

COMMUNITY HEALTH

Needs Assessment and Implementation Strategy | 2017-2019







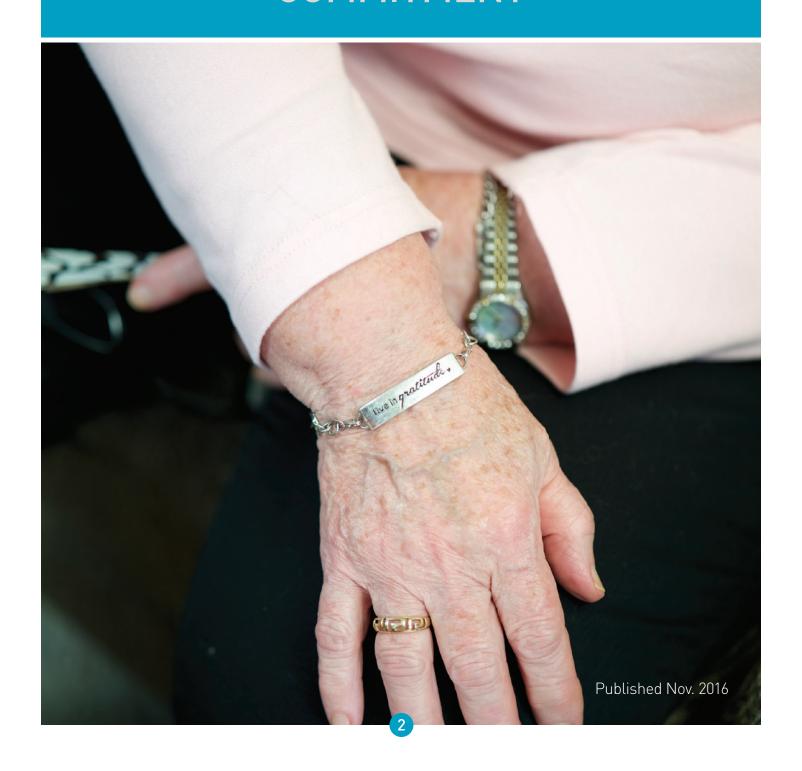








COMMUNITY HEALTH COMMITMENT





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.



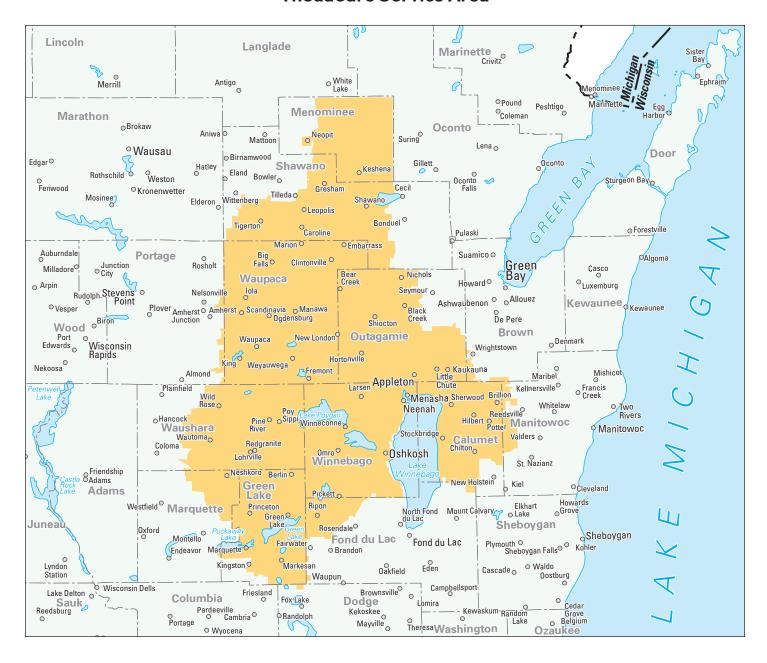
Our Service Areas

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.



ThedaCare Service Area







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.





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. One of the consistent, significant inputs to this process is the Community Health Needs Assessment.

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

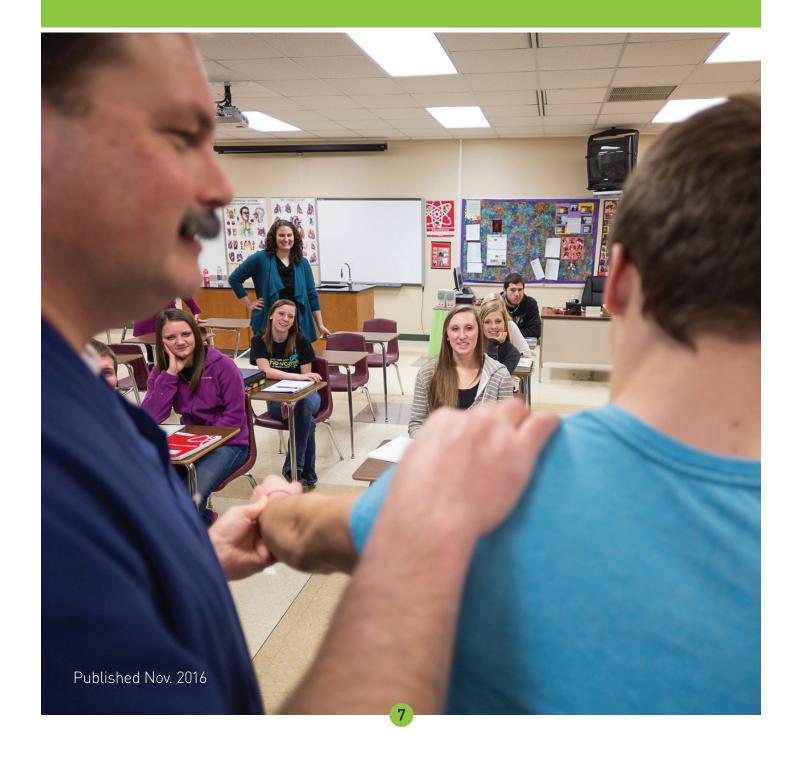
Community Health Action Teams (CHAT)

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

Each CHAT team is comprised of local community leaders from business, education, public health, other area health systems, faith communities, non-profit organizations and government. (See Appendix C for current CHAT roster). These leaders select issues to study, organize "plunge" experiences (daylong 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.









About ThedaCare Regional Medical Center-Neenah

ThedaCare Regional Medical Center-Neenah began in 1909 as Theda Clark Medical Center, a state of the art community hospital. Although Theda Clark Peters died in 1903 from complications stemming from childbirth, her brother carried on the dream of a hospital to be built in Neenah. Money set aside from Theda Clark Peters' estate was used to begin construction of a community hospital.

The new Theda Clark Medical Center, nestled along the shores of the Fox River, opened as a 25-bed, non-profit hospital. The hospital grew along with the community. During the 1920s funds from the Clark family helped establish a nursing school. After World War II, the area's population increased dramatically, prompting a hospital expansion in 1948, with another to follow in 1969.

Today, ThedaCare Regional Medical Center-Neenah is the region's only Level II Trauma Center. Area residents have named ThedaCare Regional Medical Center-Neenah a Consumer Choice Award winner for quality several years running. Our team works closely with ThedaCare Regional Medical Center-Appleton and the other ThedaCare hospitals to ensure the community receives all the care and support needed to be healthy.

Based at the ThedaCare Regional Medical Center-Neenah Level II Trauma Center, ThedaStar provides helicopter transports and transfers for trauma patients and critically ill patients in Northeast Wisconsin. When ThedaStar made its first flight in 1986, it was the first medical helicopter north of Milwaukee and Madison, and the third in the state. It averages two flights a day, and since beginning service, has logged more than 12,700 flights. About 70 percent of ThedaStar's flights are medical transports to and from hospitals.

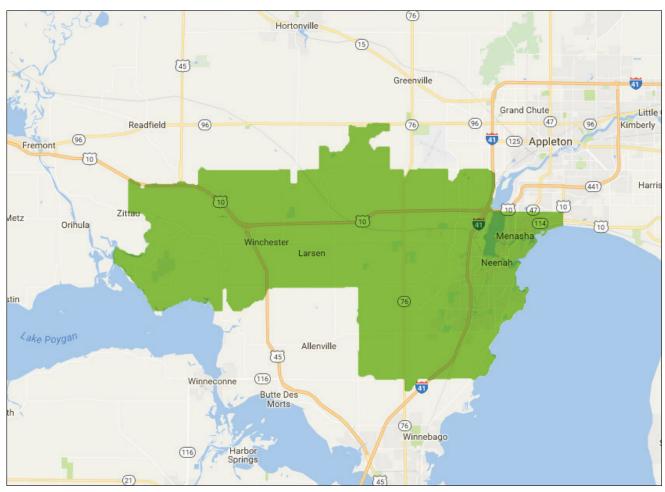


ThedaCare Regional Medical Center-Neenah Service Area

Because ThedaCare Regional Medical Center-Neenah is a tertiary hospital providing Level II Trauma services and neuro/spine and rehab 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-Neenah Needs Assessment and Implementation to Winnebago County.



Map data ©2016 Google

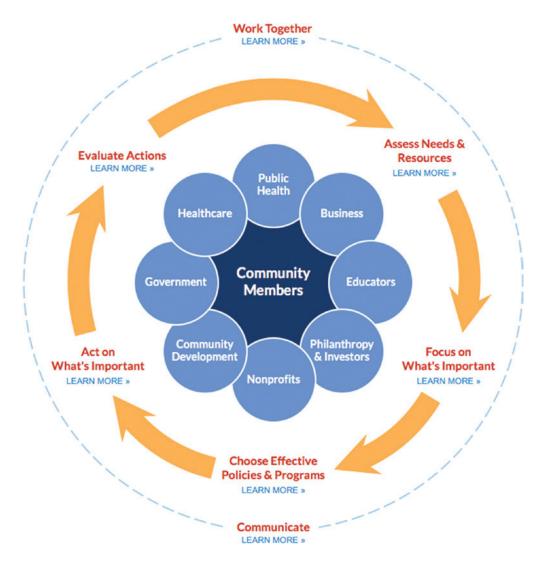


Our Community Health Improvement Model

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.

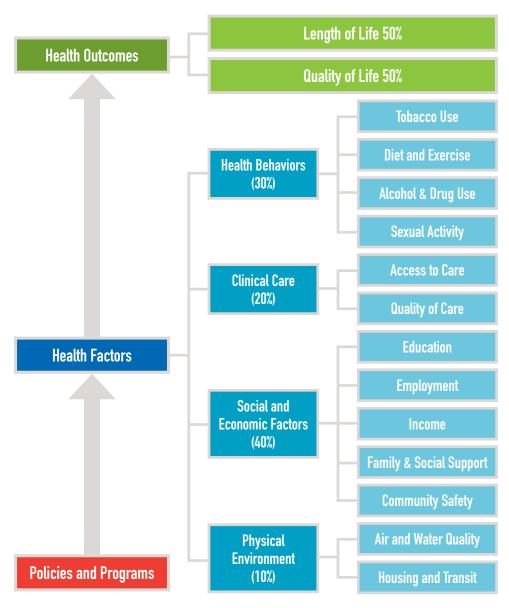
The "Take Action" model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

Take Action





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



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:

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

4. Fox Cities CHAT Discussions

The ThedaCare-led Fox Cities Community Health Action Team hosts quarterly meetings. The Fox Cities CHAT team is a diverse cross section of area community leaders. Discussions were held to identify health needs in the community, determine gaps in needs assessment data, prioritize needs and discuss emerging issues. The Fox Cities CHAT'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-Neenah community health work.







5. Meetings with Key Informants and Experts Representing Vulnerable Populations

Supplementing our research were 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. These were conducted in collaboration with Fox Valley Community Health Improvement Coalition members.

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- Neenah 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.



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-Neenah's plan to Winnebago County.

Key Demographics

Population Growth

Winnebago County has a population of 169,541 as of 2015. This is only a slight increase from 2012.

Winnebago County is located in east-central Wisconsin. The county's population is concentrated in Neenah, Menasha (partly in Calumet County) and Oshkosh, its largest city. Much of the rest of Winnebago County is rural farming.

According to the 2015 Wisconsin County Workforce Profiles, Winnebago County's population growth has slowed, growing just less than 1 percent since 2010. This growth lags behind the state of Wisconsin (1.2 percent growth during that time period) and the United States (3.9 percent). Much of the county's growth has occurred in the cities of Neenah and Oshkosh, where growth is expected to continue thanks to Interstate 41 improvements.

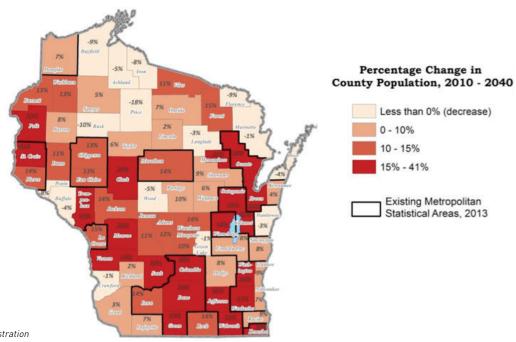
Source: Wisconsin Workforce Profile 2015





Winnebago County Projections, 2010 - 2040

In the next 30 years, Winnebago County is expected to be among the fastest-growing in the state; however, despite that growth, it's also projected that it will fall from the seventh largest county by population to the eighth largest in 2040, the year its population is expected to peak.



Source: Wisconsin Department of Administration Demographic Services Center

POPULATION PROJECTIONS							
2010 2020 2030 2040 Net Change							
Winnebago	166,994	177,050	188,680	193,130	26,136		

Department of Administration, State of Wisconsin, 2015



Age

Winnebago County continues to have a higher percentage of children compared to other Wisconsin counties. Several counties are skewing to a greater percentage of older adults as younger families migrate to more populated communities. 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+
Winnebago	29,909	26,001	21,756	20,237	23,938	21,989	13,279	11,640
Percentage of Total	17.7	15.4	12.9	12.0	14.2	13.0	7.9	6.9

Source: Wisconsin Department of Health Services 2014

Education and Occupation

The ThedaCare Regional Medical Center-Neenah service area includes five school districts: (Omro, Winneconne, Oshkosh, Menasha and Neenah). High school education levels and poverty rates are strong indicators of future health status. In comparison to the state and country, Winnebago County graduation rates are higher, and a larger percentage of residents have at least some college. Also located in Winnebago County is the University of Wisconsin-Oshkosh, UW Fox Valley, several Fox Valley Technical College campuses and CESA 6.

Top industries in Winnebago County include manufacturing, education/health, trade/transportation/utilities, professional/business and leisure/hospitality.

Winnebago County has a strong industrial base and stable government.

Source: Wisconsin Worknet 2015



Income and Poverty Levels

The 2015 median household income for Winnebago County is \$51,241, compared to the state average of \$51,474.

	WINNEBAGO COUNTY					
Year	2000	2015				
Median Household Income	\$44,445	\$51,241				
Average Household Income	\$53,932	\$66,530				
Per Capita Income	\$21,706	\$27,788				

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

Thirteen percent of the Winnebago County population lives below 100 percent of the Federal Poverty Level, and 9% are uninsured.

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

Ethnicity

Winnebago County is predominately white. This is followed by Hispanic/Latino (4.1%), Asian (2.8%) and African American (2.1%). The Hispanic/Latino population is the fastest growing, having increased just more than half a percent since 2010.

	WINNEBAGO COUNTY				
Year	2010	2015			
White	92.5%	92.7%			
African American	1.8%	2.1%			
Native American	0.6%	0.7%			
Asian	2.3%	2.8%			
Hispanic/Latino	3.5%	4.1%			

Source: US Census Bureau, census.gov. 2015







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

1. Behavioral Risk Factor Surveillance Surveys

- o Increase in number of poor mental health days
- o Increase in number of poor physical health days
- o Depression on the rise
- o Not taking medications because of cost
- Overweight and obesity continue to increase
 - Days of moderate exercise per week and amount of time spent exercising declining
 - o Limited access to healthy foods
 - o Low fruit and vegetable consumption
 - o Diabetes on the rise
 - o Prevalence of high blood pressure increasing
- Binge drinking far surpasses national norms
- Asthma on the rise
- Falls increasing
- Concern about enough primary care providers in Winnebago County

Sources: Behavioral Risk Factor Surveillance Surveys from Winnebago County.

2. Public Health

Winnebago 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: Doug Gieryn, public health officer, Winnebago County



3. Review of Secondary Health Data

- Winnebago County health outcomes ranking is 42 (27 in 2012)
- Winnebago County health factors ranking is 19 [17 in 2012]
- Adult obesity rate decreased in Winnebago County by 1% to 29% between 2015 and 2012
- Excessive drinking rate far surpasses national rate
- Number of motor vehicle crashes exceeds the state average
- Adult smoking rate in Winnebago is 18%, the same as the state average
- Winnebago County lacks primary care providers, 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

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

5. Meetings with Key Informants and Experts Representing Vulnerable Populations

Farm Families

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

Rhonda Strebel, Director, Rural Health Initiative, 2016







Latino Population

- Access to mental health services, especially undocumented residents
- Alcohol
- Early childhood, due to poverty
- Transportation
- Poverty
- Domestic violence
- Smoking
- Mental health
- Falls, especially in roofing and restaurant industries
- Diabetes/heart disease
- Teen pregnancy however 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

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 income 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
- Falling 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, Winnebago 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 for key informant list)



Hmong

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

Bee Yang, president, Hmong-American Partnership, 2016



Veterans

- Access to treatment for mental healthdepression, 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, Winnebago County Veterans Services, 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
- Povertv
- Drugs and alcohol parents using is now big problem for youth

Marc Dosogne, CEO, Boys & Girls Club of Oshkosh

African American

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

Sabrina Robins, president, African Heritage, Inc.



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 declining, especially among those in poverty
- High percentage of youth 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.

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

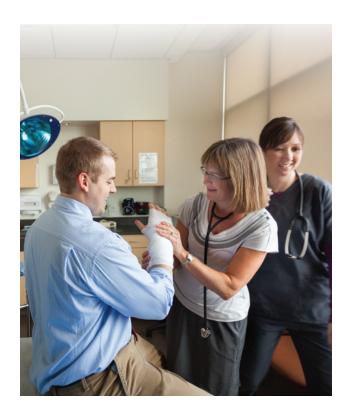
- 1) Lumbago
- 2) Abdominal pain, unspecified site
- 3) Other chest pain
- 4) Headache
- 5) Open wound of finger(s), without mention of complication
- 6) Contusion of face, scalp and neck except eye(s)
- 7) Acute upper respiratory infections of unspecified site
- 8) Pneumonia, organism unspecified
- 9) Urinary tract infection, site not specified
- 10) Fever, unspecified

Source: 2015 ThedaCare Medical Center Emergency Room Qlikview data

Top emergency department issues cited by emergency department staff:

- Chronic pain relief
 - o Drug seeking
 - o Chronic pain 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-Neenah





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	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	10
Mental Health Access	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	10
AODA	Χ	Χ	Χ	Χ		Χ	Χ	Χ	Χ	Χ	9
Excess Drinking	Χ	Χ				Χ	Χ			Χ	5
Chronic Illness	Χ	Χ	Χ		Χ	Χ	Χ		Χ	Χ	8
Physical Activity/Nutrition	Χ	Χ	Χ	Χ	Χ	Χ	Χ		Χ	Χ	9
Early Childhood	Χ	Χ		Χ	Χ	Χ	Χ				6
Transportation		Χ	Χ			Χ			Χ	Χ	5
Teen Pregnancy					Χ	Χ					2
Dental Care		Χ		Χ		Χ	Χ				4
Smoking	Χ	Χ		Χ	Χ	Χ	Χ			Χ	7
Access Affordable Insurance		Χ	Χ			Χ	Χ		Χ	Χ	6
Homelessness		Χ									1
Poverty		Χ	Χ	Χ		Χ	Χ				5
Violence	Χ	Χ		Χ	Χ	Χ	Χ	Χ		Χ	8
Falls	Χ		Χ			Χ					3
STDs	Χ		Χ								2
Number of Health Needs by Each Group	11	14	10	9	8	15	12	4	7	10	





Methodology for Setting Our Priorities

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

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

- Number of people affected
- Impact on multiple health issues
- Severity of the problem
- Community passion
- Potential for do-ability and impact
- Evidence-Based Practice
- Addresses disproportionate unmet health needs
- Alignment with Healthiest Wisconsin 2020

Our 2016-2019 Priorities

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



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 Winnebago County 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-Neenah.



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

HEALTH FACILITIES

ThedaCare Regional Medical Center-Appleton

Mercy Medical Center

Aurora Clinic - Omro

Aurora Clinic - Winneconne

Aurora Clinic - Wautoma

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-Neenah staff and providers will be engaged on work teams to implement the proposed Community Health Implementation Strategy.



COMMUNITY RESOURCES
University of Wisconsin Extension Offices
Area school districts
Fox Cities and Oshkosh YMCAs
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 and Oshkosh Area United Way
Goodwill Industries
Fitness facilities
Well Cities
Women Infant Children Program (WIC)
Farmers Markets
Park and Recreation Departments
Oshkosh Area Community Foundation
Community Foundation for the Fox Valley Region, Inc. Senior Centers
4-H
SADD
Oshkosh Food Pantry
Salvation Army
Boys and Girls Club – Oshkosh
GO Transit
Father Carr's Place 2B
Winnebago Crisis Intervention Helpline
Solutions Recovery Club
Family Services of Northeast Wisconsin
Rainbow Alliance for Hope
Gay Straight Alliance Groups at Menasha, Neenah,
Oshkosh North and Oshkosh West high schools
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

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
UW Oshkosh
GLBT Partnership
PFLAG of the Greater Oshkosh Area
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
Green Lake Greenways
United Migrant Opportunities Services
AmeriCorps
Community for Hope
Winnebago Mental Health Institute
Oshkosh Counseling Wellness Center
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





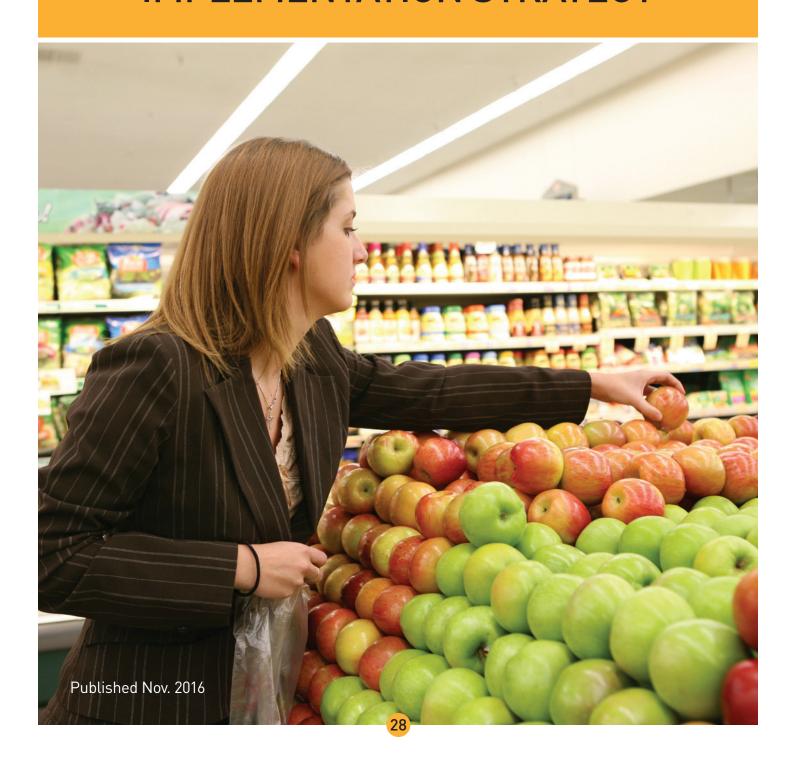
Needs Identified But Not Addressed

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
Smoking	Existing local efforts underway
Homelessness	Beyond scope of resources
STD's	Beyond scope of resources









ThedaCare Regional Medical Center-Neenah Community Health Implementation Strategy

The following is the ThedaCare Regional Medical Center-Neenah 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-Neenah, 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.



Priority: Mental Health/AODA

GOAL: PEOPLE LIVING WITH MENTAL HEALTH OR SUBSTANCE ABUSE NEEDS HAVE ACCESS TO CARE THEY NEED WHEN THEY NEED IT Objective: By 2020, average customer wait times for initial Mental Health or AODA evaluation will be less than 1 week

Performance Metrics:

• Number of days to initial Mental Health or AODA evaluation

,	- Number of days to initial Methal Neutrino 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 provider 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: • Member funding • ThedaCare presence on initiatives o Mapping of Mental Health/ AODA providers/clinicians to assess gaps o Zero Suicide o No Wrong Door o 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 Education	Center for Health Care Strategies	Increased knowledge and capacity of ThedaCare Health Care Professional in treating Mental Health/AODA concerns.	5%					



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)					
Tactics	Hospital Resources	Partners	Anticipated Impact		
Explore establishment of Mental Health Clinician Residency Program.	Administration ThedaCare Behavioral Health	Medical College of Wisconsin Mosaic Family Health	Increased number of mental health clinicians.	5%	
Support community-based access initiatives. (Examples include Drug Court startup, recovery coaches, drug take back programs and narcan education efforts.)	CHI Funding	Law Enforcement Department of Health and Human Services Probation and Parole Judiciary System Recovery Coaches	Reduced number of deaths due to heroin/drug use.	3%	
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:

• 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%



Priority: Mental Health/AODA

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

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.	СНІ	Community Agencies Schools Catalpa POINT	Increased understanding of what creates Mental Health/AODA issues; less stigma.	10%

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

10%

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.



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: • Employees on six Action Teams, Core Team and Leadership Team • Serve as data repository for BMI data from six 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%



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





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:

• 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 2020, the Fox Cities will identify and implement a significant system, policy or environmental change that will improve Early Childhood health

40%

Performance Metrics:

• 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%



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





25%

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 Objective: By 2020, 25% of all screened ThedaCare Physicians customers experiencing social determinant barriers to health are connected to community resources

Performance Metrics:

• 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

Performance Metrics:

• 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

- 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: • 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.	СНІ	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:

• 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.	СНІ	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

Performance Metrics:

· 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.	СНІ	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 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%

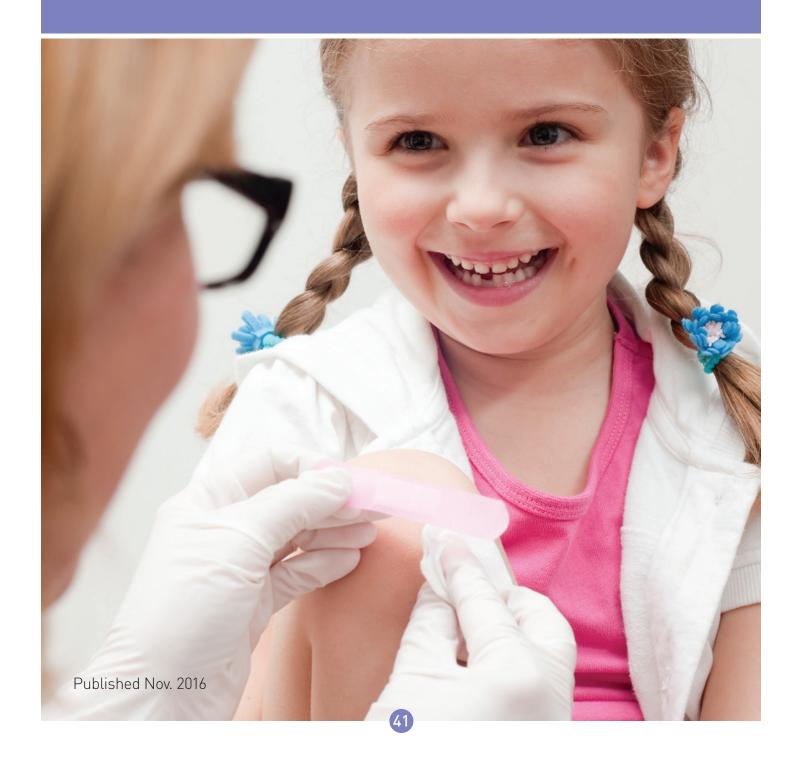
Existing ongoing disparity initiatives

- Cuidate Teen Pregnancy Initiative
- Support economic development





COMMUNITY HEALTH APPENDIX





Board of Trustees

BOARD MEMBER	BUSINESS
Tim Bergstrom	Bergstrom Automotive
Patrick Brennan, MD	Surgical Associates of Neenah
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Dean Gruner, MD (President)	ThedaCare
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Jim Meyer	BMO Harris
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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



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



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



Key Informants

NAME	ORGANIZATION
Diana Aronson	University of Wisconsin- Oshkosh Head Start
Amy Barker	Future Neenah
Sarah Bassing-Sutton	Samaritan Counseling Center
Tom Blaze	Oshkosh YMCA
Bill Breider	YMCA of the Fox Cities
Doug Brey	Winnebago County Department of Human Services
Sarah Burmeister	City of Appleton Health Department
Barry Busby	Winnebago County
Kelly Butzlaff	University of Wisconsin-Oshkosh Head Start
Beth Clay	N. E. W. Mental Health Connection
Jamie Constantine	re:TH!NK Youth Coalition
Noell Dickman	Oshkosh Northwestern
Emily Dieringer	Winnebago County Health Department/ re:TH!NK, Winnebago's Healthy Living Partnership
Brenda Doolittle	Aurora Medical Center Oshkosh
Todd Drew, RS	Wisconsin DNR; Menasha Health Department
Julie Filapek	Goodwill Industries of North Central Wisconsin
Cindy Flauger	Goodwill Industries of North Central Wisconsin
Rosann Fochs	Children's Hospital of Wisconsin- Fox Valley
Kristina Foshag	Affinity Health System
Jeff Gilderson-Duwe	Oshkosh Public Library & Winnefox Library System
Darren Heesacker, MD	Aurora Medical Center Oshkosh
Ernesto Gonzalez	Casa Hispana
Mike Goodwin	Common Ground
Stephanie Gyldenvand	ESTHER
Lynn Hammen	University of Wisconsin- Oshkosh Head Start
Mary Harp-Jirschele	J.J. Keller Foundation

continued



Key Informants

NAME	ORGANIZATION
Kathi Hegranes	ThedaCare Trauma
Carlos Herrera	St. Therese Church
Chad Hershner	INCLUDE
Amy Jahnke	Affinity Health System
Sonja Jensen	Appleton Health Department
Mike Kading	Town of Menasha
Matthew Kaemmerer	Oshkosh Area School District
Cal Kanowitz	Hope Clinic/Alliance
Greg Keil	City of Menasha
Peter Kelly	United Way Fox Cities
Steve Kihl	Appleton Health Department
Lynn Kleman	Mercy Health Foundation
Lisa Kogan-Praska	Catalpa Health
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
Nicole Malchow, MSW, APSW	Children's Hospital of Wisconsin- Fox Valley
Jerome Martin	Homeless Connections
Nancy McKenney, MS, RDH	City of Menasha
Donald Merkes	City of Menasha
Alexandra Molinski	re:TH!NK Youth Coalition
Catherine Neiswender	University of Wisconsin- Extension, Winnebago County Extension Office

continued



Key Informants

NAME	ORGANIZATION
Tom Nichols, MD	Children's Hospital of Wisconsin- Fox Valley
Tracy Ogden	Boys and Girls Club
Judith Olson	Child Care Resource & Referral
Kenn Olson	Winnebago County Health Department
Sue Panek	Oshkosh Area United Way
Denise Parrish	Affinity Health System
Debbie Peters	Community for Hope
Amy Putzer	Oshkosh Area Community Foundation
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 WI
Karen Rosenberg	Weight of the Fox Valley/ United Way
Petra Roter	University of Wisconsin- Oshkosh
Laura Ruys	Affinity Health System
Heather Schimmers	St. Elizabeth Hospital, Affinity Health System
Beth Schnorr	Harbor House
Jackie Schoening	Wisconsin Safe and Healthy Schools Center
Gina Schwebke, RD, CD	Children's Hospital of Wisconsin- Fox Valley
Nicole Slusser	Aurora Medical Center Oshkosh
Sherah Sroka, MSW, APSW	Children's Hospital of Wisconsin- Fox Valley
Kristene Stacker	Partnership Community Health Ctr.
Tim Styka	City of Menasha
Todd Thomas	City of Appleton Police
Tabitha Uitenbroek	ThedaCare Trauma
Greg Vandenberg	U.S. Venture, Inc.

continued





Key Informants

NAME	ORGANIZATION
Maria Vargas	Partnership Community Health Center
Cyril Walsh, MD	ThedaCare
Bryn Wehrwein	University of Wisconsin- Oshkosh Head Start
Mark Weisensel	Winnebago County Department of Human Services
Al Wenig	Oshkosh Area School District
Leona Whitman	University of Wisconsin- Oshkosh Living Healthy Community Clinic
Annette (Andi) Wolf	Emmanuel United Church of Christ
Greg Woller	Big Brothers Big Sisters of the Fox Valley
Jean Wollerman	Neenah-Menasha YMCA
Kate Yonke, RDN, CD	Evolve



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		2015 Update	
Winnebago County Green Lake County Waushara County	30% (CHR 2014)	Winnebago County Green Lake County Waushara County	·

Short Term:

• Number of Implementation Plan Tactics in Progress

Baseline Data	2016 Update
8 of 19 tactics underway	15 of 19 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 active members of leadership team Fall 2013-present. Paula Morgen active member of Core Team Fall 2012-present. 7+ ThedaCare staff active on three existing Action Teams (Active Communities, Worksite, Food Systems).
Support establishment of metrics through hospital data systems.	January 2016	UW Madison will not be ready for BMI Measurement and geo-coding in near future. ThedaCare has offered to house de-identified data from area health systems within our organization and serve as metrics hub. Pending approval from Affinity and Aurora Health systems.
Engage ThedaCare employees on work teams.	Ongoing	Seven ThedaCare staff were engaged in the WOTFV Kick Off and six staff currently participate on the Active Communities or Worksite Action Teams. Two 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 made a 3-year financial commitment of \$15,000 per year. ThedaCare has also committed more than \$1,000 in printing support. We are exploring providing metrics support.



2014-2016 Implementation Strategy Progress Report Priority: Obesity

Objective #2: Improve access to healthy foods		
Activity	Target Date	Progress
Participate on and support the work teams of ReThink! Initiative for Winnebago County.	June 2014	\$1,400 donation in 2014. Brenda Leigh, Carrie Grieves and Sandy Panzer involved with this effort. Have eight restaurants engaged and working with FVTC to include in culinary training and restaurant. ThedaCare provided an additional \$1,500 in 2013 to support the ReThink! marketing efforts.
Engage ThedaCare staff and provide funding to the Eat Smart restaurant labeling initiative.	June 2014	\$1,400 donation 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. Eight restaurants are engaged and working with FVTC to include Eat Smart in Culinary Training/Restaurant. Eat Smart is being renamed Smart Plate.
Provide funding and expertise for the startup and sustainability of local farmer's markets.	Ongoing	ThedaCare provides a standard contribution to all farmer's markets that request support. ThedaCare is the major sponsor of the Fox Cities Farmer's Market year round.
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. Made a commitment to purchase produce, however, volume of produce is not yet sufficient. Riverview Gardens plans to increase production 3-fold in 2015/16.
Expand presence at local events where we have an opportunity to educate about healthy foods.	Ongoing	The presenting sponsor of Healthy Kids Day through YMCA of the Fox Cities which draws 3,000 youth. Dietitians from ThedaCare attend local events such as school health fairs. ThedaCare partners with YMCA to educate people with diabetes to eat right and be active. ThedaCare provided funding for startup of a community garden at Franklin Elementary School in Oshkosh.
Explore school based healthy lunch/snacks initiatives.		ThedaCare hosted "Good to Go" week for April 27-May 1 in six elementary schools throughout ThedaCare service area to educate and inspire kids to eat healthy foods and be active. More than 300 ThedaCare employees volunteered time to lead activities and teach kids about healthy eating and being active. "Good to Go" was held at Franklin Elementary School in Oshkosh within the Theda Clark service area.
Explore implementation of primary care provider "nutrition and exercise" prescriptions.		Piloting 2015 at ThedaCare Physicians Waupaca.



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/Winnebago County area: Cardiovascular Health Improvement Program Lifestyle 180 ThedaCare partners with local YMCA's to help diabetics exercise and eat right.
Sponsor local events that encourage physical activity.	Ongoing	In 2014/15/16 ThedaCare sponsored Dr. Eric's Skate Club, Growing Oshkosh, sports teams, school playground equipment, Neenah Streetball/Future Neenah, YMCA Strong Kids, Gourmet Bike Tour, benefitting Best Friends of Neenah, Menasha, Oshkosh Boy's and Girl's Club, Race for the Light, ReTHINK! 5K run. ThedaCare is a major sponsor of the Fox Cities Marathon and Sole Burner providing funding and in-kind.
Have a ThedaCare presence on groups that advocate for environmental improvements that promote physical activity.	December 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 activity such as biking and walking. This is in partnership with the East Central Wisconsin Plan Commission. Five local governments have adopted the resolution so far.
Work with local school districts to support physical activity efforts.	December 2016	In 2014, sponsored Growing Oshkosh, Coolidge Elementary playground build, Dr. Eric's Skate Club and Ski Club. In 2015, planned and implemented the first annual ThedaCare employee volunteer event: "Good to Go" Week April 27-May 1 in six elementary schools throughout ThedaCare service area to educate and inspire kids to eat healthy foods and be active. ThedaCare Physicians Oshkosh partnered with Oakwood School. Continued in 2016.
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. (2015 – ThedaCare provides \$500 per YMCA facility annually).
Explore implementation of primary care provider "activity prescriptions".	December 2016	Piloting 2015 at ThedaCare Physicians Waupaca.



2014-2016 Implementation Strategy Progress Report Priority: Obesity

Objective #4: Engage ThedaCare employees to help address obesity initiatives		
Activity	Target Date	Progress
Establish ThedaCare signature event(s) that engages and reward employees for volunteering on efforts that address obesity.	Ongoing	Planned and implemented "Good to Go" Week for April 27-May 1 in six elementary schools throughout ThedaCare service area to educate and inspire kids to eat healthy foods and be active. 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. Sponsored Backyard Buddies mentoring initiative at Roosevelt School. 29 ThedaCare employees mentored students in 2014. Sponsored Backyard Buddies mentoring initiative at Roosevelt School. 30 ThedaCare employees mentored students in 2015 and 2016.
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





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		2015 Update		
Winnebago County	3.4% (CHR 2014)	Winnebago County	3.4% (CHR 2015)	
Calumet County	3.8% (CHR 2014)	Calumet County	3.8% (CHR 2015)	
Waushara County	2.7% (CHR 2014)	Waushara County	2.7% (CHR 2015)	

Short Term:

• Average wait time to see a provider

Baseline Data 2014	2015 Update	2016 Update
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

Short Term:

• Number of implementation plan tactics in progress

Baseline	2015 Update
9 of 16 tactics underway	15 of 16 tactics underway

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. Three psychiatrists (Drs. Tasha Farrar, Dr. Fisher and Mike Panzer) conduct training sessions. Training third cohort in 2015. 189 providers from ThedaCare and other area health organizations have participated in the trainings since September 2012. The leadership team is in process of developing outcomes measures to assess impact. Exploring possibility of video conferencing to make participation easier for rural providers.
Recruit mental health specialists including psychiatrists, APNPs, and mental health therapists.	December 2016	The need is ongoing. In 2014, one psychiatrist has been recruited; a search is underway for one psychiatrist. Hired one psych-certified APNP in 2015. In 2016, still recruiting one more. Hired two mental health clinicians. Still recruiting one AODA provider for the system.



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 leadership, Ongoing Jean DeKeyser and Dr. John Edwards serve on Catalpa board. Jean and Dr. John Edwards serve on Catalpa board.

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 also serves on Finance (treasurer) and Operations committees. ThedaCare contributed \$300,000 in financial support YTD for 2014/2015. In 2013, ThedaCare contributed \$274,750. In addition, ThedaCare supports Catalpa Health through: • Theda Clark Medical Center Foundation provided \$100,000 to support the Catalpa Health Campaign (2014) • Supported Race for a Reason 2014 - \$5,000 sponsorship (2014-2015) • Provided consultation/training regarding employee safety • Provided IT support for EPIC Refresh
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 serves on PCHC board. Hacker is current president. Provided \$350,000 in lab, diagnostic and decision resources support for PCHC in 2013 and \$70,000 in lab/diagnostic support in 2014. Provided \$70,000 in financial support.
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 and \$1,397,348 in subsidized mental health services for 2014 .
Explore possibility of psychiatry residency through medical college expansion in NE Wisconsin.	December 2016	Not started; however this is part of the ThedaCare Behavioral Health Business Plan.
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 re-introduced 2-1-1 program as the best overall referral option for the majority of community needs.



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.		Jean DeKeyser serves and Brian McGinnis served on NEW Mental Health Connection board. Jean is co-chair in 2015. CHAT provided \$75,000 in 2013 to support the ED position over two years. ThedaCare Behavioral Health provides \$15,000 annually since 2012. ThedaCare provides in-kind office space for administration.
Help establish "No Wrong Door" community safety net.		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. Have implemented a standard screening tool ASQ3 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.
NEW Suicide Prevention.	Ongoing	Jean DeKeyser and mental health staff are members of Suicide Prevention Task Force. Created Zero Suicide Initiative of NEW Mental Health Connection.
NEW 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.



2014-2016 Implementation Strategy Progress Report Priority: Mental Health

Objective #2: Identify mental health needs and engage interventions early in life (continued)

Activity	Target Date	Progress
Provide financial and marketing support for "Parent Connection" early childhood/parenting community education.	Ongoing	ThedaCare provides financial support for the Parent Connection Symposium held each May at FVTC.
NEW Support Trauma Informed Care Conference.	October 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.

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

Activity	Target Date	Progress
Support 24/7 Crisis Intervention Initiative.	December 2016	ThedaCare Behavioral Health staff are members of the Tri-County Crisis Task Force which is currently working to align processes. Goal is to establish a 24/7 Crisis Center. Being worked on through NEW Mental Health Connection.





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 (Community Health Rankings)

Baseline Data		2015 Update		
Winnebago County Calumet County Waushara County	24% (CHR 2014) 21% (CHR 2014) 28% (CHR 2014)	Winnebago County Calumet County Waushara County	24% (CHR 2015) 21% (CHR 2015) 28% (CHR 2015)	

Short Term:

• Number of Implementation plan tactics in progress

Baseline	2015 Update
2 of 10 tactics underway	8 of 10 tactics underway

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	Plunge planned for 2015 or 2016. A Heroin Summit was held in Appleton May 2014. This summit targeted the entire Fox Cities area. A task force has developed as a result of the Heroin Summit. This task force practices the four prong approach –education, reduction, law enforcement and prevention.

Objective #2: Reduce underage drinking and drug use

Activity	Target Date	Progress
Advocate for laws that impact use of alcohol among minors.	December 2016	Legislative work on laws related to substance abuse is included in Substance Abuse Coalition efforts.
Participate and support comprehensive ReThink! Initiatives around alcohol and drug use.	September 2014	ThedaCare provided \$1,500 in funding in 2013 to ReTHINK! For marketing efforts and production of drug abuse video. 2015 and 2016, supported the ReThink! Addiction Walk.
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.



2014-2016 Implementation Strategy Progress Report Priority: Substance Abuse

Objective #2: Mobilize community to action on alcohol and drug use (continued)		
Activity	Target Date	Progress
Explore replication of Shawano Area "Binge Drinking" social norms campaign for use in the Fox Cities.	December 2015	Campaign was implemented in Shawano 2014-2015. Will assess impact before replicating in other communities.
Host "Party at the PAC" to educate teen drivers about risks of alcohol/substance abuse and driving.	Annually	More than 5,100 teens attend Party at the PAC in 2014. Survey results indicate: • 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.

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.	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." Plan to expand standard work throughout ThedaCare system in 2015. It was expanded in 2016.
Participate in and support comprehensive ReThink! Initiatives around alcohol and drug use.	September 2014	ThedaCare supported the ReTHINK! marketing efforts and the Good Drugs Gone Bad Campaign community education toolkit.
Implement policy regarding sponsorship of community events that negatively endorse alcohol use.	December 2014	Criteria has been added to Charitable Contributions standard work to discourage applications that contribute to excessive or inappropriate use of alcohol.



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.
NEW 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. Seeking funding for new structure in January 2016.



2014-2016 Implementation Strategy Progress Report Priority: Teen Pregnancy

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

Long Term:

• Decreased birth rate among Latino adolescent females (DHS/Wish Database)

Baseline Data 201	2 Avg. of 8.8%	2015		
Outagamie County	7.8%	Outagamie County	7.8%	6.3%
Calumet County	18.6%	Calumet County	18.6%	
Winnebago County	6.3%	Winnebago County	21.4%	

Short Term:

• Number of Latino youth who participate in Cuidate program

Baseline: 4 (pilot) 2014/2015: 42

Objective #1: Bring Latino teen birth rate in line with the state average

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 2015/2016. 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.





2014-2016 Implementation Strategy Progress Report Priority: Violence/Injury

GOAL: REDUCE INCIDENCE OF VIOLENCE

Long Term:

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

Baseline Data (2014)	2015 Update
Winnebago County 211 Calumet County 103 Waushara County 34	Winnebago County 197 Calumet County 106 Waushara County 43

Short Term:

Attendance at Voices of Men Annual Breakfast

Baseline: Voices of Men Breakfast attendance

2015: 400 2011: 350 2012: 400 2013: 550 2014: 800 2015: 1,100

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: • 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.	Bi Annual	ThedaCare is a major contributing sponsor of the Oshkosh Women's Fund event "Power of the Purse" held in Oshkosh on alternate years.



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 2014	2015	2016
Winnebago County 9%	Winnebago County 10%	Winnebago County 9%

Objective #1: Ensure medical care for low/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	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. Held trainings for ThedaCare staff on ACA and how to partner with PCHC. Entered contract with vendor to enroll uninsured inpatient and ED patients in Badger Care while at hospital. Vendor selected in 2015. Received Federal Grant to support CAC enrollment efforts in Shawano county. 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 Center and Living Healthy 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. Provided \$70,000 in financial support to PCHC and \$30,000 to Living Healthy Clinic each year. Kathy Markofski serves on Living Healthy board. Donating more than \$60,000 in lab and radiology services to Living Healthy Clinic in 2013.



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: Increase supply of medical professionals		
Activity	Target Date	Progress
Provide venue and training for medical residents and nursing students.	Ongoing	Provided nurse and physician residency training/hours at Theda Clark valuing \$314,000 in 2013. Provided nurse and physician residency training/hours at Theda Clark valuing \$485,802 in 2014. The value for 2015 was \$747,483 for the entire system.
Operate Radiology School.	Ongoing	18 students were enrolled in Theda Clark's Radiology Tech program in 2013. After tuition fees, ThedaCare had a net contribution of \$75,219 to the program in 2013. 24 students were enrolled in Theda Clark's Radiology Tech program in 2014. After tuition fees, ThedaCare had a net contribution of \$10,160 to the program in 2014.
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.



2014-2016 Implementation Strategy Progress Report Priority: Poverty

GOAL: INCREASE SELF-SUFFICIENCY AMONG PEOPLE LIVING IN POVERTY

Long Term:

• Percent of adult population living below Federal Poverty Level (County Health Rankings)

Baseline Data 2014	2015	2016		
Winnebago County 11%	Winnebago County 13%	Winnebago County 12%		
Short Term: Number of youth in mentor relationship				

Number of youth in mentor relationship

Baseline 2014	2015 Update
29	69

Objective #1: Help youth living in poverty design a path out of poverty through mentoring and education

Activity	Target Date	Progress
Support creation and implementation of "Bright Futures Start Here" program in partnership with YMCA and Boys and Girls Club of Oshkosh.	May 2014	CHAT committed \$70,500 over three years to support middle through high school mentoring/lifeskills initiative to provide youth with skills and motivation to seek higher education. 40 youth are enrolled in the program administered through Oshkosh Boys and Girls Club in partnership with YMCA.
Provide mentors to elementary students at Roosevelt School through Backyard Buddies Program.	Ongoing	Sponsored Backyard Buddies mentoring initiative at Roosevelt School. 29 ThedaCare employees mentored students in 2014. 2015 – 30 ThedaCare employees are mentoring students in the 2014/2015 school year.
Maintain school partnership with Oaklawn School in Oshkosh.	Ongoing	ThedaCare Physicians Oshkosh partners with Oakwood School and provides healthy snacks during school fitness testing and education on hygiene and other health topics.
Provide leadership to the self Sufficiency Project leadership team.	Ongoing	ThedaCare staff attend monthly Self Sufficiency Project meetings.



2014-2016 Implementation Strategy Progress Report Priority: Poverty

Objective #2: Improve transportation services for people living in poverty		
Activity	Target Date	Progress
Provide financial and in-kind support for initiatives arising from the Transportation Plunge held in 2013.	December 2013	HUB initiative being established through ADVOCAP to coordinate services to low-income among various public and private agencies. Will engage a central database to ensure clients do not fall through cracks.
Explore possibility of expanding "Making the Ride Happen" transportation service for vulnerable populations in Oshkosh.	December 2015	Not started. Holly Keenan has met with Oshkosh Transportation providers. No further action at this point.

Objective #3: Engage ThedaCare employees to help meet the needs of those most vulnerable Activity Target Date Progress Reward employees for volunteering with local non-profit organizations through Helping Hearts. Ongoing ThedaCare employees donated 78,000 volunteer hours to non-profit organizations in 2013. ThedaCare employees donated 81,757 volunteer hours to non-profit organizations in 2014.