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HSHS  
St. Clare  
Memorial Hospital

# Health Needs Assessment 2025-2027 Implementation Plan



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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, 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 its 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 mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 13 hospitals and has more than 200 physician practice sites. The Mission is carried out by more than 11,000 colleagues and 1,000 providers in both states who care for patients and their families.

In 2024, 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 used broad community representation, along with conversations with key informants, focus groups, stakeholder surveys, and secondary data collection to assess community health needs. This process involved gathering data from multiple sources to assess the needs of Oconto County. Together, these groups recommended the health priorities to be addressed in FY2025-FY2027. The full CHNA report may be found at <https://www.hshs.org/st-clare/community/community-health-needs-assessment>.

The 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 shall strive 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 Central and Southern Illinois counties as well.

## Prioritized Significant Health Needs

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

- 1. Access to Substance Use Disorder Services**
- 2. Mental Health and Healthy Nutrition & Activity**
- 3. Access to Safe and Reliable Transportation**

These priorities emerged from several data sources, including community focus groups, individual and stakeholder interviews, local and national health data comparisons and input from the CAC and internal advisory council.

## Community Health Needs That Will Not Be Addressed

As part of the identification and prioritization of health needs, the hospital considered 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 need; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area.

Based on the CHNA planning and development process, the following community health needs were identified but will not be addressed directly by the hospital for the reasons indicated:

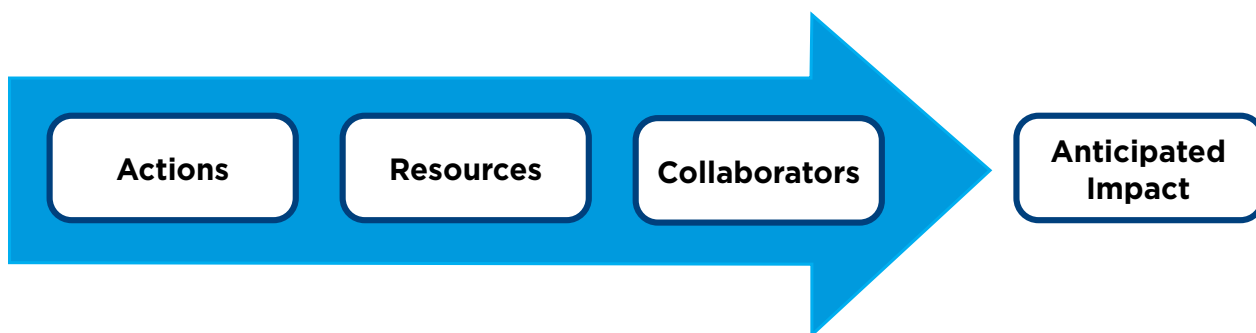
- Housing
- Aging Health Needs
- Social Connections
- Oral Health
- Accident Prevention
- Childcare

## Primary Implementation Strategies

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

Strategy	Description
Improve access to prevention and early intervention services.	This strategy involves taking actions that prevent disease or injury or limit their progression and impact.
Decrease barriers to entry.	This strategy involves improving the ability of individuals in the hospital's service area to receive needed treatment and services on a timely basis to achieve optimal health outcomes.
Work with internal and external stakeholders to address drivers of health through unified policy and planning.	This strategy involves working with community partners to factor health considerations into any decision-making that affects the general public or subsets of populations within the general public.

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 logic that the stated actions, resources and collaborative partnerships together will produce the anticipated impacts.



## Community Health Improvement Plan Overview

These implementation strategies and actions are outlined by health priority, first with a “snapshot” of identified strategies, sample actions and other relevant information, followed by a more comprehensive and specific description of planned actions, resources, collaborative partners and anticipated impacts.

### Priority Snapshot: Access to Substance Use Disorder Services

#### Priority No. 1: Access to Substance Use Disorder Services

##### Target Populations

- Adolescents
- Adults

##### Hospital Resources

- Colleague time
- Funding
- Advocacy

##### Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Behavioral and mental health service providers
- Local providers
- Mental Health America

##### Anticipated Impact

- Prevention and early intervention tools
- Improved mental health literacy
- Inform public policy
- Resilience in youth
- Clinical assessment and referral
- Direct referrals

##### 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

Everyone who lives and works in Oconto County is affected by the health and economic costs of excessive alcohol misuse, including binge drinking. Consuming excessive amounts and misusing alcohol is associated with adverse health effects, poor social outcomes, lost productivity, and many other adverse outcomes. The image below provides context about the impacts that binge drinking has on the economic climate in Oconto County.

- In Oconto County, the estimated annual economic cost of binge drinking \$25.9 million.
- Annual average:
  - 14 alcohol-related deaths
  - 310 alcohol-related hospitalizations
  - 36 alcohol-related crashes
  - 37% of all motor vehicle crash deaths involved alcohol

Drug use and misuse continue to be a major health priority in Oconto County and specifically among our youth.

- Overdose fatalities from 2020-2022:
  - 19 fatalities reported to law enforcement
  - Overdose reports from 2020-2022
  - 93 reported overdoses

##### Our Strategies

###### **Improve access to prevention and early intervention services.**

- Provide Mental Health First Aid training for HSHS colleagues.
- Partner with county Recovery Oriented Systems of Care to develop policy and practice to support recovery.
- Implement social-emotional learning curriculum in elementary schools.

###### **Decrease barriers to entry,**

- Provide hospital emergency department-based screening, recovery coaching and linkage services.
- Create a social care network within our EMR to connect patients with community-based resources.
- Reduce barriers to healthcare for individuals experiencing homelessness.

###### **Unified policy, planning and advocacy efforts.**

- Advocate for pediatric behavioral health patients in emergency departments who lack appropriate care by engaging stakeholders to recommend legislative strategies to the appropriate governing bodies.

##### Indicators

- Number of instructors trained, trainings provided, individuals trained
- Number of residents successfully entering and completing treatment
- Number of students participating in Resilient Classroom Project
- Number of patients screened and referred

## PLANNED ACTIONS – Access to Substance Use Disorder Services

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policy makers to improve access to SUD treatment resources and further understand the impact of substance use disorder on our communities.

### *Strategy 1: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Increase access to prevention, treatment and recovery resources in the county.	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Oconto County</li> <li>• Oconto County Sheriff</li> <li>• Unity Recovery</li> <li>• Catholic Charities of Green Bay</li> <li>• Northlakes Community Clinic</li> <li>• Northeast Wisconsin Community Action Program (Newcap)</li> <li>• Oconto County Substance Use Coalition for Change</li> <li>• Libertas Treatment Centers</li> </ul>	<ul style="list-style-type: none"> <li>• To reduce the morbidity and mortality associated with substance use disorder, by increasing access to prevention, treatment and recovery resources.</li> </ul>

### *Strategy 2: Decrease barriers to entry.*

Action	Resources	Collaboration	Anticipated Impact
Support recovery resources in the local emergency departments.	<ul style="list-style-type: none"> <li>• Community health funding</li> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Unity Recovery Services</li> <li>• Local health systems</li> </ul>	<ul style="list-style-type: none"> <li>• Create linkages to Peer Support Specialists in the Emergency Department to develop pathways to treatment and recovery.</li> </ul>
Create a social care network within our Epic platform to connect patients with community-based resources.	<ul style="list-style-type: none"> <li>• Internal project management team</li> <li>• Care management team</li> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• Community-based organizations</li> <li>• FindHelp</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic partnerships with community-based organizations to develop referral networks.</li> <li>• Connect patients screening at risk for a determinant of health with needed resources through a direct referral.</li> </ul>
Engage people with lived experience to inform policies and practice for recovery services.	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• Northlakes Community Clinic</li> <li>• Emplify Health</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease the stigma associated with substance use disorder that limits access to care.</li> </ul>

### *Strategy 3: Work with internal and external stakeholders to address drivers of health through unified policy and planning.*

Action	Resources	Collaboration	Anticipated Impact
Advocate for increased reimbursement for substance use disorder services.	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Emplify Health</li> <li>• Northlakes Community Clinic</li> <li>• HSHS advocacy team</li> </ul>	<ul style="list-style-type: none"> <li>• To enhance sustainability for substance use disorder resources which will establish consistent resources for treatment.</li> </ul>

## Priority Snapshot: Access to Mental Health Services and Healthy Nutrition & Activity

### Priority No. 2: Access to Mental Health Services and Healthy Nutrition & Activity

#### Target Populations

- Adolescents
- Adults

#### Hospital Resources

- Colleague time
- Funding
- Advocacy

#### Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Behavioral and mental health service providers
- Local providers
- Mental Health America

#### Anticipated Impact

- Prevention and early intervention tools
- Improved mental health literacy
- Inform public policy
- Resilience in youth
- Clinical assessment and referral
- Direct referrals
- 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

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. Additionally, nutrition and physical activity arose as a significant opportunity to improve health behaviors that directly impact good Mental Health.

In Oconto County, Wisconsin, adults reported that their mental health was “not good” on 4.5 of the previous 30 days. Whereas Wisconsin, and the United States, averaged at 4.4 meaning Oconto County residents had more poor mental health days than the Wisconsin and United States average.

- Barriers such as cost of care, transportation, long wait times and low number of providers prevent patients from accessing mental health treatment in a timely manner.
- Lack of knowledge on when mental health assistance is needed.
- A greater awareness of when, why and how to access mental health services is needed overall.
- There is a stigma associated with seeking mental health assistance.
- 21% of Oconto County Students experienced hunger at home in the past 30 days
- 3% of students report the went hungry at home “most of the time” or “always”
- 8% of people in Oconto County lack regular access to adequate food
- 20% of Oconto County adults reported participation in no physical activity outside of work

#### Our Strategies

##### **Improve access to prevention and early intervention services.**

- Provide Mental Health First Aid training for HSHS colleagues.
- Increase awareness of existing mental health resources and availability of healthy nutrition and activities.
- Implement social-emotional learning curriculum in elementary schools.

##### **Decrease barriers to entry.**

- Hospital emergency department-based screening, recovery coaching and linkage services.
- Create a social care network within our EMR to connect patients with community-based resources.
- Reduce barriers to health care for individuals experiencing homelessness.

##### **Unified policy, planning and advocacy efforts.**

- Work with state and local leaders to factor health implications into policy and budget decisions.

#### Indicators

- Number of instructors trained, trainings provided and individuals trained
- Number of residents successfully entering and completing treatment
- Number of students participating in Resilient Classroom Project
- Number of patients screened and referred

## PLANNED ACTIONS – Mental Health and Healthy Nutrition & Activity

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policymakers to improve the quality of mental health care, as well as access to healthy nutrition and activity to further understand the causes of disparity in these areas.

### *Strategy 1: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Increase awareness of existing mental health resources and availability of healthy nutrition and activities.	<ul style="list-style-type: none"> <li>Community health funding</li> <li>Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>Oconto Falls Community Garden</li> <li>Emplify Health</li> <li>Northlakes Community Clinic</li> <li>Public Health</li> <li>Catholic Charities of Green Bay</li> </ul>	<ul style="list-style-type: none"> <li>To reduce stigma associated with mental illness, increase access to existing resources, to increase awareness and support existing healthy lifestyle resources</li> </ul>
Provide Mental Health First Aid training for HSHS colleagues.	<ul style="list-style-type: none"> <li>Colleague time</li> <li>Event supplies</li> </ul>	<ul style="list-style-type: none"> <li>Human Resources</li> <li>Department Leaders</li> <li>HSHS Ministries</li> </ul>	<ul style="list-style-type: none"> <li>Provide prevention/early intervention tools for health care providers to support patients and colleagues experiencing mental health challenges</li> <li>Improved mental health literacy</li> <li>At least 10% of HSHS Colleagues, including a minimum of 4% representing Leadership positions, will be certified in Mental Health First Aid by end of FY27</li> </ul>
Implement a social – emotional learning curriculum (Resilient Classroom) in elementary schools.	<ul style="list-style-type: none"> <li>Community health funding</li> <li>Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>Local school districts</li> <li>Mental Health America</li> </ul>	<ul style="list-style-type: none"> <li>Foster resilience in youth.</li> <li>Equip young learners with essential coping skills, promoting mental well-being and empowering them to overcome challenges</li> </ul>

### *Strategy 2: Decrease barriers to entry.*

Action	Resources	Collaboration	Anticipated Impact
Create a social care network within our Epic platform to connect patients with community-based resources.	<ul style="list-style-type: none"> <li>Internal project management team</li> <li>Care management team</li> <li>Colleague time</li> <li>Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>Community-based organizations</li> <li>FindHelp</li> </ul>	<ul style="list-style-type: none"> <li>Strategic partnerships with community-based organizations to develop referral networks.</li> <li>Connect patients screening at risk for a determinant of health with needed resources through a direct referral.</li> </ul>

### *Strategy 3: Work with internal and external stakeholders to address drivers of health through unified policy and planning.*

Action	Resources	Collaboration	Anticipated Impact
Work with state and local leaders to factor health implications into policy and budget decisions.	<ul style="list-style-type: none"> <li>Colleague time</li> <li>HSHS Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Community stakeholders</li> <li>Local and state government</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the risks and impacts of chronic disease.</li> </ul>

## Priority Snapshot: Access to Safe and Reliable Transportation

### Priority No. 3: Access to Safe and Reliable Transportation

#### Target Populations

- Adolescents
- Adults

#### Hospital Resources

- Colleague time
- Funding
- Advocacy

#### Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Behavioral and mental health service providers
- Law enforcement
- United Way

#### Anticipated Impact

- Inform public policy
- Direct referrals to resources
- Increase of community resources

#### Relevant Measures\*

- % of Oconto County patients with transportation barriers receive referral to community resource

\* From the national health plan: Healthy People 2030

#### Current Situation

Access to safe and reliable transportation has been identified as a priority in Oconto County. Lack of reliable transportation presents challenges that can impact one's overall health and wellbeing. For example, getting to important medical appointments or access emergency care in a timely manner. Lack of transportation can also limit opportunities for education or employment, which can contribute to economic and social challenges.

- 53% of Oconto County residents work outside of the County.
- 44% of Oconto County residents commute 30 minutes or more each day for work.

#### Our Strategies

***Review and evaluate all available options to increase access to rural transportation resources.***

#### Indicators

- Growth of volunteer services related to transportation
- Additional transportation options added to the county

## PLANNED ACTIONS – Access to Safe and Reliable Transportation

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policy-makers to improve the access to safe, affordable, reliable transportation and further understand the impact transportation has on all areas of health.

Years two and three of the CHIP will be determined by the evaluation of available services and ensuing recommended plan to address transportation needs identified.

### *Strategy 1: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Review and evaluate all available options to increase access to rural transportation resources	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Oconto County</li> <li>• Tri-County United Way</li> <li>• Northlakes Community Clinic</li> <li>• Emplify Health</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of current resources.</li> <li>• Expand volunteer resources.</li> <li>• Work with health systems to improve access for med transport.</li> </ul>

## Next Steps

This implementation plan outlines intended actions over the next three years. Annually, HSHS community benefits/community health staff 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 governing board on September 18, 2024.



**HSHS**  
**St. Clare**  
**Memorial Hospital**