



COMMUNITY HEALTH IMPROVEMENT STRATEGY

Columbia St. Mary's Milwaukee

**COLUMBIA ST. MARY’S
COMMUNITY HEALTH IMPROVEMENT STRATEGY
MILWAUKEE COUNTY**

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Supporting Columbia St. Mary's Mission

Columbia St. Mary's, a healthcare provider founded in response to identified community needs, is sponsored by Ascension Health, a Catholic national health system, and Columbia Health System, a non-sectarian community health system.

Columbia St. Mary's exists to make a positive difference in the health status and lives of individuals and our community, with special concern for those who are vulnerable. At Columbia St. Mary's we are committed to providing high quality, accessible, values-driven programs and services with equal attention to the physical, spiritual, and emotional dimensions of health.

The Columbia St. Mary's Community Health Improvement process ensures the mission is accomplished through a structured and sustainable method informed by the community, monitored by a Community Health Improvement Committee at each hospital and approved by the Columbia St. Mary's Board of Directors. Leadership for the Community Health Improvement process is provided by the Office of Mission Integration and the Community Services Department.

COMMUNITY HEALTH IMPROVEMENT PHILOSOPHY

Our community has many needs. It also has many strengths.

In order to make the best use of our resources, Columbia St. Mary's (CSM) must address important needs in the community in partnership with people and organizations with similar missions. Programs and services to support community health are best when they are collaborative, strategic and sustainable.

Because of the size and nature of many community health issues, CSM alone does not have enough resources to solve the problems. The best hope for success is seen in being **collaborative** to bring together the resources of many organizations. CSM will seek to find partners that are mission-driven, devoted to excellence and capable of creative partnerships to solve community problems.

A program or service is **strategic** when it serves vulnerable people through the use of special talents and skills of people and programs within CSM. Strategic programs are seen where great community need is addressed by unique talents and skills.

A program or service is **sustainable** when it is supported by a variety of sources including reimbursement, grants, donations, volunteer and student support and contributions from other organizations. It is important to have a variety of resources available to serve vulnerable people.

PROCESS

The Columbia St. Mary's (CSM) Community Health Improvement Committee is authorized by the CSM Board of Directors to develop the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) to respond to the needs of the community. Milwaukee County is identified as the CSM service area for the CHNA and CHIP process. This service area is consistent with the hospital's patient volume analysis.

The Committee meets regularly to oversee the development of the Community Health Needs Assessment and the development and implementation of a Community Health Improvement Plan.

The Committee authorized and encouraged Community Health Improvement staff to use the Milwaukee Health Care Partnership (MHCP) model of assessment in collaboration with hospital members of the partnership.

The CHNA was conducted to include three levels of information: a community telephone survey of residents to gather their input on community health needs; a secondary data report commissioned from a consultant proficient in gathering and interpreting of data from public health departments, state organizations and non-profit organizations working in the field of health; and interviews with key stakeholders in the field of health.

The Community Health Improvement Committee reviewed the Milwaukee Health Care Partnership CHNA and agreed that it was generally reflective of community health and needs in Milwaukee. The Committee did note that issues of disparity did not seem to be well-reflected in the CHNA, especially regarding cancer incidence and outcome and infant mortality. The Committee amended the MHCP CHNA findings to include cancer disparity and infant mortality as additional areas of need.

The Community Health Improvement Committee evaluated the needs identified and discussed CSM responses to those needs to be included in the Community Health Improvement Plan (CHIP). The Committee developed the CHIP based on Community Benefit Philosophy values of identifying strategic responses which apply organizational strengths to significant community needs; identifying responses that can be sustainable over time by using a variety of resources; and identifying responses that have or can develop strong partnerships to support the goals. The discussion of these values and CHNA needs resulted in consensus by the Committee on prioritizing these specific CHIP elements to be served.

Resources necessary to achieve plan goals are budgeted within departments specifically devoted to serving community needs, within departments wherein community health improvement is an aspect of the department and in administrative budgets such as those funding the Milwaukee Health Care Partnership. These resources are also reported as part of the Community Benefit Report in Section H of IRS 990 reporting.

The CHNA and CHIP were submitted to the CSM Board for review and approval.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

INFANT MORTALITY

Milwaukee infant mortality rates far exceed state and national rates. The death of babies before their first birthdays is the most tragic health disparity affecting African-Americans. The disparity is evident in infant mortality rates which show 15.6 deaths per 1,000 births for African Americans, with rates of 6.0 deaths per thousand for Hispanic infants and 5.3 deaths per thousand for non-Hispanic whites. Key stakeholders call for improvement in infant mortality overall but with a special focus on African-Americans.

ORAL HEALTH ACCESS

According to secondary data and interviews with key respondents, the inability of children and adults to find a dentist who accepts BadgerCare or charity care is of concern. For children, dental pain is the primary cause of school absenteeism. Poor oral health is linked to poor overall health -- raising risks of chronic disease, systemic complications, and, for expectant mothers, prematurity and low-birth-weight babies.

SUBSTANCE ABUSE

The rates of binge drinking have increased from 17% of community respondents reporting bingeing in the past year in 2002 and increasing to 32% in 2015. Secondary Data Reports also reflect increase in drug abuse. Key respondents also speak of limited access to substance abuse treatment, particularly for at-risk populations such as pregnant women.

CANCER DISPARITY

The Community Health Improvement Committee agreed to include in the assessment issues of disparity that significantly affect the health of a vulnerable group. Therefore, the committee includes breast cancer mortality in African-American women, occurring at a rate of 32 per 100,000 as opposed to 21 per 100,000 for Caucasian women, as an issue of concern. Similar disparity exists with lung and prostate cancers.

MENTAL HEALTH

An increase in concern regarding mental health in the community was seen with 32% of community survey respondents making it a top concern as opposed to 21% three years ago. Key community stakeholders reported concern for inability to improve access by hiring mental providers, particularly those with prescriptive authority. An increased focus will be on integrating behavioral health with primary care.

INJURY AND VIOLENCE

Survey respondents (42%) and key stakeholders (49%) mention violence in the community as a concern, including domestic violence, falls, gun violence, youth violence, and crime. Information

from the North Shore Health Department shows that fall incidence in Milwaukee County far exceeds the state average.

CHRONIC DISEASE

The incidence of hypertension, diabetes, and asthma has increased over the last nine years, surveys and secondary data show. Chronic disease, particularly diabetes and hypertension, are major health disparities among African-Americans. Key stakeholders say this is one of the larger health issues for African-Americans.

OVERWEIGHT/OBESITY

These issues are grouped because of the consistent concern among key stakeholders. Levels of overweight and obesity are greater than in the state and nation, according to Secondary Data Reports. Incidence of overweight increased from 62% to 69% of population in the past 12 years, with vegetable intake decreasing during that time. Stakeholders mention difficulties in access to physical activity and healthy foods as key barriers to greater health.

HEALTH LITERACY

Key stakeholders list poor health literacy as an important concern. This includes understanding of health systems and how to use them, as well as understanding of key issues of health and illness. Stakeholders underscore the importance of providing understandable and culturally appropriate education.

SEXUAL HEALTH

Many key stakeholders list the issue as an area of concern, and Secondary Data Reports show a higher-than-state-average incidence of teen pregnancy and sexually transmitted infection. Existing community partnerships do focus on this issue and have experienced success in reducing incidence; but both continue to exceed state averages.

FY2017 TO 2019 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

INFANT MORTALITY

CSM participates in the Lifecourse Initiative for Healthy Families collaborative led by United Way of Greater Milwaukee and Waukesha County. The Milwaukee Health Care Partnership co-chairs the Health Access Committee, and CSM co-leads the Connecting High Risk Women to Care task force.

As 50% of women with prematurity and adverse birth outcomes have had previous adverse birth outcomes, the Health Access Committee aims to assure that they receive good interconceptional care, especially when they have a complicating chronic condition such as hypertension or diabetes.

CSM also supports maternal health through provision of prenatal oral health to reduce periodontal disease that might be related to prematurity. Seton is the lead provider of such care in Milwaukee. In addition, Seton collaborates with Children's Health Alliance of Wisconsin to increase the number of expectant mothers who receive dental care in the year before they give birth because only 20% of expectant mothers with BadgerCare in Milwaukee County now receive such care.

Another best practice to support health among African-Americans is to work with community churches. CSM has developed a model of support for pregnant women through establishment of Safe Sleep Sanctuaries, churches that provide outreach and support. A model of care is being piloted to offer resource and social support through Sanctuary churches in the city.

Goal 1

Develop program to assure that women with adverse birth outcomes will receive primary care to avoid future prematurity and additional adverse birth outcomes

Action: Develop CSM Action Team to create protocol for care management of women with adverse birth outcomes

Partners: Lifecourse Initiative for Healthy Families Connect to Care Collaborative, Family Health Center

Outcomes/Impact: Team will develop protocol to navigate 50 women to primary care in Fiscal Year 2017, 75 in Fiscal Year 2018, and 100 in Fiscal Year 2019

Goal 2

Improve access to prenatal oral health from 20% of BadgerCare expectant mothers in Milwaukee County to 30% by Fiscal Year 2019

Action: Add two prenatal oral health partners by Fiscal Year 2017, an additional provider in Fiscal Year 2018 and one more additional provider by Fiscal Year 2019

Partners: Wheaton Franciscan OB providers; Health Maintenance Organizations; Healthy Smiles for Mom and Baby Collaboration with Children’s Health Alliance of Wisconsin

Outcomes/Impact: Serve 250 women in Fiscal Year 2017, 300 in Fiscal Year 2018, and 350 in Fiscal Year 2019; provide oral care to 30% of BadgerCare expectant mothers in Milwaukee County in the year before delivery by Fiscal Year 2019

Goal 3

Increase use of Strong Baby Sanctuaries to improve maternal support

Action: Expand the number of Sanctuaries through collaboration with community partners

Partners: Urban Church Wellness Initiative partnership, United Way Faith Roundtable, City of Milwaukee

Outcomes/Impact: Increase in women receiving support in stress-reduction, improved nutrition through infant food pantries, improved safety through crib and car seat distribution through Sanctuaries. -- from 10 Sanctuaries as a baseline in Fiscal Year 2016, to 15 in Fiscal Year 2017, to 20 in Fiscal Year 2018, and to 25 by Fiscal Year 2019

ORAL HEALTH

The Smart Smiles program, implemented through St. Elizabeth Ann Seton Dental Clinic, is the largest provider of school-based oral healthcare in the state and a model of efficiency. Still, the program continues to explore ways to increase efficiency and serve more children. One goal will be to use incentives to improve participation through a grant from Children’s Health Alliance of Wisconsin. Expansion of funding would allow the efficient Smart Smiles model to add additional Smart Smiles teams and increase the number of children served.

Among adults, poor oral health and diabetes are an unfortunate combination. People with periodontal disease have inflammation and infection that complicate diabetes management; unfortunately, people with diabetes are more likely to have periodontal disease. The result is complications for both oral health and systemic health. A statewide initiative through the Institute for Oral and Systemic Health (IOSH) will develop curriculum and policies to support systemic care. Seton and Family Health Center are part of the initiative.

Goal 1

Expand Smart Smiles to 14,000 children by Fiscal Year 2019

Action: Develop incentives to increase participation

Partners: Seal-a-Smile, Oral Health America, Delta Dental of Wisconsin

Outcomes/Impact: Increase participation rate an average of 10% in incentivized schools

Goal 2

Increase funding to support two additional Smart Smiles teams by Fiscal Year 2019

Action: Develop funding requests to support administrative and billing functions to serve eight teams (up from six currently)

Partners: CSM Foundation, Seal-a-Smile

Outcomes/Impact: Each team will add 2,000 children to the total served; two new teams will allow program to reach 14,000

Goal 3

Collaborate with IOSH to develop an integrated approach to diabetes and oral healthcare at CSM Family Health Center

Action: Help develop curriculum for caregivers and policies to support integrated oral health; assist in protocol development and piloting

Partners: Institute of Oral and Systemic Health, Family Health Center

Outcomes/Impact: Development of curriculum and policies to support systemic health for diabetic patients at Family Health Center

SUBSTANCE ABUSE

Access to substance abuse treatment will be critical in reducing infant mortality. Meta House, a national leader in service to women recovering from substance abuse, will be involved in this area, as will strategies developed by the Milwaukee Behavioral Task Force.

Goal

Support Meta House through health screening and monitoring by CSM Community Health Ministry Nurse

Action: Provide Hepatitis and HIV screening, consultation, and care management

Partners: Meta House, CSM specialty physicians

Outcomes/Impact: CSM provides health screening and consultation, allowing Meta House to offer fully integrated service to 100 women in recovery each year of Fiscal Year 2017, Fiscal Year 2018 and Fiscal Year 2019

CANCER DISPARITY

Earlier diagnosis of breast cancer is an evidence-based approach to health improvement. To promote early detection among uninsured African-American women, CSM has collaborated with churches and community groups to facilitate eligibility for mammography coverage. Also, we have used our Mammography Coach in non-traditional settings to meet the needs of women uncomfortable with traditional clinical and hospital settings.

Goal

Increase use of mammography by African-American women who have had difficulty in gaining access to screening

Action: Expand use of church partnerships and community partnerships to support 15 Mammography Coach sites in Fiscal Year 2017, 20 sites in Fiscal Year 2018, and 25 sites in Fiscal Year 2019

Partners: Urban Church Wellness Initiative churches, Ebenezer Health Resource Center, Susan G. Komen Southeast Wisconsin Foundation, CSM Foundation

Outcomes/Impact: Increase outreach mammograms from Fiscal Year 2016 baseline – by 10% in Fiscal Year 2017, 15% in Fiscal Year 2018, and 20% in Fiscal Year 2019

MENTAL HEALTH

The challenges in Milwaukee are not specific to any one health system provider; they occur across locations and health systems. The Milwaukee Health Care Partnership works with government, public health, health systems, and non-profit organizations outside health systems to develop strategies for improved access. CSM will collaborate in support of new approaches through support of telemedicine and participation on the Partnership's Behavioral Task Force.

One new approach is a more complete integration of primary care and behavioral care through the Whole Health Clinic of the Milwaukee Center for Independence. CSM will join in support of the Whole Health Clinic as part of Partnership investments.

Goal

Support integrated primary care and mental health through Partnership funding of Whole Health Clinic

Action: Direct Partnership discretionary funds to Milwaukee Center for Independence to establish Whole Health Clinic

Partners: Milwaukee Health Care Partnership, Milwaukee Center for Independence

Outcomes/Impact: Funding allows clinic to open in Fiscal Year 2017

OVERWEIGHT/OBESITY

Poor access to healthy food in urban areas is a problem, and efforts to improve use of programs such as farmers' markets are best practices to improve nutrition. A new practice, pioneered by Wholesome Wave, is to use vegetable prescriptions to increase the use of produce, particularly in impoverished communities. CSM will develop a program in partnership with Feeding America and Fondy Market to gain experience in vegetable prescriptions.

Goal

Develop vegetable prescription model in CSM

Action: Work with Fondy Market to develop vegetable prescription program for patients of Family Health Center who are served through the summer market and with Feeding America to supply Ebenezer Health Resource Center in other seasons

Partners: Medical College of Wisconsin, Fondy Market, CSM Family Health Center, Ebenezer Health Resource Center, Feeding America

Outcomes/Impact: A vegetable prescription program will be implemented in Fiscal Year 2017 to serve 50 patients, expanding to 75 patients in Fiscal Year 2018 and 100 in Fiscal Year 2019

HEALTH LITERACY

CSM has supported better health literacy through Affordable Care Act and BadgerCare enrollment, case management of people into primary care after screening, and support for education in Urban Church Wellness Initiative programs. Ebenezer Church of God in Christ will be used to establish the CSM Ebenezer Health Resource Center, providing health education and navigation to community members and to patients in need from the CSM Family Health Center and Community Physician Clinics.

Goal

Establish Ebenezer Health Resource Center as a community asset for enrollment, navigation, and health education

Action: Expand community awareness of Ebenezer as a resource for enrollment, navigation and health education through IMPACT 2-1-1 referrals

Partners: Ebenezer Church of God in Christ, IMPACT 2-1-1, community media

Outcomes/Impact: Increase community referrals to 200 in Fiscal Year 2017, 400 in Fiscal Year 2018 and 600 in Fiscal Year 2019, improving African-Americans' access to resources

NEEDS NOT ADDRESSED IN PLAN

SEXUAL HEALTH

This is an area in which CSM will not participate directly. United Way of Greater Milwaukee and Waukesha County has led a task force to reduce teen pregnancy and significantly reduced pregnancy rates. CSM has not participated in this activity and this collaboration. Our resources are well used in other areas of community leadership.

INJURY AND VIOLENCE

Because of the strategy to focus on fall assessment and injuries this need will be addressed in the Sacred Heart Rehabilitation Institute Community Health Improvement Plan.

CHRONIC DISEASE

Because of the focus on diabetes friendly food pantry and Sacred Heart Rehabilitation Institute's history of support of the Ebenezer Food Pantry as well as the role of diabetes in chronic diseases related to rehabilitation, this need will be addressed in the Sacred Heart Rehabilitation Institute Community Health Improvement Plan.