

**LANGLADE COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT
LANGLADE HOSPITAL/CHNA COALITION**

JUNE 2013

REPORT TO THE COMMUNITY

Langlade County Community Health Needs Assessment June 2013

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Langlade County Community Health Needs Assessment

June 2013

Executive Summary Report

I. Langlade County Community Health Needs Assessment

Executive Summary

June 2013

Purpose and Method

The Langlade County Community Health Needs Assessment (CHNA) was a collaborative effort led by Langlade Hospital and involving community partners including health organizations, social service agencies, schools and other educational organizations, law enforcement as well as county and local government and other local partners. Members of these groups and organizations served in an advisory capacity on the Community Health Needs Assessment Coalition which was formed to provide oversight and ongoing evaluation of the process.

The overarching long term goal of the CHNA is to improve the health of the people living in the hospital's primary patient service area which includes Langlade County and contiguous areas of the surrounding five counties. In an effort to support achievement of the overarching goal, a CHNA was completed to determine the most serious health problems in Langlade County at the present time and to develop an effective action plan that, when implemented, will begin to positively impact those problems over the next three years.

Research and Findings

The CHNA utilized recently published state and federal quantitative health and quality-of-life research including demographic data, health indicators, health risk factors, access to healthcare, social determinants of health, environmental factors and other health indicators. In addition, primary qualitative research was gathered locally from several sources including key informant interviews with 62 community leaders, four town hall meetings and an online/mail-in survey completed by over 600 persons. These research efforts included data from Langlade County, the surrounding area, and regional Native American communities. Data comparisons were made with other Wisconsin counties as well as state and national measures and benchmarks to ascertain the relative gravity of the measure or issue. A subgroup of the coalition called the Action Planning Task Force was formed to rank prioritize the health problems and to develop an action plan to address those issues determined to be the most serious and amenable to corrective influence.

Top Priorities

The prioritization and action planning process was undertaken by the Action Planning Task Force (APTF) which utilized specific methods to identify and rank the most serious health problems identified from the research. The process of reviewing the data included considerable discussion and consultation among the coalition members as each priority was selected. After the APTF reached agreement on the top four selected health issues, they validated them by means of review and discussion with the coalition and other community leaders. The following health issues were identified as the top priorities:

1. Wellness & Prevention Services
2. Obesity
3. Substance Abuse
4. Affordability of Healthcare/Prescription Medication Costs

Action Planning

After defining each of the health priority areas, the APTF developed a decision matrix to evaluate possible actions that could be undertaken to positively influence the four priority health issues. The decision matrix listed 24 criteria that were considered for each proposed action step. Each criterion was assigned a numerical weight based upon its perceived impact upon effective action planning. A numerical scoring system was created to determine the “fit” of a particular action plan with each of the weighted decision criteria that were created.

A number of possible action steps to positively influence each priority issue were brainstormed and discussed by the APTF. Other evidence-based action plans that communities had successfully implemented were also reviewed. Each proposed action step was evaluated against the decision matrix. A numerical score, which represented the sum of the “fit” of each action step against each weighted criterion, was calculated for each action step. The action steps were rank ordered on the basis of the numerical score obtained through the application of the decision matrix.

Action plans will be implemented over the next three years, based upon the extent to which resources are available, and will be monitored to determine their effectiveness in positively impacting the health priorities identified. Adjustments to the plan will be made over time as necessary to enhance the effectiveness of the action plans accordingly.

Wellness & Prevention Services

Wellness and prevention services can have a significant impact on many of the health issues identified in the research completed by the coalition. The issues of obesity, substance abuse and access to healthcare can all be favorably affected by targeted wellness and prevention efforts. Increasing one's knowledge regarding successfully maintaining a healthy lifestyle can, over the long term, dramatically improve one's health and reduce both the personal and societal economic impact related to increased healthcare utilization.

Action plan:

1. To reformulate the Building a Healthier Langlade County organization, a group formed by The Langlade County Health Department and Langlade Hospital in 1996, to become a forum or "think tank" for the promotion of wellness and prevention activities as well as engaging community leaders in promotion of the action plans associated with the Hospital's *Community Health Needs Assessment* and the Health Department's *Community Health Improvement Plan*.
2. Through the Building a Healthier Langlade County, engage local businesses in health, wellness and prevention activities for their employees to promote healthy lifestyles and reduce group health plan costs.
3. Utilize the Building a Healthier Langlade County to plan, schedule and promote regular community education events directed at wellness topics related to the CHNA and CHIP plans. This will be done to also provide meaningful and relevant information to the people of Langlade County and the surrounding area to increase healthy lifestyle practices. Langlade Hospital will provide sponsorship and financial support of these events and will assist in promoting them.

Obesity

The most recent data published by the University of Wisconsin Population Health Institute shows that obesity (measured by body mass index (BMI)) in Langlade County is above state averages for the 72 state counties. Obesity is one of the leading preventable causes of morbidity and mortality in the United States. Obesity can, over time, produce profound

deleterious health effects on the body increasing the risk of heart disease, (the leading cause of death in Langlade County), as well as diabetes, stroke and other serious health conditions. Losing weight and maintaining a healthy weight helps prevent and control these diseases. A recent RAND Corporation study found that obesity is linked to higher rates of chronic conditions than smoking, drinking or poverty. The economic impact on healthcare and related services as well as lost earnings can be significant.

Action Plan:

1. Enhance nutrition education in the Langlade County schools for all age levels through the provision of hospital expertise and resources to assist the schools in expanding related curricula to increase the nutrition knowledge base of children living in Langlade County.
2. Improve access to fruits and vegetables for people living in outlying areas of Langlade County to increase the consumption of fruits and vegetables for people in these areas.
3. Develop a system for “creatively” funding wellness and healthy lifestyle counseling services for individuals and families in Langlade County to provide needed support for those who wish to seek additional information to live healthier lives.
4. Provide expertise and guidance to individuals at rural exercise facilities regarding appropriate and effective exercise and fitness practices to encourage, improve the effectiveness and enhance safety for people utilizing these facilities.
5. Actively promote and support farm-to-school initiatives for food produce grown in Langlade County to increase consumption of locally grown food by children.

Substance Abuse

Substance abuse and chemical dependency from the use of alcohol and other drugs can impact mortality, morbidity and criminal behaviors. Abuse of these substances is one of the most serious problems facing the United States, Wisconsin and Langlade County. According to the *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use¹* published by the Wisconsin Department of Health Services, “Wisconsin rates of alcohol use and misuse have been among the highest – if not the highest – in the nation.” The report further states: “Data for the years 2002 – 2010 consistently show that Wisconsin women of childbearing age are more likely to drink – and to binge drink – than their national counterparts.” This has been the finding in Langlade County as well.

The report states that consumption patterns of illicit drug use in Wisconsin mirror national trends and the misuse of prescription drugs for non-medical purposes continues to be a serious problem in the state especially among young adults. Finally, the report states that the rates of underage drinking and underage binge drinking in Wisconsin are both higher than national rates. As noted above, binge drinking among adults in Langlade County ranks above both state and national averages. According to the report: “The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses.”

Action Plan:

1. Upon reviewing the research concerning this health problem, the APTF was concerned about the daunting enormity and complexity of this problem with respect to action planning to effectively address it. Because the issue of substance abuse is broad in scope and multi-faceted in its definition and measurement, the APTF will create a work group that will be charged with the following responsibilities:
 - A. Actively research the problem of substance abuse in Langlade County and the surrounding area with respect to all forms of abuse.
 - B. Review what organizations and groups such as Action Alliance and Law Enforcement in Langlade County are currently doing to address the various aspects of this problem.
 - C. Determine existing county assets and resources which could be brought to bear on action plans related to addressing this problem.
 - D. Determine the scope of the action plan to ascertain the aspect(s) of this problem the hospital and community leaders could most effectively impact, e.g. the misuse of prescription medications.
 - E. Research evidence-based actions that communities have found to be effective in addressing the identified problem(s) and related issues.
 - F. Develop a specific multi-year action plan to directly impact the aspect of this health problem which the work group determines can most effectively be impacted through the use of hospital and other available resources.

Affordability of Healthcare/Prescription Medication Costs

The cost of healthcare services including prescription medications in Langlade County is an important economic issue. Per capita income in Langlade County is substantially lower than state and national averages. Most recent income data indicates that 14.2% of the people living in Langlade County are living in poverty and that number has nearly doubled between 2007 and 2011. Currently, 12% of the population of Langlade County is uninsured, a level that is above the state level. In addition, as employers increase the size of deductibles and co-pays for employer-based group health plans, more employees find it difficult to cover their balance of these cost sharing plans. Finally, unemployment rates in Langlade County are consistently above both state and national averages oftentimes rendering people uninsured or under insured for a period of time between jobs after COBRA limits are reached or the cost of insurance exceeds the capacity of the person to cover the costs. All of the above issues make it difficult for many persons living in Langlade County to afford the cost of their healthcare and prescription medications. In fact, oftentimes, personal healthcare needs are foregone because disposable income is not available to cover the cost or other personal needs are more pressing. This increases the likelihood that, left untreated, a personal illnesses may become more severe and require more costly healthcare intervention at a later date.

Action Plan:

1. Develop a centralized medication review resource available to people on multiple prescription medications to assist them and their providers with potential medically appropriate options to reduce ongoing medication costs.
2. Create a nurse navigator position in the Aspirus General Clinic to assist patients with the coordination of their healthcare services and identification of available resources to reduce the cost of care for the patient when possible.
3. Develop a mobile clinic to provide basic primary care medical services to people living in rural areas at a reduced cost to improve access to healthcare and health equity for persons of limited financial means or without a health coverage plan.
4. Utilize hospital and community resources such to establish a grant program to assist patients with the cost of prescription medications based upon financial status and need to improve health equity for patients without a health coverage plan.

5. Increase consumer education in Langlade County regarding health insurance access, healthcare exchanges and related issues to improve access to health coverage plans that are available.

Implementation

Following final approval by the Langlade Hospital Board, the CHNA will be widely disseminated throughout the area and will be accessible on the hospital web site and available free-of-charge to anyone that requests a copy. The CHNA will be presented to county and city government as well as other groups and organizations. Implementation of action plans will begin in 2013 and will be carried out and monitored for effectiveness over the next three years.

Additional Actions

The coalition is seeking to generate ongoing interest and discussion regarding these priority health issues among the people living in Langlade County and the surrounding area. To this end, the coalition will be seeking a formal proclamation from county and city government announcing the CHNA results and calling upon a county-wide effort to discuss, support and promote efforts to address the priority health problems identified.

In addition, a subgroup of seven members of the APTF has been formed as a team to make application to the Healthy Wisconsin Leadership Institute's Community Teams Program developed by the Wisconsin Medical College and the University of Wisconsin School of Medicine & Public Health. If accepted, the team will be engaged in a year-long training program to learn skills needed to lead community health improvement initiatives. The team will utilize the skills acquired to provide leadership in ongoing and future community health improvement efforts in Langlade County.

Langlade County Community Health Needs Assessment

June 2013

Complete Report

II. Langlade County Community Health Needs Assessment Complete Report June 2013

Purpose

In September, 2012, Langlade Hospital began efforts to undertake a Community Health Needs Assessment (CHNA). The purpose of the CHNA was four-fold: First and foremost, the purpose of the CHNA is to improve the health of the people living in Langlade County. As a not-for-profit and tax-exempt Catholic hospital, responding to the health needs of the people living in Langlade County and the surrounding area, especially those who are most at risk, it is central to the mission of Langlade Hospital. Indeed, for more than two decades, the hospital has focused its resources on addressing significant health needs in the hospital's patient service area and has responded with, in addition to a comprehensive array of acute care services, senior housing facilities, an adult day care program, a child day care service, a hospice service, home health care, a mobile rural dental clinic, and a medically directed exercise and wellness facility. Secondly, as a not-for-profit organization, the hospital is required under new IRS regulations legislated as part of the Patient Protection and Affordable Care Act enacted in March of 2010 to conduct a CHNA every three years. Thirdly, the CHNA will provide a foundation of current, reliable and well documented information that will be available to other groups and organizations who are also concerned about community health improvement. Finally, the collaborative efforts of this multiple organization partnership will have a symbiotic effect that will enhance discussion, strengthen resolve and build upon the existing relationships (intangibles) to have an even greater collective impact upon the health of the population of people living in this area of northern Wisconsin.

Process

A group of 57 representatives of various groups and organizations throughout Langlade County were invited to participate in an advisory capacity. This group included representation from every health, public health and social service organization in Langlade County as well as representatives from the various school districts, law enforcement, City and County government, as well as Emergency Medical Services (See complete listing in Appendix A). This group was called the Community Health Needs Assessment Coalition. The coalition provided guidance and oversight throughout the CHNA. A smaller sub group of the coalition called the Action Planning Task Group went through a process of evaluating the research, setting priorities and developing action plans to address the priorities.

The CHNA process included an extensive review of the population characteristics of Langlade County and surrounding area including Native American communities. This effort included research and review of quantitative demographic data. The data was obtained from various state, federal, hospital and county sources and included general demographics such as age, income and race; health indicators including leading causes of death and hospitalization, mortality, morbidity and premature deaths; health risk factors including tobacco use, excessive drinking, substance abuse, obesity, motor vehicle crash death rate, sexually transmitted infections and teen birth rate; access to healthcare including rates of uninsured population, availability of primary care providers, federal health personnel shortage designations, preventable hospital stays and health screenings; social determinants of health including unemployment, education, housing, environmental quality and crime statistics.

In addition to the above mentioned research, the coalition employed additional qualitative research methods, over a six month period, to collect community input to ascertain the perceived health issues and needs from people living in the hospital service area. These methods included key informant interviews, town hall meetings and community opinion surveys (see appendices D through G). A total of 62 key informant interviews were conducted with community leaders and people whose occupations or professional positions enable them to speak authoritatively about the health issues facing people living in Langlade County and the surrounding area. In addition, four town hall meetings were conducted throughout the county to provide an opportunity for people to speak directly to coalition members about what they believe are the most significant health needs. Finally, an online and mail-in survey was distributed throughout the area. Over 600 surveys were returned by people both young and old throughout the area. A summary of these additional research methods and their results is presented in appendix B. Comparisons with community standards and benchmarks as well as historical trends were utilized when reliable and valid data was available.

Also, recent prior assessments completed in Langlade County were reviewed. These included the Langlade County Community Health Improvement Plan 2010 – 2015 which was led by the Langlade County Health Department in partnership with many county organizations. The Unified School District of Antigo's 2008 Youth Risk Behavior Survey as well as preliminary results from the district's 2013 Youth Risk Behavior Survey were also reviewed.

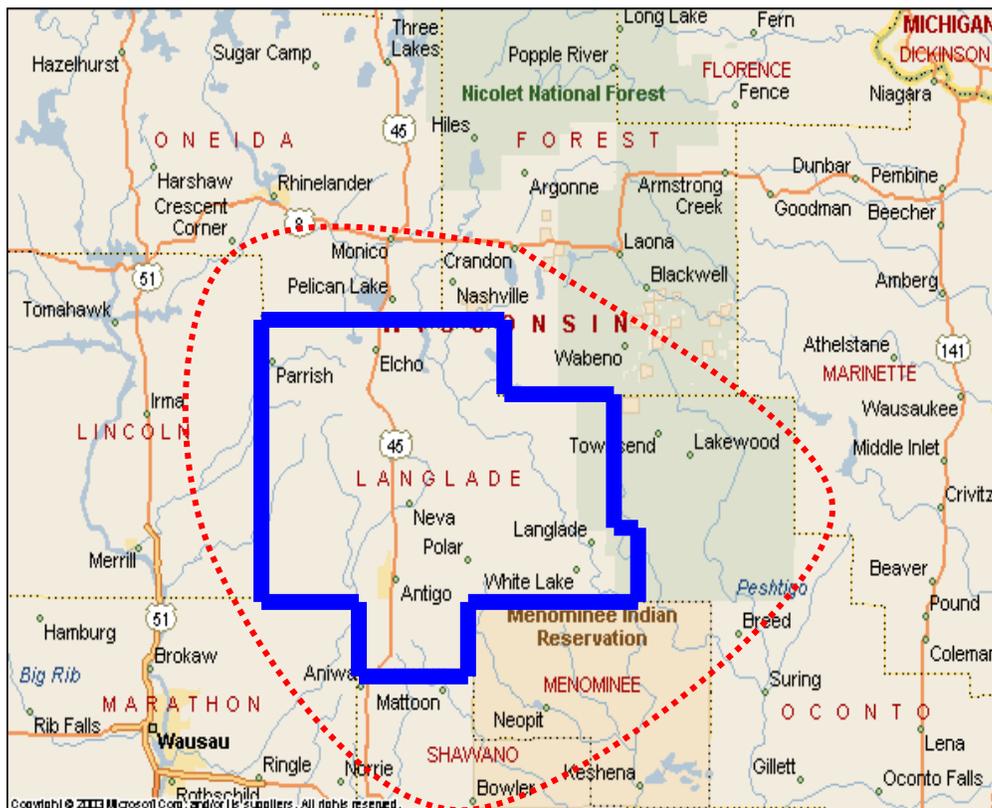
Finally, The CHNA included a process for identifying potential community resources or assets available to respond to the health needs of the county. An extensive catalogue of identified community assets and resources by category was developed and utilized in discussion regarding action steps that could be taken to address the most serious health issues. A copy of the list is available in Appendix C.

Scope

The coalition determined that the scope of the CHNA would include all of Langlade Hospital's primary service areas including Langlade County as well as local Native American communities and areas contiguous with Langlade County including western Oconto County and northern Shawano County (see Map 1 below). Because this was the hospital's inaugural CHNA, no specific priority population was identified and the focus of the assessment was placed on the general population of the area. However, significant information was collected regarding low income and vulnerable populations including children, uninsured persons, and seniors.

The coalition examined a range of health issues for the area as well as social determinants or factors which are known to impact the health of a population such as socioeconomic, environmental and cultural conditions.

Map 1 – Langlade Hospital Primary & Secondary Service Areas



III. The Demographics of Langlade County

Community Overview – Population Demographics

Based upon the United States Census Bureau reports, the population of Langlade County has declined from 20,740 in 2000 to 19,977 in 2010. This is a decrease in population of 763 people or 3.7 percent. The population is essentially equally split between females and males. The current median age of the population is 45.7 years which has risen by more than five percent following predicted trends of an aging population as outlined below (see Table 1).

Table 1
Population of Langlade County – US Census Bureau
-Population-

	<u>Census 2000</u>	<u>Census 2010</u>	<u>Change</u>
Total	20,740	19,977	-763 /-3.7%

Female	10,449	9,945	-504/-4.8%
Male	10,291	10,032	-259/-2.5%
-Median Age-			
Overall	40.5	45.7	+5.2/+12.8%

Female	41.6	46.8	+5.2/+12.5%
Male	39.4	44.4	+5.0/+12.7%

While the county population between the ages of 0 and 44 has declined by 2944 people or 23% since 2000, the population aged 45 and older has significantly increased by 2181 people or 27%. The age cohort 55 to 64 showed the greatest percent increase since the 2000 census as the number of people in this age group increased by 653 or 29% in the 10 year period. The population of Langlade County age 55 and older represented 29.6% of the total population in 2000 and now represents 34.4% of the population. This represents a total increase of nearly 12% in the age 55 and older cohort during this same time period. This shift in age demographics with declining population under age 45 and increasing population over that age is expected to continue for at least the next 20 years (see Table 2 and Chart 1 below).

Table 2
Breakdown of Langlade County Population by Age Cohort
(US Census Bureau)

<u>Age</u>	<u>Census 2000</u>	<u>Census 2010</u>	<u>Change</u>
0 - 14	4,094	3,386	-708/-17%
15 - 29	3,322	3,143	-179/-5.4%
30 - 44	4,381	3,252	-1,129/-25.8%

45 - 54	2,808	3,330	+522/+18.6%
55 - 64	2,227	2,880	+653/+29.3%
65 - 74	1,956	2,112	+156/+8%
75+	1,952	1,874	-548/-35%

Total	20,740	19,977	-763/-3.7%

Chart 1
Comparison of Age Groups in Langlade County by Census
(US Census Bureau)

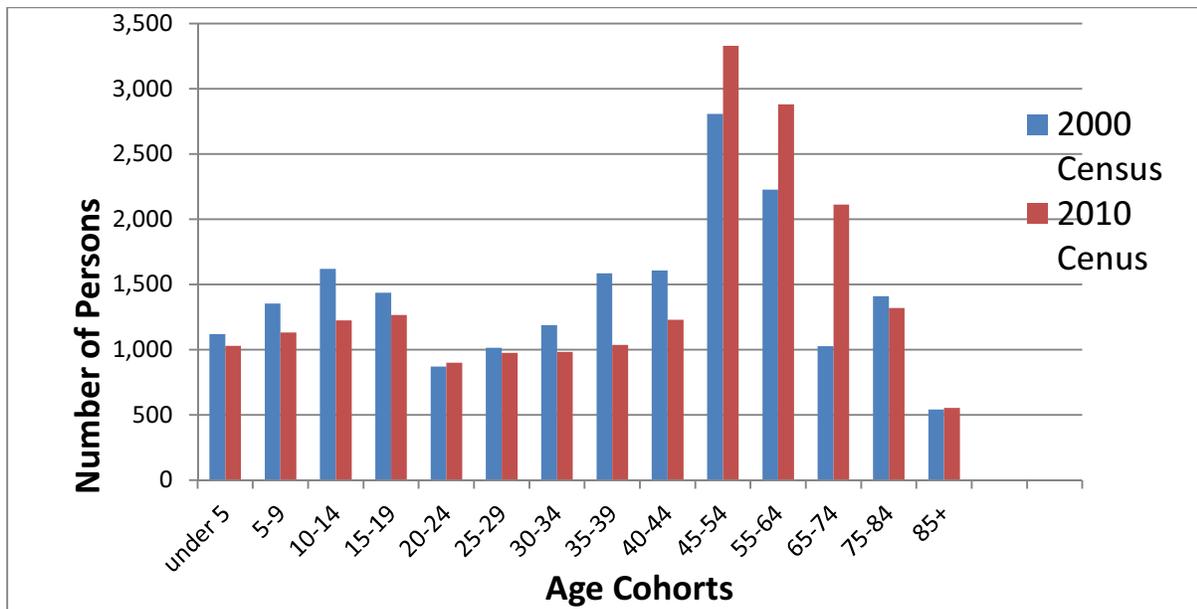


Table 3 below shows the breakdown of the Langlade County population by race. The majority of the population in Langlade County is white (96.5%). The American Indian population is the largest minority population in the county and represents 1% of the total population. The remaining minority groups, each representing less than one percent of the total population, include Asian, African American and Hispanic/Latino.

Table 3
Breakdown of Langlade County Population by Race
(US Census Bureau)

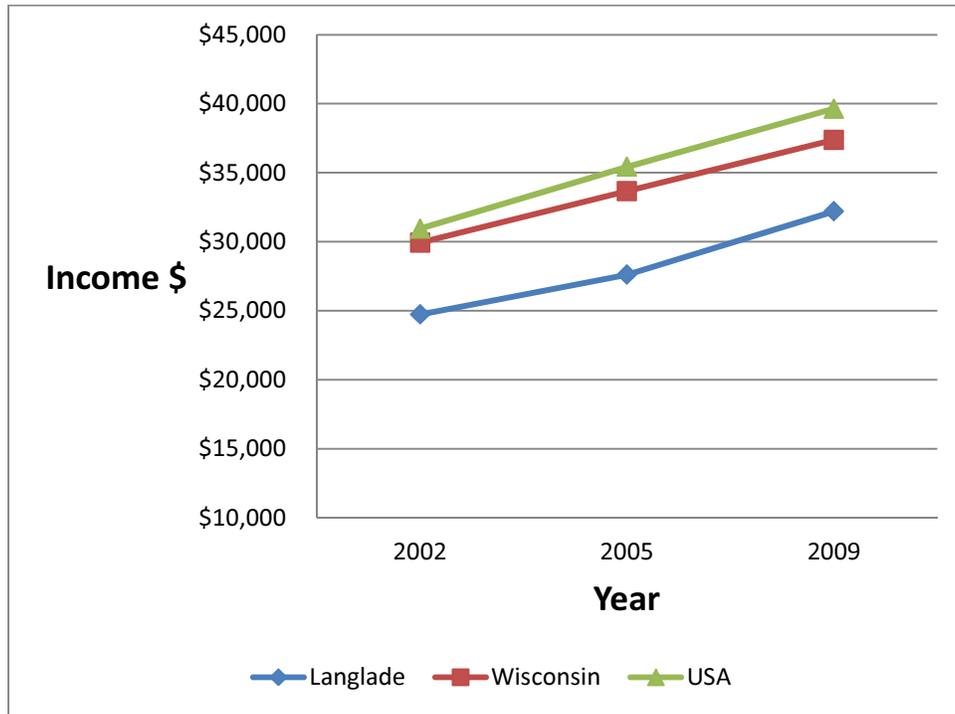
<u>Race</u>	<u>2000 Census</u>	<u>2010 Census</u>	<u>Change</u>
White	20,311(98%)	19,267(96.5%)	-1,044/-5.1%
American Indian	113(<1%)	191(1%)	+78/+69%
Asian	57(<1%)	62(<1%)	+5/+8%
Black/African American	31(<1%)	72(<1%)	+41/+132%
Other	42(<1%)	100(<1%)	+58/+138%
Hispanic/Latino Origin	171(1%)	324(1.6%)	+153/+89.5%

According to the Wisconsin Department of Workforce Development 2011 report², Langlade County has seen a negative natural increase in population due in part to the "...county's comparatively high median years of age (the 15th highest in the state) and low crude birth rate (66th highest among the state's 72 counties)." Historically, according to the Wisconsin Department of Health Services, Langlade County population increases resulted from net immigration of people as the county death rate has usually exceeded the birth rate. A review of county in-flows versus out-flows of population for the years 2006 to 2010 in the same report shows that, "...on an average annual basis, the largest portion of in-flow was concentrated among individuals, ages 30 to 64 and the largest portion of out-flow was concentrated among individuals under the age of 30."

Income – Poverty

Based on the most recent information provided by the United States Department of Health & Social Services (USDHSS), per capita personal income in Langlade County as of 2009 was \$32,196 which was below Wisconsin (\$37,373) and US (\$39,635) figures. This continues a historical trend which has consistently shown per capita income in Langlade County to be significantly below both state and national income levels (see Chart 2 below).

Chart 2
Per Capita Income Comparison in Langlade County – US Dept. of Health & Human Services



As of 2011, approximately 2,759 people or 14.2% of the county population was living below the federal poverty guideline according to the USDHSS and US Census. The number of people living in poverty in Langlade County has risen every year since 2007. In the years from 2007 to 2011 the number of people living in poverty nearly doubled (95% increase) from 1,414 people in 2007 (see Chart 3 below). Table 4 shows the number of children in Langlade County on the school-based Free and Reduced Lunch program by year in comparison to Wisconsin state averages. For the year 2008, 46% of the children in school in Langlade County were on the school based Free and Reduced Lunch program according to the Wisconsin Council on Children and Families. As of 2012, that percentage rose to 55%. This compares to an overall Wisconsin percentage of 34% in 2008 and 40% in 2012.

Chart3
Percent of Langlade County Persons Living Below Federal Poverty Guidelines
(US Dept. of Health & Human Services)

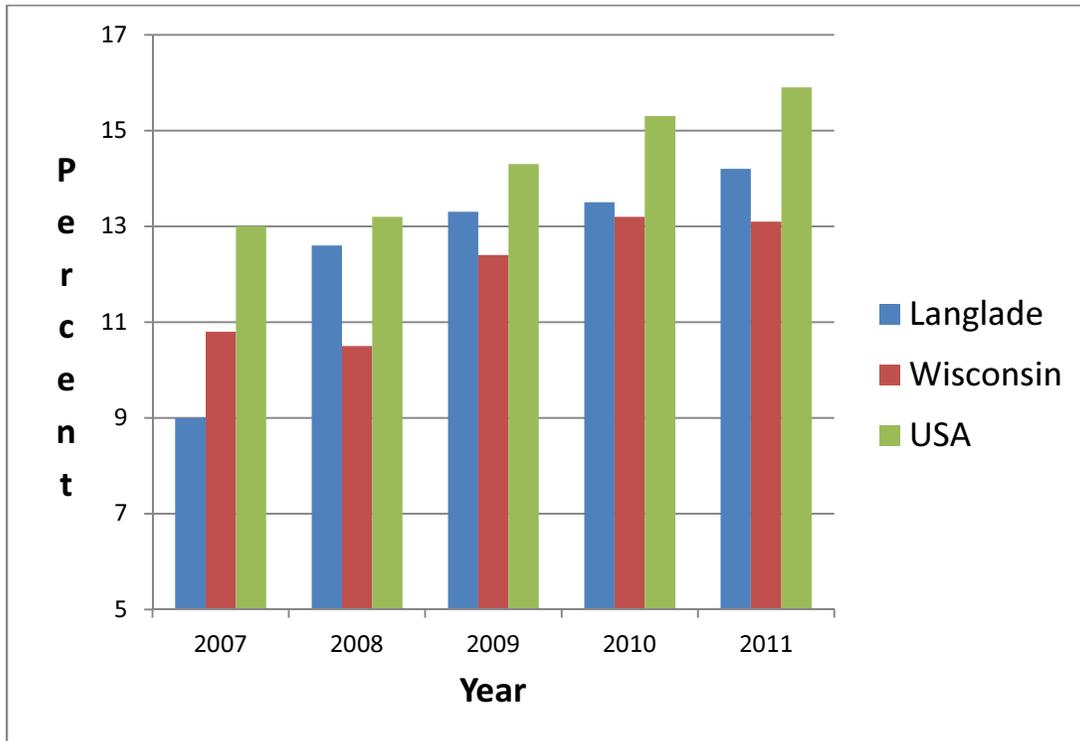


Table 4

Percent of School Children in Langlade County Free & Reduced Lunch by Year
(Wisconsin Council on Children and Families)

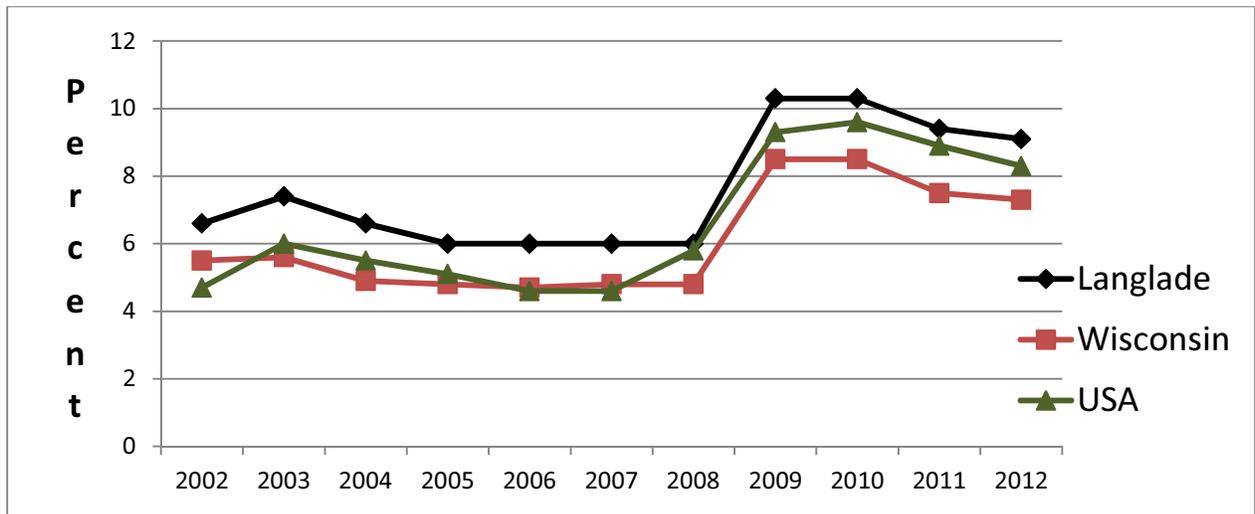
Year	Langlade County	Wisconsin
2008	46%	34%
2009	49%	34%
2010	47%	37%
2011	47%	39%
2012	55%	40%

Wage rates for most industries in Langlade County are consistently less than the state of Wisconsin averages according to information released by the Wisconsin Department of Workforce Development (DWD) (see table 5 below). Median household income in Langlade County based on the US Census Bureau was \$42,045 in 2011 compared to \$52,374 in Wisconsin and \$52,762 in the United States. Langlade County has consistently ranked well below state and national median household income levels. Chart 4 displays the average annual unemployment rate in Langlade County from 2002 to 2011 based on the US Bureau of Labor Statistics and Wisconsin Department of Workforce Development. The unemployment rate has been consistently higher than both the state and national figures.

Table 5
Average Wage Rate by Industry in Langlade County vs. State
(Wisconsin Department of Workforce Development)

	<u>Langlade County</u>	<u>Wisconsin</u>	<u>% of WI</u>
All Industries	\$29,122	\$39,985	72.8%
Construction	\$39,249	\$49,135	79.9%
Manufacturing	\$36,736	\$50,183	73.2%
Professional/Bus.	\$29,370	\$46,516	63.1%
Education/Health	\$34,633	\$42,464	81.6%
Leisure/Hospitality	\$10,356	\$14,597	70.9%

Chart 4
Langlade County Average Unemployment by Year vs. State and National
(Wisconsin Department of Workforce Development)



Health Status

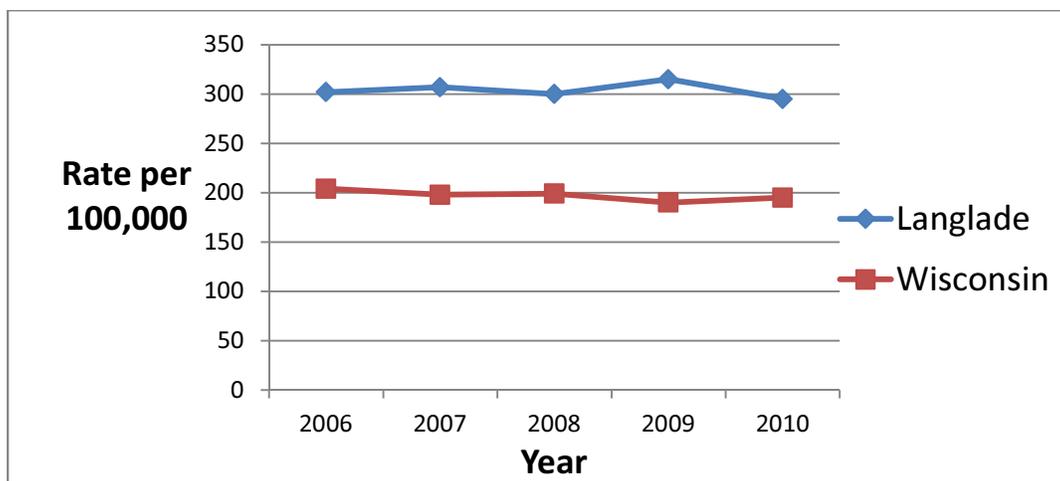
According to the Wisconsin Department of Health Services, for the years 2006 – 2010 heart disease has been the leading cause of death in Langlade County followed by cancer, cerebrovascular disease, lower respiratory disease and accidents (see table 6). Chart 5 shows that, for the same time period 2006 - 2010, the rate of death from heart disease per 100,000 population has been consistently higher in Langlade County than for the state.

Table 6
Leading Causes of Death per 100,000 Population in Langlade County 2006 – 2010
(Wisconsin Department of Health Services)

Cause of Death Langlade County	2010	2009	2008	2007	2006
Heart Disease	59/295	67/315	64/300	65/307	64/302
Cancer	42/210	58/273	54/253	63/298	58/273
Cerebrovascular Disease	8/**	12/88	16/**	21/99	10/**
Lower Respiratory Disease	14/**	17/**	20/94	11/**	10/**
Accidents	9/**	11/**	16/**	13/**	13/**

**low rate per 100,000 population

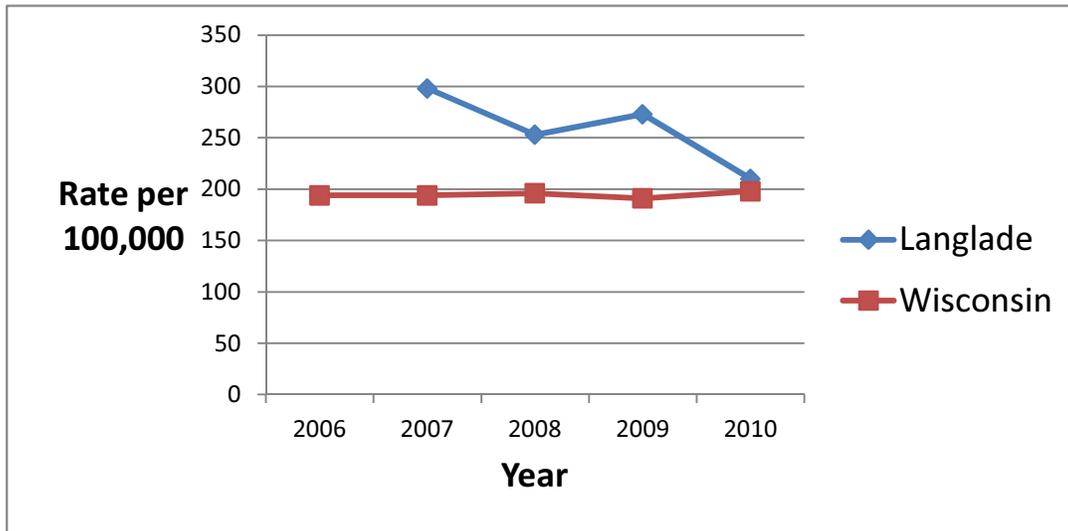
Chart 5
Heart Disease Death Rate (per 100,000 population) by Year in Langlade County vs. Wisconsin
(Wisconsin Department of Health Services)



Based on a 2011 American Cancer Society report entitled *Wisconsin Cancer Facts & Figures 2011* published by the State of Wisconsin Department of Health Services, between the years 2003 – 2007 in Wisconsin, the leading causes of death from cancer for females in order of frequency were: lung cancer (24%), breast cancer (14%) and cancers of the colon and rectum (10%). For Wisconsin males during the same period, the most frequent causes of death from cancer were: lung cancer (28%), prostate (11%) and cancers of the colon and rectum (9%). The report also shows cancer mortality rate by county for the State of Wisconsin. According to the report, the cancer mortality rate in Langlade County for the same period was higher than the state average.

More recent data reported by the Wisconsin Department of Health Services for the years 2007 to 2010 show the death rate from cancer in Langlade County above the state average but declining to near the state average for the year 2010 (see Chart 6).

Chart 6
Cancer Death Rate (per 100,000 population) in Langlade County vs. Wisconsin
(Wisconsin Department of Health Services)



The American Cancer Society report *Wisconsin Cancer Facts & Figures 2011* indicates that for the same period 2003 – 2007 the incidence rate of cancer in Langlade County was less than the state average. More recent state-wide statistics from the Wisconsin Department of Health Services show that the incidence rate (per 100,000 population) of new cancers in Langlade County for the years 2006 – 2009 was highest for prostate cancer followed by breast cancer,

lung cancer and colorectal cancer except for the year 2009 when lung cancer ranked second followed by breast cancer and colorectal cancer (see Table 7).

Table 7
Rate of New Cases of Cancer (per 100,000 population) by Year
(Wisconsin Department of Health Services)

Primary Site	Year							
	2006		2007		2008		2009	
	Langlade	WI	Langlade	WI	Langlade	WI	Langlade	WI
Breast	104	128	104	131	133	133	75	136
Cervical	0	7	19	6	28	6	9	6
Colorectal	52	50	57	47	24	44	47	47
Lung/ Bronchus	99	65	52	66	85	63	136	67
Prostate	123	142	104	140	141	144	215	139
Other Sites	359	218	236	230	208	225	300	249
Total	623	471	457	481	468	473	633	503

The 10 most frequent inpatient diagnoses for patients from Langlade County who were hospitalized from April 2011 to March 2012 are presented in Chart 7. The birth of a live born infant represented 8% of patients and was the most frequent reason for an inpatient admission followed by “other” heart disease, 6%, arthropathies (diseases of the joint), 5%, and ischemic heart disease, 4%.

The University of Wisconsin Population Health Institute began publishing an annual report which ranks health outcomes and health factors for each of the Wisconsin counties. Included in the report is the rate of preventable hospitalizations for diagnoses such as congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease and pneumonia. Chart 7 shows the rate of preventable hospitalizations in Langlade County for the years 2003 – 2010. For the year 2012, the Institute reported that the number of preventable hospitalizations for Langlade County for the year was 72 which was below the state average.

Chart7
Inpatient Diagnoses for Langlade County Patients (April 2011 – March 2012)
(Intellimed)

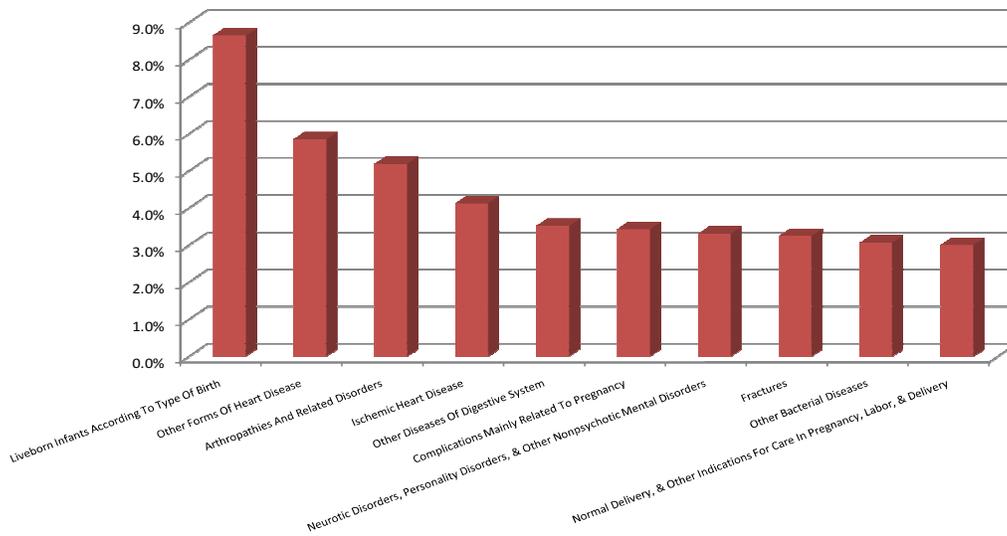
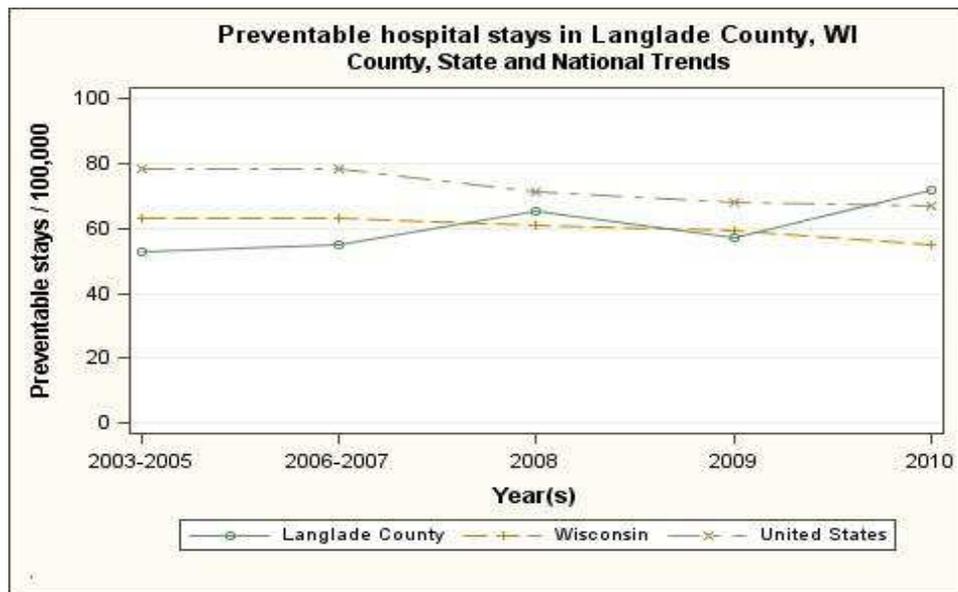
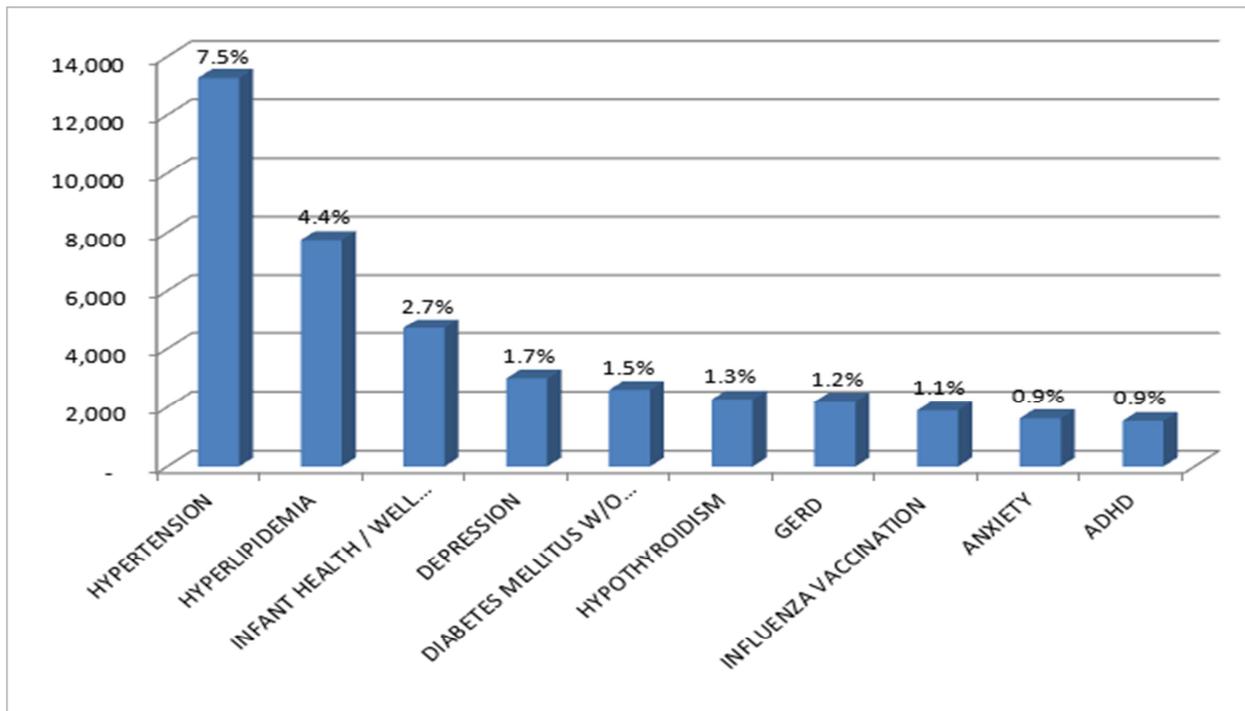


Chart 8



The top 10 reasons for patient visits to the Aspirus General Clinic, the largest primary care clinic in Langlade County, is presented in Chart 9 below. Hypertension was the number 1 reason for patients to visit the clinic representing 7.5% of the visits followed by hyperlipidemia (4.4%) and infant health/well child check (2.7%).

Chart 9
10 Most Frequent Reasons for Patient Clinic Visits October 2011 – October 2012
Aspirus General Clinic Antigo, Elcho & Birnamwood



Sexually transmitted diseases reported in Langlade County have been consistently below state averages. Table 8 shows the frequency of sexually transmitted diseases for Langlade County as reported by The Wisconsin Department of Health Services for the most recent years available 2006 - 2010. Chlamydia was the most frequently reported sexually transmitted disease in Langlade County as the number of cases has ranged from 15 to 20 per year during that time period.

The incidence of HIV in Langlade County is low in comparison to state-wide averages. According to the State of Wisconsin Department of Health Services AIDS/HIV Surveillance

Summary, there have been a total of seven cases of HIV infection (less than 1% of state total) reported in Langlade County between 1983 and 2012 compared to a state-wide total of 10,246 cases. According to the Department of Health Services, the overall rate of HIV infection in Wisconsin is 4.8 per 100,000 population which is less than one third of the national rate (15.8 per 100,000).

Table 8
Sexually Transmitted Diseases in Langlade County by Year
(Wisconsin Department of Health Services)

Disease	2006	2007	2008	2009	2010
Chlamydia	20	15	16	18	19
Gonorrhea	<5	<5	<5	<5	<5
Syphilis	0	0	0	0	0
Genital Herpes	10	6	-	-	-

Health Risk Factors

Each year, the University of Wisconsin Population Health Institute within the University of Wisconsin-Madison School of Medicine and Public Health releases its *Wisconsin County Health Rankings*. The rankings are compiled through the assistance of the Centers for Disease Control and Prevention as well as Dartmouth College. The rankings are based upon a model of population health improvement that describes the current health status of a county using specific measures of health outcomes such as morbidity. These health outcomes are influenced by a number of health factors or determinants of health such as specific health behaviors and socioeconomic factors. The rankings are presented in using these two broad categories of measures: Health Outcomes and Health Factors. The two categories are broken down by specific measures below:

- A. Health Outcomes:
 - 1. Mortality:
 - a. Premature death
 - 2. Morbidity:
 - b. Poor or fair health

- c. Poor physical health days
- d. Poor mental health days
- e. Low birth weight

B. Health Factors:

1. Health Behaviors:
 - a. Adult smoking
 - b. Adult obesity
 - c. Physical inactivity
 - d. Excessive drinking
 - e. Motor vehicle crash death rate
 - f. Sexually transmitted infections
 - g. Teen birth rate
2. Clinical Care:
 - a. Uninsured adults
 - b. Primary care provider rate
 - c. Preventable hospital stays
 - d. Diabetic screening
 - e. Mammography screening
3. Social & Economic Factors:
 - a. High school graduation
 - b. Some college
 - c. Unemployment
 - d. Children in poverty
 - e. Inadequate social support
 - f. Children in single parent households
 - g. Violent crime rate
4. Physical Environment:
 - a. Air pollution – particulate matter days
 - b. Daily fine particulate matter
 - c. Drinking water safety
 - d. Air pollution – ozone days
 - e. Access to healthy foods
 - f. Limited access to healthy foods
 - g. Access to recreational facilities

h. Fast food restaurants

The purpose of the annual *County Health Rankings* is to give each county a “snapshot” of the overall health of their respective population as a “call to action” to improve the health of communities through development and implementation of programs and policies that address health factors. A large portion of the research which the CHNA Coalition undertook included a careful review and consideration of these rankings published by the Population Health Institute for the years 2010 – 2013 (see table 9).

Table 9
Wisconsin County Health Rankings 2010 - 2013
University of Wisconsin Population Health Institute

Measure	2010	2010 State Rank	2011	2011 State Rank	2012	2012 State Rank	2013	2013 State Rank
Health Outcomes:		64		67		66		58
1. Mortality:		38		51		57		34
Premature Death	6,149		*6,971		*7,121		5,795	
2. Morbidity:		70		70		68		67
Poor or Fair Health	*18%		*19%		*19%		*17%	
Poor Physical Health Days	*4.8		*4.8		*4.0		*3.8	
Poor Mental Health Days	*4.1		*3.9		*3.9		*3.6	
Low Birthweight	*7.3%		*7.4%		6.9%		6.7%	
Health Factors:		54		54		59		59
1. Health Behaviors:		58		58		63		62
Adult Smoking	22%		21%		*26%		*25%	
Adult Obesity	*29%		*30%		*30%		*30%	
Physical Inactivity	NA		NA		*24%		*24%	
Excess Drinking	23%		21%		22%		22%	

Table 9 Continued

Measure	2010	2010 State Rank	2011	2011 State Rank	2012	2012 State Rank	2013	2013 State Rank
Motor Vehicle Crash Death Rate	*27		*27		*29		*22	
Sexually Transmitted Infections	73		65		84		90	
Teen Birth Rate	*41		*41		*38		*35	
2. Clinical Care:		17		47		50		53
Uninsured Adults	10%		11%		*12%		*12%	
Primary Care Provider Rate	**59		**2,017:1		**2,017:1		1,174:1	
Preventable Hospital Stays	56		55		57		*72	
Diabetic Screening	90%		**85%		**88%		**89%	
Mammography Screening	NA		**64%		**69%		**69%	
3. Social & Economic Factors:		55		50		52		58
High School Graduation	98%		95%		91%		92%	
Some College	NA		52%		53%		51%	
Unemployment	*6%		*10.1%		*10.0%		*9.4%	
Children In Poverty	*18%		*19%		*23%		*23%	
Inadequate Social Support	18%		17%		*19%		*19%	
Children In Single Parent Households	NA		27%		28%		29%	
Violent Crime Rate	149		100		105		144	
4. Physical Environment:		33		7		7		7
Air Pollution-Particulate Matter Days	0		2		2			

Table 9 Continued

Measure	2010	2010 State Rank	2011	2011 State Rank	2012	2012 State Rank	2013	2013 State Rank
Daily Fine Particulate Matter	-		-		-		9.5	
Drinking Water Safety	-		-		-		4%	
Air Pollution-Ozone Days	0		0		0		-	
Access to Healthy Foods	30%		33%		NA		-	
Limited Access to Healthy Foods	NA		NA		*8%		*10%	
Access to Recreational Facilities	NA		*25		*25		*25	
Fast Food Restaurants	NA		NA		22%		23%	

*Above State Average For the Year

**Below State Average For the Year But of Concern

The most recent 2013 rankings give Langlade County a ranking of 59 out of 72 for Health Outcomes and a ranking of 59 for Health Factors. These two key rankings for Langlade County have consistently fallen in the bottom quartile for the years 2010 – 2013 (see Charts 10 & 11). With respect to the Health Outcomes data, self reported “poor or fair health days,” “poor physical health days,” and “poor mental health days” have been above the state average for the past four years.

Health Behaviors including “adult smoking,” “obesity,” “physical inactivity,” “motor vehicle crash death rate” and “teen birth rate” are above the state average for the same period 2010 - 2013. Clinical Care measures including “uninsured adults” and “preventable hospital stays” have risen above state levels during the past years, while “diabetic screening” rates and “mammography screening” rates have consistently been below state averages.

Social and Economic factors of “unemployment” and “children in poverty” have consistently ranked above the state average as previously cited. Measures of “inadequate social support” have also risen above the state average for the past two reporting years 2012 and 2013.

Chart 10
State Health Rankings – Langlade County Health Outcomes 2010 – 2013
(UW Population Health Institute)

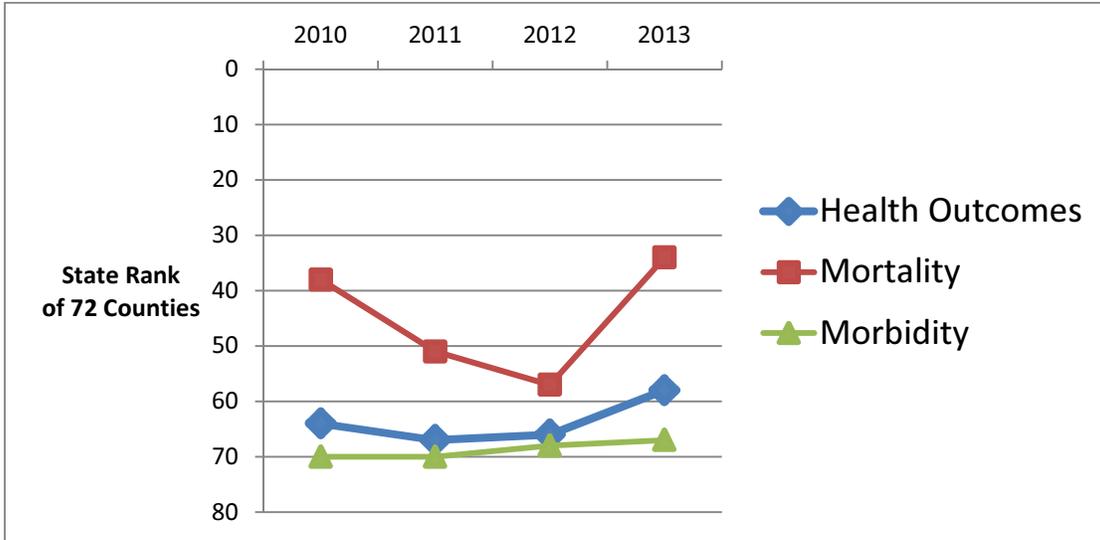
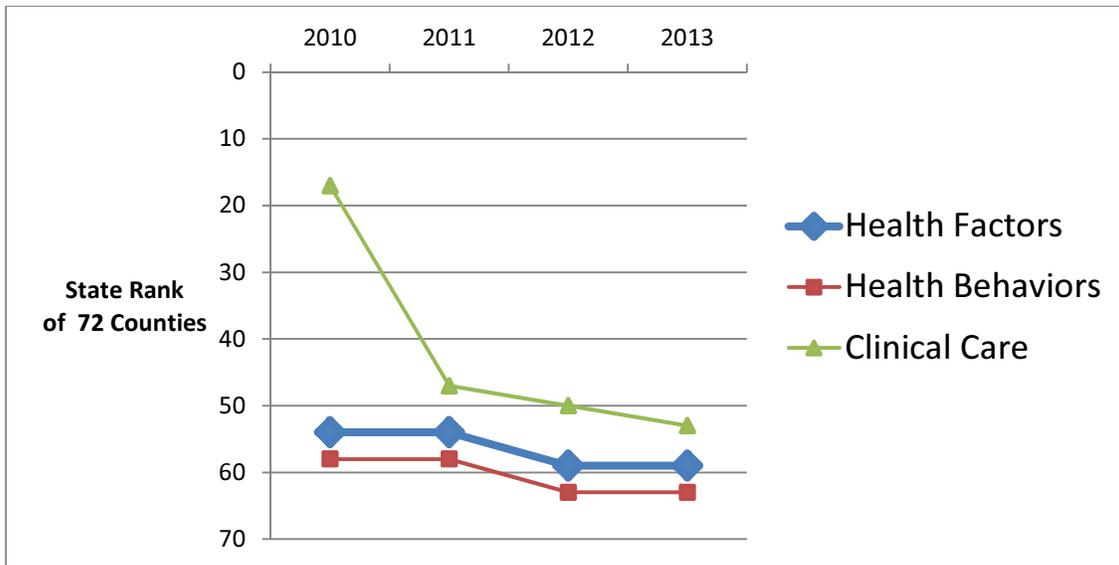


Chart 11
State Health Rankings – Langlade County Health Factors 2010 – 2013
(UW Population Health Institute)



Access to Healthcare

The United States Department of Health & Human Services has designated two Langlade County areas as Health Professional Shortage Areas (HPSA): The Village of White Lake and the Town of Elcho. These areas are designated by The Health Resources and Services Administration (HRSA) of the United States Department of Health & Human Services as HPSAs because of the comparatively low number of healthcare providers offering primary care medical services in those areas. All of Langlade County has been designated as both a dental HPSA and a Mental Health HPSA because of the low per capita income of the county and the lower ratio of providers to population. The Ainsworth Township in northeastern Langlade County has been designated as a Medically Underserved Area (MUA) by the HRSA. The MUA designation is based on a government index which involves four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

Most primary care medical providers practice in the Aspirus General Clinic (AGC) on the Langlade Hospital campus in Antigo, the county's population center. The most recent listing of primary care providers per 100,000 population in Langlade County by the US Department of Health & Human Services (2009) shows a total of 59.5 providers. The current provider level is higher than was reported in 2009. The AGC has additional clinics in the communities of Elcho and Birnamwood. Current provider staffing in the AGC includes several medical providers that practice in more than one AGC site:

Aspirus General Clinic – Antigo

<u>Specialty</u>	<u>Number</u>
Family Practice	7 (1 additional in August, 2013)
Internal Medicine	2
General Surgery	2
Pediatrics	1
Obstetrics/Gynecology	1
Allied Health	5

Aspirus General Clinic – Elcho

Internal Medicine	2
Pediatrics	1

Aspirus General Clinic – Birnamwood

Family Practice	2
Allied Health	1

Two additional family practice physicians and an allied health provider offer primary medical services on an independent basis in the Antigo Medical Building in Antigo.

Langlade Hospital and Northern Health Centers, Inc., a Federally Qualified Health Center located in Lakewood, Wisconsin, are in the process of developing a single provider primary care clinic in the Village of White Lake to serve the people living in eastern Langlade County and western Oconto County. The new clinic is a joint venture between the parties. When operational in the fall of 2013, the clinic will improve access to primary care services for that designated HPSA area.

According to the University of Wisconsin Population Health Institute, approximately 12% of the population of Langlade County is uninsured. This percentage has increased from 10% in 2010 and has risen to 12% for the past two years. Langlade County's rate of uninsured persons has risen above the state average during the past two years. The rate of uninsured persons correlates with the increased unemployment in Langlade County which has also consistently remained above both state and national averages as previously mentioned. That is because many people have access to health care coverage through their employer, and when employment is lost, access to health coverage can become difficult and costly.

The breakdown of patient volume by payer source for persons receiving services in the hospital's service area is shown in table 10. The table shows that, while self-pay volumes have generally declined over the period 2009 to 2011, both the Medicare and Medicaid volumes have risen. This corresponds to the changing age and socioeconomic demographics of the county as outlined above.

As of April, 2013, according to the Langlade County Department of Social Services, there were a total of 5,166 persons (one in four persons) in Langlade County who were Medicaid/Badger Care beneficiaries. This figure is down from April, 2012 and April, 2011 when 5,348 and 5,236 persons respectively were enrolled in the programs (see Table 11 below).

No accurate Medicare figures were available for Langlade County, however, based on the 2010 census, approximately 4,000 persons in Langlade County are Medicare recipients as compared to 3,908 person in the previous 2000 census.

Table 10
Patient Volumes in Langlade Hospital Service Area by Payer Source
(Intellimed)

	Volume			Percentage of Report Total		
	2009	2010	2011	2009	2010	2011
Inpatient						
Medicaid	584	611	639	19.1%	19.7%	20.2%
Medicare	1,453	1,480	1,516	47.5%	47.6%	48.0%
Self Pay	98	106	111	3.2%	3.4%	3.5%
Total Patient Volume	3,058	3,107	3,161	69.8%	70.7%	71.7%
Ambulatory						
Medicaid	523	608	667	11.5%	12.5%	12.9%
Medicare	1,776	2,063	2,189	39.0%	42.4%	42.4%
Self Pay	111	91	79	2.4%	1.9%	1.5%
Total Patient Volume	4,551	4,866	5,167	53.0%	56.8%	56.8%
Emergency Department						
Medicaid	3,976	3,829	3,813	31.8%	30.6%	30.5%
Medicare	3,476	3,587	3,633	27.8%	28.7%	29.0%
Self Pay	1,296	1,173	1,067	10.4%	9.4%	8.5%
Total Patient Volume	12,508	12,089	12,179	69.9%	68.7%	68.1%

Table 11
Medicaid/Badger Care Recipients in Langlade County 2010 – 2013 (April)
(Langlade County Department of Social Services)

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Medicaid	1,272	1,286	1,458	1,606	1,580
Badger Care	<u>3,213</u>	<u>3,857</u>	<u>3,778</u>	<u>3,745</u>	<u>3,586</u>
Total	4,485	5,143	5,236	5,348	5,166

Based on the findings of the qualitative research methods undertaken by the coalition including the population survey, town hall meetings and key informant interviews, there was significant concern expressed by participants regarding the cost of healthcare and prescription medication services. Our research has shown that people will often choose to forego needed healthcare services because of the cost of the service or because of a lack of health coverage. This is also true for many persons who are insured by a health coverage plan but, because of large deductibles or co-pays, find their out-of-pocket cost for healthcare financially challenging. A 2009 American Journal of Medicine study in the United States reported that medical debt due to accumulated medical bills was a contributing cause in 62% of personal bankruptcy filings. Of significance, nearly three quarters of those filing personal bankruptcies for medical debt had health insurance or other form of health coverage.

Social Determinants of Health

Most of the qualitative research which the coalition undertook indicated that issues related to substance abuse were of serious concern to people living in Langlade County. Recent information released by county law enforcement agencies related to the criminal use of bath salts and other illicit substances as well as the misuse of prescription medications in Langlade County has increased awareness of these issues. News reports of high profile arrests of community leaders and others for the criminal sale and use of illegal substances over the past few years has both raised awareness of the issue and demonstrated the ongoing challenge law enforcement agencies face in addressing these issues. However, specific accurate information related to the prevalence of substance abuse in Langlade County has been difficult to obtain, with the exception of information related to the abuse of alcohol.

Table 12 below shows a year-by-year comparison of available data regarding the incidence of self-reported drinking behavior in northern Wisconsin and the state of Wisconsin for the years 2007 to 2010. The table also displays a comparison of self-reported excessive drinking in Langlade County and Wisconsin for the years 2010 to 2013 as reported by the University of Wisconsin Population Health Institute. The definitions of the various drinking behaviors are:

Heavy Drinking – More than one drink per day on average for a woman and more than two drinks per day on average for a man.

Binge Drinking – More than five drinks on one occasion for a man or more than four drinks on one occasion for a woman.

Excessive Drinking - Includes heavy or binge drinking and any alcohol consumption by youth under the age of 21 or any alcohol consumption by a woman during pregnancy.

The incidence of self-reported heavy drinking in northern Wisconsin has typically been below the average rate for the state during the years reported. Binge drinking rates in northern Wisconsin have also been slightly below state levels for the same years. The Excessive drinking rate comparison for the years 2010 – 2013 shows Langlade County’s rate as equal to or less than the state average rate. Current youth alcohol use in Langlade County was not available.

Table 12
Self Reported Heavy, Binge and Excessive Drinking in Langlade County/Wisconsin by Year
(Wisconsin Interactive Statistics on Health (WISH), UW Population Health Institute)

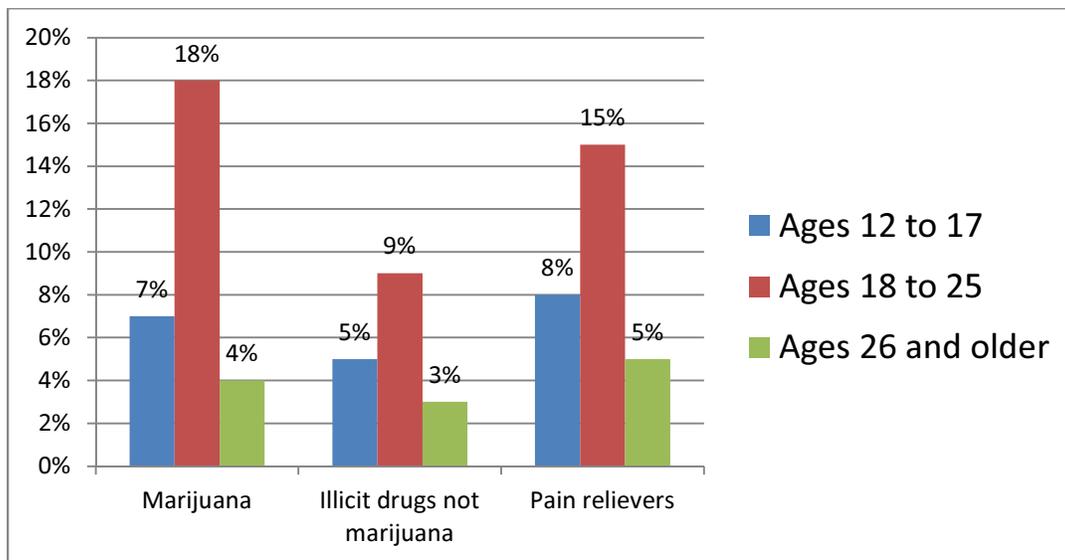
Drinking Behavior	2006	2007	2008	2009	2010	2011	2012	2013
Heavy Drinking – Northern, WI	5.8%	7.3%	7.5%	7.5%	4.3%			
Heavy Drinking – Wisconsin	7.9%	6.7%	7.9%	8.0%	6.3%			
Binge Drinking – Northern, WI	20.5%	22.8%	19.6%	22.7%	20.5%			
Binge Drinking – Wisconsin	24.2%	23.3%	23.0%	23.9%	21.4%			
Excessive Drinking – Langlade Co.					23%	21%	22%	22%
Excessive Drinking - Wisconsin					23%	25%	24%	24%

In March 2013, the UW Population Health Institute, the University of Wisconsin School of Medicine and Public Health, and Health First Wisconsin published a joint report entitled: *The Burden of Excessive Alcohol Use in Wisconsin*. The report estimates the economic cost of excessive alcohol consumption for each Wisconsin county. The report estimates that, for Langlade County in 2011, excessive alcohol consumption contributed to at least 7 alcohol related deaths, 200 alcohol related hospitalizations and 162 alcohol-related arrests. The report estimated binge drinking, which is responsible for 76% of the economic cost of excessive alcohol consumption, in Langlade County at 29% of the population compared to 23% for Wisconsin and 16% for the United States. They estimate the annual economic cost of excessive alcohol use in Langlade County to be \$31.4 million. These estimated costs are broken out as follows:

\$ 3.5 million in healthcare costs, \$22.7 million in lost productivity and \$5.0 million in other economic costs such as motor vehicle crashes and criminal justice system costs.

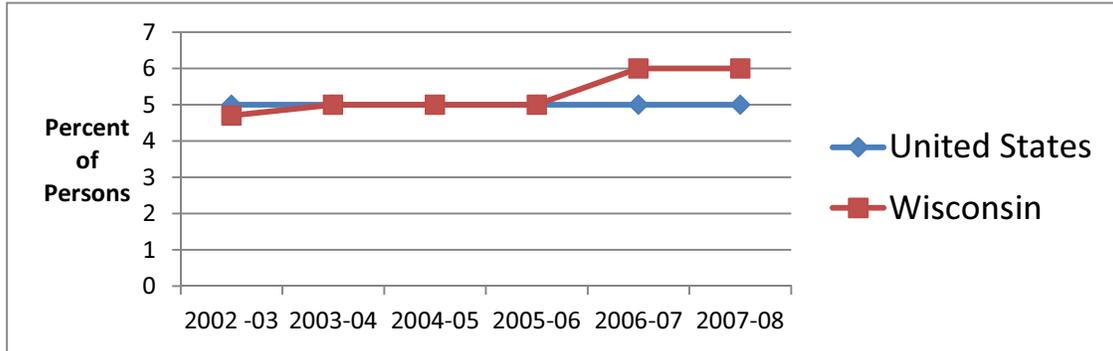
Chart 12 below shows the illicit use of drugs in Wisconsin by age for the year 2009 (most recent data available). No specific data was available for Langlade County. The chart shows that the highest percentage of illicit drug use for that year was by adults age 18 to 25.

Chart 12
Illicit Drug Use in Wisconsin 2009 by Age
(Wisconsin Council on Alcohol and Other Drug Abuse Prevention – January, 2012)



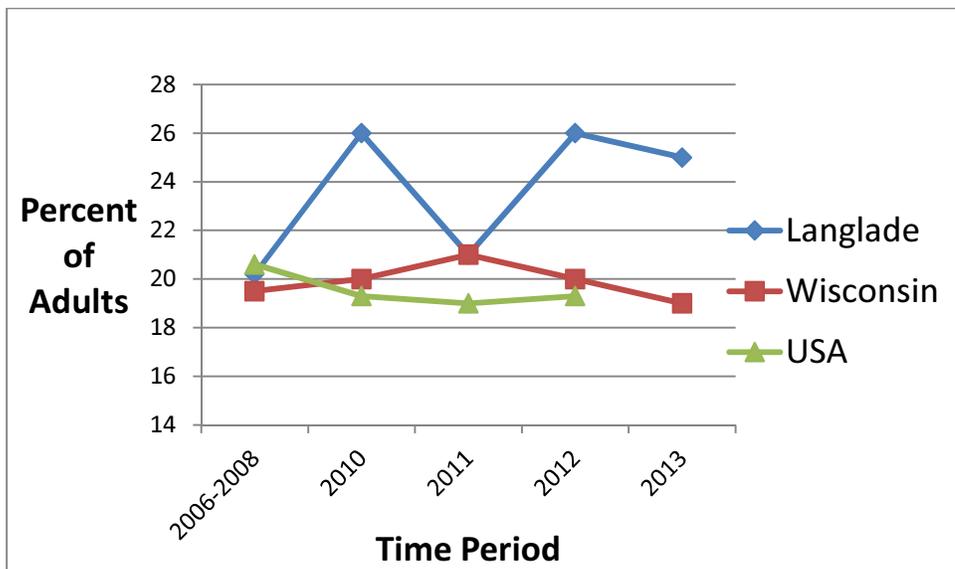
According to the 2012 Wisconsin Council on Alcohol and Other Drug Abuse Prevention publication *Drug Abuse in Wisconsin*, prescription drug abuse is America's fastest growing drug problem. The misuse of prescription drugs in Wisconsin was comparable to levels in the United States until 2006 when the percentage in Wisconsin exceeded the United States (see Wisconsin/US comparison in Chart 13). The report further states that unauthorized prescription drug use has now overtaken marijuana use as the most common illegal drug used by youth even though its use is illegal. They also report that recent data in Wisconsin shows that prescription drugs are the second most common drug used for recreational purposes after marijuana. (The United States makes up 4.6% of the world's population but consumes 80% of its opioids and 99% of the world's hydrocodone (the opioid that is Vicodin)). The report further states that, nationally, the average number of prescriptions per resident is 12.9 per year and in Wisconsin the rate is 12.7 per year. Finally, the report states that between the years 2007 and 2008, 15% of Wisconsin adults reported using pain relievers for non-medical purposes.

Chart 13
Prescription Drug Misuse Age 12 & Older by Year – US/WI Comparison
 (Wisconsin Council on Alcohol and Other Drug Abuse Prevention – January, 2012)



Tobacco use in Langlade County among adults (no current youth data available) is above state and national levels (see Chart 14 below)

Chart 14
Prevalence of Adult Smoking US, WI and Langlade County by Year
 (UW Population Health Institute, Centers for Disease Control and Prevention)



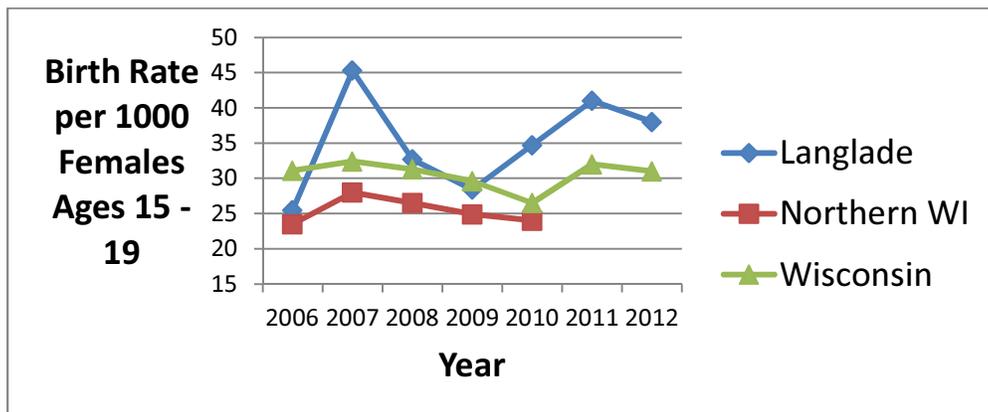
The prevalence of women smoking during pregnancy in Wisconsin and the United States has been declining. According to the University of Wisconsin - Milwaukee Center for Urban Initiatives and Research (CUIR) 2012 report *Smoking During Pregnancy in Wisconsin and the United States Trends and Patterns, 1990 - 2010*, the prevalence of smoking during pregnancy in the United States decreased from 18% in 1990 to 9% in 2007. In Wisconsin, the prevalence of smoking during pregnancy decreased from 23% in 1990 to 15% in 2007. Between 1990 and 2010, according to the CUIR, smoking during pregnancy decreased by 42% in Wisconsin. In Langlade County, however, based on the CUIR study, the prevalence of smoking during pregnancy has increased during those same periods (see Table 13 below). This raises many concerns regarding fetal and maternal health for women and infants in Langlade County.

Table 13
Prevalence of Smoking During Pregnancy in WI & Langlade County by Year
(UW-Milwaukee Center for Urban Initiatives & Research)

	<u>2005 – 2007</u>		<u>2008 – 2010</u>	
	<u>Smoking Prevalence</u>	<u>Rank(WI)</u>	<u>Smoking Prevalence</u>	<u>Rank(WI)</u>
Langlade County	26.0%	63	28.9%	66
Wisconsin	14.4%		13.9%	

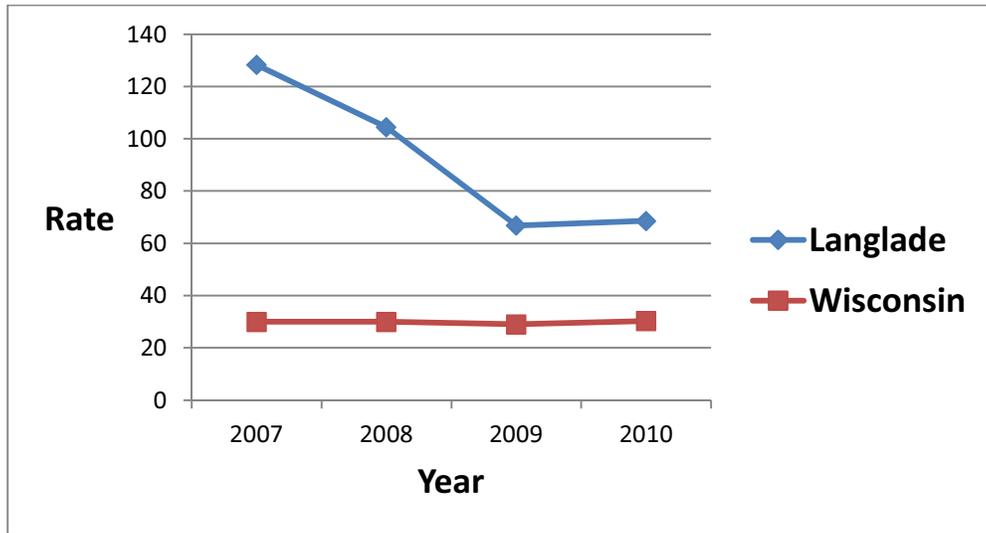
The teen birth rate per 1000 females in Langlade County has consistently been above both state and northern Wisconsin averages according to the Wisconsin Department of Health Services. Chart 15 below shows a comparison of the county teen birth rate to Wisconsin and northern Wisconsin for the years 2006 to 2012 the most recent years for which data was available.

Chart 15
Teen Birth Rate for Wisconsin, Northern WI, Langlade County by Year
(Wisconsin Department of Health Services, Division of Public Health)



The frequency of child abuse and neglect in Langlade County has consistently and significantly risen above state averages according to the Wisconsin Council on Children & Families. Chart 16 below displays the recorded incidence of the most recent child abuse and neglect statistics per 1000 population in Langlade County for the years 2007 to 2010. While rates have declined since 2007, they remain above state averages for the two most recent years on record.

Chart 16
Child Abuse & Neglect in Wisconsin & Langlade County 2007 -2010
(Wisconsin Council on Children & Families)



Langlade County crime statistics indicate that the incidence of violent crime is well below state averages for the years 2010 – 2013 according to the UW Population Health Institute (see table 14). County crime statistics according to the Wisconsin Law Enforcement Crime Reports Security Guide for the years 2003 to 2007 (most recent available) report larceny as the most frequently reported crime followed by burglary (see table 15).

Table 14
Violent Crime Rate in Wisconsin & Langlade County 2010 – 2013
(UW Population Health Institute)

Region	2010	2011	2012	2013
Langlade	149	100	105	144
Wisconsin	272	283	275	261

Table 15
Langlade County Crime Statistics 2003 – 2007

Crime	2003	2004	2005	2006	2007
Murder	1	0	0	0	0
Rape	1	0	0	1	2
Robbery	0	0	1	0	0
Assault	42	51	58	15	14
Burglary	155	145	170	163	217
Larceny	475	631	524	630	637
Vehicle	22	21	29	44	18
Arson	0	0	0	0	0
Total	696	848	782	853	888

Academic achievement for adults age 25 and older as reported by the Wisconsin Department of Workforce Development and the US Census Bureau based on the 2000 and 2010 census are shown in Table 16 and graphically represented in Chart 17. Langlade County statistics indicate that there are fewer people with a college degree or higher living in Langlade County than state and national averages. However, a higher percentage of the county’s population has high school diplomas or equivalent than state and national averages.

Table 16
Academic Achievement USA, Wisconsin & Langlade County 2000 & 2010
(Wisconsin Department of Workforce Development & US Census Bureau)

2000 Census

	<u>Less Than</u> <u>High School</u>	<u>High School</u> <u>Diploma</u>	<u>Ass. Degree</u> <u>Some College</u>	<u>Bachelor Degree</u> <u>Or Above</u>
Langlade County	19.1%	45.3%	23.9%	11.7%
Wisconsin	14.8%	34.6%	28.1%	22.5%
United States	19.6%	28.6%	27.4%	24.4%

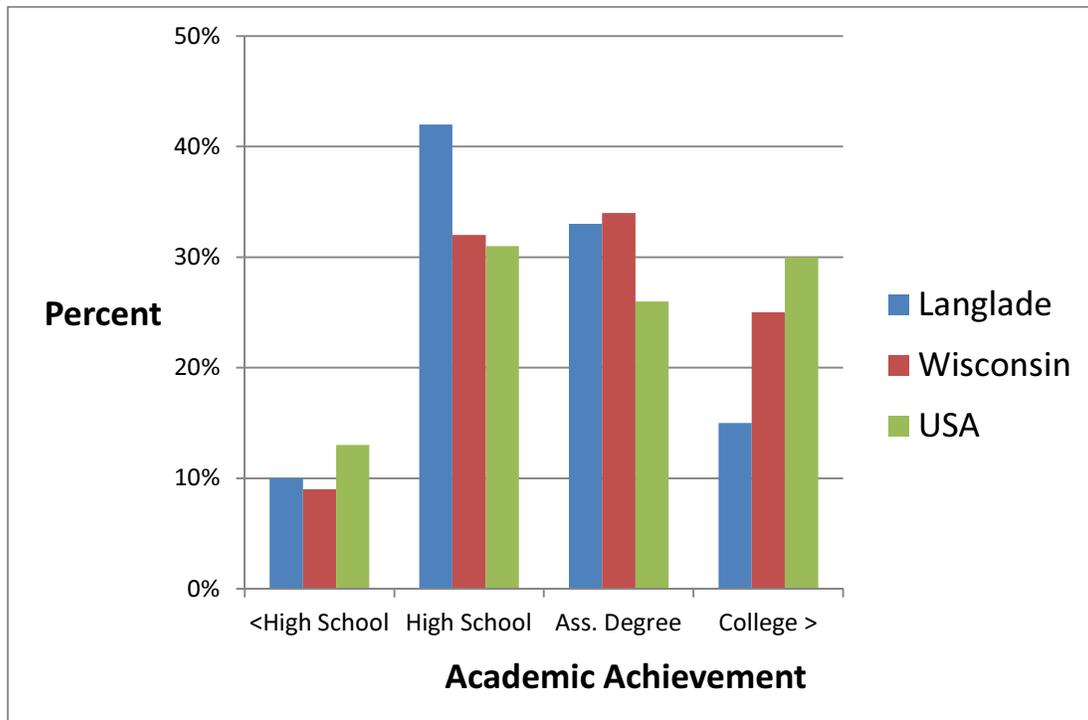
Table 16 Continued

2010 Census

	<u>Less Than High School</u>	<u>High School Diploma</u>	<u>Ass. Degree Some College</u>	<u>Bachelor Degree Or Above</u>
Langlade County	10%	42%	33%	15%
Wisconsin	9%	32%	34%	25%
United States	13%	31%	26%	30%

Chart 17

**Percent Academic Achievement USA, WI and Langlade County 2010
(Wisconsin Department of Workforce Development and US Census Bureau)**



Langlade County, as mentioned above (Chart 4), experiences a rate of unemployment that is consistently above both state and national averages. This significant economic factor is compounded by relatively low wage rates for persons employed in Langlade County as presented in Table 5 above. For every major industry, wage rates for jobs in Langlade County are significantly lower than state averages. According to the WDWD, the 2010 average annual earnings in Langlade County were 27.2 percent lower than that of the state-wide average.

Approximately 60 percent of the overall workforce in Langlade County was employed in the manufacturing, trade, transportation, utilities, education and health employment sectors. The five largest employers in Langlade County in order of size as of 2010 were:

- Langlade Hospital
- Unified School District of Antigo
- Amtec Corporation
- Walmart
- Langlade County

According to the Wisconsin Department of Workforce Development (WDWD), in 2009, the latest year of record, the total number of non-farm workers by age group in Langlade County were:

<u>Age</u>	<u>Percent of County Workers</u>
14 -21	10
22 – 34	20
35 – 54	46
55 and older	22

The public administration, information, education and health service sectors had comparatively older workforces than other county industries in the same year according to the WDWD.

Housing statistics in Langlade County based upon the results of the 2010 census are displayed in Table 17. More than three quarters of people living in Langlade County live in their own homes. Most people live in households with an average of 2.79 people while nearly 30% of Langlade County residents live alone.

Langlade County is a comparatively desirable location to reside from an environmental health perspective. Based on the above reported *County Health Rankings* published by the University of Wisconsin Population Health Institute, Langlade County has maintained an overall rank of 7th of the 72 Wisconsin counties for the years 2011, 2012 and 2013 with respect to the physical

environment health factor. Clean air and drinking water as well as access to recreational facilities are key drivers of the high ranking for Langlade County.

Table 17
Langlade County Families & Housing Statistics 2010
(US Census Bureau)

Langlade County Families/Housing 2010

Family/Housing	Number	Percent
Total Households	8,587	100%
Owner Occupied House	6,561	76.4%
Renter Occupied House	2,026	23.6%
Families	5,629	65.6%
Husband/Wife Family	4,471	52.1%
Household Children under 18	2,281	26.6%
Average Family Size	2.79	-
Household Living Alone	2,487	29.0%

IV. Community Assets and Resources

During the course of the CHNA, the coalition developed a catalogue of community assets and resources available in Langlade County and the surrounding area. This listing was used to identify possible resources available to support the development of action plans and to maximize the effectual utilization of existing resources to avoid duplication and inefficiencies in implementing those actions. The complete listing of assets and resources, by category, is included in Appendix C.

V. Health Needs Prioritization Process

In order to streamline the process of priority setting and action planning, a subgroup of the coalition was formed and given the name of Action Planning Task Force (APTF) (see Appendix B). The APTF held weekly meetings between March 8 and May 24, 2013 during which time they established priorities and developed an implementation plan.

The APTF utilized specific criteria which they used to rank prioritize the health needs. First, the APTF reviewed the frequency with which each health issue was identified during the qualitative research. This frequency criterion was used because it was measurable and best reflected the importance of the health problem to the community. Following this review, extensive group discussion and debate regarding the significance and feasibility of action planning for each of the most frequently identified health issues was held. A PICK chart, a Lean Six Sigma tool for organizing and identifying priorities, was used to facilitate the discussion leading to finalization of the priorities. The discussion considered a number of criteria including the feasibility and likelihood of change, the magnitude of the problem and number of people affected, the severity of the problem and the relationship of the problem to other community issues (see Appendix H for a complete listing of criteria). Finally, four health need priorities were identified for action planning and implementation. The priorities were limited to four because the four identified were significantly more frequently mentioned than others and, given the scope of the CHNA, it was thought that sufficient resources, though limited, were more likely to be available to address these top ranked priorities. Finally, the priorities were validated by means of review and discussion with the Task Force as well as the CHNA coalition. The priorities were ranked as follows:

1. Wellness & Prevention Services
2. Obesity
3. Substance Abuse/Chemical Dependency
4. Affordability of Medical Care/Prescription Drug Affordability

VI. Action Planning & Implementation

Following ranking of priorities, the task force began the action planning phase of the CHNA. The task force developed a list of 24 criteria (see Appendix I) which were used to review proposed actions to address the identified priorities. A numerical weight of 1 to 5 points was assigned to each criterion to establish the relative importance of each when evaluating possible actions. Criteria such as “likelihood of impacting the problem” were assigned the highest weight of 5 points while other criteria such as “originality (of the action)” were given a lower weight.

Following the development of the decision matrix, brain storming sessions were held to generate ideas for potential action plans to address each of the priorities. Definitions for each of the health problem priorities were reviewed to assure consensus on the issue. Successful

evidence-based action plans previously developed by other organizations and communities were also reviewed as action planning for each priority area was undertaken.

After numerous potential action plans were generated, the Task Force evaluated each potential action by assigning a numerical rating score based on its “fit” with each of the 24 decision criteria. The “fit” rating scores were based on a Lean method and were as follows:

<u>Fit</u>	<u>Rating Points</u>
No fit	0
Low fit	1
Fit	3
Good fit	9

Each potential action plan was given a final numerical score representing the sum of the multiple of “fit” per weighted criterion. The action plans were ranked according to final numerical score. The action plans with the highest scores were selected. The action plan for each priority is listed below:

Wellness & Prevention

Wellness and prevention services can have a significant impact on many of the health issues identified in the research completed by the coalition including obesity, substance abuse and access to healthcare. Increasing one’s knowledge regarding successfully maintaining a healthy lifestyle can, over the long term, dramatically improve one’s health and reduce both the personal and societal economic impact due to healthcare utilization.

Goal: To increase awareness and knowledge for persons living in the hospital service area of the positive personal health benefits of living healthy lifestyles.

- a. To reduce the risk of heart disease and cancer, the two leading causes of death in Langlade County.

Action plan:

1. To reformulate the Building a Healthier Langlade County organization, a group formed by The Langlade County Health Department and Langlade Hospital in 1996, to become a forum or “think tank” for promotion of wellness and prevention activities as well as engaging community leaders in promotion of the action plans associated with the

Hospital's *Community Health Needs Assessment* and the Health Department's *Community Health Improvement Plan*. This action will be started in July 2013.

2. Through the Building a Healthier Lantlode County, engage local businesses in health, wellness and prevention activities for their employees to promote healthy lifestyles and reduce group health plan costs. This action will be started in fall of 2013.
3. Utilize the Building a Healthier Lantlode County to plan, schedule and promote regular community education events about wellness related topics related to the CHNA and CHIP plans as well as provide meaningful and relevant information to the people of Lantlode County and the surrounding area to increase healthy lifestyle practices. Lantlode Hospital would provide sponsorship and financial support of these events and would assist with promoting them. This action will be started in the fall of 2013.

Measures of Success:

1. At least 10 major community presentations regarding wellness topics related to identified health problems in Lantlode County will be conducted by Lantlode Hospital and community partners over the next three years.
2. At least 15 employers in Lantlode County will become engaged in ongoing efforts with the hospital and its community partners to promote wellness activities among their respective workforce.

Obesity

As noted above, obesity, usually measured by body mass index (BMI), in Lantlode County is above state averages for the 72 state counties. Obesity can, over time, produce profound deleterious health effects on the body increasing the risks of heart disease, the leading cause of death in adults in Lantlode County, as well as diabetes, stroke and other serious health conditions. Losing weight and maintaining a healthy weight helps to prevent and control these diseases. The economic impact on healthcare and related services as well as lost earnings can be significant.

Goal: To decrease the level of obesity among people living in Lantlode County to a level equal to or below the state average.

- a. To decrease the risk of heart disease, diabetes and stroke among people living in the hospital service area.

Action Plan:

1. Enhance nutrition education in the Langlade County schools for all age levels through the provision of hospital expertise and resources to assist the schools in expanding related curricula to increase the nutrition knowledge base of children living in Langlade County. This action will begin in spring of 2014.
2. Improve access to fruits and vegetables for people living in outlying areas of Langlade County to increase the consumption of fruits and vegetables for people in these areas. This action will be started before 2015.
3. Develop a system for “creatively” funding wellness and healthy lifestyle counseling services for individuals and families in Langlade County to provide needed support for those who wish to seek additional information to live healthier lives. This action will begin planning stages in 2014 with implementation in fall of 2014.
4. Provide expertise and guidance to individuals at rural exercise facilities regarding appropriate and effective exercise and fitness practices to encourage, improve the effectiveness and enhance safety for people utilizing these facilities. This action will begin in January 2014.
5. Actively promote and support farm-to-school initiatives for food produce grown in Langlade County to increase consumption of locally grown food by children. This step will begin planning in 2013 with implementation in 2015.

Measures of Success:

1. To increase the hours of healthy nutrition education in each Langlade County school district by at least 25% through support of the hospital and community partners.
2. To develop a wellness counseling resource for individuals and families and provide service to at least 250 people over the next three years.
3. To assist at least 150 people in learning about age appropriate and healthy exercise and fitness regimens at community exercise facilities throughout the hospital service area.
4. To have increased access to fruits and vegetables for people living in rural areas in Langlade County.

5. To have increased the use, by county schools, of the volume of food produce that is grown locally in Langlade County.

Langlade Hospital opened its new Center For Health & Performance in June, 2013. The center provides medically directed fitness, exercise and health information to people of all ages. This facility and the services offered should also have a significant positive influence on the issue of obesity by assisting people in enhancing their personal health knowledge and practices.

Substance Abuse

Substance abuse and chemical dependency from the use of alcohol and other drugs can impact mortality, morbidity and criminal behaviors. Abuse of these substances is one of the most serious problems facing the United States, Wisconsin and Langlade County. According to the *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use*³ published by the Wisconsin Department of Health Services, "Wisconsin rates of alcohol use and misuse have been among the highest – if not the highest – in the nation." The report further states: "Data for the years 2002 – 2010 consistently show that Wisconsin women of childbearing age are more likely to drink – and to binge drink – than their national counterparts." This has been the finding in Langlade County as well.

The report states that consumption patterns of illicit drug use in Wisconsin mirror national trends and the misuse of prescription drugs for non-medical purposes continues to be a serious problem in the state especially among young adults. Finally, the report states that the rates of underage drinking and underage binge drinking in Wisconsin are both higher than national rates. As noted above, binge drinking among adults in Langlade County ranks above both state and national averages.

According to the report: "The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses."

Goal: To reduce substance abuse where hospital and community partner intervention can have a positive impact.

Action Plan:

1. Upon reviewing their research concerning this health problem, the APTF was concerned about the daunting enormity and complexity of this problem with respect to action planning to effectively address it. Because the issue of substance abuse is broad

in scope and multi-faceted in its definition and measurement, the APTF will create a work group that will be charged with the following responsibilities:

- A. Actively research the problem of substance abuse in Langlade County and the surrounding area with respect to all forms of abuse. This step will begin in fall 2013.
- B. Review what organizations and groups such as Action Alliance and Law Enforcement in Langlade County are currently doing to address the various aspects of this problem. This step will begin in the fall of 2013.
- C. Determine existing county assets and resources which could be brought to bear on action plans related to addressing this problem. This step will begin in the fall of 2013.
- D. Research evidence based actions that communities have found to be effective in addressing this problem. This step will begin in the fall 2013.
- E. Determine the scope of the action plan to focus on the aspect(s) of this problem which the hospital and community leaders could most effectively impact such as the misuse of prescription medications. This step will begin in 2014.
- F. Develop a specific multi-year action plan to directly impact the aspect of this health problem which the work group determines can most effectively be impacted through the use of hospital and other available resources. This step will begin and be implemented in 2014.

Measures of Success:

1. Identification of at least one aspect of substance abuse that the hospital and its community partners can positively impact.
2. Implementation of specific actions to address the identified issue and measures to monitor success of the action plans.

Affordability of Healthcare and Prescription Medication Costs

The cost of healthcare services including prescription medications in Langlade County is an important economic issue. Per capita income in Langlade County is substantially lower than state and national averages. Most recent income data indicates that 14.2% of the people living in Langlade County are living in poverty and that number had nearly doubled between 2007 and 2011. Currently, 12% of the population of Langlade County is uninsured, which is above the state level. In addition, as employers increase the size of deductibles and co-pays for employer based group health plans, more people find it difficult to cover their balance of these cost sharing plans. Finally, unemployment rates in Langlade County are consistently above both state and national averages often rendering people uninsured or under insured for a period of time between jobs after COBRA limits are reached or the cost of insurance exceeds the capacity of the person to cover the costs. All of the above issues make it difficult for many persons living in Langlade County to afford the cost of their healthcare and prescription medications. In fact, often, healthcare needs are foregone because disposable income is limited or not available to cover the cost. This increases the likelihood that, left untreated, some illnesses may become more severe and require more expensive healthcare intervention at a later date.

Goal: To increase access to healthcare services and health equity for people living in the hospital's service area who are economically or socially disadvantaged.

Action Plan:

1. Develop a centralized medication review resource available to people on multiple prescription medications to assist them and their providers with potential medically appropriate options to reduce ongoing medication costs. This step will begin in spring 2014 with implementation in 2014.
2. Create a nurse navigator position in the Aspirus General Clinic to assist patients with the coordination of their healthcare services and identification of available resources to reduce the cost of care for the patient when possible. This step will be implemented in the fall of 2014.
3. Develop a mobile clinic to provide basic primary care medical services to people living in rural areas at a reduced cost to improve access to healthcare and health equity for persons of limited financial means or without a health coverage plan. This step will begin planning in 2014 with implementation in 2015 or sooner.
4. Utilize hospital resources such as the Community Health Foundation to establish a grant program to assist patients with the cost of prescription medications based upon

financial status and need to improve health equity for patients without a health coverage plan. This step will be implemented in the fall of 2013.

5. Increase consumer education in Langlade County regarding health insurance access, healthcare exchanges and related issues to improve access to health coverage plans that are available. This step will begin in early 2014.

Measures of Success:

1. At least 150 people in the hospital's service area will utilize the prescription medication review resource.
2. At least 200 patients in the Aspirus General Clinic will utilize the services of the nurse navigator to obtain assistance with healthcare coordination and cost of care.
3. A mobile primary care clinic will be providing services to people who are economically disadvantaged in Langlade County.
4. At least 50 economically disadvantaged people in the hospital's service area will have received financial support for their prescription medications.

VII. Additional Action

In addition to the above action plans, the APTF and Langlade Hospital identified additional actions that will be undertaken to elevate awareness of the CHNA as well as enhance the community-wide efforts to effectively address the key health problems identified. These are:

1. Present the results of the CHNA to numerous groups including: the Langlade Hospital Board Planning Committee, the Langlade Hospital Board of Trustees, the Langlade County Health Department Committee, the Langlade County Board, the City of Antigo Common Council and to all other groups and organizations that request a presentation of the results.
2. Langlade Hospital will widely disseminate the results of the CHNA to the general public by posting the results of the CHNA on the hospital's website as well as to make it available free-of-charge to any person requesting a copy of the results.
3. To seek an official proclamation from the Langlade County Board and the Antigo Common Council announcing the completion of the CHNA and calling upon a county-wide effort to discuss, support and promote efforts to address the priority health issues.
4. Present the results to local news media for area-wide distribution to the general public.
5. The APTF has made formal application to the Healthy Wisconsin Leadership Institute's Community Teams Program developed by the Wisconsin Medical College and the

University of Wisconsin School of Medicine & Public Health. If accepted, a multidisciplinary subgroup of the APTF which will be called the Langlade Health Leadership Coalition will be engaged in a year-long training program with the institute to learn skills needed to lead community health improvement initiatives. The training will include evidence-based approaches to addressing health issues, communicating public health messages, building and maintaining strong partnerships, sustainability, grant writing and other related skills. The team will then utilize the skills learned to provide leadership in ongoing community health improvement efforts in Langlade County.

6. The Langlade County Health Department and Langlade Hospital will be exploring opportunities to combine efforts regarding their respective community improvement plans. The Health Department's *Community Health Improvement Plan* which is undertaken every five years is similar in scope and process to the hospital's *Community Health Needs Improvement* process which is undertaken every three years. The two organizations will explore means to reduce duplication and maximize the use of local resources in completing future required plans as both organizations are committed to improving the health of the local population.
7. Langlade Hospital will incorporate the findings and action plan from the CHNA into ongoing strategic planning, decision making, and allocation of resources.

VIII. Approval and Implementation Time Line

<u>Action</u>	<u>Date</u>
Approval of CHNA by hospital board of trustees	June 25, 2013
Dissemination of CHNA to general public	June 30, 2013
Proclamation by County Board and Antigo Common Council	July - August 2013
Implementation of CHNA action plans begin	July 2013
Start of next CHNA	September 2015

IX. Appendix

- A. Community Health Needs Assessment Coalition Members**
- B. Community Health Needs Assessment Action Planning Task Force Members**
- C. Catalogue of Community Assets and Resources**
- D. Key Informant Interview Format**
- E. Public Survey**
- F. Town Hall Meetings**
- G. Public Notices**
- H. Health Priority Determination**
- I. Decision Matrix**

Appendix A

Community Health Needs Assessment Coalition Members

Michelle Arrowood, AVAIL
Ron Barger, Langlade County Health Department
Tracy Berger, Langlade County Social Services
Chris Berry, Langlade County Economic Development
Kathy Bowman, Langlade Hospital
Sarah Caley, Kindred Healthcare
Jennifer Clark, University of Wisconsin - Langlade County Extension
Lynne Dafoe, Langlade Hospital
Sr. Dolores Demulling, Langlade Hospital
Bill Fisher, White Lake School District
Deb Gallenberg, Family Resource Center
Jim Hahn, Aspirus General Clinic
Paula Hanson, Department of Health Services
Karen Hegrans, Langlade County Health Department
Brad Henricks, Langlade County Emergency Management
Tasha Hotchkiss, Community Care of Central Wisconsin
Cindy Hurlbert, Langlade Hospital
Stephanie Kelnhofer, USDA
Karen Kieper, Antigo Head Start
Betsy Kommers, Langlade Hospital
Carrie Kubacki, Antigo Middle School
Kari Lazars, University of Wisconsin - Langlade County Extension
Jami Macauly, Elcho School District
Janelle Markgraf, Langlade Hospital
Holly Matucheski, Langlade County Board
Debra McGregor, Children's Hospital of Wisconsin, Community Services
Dr. Patrick McKenna, Aspirus General Clinic
Angela Nimsgern, WI Department of Public Health
Dale Oatman, Langlade County Veterans
Diane Peterson, Langlade Hospital
Jon Petroskey, Antigo Fire Department
Sally Phillips, Langlade Hospital
Greg Renfro, Langlade Hospital
Barb Resch, Aging and Disability Resource Center of Central Wisconsin
Sheila Rine, Langlade County Health Department
Ruth Risley-Gray, Langlade Hospital
Eric Roller, Antigo Police Department
Dave Schneider, Langlade Hospital

Kay Sheedlo, Langlade Hospital
Dr. Steve Smolek, Antigo School District
Katie Spiegl, Langlade Hospital
Robin Stowe, Antigo School District
Holly Swirkowski, Community Care of Central Wisconsin
Pat Tincher, Langlade Hospital
Eric Tischendorf, Langlade Hospital
Kim VanHoof, Langlade County Dept of Social Services
Keith Wolf, North Central Health Care
Dan Young, Langlade Hospital
Sarah Zelasoski, Unified School District of Antigo
Carrie Zelazoski, Langlade County Resident
Angel Zimmerman, Boys & Girls Club

Appendix B

Community Health Needs Assessment Action Planning Task Force Members

Ron Barger, Langlade County Health Department
Kathy Bender, Langlade Hospital
Kathy Bowman, Langlade Hospital
Lynne Dafoe, Langlade Hospital
Sr. Dolores Demulling, Langlade Hospital
Bonnie Hessedal, Langlade Hospital
Cindy Hurlbert, Langlade Hospital
Betsy Kommers, Langlade Hospital
Carrie Kubacki, Antigo Middle School
Nicole Kubiacyk, Langlade Hospital
Kari Lazars, University of Wisconsin - Langlade County Extension
Janelle Markgraf, Langlade Hospital
Holly Matucheski, Langlade County Board
Dr. Patrick McKenna, Aspirus General Clinic
Diane Peterson, Langlade Hospital
Sally Phillips, Langlade Hospital
Greg Renfro, Langlade Hospital
Ruth Risley-Gray, Langlade Hospital
Dave Schneider, Langlade Hospital
Kay Sheedlo, Langlade Hospital
Katie Spiegl, Langlade Hospital
Pat Tincher, Langlade Hospital
Eric Tischendorf, Langlade Hospital
Kim VanHoof, Langlade County Social Services
Keith Wolf, North Central Health Care
Dan Young, Langlade Hospital

Appendix C

Resources and Community Assets

First Tier Resources

Can provide human resources and financial help under certain circumstances, not tightly restricted to whom they help.

Aging & Disability Resource Center	Head Start
AIDS Task Force	Health Care Center
Antigo Bible Church	Holy Family Catholic - Elcho
Antigo Community Church	Homestead Fellowship
Antigo Fire Department & Ambulance	Hope Presbyterian Church - White Lake
Antigo Medical Building	Langlade Hospital
Antigo Seventh Day Adventist	Law enforcement
Apostolic Worship Center - Elton	Legislators
Arbutus Lutheran Church - Pearson	Liberty Baptist
Ascension Lutheran Church	Library
Aspirus General Clinic	Lighthouse Baptist
AVAIL	Lutheran Social Services
Birth to 3	Mattoon United Methodist Church
Board of Supervisors	Media
Boys & Girls Club	Menominee
Building a Healthier Langlade County	New Life Church
Calvary Lutheran Church	Nicolet & Lakewood Clinic
Care Partners	Northcentral Technical College
Christ Gospel Church	Peace Lutheran
Church of Christ	Physicians
Church of the Nazarene - Mattoon	Potawatomi Health & Wellness
City Council	Reformation Presbyterian
Community Care of Central Wisconsin	Rosalia Gardens/Pine Meadow
Community Health Foundation	Rural Dental
County Health Department	Rural fire & rescue
Eastview Kindred Healthcare	School Districts (Antigo, Elcho, White Lake)
Elcho & Birnamwood Clinics	Social Services
Emergency Management	SS Mary & Hyacinth Parish
Evergreen Terrace	St. Ambrose Episcopal
Faith Center Church	St. James & Stanislaus Catholic - White Lake
Faith United Church of Christ	St. John Catholic Church
First Baptist Church	St. John Lutheran Church - Pickerel
Forward Services	St. John's Lutheran - Polar
Four Corners Assembly of God - White	St. Joseph Holy Family Catholic Church -

Lake
St. Luke Lutheran - Elcho
St. Mary's Catholic - Pickerel
St. Matthew Lutheran Church - Deerbrook
St. Matthew Lutheran Church - White
Lake
St. Paul Lutheran - Birnamwood
St. Peter Lutheran - Polar
St. Philomena Church - Birnamwood
St. Wencels Catholic Church - Neva
Stockbridge-Munsee

Phlox
Town Boards
United Church of Christ - Elcho
United Methodist Church
United Way
Upper Room Family Church - Elcho
UW Extension
VA
VNA
Wetsel-Rasmussen Clinic

Second Tier Resources

Can possibly provide man power and financial resources, are more tightly defined as to whom they help.

Action Alliance
Al-Anon &Ala-Teen
Alcoholics Anonymous
Alzheimer's Association
American Cancer Society
American Legion
Associate for Disabled Citizens
Community Association of Retirees
Cancer Support Group
Center for Health & Performance
Child Care Center
City Park & Rec
Communities for Medication Safety
Compassionate Friends
Crimestoppers
DARE
Eating Disorders
Epilepsy disorders
Faith in Action
Family Planning
Family Resource Center
First Call
Food Pantry - White Lake, Antigo
Free & reduced lunch
Giving Tree

Goodwill
Grief Support Group
Healthy Ways
Heart Healthy
Hope Pregnancy Resource Center
Hospice
Housing Authority
Job Corps
Kiwanis
Knights of Columbus
Lifeline
MADD
Meals on Wheels
Narcotics Anonymous
Optimist Club
Parent Teacher Organizations (PTO)
Red Cross
Relay for Life
SADD
Salvation Army
Special Olympics
Suicide Prevention
Veterans of Foreign Wars
Weight Watchers
Woman Infant Children (WIC)

Third Tier Resources

Can be called on in specific situations to help or can help direct people to where the help can be found.

4-H	Gartzke Flowage
Adult baseball league	Golf courses
Airport	Grocery stores
Antigo Community Theater	Habitat for Humanity
Antigo Music Association	Historical Society
Aquatic Center	Home schooling group
Area Businesses	Hot meal sites
Athletic Clubs	HS meal services
ATV Club	Humane Society
Auxiliary & Volunteers	Highway Department
AVA	Ice Age Trail
Badgerland Classics & Customs	Jack Lake
Bike Club	Jail
Blackwell	Junior Women's Club
BMO/Harris Bank	Kettlebowl Ski Hill
Booster Clubs	Kids Travel Safe of Langlade County
Casinos	Lake Associations
Chamber of Commerce	Land Conservation
Chase Bank	LAVA
Chiropractors	Lions Club
Church youth groups	Little league
Citizens Bank	Manufacturing Assoc.
Community at Large	Moccasin trail
Community band	Museum
Community exercise – yoga, Zumba	Music in the Park
Community Theater	National Guard
Courthouse & City Hall	Nurses Association
CoVantage Credit Union	Optometrist
CSA	Pharmacies
Dentists	Political groups
DMV	Recruiters
DNR	Red Robin Transit
Drug Rep	REGI
Elks club	Restaurants
Farm Associations - WPVGA, etc.	Rotary Club
Farmers Market	School Ambassador Groups
Figure Skating Club	Scout troops
Forestry & Park Department	Shooting range

Garden Club
Ski Club
Sled Dog Club
Snowmobile Clubs
Spec. Stores
State Patrol
Tavern League

Silver Birch Ranch
Teachers Association
Triple R Riding Club
Trout Unlimited, Ducks Unlimited
Van Services
Vets
Youth football

Appendix D

Key Informant Interview Format

Name/Title of Key Informant: _____

Occupation: _____

Date of Interview: __/__/__

Name of Person Conducting the Interview: _____

1. From your perspective, what do you believe are the most significant health issues affecting the people living in Langlade County and the surrounding area?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

2. Of those health issues which you have identified, which one or two would you consider to be the most significant or serious issues and why?

- 1. Issue _____
Why? _____
- 2. Issue _____
Why? _____

3. What group or population of people do you believe are most affected by this/these issue(s)?

- 1. Group/population _____
- 2. Group/population _____

4. In your estimation, what has been done or is now being done to positively impact this/these issue(s)?

1.What? _____

2.What? _____

5. What barriers do you believe make improvement with this/these issue(s) more difficult?

1.Barriers: _____

2.Barriers _____

6. In your opinion, what could be done, that perhaps hasn't been done, to positively impact this/these significant health issue(s)?

1.Issue: _____

2.Issue: _____

Appendix E

Public Survey

COMMUNITY HEALTH NEEDS SURVEY

Langlade Hospital wants to know what you think are the most troubling health problems facing the people living in the Langlade County area. The hospital is doing this survey as part of a Community Health Needs study. The hospital will use the results of the study to help improve the health problems that are found to be the most important. The hospital is working with other public, health and social services groups to complete the study and will make the results available in the summer of 2013.

Your opinion is important to us so please take just a few minutes to answer the questions on the survey and return by the end of March 2013 and help us learn more about our local health needs.

Thank you for your participation!

David R. Schneider
Executive Director
Langlade Hospital
112 East Fifth Avenue
Antigo, WI 54409

***1. Please enter your 5-digit zip code:** _____

***2. Please circle your gender**

Female

Male

***3. Please circle your age range**

0-17

50-59

18-20

60-69

21-29

70-79

30-39

80-89

40-49

90+

4. What do you see as the most important health issues facing Langlade County and the surrounding area? Please circle all those that apply.

- Wellness & prevention services
- Prenatal care
- Coordination of healthcare
- Prescription drug affordability
- Ability to see my regular medical provider
- Heart disease & stroke
- Cancer
- Resources for mental health/suicide
- Other (please specify)
- Substance abuse/chemical dependency
- Reliable health information
- Teen pregnancy
- Sexually transmitted diseases
- Motor vehicle crashes & other accidental injuries
- Oral health/dental services
- Diabetes
- Obesity

5. Which of the two health issues in question #1 would you consider to be the most significant or serious in Langlade County and the surrounding area? Please circle only two.

- Wellness & prevention services dependency
- Prenatal care
- Coordination of health care
- Prescription drug affordability
- Ability to see my regular medical provider
- Heart disease & stroke
- Cancer
- Resources for mental health/suicide
- Other (please specify)
- Substance abuse/chemical dependency
- Reliable health information
- Teen pregnancy
- Sexually transmitted diseases
- Motor vehicle crashes & other accidental injuries
- Oral health/dental services
- Diabetes
- Obesity

6. What are the greatest difficulties to accessing health care services in Langlade County and surrounding area?

- Transportation
- Having no insurance
- Appointments not available after hours or the week ends
- Lack of knowledge about available resources area
- Other (please specify)
- Cost of healthcare
- Language / cultural differences
- Appointments not available during week
- Availability of needed services in our

7. What are the greatest needs in the health care services in Langlade County and surrounding areas?

- Mental health services
- Substance abuse services
- End-of-life care (hospice, palliative care)
- Primary care (one main medical provider)
- Ability to serve different cultures/languages
- Specialty care
- Dental care
- Services for migrant population

- Services for senior citizens
 - Prescription drug assistance
- Other (please specify)

- Services for low income residents
- Services for children

8. What are the greatest needs regarding health education and preventative services?

- Reproductive health
 - Tobacco prevention & cessation
 - Healthy lifestyles (diet, exercise, etc.)
 - Mental health & substance abuse
 - Obesity prevention
- Other (please specify)

- Disease specific information (heart disease, cancer, diabetes, etc.)
- Translated health information for non-English speakers
- Oral/dental health
- Health screenings (checkups)

9. Where do you think most local residents seek and/or obtain health information?

- Public Health Department
 - Schools
 - Hospital website
 - Magazines or other publications
 - Church or other social groups
 - Medical provider
- Other (please specify)

- Internet searching
- Television
- Chiropractor
- Local newspaper
- Friends or relatives
- Radio

10. Who are the local vulnerable populations most affected by insufficient health care needs?

- Senior citizens
 - Low income or “working poor” families
 - Migrant families
 - Youth/teen
 - Victims of violence
- Other (please specify)

- Hispanics/Latino families
- Native American
- Female-headed households
- Uninsured

11. What do you consider to be the most important public concerns in Langlade County and surrounding area (please circle only three)?

- Lack of social support (isolation)
 - Poverty
 - Separated families
 - Services for senior citizens
 - Education levels
 - Homelessness
 - Discrimination
 - Alcohol abuse/addiction
 - Migrant population
- Other (please specify)

- Unemployment
- Crime/violence
- Drug abuse (illegal & prescription)
- Suicide
- Child abuse/neglect
- Domestic violence
- Gang-related activity
- Language & other cultural barriers
- Transportation

12. Please share with us any groups that you represent or are part of.

- Agriculture
- Health care provider (medical, dental, mental)
- Business community (non-agriculture)
- Disabled
- Healthcare
- Education
- Elected official
- Faith community
- Government agency
- Other (please specify)
- Corrections
- Interested citizen not affiliated with an organization
- Law enforcement
- Media (newspaper, radio, etc.)
- Minorities
- Public health
- Senior citizen
- Social service organization
- Youth

OPTIONAL – Demographic Information

The following data would help provide us some information about those responding to this survey. This information is optional, and you may choose to leave it blank and remain anonymous, or only include partial information if you desire.

13. Please enter as much information as you are comfortable sharing. Feel free to leave blank if you prefer to remain anonymous.

Name: _____
Organization (if any): _____
Address: _____
Address 2: _____
City/Town: _____
State: _____
ZIP: _____
Country: _____
Email Address: _____
Phone Number: _____

Appendix F

Town Hall Meetings

Tuesday, February 26, 2013
Elcho High School Theatre



Thursday, March 7, 2013
White Lake High School Commons



Tuesday, March 12, 2013
Antigo CoVantage Credit Union



Wednesday, March 27, 2013
Town of Rolling Town Hall



Appendix G

Public Notices

Article included in the Pathways newsletter, distributed to over 25,000 households in the primary and secondary service area.

We Want Your Opinion

What are this region's most serious health issues?

WHAT ARE the most serious health problems facing people living in this region of the state? Is anything being done about them? What can be done about them?

These are some of the questions that Langlade Hospital and many community leaders are studying and looking to answer. Langlade Hospital has begun conducting a Community Health Needs Assessment (CHNA) to identify the most serious health needs in Langlade County.

The CHNA is a new requirement for not-for-profit hospitals under the Patient Protection and Affordable Care Act passed by Congress and signed into law by President Obama in March 2010. Langlade Hospital takes this responsibility seriously and has participated in similar health studies conducted by the Langlade County Health Department over the past 15 years.

The purpose of the CHNA is to identify the most important health needs of the people living in Langlade Hospital's patient service area, which includes Langlade County and the surrounding area. After identifying and prioritizing these health needs, an action plan to address the greatest health needs will be developed and implemented. The CHNA will be completed in June 2013, and the results will be made available to the public.

In order to ensure that the CHNA will be comprehensive and meaningful, the hospital has gathered representatives from many public, health and social service organizations throughout the area to participate in conducting the health needs assessment. The group has been conducting interviews with public officials to determine what

they see as issues of concern.

In addition, town hall meetings will be held to give community members an opportunity to speak out about health problems that are most troubling to them. Communitywide surveys will also be conducted to give any interested person an opportunity to participate.

If you would like to help by offering your opinion, please

complete the Community Health Needs online survey at www.surveymonkey.com/s/LH2013CHNA.

The survey process is easy and will take only a few minutes to complete. If you would prefer to take the survey by mail, please call 715-623-9289 and leave your name and address. We will mail you a survey and a self-addressed, stamped envelope.



Your thoughts and opinion are very important to us— please take the survey at www.surveymonkey.com/s/LH2013CHNA.



Sample of flyer/advertisement distributed to numerous locations throughout Langlade County announcing the survey available for completion online or by mail.

We Want Your Opinion

Your thoughts and opinion are very important to us ~ please take the survey at
www.surveymonkey.com/s/LH2013CHNA.

(If you would prefer to take the survey by mail, please call 715-623-9289 and leave your name and address. We will mail you a survey and a self-addressed envelope.)

The Community Health Needs Assessment (CHNA) is a new requirement for not-for-profit hospitals under the Patient Protection and Affordable Care Act passed by Congress and signed into law by President Obama in March 2010.

The purpose of the CHNA is to identify the most important health needs of the people living in Langlade Hospital's patient service area, which includes Langlade County and the surrounding area.

After identifying and prioritizing these health needs, an action plan to address the greatest health needs will be developed and implemented.

The CHNA will be completed in June 2013, and the results will be made available to the public.



Sample of flyer/advertisement distributed to numerous locations throughout Langlade County announcing the town hall meetings.

We want your opinion

Langlade Hospital is conducting town hall meetings to find out what you think are the most troubling health problems facing people living in and around Langlade County.

The hospital will be working with other local organizations to build an action plan to help address the most serious health problems in our area.

Your opinion is very important. Please join us at one of the upcoming events:

**You are invited to a Town Hall Meeting
6:00 pm - 7:30 pm**

Tuesday, February 26, 2013

Elcho High School Theatre

Thursday, March 7, 2013

White Lake High School Commons

Tuesday, March 12, 2013

Antigo CoVantage Credit Union

Wednesday, March 27, 2013

Town of Rolling Town Hall

Refreshments will be served.

Call 715-623-9289

for more information.




**LANGLADE
HOSPITAL**
An Aspirus Partner

Appendix H

Health Priority Determination by Source

Town Hall Meetings

1. Transportation
2. Wellness
3. Obesity
4. Drug and alcohol abuse
5. Access to pharmacy and care
6. Diabetes
7. Issues related to aging and senior care

Key Informant Interviews

1. Obesity
2. Chemical dependency
3. Alcohol and illegal drugs
4. Diabetes
5. Wellness

Issues Identified by Outside Sources

1. Teen pregnancy
2. Obesity
3. Adult smoking
4. MVA accidents
5. Child abuse and neglect
6. Elderly abuse
7. Wellness
8. Chemical abuse

Online/Mail-In Survey

1. Substance abuse/chemical dependency
2. Cancer
3. Obesity
4. Wellness & prevention services
5. Prescription drug affordability
6. Access to pharmacy medical care
7. Affordability of medical care

Priorities Determined

Priorities	Assessment	Town Hall	Interviews	Outside Sources	Score	Priority
Substance abuse/chemical dependency	x	x	x	x	4	3
Obesity	x	x	x	x	4	2
Wellness & prevention services	x	x	x	x	4	1
Prescription drug affordability	x				1	4
Affordability of medical care	x				1	4
Mental health	x				1	
Cancer	x	x			2	
Access to pharmacy medical care	x	x			2	
Diabetes		x	x		2	
Transportation		x			1	
Issues related to aging and senior care		x			1	
Dental and oral care			x		1	
Adult smoking				x	1	
MVA accidents				x	1	
Child abuse and neglect				x	1	
Elderly abuse				x	1	
Teen pregnancy				x	1	

Appendix I

Decision Matrix

Description	Rating
No fit	0
Low fit	1
Fit	3
Good fit	9

Criterion	Weight	Rating (0, 1, 3 or 9)	Score (weight x rating = score)
Alignment with State and Federal vision	3		
Likelihood of population to react	5		
Cost to implement	3		
Cost to maintain	4		
Cost for participants	5		
Likelihood of impacting the problem	5		
Measurable tracking (outcomes)	5		
Importance to community research	5		
Location	4		
Frequency of being mentioned	5		
Number of people that would be impacted	4		
Would cover a wide range	4		
Are resources available	5		
Local expertise	3		
Originality	2		
Opportunities to collaborate	3		
Time to implement	4		
Partner promotion	3		
Sustainability	3		
Reimbursement (government)	3		
Regulatory requirements	4		
Mission driven	5		
Revenue generating	1		
Funding	3		

X. References

1. **Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012**, issued in September, 2012 by the Wisconsin Department of Health Services, prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
2. **Langlade County Workforce Profile 2011**, issued in 2011 by the Wisconsin Department of Workforce Development, Office of Economic Development, John Westbury 201 East Washington Avenue, Madison, Wisconsin 53702.
3. **Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012**, issued in September, 2012 by the Wisconsin Department of Health Services, prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).