

# Ascension Columbia St. Mary's Ozaukee



## Community Health Needs Assessment & Implementation Strategy 2017 – 2020

## Community Served by the Hospital

Although Ascension Columbia St. Mary's Ozaukee (CSM) serves Ozaukee County and beyond, for the purposes of the Community Health Needs Assessment, the hospital focused on the county as the community served. We defined our "community served" as Ozaukee County because (a) most community health data is available at the county level, (b) most of our assessment partners define their service area at the county level, and (c) the county includes the majority of our service area.

Detailed Ozaukee County demographics can be found in the [Ozaukee County Community Health Data Report](#). For an overview of demographics, please see Attachment 1.

## Community Benefit Philosophy

To make the best use of our resources, CSM Ozaukee must address important community needs in partnership with people and organizations with similar missions. Programs and services to support community health work best when they are **collaborative**, **strategic** and **sustainable**.

Because of the size and nature of many community health issues, CSM Ozaukee alone does not have enough resources to solve the problems. The key is to be **collaborative**, to bring together the resources of many organizations. Accordingly, CSM Ozaukee will seek partners that are mission-driven, devoted to excellence and capable of devising creative solutions to community problems.

A program or service is **strategic** when it serves vulnerable people through the use of the special talents and skills of people in CSM Ozaukee.

A program or service is **sustainable** when it is supported by a variety of sources, including reimbursement, grants, donations, volunteers, students and contributions from other organizations. It is important to have a variety of resources available to serve vulnerable people.

## Process and Methods Used to Conduct the Assessment

### *Assessment of the Significant Health Needs of the Community*

The CSM Ozaukee Community Health Improvement Committee is authorized by the Columbia St. Mary's Board of Directors to develop the Community Health Needs Assessment (CHNA) and Community Health Improvement Implementation Strategy to respond to the needs of the community. The Committee meets regularly to oversee the development of the Assessment and the development and implementation of the Strategy.

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The Committee authorized and encouraged Community Health Improvement staff members to use the Milwaukee Health Care Partnership model of assessment, in partnership with Aurora Health Care, the other health system in Ozaukee.

The CHNA includes information from a telephone survey of residents; a secondary data report from a consultant proficient in gathering and interpreting data from public health departments, state organizations and non-profit organizations; and interviews with key stakeholders.

Columbia St. Mary's, Aurora and Children's Hospital of Wisconsin commissioned the reports in partnership with the Center for Urban Population Health and the Washington Ozaukee Public Health Department. JKV Research LLC conducted the telephone survey. Information was collected and reports were completed from July 5 to August 26, 2016. The full reports, which summarize the input and findings, can be found at these links:

[Key Informant Report](#)

[Secondary Data Report](#)

[Survey Report](#)

The interviews of key informants include input from people representing the broad interests of the community, representatives of the local public health department, and members of organizations representing medically underserved, low-income and minority populations. Participating organizations are listed in Attachment 2.

### ***Prioritization of Significant Health Needs***

The Ascension Columbia St. Mary's Ozaukee Community Health Improvement Committee reviewed all of the data described above and developed a list of the most important health issues facing the Ozaukee community. The Committee prioritized, taking into consideration the community benefit philosophy above and the following criteria:

- Available resources (including number of priorities)
- Community readiness/community engagement
- Expertise/competence in the area
- Known effective interventions
- Other organizations already addressing issues adequately

## **Findings**

### ***Priorities selected***

Based on the data presented and the prioritization of the community stakeholders, the following priority health needs were selected:

- Oral Health
- Fall Prevention
- Breast Health

### ***Overview of Priorities***

#### **Oral Health**

According to secondary data and interviews with key respondents, oral care barriers pose a challenge. Ozaukee County lacks Federally Qualified Health Centers, clinics and providers that offer free services to those who cannot pay. Moreover, no Ozaukee dentist is willing to accept patients with BadgerCare coverage, owing to extremely low state reimbursement for services. Other barriers were lack of parent education, lack of central intake for patients or screening of patients, and patients' delaying or skipping preventive services because of cost, resulting in more serious issues later.

Two key informants ranked Oral Health among the top five health issues in the county. The focus of their responses was mainly access to care, similar to responses about Access to Health Services. The data also showed that fifteen percent of respondents reported a time in the past year in which they did not receive needed dental care; respondents who were 35 to 44 years old or whose household income was in the lower forty percent were more likely to report they did not receive needed dental care.

#### **Fall Prevention**

According to secondary data, falls were the leading cause of Emergency Department visits for injury in Ozaukee County. Secondary data shows a higher-than-average rate of injury hospitalizations in the county (900 per 100,000 people, far from the Healthy People 2020 goal of 555/100,000). Most injury hospitalizations were related to falls (1,755), followed by being struck by a person or an object (809). Most of the falls were among people 64 and older.

#### **Breast Health**

The rates of breast-cancer screening among two groups of Ozaukee County women (women 40 and older and women 50 and older) lag the rates of Wisconsin women and women in the United States. But Ozaukee has higher rates of breast cancer and breast cancer mortality than Wisconsin as a whole.

### ***Needs That Will Not Be Addressed in This CHNA***

In addition to the health issues selected as priorities, stakeholders identified Substance Abuse (alcohol and opioids), Obesity Prevention and Mental Health as significant issues in Ozaukee. This assessment, however, will not address these issues.

Regarding substance abuse and mental health, CSM Ozaukee is the recognized leader in providing services in the county through inpatient and outpatient programs for adults and teens, including a Suboxone treatment clinic as a part of a substance abuse continuum of care. CSM Ozaukee will maintain a high level of service in these areas and hire providers when possible, but we will not add elements as part of the Community Health Improvement Plan. Additionally, CSM Ozaukee is a strong collaborator with Ozaukee INVEST programs and will maintain that partnership without adding elements to our plan. INVEST is a community-wide partnership led by the Washington Ozaukee Public Health Department to address mental health, substance abuse, tobacco use and obesity.

Regarding obesity and nutrition, CSM Ozaukee and its related Community Physician Clinics serve patients through a robust program of quality improvement and excellence in measuring outcomes. Our work improves the health of the community but will not be added to the Community Health Improvement Plan.

## **Evaluation of previous CSM Ozaukee CHNA Plan**

As a result of the previous Community Health Needs Assessment, the following priority health needs were identified:

- Alcohol and Drug Issues
- Youth Substance Abuse
- Mental Health Access
- Access to Primary and Oral Health Care
- Breast Cancer
- Obesity and Nutrition

Over the three years when this plan was implemented, we used several strategies to make a positive impact on the community.

Regarding alcohol and other drug abuse, we participated in the INVEST Coalition. Our attempts to reduce risk at social events were unsuccessful, owing to lack of support from key stakeholders. Based on the most recent data, this remains an issue in the community. Rates of binge drinking (28% to 24.4%) and heavy drinking (11.1% to 7.2%) decreased over the last two years. Significant portions of Ozaukee residents, however, still view drug abuse (11%), alcohol abuse (13%) and illegal drug (43%) as concerns in the community. CSM Ozaukee will continue to address this issue in our clinical service lines and our participation in INVEST.

Regarding access to mental health services, we developed a strategy to use infrastructure available at CSM Ozaukee to expand our programs and address the professional shortage by hiring more staff members. But 3% of Ozaukee residents reported in 2016 that they had not received mental health care, up from 1% in 2014. We will continue to support the community with access to mental health care, as

the hospital is the only inpatient behavioral unit in the county, and the unit is a leading provider of outpatient services.

Regarding access to dental care and primary care, we organized a preventive oral health program in collaboration with the YMCA. The program did not attract the participation rates we hoped for, despite good efforts by Ascension Seton Dental Clinic and community partners. Access to oral health care continues to be an issue for Ozaukee. Many residents (21%) reported delay in seeking care because of expenses, with 14% reporting an inability to gain access to dental care. In primary care, Huiras Family Ozaukee Community Health Clinic, which offers services to uninsured and underinsured people, adapted to changes in insurance eligibility and care for the poor and vulnerable. We reviewed and adapt the new financial eligibility guidelines. We will further improve access to primary care in the upcoming year through standardization of charity care policies across Ascension Medical Group. In breast cancer, we established partnerships across the community for outreach and screening. Susan G. Komen funded a Breast Health Advocate who educated women about the importance of screening, enrolling in coverage and receiving care. The portion of women who had a mammogram increased from 79% in 2014 to 81% in 2016. These partnerships will expand in the next CHNA cycle.

In obesity and nutrition, we worked through INVEST to establish a school-to-farm internship that was not successful because the coalition could not secure sufficient funding. Also, an attempt to establish a food hub to allow area farmers to make produce available to schools, hospitals and other organizations was unsuccessful. Based on this experience, CSM Ozaukee will focus on education and management in primary care settings. Farm hub strategy will be discontinued, but CSM Ozaukee did provide support to farmers through sponsorships of farmer's markets in Ozaukee.

## Implementation Strategy

The CSM Ozaukee Implementation Strategy outlines the actions we will take to address the most pressing health needs in Ozaukee. Many of our strategies will be implemented collaboratively. No organization alone can effect substantial community change. The long-term outcomes we identify in our plan will be achieved when many organizations work together.

### Oral Health

**Goal:** Increase access to oral health care for adults and children in Ozaukee County

**Strategy:** Assignment of dentist or dental hygienist at Huiras for diagnostics and treatment using Mobile Dental Clinic six times yearly, serving 12 patients each day (72 patients annually)

**Resources CSM Ozaukee will commit to achieve this strategy:**

- Associate time

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- Equipment/supplies
- Mobile Dental Clinic
- In-kind support from Testing and Treatment
- Marketing
- Educational materials

**Partners:**

- Ascension Seton Dental Clinic

**Fall Prevention**

**Goal:** Reduce the number of falls through improved patient education, improved provider education and collaboration with non-profit partners in assessment of risk for senior citizens in the community

**Strategies:**

- Research models of fall prevention across Ascension and other national organizations
- Identify patient education materials to be made available through Emergency Department, hospital staff and community physician clinics
- Identify provider education opportunities regarding fall prevention strategies in CSM Ozaukee and clinics
- Develop risk assessment to inform caregivers and seniors about risk reduction

**Resources CSM Ozaukee will commit to achieve this strategy:**

- Associate time
- Geriatric specialist time
- Two yearly community education sessions
- Educational materials
- Marketing

**Partners:**

- Interfaith Caregivers of Ozaukee County
- Paramedic Programs
- Washington Ozaukee Public Health Department
- Aging and Disability Resource Center of Ozaukee County

## Breast Health

**Goal:** Increase screening rates among Ozaukee women 40 and older

**Strategies:**

- Outreach to Ozaukee businesses for employee health
- Pursue outreach to migrant farm workers in northern Ozaukee
- Community outreach
- Maintain high level of mammography screening performed through CSM Ozaukee outpatient settings

**Resources CSM Ozaukee will commit to achieve this strategy:**

- Breast Health Advocate
- Educational materials
- Mammography Coach

**Partners:**

- Susan G. Komen Wisconsin
- Wisconsin Well Woman Program
- Washington Ozaukee Public Health Department

## Plan to Evaluate the Strategies

Ascension Wisconsin is committed to making a positive, measurable impact on the health of the communities we serve. To that end, we evaluate the strategies we implement to address the health needs of the community.

We use a logic model, an approach that is nationally recognized for program evaluation. Logic models provide methods for documenting the following:

- **Inputs:** Resources needed to implement the strategies
- **Outputs:** Actions taken, the number of programs/tactics implemented and the number of people reached
- **Outcomes:** Measures of the impact of the programs/strategies (such as changes in learning, actions or conditions)

To be specific about the outcomes we will be accountable for, we set SMART objectives – objectives that are Specific, Measurable, Achievable, Realistic and Time-related.

### Evaluation Schedule/Process

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At the beginning of the three-year cycle:

- Establish SMART objectives for Medium-Term (3-year) indicators for each strategy
- Establish SMART objective for Long-Term (beyond 3 years) indicators for each priority area

At the beginning of each fiscal year in the three-year cycle:

- Establish SMART objectives for Short-Term (fiscal year) indicators for each strategy
- Establish action steps and Output indicators for each strategy

Quarterly each fiscal year:

- Report actions completed
- Report the status of each strategy/priority

At the end of each fiscal year:

- Report on results for Short-Term and Output indicators
- Describe accomplishments and analyze results

At the end of the three-year cycle:

- Report on results for Medium-Term indicators for each strategy
- Describe and analyze results
- Incorporate results into next Community Health Needs Assessment

## Next Steps

This Implementation Strategy outlines three years of community health improvement activities. Each year, we will:

- Create an implementation plan with specific steps
- Set and track performance indicators for each strategy
- Track progress toward medium-term performance indicators
- Report progress toward performance indicators
- Report our actions to the community

## Approval

This Community Health Needs Assessment Report and Implementation Strategy Report was adopted by the hospital's board on June 20, 2017.

**Attachment 1: Demographic Profile**

Weighted Demographic Variables of Community Health Survey Respondents for 2016

Survey Results

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TOTAL	100%
Gender	
Male	48%
Female	52%
Age	
18 to 34	22%
35 to 44	17%
45 to 54	23%
55 to 64	19%
65 and Older	20%
Education	
High School Graduate or Less	21%
Some Post High School	29%
College Graduate	50%
Household Income	
Bottom 40-Percent Bracket	23%
Middle 20-Percent Bracket	12%
Top 40-Percent Bracket	49%
Not Sure/No Answer	17%
Married	60%

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Percentages might differ by 1 or 2 points from the Appendix as a result of rounding, recoding variables and response category distribution.

*Household income: It is difficult to compare household income data throughout the years as the real dollar value changes. Each year, the Census Bureau classifies household income into five equal brackets, rounded to the nearest dollar. It is not possible to exactly match the survey income categories to the Census Bureau brackets since the survey categories are in increments of \$10,000 or more; however, it is the best way to track household income. This report looks at the Census Bureau's bottom 40%, middle 20% and top 40% household income brackets each survey year.*

**Attachment 2: Organizations participating in CHNA**

The CHNA process included interviews of key informants including people representing the broad interests of the community, representatives of the local public health department, and members of organizations representing medically underserved, low-income and minority populations. Key informants represented:

- Cedarburg Chamber of Commerce
- United Way of Northern Ozaukee County
- Ozaukee Economic Development Council
- Concordia University Wisconsin
- Ozaukee County
- Ozaukee County Health and Human Services
- Starting Point
- Ozaukee Family Services
- Ozaukee County Sheriff's Office
- Ozaukee County Veterans Services Office
- Washington Ozaukee Public Health Department
- National Alliance on Mental Illness Ozaukee
- Mequon-Thiensville School District
- Aging and Disability Resource Center of Ozaukee County
- Feith Family Ozaukee YMCA
- Port Washington-Saukville School District
- Aurora Regional EMS