St. Mary's Hospital

700 South Park Street | Madison, WI 53715

SSMHealth

2016-2018

Community Health Needs Assessment

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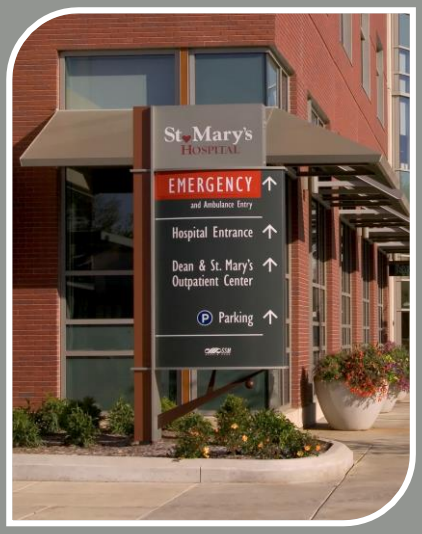


The Healthy Dane Collaborative Message to Our Community

SSMHealth

Dane County has a unique history of collaborating with local health care providers. For many years, our organizations have worked together in order to leverage our combined resources and address the health concerns of our community. In 2012, members of the Dane County Health Council came together to develop a joint health needs assessment under the name Healthy Dane Collaborative (HDC). This council includes St. Mary's Hospital, Meriter Hospital, Stoughton Hospital, University of Wisconsin (UW) Health, Group Health Cooperative of South Central Wisconsin and Public Health Madison and Dane County. Since the development of the 2012 Community Health Needs Assessment (CHNA), the HDC continues to work together and pursue various collaborative approaches to improve the health of Dane County.

This 2016-2018 CHNA combines population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. The HDC has contracted with Healthy Communities Institute to provide health rankings data to supplement hospitalization data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs. The HDC wishes to highlight that while many indicators of health are positive overall, the Healthy Communities Institute data and data from other sources makes it extremely apparent that populations within the county experience significant disparities in terms of health status and the inputs to health. The collaborative advises this report should be considered with that in mind.

The HDC recognizes the health needs of the community, as well as the resources available, are constantly evolving. The CHNA is a valuable benchmarking tool as we continue to work to create a healthier Dane County. The HDC will continue to update our implementation plans associated with this CHNA, in an effort to strive for continuous improvement.

We are proud to share the 2016-2018 assessment with our community.

St. Mary's Hospital

Meriter UnityPoint Health

UW Health

Public Health Madison & Dane County — Healthy people. Healthy places.

Stoughton Hospital — Trusted care. Close to home.

Group Health Cooperative of South Central Wisconsin

Visit us online to learn more about the Healthy Dane Collaborative:

healthydane.org

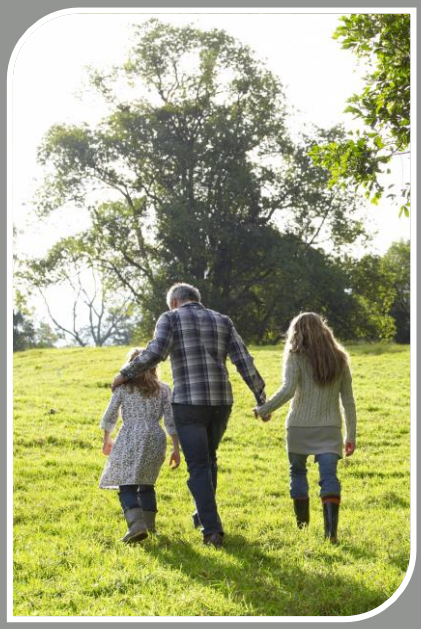


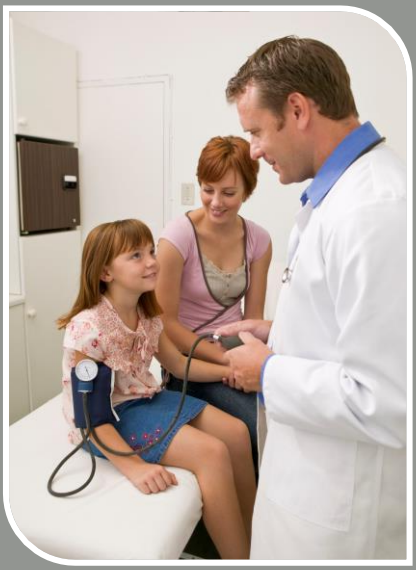
Photo: Healthy Dane leaders from 2013 press conference launching healthydane.org.

Executive Summary

Background

St. Mary's Hospital, SSM Health entity & proud member of the Healthy Dane Collaborative, is pleased to present the 2016 - 2018 (2016 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide Dane County residents with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address evaluated needs. The SSM Health Wisconsin Regional Board approved this CHNA on Nov. 3, 2015. St. Mary's Hospital last conducted a CHNA in 2012.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.



Priorities

After the Healthy Dane Collaborative completed a health needs prioritization, St. Mary's Hospital community benefit team conducted an internal priority-setting exercise. Based on a review of comprehensive data, community feedback, internal/external asset assessment and evaluation of capacity, it was determined that St. Mary's Hospital is well positioned to positively impact the health and well-being of Dane County residents in three key areas below.

- Mental Health
- Chronic Disease
- Maternal/Child Health

Additionally, the team identified two secondary focus areas in unintentional injury and falls, as well as asthma.

Goals

Mental Health

- Decrease the suicide rate from 12.8 deaths per 100,000 persons to 12.0 per 100,000 persons, with a focus on those populations disproportionately affected, by 2018
- Reduce the number of mental health admissions with a suicide ideation as primary or secondary diagnosis to St. Mary's Hospital by 5% between 2016 and 2018

Chronic Disease

- Reduce the number of hospital admissions due to uncontrolled hypertension at St. Mary's Hospital by 5% between 2016 and 2018
- Reduce the number of emergency department visits for uncontrolled diabetes at St. Mary's Hospital by 2% between 2016 and 2018

Maternal/Child Health

- Increase the percentage of mothers who receive early prenatal care, with a focus on those populations disproportionately affected, from 76.1% to 78% by 2018
- Reduce the number of babies born with very low birthweight (<1500grams) at St. Mary's Hospital by 2% between 2016 and 2018

About SSM Health and St. Mary's Hospital

SSM Health

SSM Health is a Catholic, not-for-profit health system that has provided exceptional care to community members regardless of their ability to pay for more than 140 years. Guided by its Mission and Values, SSM Health is one of the largest integrated care delivery systems in the nation, serving the comprehensive health needs of communities across the Midwest.

SSM Health strives to provide a consistently exceptional experience through excellent service and high-quality, accessible and affordable care.

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 20 hospitals, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a telehealth and technology company and two Accountable Care Organizations. With more than 31,000 employees, 1,100 employed physicians and 8,500 medical staff physicians, SSM Health is one of the largest employers in every community it serves.

Through our exceptional health care services, we reveal the healing presence of God.

St. Mary's Hospital

Highlight of services

St. Mary's Hospital offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of convenient care, primary care and specialist providers.

Community benefit

In 2014, St. Mary's Hospital provided $41.5 million in unreimbursed care and $12.7 million in other community benefits for a total of over $54 million.

Community partnerships

Over 125 community partnerships including:

- Parish Nurse Program
- St. Mary's Hospital Asthma Clinic
- Our Lady of Hope Clinic
- Lincoln Elementary School Adopt-A-School
- Hands on Hearts

Additional affiliations and partnerships

- University of Wisconsin Family Medicine Residency Program
- Turville Bay Radiation Oncology and MRI Center
- Shared Imaging Services
- Access Community Health Center
- Wisconsin Collaborative for health care Quality

2014 Hospital at a Glance

Admissions:	20,079
Outpatient Visits:	81,054
ER Visits:	47,079
Births:	3,480
Beds:	440
Employees:	2,390
Medical Staff:	890+
Volunteers:	670

About our Community

St. Mary's Hospital is located in Madison, WI and defines its community as Dane County and adjacent communities. In 2015, this service area had an estimated population of 522,362 people. The following pages of information include demographic and health indicator statistics specific to this community.

St. Mary's Hospital - Madison

Our community by the numbers

Race/Ethnicity

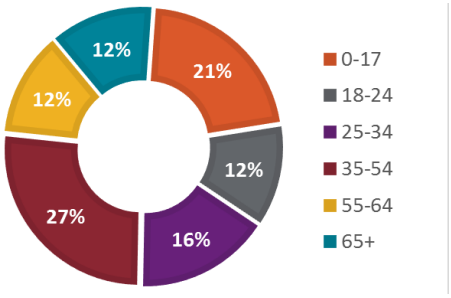
80.5% White/Non-Hispanic
5.2% African American/Non-Hispanic
6.4% Hispanic
7.9% All Others

Education Levels

12.7% No High School Degree
34.6% High School Degree
36.3% Some College/Associate Degree
16.4% Bachelor's Degree or Greater

Income Levels

Age Groups



The Health of Our Community

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About the data

The data utilized for the purpose of this assessment was largely derived from a variety of sources including the Healthy Communities Institute (HCI) analytics platform. The website, healthydane.org, includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area.

Our community by the numbers

Unintentional Injury and Poisonings

Death rates associated with unintentional injury and poisonings is higher in Dane County than state and national averages

Access to Primary Care

The number of providers compared to the population of Dane County is generally better than state average

Death Due to Falls

Dane County has a higher incidence of death rate due to falls than state and national averages

Longer Life Expectancy

The average life expectancy for both men and women is higher than state and national averages

Fewer Preventable Hospital Stays

The preventable admissions rate for Medicare patients was significantly better than both state and national averages

Alcohol and Drug Abuse

22.9% of adults drink excessively in Dane County. Additionally, alcohol-impaired driving deaths and deaths from drug poisoning are higher than state averages

Higher Education Levels

Dane County has more residents over the age of 25 with bachelor's degrees, which is higher than state and national averages

Poverty

12.9% of Dane County residents are living below the poverty level

Asthma

Hospitalization due to asthma for both adults and children is a notable challenge in Dane County

Mental Health

Suicide death rate and depression in Medicare population is higher than national averages

Voice of the community

The Healthy Dane Collaborative recognizes that Dane County's plan must start with deep understanding of the issues affecting our health and the assets we have available to use to improve health related outcomes. To provide as complete an overview of the health behaviors and perceptions of Dane County residents as possible, the HDC developed a 32-question community perception survey (see appendix, pages 26-30). The primary purpose of utilizing the community perception survey was to ensure that the voices of Dane County residents were heard, engaging those most impacted by health issues where they live, work, play and raise families. The survey addressed health and lifestyle behaviors, quality of life and access to care.

The community perception survey utilized validated and reliable questions, which had been on state and national needs assessments including the PHQ9 depression screener, USDA food security screener and the Medical Expenditure Panel Survey. The survey passed through a rigorous health literacy review and was also translated into Spanish.

A convenience, snowball sample (asking people to take it and pass it on, thus creating a snowball effect) was used for the community perception survey over a six-week period. An invitation to complete an electronic questionnaire (in English or Spanish) was sent to contacts from a range of public and private social sector organizations in the community. Intentional and strategic outreach was key to getting a robust response rate. Many of the county school districts distributed the survey electronically to students' families. Similarly, the city and county governments sent the survey electronically to all employees.

The survey was sent electronically to a variety of social service and not-for-profit agencies, numerous well-developed collaboratives working with high risk, hard-to-reach populations, and social media outlets. In turn, these contacts were asked to share the survey with their audiences, clients and networks. The HDC partners made the surveys available on their websites and included in electronic newsletters. Paper copies of the survey were made available at community events and food pantries. No incentives were used to promote participation. In total, 2,120 people completed the entire survey.

In addition to the community perception survey, focus groups of key stakeholders, community partners and advocates were convened. The primary objective of the focus groups was to solicit input from content experts and those in the community with a vested interest in the health and well-being of Dane County residents. The focus groups were guided by a facilitator using a participatory analysis model.

The facilitator utilized data placemats, a unique strategy to engage participants and guide discussion around specific topics. Data placemats display thematically grouped data using charts, graphs, tables and quotes in an easy-to-understand format (see appendix, page 40). There were three focus groups conducted consisting of between 7-11 participants. The participants were chosen based on content expertise or community involvement. The specific focus topics discussed were mental health, obesity and drug and alcohol use/abuse (see appendix, pages 31-39).

The discussions were centered on three general questions. A recorder was used for each focus group to assure participants responses were accurately synthesized.

- What surprises you about the data?
- What factors may explain some of the trends we are seeing?
- Does this lead to new questions?

Although not listed as an "intended" outcome of the focus groups, the HDC was pleased to be a catalyst to developing a shared respect and nurturing new partnership opportunities among participants. Furthermore, the HDC also used population specific events to gather data. In these settings, a simple prioritization tool helped gauge participants vision and perception about the health of Dane County.

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Voice of the community

Data analysis revealed that the community perception survey respondents agreed on several main themes related to the health issues faced by many residents of Dane County. Among those are mental health, obesity, diabetes, drug and alcohol use, cancer, heart disease and stroke and aging problems. At the same time, respondents felt strongly that Dane County provided positive opportunities including healthy outdoor activities, access to health care services, arts and culture, a good place to raise a family, safe neighborhoods, diversity and a good economy.

After review and consideration of all available data including current and prior year CHNA data, focus group and key stakeholder input, and guided by our criteria, the HDC identified 12 health issues that showed evidence of need in our county. Given this collective prioritization exercise, the results clustered by top scores were as follows: mental health, alcohol and drug abuse prevention, maternal child health, obesity prevention (including addressing type 2 diabetes and heart disease), oral health, healthy eating/food insecurity, access to care, infectious disease, respiratory disease, injury/violence-free living, cancer and tobacco-free living.

Through this assessment, the HDC has a much better understanding of the community's health and opportunity for improvement. The HDC knows this CHNA is not perfect, nor does it reflect each person's experience with health. In many cases, the assessment validated some of what the HDC already knew about the community, and in other cases, the HDC learned about unknown shortfalls in the community's health. There are many needs in Dane County, some of which are reflected in disparities of race, ethnicity, income, geography and education level.

Once the HDC prioritization was complete, the St. Mary's Hospital community benefit team conducted an internal priority setting exercise. Based on a comprehensive review of data, community feedback, internal/external asset assessment and evaluation of capacity, it was determined that St. Mary's Hospital is well-positioned to positively impact the health and well-being of Dane County residents in three key areas below. Additionally, the team identified two secondary focus areas in unintentional injury and falls, as well as asthma.

Key priorities

Mental Health

Mental health was a significant issue brought up in the feedback from our community and was verified by data research.

The economic cost of untreated mental illness is more than 100 billion dollars each year in the US.

Chronic Disease

Chronic disease, including diabetes and heart disease, was confirmed by community feedback and data research to be a priority.

Chronic disease burden is more highly concentrated among high risk populations. The poor are more vulnerable to chronic diseases because of limited access to good-quality health care among other reasons.

Maternal /Child Health

Maternal and child health was a common theme brought up from the community and was verified by the data research.

The well-being of mothers, infants, and children is an important public health goal for the US, determining the health of the next generation and predicting future public health challenges for families, communities and the health care system.

Mental Health

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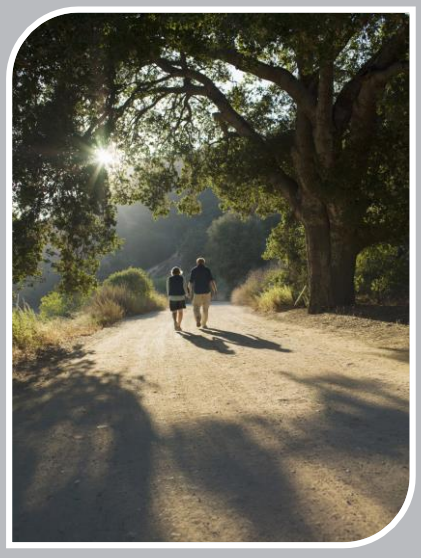
Priority #1

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community. [1] 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 100 billion dollars each year in the US. [2]

In Dane County, mental health has continually been identified in both the primary and secondary data as a top health priority. There is a disconnect between the perception of the problem and the true reality of the impact of mental health.

There is a worsening trend in Dane County in suicide incidence, age-adjusted death rate due to unintentional poisonings and depression in the Medicare population with significant disparities related to race, ethnicity, age and/or gender.



Additional facts and figures

- Of 2,120 community perception survey respondents, 62% identified mental health as a top health issue, yet only 5% of respondents indicated suicide was a significant health issue
- 9% of community perception survey respondents indicated they needed mental health services in the past year and said they felt they "would be better off dead" at least once a day, week or month
- Depression in the Medicare population is 16.5%, compared to 15.6% in the state and 15.4% in the nation, respectively [3]
- The age-adjusted death rate due to suicide is 12.8 deaths per 100,000 persons, compared to rate of 12.5 deaths per 100,000 persons in the nation, respectively [3]

Sources: [1]World Health Organization, 2014. [2]National Alliance on Mental Illness, 2014. [3]Healthy Communities Institute

Chronic Disease

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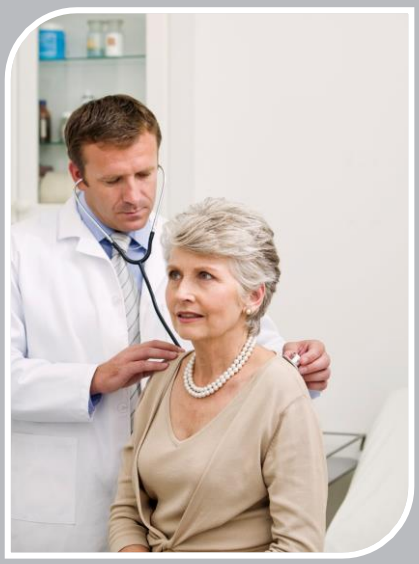
Priority #2

Chronic disease burden is more highly concentrated among high-risk populations. The poor are more vulnerable to chronic diseases because of material deprivation and psychosocial stress, higher levels of risk behavior, unhealthy living conditions and limited access to good-quality health care. [1]

Cardiovascular diseases are the major causes of mortality in persons with diabetes, and many factors, including hypertension, contribute to this high prevalence of cardiovascular disease. Hypertension is approximately twice as frequent in patients with diabetes compared patients without the disease. Conversely, recent data suggest that hypertensive persons are more predisposed to the development of diabetes than are people with normal blood pressure. [2]

St. Mary's Hospital has earned full accreditation as a Chest Pain Center with percutaneous coronary intervention (PCI) by the Society for Cardiovascular Patient Care (SCPC). This accreditation signals our continued commitment to provide exceptional health care to our community through a reduction in deaths and major adverse events caused by heart attacks.

In Dane County, there is an increase in people living in poverty and a worsening trend or significant disparities for special populations impacted by heart disease and diabetes.



Additional facts and figures

- Age-adjusted hospitalization due to heart failure is 23.3 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization due to hypertension is 2.6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted death rate due to cerebrovascular disease is 32.5 deaths per 100,000 persons [3]
- Age-adjusted hospitalization rate due to uncontrolled diabetes is 6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization rate due to short term complications of diabetes is 4.6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization rate due to long term complications of diabetes is 6.2 hospitalizations per 10,000 persons 18+ years [3]
- Percentage of obesity in low income preschoolers ages 2-4 is 13% [3]
- 50% of community perception survey respondents noted obesity as a top health concern [3]

Source: [1] World Health Organization, 2015. [2] Sowers, Epstein & Frohlich, 2001. [3] Healthy Communities Institute

Maternal/Child Health

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Priority #3

Improving the well-being of mothers, 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 families, communities and the health care system (Healthy People 2020). A focus on maternal and child health will allow for comprehensive approaches to address health issues from preconception care through early childhood development and the formative years of adolescence.

In 2014, there were 3,480 babies born at St. Mary's Hospital and a total of more than 6,355 in Dane County. Data indicates in Dane County there are significant disparities for special populations in infants born to mothers with less than 12 years of education, pre-term births, very low birth weight, infant mortality rate and mothers who received prenatal care. [2]

In Dane County, the trends are getting worse for mothers who smoked during pregnancy, low-income preschool children who are obese, age-adjusted hospitalization rate due to pediatric asthma and incidence of chlamydia. [1]

Additional facts and figures

- The chlamydia incidence rate in Dane County is 423 cases per 100,000 community members, which is above the state rate of 412 cases per 100,000 community members
- 13% of low-income preschool children are reported being obese (this is a measure specific to Dane county and there is no comparable measure within state and national data)
- 76.1% of Dane County mothers engaged in early prenatal care, which was behind both state and Healthy People 2020 averages of 78% and 77.9%, respectively
- 6.7% of babies are born with below average weight, which is better than both state and national rates of 7% and 8%, respectively
- 9.1% of all births occur preterm, which is better than both state and national rates of 10% and 11.4%, respectively
- 7.3% of mothers indicated they smoked during pregnancy, which is significantly better than the state average of 18.7%
- The infant mortality rate in Dane County was recorded at 5.1 deaths per 1,000 live births, which was better than both state and national rates of 5.9 and 6.1 deaths per 1,000 live births, respectfully

Source: [1]Healthy Communities Institute

SSMHealth

Achieving our Goals, Now and in the Future

SSM Health and the Healthy Dane Collaborative are committed to improving the health of our communities through collaborative efforts to address unmet needs.

SSM Health

St. Mary's Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit healthydane.org or ssmhealth.com/system for more information.

FIND HEALTH DATA

FIND DEMOGRAPHIC DATA

FIND HEALTH DISPARITIES

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance MAP	Current: 78.1 Target: 100.0 percent			
Children with Health Insurance MAP	Current: 93.4 Target: 100.0 percent			
Adolescent Health				
High School Graduation MAP	Current: 82.3 Target: 82.4 percent			

St. Mary's Hospital

700 South Park Street | Madison, WI 53715

SSMHealth

2016-2018

Appendices

Appendix

How the data was obtained

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Community perception results

Data analysis revealed that the community perception survey respondents agreed on several main themes related to the health issues faced by many residents of Dane County. Among those are mental health, obesity, diabetes, drug and alcohol use, cancer, heart disease and stroke and aging problems. At the same time, respondents felt strongly that Dane County provided positive opportunities including healthy outdoor activities, access to health care services, arts and culture, a good place to raise a family, safe neighborhoods, diversity and a good economy.

After review and consideration of all available data including current and prior year CHNA data, focus group and key stakeholder input, and guided by our criteria, the HDC identified 12 health issues that showed evidence of need in our county. Given this collective prioritization exercise, the results clustered by top scores were as follows:

- Mental Health
- AODA prevention
- Maternal Child Health
- Obesity prevention (including addressing Type 2 diabetes and heart disease)
- Oral Health
- Healthy Eating/Food Insecurity
- Access to Care
- Infectious Disease
- Respiratory Disease
- Injury/Violence Free Living
- Cancer
- Tobacco Free Living

Once the HDC prioritization was complete, the St. Mary's Hospital community benefit team conducted an internal priority-setting meeting, where based on a comprehensive primary and secondary data review, internal/external asset and capacity evaluation, it was determined that St. Mary's Hospital is well-positioned to positively impact the health and well-being of Dane County residents in three key areas: mental health, chronic disease and maternal child health. Additionally the team identified two secondary focus areas in unintentional injury and falls, as well as asthma.

The data utilized for the purpose of this assessment was largely derived from a variety of sources including the Healthy Communities Institute (HCI) analytics platform and generally has a pre-established degree of validity and reliability. The website platform, healthydane.org, includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of health, determinants of health, and quality of life. Additional data was obtained from local agencies, such as Public Health Madison and Dane County, and organizations with recent and relevant data. All data was used to identify and validate key findings of the CHNA.

In summary, the HDC used a variety of data sources, as well as internal priority setting to arrive at the recommendations in this CHNA. The HDC's primary data does not mirror the community and its results should be taken as a guide only. Focus group input reflects participation from a good representation of relevant organizations, and participants provided meaningful guidance. The HDC's data is comprehensive, including not only that from Healthy Community Institute, but also presentations with data from Public Health Madison and Dane County and the review of mapped data from the Survey of the Health of Wisconsin (SHOW).

Prioritization methodology relied on a tool used across SSM Health and edited with a greater emphasis on collaboration for the HDC's use. With set criteria and a review of the above input. The HDC core team members assessed priorities. The HDC in all cases reviewed data and information with an eye to the disparities in Dane County.

Appendix

Existing health care facilities and resources within the community that are available to respond to the health needs of the community

Priorities chosen were:

- Mental Health: Resources include Journey Mental Health Center, Safe Communities, Madison Metropolitan School District and Catholic Charities
- Chronic Disease: Resources include American Heart Association, Healthy Dane Collaborative and Childhood Obesity Prevention Collaborative
- Maternal/Child Health: Resources include Allied Wellness Center, Wisconsin Women's Health Foundation and Public Health Madison and Dane County

The health needs of the community

Please see "The Health of Our Community" and "The Health Needs of Our Community" sections for analysis of health indicators specific to the health of our community and the identified priorities to be addressed going forward. While health outcomes and health factors in other data sets shows low risk, the story can be very different when the outcomes are viewed by race and ethnicity. The health issues for which outcomes and factors are very different between the total community and racial/ethnic communities include:

- Cancer incidence and age-adjusted death rate
- Age-adjusted death rate due to diabetes
- Education
- Age-adjusted death rate due to heart disease and stroke
- Maternal Child Health

Needs the hospital will not address and why

Those community needs identified but not "prioritized" for improvement included the following:

- Although not identified as a top three priority, St. Mary's Hospital will focus its efforts to address the issue of asthma and unintentional injury/falls. The secondary data reveals significant health concerns for children and adults with asthma diagnoses. St. Mary's Hospital will continue to support the St. Mary's Asthma Clinic to assist in providing treatment and medication to low income un/underinsured Dane County residents. Asthma will also be addressed as a subcomponent of maternal and child health.
- Unintentional injuries and falls have been identified in both the primary and secondary data. St. Mary's Hospital has strong partnerships in the community that support initiatives to reduce the incidence of unintentional injuries, including staff expertise for related events provided by the hospital.
- There were other identified health needs that St. Mary's Hospital did not choose including:
    - Oral health: St. Mary's Hospital does not possess the resources or infrastructure to address this issue at this time.
    - Alcohol and drug abuse: St. Mary's Hospital intends to address this, in part through mental health initiatives.
    - Food security: St. Mary's Hospital is involved in strong community collaborations to address this issue.
    - Infectious disease: St. Mary's Hospital will continue to work with community partners focused on reducing the impact of infectious disease and will address infectious disease through our chosen initiatives specifically as it relates to Maternal Child Health.

The tax year the hospital last conducted a needs assessment

St. Mary's Hospital last conducted a CHNA in 2012.

Appendix

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups

To be maximally effective, health programs must meet a tangible need of the community. They must be presented to and accessible by the very people who need them most. The previous study of demographics, community health indicators and community feedback is necessary to assist the hospital in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. St. Mary's Hospital acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

It is SSM Health's Vision that through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

The process for identifying and prioritizing community health needs and services to meet the community health needs

See page 9 in body of report.

Information gaps that limit the Healthy Dane Collaborative' s ability to assess all of the community's health needs

The HDC partners share the observation that, while some health status indicators for Dane County are better than average, they may still represent health issues that are highly prevalent, place a heavy burden on the population, and might be worsening. Furthermore, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups.

Data sources: The CHNA primarily used information available through the healthydane.org website. These data rank Dane County on a large set of indicators, compiled from existing data sources including County Health Rankings, the Wisconsin Hospital Association, Wisconsin Division of Public Health and the U.S. Census Bureau.

Data from large data sets such as the ones used in the healthydane.org website often have a time lag of several years. In some instances, the most recent data for an indicator may be three or four years old. When available, the HDC utilized other data sets including hospitalization information, which provides information from the previous year. In addition to a time lag, data available to this CHNA does not consistently provide information on how an indicator varies by race/ethnicity, age, gender or other factor.

Community perception survey: Advantages of the recruitment strategy used for the community perception survey are rapid deployment, few resources required to administer the questionnaire, and the use of existing community networks to recruit respondents. Disadvantages include selection bias (voluntary response bias), which results in the inability to generalize findings to the broader population; nonresponse bias (ex: undocumented Spanish-speaking respondents may choose not to respond, while others with legal status may be more likely to respond), which results in respondent answers differing significantly from those who did not respond; and under-coverage of specific groups less likely to respond. The survey was offered in Spanish, and CHNA representatives provided targeted outreach to specific community groups to decrease under-coverage bias.

There were 2,120 completed responses, representing 0.06% of the estimated 2015 Dane County population. Although we cannot generalize about results, we have identified several themes that warrant further exploration.

The focus groups were conducted with key informants and interested sub-groups. Availability of participants and location of the sessions influenced attendance, which impacted information derived from the sessions. Focus groups were conducted with key informants so information was derived not directly from community members but from those who work closely with the groups.

How the priorities were chosen

Based on a synthesis of primary data, secondary data, focus group input, and knowledge of current efforts in the community, core members of the Healthy Dane collaborative conducted the ranking exercise. The team noted the initial list should be amended to include cancer.

Given this collective prioritization exercise, the results clustered by top scores were as follows:

1. Mental health
2. Alcohol and drug abuse prevention
3. Maternal and child health
4. Obesity prevention (including addressing type 2 diabetes and heart disease)*
4. Oral health*

*Two areas tied for #4.

The collaborative members noted that maternal and child health and obesity prevention are continuations of the two shared CHNA priorities from the first CHNA implementation plans. Mental health and alcohol and drug abuse prevention tie into existing but newer efforts to address these complex issues. Oral health has long been a shared priority with some prospect of advancement in the next CHNA cycle.

Important to note, all the issues listed will receive attention from Healthy Dane partners in implementation plans and collaborative community work.

Identified Community Need	Severity	Importance to Community	Impact	Existing Community Resources	Equity: Severity Measure	Collaborative Effort	Total
Maternal and Child Health							
Obesity prevention Type 2 diabetes Heart Disease							
Mental Health							
AODA Prevention							
Oral Health							
Access to Care							
Healthy Eating/Food insecurity							
Infectious disease							
Respiratory disease							
Injury/Violence free							
Tobacco-free Living							

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Persons representing the community with whom the hospital consulted

The Healthy Dane Collaborative (HDC) benefited from input derived through consultation of numerous community leaders representing diverse constituencies. The leaders associated with primary data collection are listed with their affiliations below. Additionally, HDC benefited from guidance and input from individuals with expertise in public/population health.

Date	Solicitation Type	Panel Member Organization	Panel Member Name (Optional)
4/20/15 - 5/29/15	Community perception survey	Healthy Dane Collaborative	2,120 respondents
6/16/15	Focus group pilot	Sun Prairie School District	
8/27/15	Focus group-mental health	Journey Mental Health Center	William Greer
8/27/15	Focus group-mental health	Outreach	Steve Starkey
8/27/15	Focus group-mental health	Domestic Abuse Intervention Services	Diara Sturevant
8/27/15	Focus group-mental health	Public Health Madison & Dane County	Jami Crespo
8/27/15	Focus group-mental health	Madison Metropolitan School District	Sally Zirbel-Donish
8/27/15	Focus group-mental health	Madison Police Department	Eugene Woerhle
8/27/15	Focus group-mental health	Madison Police Department	Carlin Becker
8/27/15	Focus group-mental health	Safe Communities	Mary Zimmerman
9/2/15	Focus group-drugs and alcohol use/abuse	Stoughton School District	Laurel Gretebeck
9/2/15	Focus group-drugs and alcohol use/abuse	Stoughton Police Department	Greg Leck
9/2/15	Focus group-drugs and alcohol use/abuse	Stoughton School District	Mel Dow
9/2/15	Focus group-drugs and alcohol use/abuse	Community advocate	Sharon Mason-Boersma
9/2/15	Focus group-drugs and alcohol use/abuse	Stoughton Senior Center	Cindy McGlynn
9/2/15	Focus group-drugs and alcohol use/abuse	Public Health Madison & Dane County	Justin Svingen
9/2/15	Focus group-drugs and alcohol use/abuse	Safe Communities	Cheryl Wittke
9/9/15	Focus group - obesity	Oregon School District	Amy Miller
9/9/15	Focus group - obesity	Oregon Area Senior Center	Anne Stone
9/9/15	Focus group - obesity	Community advocate	Aaron Perry
9/9/15	Focus group - obesity	REAP	Anna Strand
9/9/15	Focus group - obesity	Childhood Obesity Prevention Collaborative	Julia Stanley
9/9/15	Focus group - obesity	Boys and Girls Club of Dane County	Karen Gallagher
9/9/15	Focus group - obesity	Oregon School District	Deb Bossingham
9/9/15	Focus group - obesity	Oregon Area Chamber of Commerce	Judy Knutson
9/9/15	Focus group - obesity	Operation Fresh Start	Mary Musholt
9/9/15	Focus group - obesity	Student RN Operation Fresh Start	Emily Zentz

Appendix

How St. Mary's Hospital makes its needs assessment widely available to the public

St. Mary's Hospital 2016-2018 CHNA is available online at stmarysmadison.com and upon request from the hospital facility at 608-251-6100.

See section on "Going Forward" for more information.

Additional demographic information about Dane County

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	490,526	308,745,538
2015 Total Population	522,362	319,459,991
2020 Total Population	548,425	330,689,365
% Change 2015 - 2020	5.0%	3.5%
Average Household Income	$80,689	$74,165

	2015	2020	% Change
Total Male Population	258,780	271,645	5.0%
Total Female Population	263,582	276,780	5.0%
Females, Child Bearing Age (15-44)	115,019	116,578	1.4%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2015	% of Total	2020	% of Total	USA 2015 % of Total
0-14	93,025	17.8%	95,504	17.4%	19.1%
15-17	18,580	3.6%	20,034	3.7%	4.0%
18-24	61,976	11.9%	52,898	9.6%	9.9%
25-34	83,336	16.0%	86,180	15.7%	13.3%
35-54	137,761	26.4%	145,874	26.6%	26.3%
55-64	64,057	12.3%	67,964	12.4%	12.7%
65+	63,627	12.2%	79,971	14.6%	14.7%
Total	522,362	100.0%	548,425	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2015 Household Income	HH Count	% of Total	USA % of Total
<$15K	21,069	9.6%	12.7%
$15-25K	18,699	8.5%	10.8%
$25-50K	48,223	22.0%	23.9%
$50-75K	39,820	18.1%	17.8%
$75-100K	31,207	14.2%	12.0%
Over $100K	60,486	27.6%	22.8%
Total	219,504	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2015 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	7,447	2.1%	5.9%
Some High School	9,921	2.8%	8.0%
High School Degree	70,405	20.2%	28.1%
Some College/Assoc. Degree	100,203	28.7%	29.1%
Bachelor's Degree or Greater	160,805	46.1%	28.9%
Total	348,781	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2015 Pop	% of Total	USA % of Total
White Non-Hispanic	420,381	80.5%	61.8%
Black Non-Hispanic	26,990	5.2%	12.3%
Hispanic	33,179	6.4%	17.6%
Asian & Pacific Is. Non-Hispanic	27,715	5.3%	5.3%
All Others	14,097	2.7%	3.1%
Total	522,362	100.0%	100.0%

Source: Truven Health Analytics 2015

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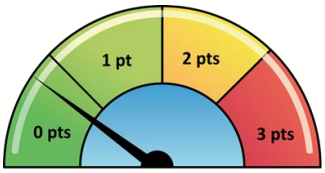
Healthy Communities Institute scorecard



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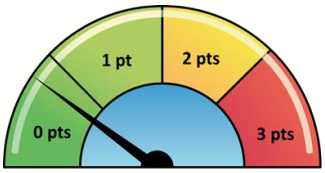
HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	19.1	15.5	8.3	7.2
2.58	Age-Adjusted Death Rate due to Unintentional Poisonings	deaths/100,000 population	13.7	11.4	11.8	
2.5	Households without a Vehicle	percent	8.5	7.1	9.1	
2.42	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	45.9	44.1	39.2	36.4
2.33	Asthma: Medicare Population	percent	4.8	4.7	4.9	
2.25	Severe Housing Problems	percent	16.8	15.2		
2.22	People 65+ Living Alone	percent	30.4	29.7	27	
2.17	Homeownership	percent	56.7	59.4	56.9	
2.17	Renters Spending 30% or More of Household Income on Rent	percent	50.3	48.4	52.3	
2.14	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	34.5	23.5	24	
2.11	Depression: Medicare Population	percent	16.5	15.6	15.4	
2.11	HIV Diagnosis Rate	cases/100,000 population	5	4		
2.08	Age-Adjusted Hospitalization Rate due to Hepatitis	hospitalizations/10,000 population 18+ years	1.7	1.2		
2.08	Alcohol-Impaired Driving Deaths	percent	43	38.8		
2	Fast Food Restaurant Density	restaurants/1,000 population	0.8			
1.92	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	12.8	13.2	12.5	10.2
1.89	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/10,000 population 18+ years	2.5	1.5		
1.89	Osteoporosis: Medicare Population	percent	6.1	5.4	6.4	
1.89	SNAP Certified Stores	stores/1,000 population	0.5			
1.83	Age-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/10,000 population 18+ years	23.3	24.7		
1.78	Age-Adjusted Hospitalization Rate due to Asthma	hospitalizations/10,000 population	7.2	7.7		
1.78	Liquor Store Density	stores/100,000 population	9.4	7.1	10.4	
1.75	Chlamydia Incidence Rate	cases/100,000 population	423	412	447	
1.69	High School Graduation	percent	85.8	87.5	80	82.4
1.67	Breast Cancer Incidence Rate	cases/100,000 females	123.7	124.8	122.7	
1.67	Low-Income Preschool Obesity	percent	13			
1.64	Annual Particle Pollution	(blank)	2			
1.61	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/10,000 population under 18 years	6.9	8.4		
1.61	Cancer: Medicare Population	percent	7.3	7.4	7.9	
1.58	Death Rate due to Drug Poisoning	deaths/100,000 population	11.9	11.3		
1.58	Morbidity Ranking	(blank)	38			
1.56	Age-Adjusted Hospitalization Rate due to Adult Asthma	hospitalizations/10,000 population 18+ years	7.3	7.5		
1.56	Grocery Store Density	stores/1,000 population	0.2			
1.56	Violent Crime Rate	crimes/100,000 population	239.1	255.5		
1.53	Annual Ozone Air Quality	(blank)	2			
1.5	People Living Below Poverty Level	percent	12.9	13	15.4	
1.47	Mothers who Received Early Prenatal Care	percent	76.1	75.6	74.2	77.9
1.44	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	4.6	5.8		
1.44	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11.3	11.3	11.2	
1.42	Adults who Drink Excessively	percent	22.9	24.4		25.4

Source: Healthy Communities Institute

Healthy Communities Institute scorecard (continued)



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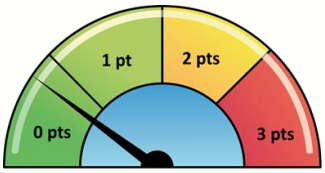
HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.42	Physical Environment Ranking	(blank)	28			
1.39	PBT Released	pounds	345			
1.39	Recognized Carcinogens Released into Air	pounds	9063			
1.33	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/100,000 population	7.4	10.2		
1.33	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/10,000 population 18+ years	11.7	13.9		
1.33	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/10,000 population 18+ years	2.6	3.4		
1.33	Low-Income and Low Access to a Grocery Store	percent	4.7			
1.31	Children Compliant with Immunization Requirements	percent	99.2	97.9		
1.31	Poor Mental Health Days	days	3	3		
1.28	Adults who are Overweight or Obese	percent	59.3		63.3	
1.28	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	hospitalizations/10,000 population 18+ years	16.4	20.8		
1.25	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/10,000 population 18+ years	0.6	0.8		
1.25	Clinical Care Ranking	(blank)	3			
1.25	Food Environment Index	(blank)	8.2	8		
1.25	Health Behaviors Ranking	(blank)	1			
1.25	Mortality Ranking	(blank)	10			
1.25	Social and Economic Factors Ranking	(blank)	8			
1.25	Social Associations	membership associations/10,000 population	13.1	11.8		
1.25	Student-to-Teacher Ratio	students/teacher	14	15.3		
1.22	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	23.4	24.3	22.3	21.8
1.22	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	hospitalizations/10,000 population 18+ years	23.1	24.4		
1.22	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	6.2	7		
1.22	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	hospitalizations/10,000 population 18+ years	11	12.2		
1.17	Age-Adjusted Hospitalization Rate due to COPD	hospitalizations/10,000 population 18+ years	13.2	15.7		
1.17	Single-Parent Households	percent	27.3	30.7	33.3	
1.11	Mean Travel Time to Work	minutes	20.8	21.7	25.5	
1.08	Babies with Low Birth Weight	percent	6.7	7	8	7.8
1.08	Children with Health Insurance	percent	95.6	95.2		100
1.08	Drinking Water Violations	percent	0	4.9		
1.08	Inadequate Social Support	percent	15.4	16.7		
1.08	Solo Drivers with a Long Commute	percent	22.3	25.6		
1.06	Alcohol-Related Motor Vehicle Death Rate	deaths/100,000 population	2	4		
1.03	Preterm Births	percent	9.1	10	11.4	11.4
1	People Living 200% Above Poverty Level	percent	73.6	69.4	65.8	
0.97	Farmers Market Density	markets/1,000 population	0.1		0	
0.94	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	20.2	21	22.2	20.7
0.94	Babies with Very Low Birth Weight	percent	1.1	1.3	1.4	1.4
0.92	Dentist Rate	dentists/100,000 population	65	61		
0.92	Mammography Screening: Medicare Population	percent	74.4	70		

Source: Healthy Communities Institute

Healthy Communities Institute scorecard (continued)



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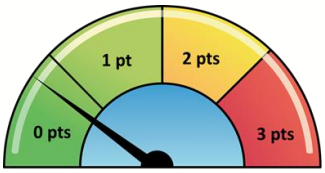
HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.89	Age-Adjusted Death Rate due to Heart Disease	deaths/100,000 population	132.7	160.9		
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	13.5	18.3	21.3	
0.86	Child Abuse Rate	cases/1,000 children	3.1	3.7	9.1	8.5
0.86	Students Eligible for the Free Lunch Program	percent	27.6	35.3		
0.83	Adults who are Obese	percent	20.1		27	30.5
0.83	Adults who are Sedentary	percent	15.3			32.6
0.83	Adults with Health Insurance	percent	89.6	87.2	79.7	100
0.83	Age-Adjusted Hospitalization Rate due to Dehydration	hospitalizations/10,000 population 18+ years	3.8	4.8		
0.83	Children Living Below Poverty Level	percent	13.4	18.1	21.6	
0.83	Chronic Kidney Disease: Medicare Population	percent	12.1	15.8	15.5	
0.83	Families Living Below Poverty Level	percent	6.4	8.8	11.3	
0.83	Food Insecurity Rate	percent	11.8	12.4	15.8	
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	12.5	14.6	15.4	
0.81	Infants Born to Mothers with <12 Years Education	percent	7.7	11.8	15.9	
0.81	Mothers who Smoked During Pregnancy	percent	7.3	13.7	8.5	1.4
0.78	Hyperlipidemia: Medicare Population	percent	34.5	40.8	44.8	
0.75	Access to Exercise Opportunities	percent	96	82.7		
0.75	Adults with Diabetes	percent	6.3	8.8		
0.75	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	32.5	36.2	37	34.8
0.75	Non-Physician Primary Care Provider Rate	providers/100,000 population	109	76		
0.75	Primary Care Provider Rate	providers/100,000 population	123	82		
0.75	Self-Reported General Health Assessment: Poor or Fair	percent	9	11.8		
0.72	Homeowner Vacancy Rate	percent	1.4	1.9	2.2	
0.72	Prostate Cancer Incidence Rate	cases/100,000 males	121.6	139.2	142.3	
0.72	Workers who Drive Alone to Work	percent	72.7	80.2	76.3	
0.69	Cervical Cancer Incidence Rate	cases/100,000 females	4.8	5.9	7.8	7.1
0.64	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	29.6	39	42.1	
0.64	Infant Mortality Rate	deaths/1,000 live births	5.1	5.9	6.1	6
0.64	Recreation and Fitness Facilities	facilities/1,000 population	0.2		0.1	
0.64	Teen Birth Rate	live births/1,000 females aged 15-19	10.4	19.9	26.5	
0.61	Diabetes: Medicare Population	percent	19.3	23.4	27	
0.61	Households with Cash Public Assistance Income	percent	1.4	2.2	2.8	
0.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	22.2	26.1	29	
0.61	Unemployed Workers in Civilian Labor Force	percent	3.6	5.4	5.6	
0.61	Workers Commuting by Public Transportation	percent	5	1.8	5	5.5
0.61	Young Children Living Below Poverty Level	percent	15.1	21.6	24.7	
0.58	Adults who Smoke	percent	13.6	18.3		12
0.58	Diabetic Screening: Medicare Population	percent	93.5	90		
0.56	People 25+ with a High School Degree or Higher	percent	94.7	90.4	86	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard (continued)



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0.56	Stroke: Medicare Population	percent	2.2	2.6	3.8	
0.5	Atrial Fibrillation: Medicare Population	percent	6.3	8	7.8	
0.5	Child Food Insecurity Rate	percent	17.5	20.4	21.4	
0.5	Life Expectancy for Females	years	83.2	81.6	80.8	
0.5	Life Expectancy for Males	years	79.2	77	76.1	
0.5	Median Household Income	dollars	61721	52413	53046	
0.42	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	40	51		
0.39	COPD: Medicare Population	percent	6.1	8.8	11.3	
0.39	Hypertension: Medicare Population	percent	40.8	48.9	55.5	
0.39	People 25+ with a Bachelor's Degree or Higher	percent	46.6	26.8	28.8	
0.39	People 65+ Living Below Poverty Level	percent	4.6	7.8	9.4	
0.33	Alzheimer's Disease or Dementia: Medicare Population	percent	7.5	8.8	9.8	
0.33	Colorectal Cancer Incidence Rate	cases/100,000 population	36.6	41.8	43.3	38.6
0.33	Houses Built Prior to 1950	percent	16.2	26.9	18.9	
0.28	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	157.1	174.6	173.8	161.4
0.22	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	39.6	46.8	48.4	45.5
0.17	Heart Failure: Medicare Population	percent	10	13	14.6	
0.17	Ischemic Heart Disease: Medicare Population	percent	18.5	24	28.6	
0.17	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	52.8	62.1	64.9	
0.17	Per Capita Income	dollars	33712	27523	28155	
0	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	11.3	14.8	15.9	14.5

Source: Healthy Communities Institute

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Community perception survey questions

What is your gender identity?
☐ Female
☐ Male
☐ Female to male transgender
☐ Male to female transgender
☐ Decline to answer
☐ Other

What year were you born?

_____

How many people currently live in your household?
☐ 1 (myself)
☐ 2
☐ 3-4
☐ 5-6
☐ 7-8
☐ 9+

The zip code where you live is?

_____

The highest grade you finished in school was:
☐ Grade school (1st-8th grade)
☐ Some high school/no diploma
☐ High school diploma/GED
☐ Some college/no degree
☐ Vocational or Trade School
☐ College degree
☐ Some graduate school/no degree
☐ Graduate degree

Identify your level of employment:
☐ Employed full time (40 hours per week)
☐ Employed part time (less than 40 hours per week)
☐ Unemployed
☐ Retired
☐ Student
☐ Unable to work due to a disability
☐ Stay at home parent

Your household's income before taxes) from all sources this year will be:
☐ $1-25,000
☐ $25001-50,000
☐ $50,001-75,000
☐ $75,001-100,000
☐ $100,001-150,000
☐ $150,000 +
☐ Prefer not to answer

Please select one or more of the following race categories you feel best identifies you:
☐ American Indian, Spanish American, American Indian, Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Decline to answer
☐ Other_____

Are you Hispanic/Latino (Cuban, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)?
☐ Yes
☐ No

Is there another language other than English spoken in your home?
☐ Yes, it is_____
☐ No

Thank you for taking our survey.

Visit healthydane.org for more information about county-wide efforts to improve health in your community.

SSMHealth

Community perception survey questions

What things are most important in order to have a healthy community? Choose up to five.
☐Arts and Cultural Events
☐ Religious or Spiritual Values
☐ Good Place to Raise Children
☐ Good Jobs
☐ Clean Environment
☐ Low crime, Safe Neighborhoods
☐ Emergency Preparedness
☐ Transportation
☐ Affordable Housing
☐ Healthy Behaviors and Lifestyle
☐ Strong Family Life
☐ Access to Health Care

What are the five biggest health issues in your community?
☐ Cancers
☐ Heart Disease & Stroke
☐ Mental Health Problems
☐ Aging Problems
☐ Domestic Violence
☐ Child Abuse / Neglect
☐ High Blood Pressure
☐ Teenage Pregnancy
☐ Motor Vehicle Crash Injuries
☐ Respiratory / Lung Disease
☐ Dental Problems
☐ Suicide
☐ Gun -Related Injuries
☐ Sexually Transmitted Diseases
☐ Rape / Sexual Assault
☐ Infectious Diseases
☐ Murder
☐ Infant Death
☐ HIV/AIDS
☐ Other
☐ Alcohol Use
☐ Drug Use
☐ Diabetes/High Blood Sugar
☐ Being Overweight

In general, you would say your health is:
☐ Poor
☐ Fair
☐ Good
☐ Very Good
☐ Excellent

What five things concern you the most about your community? (Select behaviors which have the greatest impact on overall community health)
☐ Drugs
☐ Alcohol
☐ Being overweight
☐ Poor Eating Habits
☐ Not receiving needed medical care
☐ Lack of exercise
☐ Tobacco use
☐ Dropping out of school
☐ Not getting “shots” to prevent disease
☐ Unsafe sex
☐ Not using birth control
☐ Racism
☐ Lack Of Pregnancy Care
☐ Not Using Car Seats for Children
☐ Not keeping Guns Locked Up
☐ Other:_____

What things do you think prevent you from being healthy?
☐ No healthy food choices in my neighborhood
☐ Lack of access to health care services
☐ No place to safely exercise
☐ Air quality
☐ Cost of housing
☐ Water quality
☐ Not enough money
☐ No health insurance
☐ No local farmers markets or community gardens
☐ No local grocery store
☐ No way to get to free parks or community recreation
☐ There are no free parks or community recreation in my neighborhood
☐ None of the above
☐ Other:_____

Do you have a health care provider who you see regularly for medical care?
☐ Yes
☐ No

If you don’t have a health care provider, tell us why:
☐ I can’t afford to pay for a doctor’s visit
☐ I don’t know how to find a nurse or doctor in my area
☐ I don’t have reliable transportation
☐ The office hours don’t fit my schedule
☐ I go to the doctor only when I have to
☐ I don’t have health insurance
☐ I go to the emergency room when I need care
☐ Other:_____

SSMHealth

Community perception survey questions

Do you have health insurance?
☐ Yes
☐ No
☐ I don't know

If you do not have health insurance please tell us why.
☐ I can't afford it
☐ I don't think I need it
☐ My work doesn't offer it
☐ I don't qualify for insurance where I work
☐ I don't qualify for BadgerCare/Medical Assistance
☐ Other

If you have health insurance, what type do you have?
☐ Medicaid/BadgerCare+
☐ Medicare
☐ Employer sponsored
☐ Private/I pay out of pocket
☐ I bought insurance on the health care Marketplace
☐ I am covered on my parent's plan
☐ Tricare (through military service)

Do you have dental insurance?
☐ Yes
☐ No
☐ I don't know

If you have dental insurance, what type do you have?
☐ Medicaid/ BadgerCare+
☐ Medicare
☐ Marketplace
☐ Employee sponsored
☐ Private/ I pay out of pocket
☐ On my parent's plan

Do you see a dental provider for an exam at least once a year?
☐ Yes
☐ No

If you don't see a dental provider every year, why not?
☐ I can't afford it
☐ I don't see it as important
☐ I can't find a dental provider who accepts my insurance
☐ The office hours are not convenient
☐ Other

In the past 12 months have you gone to the emergency room for a toothache not caused by an accident?
☐ Yes
☐ No

Have you been treated in the emergency room in the last 12 months for any reason?
☐ Yes
☐ No

I went to the emergency room because:
☐ Unable to get an appointment at the doctor soon enough
☐ Health provider said to go
☐ My medical condition was serious
☐ I was taken by ambulance
☐ Doctors office/clinic not open
☐ Lack of access to other providers
☐ No other place to go
☐ Don't have insurance
☐ Emergency room is the closest provider
☐ Other:_____

Which of the following problems have stopped you from getting the health care you need in the past year? Select all that apply.
☐ Health services are not close to where I live
☐ I don't know where to go for health services
☐ I can't pay for health services
☐ I can't get an appointment with local doctors
☐ Transportation
☐ None of the above
☐ Other :_____

How many days a week do you exercise for at least 30 minutes?
☐ Not at all
☐ 1-2 times per week
☐ 3-4 times per week
☐ 5 or more times per week

How would you rate the availability of nutritious foods in your area?
☐ Poor
☐ Fair
☐ Good
☐ Very good

I/we worried whether food would run out before there was money
to buy more. In the past 12 months this was:
☐ Never true
☐ Sometimes true
☐ Often true
☐ Always true

The food I/we bought ran out and there wasn't money to buy more.
In the past 12 months this was:
☐ Never true
☐ Sometimes true
☐ Often true
☐ Always true

SSMHealth

Community perception survey questions

Have you felt like you needed mental health services in the past 2 years? (depression, anxiety, sense of loss, etc.)
☐ Yes
☐ No

Were you able to access the mental health care you needed?
☐ Yes
☐ No

The following problems stopped you from getting the help you need for mental health issues:
☐ Mental health services are not close to where I live
☐ I couldn't get an appointment
☐ I couldn't afford a doctor's visit
☐ I couldn't afford medication or other treatment
☐ Fear of how others would respond
☐ I don't know where to go for assistance
☐ My health insurance doesn't cover what I need
☐ Other:_____

In the past year how often have you been bothered by any of the following:

	1 time a day	Once a Week	Once a Month	Once a Year	Not at all
Feeling down, depressed or hopeless					
Little interest in doing things					
Feeling tired or having little energy					
Poor appetite or overeating					
Feeling bad about yourself-or that you are a failure					
Thoughts that you would be better off dead					
Trouble concentrating on things					

In the past 2 weeks have any of the above problems made it difficult for you to carry out your daily activities (work, school, getting along with people, etc.)?
☐ Not Hard At All
☐ Somewhat Hard
☐ Very Hard
☐ Extremely Hard

Community perception survey questions

In the past 12 months, have you or anyone in your household needed any of the following services?

	Needed	Used	None
Help with utilities or food			
Shelter or temporary housing			
Help with transportation, child care or after school care			
Relief for caregivers of older or handicapped children/adults			
Individual or family counseling			
Help coping with domestic violence			
Help with job training			
Debt counseling			

In the past 12 months, you:

☐ Got a flu shot
☐ Wore a helmet while riding a bike or motorcycle
☐ Wore a seat belt when you drive or ride in a car or truck
☐ Stayed home from work, school or some other activity because you were feeling down or blue
☐ Drove a truck or car after drinking alcohol or illegal taking drugs
☐ Used cocaine, marijuana, meth, heroin or other illegal drugs
☐ Had more than one sex partner
☐ Smoked cigarettes
☐ Smoked cigars
☐ Used smokeless tobacco (snuff, chew, spit tobacco, or e-cigarettes)
☐ Had a 6 more drinks at one time
☐ Couldn't pay for a drug the doctor wanted you to take

What are the best things about living in Dane County? Please select all that apply

☐ Low crime
☐ Safe neighborhoods
☐ Access to health care services
☐ Diversity
☐ Outdoor activities
☐ Economy
☐ Arts/culture
☐ Good place to raise a family
☐ Adequate housing
☐ Schools
☐ Other:_____

Focus Group Responses – What are the influencing factors of obesity?

What are the factors in obesity?

- Convenience
- Speed of life – everyone too busy
- Cost of quality foods
- Awareness of diet/exercise
- Salt/sugar cravings
- Patterns of eating – always eat poorly (what people are used to), not used to healthy foods
- Healthy vending – fruit is a novelty when first presented, long term usage drops. Fruit rots and fruit leathers sells
- Kids don't know different kinds of fruits and vegetables
- Challenges in how school food is served (significant infrastructure issues)
- Unlikely people will spend WIC/Snap money on more expensive items like vegetables and fruit
- Food insecurity
- Perception - hamburger = meal; salad ≠ meal
- Influenced by huge corporate dollars marketing for sugar cereal, pop, fast food
- Local history – what we grew up with – casseroles; cultural food issues
- Beer culture – Drink WIsconsably
- Weather – cold winters; gets dark early
- Too much technology use
- Poverty and crime
  - Few grocery stores in poor areas
  - Must provide avenues for activity – exposure to healthy foods, physical activity
- Positive changes in school Physical Education - focus on activity not just sports. Kids moving 80% of the time versus 50% of the time, growth in school gardens
- Caution – people feeling attacked on food choices; Stop listening, stigmatized
- Looking for healthy quick/efficient foods
- Children not seen as overweight
  - Head Start staff and parents – don't perceive children as having weight issues
- Advertising showing heavier people- more socially acceptable
- Docs need to have conversations with parents about healthy weight early (0-1)
- Food as comfort
  - When don't have much – glad when you can feed your kids; don't want to feel bad about doing the best you can
- Physicians not sure how to help
  - No reimbursement for time spent in discussion
- Perception problem – obesity is a challenge of one's will
- "No one knows the key thing"
  - Who do you believe; always something new
  - Can't work together/partner if everyone believes in something different
- Work on developing health behaviors
  - Doctors should soft hand-off to social work, dietician to work with families
  - Opportunities for health coaches
- Health coaches can help navigate and problem-solve
- Families in poverty struggle to get to doc
  - Can experts get out with kids? Get them out in community and in schools?
- Experts should reflect the community they serve
  - Help people see that "this is for you too"

Focus Group Responses – What are the influencing factors of obesity?

What are the factors in obesity?

- Use technology to help
  - Face time coaching
  - Keep track/support through text messaging
  - Text4baby – but for wellness
  - Health apps for kids
- Activities in parks – people expect organized activity – not used to doing thing on their own
- Getting B-cycle in rural communities
- How can health care bridge between what is available to some and make it available to all.
  - Barriers in rural communities
  - Active at school. At home – limited opportunities after walking the dog. No way to get back and forth to school to be active
- Change message to BE HEALTHY and not just obesity
- For all demographics – kids who are active do better in schools. Moving while learning.
  - Active desks
- Spark program (?) give kids pedometer – kids set own goals – are more active. Do better in school
- Boys and Girls Club - want to be a community fitness center
- Oregon Wellness Committee through Stoughton hospital
  - Have nutrition walks, grocery store tours – very popular
- Opportunities for more cooking classes – healthy adaptations
- Tie healthy eating tips in with food pantries
- Hospitals are not walking the talk – having just diet pop (as opposed to diet & regular) is not a solution
- Host activity nights which include meals so families don't need to cook
- October is national farm to school month – expand to families – farm to cafeteria conference
- Infrastructure issues for food service. Not just buy-in; need to purchase equipment and retrofit
  - REAP: adding salad bar is huge deal for big districts like MMSD; centralized food prep.
- Rural schools have more flexibility than larger school districts
- Teach kids healthy snack making
- County-wide bike systems – greater opportunity for rural communities
- Food industry – able to do much without ramification – additives
- Artificial flavors are so strong – challenge to move back to natural flavors
- Don't just talk about negative

Focus Group Responses – Alcohol and drug abuse

How many alcohol/drug incidents are there in a school year?

- There is more tolerance for alcohol
- Students are more likely to use drugs in school (easier to hide)
- Young people – drugs are easier to get
- Police – seeing fewer underage drinking charges
- There are more checks & balances for alcohol
- Stealing drugs from family- share between friends
- Hospitals & EDs are doing better prescribing additive medications
- But – families are naive about youth use, kids take a few at a time; go back later
- Education needed for families
- Tightening of medication access – illicit drug use up
- Public becoming more aware that drug addiction is a disease – people are productive society members AND drug users.
- There is a danger in saying drug and alcohol use is recreational
- Hypothesize that Mexican drug cartels are impacting heroin market(legalization of pot – driving diversification)
- Heroin available in pill form – disguised as Oxycontin
- Not many understand how quickly prescription drug use turns to heroin addiction

Dane County Youth Assessment. Is data surprising?

- The drug use data seems too low. Alcohol is more acceptable

Alcohol-related motor vehicle injury rate dropped. Surprising?

- No – vehicles are safer – side airbags, seat belts, but there has been a decrease in OWI across state (increase in high density alcohol patrols)
- School district experience does see a violation decrease – but just think it is more hidden
- Underage drinking violations down
  - Kids are being more private, fewer big house parties
  - Fewer officers to patrol
  - Police don't believe drinking is less
- Much more impaired driving incidents ("skyrocket")
  - Much harder to detect
- Synthetic pot – emerging. Not much in area yet.
  - Issue – not covered in statutes

OWI arrests?

- Majority of 1st offence = .15 BA or higher
  - 4th offence and more = felony
  - 1st offence is a civil crime
- 60% of Stoughton OWI = 1st offense
- If we had similar east test for drug use- impaired driving statistics would be higher
  Impaired driving easier to detect in a crash – reasonable cause for blood test
- In younger kids – there is some drug/alcohol use in younger children – social work and counselors are more involved. Some kids will use cough medications

Focus Group Responses – Alcohol and drug abuse

- Opinion – those with mental health issues may allow their children to use drugs
- State laws allow kids to drink with parents in bars – WI has some of the most lax laws in the nation. Many issues are pushed to local legislation.

Factors?

- Mental health
- Not enough resources or education on stress management
- Generational ideas ("I turned out fine")
- Lifestyle
- Commercials – make it look like fun "We are crippling our own society"
- Avoidance/coping
  - Family needs to address
  - Low levels of supervision – (caution)

Prevention:

- Consider anti-tobacco campaign
  - Borrow ideas from tobacco industry
- Share personal stories… Impact of Lodi officer was huge
  - Families speak out.. this happened… someone died
- Treatment – cost prohibitive and not available

Stigma and social determinants:

- Education – drug use, mental health, homelessness – Stigma is changing
- Mental Illness – long way to go. Lack of understanding. Need to do at younger ages
- Stoughton QPR (suicide prevention) is a model (Mental Health first Aid)
  - Stoughton school district is involved in Mental Health First Aid
- Pre-intervention services – needed before acute and involuntary
  - "The state system is a nightmare"
- Resources needed in the community
- If you have insurance - more likely to get help
- "No one wants to spend on prevention"
- Insurance coverage is an issue; hospitals not being reimbursed

How to impact:

- Issues have become political game /refuse to spend money
- How do we leverage our power
- Focus our education on politicians When someone wants something done, it will happen
- Data should be common knowledge
- Need a passionate advocate
- We need more financial examples – cost benefit of prevention; economic impact – lost productivity
- Opportunity for powerful collaboration – Money not being spent well, coordinated through the health care system
- There has not been a significant coalition on mental health or substance abuse

"We want to start making a difference now."

Focus Group Responses – Mental Health

Why is there a disconnect between perception and reality (related to suicide stats)?

Stigma

- Media focuses on sensationalized stories – perception that mental illness leads to violence.
- Community may be unaware of help available
- Not perceived as "real" – and that it is attention seeking
- Substance abuse is a result of lack of willpower
- Need to create an atmosphere where it is ok to say that have you mental health issues
- Those in industry (mental health providers) are impacted by stigma
- Include those who are impacted by mental health/suicide in discussion

Access

- Can refer but cannot get help
- A lot of resources but not available to all in need
- Process can be traumatizing for the patient – patient can lose ground if waiting in the ED
- Involuntary commitment is the only way to get help.
- Police can sit with patients for 12 hours in hospital before person can get involuntary admission
- "How human is it to have a patient wait 4+ hours, voluntarily, before they can't take it anymore"
- Need is growing – patients are younger and more complex
- System is tilted to intervention not prevention
  - No intermediate step
- No resources after 4pm – only options are home safety plan or ED
- Great collaboration between police and Journey
- Issue of revolving door – deal with acute situation/detox then back in same situation

How can we prevent?

- 2/3 of kids in Building Bridges program are homeless
- Outreach sees clients with multiple issues : homeless, mental health. Senior, substance use
  - Would benefit from care collaboration
  - CASE BY CASE work will not solve the problem
- Need partnership between primary care and mental health
  - 24 hour access
  - Urgent care type design
  - Case manage – accessible, sustainable, integrated
- Stigma impacted by cultural/social influences
  - "He is just that way"
  - "Just having an off day"
- Dementia and aging population – this is a growing problem
- PTSD/returning service people
  - Afraid of mental health diagnosis; could lose post/job
- Seeing suicidality in really young children (5-6 years old)
- Trauma impacted mental health
- Thought numbers would be higher

Focus Group Responses – Mental Health

Why is there a disconnect between perception and reality (related to suicide stats)?

- Medication compliance = big issue
  - Feel better or feel numb – reason for discontinuation
  - Bipolar – feel better off meds (although improving)
- Involve family in how to help (integrated approach)
- Kids are not outside as much – need to burn off excess energy
- How do we reach out to address cultural differences?
  to use a bike trail, you need a bike

What else should we ask?

- More questions at primary care – get to social determinants
- Docs should take caution when asking – some patients may be uncomfortable sharing
- Sense of community is essential to good mental health – support, belonging
  isolation could be physical, social and spiritual
- Peer support – Journey hires people with lived experience; work to create community (IE – Yahara House)
- People who are well have 6-7 supporting groups, when groups reduce, problems develop
- Mental Health awareness
- Concerns about turn-over in mental health providers
- Lose someone you trust "health care can be factory-like but mental health relationship is more delicate"
- Consumers/patient should not be left without a follow-up appointment after a crisis visit – issues with transitions, "Make a plan"
- Need better coordinated care
- Journey program to address trauma
- Trauma informed care – include of trauma on so many patients
- Families involved in care plan

Next steps

- Community readiness for discussion
- Mental health first aid helps break down stigma
- Funding streams are not consistent – programs/ideas only last as long as an election cycle
  - Response is more crisis driven
- Need long term vision/approach
- Focus on more than those who end up in ED

Focus Group Responses – Black Women's Wellness Day

Black Women's Wellness Day
Saturday, September 19, 2015
What issues have the greatest impact on the community's health?

Issue	Response	Percentage	Total Responses	Grand Total Percentage
Mental health	70	24.14%		
Drug/alcohol	27	9.31%		
Stress management	2	0.69%	99	34.14%
Obesity prevention	54	18.62%		
Healthy eating	30	10.34%		
Affordable, available healthy foods	3	1.03%		
Food dessert	2	0.69%	89	30.69%
Oral/dental	28	9.66%	28	9.66%
Access (insurance)	22	7.59%	22	7.59%
Maternal and child health	10	3.45%		
Reproductive health	3	1.03%	13	4.48%
Injury/violence	13	4.48%	13	4.48%
Tobacco free	9	3.10%	9	3.10%
Respiratory	6	2.07%		
Air pollution	1	0.34%	7	2.41%
Physical disability resources	4	1.38%	4	1.38%
Infectious disease	4	1.38%	4	1.38%
Finance/jobs	2	0.69%	2	0.69%
Total	**290**			**100%**

Focus Group Responses – Centro Hispano

Issue	Response	Percentage	Total Responses by Group	Grand Total Percentage
Obesity	2	2.67%		
Diabetes	16	21.33%		
Heart disease	2	2.67%		
Cholesterol	2	2.67%		
High blood pressure	1	1.33%		
			23	30.67%
Cancer	13	17.33%		
Breast cancer	1	1.33%		
			14	18.67%
Depression	7	9.33%		
Anxiety	1	1.33%		
Fear	1	1.33%		
Mental health	2	2.67%		
			11	14.67%
Flu	2	2.67%		
Colds	2	2.67%		
Pneumonia	1	1.33%		
			5	6.67%
Osteoarthritis	3	4.00%		
HIV/AIDS	3	4.00%		
Autism	2	2.67%		
Dyslexia	2	2.67%		
Diarrhea	1	1.33%		
Asthma	1	1.33%		
Lung	1	1.33%		
Anemia	1	1.33%		
Hepatitis	1	1.33%		
Ulcer	1	1.33%		
Ebola	1	1.33%		
Parkinson's disease	1	1.33%		
Alzheimer's disease	1	1.33%		
Disability	1	1.33%		
Cataracts	1	1.33%		
Multiple sclerosis	1	1.33%		
Total	75	100%		

Focus Group Responses – Senior Center Health

Senior Center Health Fair 10-Sep-15

What issues have the greatest impact on the communities health?

81 votes=27 people

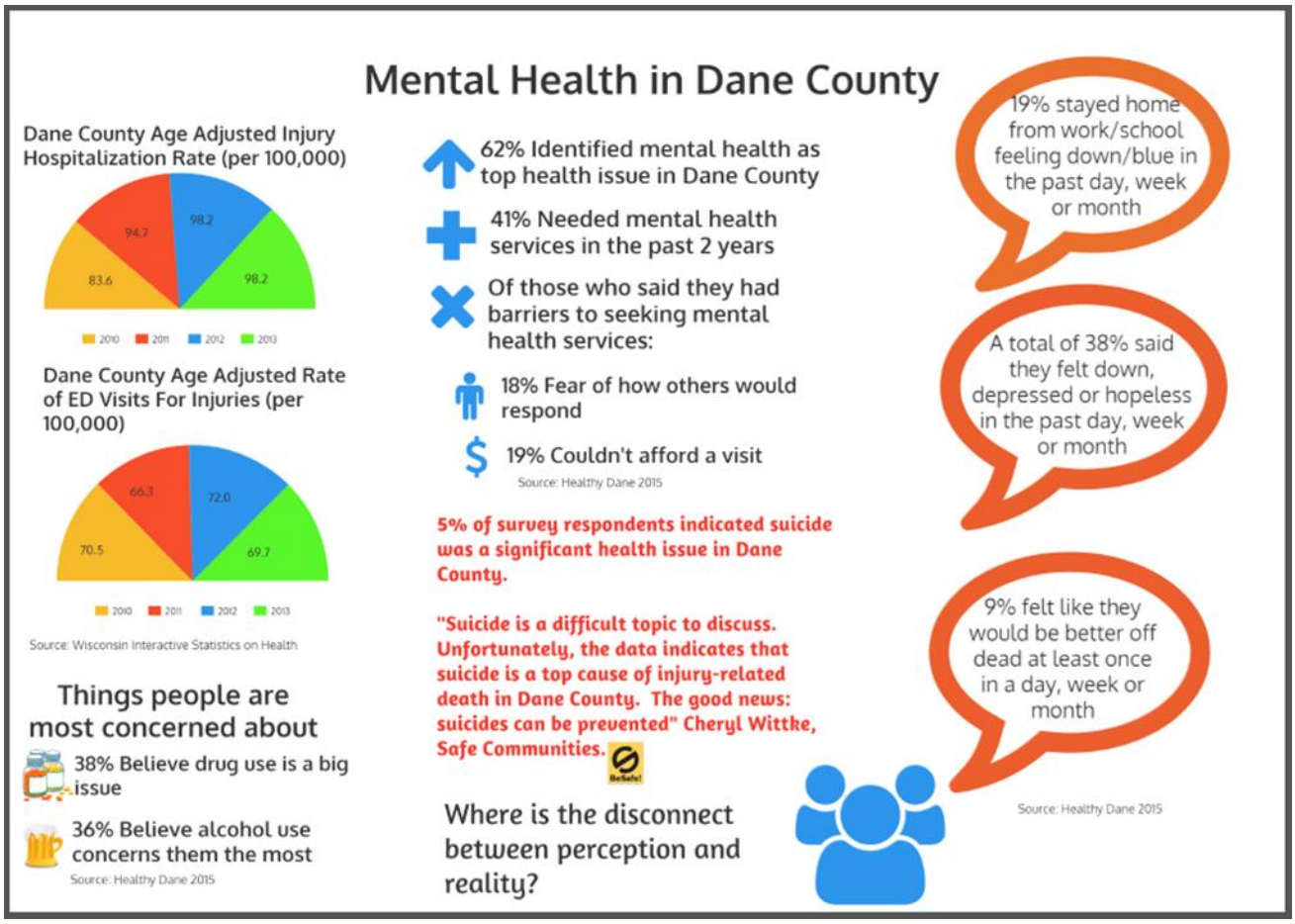
Issue	Responses	Percentage
Access to Care	15	18.50%
Mental Health	13	16.00%
Heart Disease/Stroke	8	9.80%
Alcohol Use	7	8.60%
Aging Problems	1	1.20%
Diabetes	7	7.40%
Obesity	6	7.40%
Cancer	6	7.40%
Drug Use	5	6.10%
Poor Nutrition	2	2.40%
Write in receiving 1 vote	1	1.20%
Finances		
Loneliness		
Homelessness		
Transportation		
Geriatric Care		

Mental Health	13	16.00%		
Alcohol Use	7	8.60%		
Drug Use	5	6.10%	25	30.80%
Diabetes	7	7.40%	23	28.40%
Heart Disease and Stroke	8	9.80%		
Obesity	6	7.40%		
Poor Nutrition	2	2.40%		
Geriatric Care	1	1.20%	2	2.40%
Aging Problems	1	1.20%		

SSMHealth

Data placemat example

Focus group facilitation included the use of data placemats, a unique strategy to engage participants and guide discussion around specific topics. Data placemats display thematically grouped data using charts, graphs, tables and quotes in an easy to understand format.



Healthy Dane Collaborative member profile

Meriter – UnityPoint Health

More than 110 years ago, the Madison community came together to form Madison's first hospital. Since that time, this hospital has cared for the health of the community. Today, that hospital is Meriter Hospital, part of Meriter-UnityPoint Health. And, the commitment to the community has not changed.

Meriter-UnityPoint Health is dedicated to providing comprehensive, coordinated care through our clinics, hospital and home care services for patients located in South Central Wisconsin. With a combined staff of 3,500 employees, Meriter offers primary and specialty care, most often recognized for heart and vascular, orthopedics and women's services. Meriter has been named one of the nation's 100 Top Hospitals ® by Truven Health Analytics three times since 2010.

Meriter is are proud to be part of UnityPoint Health, one of the nation's most integrated health systems. UnityPoint Health provides care throughout Iowa, Illinois and Wisconsin through more than 280 physician clinics, 32 hospitals in metropolitan and rural communities and home care services.

Meriter provides high quality of care to residents in Madison, Dane County and the surrounding communities. Meriter operates:

- Meriter Hospital, a nonprofit, 448 bed community hospital, providing a complete range of medical and surgical services. Services include:
    - The busiest birthing center in the Wisconsin
    - The most extensive cardiovascular program in the region
    - The only inpatient Child and Adolescent Psychiatry facility in the region
- Medical Clinics, dedicated to outstanding patient access at, providing service at the following primary care clinics: DeForest-Windsor Clinic, Fitchburg Clinic, McKee Clinic, Middleton Clinic, Monona Clinic, Stoughton Clinic and West Washington Clinic
- Home Health provides comprehensive home health care services and medical products to southern Wisconsin.
- Laboratories, a trusted provider of reference lab services for area clinics, hospitals, researchers and nursing homes.
- Meriter Foundation, a nonprofit foundation responsible for managing gifts, grants, community philanthropic activities and investments to support Meriter programming and services.
- Partnerships and Collaborations, Meriter has several partnerships and joint ventures focused on creating the highest quality and cost efficient health systems in the community.

- Admissions: 19,513
- Outpatient Visits: 175,509
- ER Visits: 45,142
- Births: 3,875
- Beds: 448
- Employees: 3,268
- Medical Staff: 1,190
- Volunteers: 570

Healthy Dane Collaborative member profile

Stoughton Hospital

Stoughton Hospital is an acute care hospital fully accredited by the Joint Commission and licensed by the State of Wisconsin. It is an independent community hospital owned and operated by the Stoughton Hospital Association while also being an affiliate of SSM Health Care of Wisconsin.

Services

Stoughton Hospital is a community hospital providing a wide range of services, including: ambulatory infusion center, business health and wellness, cardiac rehab, complementary medicine, emergency/urgent care, geriatric psychiatry, home health, inpatient rehabilitation (swing bed), intensive care unit, lab services, Lifeline Emergency System, medical imaging, medical/surgical unit, sleep disorders center, supportive care, surgical services, rehabilitation/sports medicine and Trusted Hands home care/companionship service.
The hospital also has a rehab and urgent care facility in neighboring Oregon.

Community Partnerships

We are involved in many community partnerships to improve the health and welling being of our service area including:

- American Lung Association
- Building a Stronger Evansville (BASE)
- Dane County Public Health
- Oregon Area Wellness Coalition
- Shalom Free Wellness Clinic
- St. Mary's Free Asthma Clinic
- St. Mary's Hospital Janesville
- St. Mary's Hospital
- Stoughton Cares
- Stoughton Wellness Coalition
- Wisconsin Asthma Coalition

Additional Affiliations and Partnerships

Stoughton Hospital is an open medical campus with physicians practicing from Dean, UW Health, Meriter and independent clinics. We also work with Madison Emergency Physicians, Madison Pathology, Madison Radiologists, Physician's for Women, and Southern Wisconsin Emergency Physicians.

- Beds: licensed for 35
- Employees: 376
- Volunteers: 105
- Physicians: 137

Healthy Dane Collaborative member profile

University of Wisconsin

UW Health is an academic health system associated with the University of Wisconsin-Madison. It encompasses the research, education and patient care activities that take place at the UW School of Medicine and Public Health and within UW Hospitals and Clinics Authority.

UW School of Medicine and Public Health is the nation's only combined school of medicine and public health. Its 1,500 faculty in 10 basic science and 17 clinical departments engage in research, education and clinical care at UW Hospitals and Clinics, other Madison hospitals and approximately 90 regional locations.

UW Hospitals and Clinics Authority is a nationally recognized regional health system that includes:

- UW Hospital and Clinics, a 648-bed regional referral center that is home to a Level One adult and pediatric trauma center, American College of Surgeons-verified Burn Center, one of the nation's largest organ transplant programs, one of the nation's first certified comprehensive stroke centers and the UW Carbone Cancer Center, one of 41 National Cancer Institute-designated comprehensive centers in the country
- UW Health at The American Center, a 56-bed, community-based health and wellness facility
- American Family Children's Hospital, a nationally-ranked, 87-bed facility with pediatric and surgical neonatal intensive care unit
- UW Medical Foundation, the state's second-largest medical practice group, representing the 1,300 faculty physicians of the UW School of Medicine and Public Health
- A regional division that extends to Rockford, Illinois, and includes the 333-bed Swedish American Hospital, an associated 34-bed inpatient/outpatient medical center in Belvidere, Illinois, and regional cancer center in Rockford

Six regional cancer centers:

- Beloit Hospital (Beloit, Wis.)
- FHN Leonard C. Ferguson Cancer Center (Freeport, Ill.)
- Swedish American Hospital (Rockford, Ill.)
- UW Cancer Center at ProHealth Care (Pewaukee, Wis.)
- UW Cancer Center Johnson Creek (Johnson Creek, Wis.)
- UW Cancer Center Riverview (Wisconsin Rapids, Wis.)

Regional outreach clinics in approximately 65 locations.

The new UW Health Rehabilitation Hospital, a 50-bed, post-acute inpatient program, will open in September 2015. Other health system components include Unity Health Insurance Corporation, a subsidiary health insurance plan with 175,000 members in a 20-county region, and University Health Care, a not-for-profit membership corporation that facilitates clinical and contracting relationships with insurance companies and regional providers.

Healthy Dane Collaborative member profile

Public Health Madison and Dane County

Local public health departments assess the health of the community--past, present and future. Public Health Madison and Dane County (PHMDC) employs 135 staff that work with community members to shape priorities to help safeguard and promote health and health equity across the population.

PHMDC has long worked with community partners to assure that people and organizations follow specific rules and regulations to safeguard health. PHMDC's Division of Environmental Health is helps ensure food safety and air and water quality, as well as providing animal services across the County. A diverse collection of environmental health professionals annually inspect more than 2,700 licensed establishments in Dane County, ensuring safe practices for food handling, as well as occupational and consumer safety. Emergency preparedness staff ensure that appropriate plans are in place to respond to a range of natural disasters, terrorism threats or communicable disease incidents.

Each year, a range of PHMDC community health programs reach individuals with significant health risks. Public health nurses provide case management for nearly 250 women with high-risk pregnancies, helping them access primary care and other support services. PHMDC also offers free immunizations for uninsured Dane County residents and children on BadgerCare. Staff respond to reports of communicable disease, taking measures to identify sources and prevent transmission of vaccine-preventable measles, mumps, and pertussis (whooping cough). PHMDC also monitors and helps reduce infection rates of HIV, chlamydia, gonorrhea, human papilloma virus, hepatitis C and syphilis. Over the past two years, our syringe exchange program, a powerful approach to reduce disease transmission, has seen dramatic increases in demand for needles, reflecting a heroin and opiate epidemic in our community.

The federally-funded Nutrition Supplement Program for Women, Infants and Children (WIC) serves more than 6,000 Dane County families each month. Low-income women and infants receive health screenings, nutrition counseling and modest financial support to purchase healthy foods at local groceries and farmers' markets. WIC clients also receive breastfeeding support.

Recognizing that health begins where people live, work, play and learn, PHMDC works with community partners to shape systems and public policy to promote long-term population health. The PHMDC division of policy, planning and evaluation assesses the health of Madison and Dane County, promoting health equity according to prevention priority areas outlined in the National Prevention Strategy, as well as locally-identified priority areas. Staff help community partners identify evidence-based, data-driven approaches to improve decision making and action planning. The division also provides technical assistance in program development and evaluation, ensuring that public projects identify appropriate goals, clear criteria for success and metrics to track results.

Teams of staff with training in public policy, public health, public affairs, law, social science, nursing, health education and urban and regional planning increasingly work with partners to pursue a Health in All Policies approach within the City and County. This might include the design of health-promoting transportation systems, equitable paths to economic development, sustainable approaches to our use of natural resources and how we plan for the health implications of climate change. Staff apply specific approaches, such as Health Impact Assessments, to systematically examine the health implications of policies, system design and resource allocation, estimating how each of these affects distinct populations in the community.

Healthy Dane Collaborative member profile

Group Health Cooperative of South Central Wisconsin

Group Health Cooperative of South Central Wisconsin (GHC-SCW) is a non-profit cooperative health maintenance organization (HMO) representing 80,000 cooperative members. GHC-SCW, as a consumer sponsored health plan, provides or arranges for the delivery of both primary and specialty health care and health insurance products to members living or working in and around Dane County, Wisconsin. GHC-SCW clinic services focus on primary care and select specialty care services.

The vision of the founding members has been validated as GHC-SCW continues to be recognized as one of the highest quality HMOs in the country. The organization has been recognized by the National Committee for Quality Assurance (NCQA) as they rated GHC-SCW the top health plan in Wisconsin in each of the last eight years.

The mission of Group Health Cooperative of South Central Wisconsin (GHC-SCW) is to provide accessible, comprehensive, high quality health care and outstanding service in an efficient and personalized manner.

GHC-SCW is a unique organization in that we are a non-profit, consumer-sponsored health care delivery system whose overall vision is to provide "superb care and impeccable service." We exist to serve our members. What drives the success of GHC-SCW is our unwavering belief in five Common Values which shape the way we behave each day in order to deliver the best possible member experience. These values guide our work:

- We are innovative ~ we create a culture of openness, honesty and the freedom to generate and express new ideas which provide solutions and enhance services to members.
- We are quality-driven ~ we foster personalized excellence in primary care for members.
- We are patient-centered ~ we encourage member involvement in their care and we devote ourselves to the health of our members.
- We are community involved ~ we work to cultivate partnerships with our community by performing good deeds, and contributing to and aiding community organizations.
- We are a non–profit cooperative ~ we empower our members to set service standards and to have "a voice" in their health care while recognizing the unique nature and opportunities of our non-profit, cooperative governance structure.

The staff and Leadership of GHC-SCW believe it is our responsibility to make a meaningful difference in our community. To maximize our efforts addressing the needs of our community, we focus our community in four areas:

- Improving Access to Health Care
- Building Partnerships to Strengthen the Health Care Safety Net
- Develop Community Health Programs
- Bridges to Access Programs

Because we believe in these Common Values, we are able to act according to our brand promise, "Better Together." This is a promise we make each day to ourselves and to our key stakeholders—our members, our group leaders, our agents, our community, and each other. The essence of "Better Together" is the belief that we are stronger together than alone. This belief has been the guide for our organization since we saw our first patient in 1976 and it will continue to guide us in the future.

Other organizations participating in St. Mary's Hospital CHNA process

The Healthy Dane Collaborative engaged other organizations through the Dane County Health Council in the community needs health assessment process including:

- Access Community Health Centers
- Dane County Human Services
- Dean Health System
- Madison Metropolitan School District
- United Way of Dane County
- University of Wisconsin Medical Foundation
- Wisconsin Alliance for Women's Health

All four hospitals fully recognize the necessity and appreciate the collaboration and guidance from all involved as we work towards improving the health of our community.

Significant resources in the community are already at work addressing specific health issues and important health factors. The collaborative has attempted to document some of the active work underway through joint initiatives. What follows are examples, but not meant to be an all-inclusive list:

- African American Breast Feeding Coalition
- African American Health Network
- Area Agency on Aging of Dane County
- Asthma Coalition
- Benevolent Specialists Project (BSP) Free Clinic (specialty medical care)
- Child Protection Collaborative
- Covering Kids & Families
- Dane County Coalition to Reduce Alcohol Abuse
- Dane County Health Council (access to care, behavioral health and more)
- Dane County Immunization Coalition
- Elderly Services Network of Dane County
- Fetal Infant Mortality Review
- Health Literacy Wisconsin (SW/SC)
- Healthy Kids Collaborative
- Hunger Care Coalition
- Latino Health Council
- Madison Schools and Community Recreation
- Oral Health Coalition of Dane County
- Oregon Area Wellness Coalition
- Pediatric Mental Health Collaborative
- Safe Communities Coalition
- Drugs/Poisoning
- Falls Prevention Task Force
- MedDrop
- Suicide Prevention
- Safe Kids Coalition
- Shalom Free Health Clinic
- START (Stoughton Area Resource Team—housing, health, employment and financial assistance)
- Stoughton CARES Coalition (drugs and alcohol-youth focused)
- Stoughton Wellness Coalition
- United Way Agenda for Change (health, education, safety)
- Delegation to Promote Children's Physical Activity
- Delegation on Healthy Food for Children
- Wisconsin Medical Society Advanced Care Planning Project
- Wisconsin Women's Health Foundation
- YMCA & schools (community school model)

St. Mary's Hospital

700 South Park Street | Madison, WI 53715

SSMHealth

2016-2018

Strategic Implementation Plan

Strategic Implementation Plan

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data review process, attention was directed to health issues that met any of these criteria:

- Identified as a serious health concern
- Importance to the community
- Health issues for which trends are worsening or are a root cause exacerbating other issues
- Existing community resources
- Inequitable outcomes or populations disproportionately affected by health issues
- Collaborative efforts and potential for the HDC to enhance/positively impact work currently being done

Source: U.S. Department of Health and Human Services

A secondary, but important focus, was placed on how health issues aligned with the work of Public Health Madison and Dane County. Their work is guided in part by the framework of the National Prevention Strategy, which focuses on improving health by integrating prevention oriented recommendations and actions across sectors to achieve optimal health and well-being. The visual to the right, from the US Department of Health and Human Services, provides a view of how our work fits with other partners and ultimately helps to increase the number of Dane County residents across the lifespan who are healthy.

Priority #1 Mental Health

Priority #2 Chronic Disease

Priority #3 Maternal Child Health

Mental Health

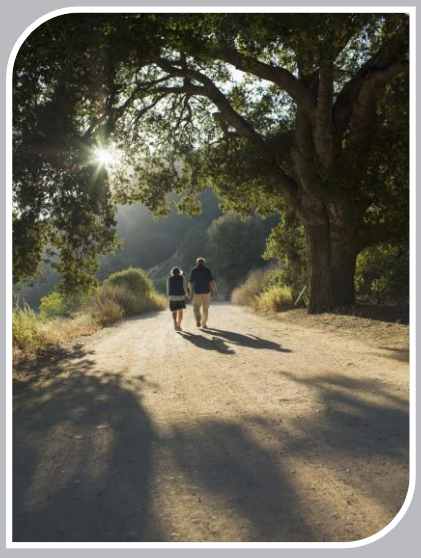
SSMHealth

Priority #1

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community. [1] 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 100 billion dollars each year in the US. [2]

In Dane County, mental health has continually been identified in both the primary and secondary data as a top health priority. There is a disconnect between the perception of the problem and the true reality of the impact of mental health.

There is a worsening trend in Dane County in suicide incidence, age-adjusted death rate due to unintentional poisonings and depression in the Medicare population with significant disparities related to race, ethnicity, age and/or gender.



Additional facts and figures

- Of 2,120 community perception survey respondents, 62% identified mental health as a top health issue, yet only 5% of respondents indicated suicide was a significant health issue
- 9% of community perception survey respondents indicated they needed mental health services in the past year and said they felt they "would be better off dead" at least once a day, week or month
- Depression in the Medicare population is 16.5%, compared to 15.6% in the state and 15.4% in the nation, respectively [3]
- The age-adjusted death rate due to suicide is 12.8 deaths per 100,000 persons, compared to rate of 12.5 deaths per 100,000 persons in the nation, respectively [3]

Sources: [1]World Health Organization, 2014. [2]National Alliance on Mental Illness, 2014. [3]Healthy Communities Institute

Strategic Implementation Plan
Mental Health

SSMHealth

Goals

The goals for St. Mary's Hospital include:

- Decrease the suicide rate from 12.8 deaths per 100,000 persons to 12.0 per 100,000 persons, with a focus on those populations disproportionately affected, by 2018 (Healthy Communities Institute)
- Reduce the number of mental health admissions with a suicide ideation as primary or secondary diagnosis to St. Mary's Hospital by 5% between 2016 and 2018 (St. Mary's Hospital Trendstar Health Information Management)

Action plan

- Enhance county wide collaborations to increase awareness, education, treatment and pre-event intervention
- Utilize community impact study to identify population dense areas of high risk populations
- Develop and disseminate a multi-year request for proposal (RFP) directed at agencies collaborating on health initiatives impacting mental health disparities
- Collaborate with Journey Mental Health to increase capacity to provide Mental Health First Aid programming to county school districts
- Partner with Safe Communities Coalition on the Zero Suicide Initiative
- Support the school-based mental health pilot
- Work with HDC partners on opportunities to work together to create, enhance or sustain evidence-based community programs/efforts to reduce the incidence of suicide in Dane County

Community partners and supporting resources

- Journey Mental Health Center
- Safe Communities
- Madison Metropolitan School District
- Catholic Charities
- Healthy Dane Collaborative

Chronic Disease

SSMHealth

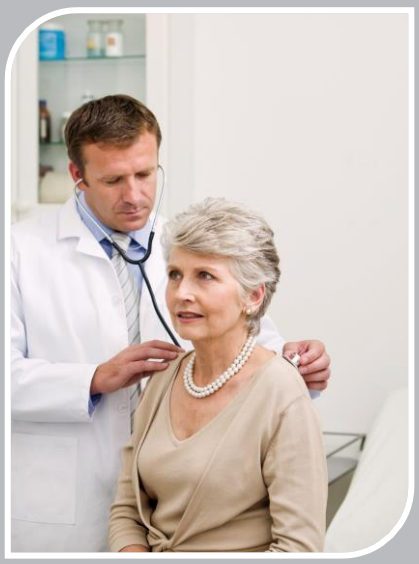
Priority #2

Chronic disease burden is more highly concentrated among high-risk populations. The poor are more vulnerable to chronic diseases because of material deprivation and psychosocial stress, higher levels of risk behavior, unhealthy living conditions and limited access to good-quality health care. [1]

Cardiovascular diseases are the major causes of mortality in persons with diabetes, and many factors, including hypertension, contribute to this high prevalence of cardiovascular disease. Hypertension is approximately twice as frequent in patients with diabetes compared patients without the disease. Conversely, recent data suggest that hypertensive persons are more predisposed to the development of diabetes than are people with normal blood pressure. [2]

St. Mary's Hospital has earned full accreditation as a Chest Pain Center with percutaneous coronary intervention (PCI) by the Society for Cardiovascular Patient Care (SCPC). This accreditation signals our continued commitment to provide exceptional health care to our community through a reduction in deaths and major adverse events caused by heart attacks.

In Dane County, there is an increase in people living in poverty and a worsening trend or significant disparities for special populations impacted by heart disease and diabetes.



Additional facts and figures

- Age-adjusted hospitalization due to heart failure is 23.3 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization due to hypertension is 2.6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted death rate due to cerebrovascular disease is 32.5 deaths per 100,000 persons [3]
- Age-adjusted hospitalization rate due to uncontrolled diabetes is 6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization rate due to short term complications of diabetes is 4.6 hospitalizations per 10,000 persons 18+ years [3]
- Age-adjusted hospitalization rate due to long term complications of diabetes is 6.2 hospitalizations per 10,000 persons 18+ years [3]
- Percentage of obesity in low income preschoolers ages 2-4 is 13% [3]
- 50% of community perception survey respondents noted obesity as a top health concern [3]

Source: [1] World Health Organization, 2015. [2] Sowers, Epstein & Frohlich, 2001. [3] Healthy Communities Institute

Strategic Implementation Plan
Chronic Disease

SSMHealth

Goals

The goals for St. Mary's Hospital include:

- Reduce the number of hospital admissions due to uncontrolled hypertension at St. Mary's Hospital by 5% between 2016 and 2018 (St. Mary's Hospital Trendstar Health Information Management)
- Reduce the number of emergency department visits for uncontrolled diabetes at St. Mary's Hospital by 2% between 2016 and 2018 (St. Mary's Hospital Trendstar Health Information Management)

Action plan

- Utilize community impact study to identify population dense areas of high-risk individuals
- Develop and disseminate a multi-year request for proposal (RFP) directed at agencies collaborating on health initiatives impacting chronic disease
- Continue to work with NovoNordisk on healthy living workshop opportunities
- Work with hospital and clinic case management to develop early intervention strategies to prevent hospitalizations
- Enhance partnerships with key community organizations including the American Heart Association
- Develop sustainable evidence-based programming around healthy eating, including hands on activities
- In collaboration with Healthy Dane, continue support of the Farmers Market Double Dollars program
- Continue support of the Childhood Obesity Prevention Collaborative 5,2,1,0 initiative

Community partners and supporting resources

- American Heart Association
- Healthy Dane Collaborative
- Childhood Obesity Prevention Collaborative
- Novo Nordisc Inc.

Maternal/Child Health

SSMHealth

Priority #3

Improving the well-being of mothers, 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 families, communities and the health care system (Healthy People 2020). A focus on maternal and child health will allow for comprehensive approaches to address health issues from preconception care through early childhood development and the formative years of adolescence.

In 2014, there were 3,480 babies born at St. Mary's Hospital and a total of more than 6,355 in Dane County. Data indicates in Dane County there are significant disparities for special populations in infants born to mothers with less than 12 years of education, pre-term births, very low birth weight, infant mortality rate and mothers who received prenatal care. [2]

In Dane County, the trends are getting worse for mothers who smoked during pregnancy, low-income preschool children who are obese, age-adjusted hospitalization rate due to pediatric asthma and incidence of chlamydia. [1]

Additional facts and figures

- The chlamydia incidence rate in Dane County is 423 cases per 100,000 community members, which is above the state rate of 412 cases per 100,000 community members
- 13% of low-income preschool children are reported being obese (this is a measure specific to Dane county and there is no comparable measure within state and national data)
- 76.1% of Dane County mothers engaged in early prenatal care, which was behind both state and Healthy People 2020 averages of 78% and 77.9%, respectively
- 6.7% of babies are born with below average weight, which is better than both state and national rates of 7% and 8%, respectively
- 9.1% of all births occur preterm, which is better than both state and national rates of 10% and 11.4%, respectively
- 7.3% of mothers indicated they smoked during pregnancy, which is significantly better than the state average of 18.7%
- The infant mortality rate in Dane County was recorded at 5.1 deaths per 1,000 live births, which was better than both state and national rates of 5.9 and 6.1 deaths per 1,000 live births, respectfully

Source: [1]Healthy Communities Institute

Strategic Implementation Plan
Maternal/Child Health

SSMHealth

Goals

The goals for St. Mary's Hospital include:

- Increase the percentage of mothers who receive early prenatal care, with a focus on those populations disproportionately affected from 76.1% to 78% by 2018 (Healthy Communities Institute)
- Reduce the number of babies born with very low birthweight (<1500grams) at St. Mary's Hospital by 2% between 2016 and 2018 (St. Mary's Hospital Trendstar Health Information Management)

Action plan

- Utilize community impact study to identify population dense areas of high-risk women and children
- Develop and disseminate a multi-year request for proposal (RFP) directed at agencies collaborating on health initiatives impacting maternal child health disparities
- Collaborate with Public Health Madison and Dane County on the Nurse Family Partnership and Prenatal Care Coordination Program
- Enhance collaboration with the Wisconsin Women's Health Foundation to increase awareness and educational opportunities around prenatal and preconception care
- Work with Healthy Dane Collaborative partners on opportunities to work together to create, enhance or sustain evidence-based community programs/efforts to increase access to prenatal and preconception care
- Continue participation in the Dane County Maternal/Child Health Opioid work group
- Maintain a Baby-Friendly Hospital status

Community partners and supporting resources

- Allied Wellness Center
- Wisconsin Women's Health Foundation
- Healthy Dane Collaborative
- Public Health Madison and Dane County
- March of Dimes
- St. Mary's Hospital Maternal Child Health leadership team

SSMHealth

Achieving our Goals, Now and in the Future

SSM Health and the Healthy Dane Collaborative are committed to improving the health of our communities through collaborative efforts to address unmet needs.

SSM Health

St. Mary's Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit healthydane.org or ssmhealth.com/system for more information.

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.