



Healthier Together

**Community Health Improvement Plan
2015-2017**

Memorial Medical Center

In collaboration with

Ashland County Health & Human Services Department and Bayfield County Health Department

ACKNOWLEDGEMENTS

This report and all the work it details could not have been possible without the determination of individuals and organizations in the community. To everyone who assisted in gathering data, attended the Stakeholder Meeting, or acted as a member of a Community Health Planning group, we are truly grateful. Thank you to the Bayfield County Health Department intern, Gail Gustavson and Cassie Grubbe for their support in writing this report.

Lastly, we want to thank the community we choose to live and work. We are fortunate to be surrounded by individuals that are committed to improving the health of Ashland and Bayfield counties. With efforts in the 2015-2017 CHIP we are hopeful that we can continue to work together and build a community that supports healthy and happy residents.

Thank you,

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Ashland County Health & Human Services Department

Terri Kramolis, Health Officer
Bayfield County Health Department

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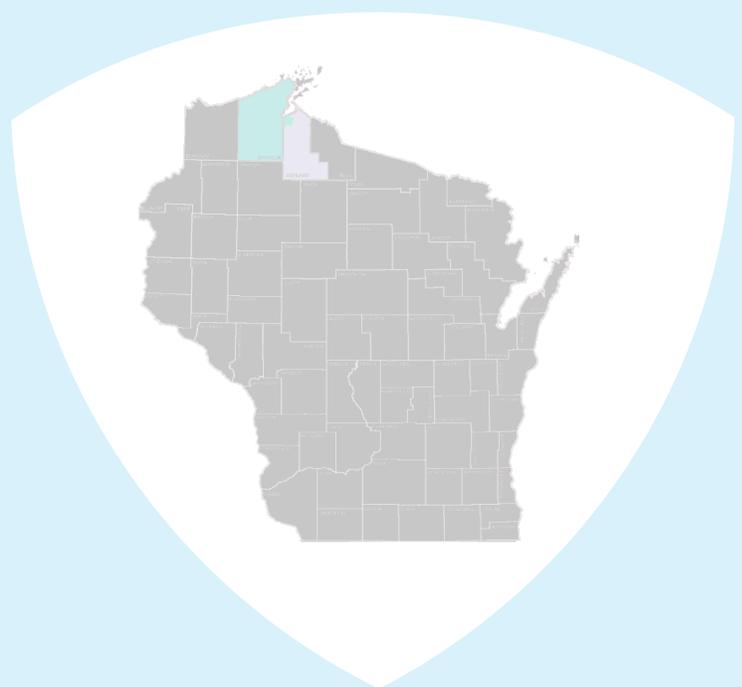
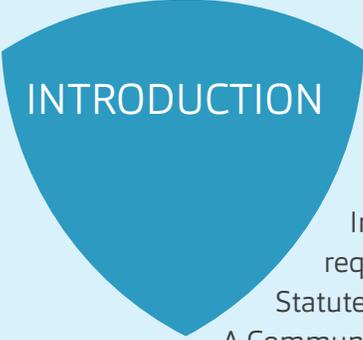


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INTRODUCTION

Community Health Improvement Plans are required by Wisconsin State Statute 251.05 every five years.

A Community Health Improvement Plan is intended to identify, prioritize and address health needs within a community. This has been successfully done through partnering with community organizations and passionate individuals. The process of creating a community health improvement plan, called the community health improvement plan and process (CHIPP) is mandatory for Wisconsin health departments and hospitals.

Health departments are required to regularly and systematically collect, analyze and make available information about the health of the community. This includes statistics on health status, community health needs and epidemiological and other studies of health problems. Health departments are also required to develop public health policies and procedures which involve engaging policymakers and the general public to determine and develop a Community Health Improvement Plan.

Memorial Medical Center (MMC) is a not-for-profit hospital that serves residents of Ashland, Bayfield and Iron counties. Under the Affordable Care Act, not-for-profit hospitals are required to conduct a community health needs assessment a minimum of every three years to ensure they are addressing the health needs of their communities as well as fulfilling their requirements for tax-exempt status. As part of the hospital's mission to be vital partners for healthy lives, MMC chose to once again collaborate with Ashland County and Bayfield County in their Community Health Improvement Plan. The partnership allows for larger, regional collaboration in improving the health and wellness of the area.

Ashland County and Bayfield County are similar demographically, geographically and socio-economically. They also have similar health needs. According to the 2015 County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation program, Bayfield County is ranked 44th out of 72 and Ashland County is 49th when discussing overall health status. The rankings look at a variety of health outcomes including premature death (death before the age of 75), access to clinical care, health behaviors, social and economic factors and the physical environment.

To respect resources and increase the likelihood of sustainable change the partners of the 2013-2015 community health improvement plan decided to focus on one top priority, Alcohol and Other Drug Abuse (AODA). Strategies were identified and implemented for the target community and the effectiveness of these strategies was evaluated.

EXECUTIVE SUMMARY

In the summer of 2015, Memorial Medical Center, Ashland County Health and Human Services, and Bayfield County Health Department began a reassessment process to determine the top health concerns of the citizens that live in the northwest Wisconsin communities of Ashland and Bayfield counties.

Keeping in mind the goals of the state's Healthiest Wisconsin 2020 plan, survey questions were drafted and distributed throughout the two county region. Both paper and online versions of the survey were delivered to residents through email and having representatives visit local hot spots in the community. A total of 697 community members agreed to participate and share their biggest health concerns in the place they call home. The survey replicated the survey distributed within the last Community Health Needs Assessment.

Survey data was then assembled along with data provided from resources at the state of Wisconsin. This data was presented to 48 local stakeholders in September of 2015, to analyze and prioritize the most important health concerns in Ashland and Bayfield counties.

During this process the top three priorities identified were: Alcohol and Other Drug Abuse (AODA), Mental Health, and Nutrition/ Healthy Foods.

The steering committee decided to model the previous CHIP by choosing only the top concern in order to work towards sustainable change. This was determined in part due to the magnitude of the issue and the resources available to create real and sustaining change. Leadership recognized that even though the last focus for CHIP was AODA there was still a need for lasting impact. It was clear during the priority meeting that further focus needed to be placed on increased funding and policy change to change the culture around alcohol and other drugs in the communities of Ashland and Bayfield counties.

“Work needs to be done via collaborative effort through coalition activities. It is extremely important coalitions be working together for a greater collective impact. If work is being done by multiple agencies, let's find some strategies to work on as a whole community not each separately.”

Anonymous comment from survey respondent commenting on how greater change can happen when we work together.





ASSESS THE HEALTH OF THE COMMUNITY

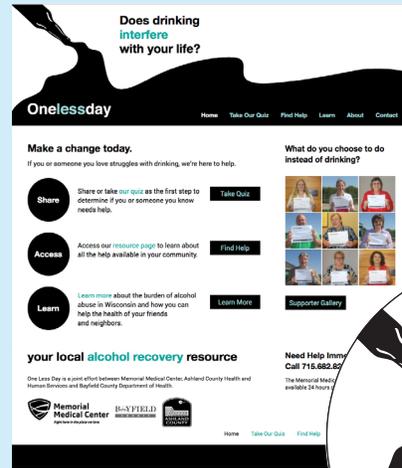
Prior to moving forward on the new plan, efforts were made to first evaluate the progress made during the 2013-2015 CHIP cycle. Alcohol and other drug abuse was determined as the top priority and became the focus for health entities and stakeholders during this timeframe. Information gathered from this experience will be used to increase the impact made on communities through examining positive outcomes and lessons learned.

Three goals were set when embarking on the decrease of alcohol use and abuse in Ashland and Bayfield counties. MMC staff played a key role within all of these goals and provided financing and human capital to achieve these goals.

Goal 1 focused around creating an electronic alcohol and other drug abuse resource guide for providers and the community at-large to use: This was accomplished through the creation of **OneLessDay.org** which launched in July 2014. The website includes an interactive map with information on more than fifty resources for the recovery community. An assessment quiz for individuals and a flow chart is available to help those with loved ones in recovery navigate the system. Success was measured through website hits which included 405 sessions, 263 unique visits and an average time spent of 2 minutes and 30 seconds all within the first twelve months.

Memorial Medical Center dedicated marketing and communications staff to oversee production and content creation of the site. They also funded an outside contractor to program the site. Once the site was live, an MMC staff person was responsible for updating the site with new provider information as it

became available. They also designed, implemented and funded an extensive public awareness campaign to educate the community about this new resource.



One Less Day website and coaster



The campaign featured print and digital ads, billboards, movie theater advertising, coasters and other printed collateral for regional businesses, and ads on regional bar room bathroom doors. As part of MMC's community outreach, the hospital partnered with other community coalitions to sponsor and support events, such as one focused on educating mothers to make healthy choices and one to educate local political leaders on health issues in the community and how advocacy can have a positive impact.

The second goal was to increase alcohol prevention and education programs within Ashland and Bayfield counties. Current alcohol and other drug abuse education were assessed at school districts in the two county region. Relationships were formed with the largest school district to better understand obstacles within the current curriculum and an AODA provider at MMC spent time within the school district educating children about a number of topics including addiction.

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OBSERVATIONS FROM COMMUNITY OUTREACH

The third goal was to provide an option for sober activities and places of recreation within Ashland and Bayfield counties. Upon further research and discussion, the group determined the best way to achieve this goal would be to promote existing sober events within communities located within the two county service area. MMC dedicated marketing and communication staff

time to oversee production of a Safe & Sober symbol.

This symbol was used on a number of regional event posters. It was also showcased for 6-months on sober events within the community events calendar in the region's largest daily newspaper.



These goals were set by a larger regional CHIP coalition. Over the course of three years, more than 65 regional stakeholders were involved in the process. To assist in keeping this community collaboration moving forward, MMC funded a multi-year facilitator position dedicated entirely to CHIP.

Aside from the goals set by the regional CHIP coalition, MMC also chose to participate in a pilot program by the Rural Wisconsin Health Cooperative. MMC was one of four hospitals to implement a program targeting binge drinking in rural Wisconsin by providing a voluntary screening to patients coming into Urgent Care or the Emergency Department during a specified time period.

Through all the accomplishments it was still apparent that more is needed to support the communities of Ashland and Bayfield counties overcome the challenges associated with alcohol use and abuse. A few lessons learned that will carry into the 2015-2017 CHIP process include a need for quantifiable information, a need for evidence-based strategies, measurable goals and a need for continued momentum and dedication to

Community outreach began with a survey, with a total of 697 surveys being completed within Ashland and Bayfield counties.; a select few quickly rose to the top.

- Alcohol and drug abuse continues to be the number one concern
- Many are concerned about the economic instability
- Chronic disease remains a concern
- Mental health is a growing issue

The community was allowed multiple opportunities in the surveying process to share why they think some of these issues exist. The comments largely marked low-income and economic status as the reason for the health issues in Ashland and Bayfield counties. Not having consistent, high paying jobs for young people resulting in them leaving the area is another measure respondents explained as to why health outcomes could be better. Another reason was access to healthcare including low access to mental health specialists. This is not only a growing concern in Ashland and Bayfield counties but throughout the country.

PRIORITIZE THE STRATEGIC ISSUES

- **Organize collected data and share with stakeholders**
- **Engage stakeholders in conversation around strengths and weaknesses**
- **Determine what programs and services already exist in the community**
- **Accounting for all factors, prioritize health needs**

Collecting the data is the beginning of a multi-step process. CHIP begins analyzing data with the support of key stakeholders in the community, a core steering committee creates an action plan, then places it into movement and evaluates at the end of the cycle.

Stakeholders were given the opportunity to provide input during the Stakeholders Prioritizing Session held on September 10, 2015. Ashland County Health and Human Services, Bayfield County Health Department and Memorial Medical Center invited key local health care agencies and businesses to attend. Together, their personal experiences and knowledge of the community is used to help prioritize the health needs. Once priorities are set the Community Health Improvement Plan can be developed, implemented and evaluated.

CHIP ATTENDEES - September 10, 2014

Kate Siegler, WITC
Bonita Whiting, Healthy Pathways Massage
Sheri Johnson, Allscripts - Healthcare Informatics
Terry Perry, Ashland Co. HHSD
Carol Kinnunen, MMC
Latricia Dugger, ACHHSD
Linda Bailey, ACHHSD
Kevin Johnson, Bayfield Co. Veterans Service Officer
Madelaine Herder, Duluth Superior Area Community Foundation
Rachel Obiden, Bayfield County Human Services
Samantha Hedican, Bayfield County Human Services
Brenda Spurlock, Bayfield County Criminal Justice
Anita Haukaas, Bayfield County DHS - Family Services
Abbey Kelly, School District of Ashland
Linda Rise, Northlakes Community Clinic
Tom Banner, Alcoholics Anonymous
Dan Zei, CHIP, Recovery Community
Terry Schemenauer, Ashland County Criminal Justice
Bethany Nelson, Northern Lights Health Care
Sara Hudson, City of Ashland Parks & Rec.
Alison Sapude-Filipczak, Ashland Co. HHSD - BIRT Program
Kelly Westlund, US Senator Tammy Baldwin
Beth Paul-Soch, NWCSA-RSVP
Michael Lang, New Horizons North
Debbie Martineau, Ashland County Aging Unit, Inc.
Deb Lewis, Mayor, City of Ashland
Hazel McClaire, MMC
Kathy Beeksma, UW Extension
Marilyn Jenkins, NW WI Tobacco Free Coalition
Amanda Michaelson, NW WI Tobacco Free Coalition
Lori Landry, Ashland Health & Rehab
Katherine Jenkins, Northern Wisconsin Health Network
Marissa Kaiser, Drummond Area School District
Karen Belany, MMC - Behavioral Health
Dan Clark, Bayfield County Sheriff's Office
Gina LaGrew, Red Cliff Ambulance Service
Mike LaGrew, Red Cliff Ambulance Service
Midge Montano, New Day Shelter
Carrie Linder, Bayfield Co. DHS / ADRC
Jeanna Morshead-Metelira, Northland Counseling Services
Val Levno, New Horizons North
Patrick Miller, MMC
Clarence Campbell, Ashland Co. Health & Human Services
Karen Hansen, MMC
Beth Probst, MMC
Cyndi Zach, Ashland Co. Health & Human Services
Terri Kramolis, Bayfield County Human Services
Kevin Stranberg, MMC

OBSERVATIONS FROM THE STAKEHOLDER PRIORITIZING SESSION

On September 10, 2015, 48 key health professionals and community leaders met to evaluate data collected from the assessment survey, and discuss and prioritize the major health concerns. After hearing health statistics on Ashland and Bayfield counties as well as feedback from the survey, members were asked to rank and align health priorities identified in Healthiest Wisconsin 2020 from 1-10, with 1 being the most vital health concern. The following chart shows the results:

Rank & Alignment Results from 2015 Stakeholders Prioritizing Session		
Rank	Health Concern	Weighted Response
1.	Alcohol and Drug Use	67
2.	Mental Health	104
3.	Nutrition and Healthy Foods	166
4.	Chronic Disease Prevention and Management	177
5.	Physical Activity	240
6.	Injury and Violence Prevention	303
7.	Tobacco Use and Exposure	305
8.	Healthy Growth and Development	307
9.	Communicable Diseases	339
10.	Environmental and Occupational Health	352
11.	Oral Health	360
12.	Reproductive and Sexual Health	379

The top two priorities were in direct alignment with the community survey. After some discussion, the stakeholders determined to solely focus on AODA.

This decision was made in part due to regional resource allocation and the severe magnitude of the problem. In addition, a number of activities were currently going on in the community around Mental Health and Nutrition/Healthy foods—both of which MMC and other partners are actively involved in. Examples include a multi-million dollar mental health grant that was recently awarded to the local school district to increase awareness around this regional issue. MMC and regional partners are also an active participant in a regional CHANGE grant that the local health departments received as well which focuses on creating a healthier place to live, work, learn and play. This combined with MMCs internal efforts to address these issues,

Once it was established AODA would be the main priority, meeting leaders asked the question, “What can we do?” It was discussed that the loss of a half-way house in Red Cliff was a blow to the AODA efforts already taking place in the community. It was determined that CHIP visibility from the previous plan could be built upon. The lack of treatment options, along with how the community at large can be more supportive in assisting those in the recovery process, was also brought forth. Evidence based research was also cited about the role policy and advocacy work plays in creating culture change. For example, one member cited how a 1 cent alcohol tax change in Alaska resulted in a 40% reduction of alcohol use among teenagers. Stakeholders also pointed to how community members encounter addiction on a daily basis and how increased community awareness heightens their knowledge on the depth of the problem and strategies for improvement.



ACTION PLAN FOR IMPACT

“It is a long process of community involvement to change the behaviors for the long-term; but it is a goal worth striving for.”

Anonymous comment from survey respondent
when asked for additional feedback

The Community Health Improvement Plan for Ashland and Bayfield counties continues to align with the goals of Healthiest Wisconsin 2020-Everyone Living Better, Longer which is designed to benefit the health of everyone in Wisconsin and the communities in which we live, play, work, and learn. Wisconsin 2020 has two goals, to improve health across the life span and to eliminate health disparities and achieve health equity.

Alcohol and Other Drug Abuse was determined as a priority area for the Healthiest Wisconsin 2020, citing alcohol-related deaths as the fourth leading cause of death in Wisconsin. Wisconsin also ranks high in heavy alcohol drinking when compared to other states. The objectives of Healthiest Wisconsin 2020 remain:

1. By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.
2. By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and drug use.
3. By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.



2020



ALCOHOL AND OTHER DRUG USE

According to the Centers for Disease Control and Prevention (CDC), in the United States excessive alcohol use resulted in 88,000 deaths each year between the years of 2006 and 2010 and cost the economy 223.5 billion in 2006. There are negative health effects related to excessive alcohol use ranging from injuries, increased risk of violence, alcohol poisoning, risky sexual behaviors to high blood pressure resulting in heart disease or stroke, increased risk of some cancers, mental health issues and social problems.

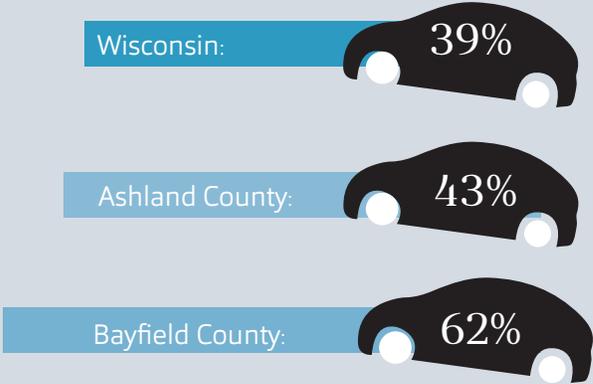
These are all issues that have trickled down from a national issue to local health concerns in Ashland and Bayfield counties.

Excessive drinking or binge drinking is defined as patterned drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams or above. This relates to men who consume 5 or more drinks and women who consume 4 or more drinks in about 2 hours. 17% of U.S. adults report binge drinking at least four times a month.

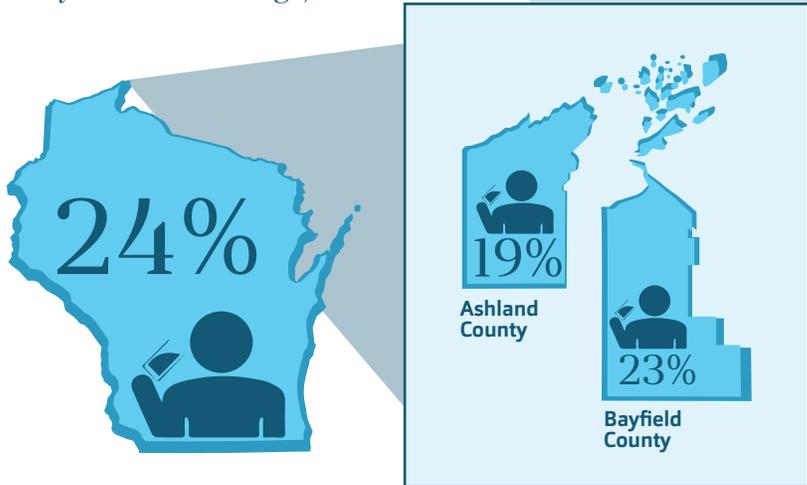
In 2013, 10,076 individuals were killed in alcohol-impaired driving crashes, equaling 31% of all traffic-related deaths in the country.

Of the 615 motor vehicle deaths in Wisconsin during 2012, 39% were alcohol-related. Of those deaths 87% of those individuals had a BAC above .08. (Wisconsin Department of Health)

Alcohol-impaired Driving Deaths (County Health Rankings)



Excessive Drinking (County Health Rankings)





ASHLAND AND BAYFIELD COUNTY STATISTICS

Wisconsin is known for heavy alcohol consumption and northern Wisconsin is no exception. Northern Wisconsin residents can easily access alcohol with higher than average number of liquor licenses. The average number of liquor licenses per 500 people in Ashland County is 2.3, in Bayfield County 4.9 while the state is 1.5.

With easy access to alcohol it is clear alcohol consumption is deeply threaded into the culture of Northern Wisconsin. Increased alcohol consumption comes with a price, to a resident's health, safety and the economy.

According to the Robert Wood Johnson Foundation's 2015 County Health Rankings and Roadmaps, 43% of driving deaths were alcohol related in Ashland County and 62% in Bayfield County while the state average is 39%. The same report shows 7 alcohol-related hospitalizations in Ashland County and 4 in Bayfield County.

The University of Wisconsin has written a report titled "The Burden of Excessive Alcohol Use in Wisconsin," the 2013 edition states that in 2011 excessive drinking in Wisconsin caused:

- 1,529 deaths**
- 48,578 hospitalizations**
- 46,583 admissions**
- 60,221 arrests**
- 5,751 motor vehicle crashes**

With increased access, increased intensity of drinking and a culture of alcohol that exists in Wisconsin and particularly in Northern Wisconsin it is clear residents are experiencing decreased health and increased expenses.



It is estimated that excessive alcohol use in Wisconsin costs **6.8 billion dollars** per year. In Ashland County it is estimated to cost **\$22.1 million** per year and in Bayfield County **\$15 million**.



An average of nine drinks per occasion.



MMC IMPLEMENTATION PLAN

In collaboration with Ashland and Bayfield counties, MMC established an implementation plan. This plan was built upon valuable input from the stakeholder's meeting, reviewing the top health priorities, establishing a regional focus area, and aligning with Healthiest Wisconsin 2020.

The following goals were set by a small sub-set of members with specific background in AODA who attended the stakeholder session. Once these goals were set, MMC established an implementation plan that assists in these goals by utilizing MMC's resources and expertise. By using momentum already in place from the last CHIP session, taking lessons learned and applying evidence-based strategies local health will be positively impacted by creating actions plans based on the following three goals and performance measures.

Goal 1:

Research opportunities to improve recovery capacity of Bayfield & Ashland County residents addicted to methamphetamine and build internal capacity to achieve and sustain a systems level local response.

Recovery Services staff from MMC will participate in a gap analysis to determine treatment gaps and resources for area residents addicted to methamphetamine. Once available resources and needs are identified, a plan based off of best practices within the field will be developed to ensure regional resources, including MMC's Recovery Services, are being fully utilized to provide support services to methamphetamine addicts. A regional coalition on emerging drugs has agreed to make this goal their priority for the next 2-years to assist in these efforts. MMC will fund a facilitator throughout this process as well to assist in keeping the coalition moving forward.

As part of this goal, Ashland and Bayfield counties will explore an effective and accurate way to track methamphetamine usage in Ashland and Bayfield counties through working with health care systems, law enforcement and AODA organizations.

Goal 2:

Implement strategies designed to reduce access to alcohol by individuals under the age of 21 in Bayfield and Ashland counties.

Ashland and Bayfield counties will research and implement evidence based strategies to decrease the number of youth, under the age of 21 that illegally consume alcohol. To achieve this, they will collaborate with law enforcement, liquor license holders, youth serving agencies, local higher education organizations and other health organizations, including MMC, to establish evidence-based tactics that have an impact on minors.

Tactics could include a public awareness campaign outlining the impact of underage drinking, partnering with law enforcement on compliance checks, collaborating with the Wisconsin Tavern League on motivating establishments to not serve minors and working with area youth to develop effective programming to discourage underage drinking. Ashland and Bayfield counties recently received a 5-year, \$500,000 Project Positive Youth Development Grant to assist in these efforts.

Data sources include the Behavioral Risk Factor Surveillance (BRFS), Youth Behavioral Risk Surveillance (YBRS), and Wisconsin Department of Health Services (WDHS).



Goal 3:

Advocate and educate for policy change to decrease AODA abuse in Ashland and Bayfield counties.

- MMC, in collaboration with a graduate student, will create an educational toolkit for town, city and county governments on what policy actions they can take at a local level to assist in efforts to decrease AODA in Ashland and Bayfield counties. This toolkit will then be made available to other communities who might have interest in these efforts.
- Ashland and Bayfield county public health officials, in collaboration with MMC, will also continue to advocate and support public health policies that assist decreasing AODA use and abuse on a local, state, and national level based on evidence-based policy initiatives currently underway in the United States.

Considerations for alcohol and other drug use interventions:

- Professionals that currently work in alcohol and drug use, prevention and intervention will need to be involved in the planning, implementation, and evaluation process.
- Special interests that must be included: youth, parents, disparate populations, prescription drugs, schools, law enforcement, and political leaders.
- The Steering Committee recognizes that this is a very broad topic and subcommittees may be necessary.



References:

County Health Rankings

<https://uwphi.pophealth.wisc.edu/publications/other/burden-of-excessive-alcohol-use-in-wi.pdf>

Centers for Disease Control

<https://www.dhs.wisconsin.gov/publications/p0/p00778-ashland.pdf> <https://www.dhs.wisconsin.gov/chip/index.htm> <http://www.countyhealthrankings.org/roadmaps/action-center>

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A PARTNERSHIP BETWEEN ASHLAND COUNTY HEALTH & HUMAN SERVICES DEPARTMENT,
BAYFIELD COUNTY HEALTH DEPARTMENT AND MEMORIAL MEDICAL CENTER

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