BLACK RIVER MEMORIAL HOSPITAL

Excellence. Always.

2013 Community Health Needs Assessment

PRIMARY SERVICE AREAS: Black River Falls

SECONDARY SERVICE AREAS: Alma Center, Merrillan, Hixton, Millston, Taylor, and Melrose.

2013 Community Health Needs Assessment

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I. EXECUTIVE SUMMARY

Black River Memorial Hospital (BRMH) conducted a Community Health Needs Assessment (CHNA) for the communities it serves in Jackson County. This assessment will be continually updated as appropriate and the next report of a full assessment will be completed by December 31, 2016.

This report includes many statistics that describe the health status and health behaviors of residents in the communities served by Black River Memorial Hospital. There are also statistics on how some hospital services are utilized. Data for this report information was obtained through a variety of sources, such as the University of Wisconsin Population Health Institute's County Health Rankings, Wisconsin Diabetes Prevention and Control Program, United Health Foundation's America Health Rankings, Jackson County Census and local healthcare agencies.

To complete the assessment and work plan, Black River Memorial Hospital worked with a variety of community partners and leaders to design, promote and implement strategies designed to address priorities and health issues determined using health data and input from community members and leaders throughout its service area. This Community Health Improvement Planning (CHIP) Committee hosted a community-wide CHNA Forum on October 6th, 2011 in Black River Falls. This report includes both quantitative and qualitative components. The quantitative component includes many measures related to the health status and health behaviors – health indicators – of people living in Jackson County. It also includes data regarding the utilization of some Black River Memorial Hospital and Ho-Chunk Nation Health Care Center services. The Jackson County Public Health Department made information available for this report in conjunction with the 11 health priorities listed in *Healthiest Wisconsin 2010* – the state public health plan; as well as data provided by the Wisconsin Hospital Association and UW Population Health Institute. These measures along with other quantitative and qualitative components helped community members identify healthcare needs and set realistic priorities to meet those needs.

Priorities Selected for Healthcare Improvement in the BRMH Service Area
Community leaders and participants of the CHNA Forum clearly identified local healthcare services and needs that they perceived as the most important priorities for improvement. The CHIP Committee selected seven priorities with the final top three priorities chosen at the CHNA Forum by community participants.
The top priorities selected were:

- Access to Healthcare Services
- Obesity/Nutrition/Diabetes
- Alcohol, Tobacco, & Other Drug Abuse

Members of the CHIP Committee identified specific priorities as healthcare services and initiatives that are the most realistic to influence based on the selected priority's current assets, resources, and challenges.

II. DESCRIPTION OF BRMH AND SERVICE AREA

Black River Memorial Hospital (BRMH) is located in Black River Falls, Wisconsin, a rural community located in Jackson County. BRMH is a community-owned, independent hospital. The Board of Directors is represented by community members – leaders of businesses, other healthcare facilities or agencies, governmental agencies, and city or county representatives. BRMH is a critical access hospital with a wide-range of exceptional services. BRMH competes with three larger healthcare systems located within 60 miles. These facilities and systems include Mayo clinics and hospital, Gundersen Health System, and Ministry and Marshfield Clinic.

BRMH provides acute care and outpatient ancillary services, and also serves as a community healthcare hub by operating a home-health agency, hospice, and durable medical equipment. BRMH covers a 35-mile radius with these services. Many of the hospital's patients are elderly with multiple chronic diseases. Many have incomes below poverty level; thus, Medicare and Medicaid are the top payer sources for reimbursement - currently equal to 50.6% of the total payer mix revenue (not including homecare, hospice or DME). Access to care is a constant problem for some patients due to lack of income, lack of transportation, and lack of healthcare coverage. About one-fourth of all Americans live in rural areas, and providing healthcare to them can be a challenge financially and logistically. Only ten percent of the nation's physicians practice in rural areas, and rural residents tend to have less income and are less likely to have employer-provided healthcare or prescription drug coverage than urban residents. There are 2,157 Health Professional Shortage Areas (HPSAs) in rural and frontier areas of the United States compared to 910 in urban areas. Jackson County has regions that are considered to be HPSAs.

Another challenge for rural healthcare involves the primary healthcare services provided. Primary care physicians and general surgeons are trained to cover a vast number of conditions; however, no particular specialty area. As a result, patients may migrate to larger facilities to seek services and in an emergent situation may need to be transferred for care.

Jackson County is a rural county located in west-central Wisconsin that consists of farmland and forestland dotted with six small towns and villages. The total population is 20,449, according to the 2010 U.S. Census Bureau, with Black River Falls and a surrounding five-mile radius compromising the most densely populated area. Black River Falls is a city of about 3,600. Jackson County's population has experienced growth of 7.1% since 2000. The per capita money income ($20,778) is considerably lower than the state average ($26,624), according to the 2010 U.S. Census Bureau, and 16.4% of Jackson County residents live below poverty as compared to the state average of 11.6%. Forty-three percent of children attending school are eligible for free or reduced lunches per WisKids County 2009.

Native Americans (primarily Ho-Chunk Nation) comprise 6.2% of the county's population, compared to a state average of 1.0%. Jackson County's diversity has changed over the past decade. The county's white, non-Hispanic population accounts for 89.3% of the population (compared to 86.2% statewide). The Black (2%) and Hispanic and Latino (2.5%) populations make up 4.5%, with Asian descent at 0.3% (state average for Asian population is 2.3%).

III. METHODOLOGY

Introduction/Statement of Purpose

From April 2011 through April 2012, Black River Memorial Hospital was instrumental in completing a healthcare needs assessment of the communities it serves. The purpose of the assessment is to help the community identify healthcare needs or gaps in services, establish priorities based on these identified needs, develop strategies around the resources available to meet these needs, and adopt an implementation strategy. Black River Memorial Hospital recognizes the importance of working with community members and leaders who represent various sectors of the community in establishing priorities and in identifying organizations and agencies that can best meet the identified healthcare needs. The following partners joined forces as the Community Health Improvement Planning (CHIP) Committee in developing and initiating the strategies designed to gather input from community members and leaders throughout BRMH's service area: Jackson County Public Health Department (with Jackson County Board representation), University Wisconsin-Extension, Ho-Chunk Nation Health Care Center, Western Dairyland and Women's Health Center, Black River Falls School District, Together for Jackson County Kids, and University Wisconsin Population Health Institute.

The CHIP Committee met monthly for six months to plan for the CHNA process and community forum. They began by discussing the many health disparities of Jackson County and developing a list of priorities. Based on existing data, they narrowed the selection of priorities to the following seven issues:

- Access to healthcare services
- Obesity/nutrition/diabetes
- Mental health
- Alcohol, tobacco, & other drug abuse
- Safety
- Dental
- Prevention education

The top 7 priorities were determined considering the following:

- Needs identified through most recent assessments: Together for Jackson County Kids conducts a needs assessment annually to assist with the application of their grants - data is collected from different sources every year, depending on their funding needs. Western Dairyland conducts an assessment every three years with updates annually, and Jackson County Public Health every 5 years
- Data from recent county statistics
- Ho-Chunk Health Care Center & Black River Memorial Hospital visits during the course of 2010
- Key informants/local agency contacts
- 2010 Jackson County Health Rankings and other data from recent local statistics

The UW Madison Population Health Institute produces the County Health Rankings annually. These rankings analyze data on the diverse factors of health in Wisconsin and now in all states in the US. The rankings compare counties all across the nation to one another and compare how each one fares in various components of health. Unfortunately in 2010, Jackson County, when compared to others in *health outcomes,* ranked 69 out of 72 counties in Wisconsin and 71 for Mortality. In 2011, Jackson County moved up to 68 for health outcomes and 69 for Mortality. In other rankings,

like Health Factors, Jackson County fared a bit better; however, due to issues with injury and early/young death, Jackson County is ranked as one of the 5 least healthy counties in Wisconsin.

Each Planning Committee member came up with their own list of 3-6 priorities. The committee discussed these lists, noted some duplication and overlap, and combined categories accordingly. These priorities are not new. The Jackson County Community Health Network, Inc. (JCCHN) conducted a "Hometown Health Assessment" in 2001, with the most compelling issues in Jackson County being defined as:

- Lack of health insurance coverage/high cost of healthcare and medication (Access to healthcare services)
- Need for more services for the elderly and the poor elderly (Access to healthcare)
- No Hospice Care (Access to healthcare services)
- Home-based services are limited – not enough home health workers (Access to healthcare services)
- High risk teen behavior - alcohol and drug use, teen pregnancy, lack of mental health (Mental Health and Alcohol, Tobacco, & Other Drug abuse)
- Need for quality medical care – need for specialists, not enough physicians, limited services, waiting lists to long (Access to healthcare services, Mental Health, Alcohol, Tobacco, & Other Drug Abuse, Safety, and Prevention Education)

Five task forces were selected to combat these issues listed above: 1) Lack of awareness of local resources; 2) Limited resources for those unable to pay; 3) Unhealthy lifestyle choices; 4) No hospice care; and 5) Too few workers/volunteers to provide in-home/long-term care. Since this assessment was completed, a website link (www.jacksoncountywi.com) was created as an electronic community resource list and a community coalition called "The Resource Specialist Group" continues to meet on a monthly basis to share, discuss and educate other professionals on community resources available; a Financial Counselor position was created at BRMH; Hospice was implemented and added as a service at BRMH; and a task force group called "Jackson County Workforce Alliance" was formed to initiate activities and programs to encourage more homecare and long-term care workers.

Obtaining Public Input

Black River Memorial Hospital serves communities in Jackson County and some outlying communities in Monroe, Clark, Trempealeau, and La Crosse Counties. As part of its community assessment process and in order to obtain a broader section of community input related to these categories from various representatives of all the communities it serves, Black River Memorial Hospital hosted a Community Health Needs Assessment (CHNA) Forum on October 6, 2011, inviting a total of 175 people from surrounding communities. An extensive e-mail distribution list was developed by combining a number of names and addresses of currently established groups and partnerships, assuring the inclusion of local healthcare leaders and local legislators. The Public Health Department provided a list of town clerks and members of local town select boards with BRMH volunteers personally contacting each one. Compiling this mailing list from several other lists means that the survey does not represent a random sample of persons living in the Black River Memorial Hospital service area; however, it does represent a sampling that includes healthcare representatives, leaders, and those most knowledgeable in the healthcare needs of the community due to their position or role in the community.

IV. QUANTITATIVE AND QUALITATIVE DATA SOURCES

As stated previously, a series of measures related to health status and health behaviors of persons living in Jackson County are available from various state agencies, as are numerous measures related to hospital utilization rates. These statistics are included in this report. However, in order to successfully engage community members in discussion at the October 6th CHNA Forum, this data was not shared in detail with the attending participants. It was important to the Planning Committee that no bias be planted in the decision-making process. However, it is equally important to note that the results of these roundtable discussions reflect the many and diverse interests in healthcare needs and issues that are brought to the table by these 40 community participants. Furthermore, the healthcare services identified by community members as being the most important or requiring the most improvement are not necessarily those that they can agree on as being the easiest to begin changing. Nevertheless, it is extremely important overall to help make communities aware of these similarities and differences. Raising awareness and helping to educate interested community members is one of the first steps in producing change – whether that change occurs in healthcare services, individual health behaviors, or any other facet of the community.

The results of this initial CHNA Forum serve as the basis for both the quantitative and qualitative data being considered as we move forward.

Quantitative

Sources:
Wisconsin 2011 Health Snapshot & Rankings (http://www.americashealthrankings.org/WI/2011)
County Health Rankings and Roadmap (www.countyhealthrankings.org)
US Census Bureau (http://quickfacts.census.gov/qfd/states/55/55053.html)

Jackson County Health Rankings

2011 | Jackson County, Wisconsin

UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research for Policy and Practice

	Jackson County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
Health Outcomes					**68**
➢ Mortality					69
Premature death	8,767	7,181-10,353	5,564	6,230	
➢ Morbidity					66
Poor or fair health	13%	9-19%	10%	12%	
Poor physical health days	3.7	2.5-4.9	2.6	3.2	
Poor mental health days	3.6	2.2-5.1	2.3	3.0	
Low birth weight	7.4%	6.1-8.7%	6.0%	6.8%	
Health Factors					**49**
➢ Health Behaviors					53
Adult smoking	20%	15-27%	15%	21%	
Adult obesity	30%	26-35%	25%	28%	
Excessive drinking	17%	11-25%	8%	25%	
Motor vehicle crash death rate	22	14-30	12	15	

Sexually transmitted infections	166		83	375	
Teen birth rate	42	36-49	22	32	
➢ Clinical Care					16
Uninsured adults	11%	9-14%	13%	11%	
Primary care physicians	452:1		631:1	744:1	
Preventable hospital stays	59	51-67	52	61	
Diabetic screening	85%	63-100%	89%	89%	
Mammography screening	67%	44-89%	74%	71%	
➢ Social & Economic Factors					52
High school graduation	95%		92%	89%	
Some college	46%		68%	63%	
Unemployment	8.8%		5.3%	8.5%	
Children in poverty	18%	14-23%	11%	14%	
Inadequate social support	25%	17-34%	14%	17%	
Children in single-parent households	30%		20%	29%	
Violent crime rate	86		100	283	
➢ Physical Environment					44
Air pollution-particulate matter days	4		0	5	
Air pollution-ozone days	0		0	1	
Access to healthy foods	33%		92%	59%	
Access to recreational facilities	15		17	12	

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

JACKSON COUNTY: 2011 BURDEN OF DIABETES

The 2011 Burden of Diabetes in

Jackson County

Diabetes Prevalence - Jackson County

Age Category	*Estimated Number Diagnosed (%)*	*Estimated Number Undiagnosed (%)*	*Estimated Total Number (%)*
♦ Ages 18 – 44	210 (3.1%)	80 (1.2%)	290 (4.2%)
♦ Ages 45 – 64	570 (10.1%)	210 (3.7%)	780 (13.8%)
♦ Ages 65 +	590 (19.8%)	220 (7.4%)	810 (27.2%)
♦ All Ages Adult*	1,370 (7.9%)	510 (2.9%)	1,880 (10.7%)

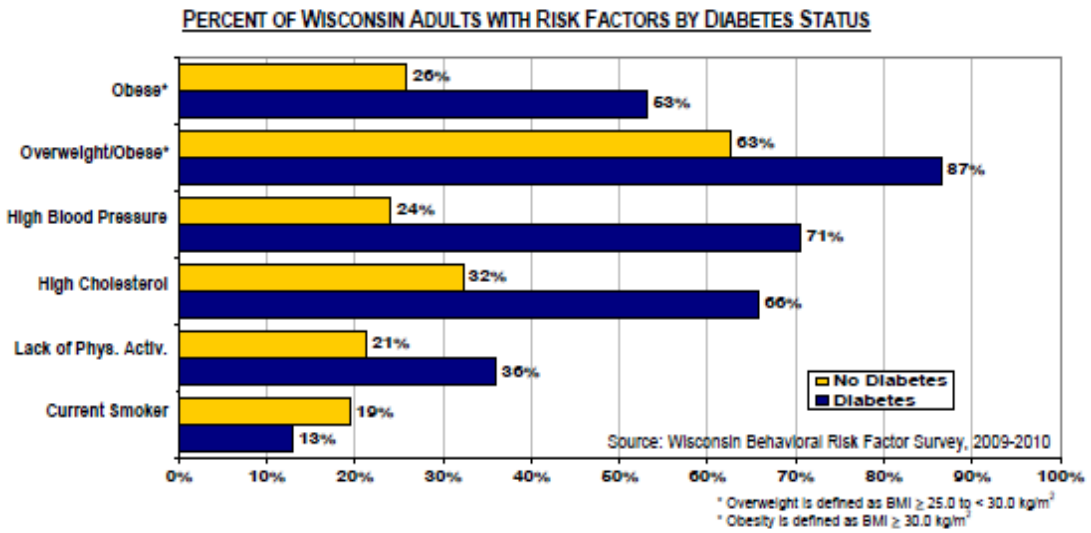
* Percent is age-adjusted (direct method) to the United States 2000 standard population.
Total percent may not equal the sum of diagnosed percent and undiagnosed percent, due to rounding.

2010 Hospitalizations - Jackson County

	Total Number	*Number Diabetes-related (% of total)*	*Total Charges*	*Diabetes-related Charges (% of total charges)*
All Ages	1,938	346 (17.9%)	$38,362,800	$7,884,300 (20.6%)

OTHER INFORMATION

- People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. In Jackson County, an estimated 5,260 people aged 20 years and older have pre-diabetes.
- The cost of diabetes in Jackson County adults is staggering. In 2009 for Jackson County, direct costs were estimated at $16.1 million, indirect costs were estimated at $8.1 million, totaling an estimated $24.2 million.
- Recently, CDC released 2008 county-level age-adjusted prevalence estimates for obesity and physical inactivity. In Jackson County, 30.1% of people aged 20 years and older were obese and 23.6% of people aged 20 years and older were physically inactive.



The *2011 Burden of Diabetes in Wisconsin* is created by the Wisconsin Diabetes Prevention and Control Program (DPCP), Division of Public Health, Department of Health Services. Please see "Detailed Technical Notes" for in-depth information about methodology and data sources. For more information about the Wisconsin Diabetes Prevention and Control Program, go to: http://www.dhs.wisconsin.gov/health/diabetes/. Printing of this document is supported by DPCP partners American Diabetes Association Wisconsin Area, National Kidney Foundation of Wisconsin, and Wisconsin Lions Foundation.

In reviewing the results from the CHNA Forum along with Jackson County's 2011 Health Rankings, the following observations are noted:

High Death Rate

- Jackson County rates considerably high in the premature death category (8,767 years of potential life lost before age 75 per 100,000 population as compared with a state average of 6,230). This rate is enhanced due to the county's higher rate of infant deaths and deaths due to accident or injury.

Teen Pregnancy/Low Birth Weights

- There is a higher rate of teen pregnancies (42 versus 32 state-wide) and along with that, there is a high incidence of infant low birth weights (7.4%), which is likely related to the high rate of infant mortality. Our neighboring counties are considerably lower with Trempealeau at 5.2% and Clark at 5.5%.

Obesity/Health

- Jackson County has a high rate of obesity (30% as compared to the state average of 28%).
- Jackson County's access to healthy foods is significantly lower than the state average (33% versus 59%).

Mental Health

- Poor mental health days rate at 3.0 statewide, with a higher rate of 3.6 days for Jackson County.

Lack of Resources/Access to Healthcare

- Children living in poverty rates higher than the state average at 18%, compared to 14%.
- Inadequate social support (likely due to lack of resources) came in at 25% versus a state average of 17%.

Qualitative

Some qualitative data are obtained from the discussions held during CHIP Committee meetings as well as discussions and presentations that took place during the CHNA Forum. Discussions revolved around perceived needs, resources already available to meet these needs, and suggestions

for initiatives to better meet these needs. Jackson County conducted a Community Health Needs Assessment in 2010, and this was used as a source, as well.

Several common themes emerged from the discussions. Some of these included:

- Healthcare facilities and agencies working together to better meet the needs of the community
- Education was continually emphasized as a key method to promote the resources we already have in place to help meet the healthcare needs of our communities
- Disease prevention/health promotion; the need to promote/educate about healthy lifestyle choices even as a means to lower healthcare costs by preventing illness
- Lack of dental care for the Medicaid and low-income populations
- Consideration for our aging population

A number of themes also emerged from comments regarding the top three selected priorities. These themes include the emphasized need for:

- More options and resources for transportation
- Education for both young and old (e.g., role-modeling)
- Women's Health, Preventive Health incentives
- Funding resources, more shared fiscal responsibility

V. 2011 COMMUNITY HEALTH NEEDS ASSESSMENT FORUM

The 40 participants of the CHNA Forum was made up of:

- Local partnership representatives
- Local healthcare agency representatives
- Healthcare providers
- Jackson County Public Health staff
- Local legislators
- School District representatives
- Area Business representatives
- Other community members

The process for the CHNA Forum began with a brief PowerPoint presentation outlining the agenda and goals for the day, the pre-selected priorities along with some background information as to how they were selected, and how the hospital intends to use the information gathered from the forum. This was followed by SPEED DISCUSSIONS lasting a total of about 30 minutes. Seven tables were set up, each with an identified priority from the top seven chosen by the CHIP Committee. Participants were asked to take part in three 5-minute rounds, choosing which tables to sit at based on their own sense of what county health issues were most in need of being addressed. Each table had a designated CHIP Committee Member acting as an "Issue Host" who facilitated discussions and shared additional background information as needed to get discussions started. Each host wrote down how many people were at each table in each round. Recorders were assigned to take notes and summarize highlights on a flip chart and participants developed a one-page representation of the notes from each issue. Primary goals from this exercise included: a) form a sense of which issues participants initially think are important; b) familiarize participants more closely with the issues; and c) have them "flush out" the issues with their knowledge and experience. After each 5-minute round was completed, participants were asked to select a different issue and change tables. The Issue Hosts stayed where they were at. Once all three 5-minute rounds were completed, the

Issue Host presented a brief report of the information gathered on each of the seven issues, which lasted about another 30 minutes.

The final top three priorities receiving the most votes out of a total of 114 included:

- Access to healthcare services - 26 votes (22.8%)
- Obesity/Nutrition/Diabetes - 21 votes (18.4%)
- Alcohol, Tobacco, & Other Drug Abuse - 22 votes (19.3%)

The other issues received the following votes:

- Mental Health - 19 votes (16.7%)
- Safety - 2 votes (1.8%)
- Dental - 8 votes (7%)
- Prevention Education - 16 votes (14%)

<u>Access to Healthcare Services</u> – Issue Host: Karen Foust & Carol Rollins

ISSUES: **TOTAL VOTES: 26**

- Many patients use emergency services instead of clinics; inappropriate Use of ER; misuse or overuse of ER = burden on hospital
  - limited funds – many under/uninsured people end up in ER
  - "crisis mode" healthcare (reactive instead of proactive/preventive)

Round one – 4 participants
Round two – 6 participants
Round three – 5 participants
<u>TOTAL PARTICIPANTS: 15</u>
(at all three rounds)

- Access to care for underinsured and uninsured and Medicaid
- VA dependents may not be eligible for healthcare coverage
- Reduced state & federal funding for healthcare services
- Transportation to medical, dental, MH, AODA, etc. appointments; concern for younger patients who don't have transportation
- Need for more education of resources available (esp. for elderly and caregiver support)
- Confidentiality as a "small town" issue
- Gaps in services (i.e., adult day care)
- No access to free clinic (Eau Claire will accept patients)
- Need links to economic development
- Access to catastrophic event response
- Aging population is growing – finances for nursing homes is a concern; also new cuts in reimbursements for long-term care
- Poverty in school districts – children need dental, health, optical & mental healthcare
- Some clinics charge for deductible up front

<u>Obesity/Nutrition/Diabetes</u> – Issue Host: Julie Meyers **TOTAL VOTES: 21**

ISSUES:

- Parenting issues – nutritional and financial, parents' knowledge, education level and understanding effect of good choices; we need to be better role models for our kids (adults, parents, teachers, community)
- OB – gestational diabetes
- Discrimination and bullying can be an issue – students have increased BMI
- Need healthy choices for our kids/students
- Financial issues: healthy food seems to cost more, time versus convenience, where and who can help
- Where can people be referred to? How do we determine how we can help (portion control, etc.)?
- Statistics speak – lifestyles, our kids, cardiac and diabetes
- Obesity leads to issues with safety, mental health, access to health services, preventative education; a tremendous affect on other health issues – more unnecessary hospital visits increasing the cost of healthcare
- Education for kids, teachers, parents, and professionals; nutritional values and updates; access to education, making changes related to eating & activity, prevention versus scare tactic
- Processed foods are an issue and have changed over the years – need to learn more
- Food distribution programs – are we really helping? Balance? (special occasion)

Round one – 6 participants
Round two – 5 participants
Round three – 4 participants
<u>TOTAL PARTICIPANTS: 15</u>
(at all three rounds)

- Can be difficult for EMS to help overweight people
- Work absences can be an issue

Mental Healthcare Services – Issue Host: Christine Hovell **TOTAL VOTES:19**

ISSUES:

Round one – 6 participants
Round two – 6 participants
Round three – 3 participants
TOTAL PARTICIPANTS: 15
(at all three rounds)

- Need for more mental health resources and assessments/screening for behavioral changes and depression in:
  - Schools, esp. high school
  - Physicians (assessment as part of preventive office visit)
  - Hospital/clinic/workplace
  - Jail/prisons
  - VA – post-traumatic stress disorder & anxiety issues
  - Community – families, eating disorders, juveniles and youth (high severity including violence & AODA), beyond BRF, seniors
  - Resources for Caretakers
  - On-site resources (nursing home, immobile clients)
- High ranking for suicides in our county
- Education in regards to mental health issues/resources/signs/symptoms, including schools
- Stigma around mental health
- Lack of funding/sliding scale fees for mental health resources
- Need collaboration of care for all needs of clients – multi-service approach
- Families versus individual counseling/treatment
- Difficulty for persons within the healthcare community to receive treatment for
- mental health issues locally can't go for care due to anonymity/confidentiality
- Cost of medications
- Not enough mental health resources, waiting lists
- Depression in seniors – i.e., immobile clients, need for on-site resources
- More emphasis on the mental health and AODA combination

Alcohol, Tobacco, & Other Drug Abuse – Issue Host: Lisa Listle **TOTAL VOTES: 22**

ISSUES:

Round one – 6 participants
Round two – 8 participants
Round three – 6 participants
TOTAL PARTICIPANTS: 20
(at all three rounds)

- Rx abuse (forgery, altering), including OB patients; no way to track Rx patients (multiple facility visits)
- Lack of support groups (AODA and teens)
- No funding for treatment (detox); lack of overall funding
- Access to appropriate care (mental health, etc.); lack of outpatient and inpatient care
- Limited local treatment; repeat offenders are denied funding through county and tribe
- Assistance for Veterans
- Drug diversion from home care & hospice patients
- Social acceptance of alcohol; lack of alcohol-free events
- Family concerns with alcohol and drugs – high alcohol rates; Heroin usage/abuse; personal family experience – prevention, treatment, education/intervention!!

Safety/Injury – Issue Host: Akbar Husain & Dennis Eberhardt **TOTAL VOTES: 2**

ISSUES:

Round one – 2 participants
Round one – 1 participants
Round one – 4 participants
TOTAL PARTICIPANTS: 7
(at all three rounds)

- Training/Education
  - Emergency situations – renew work with emergency management (both large scale and small)
  - Proactive vs. reactive – need more proactive programs
  - Age appropriate – media, education campaigns (focus on both older and younger populations)
  - Exposure in personal and work life
- Risk factors
  - Alcohol – Drug abuse
  - Helmet use
  - Seatbelt use

- Car seats, child safety
- OWI's

- Enforcement for risk factors
- Recognize risky behavior, educate, observe

Dental – Issue Host: Liz Lund **TOTAL VOTES: 8**

ISSUES: **Round one – 3 participants**

- Access to care!! **Round one – 1 participants**
  - Badgercare/Medicaid: not accepted at most dental offices (78% not getting dental care) – local clinics not accepting MA **Round one – 1 participants**
  - W2 population not getting care – those with MA have limited choices (Blair, Eau Claire), limited transportation, 6 months waiting lists, and some with little to no teeth **TOTAL PARTICIPANTS: 5 (at all three rounds)**
  - Medicare – no coverage; VA – limited to indigent and with lifetime caps
  - Many businesses – private dental insurance is expensive for limited benefits
  - No current dentist at Ho-Chunk
- ED visits for mouth and tooth pain (repeat visits)
- Overall health impact of poor dental health
- Children not getting care (no coverage/too expensive)– oral hygiene habits are not getting established
- Long lead-times to get in (i.e., 6 months)
- Jackson County is considered a shortage area for dental care

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Prevention Education – Issue Host: Bob Daley **TOTAL VOTES: 16**

ISSUES: **Round one – 6 participants**

- Time availability for care (after 5pm or designated) **Round one – 6 participants**
- What resources are available? **Round one – 6 participants**
- Need better/more communication – Media (Newspapers, agencies, technology); link and coordinate with public news (Lions, churches, seniors, gardeners…think outside of the box!) **TOTAL PARTICIPANTS: 18 (at all three rounds)**
- Ongoing – keep it in front of the community
  - Use of school communication tools
  - Banner Journal, Chronicle]
  - Forums – how do we get more participation?
- Education delivered to target audience by age, need, gender, technology (people learn differently)
- Reactive versus proactive – healthcare not well known or a HOT topic until needed
- What agencies should coordinate? How should it be organized?
- Lack of funding, time, budget and staff
- Lack of resources, libraries, speakers
- Time to put towards preventive care, behavioral changes – always an issue
- Abstinence-based education does not meet reality
- Set goals and reward

A. Brainstorming for Ideas, Strategies, and Initiatives

After voting and determining the top three priorities, the final step in the CHNA Forum process was completing the **World Café**. Discussion revolved around the following questions: What activities or strategies should the community engage in to address this issue? What community assets can be drawn upon to help implement them? Assets may be people, groups of people, businesses, organizations, materials, funding sources, or other resources available within the county. What impact do you think the hospital might have on any of these suggested initiatives or strategies? In addition to the information compiled in Section A ("Group Discussions"), the following information was obtained on each issue during the "World Café."

Access to healthcare services

ASSETS: Public Health/Aging & Disability Resource Center, BRMH (community hospital, financial counselor/assistance), Krohn Clinic, Ho-Chunk Clinic, Western Dairyland; community members & agencies and those involved in the "Resource Specialist Group," meeting monthly to share updates on community health and welfare services; retired professionals; volunteers, partners program, Food Pantry, Healthcare Alert System (state level), Red Cross (local), various healthcare providers. For transportation – Ho-Chunk Nation HHS, Jackson County HHS, Shuttle & Taxi services.

SOLUTIONS/STRATEGIES:

- TRANSPORTATION: Can we communicate what's available (taxi? Abby Vans, Pine Creek – MA reimbursable), get the word out; research funding opportunities… particularly for SSI, Medicare & Medicaid patients. What agencies might collaborate to make this happen? Can it be made more affordable or provide discounts for low income? Obviously, more availability and possibly plan for appointments and educate community members to plan ahead. Make problems with transportation part of the pre-registration process… perhaps arrangements could be made to get the patient to his/her appointment.
- Work with JCHHS; mini-bus – is it used? For what, how, and when?? (get info out)
- FUNDING: grant opportunities?? Foundations??
- Promote Aging & Disability Resource Center (availability?); assure appropriate literacy to secure access to clinics, set up payment plans, etc. *(JC Economic Support is experiencing cutbacks)*
- Promote & Encourage VOLUNTEER SERVICES – could the city provide lower property taxes to those who volunteer? (Durand apparently does this; Pepin County for those who volunteer in schools); could the schools include volunteer services as a prerequisite for graduating? (Galesville/Ettrick/Trempealeau School District apparently does this – something like 100 hours from about grade 7-on)
- Promote supportive / personal care services available through the BRMH Home Care program – communicate the availability of these services to the community
- **EDUCATION:** resources, appropriate use of ER, health/self-care, healthy behaviors (500 Club meals at BRMH), resources, etc. – participate/encourage healthy community activities
- Modify Medicaid coverage with incentives to limit inappropriate ER usage – contract with outside agency to monitor; educate patients (Formulary)
- Other ways to limit ER visits (definition change within EMTALA laws? Lobby for changes?); use triage in ER to monitor and authorize services
- Notification to patients about their responsibilities (up front) – "price lists"
- Could BRMH (and other providers) create sliding scale fee schedule?? (reduced or free preventive services); also suggested to provide clearer communication/information re: payment from healthcare facilities
- Provide free or reduced cost services or fee for service (preventive & dental) and/or limited free clinic for patients without insurance (La Crosse St. Clare Health Missions have this available; provide flat rate for labs/tests (preventive)
- Recruit more providers for mental health, abuse issues (ATODA)
- Foster a shared responsibility among area providers; cooperation between agencies: BRMH, JCHHS, Krohn and Ho-Chunk Nation clinics, Interfaith Caregivers, Veteran's office
- Promote what we do have available – BRMH, Western Dairyland, etc.
- Communicate options for those with limited income

- Besides promoting what there is (Aging & Disability, Economic Support, Financial/Benefits Counselors, WIC and other Public Health programs), could we provide more administrative assistance for navigating the healthcare system – perhaps in conjunction with a Nurse line?
- How much might we be able to collaborate with our churches to help meet transportation needs??
- BRMH could use urgent care services as a way to educate – provide information on proper use of ER, other resources/options, what's urgent/what's not, and how to care for self at home. BRMH also has home monitoring capabilities and can provide education for home/self-care (and hospice); there are also "Healthier at Home" books and coinciding education to help people know when they need to see a doctor and what to do from home.
- Provide education or information through the Food Pantry / Food Shelf

Obesity/Nutrition/Diabetes

ASSETS: Ho-Chunk Clinic has many services for patients & employees; BRMH has a full-time registered dietitian, wellness programs for employees & businesses, Diabetes Support & Education Group, diverse Rehabilitation Therapy Department with personal trainer on staff; pre-employment screenings; Krohn Clinic has diabetic educator and family practice providers; Schools have FFCLA (for BRF – Tina Gilbertson), FFA, high school and middle school advisors, and incentives for students (i.e., painted orange tiger paws at Third Street School to encourage walking); Daycares; UW-Extension & 4H programs. Community volunteers are also prevalent. WNEP for low-income families. A coalition formed in December 2011 with the intent of battling childhood obesity: Jackson County's Obesity Prevention Committee, which is being started and funded through a state grant. This coalition hopes to affect the rising rates of obesity in Jackson County with a primary focus on children.

SOLUTIONS/STRATEGIES:

- EDUCATE**:** Need to increase awareness of community options available; target applicable populations and environments (presenters are available through multiple agencies: BRMH, Krohn, Ho-Chunk, JCHHS, chiropractors, etc. – subject matter experts to all topics)
- Use a variety of venues to educate – hospital publications, newspapers, local radio, websites, community calendar, twitter, etc. Restart "Golden Times"? (educate how to obtain insurance to have seniors covered)
- Educational initiatives – healthy shopping (i.e., educational video developed by BRMH and collaborating partners), recipes, cooking classes; health fairs (screening services); Call line/Help line/Television channel education (97 Charter)
- Interagency collaboration – can we work together to become a stronger force?
- Make options accessible, affordable and convenient (events, community programming, healthcare, fitness centers, etc.)
- Ho-Chunk Client Diabetes Education Program; BRMH Diabetes Support Group – more outreach? Many Ho-Chunk initiatives funded with grants – could other agencies benefit or apply for similar funding?
- Exercise program for employees – paid for 30 minutes three times/week (difficult at Majestic Pines) along with other wellness program initiatives for both nation members and staff; RD's work with Head Start; Exercise Physiologist on staff
- Build awareness of full-time RD at BRMH – participate in community events; provide RD education for obesity – same for physical therapy, behavioral health, etc. Promote Diabetes Support Group!!

- Provide free/sliding scale screening for cholesterol/blood sugars/blood pressure; Provide lower costs to low-income families for activities
- Public Health/WIC/Daycares: continue educating the kids re: nutrition – promote more related initiatives/activities
- Provide free healthy food recipes; provide healthy food choices at community events
- Employers: sponsor/support wellness activities & incentives; worksite wellness programs (Obama's tax incentive my initiate more interest)
- Schools (county-wide): provide more nutrition education, PE – activities, provide additional curriculum for health classes; use peer groups or mentors to work with the kids & teachers to promote activity and healthy eating; used incentives/prizes, change meal & concession options, increase activities that promote wellness and include parents, use technology that encourages physical activity
- Community group initiatives – presentations/discussions on healthy lifestyles, focus on eating (vs. "diets") and exercise… make them free of charge [We do have a Community-wide Health, Wellness & Safety Fair coming up in September 2012]
- Hospital & JCHHS: Continue with Community Outreach services and benefits
- OSHA: encourage pre-employment screenings, educational needs
- Community volunteers could participate in more training and activities related to fitness
- Provide education or information through the Food Pantry / Food Shelf and Ho-Chunk (income eligible) food distribution – healthy options (income guidelines?); Increase exposure and need to increase donations and encourage more volunteers
- Food for Friends makes food bags available for kids & their families: somehow link with other initiatives or provide effective education

Alcohol, Tobacco, & Other Drug Abuse

ASSETS: Workforce Connections, JC Tobacco coalition; Teens against Tobacco Use (TATU) and Teen Drug Court; BRMH initiatives and detox, BRMH/Ho-Chunk Tobacco cessation programs; TFJCK; Western Dairyland (for women); WTC; West Central Wisconsin Behavioral Health; Krohn Clinic; Free state Telephone quit lines; periodic Drug/Medication Disposal; Collaborative (community) case management (one barrier is working out a payment process and confidentiality); Grant to fund programs (i.e., SHAMSH); team approach to Rx abuse (pharmacies, BRMH, clinics) - community partners work together

SOLUTIONS/STRATEGIES:

- Central database for Rx abuse (find grant?); educate staff and partners
- Provide in-patient treatment – address whole family in recovery
- Provide support and education to adults to model good behaviors at home (parenting skills)
- Provide/Promote AA, ALANON & NA Meetings – clarify resources
- Support Groups: address teen groups, provide more speakers who have experienced and succeeded in recovery, smoking cessation for pregnant moms (funding?), intervention and rehab in jail/prison systems, repeat offenders (who may very well end up with other health issues – and these should also be addressed)
- Programs to support recovery: counseling, financial responsibility, childcare, treatment plan
- Connect dots between counselors and community agencies – more collaborative community meetings, know community partners, education of staff
- Address peer pressure in school (pressures in middle school to fit in – need programming earlier, mentoring programs with "mentors" closer in age

- Encourage volunteerism – schools could implement standards in curriculum requirements to graduate, businesses could encourage and implement time for employees to volunteer; adult mentors with personal experience could be recruited to help others in the community

HOSPITAL MIGHT IMPACT:

- ATODA treatment
- Cessation for pregnant women and others
- Education on ATODA prevention (ex: TATU) – support 24/7 call line for cessation, alcohol prevention education
- Support Social Host ordinance or provide encouragement/incentives for non-alcohol events (i.e., Business after 5)
- Meaningful Use Regulations – security of medications, coordination of data (between facilities), consider confidentiality regulations and proper disposal sites

VI. STRATEGIC PLAN DEVELOPMENT

Black River Memorial Hospital's Board of Directors approved the hospital's 2013 strategic plan in July 2012. Goals associated with the current Community Health Needs Assessment priorities include:

Service Goals

- Work with community partners to improve the health status of Jackson County
- Facilitate interagency collaboration to reduce readmissions

Growth Goals

- Improve existing partnerships and seek new strategic partnerships

BRMH CHIP Work Plan

Based on the hospital's strategic plan and the top three priorities selected from the CHNA, a CHIP Work Plan was developed by the CHIP Committee. Preparations are currently being made to incorporate the CHIP Work Plan into BRMH's strategic plan. As BRMH may have limited resources in some priority areas, it is the hospital's intent to seek the efforts of community members, agencies, and committees who are already spearheading efforts to impact changes to the priorities selected in order to make a difference. The Implementation Strategy will address the top three priorities to assure congruence and agreement with each of the goals and objectives developed. As a result, this will eliminate duplication of community efforts and utilize local resources in partnership with the hospital's own strategic plan.