

Background

Bay Area Medical Center is a nonprofit, 99-bed hospital located in Marinette WI. 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 were utilized by BAMC to guide its community benefit initiatives and to engage partners to address the identified health needs over the next three years.

In 2016 BAMC revisited the current status of community health as well as reevaluated the program of work for the upcoming three years.

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

The reevaluation process started by reviewing secondary research that was conducted by other local and state groups. BAMC was a participant in some of these initiatives. The results of these surveys and assessments were used in the BAMC CHNA update. That research included:

- Healthy Youth Coalition 2015 student survey
- Tri City United Way Community conversations
- Marinette County Community Health Improvement Assessment update

2. Collection and analysis of secondary research and data

Building a strong evidence base for the CHNA should involve 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 2016, these efforts to support the CHNA included:

BAMC Provider interviews – BAMC conducted a series of personal interviews with 60 different doctors and mid-level providers in the Marinette and Menominee County area. The interviews included questions about community health issues.

BAMC Employee survey – Our annual employee health and wellness survey included questions regarding the community's health and access to care.

Other Agency Community Health Initiatives

One of the elements of the Community Health Needs Assessments 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 this research, eliminate duplication of effort and begin to build a base of collaboration.

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 2015 and was designed to identify the 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.

Tri-City Area United Way

As part of a 2016 initiative the United Way surveyed organizations through a Community Conversations program in Marinette and Menominee Counties to identify see what programs they were offering for the community.

Marinette County Community Health Improvement Assessment

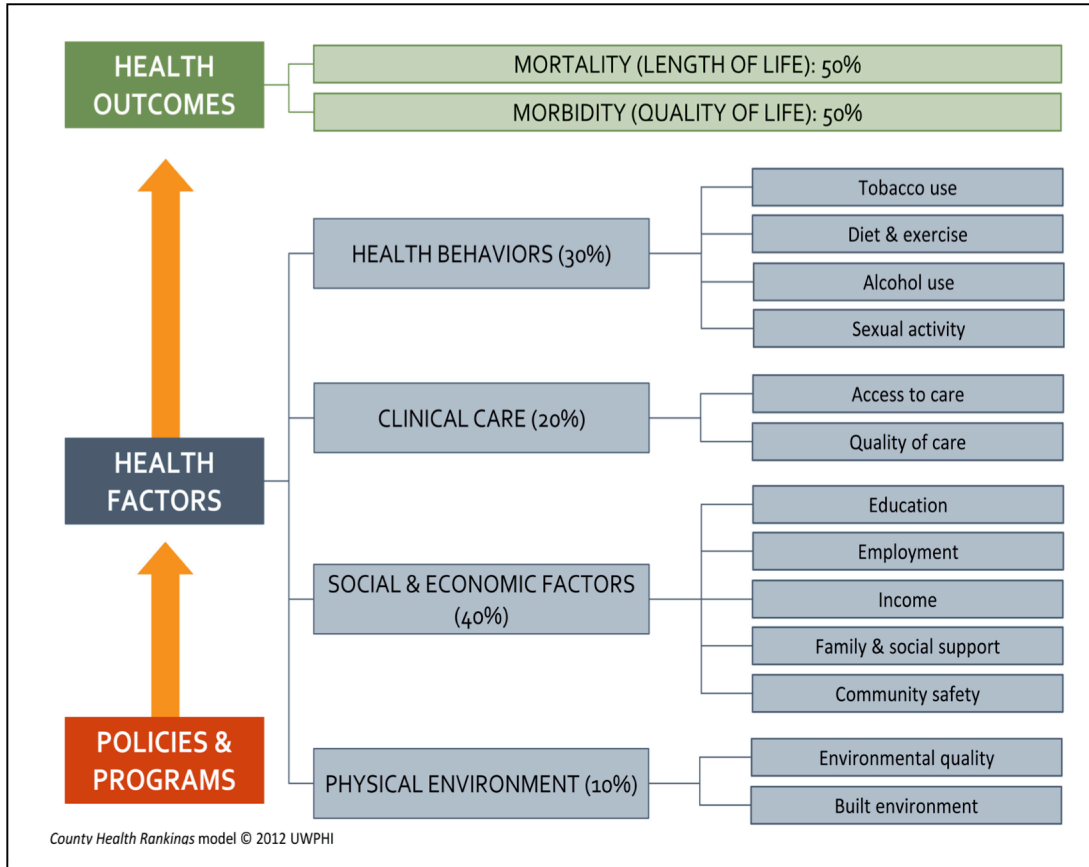
The Marinette County Health Department developed their required Community Health plan in the first half of 2013. They facilitated meetings with community members to discuss and form a Health Improvement Plan for the community.

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.

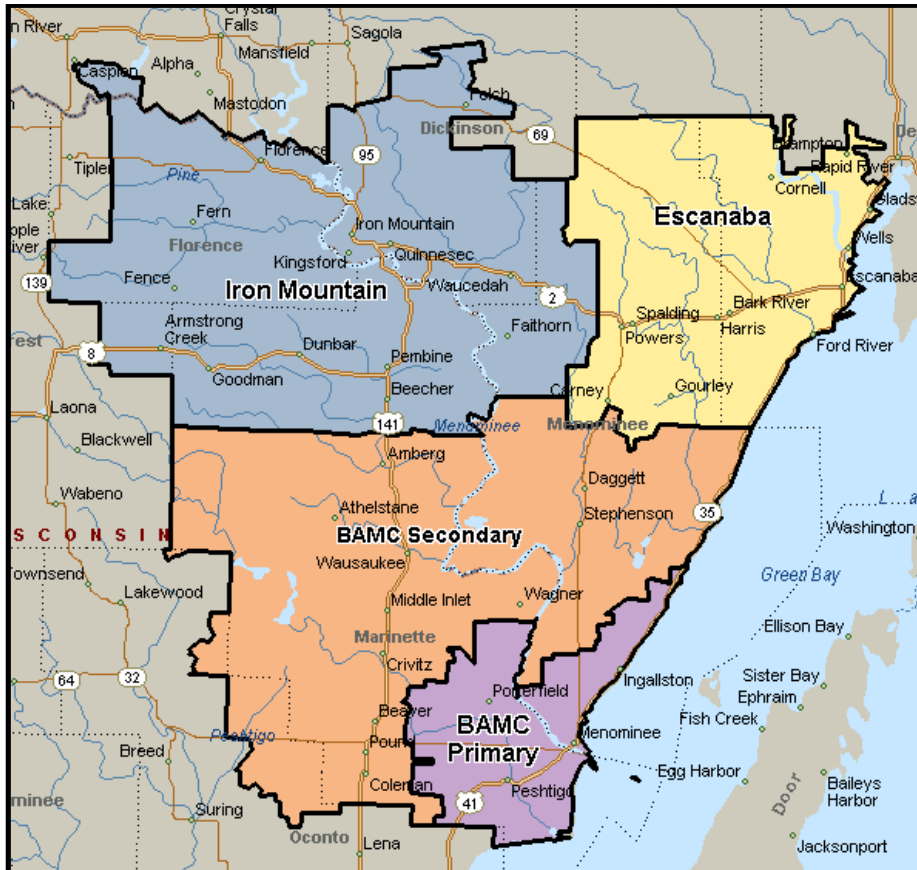
The County Health Rankings Model (diagram below), identifies a set of measures that affect health from both inside and outside the doctor's office. The model recognizes that where people live, work, and play can have a profound impact on their health. The model is supported by a wealth of supporting 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.



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, MI and Escanaba, MI.



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 53 out of 72 counties in Wisconsin while Menominee is ranked 63 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 55th among 72 counties in Wisconsin on measures of morbidity. Menominee County fares better in the state of Michigan with a ranking of 21 out of 83 counties.

	Marinette County	Wisconsin	State rank (of 72)	National benchmark	Menominee County	Michigan	State Rank (Out of 83)
Health Outcomes			55				49
Mortality			53				63
Premature death	6,700	6000		5,200	7,900	7,200	
Morbidity			55				21
Poor or fair health	13%	14%		12%	14%	17%	
Poor physical health days	3.4	3.4		3.0	3.8	4	
Poor mental health days	3.4	3.5		3	3.8	3.9	
Low birthweight	7%	7.00%		6.00%	6%	8.%	

County Health rankings2016

Population

The total population in Menominee County is 23,548 and Marinette County is 40,884. Both counties have projected declines in population over the next 7 years (US Dept of Census). Of the total population, 22% are 65 years or older in both counties exceeding the state averages of 16%. In addition to having an older population, the proportion of children under age 18 in both counties is 19% – less than the state averages of 22%. 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.

	Menominee County	Michigan	Marinette County	Wisconsin
Population	23,548	9,922,576	40,884	5,771,337
% below 18 years of age	19.1%	22.2%	19.3%	22.4%
% 65 and older	22.1%	15.8%	22.4%	15.6%

County Health Rankings 2016

Health Behaviors

Both Menominee and Marinette Counties are in the bottom half 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.

Health Behaviors	Marinette County	Wisconsin	State rank (of 72)	National benchmark	Menominee County	Michigan	State Rank (Out of 83)
			48				65
Adult smoking	16%	17%		14%	26%	20%	
Adult obesity	35%	30%		26%	34%	31%	
Physical inactivity	23%	24%		19%	26%	23%	
Excessive drinking	23%	24%		12%	19%	20%	
Sexually transmitted infections	180.2	403.3		145.5	177	447	
Teen birth rate	23	24		17%	28	28	

County Health rankings 2016

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 healthcare: 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.

Marinette County is in the top half of their state county ranking across these measures and Menominee County is in the top third.

	Marinette County	Wisconsin	State rank (of 72)	National benchmark	Menominee County	Michigan	State Rank (Out of 83)
Clinical Care			30				31
Uninsured	9%	9%		8%	10%	10%	
Primary care physicians	1,380:1	1,240:1		1,040:1	2,160:1	1,240:1	
Dentists	2,040:1	1,560:1		1,320:1	1,680:1	1,420:1	
Preventable hospital stays	47	45		36	50	56	
Diabetic screening	90%	90%		91%	88%	86%	
Mammography screening	71%	72%		71%	68%	64%	
Mental health providers	910:1	600:1		360:1	1310:1	460:1	
Medicare Health care costs	\$8,312	\$8,081			\$8,108	\$9,903	

County Health Rankings 2016

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.

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.

Based on the primary and secondary research in 2016, key themes that emerged from the BAMC CHNA process were fairly consistent across primary research, secondary research, roundtable rankings and other prioritizations from community agencies and organizations. The three priorities for the BAMC CHNA were:

- 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 an 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, a role as knowledge sharing or providing direct funding, etc)

Based on research done in 2016 for this update, BAMC's plan moving forward will continue to focus on those three areas of concern. This will keep us very consistent with the initiatives of other community organizations that BAMC partners with.

The area of mental health was also indicated as a need in the community. Given BAMC's availability of resources and the attention being given to it by other agencies, it was not included in our priorities.

Priority 1: Substance Abuse

As in 2013, every group, every organization and every survey put substance 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 second highest mention in the BAMC provider interviews and the employee surveys. This is an issue that continues to be very high profile in our community.

The data collected by the Healthy Youth Coalition shows that gains have been made since the original report was done in 2013, but that nearly a quarter of high school students reported using alcohol in the past 30 days and 13% 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. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

3 year plan

BAMC’s efforts in this area from 2017 to 2019 will be to:

- Continue to financially support the two major initiatives in the community – The Healthy Youth Coalition and the United Way Anti Opiate Task force.
- Continue to provide leadership, resources and expertise in the programs currently supported.
- Continue our prescription drug drop program to a prescription drug program and expand community access to safe drug disposal options.
- Support the Tri City HR group’s Employee awareness program designed to build awareness and educate employees about substance abuse.
- Use medical staff leadership to raise awareness among prescribers around new state and federal laws that impact prescription practices.
- Continued support of the Marinette County Drug Court.

Financial support	Ongoing Programs	Future Initiatives
<ul style="list-style-type: none"> ● Healthy Youth Coalition ● Anti-opiate Task Force ● Marinette County Drug Court financial support 	<ul style="list-style-type: none"> ● United Way Substance Abuse Task Force ● Prescription Drug Collection Program ● HYC Every 15 minutes 	<ul style="list-style-type: none"> ● Medical staff prescription drug prescription practices ● Greater involvement with HYC

Priority 2: Access to Care

In the primary research both the physician in the community and community members cited access to care as an important community health issue. 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 Improve access to 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. We anticipate a greater need for community education in light of potential changes to the Affordable Care Act and what could mean to current coverages.

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 Financial Counseling 	<ul style="list-style-type: none"> • Free Clinic Volunteers and no-cost Clinic administration apace • Coordination the Behavioral Health alliance • Continue to recruit primary care physicians, Physician Assistants, Nurse Practitioners, specialty care physicians to the area • Continue to promote colorectal screening program 	<ul style="list-style-type: none"> • Expanded promotion of Health Exchange information in light of potential change to ACA • Primary care clinics into Marinette and Menominee County locations • Provide community education on how to access health care and improve decision making skills among members of the community

Priority 3: Overweight and 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. The report also suggests that if states could reduce the average adult BMI by 5 percent, 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, devoted resources and attention to our employees, employers, and the community. The service initiatives have greatly expanded Improve knowledge and behavior for healthy eating and physical activity.

Financial Support	Ongoing Programs	Future initiatives
<ul style="list-style-type: none"> • Sponsorships of area runs and walks • School system physical education financial support • YMCA Healthy Youth program 	<ul style="list-style-type: none"> • Bike safety programs • Employer Health fair/ screening programs • BAMC employee health programs • BAMC Waterfront Run • BAMC Menominee River Century Bike Ride • Caring Hearts Walk • High school physicals • Weight loss programs 	<ul style="list-style-type: none"> • Partnerships with other local entities on obesity/exercise programs • Expend local health events by one per year over the next three years • 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 community 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 BAMC 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.

The director of Marketing 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. It will also be included as a part of the three-year 990 reporting responsibility to the IRS.