

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.



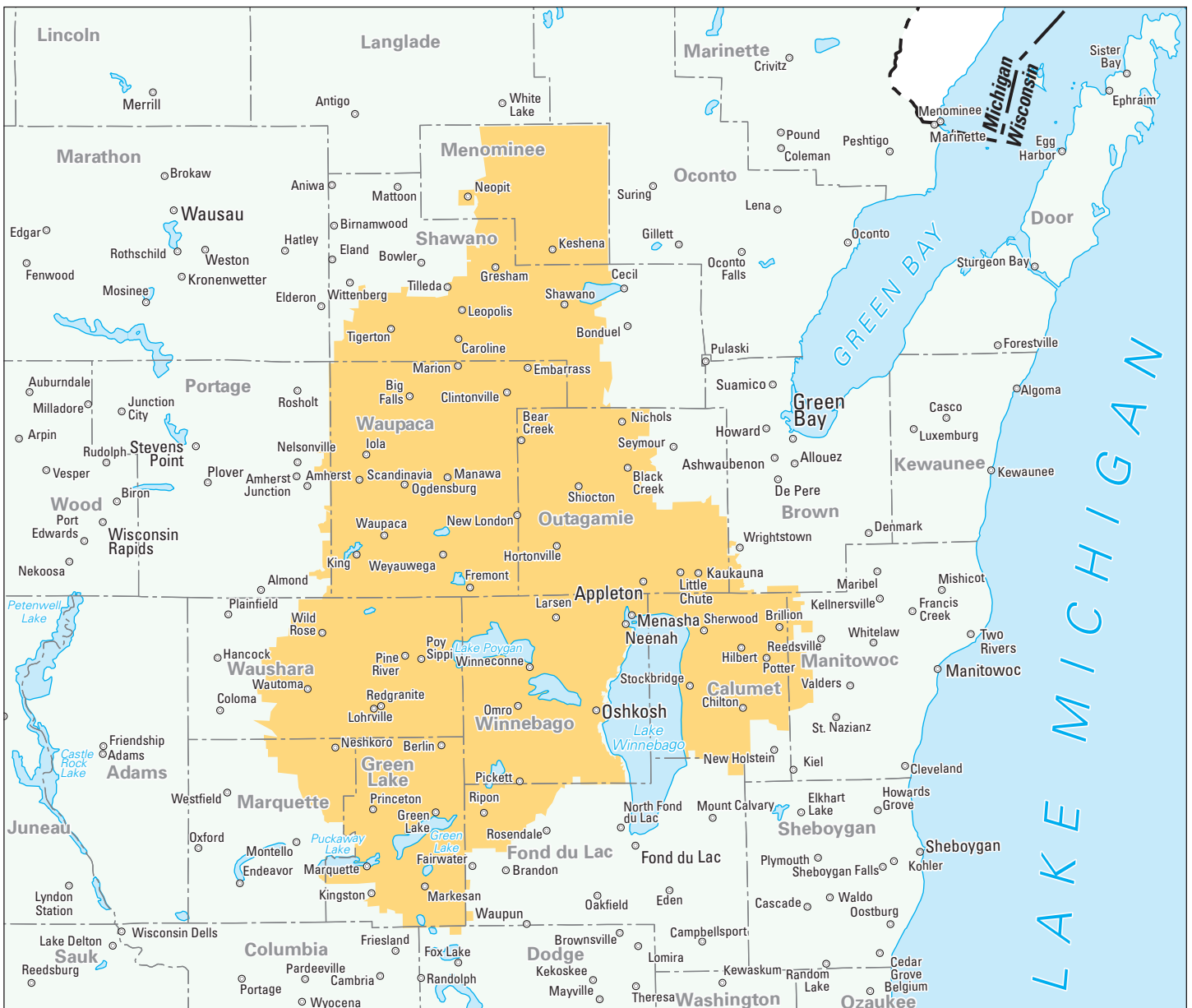
Our Service Areas

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.

COMMUNITY HEALTH COMMITMENT 2017-2019



Our Board of Trustees and **System Leadership Team (SLT)** (*See Appendix B 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 C 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



About ThedaCare Regional Medical Center-Appleton

A group of local business leaders began fundraising in 1950 to establish a second Appleton hospital on the city's north side. Construction on the community-owned hospital began in 1955, and the doors opened in February 1958. The original building was designed in the shape of a cross to help signify the role that the community's churches played in raising funds for the hospital.

In recent years, ThedaCare Regional Medical Center-Appleton has undergone significant changes and updates, including the construction of several new additions, such as the Paul & Elaine Groth Surgery Center in 1999, the Martha Siekman Cancer Center and ThedaCare Cancer Institute in 2001, the Appleton Heart Institute in 2003, and an eight-story pavilion and bed tower in 2010. In 2016, a new state-of-the-art ThedaCare Cancer Center opened on Appleton's northside.

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

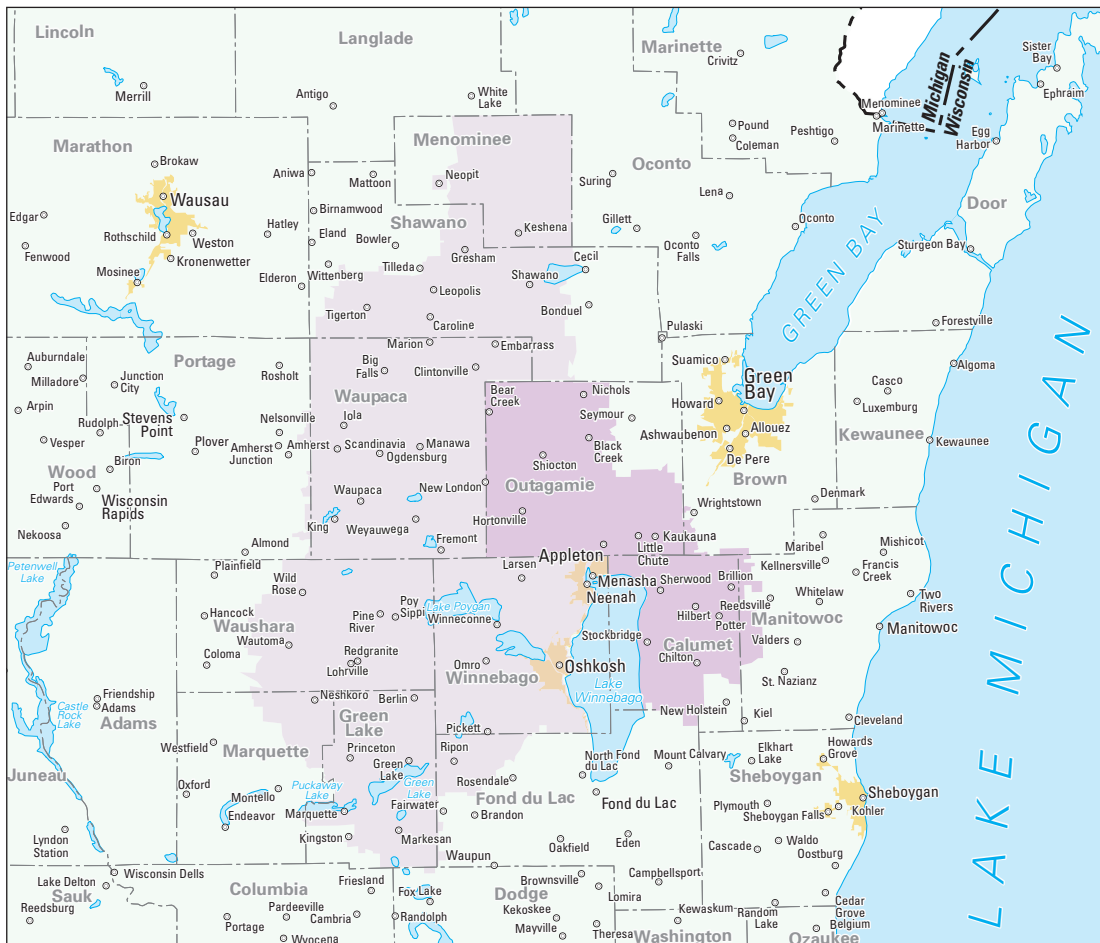
About ThedaCare Regional Medical Center-Appleton

Because ThedaCare Regional Medical Center-Appleton is a tertiary hospital providing cardiovascular services to a vast portion of northeast Wisconsin, the hospital defines its service area as consistent with the nine-county ThedaCare service area. From a community health perspective, a significant portion of this service area also is covered

by other ThedaCare hospitals. (see map below). (Map represents zip codes of 80% of inpatient base).

For purposes of this document and to avoid duplication, we will restrict our focus of the ThedaCare Regional Medical Center-Appleton Needs Assessment and Implementation to Calumet and Outagamie Counties.

ThedaCare Regional Medical Center-Appleton Service Area



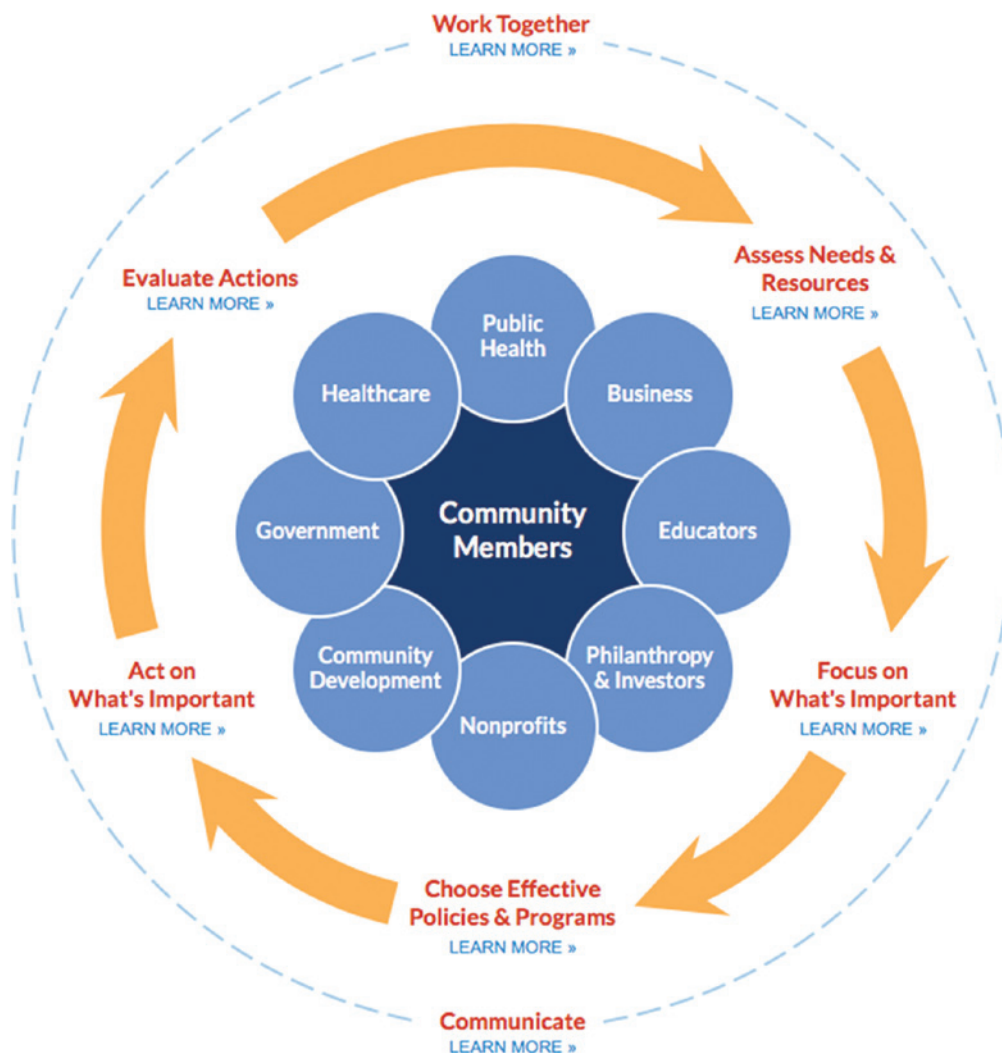
COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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.

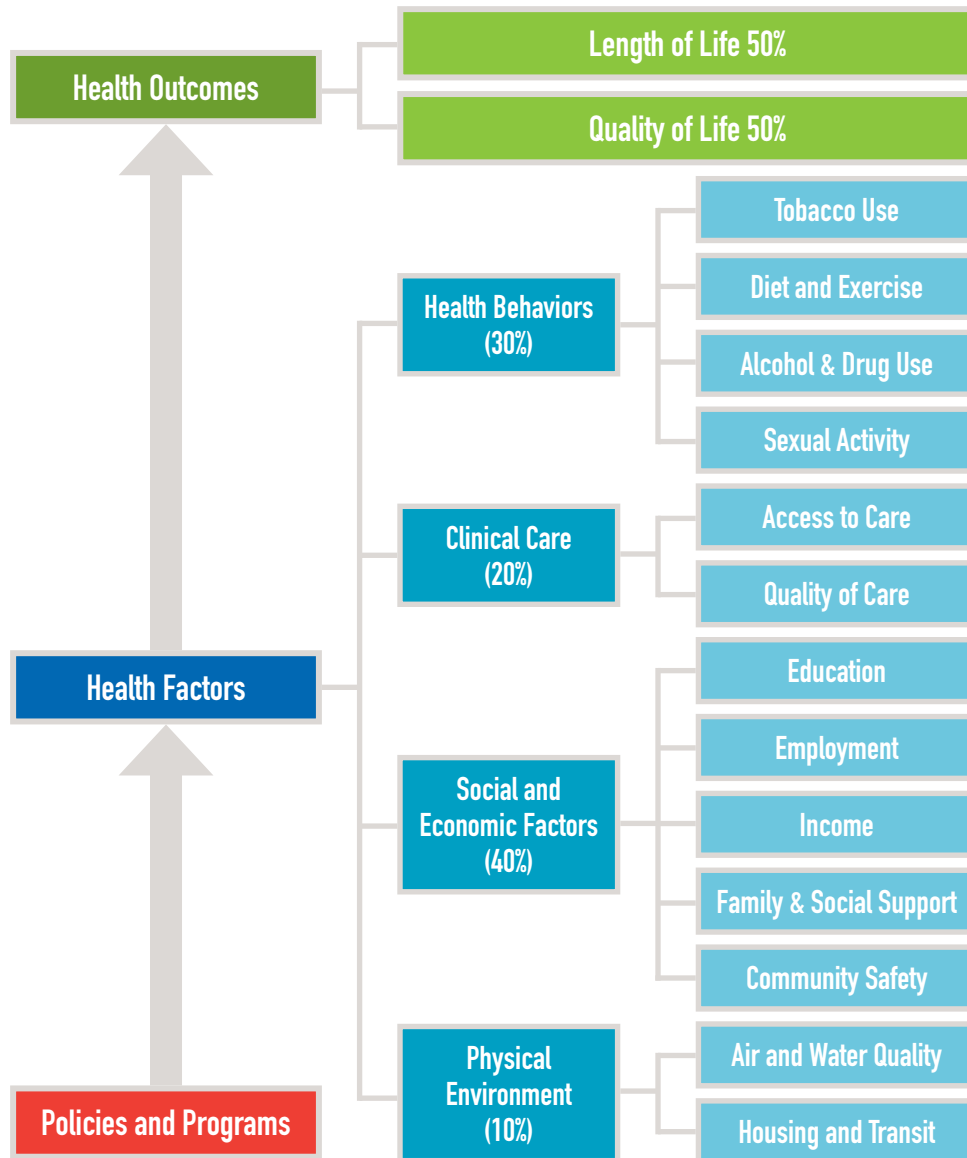
The “Take Action” model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

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

As a result of an identified need, ThedaCare participated on the **Fox Valley Community Health Improvement Coalition**, a group of representatives from the Fox Cities representing the four area healthcare systems (Affinity Health System, Aurora Health Care, Children's Hospital of Wisconsin-Fox Valley and ThedaCare) and five area public health departments (Outagamie, Winnebago and Calumet counties, cities of Appleton and Menasha). This group jointly developed one common process for conducting a Community Health Needs Assessment with a common timing cycle that will meet the requirements of all four health systems and the five public health departments.

In addition to these formal meetings, we conducted one-on-one interviews with public health officials.

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 Wisconsin Association of Local Health Departments and Boards.

4. Fox Cities CHAT Discussions

The ThedaCare-led Fox Cities Community Health Action Team hosted quarterly meetings. Fox Cities 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 Fox Cities CHAT team's diverse and passionate group of community leaders continues 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 Fox Cities CHAT Team has played a critical role in directing the focus of ThedaCare Regional Medical Center-Appleton community health work.



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

5. Meetings with Key Informants and Experts 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. Fox Cities LIFE Study

The Fox Cities LIFE Study is an evolving resource designed to spark data-driven conversations within all areas of the community, leading to action and transformative change. The study included nearly 200 indicators related to demographic, economic, social and health aspects of community life in the Fox Cities. These indicators were benchmarked against select counties, Wisconsin, and the nation and included trend information.

Community Research Partners, a nonprofit research, evaluation and data center in Columbus, Ohio, collected, analyzed and visualized the data for this website.

7. ThedaCare Regional Medical Center-Appleton 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 Regional Medical Center-Appleton's plan to Outagamie and Calumet counties.

Key Demographics

Population Growth

Although Calumet and Outagamie counties share borders and are both located in what is called Wisconsin's Fox Valley, they have significantly different populations. Outagamie County is much larger—as of 2015, its population was 180,345—and most of that population lives in urban areas.

Outagamie County is nearly four times the size of Calumet County, which has a population of 49,617. Much of its population is rural.

Calumet County's population growth slowed significantly between 2010 and 2015, compared to the previous decade. However, its 3.4% growth during the past five years is higher than the 1.2% state average. Calumet County's population is concentrated in the Fox Cities urban area.

Outagamie County's population is concentrated in the Fox Cities urban area. Its population growth rate is significant compared to other counties in Wisconsin. The population grew by 2.6 percent since the 2010 census, adding 4,615 residents between 2010 and 2015.

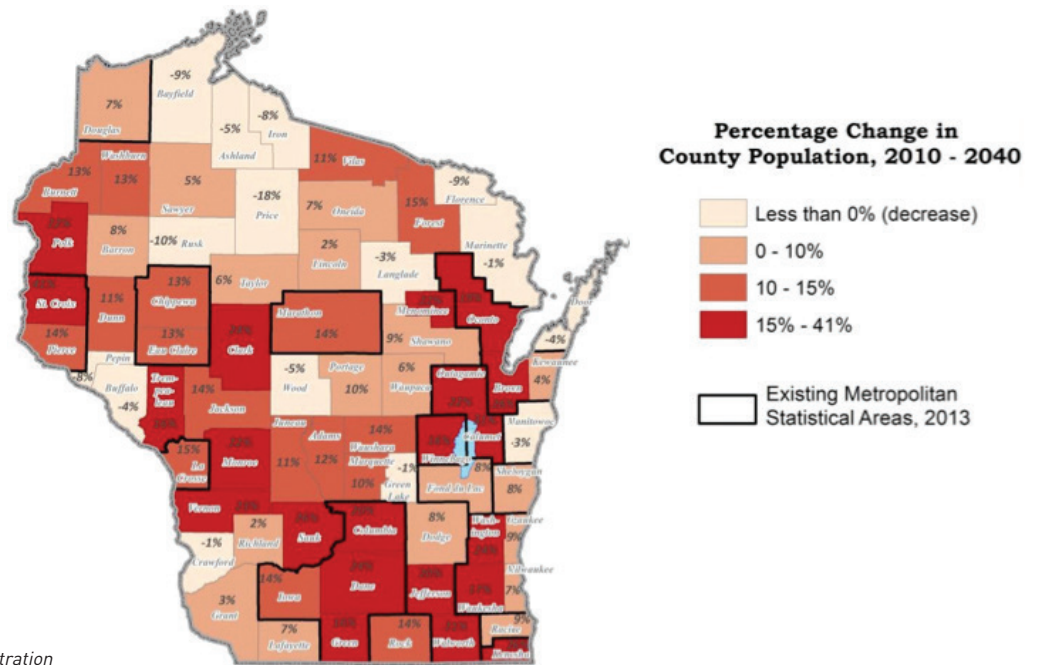
Source: Wisconsin Workforce Profile 2015



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Outagamie and Calumet County Projections, 2010 - 2040

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



Source: Wisconsin Department of Administration
 Demographic Services Center

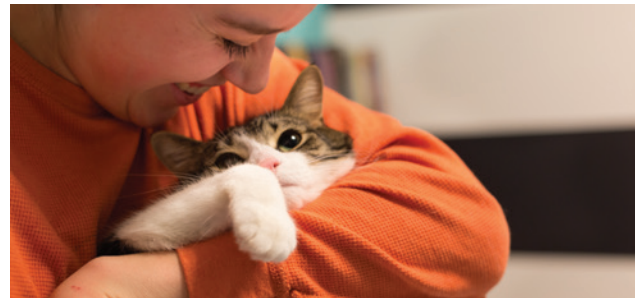
POPULATION PROJECTIONS					
	2010	2020	2030	2040	Net Change
Calumet	48,971	54,555	61,255	64,210	15,239
Outagamie	176,695	191,635	208,730	215,290	38,595

Department of Administration, State of Wisconsin, 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Age

Outagamie and Calumet counties have a much higher percentage of children, compared to other counties in the state. Several counties are skewing to a greater percentage of older adults as younger families migrate to more populated communities like those in Outagamie and Calumet 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+
Calumet	10,550	6,094	5,300	6,948	8,169	6,590	3,601	2,702
Percentage of Total	21.1	12.2	10.6	14.0	16.4	13.2	7.2	5.4
Ages	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Outagamie	35,939	23,124	24,546	23,168	27,363	23,056	13,362	10,555
Percentage of Total	19.8	12.8	13.6	12.8	15.1	12.7	7.4	5.8

Source: Wisconsin Department of Health Services 2014

Education and Occupation

The ThedaCare Regional Medical Center-Appleton service area includes eight school districts: Appleton, Freedom, Kaukauna, Kimberly, Little Chute, Shiocton, Seymour and Hortonville. Calumet County has three school districts: Stockbridge, Hilbert and Chilton. High school education levels and poverty rates are strong indicators of future health status. In comparison to the state and country, Outagamie and Calumet county graduation rates are higher than the state average, and a larger percentage of the population has at least some college education.

Top-growing industries in Outagamie County include Education and Health Services, Professional and Business Services, and Construction. Top industries in Calumet County are Manufacturing, Trade/Transportation/Utilities and Education/Health Services.

Both counties have a strong industrial base and stable government.

Source: Wisconsin Worknet 2015

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Income and Poverty Levels

The 2015 median household income for Outagamie County was \$57,124, and Calumet County was \$66,657. Both are above the state average of \$51,474.

Year	CALUMET COUNTY		OUTAGAMIE COUNTY	
	2000	2015	2000	2015
Median Household Income	\$52,569	\$64,996	\$49,613	\$57,690
Average Household Income	\$58,029	\$79,071	\$56,930	\$72,287
Per Capita Income	\$21,919	\$29,945	\$21,943	\$28,851

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

According to the most recent statistics, 9% of Outagamie County's population lives below 100% of the Federal Poverty Level, and 10% are uninsured. Six percent of Calumet County residents live below 100% of the Federal Poverty Level, and 8% are uninsured.

Sources: County Health Rankings 2016; U.S. Census Bureau

Ethnicity

Calumet County is predominately white. This is followed by Hispanic/Latino (4.3%) and Asian (2.4%). The Hispanic/Latino population is the fastest-growing at .8%.

Outagamie County is predominately white. This is followed by Hispanic/Latino (4.1%), Asian (3.5%), Native American (1.8%) and African American (1.3%). Both the Asian and Hispanic/Latino populations grew one-half of a percent since 2010.

Year	CALUMET COUNTY		OUTAGAMIE COUNTY	
	2010	2015	2010	2015
White	94.3%	95.0%	91.3%	91.6%
African American	0.5%	0.7%	1.0%	1.3%
Native American	0.4%	0.5%	1.7%	1.8%
Asian	2.1%	2.4%	3.0%	3.5%
Hispanic/Latino	3.5%	4.3%	3.6%	4.1%

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 process identified several vulnerable populations, including the following potential key targets for our strategy:

- Those living in poverty/low income
- Rural farm families
- Elderly population
- Veterans
- Hispanic/Latino population
- Lesbian, Gay, Bisexual, Transgender (LGBT) population
- Hmong population
- African-American population

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

Key CHNA Findings by Source

Each of our data collection methods provided unique insights into the needs of the ThedaCare Regional Medical Center-Appleton service area. Below are the primary needs identified by each source.

1. Behavioral Risk Factor Surveillance Surveys

- Healthcare access
 - Not taking medications because of cost
- Increase in number of poor mental health days
- Overweight and obesity increasing
 - Days of moderate exercise per week and amount of time spent exercising is declining
 - Limited access to healthy foods
 - Fruit and vegetable consumption is low
 - Diabetes is on the rise
 - Prevalence of high blood pressure increasing

- Binge drinking far surpasses national norms
- Asthma is on the rise
- Falls are on the rise
- Concern about enough primary care providers in Calumet County

Sources: Behavioral Risk Factor Surveillance Surveys from Outagamie County, Calumet County and City of Appleton.

2. Public Health

Outagamie County

- Childhood obesity and nutrition/food choices
- Risky lifestyle choices
- Binge drinking, alcohol abuse and underage drinking
- Depression
- Breakdown of the family
- Health and safety of farm families

Source: Mary Dorn, public health officer, Outagamie County, 2015

City of Appleton

- Tobacco use
- Obesity

Source: Kurt Eggebrecht, public health officer, City of Appleton, 2015

Calumet County

- Overweight and obesity
- Binge drinking
- Adequate number of primary care providers
- Air pollution
- Access to healthy foods

Source: Bonnie Kolbe, public health officer, Calumet County

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

3. Review of Secondary Health Data

- Outagamie County health outcomes ranking is 16 (23 in 2012)
- Outagamie County health factors ranking is 8 (13 in 2012)
- Calumet County health outcomes ranking is 3 (6 in 2012)
- Calumet County health factors ranking is 5 (10 in 2012)
- Adult obesity rate declined in Calumet County by 3%, increased in Outagamie County by 1% between 2012 and 2015
- Excessive drinking rate far surpasses national rate
- Number of motor vehicle crashes exceeds the state average
- Adult smoking rate in Outagamie County is 18%, Calumet County 11%; state average is 18%
- There is a lack of primary care, dental and mental health providers
- 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: Key informant interviews summarized in ThedaCare Community Health Needs Assessment Data Report 2015. (see Appendix D)

4. The Fox Cities CHAT Team

- Healthy childhood/early childhood.
 - Poverty is a concern
 - Adverse Childhood Experiences (ACES)
 - Children and families
 - Family security and stability has diminished
 - Poverty
 - Not just financial but access to resources and support
- E-cigarettes/liquid nicotine
- Heroin and heavy drug use
 - Used by adults, parents, youth
 - Causing effects on families
- Opportunity gap related to race in education

5. Meetings with Key Informants and Experts Representing Vulnerable Populations

Meetings with key informants representing vulnerable or marginalized populations in our community identified the following needs by population group:

Farm Families

- Overweight and obesity
 - 39% have BMI of 30 or higher
 - Underlying issues include unhealthy nutrition; high blood pressure and cholesterol levels; lack of physical activity
- Nearly one-third of farmers have back pain
- High stress levels
 - Alcohol
 - Depression

Source: Rhonda Strebler, executive director, Rural Health Initiative 2016



COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



Latino Population

- Access to mental health services
- Alcohol
- Early childhood – due to poverty
- Transportation
- Poverty
- Domestic violence
- Smoking
- Mental health
- Physical activity/nutrition
- Falls –especially in roofing and restaurant industries
- Diabetes/heart disease
- Teen pregnancy, this is improving
- Dental - no insurance
- Cancer - late diagnosis because of lack of preventive care

Source: Ernesto Gonzales, president, Casa Hispana, 2016

Lesbian Gay Bisexual Transgender Population

- Healthy relationships – intimate violence
- Alcohol
- Mental health – depression, suicide, anxiety
- Youth – tobacco, alcohol, mental health problems, healthy relationships
- Culturally competent healthcare providers including for transgender

Deanna Tappy, program manager, LGBT Partnership, Menasha,
Gerald Coon, president and CEO, Diverse and Resilient Milwaukee

Seniors

- Lack of in-home support (medication assistance, case management)
- Low incomes of vulnerable elderly groups
- Dental – those on BadgerCare have lack of service; those on Medicare have no dental coverage
- Lack of good nutrition, elderly sometimes make poor choices
- Falls – caused by living alone, dehydration, UTIs, weakness, acute medical issues
- Isolation – fewer natural supports
- Chronic health issues
- Dementia/Alzheimer's

Jan Jansen, Information and Assistant specialist, Outagamie County Aging and Disability Resource Center, 2016

Low Income

- Access to care
- Obesity and poor nutrition
- Employment
- Smoking
- Mental health
- Transportation
- Lack of prenatal care/smoking during pregnancy
- Teen birth rate
- Access to dental care
- Dramatic rise in diabetes

Source: Key informant interviews, 2016 (see Appendix D)

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

Hmong

- Chronic disease
 - Diabetes, high blood pressure, stroke
- Alcohol use – never used to drink before coming to U.S.
- Mental Health
 - Issues of being displaced from Laos
 - Stress in adapting to U.S. culture
 - Suicide
- Opiates/heroin
- Physical activity and nutrition concern among elderly
- Early childhood
 - Lack awareness about childhood growth and development, especially among less educated
- Teen pregnancy
- Dental
 - Parents not seeking dental visits for children
- Smoking – youth and adults
- Access
 - Many forego insurance - can't afford premiums and deductibles
- Poverty
- Domestic violence

Bee Yang, president, Hmong-American Partnership, 2016



Veterans

- Access to treatment for mental health - depression, anxiety, PTSD
- Dental – veterans are not covered by insurance
- AODA issues
- Transportation (to and from appointments)
- Lack of specialty care within the region

Lisa Ley, Outagamie County Veteran's Service Office, 2016

Youth

- Mental health – feelings of sadness, depression
- Physical activity and nutrition
- Stable home environment
- Violence - especially domestic violence, child abuse and neglect, bullying
- Lack of community/adult positive connections
- Institutional racism – keeps people of color from achieving
- Poverty
- Drugs and alcohol – parents using is now big problem for youth

Source: Greg Lemke-Rochon, Boys & Girls Clubs of the Fox Valley

African American

- Mental health access
 - Culturally competent health professionals
- Chronic Illness
 - Hypertension, diabetes, heart disease
- Physical Activity/Nutrition
 - Obesity
- Smoking
- Poverty/low income
- Violence
- Falls
- Wisconsin educational achievement gap highest in country

Sabrina Robins, president, African Heritage, Inc.

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

6. United Way Fox Cities LIFE Study 2016

- Transportation costs high
- Working poor population growing
- African Americans and single women have extremely high poverty rates
- Lack of affordable rental properties
- High demand for quality childcare
- Number of uninsured children increasing
- Obesity and diabetes are on the rise
- Drug use rising
- Suicide rates among youth increasing
- Student academic performance is declining, especially among those in poverty
- High percentage of youth are bullied, threatened and injured at school
- Increasing child abuse and neglect
- Violent crime increasing

7. 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 identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization altogether.

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

- 1) Other chest pain
- 2) Open wound on finger
- 3) Chest pain, unspecified
- 4) Headaches
- 5) Dizziness and giddiness
- 6) Acute upper respiratory
- 7) Fever
- 8) Syncope and collapse
- 9) Lumbago
- 10) Abdominal pain

Source: 2015 ThedaCare Medical Center Emergency Room Qlikview data

Top emergency department issues cited by emergency department staff:

- Chronic pain relief
 - o Drug seeking
- ER use as primary care resource
 - o Seeking referrals
 - o Nursing home clients seeking a physician
- Minor injuries

Sources: Ann Younger Crandall, Emergency Department manager, ThedaCare Regional Medical Center-Appleton



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	Seniors	Youth	African American	Latino	Hmong	LGBT	Rural	Veterans	Number of Groups Affected
Mental Health	X	X	X	X	X	X	X	X	X	X	10
Mental Health Access	X	X	X	X	X	X	X	X	X	X	10
AODA	X	X	X	X		X	X	X	X	X	9
Excess Drinking	X	X				X	X			X	5
Chronic Illness	X	X	X		X	X	X		X	X	8
Physical Activity/Nutrition	X	X	X	X	X	X	X		X	X	9
Early Childhood	X	X		X	X	X	X				6
Transportation		X	X			X			X	X	5
Teen Pregnancy					X	X					2
Dental Care		X		X		X	X				4
Smoking	X	X		X	X	X	X			X	7
Access Affordable Insurance		X	X			X	X		X	X	6
Homelessness		X									1
Poverty		X	X	X		X	X				5
Violence	X	X		X	X	X	X	X		X	8
Falls	X		X			X					3
STDs	X		X								2
Number of Health Needs by Each Group	11	14	10	9	8	15	12	4	7	10	

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 on 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 Regional Medical Center-Appleton 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 Outagamie and Calumet counties to respond to the health needs of the community and help us with our work. Most of these already partner with and support ThedaCare Regional Medical Center-Appleton.



Existing Healthcare Facilities and Resources Available to Support ThedaCare Regional Medical Center-Appleton Health Improvement Efforts

HEALTH FACILITIES

- ThedaCare Regional Medical Center-Neenah
- Children’s Hospital of Wisconsin
- Catalpa Health
- ThedaCare Behavioral Health
- Community Health Network
- ThedaCare Physicians
- Affinity Health System providers
- Partnership Community Health Center
- Living Healthy Community Clinic
- Mosaic Family Health Center
- Public Health departments

RESOURCES

In addition to financial resources, ThedaCare Regional Medical Center-Appleton staff and providers will be engaged on work teams to implement the proposed Community Health Improvement plans.

COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

COMMUNITY RESOURCES

University of Wisconsin Extension offices
 Area school districts
 Fox Cities YMCA
 Hmong American Partnership
 Rural Health Initiative
 Re-Think!
 Casa Hispana
 City and county governments
 Health and Human Services Departments
 Fox Valley Technical College
 Faith communities
 Feeding American Northeast Wisconsin
 Area food pantries
 Community gardens
 United Way Fox Cities
 Goodwill Industries
 Fitness facilities
 Well Cities
 Women Infant Children Program (WIC)
 Farmers Markets
 Park and Recreation Departments
 Community Foundation for the Fox Valley
 Region, Inc.
 Senior Centers
 4-H
 SADD
 Salvation Army
 Solutions Recovery Club
 Family Services of Northeast Wisconsin
 Rainbow Alliance for Hope
 Gay Straight Alliance Group at Menasha
 Breastfeeding Alliance of Northeast WI
 Wisconsin Well Women Program
 HealthWatch Wisconsin
 Local Emergency Planning Committee (LEPC)
 Crime Stoppers
 Big Brothers Big Sisters
 Lutheran Social Services
 CESA 6
 Mosaic Family Health Residency

COMMUNITY RESOURCES

National Alliance on Mental Illness (NAMI)
 Fox Valley
 Northeast Wisconsin (NEW) Mental
 Health Connection
 Sexual Assault Crisis Center
 Harbor House Domestic Abuse Services
 Christine Anne Domestic Abuse Center
 Reach Counseling Services
 Samaritan Counseling
 LEAVEN, Inc.
 Self Sufficiency Project
 ThedaCare at Home
 Health insurance providers
 Voices of Men
 Lawrence University
 UW Fox Valley
 GLBT Partnership
 Law enforcement
 Fox Cities Housing Coalition
 Service organizations
 Head Start
 Hispanic Interagency Team
 NEW Mental Health Connection
 Five Counties for Tobacco Free Living Coalition
 First Breath
 Tri-County Women's Health Coalition
 ADVOCAP/Head Start
 Family Health LaClinica
 Chambers of Commerce
 United Migrant Opportunities Services
 AmeriCorps
 Community for Hope
 Winnebago Mental Health Institute
 Fox Valley Psychiatric Associates
 Freedom from Smoking
 Alcoholics Anonymous
 Narcotics Anonymous
 Aging and Disability Resource Center
 Healthy WI Leadership Institute STD Taskforce
 Partnership Community Health Center (FCCHC)
 FCCHC Dental Clinic

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
Asthma	Beyond scope of resources
E cigarettes/tobacco	Existing efforts underway
Domestic violence	Existing efforts underway
Dental	Existing efforts underway
Alzheimer's	Existing efforts underway

COMMUNITY HEALTH IMPLEMENTATION STRATEGY



Published Nov. 2016

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019



ThedaCare Regional Medical Center-Appleton Community Health Implementation Strategy

The following is the ThedaCare Regional Medical Center-Appleton 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 Regional Medical Center-Appleton, 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%
Support NEW Mental Health Connection: <ul style="list-style-type: none"> Member funding ThedaCare presence on initiatives <ul style="list-style-type: none"> Mapping of MH/AODA providers/clinicians to assess gaps Zero Suicide No Wrong Door HWPP Grant – Depression & Youth 	Funding ThedaCare Behavioral Health CHI	NEW Mental Health Connection United Way County Health and Human Services Non-Profit Agencies School Districts Health Systems Public Health	More efficient use of local resources to address mental health needs.	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	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%

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	
Support community-based access initiatives. (Examples include Drug Court startup, recovery coaches, drug take back programs and naran 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%
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
- Support Partnership Community Health Center/Living Healthy Clinic
- Subsidize Mental Health and AODA services
- Participate on Children's Mental Health Initiative Task Force
- Support Parent Connection programming
- 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:

- 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:

- Number of coalitions within ThedaCare markets

Tactics	Hospital Resources	Partners	Anticipated Impact	
Provide leadership and funding to Weight of the Fox Valley: <ul style="list-style-type: none"> • Employees on 6 Action Teams, Core Team and Leadership Team • Serve as data repository for BMI data from 3 area health systems • Provide annual funding 	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

- ThedaCare cafeterias purchase produce from Riverview Gardens urban farm/job training program
- Offer physical activity and nutrition classes and support groups
- Sponsor local events that encourage physical activity and healthy eating
- Support YMCA Strong Kids Program
- Support local farmer's markets
- 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. If successful, expand to other markets.	Funding CHI Birth Centers Pediatrics/Family Providers	Public Health DHS Agencies Funders	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 2019, the Fox Cities 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 Fox Cities CHAT plunge on Early Childhood.	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%
Engage parents and community about ACES and Trauma Informed Care.	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 (i.e. Children's Parade, Healthy Kids Day, Butterfly Festival, fun runs, etc.)
- 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 55+ have an Advance Directive in their medical record				25%
Performance Metrics:				
<ul style="list-style-type: none"> Percent of active ThedaCare Physicians patients age 55+ 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 IMPLEMENTATION STRATEGY 2017-2019

Priority: Health Disparities

GOAL: DIVERSE POPULATIONS HAVE A FAIR OPPORTUNITY TO ATTAIN FULL HEALTH POTENTIAL				Wt.
Objective: TBD				40%
Performance Metrics:				
<ul style="list-style-type: none"> Graduation rates of black and white students in Appleton and Menasha public high schools 				
Tactics	Hospital Resources	Partners	Anticipated Impact	
Facilitate planning team to develop and implement local model.	CHI	CHAT School Districts St. Norbert College UW Oshkosh FVTC Daycares	Improved access to educational opportunity for black students.	40%
Objective: By 2020, 40% of large Fox Cities Chamber businesses will achieve a “Diverse and Inclusive” designation				30%
Performance Metrics:				
<ul style="list-style-type: none"> Percent of large Fox Cities Chamber businesses achieve a “Diverse and Inclusive” designation 				
	Hospital Resources	Partners	Anticipated Impact	
Establish Diverse and Inclusive Business Council through Chamber.	CHI Funding	CHAT Fox Cities Chamber Ethnic Organizations	More inclusive community for diverse populations.	25%
Develop “Downtown Appleton Safety Initiative” to address racial aggression.	CHI	CHAT Appleton Downtown, Inc. Fox Cities Chamber	Reduction in micro-aggressions against minority populations.	5%

COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

Priority: Health Disparities

Objective: By 2020, 90% of participants in Biracial Project say they have improved attitude and actions toward diverse populations

30%

Performance Metrics:

- Percent of participants who indicate the “Biracial Project” experience has improved how their attitudes and actions are toward diverse populations

Tactics	Hospital Resources	Partners	Anticipated Impact	
Implement Rochester “Biracial Project” Model.	CHI Admin Funding	Business Leaders Community Leaders Ethnic Organizations Chamber Agencies	A community that values and welcomes diversity. The ability to discuss challenging issues such as racial concerns in a respectful, productive manner.	30%

Existing ongoing disparity initiatives

- Cuidate Teen Pregnancy Initiative
- Support economic development



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

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 C 2017-2019

Fox Cities Community Health Action Team (CHAT)

NAME	REPRESENTS
Willis Bloedow	Retired
Ray Durkee	ThedaCare Family of Foundations
Kurt Eggebrecht	City of Appleton Public Health
Tim Galloway	Galloway Company
Mike Goodwin	Common Ground
Ernesto Gonzalez	Casa Hispana
Dean Gruner	ThedaCare
Pam Henson	Gannett Wisconsin Media
Marti Hemwall	Community Foundation for the Fox Valley Region, Inc.
Chad Hershner	Children's Hospital of Wisconsin
Peter Kelly	United Way Fox Cities
Shannon Kenevan	Goodwill Industries of North Central Wisconsin
Greg Lemke-Rochon	Boys & Girls Clubs of the Fox Valley
Chris Matheny	Fox Valley Technical College
John Mielke	Retired
Neely Pinnock	Bemis Company
Martin Rudd	University of Wisconsin Fox Valley
Amy Putzer	Oshkosh Area Community Foundation
Rollie Stephenson	Faith Technologies
Ben Vogel	Appleton Area School District
Cyril Walsh	ThedaCare
Courtney Weiland	ThedaCare Family of Foundations
Deborah Wetter	Valley Transit
Bee Yang	Hmong American Partnership
Paula Morgen	ThedaCare CHI, Facilitator

COMMUNITY HEALTH APPENDIX D 2017-2019

Key Informants

NAME	ORGANIZATION
Diana Aronson	University of Wisconsin- Oshkosh Head Start
Rob Ash	Wisconsin Public Service
Sarah Bassing-Sutton	Samaritan Counseling Center
Amber Bastian, RN	Calumet County Health Division
Corey Besaw	Outagamie County Sheriff's Department
Bill Breider	YMCA of the Fox Cities
Cassie Buechel	Calumet Medical Center
Sarah Burmeister	City of Appleton Health Department
Faye Burg	Delta Publications
Kelly Butzlaff	University of Wisconsin-Oshkosh Head Start
Beth Clay	N. E. W. Mental Health Connection
Kelli Clussman	Heart of the Valley Chamber of Commerce
Alice Connors	Calumet County
Larry Creamer	Valley Baptist Church
Rosemary Davis	Outagamie County
Joann Dewhurst	Calumet County
Kathy Dickrell	University of Wisconsin-Extension
Todd Drew, RS	Wisconsin DNR; Menasha Health Department
Bonne Elias-Planner	Outagamie County Aging and Disability Resource Center
Marisol Encarnacion	Outagamie County Public Health- Women, Infants, and Children (WIC) Program
Kathy Flores	City of Appleton
Kristina Foshag	Affinity Health System
Ann T. Gasch	Healthiest Calumet County Steering Committee; Heritage Orchard
Merlin Gentz	Calumet County
Cory Goldschmidt	The Boldt Company
Ernesto Gonzalez	Casa Hispana

continued

COMMUNITY HEALTH APPENDIX D 2017-2019

Key Informants

NAME	ORGANIZATION
Mike Goodwin	Common Ground
Jamie Hagenow	Calumet Medical Center
Lynn Hammen	University of Wisconsin- Oshkosh Head Start
Mary Harp-Jirschele	J.J. Keller Foundation
Kathi Hegrans	ThedaCare Trauma
Wendy Hein	Early Intervention Program (Birth to Three)
Carlos Herrera	St. Therese Church
Sonja Jensen	Appleton Health Department
Cal Kanowitz	Hope Clinic/Alliance
Greg Keil	City of Menasha
Peter Kelly	United Way Fox Cities
Steve Kihl	Appleton Health Department
Lisa Kogan-Praska	Catalpa Health
Bonnie Kolbe	Calumet County Health Division
Jenny Konen	Calumet Medical Center
Joann Kopack	St. Vincent de Paul
Bill Krizek	Calumet County
Kim Krueger	Outagamie County
Wendy Krueger	ThedaCare at Work; Well City Fox Cities
Ben Krumenauer	East Central Wisconsin Regional Planning Commission
Sue Larson, RN	Appleton Health Department
Tina Lechnir	Affinity Health System
Becky Lindberg, RN	Appleton Health Department
Paul Linzmeyer	ThedaCare
Tricia Lorenz, DO	Healthiest Calumet County Steering Committee
Nicole Malchow, MSW, APSW	Children's Hospital of Wisconsin- Fox Valley

continued

COMMUNITY HEALTH APPENDIX D 2017-2019

Key Informants

NAME	ORGANIZATION
Jerry Mallmann	Chilton Furniture, Inc.
Claire Martin	School District of Chilton
Jerome Martin	Homeless Connections
Nancy McKenney, MS, RDH	City of Menasha
Donald Merkes	City of Menasha
Barbara Miller	Healthiest Calumet County Steering Committee; Miller Manufacturing, Inc.
Helen Nagler	Outagamie County
Tom Nichols, MD	Children's Hospital of Wisconsin- Fox Valley
Andrea O'Bright	Bellin College of Nursing
Judith Olson	Child Care Resource & Referral
Lori Popp	Fox Valley Technical College
Lori Reblin, OTRIL	Children's Hospital of Wisconsin- Fox Valley
Michelle Roberts	City of Appleton Health Department
Sabrina Robins	African Heritage, Inc.
Frankie Rodriguez	Hispanic Chamber of Commerce of Wisconsin
Karen Rosenberg	Weight of the Fox Valley/United Way
Laura Ruys	Affinity Health System
Barb Schaefer	Calumet County Women, Infants, and Children (WIC) Program
Heather Schimmers	St. Elizabeth Hospital, Affinity Health System
Megan Schmitt	Calumet County Department of Health and Human Services
Susan Schneider, RN	Calumet Medical Center
Beth Schnorr	Harbor House
Jackie Schoening	Wisconsin Safe and Healthy Schools Center
Mary Schwarenberg	Calumet County

continued

COMMUNITY HEALTH APPENDIX D 2017-2019

Key Informants

NAME	ORGANIZATION
Craig Schwobe	Moehn Grain Farms, LLC
Sherah Sroka, MSW, APSW	Children's Hospital of Wisconsin- Fox Valley
Kristene Stacker	Partnership Community Health Center
Jon Stellmacher	Community Early Learning Center Board
Jennifer Stephany	Appleton Downtown, Inc.
Judith Strodthoff	Calumet Medical Center
Beth Stubing	Parent Connection of Family Services
Tim Styka	City of Menasha
Anthony Sweere	Hilbert School District
Todd Thomas	City of Appleton Police
Kaye Thompson	ThedaCare
Tabitha Uitenbroek	ThedaCare Trauma
Janet Vande Hey	Healthiest Calumet County Steering Committee
Greg Vandenberg	U.S. Venture, Inc.
Maria Vargas	Partnership Community Health Center
Cyril Walsh, MD	ThedaCare
Chris Wardlow	Catalpa Health and Outagamie County
Bryn Wehrwein	University of Wisconsin- Oshkosh Head Start
Kelly Wisnefske	Rawhide Boys Ranch
Greg Woller	Big Brothers Big Sisters of the Fox Valley Region
Jean Wollerman	Neenah-Menasha YMCA
Kate Yonke, RDN, CD	Evolve

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	
Outagamie County	31%	Outagamie County	30%	Outagamie County	32%
Calumet County	31%	Calumet County	29%	Calumet County	29%

Short Term:

- Number of ThedaCare engaged initiatives in place

Baseline Data 2014	2016 Update
8 of 16 tactics underway	16 of 16 tactics underway or completed

Objective #1: Establish Weight of the Fox Valley Initiative in Tri-County area

Activity	Target Date	Progress
Provide ThedaCare leadership participation on both the Weight of the Fox Valley Core and Leadership Teams.	Ongoing	Dean Gruner and Paula Morgen have been active members of leadership team Fall 2013-present. Paula Morgen has been an active member of Core Team Fall 2012-present.
Support establishment of metrics through hospital data systems.	January 2014	After an arrangement with UW Madison for data management fell through in 2015, ThedaCare agreed to be the data repository for area health system data. Aurora, Affinity and ThedaCare completed a MOU in summer of 2016. ThedaCare will be the repository and produce select data reports. An Ethics committee has also been created to determine appropriate and ethical distribution and use of BMI data.
Engage ThedaCare employees on work teams.	Ongoing	Seven ThedaCare staff engaged in the WOTFV Kick Off and six staff currently participate on the Active Communities, Worksite, and Food Systems Action Teams. IT, Privacy, CHI and Decision Resources staff are engaged in data support/metrics efforts.
Provide financial and in-kind support.	Ongoing	ThedaCare made a \$25,000 donation from CHAT in 2013 to start up WOTFV. ThedaCare has since made a 3-year financial commitment of \$10,000 annually. ThedaCare has also committed more than \$1,000 in printing support each year and we are providing metrics support.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Obesity

Objective #2: Improve access to healthy foods

Activity	Target Date	Progress
Engage ThedaCare staff and provide funding to the Eat Smart (Smart Plate) restaurant labeling initiative.	June 2014	\$1,400 donation to support Eat Smart in 2014. ThedaCare has supported the Eat Smart restaurant labeling initiative providing our cafeteria nutrition identification system as the basis for the Eat Smart model. Our dietitians consult with restaurants to calculate nutrition information for recipes. Brenda Leigh, Carrie Grieves and Sandy Panzer have been involved with this effort. Have eight restaurants engaged and working with FVTC to include in culinary training and restaurant. Eat Smart is being renamed SmartPlate and has developed a Fox Valley Catering Guide that lists better options for worksites who are looking to cater healthy food. Currently, there are five SmartPlate caterers in the tri-county area.
Provide funding and expertise for the startup and sustainability of local farmer's markets.	Annual	Have annually made a \$5,000 donation to Appleton Downtown Inc. for Appleton Farmer's Market plus staffed a ThedaCare booth weekly providing health information on 12-15 different ThedaCare services.
Support expansion of Riverview Gardens urban farm/job training initiative through funding and purchasing of produce for ThedaCare facilities.	Ongoing	\$50,000 donation in 2013 to build five hoop houses. Started a composting program with Riverview whereby ThedaCare composts produce waste in Appleton and Neenah and Riverview picks it up regularly for use in their gardens. ThedaCare purchases \$50-\$75 per week from Riverview Gardens.
Expand presence at local events where we have an opportunity to educate about healthy foods.	Ongoing	ThedaCare is the major sponsor of Healthy Kids Day through YMCA of the Fox Cities which draws 3,000 youth. Dietitians from ThedaCare hospitals in Appleton and Neenah attend local events such as school health fairs. ThedaCare has been the presenting sponsor of Appleton Children's Parade organized by Building for Kids from 2014-2016. This event has an expanded presence of ThedaCare Physicians Pediatrics at a booth in City Park following parade to educate on healthy eating and activity.
Support school based healthy lunch/snacks initiatives.	December 2016	ThedaCare organized "Good to Go" Week in April in 2015 and 2016 for six elementary schools throughout ThedaCare service area to educate and inspire kids to eat healthy foods and be active. 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.
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 following classes in the Fox Cities area: <ul style="list-style-type: none"> • Cardiovascular Health Improvement Program • Lifestyle 180 • ThedaCare partners with local YMCA's to educate diabetics on healthy eating and activity.
Sponsor local events that encourage physical activity.	Annual	2014-2016, ThedaCare annually sponsored YMCA Strong Kids campaign, ACS Sole Burner, ChickenFest 5K Run in Darboy, Harbor House Mud Run, Fox Cities Marathon, Downtown Appleton Children's Parade, Glow 4 it! Walk/Run, Walk to Defeat ALS, Walk for Babies, Pig to Pig Walk plus more, and a variety of youth sports teams.
Have a ThedaCare presence on groups that advocate for environmental improvements that promote physical activity.	December 2016	During 2016, through Weight of the Fox Valley, ThedaCare staff are part of a team advocating local governments to adopt a resolution that shows support for WOTFV and governmental infrastructure decisions that support being physically active - such as biking and walking. This is in partnership with the East Central Wisconsin Plan Commission. 11+ local governments have adopted the resolution as of April 2016. This includes: Cities of Appleton, Menasha, Neenah, Kaukauna, Oshkosh; the Town of Greenville, Menasha, Clayton, Harrison (and Village).
Work with local school districts to support physical activity efforts.	December 2016	ThedaCare organized "Good to Go" Week in April in 2015 and 2016 for six elementary schools throughout ThedaCare service area to educate and inspire kids to eat healthy foods and be active. 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 financial leadership support for Strong Kids Program through YMCA.	Annual	Provide \$3,500 annual support to YMCA "Strong Kids" initiatives in tri-county area providing scholarships for youth from low-income families. ThedaCare currently provides \$500 per YMCA facility annually - five in the fox Cities area, two in Oshkosh.
Explore implementation of primary care provider "activity prescriptions".	December 2016	Not started.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Obesity

Objective #4: Engage ThedaCare employees to help address obesity

Activity	Target Date	Progress
Establish ThedaCare signature event that engages and rewards employees for volunteering on efforts that address obesity.	Ongoing	Planned and implemented "Good to Go" Week in April 2015 and 2016 in six elementary schools throughout ThedaCare service area 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.
Provide Health Assessments to all local ThedaCare employees and partners.	Annual	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
Outagamie County 2.3%	Outagamie County 2.3%	Outagamie County 3.1%
Calumet County 2.5%	Calumet County 2.5%	Calumet County 3.1%

Short Term:

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

Baseline Data 2014	2015 Update	2016 Update (initial evaluation)
Psychiatry 47.5 days	Psychiatry 68 days	Psychiatry 161 days
Adult Mental Health 23 days	Adult Mental Health 21 days	Adult Mental Health 17 days average

Objective #1: Create clinical capacity for patients with mental health needs

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 issues.	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.
Recruit mental health specialists including psychiatrists, APNPs, 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.
Provide leadership, funding and in-kind support to ensure sustainability of Catalpa Health.	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"> ThedaCare Foundation-Neenah 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

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Mental Health

Objective #1: Create clinical capacity for patients with mental health needs (continued)

Activity	Target Date	Progress
Provide board leadership, funding and in-kind lab, diagnostic and other services for patients of Partnership Community Health Center (including mental health services.)	Ongoing	Brian Burmeister/Jeff Hacker serve on PCHC board. Hacker is current president. Provided \$350,000 in lab, diagnostic and decision resources support for PCHC in 2013 plus \$70,000 in financial support. In 2014, made \$70,000 financial donation plus \$11,189 in radiology/lab support and \$4,477 in Decision Resources support. In 2015, donated \$143,250 in radiology/lab, \$5,938 in decision resources support and \$3,184 in dietitian hours.
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 NE Wisconsin.	December 2016	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 and re-introduced 2-1-1 program as the best overall referral option for the majority of community needs.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Mental Health

Objective #2: Close gaps among mental health service providers that allow patients to “fall through the cracks”

Activity	Target Date	Progress
Provide leadership and funding to NEW Mental Health Connection – a coalition of mental health service providers.	Ongoing	Jean DeKeyser and Brian McGinnis have served on NEW Mental Health Connection board. Jean served as co-chair in 2015. CHAT provided \$75,000 in 2013 to support the Executive Director position over two years. ThedaCare Behavioral Health provides \$15,000 annually since 2012. ThedaCare provided in-kind office space annually to NEW Mental Health Executive Director.
Help establish “No Wrong Door” safety net system.		Jean DeKeyser serves and Brian McGinnis served on NEW Mental Health Connection board which is piloting this initiative with six agencies. ThedaCare Behavioral Health will join this pilot in 2016. Initial database vendor changed ownership hampering pace of initiative.

Objective #3: Identify mental health needs and engage interventions early in life

Activity	Target Date	Progress
Participate on the Children’s Mental Health Initiative working to create a system of care for children.	December 2015/ Ongoing	Jean Dekeyser serves on CMHI Task Force. Working on implementing ASQ3 as a standard screening tool for mental health and developmental concerns in early childhood.
Provide funding for “Teen Screen” (now called Connected Community Wellness Screen) a suicide screening initiative for 9th grade students.	January 2014	CHAT provided \$50,000 in funding in 2013. Initiative is now self-sufficient through school funding.
Provide financial and marketing support for “Parent Connection” early childhood/parenting community education.	Ongoing	ThedaCare annually supports the Parent Connection Symposium held each May at FVTC.
Suicide Prevention.	Ongoing	Jean DeKeyser and Mental Health staff are members of Zero Suicide - Suicide Prevention Task Force, a member of NEW Mental Health Connection.
Zero Suicide Perfect Depression Care.	Ongoing	ThedaCare Behavioral Health staff on this Task Force to implement evidence based protocols for depression. Received \$1,500 grant from Henry Ford Center.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Mental Health

Objective #4: Ensure emergency Mental Health services are available when needed

Activity	Target Date	Progress
Support 24/7 Crisis Intervention Initiative to improve access to crisis care in the Fox Cities.	December 2016	Jean DeKeyser is a member of the Tri-County Crisis Task Force which is currently working to align processes. Goal is to establish a 24/7 Crisis Center. This is work led under NEW Mental Health Connection.
Support Trauma Informed Care.	2015	CHAT provided \$10,000 in funding to support a Trauma Informed Care Conference for all professionals that need to intervene in mental health crises including primary care providers, teachers, non-profit staff, law enforcement, mental health counselors, etc. 198 area professionals attended.



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 (binge) drinking – (County Health Rankings)

Baseline Data 2014	2015 Update	2016 Update
Outagamie County 28%	Outagamie County 28%	Outagamie County 27%
Calumet County 36%	Calumet County 36%	Calumet County 26%

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.	December 2016	Participated in Heroin Summit held May 2014. Provided \$2,500 in support for Conference of Hope for providers and public in 2015. Fox Valley Substance Abuse Coalition emerged.

Objective #2: Reduce underage drinking and drug use

Activity	Target Date	Progress
Work with Community Action for Healthy Living to change laws.	December 2016	Legislative work on laws related to substance abuse is included in Substance Abuse Coalition efforts rather than Community Action for Healthy Living.
Explore replication of Shawano Area “Binge Drinking” social norms campaign for use in the Fox Cities.	December 2016	Campaign was implemented in Shawano 2014-2015. Will not implement in other ThedaCare communities.
Provide financial support for chem-free graduation/post prom parties.	Annual	ThedaCare provides a standard contribution of \$100 for all high schools requesting funding for safe post-prom and safe post-graduation parties.
Host “Party at the PAC” to educate teen drivers about risks of alcohol/substance abuse and driving.	Annually	More than 5,100 teens attended Party at the PAC in 2014 , 5,460 in 2015. Survey results indicate: <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. In October 2015, Party at the PAC educated its 50,000th teenager.

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(Screening, Brief Intervention and Referral for Treatment) 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 use of other controlled substances.	December 2015	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.
Implement policy regarding sponsorship of community events that negatively endorse alcohol use.	December 2014	Criteria have been added to Charitable Contributions 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: End of Life

GOAL: INCREASE PERCENTAGE OF PEOPLE FOR WHICH THEIR DESIRES FOR MEDICAL TREATMENT AT END OF LIFE ARE KNOWN BY FAMILY AND HEALTHCARE PROVIDERS

Long Term:

- Percent of patients who die at ThedaCare Regional Medical Center-Appleton/ ThedaCare Regional Medical Center-Neenah with an Advanced Care Plan in medical record

Baseline Data 2013	2014	2016
49%	50%	48.5% (per Qlikview)

Objective #1: Increase the percentage of people who have written Advanced Directives

Activity	Target Date	Progress
Explore the Gundersen Lutheran (LaCrosse) model.	December 2013	Organized site visit for 30+ Fox Cities healthcare and community leaders including seven physicians on July 7, 2014.
Host a "Plunge" on end of life planning and decisions.	March 2014	Hosted plunge on End of Life on April 11, 2014. Had 60 community and healthcare leaders in attendance. Identified three major action steps – common set of AD documents, development of common medical record process for Affinity and ThedaCare and education about End of Life support for care providers and community. Common documents are complete. Work on medical records process is in progress. Organized a strategic planning process to create a common community wide vision for End of Life in Fox Cities. Developed Fox Valley Advance Care Planning Partnership. This will include Affinity, ThedaCare, Mosaic, End of Life Coalition and other partners. CHAT is providing funding for a director position which has been filled.
Participate in End of Life Coalition.	Ongoing	Upon loss of funding from Community Foundation and exit of Executive Director, CHAT and ThedaCare Family of Foundations provided interim funding support of approximately \$9,000 to keep End of Life Coalition afloat until revised community-wide structure is identified, expected summer 2016.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: End of Life

Objective #1: Increase the percentage of people who have written Advanced Directives (continued)

Activity	Target Date	Progress
Facilitate development of community-wide partnership related to ACP.	February 2016	Facilitated Strategic Planning process including Affinity Health System, ThedaCare, Mosaic Health and End of Life Coalition to create one structure with a common vision, mission and goals that drives ACP in our community. Secured three year funding for new structure in January 2016.
Support Common Ground	Annual	Common Ground faith leaders support the current CHAT priorities. In 2015, Common Ground hosted four quarterly talks for faith leaders on End of Life and Advance Directives. ThedaCare donated \$11,000 in 2015 and \$10,500 in 2016 to Common Ground. In 2016, Common Ground is focused on racial equity.



COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Teen Pregnancy

GOAL: INCREASE PERCENTAGE OF LATINO TEENS WHO DELAY PREGNANCY UNTIL ADULTHOOD

Long Term:

- Number of births among Latino adolescent females

Baseline Data 2012		2015	
Outagamie County	7.8%	Outagamie County	6%
Waupaca County	18.6%	Waupaca County	8%

Short Term:

- Number of Latino youth who participate in Cuidate program

2013: 4	2014: 66	2015: 106
---------	----------	-----------

Objective #1: Bring Latino teen birth rate in line with the state average of 7.5% of all births

Activity	Target Date	Progress
Provide funding and leadership to develop, launch and sustain Cuidate – a culturally sensitive delayed pregnancy/pregnancy prevention initiative.	Ongoing	CHAT committed \$29,010 in funding over three years (2013-2015). Jean Blaney McGinnis is a member of Advisory Board. 42 youth participated in 2014. Four youth participated in 2013 pilot. In 2015 youth recruited from Appleton West High School, Appleton North High School, Central High School, Appleton Boys and Girls Club and Hilbert High School participated. Plan to expand to Menasha schools in the future. Partnership Community Health Center will continue to own the program. They have hired a coordinator for the program to set up and manage session details, including evaluations, facilitators and funding.



COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016 Implementation Strategy Progress Report Priority: Violence

GOAL: REDUCE INCIDENCE OF VIOLENCE

Long Term:

- Violent crime rate per 100,000 (County Health Rankings)

Baseline Data

Outagamie County 146 (2014); 160 (2015); 160 (2016)
 Calumet County 112 (CHR 2014); 120 (2015); 120 (2016)

Short Term:

- Attendance at Voices of Men Annual Breakfast

Baseline Data

VoM Breakfast Attendance: 560 (2013); 783 (2014); 1100 (2015) 1100 (2016)

Objective #1: Promote appreciation and respect for all including Lesbian/Gay/Bisexual/ Transgender (LGBT)

Activity	Target Date	Progress
Provide funding and leadership to INCLUDE initiative.	Ongoing	Paula Morgen is a member of INCLUDE Steering Committee. CHAT provided \$15,000 in 2014 to fund the "It Gets Better" LA Men's Gay Choir Residency in February 2015, website development and start-up of an online hub of resources. Sponsored unMasgarade at the Marq at \$1,000 to benefit LGBT Partnership. INCLUDE is currently struggling and unsure of sustainability.
Provide funding and leadership to Voices of Men steering committee and subcommittees.	Ongoing	Scott Decker joined VoM Steering Committee in 2014 and assumed role of chair. Paula Morgen and Dean Gruner serve on Breakfast Planning committee. In 2014, CHAT completed 3-year pledge totaling \$70,500. A record 783 men and boys attended the June 2014 VoM breakfast. In 2015, more than 1,000 men and boys attended. Annual survey of attendees identified: <ul style="list-style-type: none"> • 79.5% made a CONSCIOUS effort to improve the way they interact with women/girls • 24.1% took ACTION when witnessed mistreatment of women
Sponsor Women's Fund Luncheon.	Ongoing	Sponsor of Women's Fund Luncheon at \$5,000 annually in 2013-2015. Dropped sponsorship to \$2,500 in 2016. Keynote speaker in 2014 addressed sex trafficking.

COMMUNITY HEALTH APPENDIX E 2017-2019

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

GOAL: TO IMPROVE ACCESS TO NEEDED MEDICAL SERVICES FOR VULNERABLE POPULATIONS

Long Term:

- Percent of adult population uninsured (County Health Rankings)

Baseline Data

Outagamie County	9% (2014);	9% (2015);	10% (2016)
Calumet County	8% (2014);	7% (2015);	8% (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.
Provide financial, leadership and in-kind support to partnership Community Health Clinic.	Ongoing	Brian Burmeister/Jeff Hacker serve on PCHC board. Hacker is current president. Provided \$350,000 in lab, diagnostic and decision resources support for PCHC in 2013 plus \$70,000 in financial support. In 2014, made \$70,000 financial donation plus \$11,189 in radiology/lab support and \$4,477 in decision resources support. In 2015, donated \$143,250 in radiology/lab, \$5,938 in decision resources support and \$3,184 in dietitian hours.

COMMUNITY HEALTH APPENDIX E 2017-2019

2014-2016

Implementation Strategy Progress Report

Priority: Access to Care

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 receives more than 240,000 calls for assistance per year. Annual cost of operations was \$1,338,683 in 2014 and \$1,417,531 in 2015.

Objective #3: Expand Rural Health Initiative to additional counties

Activity	Target Date	Progress
Provide financial and in-kind support to sustain and potentially expand Rural Health Initiative within ThedaCare service area.	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.

Objective #4: Increase supply of medical professionals

Activity	Target Date	Progress
Provide venue and training for medical residents and nursing students.	Ongoing	<p>Provided nurse and physician residency training/hours at Theda Clark valuing \$314,000 in 2013.</p> <p>Provided nurse and physician residency training/hours at AMC valuing \$485,802 in 2014.</p> <p>The value for 2015 was \$747,483 for the entire system.</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.