



Ascension Wisconsin Community Health Needs Assessment

2019-2022

Ascension All Saints Hospital - Wisconsin Avenue and Spring Street Campuses

An assessment of the City of Racine and Racine County

Ascension All Saints Hospital is located in Racine County, in Racine, Wisconsin.

The community health needs assessment (CHNA) was conducted in 2018 and focused on the needs of individuals in Racine County. Based on this CHNA process, the hospitals will focus on the following priority health needs in 2019-2022:

- Access to Care (both campuses)
- Infant Mortality (Spring Street only)
- Mental Health (both campuses)

Who We Are

Ascension Wisconsin (ascension.org/wisconsin) operates 24 hospital campuses, more than 100 related healthcare facilities and employs more than 1,300 primary and specialty care clinicians from Racine to Eagle River. Serving Wisconsin since 1848, Ascension is a faith-based healthcare organization committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. As one of the leading non-profit and Catholic health systems in the U.S., Ascension operates 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia.

Our Mission as a Catholic healthcare system: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Ascension is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy Wheaton Franciscan Healthcare. This flows directly from our Catholic Identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program.

Our Community

Although Ascension All Saints serves much of Racine County, the primary service area is the city of Racine and surrounding areas. For the purposes of the CHNA, the hospital focused on the needs of people in the immediate vicinity of the city, and also used data from the entire county that contributed to identifying people's needs.

Demographic Profile of Racine County

The following data is from the 2017 Racine County Health Data Report prepared by the Center for Urban Population Health.

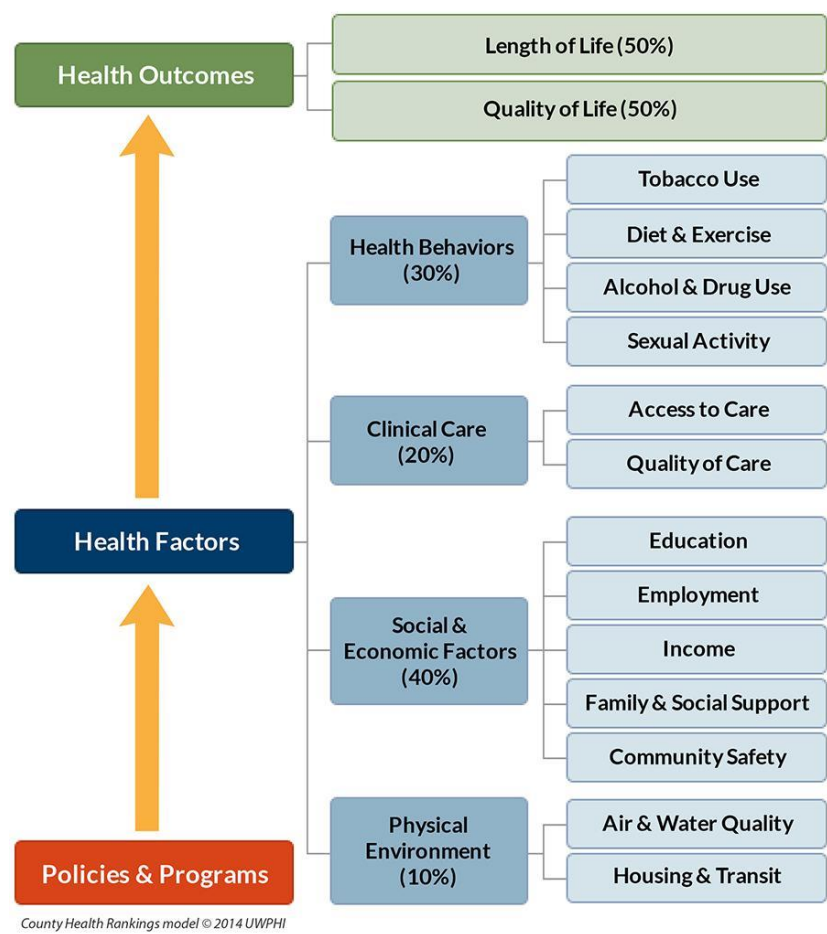
Total Population - Racine County				
		2015	State 2015	
Total Population		194,895	5,742,117	
Total Population - Racine County		N	%	
	Non-Hispanic White	157,544	80.8%	4,967,124
	Non-Hispanic Black	21,547	11.1%	360,792
	Asian	2,316	1.2%	143,732
	American Indian and Alaska Native	1,060	0.5%	50,449
	Other Race	6,558	3.4%	96,057
	Hispanic or Latino	23,900	12.3%	364,558
Total Population - Racine County				
	Male	96,458	49.5%	2,851,385
	Female	98,437	50.5%	2,890,732
Total Population - Racine County				
	0-14	38,750	19.9%	1,082,933
	15-44	71,868	36.9%	2,212,335
	45-64	56,437	29.0%	1,598,652
	65+	27,840	14.3%	848,197

Poverty - Racine County		
	Racine 2016	State 2016
Percent of all ages in poverty	12.4%	11.8%

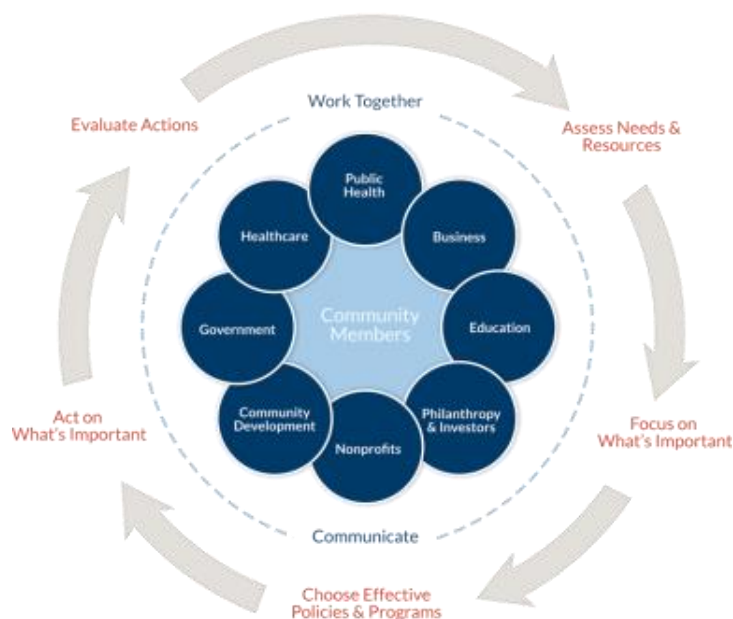
Demographics - Racine County		
	2015	State 2015
Education level of adults 25 years or older - Racine County		
Less than high school degree	11.9%	8.9%
High school degree	30.7%	32.0%
Some college/associate degree	33.7%	31.2%
Bachelor's degree or higher	23.7%	27.8%
Percent of those ages 16 or older who are unemployed - Racine County		
Unemployment rate	8.4%	6.3%
Median household income (2015 dollars) - Racine County		
Median Income	\$55,584	\$53,357
Percent of all people below poverty level in last 12 months		
Percent below poverty level	12.5%	13.0%
Language spoken at home		
English	91.9%	91.3%
Spanish	5.9%	4.6%
Indo-European	1.4%	2.0%
Asian and Pacific Island	0.6%	1.7%
Other Languages	0.2%	0.4%
Housing tenure		
Owner Occupied	69.9%	67.3%
Renter Occupied	30.1%	32.7%

Our Community Health Improvement Approach

Ascension Wisconsin is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies to assure that our work has a positive, measurable impact on the health of the people in the communities we serve. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities*, developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program. This guidebook builds on the County Health Rankings and Roadmaps' Action Center.



Based on these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play:

- Work collaboratively to effectively address health issues
- Pay attention to the forces that shape health outcomes including social and economic determinants
- Focus efforts on populations with a disparate health burden to increase health equity
- Emphasize the powerful impact of policy and system-based approaches on change
- Use strategies with the best evidence of effectiveness
- Identify and track specific, measurable performance indicators

Framework and Data Sources

Our community health needs assessment is conducted in collaboration with other health systems and the public health agencies in Racine County. Partners in Racine County included Advocate Aurora Health Care, Children's Hospital of Wisconsin, Central Racine County Health Department, City of Racine Health Department, Health Care Network, Racine County Human Services Department, and United Way of Racine County.

To assess the health needs of Racine County, the partners took the following steps:

- **Community Health Survey:** A telephone survey of 400 residents was conducted by JKV Research, LLC, between June 6 – July 29, 2017. The survey included questions about personal/family health and the respondent's perception of top health needs in the community.
- **Secondary Data Report:** Community health data was compiled from a variety of public sources by the Center for Urban Population Health (CUPH).
- **Key Informant Interviews:** Interviews were conducted by members of the partnership in Racine County with key stakeholders -- providers, policy-makers and other local experts and community members in Racine County. Those interviewed included the local health department and representatives of organizations that serve medically underserved, low-income and minority populations. (See appendices.)

Full reports including purpose, methodology, data sources and contact information for consultants and partners can be found here:

[Key Informant Report](#)

[Secondary Data Report](#)

[Central Racine County Community Health Survey Report](#)

[City of Racine Community Health Survey Report](#)

Voice of the Community

Ascension All Saints is committed to addressing community health needs collaboratively with local partners. Ascension All Saints used the following methods to listen to community members' thoughts on the strengths and challenges of being a healthy community. These methods provided us with additional perspectives on how to select and address top health issues facing our communities.

Input from Community Leaders

Key informants in Racine County were identified by the assessment partners. These partners also invited the informants to participate and conducted the interviews in July and August 2017. The interview script included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County
- For those five public health issues:
 - Existing strategies to address the issue

- Barriers and challenges to addressing the issue
- Additional strategies needed
- Key groups in the community that hospitals should partner with to improve community health
- Identification of subgroups or subpopulations where efforts could be targeted
- How efforts can be targeted toward each subgroup or subpopulation

Input from Members of Medically Underserved, Low-income and Minority Populations and/or Organizations that Represent Those Populations

Ascension Wisconsin is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CHNA process must be informed by direct input from persons who experience health disparities based on income and/or race and ethnicity. With that in mind, Ascension All Saints took the following steps to understand the specific needs of underserved populations:

- **Community Survey:** Whenever the number of survey respondents was sufficient, the data was reported by specific population groups including gender, age, household income level, education and marital status. (Note: Data could not be broken down for race and ethnicity because there were too few cases in the sample.)
- **Key Informant Interviews:** The interviews of key informants included input from members of organizations representing medically underserved, low-income and minority populations.
- **Survey of Residents who are Low-Income:** A brief survey asking about top health concerns was distributed at agencies that serve those who are low-income.

Input on the Previous CHNA

No written comments were received regarding the previous CHNA.

Priorities for Action

Prioritization Process and Criteria

The Ascension All Saints Community Health Implementation Process (CHIP) team reviewed the data described above and a summary of the top needs identified within each assessment source. In August 2018, the team participated in a facilitated decision-making process and based on a set of criteria listed below, selected the health priorities.

Prioritization Criteria:

- Scope of problem (burden, scope, severity, urgency)
- Needs of residents who experience health disparities based on income and/or race and ethnicity
- Feasibility (expertise, resources, available interventions)
- Momentum/commitment
- Alignment with current internal and external priorities

Priorities Selected

Based on this CHNA process, the hospitals will focus on the following priority health needs in 2019-2022:

- Access to Care (both campuses)
- Infant Mortality (Spring Street only)
- Mental Health (both campuses)

Health Needs Not Selected for This Plan

Ascension Wisconsin understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities we serve. For the purposes of this CHNA, we have chosen to focus our efforts on the priorities listed above. The following health needs were not selected to be included for All Saints Racine – Wisconsin Avenue and Spring Street Campuses plan for the reasons described below.

- Alcohol and Drug Use: This health issue will be incorporated into the mental health priority with at least one AODA strategy to be implemented.
- Nutrition/Obesity Prevention: While this health issue was not selected as a priority in the CHNA, Ascension All Saints will continue to provide services addressing diabetes prevention and management and healthy nutrition through the hospital and in a primary care setting. In addition, an internal team will be formed to identify opportunities for promoting healthy nutrition and physical activity to benefit patients, visitors and associates.

The following health need was not selected to be included for All Saints Racine – Wisconsin Avenue Campus plan for the reasons described below.

- Infant Mortality: Although a significant health issue in the City of Racine, Obstetric and Gynecological services are not provided at the Wisconsin Avenue Campus. All Saints Racine – Wisconsin Avenue Campus will continue to support the other Ascension Wisconsin services and programs that address infant mortality, such as those offered at the Spring Street Campus, as possible.

Overview of Priorities

A description of each priority area, data highlights and relevant assets/resources are on the following pages.

Access to Care

Why it is Important

There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access to care. It is also necessary to have:

- Comprehensive coverage, including preventive services
- Providers who accept the individual's insurance
- Relatively close geographic location of providers to patients
- Services from a familiar and ongoing source

Having a familiar and ongoing source of primary care is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that the patient will receive appropriate care

And can lead to:

- Better health outcomes
- Fewer health disparities
- Lower healthcare costs

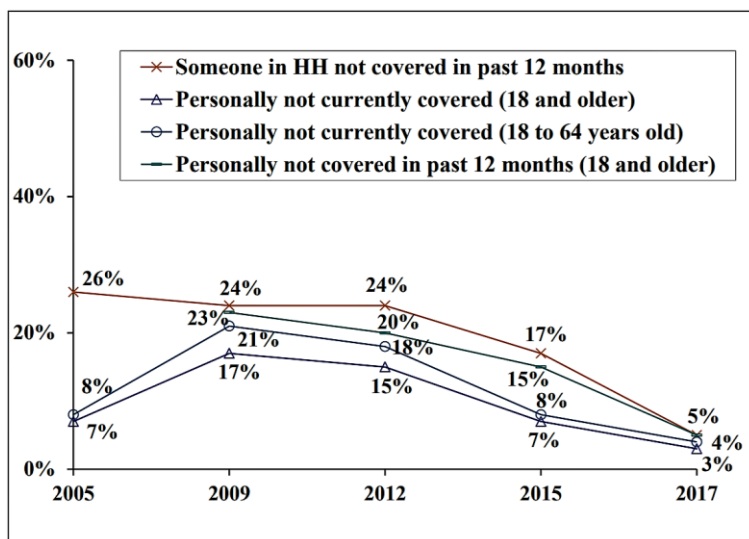
Additional barriers to care that may need to be addressed include:

- Transportation to the provider's office
- Long waits to get an appointment
- Lack of knowledge about the importance of preventive care
- Low health literacy

Access to healthcare impacts:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Detection and early treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Source: Healthy People 2020



Source: 2017 Racine City Community Health Survey

Data Highlights:

From Racine City Community Health Survey:

- Eighteen percent of respondents reported in the past 12 months they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have medical care coverage.
- Thirteen percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to high prescription costs.
- Eleven percent of respondents reported there was a time in the past 12 months they did not receive the medical care they needed.

Identified Local Assets and Resources:

Key informants listed many organizations and services such as community screenings and patient navigators. Some examples include:

- Partnerships between healthcare organizations and Racine County Aging and Disability Resource Center (ADRC)
- Volunteer medical and dental providers through Health Care Network
- School systems' focus on student health
- Mobile Integrated Health (MIH) Program helps prevent hospital re-admissions and visits to the emergency department
- City of Racine Health Department
- Central Racine County Health Department

Infant Mortality

Why it is Important

Infant mortality represents the health of the most vulnerable age group: children younger than one year old. Infant mortality is seen as a strong indicator of the overall health of a community. Infant mortality rates and disparities highlight the impact of access to quality healthcare and of poverty and socioeconomic factors in a community.

Leading Causes of Infant Mortality

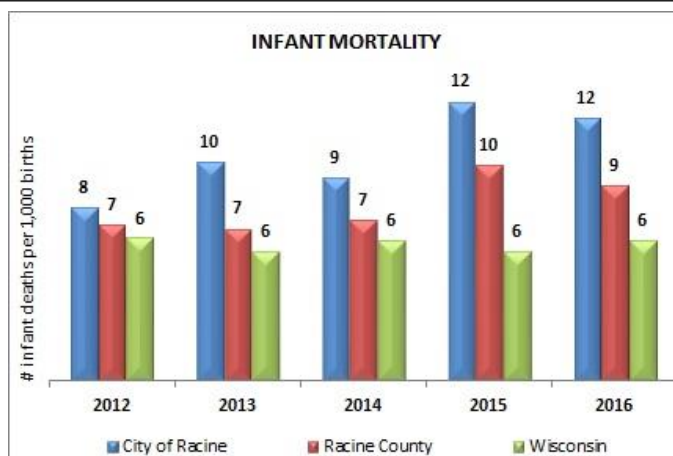
- Birth defects
- Preterm birth and low birth weight
- Sudden infant death syndrome
- Maternal pregnancy complications
- Injuries (e.g., suffocation)¹

Disparities in Infant Mortality

In Racine County, the mortality rate among non-Hispanic black babies is more than double the rate of non-Hispanic white babies. Research has demonstrated that individual factors alone do not explain the disparity.² Non-Hispanic black babies have disproportionately higher rates of preterm birth and low birth weight.² Research suggests that structural racism and personal experiences of racism contribute to negative birth outcomes,³ including preterm birth⁴ and infant mortality.⁵

Sources:

1. CDC, Association of Maternal Child Health Programs.
2. Matoba N. & Collins JW. Racial disparity in infant mortality. *Seminars in Perinatology*, 2017; 41, 354-359.
3. Alhusen JL., Bower KM., Epsten E. & Sharps P. Racial discrimination and adverse birth outcomes: An integrative review. *Journal of Midwifery & Women's Health*, 2016; 61(6), 707-20.
4. Bower KM., Geller R.J., Perrin NA., Alhusen J. Experiences of racism and preterm birth: Findings from a pregnancy risk assessment monitoring system, 2004 through 2012. *Women's Health Issues*, 2018; 28(6), 495-501.
5. Wallace M., Crear-Perry J., Richardson L., Tarver M., & Theal, K. Separate and unequal: Structural racism and infant mortality in the US. *Health Place*, 2017; 45, 140-44.



Source: Wisconsin Department of Health Services

Data Highlights:

According to the Racine County Secondary Data Report, the infant mortality rate in 2015 was at 9.6 compared to a Healthy People 2020 goal of 6.0. The 2015 infant mortality rate reflects a nine percent increase from the 2014 rate of 8.8.

In 2016, Racine County had an 8.7 infant mortality rate (Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health [WISH] data query system).

Racine County experiences significant racial disparities in infant mortality rates. In 2015:

- Infant mortality rate for non-Hispanic white women was 7.0
- Infant mortality rate for non-Hispanic black women was 18.8

Identified Local Assets and Resources:

Key informants and the CHIP team identified several resources currently dedicated to decreasing the infant mortality rates and closing the racial disparity gap. One initiative that was mentioned is the Racine Lifecourse Initiative for Healthy Families (LIHF) Collaborative. In addition, the Centering Pregnancy Program at Ascension All Saints is an asset to be leveraged in addressing infant mortality.

Mental Health

Why it is Important

Mental health can be defined as a state of successful mental function, resulting in productive activities, fulfilling relationships, ability to adapt and cope with challenges. Mental health is essential to personal well-being, relationships and the ability to contribute to society.

Approximately 20 percent of the population experiences a mental health problem during any given year.¹

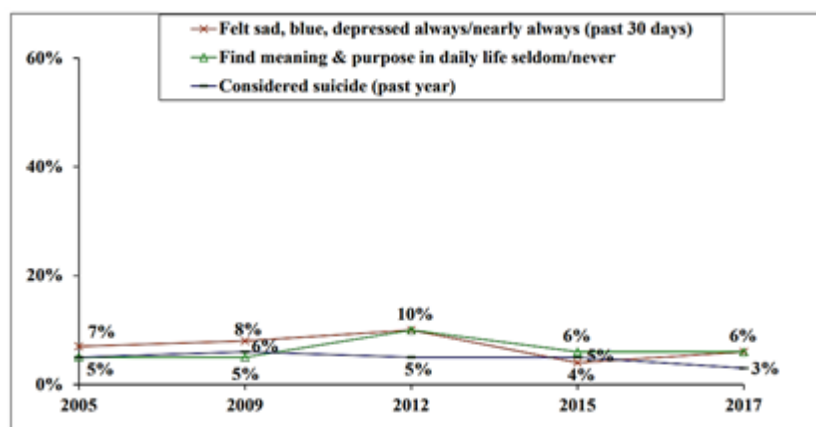
Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.²

Barriers and Challenges in Racine County

- Lack of services and providers, including mid-level and advanced practice providers
- Lack of rehab or counseling services
- Long wait times for appointments
- Lack of inpatient beds
- Lack of resources and community awareness of resources
- Lack of insurance reimbursement for mental health services
- Lack of support for patients after inpatient discharge
- Stigma
- Overuse of law enforcement to handle mental health crises

Sources:

1. National Institute for Mental Health
2. Healthiest Wisconsin 2020; Healthy People 2020



Source: 2017 Racine City Community Health Survey and 2017 Central Racine County Community Health Survey

Data Highlights:

From Racine City Community Health Survey:

- Twenty-two percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.
- Respondents were more likely to report a mental health condition if they were 35-44 years old or had minimal or no post-high school education.

From Key Informant Interviews:

- Mental Health and Alcohol and Other Drug Use were the two issues receiving the most rankings in key informants' top five health focus areas.
- Vulnerable populations identified: Latinos, immigrants, refugees, human trafficking survivors, individuals who are homeless, seniors and individuals who are low-income and veterans.

Identified Local Assets and Resources:

- Large employers have resources to offer employees
- Senior center resources
- People are talking about mental health more now
- Patients are asked about mental health at primary care visits
- Health systems are actively recruiting mental health providers
- National Alliance on Mental Illness (NAMI) Racine County
- The Racine County crisis hotline
- Adult protective services
- VA programs and services
- Racine Counseling Center and Racine Behavioral Health Services
- Racine County short-term crisis stabilization center (SAIL)
- Safe Haven
- Free counseling services offered by the Hope Center

Results of the Previous CHNA Process

Our previous CHNA process was completed in June 2016. The priority health issues selected and addressed were:

- Access to Care
- Infant Mortality
- Mental Health
- Healthy Lifestyle (with a focus on obesity, high blood pressure, smoking and diabetes)

An evaluation of the impact of our efforts to date to address those issues can be found in the Appendices.

Next Steps

Having identified the priority health needs to be addressed, next steps include:

- Developing a three-year implementation strategy
- Creating a more specific Annual Action Plan during each year of the implementation strategy
- Integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations

Approval

This community health needs assessment (CHNA) report was adopted by the Board of Directors of Ascension SE Wisconsin Hospital, Inc. on April 24, 2019, and by the Ascension Wisconsin Board on May 16, 2019.

Public Comments/Feedback

We welcome feedback from community members on this plan. Please see our public website for the email address for submitting comments.

Appendices

Appendix 1: Progress Report on Results of Previous CHNA Process¹

Ascension Wisconsin is committed to making a positive, measurable impact on the health of the people in 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 for which we will be accountable, we set SMART metrics – metrics that are Specific, Measurable, Achievable, Realistic and Time-related.

Evaluation Schedule/Process

At the beginning of the three-year cycle:

- Establish SMART metrics for medium-term (three-year) outcome indicators for each strategy
- Establish SMART metrics for long-term (beyond three years) outcome indicators for each priority area

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

- Establish SMART metrics for short-term (fiscal year) outcome indicators for each strategy
- Establish fiscal year planned action steps and outputs for each strategy

At the end of each fiscal year:

- Report on results for short-term outcome indicators and outputs
- Describe accomplishments and analyze results

At the end of the three-year cycle:

- Report on results for medium-term outcome indicators for each strategy
- Describe and analyze results
- Incorporate results into next Community Health Needs Assessment

¹ The original CHNA report was posted in June 2019 with results for Year One and Year Two. This appendix was updated in fall 2019 to also include results for Year Three.

Health priorities identified in the preceding CHNA were:

- Healthy Lifestyle (with a focus on obesity, high blood pressure, smoking and diabetes)
- Mental Health
- Access to Care
- Infant Mortality

Healthy Lifestyle

Tobacco Cessation

- Results for Year One:
 - Increased efforts to improve counseling/referral to services were initiated at the clinic level with a pilot to the e-referral program for the Wisconsin Tobacco Quit Line. Sites not using the e-referral program were enrolled in the fax to quit program. The Breathe Better Live class was offered bi-monthly as targeted. One hundred percent of people who identified as smokers at a health fair booth received smoking cessation materials and were referred to Wisconsin Tobacco Quit Line for counseling as targeted.
- Results for Year Two:
 - Ascension All Saints offered education to local community to prevent the younger generation from beginning to smoke or using tobacco products. Ascension All Saints staff participated in eight community events to promote smoking cessation for all ages. Staff provided no-smoking classes. Patients who identified as smokers were provided smoking cessation counseling in a clinic and community setting. Eighty percent of the attendees who reported tobacco use during intake screening were referred for counseling services.
- Results for Year Three:
 - All Saints held eight events in the community to discourage smoking and promote smoking cessation. Health care providers provided smoking cessation materials to individuals who indicated that they smoked. Offered two smoking cessation classes.

Nutrition and Diabetes Education

- Results for Year One:
 - Appointments were available at least four days per week. Community outreach was offered at least quarterly for scheduled events or community requests (target was at least quarterly). Three of four support groups were offered (target was four). Maintained an average of 145 patients referred into diabetes management (target was 145). Maintained an average of 130 patients referred into counseling per month as targeted.
- Results for Year Two:
 - Ascension All Saints participated in community outreach nutrition presentations, health fairs and cooking demonstrations. Six events were held (target was six). One hundred percent of attendees received healthy lifestyle materials. The hospital also offered diabetic support groups and nutrition counseling. Clinical nutritional counseling was available four days per week (target was four days per week). An average of 130 patients referred into nutrition counseling per month (target was 130).

- Results for Year Three
 - Provided nutrition educational course at local high school. Provide quarterly cooking class for local high school employees. Offered nutrition and diabetes resources at Medical Mission at Home held in Racine.

Mental Health

Promote Understanding and Awareness through Community Education

- Results for Year One:
 - No data available
- Results for Year Two:
 - The behavioral health department participated in community events and provided information on mental health resources.
- Results for Year Three:
 - Ascension All Saints participated in five community events and provided information on mental health resources. Ninety percent of community program attendees were able to identify three mental health resources in Racine County as targeted.

Mental Health Awareness

- Results for Year One:
 - No data available.
- Results for Year Two:
 - Ascension All Saints staff promoted mental health awareness and understanding to community members and local law enforcement. The hospital also collaborated on mental health topics with other agencies in Racine County to address mental health concerns. Staff participated in Racine Mental Health Coalition meetings.
- Results of Year Three:
 - Four associates attended Crisis Intervention Training (CIT)/Crisis in Partnership Training (CIP) and provided four CIT/CIP trainings in the community.

Access to Care

Community Outreach Events

- Results for Year One:
 - Health education was provided at five events (target was 3 events). Staff attended events and reached 100 people without insurance (target was 100 people). One hundred percent of participants were given access to health education resources as targeted. Built partnerships with local Homeless Assistance Leadership Organization, Inc. (HALO), Health Care Network, Aging and Disability Resource Center (ADRC) and Kingdom Builders Church.

- Results for Year Two:
 - Ascension All Saints staff provided education about accessing health insurance to underinsured and uninsured patients. Six outreach events were held (target was six events). One hundred percent of the community outreach event attendees were able to identify two county-based resources for insurance enrollment (target was 100%). One hundred percent of the health education attendees showed an increase in health literacy as targeted.
- Results for Year Three:
 - Ascension All Saints hosted many community events throughout the year. Many of the community events focused on the most vulnerable population of Racine County including the Medical Mission at Home held in Racine. Ascension All Saints provided care for over 280 people including lab, x-ray, pharmacy, respiratory, dental, mammogram, and EKG.

Assistance with Coverage for Uninsured

- Results for Year One:
 - Decreased monthly average of 60 patients to 50 patients who do not have a primary care physician as targeted.
- Results for Year Two:
 - Ascension All Saints offered assistance in applying for healthcare coverage. Every uninsured patient seen at the Wisconsin Avenue campus was offered resources to enroll in BadgerCare or Market Place. A scheduler and financial counselor are situated in the emergency department to provide primary care and financial resources to patients. Eighty percent of patients without insurance who are eligible for BadgerCare were offered express enrollment as targeted. One hundred percent of people presenting at the hospital emergency department were provided with resources for insurance enrollment (target was 100 percent).
- Results for Year Three:
 - Made a targeted effort to connect with patients at the Wisconsin Avenue clinic. 100% of Wisconsin Avenue patients that are uninsured were provided information on Badgercare or the Market Place. Additionally, provide financial counseling assistance in emergency department.

Infant Mortality

Centering Pregnancy Program

- Results for Year One:
 - Most centering groups had at least nine members (target was all groups have at least nine members). Conducted 55 groups (target was 55). Maintained a pre-term delivery rate of 5.4 percent and a breastfeeding rate of 85 percent among Centering participants as targeted.

- Results for Year Two*:
 - Two hundred and twenty-five women participated in Centering. Pre-term delivery rate was eleven percent. Ninety-three percent of the babies were born with normal birth weight. Eighty percent of the women were breastfeeding at discharge. Ninety-six percent of patients rated Centering as a five on a scale from 1-5 of satisfaction with five being very satisfied.

**Results for Year Two have been updated to reflect more precise information*

- Results for Year Three:
 - Two hundred and fifty women participated in Centering. Pre-term delivery rate was fourteen percent. Ninety-one percent of the babies were born with a normal birth weight. Eighty-five percent of the women were breastfeeding at discharge. Ninety-nine percent of patients rating Centering as a five on a scale from 1-5 of satisfaction with five being very satisfied.

Prenatal Care Coordination (PNCC) Program

- Results for Year One:
 - Each PNCC registered nurse maintained a caseload of 20-25 patients as targeted. Seventy five percent of PNCC participants that completed 36 weeks of pregnancy, had a baby weigh greater than 2,500 grams, and attended 10 prenatal visits and one postpartum visit as targeted.
- Results for Year Two:
 - As part of ongoing efforts to address infant mortality in Racine County, Ascension All Saints provides the state PNCC program. The PNCC program provides a comprehensive, client-centered, care coordination and home visitation system to provide prenatal and post-natal services. The program provides women with education, support and services to have a healthy pregnancy and healthy baby. Two registered nurses maintained 20 patients throughout the year (target was 20). One hundred percent of participants completed 36 weeks of pregnancy, participated in 10 prenatal visits, one postpartum visit and had a baby that weighed greater than 2,500 grams as targeted.
- Results for Year Three:
 - Ascension All Saints provided PNCC services to 47 women. Eighty one percent of the women who received PNCC services completed 36 weeks of pregnancy. Ninety six percent of the women attended 10 prenatal visits and one postpartum visit and 89% of the women had a baby that weighed greater than 2,500 grams.

Appendix 2: Community Leaders/Stakeholders

Twenty-four individuals participated in 22 key informant interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority and medically underserved populations. They represent a variety of perspectives from communities that include but are not limited to: racial and ethnic minorities, the elderly, youth, veterans, faith communities, individuals with disabilities, rural and agricultural communities, survivors of domestic and sexual violence and people living with mental illness and substance abuse. These organizations serve the urban and rural communities of Racine County, with approximately one-third serving the county east of Interstate 94, approximately one-third serving the county west of Interstate 94 and approximately one-third serving all of Racine County.

Name	Title	Organization
Bryan Albrecht, Ed.D.	President and Chief Executive Officer	Gateway Technical College
Brad Behling	County Veterans Services Officer	Racine County
Dottie-Kay Bowersox, MSA	Public Health Administrator	City of Racine Public Health Department
Linda Boyle	Co-President	Racine Interfaith Coalition
Claribel Camacho	Division Manager	Racine County Human Services Department
Margie Carrington	Executive Director	Health & Nutrition Service of Racine, Inc.
Jeff Collen	President/Chief Executive Officer	Racine Family YMCA
Rachel Cortez, RN	Sexual Assault Treatment Center Coordinator, Unit Leader	Ascension All Saints Hospital Emergency Room
Gerald Demers, MD	Medical Director	Wisconsin Veterans Home at Union Grove
Cathy Duchow-Cross, RN, BSN	Sexual Assault Nurse Examiner Coordinator	Aurora Lakeland Medical Center/Aurora Memorial Hospital of Burlington
Tammy Hayward	Co-President	Racine Interfaith Coalition
Julie Hueller	Manager, Mental Health Collaborative	Racine Unified School District
Matt Johnson	Police Chief	Waterford Police Department
Gail Kopp, RN, BSN	Sexual Assault Nurse Examiner	Aurora Memorial Hospital of Burlington
Scott Leslie	Police Officer	Racine Police Department
Gai Lorenzen	Executive Director	Homeless Assistance Leadership Organization, Inc. (HALO)
Jan Ludtke	Executive Director	Burlington Area Chamber of Commerce
Donna Lueth	Manager	Aurora Wellness Center
Melissa Milne	Nurse Practitioner for Addiction Services	Ascension All Saints Hospital
Ned Murphy, DDS	Dentist and President of Wisconsin Dental Association	Spring Dental Group
Michael Payne	Medical Examiner	Racine County
Peter Smet	Superintendent	Burlington Area School District
Michelle Wagner, MD	Physician	Aurora Health Care
Brian Zwiebel	Chief EMS	City of Burlington Rescue

Appendix 3: Crosswalk Between this CHNA Report and 501(r) Requirements

Required Content from Section 501(r) Rules	Found in this Section
Definition of the community served and how it was determined	Our Community
Description of the process and methods used to conduct the assessment: <ul style="list-style-type: none"> - Data and other information used in the assessment - Methods of collecting and analyzing the data/information - Any parties collaborated with or contracted with 	Framework and Data Sources
Description of how the hospital solicited and accounted for input from persons who represent the broad interests of the community <ul style="list-style-type: none"> - Summary of the input - How it was provided - Over what period of time - Names of organizations providing input - Include at least one governmental public health department - Summary of nature and extent of their input - Description of populations being represented (medically underserved, low-income, minority) - Note any written input received on the prior CHNA 	Voice of the Community
Prioritized description of the significant health needs identified Description of the process and criteria used in prioritizing	Priorities for Action
Description of potential resources identified to address the needs	Overview of Priorities
Evaluation of the impact of the actions taken since completing the last CHNA to address the significant health needs in that CHNA	Appendix 1: Progress Report on Results of Previous CHNA Process

To learn more about Ascension Wisconsin, visit ascension.org/wisconsin



3801 Spring Street
Racine, WI 53405

1320 Wisconsin Avenue
Racine, WI 53403