



Door County Medical Center

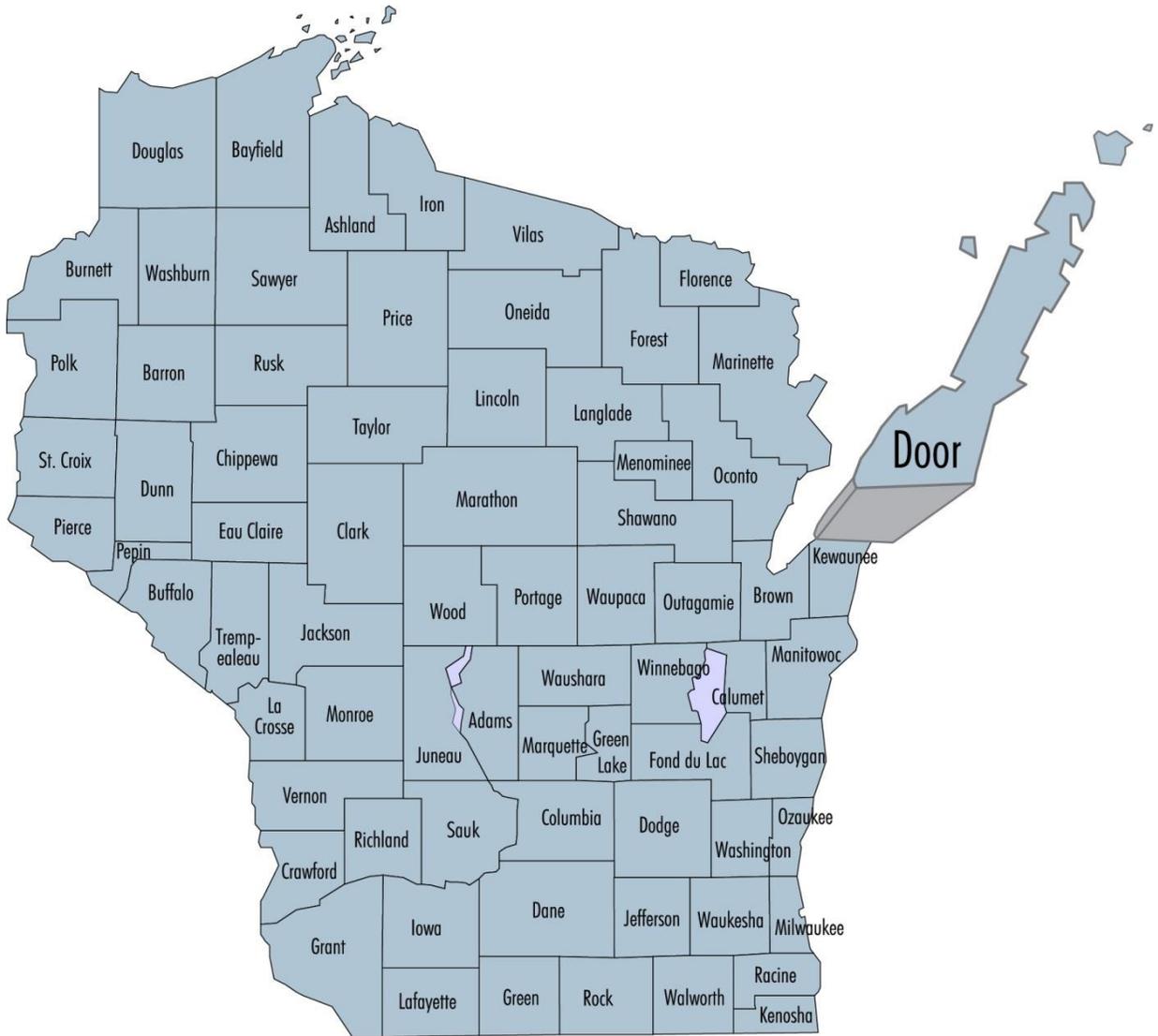
IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM



COMMUNITY HEALTH NEEDS ASSESSMENT

2020-2023

Communities We Serve



**Door County
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

Door County Medical Center Community Health Needs Assessment

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

Door County Medical Center (DCMC) is a critical access hospital located in Door County, Wisconsin. For nearly 75 years, DCMC has been the leader in health and wellness for the community. DCMC's hospital and outpatient medical center provides a wide range of specialties, including Primary & Family Care, the Women's and Children's Center, the Door Orthopedic Center, the Door County Cancer Center, a skilled nursing facility, a rehabilitation services department, and clinics located in communities throughout Door County and the City of Algoma. With its main campus in Sturgeon Bay and satellite clinics and rehabilitation services facilities in four smaller communities, DCMC serves a wide range of patients.

DCMC's community health needs assessment (CHNA) focuses on the needs of individuals in Door County. Along with our values of Presence, Service, Vision, and Justice, our mission as a Catholic health care system is to further the healing ministry of Jesus Christ by improving the health and well-being of our community, especially the poor.

Door County Medical Center has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In 2019, DCMC's community benefit contributions were more than \$5 million.

DCMC also partners with other local organizations to address the health needs of the community, living up to its mission to improve the health and well-being of all people, especially the poor. DCMC's myriad community involvements – including support for silent sporting events, arts and music events, after school programs, and youth sports – make them the leaders in community wellness for all ages. DCMC also supports school nursing programs in local public schools, as well as occupational and physical therapy and sports medicine, and partners with local employers to keep their employees in good health.

Community Served by the Medical Center

Although DCMC serves Door County and the community of Algoma, WI, for the purposes of the community health needs assessment, the hospital and Door County Public Health focused on the needs of Door County. Our 'community served' was defined as such because (a) most community health data is available on at the county level; (b) most of our assessment partners define their service area at the county level; (c) Door County includes the majority of our service area.

Demographics describe statistics of the population. The following statistics compare Door County to Wisconsin including the areas of population, age, gender, race and ethnicity. In addition to these key statistics, additional information regarding Healthiest Wisconsin 2020 Focus Areas was also included in the development of this CHNA.

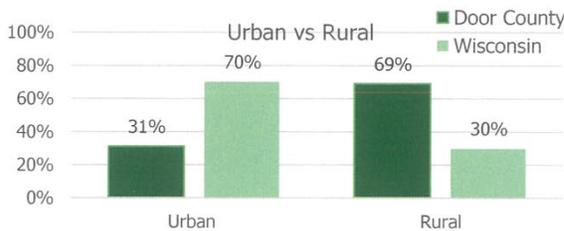
Year	Door County	Wisconsin
2018	28,000	5,818,049
2017	27,483	5,795,483
2016	27,348	5,772,917
2015	27,307	5,759,744

*Data Source: [World Population Review 2018](#)

	Door County	Wisconsin
Urban	31.01%	70.15%
Rural	68.99%	29.85%

*Data Source: [Community Commons](#)

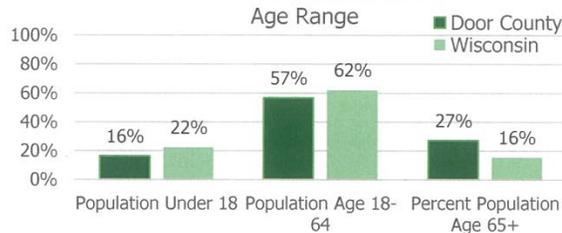
Population



AGE

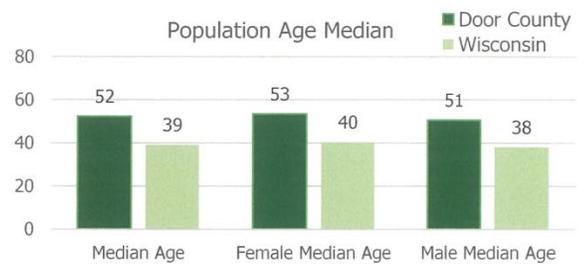
Age	Door County	Wisconsin
Population Under 18	16.32%	22.45%
Population Age 18-64	56.54%	61.99%
Percent Population Age 65+	27.14%	15.56%

*Data Source: [Community Commons](#)



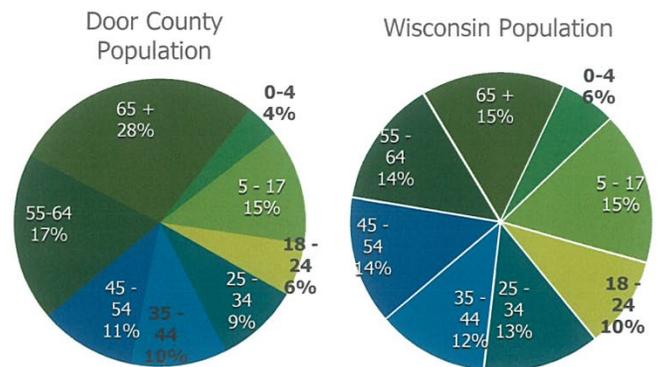
Age	Door County	Wisconsin
Median Age	52.3	39.2
Female Median Age	53.4	40.4
Male Median Age	50.6	38.1

*Data Source: [World Population Review 2018](#)



Age	Door County	Wisconsin
0-4	1,016	337,472
5 - 17	3,463	956,478
18 - 24	1,586	561,451
25 - 34	2,462	728,204
35 - 44	2,853	692,455
45 - 54	2,853	797,083
55 - 64	5,039	793,350
65 +	7,448	896,724

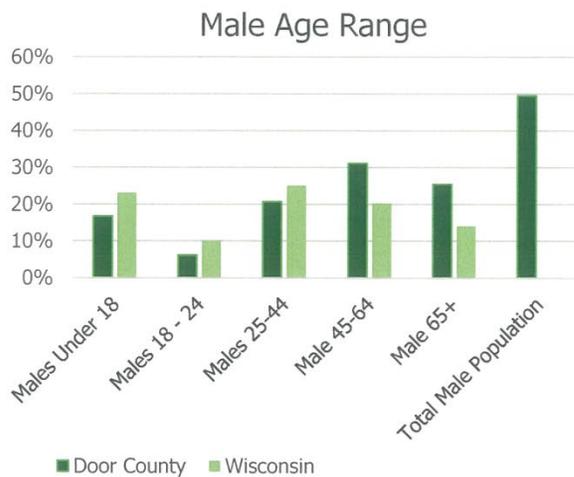
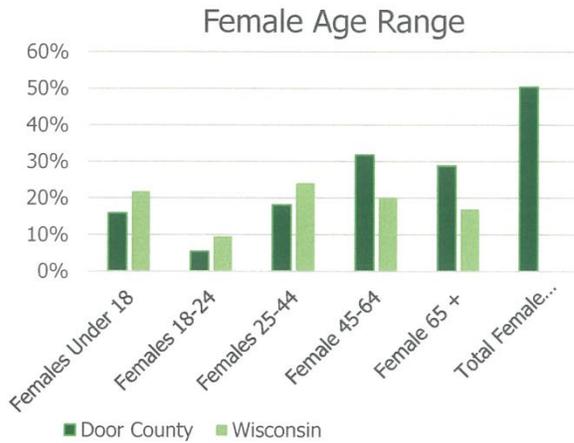
*Data Source: [Community Commons](#)



GENDER

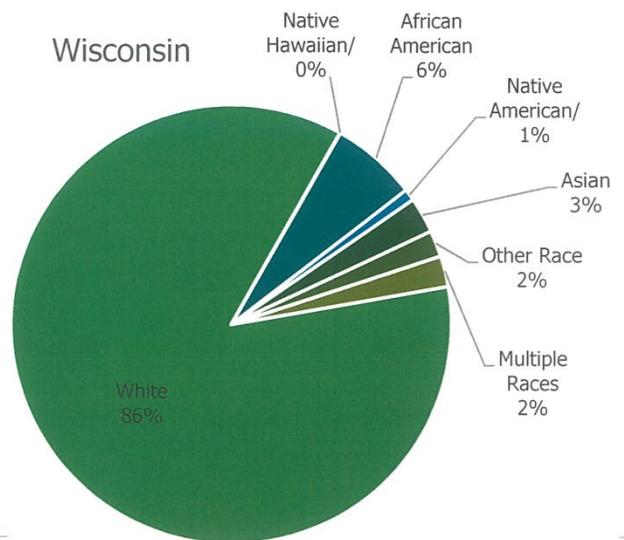
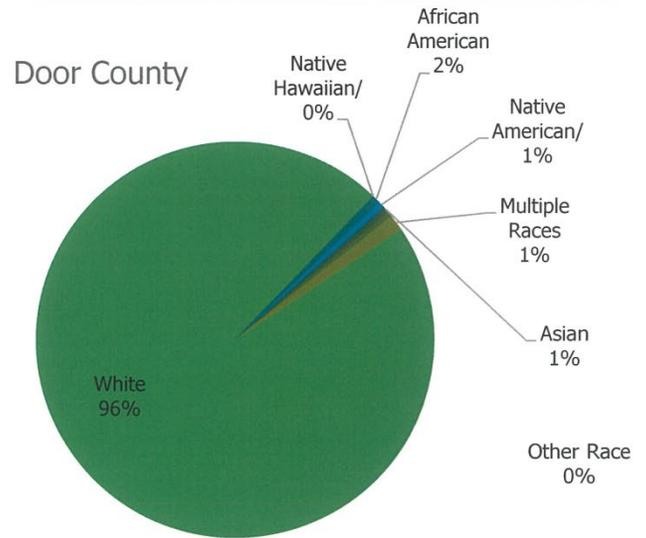
Gender	Door County	Wisconsin
Females Under 18	15.9%	21.8%
Males Under 18	16.7%	23.1%
Females 18-24	5.4%	9.5%
Males 18 - 24	6.2%	10.0%
Females 25-44	18.1%	24.1%
Males 25-44	20.7%	25.1%
Female 45-64	31.8%	20.1%
Male 45-64	31.1%	20.3%
Female 65 +	28.8%	17.0%
Male 65+	25.4%	14.1%
Total Female Population	50.44%	?
Total Male Population	49.56%	?

*Data Source: [United States Census Bureau 2018](#)



RACE AND ETHNICITY

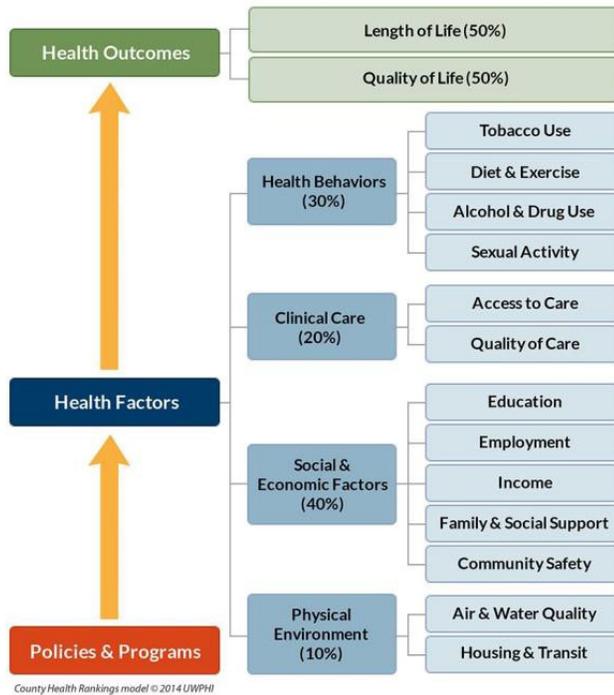
Race and Ethnicity	Door County	Wisconsin
White	26,488	4,950,577
Native Hawaiian/ Pacific Islander	0	1,811
African American	191	365,884
Native American/	148	50,094



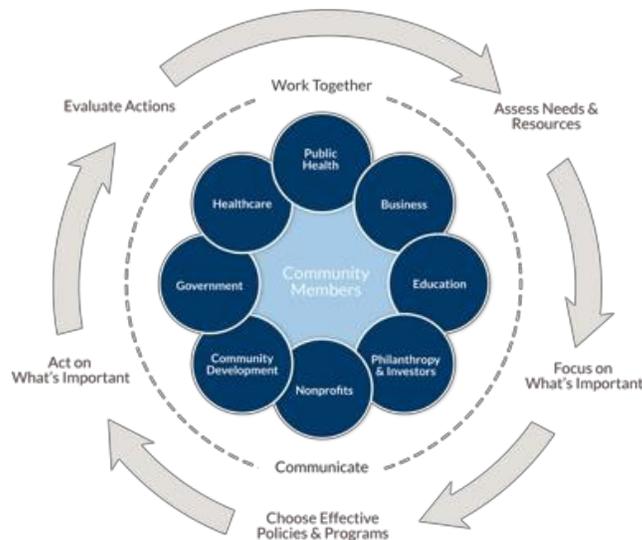
Process and Methods Used to Conduct the Assessment

Community Health Improvement Strategy

DCMC is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing in particular the determinants of health model and the model for community health improvement.



In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities* (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program). This guidebook builds on the County Health Rankings and Roadmaps' Action Center.



Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play by:

- Working collaboratively to effectively address health issues;
- Paying attention to the forces that shape health outcomes;
- Focusing efforts on target populations with a disparate health burden;
- Emphasizing the powerful impact of policy- and system-based approaches on change;
- Using the best evidence of effective strategies;
- Identifying and tracking specific, measurable performance indicators.

Planning Process

The Door County CHNA was compiled jointly by Door County Public Health and DCMC. A core group of representatives from both the medical center and Public Health worked together to identify the data to be used and distribute that data in order to gather feedback from key stakeholders.

The organizing framework for the data was Healthiest Wisconsin 2020, with categories as follows: alcohol and other drug abuse (AODA), chronic disease, communicable disease, environmental and occupational health, healthy growth and development, injury and violence, mental health, food and nutrition, oral health, physical activity, reproductive and sexual health, and tobacco use.

Data Sources

The primary source of this data was the Community Commons CHNA.org site which, in turn, draws from multiple secondary data sources including the US Census Bureau, Behavioral Risk Factor Surveillance System, and other Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- County Health Rankings and Roadmaps
- Wisconsin Department of Health Services
- American Community Survey
- Wisconsin Department of Children and Families
- National Center for Education Statistics
- Wisconsin Department of Public Instruction
- Wisconsin Environmental Public Health Tracking Program
- Wisconsin WIC Program
- Youth Risk Behavior Survey for Door County

This data was gathered into a written report shared with community stakeholders.

Input From Persons Who Represent the Broad Interests of the Community

Door County Medical Center is committed to addressing community health needs collaboratively with local partners. After the first community health needs assessment was compiled in 2013, DCMC participated actively in addressing the three top identified community needs: oral health, mental health and food and nutrition. Last cycle's assessment included a fourth need: human growth and development. This year's assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal continuing focus on these identified needs.

Input from Community Stakeholders, Including those who Serve Vulnerable Populations

Community stakeholders participated in the planning process and received data compiled by Door County Public Health. The data focused on an overview of county demographics and included data on health focus areas identified by Healthiest Wisconsin 2020, as well as an update on progress made on the current four identified health care needs. Topics included: food and nutrition, chronic disease prevention and management, healthy growth and development, mental health and oral health. This community health data was distributed to approximately 30+ participants along with a survey to solicit feedback including:

- Any outstanding gaps/needs related to the four current health priorities;
- Any emerging issues demonstrated by the data;
- Any additional observations in reviewing the data.

Beginning in April 2019, the DCMC and Door County Public Health group met to analyze the results and then participated in a discussion about the community health data, progress on the previous priority areas, and any emerging needs that were identified by our key stakeholders. Community assets were identified and based on those assets and additional criteria, the group discussed and reached consensus on the health priorities for the next three years. Those who participated in the meetings included The United Way of Door County, The Aging & Disability Resource Center of Door County, and the Boys and Girls Club of Door County.

Door County Medical Center is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the Community Health Needs Assessment (CHNA) process must be informed by input from the poor, vulnerable and disparate populations we aim to serve. To ensure that the interests of these groups were adequately represented, we reached out to the leadership from organizations who serve the underserved in our community, including low-income seniors, children living in poverty, and families who struggle with food insecurity.

Leaders of these organizations, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Soliciting feedback from these key stakeholders was a critical piece in making sure that the interests of the most vulnerable in our communities will continue to be met by the CHNA process.

Input on previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA

After reviewing and discussing the community health data, stakeholders were asked to provide input on the priority needs to be addressed throughout the next three years. They used the following criteria to consider the prioritization:

- Existing community assets – are needs already being met by community organizations?
- Severity – has this need been identified as severe, sudden and/or threatening to community health?
- Burden – how is this need affecting overall community health?

PRIORITIZATION PROCESS

Stakeholders were asked to consider the four previous priorities and decide if they should continue to be priorities for the community. It was agreed upon that the four previously identified needs (mental health; adequate, appropriate and safe food and nutrition; human growth and development; and oral health) should remain as the key priorities.

The reasoning for this decision was that the community has made good progress in actively addressing these issues and stakeholders feel that the community should continue to build on this momentum to continue to develop programs and initiatives created over the past several years. Also, the data shows that these needs continue to exist in the community and exert a health burden on the community.

PRIORITIES SELECTED

Based on this process, the following priorities were selected and confirmed for continuation:

- Mental health;
- Adequate, appropriate and safe food and nutrition (Renewed focus on addressing obesity);
- Oral health;
- Healthy growth and development – emphasis on early childhood social/emotional health and school readiness.

Acknowledging that issues beyond these four health priorities warranted attention, stakeholders then identified and discussed any additional issues that had arisen from the data and discussion. An open discussion followed, during which stakeholders' input and data compiled by Door County Public Health were taken into consideration.

Following this discussion, a few areas were identified for consideration in the future including:

- Focus on the mental and physical health of older adults including addressing issues of isolation, loneliness, end-of-life decisions, and the lack of transportation options;
- Focus on keeping and attracting younger people to serve the area through affordable housing and better paying jobs.

OVERVIEW OF PRIORITIES

Mental Health

Mental health issues continue to be a priority in Door County. The most recent Door County CHNA showed that significant steps have been made, including the increase in the ratio of mental health providers to residents, the formation by DCMC of a behavioral health services program, and the creation of a Mental Health Resource Guide. However, the data reviewed continue to indicate a need.

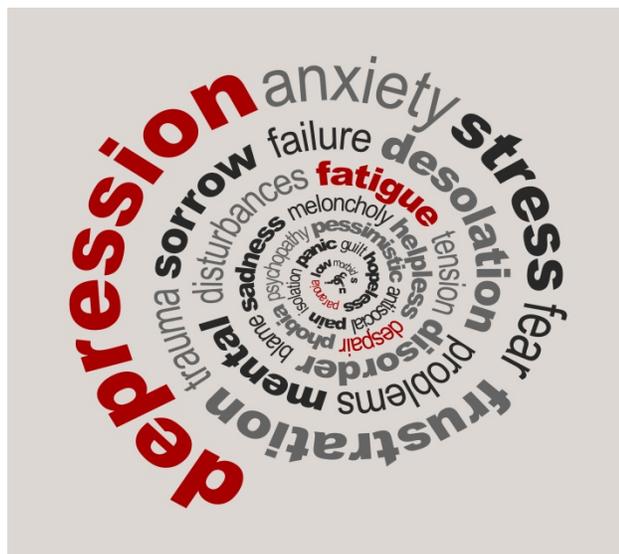
Stakeholders also noted that depression and mental health issues are associated with increased rates of other risk factors including smoking, lack of physical activity and substance abuse.

Why it matters

- Mental illness is the most common cause of disability in the United States.
- Mental health is essential to personal well-being, relationships, and the ability to contribute to society.

Mental health issues are associated with increased rates of these risk factors: smoking, physical inactivity, obesity, substance abuse. These physical health problems can in turn lead to: chronic disease, injury, and disability.

(Source: Centers for Disease Control & Prevention; County Health Rankings & Roadmaps; Healthiest Wisconsin 2020; Healthy People 2020)



Adequate, Appropriate and Safe Food and Nutrition

Access to adequate, appropriate and safe food and nutrition continues to be a challenge for many in Door County. Food cost disparity continues to be high in the community, combined with the facts that Door County's average annual income is lower than the state average and many families struggle with seasonal employment, makes food security a perennial issue in the community.

- The food insecurity rate among children in Door County 23.2 percent, surpassing the state rate of 20.7 percent.
- Food insecure families lack assured access to sufficient food for a healthy and active life. Overall, families in Door County have reported ever-increasing rates of food insecurity, resulting in a rate of 11.8-12.4 percent. Door County youth report poor eating habits, with 41.4 percent of high school students who reported eating fruit one or more times during the seven days before the survey. About 92.4 percent of students statewide reported eating fruit during the same period.
- Door County's public schools report significant levels of poverty among students, up to 19.2 percent in one district. Corresponding eligibility for free and reduced meal programs has continued to grow steadily since 2004, with nearly 40 percent of student households qualifying for these programs.

A healthy diet reduces risk of a number of chronic diseases, some cancers, oral disease, malnutrition and more. Annual health care costs are significantly higher for people who are obese than for those who are not, and people who maintain a healthy weight are less likely to develop chronic disease or die at an earlier age.



Oral Health

Access to dental care for low-income children and adults continues to be a health concern in Door County. Since adopting oral health as a prioritized community need, the Dental Clinic has expanded its services. Several years ago, the clinic served patients three days a week with volunteer staff, but the clinic has now expanded to a larger space, a full-time dentist and hygienists on staff, and full-time hours. As a result, more than 400 patients received dental care at the clinic in 2019. Also, programs in public schools to provide dental sealants for children continue. If applied at the appropriate time, sealants can help prevent tooth decay.

Despite this progress, the need for accessible dental care continues, especially for adults on Medicaid.

- 27 percent of the Door County population age two or above did not have a dental visit in the last year compared to 24 percent statewide.
- According to data from the 2010 Burden of Oral Disease in Wisconsin, less than 20 percent of Medicaid members in Door County received dental service in 2009, a significant portion of a vulnerable population rendered unable to prevent dental or related health issues.
- According to Tanya Fischer, DCMC Dental Clinic director, 90 percent of the calls the clinic receives are from adults, but the clinic cannot serve them all. “The biggest problem in Door County now is lack of dental care access for adults,” she says.

Oral health is an important component of general health throughout a person’s life. In addition to health risks posed by oral conditions, some of these conditions can impact and reveal health issues in other areas of the body. Oral health also has social impact. Difficulty chewing or swallowing can affect diet and nutrition by limiting food selection, and may lead to overall poor nutrition and health. Poor oral health can also affect self-esteem in children and adults, and result in difficulty in social situations or obtaining employment.



Healthy Growth and Development

In early 2015, a group of educators, parents and other professionals associated with early childhood and school-age children came together to discuss concerns about a perceived pervasive lack of social/emotional readiness for the demands of school. Increased numbers of children with behavioral issues, a lack of school readiness, and the need for increased teaching of basic social skills had these groups concerned about the impact of this issue on our youth and our community.

- The child abuse rate per 1,000 population in Door County is higher than the Wisconsin average, standing at 4.9 vs. the statewide rate of 4. Child abuse leads to long term detrimental effects including health challenges.
- It was noted that staff from Door County's Child and Family Services Department, in charge of handling cases of child abuse and neglect, were absent from the meeting, not because of a lack of interest, but because they are "busier than ever." Door County has seen an 800 percent increase in CHIPS petitions (filed alleging maltreatment of a child), from three in 2010 to 27 in 2014.
- Sturgeon Bay Head Start director reports that the program is seeing increased numbers of children with challenging behaviors and Individualized Education Plans (IEPs).
- At the start of the 2015 school year, Sturgeon Bay schools report 22 percent of kindergarteners were at risk in reading, and 28 percent did not meet beginning benchmarks in math; 14 percent of 4K students and 30 percent of kindergarten students had discipline referrals in the first quarter of the year.

Early childhood is a critical development period with lifelong impacts on health. Recent research has clearly shown that brain development of children prior to age five has a profound impact on their social, emotional, language, memory, physical and cognitive development. Positive environments and relationships in the life of the child lay the foundation for future learning, behavior and health. Adverse conditions, such as persistent poverty, violence and substandard daycare, put children at higher risk for mental health and developmental problems that can persist into school-age years and adulthood.



Potential Resources to Address the Significant Health Needs

Below are resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing implementation plans to address the prioritized community health needs:

Healthcare facilities:

- Door County Medical Center
- DCMC's satellite clinics in Algoma, Fish Creek and Washington Island
- Aurora Urgent Care and Nor-Door Clinics
- Bellin Employer Health Clinic in Sturgeon Bay

Other organizations/groups/services/programs:

Mental Health

- Door County Public Health
- Door County YMCA
- Behavioral Health Services (DCMC)
- Counseling Associates of Door County
- Jak's Place
- Big Brothers Big Sisters of Door County
- Boys and Girls Club of Door County
- Prevent Suicide Door County Nathan Wilson Coalition
- LEAP - The Human Kindness Project (DCMC outreach program)
- Art for Health/Art on the Wild Side Program (DCMC outreach program)
- Anti-bullying curricula in public schools
- Door County Mental Health Focus Group
- Community Programs of Door County

Food and Nutrition

- Door County Public Health
- FoodShare (supported by DCMC)
- Door County YMCA – Summer Foods Program
- WIC and Breastfeeding Support Groups
- The Community's Garden (in partnership with DCMC)
- Boys and Girls Club of Door County
- United Way of Door County
- Feed my People
- Lakeshore CAP Food Pantry
- Healthy Door County 2020 Task Force (representation from DCMC)

Oral Health

- Door County Dental Clinic
- Door County Public Health

Healthy Growth and Development

- Door County YMCA
- Boys and Girls Club of Door County
- Door County Library
- Door County Medical Center Children's Center
- Big Brothers Big Sisters of Door County
- Family Services of Northeast Wisconsin
- Sturgeon Bay Head Start
- Birth to Three Invention Program
- Family Support Program/Children's Services
- Child and Family Services Unit – DC Dept. of Human Services
- Door County Partnership for Children and Families

Physical resources:

- Three WI state parks
- County and city parks
- Crossroads at Big Creek
- Multiple opportunities for outdoor activities
- Bike lanes
- Performing arts venues

Community characteristics:

- Community readiness
- Silent sporting/recreational destination
- Collaborative spirit
- Arts-rich community (galleries, museums)
- High number of non-profit organizations
- High level of volunteerism

Next Steps

Having identified the priority health needs to be addressed, next steps include:

- Collaborating with community partners
- Developing a three-year Implementation Strategy
- Integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations.

Approval

This community health needs assessment (CHNA) report was presented to Door County Medical Center's governing board in May 2019 for adoption and was approved.