

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

#### ThedaCare has seven hospitals:

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

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



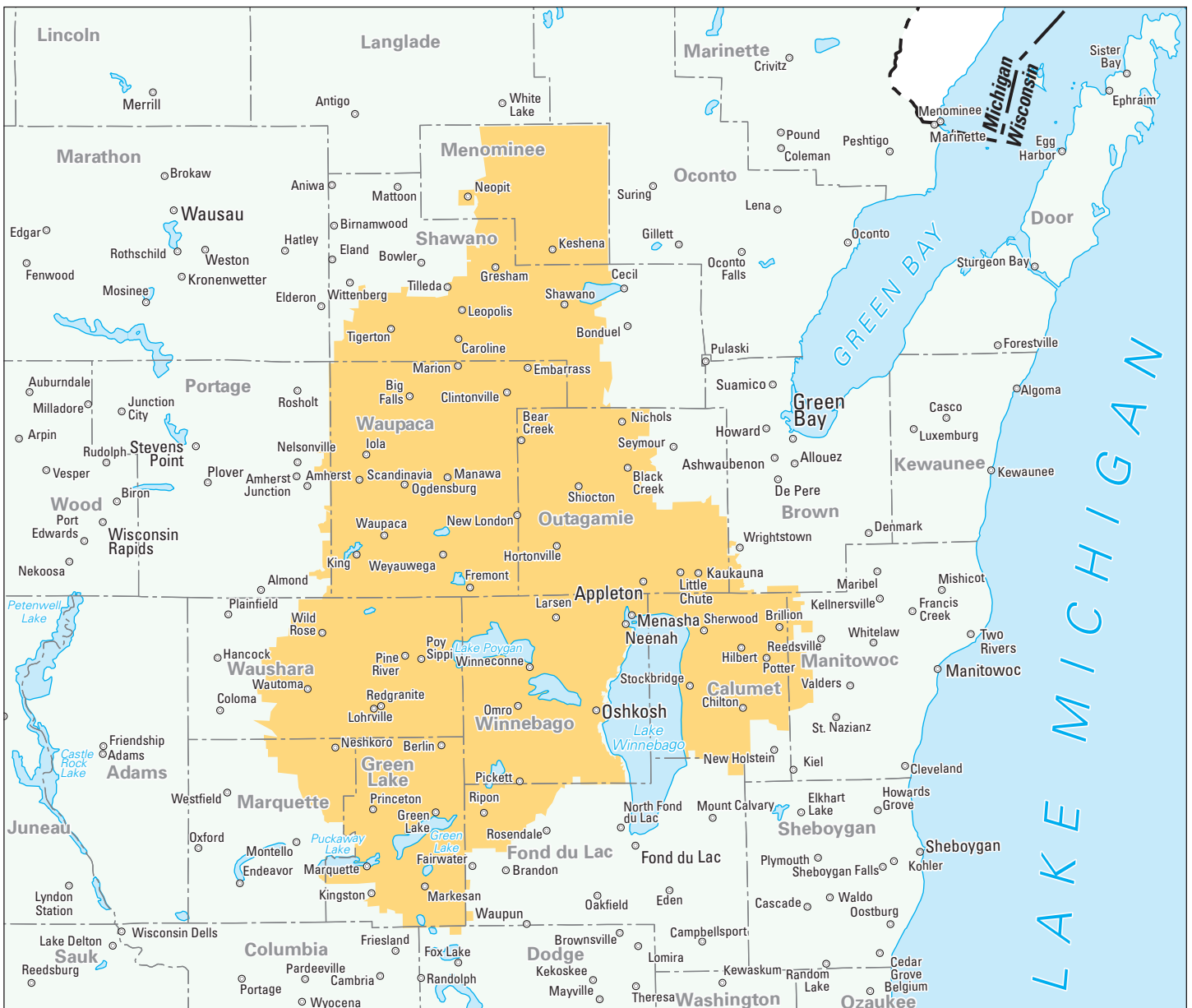
#### Our Service Areas

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

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

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## ThedaCare Service Area



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## Our Vision, Mission, and Values

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

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

### ThedaCare values are:

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

## Key Components of Our Commitment

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

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

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

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

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

## Organizational Support

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

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

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Our Board of Trustees and **System Leadership Team (SLT)** (*See Appendix C for list of SLT members*) are engaged in a comprehensive strategic planning process every two years, reaffirming our mission and vision, establishing strategic priorities and monitoring progress in achieving them. 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, area health systems, faith communities, non-profit organizations and government. (*See Appendix D for current CHAT roster*). These leaders select issues to study, organize “plunge” experiences (day-long field trips) to gain in-depth understanding and collaborate in problem-solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

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

# COMMUNITY HEALTH NEEDS ASSESSMENT



# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

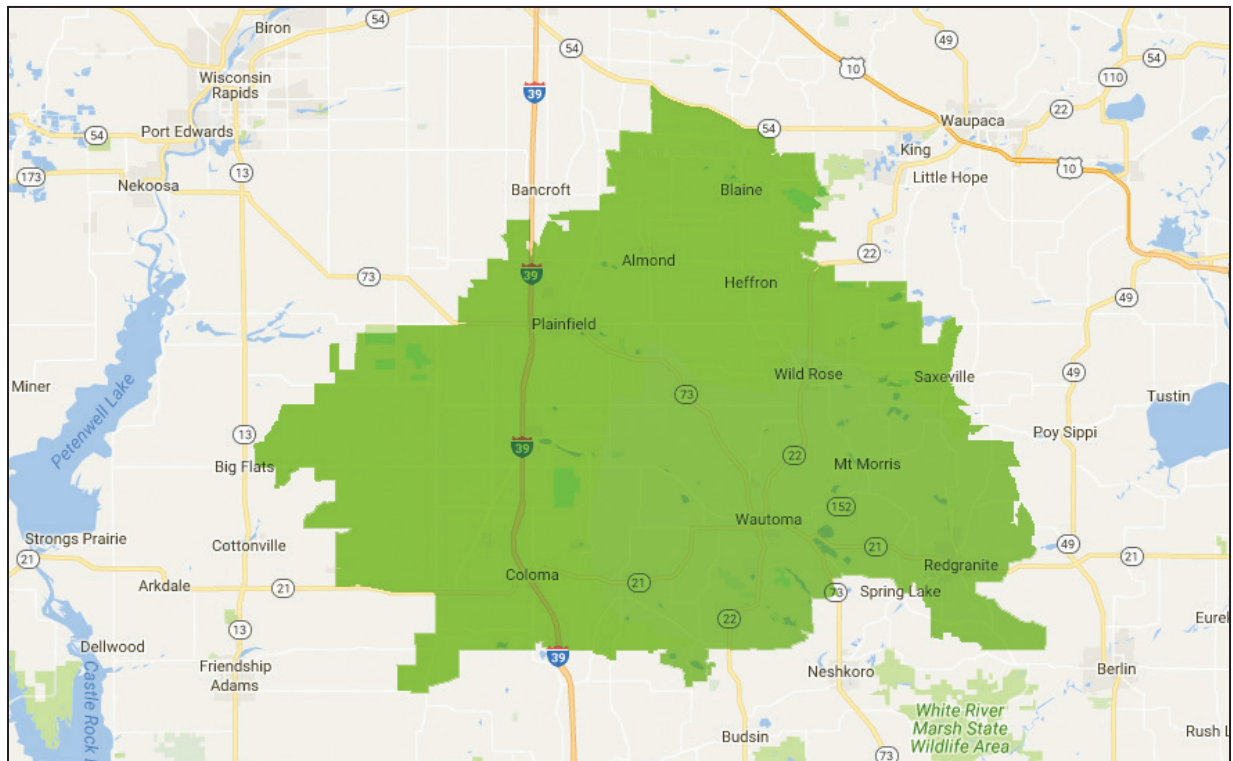
## About ThedaCare Medical Center-Wild Rose

A nonprofit hospital was established in the small community of Wild Rose in 1941. Today, just like then, ThedaCare Medical Center-Wild Rose is dedicated to the health of the communities it serves and providing the best possible care. Continuing its tradition of excellence in care for Waushara County families, ThedaCare Medical Center-Wild Rose provides immediate access to emergency, diagnostic, rehabilitation and outpatient surgical services.

ThedaCare Physicians provide family medicine access. Medical records are connected across the ThedaCare system, promoting seamless communication among care team members. ThedaCare Medical Center-Wild Rose works closely with all other ThedaCare hospitals and facilities to provide a comprehensive team of experts to care for area residents.

## ThedaCare Medical Center-Wild Rose Service Area

ThedaCare Medical Center-Wild Rose is a 25-bed critical access hospital providing close-to-home care and service to people throughout Waushara County, including the communities of Plainfield, Wautoma, Wild Rose, Redgranite and Coloma *(see map below)*. *(Map represents zip codes of 80% of inpatient base).*





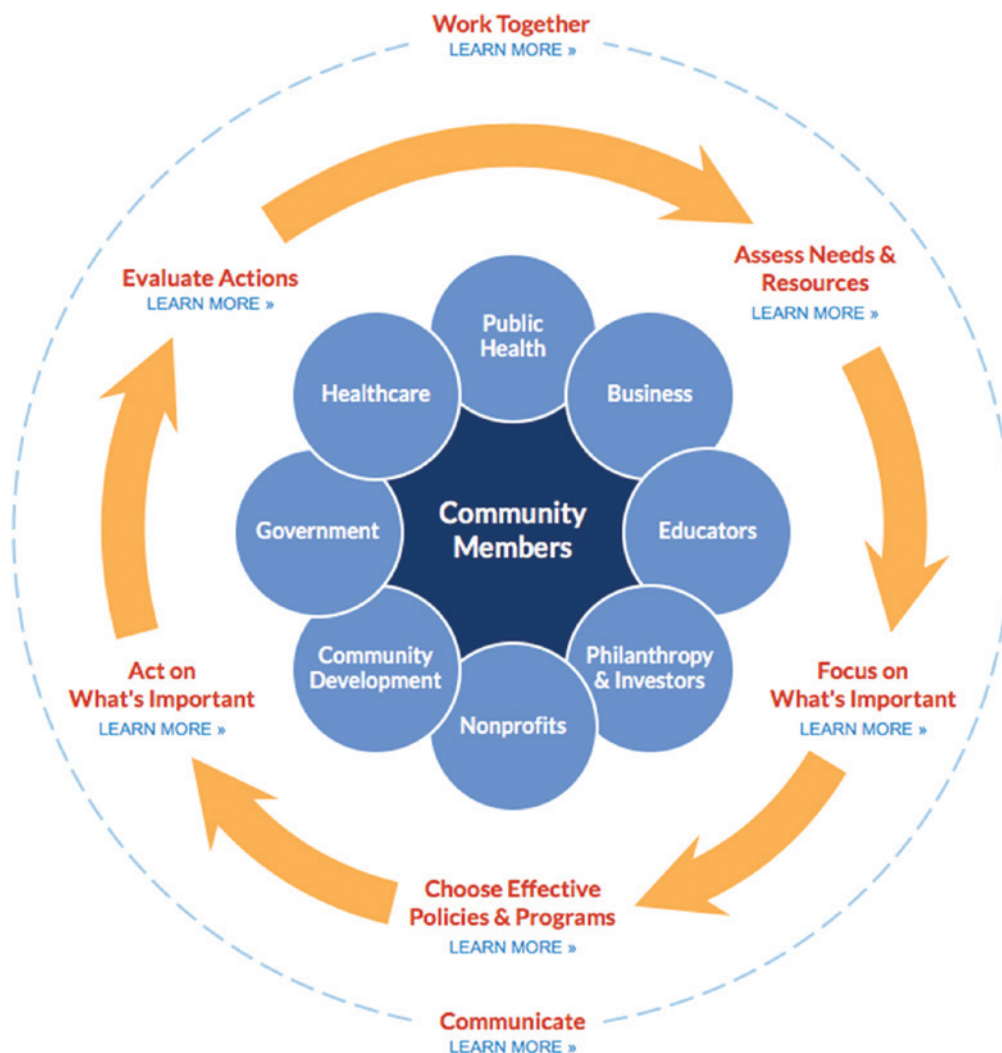
# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Our Community Health Improvement Model

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

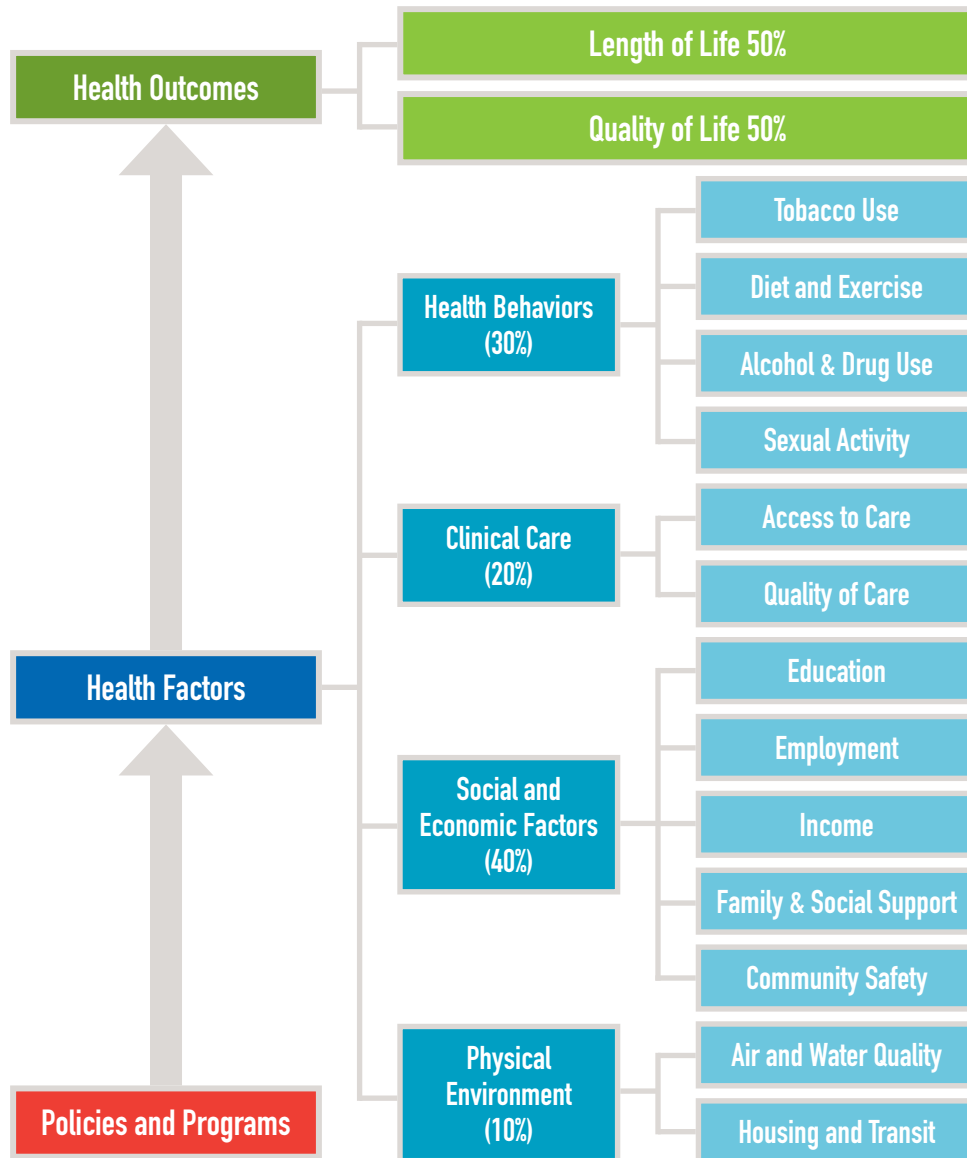
The "Take Action" model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

### Take Action



# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

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



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

# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Our Research

### Our Research Methodologies

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

#### 1. Behavioral Risk Factor Surveillance Surveys (BRFSS)

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

#### 2. Public Health Department Interviews

ThedaCare worked closely with local Public Health Departments throughout the entire needs assessment process. ThedaCare has representation on the Fox Valley Community Health Improvement Coalition, which meets monthly with local health system representatives and public health officials from Outagamie, Calumet and Winnebago counties and the cities of Appleton, Neenah, Menasha and Oshkosh. Waushara County Public Health is invited to attend these meetings. Public health is represented on the ThedaCare-led Wild Rose Community Health Action Team. 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. Wild Rose CHAT Discussions

Modeled after the Fox Cities Community Health Action Team (CHAT), the ThedaCare-led Wild Rose Community Health Action Team began hosting monthly meetings in April 2016. Wild Rose CHAT is a diverse cross section of 16 Wild Rose-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 Wild Rose 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 Wild Rose CHAT Team has played a critical role in directing the focus of ThedaCare Medical Center-Wild Rose community health work.



## COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



### 5. Meetings with 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. ThedaCare Medical Center-Wild Rose Patient Data

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

## COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

### Understanding Community Health Needs of Our Service Area

For purposes of this plan, in an attempt to avoid duplication, we will restrict our focus of ThedaCare Medical Center-Wild Rose's plan to Waushara County.

#### Key Demographics

##### Population Growth

The Wild Rose service area is located primarily in Waushara County. Located in central Wisconsin, this mostly rural, farming county's population is 24,329. The county has no metropolitan areas; its population is concentrated in the municipalities of Wild Rose, Coloma, Plainfield, Redgranite and Wautoma.

According to the Wisconsin Workforce Profile 2015, Waushara County gained just three people between 2010 and 2015, a vast difference from the previous decade, when its population grew by 6.2%.

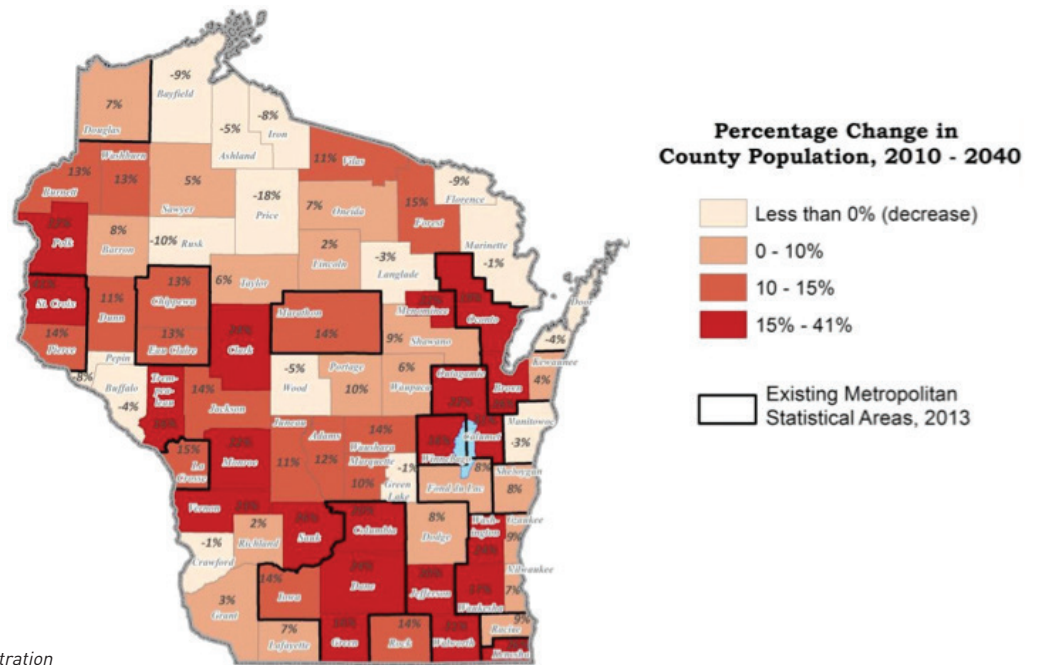
*Source: Wisconsin Workforce Profile 2015*



# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Waushara County Projections, 2010 - 2040

According to the Wisconsin Department of Administration, Waushara County is expected to grow in the next 20 years, with its population peaking in 2035.



Source: Wisconsin Department of Administration Demographic Services Center

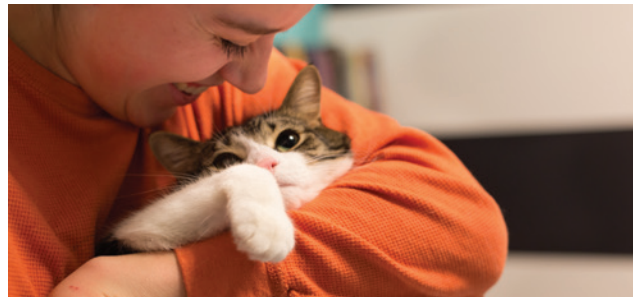
POPULATION PROJECTIONS					
	2010	2020	2030	2040	Net Change
<b>Waushara</b>	24,496	25,860	28,230	27,990	3,494

Department of Administration, State of Wisconsin, 2015

# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Age

Waushara County has a large population of older adults. The percentage of Waushara County adults over the age of 65 is more than 20%, higher than the state and national averages of 15%. 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+
Waushara	3,670	2,489	2,393	2,679	3,674	4,250	2,951	2,289
Percentage of Total	15.0	10.2	9.8	11.0	15.1	17.4	12.1	9.4

Source: Wisconsin Department of Health Services 2014

## Education and Occupation

ThedaCare Medical Center-Wild Rose service area includes three school districts: Wautoma, Wild Rose and Tri-County. High school education levels and poverty rates are strong indicators of future health status. In comparison to the state and country, more Waushara County residents complete high school, but this is their highest level of education attainment. This suggests that many of the employment opportunities present in the regional labor market historically required a relatively low level of education in order to be successful. This dynamic has been

changing over the last several years, resulting in calls for greater levels of educational attainment among the region's workforce. Waushara County has a relatively low share of residents who have either completed some college education or received an associate or vocational degree.

Top industries in Waushara County include Education, Healthcare and Government. The area has limited industrial and manufacturing jobs.

Source: Wisconsin Worknet 2015

# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Income and Poverty Levels

The median household income for Waushara County in 2015 was \$44,855, which is well below the state average of \$51,474.

	WAUSHARA COUNTY	
Year	2000	2015
Median Household Income	\$37,000	\$44,855
Average Household Income	\$42,144	\$57,471
Per Capita Income	\$18,144	\$23,885

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

Thirteen percent of the Waushara County population lives below 100% of the Federal Poverty Level, and 13% of the Waushara County population is uninsured.

Source: *County Health Rankings, 2015*

## Ethnicity

Waushara County is predominantly white. The largest minority populations are Hispanic/Latino (6.4%), and African American (2.1%). Native American and Asian populations are both under 1% of the total. The White population is the fastest-growing at 1.5%, followed by Hispanic/Latino, which grew 1%.

	WAUSHARA COUNTY	
Year	2010	2015
White	93.9%	95.4%
African American	1.9%	2.1%
Native American	0.5%	0.8%
Asian	0.4%	0.5%
Hispanic/Latino	5.4%	6.4%

Source: *US Census Bureau, census.gov. 2015*





# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Most Vulnerable Population Groups

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

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

- Those living in poverty/homeless
- Rural farm families
- Elderly population
- Migrant Hispanic population

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

## Key CHNA Findings by Source

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

### 1. Behavioral Risk Factor Surveillance Surveys

*(Waushara County did not conduct a specific BRFSS)*

### 2. Public Health Public Department Interviews

- Mental health/AODA
  - o Access, stigma and lack of providers
- Chronic disease
- Physical activity/nutrition
  - o Food insecurity
  - o Food deserts

*Source: Patti Wohlfeil, public health officer, Waushara County, 2015*



### 3. Review of Secondary Health Data

- Waushara County health outcomes ranking is 60 (56 in 2012)
- Waushara County health factors ranking is 57 (53 in 2012)
- Adult obesity rate declined by 4% between 2012 and 2015
- Excessive drinking rate far surpasses national rate
- Number of motor vehicle crashes exceeds the state average
- Adult smoking rate exceeds state average
- There is a lack of primary care, dental and mental health providers
- Fewer residents have some college education, compared to state and national averages
- Unemployment continues to improve
- Poverty rates are stable
- Diabetes is on the rise
- Heroin 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.*

# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## 4. The Wild Rose CHAT Team

- Poverty
  - o Transportation
  - o Lack of affordable food and cooking skills
  - o Insurance costs
  - o Lack of resources/housing/employment
  - o Lack of services for the geriatric population
- Mental Health/AODA
  - o No treatment/providers
  - o Lack of support for students and families
    - Heroin use rising, opiates still an issue
    - High alcohol use/drug seekers
    - Issues at a younger age
- Physical Activity/Healthy Weight
  - o Changes in family lifestyles
  - o Lack of environmentally safe places to be active, many communities lack sidewalks



## 5. Meetings with Key Informants and Experts Representing Vulnerable Populations

- Mental health
  - o Traumatized children
  - o Family not a top priority
- Poverty
  - o Access to care/lack of insurance and resources
  - o Lack of employment
  - o Transportation (especially elderly)
- AODA issues
  - o Drug-endangered children
- Chronic health issues
  - o Obesity/inactivity
- Continuity of care, especially in the migrant Hispanic population
- Dental care

*Sources: Waushara Department of Health and Human Services Management staff; Peggy Bott, resource specialist, Amanda Kutcher, health promotions coordinator, and Julie Johannes, options counselor, Waushara County Aging and Disability Resource Center (ADRC); Mary Ann Shilling, family living educator, Ken Williams, agriculture agent, Emily Engelke, dietetic intern, Waushara County University of Wisconsin-Extension; Jennifer Sigourney, RN, Alesa Viau, RN, Christine Bongert, RN, Nichelle Johnna, Wild Rose ER Coordinator, ThedaCare Medical Center-Wild Rose; Marty Lee, director, Waushara County Food Pantry; Chelsie Vezina, executive director, Waushara Area Chamber of Commerce; Laura Waldvogel, CEO, Paul Lehmann, COO, Heather Abbott, health benefits counselor and Lieah Van Gompel, health educator, Family Health/La Clinica; Craig Hayes, district administrator and Jamie Koehler, guidance counselor, Wild Rose School District; Lisa Hayes, director, Waushara County Head Start; Julie Lucan, Early Home visitation specialist, CAP Services, Jeff Kasuboski, district administrator, Wautoma Area School District.*

## 6. Health System Data

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

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

## COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

### Top 10 diagnoses for emergency room visits to ThedaCare Medical Center-Wild Rose:

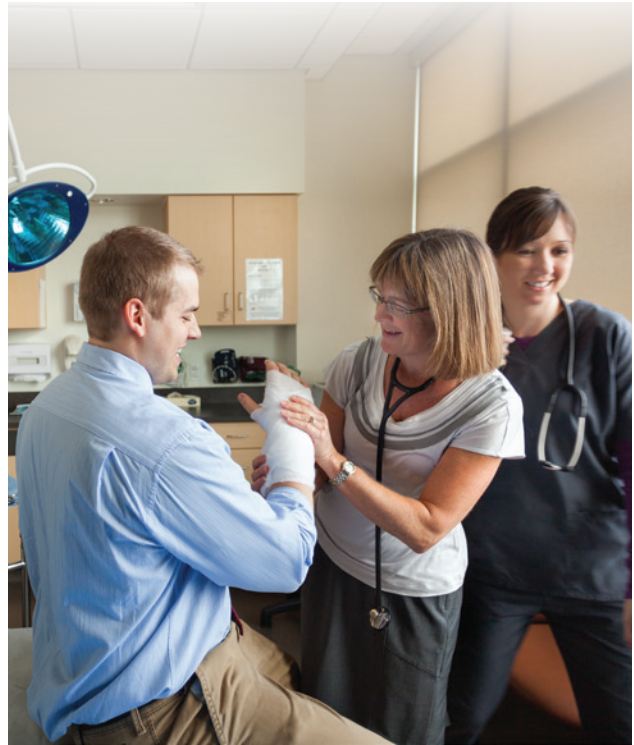
- 1) Pain
- 2) Dental issues
- 3) UTI's
- 4) Burns
- 5) Accidents
- 6) Lacerations
- 7) Medication seekers
- 8) Heart attack
- 9) Detoxification
- 10) Headache

*Source: 2015 ThedaCare Medical Center Emergency Room Qlikview data*

### Top emergency department issues cited by emergency department staff:

- AODA, including a rise in heroin use
- Mental health issues, including depression
- Transportation
  - o Patients not able to reach the hospital

*Sources: Jennifer Sigourney, ER director, Alesa Viau and Christine Bongert, ThedaCare Medical Center-Wild Rose*



# COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019

## Information Gaps

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

- Not all school districts in our service area participate in the Youth Risk Behavior Survey. This limits information related to school-aged children.



## Most Significant Identified Health Needs

	General	Poverty	Farmers	Elderly	Veterans	Youth	Hispanic	Number of Groups Affected
Mental Health	X	X	X	X	X	X	X	7
Mental Health Access	X	X	X	X	X	X	X	7
AODA – Excess Drinking/ Opiate/Heroin	X	X	X		X	X	X	6
Chronic Illness	X	X	X	X	X			5
Physical Activity/Nutrition	X	X	X	X		X		5
Early Childhood	X	X				X	X	4
Transportation		X		X			X	3
Teen Pregnancy						X		1
Dental Care		X		X				2
Smoking		X						1
Access Affordable Insurance		X	X					2
Homelessness		X						1
Poverty/Low Income		X		X			X	3
Violence	X							1
<b>Number of Health Needs by Each Group</b>	<b>7</b>	<b>12</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>6</b>	

## COMMUNITY HEALTH NEEDS ASSESSMENT 2017-2019



### Methodology for Setting Our Priorities

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

In selecting our priorities among the top needs identified above, individuals engaged in our Community Health Needs Assessment process took into consideration the unique strengths of ThedaCare Medical Center-Wild Rose 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 Waushara County to respond to the health needs of the community and help us with our work. Most of these already partner with ThedaCare Medical Center-Wild Rose to provide support in some fashion. They include:

- ThedaCare Medical Center-Waupaca
- ThedaCare Physicians in Wild Rose, Wautoma and Waupaca
- Children’s Hospital of Wisconsin
- Catalpa Health
- Options Counseling
- ThedaCare Behavioral Health
- ThedaCare at Home
- ThedaCare at Work
- Waushara County Public Health Department
- Aurora Health Center - Wautoma
- Partnership Community Health Center

## ThedaCare Medical Center-Wild Rose Resources

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

## Existing Healthcare Facilities and Resources Available to Support ThedaCare Medical Center-Wild Rose Implementation Strategy

- Christine Ann Domestic Abuse Center – Oshkosh
- La Clinica – Wautoma
- La Clinica Traveling Migrant Services
- Senior meal centers – Coloma, Hancock, Plainfield, Poy Sippi, Redgranite, Wild Rose, Saxeville, Wautoma



- Libraries of Wild Rose, Plainfield, Poy Sippi, Redgranite, Wautoma, Hancock and Neshkoro
- Civic groups, such as Lions Club and Kiwanis
- Waushara County Food Pantry
- Waushara County Master Gardeners
- Waushara County Department of Health and Human Services
- Waushara County Aging and Disability Resource Center
- University of Wisconsin Extension – Waushara County
- National Alliance on Mental Illness (NAMI) Fox Valley
- Wild Rose Hospital Auxiliary
- Waushara Industries
- Wautoma Head Start
- Waushara County multiple farm stands
- Law enforcement – Wautoma
- Waushara Community Gardens
- Faith communities
- Prenatal Care Coordination
- Women, Infants and Children Program (WIC)
- Waupaca County Suicide Prevention Coalition
- Goodwill Industries
- Waushara County Birth to 3 Program
- Waushara Area Chamber of Commerce
- Waushara County businesses
- Bannerman, Brooke Street, CE and Ice Age National Scenic Trails
- Waushara County Wellness Coalition
- Nordic Mountain

# 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
Transportation
Dental
Smoking
Housing

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

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY



Published Nov. 2016



## COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019



### **ThedaCare Medical Center-Wild Rose Community Health Implementation Strategy**

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

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

strategy that are solely implemented by ThedaCare Medical Center-Wild Rose, 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](mailto:paula.morgen@thedacare.org).

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Mental Health/AODA

<b>GOAL: PEOPLE LIVING WITH MENTAL HEALTH OR SUBSTANCE ABUSE NEEDS HAVE ACCESS TO CARE THEY NEED WHEN THEY NEED IT</b>				<b>Wt.</b>
<b>Objective: By 2020, average customer wait times for initial Mental Health or AODA evaluation will be less than 1 week</b>				<b>55%</b>
Performance Metrics:				
<ul style="list-style-type: none"> <li>Number of days to initial Mental Health or AODA evaluation</li> </ul>				
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.	20%
Enhance capacity of primary care providers to address routine mental health needs.	CHI ThedaCare Behavioral Health Primary Care Education	ThedaCare Family of Foundations Curriculum Vendor	Increased capacity to treat routine mental health needs in primary care setting.	5%
Support spread of Primary Care Integration Pilot beyond Internal Medicine.	ThedaCare Physicians CHI ThedaCare Behavioral Health		Increased capacity to treat routine mental health needs in primary care setting.	5%
Pilot ThedaCare Health Care Professional training in ACES and Trauma Informed Care. (Waupaca/ New London/Complex Care). Expand as appropriate through system.	Funding PCP ThedaCare Behavioral Health CHI Education	Center for Health Care Strategies	Increased knowledge and capacity of ThedaCare Health Care Professional in treating MH/AODA concerns.	5%

# 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	
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 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%
Implement US Agriculture Grant to provide telemedicine services in rural areas. (Pilot in Shawano then spread to other rural markets.)	Administration	DHS ADRC Partnership Community Health Center NWTC Menominee Tribe	More people are insured, health literate and have access to specialized services such as ED, Behavioral Health and Cardiac.	5%

Objective: By 2020, 100% of ThedaCare primary care providers consistently screen their patients for mental health/AODA/suicide				25%
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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%

# 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 Living Healthy Clinic
- Subsidize Mental Health and AODA services
- Support Chemical Free Post Prom/Graduation parties
- Support P.A.R.T.Y. at the P.A.C.

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Obesity

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

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Obesity

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

**Performance Metrics:**

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

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

### Existing ongoing Obesity initiatives

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



# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Early Childhood/Youth

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

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Early Childhood/Youth

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

**Performance Metrics:**

- Number of Family Practice and Pediatric providers consistently providing standardized early childhood health information at well visits

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

### Existing Early Childhood initiatives

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





# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Integration of CHI with Operations

<b>GOAL: PATIENT NEEDS ARE ADDRESSED THROUGH SEAMLESS COORDINATION OF CLINICAL AND COMMUNITY HEALTH RESOURCES</b>				<b>Wt.</b>
<b>Objective: By 2020, 25% of all screened ThedaCare Physicians customers experiencing social determinant barriers to health are connected to community resources</b>				<b>75%</b>
Performance Metrics:				
<ul style="list-style-type: none"> <li>Percent of ThedaCare Physicians patients with social determinant needs successfully connected to community resources</li> </ul>				
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%
<b>Objective: By 2020, 70% of ThedaCare Physicians patients age 65+ have an Advance Directive in their medical record</b>				<b>25%</b>
Performance Metrics:				
<ul style="list-style-type: none"> <li>Percent of active ThedaCare Physicians patients age 65+ with Advance Directive in EMR</li> </ul>				
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%
<b>Existing ongoing Integration initiatives</b>				
<ul style="list-style-type: none"> <li>Rural Health Initiative</li> <li>NEW Mental Health Connection</li> <li>CHI Participation in Shared Governance Council(s)</li> </ul>				

# COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2017-2019

## Priority: Poverty

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

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"> <li>• Education</li> <li>• Job and economic stability</li> <li>• Family support and connectedness</li> <li>• Physical health</li> <li>• Psychological health and addiction support</li> <li>• Adequate human services</li> </ul>	Funding Administration CHI	US Venture JJ Keller Chambers United Ways Community Foundations Bellin Health Oshkosh Corp	More efficient and coordinated agency efforts. People moved out of poverty to self-sustainability.	90%
Participate on Basic Needs Giving Partnership.	CHI	US Venture JJ Keller Community Foundation	Funding is directed to initiatives that have greatest potential to impact poverty.	10%

### Existing ongoing Poverty initiatives

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

# COMMUNITY HEALTH APPENDIX



Published Nov. 2016

# COMMUNITY HEALTH APPENDIX A 2017-2019

## Board of Trustees

BOARD MEMBER	BUSINESS
Tim Bergstrom	Bergstrom Automotive
Patrick Brennan, MD	Surgical Associates of Neenah
Mark Burstein	Lawrence University
John Davis (Chair)	Great Northern Corporation
Gary Edelman, MD	ThedaCare Physicians
Kristin Galatowitsch	Galatowitsch Law Office
Dean Gruner, MD (President)	ThedaCare
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Jim Meyer	BMO Harris
Doug Moard, MD	ThedaCare Physicians
Karen Timberlake	UW Population Health Institute
Terry Timm (Vice-Chair)	Thrivent
Norma Turk, MD	ThedaCare Regional Medical Center-Appleton
Maria Van Laanen	Fox Cities Performing Arts Center
Cyril Walsh, MD	ThedaCare Regional Medical Center-Appleton

## COMMUNITY HEALTH APPENDIX B 2017-2019

### ThedaCare Medical Center-Wild Rose Board of Directors

NAME	ORGANIZATION	BOARD POSITION
Roger Williams	Retired	Chairman
Allen Stea	Retired	Vice Chairman
Carol Williams	Graphic Associates	Secretary/Treasurer
Willaim Broten	Retired	Board Member
James A. Erdman	Retired	Board Member
Mark Kjenvet	Kjenvet-Smith Funeral Home, Wild Rose School District	Board Member
Dan Mielke	Mielke Farms and Engender Foods	Board Member
Michael Staudinger, MD	ThedaCare Medical Center-Wild Rose	Chief of Staff
Darlene Thurley	Plainfield Trucking	Board Member
Karen West	Retired	Board Member
Craig Kantos	ThedaCare Medical Center-Wild Rose	Board Member
Brian Burmeister	ThedaCare	Board Member
James McGovern, MD	ThedaCare Regional Medical Center-Neenah	Board Member

COMMUNITY HEALTH **APPENDIX C** 2017-2019

**System Leadership Team**

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

## COMMUNITY HEALTH APPENDIX D 2017-2019

### Wild Rose Community Health Action Team (CHAT)

NAME	REPRESENTS
Craig Kantos	ThedaCare Medical Center-Wild Rose
Patti Wohlfeil	Waushara County Public Health Department
Jane Erickson	Retired
Amanda Williams	ThedaCare Family of Foundations
Jeff Kasuboski	Wautoma Area School District
Mary Lee	Waushara County Food Pantry
Mary Ann Shilling	Waushara County UW Extension
Sheriff Jeff Nett	Waushara County
Brian Donaldson	Waushara County EMS
Jennifer Signourney	ThedaCare Medical Center-Wild Rose
Laura Waldvogel	Family Health/La Clinica
Craig Hayes	Wild Rose School District
Cindy Johnson	Bancroft State Bank
Chelsie Vezina	Waushara Area Chamber of Commerce
Kaye Thompson (Facilitator)	ThedaCare Community Health Improvement
Dawn Shuman	Director of Nursing