



**HSHS
St. Mary's
Hospital Medical Center**



**Community Health Needs Assessment 2018
HSHS St. Mary's Hospital Medical Center**

An assessment of Brown County, Wisconsin was conducted jointly by HSHS St. Mary's Hospital Medical Center, Bellin Health, Aurora Bay Care, Brown County Health Department, DePere County Health Department and United Way.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified. The CHNA is a systematic process involving the community to that identifies and analyzes community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, HSHS St. Mary's Hospital Medical Center conducts a CHNA and adopts an implementation plan by an authorized body of the hospital in the same tax year, and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2015.

In FY2018 (July 1, 2017 through June 30, 2018), HSHS St. Mary's Hospital Medical Center conducted its CHNA in partnership with representatives from the community. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. Brown County, Wisconsin was the population assessed. Data collected throughout the assessment process was supplemented with qualitative data gathered through a CHNA steering committee and broad community representation, secondary data report, and the opinions of community key stakeholders obtained via the "Needs Assessment Summit" held in October 2017.

Identification and prioritization of needs: The following health needs were identified based on burden, scope, severity and urgency of the health need; the health disparities associated with the health need; the importance the community places on addressing the health need; the community assets and resources that could be leveraged through strategic collaboration in the Hospital's service area to address the health need; the secondary data sources; local expertise and input.

Health needs:

- Alcohol and other drug abuse (AODA)
- Mental health
- Physical activity, obesity and nutrition

Oral health was a top priority for Brown County FY2015 CHNA. A consensus was reached that ongoing efforts should be sustained.

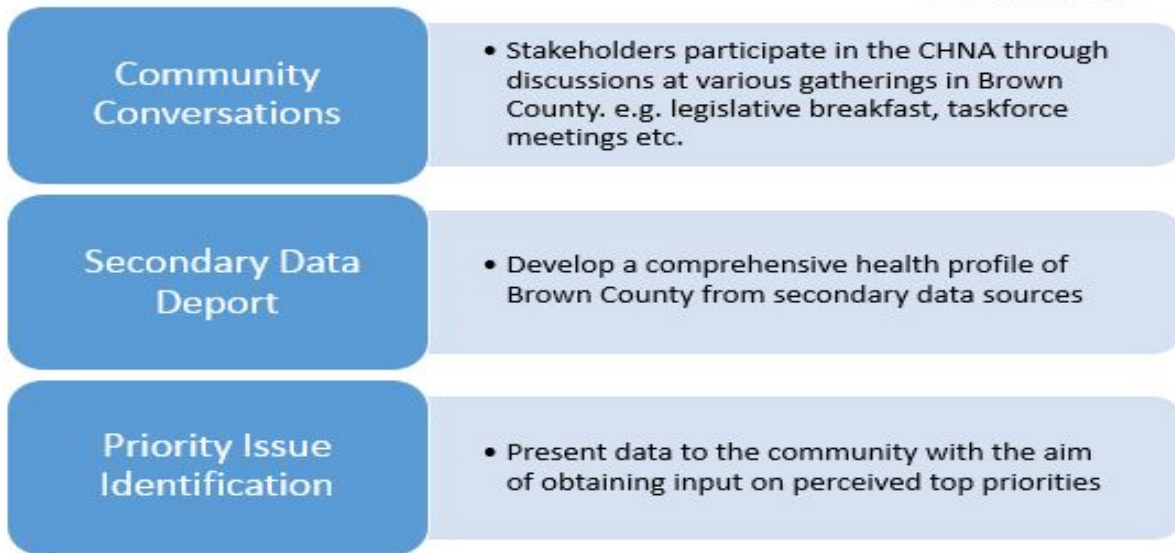
Implementation plan development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a “living document” – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Community Health Improvement Planning Process



Community Health Needs Assessment



Hospital background

HSHS St. Mary’s Hospital Medical Center is a non-profit community hospital located in Brown County, Wisconsin. For more than 118 years, the hospital has been the leader in health and wellness in Brown County. HSHS St. Mary’s Hospital Medical Center provides a wide range of basic inpatient and outpatient services.

HSHS St. Mary’s Hospital Medical Center 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. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians who care for patients and their families in both states.

Hospital Sisters Health System has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to community health improvement services guided by our triennial CHNA process, the hospital contributes to other needs through our broader community benefit program including health professions education,

subsidized health services, research and community building activities. In FY2017, HSHS St. Mary's Hospital Medical Center's community benefit contributions totaled more than \$15 million.

Current Hospital Services and Assets

Major centers and services	Statistics	New services and facilities
<ul style="list-style-type: none"> ● Family Birthing Center ● Breast Health Services ● Cancer Center ● Center for Heart Health ● Digestive Health ● Emergency ● Incontinence Center ● Joints <i>inMotion</i> ● Laboratory ● Rehabilitation ● A Woman's Place ● St. Gianna Clinic ● Prevea Regional Orthopedic Center 	<ul style="list-style-type: none"> ● Total beds -83 ● Total colleagues - 621 ● Bedside RNs - 220 ● Inpatient admissions -4,452 ● ED visits - 30,457 ● Births - 456 ● Inpatient surgeries - 978 ● Outpatient surgeries -5,669 ● Physicians on medical staff -39 ● Volunteers - 94 ● Community benefit - \$15 million 	<ul style="list-style-type: none"> ● Libertas ● St. Gianna clinic ● Tele-medicine

Hospital accreditations and awards

Accreditations/Certifications

- Approved community cancer center program via American College of Surgeons Commission on Cancer
- JCAHO certified hospital/home health

- American College of Radiology accredited mammogram, ultrasound, CT, MRI and nuclear medicine programs
- Accredited by College of American Pathologist
- Certified by the Clinical Laboratory Improvement Amendments (CLIA) (CMS)
- Joint Commission Disease Specific Certification in Stroke, and Hip/Knee Replacements: <https://www.jointcommission.org/> - The orthopedic certification process guides your path to better patient care by helping programs identify and measure areas for performance improvement and experience progress in areas such as surgical site infection rates, fall rates, enhanced patient education, length of stay, early ambulation, and pain management.
 - Certificate of Distinction for primary Stroke Centers
The Joint Commission's Certificate of Distinction for Primary Stroke Centers recognizes centers that make exceptional efforts to foster better outcomes for stroke care. Achievement of certification signifies that the services you provide have the critical elements to achieve long-term success in improving outcomes. It is the best signal to our community that the quality care we provide is effectively managed to meet the unique and specialized needs of stroke patients. The Joint Commission's Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association. It is based on the Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Center"
https://www.jointcommission.org/certificate_of_distinction_for_primary_stroke_centers/
 - HSHS St. Mary's Hospital Medical Center was recognized from the Coverdell Stroke Program for having the largest drop (33 minutes) in "door to CT" times in the state for second and third quarter of 2017
 - American Joint Replacement Registry
HSHS St. Mary's Hospital Medical Center can track and monitor replacement outcomes within our institution as well as compare our institution against national benchmark data via <http://www.ajrr.net/> - The AJRR data enables national, regional, and local benchmarking, supporting quality improvement.
 - Blue Cross Blue Shield Distinction Center for Hip and Knee Replacements
Blue Distinction Centers are healthcare facilities and providers that are recognized for their expertise in delivering specialty care. Blue Distinction Centers (BDC)

met overall quality measures for patient safety and outcomes, developed with input from the medical community.

- First Joint Commission Disease Specific Certification for Hip Fracture in the State of WI

Awards

- Practice Green Health - Green Health Partner for Change & Greening the OR Recognition
- Leap Frog - A Rating for Patient Safety
- Received state award for most improved door to needle time for stroke patients

Community served by the hospital

Although HSHS St. Mary’s Hospital Medical Center serves Brown County and beyond, for the purposes of the CHNA, the hospital defined its primary service area and populations as Brown County. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Brown County				
	Brown County		WI	
	2015		2015	
Total Population	254,717		5,742,117	
Median Age (years)	36.8		39	
Age	N	%		
0-14 years	52,021	20.4%	1,082,933	
15-44 years	101,867	40%	2,212,335	
45-64 years	68,659	27%	1,598,652	
65 years and over	32,170	12.6%	848,197	
Gender				
Female	128,384		2,890,732	
Male	126,333		2,851,385	
Race and Ethnicity				
White (Non-Hispanic)	220,204	86.5%	4,967,124	86.5%

Black or African American (Non-Hispanic)	6,011	2.4%	360,792	6.3%
Native American or Alaska Native	5,756	2.3%	50,449	0.9%
Asian (including Hmong)	7,709	3.0%	143,732	2.5%
Hispanic or Latino	20,132	7.9%	364,558	6.3%
Some Other Race	7,335	2.9%	96,057	1.7%
Speaks language other than English at home				
English	89.5%		91.3%	
Spanish	6.5%		4.6%	
Indo-European	1.2%		2.0%	
Asian and Pacific Island	2.4%		1/7%	
Other Languages	0.4%		0.4%	
Median household income -2015 dollars	\$ 53,527		\$53,357	
Percent below poverty in the last 12 months^	11.7%		13.0%	
Education level of adults 25 years and older- Sheboygan County				
Less than high school degree	9.4%		8.9%	
High school degree	31.3%		32.0%	
Some college/associates	31.4%		31.2%	
Bachelor's degree or higher	27.9%		27.8%	

Data from American Community Survey 2015 estimates. Accessed at:

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP05&prodType=table,

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1601&prodType=table and

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1501&prodType=table on March 19, 2018

Process and methods used to conduct the assessment

HSHS St. Mary's Hospital Medical Center collaborated with member health systems that make up Beyond Health (Brown County Public Health, City of De Pere Public Health, Aurora Baycare, Bellin Health, HSHS St. Mary's and HSHS St. Vincent Hospitals, and Brown County

United Way) to plan, implement and complete the Brown County community health needs assessment.

This Beyond Health partnership was formed to improve the health of Brown County residents by conducting periodic community health needs assessments and leading community-wide action planning teams.

Internal

HSHS St. Mary's Hospital Medical Center spent more than a year developing the CHNA, identifying and prioritizing community health needs for its service area, and formulating an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following steps:

- Convened the HSHS Eastern Wisconsin Division community benefit team
- Determined internal capacity for the collaborative process
- Allocated monetary resources to support the community-wide effort
- Presented to Leadership to gain permission for colleagues to track and document community benefit efforts in CBISA
- Shared the results of the CHNA and obtain feedback for the implementation plan from the Hospital Advisory Committee
- Presented CHNA and implementation plan to HSHS St. Mary's Hospital Medical Center Board for approval

External

HSHS St. Mary's Hospital Medical Center also leveraged existing relationships to gain additional insights into community health needs in the hospital's service area. External components and steps included:

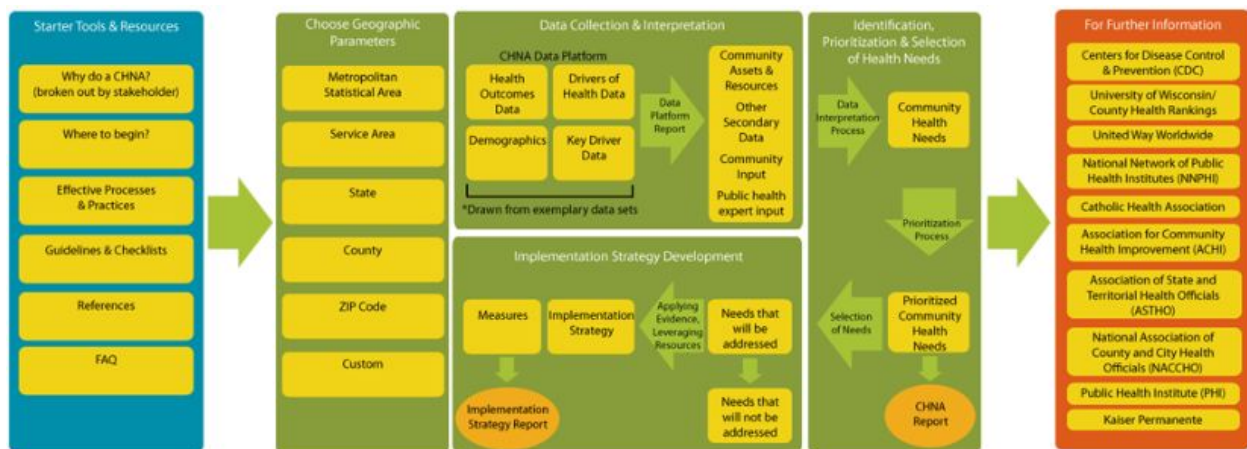
- Identifying the methodology to be used for this update
- Utilizing the Green Bay Press-Gazette to conduct a community survey
- Collaborating with key stakeholders/Beyond Health in the planning of the Lambeau event
- Analyzing data from 2017 Community Health Needs Assessment Summit at Lambeau Field and the minimal responses that were received from the Press-Gazette survey
- Working with the CHNA committee to determine priorities
- Working with CHNA committee and subject matter experts to develop action plans for the community health improvement plan
- Working with CHNA committee to review the community health improvement plan

Defining the purpose and scope

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

Data collection and analysis

The overarching framework used to guide CHNA planning and implementation is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



Adapted from the work of Kaiser Permanente.

Data sources

The CHNA process utilizes both primary and secondary data. Some action team members in Brown County were enlisted to compile a secondary data report to supplement the primary data. This report summarizes the demographic and health-related information for Brown County.

- County Health Rankings and Roadmaps
- American Community Survey – Census Bureau
- Wisconsin Department of Health Services – Data & Statistics
- Wisconsin Interactive Statistics on Health (WISH)
- Life Study Brown County
- Brown County Health and Human Services
- Live 54218
- Bureau of Labor Statistics

The data was compiled into a written report/presentation and shared with community members at key community leader meetings (described below).

Input from persons who represent the broad interests of the community

HSHS St. Mary's Hospital Medical Center is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: mental health, alcohol and other drug abuse (AODA), physical activity and nutrition, in addition to oral health which had been continued from the FY2012 CHNA. This year's assessment expanded on that collaboration, actively seeking input from a broad cross-section of community stakeholders. The goal was to reach a consensus on priorities for which to focus human, material and financial resources.

CHNA needs assessment summit

The Beyond Health steering committee brought together community stakeholders to participate in the CHNA process. The community health assessment data report was emailed to the community stakeholders prior to the Summit on Oct. 17, 2017. The presentation also had links to other downloadable reports allowing participants to review data before the meeting. One hundred twenty-three individuals attended the summit held at Lambeau Field.



Save the Date

2017 Community Health Needs Assessment Summit

Tuesday, October 17 at Lambeau Field
8:00 a.m. to Noon

For more information contact:
Anna Destree (Destree_AC@co.brown.wi.us) or
Deborah Armbruster (darmbruster@mail.de-pere.org)



"Beyond Health" is the collaboration of Brown County Health Department, City of De Pere Public Health, Aurora Health Care, Bellin Health, St. Mary's and St. Vincent Hospitals, Brown County United Way and WI Division of Public Health, formed to improve the health of Brown County residents through conducting periodic community health needs assessments and leading community-wide action planning teams."

A presentation was given by members of the CHNA steering committee; Deborah Armbruster, Chris Culotta, Sara Inman, Tom Bayer, Laura Hieb, Sharla Baenen, Jennifer Schnell, the Oral Health Taskforce Chair and Heidi Selberg.

The presentation included:

- Welcome, introductions and objectives of the day

- Healthy Wisconsin 2020 framework
- Social determinants of health and community data
- Focus on priority areas identified in the 2016 Brown County CHNA
 - Alcohol and other drug abuse (AODA)
 - Mental health
 - Physical activity, obesity and nutrition
 - Oral health

The presentation focused on data reports, task force accomplishments and challenges, objectives/goals and recommendations. Following the presentation, steering committee members moderated round table discussions for stakeholders to identify their top three health priorities. These priorities were then voted on by stakeholders at the Lambeau Field and Brown County Public Health overflow site locations. Moderators received a total of 312 votes. After the summit, attendees were informed to expect a follow-up survey to provide feedback on event, express interests on involvement with action teams/task force, and to ask questions about data.

Steering committee

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Participants

- Aging and Disability Resource Center*
- Aids Resource Center of Wisconsin (ARCW)
- Ashwaubenon Schools
- Aurora Baycare Medical
- Center (ABMC)
- Aurora Behavioral
- Health - UWGB
- Bay Area Community
- Council (BACC)
- Bellin College
- Bellin Health
- Bellin Psychiatric
- Center
- BOCE/etc.
- Brown County - CTC*
- Brown County Board
- Brown County Board of Health*
- Brown County Child and Adolescent Behavioral Health*
- Brown County Health & Human Services*
- Brown County Public Health*
- City of De Pere
- City of De Pere - Health Department*
- City of Green Bay - Mayor
- City of Green Bay - Parks & Recreation
- Community Volunteer
- Connections for Mental
- Wellness
- Darjune/EXPO
- Diocese of GB Catholic Charities*

- Ex Prisoner Opportunities
- Family & Childcare Resources of NEW*
- Foundations
- Green Bay Area Public Schools
- Howard Suamico Schools
- HSHS Libertas Treatment Center*
- HSHS St Vincent Hospital/ St Mary's Hospital*
- Integrated Community Solutions
- Intern School Social Worker (HSSD)
- Joshua - BC Mental Health Task Force - Connections for Mental Wellness*
- Live 54218
- NEW Community Clinic & Brown County Board of Health*
- NEW Community Clinic*
- Northeastern Wisconsin Technical College*
- Oconto County Public Health
- Oneida Nation
- Oral Health Partnership*
- Prevea Health
- Pulaski Community
- Schools
- Retired Law Enforcement - De Pere
- Sherman Counseling
- St Norbert College
- United Way - Brown County*
- UW Extensions
- UW Green Bay
- WI DHS Division of Public Health*
- WIC*
- Willow Creek Behavioral Health

**Denotes groups representing medically underserved, low-income and minority populations*

Input from members of medically underserved, low-income and minority populations

Hospital Sisters Health System and HSHS St. Mary's Hospital Medical Center are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. We believe that the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve.

Representatives of those organizations listed above, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in our communities were being shared and addressed in the CHNA process and development of related implementation strategies.

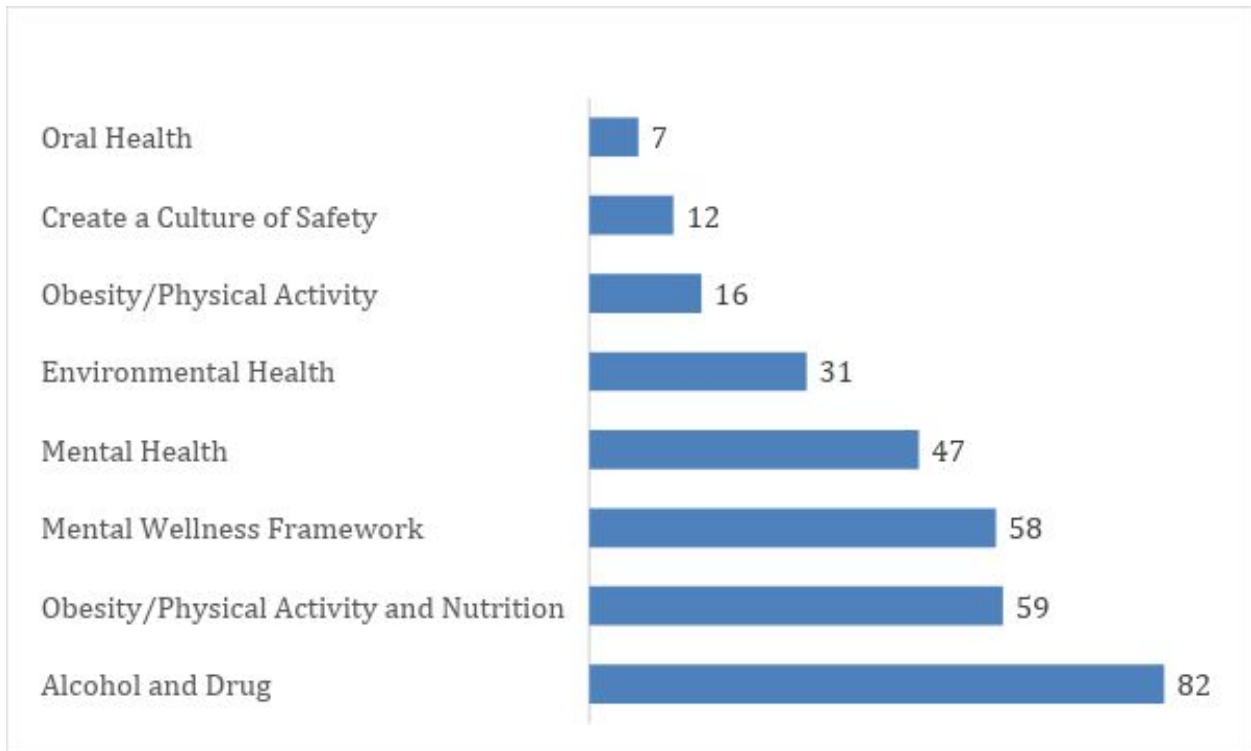
Input on FY2015 CHNA

No written comments were received regarding the FY2015 CHNA.

Prioritizing significant health needs

As part of the identification and prioritization of health needs, HSHS St. Mary’s Hospital Medical Center considered the following: the estimated feasibility and effectiveness of possible interventions to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance our community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaborations.

Community health needs assessment summit votes



Based on the CHNA planning and development process described, the following community health needs were identified:

- Alcohol and other drug abuse (AODA)
- Mental health
- Physical activity, obesity and nutrition

Following feedback from community leaders, it was agreed that ongoing efforts with oral health should be sustained.

As an outcome of the prioritization process, the following community health needs were also identified, but will not be addressed directly by HSHS St. Mary's Hospital Medical Center for the reasons indicated:

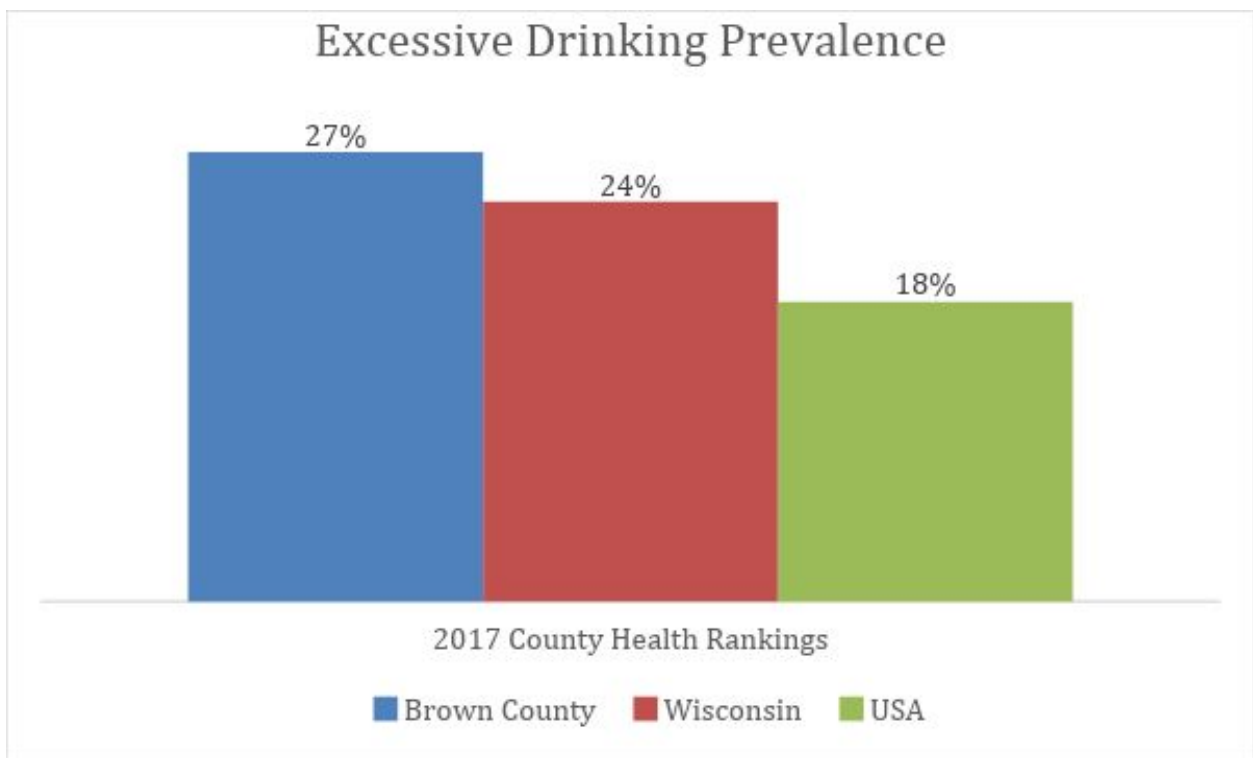
- **Environmental health:** Being a provider of health care services through inpatient and outpatient services, the hospital does not have the expertise or resources to take the lead on addressing this priority in the region. However, in our role as an employer, HSHS St. Mary's Hospital Medical Center is involved in many initiatives that contribute to helping our community members stay healthy (e.g. Double Your Bucks program helps community members receive healthy food at the farmers market; recycling efforts lead to less waste and reduces our carbon footprint; Mission Outreach programs recycle medical equipment and make it available to those who are in need, but do not have a means of obtaining such equipment).
- **Creating a culture of safety:** Being a provider of health care services through inpatient and outpatient services, the hospital does not have the the resources to address the various factors that affect safety in the region. HSHS St. Mary's Hospital Medical Center does, however, lead daily huddles that examines our culture of safety and addresses safety issues immediately by 1) establishing action plans to address safety, 2) fostering an environment where safety issues are transparent and openly discussed, and 3) having colleagues complete a culture of safety evaluation annually.

Overview of priorities

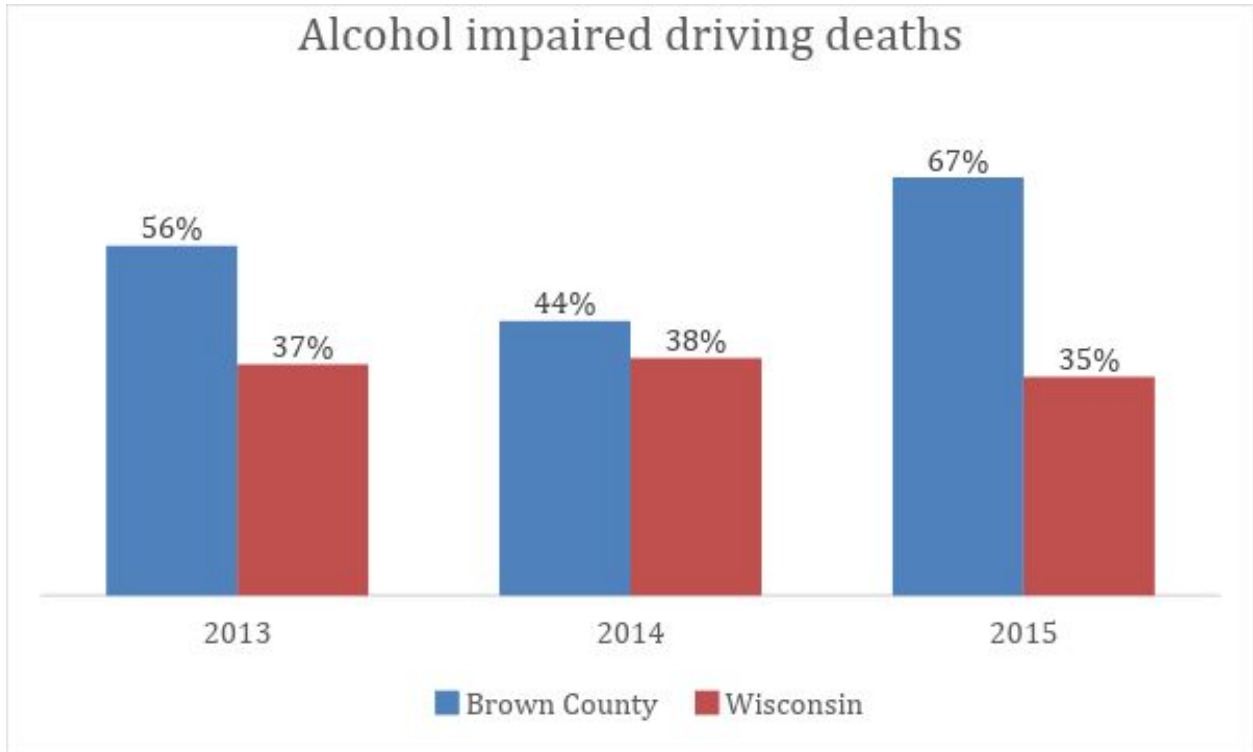
Alcohol and other drug abuse (AODA)

In 2010, excessive alcohol use was responsible for approximately 88,000 deaths in the United States each year¹ and \$249 billion in economic costs.² In 2013, the economic cost of drinking was about \$6.8 billion in Wisconsin and \$318 million in Brown County.³

Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males. This accounts for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. According to the 2017 County Health Rankings report, Wisconsin and Brown County were the second and third worst states/counties in the nation among adults reporting excessive drinking (binge or heavy drinking).



In 2015, 58 percent of alcohol related deaths in Wisconsin were due to acute conditions such as motor vehicle accidents, falls and poisoning.⁴ The proportion of motor vehicle deaths related to alcohol remain higher in Brown county compared with the state in general.



Source: County Health Rankings

Substance use

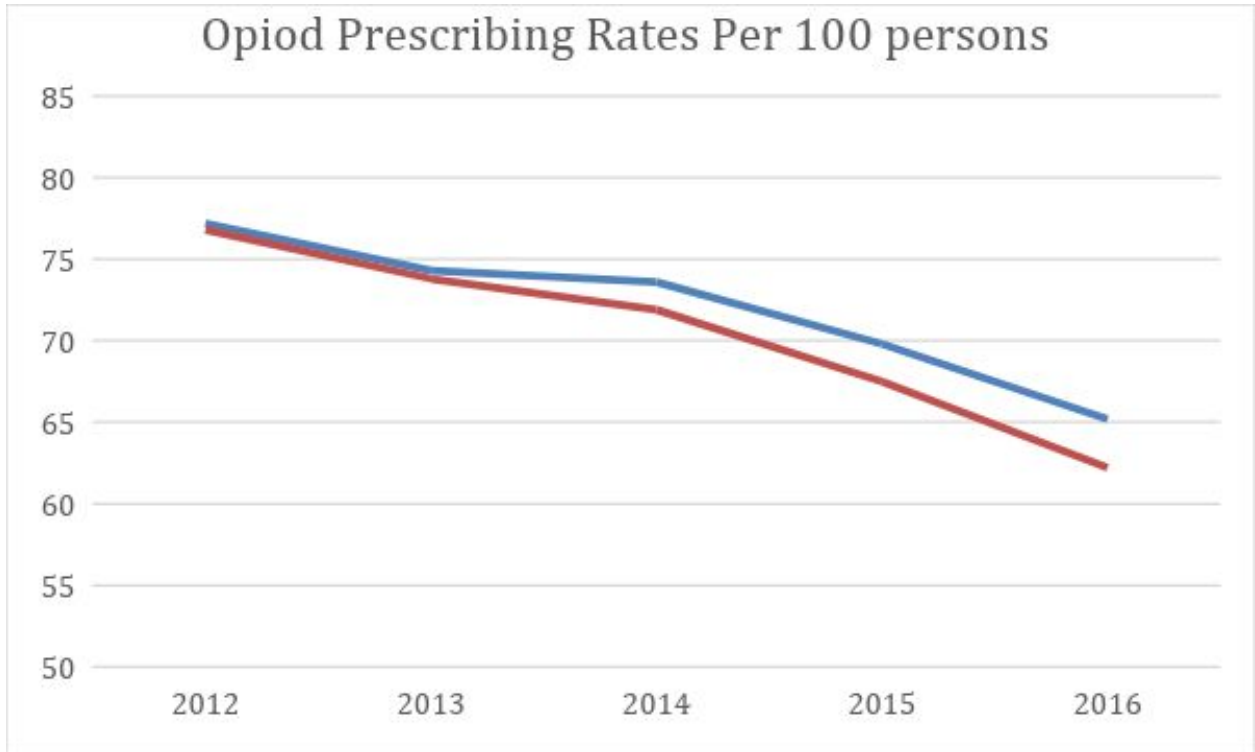
Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of ten) involve an opioid.¹ Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled.² From 2000 to 2015, more than half a million people died from drug overdoses. Source: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

The table below shows the number of drug related deaths over five years in Brown County

Drug Class	2011	2012	2013	2014	2015
Heroin	3	10	3	9	6
Prescription Opioids	5	3	5	4	7

Source: Wisconsin Department of Health Services Publication on Opioids 2016

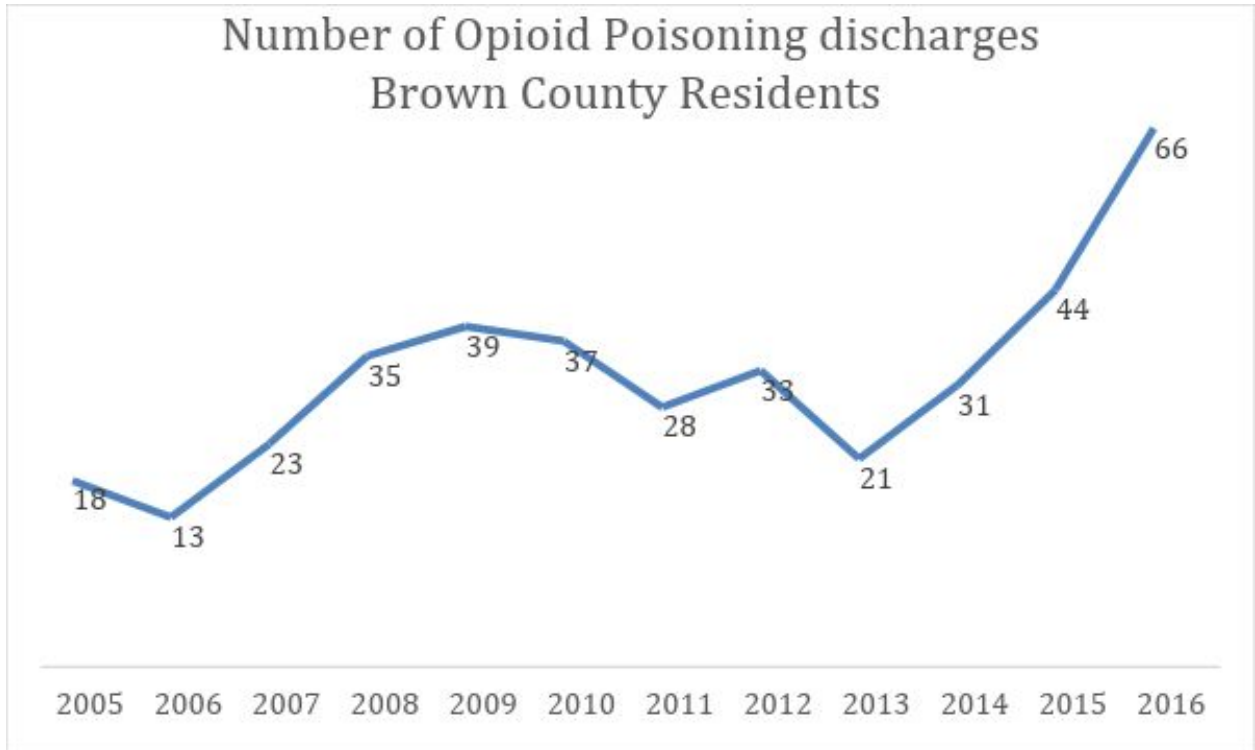
Opioid prescribing rates peaked nationally in 2012 and have continued to decline thereafter. Nevertheless, prescribing rates in Brown County continue to be higher than the state, even though there is a downward trend in the county.



Source: Centers for Disease Control; Quintiles; IMS Transactional Data Warehouse (TDW) 2006-2016

In Brown County, the number of emergency department visits due to opiate poisonings (also known as opiate overdoses) is on the rise compared to reference levels in 2005-2006.

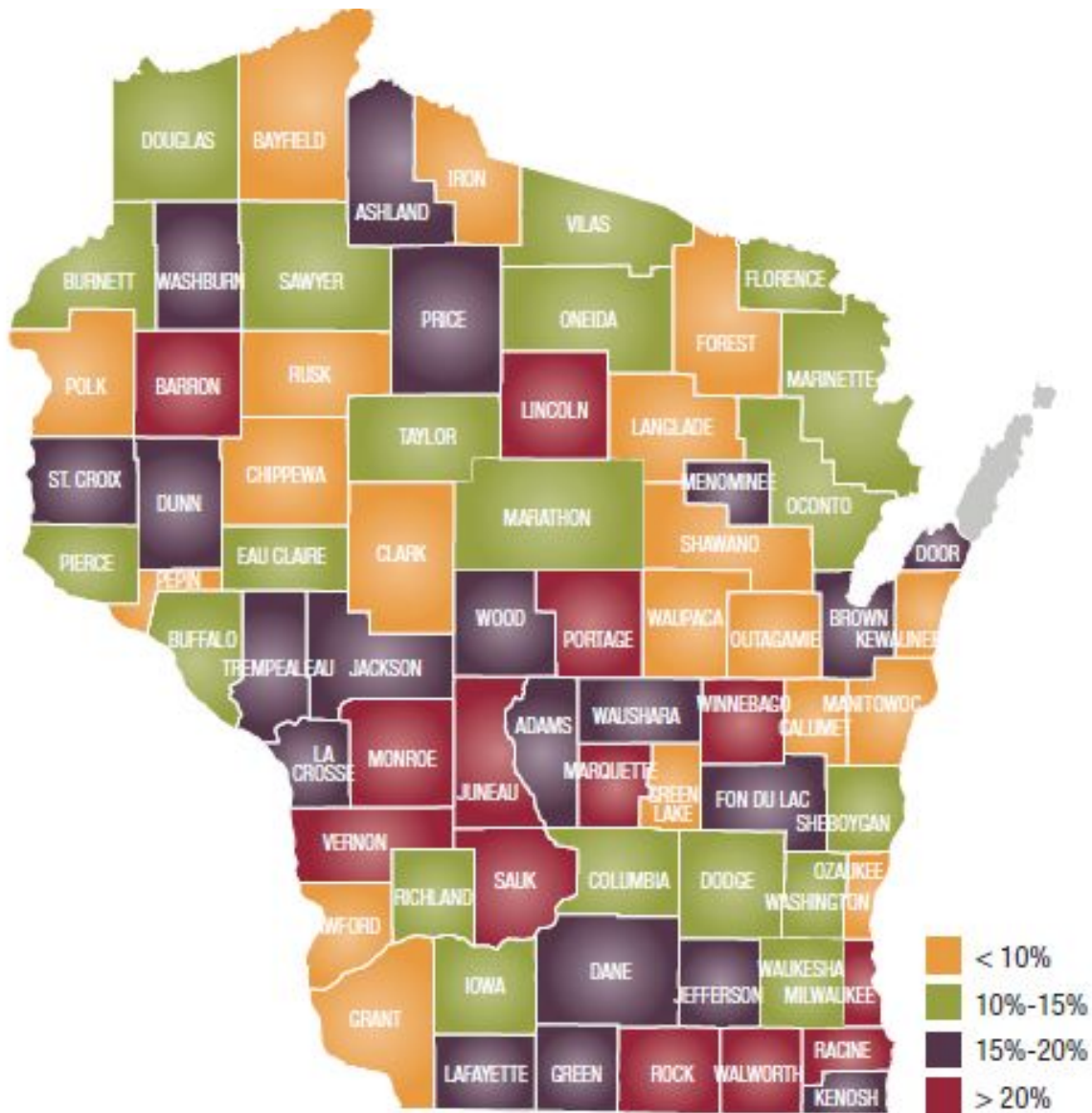
<https://www.dhs.wisconsin.gov/wish/opioid/index.htm>



Mental health

On average, in 2015, adults in Brown County and Wisconsin reported not having good mental health (stress, depression, emotional problems) for 3.4 and 3.5 days, respectively, in the past 30 days. Source: <http://www.countyhealthrankings.org/>

Available evidence show that children with Adverse Childhood Experiences (ACE's), a constellation of household dysfunction, neglect and abuse, are more likely to develop mental and physical health problems as they grow into adults (Wisconsin ACE Brief). There is a dose-response relationship between the number of ACE's and the risk of future health problems. The map below shows that 15-20 percent of Brown County adults have four or more ACE's.



Source: Wisconsin ACE Brief, 2011 and 2012 Data

Mental health needs continue to grow in the face of shortage of mental health providers in the State and County. In 2017, Wisconsin needed 247 more mental health providers to eliminate the shortage.⁷ In the same year, there were more people per mental health provider in Brown County compared with state and national ratios.

Table 2: Availability of Mental Health Providers in Brown County, 2017

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population(1 Provider per x Persons)

Brown County	256,677	419	612.6
Wisconsin	5,745,786	9,813	585.5
United States	317,105,555	643,219	493

Source: County Health Rankings (via communitycommons.org), 2018

Mental illness is a risk factor for many unhealthy and unsafe behaviors, including self-harm and suicides. Suicide is a major public health problem as it is a leading cause of death especially among the youth. Source: <https://www.healthypeople.gov/>

Between 2014 and 2015, the number of completed suicides in Brown County dropped from 38 to 23.⁸ The suicide rates in Brown County and Wisconsin over an 11-year period were similar. The table below indicates that rates among age groups 18-24 and 45 -54 were proportionately higher in Brown County compared with Wisconsin.

Table 3: Suicide Rate per 100,000 population by Age Groups (2004-2015)

Suicide Rate per 100,000 population by Age Groups (2004-2015)								
Area	0-17	18-24	25-34	35-44	45-54	55-64	65+	Total
Brown County	2.2	16.9	16.3	18.1	24.5	17.8	8	14
Wisconsin	3.5	14.3	16.4	18.1	20	16.3	12.8	13.7

Source: Wisconsin Interactive Statistics on Health (WISH) Data System, 2016

Nutrition

Food security

The United States Department of Agriculture (USDA) defines food insecurity as a lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods. In 2015, it was estimated that the food insecure population in Brown County needed an additional \$13.164 million to purchase enough food to meet their needs. Source:

<http://map.feedingamerica.org/county/2015/overall/wisconsin/county/brown>

Table 4: Food insecurity statistics, 2015

Place	Number of people	Rate of food insecurity
--------------	-------------------------	--------------------------------

Brown County	26,110	10.3%
Wisconsin	633,170	11%

Source: Feedingamerica.org

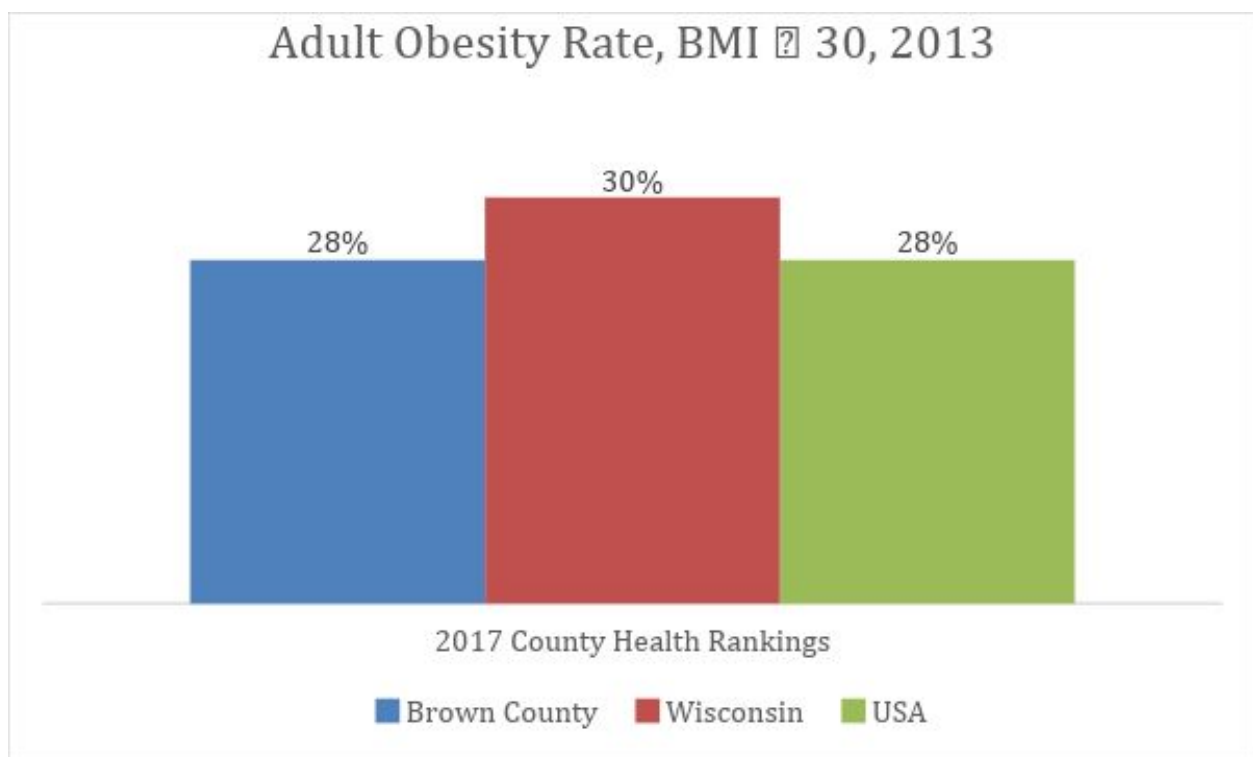
Obesity

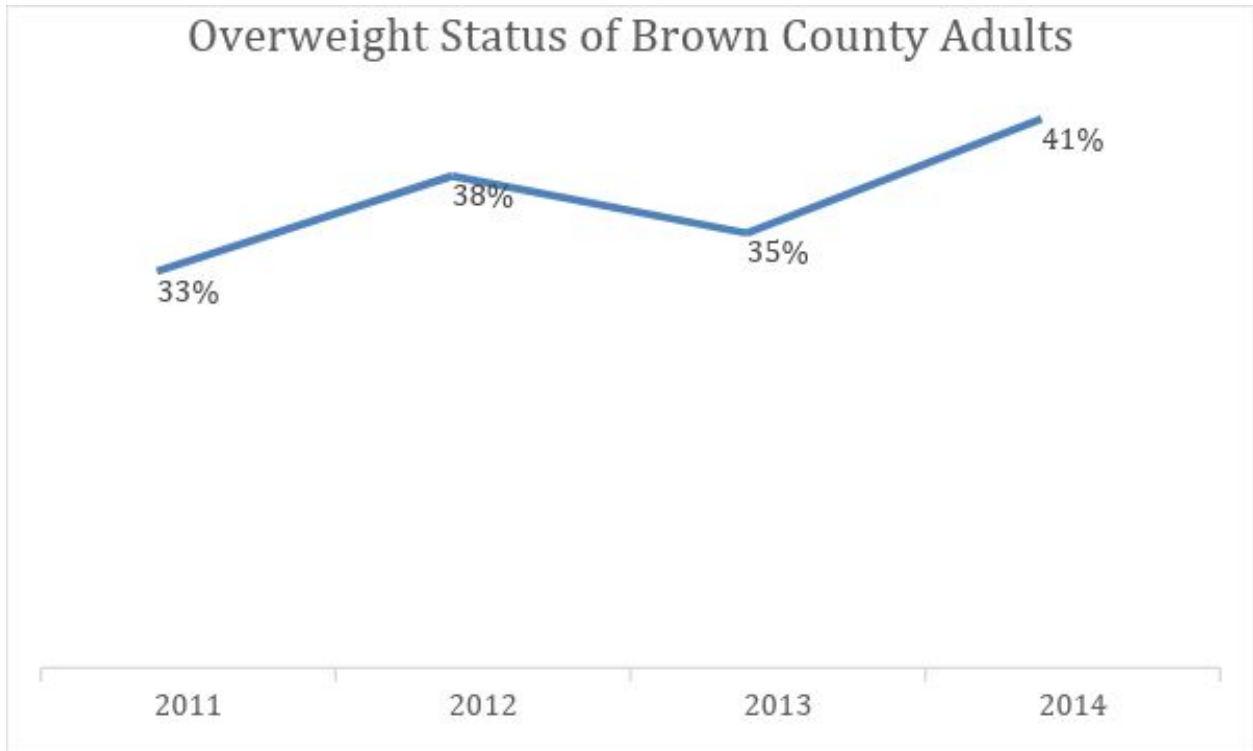
Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer are some of the leading causes of preventable death. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008. The medical costs for a person who is obese was \$1,429 higher than those of normal weight.

Source: <https://www.cdc.gov/obesity/data/adult.html>

The Healthy People national 2020 goal for healthy weight is 34 percent. The unhealthy weight goal is 66 percent. The Healthy People 2020 goal for obesity is 31 percent.

In 2013, two out of three adults were overweight or obese in Wisconsin.⁹



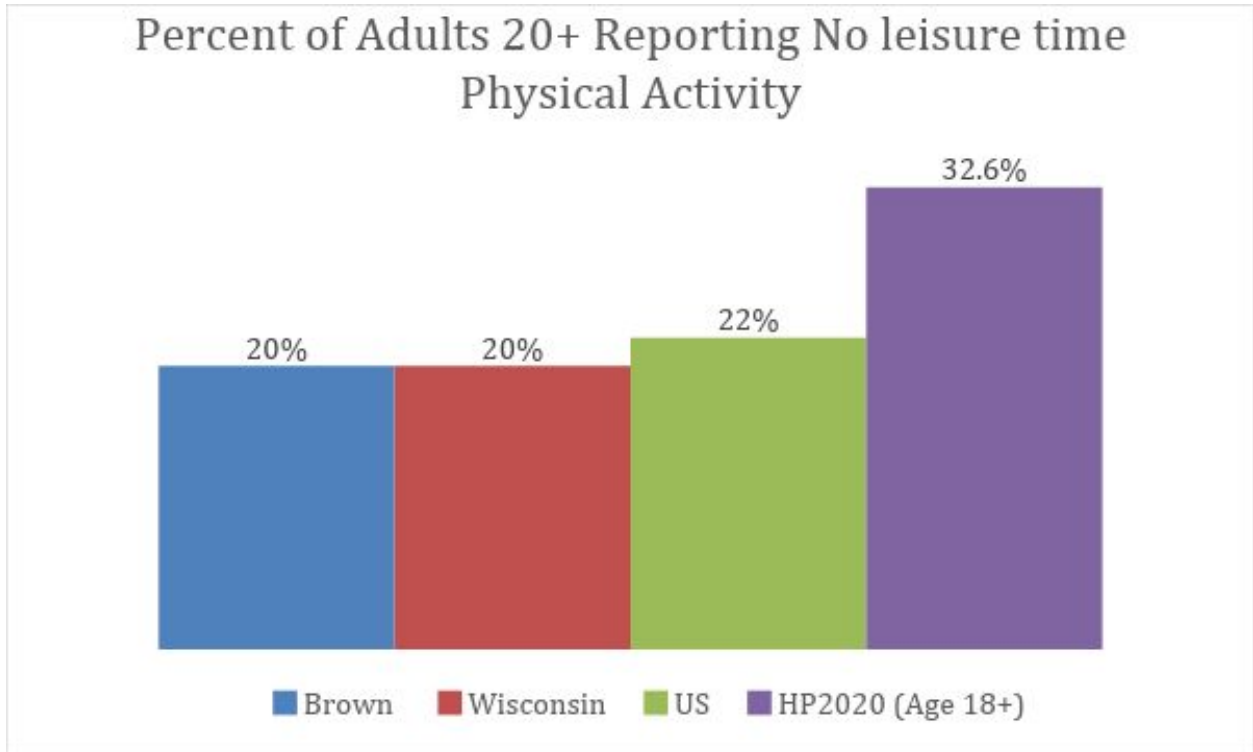


Source: 2016 Brown County Life Study (Wisconsin BRFSS)

Physical activity

The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes on five or more days per week or vigorous physical activity for at least 20 minutes on three or more days per week. Moderate physical activity includes walking briskly, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. One in ten deaths among U.S. adults have been linked to physical inactivity. Sedentary adults pay \$1,500 more per year in health care costs than physically active adults. Eighty percent of U.S. adults do not meet recommended levels of physical activity needed to achieve health benefits. Source:

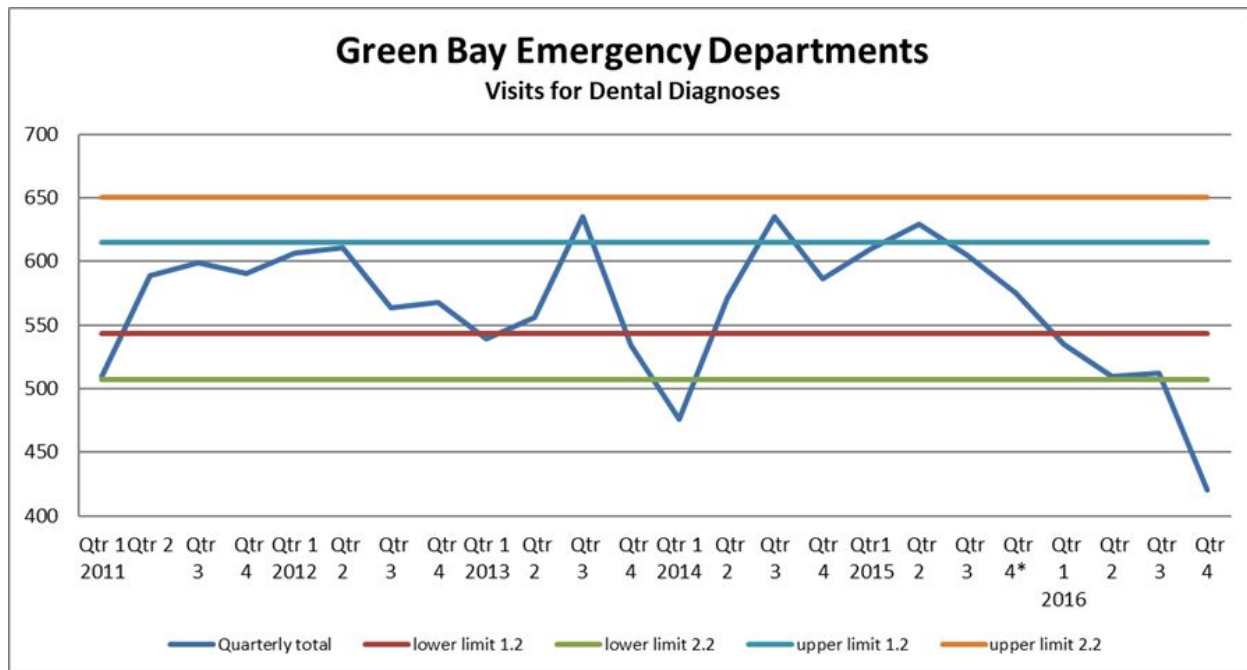
<https://stateofobesity.org/lists/least-physically-active-states/>



Source: County Health Rankings, 2017

Oral health

Oral health was identified as one of the health focus areas in the 2011 community health needs assessment. This was sponsored by public health and Green Bay health systems, and reaffirmed in the 2014 community health needs assessment. Green Bay continues to have a shortage of dental health professionals. There have been almost 2,500 preventable dental condition visits per year to Green Bay emergency departments. This was much lower in 2016; 61 percent Medicaid; 17 percent self-pay). The goal of sustaining this outreach is to continue to reduce the number of oral health related emergency department visits by adults and improve the oral health services available for Medicaid patients.



Medicaid/Uninsured access to dental care, 2011 and 2017, number of operatories

	2011	2017
Children (OHP) Uninsured and MA	Six plus preventive services in 20 schools	16 plus preventive services in 25 schools
Adults MA (NEW Clinic)	3 - starting at the end of November 2011	12
Adults Uninsured (NWTC)	6 - one half day a week during school year	6 – one half day a week during school year

Dental care and medicaid

Medicaid beneficiaries are more likely to face barriers in accessing oral health care and poorer oral health outcomes than individuals with higher incomes. Among adults aged 19 to 64 who had family incomes of less than \$10,000, nearly half had at least one decayed tooth that had not been treated compared to only 17 percent of adults whose incomes were at least \$35,000. Medicaid reimburses 30 to 35 cents on the dollar for dental service. Many dentists in Wisconsin are not

taking new Medicaid patients. The Medicaid patients with dental problems have no other place to go except the local emergency room.

Potential resources to address significant health needs

As part of the focus group and key stakeholder meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and related medical groups

- HSHS St. Mary's Hospital Medical Center
- HSHS St. Vincent Hospital
- Prevea Health
- Bellin Health
- Aurora BayCare
- Brown County Health and Human Services
- DePere County Health and Human Services

Other community organizations and government agencies:

- AODA
 - Beyond Health
 - Mental health providers
 - Connections for Mental Wellness
 - Churches/faith communities
 - Pharmacists checking
 - Area schools
 - Local media outlets
 - Employers EAP
 - Bars and restaurants legislative initiatives
 - YMCA
 - Legislators
 - Transportation companies
 - Liquor stores checking IDs
 - Recovery support groups
- Mental Health
 - Treatment providers

- Law enforcement
 - Courts
 - The Aging and Disability Resource Center
 - Churches/faith communities
 - United Way of Brown County
 - YMCA
 - Community businesses
 - Senior centers
 - Connections for Mental Wellness
 - Family Resource Center
 - Beyond Health
- Nutrition
 - United Way of Brown County
 - Food bank and food pantries
 - Schools
 - Health systems
 - Health care providers
 - Local restaurants/grocers
 - Culinary schools
 - Employers
 - Farmers' markets coordinators
 - Nutritionist/Dietitians
 - Legislators
 - The Division of Public Health
 - University of Wisconsin Extension
 - Northeast Wisconsin Technical College (NWTC)
 - Parents
 - Meals on Wheels
 - Family Resource Center
 - Beyond Health
- Oral health
 - Aging Disability Resource Center (ADRC)
 - Northeast Wisconsin (NEW) Community Clinic
 - NWTC
 - Oral Health Partnership

- University of Wisconsin Green Bay (UWGB)
- United Way

Next steps

After completing the FY2018 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies
- Develop a three-year implementation plan (FY2019 through FY2021) to address priority health needs identified in the FY2018 CHNA process
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources
- Present to and gain approval of the CHNA report and implementation plan by HSHS St. Mary's Hospital Medical Center governing board in the same year that the CHNA was conducted
- Publicize the CHNA report and implementation plan widely on HSHS St. Mary's Hospital Medical Center website and make it accessible in public venues such as town halls, etc.

Approval

The FY2018 CHNA report was adopted by the hospital's governing board on May 16, 2018.

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Appendix X

Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2015, to address significant health needs identified.

In FY2015, HSHS St. Mary's Hospital Medical Center conducted a Community Health Needs Assessment (CHNA). Primary and secondary data was gathered from multiple sources to assess the hospital's primary service area. Based on the data and the prioritization process, the following priority community health needs were selected:

- Oral Health
- Mental Health
- Substance Abuse
- Physical Activity and Nutrition
- Access to Care

The FY2015 Implementation Plan outlined the strategies that the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions that were taken in response to the hospital's FY2015 CHNA follows.

Oral Health: The hospital continued support of the development, implementation and/or continuation of strategies to improve oral health.

Outcomes: Continued to lead the activities of the community Oral Health Task Force, which has its own three-year plan with goals and outcome measures.

Supported Public Health's efforts to retain fluoridation in public health water supplies via testimony when requested.

Subsidized the rent guarantee necessary for the NEW Community Clinic dental clinic to secure a HRSE grant to expand their services and assisted with the design cost for the center. Supported the efforts of the oral surgeons to provide their services free of charge at NEW Clinic by subsidizing the cost of a staff person to gain the necessary medical clearances and consent forms for patients—many of whom are elderly and/or disabled and need consent from guardians.

Covered the costs of a dental hygienist employed by the Brown County Oral Health Partnership to offer services in the Ashwaubenon school district to expand the services to children in other school districts.

Served on the boards for NEW Community Clinic and Oral Health Partnership and played significant roles in their governance (e.g., Vice President on NEW Clinic board; search committee member for OHP and lead the announcement process for the new executive director)

Mental Health: The hospital continued support of the development, implementation and/or continuation of strategies to improve mental health.

Outcomes: The hospital actively participated in the development of the connections for mental wellness, which is a collaboration of agencies and organizations designed to reform the mental health delivery system in our community. The hospital led the strategic planning process, wrote portions of a grant application that resulted in a major seven-year grant from Medical College of Wisconsin, and hospital colleagues served on the steering committee.

Substance Use: The hospital continued support of the development, implementation and/or continuation of strategies to address substance use.

Outcomes: The hospital partnered with Prevea Health to implement the Treatment Intervention prevention Services (TIPS) program, a program for non-violent opioid abusers that provides treatment and deferred/dismissed prosecution upon successful completion of the treatment process. Actions included subsidizing scholarships for a residential treatment program and arranging to have the first dose of Vivitrol donated.

The hospital continued to support the activities of the community action planning team, which has its own three-year plan with goals and outcome measures.

The hospital continued to work with Public Health and our community partners to identify and implement at least one new evidence-based community program that addresses one of the identified health priorities.

Physical Activity and Nutrition: The hospital continued support of the development, implementation and/or continuation of strategies to improve physical activity and nutrition.

Outcomes: The hospital developed and implemented a “Plant a Row” program in the HSHS Eastern Wisconsin Division (four hospitals) as “food and nutrition” was a health focus area in all our markets. Supported the “double your bucks” program at farmers’ markets in Green Bay, DePere and Oneida to enable EBT recipients to buy double the amount of fresh fruits and vegetables.

Supported the Boy Scout “Scouting for Food” food drive, which utilized guidelines developed by the local food and nutrition group to encourage donors to contribute healthy foods.

The hospital continued to support the activities of the community action planning team, which has its own three-year plan with goals and outcome measures.

The hospital continued to work with Public Health and our community partners to identify and implement at least one new evidence-based community program that addresses one of the identified health priorities.

Access to Care: The hospital continued support of the development, implementation and/or continuation of strategies to improve access to care.

Outcomes: Assisted community members to enroll in insurance products through the market place or to enroll in BadgerCare through certified application counselors and educational sessions. Subsidized the cost of an income maintenance worker to assist with immediate enrollment in BadgerCare. Assistance.

Provided free and discounted laboratory and radiology services to NEW Community Clinic, an FQHC. More than 70 percent of patients indicated the clinic's care prevented a trip to the emergency department. Provided more than \$100,000 to support acute care clinic operations NEW Community Clinic's Northeast Wisconsin Technical College location, as well as funds to help support operating costs associated with the oral surgeon's services at the dental clinic. Assisted more than 2,900 people by screening and applying for the appropriate assistance, such as SSDI or medical assistance, including providing certified application counselors to assist patients in understanding and using the new health insurance marketplace.

Through A Woman's Place, provided health and wellness education, health screenings, resources and referral services, facilitated by a Hispanic health outreach facilitator. A Woman's Place serves nearly 1,200 women annually through its resource center and consumer lending library; screenings for cardiovascular disease, osteoporosis and reproductive cancer; and educational events and classes on a variety of health topics. A loan closet located at A Woman's Place provides wigs, scarves, turbans, hats and breast prostheses for women living with the side effects of cancer treatments. Additionally, the Look Good, Feel Better Program offers information and guidance to cancer patients looking to enhance their appearance. This gives patients a sense of control over physical changes they may experience.

Hospital employees provided information at educational and public forums. Many underserved and uninsured of our community attend these events.

The hospital donated more than \$21,000 in diagnostic services supplies to the missions.

The hospital in partnership with HSHS St. Vincent Hospital and Bellin Health, supported Unity Hospice, a provider of appropriate and compassionate care for the terminally ill.