

COMMUNITY HEALTH

Needs Assessment and Implementation Strategy | 2017-2019



COMMUNITY HEALTH COMMITMENT



Published Nov. 2016

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The ThedaCare Health System

Who We Are

ThedaCare[™] is a non-profit, community-owned health system serving a nine-county region in northeastern Wisconsin. For more than 100 years, ThedaCare has been committed to finding a better way to deliver healthcare to patients throughout Northeast Wisconsin. The organization is the third largest healthcare system in Wisconsin, serving more than 200,000 patients annually. It employs more than 7,000 healthcare professionals throughout the region, making it the largest employer in Northeast Wisconsin.

ThedaCare has seven hospitals:

- ThedaCare Regional Medical Center-Appleton
- ThedaCare Medical Center-Berlin
- ThedaCare Regional Medical Center-Neenah
- ThedaCare Medical Center-New London
- ThedaCare Medical Center-Shawano
- ThedaCare Medical Center-Waupaca
- ThedaCare Medical Center-Wild Rose

ThedaCare has a Level II Trauma Center, ThedaCare Cancer Care – a comprehensive program providing care to a 9 county area, stroke and cardiac programs, as well as 33 clinics and a foundation dedicated to community service. It is the first health system in Wisconsin to be a Mayo Clinic Care Network member, giving specialists the ability to consult with Mayo Clinic experts on a patient's care.



Our Service Areas

ThedaCare's service area consists of nine Northeast Wisconsin counties: Calumet, Green Lake, Marquette, Menominee, Outagamie, Shawano, Waupaca, Waushara and Winnebago. The primary service area is anchored by what is known as the Fox Cities, a cluster of eight communities ranging in size from 6,700 to 74,000 residents and situated along the Fox River 25 miles south of Green Bay. These communities include Appleton, the Town of Grand Chute, Neenah, Menasha, Kaukauna, Little Chute, Kimberly and Combined Locks.

ThedaCare serves other major communities: Oshkosh (nine miles south of Neenah), New London (17 miles northwest of Appleton), Shawano (45 miles north of Appleton), Waupaca (35 miles west of Appleton), Berlin (37 miles southwest of Neenah) and Wild Rose (48 miles west of Neenah). About 543,000 people are served in our geographical service area.

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Our Vision, Mission, and Values

Delivering peace of mind for all we serve is the vision of ThedaCare. ThedaCare’s mission reaches beyond providing excellent healthcare services within our hospitals and clinics. ThedaCare is committed to making all the communities we serve healthy places to live, learn, work and play. Simply stated, ThedaCare’s mission is *“to improve the health of our communities.”*

A set of core values guide ThedaCare employees as they make decisions every day that impact the care provided to our patients and to our communities.

ThedaCare values are:

- **Focus on the customer –**
their needs are our top priority
- **Have a thirst for learning –**
continuously seek out ways to do our work better
- **Be courageous –**
challenge each other’s ideas to come up with the best thinking and solutions
- **Love your work –**
let your passion show every day

Key Components of Our Commitment

Year after year, community surveys identify ThedaCare as the local healthcare system most recognized for giving back to the community. ThedaCare and each of our seven hospitals are committed to improving the health of the communities we serve. We fulfill our community benefit commitment through a variety of efforts including:

A written **mission statement** that places the community first and a **Community Health Needs Assessment and Implementation Strategy** targeting the most critical health needs in our communities.

A **sustainable funding structure** to support innovative and collaborative health projects that have measurably improved health and earned national recognition.

Policies and billing practices that support appropriate financial assistance for those in need.

While ThedaCare’s community health improvement programs address the needs of the overall population we serve, vulnerable groups are a major focus of our efforts.

Organizational Support

ThedaCare is governed by a volunteer **Board of Trustees** comprised of 19 individuals representing broad interests throughout our service area. *(See Appendix A)*

The ThedaCare Board of Trustees approves the Community Health Implementation Strategy for all seven ThedaCare hospitals. In addition, the local Governing Boards of our five rural hospitals in Berlin, New London, Shawano, Waupaca and Wild Rose approve their local plans. *(See Appendix B for ThedaCare Medical Center-Berlin Board of Directors)* Our Board of Trustees and **System Leadership Team**

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(SLT) *(See Appendix C for list of SLT members)* are engaged in a comprehensive strategic planning process every two years, reaffirming our mission and vision, establishing strategic priorities and monitoring progress in achieving them.

ThedaCare employs a team of community health specialists dedicated to researching and assessing community health needs, as well as implementing strategies to improve them. Each fall, this team reports key strategies to stakeholders at a “Community Conversation” event.

Community Health Action Teams (CHAT)

CHAT Teams are the primary resources ThedaCare uses to engage the community in better understanding local health needs and to develop plans for action. CHAT stands for Community Health Action Team. ThedaCare’s Community Health Specialists help facilitate the CHAT efforts for six CHAT teams in the Fox Cities, Berlin, New London, Shawano, Waupaca and Wild Rose.

Each CHAT team is comprised of local community leaders from business, education, public health, other area health systems, faith communities, non-profit organizations and government. *(See Appendix D for current CHAT roster)*. These leaders select issues to study, organize “plunge” experiences (day-long field trips) to gain in-depth understanding and collaborate in problem-solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

ThedaCare providers and staff are integrated into a wide variety of these initiatives as appropriate.

COMMUNITY HEALTH NEEDS ASSESSMENT



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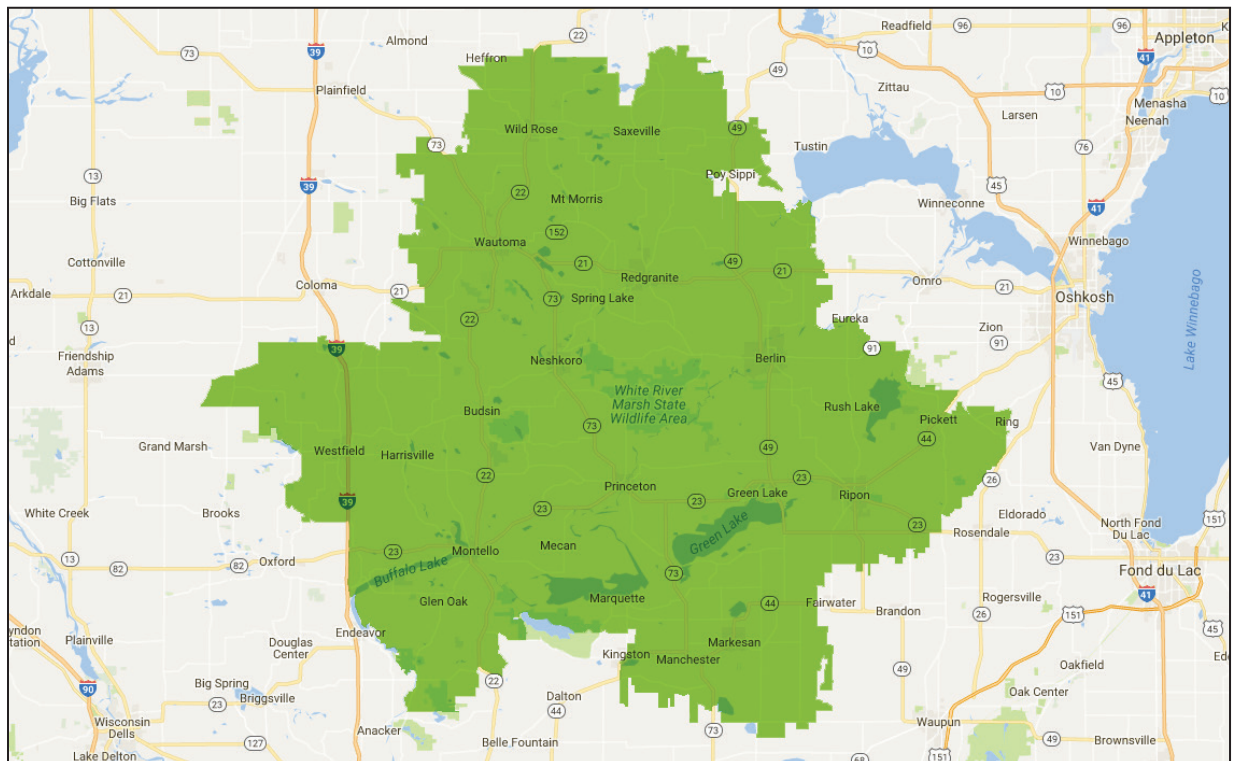
About ThedaCare Medical Center–Berlin

Since 1911, generations of people have sought quality healthcare at ThedaCare Medical Center–Berlin, formerly Berlin Memorial Hospital, a member of Community Health Network (CHN). In 2014, CHN merged with ThedaCare, and in June 2016, it became ThedaCare Medical Center–Berlin. Our 25-bed critical care hospital and local clinics, combined with access to regional specialists, provide world-class care for people throughout the Berlin region. The Berlin hospital works with community

members to meet the needs of families in the east central Wisconsin area through a dynamic collage of services. We maintain strong, streamlined relationships with ThedaCare specialists to ensure people in our service area receive the highest level of care available. We provide inpatient medicine, palliative care, physical therapy, laboratory services, radiology, emergency services, social services, dietary services, internal medicine, walk-in clinics, dermatology and community health.

ThedaCare Medical Center–Berlin Service Area

ThedaCare Medical Center–Berlin defines its service area as Green Lake County and portions of Marquette and Washaura counties, with clinics in Berlin, Green Lake, Ripon, Markesan, Montello, Princeton and Wautoma (see map below). (Map represents zip codes of 80% of inpatient base).



Map data ©2016 Google

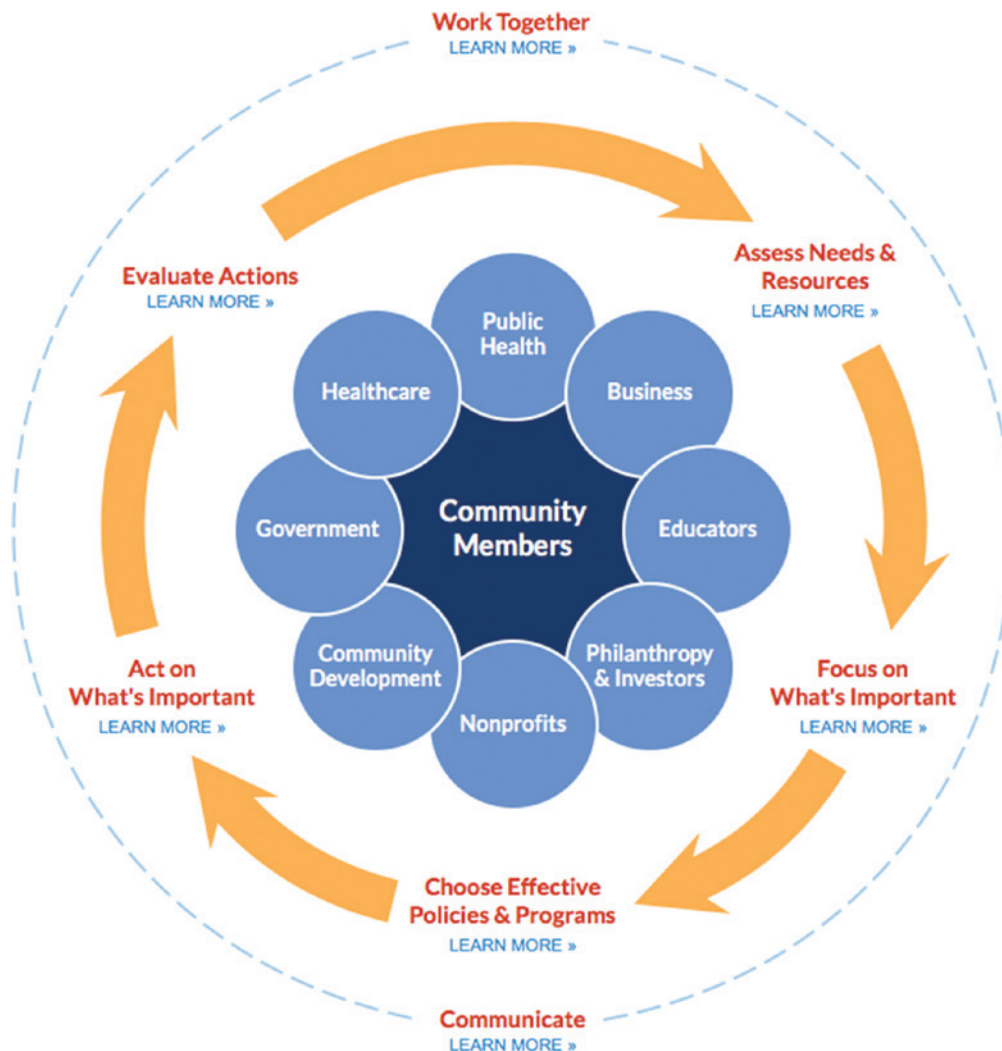
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Our Community Health Improvement Model

ThedaCare utilizes models created by the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation as the framework for our Community Health Needs Assessment and Implementation Strategy.

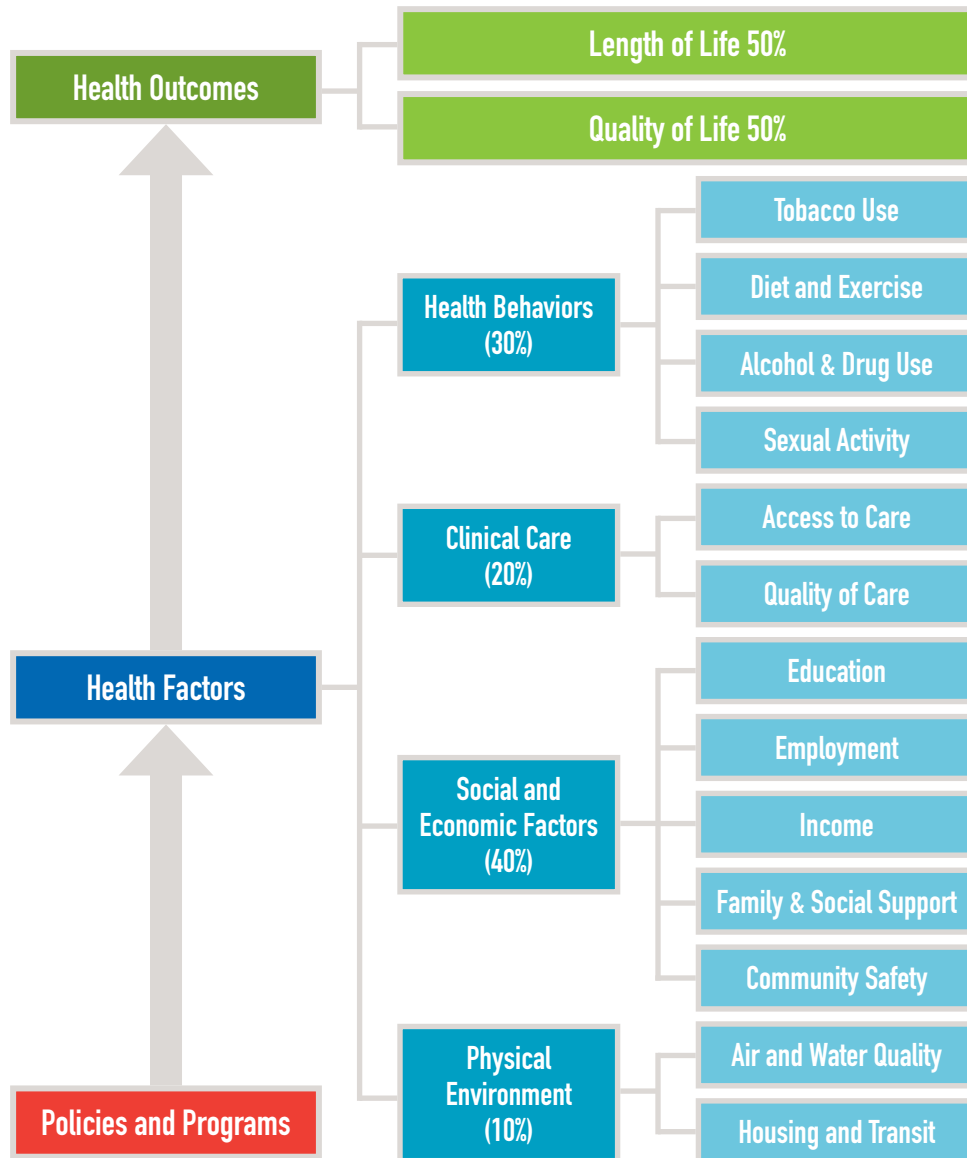
The “Take Action” model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

Take Action



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ThedaCare uses the UW Population Health Institute model below to help our communities understand 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.



University of Wisconsin Population Health Institute Accessible at <http://www.countyhealthrankings.org/our-approach>

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Our Research

Our Research Methodologies

We used a variety of methodologies to gain a comprehensive understanding of the health needs of people throughout our area. These include, but are not limited to:

1. Behavioral Risk Factor Surveillance Surveys (BRFSS)

Where available, BRFSS surveys were used as a primary source of local health data.

2. Public Health Department Interviews

ThedaCare meets regularly with the Green Lake and Marquette county public health directors to identify and address health needs of the two-county region. Public Health is represented on the Berlin Community Health Action Team starting in 2016. In addition to these formal meetings, we conducted in-person one-on-one interviews with public health officials.

3. Secondary Data Reviews

A ThedaCare community health specialist compiled a comprehensive summary of secondary data available to support this assessment. Data collection followed the suggested data collection recommendations set by the Wisconsin Association of Local Health Departments and Boards.

4. Berlin CHAT Discussions

Modeled after the Fox Cities Community Health Action Team (CHAT), the ThedaCare-led Berlin Community Health Action Team was formed in October 2016. Berlin CHAT is a diverse cross-section of area community leaders. We held discussions to identify health needs in the community, determine gaps in needs assessment data, prioritize needs and discuss emerging issues. The Berlin CHAT Team's diverse and passionate group of community leaders will continue to identify systemic health issues, as well as organize "plunge" experiences to learn about root causes of these issues and facilitate development of collaborative, community-based solutions. The Berlin CHAT Team will play a critical role in directing the focus of ThedaCare Medical Center-Berlin community health work going forward.



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5. Meetings with Experts Representing Vulnerable Populations

We supplemented our research with information from individual meetings with local officials, United Way leadership, leaders of ethnic and civic-based organizations, public health leaders, law enforcement, school administrators and others who understand the unique needs of vulnerable populations in our community.

6. ThedaCare Medical Center-Berlin Patient Data

We used hospital emergency department data to help identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization altogether.

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Understanding Community Health Needs of Our Service Area

For purposes of this plan, in an attempt to avoid duplication, we will restrict our focus of ThedaCare Medical Center-Berlin's plan to primarily Green Lake County and the southeastern tip of Marquette County.

Key Demographics

Population Growth

As of 2015, the population of Green Lake County was 18,959, and the population of Marquette County was 15,176. Green Lake and Marquette counties are mostly rural. Due to recreational opportunities on Green Lake, Green Lake County draws a large number of tourists during the summer.

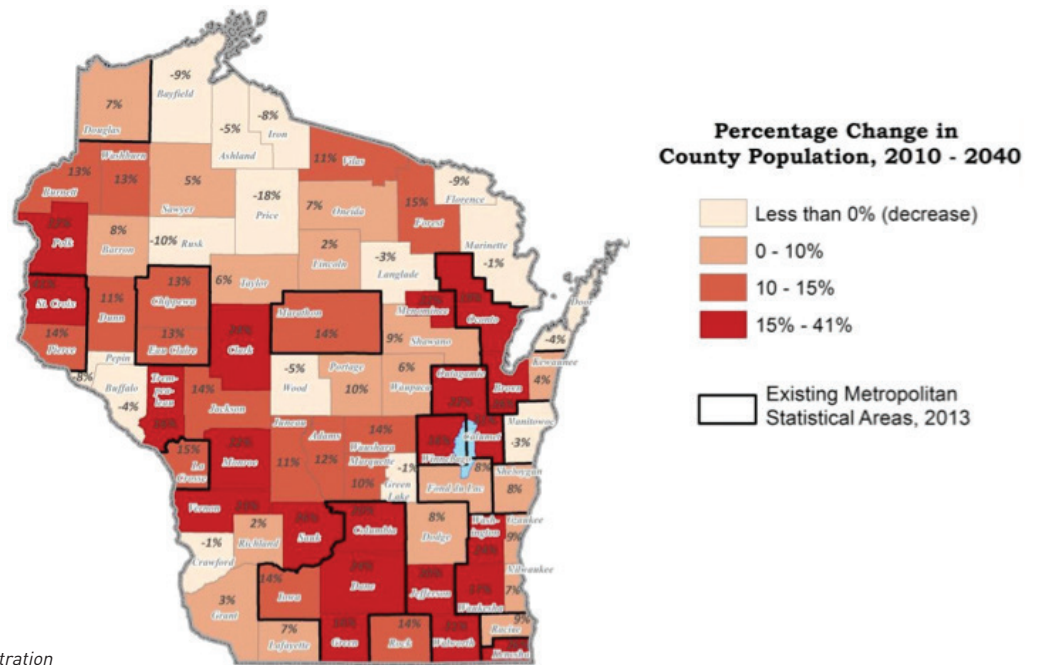
Source: County Health Rankings, 2015



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Green Lake and Marquette County Projections, 2010 - 2040

Green Lake and Marquette counties are expected to be among those with population growth in coming years, with population peaking in 2030.



Source: Wisconsin Department of Administration Demographic Services Center

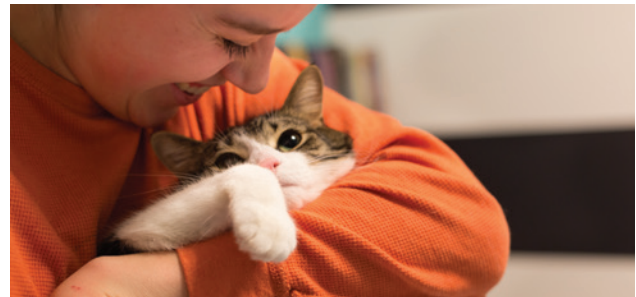
POPULATION PROJECTIONS					
	2010	2020	2030	2040	Net Change
Green Lake	19,051	19,240	19,445	18,885	-166
Marquette	15,404	16,315	17,325	17,015	1,611

Department of Administration, State of Wisconsin, 2015

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Age

Green Lake and Marquette counties have large groups of aging populations.



TOTAL POPULATION BY AGE GROUPS								
Ages	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Green Lake	3,480	2,072	1,806	2,014	2,600	2,994	2,244	1,831
Percentage of Total	18.3	10.9	9.5	10.6	13.7	15.7	11.8	9.6
Ages	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Marquette	2,274	1,464	1,307	1,459	2,342	3,020	2,071	1,362
Percentage of Total	14.9	9.5	8.5	9.5	15.3	19.7	13.5	8.9

Source: Wisconsin Department of Health Services 2014

Education and Occupation

The ThedaCare Medical Center-Berlin service area includes four school districts in Green Lake County: Green Lake, Markesan, Princeton and Berlin. Marquette County has the school districts of Montello and Westfield. High school education levels and poverty rates are strong indicators of future health status. Two school districts in Green Lake and Marquette counties have graduation rates lower than the state average of 88%. Those districts are Princeton and Montello. All others have graduation rates higher than the state average. Rates below the state average suggest that many of the employment opportunities present in the regional labor market historically required a relatively low level of education in order to be successful. This dynamic has been changing rapidly during the past several years, resulting in calls for greater levels of educational attainment among the region’s workforce. Green

Lake and Marquette counties also have a relatively low share of residents who have either completed some college education or received an associate or vocational degree. On the workforce front, there is much discussion of the “skills gap”—the inability of employers to find and keep skilled workers.

Green Lake County is experiencing the most growth in the Leisure and Hospitality sector. Construction also is growing, similar to the rest of the state. Marquette County’s top industries are Education and Health Services; Trade, Transportation and Utilities; and Manufacturing.

The area has a strong industrial base and stable government.

Source: Wisconsin Worknet 2015

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Income and Poverty Levels

The median household income for Green Lake County was \$49,952 as of July 2016. The median household income for Marquette County was \$47,855 as of July 2016. Both are well below the state average of \$53,160.

Year	GREEN LAKE COUNTY		MARQUETTE COUNTY	
	2000	2015	2000	2015
Median Household Income	\$46,969	\$49,952	\$35,746	\$47,855
Average Household Income	\$45,701	\$62,824	\$40,985	\$56,741
Per Capita Income	\$19,024	\$26,654	\$16,924	\$24,213

Sources: hometownlocator.com, July 2016; Factfinder.census.gov

Fourteen percent of the Green Lake County population lives below 100% of the Federal Poverty Level, and 12% are uninsured. Twelve percent of the Marquette County population lives below 100% of the Federal Poverty Level, and 14% are uninsured.

Source: County Health Rankings, 2015

Ethnicity

Green Lake County is predominately white. This is followed by Hispanic/Latino (4.9%), Asian, Native American and African American, each less than 1%. The Hispanic/Latino population grew 1%, making it the fastest-growing ethnic group in the county.

Marquette County is predominately white. This is followed by Hispanic/Latino (3.1%), Asian, Native American and African American, each less than 1%. The Hispanic/Latino population also is the fastest-growing in Marquette County, growing more than one-half of a percent since 2010.

Year	GREEN LAKE COUNTY		MARQUETTE COUNTY	
	2010	2015	2010	2015
White	96.7%	97.1%	96.9%	97%
African American	0.5%	0.7%	0.5%	0.5%
Native American	0.3%	0.6%	0.6%	0.8%
Asian	0.5%	0.7%	0.4%	0.6%
Hispanic/Latino	3.9%	4.9%	2.5%	3.1%

Source: US Census Bureau, census.gov. 2015

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Most Vulnerable Population Groups

Health disparities exist between those with the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high-quality affordable healthcare.

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

- Rural farm families
- Elderly population
- Those living in poverty
- Migrant Hispanic 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 by Source

Each of our data collection methods provided unique insights into the needs among residents of the ThedaCare Medical Center-Berlin service area. Below are the primary needs identified by each methodology.

1. Behavioral Risk Factor Surveillance Surveys

(BRFS Surveys were not available for these counties.)

2. Public Health (Green Lake/Marquette counties)

- Mental health
 - Access/lack of providers
- AODA
 - Binge drinking
 - Prescription drug abuse/herion use
- Obesity
 - Lack of proper nutrition
 - Food insecurity

Source: Kathy Munsee, public health officer, Green Lake County, Jayme Schrenk, public health officer, Marquette County



3. Review of Secondary Health Data

- Green Lake County health outcomes ranking is 52 (63 in 2012)
- Marquette County health outcome ranking is 65 (65 in 2012)
- Green Lake County health factors ranking is 41 (38 in 2012)
- Marquette County health factor ranking is 64 (64 in 2012)
- Green Lake County adult obesity rate is 29%, a 1% decrease since 2014
- Marquette County adult obesity rate is 30%, a 4% decrease since 2012
- Excessive drinking rate far surpasses national rate in both Green Lake and Marquette counties
- Number of motor vehicle crashes exceeds the state average
- Adult smoking rate exceeds state average
- There is a lack of primary care providers, dental and mental health providers
- Fewer residents have some college than state or national averages
- Unemployment continues to improve
- Poverty rates are stable
- Diabetes is on the rise
- Heroin use and abuse is a great concern
- Wait times to access mental health services ranges from weeks to months

Source: County Health Rankings 2015

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4. The Green Lake County Wellness Committee

- AODA including heroin, opiates and alcohol
 - o Lack of treatment/counseling options
- Mental health issues
 - o Lack of healthy family relationships
 - o Increased life stress coupled with inadequate coping skills/lack of support
 - o Access to treatment
- Poverty
 - o Lack of affordable insurance
- Transportation
- Obesity
 - o Healthy eating, physical activity



5. Meetings with Key Informants and Experts Representing Vulnerable Populations

- AODA issues including heroin, opiates and alcohol
 - o Over-prescribing by doctors
 - o Physicians using the ER as a referral source for patients who need treatment
- Mental health issues
 - o Access/lack of referral/treatment/resources
 - o Absence of family relationships/degradation of the family
 - o Lack of community support systems/isolation of the elderly
- Insurance
 - o Costs /high premiums/deductibles
- Transportation
- Obesity

Sources: Kelly Schmude, ER director, ThedaCare Medical Center-Berlin; Dee Evans, EMS director; Sheriff Mark Podoll, Green Lake County; Katie Gellings, family living educator, UW Extension Green Lake County; Shelby Jensen, unit manager, Economic Support Unit, Green Lake County Department of Health and Human Services (DHHS); Jennifer Dille, director, Aging and Disability Resource Center for Green Lake and Marquette counties; Melanie Simpkins, health educator, Green Lake County DDHS; Jodi Becker, director of instruction Grades 1-6, Berlin School District; Nichol Grathen, mental health therapist, Green Lake County DHHS.

6. Health System Data

Our ThedaCare 2015 Employee Health Risk Assessment of employees and partners showed obesity and smoking continue to be among the most significant health concerns.

We used hospital emergency department data and emergency staff discussions to help identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization.

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Top 10 diagnoses for emergency room visits to ThedaCare Medical Center-Berlin:

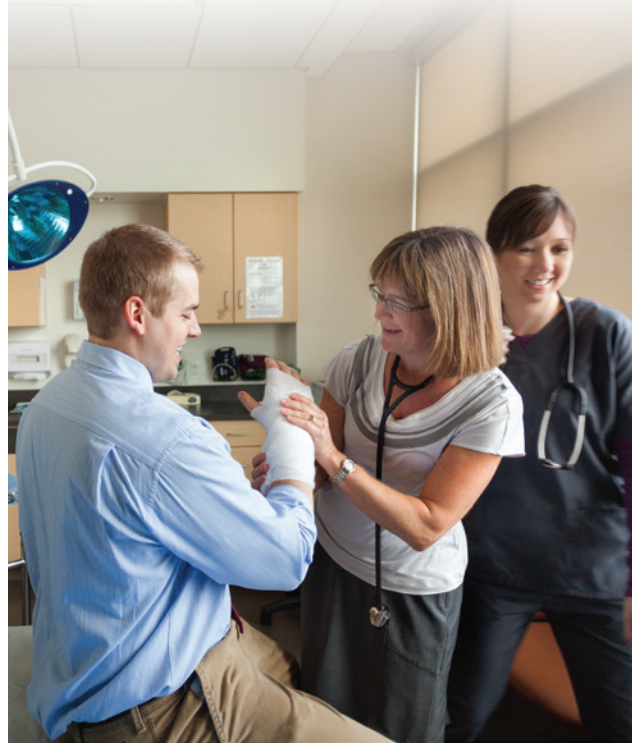
- 1) Urinary tract infection
- 2) Chest pain, unspecified
- 3) Other chest pain
- 4) Dizziness and giddiness
- 5) Pneumonia, unspecified organism
- 6) Open wound of finger
- 7) Syncope and collapse
- 8) Pneumonia, organism specified
- 9) Nausea with vomiting
- 10) Bronchitis

Source: 2015 ThedaCare Medical Center-Berlin Emergency Room Qlikview data

Top emergency department issues cited by emergency department staff:

- Anything AODA related
- Physicians using the ER as a referral source for patients who need treatment
- Over-prescribing by doctors

Sources: Kelly Schmude, ER director, ThedaCare Medical Center-Berlin; Dee Evans, EMS director



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Information Gaps

While we believe the volume and variety of data gathered to support the Community Health Needs Assessment was comprehensive, a few 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.



Most Significant Identified Health Needs

	General	Poverty	Farmers	Elderly	Hispanics	Youth	Number of Groups Affected
Mental Health	X	X	X	X	X	X	6
Mental Health Access	X	X	X	X	X	X	6
AODA – Excess Drinking/ Opiate/Heroin	X	X	X	X	X	X	6
Chronic Illness	X	X	X	X	X		5
Physical Activity/Nutrition	X	X	X	X	X	X	6
Early Childhood	X	X				X	3
Transportation	X	X		X	X		4
Teen Pregnancy							0
Dental Care		X		X			2
Smoking		X					1
Access Affordable Insurance		X	X		X		3
Homelessness							0
Poverty/Low Income		X	X	X	X		4
Violence	X						1
SID	X			X			2
Number of Health Needs by Each Group	9	11	7	9	8	5	

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Methodology for Setting Our Priorities

We identified a wide variety of significant health needs in our Community Health Needs Assessment process. A myriad of healthcare, nonprofit, private sector and governmental organizations has efforts underway to improve most of the needs identified.

In selecting our priorities from among the top needs identified above, individuals engaged in our Community Health Needs Assessment process took into consideration the unique strengths of ThedaCare Medical Center-Berlin, as well as the following criteria:

- number of people affected
- impact on multiple health issues
- severity of the problem
- community passion
- potential for do-ability and impact
- Evidence-Based Practice
- addresses disproportionate unmet health needs
- alignment with Healthiest Wisconsin 2020

Our 2016-2019 Priorities

- Mental Health/AODA
 - o Access to mental health and AODA services
 - o Suicide prevention
 - o Heroin/prescription drug awareness
- Obesity
 - o Nutrition
 - o Physical activity
- Early Childhood/Youth
- Integration of clinic/patient and Community Health
 - o Community Service navigator
 - o End-of-life support
- Crosscutting priorities of:
 - o Poverty
 - o Health disparity

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Existing Healthcare Facilities and Resources

ThedaCare annually contributes a percentage of its margin to either/both the CHAT Fund within the Community Foundation for the Fox Valley Region Inc. and the ThedaCare Community Fund within the ThedaCare Family of Foundations to support the organization’s community health improvement initiatives.

Many healthcare facilities and services are available in Green Lake and Marquette counties to respond to the health needs of the community and help us with our work. Most of these already partner with ThedaCare Medical Center-Berlin. They include:

- ThedaCare Medical Center-Berlin
- ThedaCare Physicians
- Children’s Hospital of Wisconsin
- Catalpa Health
- Options Counseling
- ThedaCare Behavioral Health
- ThedaCare at Home
- ThedaCare at Work
- Green Lake and Marquette County Public Health Departments
- Aurora Clinic-Fremont

ThedaCare Medical Center-Berlin Resources

In addition to financial resources, ThedaCare Medical Center-Berlin staff and providers will be engaged on work teams to implement the proposed Community Health Implementation Strategy.

Existing Healthcare Facilities and Resources Available to Support ThedaCare Medical Center-Berlin Implementation Strategy

- Sexual Assault Crisis Center
- Christine Ann Domestic Abuse Center
- Reach Counseling Services
- Food pantries
- Alcoholics Anonymous
- National Alliance on Mental Illness (NAMI) Fox Valley
- Farmers markets
- Law enforcement – city and county
- Head Start
- Aging and Disability Resource Center
- Farm to School program
- Safe Routes to School program
- CESAs 5 and 6
- Rural Health Initiative
- City and county government
- Green Lake County Department of Health and Human Services
- Marquette County Department of Health and Human Services
- Fox Valley Technical College
- Faith communities
- Prenatal Care Coordination
- Women, Infants and Children Program (WIC)
- Goodwill Industries
- Birth to 3 Program
- School districts of Green Lake, Markesan, Princeton, Berlin, Montello and Westfield
- Berlin Chamber of Commerce
- Berlin Parks and Recreation Department
- Berlin Community Health Action Team
- Tri-County Boys and Girls Club

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Needs Identified But Not Addressed

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 NEEDS
Transportation
Dental
Smoking
Housing

WHY NOT ADDRESSED
Beyond scope of resources
Resources exist in region
Being addressed by others
Beyond scope of resources

COMMUNITY HEALTH IMPLEMENTATION STRATEGY



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ThedaCare Medical Center-Berlin Community Health Implementation Strategy

The following is the ThedaCare Medical Center-Berlin Community Health Implementation Strategy to address the needs of the communities it serves over the next three years. This plan was developed with significant contributions from ThedaCare staff and providers as well as community members and leaders.

As you have likely gathered in reviewing our Community Health Needs Assessment and our CHAT model for community health improvement, collaboration with the community is the cornerstone of our process. While there are some elements of this

strategy that are solely implemented by ThedaCare Medical Center-Berlin, the vast majority will be executed in partnership with businesses, non-profits, faith organizations, educational institutions, health organizations, other community partners and individuals to form sustainable solutions that get at the heart of local health issues.

All initiatives will take into consideration the needs of diverse populations and those economically challenged.

Questions may be directed to Paula Morgen, Community Health Manager, at 920.830.5848 or paula.morgen@thedacare.org.

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Priority: Mental Health/AODA

GOAL: PEOPLE LIVING WITH MENTAL HEALTH OR SUBSTANCE ABUSE NEEDS HAVE ACCESS TO CARE THEY NEED WHEN THEY NEED IT				Wt.
Objective: By 2020, average customer wait times for initial Mental Health or AODA evaluation will be less than 1 week				55%
Performance Metrics:				
<ul style="list-style-type: none"> Number of days to initial Mental Health or AODA evaluation 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Establish alternative delivery models (i.e. e-Visits through Behavioral Healthcare Partners).	Funding Administration ThedaCare Behavioral Health CHI	TBD	Increased capacity for more people to access mental health services in a more timely fashion.	25%
Enhance capacity of primary care providers to address routine mental health needs.	CHI ThedaCare Behavioral Health Primary Care Education	ThedaCare Family of Foundations Curriculum Vendor	Increased capacity to treat routine mental health needs in primary care setting.	5%
Support spread of Primary Care Integration Pilot beyond Internal Medicine.	ThedaCare Physicians CHI ThedaCare Behavioral Health		Increased capacity to treat routine mental health needs in primary care setting.	5%
Pilot ThedaCare Health Care Professional training in ACES and Trauma Informed Care (Waupaca/New London/Complex Care). Expand as appropriate through system.	Funding PCP ThedaCare Behavioral Health CHI Education	Center for Health Care Strategies	Increased knowledge and capacity of ThedaCare Health Care Professional in treating MH/AODA concerns.	5%
Explore establishment of Mental Health Clinician Residency Program.	Administration ThedaCare Behavioral Health	Medical College of Wisconsin Mosaic Family Health	Increased number of mental health clinicians.	5%
Support community-based access initiatives. (Examples include Drug Court startup, recovery coaches, drug take back programs and narcan education efforts.)	CHI Funding	Law Enforcement Department of Health and Human Services Probation and Parole Judiciary System Recovery Coaches	Reduced number of deaths due to heroin/drug use.	3%

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Mental Health/AODA

Objective: By 2020, average customer wait times for initial Mental Health or AODA evaluation will be less than 1 week (continued)				55%
Tactics	Hospital Resources	Partners	Anticipated Impact	
Implement Rural Access Grants: <ul style="list-style-type: none"> Rural Outreach Grant to enroll uninsured US Agriculture Grant to provide telemedicine services in rural area. (Pilot in Shawano then spread to other rural markets.) 	Administration	DHS ADRC Partnership Community Health Center NWTC Menominee Tribe	More people are insured, health literate and have access to specialized services such as ED, Behavioral Health and Cardiac.	5%
Expand use of Vivitrol across primary care.	Primary Care Funding CHI	Probation and Parole	Reduced recidivism among heroin addicts.	2%

Objective: By 2020, 100% of ThedaCare primary care providers consistently screen their patients for mental health/AODA/suicide				25%
Performance Metrics: <ul style="list-style-type: none"> Number of ThedaCare primary care providers consistently conducting mental health/AODA/suicide screening for all adolescent and adult patients at well visits 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Establish mental health screening protocol across primary care for depression (PHQ2)/suicide and AODA.	EMR PCP ThedaCare Behavioral Health Funding CHI		Early detection and treatment of mental health issues. Prevent suicides.	20%
Support CAMS (Collaborative Assessment and Management of Suicidality) training.	CHI ThedaCare Behavioral Health	Zero Suicide	Prevention of suicide through early detection and intervention.	5%

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Mental Health/AODA

Objective: By 2020, 50% of ThedaCare service area is designated as Trauma-Sensitive 10%

Performance Metrics:

- Number of communities participating in Trauma Informed Care training

Tactics	Hospital Resources	Partners	Anticipated Impact	
Support community education efforts around Adverse Childhood Experiences and Trauma Informed Care.	CHI	Community Agencies Schools Catalpa POINT	Increased understanding of what creates MH/AODA issues; less stigma.	10%

Objective: By 2020, 100% of ThedaCare workforce is trained in mental health literacy 10%

Performance Metrics:

- Number of ThedaCare employees who participate in mental health literacy online education

Tactics	Hospital Resources	Partners	Anticipated Impact	
Provide online mandatory employee training in the basics of mental health literacy.	IT ThedaCare Behavioral Health HR/OD CHI Education		Mental health patients feel less stigmatized and more willing to seek treatment.	10%

Existing ongoing Mental Health/AODA initiatives

- Recruit mental health physicians and clinicians
- Support Catalpa Health
- Subsidize Mental Health and AODA services
- Support Chemical Free Post Prom/Graduation parties
- Support P.A.R.T.Y. at the P.A.C.

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Obesity

GOAL: PEOPLE WITHIN THE COMMUNITIES WE SERVE HAVE EASY ACCESS TO HEALTHY FOOD AND ACTIVITY OPTIONS				Wt.
Objective: By 2020, 100% of ThedaCare facilities comply with a healthy food and beverage policy				15%
Performance Metrics:				
<ul style="list-style-type: none"> Number of ThedaCare facilities following system-wide healthy food/beverage policy 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Establish and implement ThedaCare system-wide healthy food/beverage policy. (Roll out to ThedaCare At Work clients over time.)	Dining Services Facilities CHI ThedaCare At Work	Food Vendors and Suppliers	People make healthy choices more frequently because it's the easy choice.	15%
Objective: By 2020, each ThedaCare market will have an active coalition addressing nutrition and physical activity				40%
Performance Metrics:				
<ul style="list-style-type: none"> Number of coalitions within ThedaCare markets 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Provide support to local Green Lake County Wellness Coalition.	CHI ThedaCare Staff ThedaCare Meeting Space Funding IT DR	Area Health Systems Business Government Non-Profits Schools Daycares	Increase in people living at a healthy weight.	25%
Sponsor one major community event per market that emphasizes healthy eating or activity.	CHI Funding	Local Non-Profits Local Governments	Increased physical activity and consumption of healthy foods.	5%
Host "Good to Go" ThedaCare employee volunteer events in area schools.	CHI ThedaCare Staff Dining Services Facilities	Schools	Increase in knowledge and behaviors related to healthy eating and activity choices.	5%
Support menu labeling initiatives in restaurants.	CHI Health Coaches Funding	Restaurants	People will choose healthy options more often.	5%

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Obesity

Objective: By 2020, 100% of ThedaCare primary care providers are consistently advising on healthy eating and physical activity during well visits **35%**

Performance Metrics:

- Number of primary care providers advising patients on healthy eating and/or physical activity during well visits

Tactics	Hospital Resources	Partners	Anticipated Impact	
Provide educational materials about negative effects of sweetened beverages at well visits.	ThedaCare Physicians CHI		Reduction in consumption of sweetened beverages.	20%
Pilot prescriptions for healthy eating and/or physical activity.	ThedaCare Physicians CHI		Increased consumption of fruits and vegetables/ physical activity.	15%

Existing ongoing Obesity initiatives

- Offer physical activity and nutrition classes and support groups
- Sponsor local events that encourage physical activity and healthy eating
- Support local farmer’s markets
- Support local Boys & Girls Club
- Conduct Health Risk Assessment of ThedaCare employees and partners



COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Early Childhood/Youth

GOAL: CHILDREN IN OUR SERVICE AREA RECEIVE THE SUPPORT THEY NEED FOR A HEALTHY START TO LIFE				Wt.
Objective: By 2020, 3 of 7 ThedaCare hospitals will provide home visitation services to vulnerable first time parents				25%
Performance Metrics:				
<ul style="list-style-type: none"> Number of hospitals providing home visitation services 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Pilot home visitation model for vulnerable families in Shawano. If successful, expand to other markets.	Funding CHI Birth Centers Pediatrics/Family Providers	Public Health DHS Agencies Fundors	Reduction in abuse and neglect. Improvement in developmental, mental health and behavioral readiness.	20%
Expand marketing for parenting classes/support.	Funding Marketing CHI	Parenting Programs/ Agencies Schools Daycares Government Programs	Increase in parenting knowledge about appropriate parenting.	5%
Objective: By 2020, the Berlin area will identify and implement a significant system, policy or environmental change that will improve Early Childhood health				40%
Performance Metrics:				
<ul style="list-style-type: none"> Number of community based Policy/System/Environmental initiative(s) identified and implemented 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Host CHAT plunge on Early Childhood and/or implement Early Childhood strategies developed by other CHAT group.	CHI CHAT	Community Early Learning Center Daycare Resource and Referral School Districts United Way	Identify and implement community-based initiatives to address system, policy or environment changes.	30%
Identify Policy/System/Environmental change as result of ACES and Trauma Informed Care training.	Funding Marketing CHI	Schools Law Enforcement Public Health/DHS Daycares Parent Organizations	Reduction in traumatic childhood experiences. Youth are not re-traumatized through interventions.	10%

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Early Childhood/Youth

Objective: By 2020, 100% of Family Practice and Pediatric providers will consistently provide standardized early childhood health information at ThedaCare Well Child visits **35%**

Performance Metrics:

- Number of family practice and pediatric providers consistently providing standardized early childhood health information at well visits

Tactics	Hospital Resources	Partners	Anticipated Impact	
Add Dot.Phrase with critical information/resources to well child summary.	IT/EMR Pediatrics CHI		More consistent sharing of information with parents about appropriate parenting.	5%
Support "Reach Out and Read" book program through clinics.	CHI Pediatrics/FP	Reach Out and Read Initiative Foundations	Improved school readiness including intellectual and social/emotional.	15%
Provide referral tool for nurses (OB, FP and Peds) that includes critical parenting resources.	Pediatrics CHI		Parents better connected to community resources.	5%
Explore use of Community Navigator model in FP/Peds clinic to link families to community resources.	Funding CHI Pediatrics/Family Providers	National Models Local Universities Funders	Parents better connected to community resources.	10%

Existing Early Childhood initiatives

- Support programs and events that strengthen children's health
- Support mentoring programs
- Support reading initiatives



COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Integration of CHI with Operations

GOAL: PATIENT NEEDS ARE ADDRESSED THROUGH SEAMLESS COORDINATION OF CLINICAL AND COMMUNITY HEALTH RESOURCES				Wt.
Objective: By 2020, 25% of all screened ThedaCare Physicians customers experiencing social determinant barriers to health are connected to community resources				75%
Performance Metrics: <ul style="list-style-type: none"> Percent of ThedaCare Physicians patients with social determinant needs successfully connected to community resources 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Pilot Community Navigator model within system. Extend to additional locations as appropriate.	Funding Primary Care/ED Care Transitions CHI	National Model Marshfield Clinic – Eau Claire Local Universities	Barriers to following through on health issues are reduced/eliminated.	75%
Objective: By 2020, 70% of ThedaCare Physicians patients age 65+ have an Advance Directive in their medical record				25%
Performance Metrics: <ul style="list-style-type: none"> Percent of active ThedaCare Physicians patients age 65+ with Advance Directive in EMR 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Implement FV Advance Care Planning Partnership. Extend to rural hospitals as appropriate.	Transitions of Care CHI EMR	CHAT Fund Ascension Mosaic Family Health	Reduction in medical expenses at end of life. People die with their end of life wishes honored.	25%
Existing ongoing Integration initiatives				
<ul style="list-style-type: none"> Rural Health Initiative NEW Mental Health Connection CHI Participation in Shared Governance Council(s) 				

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Poverty

GOAL: PEOPLE IN OUR SERVICE AREA ARE SELF-SUFFICIENT AND ABLE TO PARTICIPATE FULLY IN THE LIFE OF THE COMMUNITY	Wt.
Objective: TBD by POINT	100%

Performance Metrics:

- Number of people moved from below to above 185% FPL in Green Bay through Oshkosh region

Tactics	Hospital Resources	Partners	Anticipated Impact	
Provide financial and leadership support to POINT Initiative and key drivers as appropriate: <ul style="list-style-type: none"> • Education • Job and economic stability • Family support and connectedness • Physical health • Psychological health and addiction support • Adequate human services 	Funding Administration CHI	US Venture JJ Keller Chambers United Ways Community Foundations Bellin Health Oshkosh Corp	More efficient and coordinated agency efforts. People moved out of poverty to self-sustainability.	90%
Participate on Basic Needs Giving Partnership.	CHI	US Venture JJ Keller Community Foundation	Funding is directed to initiatives that have greatest potential to impact poverty.	10%

Existing ongoing Poverty initiatives

- Provide charity care to those unable to pay
- Subsidize Medicaid shortfalls
- Support local Chamber economic develop efforts
- Support programs to help people become insured

COMMUNITY HEALTH APPENDIX



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COMMUNITY HEALTH APPENDIX A 2017-2019

Board of Trustees

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Maria Van Laanen	Fox Cities Performing Arts Center
Cyril Walsh, MD	ThedaCare Regional Medical Center-Appleton

COMMUNITY HEALTH APPENDIX B 2017-2019

ThedaCare Medical Center-Berlin Board of Directors

NAME	ORGANIZATION	BOARD POSITION
Russell Kuehn	First National Bank	Chair
Larry Wise	Christianos Pizza	Treasurer
Thomas Willert, DO	Family Medicine Physician	Secretary
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Kelly White, DDS	Kelly L. White DDS	Board member
Brian Burmeister	ThedaCare Sr. VP	Board member
Gregory Long, MD	ThedaCare CMO	Board member
P. Michael Shattuck, MD	Family Medicine Physician	Chief of Staff

COMMUNITY HEALTH APPENDIX C 2017-2019

System Leadership Team

NAME	POSITION
Keith Livingston	Sr. Vice President, Systems of Care and CIO
James Matheson	Sr. Vice President, Strategy and Marketing
Jenny Redman-Schell	Sr. Vice President, Physician Services, Cancer and Transitions of Care
Brian Burmeister	Sr. Vice President, ThedaCare Medical Centers
Greg Long	CMO and Sr. Vice President, Systems of Care - CV, Ortho, Spine
Tim Olson	Chief Financial Officer
Laura Reed	COO and Chief Nursing Executive
Dean Gruner	President and CEO
Bill Mann	Sr. Vice President, Employer and Payer Strategies
Maureen Pistone	Sr. Vice President, Talent Development and Human Resources

COMMUNITY HEALTH APPENDIX D 2017-2019

Berlin Community Health Action Team (CHAT)

NAME	REPRESENTS
John Feeney	ThedaCare Medical Center-Berlin, CEO
Kathy Munsee	Green Lake County Public Health Officer
Jayme Schenk	Marquette County Public Health Officer
Katie Gellings	UW Extension Green Lake County Family Living Educator
Nicole Grathen	Mental Health Therapist, Green Lake County DHHS
Mark Podoll	Sheriff, Green Lake County
Kelli Tarlton	ThedaCare Physicians
Jennifer Dille	Manager, ADRD Green Lake County
Bob Eidehl	Berlin School District
Jason Presto	Tri-County Boys and Girls Club, Executive Director
Jodie Olson	Berlin City Administrator
Angie Fralish	Farmers Bank of Berlin
Kaye Thompson (facilitator)	ThedaCare Community Health Improvement
Marge Bostelmann	Green Lake County Clerk