

HSHS St. Clare Memorial Hospital

Community Health Needs Assessment Report & Implementation Plan



A Collaborative Approach to Impacting Population Health
in Oconto County, Wisconsin

May, 2015

HSHS St. Clare Memorial Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 14 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

Table of Contents

Executive Summary	3
I. Introduction	
Background	4
Community Health Needs Assessment Population & Oconto County Demographics	5
II. Establishing the CHNA Infrastructure and Partnerships	7
III. Defining the Purpose and Scope	8
IV. Data Collection and Analysis	
a. Description of Process and Methods Used	8
b. Description of Data Sources	9
V. Identification and Prioritization of Needs	15
VI. Description of the Community Health Needs Identified	16
VII. Description of Resources Available to Meet Identified Needs	23
VIII. Documenting and Communicating Results	24
IX. Implementation Plan	24
X. Next Steps	25

Executive Summary

Background

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 through the CHNA. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which is used to plan, implement, and evaluate Community Benefit activities. Once the CHNA Report is completed, a set of implementation strategies is developed based on the evidence and assets and resources identified in the CHNA process.

Every three years, affiliates of Hospital Sisters Health System, including HSHS St. Clare Memorial Hospital, are required to conduct a CHNA and to adopt an Implementation Plan by an authorized body of the hospital in the same taxable year, and make the report widely available to the public. . In addition, the hospital completes an IRS Schedule H (Form 990) annually to provide information on the activities and policies of, and Community Benefit provided by the hospital.

To comply with these requirements, HSHS St. Clare Memorial Hospital was a key part of a collaborative approach in conducting its CHNA and adopting an Implementation Plan in FY2016 (July 1, 2015 through June 30, 2016) 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. The population assessed was Oconto County, Wisconsin. Data collected throughout the assessment process was supplemented with input of community leaders obtained via a community health needs assessment “summit” held in November, 2015.

Identification and Prioritization of Needs: The following health needs were identified based on the perceived magnitude and seriousness of the problem and the feasibility of addressing it, as determined at a health needs summit attended by a group broadly representative of the community: Physical Activity and Nutrition; Alcohol and Other Drug Abuse (AODA); and Mental Health.

Firstly, the needs were identified by using the Wisconsin Department of Public Health’s CHIP Infrastructure Improvement Project’s recommended list of health focus areas; we identified existing data that outlined the magnitude and seriousness of the health focus areas. Lastly, we convened a health summit with attendance broadly representative of the community to select the health focus area for intensive focus over the next three years.

Implementation Plan Development: As part of the engagement process with key stakeholders, attention has been 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 programs and services relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

I. Introduction

Background

HSHS St. Clare Memorial Hospital serves Oconto Falls and the surrounding communities. St. Clare Memorial is a federally designated critical access hospital with a 24-hour physician-staffed emergency department, urgent care, general, vascular and orthopedic surgical services, inpatient and outpatient surgical and diagnostic services, rehabilitation, oncology outpatient clinic and women’s care.

HSHS St. Clare Memorial Hospital, in affiliation with Prevea Health, has six regional health center locations in Gillett, Lena, Mountain, Oconto, Oconto Falls and Suring. HSHS St. Clare Memorial Hospital’s pharmacies are located in Gillett and Oconto Falls. Founded in 1921 as Community Memorial Hospital, HSHS St. Clare Memorial Hospital became the fourteenth affiliated hospital in Hospital Sisters Health System (HSHS) in 2014. As an affiliate of HSHS, St. Clare Memorial is guided by the teachings of St. Francis of Assisi, the patron saint of the Hospital Sisters of St. Francis, as we continue to meet the health care needs of our area through our Franciscan health care ministry. For more information about St. Clare Memorial, please visit www.stclarememorial.org.

Current Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> • Cancer Center • Orthopedic Center • General Surgery Center • Emergency Trauma Center • Rehabilitation Center • Women’s Center • Interventional Pain Management • Regional Wound Care & Hyperbaric Center 	<ul style="list-style-type: none"> • Total Beds: 10 • Total Colleagues: 127 • Bedside RNs: 28 • Inpatient admissions: 574 • ED visits: 4029 • Inpatient surgeries: 136 • Outpatient surgeries: 557 • Births: 0 • Case Mix Index: 1.27 • Physicians on Medical Staff: 25 • Volunteers: 35 • Community Benefit: \$3 million 	<ul style="list-style-type: none"> • Renovated Regional Wound Care Center to include a hyperbaric chamber.

Community Health Needs Assessment Population

For the purpose of this CHNA, HSHS St. Clare Memorial Hospital defined its primary service area and populations as Oconto County, Wisconsin. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographics

HSHS St. Clare's service area is comprised of approximately 998 square miles with a population of approximately 37,417 and a population density of 38 people per square mile. The service area consists of the following suburban and rural communities:

Cities	Townships	Villages
<ul style="list-style-type: none">• Gillett• Oconto• Oconto Falls	<ul style="list-style-type: none">• Abrams• Bagley• Brazeau• Breed• Chase• Doty• Gillett• How• Lakewood• Lena• Little River• Little Suamico• Maple Valley• Morgan• Mountain• Oconto• Oconto Falls• Pensaukee• Riverview• Spruce• Stiles Townsend• Underhill	<ul style="list-style-type: none">• Lena• Pulaski• Suring

Total Population Change, 2000 to 2014

According to the U.S. Census data, the population in the region increased from approximately 35,641 to approximately 37,417 between the year 2000 and 2014, a 0.95% increase.

Report Area	Total Population 2000 Census	Total Est. Population 2014	Total Population Change 2000-2014	Percentage Population Change, 2000-2014
Oconto County	35,641	37,417	1,776	+0.95%
State of Wisconsin	5,363,673	5,743,349	379,676	+7.1%

Data Source: US Census Bureau Decennial Census

Population by Age Groups

Population estimates by gender was evenly divided by gender (51.2% male, 48.9% female). The county had the following population numbers by age groups in 2014:

Report Area	Total Population	Age 0 to 17	Age 18 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
Oconto County	37,417	7801	2365	3548	4443	6334	6340	6586
Oconto County %	100%	21%	6%	9%	12%	17%	17%	18%
Wisconsin	5,743,349	1,331,934	552,900	736,199	712,609	869,414	739,853	800,440
Wisconsin %	100%	23.2%	9.6%	12.8%	12.4%	15.1%	12.9%	13.9%

Source: Wisconsin Dept. of Health Services

Population without a High School Diploma (age 25 and older)

Within the report area there are roughly 2725 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 10% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no High School Diploma
Oconto County	27,251	2725	10%
Wisconsin	3,858,515	378,380	9.8%

Note: This indicator is compared with the state average. Data Source: United States Census Bureau

Population in Poverty

Poverty is considered a key driver of health status. Within the report area roughly 10% of the population is living in households with income below the Federal Poverty Level (FPL). This is

lower than the statewide poverty levels. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status.

Report Area	All ages	Ages 0-17
Oconto County	10.2%	14.3%
Wisconsin	13.2%	18.3%

Source: US Census, ACS

Poor General Health

Within the report area 13% of adults 18 and older report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” The state rate is 15%. This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Oconto County	29616	3850	13%
Wisconsin	4,411,415	66,171	15%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance (BRFS) Systems 2013.

Establishing the CHNA Infrastructure and Partnerships

HSHS St. Clare Memorial Hospital led the planning, implementation and completion of the Community Health Needs Assessment in partnership with the Oconto County Department of Public Health, the State Department of Public Health and Bellin Health.

Internal and External Steps

HSHS St. Clare Hospital undertook a six month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- Identifying the methodology to be used for this assessment update
- Identifying the framework for study - Wisconsin Department of Public Health CHIP Improvement Project
- Working with public health on the development of meeting materials, a detailed agenda, and an invitation list for a local health planning summit

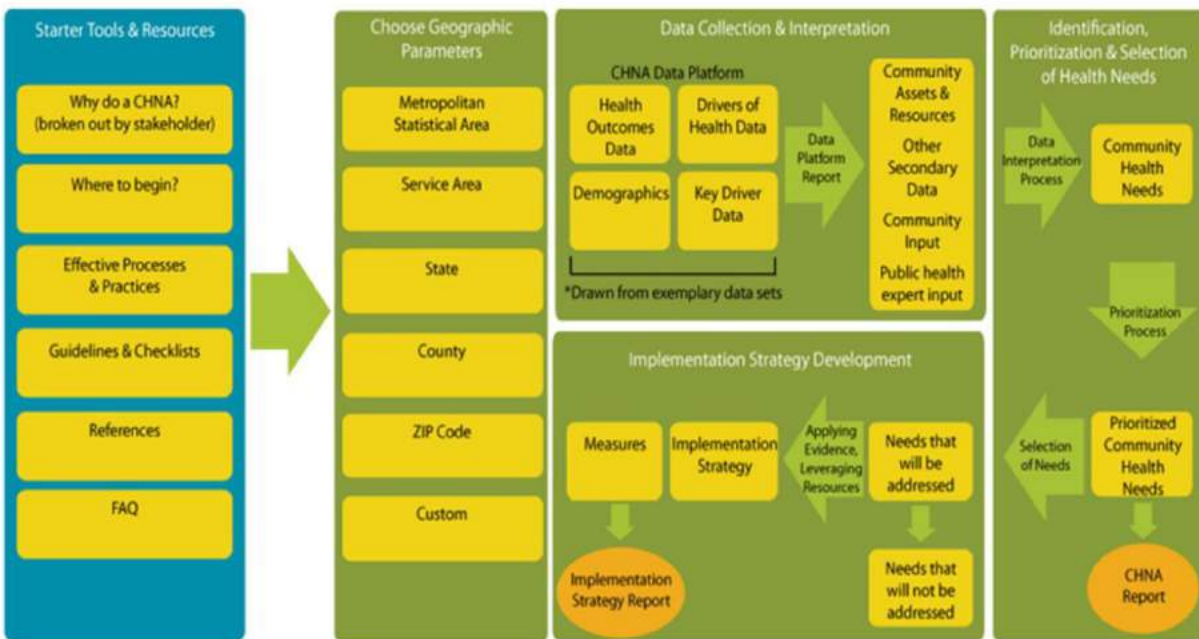
- Preparing and presenting a detailed overview of the current health focus area assigned to St. Clare Memorial, including the reasons for prior selection , accomplishments, and work remaining
- Working with the Oconto County Community Health Improvement steering committee to analyze the results of the summit
- Sharing results of the summit with the hospital’s internal community benefit committee in order to develop the implementation plan

II. 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.

III. Data Collection and Analysis

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



Description of Data Sources

Quantitative

Source	Description
Behavioral Risk Factor Surveillance System, Behavioral Risk Factor Survey, Youth Behavioral Risk Factor Survey	The largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. Local survey conducted in 2014. Youth survey was conducted statewide by the WI Department of Public Instruction in 2013.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	States collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data
Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health	Resource developed by the Division of Public Health; includes data on births, fertility, mortality, cancer, injuries, and so on.
Healthy People 2020	Sponsored by the US Office of Disease Prevention and Health Promotion; compiles national data related to Healthy People 2020 objectives
Wisconsin Epidemiological Profile on Alcohol and Other Drug Use 2014	Prepared by the Division of Mental Health and Substance Abuse Services, the University of Wisconsin Population Health Institute and the Office of Health Informatics, Division of Public Health
Wisconsin Wins (From The Wisconsin Tobacco Prevention and Control Program	Science-based, state-level initiative designed to decrease youth access to tobacco products
Wisconsin Office of Justice Assistance	Serves as the primary coordinating body for state and local public safety issue identification, collaboration, planning, and policy development and implementation
Crime in Wisconsin 2012	Statistical Analysis Center, Wisconsin Department of Justice; provides an overview of offenses reported to law enforcement using

	Uniform Crime Reporting program
Wisconsin Traffic Safety Summary	Wisconsin Department of Transportation
Wisconsin County Oral Health Surveillance System	Compiles all available oral health data into one page reports for all 72 counties, the City of Milwaukee and the state. Reports include data on demographics, Medicaid/BadgerCare+ enrollment and dental utilization rates, prevention programs, dental workforce, dental safety net, and oral disease burden
Wisconsin Department of Health Services, Wisconsin Immunization Program	Internet database that records and tracks immunization dates of Wisconsin children and adults, used to track vaccination rates
Dartmouth Atlas	Uses Medicare data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians to help policymakers, the media, health care analysts and others improve their understanding of our health care system; forms the foundation for many of the ongoing efforts to improve health and health systems across America.
Wisconsin Public Health Information Network	A secure, online network from the Department of Health Services for integrating the information resources of the public health system and all public health partners. Using the Wisconsin PHIN, public health practitioners can securely contribute, retrieve, analyze, and eventually visualize public health data
Wisconsin Environmental Public Health Tracking	Source for environmental health tracking in Wisconsin https://www.dhs.wisconsin.gov/epht/index.htm
US Department of Housing and Urban Development	Housing statistics
US Department of Agriculture	Data on access to food
EPA Safe Drinking Water Information System	Water quality data
CDC WONDER Outdoor Air Quality 2011	Acronym for Wide-ranging Online Data for Epidemiologic Research; contains data on a number of elements beyond outdoor air quality

Qualitative

The quantitative data was reviewed to help validate selection of community health priorities. In alignment with IRS Treasury Notice 2011-52,2, data reviewed represented 1) the broad interests of the community, and 2) the voice of community members who are medically underserved, minorities, low-income, and/or living with chronic illnesses, and who also attended the community health improvement project summit in November, 2015.

Name	Title	Agency Name
Aaron Malczewski	Superintendent	Oconto School District
Ann Kresl	Account Executive	Bellin Health Business Health Solutions
Ashley Vanden Elzen	Supervisor	Aging Disability Resource Center-Wolf River Region
Brittany Beyer	Public Health Nurse	Oconto County Public Health
Cara Peterson	General Manager	The Cottages Assisted Living and Memory Care
Carrie Rupert RN	Team Leader Clinical Services	Bellin Health Oconto Hospital
Charles Heyka, MD	Medical Provider	Oconto Bellin Health
Chris Schultz	EMT	Mountain Ambulance
Charlie Anderson	EMT	Mountain Ambulance
Claudia Bartz	Citizen	Suring, WI USA
Connie Parkovich	Title	Bond Community Center
David Honish	Superintendent	Lena Public Schools
David Konop	Citizen	P.O. Box 275, Lena, WI 54139
David Lally	Director - Business Development	HSHS St. Clare Memorial Hospital
Debra Konitzer	Health Officer	Oconto County Public Health
Elisabeth Scheelk	Public Health Educator	WI DHS/Division of Public Health
Elisabeth Schmelzer	Branch Manager	ResCare HomeCare
Heidi Selberg	Vice President, Advocacy & Community Benefit	Hospital Sisters Health System
Hope Kersten	WIC Director	Oconto County WIC Program
Jane Schneider	Guidance Counselor	Oconto Falls Washington Middle School
Jill Cholewa	Family Living Agent	UW - Extension
John Pinkart	Director/WI Food and Nutrition	UW-Extension
Kathy Henne	Nursing Educator	HSHS St Clare Memorial Hospital
Kim Keyser	Psychotherapist	Bellin Health Psychiatric Center-Behavioral Health
Kim Pytleski	County Clerk	Oconto County
Kriss Krause	Executive Assistant/Human Resources	Oconto Electric Cooperative
Laura Cormier	VP Operations	Bellin Health Oconto Hospital
Mary Lemmen	Supervisor	County Board HHS Committee
Nuala Nowidki	School Nurse	Prevea Health
Patti Arendt	Team Leader Regional Clinics	Bellin Health Psychiatric Center-Behavioral Health
Patty Belongia	Business Development Manager	Prevea Leadwell
Phil Everhart	CEO/Executive Director	TriCity Area United Way
Rhonda Stuart	Social Worker	Northern Health Centers
Ron Christensen	Administrator	Woodland Village
Samantha Routheau	Tourism Coordinator	Oconto County Economic Development Corporation
Sara Applebee	Community Health Director	Oconto County Public Health
Sara Vaessen not read	Case Manager	Bellin Health Oconto Hospital
Sarah Ciancio	RN, Director of Nursing	Sharpe Care
Updated 11/19/2015		

TOTAL: 36

By hosting a summit and by sharing the priorities and implementation plans with the hospital community advisory committee, the hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

A community wide CHNA steering committee was developed to guide the structure of the process to ensure that the requirements of all parties were met. Members of the CHNA Steering Committee represented organizations that have a legal or regulatory requirement to conduct a CHNA. The CHNA Steering Committee members included:

CHNA Steering Committee Member	Organization
Debbie Konitzer	Oconto County Public Health
Laura Cormier	Bellin Health
David Lally	HSHS St. Clare Memorial Hospital
Kathy Henne	HSHS St. Clare Memorial Hospital
Heidi Selberg	Hospital Sisters Health System
Beth Scheelk	WI Department of Health Northeast Region

IV. Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the estimated feasibility and effectiveness of possible interventions by 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 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 to address the health need.

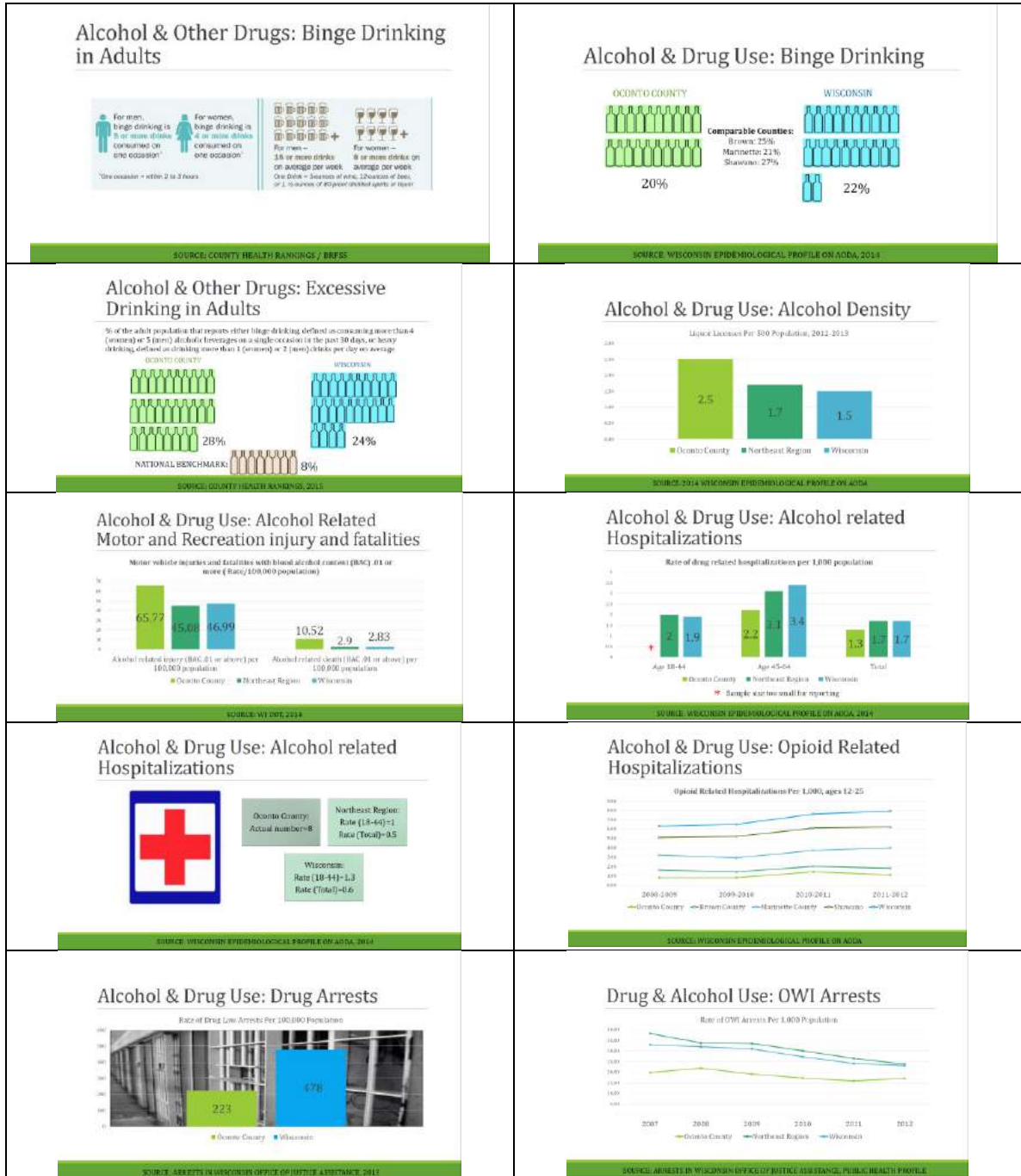
Based on the CHNA planning and development process described, the following community health needs were identified:

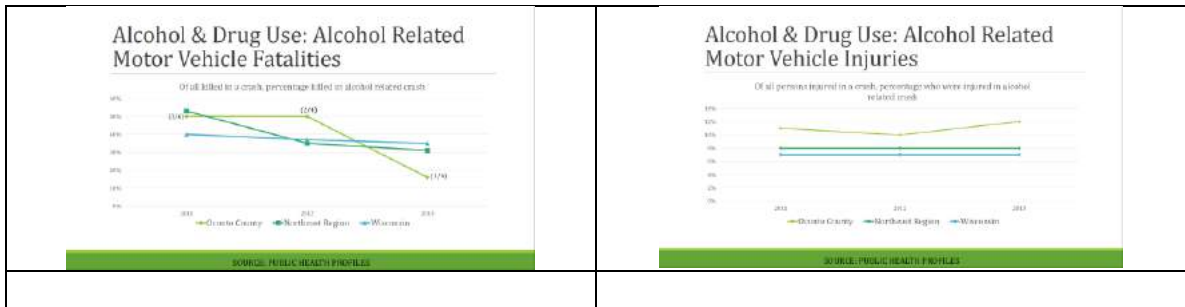
1. Alcohol and Other Drug Abuse (AODA)
2. Mental Health
3. Physical Activity and Nutrition

V. Description of Community Health Needs

1. Alcohol and Other Drug Abuse
 - a. Objectives:
 - i. Change underlying attitudes, knowledge, and policies

- ii. Improve access to services for vulnerable people
 - iii. Reduce risky and unhealthy alcohol and drug use
- b. Rationale
- i. Alcohol related deaths are the fourth leading cause of death in Wisconsin
 - ii. Wisconsin ranks at or near the top among states in heavy alcohol drinking





2. Mental Health

a. Objectives:

- i. Reduce smoking and obesity among people with mental disorders
- ii. Reduce disparities in suicide and mental disorders
- iii. Reduce depression, anxiety, and emotional problems

b. Rationale

- i. Mental health illness ranks first in terms of causing disability in the U.S.
- ii. One out of five people will experience a mental health problem of some type during a one-year period
- iii. “There is no health without mental health.” Mental health disorders are associated with increased rates of chronic health problems and risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence.



3. Physical Activity and Nutrition

a. Nutrition Objectives:

- i. Increase access to healthy foods for all
- ii. Support breastfeeding
- iii. Target obesity to address health disparities

b. Rationale

Adequate, appropriate, and safe food and nutrition is a cornerstone for preventing chronic disease and promoting vibrant health



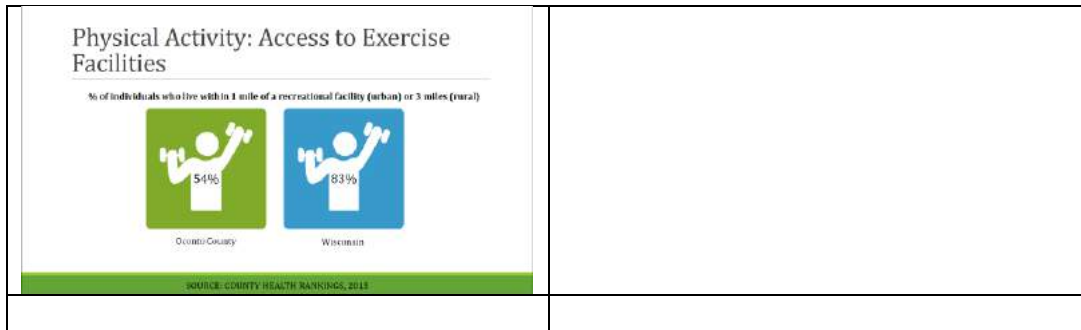
c. Physical Activity Objectives:

- i. Design communities to encourage physical activity
- ii. Provide opportunities to become physically active

d. Rationale

- i. Physical activity is important and yet most people don't get enough. Recent developments have engineered activity out of our daily routines.
- ii. Physical activity is a preventative factor for many chronic diseases and premature death
- iii. Limited physical activity is closely linked to obesity which is a major risk factor for cardiovascular disease, certain types of cancer, Type 2 diabetes, and other chronic conditions.





VI. Description of Resources Available to Meet Priority Health Needs

Hospitals and Related Medical Groups

Oconto County, Wisconsin has two critical access hospitals which are part of fully integrated health care systems serving Oconto County and many regional communities including: Hospital Sisters Health System (St. Vincent and St. Mary’s Hospitals) and its physician partner Prevea Health, and Bellin Health and Bellin Medical Group. Aurora Health, Aurora Medical Group, and Bay Area Center, based in Marinette, Wisconsin, also serves a portion of Oconto County.

Community Organizations and Government Agencies

As a rural county, Oconto County has fewer resources than urban areas. However, the county is blessed with many people who are committed to improving the health of the community. Local agencies that have the resources available to help meet priority health needs include but are not limited to United Way and the United Way agencies, veterans groups, churches, UW Extension, food pantries, Aging and Disability Resource Center, and others. These organizations and many more others actively participate in the community wide action planning teams formed to address the identified community needs.

VII. Documenting and Communicating Results

St. Clare Memorial’s CHNA Report and Implementation Plan are available to the community on the hospital’s public website: www.stclarememorial.org. To obtain a free hard copy, please contact HSHS St. Clare Memorial Hospital Administration at 920-846-3444.

The hospital also provides in its annual IRS Schedule H (Form 990) the URL link to the web page on which it has made the CHNA Report and Implementation Plan widely available to the public. Also included in IRS Schedule H (Form 990) is a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA as well as the health indicators that it did not address and why.

VIII. Implementation Plan

HSHS St. Clare Memorial will partner with the community wide action planning teams to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs. The implementation strategies and interventions will include, but are not limited to:

1. **Physical Activity and Nutrition-** HSHS St. Clare Memorial Hospital is involved in the implementation and/or continuation of the following efforts to improve access to care.
 - a. Lead activities of the community wide action team, Healthy Oconto County 2018
 - b. Improve access to physical activity venues such as the Oconto Falls Trail System (OFTS). HSHS St. Clare Memorial Hospital has identified and assigned a colleague to manage this project and the community wide team has met several times to pursue grants and local financial support of the OFTS.
 - c. Identify and assist a local food pantry (Kingdom Come) with food drives, utilizing sites and courier services for food distribution and to provide educational materials to the food pantry so clients can make healthy food choices.

2. **Mental Health-** HSHS St. Clare Memorial Hospital is involved in a supportive role in the implementation and/or continuation of the following efforts to improve access to care.
 - a. Oconto Bellin Hospital is taking the lead on this effort. The County is also actively involved.
 - b. HSHS St. Clare Memorial Hospital will seek out opportunities to support these efforts within our existing facilities and partnerships with Prevea Health.

3. **Alcohol and other Drug Abuse -** HSHS St. Clare Memorial Hospital is involved in a supportive role in the development and/or continuation of the following efforts to improve access to education, services and/or care.
 - a. HSHS St. Clare Memorial Hospital has opportunities to support these efforts within our existing facilities and partnerships with Prevea Health. St. Clare Memorial also has an opportunity to support addiction services through the HOPE grant administered by HSHS Libertas Marinette.

Next Steps

HSHS St. Clare Memorial Hospital will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health needs that can be monitored, evaluated and improved upon over time with lessons learned from the field and evidence-based best practices. In the next months, we will review the current efforts by HSHS St. Clare Memorial Hospital and community partners that have the highest potential to have the most impact on improving related health indicators. We will review how our Community Benefit programs and activities are being monitored, how success indicators are being tracked and what accountability measures are in place and need to be put in place. This analysis will be

done collaboratively with our partners to identify new and current resources that can be better integrated and deployed to maximize the positive impact our Community Benefit activities and programs have on population health. The analysis and will be conducted in collaboration with the Oconto County CHIP Steering Committee.

The significant awareness generated by completing the CHNA Report and Implementation Plan provided the hospital with leads of key individuals and organizations who we can engage to refine and implement key activities related to each of the identified community health needs.

Support documentation is on file and available upon request.