ThedaCare Community Health Needs Assessment

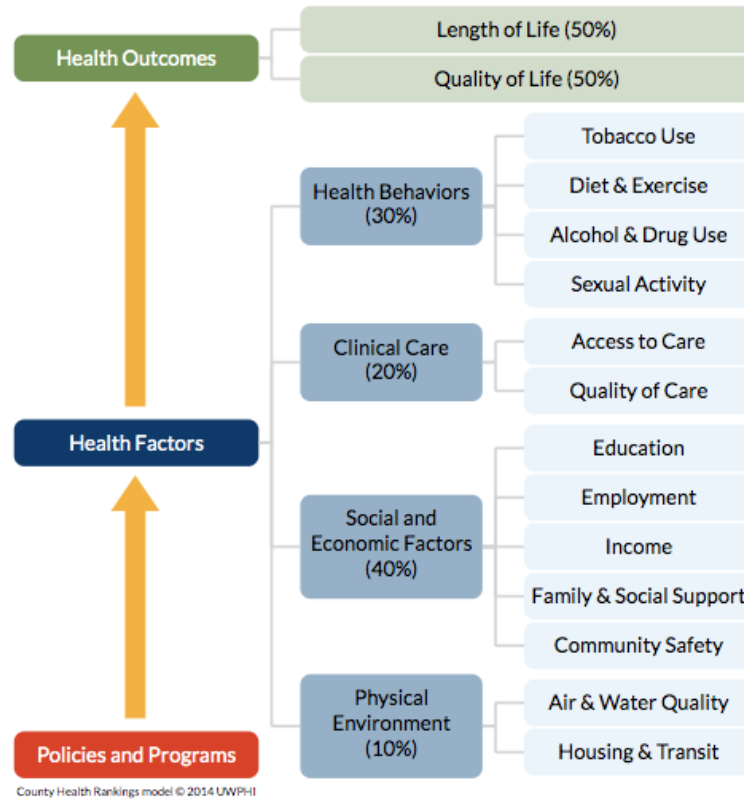## Healthy Individuals Start with Healthy Communities

When people have access to the supports they need to realize their full potential, communities and individuals thrive. This starts with access to basic needs such as nutritious food, safety, humane housing and top-quality healthcare. Yet, a community that fosters health and well-being is so much more. There exist ample opportunities for lifelong learning, meaningful work that provides fulfillment and covers the bills, accessible and affordable transportation, environments that encourage activity and recreation, and connection to others - providing a place for all to truly belong.

If this is what we know creates health, then this is where ThedaCare's interest belongs — upstream, helping to put in place, across the communities we serve, the conditions that build health in the first place. No longer simply a health*care* organization, ThedaCare is evolving into a *population health* organization, challenging the antiquated systems that incentivize more procedures over preventative measures. Customers of health services across Northeast and Central Wisconsin want to live healthier, more meaningful lives. It's ThedaCare's purpose to help them do just that.

The best models today suggest only 20% of health is created inside the walls of healthcare systems. That means that 80% of health is a result of what happens in our homes, our workplaces, our schools, our faith institutions, our communities. (See graphic below.)

ThedaCare uses the UW Population Health Institute model below to help build understanding of what creates health and to classify health needs and opportunities. Data collected through the Institute's County Health Rankings serve as one of several data sets that help us understand local health needs.

> *The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

County Health Rankings model © 2014 UWPHI

The three-year plan that follows (plan to be added to this document early 2020) is a blueprint for how ThedaCare intends to leverage its distinguished talents inside its walls to team up with community partners across sectors to strengthen the health and well-being within the communities it serves and lay the foundation for health for generations to come.
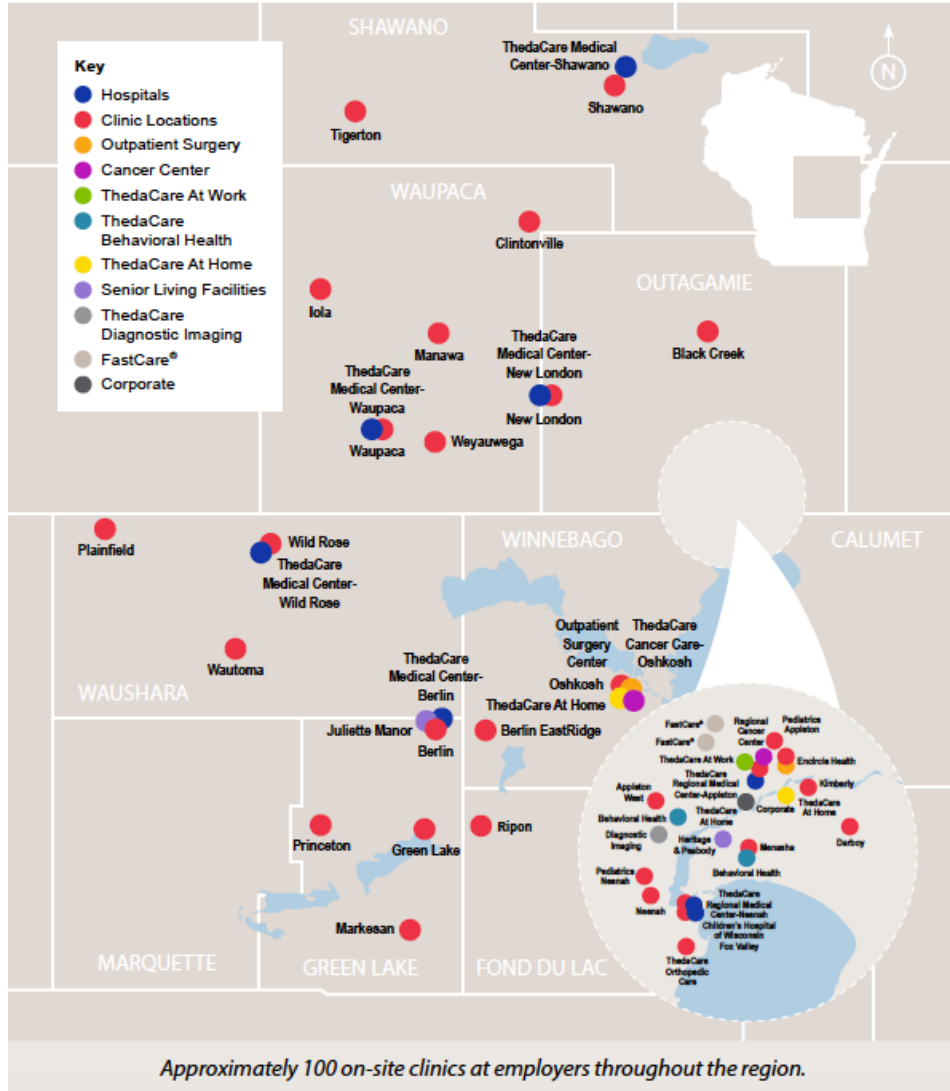
About ThedaCare

ThedaCare is the region's only locally owned, not-for-profit health system. That means ThedaCare decision-makers, inclusive of leaders, staff and board members, work in this community and call this place home. They have every reason to put the well-being of area residents first because each has a vested personal interest in the current and long-term health and vitality of family, neighbors and friends.

With deep roots dating back more than 110 years, ThedaCare has been committed to improving the health of the communities it serves in Northeast and Central Wisconsin. Each year, ThedaCare's 7,000 team members provide expert medical care to more than 250,000 individuals through more than 180 points of access including seven hospitals located in Appleton, Neenah, Berlin, New London, Shawano, Waupaca and Wild Rose, 35 clinics and ancillary sites, and 100 worksite locations. ThedaCare serves a region of more than 600,000 residents across 14 counties and features a level II trauma center, comprehensive cancer treatment, stroke and cardiac programs as well as a foundation dedicated to community service. In addition, ThedaCare is the first in Wisconsin to be a Mayo Clinic Care Network Member, giving our specialists the ability to consult with Mayo Clinic experts on a patient's care.

ThedaCare®

Locations Map

ThedaCare®

Key

- ● Hospitals
- ● Clinic Locations
- ● Outpatient Surgery
- ● Cancer Center
- ● ThedaCare At Work
- ● ThedaCare Behavioral Health
- ● ThedaCare At Home
- ● Senior Living Facilities
- ● ThedaCare Diagnostic Imaging
- ● FastCare®
- ● Corporate

SHAWANO

ThedaCare Medical Center-Shawano

Shawano

Tigerton

WAUPACA

Clintonville

OUTAGAMIE

Iola

Manawa

ThedaCare Medical Center-New London

Black Creek

ThedaCare Medical Center-Waupaca

New London

Waupaca

Weyauwega

Plainfield

Wild Rose

ThedaCare Medical Center-Wild Rose

WINNEBAGO

CALUMET

WAUSHARA

Wautoma

ThedaCare Medical Center-Berlin

Juliette Manor

Berlin

Outpatient Surgery Center

ThedaCare Cancer Care-Oshkosh

Oshkosh

ThedaCare At Home

Berlin EastRidge

FastCare®

FastCare®

Regional Cancer Center

Pediatrics Appleton

ThedaCare At Work

Encircle Health

ThedaCare Regional Medical Center-Appleton

Kimberly

Appleton West

ThedaCare At Home

Behavioral Health

ThedaCare At Home

Corporate

Diagnostic Imaging

Heritage & Peabody

Menasha

Darboy

Princeton

Green Lake

Ripon

Pediatrics Neenah

Behavioral Health

Neenah

ThedaCare Regional Medical Center-Neenah

Children's Hospital of Wisconsin Fox Valley

Markesan

ThedaCare Orthopedic Care

MARQUETTE

GREEN LAKE

FOND DU LAC

Approximately 100 on-site clinics at employers throughout the region.

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Care that Spans Beyond Hospital and Clinic Walls

Well before the Affordable Care Act required health systems to conduct Community Health Needs Assessments and develop corresponding plans, ThedaCare was leading the way in community health improvement efforts. Since 2001, ThedaCare has used its Community Health Action Team (CHAT) model to bring community members together to study critical health needs and co-create effective, sustainable solutions. Leaders across all community sectors, including education, business, healthcare, government, non-profits, faith organizations, and more, participate in day-long field trips called "plunges" to learn firsthand from people with lived experience. This up-close perspective has empowered communities to take ownership of their health and fueled an urgent desire to craft collaborative solutions that have resulted in dozens of high-impact organizations and programs that are building health across the region.

ThedaCare has been a driving force behind development of such efforts as *Imagine Fox Cities* living vision, LiveWell Fox Valley creating a culture of health, the Rural Health Initiative taking care to the farm, the STAR Program reducing the gap in graduation rates between black and white youth, and so much more. As a result, the American Hospital Association and Baxter Health Foundation have twice recognized ThedaCare among the top four candidates in the country for the Foster G. McGaw Prize for Excellence in Community Service.

This commitment to the broader health of the community starts with a Board of Trustees that sees itself as stewards of individual and community well-being. A leadership team puts patient and community health at the center of everything ThedaCare does to ensure this work is embodied in our mission, our vision, our strategy and our plans. Dedicated Community Health staff are resourced to effectively research community need and develop partnerships and solutions that have impact. And, CHAT Teams in each community help ensure that local needs are not overlooked and proposed solutions will matter.

The Health of Our Community Today

Understanding the health of the community goes beyond data collection and analysis. It entails meeting face-to-face with and listening to the stories of people who live and work in the community, especially people whose voices may be easily overlooked. In what ways are their lives becoming healthier? What stands in their way to achieving health and well-being? What do they need to enhance their ability to lead healthy lives? These are all important questions that, coupled with data, paint a picture of opportunity for action.

Needs Assessment and Prioritization Process

ThedaCare's Community Health Needs Assessment process was anchored by an Advisory Team of more than 40 community members and ThedaCare professionals from across the nine-county health system primary service area. (See Appendix A.) These individuals represented public health, non-profit organizations, ThedaCare hospitals and clinics, ThedaCare at Work and ThedaCare Board of Trustees. This group established a multiple-meeting process that defined the purpose of the Assessment, the data to be collected and through what methods, laid out how the hospital and community would come together to make sense of the data, and what process would be used to prioritize identified needs and opportunities.

A Core Data Set developed by the Wisconsin Association of Local Health Departments and Boards (WALHDAB) was used as the starting point for secondary data collection. Public health assessments and plans were reviewed. In addition, interview data, gathered in partnership with all county and city health departments, was layered on, as were data collected through the Fox Valley Community Health Improvement Coalition (FVCHIC), a collaboration of all five health systems and public health organizations in the tri-county region. The FVCHIC conducted a joint behavioral risk survey of 1400 adults and parents of youth, along with 70 interviews of key stakeholders and vulnerable populations to reduce duplication of effort among health organizations. ThedaCare Community Health staff and public health conducted an additional 50 interviews of key stakeholders and vulnerable populations in rural hospital markets to complement the Fox Cities interviews and secondary data. (See Appendix B for list of key stakeholders interviewed.) Final components of the data set included hospital patient data, as well as input from the CHAT teams in each hospital market.

Three 4-hour data workshops were held to make sense of the primary and secondary data and prioritize opportunities. In addition to the Advisory Team, an expanded list of community and ThedaCare representatives was engaged in these workshops to ensure conclusions were accurate and relevant. (See Appendix C.) Representatives from each hospital service area reviewed their market-specific data and formed conclusions. This data was compiled to provide both regional and local landscapes of health need.

Priorities were identified using Impact and Feasibility Criteria. Specific criteria included the number of people affected, how likely to cause death, current trend and comparison to other state and national benchmarks, impact on vulnerable populations, importance to the community, and evidence of success in addressing the issue.

Common Needs Across the ThedaCare Service Area
Several themes were consistent across all seven ThedaCare hospital markets. The most significant themes were:
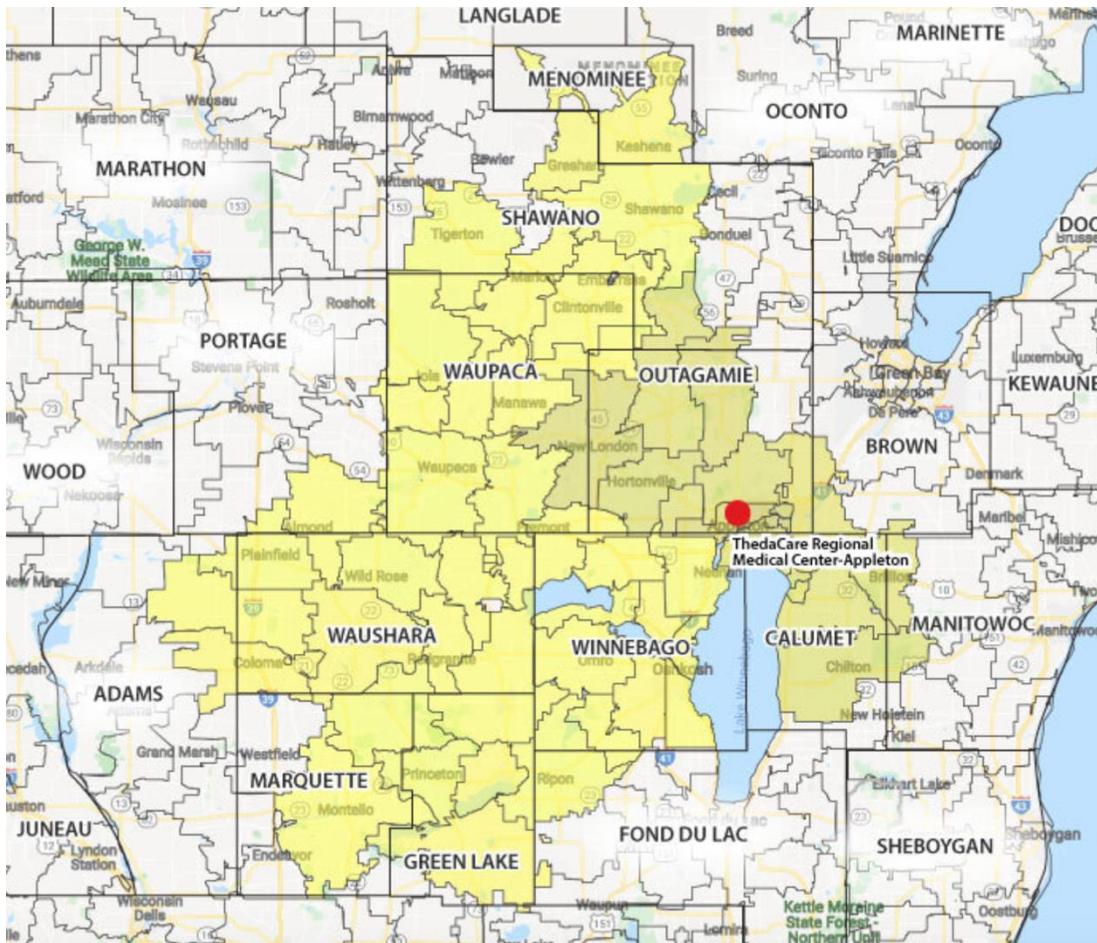- The average age of residents is increasing and their needs are becoming greater
- Health disparities are significant for people living in rural areas, low-income and people of color
- Adults and youth are struggling to maintain mental health
- Excessive drinking is among the highest in the state and country while drug use is growing with devastating effects on individuals and families
- Obesity and chronic disease are becoming the norm in Northeast Wisconsin
- Lack of access to dental care results in excessive emergency department visits
- Despite low unemployment and growth in household income, families still struggle to support basic needs, including healthcare
- Families are struggling to provide young children with the safe and healthy start needed for lifelong physical and mental health
- Disparities in educational attainment are significant for children in low-income families
- Transportation is a significant barrier to active living and needed services, particularly in rural areas
- Not everyone feels they belong in their community or have needed social supports

Appleton Health Needs Assessment and Implementation Plan

About ThedaCare Medical Center–Appleton

In 1950, a group of local business leaders began fundraising to establish a second Appleton hospital on the city's north side. Construction on the community-owned hospital began in 1955, and the doors opened in February 1958. In recent years, ThedaCare Regional Medical Center–Appleton, the area's leader in cardiac and orthopedic care, has undergone significant changes and updates, including the construction of an eight-story pavilion and bed tower in 2010. The Appleton team works closely with ThedaCare Regional Medical Center–Neenah and the other ThedaCare hospitals to ensure the community receives high quality, expert local care and support needed in times of need and day-to-day to lead the healthiest life possible.

ThedaCare Regional Medical Center-Appleton Service Area

ThedaCare Regional Medical Center–Appleton is a tertiary hospital providing cardiovascular and other specialty services throughout Northeast Wisconsin. As a result, the hospital defines its service area as consistent with the nine-county ThedaCare primary service area. (Map represents zip codes of 80% of inpatient base).

For purposes of this plan, and to avoid duplication with other ThedaCare hospital markets, we will restrict our focus of ThedaCare Regional Medical Center–Appleton's assessment and plan to Calumet and Outagamie counties.
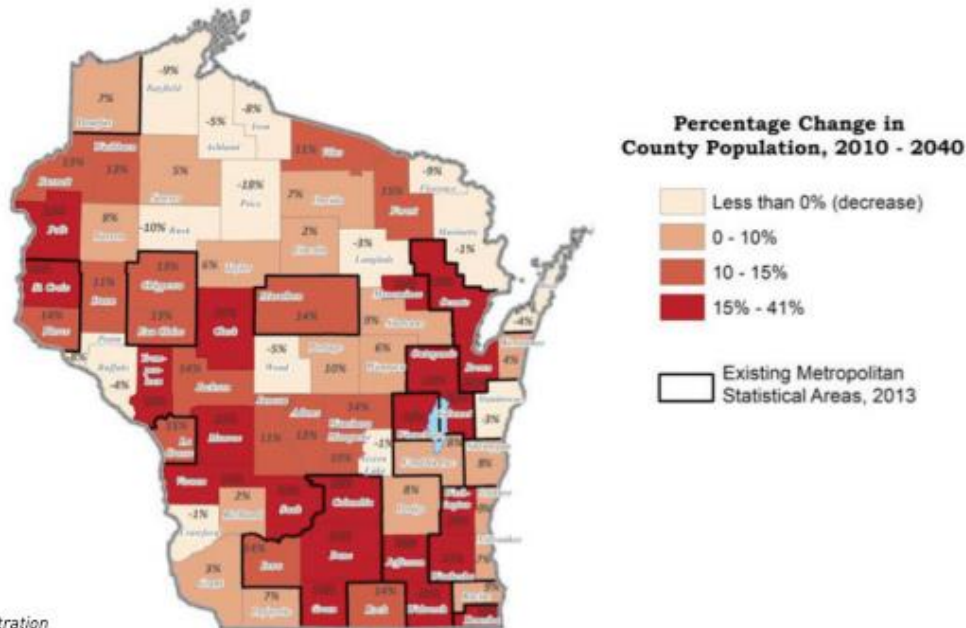
Demographics
Population
Outagamie County has an estimated population of 182,996 (2018) with a growth rate at 4% since 2010, twice the state average. Calumet County's 2018 estimated population totals 50,875 and grew at the same rate of 4% in the same time period.

Calumet County population is 27.5% rural. The majority of the county's population resides in the cities of Appleton and Menasha. Calumet County has experienced a positive natural growth rate of births compared to deaths since 2010 of 2.7% and a similar positive net migration rate into the county of 2.8%

The percent of Outagamie County population living in rural setting is 24.7%. The majority of the county's population resides in the city of Appleton. Outagamie County has experienced a positive natural growth rate of 3.2% and net migration rate of 0.1%.

Outagamie and Calumet County Projections, 2010 - 2040

The ThedaCare Regional Medical Center-Appleton service area is expected to be one of the fastest growing areas of Wisconsin in coming decades. Outagamie County is expected to grow at a significant rate, moving from the 6th to the 5th largest county in the state by 2040. Calumet County, which will prosper from suburban Appleton growth, is predicted to be the second-fastest growing county in Wisconsin. Its population is estimated to grow 31% by 2040.

Percentage Change in County Population, 2010 - 2040

- Less than 0% (decrease)
- 0 - 10%
- 10 - 15%
- 15% - 41%

Existing Metropolitan Statistical Areas, 2013

Source: Wisconsin Department of Administration Demographic Services Center

Population Projections					
	2010	**2020**	**2030**	**2040**	**Net Change**
Calumet	48,971	54,555	61,255	64,210	15,239
Outagamie	176,695	191,635	208,730	215,290	38,595

Population Projections Department of Administration, State of Wisconsin, 2015
Wisconsin Economic and Workforce Profile, 2017

Age Distribution

The percentage of people below 18 years of age in Calumet and Outagamie Counties is 24.9% and 23.4%, respectively. This is higher than the state average of 22.1%. The percentage of adults age 65 plus for both counties is below the state average of 16.5%. Average household size is expected to decline in all Wisconsin counties between 2000 and 2035.

Total Population by Age Groups (2018 est.)					
	0-17	**18-44**	**45-64**	**65+**	**Total**
Outagamie					
Total for Group	42,965	63,820	50,566	25,645	
Percent of Total	23.5%	34.9%	27.6%	14.0%	182,996
Calumet					
Total for Group	12,685	16,422	14,927	6,823	
Percent of Total	24.9%	32.3%	29.4%	13.4%	50,857

Race/Ethnicity

Both Outagamie and Calumet Counties have a higher percentage of Non-Hispanic white residents (88.0% and 91.2%, respectively), compared to the Wisconsin average (83.1%). The Hispanic population is the largest minority population and growing at the fastest rate. The Asian population also continues to grow at a higher rate.

Population by Race/Ethnicity*		
	2014 (est.)	2018 (est.)
Outagamie		
Non-Hispanic White	89.0%	88.0%
Hispanic	3.7%	4.2%
Native Hawaiian/Other Pacific Islander	0.0%	0.1%
Asian	3.1%	3.4%
American Indian and Alaskan Native	1.8%	1.9%
Non-Hispanic African American	1.0%	1.2%
Calumet		
Non-Hispanic White	92.0%	91.2%
Hispanic	3.6%	4.2%
Native Hawaiian/Other Pacific Islander	0.0%	0.0%
Asian	2.1%	2.4%
American Indian and Alaskan Native	0.4%	0.5%
Non-Hispanic African American	0.5%	0.6%

*As some census respondents choose not to disclose ethnicity, percentages may not equal 100% of the population.
Source: www.countyhealthrankings.org (PEP)

Income Levels

Both Outagamie and Calumet counties have median household incomes above the state average of $56,800. The percentage of residents living below the Federal Poverty Level is 9% for Outagamie County and 6% for Calumet County, both below the statewide average. These levels have risen slightly between 2014 and 2018, with a 1% increase in Outagamie and Calumet counties and statewide.

Outagamie County has 10% of residents who are uninsured. Calumet County has 8% who are uninsured.

According to United Way, 30% of Outagamie County and 29% of Calumet County households live below the Assets Limited, Income Constrained, Employed (ALICE) and poverty thresholds. ALICE represents individuals and families who are working but are unable to afford the basic necessities of housing, food, childcare, health care and transportation. This is below state average of 37.5%. The percentage of children living in poverty in Outagamie (10%) and Calumet (6%) is lower than state average of 16%.
The percentage of children eligible for free and reduced school lunch in Outagamie County is 31% and in Calumet County is 30%. This is lower than the state average of 40%.

Median Household Income		
	2013	**2018**
Outagamie		
Median Household Income	$45,953	$61.800
Calumet		
Median Household Income	$66,657	$72,800

Source: www.countyhealthrankings.org (SAIPE); US Census Bureau, United Way

Vulnerable Population Groups

The Community Health Needs Assessment identified several vulnerable populations, including the following potential key targets for our strategy:

- Low income
- Rural farm families
- Older adults
- Veterans
- Hispanic/Latino population
- Lesbian, Gay, Bisexual, Transgender (LGBT) population
- Hmong population
- African American population

Our plan addresses health needs of the broader population with a special focus on members of the more vulnerable populations identified above.

Key CHNA Findings

Appleton market Community Health Needs Assessment **General** *indicates applicable data for the Appleton market AND the entire nine-county service area* **Appleton market** *indicates data that applies to the Appleton service area*		
Demographics		
Conclusions	**Data/Interviews that back this up**	**Implications**
Average age of our population is getting older – disproportionately affecting rural areas	**What the data says:** **General** • With the exception of Calumet, all counties saw a negative change in population age 0-17 • With exception of Green lake, all counties saw a positive increase in population age 65+ • Senior populations are growing faster than the state average **What the community says:** **General** *"Many folks retire here for the peace and quiet and then age and become frail or have other health issues and then need help accessing services. How do they do this when they can't drive, don't have access to more specialized services that they need?"*	• Demand for daily living support and healthcare will increase • Transportation and social isolation concerns will increase • Health needs of Baby Boomers will place greater demands on "sandwich generation." • Fewer babies are being born, particularly in rural areas. Forcing healthcare to adjust provider mix • Declining workforce capacity
While the population is predominantly white, diversity is increasing slowly	**What the data says:** **General** • The Non-Hispanic White population has decreased between 0.8-1.5% across all markets in the last 5 years the largest non-White populations are Hispanic in rural markets and Hispanic, Asian and African American in urban areas	• Types of health needs will become more varied requiring cultural sensitivity and competence across community services • Hispanic community is not seeking services due to political climate • Need to grow trust with diverse populations

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The Asian population is concentrated in the Urban counties
African American population is still well below state average (6.3%) across all markets ranging from 0.4% in Shawano and Waupaca to 2% in Winnebago and Waushara
The Native American population comprises 83% in Menominee and 8.2% in Shawano. All other counties are below 2%

Appleton market

34% of Tri-county stakeholder interviews listed racial and ethnic diversity among top 5 areas for improvement

What the community says:
General
"A family has to move because neighbors are overtly racist. Families are worried about their safety. As the community has more immigrants and diversity, there is also a growing fear of immigrants."
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Health Outcomes
Length and quality of life

Conclusions	Data that backs this up	Implications
Health outcomes across service area among most to least healthy in state	**What the data says:** **Appleton market** - CHR Outcomes range from #9 of 72 for Calumet to #72 of 72 for Menominee - Outagamie county ranks #16 of 72 for Health Outcomes	A wide array of factors create different health outcomes across our service area. Strategies to address health may need to vary by urban vs rural and among different sub populations

Health disparities exist for those living in rural areas	**What the data says:** **General** • People living in rural counties have more years of potential life lost before age 75 per 100,000 population than the state average (6,100) **Appleton market:** • Calumet (#9 of 72), and Outagamie (#16 of 72) appear in the top half of health outcomes rankings **What the community says:** **General** *"Poverty – people under income and ALICE – not making enough money to live healthy lifestyles – 50% of pop fall into these categories combined – being poor is linked to everything – activities, healthy eating,"*	• Across health factors, including access to care, income levels, education, access to recreation facilities, etc…rural areas are more challenged to lead healthy lives
Adults and youth are struggling to maintain mental health	**What the data says:** **General:** • Mental health was identified by key stakeholders as among top 3 health problems. **Appleton market** • Adult self-reported number of mentally unhealthy days in past 30 days has been increasing across all markets since 2012 with the exception of Calumet and Winnebago Counties. The number of days range from 3.1 in Calumet to 5.8 in Menominee. **Youth Data**	• There is no health without mental health. Mental and physical health are intertwined. • Declining mental health affects all aspects of life including family and friend relationships and workplace productivity • Adverse Childhood Experiences are major cause of mental health issues • Declining mental health, hopefulness, ability to cope leads to increased substance abuse • Our youth are struggling to cope with life stressors and need enhanced protective factors including resiliency, knowledge, communication, relationships and support • Entire families, schools and communities are seriously impacted by suicide

| | • 25% of youth have felt sad or hopeless every day for at least the last two weeks
• 47% report having a significant problem with feeling very anxious, nervous, tense, scared or something bad going to happen over past year. Above state average of 40%. Only 22% report getting help when needed
• 16% have seriously considered suicide in past year. 6% actually attempted, down from 9% in 2016
• The national prekindergarten expulsion rate was 6.7 per 1,000 prekindergartners enrolled. This rate is 3.2 times higher than the national rate of expulsion for K-12 students, which is 2.1 per 1,000 enrolled
• 19% of Tri-County youth have self-harmed in the past year, above the state average of 17%

What the community says:
"Drug affects not just health but also social issues - mental health and Child abuse and neglect are directly related; mental health also a driver of other issues - financial stability, abuse and neglect, poor health issues." | o Sends message to other youth that suicide is an answer to their problems
• Demand for mental health services will grow, including at earlier ages |
| Diabetes rates are high in our service area | **What the data says:**
General
• The percent of adults age 20+ with diagnosed diabetes is at or above the state average (9%)

What the community says:
General
"Chronic issues could be addressed with prevention -diabetes, heart disease." | • We can anticipate an increase in health implications including heart disease, stroke, kidney disease, hypoglycemia, neuropathy, eye problems and more. Also, will likely reduce life expectancy
• Will increase demand for healthcare services |

Falls among older adults are an increasing cause of death	**What the data says:** **Appleton market** • In Calumet County, fatal falls exceeds the state average of 410 per 100,000 population in 2016. Outagamie County is below the state average • Falls was not listed among top health needs across key stakeholders. Falls was only cited twice among all interview candidates **What the community says:** **General** *"Aging is interesting – kind of vague, does capture a lot of the patients seen in ED - dementia, falling, patients want to live in homes, challenging to ensure safety and caregiver to help them."*	• Falls are not only a risk factor for fractures, they can lead to irreversible health, social, and psychological consequences, with profound economic effects • More falls are likely with aging population
Cerebrovascular disease hospitalization rates are high	**What the data says:** **Appleton market** • 2015 Cerebrovascular Disease Hospitalization Rate in Outagamie County is higher than the state average of 11.3 per 1,000 population **What the community says:** n/a	• Strokes can result in death or serious disability including loss of cognitive functions, partial paralysis in some limbs, speech difficulties, memory loss and more • Higher incidence may require expanded rehab and therapy services to recover functioning for the patient as well as support services for family care providers

While new diagnoses of cancers are better than the state across most markets, the incidence of various types of cancer is increasing. Urban vs rural data varies. Nationally, incidence of certain cancers is increasing at a younger age due to obesity epidemic	**What the data says: (Incidence per 100,000)**
	General
	• Colorectal cancer is declining
	• Cancer increasing
	    o Oral
	    o Melanoma – incidence higher than state average
	    o Uterine – incidence rising
		• Cancer rates are generally higher in urban areas with exception of lung cancer which is higher in rural areas
		• Signals importance of early detection and screening as well as focus on root cause related to diet, exercise and tobacco

	• Cancer above state average in Urban
	    ○ Breast
	    ○ Ovarian
	    ○ Prostate – incidence declining across markets; higher than state average in urban
	• Cancer above state average in Rural
	    ○ Lung – declining across markets; above state average in some rural
	• Nationally, cancer incidence significantly increased for six of 12 obesity-related cancers (multiple myeloma, colorectal, uterine corpus, gallbladder, kidney, and pancreatic cancer) in young adults (25–49 years) with steeper rises in successively younger generations
	
	Appleton market
	• Melanoma, ovarian and prostate cancer rates exceed other counties
	
	What the community says:
	General
	"Can keep people from seeking treatment for chronic concerns or cancer etc.; Cancer is related to ACES, related to environmental services/access."	

Health Behaviors
Individual actions that impact health

Conclusions	Data/Interviews that backs this up	Implications

| Excessive drinking (includes binge and heavy drinking) is among highest in state and country | **What the data says:**
General
• Excessive drinking surpasses national benchmark by more than two times.
• Urban markets have highest Excessive Drinking rates at 24-29%

Appleton market
• Alcohol-impaired driving deaths have been declining across markets with the exception of Green Lake and Waupaca counties. At 44% Calumet exceeds the state average of 36%.

What the community says:
General
"Drunk driving is just accepted" | • Excessive drinking contributes to other health factors including violence, motor vehicle crashes/deaths, increased STIs, increased suicide and mental health issues, and chronic disease
• Alcohol abuse is an Adverse Childhood Experience, fostering cycle of long-term health implications
• Healthcare providers can play a greater role in screening and referral |
| The consequences of drug use are becoming more serious leading to more fatalities and hospitalizations. Drug use among adults appears to be increasing, impacting children and families. Opioids and heroin continue to plague communities. Marijuana is becoming more socially acceptable among youth. | **What the data says:**
General:
• Drug abuse was named among top 3 health problems
• Drug overdose death rate in Northeast Wisconsin has quadrupled from 2,000 to 2016, rising from 2.7 deaths/100,000 population in 2,000 to 12.5 deaths/100,000
• The rate of opioid related hospital discharges in Northeast Wisconsin has more than doubled in last 10 years, from 122/100,000 population in 2006 to 331/100,000 in 2016
• The heroin poisoning discharge rate has jumped from 0.6/100,000 population in 2007 to 16.1/100,000 population in 2016
• Wisconsin foster care placements due to caretaker drug use have risen from 15% of | • Along with the individual impacts of drug use, the societal impacts are increasing as well such as children in families not receiving the parent support they need; Foster care demand is rising; burglary and theft increasing as drug users seek to fund drug habits, for example
• Demand for prevention, treatment and recovery services grows
• Drug abuse is an Adverse Childhood Experience, fostering cycle of long-term health implications |

	• placements in 2012 to 29% of placements in 2016 • Number of opioid prescriptions written in Wisconsin declined by 32% in the past year **Appleton market** • Marijuana and prescription drugs are the two most common drugs used among youth at 23% and 12% having used, respectively • Youth who report their parents and friends would disapprove of marijuana use is declining • Hepatitis C rates are higher than state average of 68 per 100,000 population in Outagamie County **What the community says:** **General** *"People don't know the amount of drug abuse happening. Parents are not parenting properly – not sending kids to school. Parents are having mental health/drug problems that go unaddressed. Drug problems increasing – particularly in workforce."*	
While cigarette use is declining among youth, vaping is dramatically on the rise and kids and parents don't know the risks	**What the data says:** **Appleton market** • 27% of youth report vaping in the past month, up from 18% in 2016. This is significantly above the state average of 12% • Percentage of illegal tobacco sales to minors is more than two times the state average	• Most e-cigs contain nicotine, which is addictive and can harm the developing brains of kids and could affect memory and attention • Some brands contain additional chemicals that can be dangerous
Tobacco use among pregnant women is high	**What the data says:** **General**	• Increase in low birth-weight babies • Increased rates of asthma, chronic lung disease, cancer, stroke

	• Tobacco use is at or below the state average of 17% **Appleton market** • Smoking rates among pregnant women is below state average of 13%, with Outagamie at 11% and Calumet County at 9% **What the community says:** **General** *"More pregnant women are addicted to drugs and tobacco use."*	
Overweight and Obesity continue to increase reaching new epic levels year after year • Access to physical activity limited • Fruit and veg consumption declining • Access to affordable healthy foods declining	**What the data says:** **General:** • Self-reported obesity levels are rising across all markets and exceed the national benchmark of 25% across all markets • Self-reported obesity levels meet or exceed the state average of 31% across all markets with the exception of Outagamie County at 30% • Adults who report no leisure time physical activity exceeds state average of 21% across all markets with exception of Outagamie and Winnebago Counties **Appleton market** • Outagamie County exceeds the state average of 86% who live reasonably close to a location for physical activity, at 93% • Fruit and vegetable consumption has declined 14% in Outagamie and 12% in Calumet from 2015 to 2018	• Rates of chronic disease increase including cardiovascular disease, Type II diabetes, cancers, hypertension, osteoarthritis, sleep apnea, etc. • Poor quality of life due to obesity can lead to depression and/or other mental health issues • Increase in demand for healthcare services

	• Youth fruit and vegetable consumption has declined 16% in Outagamie; Calumet has increased 8%. • 75.1% of tri-county population is overweight or obese, up from 74.5% in 2016 • 29% of children age 3-17 in tri-county population are overweight or obese • Only 10% reported eating the recommended 2 fruit/3 vegetables servings in last 7 days • The percentage of youth reporting getting 2 or fewer hours of screen time on average school day declined from 33% in 2016 to 25% in 2018 **What the community says:** *"Obesity mother of all illness, diabetes leads to a lot of other issues; all issues we have in the community."*	
Youth risky sexual behavior rising in some markets	**What the data says:** **General** • While teen sexual intercourse is declining (27% have ever had sex), the percent of sexually active youth reporting using a condom is 55%, below the state average of 63%. • 9% of sexually active youth report no method used to prevent pregnancy **Appleton market** • The rate of youth not using a condom is high in Outagamie (25.2%) **What the community says:**	• Increase in STDs/STIs, Hep C, HIV and long-term health • Risk of teen pregnancy

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| | **General**
"Sex trafficking is a real issue. Also, teen pregnancy because huge predictor of poverty. There is political push against addressing sexuality in healthy way." | |

Clinical Care
Access to Quality Health Care

Conclusions	Data/Interviews that backs this up	Implications
Hospitalization rate for ambulatory-sensitive conditions is improving across almost all markets; however, rates continue to be higher in rural vs. urban markets	**What the data says:** **General** • Hospitalization rate for ambulatory-sensitive conditions range from 33-39 per 1,000 Medicare enrollees in urban markets vs. 39-106 in rural counties • Ratio of population to primary care physicians exceeds state average in 6 of 9 counties; however, a mix of urban and rural. (Does not include other providers such Nurse Practitioners and Physicians Assistants **What the community says:** n/a	• High rate may suggest access to care or insurance issues • Significant opportunity to treat people at a lower level of acuity
A large number of people across markets are not receiving dental care. Many show up in the Emergency Department in crisis	**What the data says:** **General** • While improving across all markets, the ratio of population to dentists exceeds the state average in six of nine counties, including Calumet • Many dentists do not accept Medicaid patients, or accept very limited number • Oral disease is top Level 5 acuity Emergency Department visit by volume in six of seven hospitals	• Poor dental health increases risk of inflammation, infection and hardening of arteries decreasing blood flow • Untreated dental issues often result in expensive emergency department visits, driving up the cost of care

	What the community says: **General** *"Dental would be among my top three priorities as I just see lack of providers and access, despite some creative programming we are offering to kids"*	
While uninsured rates have declined across markets, many people are still not accessing care due to out of pocket cost, transportation, political climate or other access issues	**What the community says:** **General** *"Insurance barriers prevent many patients from getting appropriate care and/or having extended hospital admissions."*	• Health needs go unaddressed until reaching critical levels at which point more expensive and intensive care may be needed
Many children across the service area are not receiving recommended healthcare services including Well Child checks and immunizations.	**What the data says:** **General** • 25% of children in ThedaCare system do not attend all 7 Well Child visits in first 15 months • Childhood immunization rates are below state average of 73% across rural markets **What the community says:** *"Many seek medical care but can't pay for it."*	• Children with developmental delays or early health concerns may not receive the support needed for the optimal start to life • New parents may not receive the support needed; may feel more isolated and stressed increasing risk of child abuse and neglect • Not receiving vaccinations leads to reduced immunity and increased risk of life-threatening disease for individual and community
While population to MH provider ratios are improving across all markets, access to timely mental health and AODA services remains a major concern	**What the data says:** **General** • The ratio of population to mental health providers exceeds the state average in most areas, incuding Calumet • Access to affordable mental health care was among the top three social determinants of health people are most concerned about across all markets **Appleton market:**	

	• With most physicians, dentists and mental health providers in Fox Cities, distance to these providers for residents in eastern Calumet county is barrier **What the community says:** <u>General</u> *"Lack of availability of services in rural area makes it difficult for people to access specialty care or mental health care. Those without transportation really struggle to obtain services when they aren't within a few miles. There is also very little access to addiction support services. No detox, no inpatient locally. Also, very difficult to utilize and incredibly expensive."*	

Socioeconomic Factors
Underlying Causes of Health/Health Behaviors

Conclusions	Data/Interviews that backs this up	Implications
A greater percentage of families across all markets are struggling to financially support their basic needs, despite employment and growth in household income. Children and people living in rural markets are particularly vulnerable	**What the data says:** <u>General</u> • With the exception of Winnebago, the percentage of families living below the Assisted Limited Income Constrained Employed (ALICE) and poverty level rose in every market from 2014 to 2016. Rural markets are all above state average of 38% Outagamie and Calumet are at 30% and 29% respectively. • **What the community says:** *"Not enough affordable housing, health care - even with ACA not affordable; good jobs may alleviate other issues."*	Health and healthcare are not a priority for people living in poverty. Attention to basic needs is. Health issues are often ignored until they reach crisis level. Then the ED serves as primary care access Poverty is a root cause or barrier to many health problems including mental health

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Educational attainment among adults in rural markets is significantly below urban markets and state average	**What the data says:** **General** • Rural counties are dramatically below state average/national benchmark of 68% of adults age 25-44 with some college or associate's degree. Urban counties, including Outagamie and Calumet have higher than average percent of adults with some college or associates' degree. **What the community says:** n/a	• Lower educational attainment levels are associated with diminished levels of health. Adults with higher levels of education are less likely to engage in risky behaviors, such as smoking and drinking, and are more likely to have healthy behaviors related to diet and exercise
Economically disadvantaged youth across all markets are at higher risk of not graduating high school	**What the data says:** **General** • While 4-year graduation rates are holding steady, the 4-year graduation rate of economically disadvantaged youth is 15-20 percentage points below the rates of economically advantaged **What the community says:** n/a	• High school graduates tend to lead longer and healthier lives than their peers who drop out, partly due to a graduate's ability to earn more money and afford better health care and housing in safer neighborhoods. Graduates also have an opportunity to learn and practice more about healthy behaviors
Children across markets are struggling with reading, especially those who are economically disadvantaged	**What the data says:** **General** • The percent of economically advantaged 4th grade students reading at proficient levels is below state average of 60%. Percentages for economically disadvantaged students are significantly lower than for economically advantaged students **What the community says:** n/a	• A student who can't read on grade level by 3rd grade is four times less likely to graduate by age 19 than a child who does read proficiently by that time. Add poverty to the mix, and a student is 13 times less likely to graduate on time than his or her proficient, wealthier peer *http://blogs.edweek.org/edweek/inside-school-research/2011/04/the_disquieting_side_effect_of.html*

A significant percentage of people across the service area are dealing with multiple Adverse Childhood Experiences	**What the data says:** **Appleton market** • 7 of 9 counties report 10% or more of the population having 4+ Adverse Childhood Experiences, with exceptions of Shawano and Calumet	• An ACE score of 4 or more increases risk for chronic diseases such as heart disease, lung disease, cancer and diabetes by 3.9x. High ACE scores also increase risk for depression, substance abuse, and other mental health conditions
Safety of youth is declining	**What the data says:** **Appleton market** • The percent of youth who report they feel they belong in school declined from 71% in 2016 to 67% in 2018 • The percent of youth reporting emailing or texting while driving in past month, (54%) exceeds state average of 46% and national average of 39% • 20% of youth agree/strongly agree that violence is a problem at school. • 11% report they did not attend school at least one day is last month because did not feel safe • 10% of youth report physical dating violence; 12 % report sexual dating violence **What the community says:** n/a	
Families are struggling to maintain stable home environments	**What the data says:** **General** • From 2012 to 2016, the number of children in out-of-home care in Wisconsin (not including Milwaukee County) has increased 25% **What the community says:** **General** *"Children are tired because adults stay up - lot of activity in homes."*	

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Physical Environment
Environmental factors that contribute to health

Conclusions	Data/Interviews that backs this up	Implications
Access to quality housing is a challenge in several rural markets	**What the data says:** **General** • The percent of housing built prior to 1980 exceeds state avg. of 25.5% in Waupaca, Shawano, Green Lake and Winnebago **What the community says:** **General** *"Housing is problem. Fewer job opportunities too. When don't have housing and food - affects everything."*	• Greater risk of lead poisoning, mold, asthma • Higher costs to heat and maintain • Increased risk of infestation, etc…
Transportation is a significant barrier to healthcare access as well as social supports, particularly in rural markets	**What the data says:** **General** • Transportation was identified among top three social determinants of greatest concern in three of nine markets, predominantly rural. **What the community says:** **General** *"Lack of transportation is the most significant barrier to community involvement for individuals with disabilities, whether we are looking at social/recreational trips, medical appointments, or transports to and from an employer."*	• Lack of transportation limits ability to get to medical and other necessary appointments. It also leads to isolation and reduced well-being
At least 10% of people in the service area struggle to access food	**What the data says:** **Appleton market** • In Outagamie County 10% or more of the population did not have adequate access to food during the past year **What the community says:**	• Access to healthy food has a direct impact on health. Nutrition is critical to address many chronic diseases such as high blood pressure or diabetes. It is also essential to maintaining good health and prevention of disease

	General *"Lot of food available, but mostly junk food – leads to obesity."*	
People living in rural markets are more challenged to find ways to be physically active	**What the data says:** • Counties range from 0.04 facilities per 1,000 population in Waushara to 0.14 per 1,000 in Outagamie **What the community says:** **General** *"Lack of exercise is issue… not a lot of opportunity, rural county has less opportunities."*	• Lack of physical activity impacts both physical and mental health

Information Gaps

While we believe the volume and variety of data gathered to support the Community Health Needs Assessment was comprehensive, gaps in available data did exist.

- Not all school districts in our service area participate in the Youth Risk Behavior Survey. This limits information related to school-aged children.
- Limited data was available on the following:
  - Social support, relationships, connectedness, isolation
  - Vulnerabilities and resiliency of populations
  - Health literacy
  - Completed referrals from rural areas to regional medical centers

2020-2022 Priorities

Over the next three years, ThedaCare will focus on addressing the following top three health priorities as identified by the communities it serves:

- Mental health
- Substance use
- Obesity and chronic disease

Potential Resources to Address Prioritized Health Needs

Many healthcare facilities and services are available in Calumet and Outagamie counties to respond to the health needs of the community and assist ThedaCare in achieving its mission. They include:

Healthcare Facilities and Community Resource
4-H
ADVOCAP/Head Start
Aging and Disability Resource Center
Alcoholics Anonymous
AmeriCorps
Area Food Pantries
Area School Districts
Ascension
Big Brothers Big Sisters
Breastfeeding Alliance of Northeast WI
Boys & Girls Club Fox Valley
Casa Hispana
Catalpa Health
CESA 6
Children's Hospital of Wisconsin
Christine Anne Domestic Abuse Center
City and County Governments
City and County Law Enforcement
Coalition for Active Living
Community for Hope
Community Foundation for the Fox Valley Region
Community Gardens
Crime Stoppers

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Faith Communities
Family Services of Northeast Wisconsin
Farmers Markets
FCCHC Dental Clinic
Feeding America Northeast Wisconsin
First Five Fox Valley
Fitness Facilities
Fox Cities Chamber of Commerce
Fox Cities CHAT Team
Fox Cities YMCA
Fox Valley Psychiatric Associates
Fox Valley Technical College
Freedom from Smoking
GLBT Partnership
Goodwill Industries
Harbor House Domestic Abuse Services
Head Start
Health and Human Services Departments
Health Insurance Providers
Heart of Valley Chamber of Commerce
Hispanic Interagency Team
Hmong American Partnership
Imagine Fox Cities
Lawrence University
LEAVEN, Inc.
Lutheran Social Services
Mosaic Family Health Center
Narcotics Anonymous
National Alliance on Mental Illness (NAMI)

NEW Mental Health Connection
Park and Recreation Departments
Partnership Community Health Center
Pillars
POINT Initiative
Public Health
Rainbow Alliance for Hope
Reach Counseling Services
Region, Inc.
Re-Think!
Rural Health Initiative
SADD
Salvation Army
Samaritan Counseling
Senior Centers
Service Organizations
Sexual Assault Crisis Center
Solutions Recovery Club
ThedaCare at Home
ThedaCare Behavioral Health
ThedaCare Physicians
ThedaCare Regional Medical Center-Neenah
United Migrant Opportunities Services
United Way Fox Cities
University of Wisconsin Extension
University of Wisconsin Oshkosh/Fox Valley
Voices of Men
Weight of the Fox Valley
Well Cities Fox Cities

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Wisconsin Well Women Program
Women Infant Children Program (WIC)

Needs Identified and Not Addressed in This Plan

Significant needs identified through our assessment that will not be addressed in the current three-year plan are listed below.

Community Needs and Reasons Needs Not Addressed

Community Need	Why Not Addressed
ACES/Early Childhood	Work in this area has been initiated and is ongoing
Isolation/Community Connections	Work in this area has been initiated and is ongoing
Families struggling to maintain stable home environment/financial sustainability	Interwoven into existing work; partnering as resources allow

2017-2019 Community Health Implementation Plan Progress Report
(A detailed progress report on the 2017-2019 Community Health Implementation Plan is included in Appendix D.)

ThedaCare received no written comments on the hospital's Community Health Needs Assessment or implementation plan.

Appendix A

Community Health Needs Assessment Advisory Team 2018

Advisory Team Member	Organization
Tim Galloway	CHAT/TC Foundations/Galloway Company
Maureen Markon	CHAT/TC Foundations; Waupaca School District
Brenda Haines	Consulting
Kristene Stacker	Partnership Community Health Center FQHC
Vicki Dantoin	Public Health–Shawano/Menominee
Mary Dorn	Public Health–Outagamie County
Cathy Ellis	Public Health–Calumet County
Doug Gieryn	Public Health–Winnebago County
Nancy McKenney	Public Health–City of Menasha
Bonnie Kolbe	Public Health–Calumet County
Kurt Eggebrecht	Public Health–City of Appleton
Kathy Munsey	Public Health–Green Lake County
Jayme Sopha	Public Health–Marquette County
Patty Wohlfel	Public Health–Waushara County
Jed Wohlt	Public Health–Waupaca County
Julia Carroll	Public Health–Green Lake County
Bill Schmidt	ThedaCare Medical Centers–New London and Shawano
Tammy Bending	ThedaCare Medical Centers–Wild Rose and Berlin
Dr. Dave Krueger	ThedaCare ACO
Patty Vanbeek	ThedaCare at Home
Gina Augustine	ThedaCare at Work
Jim Meyer	ThedaCare Board of Trustees
Dr. Doug Moard	ThedaCare Board of Trustees
Ryan McCartney	ThedaCare Brand, Marketing, Communications
Dr. Jennifer Frank	ThedaCare Clinically Integrated Network
Don Waldrop	ThedaCare Clinically Integrated Network
Randy Roeper	ThedaCare Clinically Integrated Network
Paula Morgen	ThedaCare Community Health

Kaye Thompson	ThedaCare Community Health
Jean Blaney McGinnis	ThedaCare Community Health
Tracey Ratzburg	ThedaCare Community Health/Children's Hospital of Wisconsin
Laura Owens	ThedaCare Data Resources
Brian Sterns	ThedaCare Executive Leadership Team
Julia Garvey	Partnership Community Health Center FQHC
Phil Hollar	ThedaCare Medical Center–Emergency–Shawano
Tracy Jurgens	ThedaCare Medical Center–Emergency–Shawano
Ashton Reno	ThedaCare Medical Center–Emergency–Appleton
Kelly Smudde	ThedaCare Medical Center–Emergency–Berlin
Ann Younger Crandall	ThedaCare Medical Center–Emergency–Neenah
Shane Kohl	ThedaCare Family of Foundations
Jodie Rietveld	ThedaCare Information Systems
Dr. Kay Theyerl	ThedaCare at Work
Peter Kelly	United Way Fox Cities
Rachel Podoski	United Way Fox Cities

Appendix B

Key Stakeholder Vulnerable Population Interviews

Appleton Service Area	
Rosangela Berbert	Samaritan Counseling Center of the Fox Valley, Executive Director
Corey Besaw	Outagamie County Sheriff Department, Captain
Bill Breider	YMCA Fox Cities, President
Beth Clay	NEW Mental Health Connection, Executive Director
Ed Colburn	ThedaCare, Social Worker
Rosemary Davis	Outagamie County Department of Health and Human Services, Director
Brenda Doolittle	AMCO, SANE Supervisor
Mary Dorn	Outagamie County, Public Health Officer
Bonne Elias-Planner	Outagamie County ADRC, Director
Dennis Episcopo	Appleton Alliance Church, Pastor
Julie Filapek	Goodwill Industries/Neighborhood Partners Coordinator
Nathaniel Fores	University of Wisconsin Oshkosh LGBT Resource Center, Director
Ernesto Gonzalez	Casa Hispana, Executive Director
Lynn Hammen	HeadStart, Director
Wendy Hein	Outagamie County, Birth to 3 Program Director
David Holst	Outagamie County Veterans Service Office, Service Officer
Wendy Jacobs	New Holstein Chamber of Commerce, President
Susan Kaphingst	Chilton Area School District, Superintendent
Peter Kelly	United Way Fox Cities, President
Lisa Kogan Praska	Catalpa Health, Executive Director
Bonnie Kolbe	Calumet County, Public Health Officer

Melissa Kramer-Badtke	East Central Wisconsin Planning Commission, Administrator
Nora Langolf	Fox Cities Chamber, Vice President
Tina Lechnir	Ascension Health, Director of Behavioral Health
Jerome Martin	Homeless Connections/Housing Partnership, Executive Director
Nancy McKenney	City of Menasha, Public Health Officer
Don Merkes	City of Menasha, Mayor
Judy Olson	Child Care Resource and Referral, Executive Director
Heather Pagel	ThedaCare Behavioral Health, Manager
Debbie Peters	Community for Hope, Director
Maren Petersen	NAMI Fox Valley, Executive Director
Brian Randall	Gold Cross Ambulance, Community Paramedic
Cheryl Richard	Menasha Senior Center, Director
Sabrina Robins	African Heritage Inc, Director
Patricia Sarvela	Partnership Community Health Center, Administrator
Lisa Schabach	Calumet Medical Center Clinic
Beth Schnorr	Harbor House, Executive Director
Samuel Schroeder	City of Menasha, Community Development Director
Lisa Smith	United Way, Director of 2-1-1
Jennifer Stephany	Appleton Downtown Inc., Executive Director
Rhonda Strebel	Rural Health Initiative, Executive Director
Tim Styka	Menasha Police Department, Chief
Todd Thomas	City of Appleton Police Department, Chief
Dr. Iris Torres	Partnership Community Health Center, Physician
Bill Van Lopick	WISDOM/ESTHER, Administrator
Lee Vogel	Mosaic Family Health Center, Executive Director
Chris Wardlow	Catalpa Health, Outagamie County, Behavioral Health Specialist

Mary Wisnet	United Way Fox Cities, Vice President
Bee Yang	Hmong American Partnership, President
Ann Younger Crandall	ThedaCare, Emergency Department Director
Karen Nelson	City of Appleton Diversity Coordinator

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Appendix C

Community Health Needs Assessment Data Workshop Participants 2018

Name	Organization	Hospital Market
Ryan McCartney	ThedaCare	All
Mary Ann Siebert	ThedaCare	All
Gina Augustine	ThedaCare	All
Randy Roeper	ThedaCare	All
Brian Sterns	ThedaCare	All
Tracy Ratzburg	ThedaCare	All
Jeanine Knapp	ThedaCare	All
Wendy Krueger	ThedaCare	All
Shane Kohl	ThedaCare	All
David Krueger	ThedaCare	All
Kay Theyerl	ThedaCare	All
Don Waldrop	ThedaCare	All
Julie Meyer	ThedaCare	All
Catherine Ellis	Calumet County Public Health	Appleton
Heidi Keating	Outagamie County Public Health	Appleton
Kurt Eggebrecht	City of Appleton Public Health	Appleton
Kimberly Barrett	Lawrence University	Appleton
Montgomery Elmer	ThedaCare	Appleton
Dennis Episcopo	Appleton Alliance/Common Ground	Appleton
Kristene Stacker	Partnership Community Health Center	Appleton and Neenah
Rachel Podoski	United Way Fox Cities	Appleton and Neenah
Beth Clay	NEW Mental Health Connection	Appleton and Neenah
Nancy McKenney	City of Menasha Public Health	Appleton and Neenah
Mary Dorn	Outagamie County Public Health	Appleton and New London

John and Sally Mielke	Mielke Family Foundation	Appleton and Shawano
Tammy Williams	Community Foundation	Appleton, Neenah and New London
Mindy Collado	Boys & Girls Club	Berlin
Katie Gellings	Green Lake County Public Health	Berlin
Julia McCarroll	Green Lake County Public Health	Berlin
Kathy Munsey	Green lake County Public Health	Berlin
Kelli Tarlton	ThedaCare	Berlin
Tammy Bending	ThedaCare	Berlin
Kelly Schmude	ThedaCare	Berlin
Jaime Sopha	Marquette County Public Health	Berlin
Tammy Bending	ThedaCare	Berlin and Wild Rose
Doug Gieryn	Winnebago County Public Health	Neenah
Jodie Rietveld	ThedaCare	Neenah
Kari Smith	ThedaCare	Neenah
Tim Galloway	Galloway Company	Neenah
Greg Watling	First United Church	New London
Ginger Arndt	City of New London	New London
Bill Schmidt	ThedaCare	New London and Shawano
David Corso	ThedaCare	New London and Waupaca
Jed Wohlt	Waupaca County Public Health	New London and Waupaca
Margo Dieck	Waupaca County Public Health	New London and Waupaca
Becky Heldt	Clean Slate	Shawano
Vaughn Bowles	Menominee Tribe	Shawano
Tracy Jurgens	ThedaCare	Shawano
Nick Mau	Shawano and Menominee County Public Health	Shawano

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Vicki Dantoin	Shawano and Menominee County Public Health	Shawano
Philip Hollar	ThedaCare	Shawano
Myrna Warrington	Menominee Tribe	Shawano
Drew Lacefield	Independent Counselor	Shawano
Julie Chikowshi	ThedaCare	Shawano
Chris Anthony	Community Foundation	Waupaca
Maureen Markon	Waupaca School District	Waupaca
Heidi Cuff	ThedaCare	Waupaca
Jesse Cuff	Waupaca Veterans Services	Waupaca
Sue Heideman	Volunteer	Waupaca
Amanda Williams	ThedaCare	Waupaca and Wild Rose
Brian Friebel	Family Health LaClinica	Wild Rose
Stacey Westphal-Dunn	Waushara County	Wild Rose
Patti Wohlfeil	Waushara County Public Health	Wild Rose
Jeff Martz	Martz Insurance	Wild Rose
Jennifer Sigourney	ThedaCare	Wild Rose
Mary Ann Schilling	UW Extension–Waushara County	Wild Rose
Tom Rheinheimer	Wautoma School District	Wild Rose

Appendix D

Community Health Implementation Plan 2017-2019 Progress Report

Early Childhood/Youth				
Goal: _Children age 0-5 in ThedaCare 9-county service area have a healthy start to life._				
Community Level Indicators				
• _4th Grade Reading Proficiency_ • _Child Abuse and Neglect Rate_ • _Well-child visit % (TC Pop Health)_				
	Baseline 1/1/17	**Target 12/31/19**	**Current 11//19**	**The Why**
Action: Reach Out and Read				The well-being of young children was identified as one of top health concerns in 2015 and 2018 CHNAs. Improving early childhood addresses root cause of multiple long-term physical and mental health issues.

• Number of TC clinics
  ○ Fully implemented
  ○ In training
	4 of 27 clinics
	 0
		25of 25
		 0
			23 of 25 clinics
			 2
			 All 25 expected to complete training by 12/31/19	

• Book distribution ○ Number of books ○ Rate -% of eligible well child visits where book handed out	5,115 89%	23,194 100%	7,516 94% (As of 6/30/19) (21% Medicaid/ uninsured families)	Reach Out and Read is proven to increase parents reading to their children by 2.5 times, improve children's language development by 3-6 months and increase the likelihood of children's books in the home by 2.5 times. A child's language development and vocabulary are directly linked to 3rd grade reading scores which predict high school graduation rates, a critical indicator of health. A child entering kindergarten one year behind in reading has a 26% chance of dropping out of high school and a child three years behind has a 55% chance. In comparison, a child reading at grade level or better has a dropout rate of less than 10%. According to Healthy People 2020, individuals who do not graduate high school are more likely to self-report overall poor health. They also more frequently report suffering from at least 1 chronic health condition—for example, asthma, diabetes,

				heart disease, high blood pressure, stroke, hepatitis, or mental health challenges—than graduates. Ultimately, finishing more years of high school, and especially earning a high school diploma, decreases the risk of premature death.
Action: Early Childhood Home Visitation Expansion				90% of brain development happens by age 5. By identifying the most vulnerable new families and infants early, steps can be taken to help ensure these children have a strong start that fosters a lifetime of health. High risk families with first time births receive up to weekly home visits to educate parents on child development and parenting practices, provide health and development screenings and referrals, and provide support needed to create a stable, nurturing early environment. Evaluation of Parents as Teachers home visitation model shows: • Children's developmental delays and health problems are detected early (Well Child Visit rates improved) • Children enter kindergarten ready to learn and the achievement gap is narrowed • Children achieve school success into the elementary grades
• Number of hospitals with Home Visitation referral	2	4	4	
• Number of annual Home Visitation assessments	45	300	317 As of 9/30/19	
• Number of Child Abuse and Neglect substantiations among enrolled Home Visitation families	n/a	0	0 In 2018, data for 2019 not available yet	

				• Parents improve their parenting knowledge and skills • Child abuse and neglect is prevented • Parents are more involved in their children's schooling • Families are more likely to promote children's language and literacy

Additional efforts:
- Improve Well Child Visit rate from 77.52 in 2018 to 79.4% as part of TC primary care population health improvement effort
- *2018 Read Well Be Well* employee volunteer reading initiative in 7 elementary schools across all markets. 208 team members read to 2,268 children in grades 4K-3rd grade. Totaled 6700 minutes over 336 reading sessions.
- *2019 Make a Difference Day "Mystery Buses"* engaged 300 TC and Partner Business employees volunteering at 10 non-profit locations across all hospital markets focused on early childhood and youth.
- Hosted 25 matches through *Backyard Buddies,* mentoring partnership with TCRMC Neenah, Children's Hospital Fox Valley, Roosevelt School and Best Friends
- 2017 Fox Cities CHAT plunge on Early Childhood prompted effort to improve ASQ screening process/rate; piloted ASQ screening process with Winnebago County and Oshkosh TC clinic
- New London and Shawano CHAT Teams leading Trauma Sensitive Community efforts. New London educated 3,000+ in ACEs and TIC. Shawano hosting St A's statewide training for 30 trainers October 2019. Majority from Shawano area. UW Extensions in both communities serving as sustainable hub for TIC education.
- Shawano CHAT Team led Shawano Area School District policy change resulting in later school start times for teens.
- 2017-2019 Sponsorship of local non-profit initiatives related to early childhood/youth: $188,693
- 2017-2019 ThedaCare employee volunteer hours related to early childhood/youth: 52,472

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Mental Health/Opioids

Goal: *People in ThedaCare 9-county service area have the support they need to lead mentally healthy lives free of reliance on alcohol or drugs.*

Community Level Indicators:

- *Self-Reported Poor Mental Health Days*
- *Rate of opioid related discharges in NEW*
- *Rate of high school seniors who report being sad or hopeless for 2 weeks in row/stopped activities*

	Baseline 1/1/17	Target 12/31/19	Current 10/30/19	The Why
Action: Access to Behavioral Health Services				The state of mental health, access to mental health services and drug abuse, in particular opioid addiction, were named among top 3 health problems across all markets in both the 2015 and 2018 CHNAs.

• NEW Mental Health Connection Website (myconnectionNEW.org)
   ○ # hits
   ○ # online screenings completed
      ▪ % will seek help
	0
	0
	0
		n/a
		n/a
		n/a
			143,000 (2017-present)
			1400
			64%	

• Behavioral Health treatment access LM Julie
   ○ Outpatient psychiatry
     ▪ Number on wait list
     ▪ Days to initial evaluation
     ▪ Days to urgent evaluation
   ○ Recovery
     ▪ Days to 3rd next available
   ○ Outpatient Mental Health
     ▪ Days until 3rd next initial evaluation
	685 (Sept 2016)
	171
	16
	
	13
	
	Midway 18
	Waupaca 26
	New London 45
	Shawano 32
	Encircle 20
	Cancer Center 18
	Oshkosh 28
	Neenah N/A
		0
		Same day/week (all referrals touched)
		
		Same day/same week
		
		Same week
			110
			n/a
			
			1
			
			Midway 0
			Waupaca 7
			New London 4
			Shawano 3
			Encircle 11
			Cancer Center n/a
			Oshkosh 1
			Neenah 29
				Self-reported number of mentally unhealthy days in past 30 days has been increasing across almost all markets since 2012. People in need of behavioral health services have waited months to receive care and access to care in rural markets has been particularly challenging.

Action: Substance Abuse – Opioids				The drug overdose death rate in Northeast Wisconsin has quadrupled from 2000 to 2016, rising from 2.7 deaths/100,000 population to 12.5 deaths/100,000. These deaths were largely driven by prescription opioids. The rate of opioid related hospital discharges in NE Wisconsin has more than doubled in last 10 years, from 122/100,000 population in 2006 to 331/100,000 in 2016.

• "Sources of Strength" High School Program
   ○ # Urban High Schools implementing (thru NEW MH Connection)
   ○ # Rural High Schools implementing
	0
	
	0
		14
		
		6
		rural schools implementing (by 12/31/19)
			17
			
			6	

• Opioid Awareness Campaign ○ Calls to WI Addiction Recovery Hotline	0	300	271	

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			(Campaign launch March 2019)	Curtailing the amount of opioids available through prescribing practices and drug take-back/drop-box efforts, ensuring their appropriate use once prescribed, and providing effective treatment, including Medically Assisted Treatment options for those who become addicted are all important strategies to address the epidemic. In addition, working upstream to build resiliency in youth to strengthen mental health, and reduce risky behaviors in the first place provides the greatest return. This is the purpose of the *Sources of Strength* evidence-based program.
• Drug Drop Boxes 　○ # Hospitals with boxes	0	6 (WR not eligible)	6	
• Clinical initiatives 　○ % of call groups to receive metrics on opioid prescribing 　○ # certified Medically Assisted Treatment providers (with infrastructure support)	0 n/a	100 5	0 Prescribing data dashboard to be available 11/19 6	

Additional efforts:
- Fox Cities and Wild Rose CHAT Teams hosted Addiction Plunge August 2019. More than 100 community leaders participated resulting in new efforts to develop recovery coaching capacity, explore a Substance Use Coalition, expand sober living options, and improve access. The FC CHAT Team approved $3000 toward facilitation of Substance Use coalition development.
- Waupaca CHAT supported launch of recovery coalition. Explored a recovery coach pilot for Waupaca ED.
- Provided promotional support for Shawano Drug Take back campaigns in Waupaca and Shawano.
- TCBH working with Catalpa and Shawano School District to explore providing MH counselors in Shawano schools. Catalpa Health launched in Waupaca in 2019.
- Shawano and Waupaca CHAT Teams led launch of Drug Courts in their respective counties.
  Waupaca - 2017-19 to date 56 referrals, 27 enrolled, 8 graduated. Known savings for 8 graduates totals $606,447.36 (incarceration cost vs drug court participation costs)

Shawano - -launched in October 2018, 6 enrolled and 38 referrals to date (October 2019), no graduates yet

- MAT use of Vivitrol piloted in Waupaca and expanded to Shawano and Appleton North
- Provided $5000 in financial support of study regarding teen suicide-related behaviors in partnership with Medical College of Wisconsin/NEW Mental Health Connection
- Waupaca CHAT established two Oxford Recovery Houses. Men's house opened in October 2019 and has served 12 people; Women's house opened May 2019 and has served 9 people. 5 of the participants have also been involved with Drug Court
- Waupaca CHAT hosted Social Connection Plunge that launched community book read on "Deepening Community" by Paul Born, a Neighborhood Partners initiative, support for Rock the Block, and "Turquois Tables" at community events
- Mentoring initiatives launched through CHAT Teams in Berlin, Waupaca, Oshkosh and Wild Rose serving more than 500 youth.
  Waushara County –Multigenerational Mentoring Program for 2019 has had 23 volunteers and 309.5 hours volunteered by the Seniors. Student volunteer hours total 20.25.
  Berlin – B&GC 2018-19 school year served 28 matches, 2019-20 school year, to date, served 18 matches; expanded to Green Lake School District in 2019-20 school year, served 10 matches
  Waupaca – Big Brothers Big Sisters new partnerships with Waupaca Foundry and Waupaca Middle School resulted in more "littles" being matched. 35 kids served by 35 mentors for a total of 1225 hours. The new partnerships more than doubled the kids served from 13 in 2017 and 12 in 2018.
- Existing mentoring efforts supported in Shawano and Fox Cities. Matched physician funding for Boys & Girls Club Shawano totaling $60,000 over 3 years.
- Launched Trauma Sensitive Communities in New London and Shawano. Supported TIC in Fox Cities through United Way. Trauma Sensitive Community curriculum from NL is expanded to Waupaca County in a new partnership with UW Ext and Leadership Waupaca County.
- Participating in leading efforts for Regional Social Connection/Belongingness
- 2017-2019 Sponsorship of local non-profit initiatives related to mental health/substance abuse:$106,300
- 2017-2019 ThedaCare employee volunteer hours related to mental health/substance abuse: 2,278

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Obesity

Goal: *People in ThedaCare 9-county service area live at a healthy weight.*

Community Level Indicators:
- *Overweight and obese (2017 data)*
  - *Adult (75.1%)*
  - *Children (28.65%)*

	Baseline 1/1/17	Target 12/31/19	Current 10/23/19	The Why
Action: "Weight of the Fox Valley" Tri-County Initiative				Overweight and obesity are drivers of preventable chronic disease and reduced quality and length of life. It was ranked among the top 3 health priorities in both the 2015 and 2018 CHNAs. Diseases linked to obesity are many including heart disease, cancer, diabetes, osteoarthritis, orthopedic problems, high blood pressure, stroke, sleep apnea, and mental illness such as clinical depression, anxiety, and other mental disorders. Obesity also contributes significantly to healthcare
• Additional organizations offering obesity-related worksite wellness programs	0	30	23	
• Early Care & Education programs adding strategies for serving WI grown fruits and vegetables	21	31	29	

• Breastfeeding friendly designations
   ○ Early Care & Education programs
   ○ Worksites
	29
	 0
		39
		 10
			37
			 4	

• Wayfinding signage on bicycle and pedestrian trails	0	50	25.1	

o Linear miles o # signs	0	100	101	costs. Each year obesity-related conditions cost over $150 billion and cause an estimated 300,000 premature deaths in the US. As a person's BMI increases, so do the number of sick days, medical claims and healthcare costs. For instance: •Obese adults spend 42% more on direct healthcare costs than adults who are a healthy weight. •Per capita healthcare costs for severely or morbidly obese adults (BMI >40) are 81% higher than for healthy weight adults.
• Complete Streets policies o # Municipalities passing policies	2	7	5	

Additional efforts:
- Provided financial support of Farmers Markets across service areas
- Along with United Way, championed transformation of "Weight of the Fox Valley" into more robust "LiveWell Fox Valley" model. Pending commitment from 5 health systems.
- Waupaca – Living the Waupaca Way – hired a Farmer's Market Coordinator, more than doubled vendor participation, improved music and activities at the market; hired a Community Garden coordinator; Farm to Table dinner 100 tickets sold and raised $1,292 in 2019; participated in Healthy WI Leadership Institute; took on leadership of the Fun Run
- Attained Preliminary Status as Diabetes Prevention Program provider by CDC. Thoughout application phase of 2017-2019 enrolled 159 people. On average participants reduced risk of developing diabetes by 58%. Lifestyle Intervention Program enrolled 172 people since 2017 with average weight loss of 22 lbs, HAT score improvement of 15 points, reduction of prediabetes among 53%, and 44% reduction in metabolic syndrome. Enhancing process to allow providers to more readily refer people to the program. The Coronary Health Improvement Program enrolled 308 people since 2017 with an average drop in BMI of 5% and 20% drop in lipids.
- Major sponsor of American Heart Association resulting in $203,500 in fundraising from Heart Ball, Go Red For Women and Heart & Stroke Walk; more than 2.6 million impressions on social media and traditional media; 450 people trained in hands only CPR including 35 students from Little Chute High School who continue to train Fox Cities community members at local businesses/schools/churches/community events

- Financial and in-kind Support of rural nutrition and physical activity coalitions including FRESH- Shawano, Living the Waupaca Way-Waupaca which included securing grant from Healthy Wisconsin Leadership Institute training and hosting annual Farm to Table dinner
- Sponsor multiple Walks and Runs including Bike the Barn Quilts in Shawano; Waupaca Triathlon; American Cancer Society Sole Burner, Fox Cities Marathon
- 2017 *Good to Go* ThedaCare employee volunteer initiative in 7 area schools to encourage healthy eating, active living - 289 TC team members donated 757 volunteer hours
- 2018 Sponsorship of local non-profit initiatives related to obesity: $153,900
- 2017-2019 ThedaCare employee volunteer hours related to obesity: 2,534

Disparities

Goal: *All people within ThedaCare 9-county service area have the opportunity to achieve optimal health.*

Community Level Indicators: • **High School graduation rates** • **Percent of families living below ALICE and poverty levels**	Baseline 1/1/17	Target 12/31/19	Current 1/1/19	The Why
Action: STAR Program (Addressing African American academic success)				The 2015 and 2018 CHNAs indicates that not all people in the ThedaCare service area are achieving comparable levels of health. People of color, low-income, less education and those living in rural markets face greater struggles to achieve optimal health. Addressing health disparities is increasingly important as the population ThedaCare serves becomes more diverse. These vulnerable populations are

• STAR Program
    • # African American students enrolled
    • Graduation rate
 	
    • #/% on track to graduate
	190 (May 2018)
	
	 72.5% Appleton 70.0% Menasha
	
	 51%
		400
		
		 --
		
		 --
			450 (2018-2019 year) 86% (Appleton and Menasha combined)
			
			 n/a	

(Discontinued this metric; found not applicable) • Of those not on-track to graduate from semester 1 to 2, % made progress toward being on-track with credit accrual	n/a		40%	more likely to be uninsured, face barriers to accessing care, and have higher rates of certain conditions compared to Whites and those at higher incomes.
Action: Rural Health Initiative			As of 10-21-19	Access to healthcare services is particularly challenging for farm families and those living in rural communities. Higher poverty rates, a growing aging population, proximity to services coupled with the independent nature of farmers and cost of care lead to low utilization of services important to understand personal health and stay healthy.
• Number of rural individuals served per year LM Rhonda • # health screenings per year ○ Unmanaged chronic health conditions identified • Number of referrals made to health care providers per year	339 548 290 212	230 (90 Latino) 375 170 165	176 (2016-18: 7,651) 323 (2016-18: 1,838) 145 (2016-2018: 691) 116 (2016-2018: 728) (Lower annual #s due to 11% decrease in farms)	
Action: POINT (Poverty Outcomes Improvement Network)				Poverty and health are inextricably linked. The difference in life expectancy between the poorest and richest people in the United States is between 10 and 15 years. • Early childhood adversity and poverty is a

• POINT Regional Poverty Initiative
•
  ○ % living below poverty rate
    ▪ Outagamie
    ▪ Winnebago
	9.9
	(12/31/15)
		n/a
		n/a		

o # Homes in poverty with female head of household ▪ Outagamie ▪ Winnebago o % of individuals earning > $18/hour	11.7 (12/31/15) 2,582 1,407 3.5	 1,937 1,055 7	7.1 (12/31/18) 11.1% (12/31/18) 1,316 1,342 5	factor that affects not only brain architecture and [neurologic and endocrine] function, but affects the probability of lifelong illness, including cardiac disease and diabetes. • Adults living in poverty are much more likely to have inflammatory diseases with an increased risk for heart attack and stroke. • People living in poverty are more likely to smoke putting them at higher risk for lung cancer and respiratory conditions. • People in poverty have increased hunger and tend to purchase the cheapest food available which is usually empty calories – high-calorie, high-fat food. In addition, people may live in food deserts with nowhere to get fresh vegetables but plenty of access to fast food. • Almost half of children who live in poverty have mothers with at least some symptoms of depression, because of the stresses of raising a family in poverty.

				Mothers who are depressed interact with their children differently. Those interactions the lack of stimulation and socio-emotional connections and can have long-term effects, if not lifelong effects, on children.

Additional efforts:
- Continue support of Cuidate Latino Teen Pregnancy Prevention Program at FQHC
- New London CHAT Team hosted plunge on Rural Transportation in 2018 resulting in new bike-share program with Tyson Foods and proposed expansion of Fox Cities-based "Making the Ride Happen" services to Waupaca County.
- 2018 Sponsorship of local non-profit initiatives related to disparities:$96,000
- 2017-2019 ThedaCare employee volunteer hours related to disparities: 8,709

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Additional Strategic Initiatives

- ## Imagine Fox Cities
  ThedaCare played a critical role in the development and launch of *Imagine Fox Cities* visioning initiative which engaged the entire Fox Cities region in a discovery and discernment process to understand what people think about their well-being today, what they expect their well-being to be in the future, and articulate a vision for generations to come that will guide local decision-making. This vision sets the larger context for advancing health and well-being across the region.

- ## ReThink Health
  Through consultants engaged with Imagine Fox Cities, brought leaders from ReThink Health to Fox Cities to participate in RWJF grant to explore how local institutions can invest differently to propel our community toward the new vision. ThedaCare will play a future lead role.