



# Ascension Wisconsin Community Health Needs Assessment

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2019-2022

## Ascension SE Wisconsin Hospital - Elmbrook Campus

### An assessment of Waukesha County

Ascension SE Wisconsin Hospital – Elmbrook Campus is located in Waukesha County, in Brookfield, Wisconsin.

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

- Mental Health
- Access to Care
- Health-related Quality of Life for Chronic Diseases

#### Who We Are

Ascension Wisconsin ([ascension.org/wisconsin](https://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.

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### Our Community

Although Ascension Elmbrook serves Waukesha County and surrounding areas, for the purposes of the CHNA, the hospital campus focused on the needs of Waukesha County. Our “community served” was defined as such 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; (c) most of our service area is in Waukesha County.

### Demographic Profile of Waukesha County

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

Total Population - Waukesha County				
		2016		State 2016
Total Population		395,377		5,754,798
Ethnicity		N	%	
	Non-Hispanic White	366,591	92.7%	4,961,193
	Non-Hispanic Black	5,709	1.4%	361,730
	Asian	12,347	3.1%	148,077
	American Indian and Alaska Native	898	0.2%	51,459
	Some Other Race	3,968	1.0%	105,038
	Hispanic or Latino	17,775	4.5%	371,205
Gender				
	Male	194,157	49.1%	2,859,055
	Female	201,220	50.9%	2,895,743
Age				
	Age 0-14	71,425	18.1%	1,076,321
	Age 15-44	136,971	34.6%	2,208,232
	Age 45-64	121,772	31.0%	1,595,025
	Age 65+	65,209	16.5%	875,220

Demographics - Waukesha County			
		2016	State 2016
Education level of adults 25 years or older - Waukesha County			
	Less than high school degree	4.1%	8.7%
	High school graduate	24.2%	31.7%
	Some college/Associate degree	30.1%	31.3%
	Bachelor's degree or higher	41.7%	28.3%
Percent of those ages 16 or older who are unemployed - Waukesha Co.			
	Unemployment rate	3.7%	5.5%
Median HH Income (2016 dollars) - Waukesha County			
	Median Income	\$78,268	\$54,610
Percent of all people below poverty line in last 12 months			
	Percent below poverty line	5.2%	12.7%

Demographics - Waukesha County			
Language spoken at home			
	English	92.8%	91.3%
	Spanish	2.9%	4.6%
	Indo-European	2.5%	2.0%
	Asian and Pacific Islander	1.6%	1.8%
	Other Languages	0.2%	0.4%
Housing Tenure			
	Owner Occupied	76.2%	67.0%
	Renter Occupied	23.8%	33.0%

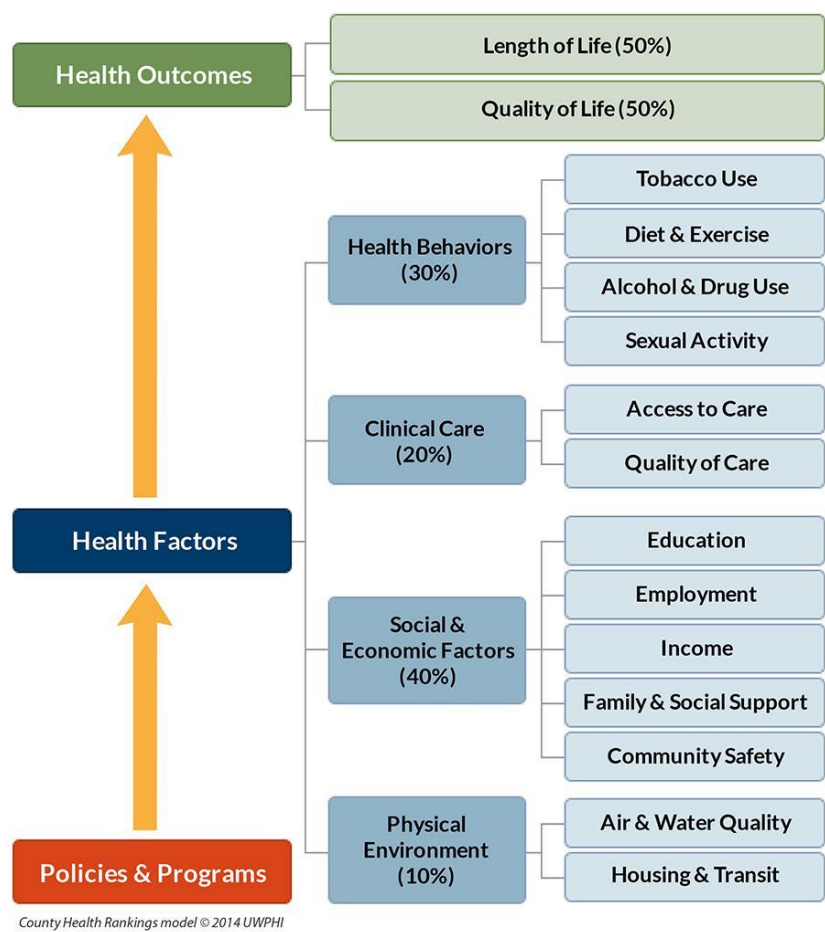
Population Change in Race and Ethnicity - Waukesha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	360,767	100.0%	389,891	100.0%	29,124	8.1%
Hispanic or Latino Population	9,503	2.6%	16,123	4.1%	6,620	69.7%
Not Hispanic or Latino	351,264	97.4%	373,768	95.9%	22,504	6.4%
White Alone	339,905	94.2%	353,114	90.6%	13,209	3.9%
Black Alone	2,570	0.7%	4,726	1.2%	2,156	83.9%
American Indian Alone	685	0.2%	863	0.2%	178	26.0%
Asian Alone	5,340	1.5%	10,675	2.7%	5,335	99.9%
Native Hawaiian or Other Pacific Islander	71	<0.1%	117	<0.1%	46	64.8%
Some Other Race Alone	186	0.1%	252	0.1%	66	35.5%
Two or More Races	2,507	0.7%	4,021	1.0%	1,514	60.4%

Population Change in Age - Waukesha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
<b>Total Population</b>	360,767	100.0%	389,891	100.0%	29,124	8.1%
<b>0 to 4</b>	23,096	6.4%	21,474	5.5%	-1,622	-7.0%
<b>5 to 9</b>	26,175	7.3%	26,223	6.7%	48	0.2%
<b>10 to 14</b>	28,630	7.9%	28,181	7.2%	-449	-1.6%
<b>15 to 19</b>	25,361	7.0%	26,509	6.8%	1,148	4.5%
<b>20 to 24</b>	16,226	4.5%	18,304	4.7%	2,078	12.8%
<b>25 to 29</b>	18,300	5.1%	19,783	5.1%	1,483	8.1%
<b>30 to 34</b>	23,966	6.6%	20,389	5.2%	-3,577	-14.9%
<b>35 to 39</b>	31,501	8.7%	23,226	6.0%	-8,275	-26.3%
<b>40 to 44</b>	33,672	9.3%	28,545	7.3%	-5,127	-15.2%
<b>45 to 49</b>	30,343	8.4%	34,134	8.8%	3,791	12.5%
<b>50 to 54</b>	26,132	7.2%	34,270	8.8%	8,138	31.1%
<b>55 to 59</b>	19,511	5.4%	29,229	7.5%	9,718	49.8%
<b>60 to 64</b>	14,420	4.0%	23,936	6.1%	9,516	66.0%
<b>65 to 69</b>	12,473	3.5%	16,485	4.2%	4,012	32.2%
<b>70 to 74</b>	10,981	3.0%	12,269	3.1%	1,288	11.7%
<b>75 to 79</b>	8,597	2.4%	10,463	2.7%	1,866	21.7%
<b>80 to 84</b>	5,936	1.6%	8,562	2.2%	2,626	44.2%
<b>85+</b>	5,447	1.5%	7,909	2.0%	2,462	45.2%

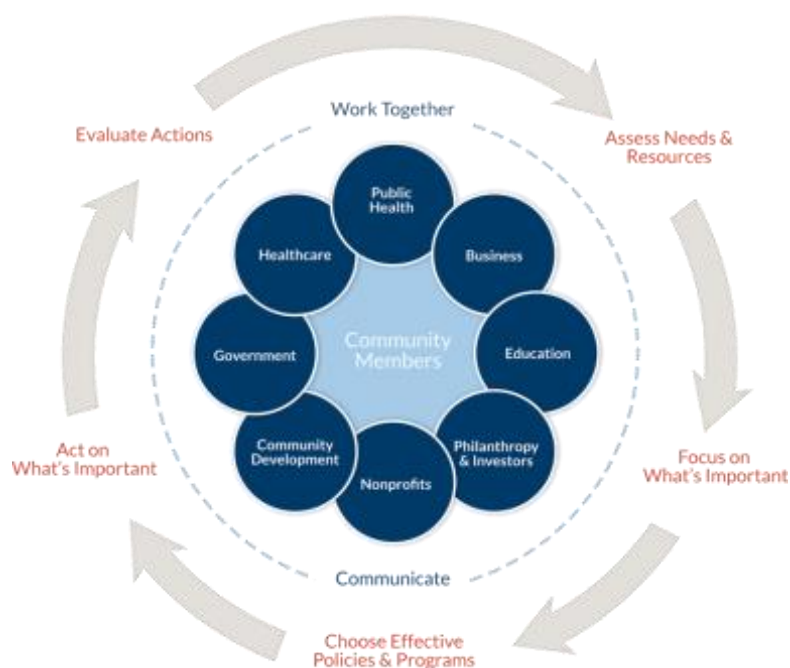
Poverty - Waukesha County			
		<b>Waukesha 2016</b>	<b>State 2016</b>
Percent of all ages in poverty		4.7%	11.8%

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

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## Framework and Data Sources

Our community health needs assessment is conducted in collaboration with other health systems and the public health agency in Waukesha County. Partners in Waukesha County included Advocate Aurora Health Care, Children's Hospital of Wisconsin, Froedtert Health, ProHealth Care and the Waukesha County Public Health Division.

To assess the health needs of Waukesha County the following steps were taken:

- **Community Health Survey:** A telephone survey of 400 residents was conducted by JKV Research LLC between June 5–July 9, 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 Waukesha County with key stakeholders in Waukesha 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](#)

[Community Health Survey Report](#)

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## Voice of the Community

Ascension Elmbrook is committed to addressing community health needs collaboratively with local partners. Ascension Elmbrook 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 Waukesha County were identified by the assessment partners. These partners also invited the informants to participate and conducted the interviews from June - September 2017. The interviewers used a standard interview script that 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
- Ways 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 Elmbrook took the following steps to understand the specific needs of underserved populations:

- **Community Survey:** Whenever the number of survey respondents was sufficient to allow it, 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 during August 2018 at agencies that serve low-income individuals.

### **Input on the Previous CHNA**

No written comments were received regarding the previous CHNA.

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## **Priorities for Action**

### **Prioritization Process and Criteria**

The Ascension Elmbrook Community Health Improvement Process (CHIP) team reviewed all the data described above and a summary of the top needs identified within each assessment source. In a meeting in June 2018, the team participated in a facilitated decision-making process, and based on a set of criteria listed below, made a recommendation for the health priorities. That recommendation was presented to the hospital leadership team at its July 11, 2018 meeting for final approval.

Prioritization criteria included:

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

### **Priorities Selected**

The following health issues were selected as the priorities:

- Access to Care
- Mental Health
- Health-related Quality of Life for Chronic Disease

**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 in this plan for the reasons described below.

- **Alcohol and Drug Use:** While alcohol and drug use continue to be an issue in the communities we serve, Ascension Wisconsin has made significant progress in recent years implementing effective policies and practices to identify and address these needs. Examples include implementing prescription drug monitoring programs, providing education to providers, utilizing alternative pain management methods and decreasing the number of opioids prescribed. We will continue to provide screening, counseling and follow-up care as needed to address alcohol and drug use. We are committed to maintaining these services while remaining open to any emerging needs or opportunities in these areas.
- **Income:** While recognizing that income constraints can be a key driver of poor health outcomes, other organizations in the community having greater expertise in this area are addressing the root cause more directly. We are committed to our Mission of serving all persons with special attention to those who are poor and vulnerable. To assist in addressing income barriers for patients seeking healthcare, Ascension Wisconsin accepts any patient who utilizes Medicaid and has a Financial Assistance Policy to reduce costs for eligible patients.

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**Overview of Priorities**

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

## Access to Care

Access to healthcare includes medical, dental and mental healthcare. There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access. It is also necessary to have:

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

Having a usual 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 disparities
- ▶ Lower costs

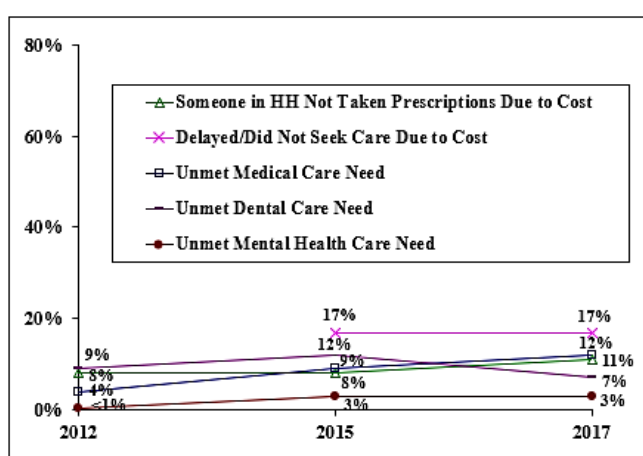
Additional barriers to care that may need to be addressed include:

- ▶ 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: Waukesha County Community Health Survey Report—2017

## Data Highlights

From Waukesha County Community Health Survey:

- Twenty four percent of respondents in the bottom 40 percent household income bracket reported someone in their household was not covered in the past 12 months.
- Seventeen 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.
- Eleven percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.

## Identified Local Assets and Resources:

Key informants listed many organizations and services including:

- HOPE Network
- The Women's Center
- Family Services of Waukesha
- WIC program
- Aging and Disability Resource Center
- Waukesha County Transportation Network
- Elder Tree
- Sussex Community Summit
- Hamilton Connects
- Find-A-Ride Network
- La Casa de Esperanza
- Lake Area Free Clinic
- Thriving Waukesha County's Coalitions

## Mental Health

### Why it is Important

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

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.<sup>2</sup>

### Challenges for Those at Higher Risk

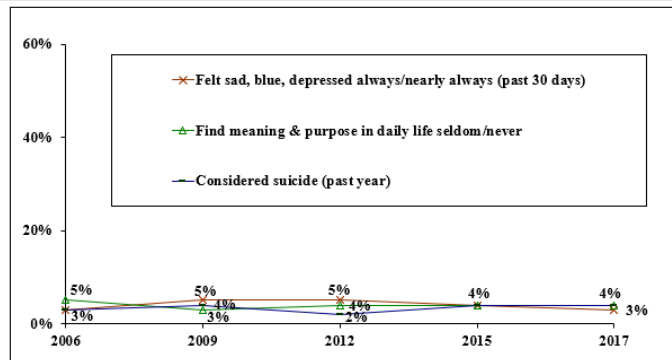
- Having a blood relative, such as a parent or sibling, with a mental illness
- Stressful life situations, such as financial problems, a loved one's death or a divorce
- An ongoing medical condition
- Traumatic experiences
- Use of alcohol/recreational drugs
- Being abused or neglected
- Having few friends or few healthy relationships<sup>3</sup>

### Challenges in Waukesha County

- Lack of services and providers
- Wait time for appointments
- Limited bilingual counselors
- Cost of care, financial barriers
- Transportation
- Stigma
- Lack of services for uninsured
- Telehealth regulations
- Housing and employment
- Silos between systems
- Limited number of providers accepting Medicaid
- Schools lack capacity to meet the need
- Communication barriers between schools and health systems

Sources:

1. National Institute for Mental Health
2. Healthiest Wisconsin 2020; Healthy People 2020
3. Centers for Disease Control and Prevention



Source: Waukesha County Community Health Survey Report—2017

### Data Highlights

From Waukesha County Community Health Survey:

- Eighteen 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.
- Thirty-two percent of respondents with a high school education or less reported a mental health condition in the past three years compared to 18 percent of those with some post high school education or 12 percent of respondents with a college 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 mentioned: Latinos, immigrants, refugees, human trafficking survivors, individuals who are homeless, seniors, individuals who are low-income and veterans.

### Identified Local Assets and Resources:

- Expansion of Medicaid and Affordable Care Act
- Mental Health First Aid classes
- National Alliance on Mental Illness of Waukesha County
- Family support groups
- Crisis intervention programs; mobile crisis team
- Waukesha County Mental Health access
- James Place free counseling services
- Screening, Brief Intervention, and Referral to Treatment training, Crisis Intervention Team training
- Jeremy House
- Sussex Outreach Services case management program
- Mental health providers on-site at schools
- Anti-bullying efforts in schools

## Health-related Quality of Life for Chronic Diseases

### Why It Is Important

Chronic diseases include heart disease, stroke, cancer, diabetes and asthma. While they are very costly, effective management can prevent more serious complications. Even more importantly, they can often be prevented through healthy diet, physical activity, eliminating tobacco use and substance abuse.

Regular physical activity in adults can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression<sup>1</sup>

Physical activity in children and adolescents can:

- Improve bone health
- Improve cardio-respiratory and muscular fitness
- Decrease levels of body fat
- Reduce symptoms of depression<sup>1</sup>

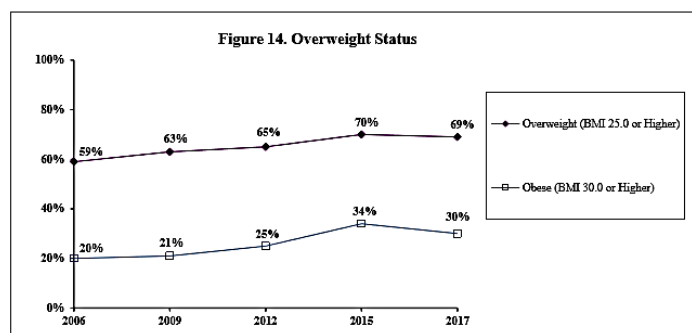
A healthy diet reduces risk of chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses.<sup>1</sup>

At a healthy weight, one is less likely to develop chronic diseases or to die at an earlier age.<sup>1</sup>

Good nutrition in children is important for maintaining appropriate weight and to healthy growth and development.<sup>1</sup>

Sources:

1. Healthy People 2020



Source: Waukesha County Community Health Survey Report—2017

### Data Highlights

From Waukesha County Community Health Survey:

- Seventeen percent of respondents reported chronic diseases, like diabetes or heart disease, as one of the top three county health issues.
- Eighteen percent reported overweight or obesity as a top county health issue.
- Twelve percent of respondents reported having diabetes in the past three years.
- Twenty-eight percent of respondents in the bottom 40 percent household income bracket reported chronic diseases as a top county health issue.

### From Key Informant Interviews:

- Thirty-five percent of the key informants ranked Chronic Disease Prevention and Management as a top health priority for the county.

### Identified Local Assets and Resources:

Key informants listed many organizations and services such as community screenings and patient navigators.

Some examples include:

- Aging and Disability Resource Center
- Natural resources (e.g. hiking trails, parks, and lakes)
- Consumer education
- Wellness programs and incentives
- 5210 campaign
- Hispanic Resource Center diabetes education
- Food pantries' specialized diet program
- Community outreach nurses
- Parish nurses
- Nurse navigators

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## 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
- Promoting a healthy lifestyle (with a focus on obesity, high blood pressure and diabetes)

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

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## Next Steps

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

- Collaborating with community partners through the Waukesha County Public Health Division
- 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

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## 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.

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## 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 Process<sup>1</sup>

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 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

Health priorities identified in the preceding CHNA were:

- Access to Care
- Promoting a Healthy Lifestyle (with a focus on obesity, high blood pressure and diabetes)

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<sup>1</sup> 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.



**Promoting a Healthy Lifestyle (with a focus on obesity, high blood pressure and diabetes)***Walk with the Doc Program*

- Results for Year One:
  - Planning period; no implementation
- Results for Year Two:
  - The Walk with a Doc Program assisted community members in receiving education while taking walks with clinicians. A total of nine Walk with a Doc Programs were offered and a total of 105 attendees participated. Ninety percent of attendees were able to verbally identify healthy tips based on topics being presented. Fifty percent of attendees were able to verbally identify three healthy lifestyle changes to decrease the risk for chronic disease.
- Results for Year Three:
  - The Walk with a Doc Program was discontinued.

*Renew You Program*

- Results for Year One:
  - Ten patients started and completed the ReNew You Program in fiscal year 2017. Total weight loss for the cohort was 3.77 percent of starting weight. Three patients (30 percent) lost greater than 3 percent of their weight (target was 90 percent).
- Results for Year Two:
  - Offered monthly weight loss classes to community; attendees increased knowledge related to healthy eating, appropriate portions, meal planning and the importance of physical activity. At the completion of the classes, 100 percent of participants could name three healthy lifestyle changes they could incorporate into their life. Thirty-three percent of participants lost 3-5 percent of their starting weight.
- Results for Year Three:
  - One hundred percent of ReNew You participants were able to verbally identify three healthy lifestyle changes to decrease weight. Fourteen percent of the patients enrolled in ReNew You in FY19 lost 3-5% of their body weight.

*Healthy Eating – Diabetes Management*

- Results for Year One:
  - One hundred percent of participants improved their health knowledge (target was 90 percent).
- Results for Year Two:
  - Offered twenty-four group educational sessions. Forty-five individuals completed three educational group sessions. 100% were able to verbalize healthier nutrition options.

- Results of Year Three:
  - Offered four diabetes management group sessions in FY19. Fifty nine percent (10 of 17 patients) completed three educational group sessions. 100% are able to verbally identify healthier nutrition options.

### **Access to Care**

#### *Emergency Department Care Coordination*

- Strategy was discontinued at Ascension Elmbrook campus as the Emergency Department Care Coordination initiative with the Milwaukee Health Care Partnership is focused on Milwaukee County. (Continues to be implemented at other Ascension campuses in Milwaukee County.)

#### *Emergency Department Case Management*

- Results for Year One:
  - No activity in year one.
- Results for Year Two:
  - Emergency department (ED) case managers were available in the ED to assist uninsured/under-insured patients on learning about insurance and locating a primary care provider. One hundred percent of individuals who frequented the ED were provided with resources to assist them with locating a primary medical home, including scheduling appointments with area safety net clinics. Patients also were provided with information on other needed community resources and on health insurance.
- Results for Year Three:
  - Case managers connected with individuals who sought care in the ED that did not have a primary care provider. Forty-nine percent of the individuals seen by case managers made a follow-up appointment with a primary care provider.

#### *Financial Assistance*

- Results for Year One:
  - Exceeded the goal for the number of patients assisted with locating insurance coverage for Medicaid, Community Care and/or other program coverage. Goal was to maintain prior fiscal year level of 2,795; actual was 3,450 (3,349 by our associates; 101 by vendor partner).
- Results for Year Two:
  - Any self-paid patients were screened for access to insurance at admission and discharge. Continuously screened uninsured patients for financial assistance programs. In fiscal year 2018, 949 clients were assisted with financial assistance and/or insurance enrollment.

- Results for Year Three:
  - Increased financial screening resources at Elmbrook campus and implemented necessary certifications so financial counselor could assist individuals in enrolling in the Marketplace Open Enrollment. Exceeded goal of screening ninety percent of self-pay patients for Medicaid and financial assistance program eligibility.

## Appendix 2: Community Leaders/Stakeholders

Seventy-one individuals participated in 47 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 an array 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 those living with mental illness and substance abuse.

Name	Title	Organization
Kerri Ackerman	Vice President of Patient Experience	Sixteenth Street Community Health Centers
Kris Androsky	Executive Director	Hebron House of Hospitality
Dennis Angle	Deputy Police Chief	City of Waukesha
Lloyd Bertram	Fire Chief	City of New Berlin Fire Department
Lynda Biedrzycki, MD	Medical Examiner	Waukesha County Medical Examiner
Beth Blavat	Outside In Program Case Manager	Hebron House of Hospitality
Angie Bolson	Vice President of Strategic Initiatives	YMCA at Pabst Farms
Jerry Braatz	Area Director	University of Wisconsin- Extension
Shannon Canham	Case Manager	Sussex Outreach Services
Honorable Lloyd V. Carter	Circuit Court Judge	Waukesha County
Laura Cherone	Director of Program and Clinical Services	Family Service of Waukesha
Alissa Darin	Director of Learning K-12 Counseling	Kettle Moraine School District
Paul Decker	Chairman	Waukesha County Board of Supervisors
Patricia Deklotz, PhD	Superintendent	Kettle Moraine School District
Cynthia Eggleston	Executive Director	Mukwonago Food Pantry
Paul Farrow	County Executive	Waukesha County
Kathy Gale	Executive Director	ERAs Senior Network, Inc.
Bob Glowacki	Chief Executive Officer	Easter Seals
Todd Gray, PhD	Superintendent	School District of Waukesha
Jeanne Holden	Director	New Berlin Food Pantry
Faith Holley-Beal	Director of the C.A.R.E. Center	Family Service of Waukesha
Christine Howard	County Board Supervisor, Health and Human Services Chair	Waukesha County
Russell Jack	Police Chief	City of Waukesha
Barbara Jacob	Assistant Director	New Berlin Food Pantry
Ben Jones	Public Health Officer	Waukesha County Public Health
Andrea Kane, RN	Faith Community Nursing Director	Elmbrook Church James Place
Tom Karthausser	Director of Business Services	Mukwonago Area School District
Ken Kassees	Director of Student Services	Kettle Moraine School District
Suzanne Kelley	President & Chief Executive Officer	Waukesha County Business Alliance
Jon Lange	Chief Executive Officer	YMCA at Pabst Farms
Tim Lemke	Director of Pupil Services	Mukwonago Area School District
Jeffrey Lewis, LCSW	Mental Health Center Administrator	Waukesha County Health and Human Services
Denise Lindberg	Public Information and Volunteer Program Coordinator	Hamilton School District
Mary Madden	Executive Director	National Alliance on Mental Illness (NAMI) Waukesha, Inc.

Name	Title	Organization
Nancy Major	Executive Director	Stillwaters Cancer Support Center
Angela Mancuso	Executive Director	The Women's Center
Amanda Mazurkiewicz	Director of Student Services	School District of New Berlin
Shawn McNulty	Superintendent	Mukwonago Area School District
Geoffrey Mertens	Vice President of Operations	YMCA of Greater Waukesha County
Jessica Mieling	Branch Executive Director	YMCA at Pabst Farms
Paul Mielke, PhD	Superintendent	Hamilton School District
Kate Miller	Executive Director	Oconomowoc Area Chamber of Commerce
Joe Muchka, LPC, NCC, CSAC, PS-IT	Executive Director	Addiction Resource Council, Inc.
Laura Myrah	Superintendent	Arrowhead Union High School District
Jessica Osenbrugge	Executive Director	St. Joseph's Medical Clinic
Gordon Owley, PhD	Outpatient Services Coordinator	Waukesha County Mental Health Services
Steve Plum	Director, High School of Health Sciences	Kettle Moraine School District
June Prestin	Executive Administrative Assistant	HOPE Network, Inc.
Katie Quintanilla	Chief of Clinical Operations	LindenGrove Communities
Renee Ramirez	Executive Director	Waukesha County Community Dental Clinic
Mary Reich	Executive Director	Lake Area Free Clinic
Joseph Rieder	Police Chief	City of New Berlin Police Department
Barbara Riehle	Assistant Director	Falls Area Food Pantry
Roger Rindo	Superintendent	Oconomowoc Area School District
Gail Robinson, RN		Mukwonago Food Pantry
John Roubik	Director of Human Resources and Organizational Development	Hamilton School District
Chief Anna Ruzinski	Director of Protective Services	Village of Menomonee Falls
John Schiraj	Director, Community Partnerships	United Way of Greater Milwaukee & Waukesha County
Kim Schuetz	Hebron House & Siena House Manager	Hebron House of Hospitality
Rachel Sciortino	Executive Director	HOPE Network, Inc.
Ruth Seer	Family Peer Leader	Dryhooch Waukesha County
Maureen Siwula	Volunteer	New Berlin Food Pantry
Linda S. Smith, APNP	Nurse Practitioner/ Clinic Coordinator	Community Outreach Health Clinic
Mary Smith	Manager	Aging and Disability Resource Center of Waukesha County
Joan Sternweis	Human Services Supervisor	Waukesha County Mental Health Services
Teri Terrill	Executive Director	Family Service of Waukesha
Erica Trawitzki	Director of Operations	Hebron House of Hospitality
Karen Tredwell	Executive Director	Food Pantry of Waukesha County, Inc.
Cindy VanCleave	Director	Falls Area Food Pantry
Anselmo Villarreal, PhD	President & Chief Executive Officer	La Casa de Esperanza
Kathy Young	Director of Pupil Services	School District of Menomonee Falls

## 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"> <li>- Data and other information used in the assessment</li> <li>- Methods of collecting and analyzing the data/information</li> <li>- Any parties collaborated with or contracted with</li> </ul>	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"> <li>- Summary of the input</li> <li>- How it was provided</li> <li>- Over what period of time</li> <li>- Names of organizations providing input</li> <li>- Include at least one governmental public health department</li> <li>- Summary of nature and extent of their input</li> <li>- Description of populations being represented (medically underserved, low-income, minority)</li> <li>- Note any written input received on the prior CHNA</li> </ul>	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

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19333 West North Avenue  
Brookfield, WI 53045