



Midwest Orthopedic Specialty Hospital
Community Health Needs Assessment
Prepared by Ascension Wisconsin

2019-2022

Community Health Needs Assessment for Midwest Orthopedic Specialty Hospital

An assessment of Milwaukee County

In 2016, Columbia St. Mary's and Wheaton Franciscan Healthcare were brought together as part of Ascension Wisconsin. For the purposes of this document, we will be using the current names of the hospitals and campuses, several of which now incorporate the Ascension brand.

In Milwaukee County, Wisconsin, Ascension Wisconsin operates, owns or has a joint venture relationship with seven hospitals. Ascension Wisconsin owns and operates Ascension Columbia St. Mary's Hospital Milwaukee, Ascension St. Francis Hospital, Ascension SE Wisconsin Hospital - Franklin Campus, Ascension SE Wisconsin Hospital - St. Joseph Campus, and Ascension Sacred Heart Rehabilitation Hospital. Additionally, the Orthopaedic Hospital of Wisconsin, LLC, is a joint venture between Columbia St Mary's, Inc. and Orthopaedic Group Joint Venture, LLC, and Midwest Orthopedic Specialty Hospital, LLC, is a joint venture between Wheaton Franciscan Healthcare - Southeast Wisconsin, Inc. and TS Ortho, LLC.¹ The community health needs assessment (CHNA) was conducted collaboratively on behalf of these seven hospitals in 2018 and focused on the needs of individuals in Milwaukee County. Based on this CHNA process, the hospital will focus on the following priority health needs in 2019-2022:

- Access to Care
- Chronic Disease Prevention

This CHNA report encompasses the results for the Midwest Orthopedic Specialty Hospital.

Separate CHNA reports have been prepared as follows:

1. Orthopaedic Hospital of Wisconsin
2. Ascension Wisconsin Milwaukee County Hospital Campuses
 - Ascension Columbia St. Mary's Hospital Milwaukee
 - Ascension St. Francis Hospital
 - Ascension SE Wisconsin Hospital - Franklin Campus
 - Ascension SE Wisconsin Hospital - St. Joseph Campus
 - Sacred Heart Rehabilitation Hospital

These may be found on their respective websites.

¹ As noted in the approval language on page 17, this is a revised version of the Midwest Orthopedic Specialty Hospital CHNA. The first two paragraphs on this page were revised to reflect the correct legal names for each of the facilities included.

About Midwest Orthopedic Specialty Hospital

Midwest Orthopedic Specialty Hospital was founded by physician owners and Ascension Wisconsin. We have but one goal in mind: To create the best patient experience possible. It's not just a mission statement – it's our employee pledge. With each physician's written endorsement, we are uniquely committed to our patients' health, comfort and individual orthopedic care.

Patients are at the center of everything we do. Collectively, we realize that their positive experience – both clinically and personally – is the result of every interaction they have with each person in our hospital. That's why we strive to treat patients as members of our own family by being responsive, respectful, approachable and communicative.

Located in Franklin, Wisconsin, the remarkable care we provide is designed to make you feel better the moment you walk through the door.

Physician-Owned Hospital Disclosure

Midwest Orthopedic Specialty Hospital is partially owned by physicians and meets the Federal definition of a "physician-owned hospital." A list of physician-owners is available upon request and we are happy to answer any questions you may have.

About Ascension Wisconsin

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

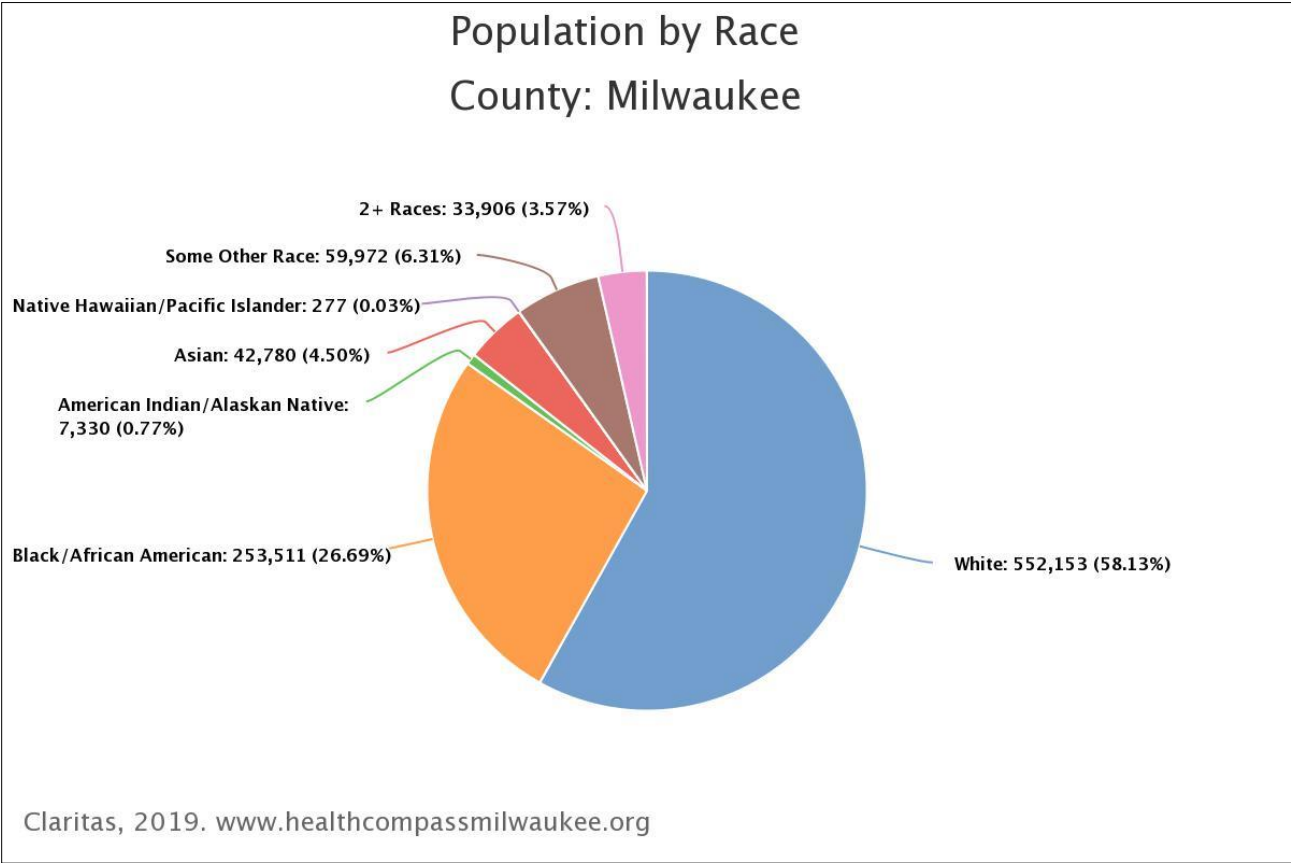
Ascension is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy Wheaton Franciscan Healthcare. This flows directly from our Catholic Identity. In addition to the community health improvement efforts guided by our CHNA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

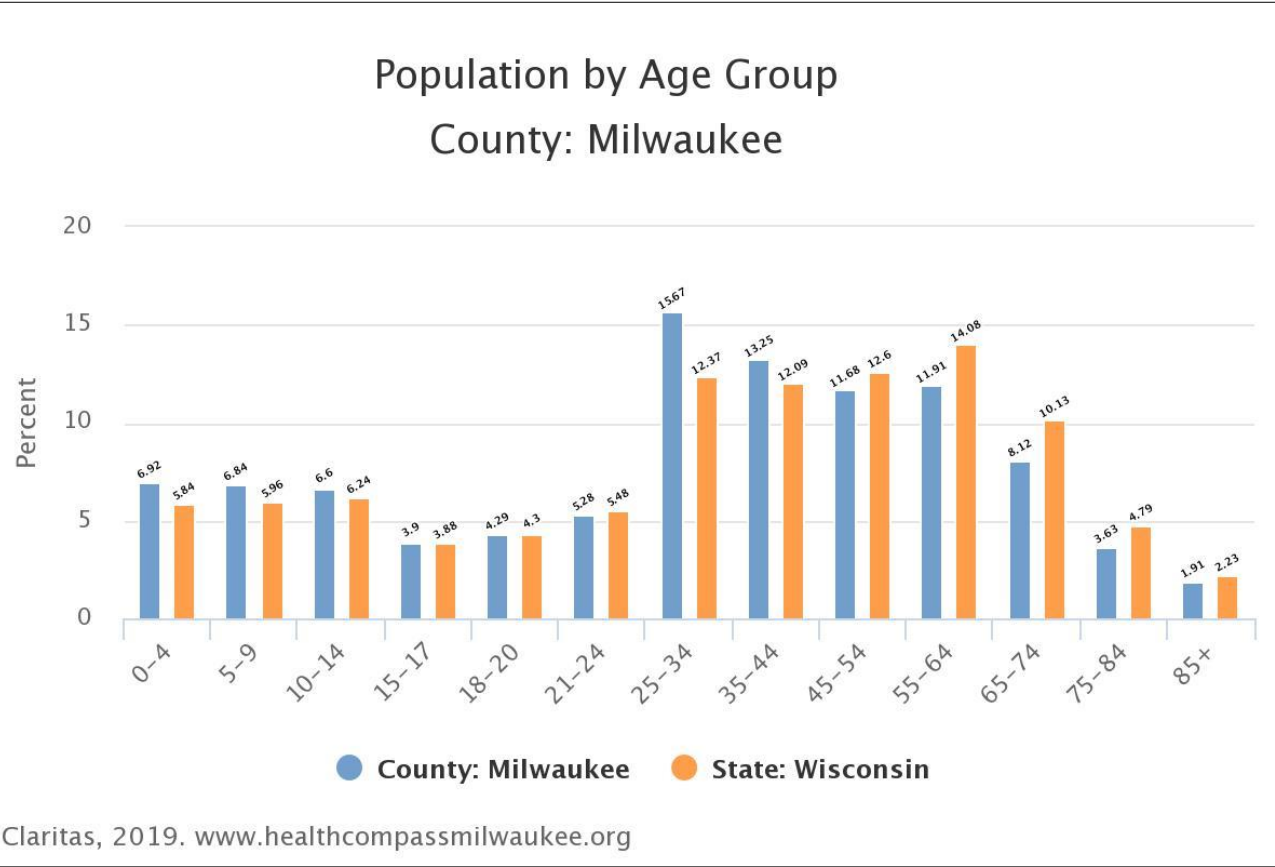
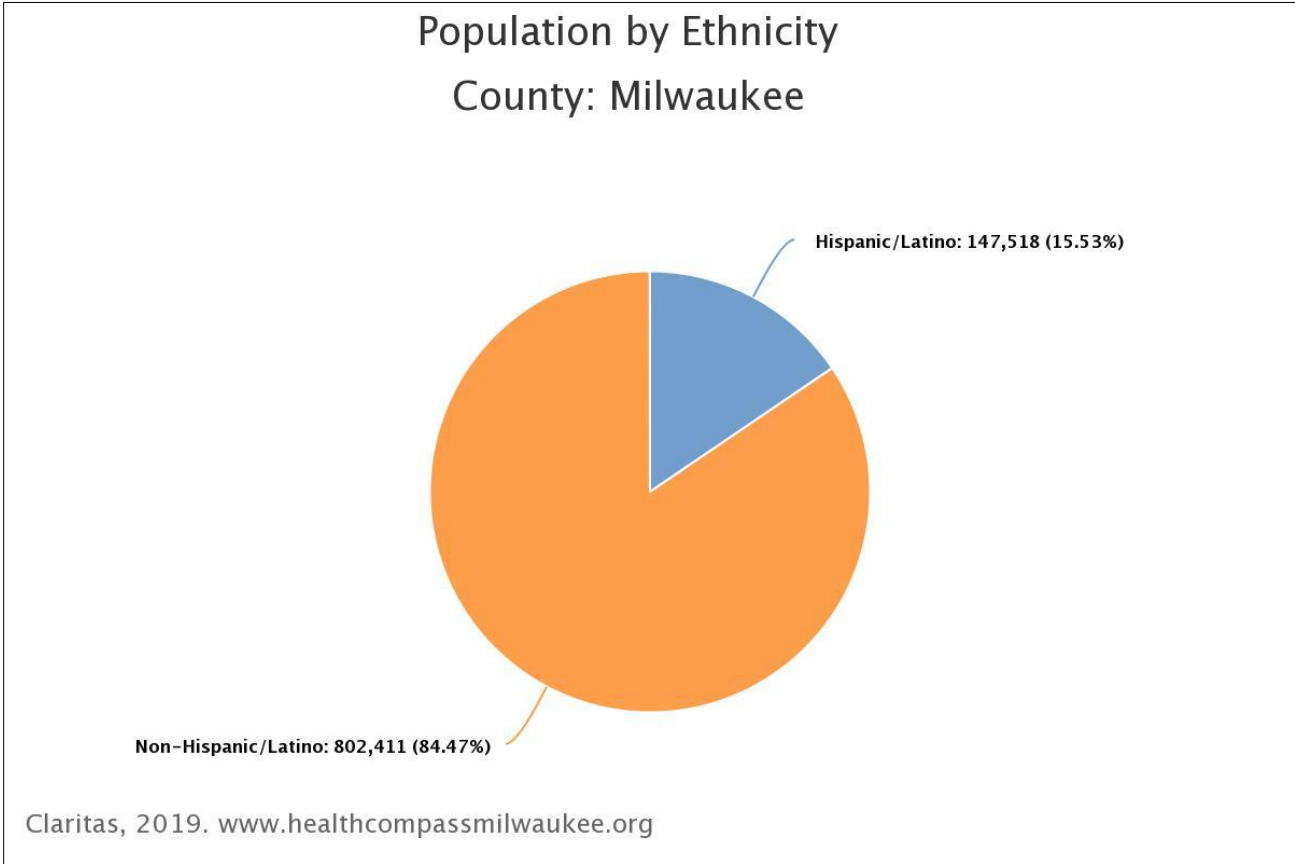
Our Community

For the purposes of the CHNA, the Ascension Wisconsin hospitals listed above focused on the needs of Milwaukee County. Our “community served” was defined as such because (a) most community health data is available at the county level; (b) many of our assessment partners define their service area at the county level; (c) most of our service area is in Milwaukee County; (d) many of our service lines span multiple campuses within Milwaukee County.

Demographic Profile of Milwaukee County

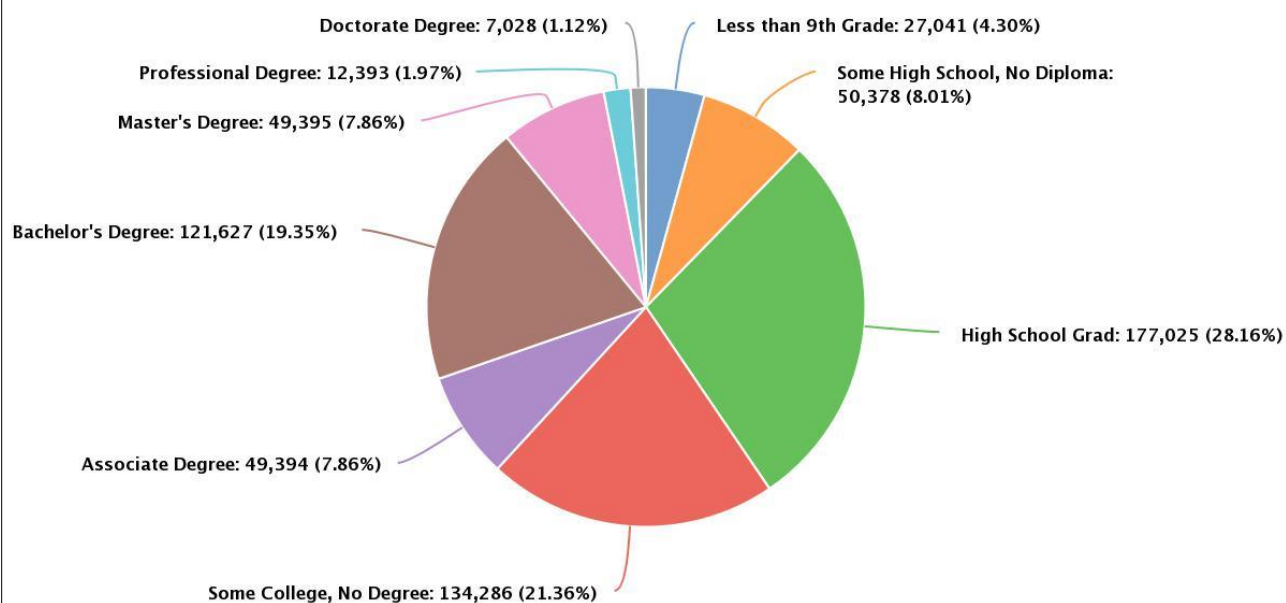
The following data is from [Health Compass Milwaukee](http://www.healthcompassmilwaukee.org), which is sponsored by the health system members of the Milwaukee Health Care Partnership (MHCP), including Ascension Wisconsin, Advocate Aurora Health, Children’s Hospital of Wisconsin and Froedtert and Medical College of Wisconsin.



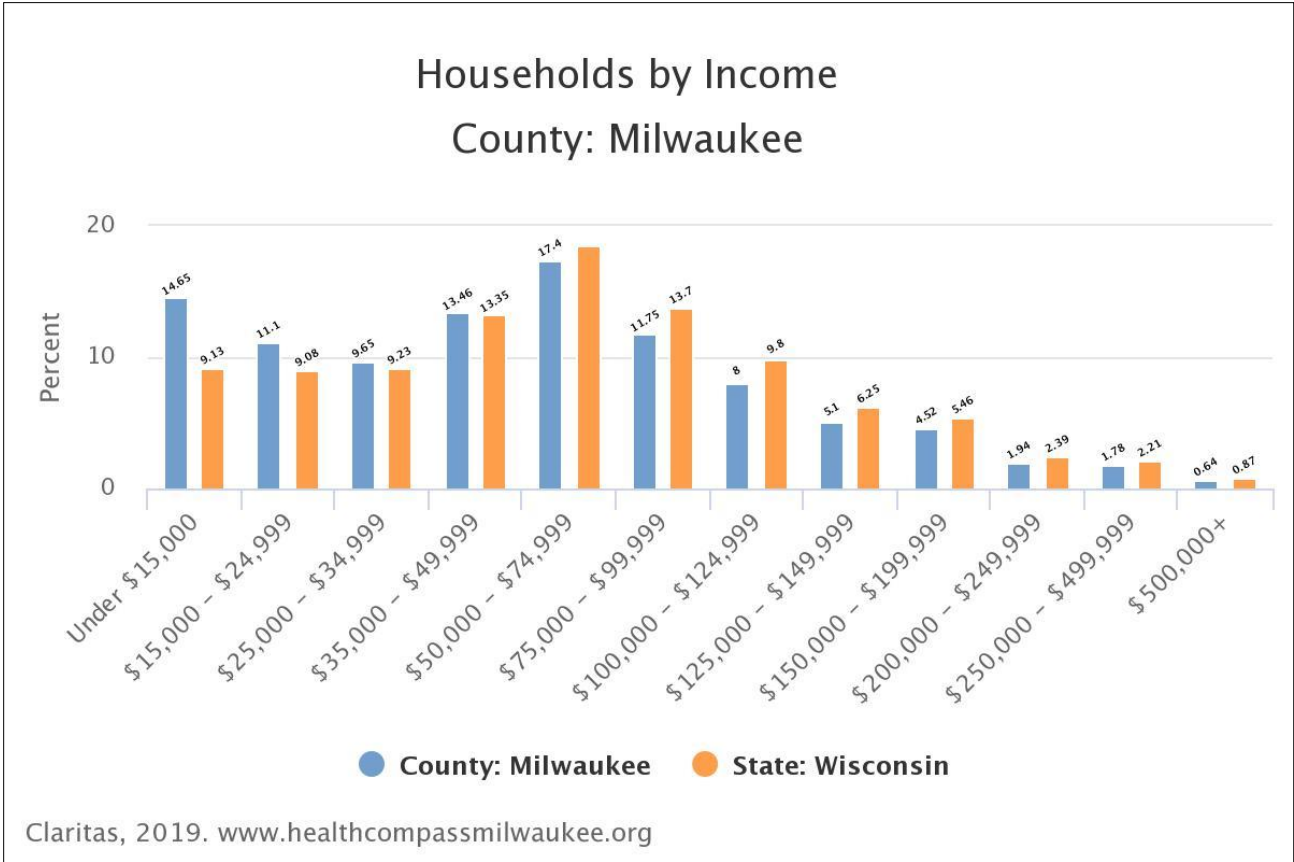


Population Age 5+ by Language Spoken at Home	County: Milwaukee		State: Wisconsin	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	737,700	83.67%	4,983,305	91.33%
Speak Spanish	91,195	10.34%	253,061	4.64%
Speak Asian/Pac Islander Lang	22,417	2.54%	96,794	1.77%
Speak Indo-European Lang	22,414	2.54%	105,120	1.93%
Speak Other Lang	7,986	0.91%	18,321	0.34%

Population 25+ by Educational Attainment County: Milwaukee

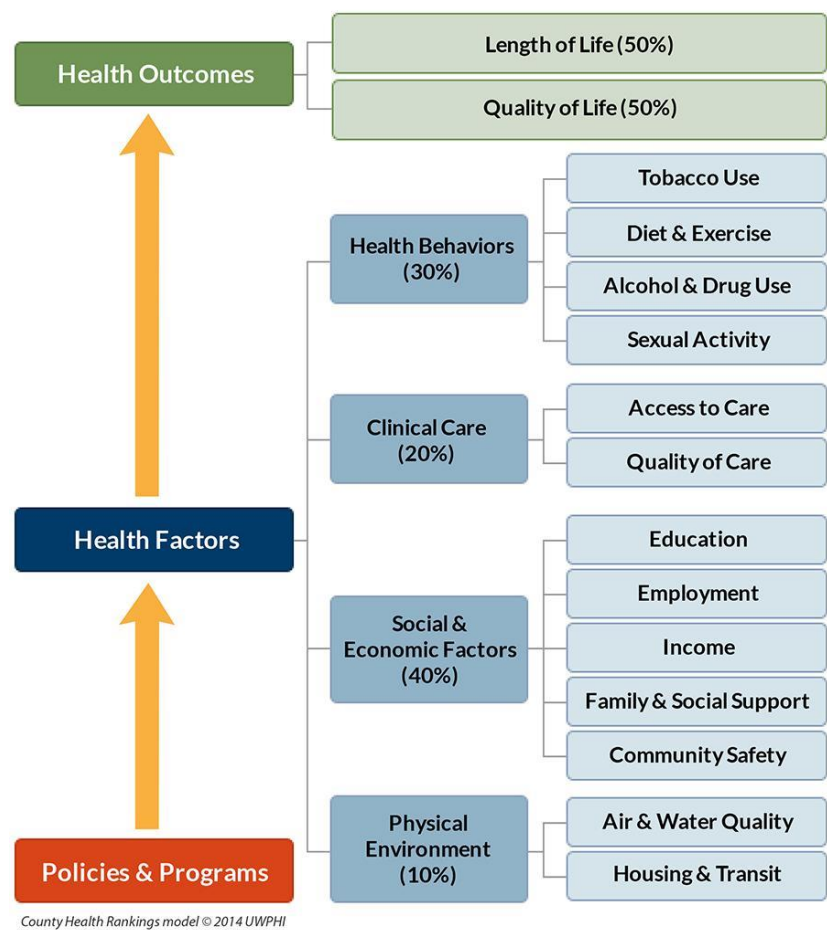


Claritas, 2019. www.healthcompassmilwaukee.org

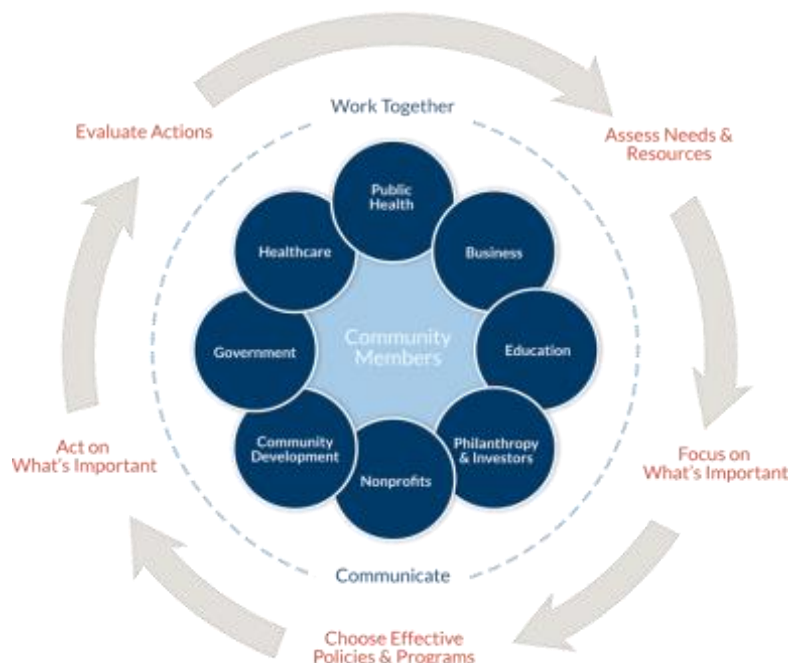


Our Community Health Improvement Approach

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 using a coordinated approach and standard model led by the Milwaukee Health Care Partnership. Partners in Milwaukee County included Ascension Wisconsin, Advocate Aurora Health, Children's Hospital of Wisconsin and Froedtert and Medical College of Wisconsin.

To assess the health needs of Milwaukee County, the MHCP took the following steps:

- **Community Health Survey:** A telephone survey of 1,312 residents was conducted by JKV Research, LLC, between February 20 and May 12, 2018. The survey included questions about personal/family health and the respondent's perception of top health needs in the community.
- **Secondary Data:** Community health data was compiled from a variety of public sources that are maintained by Conduent Healthy Communities Institute or the Center for Urban Population Health (CUPH) and can be found at [Milwaukee Health Compass](#).
- **Key Informant Interviews:** Interviews were conducted by members of the MHCP in Milwaukee County with key stakeholders in Milwaukee County. (Note: Those interviewed included the local health department and representatives of organizations that serve medically underserved, low-income and minority populations.) See Appendices for more information.

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

[Key Informant Report](#)

[Milwaukee Health Compass](#)

[Community Health Survey Report](#)

Additional Community Input:

- **Community Conversations:** Ascension Wisconsin also conducted several community conversations to solicit additional input on community health from area residents. (See description below.)

Voice of the Community

Ascension Wisconsin is committed to addressing community health needs collaboratively with local partners. Ascension Wisconsin 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 Members

Key informants:

The list of key informants in Milwaukee County was developed by the assessment partners. These partners also invited the key informants to participate and conducted the interviews in April and June 2018. 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

Community Conversations:

Ascension Wisconsin hosted five community conversations in January 2019 to listen to the community's answers to the following question: *"What do we need to work on together to improve the health of our community?"* Interactive, small group discussions were facilitated around these follow-up questions:

1. What does a healthy community look like?
2. To create a healthy community, what needs to change?
3. What would you expect to see in the next year to show we are heading in the right direction?

After each question, the table host for each group reported a summary of their group's conversation. Detailed notes were taken during the report-out and any notes taken by the table host or written by community members were gathered and compiled into a summary document. In addition, a graphic artist captured the conversation visually, creating a mural that tells a story representing the ideas shared in the report-out. Community members were given the opportunity to identify their top three priorities by voting on the mural with stickers. The entirety of the input, as well as the results of the voting, were taken into consideration in the prioritization process.

See full report in the Appendices.

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 Wisconsin took the following steps:

- **Community Survey:** Whenever the number of survey respondents was sufficient to allow for it, the data was reported by specific population groups including gender, age, household income level, education and marital status.
- **Key Informant Interviews:** The interviews of key informants included input from members of organizations representing medically underserved, low-income and minority populations.

As part of the process to select the health priorities, strong consideration was given to how individuals who are more vulnerable are impacted by the health issues. (See prioritization criteria below.)

Summary of the Voice of the Community

Key Informant Interviews (Top five public health issues (from list in State Health Plan))	Community Phone Survey (Top three community health issues)	Ascension Wisconsin Community Conversations (Top three priorities to create a healthy community)
Mental health (79%) Access to healthcare (62%) Violence (46%) Substance use (31%) Nutrition and healthy food (26%) Chronic disease (18%)	Chronic disease (34%) Substance use (27%) Access to healthcare (20%) Infectious disease (17%) Violence (16%) Mental health (15%) Overweight/obesity (15%) Nutrition and healthy food (6%)	Mental health (25) Ascension St. Joseph is an anchor in the community (15) Ascension St. Joseph invests in the community (14) Ascension St. Joseph provides comprehensive services (11) Youth services (8) Culturally congruent care (7) Follow-up phone calls from providers (7) Communication between partners (6) Diversity outreach (5) Ascension St. Francis is information center (5) Healthcare navigators (5) Coordinated resources (4) Opportunities for employment (4) Share positive stories (4) Action plan developed by Ascension Wisconsin and community (4) Community safety (3)

Input on the Previous CHNA

No written comments were received regarding the previous CHNA.

Priorities for Action

Prioritization Process and Criteria

- The Milwaukee Market Community Health Improvement Plan (CHIP) team reviewed all the data described above and a summary of the top needs identified within each assessment source. In a meeting on January 29, 2019, 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. Those priorities are Access to Care, Chronic Disease Prevention, Infant Mortality and Mental Health. That recommendation was presented to the hospital leadership teams at its February 18, 2019, meeting for final approval.
- MOSH hospital leadership reviewed the health priorities selected county-wide and selected the health priorities specific to their campus.

Prioritization Criteria:

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
- Chronic Disease Prevention

Health Needs Not Selected for this Plan

MOSH understands the importance of all the health needs of the community and is committed to playing a 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.

As an orthopedic hospital serving a limited range of patient needs the following needs are outside the scope of the services we provide and will not be addressed in our Community Health Improvement Plan:

- Alcohol and Substance Use
- Infant Mortality
- Mental Health
- Violence
- Sexually Transmitted Infections

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:

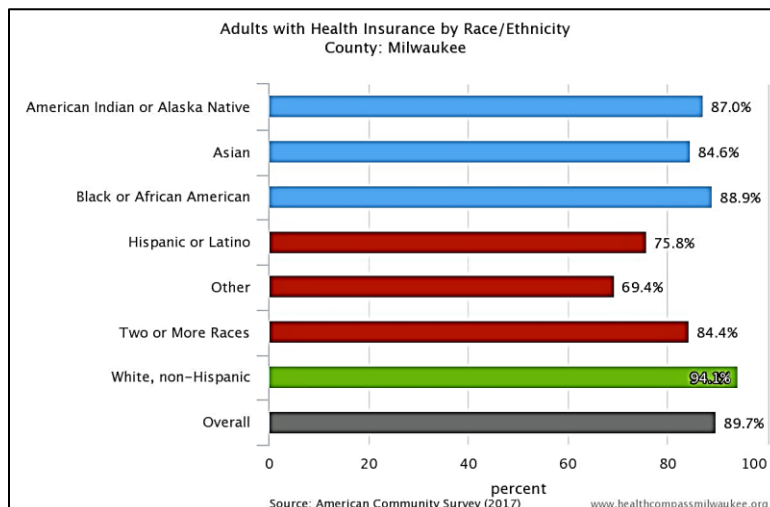
- Better health outcomes
- Fewer health disparities
- Lower healthcare costs

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



Data Highlights

From Milwaukee County Community Health Survey:

- Fifteen percent of respondents reported they had unmet dental healthcare needs in the past year
- Twelve percent of respondents reported a prescription drug was not taken due to cost
- Eighteen percent of respondents reported they receive their primary health services in urgent care

Local Assets and Resources:

Key informants listed many organizations and services, such as school nurses and free and community clinics. Additional resources include:

- Milwaukee Health Care Partnership's focus on access to care and specialty care
- Efforts with Federally Qualified Health Centers and the City of Milwaukee Health Department to address barriers with navigating various systems
- Efforts to decrease use of emergency departments for primary care
- Milwaukee Enrollment Network's work to increase enrollment rates with the uninsured
- 2-1-1 Wisconsin for real-time services
- Mental Health Taskforce's dedication to increasing access to mental health services

Chronic Disease Prevention

Why it is Important

Chronic diseases include heart disease, stroke, cancer, diabetes and asthma. They are very costly, but effective management can prevent more serious complications. More importantly, they can often be prevented through healthy diet, physical activity and 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

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

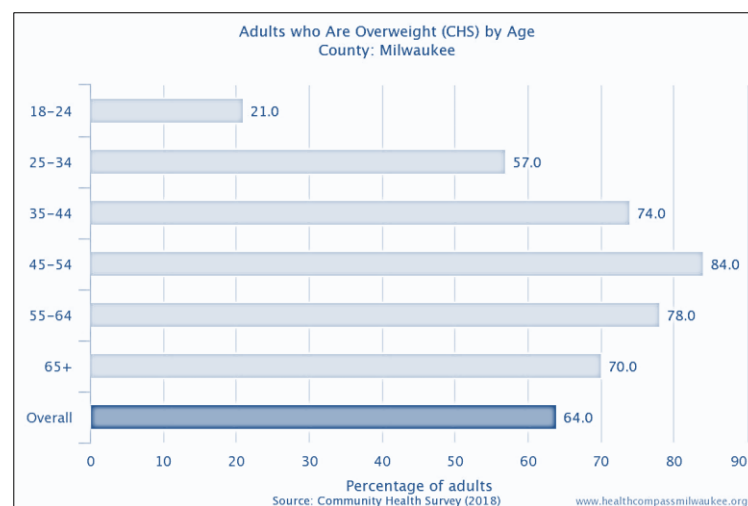
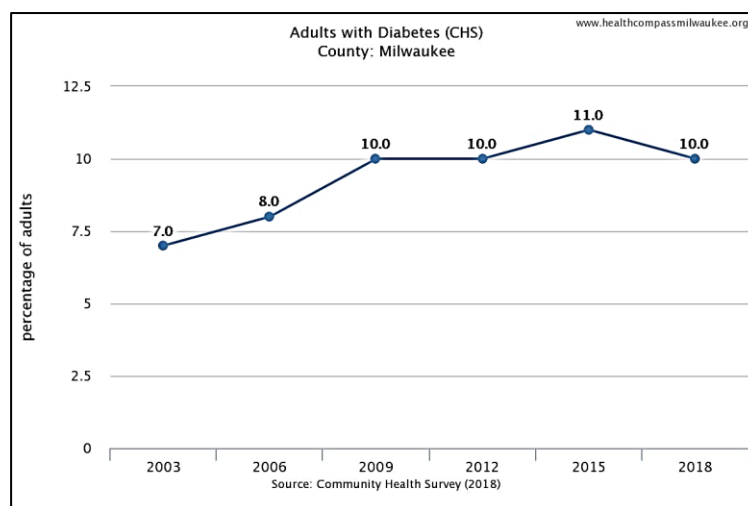
A healthy diet reduces risk of chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses.

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

Good nutrition in children is important to maintaining appropriate weight and healthy growth and development.

Source:

1. Healthy People 2020



Data Highlights

While only 10 percent of Milwaukee County Community Health Survey respondents report having diabetes, 64 percent of respondents report being overweight, which increases their risk for developing type 2 diabetes.

Local Assets and Resources:

Key informants identified numerous community initiatives to address chronic disease, including:

- Community outreach programs
- Awareness campaigns
- Chronic disease support groups
- Community health clinics
- Case management
- Nursing services
- Community health fairs
- Food share program at farmer's markets
- Community nutrition education

Results of the Previous CHNA Process

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

- Nutrition and/or Physical Activity
- Substance Abuse

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

Next Steps

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

- Collaborating with community partners
- 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 Midwest Orthopedic Specialty Hospital Board on April 30, 2019. Subsequently the legal names of the included entities on page 2 were revised for clarity. These revisions were approved by the Midwest Orthopedic Specialty Hospital Board on October 29, 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 Process²

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 action steps and output indicators for each strategy

At the end of each fiscal year:

- Report on results for short-term outcome and output indicators
- 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

² 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:

Access to Care

Athletic Training Services

- Results for Year One:
 - The hospital continues to make connections in the community to promote safe activity for all ages. MOSH associates participated in the Franklin Bike Rodeo and provided riding safety education to children. The athletic trainers provided evidence-based training techniques to achieve optimum performance for students in a sustainable healthy program at eight area high schools. Physicians promoted overall safety by participating in concussion evaluations and providing treatment for injuries, including rehab with the athletic trainers.
- Results for Year Two
 - Sports Medicine/Athletic Training services were made available to many area schools, offering coverage for sporting events, special events, summer school and daily training sessions. At these schools, a full-time, certified and licensed athletic trainer offered daily training room hours for students and faculty and was available during practices and games. One hundred percent of participating partners provided a positive evaluation of the partnership with athletic trainers. Athletic trainers also referred 100 percent of students to orthopedics or provider of choice, if higher level of injury care was needed.
- Results for Year Three:
 - Athletic Training partnerships continue with numerous area high schools and offered coverage for sporting events, special events, summer school and daily training sessions. At these schools, a full-time, certified and licensed athletic trainer offered daily training room hours for students and faculty and was available during practices and games. In addition, MOSH also provides Athletic Training services to local youth soccer clubs and teams.

Oak Creek Senior Health Fair

- Results for Year One:
 - No action in year one.
- Results for Year Two:
 - Offered education to local community at senior health fair. Education included bone health overview, nutrition, fall risk / safety interventions, health screening and grip strength assessments.
- Results for Year Three:
 - MOSH associates and providers did not participate in the Oak Creek Senior Health Fair but they did participate in the Franklin Family Health Night and provided education on bone health, nutrition and fall risk / safety interventions.

Appendix 2: Community Leaders/Stakeholders

In 2018, input about our community's most pressing health needs was provided by 80 individuals participating in key informant interviews and focus groups. Many organizations listed here serve low-income, minority and medically underserved populations. The informants represent an array of perspectives from communities that include, but are not limited to: African American, Native American, Hispanic, Hmong, senior citizens, youth, veterans, LGBTQ, individuals with disabilities, and persons living with mental illness and substance abuse.

Name	Title	Organization
Nicole Angresano	Vice President of Community Impact	United Way of Greater Milwaukee and Waukesha County
Ken Barbeau	Director of Community Programs and Services	Housing Authority of the City of Milwaukee
Michele Bria	Chief Executive Officer	Journey House
Michael J. Brunson, Sr.	Assistant Chief of the Patrol Bureau	Milwaukee Police Department
John Chianelli	Executive Director, Vice President	Whole Health Clinical Group
M. Riccardo Colella	Medical Director of the Emergency Medical Services Division	Milwaukee County Office of Emergency Management
Héctor Colón	President and Chief Executive Officer	Lutheran Social Services of Wisconsin and Upper Michigan
Matt Crespín	Associate Director	Children's Health Alliance of Wisconsin; Milwaukee County Oral Health Task Force
Danae Davis	Executive Director	Milwaukee Succeeds
Ricardo Diaz	Executive Director	United Community Center
Darrienne Driver	Former Superintendent	Milwaukee Public Schools
Andi Elliott	Chief Executive Officer	Community Advocates
Madeline Gianforte	Executive Director	CORE/ El Centro
Michael Gifford	President and Chief Executive Officer	AIDS Resource Center of Wisconsin
Martina Gollin-Graves	President and Chief Executive Officer	Mental Health America of Wisconsin
Shelley Gregory	Transgender Resource Coordinator	Milwaukee LGBT Community Center
Eve M. Hall	President and Chief Executive Officer	Milwaukee Urban League
Janel Hines	Director of Grant Programs and Strategic Initiatives	Greater Milwaukee Foundation
George Hinton	President and Chief Executive Officer	Social Development Commission
John Hyatt	President and Chief Executive Officer	IMPACT Inc.
Lyle Ignace	Chief Executive Officer	Gerald L. Ignace Indian Health Center

Name	Title	Organization
Laurene Gramling Lambach	President and Chief Executive Officer	Interfaith Older Adult Services
Mike Lappen	Administrator	Milwaukee County Behavioral Health Division
Amy Lindner	President	United Way of Greater Milwaukee and Waukesha County
Susan Lloyd	Executive Director	Zilber Family Foundation
Kent Lovern	Chief Deputy District Attorney	Milwaukee County District Attorney's Office
Mary Jo Meyers	Director	Milwaukee County Department of Health and Human Services
Reggie Moore	Director	City of Milwaukee Office of Violence Prevention
Mayhoua Moua	Executive Director	Southeast Asian Educational Development (SEAD) of Wisconsin, Inc.
David Muhammad	Program Manager	City of Milwaukee Office of Violence Prevention
Steve Ohly	Clinic Manager	Aurora Walker's Point Community Clinic
Heather Paradis	Medical Director of Community Services	Children's Hospital of Wisconsin
Paula Pennebaker	President and Chief Executive Officer	YWCA Southeast Wisconsin
Carmen Pitre	President and Chief Executive Officer	Sojourner Family Peace Center
Tammy Rivera	Executive Director	Southside Organizing Center
Maria Rodriguez	Resident Services Manager	Housing Authority of the City of Milwaukee
Kathryn Sprague	Aging Resource Center Manager	Milwaukee County Department on Aging
Kenneth J. Sternig	Emergency Medical Services Division Director	Milwaukee County Office of Emergency Management
Melinda Wyant Jansen	Vice President of Programs and Chief Academic Officer	Boys & Girls Clubs of Greater Milwaukee
Natalie Zaroni	Director of Client and Program Services	Milwaukee LGBT Community Center

Focus Groups:

Federally Qualified Health Center (FQHC) Coalition

Local Health Departments in Milwaukee County

Free and Community Clinic Collaborative (FC3)

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

Appendix 4: Wisconsin Community Conversations Summary of Themes



Ascension Wisconsin Community Conversations Summary of Themes

Ascension Wisconsin hosted several community conversations in January 2019 to discuss with the community the following question: *“What do we need to work on together to improve the health of our community?”* The World Café method was used to guide the conversations and involved community members discussing three related questions:

1. What does a healthy community look like?
2. In order to create a healthy community, what needs to change?
3. What would you expect to see in the next year to show we are heading in the right direction?

After each question, the table host for each group reported a summary of their conversation to the larger group. Detailed notes were taken during the report-out and any notes taken by the table host or written on the tablecloths by community members were gathered and compiled into a summary document. Consultants with Ujima United, LLC organized, analyzed and coded the summary document to identify themes that emerged across the listening sessions. Themes were organized using the County Health Rankings Model. The following is a summary of the results.

1. What does a healthy community look like?

The answers for the vision of what a healthy community looks like fall across all four main categories of determinants of health (health behaviors, clinical care, social and economic factors and physical environment) and beyond. The themes that are beyond the County Health Ranking model include infrastructure or system issues that either fall within the healthcare organization, i.e. cultural competency, or that fall outside clinical care, i.e. police involvement, ending homelessness. The answers for the vision for health also include partnerships across all these systems.

Health Behaviors: The healthy behaviors’ recommendations revolve around access to and creating the conditions that support healthy behaviors.

- **Access:** to proper nutrition, healthy foods, gyms and exercise areas
- **Education:** on exercise, nutrition and healthy meal preparation
- **Infrastructure:** bilingual health education, culturally and linguistically appropriate training

The health behaviors determinant of health was more prominent in the Ascension St. Francis forums, as well as need for education and the connection to education and infrastructure. Healthy behaviors were less prominent at the Ascension St. Joseph forum, only mentioned 3 times, twice about physical fitness and once for health education.

Clinical Care

- **Access:** easier access to care, quality and affordable care for all, across the lifespan
- **Infrastructure:** Holistic/integrated services, workforce diversity, partnerships with systems outside health care, multilingual services, cultural competency and sensitivity, health literacy, advocacy, support navigating systems and access resources, no duplication of services and belief that health care is a right

The clinical care determinant of health was more prominent in the Ascension St. Francis service area. However, when these topics came up in the Ascension St. Joseph area, it was reflected as infrastructure issues.

Social and Economic Factors

- **Community connectedness:** Neighbors interacting with each other and positive relationships between them, getting along
- **Safety:** in schools, neighborhoods (free of criminal activity, gun violence and homelessness, no speeding traffic) and low incarceration
- Police involved and working well with residents
- Increased support groups
- Increased education
- Low unemployment, low poverty
- Increased communication and activities with and among children
- Engagement, community participation, understand community, proud, respect and conflict resolution

The social and economic factors determinant of health was more prominent in the Ascension St. Joseph area, and the themes reflected more emphasis on economic issues, civic engagement, access to resources. The ideas shared were more conceptual and intangible.

Physical Environment

- Safe environment, playgrounds
- Fresh water, no lead in water or blood
- Clean streets, sidewalks
- Urban gardens, green space
- Grocery stores, healthy foods and no food desserts
- Access to affordable and reliable transportation
- Well-kept/aesthetically pleasing

Most comments during the conversations fell into the four health determinants categories listed above. The only health outcome that was called out during these sessions is mental health.

Infrastructure:

- **Organizational capacity:** health literacy, cultural competence, holistic/integrated services, approach to change, bilingual services and diverse workforce
- **Systems changes to support health:** police involvement, end homelessness
- **Partnerships with:** schools, churches, non-profits, government, etc.
- Systems alignment, interdependence, ownership, accountability, reflective leadership, address biases, vision for healthy community, deliver on promises, work together and intentional approaches to problems
- Different backgrounds, diversity

2. In order to create a healthy community, what needs to change?

The answers for this question emphasized infrastructure changes.

Health Behaviors

- **Mental health:** Decrease trauma; decrease hopelessness and attitude
- Healthy food, education to increase healthy choices, food education for children
- Investment in preventative care; provide people with tools to be healthy
- Earlier involvement in care; education of children

Access to Care

- **Education:** how to navigate healthcare
- **Communication tools:** info for community members to increase awareness
- Youth and senior programs
- Personal attention and focus to patients' levels of understanding and issues/barriers (i.e. transportation)
- Proper follow up education and after seeing a patient
- Investment in preventative care

Social and Economic

- **Investment in economic development;** entrepreneurship; income
- **Safety:** healthy conflict resolution; block watch
- **Community conditions:** segregation; inclusion – everyone's voice heard
- Education
- Job creation and entrepreneurship, jobs, and eliminate poverty
- Meaningful opportunities for 13-22 year-olds; involve youth
- Role models
- Teach advocacy/empower community; invest in community and people
- Sense of community identity

Physical Environment

- Too many corner stores with unhealthy options
- Transportation
- Green space

Infrastructure

- **Leadership changes:** Leaders need to follow through; accountability
- **Partnerships:** Shared problem solving; get people involved/working together; collective ownership (i.e. build park as community); and systems need to incorporate the community
- **Workforce:** Providers need education; hire staff from community
- **Asset-driven model:** lead with what's positive; take pride in community; what's working?
- **Attitude:** take ownership (i.e. neighborhood association, church – knowing resources); open minded/listen
- **Community engagement:** invite community to events; listen to community and follow through; mindset – be open minded and listen to each other; passion is there to serve community; “We should go to them, be more involved; get community together; people involved in decisions should know community
- **Trust:** Ensure community knows follow up on issues/concerns to enhance reputation; more transparency in community investments
- **Health literacy:** using relevant communication tools to spread education
- Channel individual passion into the community; being invested in people
- Incorporate the community in hospital (community events, community uses Ascension facilities, associates educated on community, know patients)
- Purposeful living
- Increase values/morals
- Transparency, community involvement; be visible in changes being made; money going to community – make sure where it's going is understood; what is being done?

3. What changes would you expect to see in the next year to show we are heading in the right direction?

In question 1, Ascension St. Francis had a lot of emphasis on Health Behaviors. However, in reflecting on question 3, the emphasis was on infrastructure issues, as well as Ascension Wisconsin's organizational capacity. While Ascension St. Joseph also had feedback regarding infrastructure and organizational issues, they had more attention placed on mental health, health behaviors and health outcomes (chronic disease management, infant mortality) than did Ascension St. Francis focus groups. Ascension St. Joseph also had more emphasis on the determinants of health than did Ascension St. Francis.

Health Outcomes

- Better quality of life
- Quality of care and improved quality of life

Health Behaviors

Healthy behaviors didn't come up for Ascension St. Francis but did come up for Ascension St. Joseph. As in question 1, the feedback revolved around addressing conditions and infrastructure, rather than disease specific outcomes. The only exception was in the case of mental health and infant mortality, which were called out as specific health outcomes to be addressed.

- **Conditions that support healthy behaviors:** healthy food, fresh food – available closer; space for gym; restrict liquor and tobacco licenses
- **Mental Health:** decrease need for behavioral health; lots of folks walking around with mental illness not getting help
- Infant mortality
- Address lead issues

Clinical Care

The major themes identified were around access and wrap-around services, with a focus on prevention and wellness. Also mentioned was lower ED and hospital stays. Quality of care did not come up as a strong theme.

Access

- **Health Services:** more prevention education; preventative classes; support groups; mental health wrap-around services for pregnant women and fathers; increase urgent care, mental health and dental access; increase primary care; self-care for chronic disease
- **Alternative Delivery:** reduce lead levels in our children, reduce lead levels in MPS; mobile care delivery; increase doulas and pregnancy services, community health workers
- **Navigating:** more advocates to help patients navigate the system, how to access resources; all-inclusive one source to find out about Ascension resources; resource hub; follow-up phone calls; increase community health workers and advocates
- **Invest:** hospitals need to remain in the community; see real investment in community hospitals like Ascension St. Joseph and Ascension St. Francis; community education programs; providing space for exercise
- **Increase Access:** Increased access to affordable, accessible mental health care; communicate health education programs – accessible, easy like yoga; mental health wrap-around services that are accessible; accessibility in healthcare for elderly
- **Holistic:** services that compliment what is at the hospital

Social and Economic

Ascension St. Francis emphasized resources for youth, schools and parents. For Ascension St. Joseph, the themes reflected more emphasis on safety, workforce, community investments, civic engagement, community support and access to resources.

- **Youth:** school changes – more government funding; more health education in schools; more money for local schools for training programs; place for kids to come and hang out; equal investment in schools; invest in children - encourage community service and engagement (i.e. candy stripers and scholarships)
- **Family & Social Support:** more advocates; people come together and look after each other; parent support groups; activate spaces in community; increase recreational activities; bring things back to the neighborhood; annual health fair; accountable for elderly; refugee programs
- **Investments:** financial commitment to community; equal investment in all schools; ratio of business (i.e. more open than closed); changes on Burleigh (i.e. businesses coming back); fewer vacant stores; increase viable businesses; increase home ownership and decrease absentee landlords; hub or incubator similar to Sherman Phoenix – bring in groups to train; want to know Ascension has a plan to invest in community
- **Employment:** better jobs; workforce development (more college/business incubators); \$15/hour contract workers; increase training for jobs and entrepreneurship; job growth to support families
- **Safety:** decrease crime; stats around decreased crime; decrease drugs, decrease violence; improved police relationships; increase safety; decrease gun violence; decrease incarceration and increase rehab investment
- **Civic Engagement:** need action; disempowerment; political action to support/enhance/incentivize services; increase voter turnout and vet right candidates
- **Address Community Conditions:** dismantling segregation – (most segregated city article), Ascension's role, partner with businesses, education, etc.; more home owners
- **Positive Attitude:** tell positive stories and celebrate the neighborhood; see positive changes

Physical Environment

- **Beautify:** Foreclosure homes – paint murals; Improve cosmetics; clean up community, clean streets; Partner to ensure clean streets;
- **Safety:** better street lighting; walkable neighborhood
- Access to transportation
- Decrease lead levels
- Improve athletic field Washington/North

Infrastructure

Both hospital campus service areas had strong feedback for infrastructure issues, especially around engagement and organizational changes. The majority of Ascension St. Francis feedback had an emphasis on organizational changes to address, including improved perception; accountability; leadership; cultural and linguistic competencies; and respect for the community served.

Organizational changes

- **Improved Perception:** hospital is an intimidating setting – address by hosting a social mixer event with leaders, RNs and MDs, admission to event would be screening, healthy cooking/dancing; more welcoming staff and environment – patients have left feeling judged; friendly, respectful staff; improve trust; improve community opinion of hospital; friendly environment
- **Accountability:** want to know there's a plan – priorities identified/direction/engagement with other stakeholders and partners; identify partner with regular meetings; implement good ideas; make action plan public for accountability – be open to suggestions; see where things are in a year. Do-able actions to improve health; bed sores – accountability.
- **Transparency:** of community benefits money to ensure nonprofit status
- **Measure Outcomes:** think smaller to see outcomes within next year; start now and build from there
- **Leadership:** leadership from within the community; identify community ambassadors; Ascension be a leader in the community; Ascension can serve as a catalyst – look at existing partnerships; partner together; Ascension St. Joseph is anchor of community
- **Organizational:** cultural & linguistic competency: Spanish-speaking community feeling more welcome; culturally welcoming; cultural training from the top to receptionists; more welcoming staff and environment
- **Respect:** improving trust and opinion of the hospital; people are willing to drive to other parts of town or even out of town to access care that treats them with more respect
- **Build Trust:** Ascension needs to show people what they are going to do before folks buy in and believe

Workforce

- **Pipeline:** money for training pipeline with MATC/UWM; offer trainings/certificates on campus then hire them; increase number of primary care providers
- **Diversity:** hire from neighborhood/community; community organizers in hospital; hire diverse employees at Ascension
- **Ratios:** hiring and staffing ratios that allow workers to also spend time in the community to provide context for the care they are giving
- **Training:** culturally-based and trauma-based training; standard of care – culture of hospital needs to be improve
- **As Employer:** want to come to Ascension St. Joseph (good reputation); Ascension is hub for thriving/sustainable jobs (allow unions)

Community Engagement

- **Forums:** more access to these community forums for people who can't come in person; more community involvement in these types of sessions; follow-up from these meetings (i.e. what came from it?)
- **Diversity Committee** – used to have trainings for staff, did food drives, etc. – need to resurrect it
- **Neighborhood Association** – bigger meetings, more well-known with Ascension involvement; hospital should host neighborhood association meetings quarterly

- **Build Community:** family fun days; social mixer with nurses, doctors, leaders, as precursor to have stronger discussions with community about health (healthy foods, dancing, screenings with information); intergenerational events; community space at Ascension St. Joseph
- **Respect:** listen, awareness; real relationship with those being served
- **Partner with Community:** participants are brought in at the beginning of making change; be a part of decision making – not just asking people for opinions; empower collaborations; engage partners

Communication

- **Open Channels:** information from Ascension on these conversations and how they pick priorities; community awareness of today's discussion; report and follow up from Ascension after all these discussions; ongoing dialogue; advertise Ascension St. Francis – behavioral health, senior meals; conversation with Ascension St. Joseph
- **Communication Tools and Tone:** Social media; billboards of success stories; sharing how a follow-up phone call changed their life; positive publication/press: marketing and messaging – knowing community, preventative ideas; better marketing of programs; more advocacy – no compassion for people without voice; create picture of who is doing what/murals to show change; website as communication site

To learn more about Midwest Orthopedic Specialty Hospital, visit mymosh.com

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



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