

# St. Mary's Hospital

700 S. Park Street, Madison, WI 53715



# 2019 - 2021

## Community Health Needs *Implementation* Strategy





## Message to Our Community

St. Mary's Hospital—Madison, a member of SSM Health, has delivered exceptional, compassionate care to South Central Wisconsin for 106 years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission—Through our exceptional healthcare services, we reveal the healing presence of God—we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship, and community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the opportunity to partner with the other members of the Healthy Dane Collaborative on our Community Health Needs Assessment and our continued efforts of improving the health of Dane County together.

Over the last 12 months, we have conducted a community health needs assessment by gathering health-related information from Healthy Communities Institute (HCI) regarding discussion forums and focus groups to identify concerns about the health of our community and the number of area-based programs and organizations that exist to address their needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

The priorities we will continue to address over the next three years:

- **Mental Health / Behavioral Health**
- **Maternal Child Health**
- **Chronic Conditions (specific to heart and diabetes)**

During this time, St. Mary's Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care to all residents. Additionally, we will continue to work on all of these priority areas using a health equity lens in all that we do. Please visit our website at [www.ssmhealth.com](http://www.ssmhealth.com) to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how together, we can create a healthier Dane County.

Sincerely,



Jon Rozenfeld

President St. Mary's Hospital—Madison





key priorities

## Maternal Child Health



The number of Black babies born with a low birth weight is more than double that of White babies at 15.6% (compared to 6.2%).

The well-being of mothers, infants, and children is an important public health goal for the U.S., determining the health of the next generation and predicting future public health challenges for families. This specific priority is also heavily impacted by social disparities.

## Mental Health Behavioral Health



1 in 5 adults in the U.S.—43.8 million, experiences mental illness in a given year.

Mental Health was a significant issue brought up in the feedback from our community conversations but also expanded to underlying issues around behavioral health, substance abuse, lack of support, transportation issues, and access to care.

## Chronic Conditions (Heart & Diabetes)



More than 4 out of every 5 dollars spent on healthcare in the U.S. are spent on people with one or more chronic conditions.

For many individuals suffering from chronic conditions, associated risk factors can be addressed and treated. By focusing on risk factors for chronic conditions, complications and comorbidities can be prevented.



Improving the well-being of mother, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for many families, communities, and the health care system (Healthy People 2020). Data indicates in Dane County there are significant disparities between babies born to black women vs. those born to white women.

## National Trends

- Every year, an estimated 15 million babies are born pre-term (before 37 completed weeks of gestation), and this number is rising<sup>1</sup>.
- Pre-term birth complications are the leading cause of death among children under 5 years of age, responsible for approximately 1 million deaths in 2015<sup>1</sup>.
- $\frac{3}{4}$  of these deaths could be prevented with current, cost-effective interventions<sup>1</sup>.

## Within Wisconsin

- In Dane County, the infant mortality rate is 13.0 deaths per 1,000 live births and 14.7 deaths per 1,000 live births for babies born to black mothers and mothers of two or more races respectively<sup>2</sup>. For white mothers, the rate is 4.3 deaths per 1,000 live births.
- The preterm birth rate rose to 9.6%, increasing for the third year in a row<sup>3</sup>.
- Throughout the state, the preterm birth rate among Black women is 54% higher than the rate among all other women<sup>3</sup>.

## Annual Cost of Premature Birth

**\$26.2  
Billion**

- **\$16.9 billion** in medical care for baby
- **\$1.9 billion** in labor/delivery for mom
- **\$611 million** in birth to 3 programs
- **\$1.1 billion** for special education services
- **\$5.7 billion** in lost work and pay for people born prematurely

(2007 Institute of Medicine March of Dimes)



# Priority #1: Maternal Child Health



## Goals

- Reduce the number of babies born with very low birth weight (<1500 grams) at St. Mary’s Hospital. Trend: St. Mary’s hospital reported a decrease from 58 babies born with a very low birth weight (2015) to 43\* babies born with a very low birth weight (2018).
- Work with Moms/families on continuing support through 4th Trimester—increase post-partum visits and measure post partum depression.

## Action Plan

- Continue partnership with the Health Council on disparities in low birth weight—focusing specifically on racial inequities
- Enhance collaboration with the Wisconsin Women’s Health Foundation to increase awareness and educational opportunities around prenatal and preconception care, focusing on smoking cessation
- Work with the Healthy Dane Collaborative partners on opportunities to collaborate on evidence-based community programs/efforts to increase access to culturally competent preconception, prenatal and post-partum care with local community partners
- Elevate efforts with Safe Communities—Pregnancy to Recovery program
- Pursuit of Baby-Friendly Designation at St. Mary’s Madison
- Support prenatal care services at Access Community Health Centers
- Expand Group Prenatal Care within Dean Medical Group locations — focus on cohorts with increased diversity
- Continued growth of post-partum support and education in the hospital and medical group

## Community Partners & Support Resources

- Wisconsin Women’s Health Foundation
- Health Council
- Public Health Madison Dane County
- Safe Communities
- St. Mary’s Hospital Maternal Child Health leadership team
- March of Dimes
- Access Community Health Centers
- Pregnancy Helpline
- Equity of Care team
- Strong Beginnings (DHP)





Mental health includes our emotional, psychological, and social well-being. It helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood<sup>1</sup>. Without treatment the consequences of mental illness for the individual and society are staggering: disability, unemployment, substance abuse, homelessness, incarceration, and suicide. The economic cost of untreated mental illness is more than 193 billion dollars each year in the U.S.<sup>2</sup>.

## National Trends

- Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5% - experiences mental illness in a given year.
- Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0% - experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.
- Approximately 1 in 5 youth aged 13-18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8-15, the estimate is 13.0%.

## Within Wisconsin

- Among suicides with known circumstances, 51% of decedents had a current mental health problem and 43% were currently receiving mental health treatment<sup>3</sup>.
- Approximately \$92 million spent annually on inpatient hospitalizations due to self-inflicted injury<sup>3</sup>.
- Approximately 1 in 8 adults screened positive for major depression within Dane County, while 1 in 5 adults screened positive for moderate or severe anxiety<sup>4</sup>.



1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.<sup>1</sup>



10.2m

Approximately 10.2 million adults have co-occurring mental health and addiction disorders.<sup>1</sup>



-\$193b

Serious mental illness costs America \$193.2 billion in lost earning every year.<sup>3</sup>



90%

90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.<sup>3</sup>



## Priority #2: Mental Health



### Goals

- Decrease the suicide rate Trend: Dane County has been nearly flat at a rate of 12.7 deaths per 100,000 persons since 2015.
- Decrease the mental health inpatient readmission rate within 30 days of discharge. Internal hospital goal— Baseline data: September 2018 = 6.0% revisits within 30 days

### Action Plan

- Increase Telehealth opportunities with our medical group partners to allow for more timely access to care
- Partner with Safe Communities Coalition on the Recovery Coach program at St. Mary's ED as well as the Pregnancy to Recovery program within OB.
- Work with Healthy Dane partners on opportunities to collaborate to create, enhance, or sustain evidence-based community programs/efforts to reduce the incidence of suicide in Dane County
- Collaborate with Zero-Suicide Initiative partners to sustain community efforts across Dane County
- Explore expansion of the Community Paramedic program to include Mental Health
- System change in approach to measuring Mental Health needs using Columbia Tool (2018)
- Continued efforts in county-wide initiative on patient safety plans following discharge.
- Explore options for more follow-up and controlling day-to-day needs as well as transportation concerns for patients

### Community Partners & Support Resources

- Safe Communities
- Zero Suicide Initiative
- Catholic Charities
- Healthy Dane Collaborative
- Community Paramedic Program
- Behavioral Health Leadership team
- Triangle Neighborhood / Parish Nurses

# Chronic Conditions



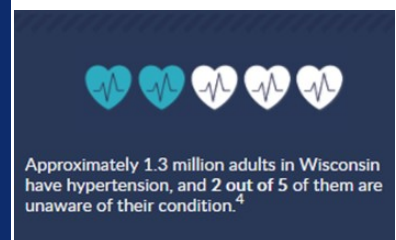
Chronic conditions account for the greatest number of poor health outcomes and increasing health care costs in Wisconsin. Currently, the state spends an estimated \$3.9 billion and \$4.1 billion in health care and lost productivity costs annually on diabetes and heart disease alone. For many individuals suffering from chronic conditions, associated risk factors can be addressed and treated. By focusing on risk factors for chronic conditions, complications and comorbidities can be prevented.

## National Trends

- More than 4 out of every 5 dollars spent on healthcare in the U.S. are spent on people with one of more chronic conditions
- Of those with diagnosed hypertension, nearly 20% also have diabetes<sup>2</sup>.
- 133 million Americans—45% of the population— have at least one chronic conditions<sup>3</sup>.
- Chronic conditions are responsible for 7 out of every 10 death in the U.S., killing an estimated 1.7 million Americans annually<sup>3</sup>.
- People with chronic conditions are the most frequent users of healthcare in the U.S., accounting for 81% of hospital admissions, 91% of all filled prescriptions, and 76% of all physician visits<sup>3</sup>.

## Within Wisconsin

- 7 out of 10 leading causes of death in Wisconsin are due to chronic conditions<sup>1</sup>.
- More than 1,300 Wisconsin residents die from diabetes and many more suffer disabling complications such as heart disease, kidney disease, blindness, and amputations. This burden is higher among minority populations.
- Heart disease is the second leading cause of death overall, and the leading cause for those over the age of 65.2.



<sup>1</sup>Wisconsin Department of Health Services (including all statistics and infographics)  
<sup>2</sup> Set Your Heart on Health Toolkit (DHS) <sup>3</sup>The Growing Crisis of Chronic Disease in the U.S.



# Priority #3: Chronic Conditions



## Goals

- Reduce number of ED visits for uncontrolled diabetes. Trend: since 2016, the number of visit has dramatically increased. Education and Primary Care engagement could help decrease this trend
- Improve access, education and ease for Primary Care engagement with a focus on those populations disproportionately affected.

## Action Plan

- Increase support of Rebalanced Life Wellness Association—Men’s Health Center and Wellness Center
- Engage with the Foundation for Black Women’s Wellness —working specifically on Black Women’s Heart Health
- Support Edgewood students at Triangle (Diabetic Clinic) and support at RLW (above)
- Pulse Point partner—educate the community on importance of early intervention of CPR
- Further explore Healthy Dane Funders /AHA—food deserts
- Explore expansion of Community Paramedic Program
- Continue supporting Double Dollars Program—access to local / fresh produce for underserved populations
- On going partnership with REAP—kids education and nutrition support in the schools
- Explore Primary Care Provider education options (vs. coming to ED)

## Community Partners & Support Resources

- American Heart Association
- Healthy Dane Collaborative
- Second Harvest/Hunger Care Coalition
- Rebalanced Life Wellness
- Tri 4 Schools
- Foundation for Black Women’s Wellness
- Community Action Coalition
- Triangle/Edgewood
- REAP
- LUNA’s

# Acknowledgements

## **Thank you!**

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This work is so much bigger than one person or one team and in order to keep the priorities and goals top of mind in our day to day work—we need to ensure we have the right people at the table from the beginning.

Our work will continue to evolve as we learn more and continue to grow and develop our efforts both internally and externally. We have some wonderful opportunities ahead of us. Thank you to all that have been involved so far and for those still to come!

## **SME's and Collaborators**

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### **Maternal Child Advisory Group:**

Michelle Baier, Teresa Foust, Danielle Gindlesberger, Linda Harms, Tanya Kroll, Christine Lamm, Brian Stafeil, Robbie Sonnentag and Gary Waters

### **Mental Health Advisory Group:**

Allison Barton, Mindy Bauer, Valerie Bucane, Rosanne Derdula, Linda Harms, Christina Mignon, Jaime Prickett, Brittaney Smith, Robbie Sonnentag and Traci Willkom

### **Chronic Conditions Advisory Group:**

Mary Borland, Linda Harms, Andrea Maier, Denise Mitton, Catherine Mussatti, Jaime Prickett, Jennifer Slaughter and Brittaney Smith

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### **Administrative Fellows:**

Healthy Dane and CHNA engagement and support provided by: Josh Naatjes

SIP engagement, research and technical support provided by: Kathryn Woodward

Submitted by: Jenn Ellestad—Community Relations Manager—St. Mary's Hospital