

COMMUNITY HEALTH

Needs Assessment and Implementation Strategy | 2017-2019



COMMUNITY HEALTH COMMITMENT



Published Nov. 2016

COMMUNITY HEALTH COMMITMENT 2017-2019

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.



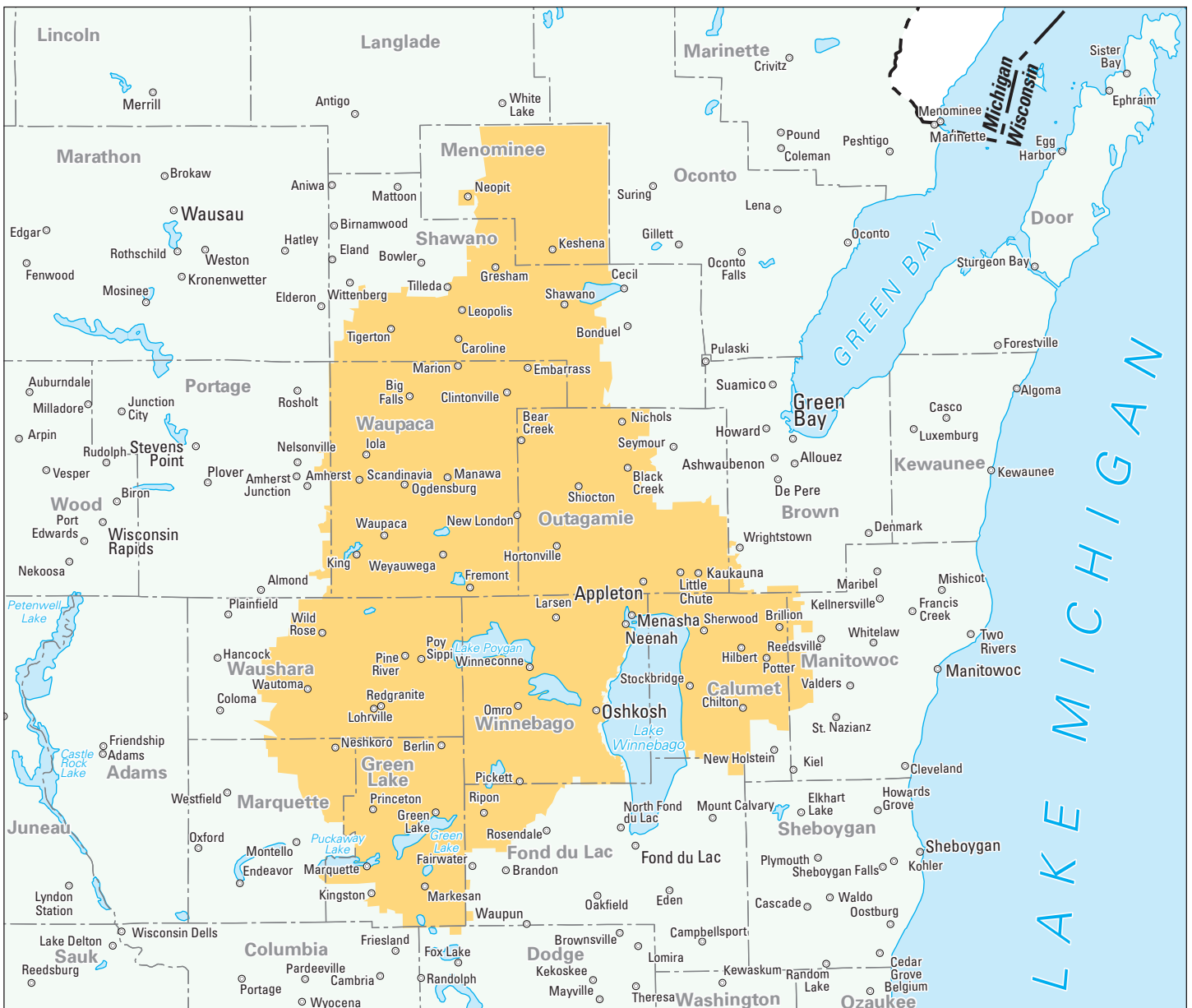
Our Service Areas

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.

COMMUNITY HEALTH COMMITMENT 2017-2019

ThedaCare Service Area



COMMUNITY HEALTH COMMITMENT 2017-2019



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-Shawano Board of Directors)*

COMMUNITY HEALTH COMMITMENT 2017-2019



Our Board of Trustees and **System Leadership Team (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, 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



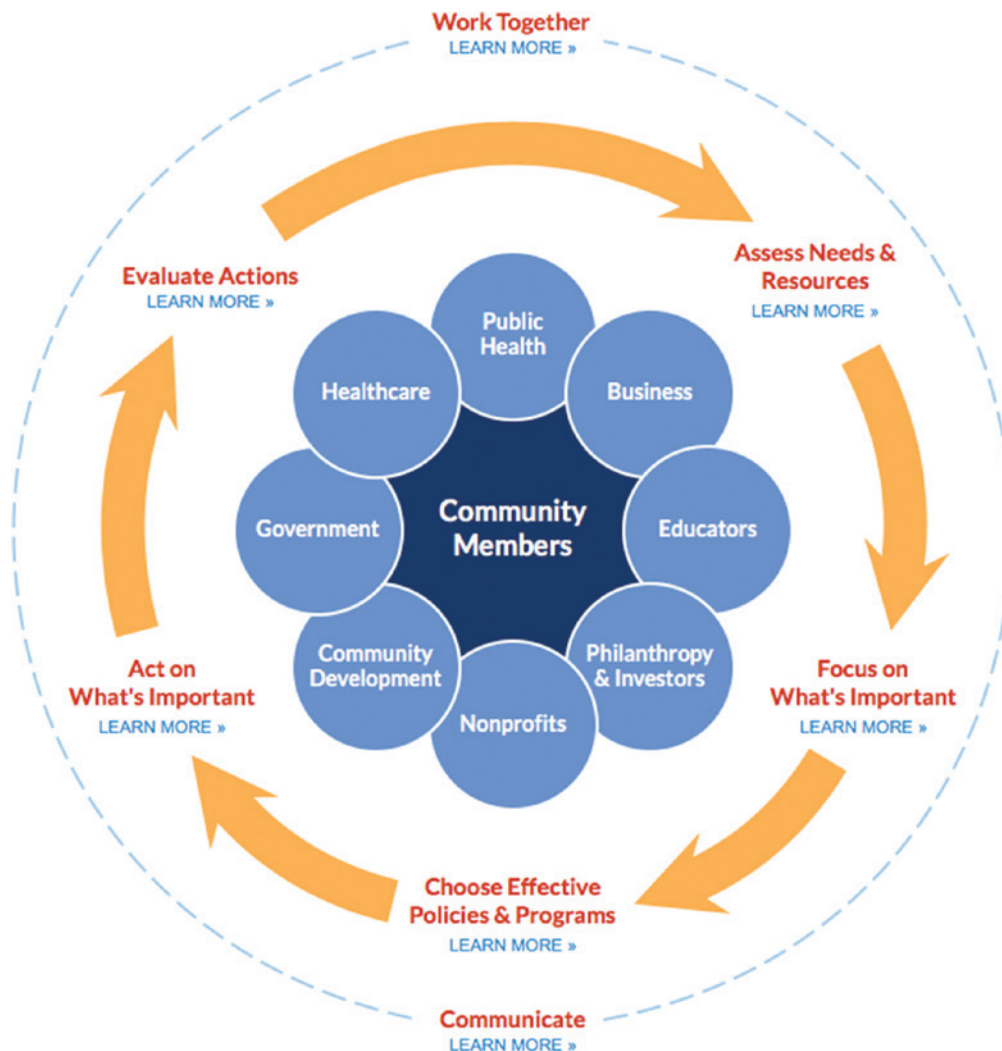
COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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.

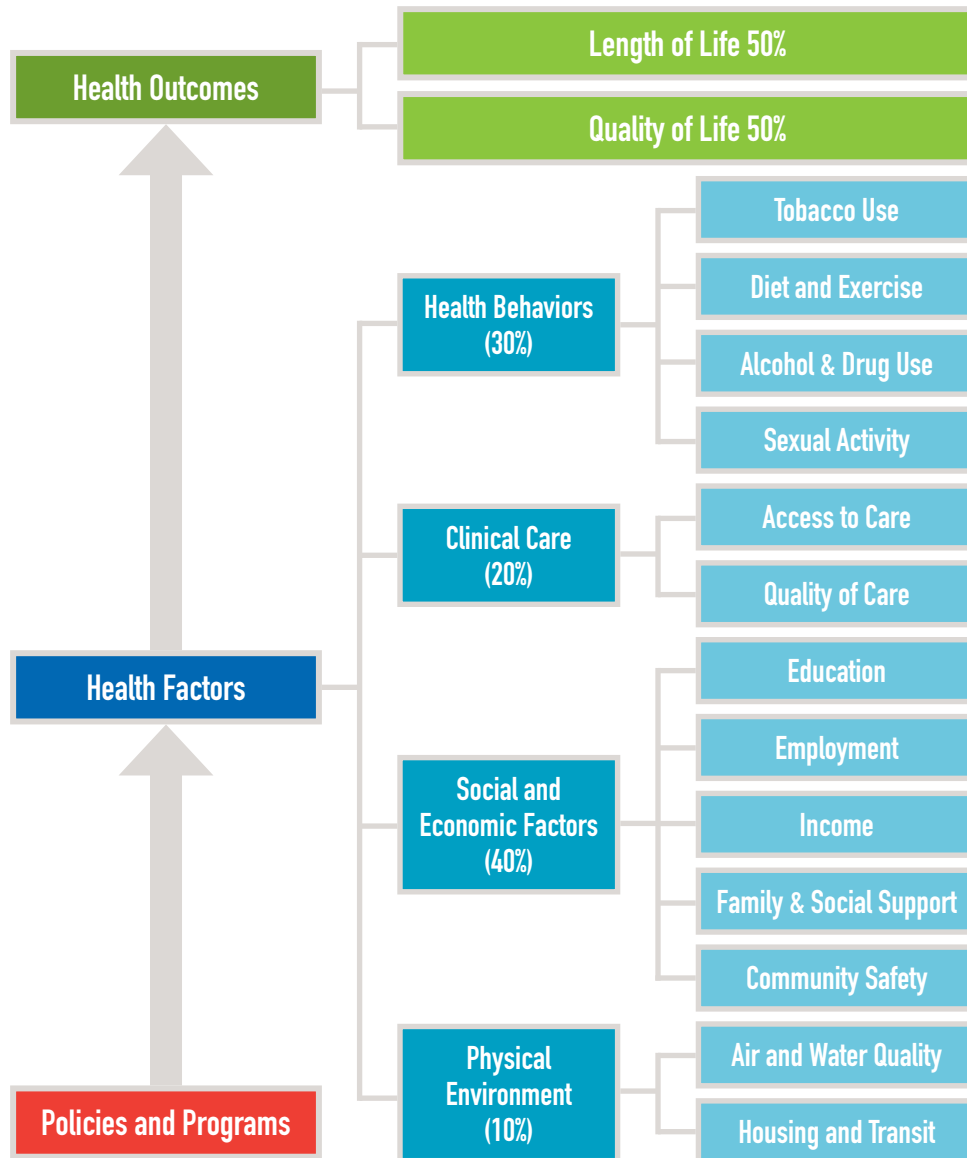
The "Take Action" model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

Take Action



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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>

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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 Shawano-Menominee Counties Public Health director to identify and address health needs of the two-county region. ThedaCare also sits on the Menominee Tribe's Community Engagement Work Group, which identifies health priorities and implementation strategies and plans. Public Health is represented on the Shawano/Menominee Community Health Action Team.

3. Secondary Data Reviews

A ThedaCare community health specialist worked to compile 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. Shawano CHAT Discussions

Modeled after the Fox Cities Community Health Action Team (CHAT), the Shawano/Menominee Community Health Action Team hosts monthly meetings. Shawano/Menominee CHAT is a diverse cross section of area community leaders. The team held discussions to identify health needs in the community, determine gaps in needs assessment data, prioritize needs and discuss emerging issues. The Shawano/Menominee CHAT team's diverse and passionate group of community leaders continues to identify systemic health issues, as well as to organize "plunge" experiences to learn about root causes of these issues and facilitate development of collaborative, community-based solutions. The Shawano/Menominee CHAT Team has played a critical role in directing the focus of ThedaCare Medical Center-Shawano community health work.



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



5. Meetings with Experts and Key Informants Representing Vulnerable Populations

We supplemented our research with 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-Shawano 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.

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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-Shawano's plan to primarily Shawano and Menominee counties.

Key Demographics

Population Growth

Shawano and Menominee counties are located in northeastern Wisconsin. As of 2015, the population of Shawano County was 41,643, and the population of Menominee County was 4,317. The population is heavily concentrated in the City of Shawano and the surrounding area, with the rest being rural farming.

Shawano County's population growth rate has not only slowed, it has decreased .2% since the 2010 Census. This compares to Wisconsin's positive growth of 1.2% during the same time period, and a 9.4% growth during the 1990s.

Menominee County's population growth rate also has slowed during the past several years. The county grew just .3% since the 2010 Census. However, the county experienced a period of population loss between 2000 and 2010 and is expected to continue growing in decades to come.

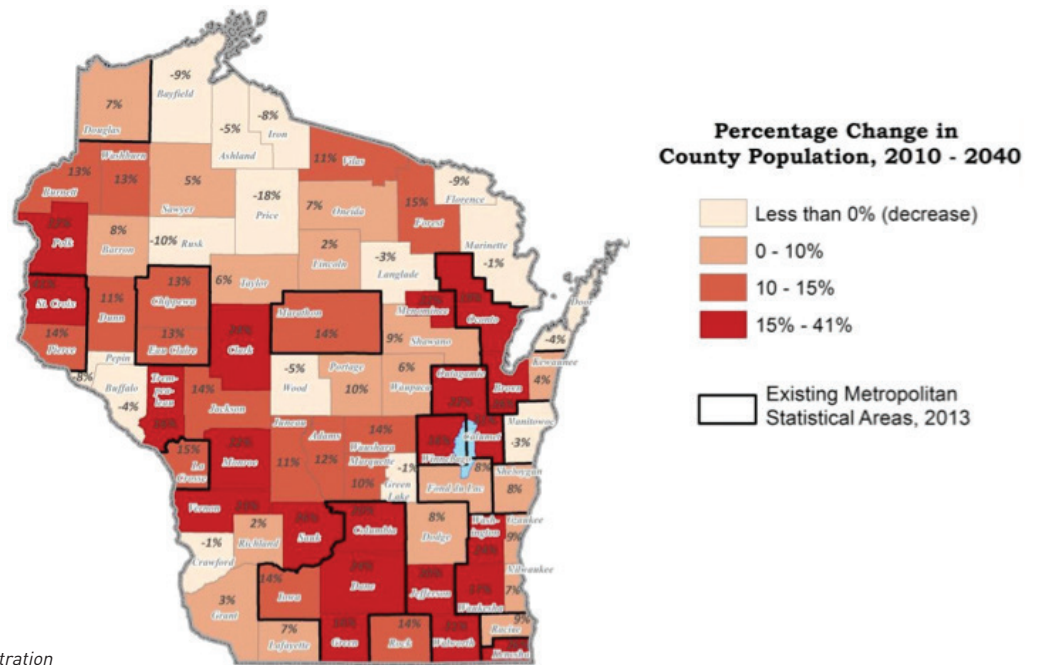
Source: Wisconsin Workforce Profile 2015



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Shawano and Menominee County Projections, 2010 - 2040

Growth is expected to continue until 2035, when population will peak in both counties. Menominee County is expected to be among the fastest growing counties in Wisconsin based on percentage of growth. Projections show a 22.2% increase is expected between 2010 and 2040 due to a natural increase of births.



Source: Wisconsin Department of Administration Demographic Services Center

POPULATION PROJECTIONS					
	2010	2020	2030	2040	Net Change
Menominee	4,232	4,565	5,110	5,170	938
Shawano	41,949	43,590	46,305	45,900	3,951

Department of Administration, State of Wisconsin, 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Age

The following table reflects Menominee County’s projection to grow naturally with births outnumbering deaths. Nearly one-quarter of its residents is 14 years old or younger.

Meanwhile, Shawano County is among those skewing to a greater percentage of older adults as younger families migrate to more populated communities. The median age of Shawano County residents is 43. This ranks Shawano County as the 27th oldest, in terms of age, among the state’s 72 counties.

Average household size is expected to decline in all Wisconsin counties between 2000 and 2035.



TOTAL POPULATION BY AGE GROUPS								
Ages	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Menominee	1,066	628	513	444	619	508	337	222
Percentage of Total	24.6	14.4	11.8	10.2	14.3	11.7	7.8	5.1
Ages	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Shawano	7,330	4,699	4,380	4,575	6,321	6,190	4,573	3,696
Percentage of Total	17.6	11.2	10.5	11.0	15.1	14.8	10.9	8.8

Source: Wisconsin Department of Health Services 2014

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



Education and Occupation

The ThedaCare Medical Center-Shawano service area includes six school districts (Shawano, Bowler, Tigerton, Wittenberg/Birnamwood and Bonduel in Shawano County and the School of the Menominee Nation in Menominee County). High school education levels and poverty rates are strong indicators of future health status. The 2015 Shawano County high school graduation rate was 91%, higher than the state average of 88%. A significantly higher number of Shawano County residents count a high school education as their highest level of educational attainment, compared to the state and nation. Changes in the regional labor market are calling for a higher level of education among the regions workforce. At the same time, Shawano County has a relatively high share of residents who have completed some college education or received an associate or vocational degree.

Menominee County had a high school graduation rate of 93% in 2015. The Menominee Tribe has spent significant energy in recent years to improve high school graduation rates.

Manufacturing and Education and Health Services are the dominant employment sectors in Shawano County, followed by Trade/Transportation/Utilities. Shawano County's unemployment rate is significantly affected by seasonal employment.

The Menominee Tribe is the largest employer in Menominee County. The unemployment rate in Menominee County is 14.1%.

Source: Wisconsin Worknet 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Income and Poverty Levels

The 2015 median household income for Shawano County was \$46,752. Menominee County 2015 median household income was \$40,507.

Year	MENOMINEE COUNTY		SHAWANO COUNTY	
	2000	2015	2000	2015
Median Household Income	\$29,440	\$40,507	\$38,069	\$46,752
Average Household Income	\$33,516	\$51,164	\$44,470	\$57,818
Per Capita Income	\$10,625	\$16,283	\$17,991	\$23,977

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

The Shawano County population includes 7.4% living below the Federal Poverty Level and 13% uninsured. In Menominee County, 39% live below 100% of the Federal Poverty Level, and 17% are uninsured. Almost half the children in Menominee County live in poverty.

Source: County Health Rankings 2016, U.S. Census Bureau

Ethnicity

More than three quarters of the people in Menominee County are Native American, while 90% of Shawano County is white, and 7% is Native American. The Native American population is the fastest growing

sector in Menominee County, with a more than 7% increase, followed by a more than 2% increase in the Asian population. Shawano County has experienced a decrease in all populations, except white, which remained the same.

Year	MENOMINEE COUNTY		SHAWANO COUNTY	
	2010	2015	2010	2015
White	13.9%	10.7%	88.8%	88.8%
African American	0.9%	0.4%	0.4%	0.3%
Native American	80.1%	87.5%	8.1%	7.6%
Asian	N/A	2.6%	0.5%	0.4%
Hispanic/Latino	5.8%	4.2%	2.8%	2.2%

*The U.S. Census Bureau notes that the Asian population in Menominee County in 2010 was negligible and not reported to an exact percentage.

Source: US Census Bureau, census.gov. 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



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:

- Those with food insecurity
- Elderly population
- Hispanic (not migrant)
- Those living in poverty
- Native American tribes
- Farming community

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-Shawano service area. Below are the primary needs identified by each source.

1. Behavioral Risk Factor Surveillance Surveys

Local BRFSS data was not available.

2. Public Health

- High poverty rates
- Mental health and access to care
- Family support
 - o Early Childhood
- Access to healthcare
- Transportation
- Nutrition and physical activity
- AODA
 - o Binge drinking
 - o Opiate usage
 - o Hepatitis C

Source: Jaime Bodden, health officer, Shawano-Menominee Counties Health Department, 2015; Cassy Berg, health educator, Shawano-Menominee Counties Health Department

3. Review of Secondary Health Data

- Shawano County health outcomes ranking is 46 (54 in 2012), Menominee County is 72
- Shawano County health factors ranking is 45 (50 in 2012), Menominee County is 72
- Adult obesity rate declined by 4% between 2012 and 2015
- Excessive drinking rate far surpasses national rate
- 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 education, compared to state and national averages
- Unemployment continues to improve
- Poverty rates are stable
- Diabetes is on the rise
- Heroin and other drug use and abuse are a concern
- Wait times to access mental health services ranges from weeks to months

Source: Key informant interviews summarized in ThedaCare Community Health Needs Assessment Data Report 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

4. The Shawano/Menominee CHAT Team

- Early childhood
 - Family security and stability has diminished
- Mental health
 - Barriers keep people from seeking help with mental health problems including stigma, lack of providers and services
- Drug use/opiates/heroin
- Alcohol use
- Physical activity/nutrition
 - Access to fresh and nutritious foods, high food insecurity rate
- Elderly issues
 - Lack of support systems for the elderly
- Poverty



5. Meetings with Key Informants and Experts Representing Vulnerable Populations

- AODA issues, including heroin, prescription drugs and alcohol
 - Changing family dynamics
 - Theft, abuse, violence, homelessness
- Mental health
 - Historic trauma/intergenerational trauma
 - Incarceration, domestic violence, abuse
 - More children exhibiting anxiety and depression
 - Support for families in crisis
- Access to care
 - Insurance coverage
 - Poverty
 - Dental services
 - Homelessness
- Chronic health issues
- Lack of transportation/isolation
- Lack of non-skilled workers
- Lack of understanding tribal customs

Sources: Faye Dodge, nursing director, Menominee Tribal Clinic; Wendell Waukau, superintendent, Menominee Indian School District; Rhonda Strebel, executive director, Rural Health Initiative; Jamie Patton, agricultural agent, Shawano County University of Wisconsin Extension; Karen Smith, Pupil Services director, Shawano School District; Nancy Smith, executive director, Shawano Country Chamber of Commerce; Chief Mark Kohl, Shawano Police Department, Barb Hopfensperger, social worker, ThedaCare Medical Center-Shawano; Kim Wolfmeyer, director, Aging and Disability Resource Center of the Wolf River Region.

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

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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

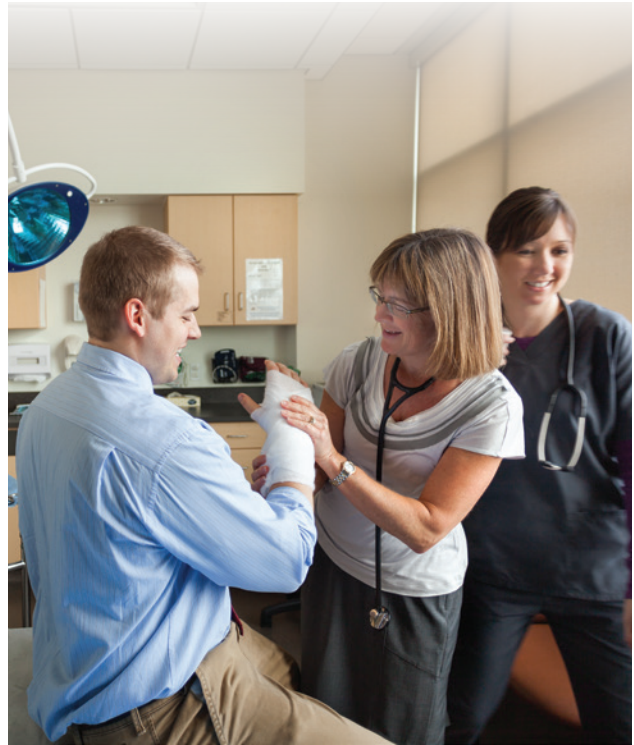
- 1) Urinary tract infection
- 2) Other chest pain
- 3) Acute respiratory infection
- 4) Open wound on finger
- 5) Chest pain
- 6) Pneumonia
- 7) Lumbago
- 8) Bronchitis
- 9) Acute pharyngitis
- 10) Syncope and collapse

Source: 2015 ThedaCare Medical Center Emergency Room Qlikview data

Top emergency department issues cited by emergency department staff:

- Mental health issues
- Anything AODA related
- Problems of the elderly
- Use of emergency staff for primary care need

Source: Barb Hopfensperger, social worker, ThedaCare Medical Center-Shawano



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	Low Income	Farmers	Elderly	Youth	Native American	Amish	Hispanic	Number of Groups Affected
Mental Health	X	X	X	X	X	X		X	7
Access to Mental Health Services	X	X	X	X	X	X		X	7
Alcohol – Excess Drinking	X	X	X		X	X		X	6
Drug/Opiate/Heroin Use	X	X			X	X		X	5
Chronic Illness	X	X	X	X	X	X		X	7
Physical Activity/Nutrition	X	X	X	X	X	X	X	X	8
Early Childhood	X	X			X	X		X	5
Transportation		X		X				X	3
Teen Pregnancy						X		X	2
Dental Care	X	X	X	X	X	X		X	7
Smoking	X	X	X				X	X	5
Access Affordable Insurance		X	X				X	X	4
Homelessness/Housing		X		X					2
Poverty/Low Income		X	X	X	X	X		X	6
Violence	X					X		X	3
Traffic Accidents						X	X		2
Number of Primary Care Providers	X	X							2
Number of Health Needs by Each Group	11	14	9	8	9	12	4	14	

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



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 have efforts underway to improve most of the needs identified.

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

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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 Shawano and Menominee 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-Shawano to provide support in some fashion. They include:

- ThedaCare Physicians in Shawano and Tigerton
- Children’s Hospital of Wisconsin
- Maehnowesekiyah Wellness Center
- Catalpa Health
- ThedaCare Behavioral Health
- ThedaCare at Home
- ThedaCare at Work
- Aurora Health System
- Shawano/Menominee Public Health Department
- Aurora Clinic – Bonduel
- Aurora Clinic – Shawano
- Partnership Community Health Center
- Synergy Counseling

ThedaCare Medical Center-Shawano Resources

In addition to financial resources, ThedaCare Medical Center-Shawano 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-Shawano Implementation Strategy:

- University of Wisconsin Extension offices
- Area school districts
- Rural Health Initiative
- City and county governments
- Health and Human Services departments
- Northeastern Wisconsin Technical College (NWTC)
- Menominee Tribal Clinic
- Menominee Community Engagement Work Group
- Faith communities
- Area food pantries
- United Way
- Women, Infants and Children Program (WIC)
- Farmers markets
- Park and Recreation departments
- Shawano Area Community Foundation
- Students Against Destructive Decisions (SADD)
- AODA Work Group
- Homme Home of Wittenberg
- PTAs
- College of Menominee Nation
- Wisconsin Tavern League
- Safe Haven
- Department of Health and Human Services community programs
- Health insurance providers
- Law enforcement
- Community gardens
- Eagle’s Nest Homeless Shelter
- Service/civic organizations
- Head Start
- Shawano Paper
- 4-H
- Sports leagues/youth leagues
- The Shawano Leader
- Tigerton Chronicle
- Shawano Country Chamber of Commerce
- Shawano Country Vision 2017

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



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	WHY NOT ADDRESSED
Homelessness/Housing	Existing local efforts underway
Transportation	Beyond scope of resources
Isolation	Beyond scope of resources
Teen Pregnancy	Beyond scope of resources
Violence	Will be addressed in part through AODA work

COMMUNITY HEALTH IMPLEMENTATION STRATEGY



Published Nov. 2016

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019



ThedaCare Medical Center-Shawano Community Health Implementation Strategy

The following is the ThedaCare Medical Center-Shawano 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-Shawano, 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.

As required by the Affordable Care Act, progress on the 2014-2016 plan is included in Appendix E.

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

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, AODA employer workshops, drug take back programs and narcotic 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	
Expand use of Vivitrol across primary care.	Primary Care Funding CHI	Probation and Parole	Reduced recidivism among heroin addicts.	2%
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%

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

- Support AODA plunge initiatives including bartender training, binge drinking campaign
- Support Boys & Girls Club and Big Brothers Big Sisters
- Participate on Menominee Tribe's Community Engagement Team
- 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 FRESH Coalition and Shawano Pathways Coalition.	CHI ThedaCare Staff ThedaCare Meeting Space Funding IT DR	Area Health Systems United Ways 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, 20 Shawano area businesses will have made one policy change that acknowledges early childhood support as an investment in workforce development.				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 employer education series on Early Childhood as Workforce Investment.	CHI CHAT	Businesses Chamber Daycare Resource and Referral School Districts United Way	Local businesses invest in early childhood.	30%
Identify Policy/System/Environment 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
- Support sign campaign



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



Published Nov. 2016

COMMUNITY HEALTH APPENDIX A 2017-2019

Board of Trustees

BOARD MEMBER	BUSINESS
Tim Bergstrom	Bergstrom Automotive
Patrick Brennan, MD	Surgical Associates of Neenah
Mark Burstein	Lawrence University
John Davis (Chair)	Great Northern Corporation
Gary Edelman, MD	ThedaCare Physicians
Kristin Galatowitsch	Galatowitsch Law Office
Dean Gruner, MD (President)	ThedaCare
Pam Henson	Gannett Wisconsin Media
Paul Klister	Commercial Horizons
David Koeper, MD	Fox Valley Nephrology Partners
Jim Kotek (Secretary)	Menasha Corporation
Grant LaMontagne	Kimberly Clark
Jim Meyer	BMO Harris
Doug Moard, MD	ThedaCare Physicians
Karen Timberlake	UW Population Health Institute
Terry Timm (Vice-Chair)	Thrivent
Norma Turk, MD	ThedaCare Regional Medical Center-Appleton
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-Shawano Board of Trustees

NAME	ORGANIZATION	BOARD POSITION
Jim Meyer	BMO Harris Bank	President
Rick Kane	Shawano County Human Services Department	Vice President
Paula Wegner	Wegner & Associates LLC	Treasurer
Chuck Dallas	Genex Cooperative, Inc.	Secretary
Dr. Peter Keenan	Menominee Tribal Clinic	Board member
Gail Moesch	Retired	Board member
Tim Olson	ThedaCare	Board member
Dr. Mark Hermans	ThedaCare	Board member
Dr. Michael Williams	ThedaCare Medical Center-Shawano	Board member
Chad Waukechon	College of Menominee Nation	Board member
Dr. Kathy Qualheim	ThedaCare Medical Center-Shawano	Board member
Dr. J. Kevin Culhane	Menominee Tribal Clinic	Medical Staff President
Dorothy Erdmann	ThedaCare Medical Center-Shawano	CEO
Cindy Mischler	ThedaCare	Finance
Penny Block	ThedaCare Medical Center-Shawano	Director/Patient Services

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

Shawano Community Health Action Team (CHAT)

NAME	REPRESENTS
Dorothy Erdmann	ThedaCare Medical Center-Shawano
Reverend Marty Black	Peace United Church of Christ
Jaime Bodden	Shawano-Menominee Counties Health Department
Randy Chevalier	Menominee Indian Tribe of Wisconsin
Wendy Crawford	Shawano County Chamber of Commerce
Sheriff Adam Bieber	Shawano County
Jennifer Frost	Shawano County Department of Community Programs
Brian Grieves	Grieves Chiropractic
Ed Grys	Retired, Community Member
Diane Heikes	Retired, Community Member
Dennis Heling	Shawano County Economic Progress Inc.
Matt Hendricks	Shawano Parks & Recreation Department
Matty Mathison	Retired, Community Member
Greg Parker	Shawano County District Attorney
Nancy Schultz	UW Extension Shawano County
Karen Smith	Shawano School District
Rep. Gary Tauchen	Wisconsin Assembly
Ron Schmalz	Cooperative Resources International
Paula Morgen	Facilitator ThedaCare Community Health Improvement

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Obesity

GOAL: INCREASE PERCENTAGE OF PEOPLE LIVING AT A HEALTHY WEIGHT

Long Term:

- Percent of obese adults (County Health Rankings)

Baseline Data 2014	2015 Update	2016 Update
Shawano County 31% Menominee County 40%	Shawano County 35% Menominee County 39%	Shawano County 33% Menominee County 41%

Short Term:

- Number of ThedaCare-engaged initiatives in place

Baseline Data 2014	2016 Update
3 of 14 tactics underway	14 of 14 tactics underway or completed

Objective #1: Mobilize community to action regarding obesity

Activity	Target Date	Progress
Organize local "Plunge" on obesity for community leaders.	December 2016	Not completed at this time.

Objective #2: Improve access to healthy foods

Activity	Target Date	Progress
Explore development of systems that will provide access to fresh produce throughout the county year-round.	December 2016	ThedaCare CHI provides a standard contribution to all farmer's markets who request support. This included the Shawano Farmer's Market.
Educate people about healthy eating at local events and through community education programs.	Ongoing	Not started.
Support school based healthy lunch-snacks initiatives.	December 2016	Not started.
Explore implementation of primary care provider "nutrition and exercise" prescriptions.	December 2016	Not started.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Obesity

Objective #3: Increase participation in exercise and physical activities

Activity	Target Date	Progress
Offer physical activity/ healthy lifestyle classes and support groups.	Ongoing	ThedaCare offers the CHIP program in Shawano. Added Lifestyle classes upon opening of new building in 2015.
Sponsor local events that encourage physical activity.	Ongoing	In 2014, ThedaCare was the presenting sponsor of the Soggy Bottom Bike Ride and ACS Relay for Life. 2015 - Maxwell Days Family Walk/Run, Mountain Bay Run, Dance Back the Night, Choose to Move, The Main Event, Relay for Life, Bike Rodeo, 5K Run to Read, Garden Walk, Bike the Barn Quilts and support for the Navarino Nature Center. In 2016, ThedaCare was the presenting sponsor for Bike the Barn Quilts. ThedaCare continues to sponsor youth sports and many local events that encourage movement and physical activity.
Have a ThedaCare presence on groups that advocate for environmental improvements that promote physical activity.	December 2016	Not at this time.
Support the development of a joint use agreement between Shawano School District and community organizations to allow use of school facilities for off-hour community activities/ gym use.	January 2014	Providing \$10,000 per year for three years (2016-2019) to Boys & Girls Club startup which will use school district facilities rather than build a separate building.
Partner with local school districts and Parks and Recreation Departments to support physical activity efforts.	December 2016	New Park and Rec Department leader has been added to CHAT Team. CHI continues to support an increasing number of events fostering physical activities over three years.
Explore implementation of PCP activity prescriptions.	December 2016	Not started.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Obesity

Objective #4: Support Menominee Tribe Community Engagement efforts around childhood obesity

Activity	Target Date	Progress
Participate on Menominee Tribe's Community Engagement team.	Ongoing	Jean Blaney McGinnis attends quarterly Community Engagement planning sessions of the Menominee Tribe. 2015: Carey Grieves is now the representative.
Provide financial, leadership and/or in-kind support to identified subcommittees.	Ongoing	Provided printed magnets on school readiness for families of Middle School youth as part of school readiness campaign.

Objective #5: Engage ThedaCare employees to help address obesity initiatives

Activity	Target Date	Progress
Establish ThedaCare signature event(s) that engage and reward employees for volunteering on efforts that address obesity through Helping Hearts Program.		Planned and implemented "Good to Go" Week in April 2015 and 2016 in six elementary schools throughout ThedaCare service area including Ulga Brenner and Hillcrest Elementary to educate and inspire kids to eat healthy foods and be active. More than 280 ThedaCare staff volunteered. Activities included after school run, healthy snacks, playground games, family fun night, energy breaks during class time, educational sessions related to sugar in drinks and fat in favorite foods, walking school buses, etc. In 2015 and 2016, more than 2,700 kids participated across all six schools. At three of the five schools surveyed, kids reported 7-10% increase in knowing what snacks are unhealthy.
Provide Health Assessments to all local ThedaCare employees and their partners.		Employees and partners undergo Health Risk Assessments (HAT) annually. Obesity level has declined 2% over past four years despite a trend in opposite direction nationally. 2013 employee HAT – 80.66 2014 employee HAT – 80.97 2015 employee HAT – 81.65

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Mental Health

GOAL: IMPROVE ACCESS TO MENTAL HEALTH SERVICES

Long Term:

- Poor mental health days (County Health Rankings)

Baseline Data 2014	2015 Update	2016 Update
Shawano County 3.1% Menominee County 2.2%	Shawano County 3.1% Menominee County 2.2%	Shawano County 3.5% Menominee County 5.3%

Short Term:

- Average wait time to see a provider (ThedaCare reported)

Baseline Data 2014	2015 Update	2016 Update
Psychiatry 47.5 days Adult Mental Health 23 days	Psychiatry 68 days Adult Mental Health 21 days	Psychiatry 161 days Adult Mental Health 15 days average

Objective #1:

Activity	Target Date	Progress
Provide financial and in-kind support for Primary Care/Mental Health Integration Initiative aimed at improving the primary care provider's ability to treat basic mental health needs.	December 2016	CHAT provided \$10,000 in funding in 2013. Dr. Doug Moard is on planning team. Drs. Farrar, Fisher and Panzer conducted training sessions. Three cohorts have completed. 196 providers from ThedaCare and other area health organizations have participated in the trainings since September 2012. The next step is to redesign to include rural providers.
Promote availability of Dr. Elena Tuskenis (psychiatrist), Lydia Vitort and Jeannette Arias-Flynn (mental health clinicians).	December 2014	Have promoted these providers through web (internet and intranet) and social media resources, as well as internally within Primary Care.
Recruit mental health specialists to ThedaCare system including psychiatrists, APNP's and mental health therapists.	December 2016	The need is ongoing. In 2014, one psychiatrist was recruited; a search is underway for an additional psychiatrist. Hired one psych-certified APNP in 2015. Still recruiting one more. Hired two mental health clinicians and recruiting more. 2016: Still recruiting for AODA clinicians, IP and OP psychiatrists and Mental Health clinicians for the system.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Mental Health

Objective #1: (continued)

Activity	Target Date	Progress
Provide leadership, funding and in-kind support to ensure sustainability of Catalpa Health Pediatric Behavioral Health Services.	Ongoing	Jean DeKeyser and Dr. John Edwards serve on Catalpa board. Jean is currently treasurer and also serves on Finance and Operations committees. ThedaCare contributed \$300,000 in financial support in 2014, 2015 and 2016. In 2013 ThedaCare contributed \$274,750. In addition, ThedaCare supports Catalpa Health through: <ul style="list-style-type: none"> • Theda Clark Medical Center Foundation provided \$100,000 to support the Catalpa Health Campaign. • Supported Race for a Reason 2014 through 2016- \$5,000 each year • Provided consultation/training regarding employee safety • Provided IT support for EPIC Refresh
Subsidize mental health services provided through ThedaCare.	Ongoing	ThedaCare provided \$1,200,000 in subsidized mental health services for the entire service area in 2013, \$1,397,348 in 2014, and \$1,387,091 in 2015.
Explore possibility of psychiatry residency through medical college expansion in Northeast Wisconsin.	December 2014	Not started.
Explore development of "Primary Care Consult" capability to provide additional support to primary care providers.	December 2016	Ran experiment in 2015 with Dr. Ferrar/OB/Gyn patients. Reduced wait time from 25 weeks to 2 weeks. Plans to expand to New London next.
Develop a primary care provider education initiative about the variety of community support services to which they can refer patients.	December 2016	Completed through Call Group meetings where we re-introduced 2-1-1 program as the best overall referral option for the majority of community needs.
Provide support for local Autism Support Group.	December 2014	Not started.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Substance Abuse

GOAL: REDUCE INCIDENCE OF ALCOHOL/DRUG ABUSE

Long Term:

- Percent of adults who report excessive drinking (County Health Rankings)

Baseline Data 2014	2015 Update	2016 Update
Shawano County 27% Menominee County 20%	Shawano County 27% Menominee County 20%	Shawano County 23% Menominee County 21%

Short Term:

- Wait times for Substance Abuse Care. January 2016: 17 days, September 2016: 13 days

Objective #1: Mobilize community to action on alcohol and drug use

Activity	Target Date	Progress
Organize local "Plunge" on alcohol/drug use for community leaders.	October 2013	Completed in Fall 2013. 40 area leaders attended. We heard from Julia Sherman, WI Alcohol Policy Coordinator, visited Shawano High School and heard from youth, visited the court house and heard from a local judge about laws. Several initiatives came out of this plunge including: <ul style="list-style-type: none"> Effort to push back school start time for teens (less time for risky behavior and better for education) Employer Based AODA quarterly workshops Binge drinking signage campaign Bartender training legislation initiative A plunge on drug use was held in January 2015.
School Start Time Initiative	2015-2016	Supported local advocacy group including Dr. Mindy Frimodig from ThedaCare Physicians to lobby school board to establish later school start times for teens. This reduces time for risky, unsupervised behaviors after school and is better for teen sleep needs and academic success. Decision tabled until next year. This was eventually blocked and voted down by the board in 2016.
Employer AODA Workshops	2015	Worked with SCEPI to host three employer workshops on how to identify employees under the influence of drugs and alcohol and how to handle these situations. Workshops were attended by 100+ business leaders/HR staff representing 40 businesses. On a scale of 1-5, the workshops got scores of 4.4 to 4.6 of recommending them to colleagues. Follow up workshops will be planned in 18 months. ThedaCare provided \$8,000 in financial support and printing.
Bartender Training Legislation	Ongoing	Representative Gary Tauchen sits on the Shawano Menominee CHAT Team and is working with state lawmakers to make bartender training mandatory across the state.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Substance Abuse

Objective #1: Mobilize community to action on alcohol and drug use (continued)

Activity	Target Date	Progress
Drug Courts	Ongoing	Attorney Greg Parker sits on the Shawano Menominee CHAT Team and is working behind the scenes to rally interest for a drug court in Shawano County, one of only five counties without drug courts at this time. This group is watching Waupaca County where the local CHAT Team lead an effort to establish a drug court and was approved by the Waupaca County board November 8, 2016.
Newspaper articles	2015-2016	ThedaCare is sponsoring a monthly back page health and wellness article. These articles are written by local experts related to the CHAT priorities of AODA issues. ThedaCare has paid for \$2,400 in print space for 2015 and 2016.

Objective #2: Reduce underage drinking and drug use

Activity	Target Date	Progress
Work with existing AODA Task Force to support their efforts including Binge Drinking Campaign.	December 2016	Provided \$14,000 in funding to implement Binge Drinking signage campaign including discussion guide and pre and post evaluation survey. Campaign launched fall 2014. ThedaCare also provided printing, facilitation for the planning committee and approval for signs on ThedaCare property. ThedaCare provided \$700 for lunch featuring "Rise Together" – former heroin addicts who tell their story.
Provide financial support for Chem-free graduation/post prom parties.	Annual	A standard contribution of \$100 has been set by the CHI Contribution Committee to support all requests for safe post-proms and safe post-graduation events.
Host "Party at the PAC" to educate teen drivers about risks of alcohol/substance abuse and driving.	Annual	<p>More than 5,100 teens attend PARTY at the PAC in 2014 , 5,460 in 2015. Survey results indicate in 2015, more than 300 students were from the Shawano region.</p> <ul style="list-style-type: none"> teens are 23% more likely to ask someone to stop talking on the phone while driving. teens are 33% less likely to ride in a vehicle with a driver under the influence of alcohol or drugs. <p>In October 2015, Party at the PAC educated its 50,000th teenager.</p>

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Substance Abuse

Objective #3: Implement system policy changes that provide for early detection/ prevention of alcohol and drug use

Activity	Target Date	Progress
Explore possibility of implementing SBIRT clinical protocol to screen for substance abuse and refer for help.	December 2016	Explored model created by Dr. Rich Brown of UW Madison. Decision made not to implement screening specific to AODA at this time. Implementing form of screening in Complex Population Health Model.
Explore establishment of system policy around prescription practices that impact heroin use and other controlled substances.	December 2015	<p>ThedaCare Physicians Shawano is reviewing list of provider prescribing habits to identify outliers. The Emergency Department has implemented stricter rules on opiate dispensing. Photo ID is now required. ThedaCare Physicians Shawano has also changed its InstaMed dispensing to reduce initial quantities and types of meds available.</p> <p>ThedaCare Physicians Waupaca has implemented standard work for monitoring controlled substance prescriptions to reduce “doctor shopping” diversion and abuse of meds. Includes patient “contracts” and use of a “Narcotics Nurse.” Expanded standard work throughout ThedaCare system in 2015. Initial focus is on opiates. Plan to expand to all narcotics.</p>
Implement policy regarding sponsorship of community events that negatively endorse alcohol use.	December 2014	Criteria have been added to Charitable Contribution standard work to discourage applications that contribute to excessive or inappropriate use of alcohol.



COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Access to Care

GOAL: TO IMPROVE ACCESS TO NEEDED MEDICAL SERVICES

Long Term:

- Percent of adult population uninsured (County Health Rankings)
 Shawano County 12% (2014); 14% (2015); 13% (2016)
 Menominee County 14% (2014); 15% (2015); 17% (2016)

Objective #1: Ensure medical care for low income/uninsured/underinsured individuals

Activity	Target Date	Progress
Maintain system policy of financial assistance to those unable to pay.	Ongoing	Reviewed in 2014. Policy revised and updated in 2015.
Support enrollment assistance in government sponsored programs.	Ongoing	In 2014, ThedaCare provided \$80,000 to Partnership Community Health Center to fund two Certified Application Counselor positions to assist people in getting on Insurance Exchange or Badger Care. Provided \$40,000 in 2015. Held trainings for ThedaCare staff on ACA and how to partner with PCHC. Selected a vendor to enroll uninsured inpatient and ED patients in Badger Care while at hospital. Received a grant to implement CAC in rural markets. 2015: enrollment of uninsured inpatient and ED patients in Badger Care while at hospital: 2,427 clients. Marketplace enrollment – 420.
Rural Outreach Grant	2015-Present	ThedaCare Physicians Shawano received a federal grant to reach out to people to educate them about and enroll them in insurance programs such as Marketplace exchange products or BadgerCare. Rhonda Strebel is leading this effort and pulling together local agencies and partners.

Objective #2: Provide 24/7 access to nurse advice regarding medical issues

Activity	Target Date	Progress
Staff and fund ThedaCare On-Call 24/7 access to medical advice over the phone.	Ongoing	ThedaCare On-Call received more than 200,000 calls per year for assistance. Annual cost of operations was \$1,338,683 in 2014 and \$1,417,531 in 2015.

Objective #3: Support Rural Health Initiative

Activity	Target Date	Progress
Provide financial and in-kind support to sustain Rural Health Initiative.	Ongoing	Annually, provided \$56,000 in financial support plus in-kind support in the form of office space, phone, computer, etc. for Rural Health Initiative. Dorothy Erdmann is a member of Rural Health Initiative board.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Access to Care

Objective #4: Increase supply of medical professionals

Activity	Target Date	Progress
Provide venue and training for medical students and nursing students.	Ongoing	<p>In 2013 ThedaCare provided residency training on site to five medical students totaling 1,200 clinical hours. ThedaCare incurred \$85,000 in expenses with the Residency Program. ThedaCare also provided more than 8,100 hours of clinical training for other healthcare students including nurses, MAs, LPNs, etc.</p> <p>2014 – ThedaCare provided 2,664 staff hours to train medical students with incurred expenses of \$95,797. A total of 596 students including nurses, MA's. PA.s NP.s, etc. for a total expense of \$484,643 and 11,920 staff hours.</p> <p>2015 - Provided nurse and physician residency training/hours at ThedaCare facilities totaling \$747,483.</p>
Provide job shadowing and internship opportunities for high school youth interested in medical careers.	Ongoing	ThedaCare is a partner with the area Medical Mentoring Initiative providing job shadowing experience to area high school youth.
Support NWTC Scholarship Program for medical professionals from Shawano area.	Annual	ThedaCare has provided \$2,000 annually. NWTC is provided space at ThedaCare Medical Center-Shawano to provide medical education courses.



COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Early Childhood/Family Support

GOAL: PARENTS HAVE THE KNOWLEDGE AND SKILLS NECESSARY TO GIVE CHILDREN A HEALTHY START IN LIFE

Long Term:

- Child abuse rate per 1,000 population (County Health Rankings)
 Shawano County: 4 (2014); 5 (2015); 3 (2016)
 Menominee County: 28 (2014); 19 (2015); 10 (2016)

Objective #1: Mobilize community to action regarding improved parenting

Activity	Target Date	Progress
Organize local “Plunge” on Early Childhood and Parenting for community leaders.	December 2016	Hosted plunge for 65 community leaders in April 2016. Visited Hillcrest School, Bullfrogs and Butterflies Daycare, Charlie’s Market, and College of Menominee Nation. Heard from state and local early childhood experts. Outcomes of plunge are: <ul style="list-style-type: none"> • Explore home visitation program • Expand Shawano School District teacher education to daycare providers • Educate area business leaders on importance of early childhood as an economic growth strategy • Explore development of a daycare on school property
Home Visitation	2016-Present	2016: State Home Visitation Specialists from UW Milwaukee joined CHAT meeting in August to share models. Parents as Teachers model was selected. A planning team is being pulled together to build the model framework.
Provide financial, leadership and in-kind support to Menominee Tribe Community Engagement Initiative on School Readiness.	December 2015	Printed School Readiness magnets for tribal middle school students/families.
Maintain connection with Healthy Families in Shawano.	Ongoing	Rhonda Strebel and CHAT member Nancy Schultz are actively involved and bring insights to CHAT meetings.
Continue support for Shawano County Child Death Review Team.		Dr. Phil Hollar, Dr. Mindy Frimodig and recently Dr. Paul Casey have been participating on the Shawano County Child Death Review Team.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Poverty

GOAL: PARENTS HAVE THE KNOWLEDGE AND SKILLS NECESSARY TO GIVE CHILDREN A HEALTHY START IN LIFE

Long Term:

- Poverty rate (Percentage of people living below Federal Poverty Line) (County Health Rankings)
 Shawano: 12% (2014); 14% (2015); 11% (2016)
 Menominee: 30% (2014); 39% (2015); 29% (2016)

Objective #1: Support local economic development

Activity	Target Date	Progress
Provide financial support for the "Shawano Country Vision 2020" Economic Development Campaign.	Annual	Committed \$25,000 over three years (2012-2016).
Support the Shawano/Menominee Area Homeless Task Force.	Ongoing	No donations at this time.

2014-2016

Implementation Strategy Progress Report

Priority: Dental

GOAL: PEOPLE HAVE IMPROVED ACCESS TO BASIC DENTAL SERVICES

Long Term:

- Establishment of dental service

Objective #1: Collaborate with existing Fox Cities-based dental services

Activity	Target Date	Progress
Explore partnership with Fox Cities-based dental services for underserved.	December 2016	Not started.