

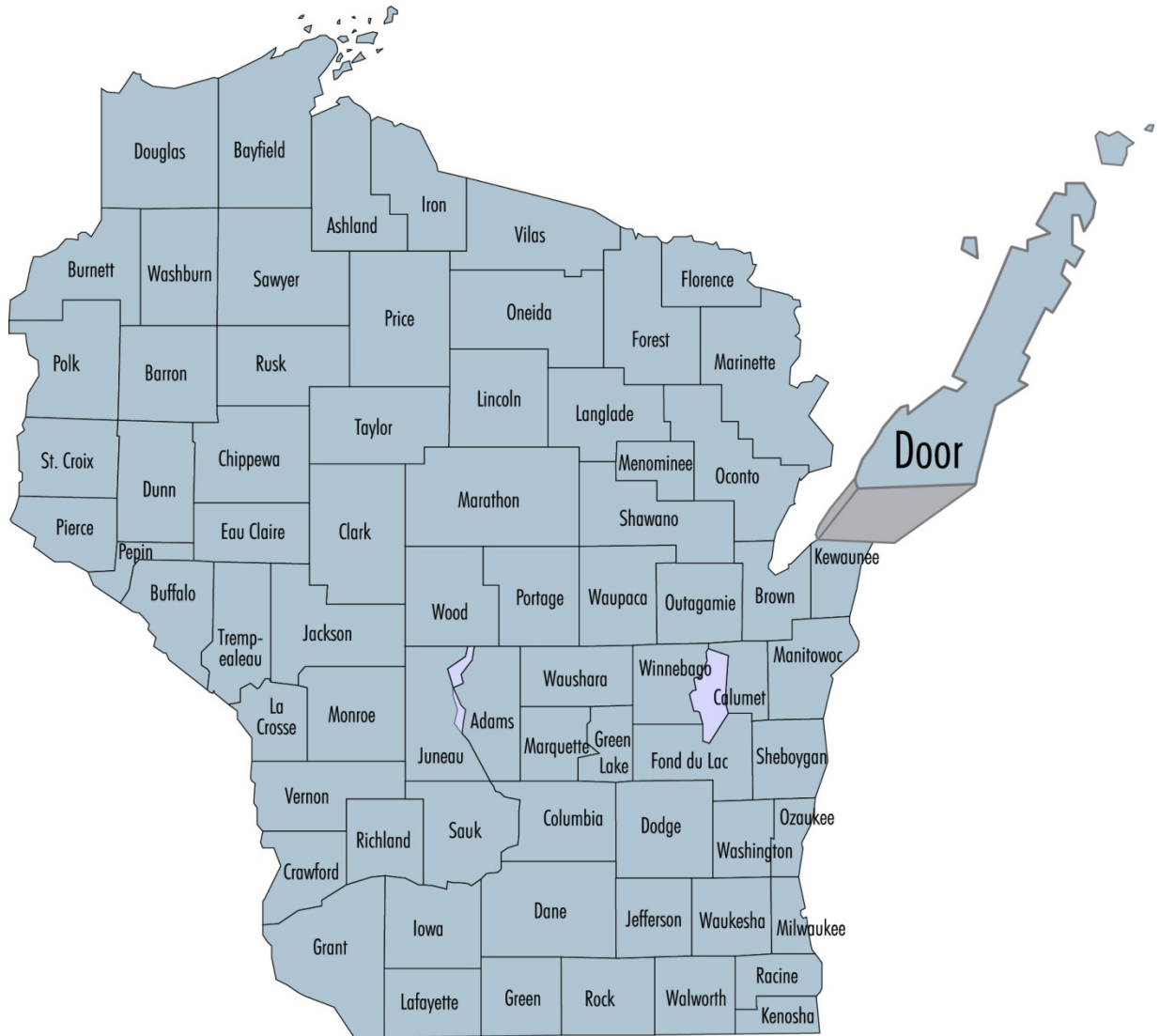


MINISTRY
Door County Medical Center



COMMUNITY
HEALTH NEEDS ASSESSMENT
Fiscal Year 2013

Communities We Serve



323 South 18th Avenue, Sturgeon Bay, Wisconsin 54235

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Ministry Door County Medical Center Community Health Needs Assessment

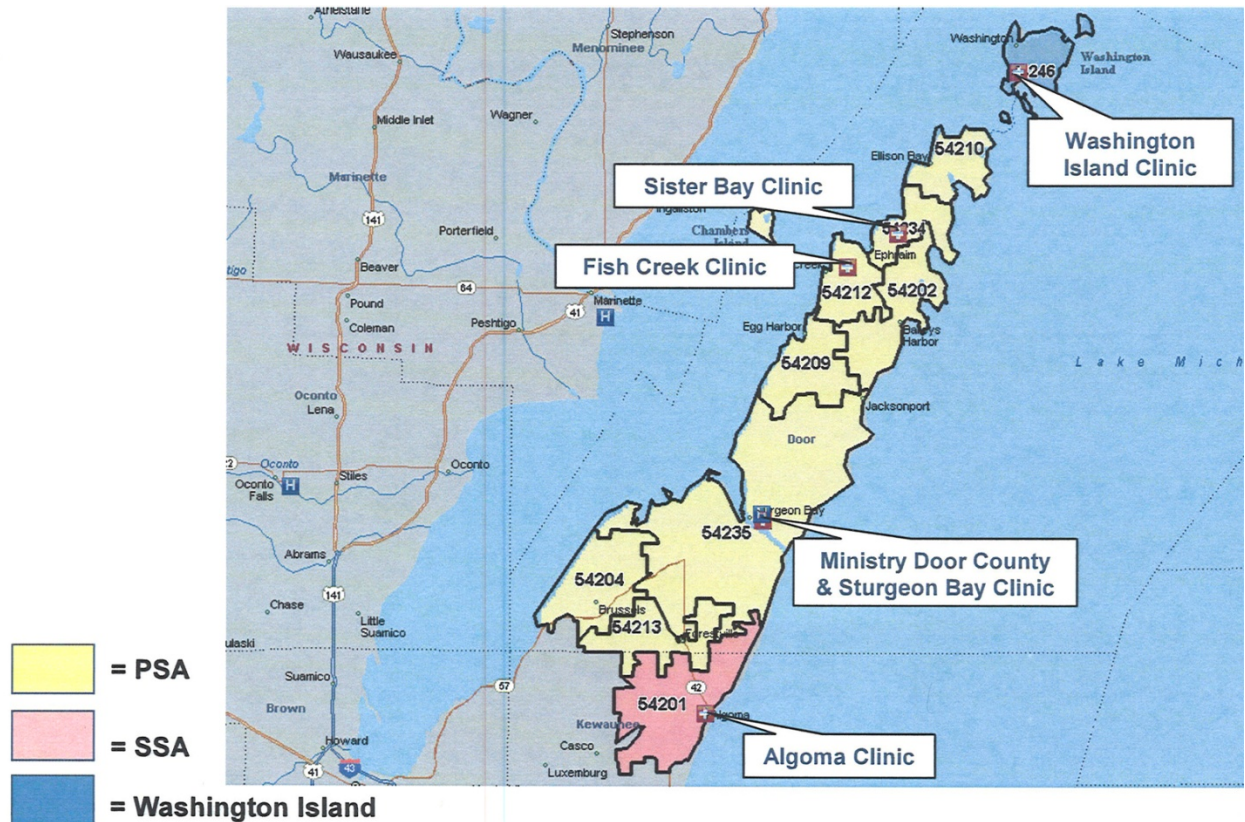
An assessment of Door County conducted jointly by Ministry Door County Medical Center and Door County Public Health Department.

Ministry Door County Medical Center (MDCMC) is located in Sturgeon Bay, Wisconsin. Beginning in 2011, a community health needs assessment was conducted by Ministry Door County Medical Center and the Door County Public Health Department. Sturgeon Bay is the county seat and is the sole hospital in the county. This unique county is a 70-mile long and 10-mile wide peninsula that is surrounded by Lake Michigan on three sides. Mostly rural, nearly 90% of the land remains undeveloped.

In order to portray the full breadth of the understanding of the community health needs, a summary of the assessment is described in this document. The assessment utilized multiple sources of input including county health assessments; secondary public data & other data sources; community and board focus groups; as well as primary survey data compiled from MDCMC's service area.

Description of Community Served by the Hospital

Ministry Door County Medical Center, the sole hospital in Door and Kewaunee Counties, is located approximately 40 miles northeast of Green Bay hospitals. The primary service area is defined as Door County, Wisconsin. MDCMC's secondary service area is defined as the Algoma zip code, which covers part the southeastern corner of Door County and the northeastern corner of Kewaunee County. Combined, residents from these communities make up roughly 80% of the organization's patient population. See Appendix 1 for details.



Demographic Profile

Population

When compared to year 2000, Door County (like other rural counties) is losing population to urban areas.

- Door County Population, 2010 (-0.6% to 27,785)
- Green Bay Population, 2010 (+1.7% to 104,057)
- Wisconsin Population, 2010 (+6.0% to 5.7 million)

Age

The Door County population is aging faster than that of the state. The median age is 46.2 years compared to Wisconsin's median age of 36 years and the national median age of 36.4 years. A higher percentage of residents are 65 years of age or older compared to 2010 state and national statistics (22.5% vs. 13.7% WI) and has fewer individuals under the age of 18 years (18.3% vs. 23.6% WI).

Race and Ethnicity

The population of Door County is predominantly white, non-Hispanic (96.6%) according to the 2010 census data compared to the state average of 86.2%. Door County has experienced a decrease in the American Indian/Alaska Native population and a slight increase in the Hispanic/Latino, Asian, and African American populations since 1995.

Tourism & Labor Force

The area is a Midwest tourist destination with approximately two million visitors per year whose spending helps fuel the economy. Direct tourism expenditures of \$382 million in 2010 supported equivalent of 6,767 fulltime jobs. Door County had approximately 18,372 people in the labor force in August 2010 that declined from the previous year. In terms of its labor force, it is among one of the most seasonal counties in Wisconsin. Unemployment rates can become quite high in the winter months.

Economic Profile

With a history of shipbuilding, Door County has developed into a county with a variety of manufacturing and service industries. The leading industries are manufacturing and educational services, healthcare, and social assistance. Although food service and drinking businesses are numerous and comprise the largest industry, they are smaller employers. The county's larger employers are listed below.

Company	Industry	Number of employees
Bay Shipbuilding	Ship Repair & Construction	710
Ministry Door County Medical Center	Health Care	612
Palmer Johnson	Luxury Yacht Builder	340
Baylake Bank	Commercial Banking	340
County of Door County	Government	329
Hatco Corporation	Commercial Kitchen Equipment	314
Marine Travelift/ExacTech	Boat & Industrial Hoists	237
School District of Sturgeon Bay	Elementary & Secondary Schools	213
Southern Door Public School	Elementary & Secondary Schools	174
NEW Industries	Custom Machining	130
Therma-Tron-X	Industrial Finishing Systems	123
Door County YMCA	Civic & Social Organization	115
Wal-Mart Associates	Discount Department Store	100
WireTech Fabricators	Wire Products	100

(Source: Door County Economic Development Corporation) *as of May 2009

Average Annual Wage

The average annual wage is lower across the board for Door County as compared to the Wisconsin average.

Average Annual Wage by Industry Division in 2010				
	Wisconsin Average Annual	Door County Average Annual Wage	Percent of Wisconsin	1-year % change
All industries	\$ 39,985	\$ 28,115	70.3%	2.9%
Natural Resources	\$ 30,613	\$ 23,631	77.2%	5.1%
Construction	\$ 49,135	\$ 36,108	73.5%	-0.8%
Manufacturing	\$ 50,183	\$ 42,965	85.6%	10.8%
Trade, Transportation & Utilities	\$ 34,132	\$ 24,080	70.5%	3.0%
Information	\$ 51,764	suppressed	Not avail.	Not avail.
Financial Activities	\$ 53,332	\$ 33,644	63.1%	7.2%
Professional & Business Services	\$ 46,516	\$ 28,892	62.1%	-1.6%
Education & Health	\$ 42,464	\$ 37,698	88.8%	2.5%
Leisure & Hospitality	\$ 14,597	\$ 14,951	102.4%	3.7%
Other Services	\$ 22,682	\$ 15,461	68.2%	4.5%
Public Administration	\$ 41,653	\$ 28,490	68.4%	-5.4%

Source: WI DWD, Workforce Training, QCEW, June 2011

Economic Impact of MDCMC

The Rural Wisconsin Health Cooperative (RWHC), a network owned and operated by 37 rural hospitals that provides leadership on rural health policy and shared services, recently distributed a study outlining Ministry Door County Medical Center's economic impact on the Door County community. Findings include that MDCMC:

- Provides jobs for 612 hospital employees and supports an additional 239 jobs created indirectly for a total of 851 jobs.
- Accounts for \$117,045,436 in economic activity. The direct effect of Ministry Door County Medical Center is \$68,049,672.
- Contributes \$68,162,323 in total income to the community.

MDCMC's Community Care and Bad Debt

Although the uninsured rate of 11% mirrors the Wisconsin average, the effects of the demographic and economic environment are felt by Ministry Door County Medical Center. In recent fiscal years, significant contributions have been made to serve those with no ability to pay for their health services and to cover the costs of bad debt and reimbursement shortfalls.

Year	Community Care	Bad Debt	Medicare Shortfall	Medicaid Shortfall
FY 2012	\$3,568,000	\$1,172,000	\$32,054,000	\$5,518,000
FY 2011	3,114,000	1,096,000	26,503,000	6,037,000
FY 2010	2,547,000	1,502,000	26,148,000	6,607,000
FY 2009	2,517,000	1,673,000	25,140,000	5,139,000

Who was Involved in Assessment

The assessment team comprised of private and public Door County organization members including: hospital representatives, medical staff and administrators; public health nurses and educators; elementary, high school and post-high school educators, nurses and administrators; police and emergency personnel; child, women's, family and senior social services; as well as interested community members in the health needs assessment process. Appendix 2 lists the individuals who participated in the Door County community needs assessment process.

Public Health Experts

Rhonda Kolberg, Director/Health Officer
Door County Public Health Department
RN, BSN, MS

More than 21 years as health officer and experience with community needs assessments.

Dennis Hibray Regional Director
North East/Green Bay Region, Wisconsin Division of Public Health
BS – Environmental Health

Elizabeth Farley, AmeriCorps
Door County Public Health Department
BS, Psychology

Additional representation from Door County Public Health:

Vicki Dantoin, RN BSN, Public Health Nurse

Myria Normann, RN BSN, Public Health Nurse

Sue Powers, RN BSN, Public Health Nurse

How the Assessment was conducted?

Everyone should contribute and share in responsibility for their community's protection and environment. MDCMC and community/public health organizations have developed a partnership throughout the years out of a common need: *To create and maintain healthy communities!*

The public health department spent several months assembling secondary county and state demographic and health-related data and statistics in preparation for the Door County Community Needs Assessment forum held in October 2011.

The *Healthiest Wisconsin 2020* twelve focus areas were provided as a framework for the presentation of data. The *Healthiest Wisconsin 2020* framework focuses on improving conditions for health ("health determinants") that are primarily created in communities and institutions, and how their policies, practices and assets can be aligned to support health. The 12 Health Focus Areas are:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

More information about the State Health Plan – Healthiest Wisconsin 2020 can be read at <http://www.dhs.wisconsin.gov/hw2020/>

Another key piece of secondary information reviewed was the Door County Health Rankings compared to state averages. The Wisconsin County Health Rankings Report from the University of Wisconsin School of Medicine and Public Health rank Wisconsin's 72 counties from 1 (healthiest) to 72 (least healthy) based on:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
 - o Health behaviors (6 measures)
 - o Clinical care (5 measures)
 - o Social and economic (7 measures)
 - o Physical environment (4 measures)

Health outcomes represent how healthy a county is while health factors are what influences the health of the county. In the 2012 Health Rankings, Door County ranks among the top 10 best in the state for Health Outcomes. However, ranked at number 21 for Health Factors, Door County

has an opportunity to improve and MDCMC has multiple opportunities to affect positive change throughout our communities. The County Health Ranking report and model are shown in Appendix 3 and 4.

The diverse representation was beneficial as experts in each area of interest helped the group as a whole build on their knowledge of how local needs are currently being met or are unmet as well as identification of community assets and gaps to address health related issues.

Through this process, the group was successful in narrowing the focus to address the highest unmet needs of the community: mental health, nutrition and healthy goods, and oral health.

MDCMC leadership also recognized the importance of collecting primary data, including community market research, and additional secondary data to fully develop an implementation plan to address community needs. Data reviewed independently included:

The **Community Need Index (CNI)** was reviewed to determine if there are any areas of vulnerable individuals residing within their service area. The CNI was developed in 2005 to identify the severity of health disparity by zip code and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI accounts for the underlying economic and structural barriers that affect overall health. These barriers are income, culture/language, education, insurance, and housing. Each barrier condition is assigned a score (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score. The overall mean CNI score for Door County is 1.6; and the city of Sturgeon Bay (2.2). Appendix 5 displays CNI information.

For an explanation of the Community Need Index:

http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508

For purposes of accumulating primary data for the Community Needs Assessment, MDCMC commissioned Matousek & Associates in 2012 to conduct two **community opinion surveys** of residents from its service area: Door County and the Algoma area in Kewaunee County. A summary of the survey results on shown in Appendix 6.

Members of medically underserved, low-income and minority populations in the community are served by the hospital facility, as well as individuals or organizations serving or representing the interest of such populations. Members of medically underserved include populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial or other barriers.

The Ministry Door County Medical Center Dental Clinic has been providing oral health care to the underserved youth population of Door and Kewaunee counties since 1999. The Dental Clinic is the only clinic in the area that provides care to those on medical assistance, those that have no dental home and those that are low income. The clinic started serving adults from the Door County Community Service Program in June. The clinic also works closely with the MDCMC's Ministry Fund to assure all people who need emergency care are treated. The major reason our low-income populations access dental care at the clinic is dental decay. As of April 2013, the percentage of adults presenting with dental decay is 43% and for children the decay rate is 23%.

The Community Clinic of Door County provides primary (non-emergency) care, mental health care and complementary health care to the uninsured and under insured population of Door County. Services are provided by trained, licensed medical providers on a sliding-fee scale based on family size and income according to the Federal Poverty Guidelines. All patients are seen regardless of ability to pay. The Community Clinic of Door County sees greater chronic

disease management versus acute conditions. The major chronic diseases managed by the clinic are: Hypertension; Hyperlipemia; Diabetes (approximately 10-12% active primary health patients with a higher number being "at risk for"); Depression/anxiety; Musculoskeletal pain; and Chronic Rhinosinusitis.

Ministry Door County Medical Center did not identify any current gaps in information needed to assess the community's health needs. However, this may change during the Implementation phase and will be reported in the CHNA written updates to the partnership team and local Board of Directors.

Health Needs Identified

The Door County Public Health Department presented relevant county information at the Community Needs Assessment Meeting on October 21, 2011. At this meeting, community members discussed the 12 areas to address outlined in the State of Wisconsin's *Healthiest Wisconsin 2020 Plan*. The assembled group reviewed the publication: *Healthiest Wisconsin 2020 Focus Areas*. State and county demographic information, as well as health statistics relevant to these focus areas were shared, discussed and prioritized. In addition, participants discussed available resources and identified the gaps that exist within our community as well as the barriers to addressing each of the focus areas.

From these 12 focus areas and based on the information provided, assessment participants narrowed the health needs to the top three areas on which to focus their efforts over the next 3-5 years:

Mental Health

Mental health is a state of well-being where one feels they can cope with normal life stresses and work productively.

- Door County has a higher rate of suicide than that of the state.
- 50% of Door County middle school students feel bullied at school.

Food, Nutrition & Exercise

Adequate, appropriate and safe food and nutrition, as well as physical activity, can positively affect outcomes related to chronic illnesses such as cancer, diabetes, heart disease, stroke and obesity.

- Obesity and overweight rates are significant in Door County.
- 76.4% consume less than 5 servings of fruit/vegetables per day.

Oral Health

Oral health is important to the overall health of the body.

- Access to fluoridated water in the county is only 34% of the total population.
- Only 20% of Medicaid/BadgerCare members have a dental service.
- No dentists in Door or Kewaunee counties accept new Medicaid patients. This is due to low reimbursement rates.

A complete list of findings from can be viewed at:

<http://www.co.door.wi.gov/docview.asp?docid=9723&locid=137>

Community Assets Identified

Ministry Door County Medical Center (MDCMC) in Sturgeon Bay, Wisconsin, is an acute-care hospital and outpatient medical center with 25 licensed beds. MDCMC has been serving the health care needs of the area since 1943. The medical center offers a full range of services and specialties, including home health (a part of Ministry Home Care), a skilled nursing facility for long-term care and rehabilitation services, a rehabilitation services department, and **Ministry North Shore Medical Clinic**. With primary clinic and rehab services facilities in Sturgeon Bay, Fish Creek, Sister Bay, Washington Island and Algoma, there are more than 175 physicians who serve on the medical staff.

The Ministry Door County Medical Center Dental Clinic has been providing oral health care to the underserved youth population of Door and Kewaunee counties since 1999. The Dental Clinic is the only clinic in the area that provides care to those on medical assistance, those that have no dental home and those that are low income. The clinic started serving adults from the Door County Community Service Program in June. The clinic also works closely with the MDCMC's Ministry Fund to assure all people who need emergency care are treated.

The Community Clinic of Door County provides primary (non-emergency) care, mental health care and complementary health care to the uninsured and under insured population of Door County. Services are provided by trained, licensed medical providers on a sliding-fee scale based on family size and income according to the Federal Poverty Guidelines. All patients are seen regardless of ability to pay.

Other community assets include the Door County Public Health Department, the YMCA of Door County (located in Sturgeon Bay and a branch in Northern Door County), and mental health services that include the Door County Community Programs responsible for the programs and services for the developmentally disabled (e.g. mental retardation, epilepsy, brain injury), severely and persistently mentally ill (e.g. schizophrenia, manic-depressive illness), emotionally stressed (e.g. depression, marital/family discord, anxiety), and persons experiencing difficulties with alcohol and other drug abuse.

Health Priorities

Facilitated by Door County Public Health Department leaders, the assessment team narrowed the twelve *Healthiest Wisconsin 2020* priorities through a voting process down to three focus areas. Each of the team participants was given three votes. The focus areas given the greatest number of votes were selected as areas of focus for the next 3-5 years.

- Mental Health
- Oral Health
- Nutrition, Healthy Eating and Physical Activity to address Obesity

Next Steps

Ministry Door County Medical Center leaders will continue their work with their community health partners to use the information learned from the needs assessment process to develop an Implementation Plan for addressing the prioritized community health needs. This plan of action will incorporate efforts already underway and address identified priorities, keeping in mind our poor and vulnerable populations.

The implementation phase of this process is intended to be a group effort rather than an individual endeavor. Next steps will be to:

- Develop a steering committee comprised of MDCMC and community representatives.
- Define the problem being addressed for each focus area.
- Define the goals/objectives for each focus area.
- Determine the target population for each focus area.
- Determine resources, timeframe and monitoring for each focus area.
- Develop and evaluation plan for outcomes for each focus area.
- Continue participation in Pioneering Healthier Communities and Door County Public Health Department committees.
- Keep MDCMC's Senior Team, Leadership Team and Board informed and engaged throughout process.
- Continue to build on the programming MDCMC already has in place regarding the three identified health priorities:

Mental Health Issues and Well-being

(Art for Health Program [Seniors, Children, Cancer Survivors], School Outreach & Anti-bullying Program, The Healing Project)

Food & Nutrition

(Food for Health Program, Door Weigh to Family Health, ongoing support for The Community's Garden)

Oral Health

(MDCMC's Dental Clinic, Ministry Fund for uninsured adults)

Everyone will contribute and share in responsibility for our community's health and well-being. MDCMC and community/public health organizations will continue to strengthen and nurture partnerships that have been developed over the years out of a common need:

To create and maintain healthy communities!

Appendix 1 - Hospital Patient Demographics

Hospital Patient Demographics – Geographic Origin

	Inpatient	Outpatient	Total
Algoma	4.31%	5.70%	5.30%
Door County	85.69%	84.67%	84.96%
Out of PSA	10.00%	9.63%	9.74%
Total	100.00%	100.00%	100.00%

Hospital Patient Demographics – Revenue by Geographic Origin

	Inpatient	Outpatient	Total
Algoma	\$1,157,320.07	\$3,886,872.35	\$5,044,192.42
Door County	\$23,013,480.81	\$57,771,030.67	\$80,784,511.48
Out of PSA	\$2,686,057.30	\$6,573,985.93	\$9,260,043.23
Total	\$26,856,858.18	\$68,231,888.95	\$95,088,747.13

Appendix 2 - Participants of Community Needs Assessment

NAME	ORGANIZATION
Adams, Jessica	HELP of Door County
Comfort, Chris	Community Clinic of Door County
Farley, Elizabeth	AmeriCorps member working at Health Department
*Fischer, Jennifer	Women's & Children's Center, MDCMC
*Graf, Katie	Social Services, MDCMC
*Grohskopf, Kevin	Business Development & Outreach, MDCMC
Guenzel, Josephine	Community Clinic of Door County
Herlache, Tim	Sturgeon Bay Fire Department
Hibray, Dennis	Public Health, NE Region, WI
*Johnson, Susan	Chaplain, MDCMC
Knutson, Beverly	Door County Senior Resource Center
Kohnle, Amy	United Way
Laporte, Larry	Board of Health
Meeuwssen, Sarah	Community Clinic of Door County
Mertens, Teresa	WIC
Moeller, Mark	Board of Health
Osborne, Marcia	Northwest Technical College
Peterson, Pam	Door County UW Extension
Rudd, Rhonda	Community Member
Serpe, Michael	Door County Administrator
Stutting, Joe	Superintendent, Sturgeon Bay Schools
Teichtler, John	Door County Sanitarian
Trepto, Judy	Community Member
Weber, Cindy	YMCA of Door County
Weber, Jane	Community Member
Zakrzewski, Joy	Chaplain – Scandia Village

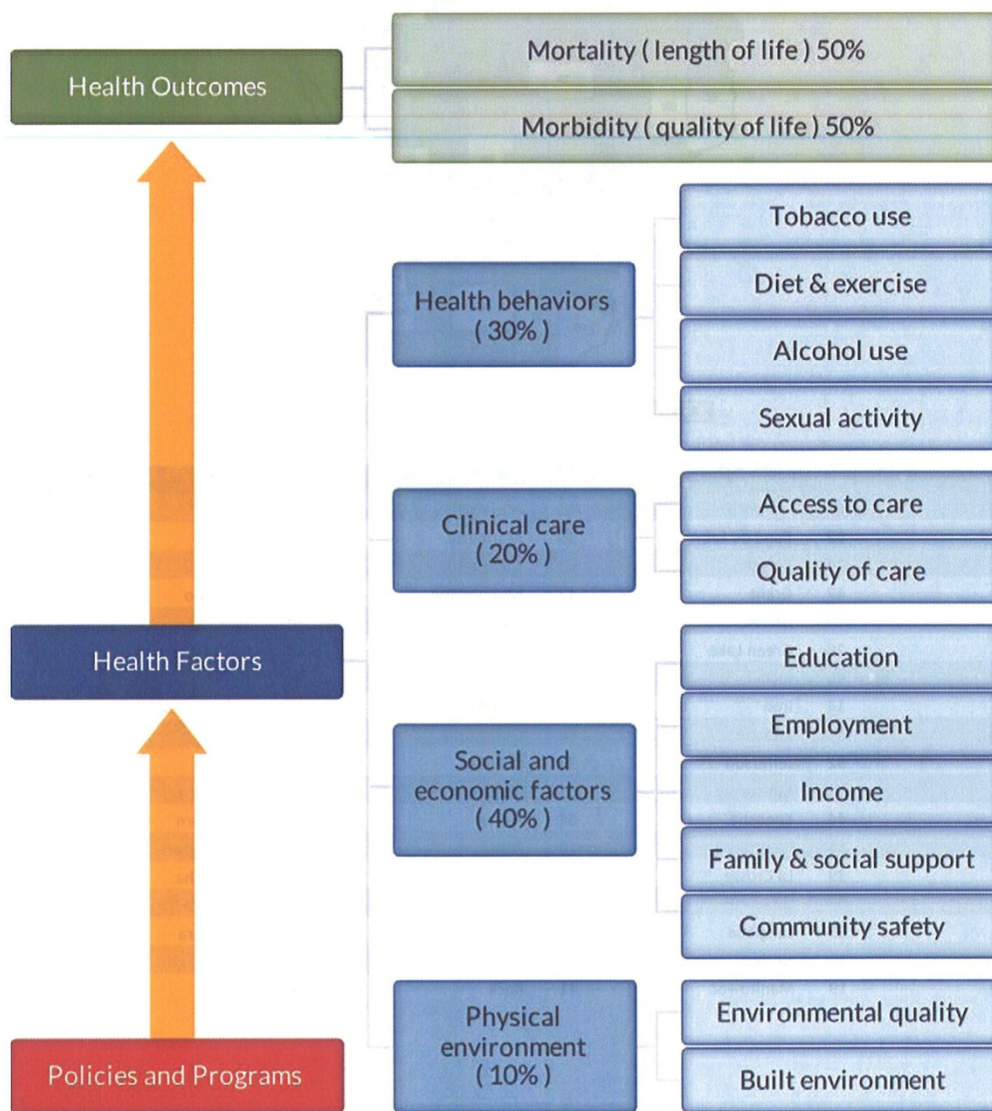
*Ministry Door County Medical Center Participants highlighted in bold.

Appendix 3 – County Health Ranking Report for Door County, Wisconsin

2012	Door County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
Health Outcomes					9
Mortality					13
Premature death	5,268	4,225-6,310	5,466	6,124	
Morbidity					9
Poor or fair	8%	5-12%	10%	12%	
Poor physical health days	2.5	1.6-3.3	2.6	3.3	
Poor mental health days	2.1	1.3-3.3	2.3	3.0	
Low birth weight	5.9%	4.8-7.0%	6.0%	6.9%	
Health Factors					21
Health Behaviors					25
Adult smoking	16%	11-22%	14%	20%	
Adult obesity	32%	26-37%	25%	29%	
Physical inactivity	22%	17-27%	21%	23%	
Excessive drinking	24%	19-31%	8%	24%	
Motor vehicle crash death rate	18	12-24	12	15	
Sexually-transmitted infections	158		84	372	
Teen birth rate	20	17-24	22	31	
Clinical Care					25
Uninsured	11%	10-12%	11%	11%	
Primary care physicians	1,161:1		631:1	744:1	
Preventable hospital stays	59	52-99	49	59	
Diabetic screening	89%	80-97%	89%	89%	
Mammography screening	75%	66-83%	74%	73%	
Social & Economic Factors					32
High school graduation	94%			86%	
Some college	56%	51-62%	68%	63%	
Unemployment	10.1%		5.4%	8.3%	
Children in poverty	17%	13-21%	13%	19%	
Inadequate social support	12%	8-16%	14%	17%	
Children in single-parent households	26%	19-34%	20%	29%	
Violent crime rates	55		73	275	
Physical Environment					48
Air pollution-particulate matter days	6		0	5	
Air pollution-ozone days	6		0	1	
Access to recreational facilities	14		16	11	
Limited access to healthy foods	1%		0%	6%	
Fast food restaurants	13%		25%	41%	

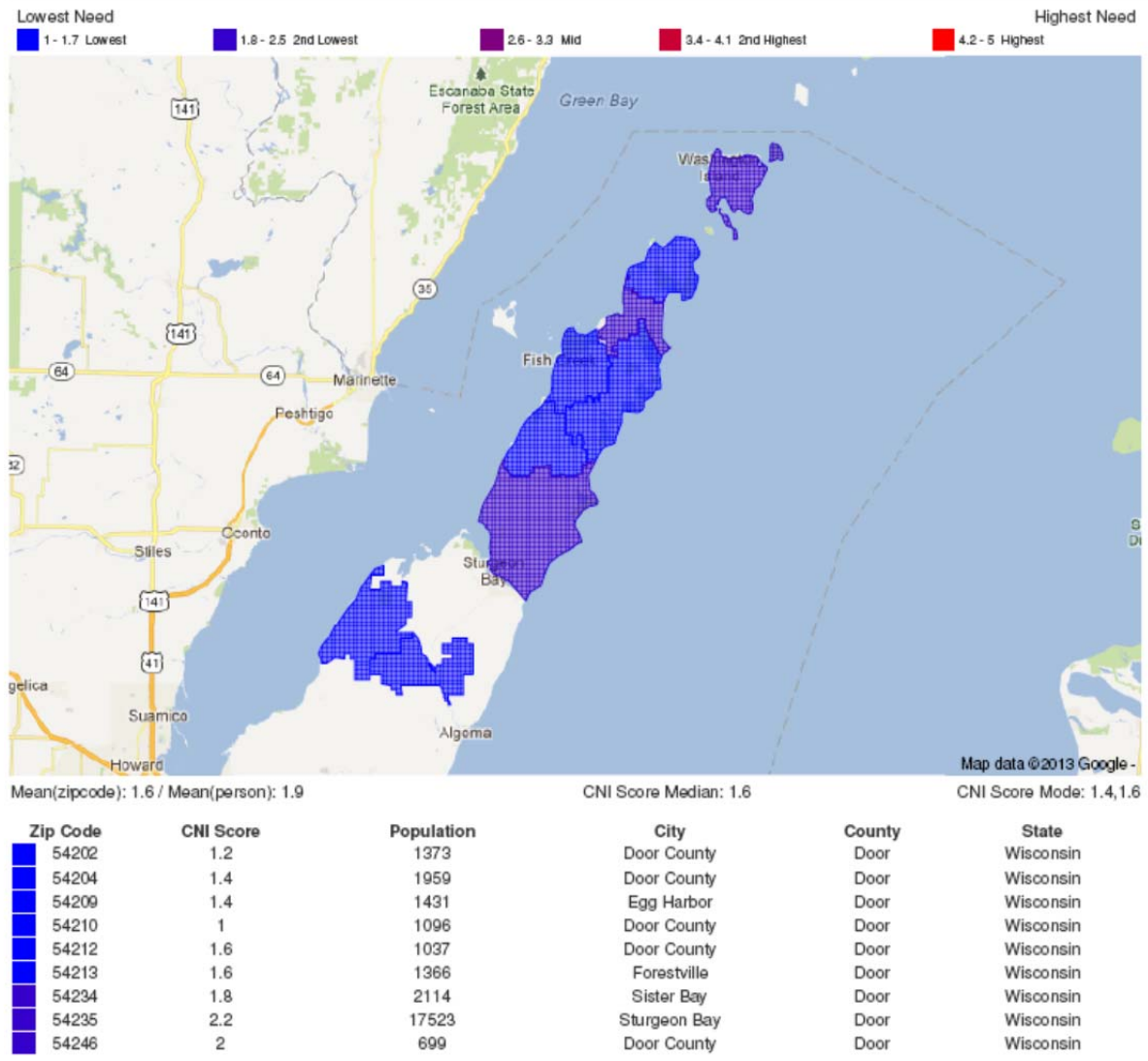
* 90th percentile, i.e. only 10% are better; Note: Blank values reflect unreliable or missing data; Source: www.countyhealthrankings.org

Appendix 4 – County Health Ranking Model



County Health Rankings model ©2012 UWPHI

Appendix 5 – Community Need Index for Door County, Wisconsin



© 2012 Dignity Health



Appendix 6 - Community Opinion Survey Findings

Respondents are pleased with the quality of health care available in the area. On a 7-point scale, with 1 being “poor” and 7 being “excellent,” the overall quality score was very good at 5.50. Open-ended comments suggest that most respondents have access to the care they need. They like the staff and the overall quality of care they have received. Those who gave lower ratings most often commented on accessibility and the need to travel out of the area for specialty care. However, half of the respondents saw no need for additional specialists in Door County. For some, a trip to Green Bay was not a problem. Others said the hospital brought in the specialists they needed. Ten percent felt the hospital should have more cardiologists.

Almost half of the respondents said their doctors had a great deal of influence in deciding where they went for non-emergency hospital care. These findings highlight the importance of positive physician relationships to ensure referrals to MDCMC.

Unaided awareness of MDCMC was nearly 100% versus approximately 50% for the Green Bay hospitals. When aided with hospital names, total awareness for the east side Green Bay hospitals was near 100%. Total awareness was slightly lower for St. Mary’s Hospital (90%).

When asked to rate the overall quality of healthcare at the Green Bay hospitals, the majority of respondents said they didn’t know enough about them to offer a rating. Among those who did, ratings were above 6.00 (1=poor, 7=excellent) for St. Vincent Hospital and Bellin. Ratings for MDCMC, Aurora and St. Mary’s were all above 5.60 on the 7-point scale.

Over three quarters of the respondents said they or a family member have used MDCMC at some point. A third of those respondents have personally used the hospital in the past two years. Approximately 40% have said they or a family member have used a Green Bay hospital at some point. Clearly, there is significant migration to Green Bay for care.

One-fifth of the respondents have used a Green Bay hospital in the past two years. Well over half of those respondents said the decision to go to Green Bay was based on a doctor’s referral. The main reason their physicians referred to Green Bay was to have access to more specialized care. One-third of the respondents made the decision to go to Green Bay on their own. Again, they wanted access to more specialized care. They also believed they would get better care in Green Bay and didn’t have as much faith in MDCMC.

For cancer care services, including surgery, chemotherapy and radiation, approximately one-third of the respondents didn’t know where they would go for care. Almost half of the respondents would choose MDCMC for follow-up chemotherapy and radiation. They were less likely to choose Door County for surgery, however; no hospital stood as a clear “winner” for where to go. These findings highlight opportunities for the hospital to market their relationship with Green Bay Oncology and how residents have access to quality cancer care locally.

Respondents who were aware of or had used MDCMC were asked a series of questions to determine their perception of the hospital. The detailed findings highlight the results by patients in the past two years and non-patients (defined as people aware of the hospital or ever used, but not in the past two years). It is important to note that patients tended to give higher likelihood to use ratings and performance ratings than non-patients. This finding is to be expected, particularly when patients have recently had a very positive experience with the hospital – which this group of respondents did. The lower ratings among non-patients may be based more on perception versus a recent interaction with the hospital.

Overall, it is important to note that the scores for MDCMC are typical for a community hospital. Staff scores are higher while scores for specialty care are lower. Scores for large tertiary care hospitals would typically be higher for technology and specialty care attributes; however, they would be lower for staff attributes.

When looking at the total sample, the following findings were noted:

- Almost half of the respondents gave MDCMC the highest ratings for overall reputation. Very few people gave low ratings. The mean score was 5.17 on a 7-point scale.
- Key strengths associated with the hospital included a convenient location, good staff, good patient care, prompt service and knowledgeable doctors.
- Many respondents were unable to identify any areas for improvement. Top mentions were for more specialty care, better/faster emergency room care, better trained doctors and less staff turnover – particularly doctors.
- The hospital received high scores of 6.00 or higher for cleanliness, having a caring and courteous staff, safety, and compassionate nurses. With the exception of providing the best value for your health care dollars and timeliness of care in the emergency room, all other staff and service attributes had mean scores of 5.50 or higher.
- Three-quarters of the respondents who were patients in the past two years gave the highest ratings for their experience at the hospital. The resulting mean score of 5.92 was very good. Most described positive experiences with the staff and the medical care they received.
- Two-thirds of the respondents gave the hospital the highest ratings for being a good corporate citizen with a mean score of 5.75. They believe the hospital has made a positive impact in the community by being actively involved with community organizations and by offering education to residents.
- Most of the respondents were unable to offer any suggestions on how MDCMC could be a better neighbor to the community. The top mentions included offering more healthcare assistance to people in need, offering more health and wellness education programs and continuing to focus on the quality of healthcare in the community.
- To become the hospital of choice, respondents said the hospital should focus on maintaining and retaining quality staff and physicians. Some of the open-ended comments suggest that respondents believe there is a lot of turnover of physicians.
- Respondents also said the hospital should focus on providing a wide range of services, including specialty care. The emphasis in the community should be on providing a high level of care overall and making sure residents are aware of hospital's reputation for high quality care.
- Employment opportunities, affordable health care and access to health care were mentioned most often unaided when asked to name the most pressing issues facing the community. When presented with a list of issues, employment/income opportunities and the cost of health care received the highest scores for being serious issues facing the county.

When looking at where respondents prefer to go for care, as well as their likelihood to use MDCMC, it is clear that the hospital is viewed as the place to go for general care, not specialty care. The following table highlights where respondents prefer to go, as well as their likelihood to use MDCMC. Overall, their preference for using MDCMC matches with the highest likelihood to use scores. High percentages of "don't know" responses for hospital preference highlight opportunities for the hospital to market their services in those areas.

This is particularly important for GI issues, back or spinal care, and orthopedic issues where MDCMC is the preferred hospital, but has lower likelihood to use scores and high percentages of "don't know" responses for preference. Note the lower percentage of people who would choose MDCMC for a life-threatening emergency, which may indicate respondents' beliefs that the hospital is not equipped to handle serious emergencies.

Respondents were also asked an open-ended question to determine what they felt were the most urgent or pressing needs facing their local community.

- Note that almost 20% answered “don’t know” to this question.
- The top mention at 34% was employment and the need for more local jobs. Another 8% mentioned the economy in general and saw a need for ways to build the tax base and to keep taxes lower for residents.
- Approximately 10% mentioned affordable health insurance/health care, as well as access to more health care services and options.
- Approximately 7% saw a need for more services for the elderly or more affordable housing options.
- All other issues were mentioned by less than 5% of the total sample.

In summary, MDCMC is viewed as a good community access hospital. Nothing stood out as a serious quality issue. When it comes to likelihood to use the hospital, people will look to MDCMC for general care. They appear to have less confidence in the hospital when it comes to handling specialty care, such as heart care, orthopedic surgery as it relates to back or spinal care, GI issues, or life-threatening emergencies. In terms of cancer care, they appear to be most comfortable using the hospital for follow-up radiation and chemotherapy.

Since the hospital appears to have a good reputation already, these findings suggest that the hospital has the opportunity to educate residents on the hospital’s capabilities to handle certain types of specialty care close to home.

Algoma Area Survey Results

In October 2012, Ministry Door County Medical Center commissioned Matousek & Associates, a marketing research and consulting firm in Green Bay, WI, to conduct research with residents of Algoma and the surrounding areas.

The purpose of the study was to evaluate the health and wellness needs of the Algoma community and address key determinants of community health status needed to fulfill the Community Health Needs Assessment requirement for Algoma.

The survey was developed by Matousek & Associates, in conjunction with representatives from Ministry Door County Medical Center. A total of 240 telephone interviews were completed in the following areas: Algoma (n=140), Casco (n=25), Forestville (n=26) and Kewaunee (n=49).

Matousek & Associates gathered, edited, coded and processed the data. The following report lists detailed responses for each question in the survey. Survey responses are analyzed by location, and where appropriate, by age. The Algoma residents surveyed were enthusiastic about health and wellness and said they were committed to living a healthy lifestyle. This commitment appears to only grow stronger with age. Almost everyone, regardless of age, reported doing some type of activity to stay healthy—most often walking, jogging, dieting or exercising at home. Other than in Kewaunee, where there is an existing fitness center, only a small percentage of respondents have current memberships at any type of gym or fitness center. Those who do are most often traveling to the YMCA in Sturgeon Bay.

Respondents were also asked an open-ended question to determine what they felt were the most urgent or pressing health care needs facing their local community. Survey findings include:

- Lack of a wellness/fitness center and/or swimming pool was mentioned by 11% of respondents in Algoma.
- Other mentions included a concern regarding obesity and a lack of nutrition/health information (8%), more things for young people to do (6%), and more help and support for seniors (6%).
- Twenty percent of Algoma respondents answered “don’t know.”
- All other issues were mentioned by less than 5% of respondents.

When “lack of a wellness/fitness center and/or swimming pool” became evident as the top mentioned community health need by respondents in the Algoma area, further questioning around this topic was conducted. When asked what type of features a health and wellness center would have to have, top mentions included cardio equipment, locker rooms, nutrition education and coaching, health education, a weight room (with free weights and machines), and wellness coaching. Amenities that would go above and beyond the basic expectations included a multi-purpose room, massage therapy, a swimming pool, a dance room and a personal coach.

When asked if they would support a health and wellness center, those in Algoma expressed the most interest: 19% of respondents gave the highest ratings of 7, indicating that they were very likely to join the center within the first year. Respondents in Forestville also expressed interest in the center with 15% very likely to join. Interest in Casco was moderate, with 8% giving the highest score of 7. Overall, half of interested respondents would purchase individual adult memberships and half would purchase family memberships.

In summary, there is a perceived need in the Algoma community for a health and wellness center and the support that comes along with it. A health and wellness center would provide something that is currently unavailable in the community and would benefit residents of any age.