



**Bay Area Medical Center
Community Health Needs Assessment 2013**

Building Healthier Communities Together



Background

Bay Area Medical Center is a nonprofit, 99-bed hospital located in Marinette Wisconsin. BAMC maintains a historically strong connection with its community, and offers an array of community-oriented programs and services to improve the health of local residents.

Bay Area Medical Center conducted a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the Marinette/Menominee market area during 2013. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health.

The purpose of the CHNA was to gather information about local health needs and health behaviors in an effort to ensure hospital community health improvement initiatives and community benefit activities are aligned with community need. The assessment examined a variety of community, household and health statistics to portray a full picture of the health and social determinants of health in the BAMC service area.

The findings from the assessment will be utilized by BAMC to guide its community benefit initiatives and to engage partners to address the identified health needs. Through this process, the hospital will be a stronger partner in the community and the health of those in the market will be improved. BAMC is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced quality of life.

Research Components

The BAMC CHNA was comprised of both quantitative and qualitative research components. BAMC undertook an in-depth, comprehensive approach to identifying the needs in the community it serves. This approach included four components:

1. Participation in and aggregation of recently completed health needs assessments by other community agencies.

Early in our process we found that a number of other community agencies and organizations were also conducting or had conducted assessments of community health associated with their missions. Successful models of community health care improvement indicate that community engagement is essential at each stage of the community health improvement process including planning, needs assessment, identifying priorities, and gathering evidence on possible interventions, investment, and evaluation. BAMC was a participant in all of these

initiatives except the Healthy Youth Coalition survey. The results of these surveys and assessments were used in the BAMC CHNA. Each agency was also invited to and presented their results at the second BAMC Healthcare Roundtable.

These other community surveys include:

- M&M Community Foundation – 2012 Community Visioning report
- Healthy Youth Coalition – Pride Survey
- Tri City United Way – Community Assessment
- Marinette County Community Health Improvement Assessment

2. Collection and analysis of secondary research and data

Building a strong evidence base for the CHNA involved sharing data from multiple sources and from both public and private contributors. The County Health Rankings, developed by the Robert Wood Johnson Foundation and the University of Wisconsin is an established tool that aggregates and standardizes county-level measures from a variety of national and state data sources. This was a valuable resource due to our need to collect data from two counties located in different states.

3. Primary research from key stakeholders

BAMC regularly conducts primary research in its marketplace as a means of gaining a better understanding and perspectives from those groups. During 2013, these efforts to support the CHNA included:

BAMC Provider interviews – BAMC conducted a series of personal interviews with 58 doctors and mid-level providers in the Marinette/Menominee County area. The interviews included questions about community health issues.

BAMC Community Survey – In September and October of 2013 BAMC conducted a community attitude survey that included questions regarding the community's health and access to care. 386 households in the BAMC primary and secondary market were included in the telephone survey.

4. Community Health Care Roundtables

At each of the Community Health Care Round Tables, participants were asked to provide a list of resources they offer to support community health initiatives as well as their perceived priorities to improve community health. In an effort to introduce the community to BAMC's need assessment and involve as many interested and involved parties as possible. BAMC held two Community Health Round Tables in November of 2012 and June of 2013.

Other Agency Community Health Initiatives

One of the elements of the Community Health Needs Assessments which the Affordable Care Act requires is that a hospital must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health. In an effort to share research, eliminate duplication of effort and begin to build a base of collaboration, BAMC held two Health Care Round Tables that brought community groups together to not only share their research but begin the process of greater collaboration to accomplish similar goals. BAMC also participated in three of the initiatives as a participant in the Community Foundation listening sessions and recipient of the final report, as a participant and group facilitator for the Tri City United Way study and as a participant in the Marinette County Assessment. A brief description of these other agency research efforts follows.

M&M Community Foundation – 2012 Community Visioning Report

During May and June of 2012, the M&M Community Foundation held a series of meetings throughout Marinette and Menominee Counties to assess the impact of the Foundation and determine what the citizens of the county felt should be the Foundation's vision. Thirteen meetings were held in locations throughout the two counties with participants selected by members of the communities where the meetings were held. Participants completed a prepared survey form and engaged in open-ended follow up discussion. Surveys were completed by 192 people and were then collated and analyzed. The results were presented to the Healthcare Roundtable at our second meeting. The summary of those results is included in the appendix.

The results showed that health care was seen as one of the top five issues in the community both now and in the future.

Healthy Youth Coalition

The Healthy Youth Coalition is a Twin County organization that promotes healthy and positive youth development. A Youth Survey was conducted in 2013 and was designed to identify levels of risk and protective factors that predict problem behaviors such as alcohol, tobacco and other drug use, poor school achievement, and delinquency. In addition to measuring risk and protective factors, the survey also measured the actual prevalence of drug use, violence, and other antisocial behaviors among surveyed students.

The report identifies the risk and protective factors most in need of attention in the community. 1,468 students participated in the survey. The results of the survey were presented to the Health Care Round Table at the second meeting. The summary of those results is included in the appendix.

Tri-City Area United Way

As part of a 2013 initiative, the United Way aggregated a series of surveys that were conducted locally over the past three years. They also surveyed 27 organizations in Marinette and Menominee Counties to identify what programs they were offering for the community. Within those 27 organizations, 119 separate programs were identified, many targeting multiple age groups. Of the 119 programs, 45 were aimed at improving healthy behaviors and conditions, 76 targeted improving education or education outcomes, and just 8 at improving financial conditions. A summary of their report is in the appendix. It was presented to the second Health Care Round Table.

Marinette County Community Health Improvement Assessment

The Marinette County Health Department developed their required Community Health plan in the first half of 2013. They facilitated meetings with community members to discuss and form a Health Improvement Plan for the community. Those meetings reviewed secondary data for the county and asked participants to identify the top three health focus areas for the county, which were alcohol and drug abuse, mental health and physical activity. BAMC was represented at these meetings. Marinette County presented their results at the second Round Table meeting. A copy of the results is in the appendix.

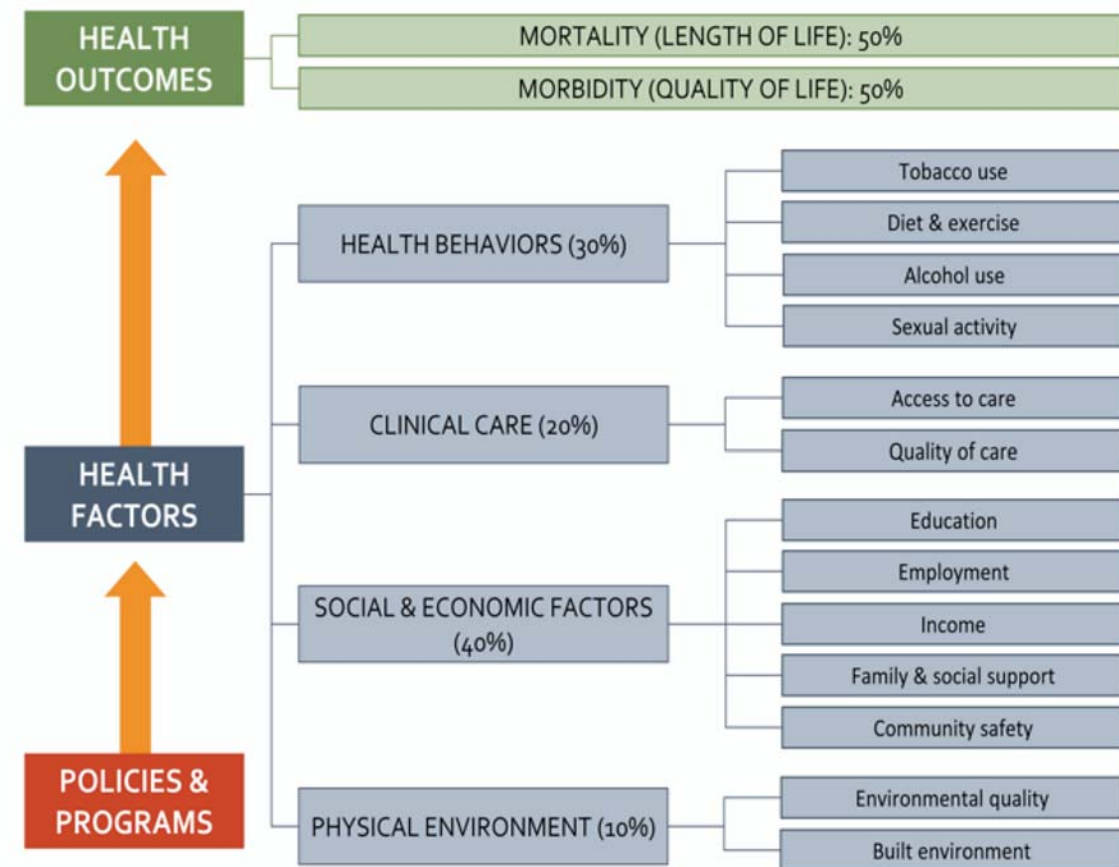
Secondary Research Data

The County Health Rankings developed by the University of Wisconsin and the Robert Wood Johnson Foundation measure the health of nearly all counties in the nation and rank them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. This is extremely valuable for the BAMC effort, given that our market involves two counties in two different states, with oftentimes different data collection processes.

The County Health Rankings Model (diagram below), identifies a set of measures that affect health from both inside and outside the doctor’s office. The model recognizes that where people live, work, and play can have a profound impact on their health. The model is supported by a wealth of supporting research on ‘best practices that can be used to positively impact health factors of a community.

This model was used in the analysis and discussion of the BAMC market’s Community Health indicators. During the first Health Care Round Table, Karen Timberlake, Director of University of Wisconsin Population Health Institute presented the most recent County Health Rankings for Menominee and Marinette counties from the County Health Rankings database. She also provided comparisons between Menominee County and comparable Michigan counties and Marinette County against other Wisconsin Counties.

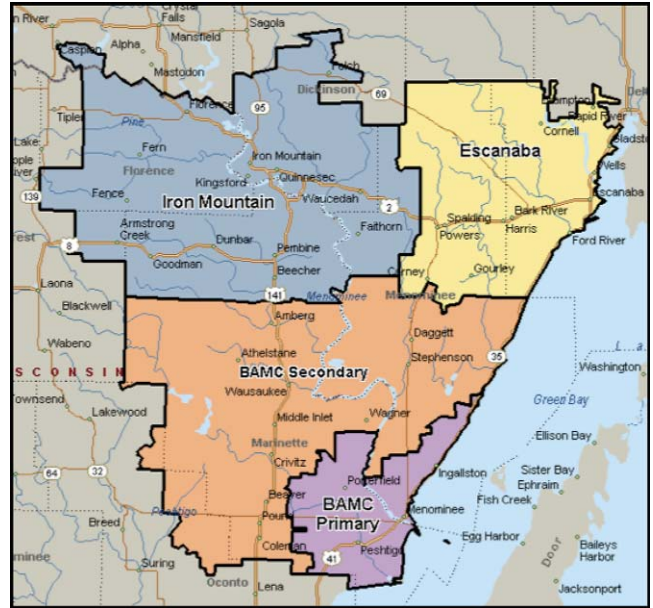
A complete description of the rankings, methodology and data sources can be seen at www.countyrankings.com.



County Health Rankings model © 2012 UWPHI

BAMC Market

BAMC serves a population of approximately 58,000 in our primary and secondary markets which includes the majority of Menominee County, Michigan and Marinette County, Wisconsin. Select specialty services are also used by patients from the tertiary markets of Iron Mountain, Michigan and Escanaba, Michigan.



Health Outcomes

The County Health Rankings quantifies and compares the health status of county populations by measuring the burden of premature deaths, an important measure of a population’s health. Premature deaths are deaths that occur before a person reaches an expected age, e.g., age 75. Many of these deaths are considered to be preventable.

Both Marinette and Menominee County have higher rates of premature death than the national average, and in the case of Marinette, above the state average as well. Marinette has a ranking of 58 out of 72 counties in Wisconsin while Menominee is ranked 26 out of 83.

In addition to measuring how long people live, it is also important to include measures of how healthy people are, while alive. Their reports of days when their physical health was not good are a reliable estimate of recent health.

Overall Marinette County ranks 56th among 72 counties in Wisconsin on measures of morbidity. Menominee County fares better in the state of Michigan with a ranking of 23 out of 83 counties.

	Marinette County	Wisconsin	State Rank (of 72)	National Benchmark	Menominee County	Michigan	State Rank (Out of 83)
Health Outcomes			59				23
Mortality			58				26
Premature death	6,701	5,878		5,317	6,427	7,254	
Morbidity			56				23
Poor or fair health	12%	12%		10%	14%	14%	
Poor physical health days	3.8	3.2		2.6	3.2	3.5	
Poor mental health days	2.8	3		2.3	4	3.7	
Low birthweight	6.90%	7.00%		6.00%	6.20%	8.40%	

Population

The total population in Menominee County is 23,930 and Marinette County is 41,696. Both counties have projected declines in population over the next seven years (US Dept of Census).

Of the total population, 20% are 65 years or older in both counties exceeding the state averages of 14%. and 13% nationally.

	Marinette County	Wisconsin	Menominee County	Michigan
Population	41,656	5,711,767	23,930	9,876,187
% below 18 years of age	20%	23%	20%	23%
% 65 and older	20%	14%	20%	14%
Older adults living alone	33%	30%	N/A	N/A

County Health Rankings 2013

In addition to having an older population, the proportion of children under age 18 in both counties is 20% - less than the state averages of 23%. Marinette County has 33% of older people living alone, higher than the state average of 30% (No similar data for Menominee County). As an expanding population with unique health issues, the needs of older adults should be considered in health planning and initiatives.

Economic Factors

The median income of the two counties is similar and both are below their respective state averages. This is offset somewhat by the lower than average high housing costs.

Both counties have nearly two of five children eligible for free lunch programs, a measure of low income.

	Marinette County	Wisconsin	Menominee County	Michigan
Median Household Income	\$39,705	\$50,401	\$39,292	\$45,931
High Housing Costs	29%	33%	26%	35%
Children Eligible for Free Lunch	38%	33%	39%	41%
Unemployment (Nov. 2013)	7.2%	5.8%	6.5%	8.8%

County Health Rankings 2013; U.S. Department of Labor

Menominee County unemployment is below the state average, while Marinette County's rate is in the third quartile for Wisconsin.

Health Behaviors

Both Menominee (65th) and Marinette (70th) Counties are in the bottom quartile of their respective states when it comes to modifiable health risk behaviors – lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.

Compared to the national average, smoking, obesity, physical inactivity and excessive drinking are all well above the national average for both counties. The County Rankings web site indicates the areas of health care improvement to concentrate on for both Marinette and Menominee County should include smoking and obesity.

	Marinette County	Wisconsin	State Rank (of 72)	National Benchmark	Menominee County	Michigan	State Rank (Out of 83)
Health Behaviors			70				65
Adult smoking	31%	19%		13%	26%	20%	
Adult obesity	31%	29%		25%	31%	32%	
Physical inactivity	27%	23%		21%	27%	25%	
Excessive drinking	22%	24%		7%	22%	19%	
Motor vehicle crash death rate	22	12		10	16	11	
Sexually transmitted infections	153	409		92	167	500	
Teen birth rate	28	29		21	33	32	
Smoking during pregnancy	23%	14%					

County Health Rankings 2013

Clinical Care

There are hundreds of potential quality measures, with no consensus on the best set of measures to use when assessing quality of health care. County Health Rankings include three measures of quality of health care: preventable hospitalizations, screening for breast cancer, and screening for diabetes. These quality indicators were selected because they provide the greatest benefit to patient outcomes, help bridge the gaps seen among different populations, and can be implemented in a safe, efficient, and cost-effective way.

Overall both Menominee and Marinette County are in the middle of each state county ranking across these measures. The percentage of uninsured adults for children are both at the state average. Access to primary care physicians looks worse in Menominee County due in large part to nearly all primary care providers choosing to practice in Wisconsin.

	Marinette County	Wisconsin	State Rank (of 72)	National Benchmark	Menominee County	Michigan	State Rank (Out of 83)
Clinical Care			36				45
Uninsured	11%	11%		11%	16%	14%	
Primary care physicians	1,391:1	1,247:1		1,067:1	2,667:1	1,271:1	
Dentists	2,253:1	1,799:1		1,516:1	1,524:1	1,626:1	
Preventable hospital stays	62	55		47	72	70	
Diabetic screening	89%	90%		90%	89%	86%	
Mammography screening	74%	73%		73%	66%	67%	
Mental health providers	20,866:1	2,714:1				2,827:1	
Medicare health care costs	\$8,312	\$8,081			\$8,108	\$9,903	
Uninsured adults (Under 65)	13%	13%			19%	18%	
Uninsured children	6%	5%			5%	5%	
Could not see doctor due to cost	11%	9%			19%	13%	

Primary Research

In 2013, BAMC was scheduled to conduct two of its regular primary research initiatives – a provider survey of community doctors and mid-level providers as well as a community attitude survey. Each had questions added to them to help in the Community Health Needs Assessment process.

Community Provider Survey

Between July and September of 2013, BAMC conducted a series of personal interviews with 58 doctors and mid-level providers in the Marinette Menominee County area. The respondents were asked what they felt were the top health issues in the community from their patient care perspective.

The top six health issues they identified were (in order of mentions):

1. Obesity
2. Drug and alcohol abuse
3. Preventative care
4. Access to health care
5. Mental health
6. Smoking

BAMC Community Survey

In September and October of 2013, BAMC conducted a community attitude survey that included questions regarding the community’s health and access to care. 386 calls were made to residents in Marinette and Menominee Counties in the BAMC market area.

Does your household have a Primary Care Doctor? (YES)

2013	2010	2007
84%	88%	87%

Is getting health care today easier than 3 years ago? (YES)

2013	2010	2007
16%	18%	24%

What is the most important health problem in our community – that is, what has the greatest impact on our health? The top responses were (10% or greater):

Drug abuse	28%
Cancer	19%
Access to care	12%
Obesity/Diet	10%

N = 354

Community Health Round Table Meetings

To gather community input, the hospital convened two Community Health Care Round Table meetings to provide broad-based input on health needs present in the hospital’s surrounding community. These groups were made up of persons with special knowledge or expertise in public health, representatives from health departments or governmental agencies serving community health, leaders of agencies who served populations of medically underserved and low income, and other stakeholders in community health (see appendix for a complete description of community participants).

The federal guidelines for CHNAs includes a emphasis on transparency in the process and results as a means to foster better input and decision making, more accountability, and shared responsibility for outcomes. Transparency promotes accountability by making public the identified needs, the evidence base, and the choice of investment priorities and the results. Broad awareness also encourages all involved to make the choices that will be most likely to be successful. BAMC supported these guidelines by opening the Health Care Round Tables to the media.

The first Community Health Care Round Table meeting was held in November of 2012. Over 40 community and agency leaders from Marinette and Menominee Counties were in attendance. They discussed the results of the County Healthcare rankings as presented by Karen Timberlake as well as the rankings model.

A key element of this discussion focused on the importance of recognizing that improving health is everyone’s responsibility and everyone there – businesses, health care providers, government, consumers, and community leaders – need to work together to find solutions. Because health depends upon, and is influenced by, the entire community, all sectors need each other’s participation and expertise to make progress.

The second Health Care Round Table with 34 attendees was held in June of 2013 and focused on the primary research that had been conducted by local agencies (outlined above). The United Way, Marinette County, Healthy Youth Coalition, and the M&M Community Foundation all presented their results to the group. After facilitated discussion of the primary and secondary research, attendees identified the top priorities for improving health in our communities.

Priority	Health issue
1.	Diet/Obesity
2.	Drug abuse
3.	Smoking
4.	Mental Health
5.	Alcohol abuse
6.	Access to Care

Priorities for Improvement

The overall health of the community is a shared responsibility among many stakeholders and entities, including government agencies, health care providers, nongovernmental organizations, and community members themselves. While the new IRS CHNA requirements apply specifically to nonprofit hospital organizations, collaboration with community partners is essential for implementing and achieving effective community health improvement.

The focus of the BAMC Community Health Plan is based on a shared recognition of the high urgency issues in the community across organizations that are based on their experience and data that supports the selection.

Key themes that emerged from the BAMC CHNA process were fairly consistent across primary research, secondary research, Round Table rankings and other prioritizations from community agencies and organizations. The three priorities for the BAMC CHNA are:

- Substance abuse
- Access to care
- Obesity

The criteria used for determining the final priorities for BAMC included:

- Importance of the problem to the community as evidenced by organizations already addressing the health issue or indicating their support for initiatives
- Primary and secondary data that indicates a opportunity for improvement
- Availability of existing resources to address the issues
- Estimated resources, timeframe, and size of impacted population
- Appropriateness of BAMC as a change agent (as a partner, in a role as knowledge sharing or providing direct funding, etc)

Rankings by Survey/Group Prioritization

	BAMC Community Survey	BAMC Physician Survey	Marinette County Planning	BAMC Community Roundtables	M&M Foundation Visioning	United Way Focus	Healthy Youth Coalition
Drug Abuse	x	x	x	x	x	x	x
Alcohol abuse		x	x	x			x
Mental Health		x	x	x			
Access to care	x	x		x			
Cancer	x						
Physical Activity			x				x
Smoking				x			x
Preventative care		x					
Obesity	x			x			

Priority 1: Substance Abuse

Every group, every organization and every survey put Drug Abuse on their short list of community health issues that need to be addressed. And in most cases where the list was prioritized it was at or near the top. It was the highest rated mention in the weighted rankings for Marinette County (double the value of the next highest issue). It was the highest mention in the BAMC community survey. It was the second highest mention in the BAMC provider interviews and the Community Round Tables. This is an issue that has captured the community’s attention.

Alcohol abuse also received high priority ratings by a number of the groups as well, and in some cases it was bundled with drug abuse in a broader category of substance abuse. The Wisconsin and Michigan health rankings, while not addressing drug abuse, presents data that supports alcohol abuse being a community health issue. In both Marinette and Menominee Counties, the percent of adults reporting excessive drinking is three times higher than the national average.

The data collected by the Healthy Youth Coalition shows that nearly a third of high school students reported using alcohol in the past 30 days and 18% saying they used marijuana or prescription drugs in the last 30 days.

The CDC defines substance abuse as referring “to a set of related conditions associated with the consumption of mind and behavior altering substances that have negative behavioral and health outcomes.” These can be drugs or alcohol. With drugs these substances are not limited to illegal drugs. There is now a growing epidemic of prescription drug abuse as well. The CDC also notes that substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

There are a number of local initiatives launched in the past year that BAMC has been a part of:

- The Anti-Opiate Task Force – A group of Marinette/Menominee non-profit organizations, government units and businesses acting as a steering group for illegal drug programs focusing on enforcement, prevention and treatment. BAMC is a member of the executive committee and the task force.
- Marinette County Health Improvement Plan – BAMC was involved in development of the original plan and is continuing to be a part of that effort as it relates to substance abuse.
- United Way Substance Abuse Task Force – a steering group of Twin County organizations that provides communitywide planning and resource sharing to support a wide range of substance abuse programs. BAMC is a member of this group.

BAMC’s efforts in this area will be to:

- Financially support the two major initiatives in the community – The Healthy Youth Coalition and the Anti-Opiate Task force
- Continue to provide leadership, resources and expertise in the programs currently supported
- Become more involved and supportive of the Healthy Youth Coalition and the every 15 Minutes program allowing each to extend their programs
- Expand our prescription drug drop program to a prescription drug abuse awareness campaign
- Support the Tri-City HR Group’s Employee Awareness Program designed to build awareness and educate employees about substance abuse.

Financial Support	Ongoing Programs	Future Initiatives
<ul style="list-style-type: none"> • Healthy Youth Coalition • Anti-Opiate Task Force 	<ul style="list-style-type: none"> • Anti-Opiate Task Force member • United Way Action Now: Substance Abuse Task Force • Prescription Drug Collection Program • Every 15 Minutes 	<ul style="list-style-type: none"> • Tri-City HR Group: Employer-based Substance Abuse Awareness program • Healthy Youth Coalition – major event sponsorship • Prescription drug abuse awareness program

Priority 2: Access to Care

In the primary research surveys, both the physicians in the community and community members cited access to care as an important community health issue. Members of the Round Tables also gave this area a high priority.

Access to health services included the ability for more members of the community to gain entry into the health care system, including basic and preventive care especially for the uninsured and underinsured. Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include lack of availability, high cost, and lack of insurance coverage. Multiple studies suggest that limited access to timely and appropriate health care services leads to poorer health outcomes. In addition, people who lack health insurance coverage are less likely to be connected to a medical home and are more likely to over utilize the emergency department.

BAMC has a variety of programs already in place to promote greater access to care. BAMC's charitable mission has always included a significant financial commitment to the underinsured and uninsured. Ongoing aggressive recruitment of primary care providers and specialty care providers Our financial counselor program is designed to support support effective use of health insurance enrollment resources. And we play a key role in promoting free and low-cost health resources and services.

BAMC's efforts in this area will be to:

- Continue to support the Twin Counties Free Clinic through Board participation, financial support, and as a source for physicians and clinical volunteers.
- Recognize our mission requirements of free and discounted care to those in need.
- Expand our services of low-cost and no-cost screenings, especially in rural areas where access can be especially burdensome.
- Although mental health is not part of our patient services we will continue to play a leadership role in the Behavioral Health Consortium.
- Expand our role and reach as community leader in the Affordable Care Act Health Exchange program.
- Support chronic disease management through financial support for prescription medication.
- Continued recruitment and improved access to primary care providers.

Financial Support	Ongoing Programs	Future Initiatives
<ul style="list-style-type: none"> • Absorb federal and state payment shortfalls and unreimbursed costs • Financial assistance policies, including providing charity care to qualifying patients and self-pay discounts • Financial support for the Twin Counties Free Clinic • Discounted tests and procedures for the Free Clinic • Free mammogram program 	<ul style="list-style-type: none"> • Free Clinic Volunteers and No-Cost Clinic administration space • Low-Cost/No-Cost public health screenings • Employer Primary Care Clinics • Coordinate the Behavioral Health Alliance • Continue to recruit primary care physicians, physician assistants, nurse practitioners, specialty care physicians to the area 	<ul style="list-style-type: none"> • Expanded promotion of Health Exchange enrollment • Expanded screenings in to rural areas • Create new screening program – Colorectal cancer • Develop prescription medication financial support for chronic disease patients • Provide community education on how to access health care and improve decision making skills among members of the community

Priority 3: Obesity

The health factors ranking of Marinette and Menominee Counties are in the bottom quartile of each respective state and two key components of that low ranking are obesity and physical inactivity. This area was mentioned as a top priority by four of the seven organizations included in this assessment.

Obesity prevalence has reached epidemic proportions nationwide. A 2012 report from the Robert Wood Johnson Foundation and Trust for America’s Health suggests that if obesity rates continue on their current trajectory, by the year 2030 more than 44% of adults could be obese, which could lead to major increases in obesity-related disease rates and health care costs.

The report also suggests that if states could reduce the average adult BMI by 5%, millions of Americans could be spared from preventable diseases and each state could save billions in health care costs. For an adult of average weight, reducing BMI by 1 percent is equivalent to a weight loss of around 2.2 pounds.

BAMC launched a Health and Wellness Service Line in 2010, which devoted resources and attention to our employees, employers, and the community. The service initiatives have greatly expanded knowledge and behavior for healthy eating and physical activity.

BAMC’s efforts in this area will be:

- Ongoing sponsorships of are runs/walks rides that promote healthy activity.
- Expand participation in BAMC-sponsored events to involve more youth.
- Partner with an area grocery store to jointly promote healthier eating and access to healthy choices.
- Create a community oversight task force to better coordinate programs already being offered.
- Extend our internal Health and wellness programs to other area businesses and school systems.
- Partner with the Healthy Youth Coalition to better promote healthy lifestyles to youth groups.

Financial Support	Ongoing Programs	Future Initiatives
<ul style="list-style-type: none"> • Sponsorships of area runs and walks • YMCA Healthy Youth program 	<ul style="list-style-type: none"> • Grocery store partnership – Better Food Better Health • Better Health employer health services • Employer Health Fair/Screening program • BAMC employee health programs • Waterfront Run • BAMC Menominee River Century Bike Ride • Caring Hearts Walk • Weight loss programs 	<ul style="list-style-type: none"> • Create a community oversight task force to coordinating programs • Partnerships with other local entities on obesity/exercise programs • Bike safety program in the schools • Healthy Youth Coalition major event • Focus on school children by providing education to promote healthy habits

Next Steps

Bay Area Medical Center is dedicated to improving the health of the area communities and has used the above findings and health priorities to create a hospital-specific implementation plan that identifies objectives, rationales, and implementation tactics that correspond with each priority. Each objective identifies one way that the hospital will positively impact the health of the community in the future.

The priorities and action steps in the BAMC CHNA will be incorporated into the hospital's existing operational structure to ensure that accountabilities, timelines, measures of success, and improvement opportunities are agreed on and documented.

The plan will also be shared with other groups and the community to continue to work towards a shared commitment to improving health that reflects a common understanding of the problems and a joint approach to solutions and actions.

BAMC's Director of Marketing and The Foundation will have primary responsibility for monitoring and tracking the implementation plan. An annual report will be published and provided to the Board of Directors and made available to the public on our website. It will also be included as a part of the three-year 990 reporting responsibility to the IRS.

BAMC Health Care Round Tables

BAMC Health Care Round Tables were held in November of 2012 and June of 2013. Attendees reflect the requirement of the CHNA that a hospital facility must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Healthcare

Bay Area Medical Center
 NorthReach Healthcare
 Prevea Health
 St Vincent's
 Aurora Healthcare
 Marquette General Home Health
 Aschim, Kurt DDS
 N.E.W. - U.P. Dental PC

Education

Marinette School System
 St. Thomas Aquinas Academy
 Northeast Wisconsin Technical College
 University of Wisconsin-Marinette

Non-Profits

Tri City Area United Way
 M&M Community Foundation
 Twin Counties Free Clinic
 Unity Hospice
 YMCA
 Respite Care
 BAMC Foundation
 Healthy Youth Coalition

Governmental Units

Marinette County
 City of Menominee
 City of Marinette

County/State Health Agencies

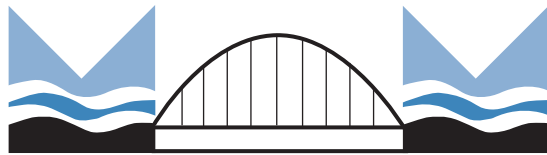
Medical Access Coalition of Delta & Menominee Counties
 Public Health – Menominee/Delta Counties
 Marinette County Health and Human Services
 Northpointe Behavioral Systems
 Michigan Department of Human Services

Media

Eagle Herald
 Bay Cities Radio

Business Community

Marinette/Menominee Chamber of Commerce
 Menominee Economic Development
 RW Fernstrum
 Signarama
 Washington Square Residential Community
 Nicolet National Bank
 Stephenson National Bank
 Ameriprise Finance Services
 Coldwell Banker Today's Real Estate, Inc.
 Duda Chiropractic
 Edward Jones Investments
 First Choice Roof
 Harbors Retirement Communitiy
 KUS
 Minerals Processing
 Lloyd Housing Project



M&M Area Community Foundation

**M&M Area Community Foundation
Visioning Campaign**

The M&M Area Community Foundation exists as a bridge for philanthropy in Marinette and Menominee counties. Currently it is managing approximately \$6 million in a variety of funds. These funds are used to provide grants to enhance the lives of those living in our two counties. Since its inception in 1997 the Foundation has donated over \$2.7 million back to our two counties in grants and scholarship funds.

During May and June of 2012, The Foundation held a series of meetings throughout Marinette and Menominee Counties. The idea was to assess the impact of The Foundation and determine what the citizens of the county felt should be the vision of The Foundation as we move into the future. The process of the campaign was managed by Marcie Wagner from Minneapolis, MN. Thirteen meetings were held in locations throughout the two counties with participants selected by respected members of the communities where the meetings were held. Participants completed a prepared survey form and engaged in open-ended follow up discussion.

Surveys were completed by 192 people and were then collated and analyzed by the ML Wagner group. A 62-page final report in the form of a PDF file is available on request to Kerri Wiegat at The Foundation office. (kerriw@mmcommunityfoundation.org)

Highlights of the report are noted below:

Top five issues that The Foundation should focus support on:

1. Job creation incentives
2. Support for small business
3. Support schools
4. Abuse prevention
5. Rural business development

Most important issues facing the Twin Counties NOW:

1. Civic engagement
2. Quality of life
3. Education
4. Community service
5. Health care

How well are we doing on managing the issues?

	GOOD	NEUTRAL
1. Education	34%	47%
2. Community Service	33%	52%
3. Public Services	33%	53%
4. Healthcare	32%	49%
5. Economic Development	24%	41%

What are the most important issues facing our communities in the future?

1. Education
2. Economic Development
3. Healthcare
4. Community Service
5. Public Services

What one thing did participants want to see changed/enhanced going forward?

1. Economic development/ Jobs
2. Education
3. Government cooperation

What things did participants want to see maintained?

1. Economic development
2. Education
3. Parks and Recreation
4. Community involvement
5. Healthcare

What one thing did participants like most about the area?

1. Natural resources / beauty
2. Quality of life
3. Sense of Community
4. Parks and recreation
5. Friendly people

Participants outside the Marinette and Menominee were generally not aware of The Foundation or the significant amounts of money the Foundation has provided to 501c3 organizations throughout the two counties. Participants were positive about The Foundation and its mission. Most groups were not sure how to access the Foundation grant process. The Foundation intends to address these issues through education and outreach as we move forward.

Marinette Menominee Community Assessment Summary 2013

Many local organizations conduct community status assessments. Each has a purpose specific to the goals



of the organization and utilized the data toward achieving or improving on the outcome of those goals.

The Tri-City Area United Way is following the lead of the United Way World Wide and started to develop community improvement programs of its own. This is in addition to the historical efforts in funding those organizations that provide support to improving education, health and financial stability.

One such initiative is our Educational Success, Cradle to Career. This program focuses on improving opportunities for all through programs that are offered during times other than the traditional school hours.

To start to build a picture of where we stand as a community, we wanted to see what assessments were already conducted and what a summary of the assessment indicated. We looked at seven different assessments:

- M&M Community Foundation, February 2013
- UW Extension Annual Plan of Works Needs Assessment, July 2011 to March 2012
- Sixth Annual Financial Literacy Survey of Adults, 2012
- Healthy Youth Coalition PRIDE Survey, June 2011
- Health Matters/Kids Count Databook
- WI DPI School Performance Report, 2011
- MI School Dashboard and Report Card, 2012
- Kids Count in Michigan, Menominee County, 2011

In general the following is a brief summary of the assessments reviewed:

For the most part, our perceived efforts in addressing the needs of a growing, vibrant community are average at best. Education, economic development and combating illegal drug use were most frequently listed as the most pressing needs for improvement. This matches perfectly the three pillars of the United Way's mission of advancing the common good by educational success, healthy living and financial stability.

The assessment shows we have a long way to go, especially in the fight against dangerous drug use. One survey given to the youth of our area indicates a serious problem in drug, alcohol and tobacco acceptance. The survey indicated that in the 10th grade 16.4% smoked, 29.7% had consumed alcohol and 14.1% smoked marijuana. In that same age group the perception of parental disapproval was 92.6% for tobacco, only 82.2% for alcohol consumption and 93.4% for marijuana use. If true, that means that 6.6% of parents approve, or are at least ambivalent, of their son or daughter lighting up a joint!

On a brighter note, we are keeping our children in school and the dropout rate is slightly below both states averages. College readiness varies slightly with Marinette slightly above the state average and Menominee at or very slightly below the state average.

So, we have a significant problem, at least perceived, with improving the education of our youth, addressing healthy habits and drug use, and building our economic base and job creation. What are we doing about it today.

Marinette Menominee Community Outreach Program Summary 2013

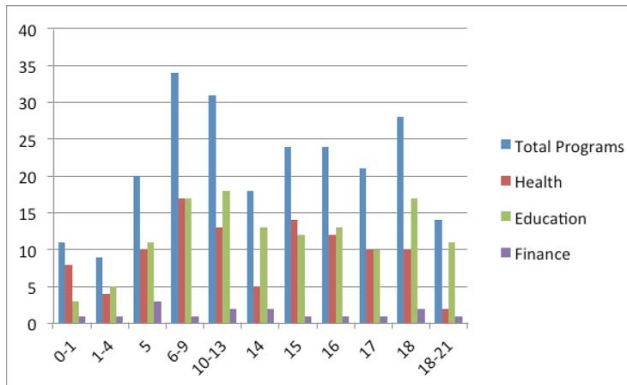
Teaming up with 12 partner agencies (those receiving United Way funding), and working with many more organizations, the Tri-City Area United Way is striving to enhance the lives of many in our region.



A total of 27 organizations in Marinette and Menominee Counties were surveyed to see what programs they were offering for the community. These programs were classified into 11 target age groups.

Within those 27 organizations, 119 separate programs were identified, many targeting multiple age groups. Of the 119 programs, 45 were aimed at improving healthy behaviors and conditions, 76 targeted improving education or education outcomes and just 8 at improving financial conditions or understanding.

The following chart shows the breakdown by age group.



We also noted some duplication of effort between agencies and programs. There is no current data to suggest one affects the other either positively or negatively.

Based on the areas assessment summary as previously shown, are we adequately addressing the most pressing needs? The United Way initiative Education Success, Cradle to Career, hopes to find out what the business community feels are our most pressing needs via these “community conversations.”

Taking this information and working with the 27 organizations and any others that would like to join the initiative we will develop a Community Summit where we will develop an action plan to better address those needs.

Communities That Care Executive Summary 2012-13

Healthy Youth Coalition of Marinette & Menominee Counties / May 24, 2013

Demographics

- Total number of students surveyed: 1,468

Grade Levels

- Number of 6th grade students surveyed: 495 (33.7%)
- Number of 8th grade students surveyed: 508 (34.6%)
- Number of 10th grade students surveyed: 465 (31.7%)

Sex

- Number of Female students surveyed: 743 (51.0%)
- Number of Male students surveyed: 715 (49.0%)

Race

- Number of White students surveyed: 1,295 (89.3%)
- Number of African American students surveyed: 18 (1.2%)
- Number of Native American students surveyed: 37 (2.6%)
- Number of Hispanic/Latino students surveyed: 15 (1.0%)
- Number of Asian/Pacific Islander students surveyed: 8 (0.6%)
- Number of Other students surveyed: 23 (1.6%)
- Number of Mixed Origin students surveyed: 54 (3.7%)

30-Day Drug Use

NOTE: For tables, N of Valid is the number of students who answered the question and N of Missing is the number of students who did not answer the question.

Use of Any Cigarettes in the Past 30 Days

Grade Level	N of Valid	N of Miss	1-9 Times	10-19 Times	20-39	40 or More	TOTAL
6th	489	6	0.4	0.0	0.0	0.0	0.4
8th	503	5	6.2	0.0	0.2	0.6	7.0
10th	465	0	11.4	1.5	0.6	0.2	13.8
6-8	992	11	3.3	0.0	0.1	0.3	3.7
9-12	465	0	11.4	1.5	0.6	0.2	13.8
Total	1457	11	5.9	0.5	0.3	0.3	6.9

Use of Any Alcohol in the Past 30 Days

Grade Level	N of Valid	N of Miss	1-9 Times	10-19 Times	20-39	40 or More	TOTAL
6th	485	10	1.0	0.0	0.2	0.0	1.2
8th	503	5	13.1	0.4	0.4	0.0	13.9
10th	463	2	28.3	1.3	0.4	0.2	30.2
6-8	988	15	7.2	0.2	0.3	0.0	7.7
9-12	463	2	28.3	1.3	0.4	0.2	30.2
Total	1451	17	13.9	0.6	0.3	0.1	14.9

Use of Any Marijuana in the Past 30 Days

Grade Level	N of Valid	N of Miss	1-9 Times	10-19 Times	20-39	40 or More	TOTAL
6th	486	9	0.4	0.0	0.0	0.0	0.4
8th	501	7	4.2	0.6	0.0	1.0	5.8
10th	463	2	6.0	1.7	1.5	2.2	11.4
6-8	987	16	2.3	0.3	0.0	0.5	3.1
9-12	463	2	6.0	1.7	1.5	2.2	11.4
Total	1450	18	3.5	0.8	0.5	1.0	5.8

Use of Any Prescription Drugs in the Past 30 Days

Grade Level	N of Valid	N of Miss	1-9 Times	10-19 Times	20-39	40 or More	TOTAL
6th	485	10	0.2	0.0	0.0	0.0	0.2
8th	499	9	3.0	0.2	0.2	0.2	3.6
10th	464	1	6.0	0.0	0.0	0.2	6.3
6-8	984	19	1.6	0.1	0.1	0.1	1.9
9-12	464	1	6.0	0.0	0.0	0.2	6.3
Total	1448	20	3.0	0.1	0.1	0.1	3.3

Students' Perception of Risk

Past analysis of national statistics indicates that as students' perception of risk increases, use of substances decreases. It is also typical for the perception of risk as (*Moderate Risk or Great Risk*) to decrease as a child gets older. Your students' responses are detailed in the following tables.

Perception of Risk of Using Cigarettes

Grade Level	N of Valid	N of Miss	Moderate or Great Risk
6th	484	11	85.7
8th	496	12	90.7
10th	459	6	92.8
6-8	980	23	88.3
9-12	459	6	92.8
Total	1439	29	89.7

Perception of Risk of Using Alcohol

Grade Level	N of Valid	N of Miss	Moderate or Great Risk
6th	482	13	74.5
8th	493	15	68.8
10th	459	6	69.3
6-8	975	28	71.6
9-12	459	6	69.3
Total	1434	34	70.9

Perception of Risk of Using Marijuana

Grade Level	N of Valid	N of Miss	Moderate or Great Risk
6th	482	13	83.4
8th	491	17	77.6
10th	457	8	70.7
6-8	973	30	80.5
9-12	457	8	70.7
Total	1430	38	77.3

Perception of Risk of Using Prescription Drugs

Grade Level	N of Valid	N of Miss	Moderate or Great Risk
6th	482	13	87.8
8th	494	14	89.1
10th	459	6	88.2
6-8	976	27	88.4
9-12	459	6	88.2
Total	1435	33	88.4

Perception of Parental Disapproval

Past analysis of national statistics indicates that students tend to perceive that their parents would feel it was *Wrong or Very Wrong* for them to use tobacco, alcohol, marijuana and prescription drugs. This is typically true across all grade levels. Your students' responses are detailed in the following tables.

Perception of Parents' Disapproval of Using Cigarettes

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	478	17	99.0
8th	488	20	95.9
10th	450	15	93.3
6-8	966	37	97.4
9-12	450	15	93.3
Total	1416	52	96.1

Perception of Parents' Disapproval of Using Alcohol

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	474	21	97.7
8th	489	19	93.0
10th	450	15	90.2
6-8	963	40	95.3
9-12	450	15	90.2
Total	1413	55	93.7

Perception of Parents' Disapproval of Using Marijuana

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	469	26	99.4
8th	483	25	95.0
10th	448	17	92.0
6-8	952	51	97.2
9-12	448	17	92.0
Total	1400	68	95.5

Perception of Parents' Disapproval of Using Prescription Drugs

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	478	17	98.7
8th	484	24	98.3
10th	451	14	96.5
6-8	962	41	98.5
9-12	451	14	96.5
Total	1413	55	97.9

Perception of Friends Disapproval

Past analysis of national statistics indicates that students tend to perceive that their friends would feel it was *Wrong* or *Very Wrong* for them to use tobacco, alcohol, marijuana and prescription drugs. This is typically true across all grade levels. Your students' responses are detailed in the following tables.

Perception of Friends' Disapproval of Using Tobacco

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	477	18	96.9
8th	470	38	83.2
10th	437	28	74.1
6-8	947	56	90.1
9-12	437	28	74.1
Total	1384	84	85.0

Perception of Friends' Disapproval of Using Alcohol

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	475	20	94.3
8th	468	40	75.0
10th	436	29	63.3
6-8	943	60	84.7
9-12	436	29	63.3
Total	1379	89	78.0

Perception of Friends' Disapproval of Using Marijuana

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	475	20	98.3
8th	470	38	84.0
10th	433	32	72.3
6-8	945	58	91.2
9-12	433	32	72.3
Total	1378	90	85.3

Perception of Friends' Disapproval of Using Prescription Drugs

Grade Level	N of Valid	N of Miss	Wrong or Very Wrong
6th	476	19	98.3
8th	469	39	89.6
10th	434	31	86.4
6-8	945	58	94.0
9-12	434	31	86.4
Total	1379	89	91.6

Age of First Use

The question *How old were you when you first...* is used to measure this statistic. The possible responses to this question range from *10 or Under* to *17 or Older*. The table shows the average age of use for this question of those students who answered the question with a response other than *Never Have*.

How old were you when you first used tobacco?

Grade Level	N of Valid	N of Miss	Avg Age
6th	34	461	10.6
8th	120	388	11.5
10th	162	303	12.8
6-8	154	849	11.3
9-12	162	303	12.8
Total	316	1152	12.1

How old were you when you first used alcohol?

Grade Level	N of Valid	N of Miss	Avg Age
6th	86	409	10.6
8th	218	290	11.8
10th	308	157	13.2
6-8	304	699	11.5
9-12	308	157	13.2
Total	612	856	12.4

How old were you when you first used marijuana?

Grade Level	N of Valid	N of Miss	Avg Age
6th	3	492	11.3
8th	62	446	12.2
10th	121	344	13.5
6-8	65	938	12.1
9-12	121	344	13.5
Total	186	1282	13.0

Students' Perception of Availability

Past analysis of national statistics indicates that as students get older a larger percentage of them tend to perceive tobacco, alcohol and marijuana as *Sort of Easy* or *Very Easy to Get*. Your students' responses are detailed in the following tables.

Perceived Availability of Cigarettes

Grade Level	N of Valid	N of Miss	Sort of Easy or Very Easy to Get
6th	471	24	16.3
8th	486	22	32.7
10th	451	14	52.8
6-8	957	46	24.7
9-12	451	14	52.8
Total	1408	60	33.7

Perceived Availability of Alcohol

Grade Level	N of Valid	N of Miss	Sort of Easy or Very Easy to Get
6th	473	22	12.9
8th	485	23	37.5
10th	452	13	60.4
6-8	958	45	25.4
9-12	452	13	60.4
Total	1410	58	36.6

Perceived Availability of Marijuana

Grade Level	N of Valid	N of Miss	Sort of Easy or Very Easy to Get
6th	472	23	5.7
8th	479	29	24.8
10th	451	14	49.2
6-8	951	52	15.4
9-12	451	14	49.2
Total	1402	66	26.2

Marinette County

Community Health Improvement Assessment & Plan 2013-2018



Public Health
Prevent. Promote. Protect.

Marinette County

OVERVIEW OF THE COMMUNITY Health Needs Assessment

Marinette County Public Health facilitated meetings with community members over a 6 month period to discuss and form a health improvement plan for our Community. The three selected health focus areas were:

- Alcohol and Drug Use
- Mental Health
- Physical Activity

The Process . . .

We started out using the Healthiest Wisconsin 2020 State Health Plan to be used as a guide for our health focus areas. (www.dhs.wisconsin.gov/hw2020) Marinette County statistics, from various sources, related to the focus areas were presented to the group.

We asked participants about the data, the “good” things we do in Marinette County and the “bad” that makes our county rankings high and low in some areas. Over the course of this fact-finding we then introduced an “Introductory Opinion Survey” and asked participants to rank the top three most concerning areas in Marinette County.

Alcohol and Other Drug Abuse

Goal:

There will be coordinated and strengthened efforts at connecting people with resources and healthy alternatives for prevention and early intervention of alcohol and other drug abuse in Marinette County.

Objective 1:

By December 2018, Healthy Youth Coalition members will provide evidence based programming in two Marinette County school districts using the consistent and integrated tools for prevention contained in the All Stars Junior Curriculum.

Strategy-

- Maintain at least one “All Star” certified teacher in the Public Health department.
- Continue to maintain active Healthy Youth Coalition membership.
- Identify and recruit key community members to further the prevention goals of Healthy Youth Coalition.
- Maintain at least one Child Death Review Team member in the Public Health Department.

Objective 2:

By December 2018, the Child Death Review Team of Marinette County will maintain quarterly meetings to address child and infant deaths, including those that involve alcohol and other drug abuse factors.

Strategy-

- Assess each death for AODA related risk factors.
- Maintain membership with AODA expertise.
- Maintain at least one CDR team member from the Public Health Department.
- Develop community based prevention activities based on CDR data.

Objective 3:

By December 2018, LifePoint Needle Exchange Program information will be available at two additional new locations in Marinette County.

Strategy-

- Incorporate education of LifePoint Program with Hepatitis C patients.
- Provide education of LifePoint Program through area clinics.

Objective 4:

By December 2018, community stakeholders involved in the Opiate Abuse Task Force will sustain AODA prevention efforts.

Strategy-

- Conduct AODA education classes two times a year for affected individuals and families through Health and Human Services.
- Secure funding for current evidence based prevention efforts in the community.
- Identify gaps in programming and services.

Objective 5:

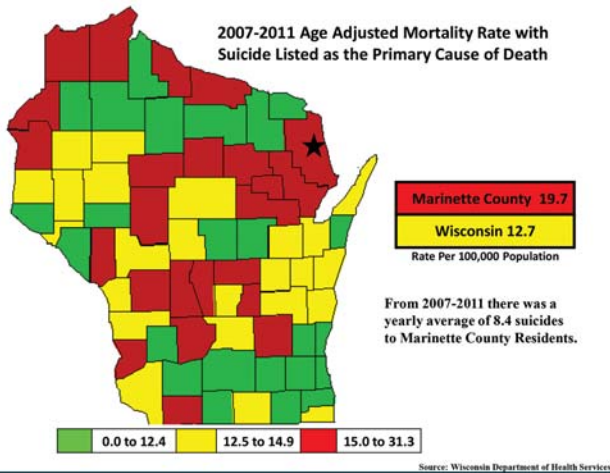
Annually, a yearly report of activities to strengthen AODA prevention and early intervention services in Marinette County and the activity outcomes will be compiled and distributed.

Mental Health

According to the 2011 Youth Risk Behavior Survey, of students in Grades 9-12:

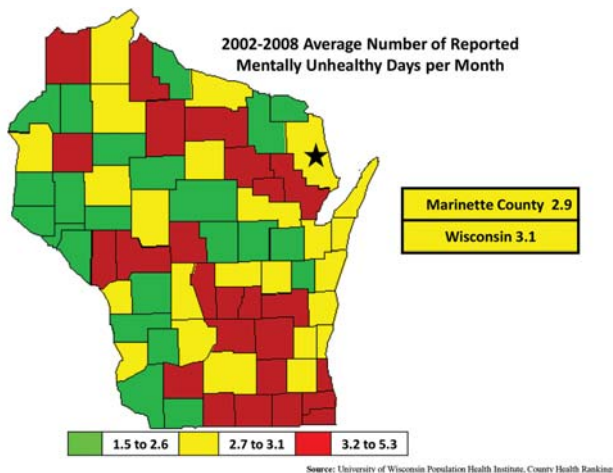
- In the United States, 16% seriously considered suicide in the past month
- In Wisconsin, 14% seriously considered suicide in the past month

Source: US Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction



Marinette County Treatable Conditions seen most in crisis:

- AODA
- Behavioral/personality disorders
- Development/cognitive disorders (DD/CD)



The Goal:

There will be increased community awareness of mental health support options in Marinette County.

Objective 1:

By December 2018, Marinette County will increase screening for mental health concerns in Public Health Programming.

Strategy-

- Screen for perinatal and postpartum depression with Prenatal Care Coordination participants.
- Maintain current screening process as per Women, Infant, Children Program Guidelines, for WIC participants and have available local support resources on site.

Objective 2:

By December 2018, Marinette County communities will demonstrate increased awareness regarding mental health across the lifespan through use of the LifeCourse Model as an educational supportive framework in Public Health programming.

Strategy-

- Continue participation in Healthy Youth Coalition Activities
- Align with Safe Kids Coalition for the prevention of unintentional injury (ie: brain injury, poisoning, drowning, fire safety etc)
- Conduct outreach at community events
- Educate on mental health topics

Objective 3:

By December 2018, Marinette County residents will have increased access to mental health services.

Strategy-

- Provide information on Affordable Care Act and referral to the health care marketplace.
- Develop relationships with others involved in Affordable Care Act activities
- Promote Parenting Resources
- Strengthen relationships with established organizations that support mental health

Objective 4:

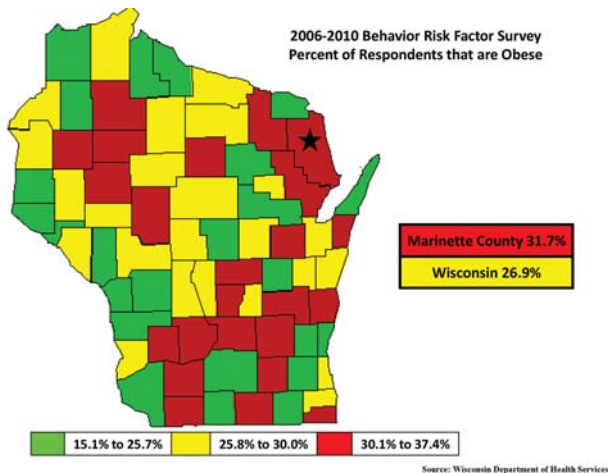
Annually a report of activities to increase community awareness of mental health support options and the activity outcomes will be compiled and distributed.

Physical Activity

According to the 2011 Youth Risk Behavior Survey, of students in Grades 9-12:

- In the United States, 13% were obese and 15% were overweight
- In Wisconsin, 10% were obese and 15% were overweight

Source: US Department of Health and Human Services, Center for Disease Control and Prevention and Wisconsin Department of Public Instruction



The Goal:

There will be coordinated and strengthened efforts at connecting Marinette County families to physical activity opportunities.

Objective 1:

By December 2018, Marinette County will have 5 elementary schools participate in national Walk or Bike to School Day.

Strategy-

- Conduct caregiver/parent surveys assessing perceptions about walking and biking to school at 5 Marinette County elementary schools.
- Present survey results to school decision makers and community members to create awareness about physical activity opportunities including walking or biking to school.
- Develop relationships with community promoters to create awareness and enthusiasm regarding International Walk and Bike to School Day.
- Develop partnerships with safety minded advocates to promote a safe environment for International Walk and Bike to School Day.

Objective 2:

By December 2018, Community Wellness Partnership members will gain support from local decision makers for built environments conducive to physical activity.

Strategy-

- CWP members will have a presence at City Planning meetings.
- Assess walkability of neighborhoods and present information to local decision makers.
- Participate in training related to media advocacy, grassroots organizing and policy change skills.

Objective 3:

By December 2018, Community Wellness Partnership will maintain quarterly meetings to address physical activity and overall healthy lifestyles of Marinette County residents.

Strategy-

- Maintain membership with a variety of disciplines invested in healthy lifestyles.
- Maintain a strong Public Health presence in Community Wellness Partnership workplan activities.
- Develop community based activities in accordance with Healthiest Wisconsin 2020 goals.

Objective 4:

Annually a report of activities to strengthen physical activity opportunities in Marinette County and the activity outcomes will be compiled and distributed.