Community Health
IMPROVEMENT PLAN

HSHS
St. Clare
Memorial Hospital

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Introduction

HSHS St. Clare Memorial Hospital is a critical access hospital offering a comprehensive array of health care services to Oconto County. The hospital's history dates back 100 years, initially as Oconto Falls City Hospital and then as Community Memorial Hospital before joining the Hospital Sisters Health System (HSHS) in 2014. HSHS St. Clare Memorial Hospital provides a wide range of specialties, including 24-hour Emergency Medicine, Cancer Care, Stroke Care, Primary Care and the Almost Home Swing Bed Program.

HSHS St. Clare Memorial Hospital partners with other area organizations to address the health needs of the community, living its mission *to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry*, with a preference for the poor and vulnerable. Under the auspices of HSHS, the hospital is part of a highly integrated health care delivery system serving residents of rural and mid-sized communities in Wisconsin and Illinois. In 2020, HSHS St. Clare Memorial Hospital received 4,317 emergency department visits, totaled 355 admissions, registered 16,360 outpatient visits, and provided nearly $2.5 million in total community benefits (including subsidized care for the poor and broader community benefits).

In 2020-2021, HSHS St. Clare Memorial Hospital conducted a Community Health Needs Assessment (CHNA) in collaboration with Bellin Health Oconto Hospital and Oconto County Public Health. The Healthy Oconto County (HOC) steering committee utilized broad community representation, in conjunction with community conversations with key informants, focus groups, stakeholder surveys, and secondary data collection to assess community health needs. The following six factors were used to analyze and prioritize these needs: *burden, scope, severity, and urgency of the health need*; *health disparities associated with the need*; *community assets and resources in the local service area to address the need*; *secondary data sources*; *local expertise and input*; and *importance the community places on addressing the need*. The resulting report may be found online at https://www.hshs.org/StClare/About-Us/Community-Health-Needs-Assessment.

This Implementation Plan builds off the CHNA Report by detailing the strategies HSHS St. Clare Memorial Hospital will employ to improve community health in the identified priority areas. This plan shall be reviewed annually and updated as needed to address ever-changing needs and factors within the community landscape. Nonetheless, HSHS strives to maintain the same overarching goals in each community it serves, namely to:

1. Fulfill the ministry's mission to provide high quality health care to all patients, regardless of ability to pay.
2. Improve outcomes by working to address social determinants of health, including access to medical care.
3. Maximize community impact through collaborative relationships with partner organizations.
4. Evaluate the local and systemic impact of the implementation strategies and actions described in this document to ensure meaningful benefits for the populations served.

For purposes of this CHNA Implementation Plan, the population served shall be defined as Oconto County residents of all ages, although the hospital's reach and impact extend to other northeastern Wisconsin counties as well.

Community Health Needs Prioritization

As detailed in the CHNA Report, HSHS St. Clare Memorial Hospital, in collaboration with community partners, identified the top three health priorities in Oconto County:

- Mental Health
- Nutrition and Physical Activity – Emphasis on Nutrition
- Alcohol and Other Drug Abuse (AODA).

In addition, parental support and education in each of these needs was identified as a supporting strategy.

Community Health Needs That Will Not Be Addressed

HSHS St. Clare Memorial Hospital plans to focus its efforts on the top three health needs identified.

The following needs also were identified but will not be addressed in this plan:

- Elderly Assistance
- Dental Care
- Parent Education/Support
- Transportation

The need to focus resources on the top three priorities, as well as the inability to directly influence certain issues, factor into the decision to omit these latter health areas from the Implementation Plan. Nonetheless, the HOC partners may take actions to address these issues as opportunities arise and resources become available.
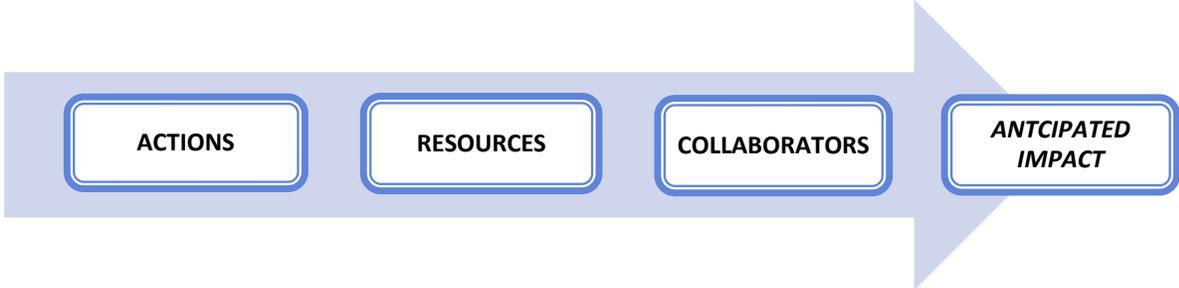
Primary Implementation Strategies

In each of the areas of health focus identified, HSHS St. Clare Memorial Hospital shall employ strategies that fall into one or more of the categories described below.

Strategy	Description
Increase Access to Prevention and Early Intervention Services	This strategy involves taking actions that prevent disease or injury or limit their progression and impact.
Improve Access to Care	This strategy involves improving the ability of individuals in the hospital's service area to receive needed treatment and services on a timely basis in order to achieve optimal health outcomes.
Improve Community Awareness	This strategy involves increasing the level of public knowledge.

Identify Resources and Gaps	This strategy involves determining which services and other resources are or are not available in the community.
Improve Opportunities for Social Cohesion or Connectedness	This strategy involves strengthening relationships and building solidarity among community members.
Address Other Social Determinants of Health	This strategy involves addressing other conditions and environmental factors that impact health, functioning, and quality-of-life outcomes in the community.
Engage in Unified Planning and Policy	This strategy involves working in tandem with community partners to factor health considerations into decision-making in order to improve community health.

These strategies may be employed for the direct benefit of patients or for more indirect community benefit.

Examples of specific actions that fall under these broad strategies, as well as the anticipated impacts of those actions, are listed on the PLANNED ACTIONS pages for each of the health priorities. This format follows the basic premise that the stated actions, resources, and collaborative partnerships together will produce the intended impacts.

ACTIONS → RESOURCES → COLLABORATORS → ANTCIPATED IMPACT

Community Health Improvement Plan Overview

These implementation strategies and actions are laid out by health priority, first with a "snapshot" of identified strategies, sample actions, and other relevant information, then with a more comprehensive and specific description of planned actions, resources, collaborative partners and anticipated impacts.

As noted previously, these tables will be reviewed and revised as needed on at least an annual basis to reflect changing needs, resources and opportunities within the community.

Priority No. 1:   Mental Health

Target Populations

- Residents of Oconto County
  - Youth
  - Adults

Hospital Resources

- Colleague Time
- Engaged Leaders
- Grant Funding
- Marketing Materials

Community Partners

- Healthy Oconto County
- Oconto County Public Health
- Prevea Health
- Bellin Health Oconto
- Oconto County Economic Development
- Schools

Anticipated Impact

- Increase Resiliency
- Decrease Suicides and Self-Harm Injuries by Adolescents and Adults

Relevant Measures*

- Suicide Rate
- Emergency Department Visits for Nonfatal Intentional Self-Harm Injuries
- Suicide Attempts by Adolescents
- % Children/Adolescents Who Get Appropriate Treatment for Anxiety or Depression

*From the national health plan: *Healthy People 2030*

Current Situation

Mental Health and well-being consistently arose as the most prominent community health priority in Oconto County during CHNA discussions. Specifically, access to mental health providers in the county, especially in the northern area, as well as the availability of support groups was discussed. *Data supporting this concern includes*:

- In 2019, adults in Oconto County and Wisconsin reported poor mental health (stress, depression, emotional problems, etc.) for **3.9** and **4.0** days, respectively, in the past 30 days. (Source: http://www.countyhealthrankings.org)

OUR STRATEGIES

For our Patients

- *Improve Access to Care*
  - Identify community assets and services in relation to mental health.
  - Evaluate the current state of access to Mental Health services provided by HSHS and Prevea Health.

INDICATORS:

- Progress toward improving access to services.
- Progress toward recruiting enough providers to meet the need for service.
- Reduce the average number of poor mental health days reported by Oconto County residents.

For our Community

- *Increase Access to Care/Support*
  - Work with community partners to share information about available services (including telehealth) in the community.
- *Improve Community Awareness*
  - Work with community partners to promote knowledge around adolescent mental health.
  - Work with community partners to raise awareness around suicide.
- *Identify Resources and Gaps*
  - Work with Youth and Adult action teams to identify assets and gaps in county mental health services and resources.
- *Engage in Unified Planning and Policy*
  - Work with state and local leaders to improve access to mental health services by addressing regulatory and financial barriers, the need for services and workforce challenges.
- *Address Other Social Determinants of Health*
  - Provide funding and support for expansion of broadband access specifically focused on the underserved (i.e., Starlink Pilot Project).

INDICATORS:

- Documentation and sharing of mental health resources. Service utilization.
- Trainings identified, scheduled and held. Number of participants.
- Suicide awareness activities.
- Documentation of service assets and gaps.
- Meetings held; policies impacted.
- Number of new households served with broadband.

PLANNED ACTIONS – *Mental Health*

Strategy: Work with internal and external partners to improve access to care and support.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Identify community mental health assets and services.	- Colleague Time	- Healthy Oconto County - Prevea Health	Improve community awareness and utilization of available services.
Work with the HSHS/Prevea Executive Director of Behavioral Health to evaluate the current state of mental health service access through HSHS and Prevea Health.	- Colleague Time	- Prevea Health	Improve access to behavioral health services through HSHS and Prevea Health.

Strategy: Work with community partners to improve community awareness around mental health.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with community partners to provide access to training around adolescent mental health.	- Colleague Time	- Healthy Oconto County - Oconto County Schools - Other Community Partners	Increase recognition and improve response to mental illness in adolescents. Reduce rates of self-harm.
Work with community partners to raise awareness around suicide.	- Colleague Time	- Healthy Oconto County - Oconto County Schools - Other Community Partners	Increase recognition and improve response to mental illness in youth and adult populations. Reduce suicide and intentional self-harm injury rates.

Strategy: Work with community partners to identify resources and gaps in the current Oconto County mental health system.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with Youth and Adult action teams to identify assets and gaps in county mental health services and resources.	- Colleague Time	- Healthy Oconto County - Oconto County Schools - Other Community Partners	Increase recognition of local strengths and needs in order to leverage assets and address service/resource gaps.

Strategy: Engage in unified planning and policy around mental health.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with state and local leaders to improve access to mental health services by addressing regulatory and financial barriers, the need for services, and workforce challenges.	- Colleague Time	- Healthy Oconto County - Prevea Health - Other Community Partners	By removing regulatory burdens or increasing reimbursement for mental health services, more people will have access to services.

Strategy: Address Other Social Determinants of Health

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Provide funding and support for the expansion of broadband services to underserved populations (e.g., through the Starlink Pilot Project).	- Colleague Time - Community Benefits Funding	- Healthy Oconto county - Oconto County Economic Development - Other Community Partners	Increase resiliency by reducing social isolation and improving access to needed resources.
Provide funding and support to organizations such as Oral Health Partnership and the pediatric dental surgical program and provides needed services to underserved children.	- Colleague Time - Community Benefits Funding	- Oral Health Partnership - NEW Community Clinic - Other Health Systems - Prevea Health - Other Community Partners	Increase in dental care can lead to better overall health, including mental health, and a reduction of patients seeking emergent dental care services in hospital Emergency Departments.

Priority No. 2:   Healthy Nutrition and Physical Activity

Target Populations

- Residents of Oconto County
  - o Adolescents
  - o Adults

Hospital Resources

- Colleague Time
- Engaged Leaders
- Grant Funding
- Marketing Materials

Community Partners

- Healthy Oconto County
- Oconto County Public Health
- Prevea Health
- Bellin Health Oconto
- Oconto County Economic Development
- Schools

Anticipated Impact

- Greater Food Security
- Lower Rates of Obesity

Relevant Measures*

- Proportion of Children and Adolescents with Obesity
- Proportion of Adults with Obesity
- Proportion of Health Care Visits by Adults with Obesity that Include Counseling on Weight Loss, Nutrition, or Physical Activity
- Household Food Insecurity

*From the national health plan: *Healthy People 2030*

Current Situation

Nutrition and Physical Activity consistently arose as a significant opportunity to improve health behavior and therefore as a health priority in Oconto County during CHNA discussions. Healthy nutrition and physical activity frequently accompanied discussions around Chronic Disease Prevention and Management, as well as Mental Health. *Data supporting this concern include*:

- **30%** of Brown County adults are considered obese
- **25%** of Oconto County adults are physically inactive (versus 21% statewide).
- **Just over half** of Oconto County residents have access to exercise facilities, compared with 80% statewide.

OUR STRATEGIES

For our Patients

- ***Increase Access to Prevention and Early Intervention Services***
  - o Work with providers to ensure regular screenings, patient education, and referral to community resources.
  - o Promote an internal work environment that encourages healthy food choices and opportunities for physical activity.

INDICATORS:

- Number of patient screenings conducted, community referrals made.
- Colleague participation and engagement in the Livewell program.

For our Community

- ***Increase Access to Prevention and Early Intervention Services***
  - o Work with community partners to provide community education, health and benefit screenings, and service referrals.
  - o Continue planning and financial support for the Oconto County Farmers Market, including the *Produce for Pantries* campaign.
- ***Improve Opportunities for Social Cohesion or Connectedness***
  - o Identify Physical Activity venues (walking trails, fitness areas, pools, etc.) in Oconto County where social connectedness is part of the physical activity being offered or promoted.
- ***Engage in Unified Planning and Policy***
  - o Work with state and local leaders to factor food security and healthy weight implications into policy and budget decisions.

INDICATORS:

- Number of community-based screenings, education sessions, and referrals.
- Amount in weight of produce donated to local food pantries through the *Produce for Pantries* campaign.
- Number of individuals utilizing community-provided physical activity venues (e.g., walking trails).
- Number of meetings with local leaders, policy impacts.

PLANNED ACTIONS – Healthy Nutrition and Physical Activity

Strategy: Work with community partners to increase access to prevention and early intervention services.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with providers to ensure regular screenings, patient education, and referral to community resources.	- Colleague Time	- Prevea Health	Increase awareness, improve nutrition, increase physical activity and reduce obesity.
Work with community partners to provide community education, health and benefit screenings, and service referrals.	- Colleague Time	- Community Partners	Increase awareness, improve nutrition, increase physical activity, and reduce obesity.
Promote an internal work environment that encourages healthy food choices and opportunities for physical activity.	- Colleague Time - Livewell Program	- Prevea Health	Improve healthy eating, increase physical activity, and promote healthier weight.
Provide planning and financial support for the Oconto County Farmers Market, including the *Produce for Pantries* campaign.	- Colleague Time - Community Benefits Funding - Marketing Materials	- Farmers Market - Other Community Partners	Improve nutrition and food security. Create healthy eating habits and reduce obesity.

Strategy: Improve opportunities for social cohesion and connectedness.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Identify Physical Activity venues in Oconto County where social connectedness is part of the physical activity being offered or promoted.	- Colleague Time	- Healthy Oconto County - School Districts - Chamber of Commerce - Oconto Falls Area Trail System Organization.	Increase opportunities for social cohesion in healthy ways that provides social support and connectedness.

Strategy: Engage in unified planning and policy around healthy nutrition and physical activity.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with state and local leaders to factor food security and healthy weight implications into policy and budget decisions.	- Colleague Time	- Beyond Health	Increase food security and lower rates of obesity.

Priority No. 3:   Alcohol and Other Drug Abuse

Target Populations

- Residents of Oconto County
  - Adolescents
  - Adults

Hospital Resources

- Colleague Time
- Engaged Leaders
- Grant Funding
- Marketing Materials

Community Partners

- Healthy Oconto County
- Oconto County Public Health
- HOPE Consortium
- Prevea Health
- Bellin Health Oconto
- Oconto County Economic Development
- Schools

Anticipated Impact

- Improve Resiliency
- Reduce Drug and Alcohol Use and Misuse

Relevant Measures*

- Proportion of Adolescents Who Used Drugs in the Past Month
- Proportion of People Who Get a Referral for Substance Use Treatment after an Emergency Department Visit
- Percentage of People with a Substance Use Disorder Who Get Treatment
- Drug Overdose Deaths Per 100,000 Population

*From the national health plan:
Healthy People 2030

Current Situation

Alcohol Consumption – The reported incidence of binge drinking is significantly higher in Brown County than the United States overall. The percent of adults who drink more than 4 or 5 alcoholic drinks in one sitting at least once per month and/or the percent of adults who drink more than 1-2 drinks per day on average is:

- 27% in Brown County
- 24% in Wisconsin
- 17% in the United States.

Drug Use/Abuse – Drug use and misuse continue to be a major health priority in Brown County and specifically among our youth. According to the Youth Risk Behavior Survey data for 2018-2019:

- 4% of Brown County 10th graders reported using pain killers to get high.
- 11% of Brown County 10th graders reported using marijuana in the previous 30 days.

OUR STRATEGIES

For our Patients

- *Improve Access to Care*
  - Ensure consistent use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) by providers.

INDICATORS:

- Percentage of providers utilizing SBIRT, percentage of patients screened.

For our Community

- *Improve Access to Prevention and Early Intervention Services*
  - Work with community partners to promote resilience in youth through trainings with youth workers (e.g., school staff) and implementation of programming in schools (e.g., mindfulness).
  - Coordinate regular Medication Take Back days to remove unused prescriptions from the community.
- *Identify Resources and Gaps*
  - Continue leading the newly formed HOPE Consortium, which will assess current resources available, determine what is still needed and work to address prevention and treatment deficits.
- *Engage in Unified Planning and Policy*
  - Work with state and local leaders to factor AODA implications into policy and budget decisions.

INDICATORS:

- Number of youth workers trained, children receiving program opportunities.
- Amount in weight of unused prescription medication collected and disposed.
- Level of awareness of services available in Oconto County for residents battling substance use.
- Meetings held; policies impacted.

PLANNED ACTIONS – *Alcohol and Other Drug Abuse*

Strategy: Work with community partners to increase access to prevention and early intervention services.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with community partners to promote resilience in youth through trainings with youth workers (e.g., school staff) and implementation of programming in schools (e.g., mindfulness).	- Colleague Time	- Healthy Oconto County - Schools	Improve the ability of schools and other organizations to develop resiliency in students and reduce the use of alcohol and other drug use.
Coordinate regular Medication Take Back days to remove unused prescriptions from the community.	- Colleague Time - Collection Receptacles	- Healthy Oconto County - Law Enforcement - Prevea Health - Other Community Partners	Reduce prescription drug misuse.

Strategy: Work with internal and external stakeholders to improve access to care.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Ensure consistent use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) by providers.	- Colleague Time - EMR	- Prevea Health	Reduce the risks and impacts of alcohol and other drug use/ misuse through prompt identification and referral to treatment and services.

Strategy: Identify resources and gaps around alcohol and other drug use.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with the HOPE Consortium to identify current resources and service gaps and work to address service deficits.	- Colleague Time	- Healthy Oconto County - HOPE Consortium - Prevea Health	Identify and address service gaps in order to improve access to care.

*Strategy***:** Engage in unified planning and policy.

ACTION	RESOURCES	COLLABORATION	ANTICIPATED IMPACT
Work with state and local leaders to factor AODA implications into policy and budget decisions.	- Colleague Time	- Healthy Oconto County - HOPE Consortium - Prevea Health	Reduce or remove regulatory burdens in order to increase access and availability of prevention and addiction recovery services.

Next Steps

This Implementation Plan outlines intended actions over the next three years. Nonetheless, Community Benefits/Community Health staff annually shall do the following:

- Review progress on the stated strategies, planned actions and anticipated impacts.
- Report this progress at minimum to hospital administration, the hospital Board of Directors and community health coalitions.
- Work with these and other stakeholders to update the plan as needed to accommodate emerging needs, priorities and resources.
- Notify community partners of changes to the Implementation Plan.

Approval

This Implementation Plan was adopted by the hospital's Board of Directors on Sept. 15, 2021.