Ascension Wisconsin
Community Health Needs Assessment

2021-2024

Ascension Elmbrook

The goal of this report is to offer a meaningful understanding of the most significant health needs across Waukesha County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input gathered from the community. Findings from this report can be used to identify, develop and target hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

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The Spring 2021 Community Health Needs Assessment report was approved by the Ascension SE Wisconsin Hospital, Inc. board on April 27, 2021. The report applies to the following three-year cycle: July 2021 to June 2024. This report, as well as the previous report, can be found at our public website: https://healthcare.ascension.org/chna

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https://healthcare.ascension.org/chna

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

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Acknowledgements

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Waukesha County. Ascension SE Wisconsin Hospital, Inc. - Elmbrook Campus ("Ascension Elmbrook") is exceedingly thankful to the many community partners and members who shared their views, knowledge, expertise and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report and your interest and commitment to improving the health of all of our Waukesha County communities.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Waukesha County. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Elmbrook serves Waukesha County and the surrounding areas, the campus has defined Waukesha County as its community served for the 2021 CHNA. Waukesha County was selected because it is the campus' primary service area as well as community partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from June 2020 to December 2020 and used the County Health Rankings and Roadmaps process which incorporates data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, healthcare consumers, healthcare professionals, community stakeholders and multi-sector representatives. Input was intentionally gathered from the most vulnerable individuals and communities to identify their unmet health needs or gaps in services. Community input included telephone surveys with 400 residents and 41 key informant interviews with 47 organization partners. Secondary data analysis included review of metrics designed to measure health status and chronic disease, social and economic factors impacting residents and healthcare delivery system access and utilization trends experienced in the community.

Identification of Significant Needs in Waukesha County

The process used to determine the significant health needs included a prioritization meeting with a steering group of campus leaders and stakeholders. The data was presented to the steering group and recommendation options based on the top identified needs from the community were brought forward for consideration. The prioritized health needs were determined through a majority vote after the options were discussed at length. The stakeholders considered the following criteria in choosing the campus' priorities: scope of problem (number of people impacted, severity); health disparities (by income and/or race and ethnicity); feasibility (known interventions, capacity); momentum/commitment

(political will, community readiness); alignment (with health department, coalitions, Ascension Wisconsin strategies).

Based on the process described above, three significant health needs were identified for Waukesha County. Those needs are: Chronic Disease Prevention, Mental Health and Substance Abuse. These priorities will additionally consider strategies through the lens of the lasting social impact of COVID-19, Access to Care, Social Determinants of Health and Equity.

Conclusion and Next Steps

To ensure our efforts best meet the needs of our communities and will have a lasting and meaningful impact, Ascension Elmbrook will develop an Implementation Strategy plan which focuses on the following priority health needs during the 3-year term duration of July 2021-June 2024:

- Chronic Disease Prevention
- Mental Health
- Substance Abuse

About Ascension

As one of the leading non-profit and Catholic health systems in the U.S., Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of the communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

> **Mission:** 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.

For more information about Ascension, visit https://www.ascension.org/.

Ascension SE Wisconsin Hospital - Elmbrook Campus

As a Ministry of the Catholic Church, Ascension SE Wisconsin Hospital - Elmbrook Campus is a non-profit hospital governed by a local board of directors, and provides medical care to Waukesha County and the surrounding communities. In Wisconsin, Ascension operates 21 hospital campuses, more than 100 related healthcare facilities and employs more than 1,200 primary and specialty care clinicians from Racine to Eagle River.

Serving Wisconsin for about 150 years, Ascension is continuing the long and valued tradition of addressing the health of the people in our community. Following in the footsteps of our foundresses and founders, Ascension Wisconsin was formed in 2016 when sponsorship transitioned from four health systems: Wheaton Franciscan Healthcare, Ministry Health Care, Columbia St. Mary's and Affinity Health System.

For more information about Ascension SE Wisconsin Hospital - Elmbrook Campus, visit https://healthcare.ascension.org/Locations/Wisconsin/WIWHE/Brookfield-Ascension-SE-Wisconsin-Hospital-Elmbrook-Campus.

About the Community Health Needs Assessment

Community Health Needs Assessments, or CHNAs, are essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for community change.

Purpose of the CHNA

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs."[1] The process serves as a foundation for promotion of the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Elmbrook's commitment to offering programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at https://healthcare.ascension.org/CHNA and paper versions can be requested at Ascension Elmbrook.

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[1] Catholic Health Association of the United States (https://www.chausa.org)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Ascension Elmbrook has defined the community served as Waukesha County. Although the campus serves Waukesha County and the surrounding areas, the "community served" was defined as such because (a) most of our service area is in the county; (b) most of our assessment partners define their service area at the county level; (c) most community health data is available at the county level.
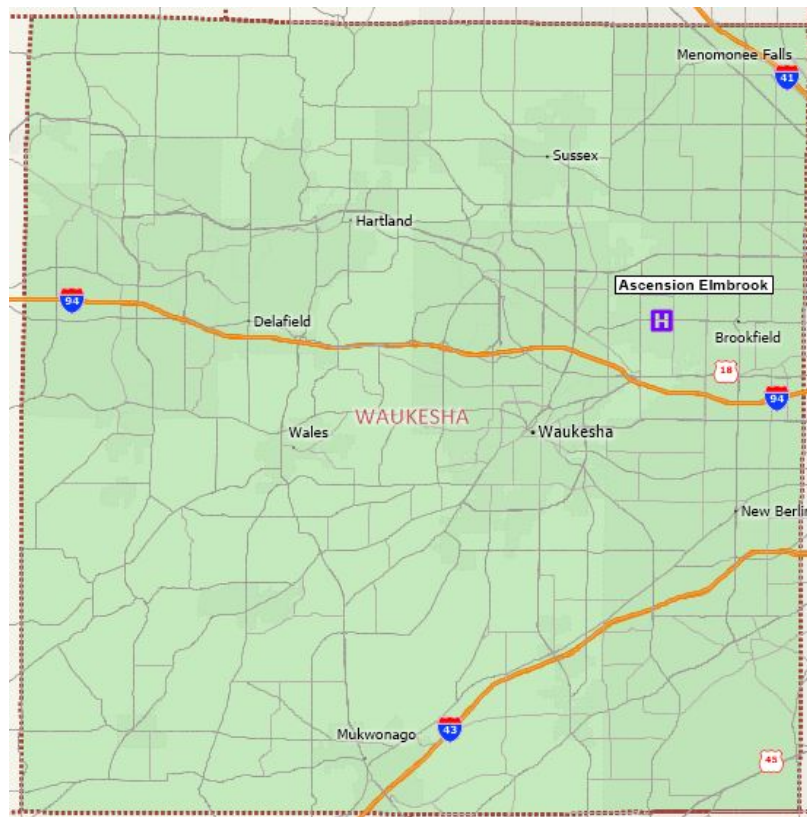

Image: Map of Community Served

Demographic Data

Located in southeast Wisconsin, Waukesha County has a population of 400,470 and is the third-most populous county in the state. Below are demographic data highlights for Waukesha County:

- 18.1% of the residents of Waukesha County are 65 or older, compared to 16.5% in Wisconsin
- 92.2% of residents are non-Hispanic and White; 4.7% are Hispanic or Latino (any race); 3.5% are Asian; 1.6% are Black or African American
- The total population increase from 2000 to 2010 was 7.5%, with the Hispanic or Latino population increasing by 41.1%
- The median household income is well above the state median income ($90,548 for Waukesha County; $64,168 for Wisconsin)
- The percent of all ages of people in poverty was significantly lower than the state (4.7% for Waukesha County; 10.4% for Wisconsin)
- The uninsured rate for the county is lower than the state (4% for Waukesha County; 6% for Wisconsin)

For additional demographic information, detailed tables and data sources for the above summary, please see Appendix A (p. 25-27).

Process and Methods Used

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.

County Health Rankings model © 2014 UWPHI
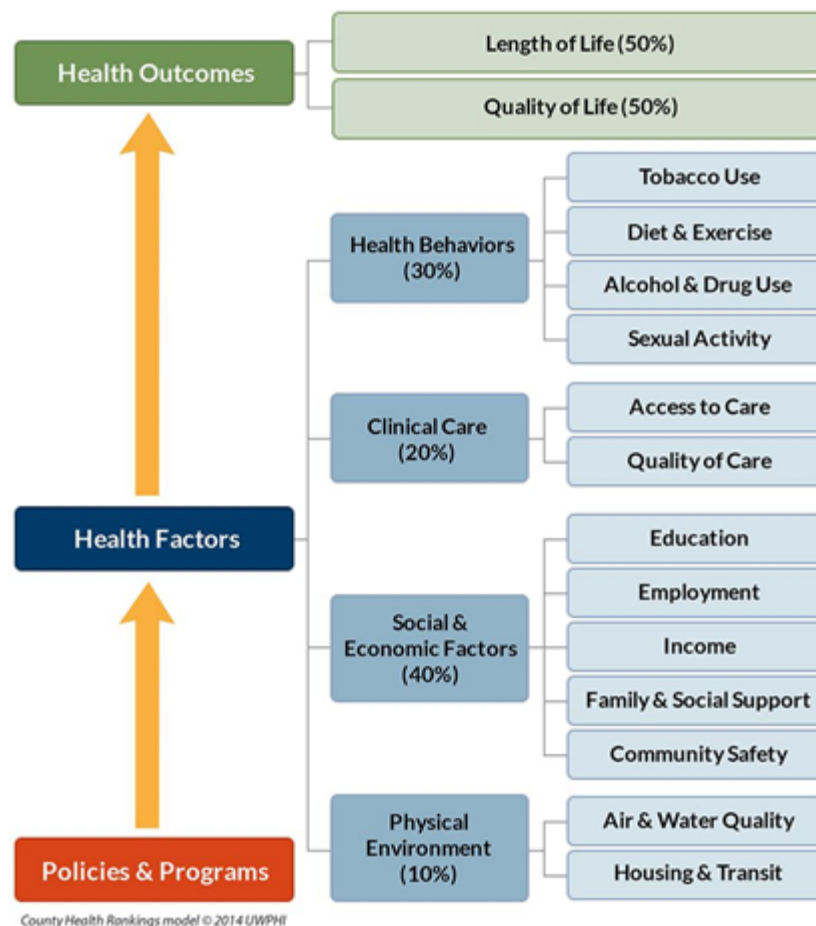
In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities*, developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program. This guidebook builds on the County Health Rankings and Roadmaps' Action Center.
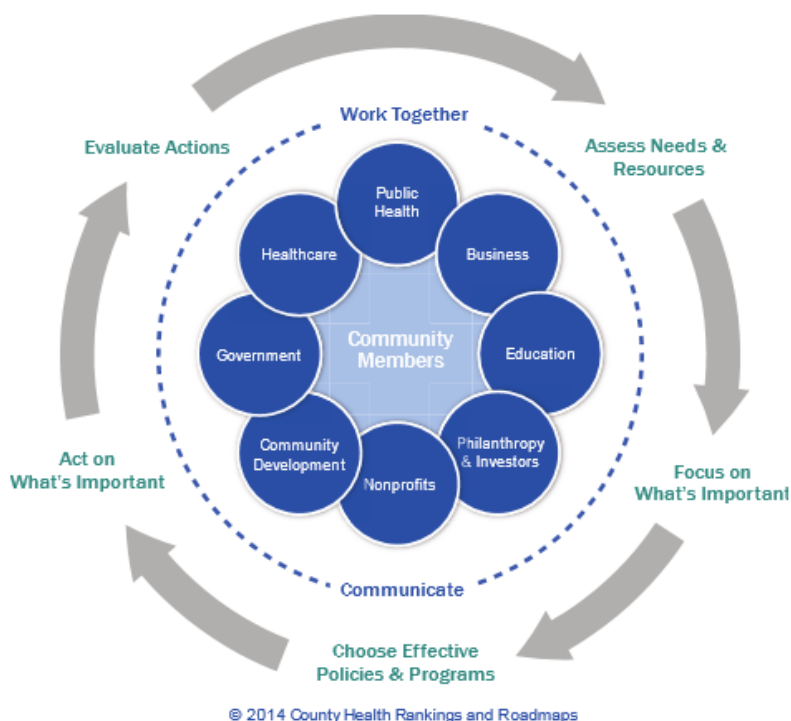
© 2014 County Health Rankings and Roadmaps   2

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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[2]County Health Rankings and Roadmaps (https://www.countyhealthrankings.org/)

Collaborators and Consultants

Ascension Elmbrook conducted the 2021 assessment in collaboration with other health systems and the public health agency in Waukesha County. Partners in Waukesha County included Advocate Aurora Health, Children's Hospital of Wisconsin, Froedtert Health, ProHealth Care and the Waukesha County Public Health Division. The health systems and public health division contracted with JKV Research, LLC, to conduct the telephone surveys and utilized the Center for Urban Population Health (CUPH) to compile secondary data into summary reports.

Data Collection Methodology

In collaboration with various community partners, Ascension Elmbrook collected and analyzed primary and secondary data for Waukesha County in numerous ways, detailed below.

Summary of Primary Data - Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the campus partners invited the input of community members at-large as well as a range of public health and social service providers that represent the broad interest of Waukesha County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, have low-income, or are considered among the minority populations served by the campus; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

The following steps were taken during primary data collection:
- **Community Health Survey:** A telephone survey of 400 residents was conducted by JKV Research, LLC between July 24, 2020 and September 4, 2020. The survey included questions about personal/family health and the respondent's perception of top health needs in the community. See table below for survey respondents' issue ranking.
- **Key Informant Interviews:** Interviews were conducted by members of the partnership 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 table below for key informants' issue ranking.

Survey Respondents	Key Informant Interview Respondents (41)
1. Coronavirus/COVID-19 - 48%	1. Mental Health - 37
2. Illegal Drug Use - 31%	2. Substance Use and Abuse - 24
3. Overweight or Obesity - 22%	3. Access to Health Care - 18
4. Chronic Diseases - 20%	4. Chronic Disease - 17
5. Mental Health or Depression - 18%	5. Nutrition - 11
5. Access to Health Care - 18%	

To view the community organizations that provided input, see Appendix B (p. 28-29).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Community health data was compiled from a variety of public sources by the Center for Urban Population Health (CUPH). Topics were reviewed based on the identified priorities from the community. A summary of the secondary data collected and analyzed through this assessment is outlined below.

- **Access to Health Care:** The uninsured adult rate in Waukesha County is 4%, which is better than Wisconsin's and Top U.S. Performers' rate of 6%. The ratio of primary care providers in the county (720:1) is also better than the state's ratio of 1,270:1 and Top U.S. Performers' ratio of 1,030:1.

- **Chronic Disease:** Waukesha County's diabetes prevalence of 10% is higher than the state's rate of 9% and the Top U.S. Performers' rate of 7%. The cancer incidence rate of 479 (per 100,000 population) is also higher than the state's rate of 467. The county has lower rates of coronary heart disease and high blood pressure and obesity (two contributors to chronic diseases).

- **Mental Health:** The number of suicides in the county has been steadily increasing over the last decade. The current suicide rate per 100,000 in Waukesha County is 15.1, compared to the state rate of 15.3. The age group that has the highest suicide rate is the 45-54 age range at 28.6, closely followed by the 55-64 age range at 25.7. Additionally, 10% of the county's population report frequent mental distress.

- **Nutrition:** In Waukesha County, 5% of the population has limited access to healthy foods, compared to the Top U.S. Performers' percentage of 2%. Additionally, 6% of the county's population struggles with food insecurity.

- **Substance Use and Abuse:** Waukesha County's opioid-related hospital encounters rate and opioid mortality rate of 420.7 and 17.8, respectively, far exceeds the state's rate of 389.9 and 14.5. Relating to alcohol consumption, 24% of both the county and state's population excessively drink which is much higher than the Top U.S. Performers' rate of 13%.

To view secondary data sources, see Appendix A (p. 25-27).

COVID-19

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.[3]

[3] Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

Significant COVID-19 disparities include:
- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:
- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions[4]

COVID-19: County Waukesha (as of 4/18/2021)

COVID-19	Waukesha County	Wisconsin
Total Cases	43,031	590,458
Confirmed Cases per 100,000	10,794.4	10,213.7
Total Deaths	512	6,709
Deaths per 100,000	128.4	116.1
Case Fatality Percentage (percent of total confirmed cases of individuals who died of COVID-19)	1.2%	1.1%

Source: Wisconsin Department of Health Services: COVID-19 Wisconsin Cases

Community Feedback from Previous CHNA and Implementation Strategy

Ascension Elmbrook's previous CHNA and Implementation Strategy were made available to the public and open for public comment via the website: https://healthcare.ascension.org/. No comments were received.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Waukesha County. This constraint limits the ability to fully assess all the community's health needs.

For this assessment, there are three kinds of limitations:

- Some groups may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.

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[4]Centers for Disease Control and Prevention
(https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/increased-risk-exposure.html)

- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or is a new issue in a community. These events may impact the ability to collect community input, may not be captured in secondary data and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:
    - COVID-19 - the pandemic impacted community organizations' capacity and community members' participation and engagement.

Despite the data limitations, the campus is reasonably confident of the overarching themes and health needs represented through our assessment data. This is based on the fact the data collection included multiple methods, both qualitative and quantitative, and engaged the campus as well as participants from the community.

Community Needs and Prioritization Process

Ascension Elmbrook analyzed secondary data of the top health outcome indicators that were identified through the community input processes described in the previous sections. In collaboration with community partners, Ascension Elmbrook used a phased prioritization approach to generate a list of **significant needs** which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA data collection, Ascension Elmbrook selected a subset of the significant needs as their **prioritized needs** for its 2021-2024 implementation strategy. The process used to determine the prioritized needs included a meeting with a steering group of campus leaders and other staff stakeholders. The data was presented to the steering group for consideration and recommendation options based on the top identified needs from the community were brought forward for a vote. The group considered the following criteria in choosing the campus' priorities:
- Scope of problem (number of people impacted, severity)
- Health disparities (by income and/or race and ethnicity)
- Feasibility (known interventions, capacity)
- Momentum/commitment (political will, community readiness)
- Alignment (with health department, coalitions, Ascension Wisconsin strategies).

The prioritized health needs discussed in the next session were determined through a majority vote after the options were discussed at length.

Prioritized Needs

Ascension Elmbrook has selected the prioritized needs outlined below for its 2021-2024 CHNA implementation strategy. Ascension Wisconsin has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

- Chronic Disease Prevention - This need was selected because prevention is an important step towards a healthier community. A healthy lifestyle can reduce the risk of several chronic diseases, lessening the need for medication or other treatments. The steering group felt it had the resources to not only help treat chronic diseases, but to support preventative measures.
- Mental Health - This need was selected because mental health challenges are increasing during the pandemic. Additionally, mental health issues can lead to numerous physical health complications. Ascension Wisconsin is committed to expanding access to mental health providers and partnering with community organizations to address this health priority.
- Substance Abuse - This need was selected because alcohol abuse and illicit drug use in Waukesha County continues to be a significant problem. The steering group identified possible strategies that can support the momentum in the community around addressing this priority.

These priorities will additionally consider strategies through the lens of the lasting social impact of COVID-19, Access to Care, Social Determinants of Health and Equity.

Ascension Elmbrook 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 it serves. For the purposes of this CHNA, Ascension Elmbrook has chosen to focus its efforts on the priorities listed above.

To view healthcare facilities and community resources available to address the significant needs, please view Appendix C (p. 30-32).

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

Health Needs Not Selected for Prioritization

Coronavirus/COVID-19 and Access to Care were not selected in this CHNA cycle. While Coronavirus/COVID-19 was identified as a top need, the steering group agreed that it should not be listed as a priority because responding to this acute community concern is our duty as healthcare providers and should not be counted as community health improvement. Instead, all strategies should be created through the lens of the pandemic, with a particular focus on the resulting social impacts and exacerbated health disparities. Similarly, the group recommended that Access to Care be used as another lens versus its own priority in the implementation strategy, as it is the main role of healthcare facilities. In creating strategies for the three priorities, Ascension Elmbrook will consider how to amplify access to health services.

Additionally, the group combined the identified issues of chronic disease, overweight or obesity and nutrition under one health priority called "chronic disease prevention" for cohesion, as these issues intersect.

Chronic Disease Prevention

Why is it Important?

Promoting health through the consumption of healthy diets and maintenance of healthy body weights reduces chronic disease risk. A healthy lifestyle reduces risk of several chronic diseases, some cancers, oral disease, malnutrition, anemia and other risk factors, diseases and illnesses. Good nutrition in children is important for healthy growth and development and maintaining appropriate weight later in life.[1]

COVID-19 has created a larger demand for access to healthy foods and there has been a 55% increase in people seeking assistance from food banks since the pandemic began.[2]

Sources:
1. Healthy People 2020
2. Feeding America

Local Assets & Resources

- Medical treatment and telehealth appointments
- Waukesha County Public Health
- Community-based wellness programs
- Fit in the Parks
- Free clinics
- School health programs
- Live Well Waukesha County
- Women, Infants and Children (WIC) Family Fit program
- UW-Extension nutrition education
- Hispanic Wellness Program

Data Highlights

Diabetes Prevalence
(percent of population with diabetes)

Source: Waukesha County Health Data Report

- Diabetes prevalence in Waukesha County of 10% is worse than the state (9%) and Top U.S. Performers (7%).
- Five percent of Waukesha County's population has limited access to healthy foods, compared to 2% for the Top U.S. Performers.
- Obesity prevalence in Waukesha County has increased by approximately 10% since 2002.[3]

Sources:
3. Waukesha County Health Data Report: A summary of secondary data sources

Community Challenges & Perceptions

- The most often mentioned health conditions by survey respondents were high blood pressure and high blood cholesterol.
- Chronic Disease, Overweight or Obesity and Nutrition were all identified as top priorities by survey and key informants.
- Key informants recognized challenges to preventing chronic disease, including cultural acceptance over unhealthy foods and physical inactivity, inconsistent health education, not connecting patients to relevant sources and lack of investments for preventative measures.

Disparities and Equity

Individuals with low income and some racial and ethnic minorities have higher rates of obesity and chronic diseases such as diabetes, heart disease, high cholesterol and blood pressure, and stroke.[4]

In Waukesha County, survey respondents in the bottom 60% household income bracket were more likely to report heart disease/condition.[5] In Wisconsin, the Non-Hispanic Black population has the highest percent of overweight and obese individuals compared with other races/ethnicities.[6]

Sources:
4. Centers for Disease Control and Prevention
5. Waukesha County Community Health Survey Summary
6. Wisconsin Department of Health Services - Wisconsin Interactive Statistics on Health Query System

Mental Health

Why is it Important?

Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide).[1]

During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.[2]

Source:
1. Centers for Disease Control and Prevention
2. MMWR Morb Mortal Wkly Rep 2020

Local Assets & Resources

- Impact 211
- National Alliance on Mental Illness
- James Place free counseling
- Friendship House
- School-based services
- Mental Health coalitions in communities
- Crisis Intervention Training
- Criminal Justice Collaboration Committee
- Sixteenth Street Community Health Centers bilingual services
- Expanded telehealth

Data Highlights

Mental Health Providers Ratio
(the number of individuals served by
1 mental health provider in county)

Waukesha County: 440:1
Wisconsin: 490:1
Top U.S. Performers: 290:1

Source: Waukesha County Health Data Report

- The ratio of mental health providers in Waukesha County is 440:1, meaning there is one mental health provider per 440 people. This is far worse than the Top U.S. Performers' ratio of 290:1.
- The percent of adults in Waukesha County reporting poor mental health days is 10.8%, compared to 12.9% for Wisconsin and 12.9% for the United States.
- The suicide rate per 100,000 in Waukesha County is 15.1, an increase over the previous years.[3]

Source:
3. Waukesha County Health Data Report: A summary of secondary data sources

Community Challenges & Perceptions

- Key informants were in agreement that the pandemic has increased mental health issues due to isolation, economic stress and anxiety.
- They also voiced concerns over the lack of mental health providers, lack of inpatient beds for crisis care, insurance coverage gaps, silos across the system in addressing care and high cost of medications.
- The stigma around mental health continues to be a barrier as well.

Disparities and Equity

Individuals with low income have higher rates of poor mental health, as economic challenges (e.g. unemployment, poverty) can cause stress that contributes to mental health issues. Marginalized populations such as racial and ethnic minorities and women also experience mental health disparities as a result of systematic inequalities.[4]

In Waukesha County, survey respondents in the bottom 40% household income bracket were more likely to report a mental health condition.[5]

Sources:
4. World Health Organization:
5. Waukesha County Community Health Survey Summary

Substance Abuse

Why is it Important?

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to considerable health implications (e.g. overdoses, accidents, mental health issues, etc.), substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values.[1]

COVID-19 has increased substance use in the US related to social isolation, income related stress, anxiety and fear of the virus and loss of loved ones.[2]

Source:
1. Healthy People 2020
2. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057.

Local Assets & Resources

- Waukesha County Heroin Task Force
- Medication assisted treatment (MAT)
- Support groups for substance use disorders (SUD)
- Naloxone training by the county
- Your Choice presentations
- Outreach to students
- Outreach through the Aging and Disability Resource Center
- Intensive outpatient treatments

Data Highlights

Excessive Drinking
(percent of population that drinks excessively)

Waukesha County: 24%
Wisconsin: 24%
Top U.S. Performers: 13%

Source: Waukesha County Health Data Report

- Both Waukesha County and Wisconsin have more excessive drinking (24%) compared to Top U.S. Performers (13%).
- The opioid mortality rate per 100,000 population for Waukesha County is 17.8, which is higher than the state's rate of 14.5.
- Young adults ages 18-39 years have the highest drug overdose mortality rate, which is 2.5 times greater than it was 20 years ago.[3]

Sources:
3. Waukesha County Health Data Report: A summary of secondary data sources

Community Challenges & Perceptions

- Key informants named numerous challenges to addressing substance abuse, including: high cost and limitations of inpatient services/treatment, lack of crisis services outside of regular business hours, hard to find treatment options for Medicaid or uninsured patients, ease of access to substances, among others.
- COVID-19 has limited access to in-person treatment and has worsened substance use due to mental health issues tied to isolation.

Disparities and Equity

Stigma around substance use disorders creates challenges for all persons with an SUD in receiving healthcare, the criminal justice system and in social factors such as housing.[4]

Persons of color have higher rates of uninsured[5] and more challenges in receiving appropriate treatment for substance use disorders and stigma.[6] Racial/ethnic populations have been disproportionately affected by the consequences of drug abuse and addiction.[7]

Sources:
4. National Academy of Sciences. (2016)
5. RWJ. (2020).
6. Saloner, B. & Cook, B. (2013)
7. National Institute on Drug Abuse

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from Ascension Elmbrook's previous implementation strategy include:

- Access to Care: Financial Advocates within the revenue department screened over 98% of self-pay emergency department and inpatient patients for Medicaid/Charity Care and supported those eligible in applying for assistance.
- Chronic Disease Prevention, Healthy Weight, Nutrition: Staff created a community garden at the campus in partnership with a local Boy Scout troop. Produce from the garden was donated to the local food pantry to increase their nutritious offerings.
- Mental Health: Twenty-six associates were trained in the suicide prevention method of Question, Persuade, Refer (QPR) to help identify suicidal behaviors and save lives.

Further detailed progress reports and the written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019-2022 CHNA can be found in Appendix D (p. 33-37).

Approval by the Hospital Boards

The Ascension SE Wisconsin, Inc. board approved a resolution to adopt the CHNA report on April 27, 2021. Although an authorized body of the campus must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment and endorses the priorities identified.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension Elmbrook serves.This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of the campus to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Elmbrook hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Waukesha County. As a Catholic health ministry, the campus is dedicated to spiritually centered, holistic care that sustains and improves the health of not only patients, but the communities it serves. With special attention to people who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Elmbrook is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The campus values the community's voice and welcomes feedback on this report. Please visit this public website at https://healthcare.ascension.org/chna to submit your comments.

Appendices

Appendix A: Community Demographic Data and Sources

Appendix B: Primary and Secondary Data and Sources

Appendix C: Healthcare Facilities and Community Resources

Appendix D: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Community Demographic Data and Sources

Population

Why is it important: The composition of a population is used to describe and understand populations and is important for planning within and for the community.

Population	Waukesha County	Wisconsin	U.S.
Total	400,475	5,790,716	328,239,523
Population Growth	7.5%	6.0%	9.7%
Male	49.2%	49.7%	49.2%
Female	50.8%	50.3%	50.8%

Data sources:
Center for Urban Population Health (2020). Waukesha County health data report: A summary of secondary data sources.
U.S. Census Bureau (2010). Press kit: 2010 Census briefs. Census. https://www2.census.gov/library/publications/cen2010/briefs/c2010br-01.pdf

Population by Race or Ethnicity

Why is it important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Waukesha County	Wisconsin	U.S.
American Indian	0.2%	0.9%	1.3%
Asian	3.5%	2.8%	5.9%
Black or African American	1.6%	6.4%	13.4%
Hispanic or Latino (of any race)	4.7%	6.8%	18.5%
Some Other Race	0.8%	2.0%	2.8%
White	92.2%	85.4%	60.1%

Data sources:
Center for Urban Population Health. (2020). Waukesha County health data report: A summary of secondary data sources.
U.S. Census Bureau. (2019). QuickFacts. Census. https://www.census.gov/quickfacts/fact/table/US/LFE046219

Population by Age

Why is it important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youth will have greater education and child care needs, while an older population may have greater healthcare needs.

Ages	Number Waukesha County	% of Total Waukesha County	% Change (2000 to 2010)
0-4	21,474	5.5%	-0.9%
5-9	26,223	6.7%	-0.6%
10-14	28,181	7.2%	-0.7%
15-19	26,509	6.8%	-0.2%
20-24	18,304	4.7%	0.2%
25-34	40,172	10.3%	-1.4%
35-44	51,771	13.3%	-4.8%
45-54	68,404	17.6%	1.9%
55-59	29,229	7.5%	2.1%
60-64	23,936	6.1%	2.1%
65-74	28,754	7.3%	0.8%
75-84	19,025	4.9%	0.9%
85+	7,909	2.0%	0.5%

Data Source: Center for Urban Population Health. (2020). Waukesha County health data report: A summary of secondary data sources.

Income

Why is it important: Income is an important determinant of health. Higher income enables individuals and families to access health insurance and provides more options for healthy lifestyle choices. Lower income can hinder these opportunities, contributing to poorer health outcomes.

	Waukesha County	Wisconsin	U.S.
Median Household Income	$90,548	$64,168	$62,843
People with incomes below the federal poverty guideline	4.8%	11.3%	10.5%
2019 Unemployment Rate	2.2%	2.1%	3.7%
Children in Poverty	5% American Indian/ Native Alaska 33% Asian 4% Black 36% Hispanic 17% White 4%	11%	16.2%

Data Sources:
Center for Urban Population Health. (2020). Waukesha County health data report: A summary of secondary data sources.
U.S. Census Bureau. (2019). QuickFacts. Census. https://www.census.gov/quickfacts/fact/table/US/LFE046219
County Health Rankings. (2020). Wisconsin: Waukesha County
    https://www.countyhealthrankings.org/app/wisconsin/2020/rankings/waukesha/county/outcomes/overall/snapshot

Education

Why is it important: There is a strong relationship between health and education. Research has shown that better-educated citizens have better health outcomes.

	Waukesha County	Wisconsin	U.S.
Less than High School Degree	3.8%	7.8%	12.5%
High School Graduate	22.7%	30.6%	25.5%
Some College/Associate Degree	29.1%	31.5%	26.0%
Bachelor's degree or higher	44.5%	30.1%	36.0%

Data Sources:
Center for Urban Population Health. (2020). Waukesha County health data report: A summary of secondary data sources.
U.S. Census Bureau. (2020). Educational attainment in the United States: 2019. Census.
    https://www.census.gov/data/tables/2019/demo/educational-attainment/cps-detailed-tables.html

Health Care Access

Why is it important: Lack of health insurance can have serious health consequences due to lack of preventative care and delays in care that can lead to serious illness or other health problems.

	Waukesha County	Wisconsin	U.S.
Uninsured Adults	4.0%	6.0%	8.0%
Uninsured Children	2.0%	3.0%	5.5%

Data sources:
Center for Urban Population Health. (2020). Waukesha County health data report: A summary of secondary data sources.
U.S. Census Bureau. (2020). Health insurance coverage in the United States: 2019.
    https://www.census.gov/library/publications/2020/demo/p60-271.html
County Health Rankings. (2020). Wisconsin: Waukesha County
    https://www.countyhealthrankings.org/app/wisconsin/2020/rankings/waukesha/county/outcomes/overall/snapshot

Appendix B: Primary Data Sources

Primary Data Sources

Key Informant Interview Participants

Forty-seven individuals participated in 41 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: the elderly, youth, individuals with disabilities, faith communities, ethnic minorities, law enforcement, and those living with mental illness, substance abuse and homelessness.

Name	Title	Organization
Kerri Ackerman	Behavioral Health Administrative Director	Sixteenth Street Community Health Centers
Maureen Atwell	Executive Director	Hebron Housing Services
Lynda Biedrzycki	Waukesha County Medical Examiner	Waukesha County Medical Examiner's Office
Christine Bowden	Director of Pupil Services	Mukwonago Area School District
Jerry Braatz	Extension Area Director	UW Extension Waukesha County
Paul Decker	County Board Chair	Waukesha County
Patricia Deklotz	Superintendent	Kettle Moraine School District
Peter Engel	President, CEO	Easterseals Southeast Wisconsin
Cindy Eggleston	Executive Director	Mukwonago Food Pantry
Paul Farrow	Waukesha County Executive	Waukesha County
Tony Fus	Officer	New Berlin Police Department
Kathy Gale	Executive Director	Eras Senior Network
Corey Golla	Superintendent	Menomonee Falls Schools
Trisha Heller	School District Nurse	Mukwonago Area School District
Jenn Hoggatt	Director of James Place Waukesha	Elmbrook Church
Babette A. Honore	Executive Director	HOPE Network for Single Mothers
Steve Howard	Fire Chief	Waukesha County Fire Chiefs' Association
Barbara Jacob	Director	New Berlin Food Pantry
Ben Jones	Health Officer/ Public Health Manager	Waukesha County Department of Health and Human Services, Public Health Division
Lindsay Just	Executive Director	Addiction Resource Council, Inc.
Allison Katula	Executive Director	Family Service of Waukesha
Suzanne Kelley	President, CEO	Waukesha County Business Alliance
Paula Knox	Executive Director	Menomonee Falls Area Food Pantry
Joe Koch	Deputy Superintendent	School District of Waukesha
Mary Madden	Executive Director	NAMI Waukesha, Inc.
Angela Mancuso	Executive Director	The Women's Center
Shawn McNulty	District Superintendent	Mukwonago Area School District
Noel Menghe	District Nurse	Mukwonago Area School District
Paul Mielke	Superintendent	Hamilton School District
Jess Mieling	Branch Executive Director	YMCA at Pabst Farms
Colleen Peebles	Waukesha Clinic Manager	Sixteenth Street Community Health Centers

Key Informant Interview Participants (continued)

John Peterson	Special Services Supervisor	Hamilton School District
Renee Ramirez	CEO	Waukesha County Community Dental Clinic
Mary Reich	Executive Director	Lake Area Free Clinic
Roger Rindo	Superintendent	Oconomowoc Area School District
John Roubik	Director of Human Resources & Organizational Development	Hamilton School District
Anna M. Ruzinski	Chief of Police	Menomonee Falls Police Department
Kellie Sanders	Chief Academic Officer	School District of New Berlin
Barton Smith	New Berlin Campus Administrator	LindenGrove Communities
Linda Smith	Nurse Practitioner/ Clinic Coordinator	Community Outreach Health Clinic
Mary Smith	Division Manager	Aging and Disability Resource Center of Waukesha County
Cherie Sonsalla	Executive Director	Oconomowoc Area Chamber of Commerce
Karen Tredwell	Executive Director	The FOOD Pantry Serving Waukesha County
Amy Vega	Interim Executive Director	Waukesha Free Clinic
Vickie Walsh	Portfolio Manager, Health	United Way Greater Milwaukee and Waukesha County
Jennifer Waltz	Executive Director	Sussex Area Outreach Services
Kirk Yauchler	Clinical Services Division Manager	Waukesha County Department of Health and Human Services

Appendix C: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Elmbrook and its partners identified resources available in Waukesha County that address the significant needs outlined in this CHNA. This list is not exhaustive.

Organization/Coalition	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
211 Impact	X	X	X	X
Addiction Resource Council				X
Advocate Aurora Health	X	X	X	X
Aging and Disability Resource Center	X	X		
American Lung Association		X		X
Ascension Wisconsin	X	X	X	X
Children and Family Services Advisory Committee			X	
Children's Hospital of Wisconsin	X	X	X	X
Community Action Coalition		X	X	
Community Outreach Health Clinic	X	X	X	X
Criminal Justice Collaboration Committee			X	X
Crisis Intervention Training			X	
Easterseals Southeast Wisconsin	X			
Elevate			X	X
Elmbrook Church: James Place Waukesha	X	X	X	X
Eras Senior Network	X		X	
Family Service of Waukesha			X	
Feeding America		X		
Fit in the Parks through Waukesha County		X		
Froedtert Health	X	X	X	X
Hebron Housing Services			X	

Organization/Coalition (continued)	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
Hispanic Health Resource Center	X	X	X	X
Housing Action Coalition			X	X
Hope Center	X	X	X	X
HOPE Network for Single Mothers	X		X	
Hunger Task Force		X		
Intoxicated Driver Program				X
La Casa de Esperanza	X		X	
Lake Area Free Clinic	X	X	X	X
LindenGrove Communities	X	X		
Live Well Waukesha County		X		
Lutheran Social Services - Spring City Corner Clubhouse			X	X
Meals on Wheels		X		
Menomonee Falls Area Food Pantry		X		
Menomonee Falls Collective Impact Mental Health Workgroup			X	
Mukwonago Food Pantry		X		
Narcotics Anonymous				X
National Alliance on Mental Illness (NAMI) Waukesha	X		X	X
National Association of Free Clinics	X	X	X	X
New Berlin Food Pantry		X		
ProHealth Care	X	X	X	X
Question, Persuade, Refer (QPR) Training			X	
Rogers Behavioral Health	X		X	X
Salvation Army		X	X	X
School-based Services	X	X	X	X

Organization/Coalition (continued)	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
Sixteenth Street Community Health Centers	X	X	X	X
Substance Use Advisory Committee				X
Suicide Awareness Task Force			X	
Sussex Area Outreach Services		X	X	
The FOOD Pantry Serving Waukesha County		X		
The Women's Center			X	
United Way of Greater Milwaukee and Waukesha County	X	X		
UW Extension Waukesha County		X		
Waukesha Comprehensive Treatment Center				X
Waukesha County Community Dental Clinic	X			
Waukesha County Department of Health and Human Services	X	X	X	
Waukesha County Heroin Task Force				X
Waukesha County Nutrition Coalition		X		
Waukesha Family Medicine Residency Program	X	X	X	
Waukesha Free Clinic	X	X		
Wisconsin Association of Free and Charitable Clinics	X	X		
WisHope Recovery				X
Women, Infants, and Children (WIC)	X	X	X	X
YMCA at Pabst Farms		X		
Your Choice to Live				X

*Access to Care category includes COVID-19 components
**Chronic Disease Prevention category includes chronic disease, nutrition, physical activity and overweight/obesity components

Appendix D: Evaluation of Impact from Previous CHNA Implementation Strategy

Evaluation Framework

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

At the beginning of each fiscal year in the three-year cycle:
- Establish SMART metrics for short-term (fiscal year) indicators for each strategy
- Establish action steps and output indicators for each strategy

Quarterly each fiscal year:
- Report actions completed
- Report the status of each strategy/priority

At the end of each fiscal year:
- Report on results for short-term and output indicators
- Describe accomplishments and analyze results

At the end of the three-year cycle:
- Report on results for medium-term indicators for each strategy
- Describe and analyze results
- Incorporate results into next Community Health Needs Assessment

Previous CHNA Implementation Strategy Data

Health priorities identified in the preceding CHNA included: Access to Care, Mental Health, Health-related Quality of Life for Chronic Diseases.

At the writing of this report, data is available for the first full year and second half-year of the previous CHNA and is summarized on the following pages. Once final data is available, this document will be amended to reflect the entire period of implementation. Summaries of the outcomes can be found in charts on the following pages.

PRIORITY NEED	Access to Care	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Financial Assistance	Provided financial aid screening and assistance for applying to Medicaid for patients who were self-pay.	- Process Measures: - Screened 804 patients in the ED and inpatient campus for financial aid need 47 patients received Medicaid applications 191 patients received Community Care applications - Outcome Measures: 238 community members were connected to financial aid for increased access to healthcare
Transportation Assistance	Referred patients to Lyft program to receive free rides to medical appointments.	- Process Measures: 1,267 rides provided at no charge to individuals to assist them in accessing healthcare services - Outcome Measures: 61% increase in rides YOY, resulting in improved access for patients to medical appointments
Prescription Assistance	Referred patients to free or reduced medications.	- Process Measures: - Educated inpatient pharmacists on pharmaceutical prescription programs to offer to patients in accessing medication discounts - Numbers were not tracked due to capacity limits of staff - Outcome Measures: - None
Community Paramedic Program	Met with the fire department to explore possible partnership towards a home visit program to reduce hospital readmission rates.	- Process Measures: - Explored program options but no formal action towards Community Paramedic Program taken - Discontinued due to COVID-19 - Outcome Measures: - None

PRIORITY NEED	Mental Health	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Screening and Referral	Standardized processes statewide for routine depression screening in primary care clinics.	- Process Measures: - Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement - Rolled out process improvement materials in 2020, but COVID-19 disrupted much of the momentum - Outcome Measures: - Screening rates remained relatively flat from a baseline of 65.5% to 65.4% - Screening rates for individuals with Medicaid increased, from 57% to 58.2%
Referral for Mental Health and Social Services	Integrated mental health resource education within the Question, Persuade and Refer (QPR) training.	- Process Measures: - Provided QPR training participants with mental health resources for future reference - Outcome Measures: - None
Suicide Prevention	Partnered with local agencies to be a provider of Question, Persuade and Refer (QPR) training to help identify someone at risk of suicide or in need of intervention.	- Process Measures: - Three Ascension Elmbrook associates were trained as QPR trainers - Trainers provided QPR training to 26 Ascension associates - Outcome Measures: 81% of participants ranked their ability to ask someone about suicide as "high" (goal: 90%) 77% of participants ranked their ability to persuade someone to get help as "high" (goal: 90%)

PRIORITY NEED	Health-Related Quality of Life for Chronic Diseases	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Healthy Eating-Diabetes Management	Offered self-management programs to patients living with Type 1 or Type 2 diabetes, gestational diabetes, and those diagnosed with pre-diabetes.	- Process Measures: 79 patients participated in the health education program - Outcome Measures: - Participants reported an increase in their knowledge regarding nutrition, physical activity or lifestyle management - Participants had an average weight loss of 2%
Diabetes Prevention Program (DPP)	Offered DPP to a cohort of participants, providing guidance on how to eat healthier, increase physical activity and lose weight.	- Process Measures: - Nine patients participated in the first DPP cohort - Discontinued once COVID-19 began due to staff changes - Outcome Measures: - Weight loss average for all participants was over 5%
Community Garden	Established a community garden in collaboration with community partners and donated produce to a food pantry.	- Process Measures: - Community garden was planted in spring 2020 - Outcome Measures: - Several harvests were donated to the local food pantry to increase its healthy options
Walking Path	Encouraged increased physical activity for associates and patients by leveraging the outdoor walking path.	- Process Measures: - Established working group to encourage increased use of the path for healthy habits - Outcome Measures: - Staff began to conduct "walking meetings"
Education	Provided educational materials on chronic disease prevention at the Brookfield Farmers Market.	- Process Measures: - Had a presence at 13 markets - Outcome Measures: - Over 1,500 attendees were exposed to health education
Harvest of the Month	Partnered with Live Well Waukesha County to highlight locally available crops each month to promote seasonal, whole-foods eating.	- Process Measures: - Featured the Harvest of the Month in the Elmbrook cafeteria - Attended coalition meetings - Outcome Measures: - None

Ascension Elmbrook