way	X			
Community Care Paramedic Program	X			X
Bridge Clinic			X	
Comunidad Hispana	X			X

Appendix D: Evaluation of Impact from the Previous CHNA Implementation Strategy

Evaluation Framework

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:

- Nutrition and Healthy Foods
- Mental Health
- Alcohol and Other Drug Use
- Oral Health

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, this document will be amended to reflect the entire period of implementation.

Since both hospitals participate on the same county-wide coalitions, for each of the priority areas below, the description will include:

- Coalition activities – These are activities that the coalition led or facilitated. Both of the hospitals participate in the coalition. Hospital involvement in the specific coalition activities varied.
- Ascension Sacred Heart activities (if applicable) – These are activities that Ascension Sacred Heart led or funded. Some but not all funding information is included.
- Ascension Good Samaritan activities (if applicable) – These are activities that Ascension Good Samaritan led. Some but not all funding information is included.

Nutrition and Healthy Foods

- Results for Year One (July 1, 2018 – June 30, 2019):
 - The Nutrition Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented multiple strategies to improve nutrition in the community:
 - Resource guide: 1,339 copies of a food access resource guide were distributed.
 - 5210: Concepts from the 5210 program (at least five fruits and vegetables a day, no more than two hours of screen time, at least one hour of physical activity, and no sugar-sweetened beverages) continued to be integrated into the oral health program 'Sugar Out Day' and were also shared at Ascension Good Samaritan's health fair, with 350 attendees. The 5210 information, along with My Plate education, was incorporated during cooking demonstrations.
 - Healthy snack policy: The Nutrition Coalition was successful in supporting a local day care to adopt a healthy snack policy.
 - Ascension Sacred Heart:
 - Farmers market (EBT support, coupons): Ascension Sacred Heart provided funding to Tomahawk Main Street Farmers Market for EBT machine fees as well as matching funds for EBT dollars used. One hundred and fifty dollars in coupons/matching dollars were used in FY19 (July-September 2018).
 - Farm-to-Table: The hospital worked collaboratively with the Lincoln County Health Department, Lincoln County Nutrition Coalition and Tomahawk Main Street to conduct a Farm-to-Table program in Fall 2018. Approximately 100 elementary school students participated. Ascension Sacred Heart provided funding (\$300 total; \$3/student) for students to purchase produce at the farmers market.
 - Healthy cooking demonstrations: In FY19, two demonstrations were conducted by UW-Extension in the Tomahawk area. The demonstrations averaged 6-8 attendees. Ascension Sacred Heart provided funding for kitchen products to be given away at the demonstrations. Some evaluation information is available below.
 - Fourteen parents of children participating in HeadStart attended "My Plate Yuck to Yum" cooking demonstration. Electric skilletes were distributed as part of the demonstration. Evaluation results included:
 - Already fill half their plate with fruits and vegetables (50 percent)
 - Will fill their plate with fruits and vegetables more often as a result of the presentation (33 percent)
 - Agree that "I am helping my body by eating more fruits" (13/14 or 93 percent)
 - Agree that "I am helping my body by eating more vegetables" (13/14 or 93 percent)
 - Agree that "I am helping my body by eating whole grains" (13/14 or 93 percent)

- Indicated one or two new things they will do in the coming week: eat more than one color of vegetable per day (9/14 or 64 percent); eat vegetables every day (9/14 or 64 percent).
- Nineteen individuals who utilize the food pantry attended "My Plate for my Family" cooking demonstration. Ascension Sacred Heart provided \$279 in funding for spiralizers, which were distributed as part of the demonstration. Evaluation results concluded that individuals:
 - Already fill half their plate with fruits and vegetables (5/19 or 26 percent)
 - Will fill their plate with fruits and vegetables more often as a result of the presentation (5/19 or 26 percent)
 - Agree that "I am helping my body by eating more fruits" (19/19 or 100 percent)
 - Agree that "I am helping my body by eating more vegetables" (19/19 or 100 percent)
 - Agree that "I am helping my body by eating whole grains" (16/19 or 84 percent)
 - Indicated one or two new things they will do in the coming week: eat fresh fruits (5/19 or 26 percent); eat fruit with meals (4/19 or 21 percent); eat vegetables for snacks (8/19 or 42 percent); will eat eat more than one color of vegetable per day (7/19 or 37 percent); eat at least one whole grain food every day (7/19 or 37 percent); read the ingredients labels of grain products to make sure whole grains are listed first (7/19 or 37 percent); eat fruit every day (4/19 or 21 percent); eat fresh fruit (8/19 or 42 percent).
- Ascension Medical Group in Tomahawk implemented healthy nutrition education messages in patient visits (e.g., promoting breastfeeding, displays).
- Ascension Good Samaritan:
 - School hydroponic garden: The hospital provided over \$7,000 to help purchase eight hydroponic gardening units for the local school. With all units installed, 80 pounds of fresh produce from the hydroponic units were used in the school. Sixty-five percent of elementary school students who worked with the hydroponic garden reported an increase in knowledge of gardening.
 - Farmers market (EBT support, coupons): The hospital continues to host a Farmers Market on-site. The hospital also offers coupons to triple the purchase of fresh fruits and vegetables. A total of \$1,330 in coupons were redeemed in FY19. Ascension Good Samaritan provided \$7,000 in funding to cover the cost of the coupons redeemed, fees associated with the EBT machine, one replacement EBT machine and advertising.
 - Healthy cooking demonstrations: In FY19, 14 (total) demonstrations were conducted at the domestic abuse shelter, the food pantry and with families in Head Start. Ninety percent of cooking demonstration participants indicated an increase in knowledge related to preparing healthy food. Participants each received the appliance featured at each event.

- Provided \$2,500 to fund Nutrition Coalition initiatives.
 - Successfully implemented a food gleaning program, providing 2,358 pounds of repurposed food to the local food pantry over eight months and provided \$2,500 of funding to purchase containers for the program.
 - Financially provided \$5,000 in support of the Community Care Paramedic program. Patients with low income who are discharged from the hospital are seen by paramedics and assessed for food security and mental health. Of the 23 patients seen through the program, three were recognized as having food deficits and received information and resources.
 - Provided \$2000 in funding to purchase water filling stations at new low income housing facilities.
- Results for Year Two (July 1, 2019 – June 30, 2020):
 - The Nutrition Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented multiple strategies to improve nutrition in the community:
 - Resource guide: Several hundred copies of a food access resource guide were distributed, including at the Merrill HeadStart resource fair (67 families received the brochure) and Community Night Out event in Tomahawk.
 - 5210: Concepts from the 5210 program (at least five fruits and vegetables a day, no more than two hours of screen time, at least one hour of physical activity, and no sugar-sweetened beverages) were integrated into the cooking demonstrations along with the oral health program 'Sugar Out Day' as well as within schools (e.g., promoting water stations) and the Community Night Out event in Merrill.
 - Ascension Sacred Heart:
 - Ascension Sacred Heart purchased and provided the food containers (\$120) given away at the September cooking demonstration facilitated by the UW-Extension at the Tomahawk food pantry.
 - Ascension Sacred Heart provided funding (\$500) to Tomahawk Main Street Farmers Market for Electronic Benefit Transfer (EBT) machine fees, EBT matching and related expenses. For the farmers market year end in October 2020, there was \$199 in EBT redemptions. (EBT matching in 2018 was \$220.)
 - Ascension Good Samaritan:
 - Garden: Parkside Preschool received \$1,000 to expand their garden.
 - School hydroponic garden: Two hydroponic gardens were replaced in the Merrill schools; Ascension Good Samaritan provided funding for the replacements.
 - Farmers market (EBT support, coupons): The hospital offered coupons to triple the purchase of fresh fruits and vegetables. For every coupon redeemed, spend \$5 and receive an additional \$10 in produce. Provided \$5,000 in funding to cover the cost of the EBT transactions, coupon redemption and advertising.
 - Healthy cooking demonstrations: In FY20, a total of seven demonstrations were conducted at the domestic abuse shelter, the food pantry and with families in Head Start. Ninety five percent of cooking demonstration participants indicated an increase in knowledge related to preparing healthy food. Each participant

received the featured appliance, purchased by Ascension Good Samaritan, to take home.

- The hospital successfully implemented a food gleaning program, providing 5,363 pounds of repurposed food to the local food pantry this year. Expansion of this program is being pursued to introduce at other Ascension Wisconsin facilities and a toolkit is drafted.
- Ascension Good Samaritan financially supported the Community Care Paramedic Program. Patients with low income who are discharged from the hospital are seen by paramedics and assessed for food security and mental health. The program was paused due to personnel transitions and then COVID.
- Ascension Good Samaritan provided \$5,000 of funding to reopen a local church-run food pantry. The pantry closed at the start of the pandemic due to high demand, low donations and the risk to older volunteers. The hospital donation helped re-open the pantry in a time of high need.

Mental Health

- Results of Year One (July 1, 2018 -- June 30, 2019):
 - The Healthy Minds Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to improve mental health in the community. Awareness campaigns focused on suicide prevention and resources for depression. Education programs focused on stress reduction. Coalition efforts are described below:
 - In FY19, participants in 'Taking Care of You' program reported new learning or changed behaviors: the majority of participants in one session indicated that as a result of this program they have started to take better care of themselves and integrate the strategies they learned in this program in their lives (8 participants; 5 evaluations completed); participants in another session indicated they learned about the dimensions of health, how stress affects health, strategies to manage stress and additional resources (8 participants; post-program feedback); participants in another session indicated they learned about the dimensions of health, how stress affects health, strategies to manage stress and additional resources (13 participants; post-program feedback); majority of participants in a different session indicated that as a result of this program they have started to take better care of themselves and integrate the strategies they learned in this program in their lives (14 participants; 11 evaluations completed).
 - Fourteen people attended the Youth Mental Health First Aid training (November 2018).
 - Through the Merrill Rocks and Tomahawk Rocks campaigns, held during Suicide Awareness Month, rocks with affirming messages were distributed in public places in the community to be found by community members.
 - The Coalition provided five mental health books to Tomahawk and Merrill libraries.

- Ascension Good Samaritan:
 - Ascension Good Samaritan provided \$3,650 to implement multiple mental health programs (as outlined above). The hospital also provided an additional \$10,000 to implement mental health awareness campaigns (a billboard) throughout the year.
- Results of Year Two (July 1, 2019 – June 30, 2020):
 - The Healthy Minds Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to improve mental health in the community. Awareness campaigns focused on suicide prevention and resources for depression. Education programs focused on stress reduction and identifying signs of mental distress. Program data are as follows:
 - Minds Up. Fifty youth participated in 'Minds Up' (mindfulness) session during Lincoln County Safety Day Camp in August 2019. The majority of participants rated this session very highly.
 - In FY20, participants in the 'Taking Care of You' program reported new learning or changed behaviors: the majority of participants in one, two-part session indicated that as a result of this program they have started to take better care of themselves and integrate the strategies they learned in this program in their lives (21 participants/19 evaluations completed); a majority of participants in one, five-part session with the domestic abuse shelter's jail support group indicated that as a result of this program they have started to take better care of themselves and integrate the strategies they learned in this program in their lives. (There were 10 participants in at least one session with four completing all sessions and evaluations.)
 - Youth Mental Health First Aid Training. In post-training surveys, participants indicated they were able to recognize the signs that a young person may be dealing with a mental health challenge, felt comfortable reaching out to a young person experiencing a mental health challenge and could assist a young person in getting the help needed. (There were 11 participants; 11 surveys were completed.)
 - The coalition also supported individuals in the community to be trained as trainers for two family-strengthening programs:
 - A team of four Lincoln County individuals were trained to offer "Mindfulness Enhanced Strengthening Families Program 10-14 Year-Olds." The program was launched in the community on March 4, 2020, with five families, including six children and seven adults. The first two weekly sessions were held in-person and then the program paused due to the coronavirus. After meeting with program authors and state resources, the program was adapted and the final five sessions were conducted using Zoom video conferencing. Four of the five families agreed to try the virtual option; one family left the program after the third session. (Post-program

feedback had not been received from the state evaluation person at the time of this report.)

- A team of six Lincoln County individuals were trained to offer "Strengthening Families and Systems: Building Relationships with Children who have Experienced Trauma". This program was held in October and November 2019 with five participants.
- With the coronavirus pandemic, the school shifting to virtual classes, increased family stresses, and the cancellation of youth camps and many summer programs, the coalition members responded. Ascension Good Samaritan, Ascension Sacred Heart, Kinship of Tomahawk, T.B. Scott Library, Tomahawk Library and UW-Madison Division 4-H worked together to create "Summer Fun Project Packs." Each hospital provided funding for the program. The bags were filled with youth-family educational activities including mental health, nutrition, STEM, craft and reading activities along with supplies to complete the activities. Distribution: 50 bags distributed at the public library in Merrill (May); 100 bags distributed at the public library in Merrill (June); 50 at Tomahawk Library (June) and 50 to Kinship youth (Tomahawk) (June).
- Ascension Good Samaritan:
 - Ascension Good Samaritan funded \$3,000 to support search engine 'ads' that encouraged area youth to reach out to elderly individuals to reduce pandemic-prompted social isolation.
 - Ascension Good Samaritan funded \$1,500 to promote "Ways to Help" and "Reach Out and Connect" programs during the pandemic. Those programs were part of a public media campaign to increase connectedness in the community during the pandemic.
 - Ascension Good Samaritan funded the printing of the Mental Health Crisis posters.

Alcohol and Other Drug Use

- Results of Year One (July 1, 2018 -- June 30, 2019):
 - The Healthy Minds Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to reduce alcohol and other drug use. Awareness campaigns focused on reducing youth use of alcohol. Education programs focused on prescription drug abuse prevention and identifying and addressing youth drug use. Output data are as follows:
 - In FY19, participants completing evaluations for the 'Hidden in Plain Sight' mock teen bedroom indicated increased awareness of where drugs may be hidden: 95 percent of participating parents at Merrill parent-teacher conferences (n=40); 89 percent of participating adults at the Good Samaritan Health Fair (n=39); 95 percent of participants in Kids Wellness Day (n=19); 92 percent of participating teachers at an April drug prevention program in Tomahawk (n=24); 88 percent of the general public at an April drug prevention program in Tomahawk (n=17).

Participants at the Sacred Heart Health Fair (September 2018) indicated an increase in knowledge (n=26 evaluations).

- Not in this Neighborhood: Some of the general public attendees of the April Mock Teen Bedroom Display also participated in the 'Not in this Neighborhood' education program. Attendees learned about the latest drug trends in the community and schools, tips to talk with teens about substance use and about additional available resources.
- In FY19, 100 percent of 'Let's Talk About Pain Meds & Naloxone' Merrill training participants (n=14) indicated the program was very helpful in increasing their understanding of how to prevent an overdose and to administer naloxone. Eighty-eight percent of Tomahawk participants indicated the program was very helpful in increasing their understanding of how to prevent an overdose and how to administer naloxone. (There were eight participants; eight evaluations were completed.)
- In FY19, the county formed a new Drug Endangered Children (DEC) Committee. Nineteen law enforcement officials attended a Drug Impairment Training for Education Professionals (DITEP) training (October 18-19, 2018).
- The coalition focused on safe disposal of prescription opioids. A permanent drug disposal box was installed at a Tomahawk pharmacy. Two hundred drug lock boxes and deactivation units were distributed throughout Lincoln County, including at the Tomahawk Police Department. More than 1,200 cards were distributed advertising the locations of Lincoln County pharmacy drop box locations.
- Recovery coaches support individuals who are seeking a healthier life without drugs or alcohol. The coalition was successful in getting two associates from the domestic abuse shelter in Merrill recruited and trained as recovery coaches in 2019. Ten individuals signed up to participate (as of July 2019).
- Ascension Sacred Heart:
 - Ascension Sacred Heart provided funding to publicize prevention programs and messages, including for the Save a Life Program, Dose of Reality billboard and the 'Not in this Neighborhood' program.
 - Ascension Sacred Heart also provided funding for a permanent medication dropbox at Tomahawk Pharmacy.
- Ascension Good Samaritan:
 - The hospital provided \$15,000 for the Recovery Coach Training program.
- Results of Year Two (July 1, 2019 -- June 30, 2020):
 - The Healthy Minds Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to reduce alcohol and other drug use. Awareness campaigns focused on reducing youth use of alcohol. Education programs focused on prescription drug abuse prevention and identifying and addressing youth drug use. Output data are as follows:
 - The coalition launched the Tobacco is Changing campaign to provide information on the risks of vaping to parents and other adults. The purpose was to help

prevent youth vaping. The campaign was through a search engine 'ad'. There were 39,566 impressions with 707 clicks to go to the website for more information.

- In FY20, participants completing evaluations for the 'Hidden in Plain Sight' mock teen bedroom indicated increased awareness of where drugs may be hidden: 76 percent of participating adults at Merrill Community Night Out (n=17); 84 percent of participating Lincoln County Interagency Group members (n=25); 95 percent of participating attendees at Ascension Sacred Heart Hospital Health Fair (n=19); 90 percent of participating parents at Prairie River Middle School Parent-Teacher conferences (n=50); 91 percent of participating parents at Merrill High School Parent-Teacher conferences (n=22). The display was also available at the Merrill Enrichment Center Craft fair; nine individuals participated but did not complete the evaluation.
- "Written Off" documentary with panel (2.3.2020) - 41 participants with 21 feedback forms collected. Majority agreed they learned more about opioid addiction, ways to support individuals in recovery and the importance of safeguarding medications. Ninety percent of attendees would recommend "Written Off" documentary to others.
- Two opioid prevention trainings (Let's Talk About Pain Meds / Naloxone training) were held in the second half of 2019.
 - November: One hundred percent of the participants indicated this program was very helpful in increasing their understanding of how to prevent an overdose and to administer naloxone. Two attendees were emergency medical technicians and several participants had family members who were prescribed opioids or were themselves. (There were seven participants; seven evaluations were completed. The session was held in Merrill.)
 - December: One hundred percent of the participants indicated this program was very helpful in increasing their understanding of how to prevent an overdose and to administer naloxone. One attendee was an emergency medical technician, one was a supervisor at a juvenile detention facility and several participants were either prescribed opioids or had family members who were prescribed opioids. (There were ten participants; eight evaluations were completed. The session was held in Merrill.)
- Recovery coaches support individuals who are seeking a healthier life without drugs or alcohol. The coalition was successful in training 24 individuals to be coaches (August 2019). Graduates of the program learned about personal biases, the stages of change, substance abuse disorders and how the community can work together to empower individuals during recovery from substance abuse.
- Drug Impairment Training for Educational Professionals (February 24-25, 2020). Eighteen participants from the Department of Corrections (primarily Probation and Parole) and Inlusa attended this two-day training taught by local officers.

The training is intended to help educational professionals and others identify and intervene early in situations where youth may be using drugs.

- The coalition worked with the Lincoln County Death Review Team to complete a “Lincoln County Grief Guide.” The guide is in response to the recognition that there is not a comprehensive set of information available to those whose loved one has passed away.
- The coalition promoted mental health and substance use awareness at the Merrill Community Night Out (August 2019).
- A ‘Parent Pact’ was created and distributed in Merrill. The Parent Pact is a statement of a family’s household guidelines around youth safety – alcohol and other drugs, driving, bullying, sexual violence and more. It offers tips for parents to talk with other parents about these issues.
- The Lincoln County Health Department and the Healthy Minds for Lincoln County Coalition released the new Lincoln County Resource Guide for Substance Use and Mental Health Services. This is an excellent resource to help individuals or their loved ones affected by mental health or substance use disorders. It includes resources not only from Lincoln County, but also from Oneida, Marathon and Langlade Counties. It can be accessed electronically at <https://bit.ly/2SctOtY>.
- Ascension Good Samaritan:
 - The hospital provided funding for the Recovery Coach Training.

Oral Health

- Results of Year One (July 1, 2018 -- June 30, 2019):
 - The Healthy Smiles Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to improve oral health. Output data are as follows:
 - The Seal-a-Smile program was implemented in seven schools in the county, sealing 598 teeth. Recent county-level data indicated the percent of untreated dental decay in children aged 3-5 has improved from 18 percent (2014-2017) to 12 percent (2018). The percent of children aged 6-9 who have dental sealants on one or more permanent first molar teeth has increased from 80 percent (2015-2017) to 94 percent (2018).
 - The Lincoln County Guide to Affordable Dental Care was distributed in the school, through the youth mentoring program (Kinship), the backpack food program in Tomahawk and the Tomahawk-area Ascension clinic/urgent care.
 - The Coalition hosted a booth at three community events.
 - Ascension Sacred Heart:
 - The hospital takes leadership in conducting Sugar Out Days in the Tomahawk area schools. The Sugar Out Day program teaches students about good oral hygiene, including reducing sugar. Seventy-five children at Tomahawk Elementary School (4th grade class) participated in Sugar Out Day in FY19. Evaluation results showed students' knowledge about oral health generally increased.

- Question 1: Sugar stays in your mouth for 20 minutes after it is consumed. Results: 73 percent had the answer correct in the pre-test and 91 percent had the answer correct in the post-test.
 - Question 2: Sugar is the only thing that causes cavities. Results: 64 percent had the answer correct in the pre-test and 87 percent had the answer correct in the post-test.
 - Question 3: Completely cover the toothbrush with toothpaste when you brush. Results: 70 percent had the answer correct in the pre-test and 97 percent had the answer correct in the post-test.
 - Seventy-five dental kits were distributed to 4th grade students at Tomahawk Elementary School. An additional 300 kits were given to the backpack program at school, Kinship Program, Salvation Army and Our Sisters House Homeless Shelter. Ascension Sacred Heart provided the funds for the dental kit supplies.
- Ascension Good Samaritan:
 - The hospital takes leadership in conducting Sugar Out Days in the Merrill area schools. The Sugar Out Day program teaches students about good oral hygiene, including reducing sugar. In FY19, participating student knowledge of one oral health best practice (amount of toothpaste on toothbrush) increased from 61 percent of all students to 99 percent of all students after participating in Sugar Out Day.
 - Ascension Good Samaritan provided \$5,000 in support of the sealant program, varnishing, Sugar Out Day Campaign and Adult Oral Health Awareness billboard.
 - Ascension Good Samaritan provided 2,500 dental kits to the community, including for every child in pre-K through 6th grades in the Merrill Area Public Schools District.
- Results of Year Two (July 1, 2019 -- June 30, 2020):
 - The Healthy Smiles Coalition, with Ascension Good Samaritan and Ascension Sacred Heart participation, implemented awareness campaigns and community education programs to improve oral health. Output data are as follows:
 - Lincoln County Seal-a-Smile Program (2019-20)
 - Number of schools participating: 6
 - Number of students screened: 286
 - Number of 5th grade students: 47
 - Number of children whose teeth were sealed: 219
 - Number of children with treated and untreated decay: 175
 - Number of children referred for urgent dental care: 16
 - Over sixty copies of the coalition's 'Guide to Affordable Dental Care' were distributed during Merrill's Community Night Out event. Hundreds of copies of the guide are distributed throughout the county.
 - The Oral Health Coalition participated in Safety Day Camp (Merrill) in September 2019. Approximately 60 children attended. The coalition offered 'Sugar Out' displays (showing the sugar content of common beverages), a nutrition label display, teeth model for brushing, and information on 5210 (each day: five fruits

- and vegetables, no more than two hours of screen time, at least one hour of physical activity and no sugar-sweetened vegetables).
- Sugary Sweets and Beverage displays were available at two dental care offices (including one with a sliding fee scale) in Merrill.
 - Ascension Sacred Heart:
 - “Sugar Out Day’ programming was planned for Spring 2020 but was not held due to the pandemic.
 - Ascension Good Samaritan:
 - The hospital provided \$1,300 in funding to increase the reach of Seal-a-Smile.
 - The hospital takes leadership in conducting Sugar Out Days in the Merrill area schools. The Sugar Out Day program teaches students about good oral hygiene, including reducing sugar. In FY20, 95 percent of participating students showed an increase in knowledge on at least one question after participating in Sugar Out Day. Ninety-two percent of students reported an increase in knowledge of all three questions asked at Sugar Out Day. This year the hospital was only able to present at two schools in the Merrill community due to the COVID-19 pandemic.
 - Ascension Good Samaritan provided 2,500 dental kits to the community, including for every child in pre-K through 6th grades in the Merrill Area Public Schools District.



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