Burnett Medical Center FY 2019

Burnett County Community Health Needs Assessment & Implementation Strategy

Burnett Medical Center

Healthy Burnett
together we grow healthier

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Community Health Needs Assessment Report

Executive Summary

Burnett Medical Center—a Critical Access Hospital with an adjoining clinic and long-term care facility located in Grantsburg, WI—partnered with Burnett County DHHS-Public Health to conduct a Community Health Needs Assessment (CHNA). Required by the Patient Protection and Affordable Care Act, the goal of the assessment is to identify the most significant health needs among Burnett County residents—Burnett Medical Center's service area—and develop a plan to address the identified health needs.

The significant health needs were determined through an assessment process that began in the spring of 2018. The assessment process consisted of extensive data collection through various reliable websites and a county-wide survey to all those who reside and work in Burnett County.

After completion of the assessment, CHNA partners facilitated a Community Health Forum in which representatives of other healthcare providers, community groups, and local non-profit organizations that have an interest and expertise in the health of Burnet County residents were invited to offer input about Burnett County's health needs. The forum consisted of sharing the results of the assessment process, discussing the top three health needs, and input to help in the identification of possible goals and interventions to address the prioritized health needs.

The survey resulted in alcohol and other drug abuse, behavioral health, and tobacco use and exposure as the top three significant health needs. Coming in a close fourth was, chronic disease prevention and management.

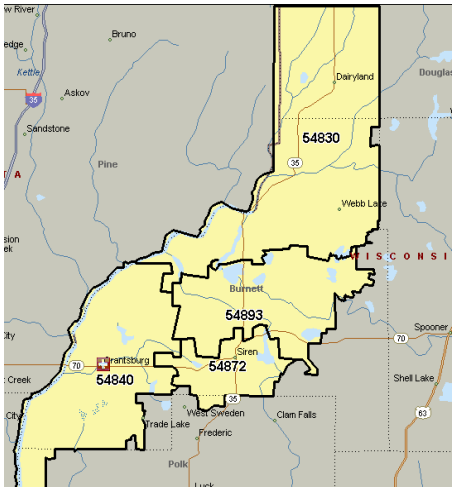
An implementation strategy was then developed to identify what resources and programs Burnett Medical Center would deploy to address the significant health needs, and how Burnett Medical Center would collaborate with other community groups and organizations in addressing the health needs. In partnership with Burnett County DHHS—Public Health, Burnett Medical Center formed "Healthy Burnett" in 2013 to engage community partners and members to work collaboratively to promote the health of Burnett County and its residents. By bringing key community stakeholders together to align activities and resources to enhance how the community addresses identified health needs, Healthy Burnett creates an infrastructure for continual health improvement.

Certain needs were not addressed in the implementation strategy due to either lack of hospital resources or expertise, the need being of relatively low priority, and/or the need being currently addressed by others.

As the implementation strategy is executed over the next three years, the plan's effectiveness in addressing the identified health needs will be evaluated, and partners will accordingly mobilize to further respond to the service area's health needs at the close of the three-year duration.

Definition of Community Served

Burnett Medical Center primarily serves residents of Burnett County, which has a population of 15,239 (US Census Bureau, American Community Survey, 2013-17). Determined by geography and percent of inpatients, Burnett Medical Center's service area includes the town of Grantsburg—which makes up 48% of total inpatients—and the towns of Webster, Danbury, and Siren, which together account for 51% of inpatients (Rural Health Dashboard, 2018). Burnett Medical Center also serves neighboring counties of Pine County, MN, and Polk County, WI, among others.



Burnett Medical Center 2018 Inpatients by Zip Code			
PO Name	ZIP	2018 Inpatients	Cumulated %
Grantsburg	54840	79	48%
Webster	54893	42	25%
Danbury	54830	22	13%
Siren	54872	22	13%

Source: Rural Health Dashboard, 2018

Burnett Medical Center's service area, with a median age of 52.1 years in 2017, is older than the rest of Wisconsin and the United States. The population of Burnett County is predominately white (91.5%) but has a notable Native American population (4.2%). Roughly $11,000 lower than Wisconsin, the average household income of Burnett County in 2017 was $45,891. In 2017, the unemployment rate of Burnett County was 5%, compared with 4% for Wisconsin (U.S. Census Bureau, 5-year estimates, 2013-2017).

Assessment Process and Methodology

Burnett Medical Center partnered with Burnett County DHHS-Public Health to assess the health needs of the service area. In assessing the health of Burnett County residents, a variety of data collection methods—both quantitative and qualitative—were employed. Data was collected to examine the health of the community with regards to 12 health focus areas, as well as socioeconomic indicators intended to shed light on Burnett County's status with respect to access to care.

A variety of data sources were used to assess the health needs, including the United States Census Bureau, the Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health, and the Behavior Risk Factor Surveillance System. To analyze Burnett County's health status on given indicators in order to identify significant needs, when appropriate, county-level data was compared to state and national benchmarks.

Qualitative data was gathered from community members and service organizations to develop an understanding of community perceptions of the service area's health needs, and to gather input from persons representing the broad interests of the community served. This data was gathered from October 2018 to November 2018 through an internet-based survey and paper survey of approximately 645 individuals, which asked participants to indicate what they believed to be the biggest health problems among Burnett County residents.

After quantitative and qualitative data was collected, Burnett Medical Center and Burnett County DHHS-Public Health, facilitated two Community Health Forums on May 16th, 2019 and May 17th, 2019. Representatives of other healthcare providers, community groups, and local non-profit organizations that have an interest and expertise in the health of Burnet County residents, were invited to offer input about Burnett County's health needs. Each forum consisted of sharing the results of the assessment process, discussing the top three health needs identified through the survey, and input to identify possible goals and interventions to address the prioritized health needs.

Input from Public Health and Community Representatives

Throughout the CHNA process, efforts were made to engage and gather input from individuals representing the broad interests of the community served. This was accomplished in the following capacities:

Survey

The survey was available to the public for about 2 months and was distributed to 20 different locations across Burnett County. The survey asked respondents to identify what they perceived to be the three biggest health problems and risky behaviors among Burnett County residents (see Appendix for results). Demographic questions—about income, insurance type, and race/ethnicity, among others—were also asked in order to identify members of different populations and thus ensure their representation.

Community Health Forum

Two Community Health Forums took place over two days. The forum consisted of a data presentation and group discussions to determine the next steps to be taken in order to improve the top three health needs in Burnett County. There were good discussions on what the community wants to do to improve. Education and community involvement were brought up for all three health needs. Input was gathered from public health representatives, not-for-profit organization professionals, and other individuals who serve underserved groups.

Prioritized Description of Significant Health Needs

Alcohol and other drug abuse (AODA)—the use of alcohol and other drugs that results in negative consequences—were identified as the top significant health concern for Burnett County. Out of the 645 survey responses, 584 people voted AODA as one of their top three concerns. When asked the best ways to improve health in Burnett County, the survey resulted in 'AODA prevention and treatment services' as the number one response with 267 votes. Not only was AODA the majority vote on the survey but, the data also supports it is a problem. With higher percentages than the state of Wisconsin, Burnett County's number of residents per liquor license and percent of motor vehicle crashes related to alcohol are significantly higher (County Health Rankings, 2017).

Behavioral health—an individual's emotional, psychological and social well-being—was identified as the second most significant health concern across all data collection methods. Out of the 645 survey responses, 393 people voted behavioral health as one of their top three concerns. When asked the best ways to improve health in Burnett County, the survey resulted in 'behavioral health awareness and services' as the number two response with 238 votes. The data also proves this to be true. Burnett County is designated as a Behavioral Health Professional Shortage Area which creates a barrier to those in need of services. Research also indicates that individuals with behavioral health issues have an increased risk of developing chronic health problems and risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence.

Tobacco use and exposure—the use of products containing tobacco and exposure to second-hand smoke—was identified as the third most significant health need. Out of the 645 survey responses, 183 people voted tobacco use as one of their top three concerns. While the percent of adults who smoke in Burnett County (16%) is a little lower than WI (17%), and has been lowering, the youth using Electronic Cigarettes, also known as E-Cigarettes, have been on the rise. The percent of youth that use E-cigarettes is becoming a major problem. About 18% of high school students have used E-Cigarettes. Over the last six years, cigarette and smokeless tobacco use among high school youth has declined to about 5%, while E-Cigarette use has increased to about 20% in 2018.

Existing Resources in the Community

Despite Burnett County's rural nature, there are a variety and resources in available to respond to the county's health needs. Listed below are resources identified for the top three health priority areas.

Resources to address AODA

- Drug and Alcohol Court 715-349-7600
- Intoxicated Driver Intervention Program
- Migizii Miigwam Talking Circle 715-416-4001
- New Beginnings Alano Club 715-349-2588
- Restorative Justice 715-349-2117
- St. Croix Tribal Aftercare Program 715-349-2195 x5156 or 5141
- Whole Life Services 715-939-1248
- Visit www.healthyburnett.org for additional resources in Burnett County

Resources to address behavioral health

- Burnett County Department of Health and Human Services 715-349-7600
- Burnett Medical Center Psychology Services 715-463-5353
- Counseling
    - Aurora Community Counseling 715-349-7233
    - Families First Counseling 715-349-8913
    - St. Croix Tribal 715-349-2195 x264
    - SOAR Service, Inc 715-468-2841
- Crisis Hotline 888-636-6655
- Northwest Journey 715-349-2829
- Northwest Passage 715-327-4402
- Solstice Warmline 608-244-5077
- Webster Health Center 715-866-4271
- Visit www.healthyburnett.org for additional resources in Burnett County

Resources to address tobacco use and exposure

- Wisconsin WINS Program www.wiwins.org
- First Breath
- Wisconsin Tobacco Quit Line 1-800-QUIT-NOW (1-800-784-8669)
- Western Wisconsin Working for Tobacco-Free Living (W3TFL)
- Truth Initiative (E-Cigarette quite program), text "QUIT" to 202-804-9884
- Not on Tobacco Program, contact Mary Boe at mary.boe@co.polk.wi.us
- Visit www.healthyburnett.org for additional resources in Burnett County

Information Gaps

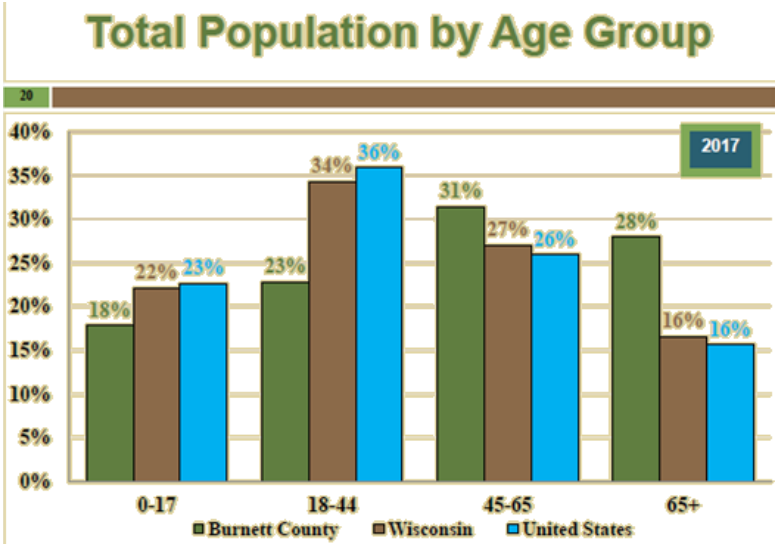
Burnett Medical Center's ability to accurately assess the community's health status was slightly limited due to information gaps in the data collection process as a result of public data sources not reporting health indicator data specific to unique populations (in our service area, the Native American population), and the inevitable lag that exists in the time data is collected to when it is published due to the logistics of collecting, analyzing, and publicizing data. While these factors may result in a possible inaccurate representation of current health status, qualitative data collected through the surveys were intended to help compensate for this.

Quantitative Findings

Population and Demographics

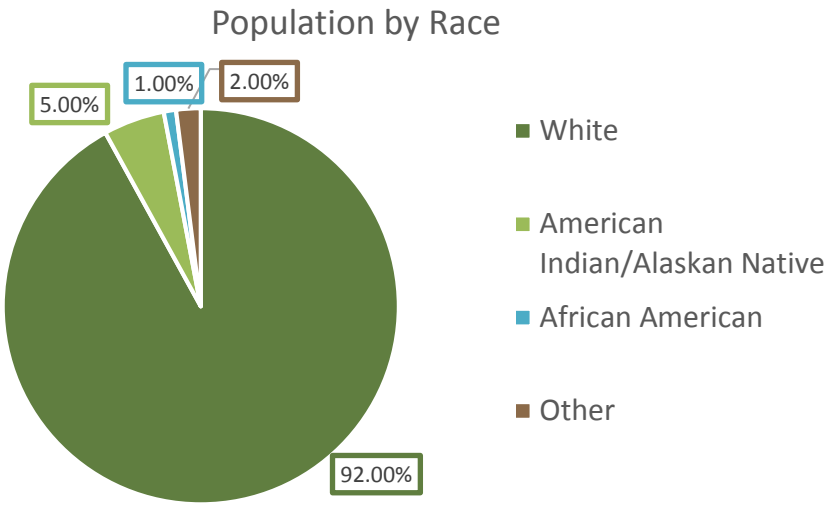
i. Age

Burnett County is 100 percent rural with about 15,239 residents. The median age is approximately 52.1 years. The population is aging and shrinking; between 2000 and 2010, the county experienced a 1.38% decrease in size (U.S. Census Bureau, 2017).



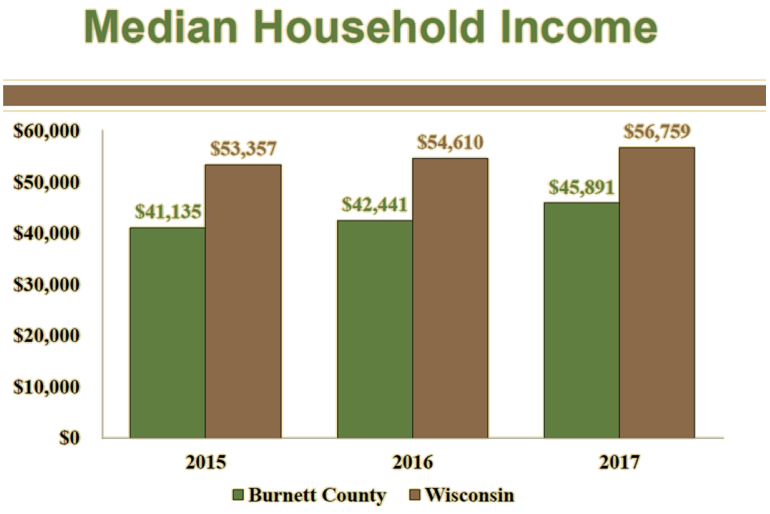
ii. Race/Ethnicity

The population of Burnett County is predominately white (91.56%), but also has a notable Native American population (4.67%). African Americans make up only a small portion of Burnett County's population (0.74%) and the remaining 3.03% of the population consists of Asian, Native Hawaiian, and other races (U.S. Census Bureau, 2017).



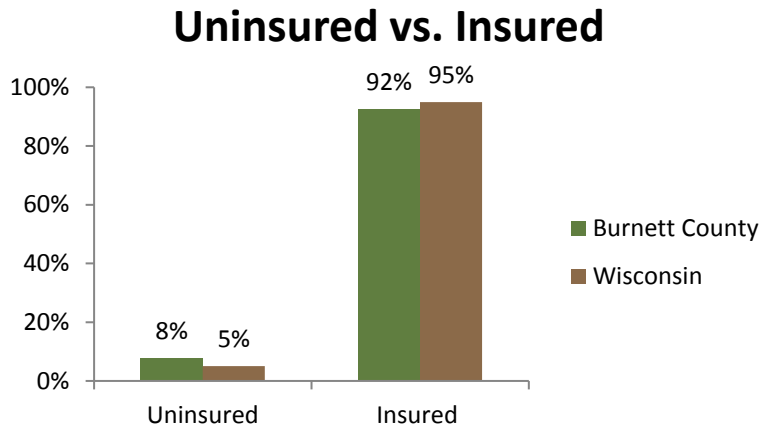
iii. Economics

In 2017, the average household income of Burnett County was $45,891, which is roughly $11,000 lower than Wisconsin. In considering poverty levels of the service area, with 14.6% of the population living in poverty, Burnett County had a higher poverty rate than Wisconsin (12.3%) and the United States (14.6%) in 2017 (U.S. Census Bureau, 2017).



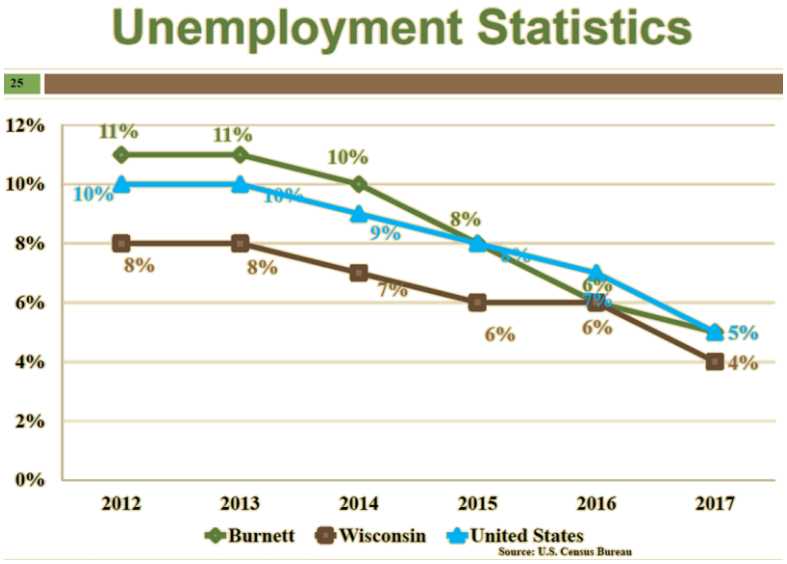
iv. Insurance Coverage

Insurance coverage for Burnett County residents is less than Wisconsin. According to the U.S. Census Bureau, 8% of Burnett County residents do not have insurance, compared to 5% for Wisconsin. Lack of health insurance coverage is a significant barrier to accessing needed health care. Individuals without insurance are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and, on average, receive less treatment for their condition than insured individuals.



v. Employment

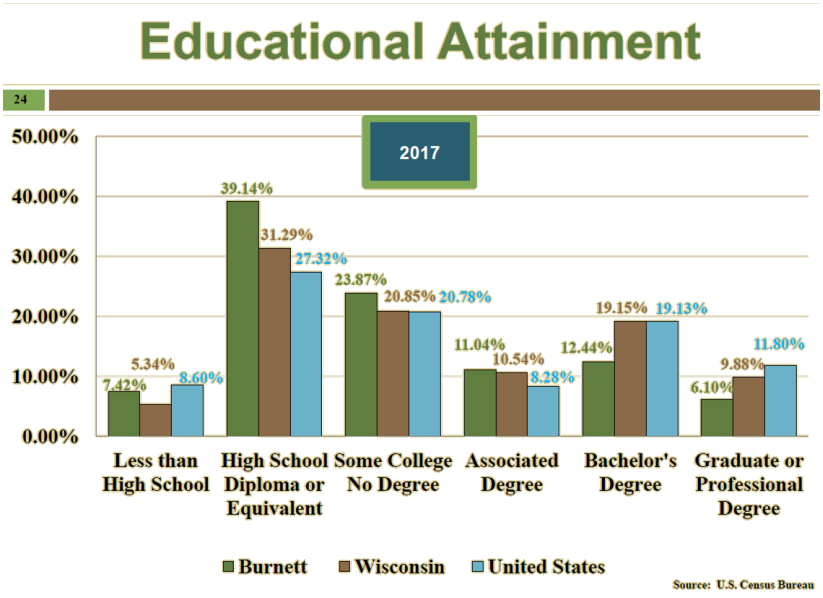
In 2017, Burnett County had an unemployment rate of 5%, which is higher than Wisconsin (4%). The unemployed population experiences worse health and higher mortality rates than the employed population. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide. Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care (U.S. Census Bureau, 2017).



vi. Educational Attainment

Research shows that educational attainment is one of the strongest predictors of individual and community health. Education levels influence income potential and job type, access to healthy food and health care, and individual health behavior choices. At the community level, public school achievement outcomes influence local economic health (County Health Rankings, 2016).

In 2017, approximately 53.5% of Burnett County residents had more than a high school diploma, compared to 60.4% for Wisconsin and 60% for the United States (U.S. Census Bureau, 2017).



Top Three Health Indicator Data

i. Alcohol and Other Drug Abuse

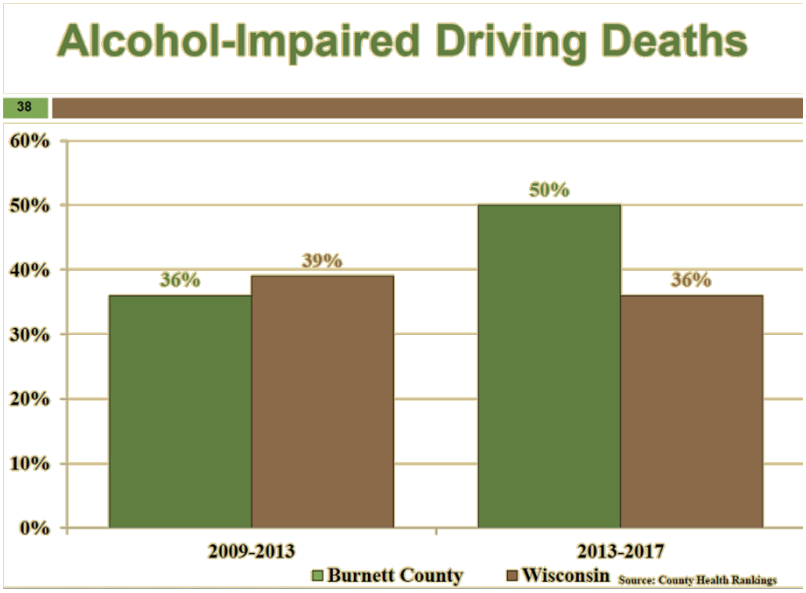
Alcohol and other drug abuse are defined as the use of alcohol and other drugs (illegal substance, misuse of prescription drugs, over-the-counter drugs, etc.) that result in negative consequences. Abuse of alcohol and drugs has far-reaching consequences, including motor vehicle and other injuries; fetal alcohol spectrum disorder and other childhood disorders; alcohol-and drug-dependence; liver, brain, heart and other diseases; infections; family problems; and both nonviolent and violent crimes (Healthiest Wisconsin 2020, 2015).

Access to alcohol—in terms of availability and cost—is one contributing factor to high levels of alcohol consumption in Wisconsin. For Burnett County, the number of residents per liquor license is 161 which is higher than the Wisconsin average of 340 (Wisconsin Department of Revenue, 2015-2016).

Number of Residents Per Liquor License

Burnett County	161.48
Wisconsin	340.24

The higher the number of residents the less access to liquor there is.



Alcohol impaired driving deaths is another indicator for concern. Compared to the rest of Wisconsin at 36%, for 2013 to 2017, Burnett County had a greater percent of alcohol-related driving deaths at 50% (County Health Rankings, 2017).

Alcohol and drug use among youth is also a concern in Burnett County. In the 2018 Burnett County Youth Risk Behavior Survey, the following statistics were reported:

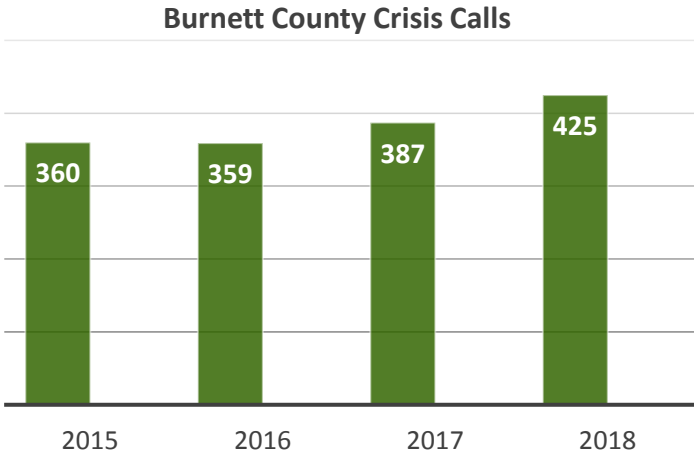
- 39.1% of middle school students and 53.5% of high school students have had at least one drink of alcohol. For Wisconsin, 64.5% of all high schoolers have had at least one drink of alcohol.
- 3.8% of middle school students and 6.2% of high school students have had 5 or more drinks of alcohol in a row. For Wisconsin, 16% of all high schoolers have had 5 or more drinks of alcohol in a row.
- 10.9% of middle school students and 17.8% of high school students tried/use marijuana.
- 6.9% of middle school students and 4.8% of high school students tried/use synthetic marijuana.
- 7.6% of middle school students and 5.5% of high school students tried/use household items to get high.
- 29.2% of middle school students and 3.4% of high school students use prescription drugs without a prescription.

ii. Behavioral Health

Behavioral health is an individual's emotional, psychological and social well-being. Behavioral health disorders are associated with risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence (Healthiest Wisconsin 2020, 2015).

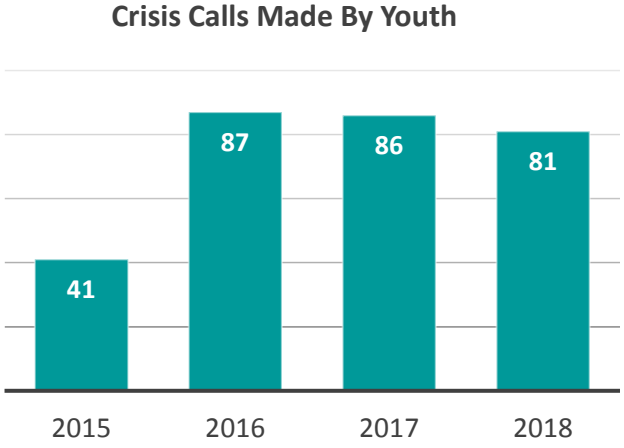
An indicator for poor behavioral health is the lack of access to behavioral health services. Like many counties in Wisconsin and throughout the United States, Burnett County is designated as a Health Professional Shortage Area for behavioral health meaning there is a shortage of health care providers able to provide behavioral health services due to the geographic area and/or population (WI DHS DPH Primary Care Office, 2013).

Deaths from suicide is another indicator of behavioral health status. Even though Burnett County's rate for suicide deaths has been decreasing since 2015, one is still too many. On the other hand, Wisconsin has seen an astronomical increase in suicide deaths. In 2015 there were 874 deaths and in 2017 there were 915 (Wisconsin Interactive Statistics on Health, 2017).



To elaborate on the graph to the left, the crisis line is a 24-hour line that serves all residents of Burnett County. When a call is made the workers provide emergency assessments for those in psychiatric or emotional crisis, this then results in a safety plan with the caller and another individual, or an emergency detention for further assessment. Burnett County Behavioral Health follows up with all calls the following business day, to provide resources and referral if necessary.

According to the Burnett County Department of Health and Human Services-Behavioral Health Department, the total calls made to the crisis line by youth has also increased. In 2015, there were 41 calls made by youth and in 2018 it almost doubled to 81 calls.



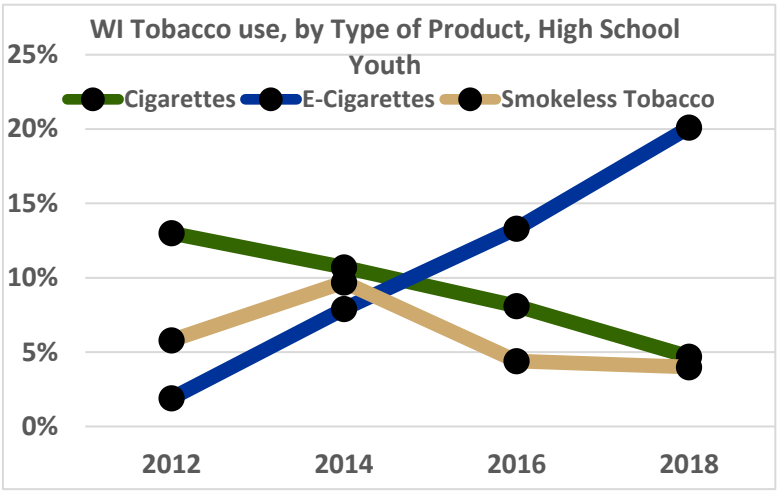
Behavioral health among youth is a concern in Burnett County. In the 2018 Burnett County Youth Risk Behavior Survey, the following statistics were reported:

- 26.2% of middle school students and 16.2% of high school students seriously considered suicide. Of those percentages, majority are female.
- 10.9% of middle school students and 5.5% of high school students attempted suicide. Of those percentages, more female middle school students responded yes than male, while more male high school students responded yes than female.

iii. Tobacco Use and Exposure

Tobacco use and exposure is the use of products containing tobacco such as cigarettes, cigars, chewing tobacco, e-cigarettes, etc. and exposure to second-hand smoke (Healthiest Wisconsin 2020, 2015).

In Burnett County, the percent of adults who smoke has decreased over the past several years. According to the Wisconsin Interactive Statistics on Health, in 2013, the percent of adults who smoked in Burnett County was 23.8%. In 2016 it is 17.1%, according to the Behavioral Risk Factor Surveillance System.



While tobacco use among adults is decreasing, tobacco use among youths is becoming a concern in Burnett County. According to the Wisconsin WINS Program, the percent of successful tobacco purchases by minors in Burnett County is increasing. In 2015, there were no retailers selling to minors and in 2018, 33.33% of retailers are selling to minors.

Reason Used E-Cigarettes	Percent
Friend or family member used them	54.1%
They are available in flavors, such as mint, candy, fruit, or chocolate	31.1%
Because they are cool, fun, in style	27.0%
I like the effect I get from the nicotine	26.1%
They are less harmful than other forms of tobacco, such as cigarettes	25.6%
They can be used in areas where other tobacco products, such as cigarettes, are not allowed	7.6%
To try to quit using tobacco products, such as cigarettes	6.2%
They cost less than other tobacco products, such as cigarettes	5.4%
I used them for some other reason	17.9%

Furthermore, E-Cigarettes, also known as “e-cigs,” “vapes,” “vape pens,” and “electronic nicotine delivery systems (ENDS)”, are becoming more popular among the youth. E-Cigarettes are devices that have a battery, a heating element, and a place to hold a liquid. They produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air (Centers for Disease Control and Prevention, 2018). The graph above shows how popular E-Cigarettes have become among high school students over the years, while cigarettes and smokeless tobacco have declined. The main reason why high schoolers are using E-Cigarettes is because a friend or family member does (Wisconsin Youth Tobacco Survey, 2018).

In the 2018 Burnett County Youth Risk Behavior Survey, the following statistics were reported:

- 23.1% of middle school students and 20.4% of high school students have tried cigarettes.
- 1.5% of middle school students and 5.5% of high school students have used some form of chewing tobacco.
- 1.5% of middle school students and 4.8% of high school students have used cigars and/or cigarillos.
- 18.4% of high school students have used E-Cigarettes.

See Appendix for the remaining health indicator data.

Qualitative Findings

Survey Results

The internet-based survey and paper survey were distributed to 20 various business in Danbury, Webster, Siren, and Grantsburg with the goal to reach a variety of populations.

The survey instrument was designed to develop an understanding of respondents' perception of the most significant health needs among Burnett County residents and their perception of solutions to their chosen health needs. The two questions in the survey instrument asked respondents to identify the three biggest health problems and the two best ways to improve health in Burnett County among a list of options.

For question one, the results for the top three most frequently chosen health problems were as follows:

Answer #1 Options	Response Percent	Response Count
Alcohol and Drug Use (such as alcohol & drug related injuries/death, binge drinking, youth alcohol/drug use, drunk driving)	91.25%	584
Chronic Disease (such as diabetes, heart disease, cancers, stroke, asthma, and emphysema)	24.53%	157
Infectious Disease (such as influenza, tuberculosis, Lyme disease, whooping cough, food-borne illnesses, sexually transmitted diseases, measles)	7.66%	49
Environmental & Occupational Health (such as safe food & drinking water, air/water/noise pollution, safe work environments)	4.22%	27
Growth and Development (such as care before, during, and after pregnancy, including breastfeeding; achieving appropriate childhood developmental milestones)	6.41%	41
Injury and Violence (such as domestic abuse, youth violence, falls, car accidents, injury from recreational activities)	19.69%	126
Behavioral Health (including access to mental health professionals; conditions such as depression, anxiety, bipolar disorder, eating disorders, post-traumatic stress disorder; and suicide)	61.41%	393
Nutrition (such as access to healthy foods, having enough food, and eating fresh fruits and vegetables)	18.75%	120
Oral Health (such as having good dental health and accessing recommended dental care)	9.69%	62
Physical Activity (exercise, including walking, jogging, biking, etc.)	14.37%	92
Reproductive and Sexual Health (such as youth sexual behavior, teen births, sexually transmitted diseases, etc.)	11.25%	72
Tobacco Use (smoking, use of chewing tobacco, smoking during pregnancy, youth tobacco use)	28.59%	183
Other (please specify)	4.06%	26

As can be seen, alcohol and drug use, behavioral health, and tobacco use were the top three chosen health problems of those listed. For question two the results were as follows:

Answer #2 Options	Response Percent	Response Count
Holding community education/health classes (health fairs, quit smoking classes, etc.)	13.74%	87
Providing community fitness opportunities (biking, walking, ski trails, exercise classes, etc.)	10.9%	69
Working with lawmakers on policies to improve health	9.64%	61
Promoting worksite wellness	5.69%	36
Increasing access to healthy foods	17.06%	108
Increasing behavioral health awareness and services	37.6%	238
Increasing access to preventive health services	13.43%	85
Improving transportation services	7.11%	45

Decreasing poverty	31.75%	201
Providing alcohol and other drug abuse prevention and treatment services	42.18%	267
Violence prevention and victim services	10.43%	66
Health education in schools	11.69%	74
Parent education	13.11%	83
Other (please specify)	5.69%	36

Providing alcohol and drug use prevention and treatment services, increasing behavioral health awareness and services, and decreasing poverty were shown to be the top three ideas for solving Burnett County's health needs.

Next Steps

Burnett Medical Center will continue to work collaboratively with Healthy Burnett, the umbrella organization that provides structure to the CHNA process, to develop shared goals and actions that address the highest priority needs identified in the CHNA. More specifically, Healthy Burnett will elicit community and key organization representatives to join health focus area workgroups to address action planning for the top 3 health needs. These workgroups are already in place from the previous CHNA but require additional team members to replace members no longer able to serve as well as to increase the diversity of workgroup participants.

Implementation Strategy

The assessment findings point to numerous improvement opportunities and strategies Burnett Medical Center can take on. Such opportunities and strategies involve more community-based education (positive role models for students), increased access to services (more accessible behavioral health services), and additional outreach for governmental policy changes (reduce access to tobacco at local businesses).

This CHNA will be available to the public via Burnett Medical Center and Healthy Burnett's websites. It will also be emailed to anyone to requests a copy. Print copies will be distributed to key stakeholders. It is anticipated that organizations will use the CHNA for grant applications, strategic planning projects and for educational uses.

The implementation strategy below will show each health need tailored to the hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations.

i. Alcohol and Other Drug Abuse
    a. Objective #1: Improve access to counseling
        i. Implementation Activities:
            1. Burnett Medical Center will keep an updated list of AODA counseling services, including NA/AA groups.
            2. Through Healthy Burnett, Burnett Medical Center will collaborate with AODA stakeholders to identify avenues of increased services.
        ii. Anticipated Impact:
            1. It is anticipated that these activities will assist the community in early referral and potential treatment for AODA associated behaviors.
    b. Objective #2: Education and promotion of current resources
        i. Implementation Activities:
            1. Burnett Medical Center will provide educational resources targeted to this issue on our website and Facebook page.

2. Burnett Medical Center will host educational events, such as a mock bedroom demonstration where participants try to find drugs and drug paraphernalia that are hiding in plain sight. An event like this educates and provides adults with awareness about alcohol and other drug abuse.
3. Burnett Medical Center will help provide yearly AODA education to Grantsburg 5th grade students.

ii. Anticipated Impact:

1. It is anticipated that these activities will provide resources to community members on the risks of alcohol and other drug use, as well as methods of identification of AODA behaviors.

ii. Behavioral Health

a. Objective #1: Improve access to behavioral health services

i. Implementation Activities:

1. Research viability of adding behavioral health services via telemedicine.

ii. Anticipated Impact:

1. It is anticipated that the addition of these services at Burnett Medical Center will increase access to new services.

b. Objective #2: Increase awareness of behavioral health services

i. Implementation Activities:

1. Burnett Medical Center will have the "Behavioral Health Providers" brochures available in all areas of the facility for patients and providers to reference.
2. Burnett Medical Center will support activities identified through Healthy Burnett that are designed to increase awareness of behavioral health issues and services.

ii. Anticipated Impact:

1. It is anticipated that these activities will assist in early appropriate referral of patients to behavioral health services as well as provide education and awareness of this issue in the community.

iii. Tobacco Use and Exposure

a. Objective #1: Educate patients on the importance of tobacco abstinence/cessation

i. Implementation Activities:

1. Burnett Medical Center providers will offer cessation counseling to all patients identified as current tobacco users including information for the Wisconsin Tobacco Quit Line.
2. Burnett Medical Center providers will educate adolescents on the importance of tobacco abstinence at an age appropriate level.

ii. Anticipated Impact:

1. It is anticipated that these activities will assist in decreasing tobacco use among our patient population.

Evaluation

To evaluate the anticipated impact of these activities on the identified health needs, means of tracking the effectiveness of these activities will be established. For instance, approximate participation and utilization numbers will be recorded for programs and services in order to gauge program and service effectiveness. Although not immediately evident, it is the intent that increased utilization of services and programs directed at addressing identified health needs will result in improved health outcomes. Based upon

evaluation results, appropriate actions will be taken and incorporated into Burnett Medical Center's next Community Health Needs Assessment and Strategic Planning Process.

Needs Not Addressed

Of the 12 health focus areas outlined in Healthiest Wisconsin 2020, Burnett Medical Center chose not to address several of them. Described in the table below, certain needs will not be addressed due to either lack of hospital resources or expertise, the need being of relatively low priority, and/or the need being currently addressed by others.

Community Need	Reasons Needs Not Addressed
Communicable Diseases	Need is of low priority and is currently addressed by Burnett County Health Department, community healthcare providers, and local pharmacies.
Environmental and Occupational Health	Need is of low priority and is currently addressed by Burnett County Health Department, local businesses, Burnett Medical Center Rehabilitation Department, and local clinics.
Healthy Growth and Development	Need is of low priority and is currently addressed by Early Childhood Interagency Council, Family Resource Center, local school districts, and local healthcare providers.
Injury and Violence Prevention	Need is of low priority and is currently addressed by Community Referral Agency, and county and city police departments.
Oral Health	Hospital lacks resources and need is currently addressed by Rural Dental Health in Schools, dental clinics, and fluoride in schools.
Physical Activity	Need also addressed by Burnett County Nutrition and Physical Activity Coalition, local school districts, local fitness centers, local organizations that host fitness-related events.
Reproductive and Sexual Health	Need is of low priority and is currently addressed by Burnett County Health Department, local clinics, Burnett Medical Center, local school districts, and Family Planning Only Services.
Adequate, Appropriate and Safe Food and Nutrition	Need also addressed by Burnett County Nutrition and Physical Activity Coalition; Women, Infants and Children (WIC); UW Extension Nutrition Program; Feed My Sheep; Food Shelves; Schools/HeadStarts; Senior Dining Sites; Farmer's Markets.
Chronic Disease Prevention and Management	Need also addressed by: Healthcare providers at clinics, Wisconsin Well Woman Program, Aging and Disability Resource Center (ADRC) preventative health outreach activities and events provided by Burnett Medical Center.

Committed Resources

As determined through integration into Burnett Medical Center's annual budgeting and Strategic Planning processes, Burnett Medical Center will assign staff personnel and financial resources as necessary to execute the planned programs and activities outlined in the Implementation Strategy.

Appendix

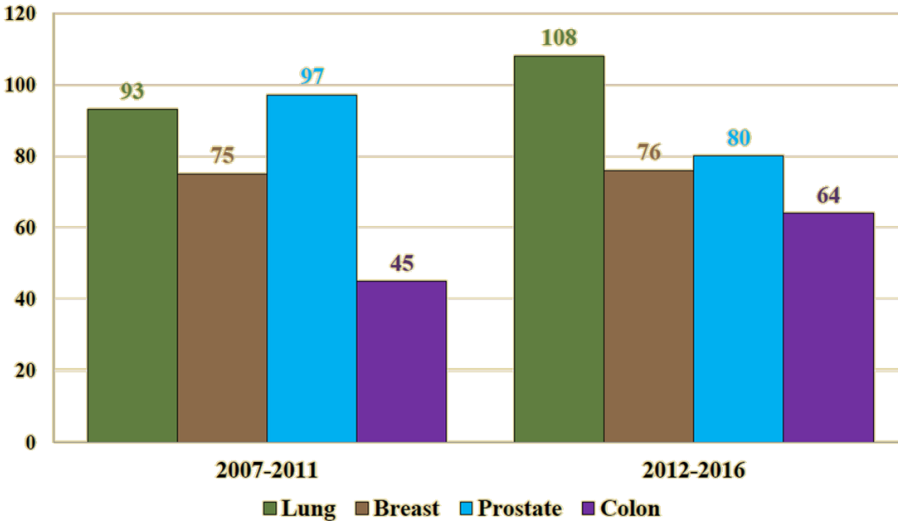
Health Indicator Data

i. Chronic Disease Prevention and Management

Chronic diseases are defined as illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability or death later in life (Healthiest Wisconsin 2020, 2015). Many people have a chronic disease but fortunately many are preventable. Four modifiable risk behaviors— unhealthy diet, insufficient physical activity, tobacco use and secondhand smoke exposure, and excessive alcohol use — are responsible for most of the illness, suffering, and early death related to chronic diseases. For Burnett County, among the top leading causes of death are diseases of the heart, cancer, chronic obstructive pulmonary disease (COPD), cerebrovascular accident and diabetes (Register of Deeds Office, 2018).

Cause of Death	Count
*Diseases of the Heart	39
Cancer	37
Chronic Obstructive Pulmonary Disease (COPD)	13
Cerebrovascular Accident (CVA)	9
Diabetes Mellius	6
Influenza & Pneumonia	3
Alzheimer's Disease/Dementia	2

Disease of the heart such as heart disease, cardiac dysrhythmia, hypertension, congestive heart failure (CHF), and myocardial infarction (MI) are the leading cause of death in Burnett County in 2018. In 2017, there was 47 deaths relating to diseases of the heart compared to 42 in 2015 (Wisconsin Interactive Statistics on Health, 2017).



Deaths from cancer are the second most prevalent cause of death among Burnett County residents with 37 deaths in 2018 (Register of Deeds Office, 2018). Shown in the chart to the left, lung cancer, breast cancer, and colon cancer have all increased since 2011 (Wisconsin Interactive Statistics on Health, 2012-2016).

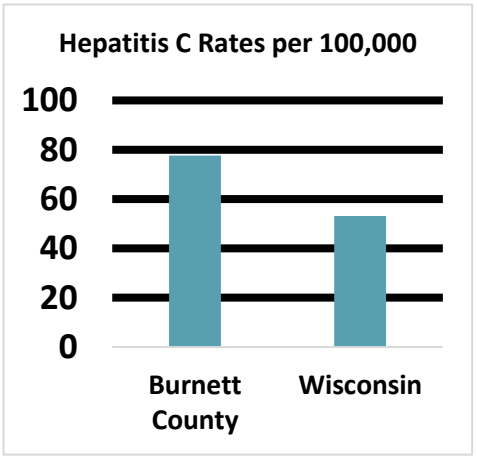
COPD is the third leading cause of death in Burnet County with 13 deaths in 2018 (Register of Deeds Office, 2018). In 2017, the death rate for COPD among Burnett County residents is 109.7 per 100,000 population. This is higher than Wisconsin which is at 49 per 100,000 (Wisconsin Interactive Statistics on Health, 2017).

Burnett County also had a higher death rate due to diabetes, 32.3 per 100,000 population compared to Wisconsin which is at 24.7 per 100,000 population, for 2017 (Wisconsin Interactive Statistics on Health, 2017).

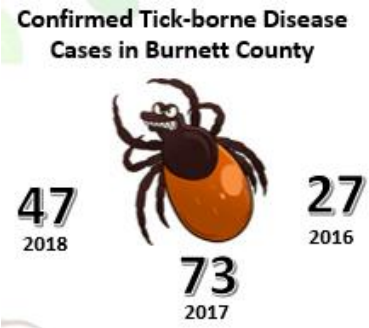
ii. Communicable Disease

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites that can be spread to others. Organisms that are communicable may be transmitted from one infected person to another or from an animal to a human, directly or by modes such as airborne, waterborne, food borne, or vector borne (tick, mosquito) transmission, or by contact with an inanimate object, such as a contaminated door knob (Healthiest Wisconsin 2020, 2015).

Communicable disease prevention protects both individuals and entire populations. Some vaccinations have been effective and have drastically reduced many, once common communicable diseases. For example, Burnett County experienced an outbreak of Pertussis (Whooping Cough), in 2018 that consisted of 15 people with a positive case of Pertussis. Thankfully there is a vaccination for Pertussis otherwise many more people could have been infected (Burnett County Public Health, 2018).



Hepatitis C, a viral infection that causes liver inflammation, sometimes leading to serious liver damage, is higher in Burnett County than Wisconsin. As seen in the graph to the right, Burnett County rates per 100,000 population is 77.7, while Wisconsin is 53.1 (DHS WI Hepatitis C Virus Surveillance Annual Review, 2017).



Tick-borne diseases such as Lyme disease is common in Burnett County. The number of confirmed tick-borne disease cases in Burnett County has gone down but is still significant at 47 cases in 2018 compared to 73 cases in 2017 (WI Electronic Data Surveillance, 2018).

iii. Environmental and Occupational Health

Environmental and occupational health is illnesses and injuries from indoor and outdoor hazards, such as chemicals, contaminated food/water, polluted air, or work hazards. More specifically, it pertains to worksite safety; inspections of restaurants, hotels, resorts, pools, campgrounds, and recreational/educational camps; water quality; air quality; hazardous waste; housing issues such as lead exposure, mold, and radon; occupational illness and repetitive injuries; occupational diseases such as cancer related to asbestos and hearing loss due to noise; exposures affecting reproductive health; and food and water-borne illnesses (Healthiest Wisconsin 2020, 2015).

Foodborne and Waterborne Diseases Infecting Burnett Co. Residents

Disease	2016	2017	2018	Total
Campylobacter	8	4	5	19
Cryptosporidium	1	0	2	4
Giardia	4	4	0	9
Norovirus Outbreak	0	0	1	1
Salmonellosis	1	3	4	9

Everyday children in Burnett County are being screened for lead and many of them have elevated levels in their blood, which can affect development. Workers, too, are at risk of lead and asbestos exposure when working on old buildings.

The number of individuals infected by food borne and waterborne diseases is one indicator of the environmental health of a community. In Burnett County there have been few incidences of such infection over the course of the years from 2016 to 2018. See chart to the right (WI Electronic Data Surveillance, 2018).

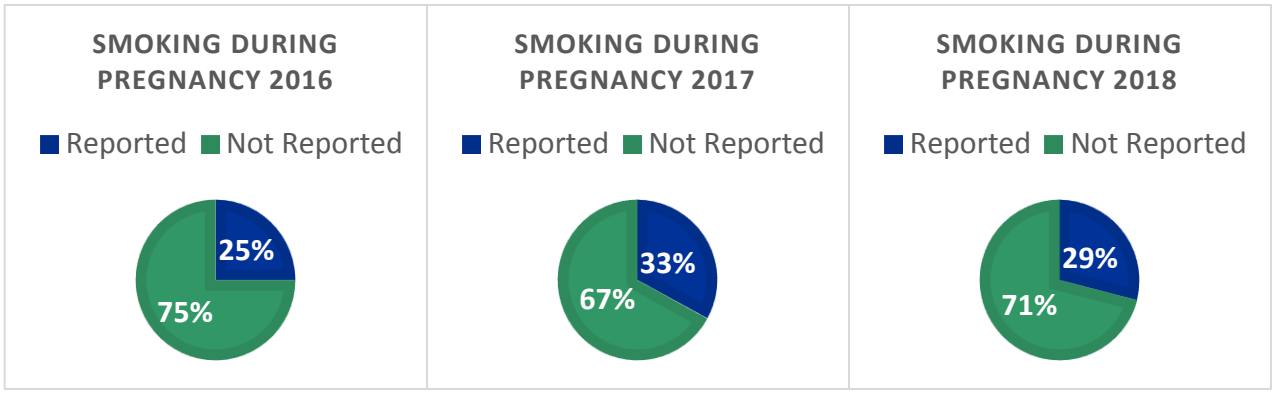
iv. Healthy Growth and Development

Healthy growth and development are the care and support for the best possible physical, social, and emotional heath and development such as, prenatal care, well child checks, childcare, and education. Methods of supporting healthy growth and development include conducting prevention, screening, assessment, and intervention activities, and promoting holistic social, emotional, behavioral, cognitive, linguistic, sensory, and motor development (Healthiest Wisconsin 2020, 2015).

There are several health status indicators used to measure healthy growth and development, including birth rate, infant mortality rate, prenatal care, birth weight, tobacco use during pregnancy, and breastfeeding rates. Burnett County's total births have been decreasing, in 2016 there were 127 births and in 2018 there were 116 births (Burnett County Birth Certificates, 2018).

Breastfeeding is important to healthy growth and development as it benefits the health of both the child and the mother. Unfortunately, the percentage of breastfeeding has been slowly decreasing over the past few years. In 2016, 79% of infants were breastfed compared to 73% in 2018 (Wisconsin Interactive Statistics on Health, 2017).

Tobacco use during pregnancy is a risk factor for adverse birth outcomes. The percentage of mothers who have reported smoking during pregnancy has overall increased. In 2016, 25% of mothers reported smoking during pregnancy and in 2018 it increased to 29% (Wisconsin Interactive Statistics on Health, 2017).

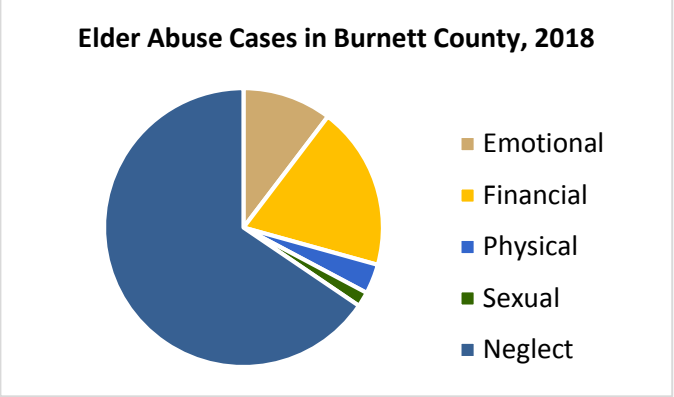


v. Injury and Violence Prevention

Injury and violence prevention are described as preventing injury from accidents or violence such as falls, car crashes, abuse, and assault. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted, with the intent to injure or kill someone (including self). Examples include homicide, child maltreatment, sexual assault, bullying and suicide (Healthiest Wisconsin 2020, 2015).

Burnett County experiences all four seasons which comes with different types of recreational activities that pose elevated risk of injuries. Whether it is driving ATVs and boat in the summer or snowmobiling in the winter. Unfortunately, there were 4 snowmobile related fatalities in 2018 compared to 19 in Wisconsin. As a percentage, Burnett County accounted for about 21% of all Wisconsin's snowmobile deaths.

The high percentage of older individuals residing in Burnett County compared to other counties in Wisconsin, can sometimes lead to unfortunate events such as elder abuse. In 2018, there were 76 neglect, 22 financial, 12 emotional, 4 physical, and 2 sexual abuse cases against the elderly population in Burnett County (Burnett County Adult Protective Services, 2018). On the other hand, with children, the number of Burnett County child protective services referrals have been increasing. In 2016, there were 404 referrals and in 2018 there were 460 (Burnett County Children and Families Unit, 2018).



vi. Nutrition

Nutrition means having enough food, having nutritious foods, and having access to food for healthy living. In other words, meeting nutrient recommendations yet keeping calories under control; safe handling, preparation, serving, and storage of foods and beverages; and ready and appropriate access to nutritious foods throughout the year. A healthy diet reduces risk of overweight/obesity, malnutrition, anemia, heart disease, high blood pressure, type 2 diabetes, osteoporosis, oral disease, and some cancers (Healthiest Wisconsin 2020, 2015).

In Burnett County, a significant portion of the population are participants of FoodShare Wisconsin, which helps people with limited money buy the food they need for good health. As of 2018, 3,093 people participated in FoodShare (Burnett County Economic Support, 2018). WIC (Women, Infants, and Children) is another great program that helps low-income women, infants, and children up to age 5 who are at nutrition risk. Burnett County had 543 WIC participants in 2018 (Burnett County WIC, 2018).

Food security continues to be a problem with students as well. In 2016, nearly 1 in 4 students in Burnett County reported going hungry at least once in the last 30 days due to not enough food at home (Burnett County Youth Risk Behavior Survey, 2016).

vii. Oral Health

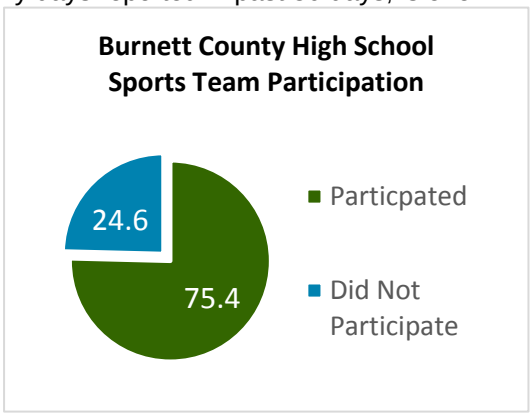
Oral health means keeping teeth, gums, and mouth healthy to prevent mouth pain, tooth decay, tooth loss, and mouth sores. Oral health affects more than just your mouth. It affects your overall health and poor oral health can be a warning sign to more serious illnesses (Healthiest Wisconsin 2020, 2015). Improvement in oral health is rooted in effective prevention and treatment efforts, including routine dental visits and community water fluoridation, which help to prevent tooth decay, gum disease, and infection.

Ability to access dental health services is crucial to maintaining good oral health. Burnett County is designated as a “Dental Health Professional Shortage Area”, meaning there is a federal designation identifying there is a shortage of dental providers. This is reflected when comparing Wisconsin’s ratio of population to dentists (1,520:1) to Burnett County’s ratio which is 3,040:1. This data from 2016 means there is 1 dentist to 3,040 people in Burnett County (County Health Rankings, 2018).

To preventing tooth decay, gum disease, and infection, community water fluoridation is also an indicator of good oral health. In Burnett County, there has been no water sources served by fluoridated water since 2013 (Environmental Public Health Data Tracker, 2018).

viii. Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Regular physical activity can lower the risk of early death, heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression (Healthiest Wisconsin 2020, 2015). Poor physical health days, the average number of physically unhealthy days reported in past 30 days, is one indicator of physical activity. Burnett County residents reported 3.9 poor physical health days in 2016 (County Health Rankings, 2018).



In the 2016 Youth Risk Behavior Survey distributed to high school students in Burnett County, the following statistics were reported:

- 1 in 4 students watch an average of 3 hours or more of TV a day.
- 24.6% of students did not participate on a high school sports team.

ix. Reproductive and Sexual Health

Reproductive and sexual health includes the factors that affect the physical, emotional, behavioral, and social well-being related to reproduction and sexuality across the life span. Unintended pregnancies and sexually transmitted diseases, including HIV infections, result in tremendous health and economic consequences for individuals and society (Healthiest Wisconsin 2020, 2015).

Burnett County had 116 births in 2018 compared to 118 births in 2017. Of the 118 births only 74 mothers received adequate prenatal care, meaning the mothers had nine or more visits in the first trimester (Wisconsin Interactive Statistics on Health, 2017).

Chlamydia has been found to be the most prevalent of the sexually transmitted diseases affecting Burnett County residents for the years 2015-2018 (Burnett County Public Health, 2018).

Disease	2015	2016	2017	2018
Chlamydia	32	22	16	27
Gonorrhea	6	1	18	4
Syphilis	0	0	2	2
Hepatitis B	2	0	1	0
Hepatitis C	22	19	13	16

Data Sources

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Approval

This report was prepared in response to the tri-annual requirement as established by the Affordable Care Act, and for review by the Burnett Medical Center Board of Directors. As this is a living document, it is subject to periodic review and revision.

Please know that our full intent, as faithful stewards of those resources entrusted to us, is to ensure that Burnett Medical Center continues to strategically focus limited resources on the most significant health needs identified through the FY 2019 Community Health Needs Assessment.

While the Board of Directors approves this most recent Community Health Needs Assessment Report and the Implementation Strategy articulated, readers and recipients are encouraged to share their thoughts and feedback.

Burnett Medical Center Board of Director's Approval:

/s/ Pat Taylor
President, Burnett Medical Center Board of Directors

9/30/19
Date

/s/ Gordon A. Lewis
Chief Executive Officer, Burnett Medical Center

9/30/19
Date