Who We Are

ThedaCare™ is a non-profit, community-owned health system serving an eight-county region of northeastern Wisconsin. ThedaCare providers have the privilege of caring for more than 240,000 patients annually representing 10,000 diagnoses through five ThedaCare hospitals and 22 provider clinics.

The five hospitals include:

- Appleton Medical Center
- New London Family Medical Center
- Riverside Medical Center
- Shawano Medical Center
- Theda Clark Medical Center

Our Service Area

ThedaCare’s service area consists of eight northeast Wisconsin counties including Calumet, Green Lake, Menominee, Outagamie, Shawano, Waupaca, Waushara and Winnebago. The primary service area is anchored by what is known as “The Fox Cities,” a cluster of seven communities ranging in size from 20,000 to 80,000 residents and situated along the Fox River 25 miles south of Green Bay. These communities include Appleton (the largest with 80,000 residents), the Town of Grand Chute, Neenah, Menasha, Kaukauna, Little Chute, Kimberly and Combined Locks (the smallest with 20,000 residents).

Other major communities served by ThedaCare include Oshkosh (9 miles south of Neenah) and the rural communities of New London (17 miles northwest of Appleton), Shawano (45 miles north of Appleton), and Waupaca (35 miles west of Appleton). There are approximately 537,000 people in our geographical service area. (See map next page)
Our Owner Expectations

In 2010, the ThedaCare Board of Trustees identified four “Owner Expectations” of our healthcare system. (See diagram below) ThedaCare defines owners as “all members of the communities we serve.”

Continual Improvement in Community Health is one of the four expectations which will lead to better health at lower cost than other communities. ThedaCare’s Community Health Needs Assessment and Implementation Strategy is central to fulfilling this owner expectation.

Our Mission and Values

ThedaCare’s mission reaches beyond providing excellent healthcare services within our hospitals and clinics. ThedaCare is committed to making all the communities we serve healthy places to live, learn, work and play. Simply stated, ThedaCare’s mission is “to improve the health of our communities.”

A set of core values guide ThedaCare employees as they make decisions every day that impact the care provided to our patients and to our communities.

ThedaCare values are:

- **Focus on the customer** – their needs are our top priority
- **Have a thirst for learning** – continuously seek out ways to do our work better
- **Be courageous** – challenge each other’s ideas to come up with the best thinking and solutions
- **Love your work** – let your passion show every day
Key Components of Our Commitment

Year after year, community surveys identify ThedaCare as the local healthcare system most recognized for giving back to the community. ThedaCare and each of our five hospitals are committed to improving the health of the communities we serve. We fulfill our community benefit commitment through a variety of efforts including:

- A written **mission statement** that places the community first and **Community Health Needs Assessment and Implementation Strategy** targeting the most critical health needs in our communities.
- An **organizational structure** that includes a diverse Community Benefit Advisory Team with representation from the Board of Trustees, front-line primary care and emergency room providers and dedicated Community Health Specialists on staff.
- A **sustainable funding structure** to support innovative and collaborative health projects that have measurably improved health and earned national recognition.
- **Policies and billing practices** that support appropriate financial assistance for those in need.

While ThedaCare's community health improvement programs address the needs of the overall population we serve, vulnerable groups such as those with low incomes or those often marginalized by society are a major focus of our efforts.

Organizational Support

Theda Care is governed by a volunteer **Board of Trustees** comprised of 16 individuals representing broad interests throughout our service area. (See Appendix A)

The ThedaCare Board of Trustees approves the Community Health Implementation Strategy for all five ThedaCare hospitals. In addition, the local Governing Boards of our three rural hospitals – New London Family Medical Center, Riverside Medical Center and Shawano Medical Center – also approve their local plans.

Our Board of Trustees and **System Leadership Team (SLT)** (See Appendix B for list of SLT members) are engaged in a comprehensive strategic planning process every two years reaffirming our mission and vision, establishing strategic priorities and monitoring progress in achieving them. One of the consistent, significant inputs to this process is the Community Health Needs Assessment.

ThedaCare has a **Community Benefit Advisory Team (CBAT)** which provides advice, direction and information to enhance ThedaCare’s ability to improve the health of the communities we serve. (See Appendix C for Community Benefit Advisory Team members)
The ThedaCare Community Benefit Advisory Team provides guidance in the following areas:

- Providing sources of data to broaden the understanding of community health needs
- Implementing processes used to assess health needs in each community
- Strategizing high level community health needs
- Securing necessary resources - both human and financial
- Integrating community health improvement strategies throughout the ThedaCare system
- Building synergy among community health work and other existing efforts
- Prioritizing each community’s health needs
- Communicating to the public about community health care programs
- Providing for long-term sustainability of community health programs

(See Appendix D for the Community Benefit Advisory Team Charter)

ThedaCare employs a team of Community Health Specialists dedicated to researching and assessing community health needs as well as implementing strategies to improve them. In the fall of each year, this team reports out to stakeholders on these strategies at a “Community Conversation” event and also publishes an annual report.

Community Health Action Teams (CHAT)

CHAT Teams are the primary resources ThedaCare uses to engage the community in better understanding the local health needs and developing plans for action. CHAT stands for Community Health Action Team. ThedaCare’s Community Health Specialists help facilitate the CHAT efforts for four CHAT teams in the Fox Cities, New London, Shawano and Waupaca areas.

Each CHAT team is comprised of local community leaders from business, education, public health, area health systems, faith communities, non-profit organizations and government. (See Appendix E for current CHAT roster and meeting schedule) These leaders select issues to study, organize “plunge” experiences (day-long field trips) to gain in-depth understanding and collaborate in problem-solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

ThedaCare providers and staff are integrated into a wide variety of these initiatives as appropriate.
About Appleton Medical Center

Appleton Medical Center (AMC) was created when a group of local business leaders came together to establish a second Appleton hospital on the city's north side. While the idea for a second hospital in Appleton was first broached in the 1940's, actual fundraising began in 1950 when 23 acres of farmland on the city's then far north side were purchased.

Construction for the community-owned hospital began in 1955 with the doors opening in February 1958. The original building was designed in the shape of a cross to signify the role that the community's churches played in raising funds for the hospital.

When the hospital opened, Auxiliary Board Chairperson Abraham Sigman wrote a letter to the people of the community praising them for their efforts in making the new hospital a reality.

“The new hospital is a portal of hope...a united effort of industry, commerce, civic organizations, churches and individuals (from) every walk of life... (in) united support of a worthy community effort,” he wrote.

Since Appleton Medical Center opened, it has undergone significant growth and expansion including the construction of several new additions such as The Paul & Elaine Groth Surgery Center in 1999; The Martha Siekman Cancer Center and The ThedaCare Cancer Institute in 2001; The Appleton Heart Institute in 2003 and an eight-story pavilion and bed tower in 2010. Area residents embraced each expansion and the hospital's continued commitment to providing high quality care to the community. Today, the hospital sits in a tree-lined neighborhood and remains a central partner in the local community.
Appleton Medical Center Service Area

Since Appleton Medical Center (AMC) is a tertiary hospital providing cardiac, orthopedic and cancer services to a vast portion of northeast Wisconsin, AMC defines its service area as consistent with the eight county ThedaCare service area. From a community health perspective, a significant portion of this service area is also covered by other ThedaCare hospitals.

For purposes of this document and to avoid duplication, we will restrict our focus of Appleton Medical Center’s Community Health Needs Assessment and Implementation Strategy to primarily Calumet and Outagamie Counties. (See map below)
Our Community Health Improvement Model

ThedaCare utilizes models created by the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation as the framework for our Community Health Needs Assessment and Implementation Strategy.

The “Take Action” model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners.

The University of Wisconsin Population Health Institute model below is used by ThedaCare to help our communities understand what creates health and to classify health needs and opportunities. Data collected through the Institute’s County Health Rankings serve as one of several data sets that help us understand local health needs.

Our Research Methodologies

A variety of methodologies were used to gain a comprehensive understanding of the health needs of people throughout the Appleton Medical Center service area. These include but are not limited to:

1. Behavioral Risk Factor Surveillance Surveys (BRFSS)

ThedaCare is a partner in the planning, funding and implementation of the Behavioral Risk Factor Surveillance Surveys for Outagamie and Calumet Counties and for the City of Appleton within the Appleton Medical Center service area.

2. Public Health Department Interviews

ThedaCare worked closely with local Public Health Departments throughout the entire needs assessment process. ThedaCare has representation on the Fox Valley Community Health Improvement Coalition which meets monthly with local health system representatives and public health officials from the Counties of Outagamie, Calumet and Winnebago and cities of Appleton and Menasha. Public Health is represented on ThedaCare’s Needs Assessment Advisory Committee and also on the ThedaCare-led Community Health Action Team. In addition to these formal meetings, one-on-one interviews with public health officials were conducted either over the phone or in person.

3. Secondary Data Reviews

In early 2012, ThedaCare, in collaboration with Affinity Health System, hired the services of Bottom Line Marketing & Public Relations to compile a comprehensive summary of all secondary data available to support this assessment. This report included information from Behavioral Risk Factor Studies, Fox Cities LIFE Study, CESA 6, County Health Rankings, Commonwealth Fund, Fox Valley Community Health Improvement Coalition, Fox Valley Transportation Survey, Wisconsin Department of Transportation, US Census Bureau, US Bureau of Labor Statistics, area newspapers, Wisconsin Dental Association, Wisconsin Department of Health Services, various County Health Improvement Plans, summaries of ThedaCare “plunge” experiences, among others.

4. Fox Cities CHAT Discussions

ThedaCare hosted quarterly CHAT meetings comprised of a diverse cross section of 25 Fox Cities community leaders and led discussions to identify systemic health issues in the community such as domestic violence, childhood obesity or access to mental health care. CHAT also organized “plunge” experiences for community leaders to learn about root causes of these issues and facilitated development of collaborative, community-based solutions. The CHAT Team has played a critical role in directing the focus of Appleton Medical Center's community health work.
5. Meetings with Experts Representing Vulnerable Populations

Supplementing our research were individual meetings with local officials, United Way leadership, leaders of ethnic and civic-based organizations, public health leaders, law enforcement, school administrators and others who understand the unique needs of vulnerable populations in our community.

6. Appleton Medical Center Patient Data

Hospital emergency department data was used to help identify common diagnoses that can be addressed upstream potentially avoiding the need for hospitalization altogether.

The Fox Valley Community Health Improvement Coalition – a Collaborative Approach for the Future

As a result of a common need, ThedaCare is helping to lead the Fox Valley Community Health Improvement Coalition, a group of representatives from the four area healthcare systems (Affinity Health System, Aurora Health Care, Children’s Hospital of Wisconsin-Fox Valley and ThedaCare) and five area public health departments (Counties of Calumet, Outagamie and Winnebago, cities of Appleton and Menasha). The purpose of this group is to jointly develop one common process for conducting a Community Health Needs Assessment with a common timing cycle that will meet the requirements of all four health systems and the five public health departments.

This common process will be followed for the next Community Health Needs Assessment in 2016 and engage the public health departments of Green Lake, Shawano/Menominee, Waupaca and Waushara Counties as well as those mentioned above.
Understanding Community Health Needs of Our Service Area

Key Demographics

Population Growth

Outagamie and Calumet counties are located in east-central Wisconsin. The two-county area hosts a population of 225,666 combined. County population is concentrated in the Fox Cities urban area.

<table>
<thead>
<tr>
<th>Population by County*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet</td>
</tr>
<tr>
<td>Outagamie</td>
</tr>
<tr>
<td>Combined Total</td>
</tr>
</tbody>
</table>

*Per 2010 US Census.

Population Density (Per Sq. Mi.), By Tract, U.S. Census 2010

Data Sources:
- U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1
- U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1
- Geography: County
Since 2000, both counties have experienced significant growth, with Outagamie growing by 9.77% and Calumet by 20.53%. Calumet County population is projected to grow at a rate well above the state by 2035. Outagamie County is also expected to outpace the state’s population growth.

### Population Projections

<table>
<thead>
<tr>
<th>County</th>
<th>2000</th>
<th>2035</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet</td>
<td>40,631</td>
<td>71,227</td>
<td>30,596</td>
</tr>
<tr>
<td>Outagamie</td>
<td>161,091</td>
<td>228,398</td>
<td>67,307</td>
</tr>
</tbody>
</table>

*Department of Administration, State of Wisconsin, 2009*

According to the Wisconsin Workplace Profile 2011, the growth rate for Outagamie County is the 20th largest in the state, which will make Outagamie the 5th most populous county in Wisconsin by 2035. The most growth has occurred in the Town of Greenville, Town of Grand Chute and City of Kaukauna. Outagamie County remains an attractive destination for residents from around the region with a net migration to the county of 2.3%.

Calumet County's projected growth rate of 15.6% in 2035 is more than twice the state average. Much of this growth is due to the economic growth of the region, availability of land suitable for residential development and favorable housing costs. Most growth has occurred in the Town and Village of Harrison and in portions of the City of Menasha that lie in Calumet County following a series of annexations. While Outagamie and Calumet County both saw significant growth due to net migration, Calumet County also attributed major growth to natural births characteristic among a younger population base.
Age

In comparison to more rural counties in the ThedaCare service area, Outagamie and Calumet Counties continue to have a higher percentage of children. Several other counties are skewing to a greater percentage of older adults as a higher number of younger families migrate to more populated communities.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Age 0-4</th>
<th>Age 5-17</th>
<th>Age 18-24</th>
<th>Age 25-34</th>
<th>Age 35-44</th>
<th>Age 45-54</th>
<th>Age 55-64</th>
<th>Age 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet</td>
<td>3,345</td>
<td>9,706</td>
<td>3,178</td>
<td>5,991</td>
<td>7,369</td>
<td>7,992</td>
<td>5,429</td>
<td>5,424</td>
</tr>
<tr>
<td>Outagamie</td>
<td>11,639</td>
<td>32,776</td>
<td>15,689</td>
<td>23,526</td>
<td>24,698</td>
<td>27,702</td>
<td>19,134</td>
<td>20,560</td>
</tr>
<tr>
<td>Two County Total</td>
<td>14,984</td>
<td>42,482</td>
<td>18,867</td>
<td>29,517</td>
<td>32,067</td>
<td>35,694</td>
<td>24,563</td>
<td>25,984</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Age 0-4</th>
<th>Age 5-17</th>
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<th>Age 55-64</th>
<th>Age 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet</td>
<td>6.9%</td>
<td>20.0%</td>
<td>6.6%</td>
<td>12.4%</td>
<td>15.2%</td>
<td>16.5%</td>
<td>11.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Outagamie</td>
<td>6.6%</td>
<td>18.7%</td>
<td>8.9%</td>
<td>13.4%</td>
<td>14.0%</td>
<td>15.8%</td>
<td>10.9%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Average household size is expected to decline in all Wisconsin counties between 2000 and 2035. Calumet County had one of the state’s highest household sizes at 2.70 in 2000. It is expected to remain one of the highest in 2035 at 2.55.

Education and Occupation

High school education levels and poverty rates are strong indicators of future health status. The Calumet County high school graduation rate is 93% while that for Outagamie County is 87%, slightly below the state average of 90%.

In comparison to the state and country, Outagamie and Calumet Counties have a higher percentage of people with at least a high school education and/or undergraduate degree, but fewer people with an advanced degree. This points to the strong manufacturing history of the area, specifically to the paper industry. As the manufacturing sector continues to transition from an industry dominated by standardized, assembly line production to one dominated by technology-driven advanced manufacturing processes, the education requirements of the sector will also change. As a consequence, many of the more tenured workers in these industries, who may have been able to enter into careers immediately following high school, find themselves either needing to upgrade their education or are being replaced by individuals with more advanced postsecondary degrees.

Trade/Transportation/Utilities along with Manufacturing employ the most people in the two-county region followed by Education/Health. These three sectors employ 40% of the area’s workforce.
Income and Poverty Levels

Per capita personal income rose from 2005-07 to 2008-09 in both counties. Median household income leveled off in Outagamie County.

<table>
<thead>
<tr>
<th>2007-2009 Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
</tr>
<tr>
<td>Calumet</td>
</tr>
<tr>
<td>Outagamie</td>
</tr>
<tr>
<td>Wisconsin</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Commerce, United States Census Bureau, 2010

In Outagamie County 8% of the population and 6% of Calumet County population live below 100% of the Federal Poverty Level. The state average is 13%. In Outagamie County 10% of the population and 8% of Calumet County population are also uninsured, while the state average is 11%.

Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Ethnicity

The ethnic composition of the area has changed. The percentage of non-Caucasian population has grown from 6.2% to 8.8% in Outagamie County. The largest minority populations are Latino and Asian. Native Americans account for approximately 1% of the population and African-Americans represent less than 1%. The most significant growth among minority populations from 2000 to 2010 occurred among Latinos.

Source: Wisconsin Department of Administration and U.S. Census Bureau

<table>
<thead>
<tr>
<th>Net Population Change (2000-2010) by Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
</tr>
<tr>
<td>Outagamie County</td>
</tr>
<tr>
<td>Calumet County</td>
</tr>
<tr>
<td>Wisconsin</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Commerce, United States Census Bureau, 2010
Most Vulnerable Population Groups

Health disparities exist between those with the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality affordable health care.

In addition, our Community Health Needs Assessment identified several vulnerable populations including the following key potential targets for our strategy:

- low income
- rural farm families
- Latino population
- lesbian, gay, bisexual, transgender (LGBT) population
- senior citizens
- Hmong population

Our plan addresses health needs of the broader population with a special focus on members of many of the more vulnerable populations identified above.

Key Insights by Source

Each of our methods of data collection provided unique insights into the needs among residents of the Appleton Medical Center service area. Below are the primary findings by each methodology.

1. Behavioral Risk Factor Surveillance Surveys

- People do not feel as healthy as they used to feel.
  - self-reported overall health status declining
  - number of poor mental health days increasing

- Overweight and obesity levels are increasing.
  - fewer days per week of moderate exercise
  - length of time spent exercising declining
  - limited access to healthy foods
  - fruit and vegetable consumption low
  - cases of diabetes rising

- The prevalence of high blood pressure is increasing.

- Binge drinking far surpasses national norms.

- Asthma is on the rise.

- There is a concern about shortage of primary care providers in Calumet County.

Sources: Behavioral Risk Factor Surveillance Survey results from Outagamie County, Calumet County and City of Appleton.
2. Public Health Department Interviews

- Outagamie County Health Department cited these issues:
  - childhood obesity and lack of nutrition/poor food choices
  - risky lifestyle choices
  - binge drinking, alcohol abuse and underage drinking
  - depression
  - breakdown of the family
  - health and safety of farm families

- City of Appleton Health Department cited these issues:
  - tobacco use
  - obesity

- Calumet County Health Department cited these issues:
  - overweight and obesity
  - limited access to healthy foods
  - binge drinking
  - adequate number of primary care providers
  - air pollution

Sources: Mary Dorn, Outagamie County Public Health Manager; Kurt Eggebrecht, City of Appleton Public Health Officer; Bonnie Kolbe, Calumet County Public Health Officer.

3. Review of Secondary Health Data

- County Health Ranking of outcomes (morbidity & mortality rates) dropped between 2010 and 2013.
  - Calumet dropped from number 6 to 14
  - Outagamie dropped from number 12 to 20

- County Health Ranking of health factors is holding steady from 2010 to 2013
  - Calumet and Outagamie consistently among top 13 (20%) counties

- Adult obesity rate is worsening.

- Excessive drinking rate far surpasses national rate.
  - almost 1 in 4 teens binged on alcohol in last 30 days
  - Calumet has the worst rate among all 72 counties

- There are not enough primary care providers (PCPs).
  - population to PCP ratio is more than 4x state avg.
  - Calumet County Population to Dentist ratio is 3x state avg.
Teen health and safety are concerns.
- 17% of teens reported 8 or more days of poor mental health in past 30 days
- 24% of teens say violence is a problem at school
- 46% say bullying is a problem at school
- Pregnancy among at-risk teenagers growing

People cannot afford healthcare services
- BadgerCare enrollees have dramatically increased
- 10% of Fox Cities population needed to see a provider, but did not, due to cost.

Poverty rates increasing; increasing use of public subsidies; income gap growing

Diabetes is on the rise.

Violence is a concern.
- Sexual assault rate exceeds state average
- Child abuse on rise

Wait times to access mental health services ranges from weeks to months.
- Fox Cities 2-1-1 calls for mental health counseling doubled in two years

Source: Research conducted by Bottom Line Marketing & Public Relations summarized in ThedaCare Community Health Needs Assessment Data Report – Appleton Medical Center, May 2012.

4. Fox Cities CHAT Meetings

The Fox Cities CHAT Team has identified the issues below as health needs:

- Obesity and overweight levels are increasing.
  - Lack of exercise and activity
- There is limited access to care including mental health services and dental care
- Mental health and suicide rates are a concern.
  - Particularly among LGBT population
- The incidence of diabetes is increasing.
- There is a lack of early-childhood parenting skills.
- Economic insecurity is causing health problems.
- Violence is a concern.
- Rate of alcohol and drug use is rising.
- Teen birth rate has risen among vulnerable populations (low income, Latino).
- There is a need for greater support for end-of-life decisions.
- Incidences of sexually transmitted diseases are increasing.

Source: See Appendix D for Roster of CHAT Team members and meeting schedule.
5. Meetings with Experts Representing Vulnerable Populations

Meetings with key informants representing vulnerable or marginalized populations in our community identified the following needs by population group:

**Farm Families**
- Overweight and obesity levels increasing.
  - 39% have BMI of 30 or higher
  - Underlying issues include unhealthy nutrition; high blood pressure; abnormal LDL and HDL cholesterol levels; and lack of aerobic physical activity
- Nearly 1/3 of farmers have back pain problems.
- Stress levels are high.
  - Alcohol abuse
  - Depression

**Latino Population**
- Diabetes
- Obesity
- Alcohol abuse
- Domestic violence
- Heart disease
- Access to care; afraid to access care for fear of deportation
- Cost of care/no insurance
- Poor nutrition; have “Americanized” diets
- Teen pregnancy/lack of reproductive education
- Transportation, since they are unable to secure drivers' licenses

**Lesbian, Gay, Bisexual, Transgender (LGBT) Population**
- Depression
- High suicide rates

**Senior Citizens**
- Memory loss
- Diabetes
- Mental health
- Hearing loss
- Vision loss
- Transportation
Low Income

- unemployment or underemployment
- access to affordable care
- transportation
- obesity and poor nutrition
- dramatic rise in diabetes
- lack of prenatal care/smoking during pregnancy
- teen birth rate higher
- access to dental care

Hmong

- diabetes is most significant growing need
- high blood pressure
- cancer prevention and early detection

Sources: Rhonda Strebel, Rural Health Initiative; Ernesto Gonzales, Casa Hispana; Dr. Iris Torres and Patricia Savala, Fox Cities Community Health Center; Tony Gonzales, Thompson Community Center; Tricia Nelson, ThedaCare Medical Home; Lo Lee and Jennifer Gaines Bates, Hmong American Partnership; CHAT INCLUDE Breakfast, Jan & May 2013.

6. Patient Data

Hospital emergency department data as well as emergency staff discussions were used to help identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization.

**Top ten emergency diagnoses included:**
1. acute upper respiratory infection
2. unspecified otitis media
3. fever, unspecified
4. headache
5. disorders of the teeth and supporting structure, unspecified
6. vomiting (alone)
7. abdominal pain
8. lumbago
9. acute pharyngitis
10. other current maternal conditions

Source: 2012 Medicaid Emergency Department data

**Top issues cited by emergency department staff:**

- use of emergency staff for primary care needs such as respiratory infections, ear infections, dental pain, headaches, etc.
- access to mental health care
- chest pain – hypertension, diet, etc…
- accidental injury – inattentive driving (texting)
- prescription drug abuse
- alcohol-related injuries
- sexual assault

Input from: Erica Meyer, MD; Cyril Walsh, MD; Margaret Bree, AMC Director; AMC Hospital Leadership Team, Kay Labarge, ThedaCare On Call.
Information Gaps

While we believe the volume and variety of data gathered to support the Community Health Needs Assessment was comprehensive, a few gaps in available data did exist. They included:

- Data is not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups, especially Asian and Latino populations.
- Health risk and lifestyle data is not available for children on topics such as diabetes, nutrition, exercise and sedentary behaviors.

Most Significant Health Needs

<table>
<thead>
<tr>
<th>Most Significant Identified Health Needs</th>
<th>Populations Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
</tr>
<tr>
<td>Obesity</td>
<td>X</td>
</tr>
<tr>
<td>Access to nutrition/healthy foods</td>
<td>X</td>
</tr>
<tr>
<td>Physical activity</td>
<td>X</td>
</tr>
<tr>
<td>Binge drinking/alcohol use</td>
<td>X</td>
</tr>
<tr>
<td>Mental health</td>
<td>X</td>
</tr>
<tr>
<td>Depression</td>
<td>X</td>
</tr>
<tr>
<td>Access to care</td>
<td>X</td>
</tr>
<tr>
<td>Number of primary care providers</td>
<td>X</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>X</td>
</tr>
<tr>
<td>Violence</td>
<td>X</td>
</tr>
<tr>
<td>Teen bullying</td>
<td>X</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>X</td>
</tr>
<tr>
<td>Poverty</td>
<td>X</td>
</tr>
<tr>
<td>Diabetes</td>
<td>X</td>
</tr>
<tr>
<td>End of Life</td>
<td>X</td>
</tr>
<tr>
<td>Asthma</td>
<td>X</td>
</tr>
<tr>
<td>Smoking</td>
<td>X</td>
</tr>
</tbody>
</table>
Our Priorities

Methodology for Setting Our Priorities

A wide variety of significant health needs were identified in our Community Health Needs Assessment process. A myriad of health care, non-profit, private sector and governmental organizations have efforts underway to improve on most of the needs identified.

In selecting our priorities among the top needs identified above, individuals engaged in our Community Health Needs Assessment process took into consideration the unique strengths of Appleton Medical Center as well as the following criteria:

- number of people affected
- impact on multiple health issues
- community passion
- potential for do-ability and impact/Evidence-Based Practice
- addresses disproportionate unmet health needs
- alignment with Healthiest Wisconsin 2020.

Our 2014-2016 Priorities

The health priority areas Appleton Medical Center will focus on for the next three years include:

Health Behaviors

- Obesity
- Alcohol/drug use
- Teen pregnancy

Clinical Care

- Access to mental health care
- Access to primary care
- Asthma

Social and Economic Factors

- End of Life Decisions
- Violence Prevention
Existing Health Care Facilities and Resources

A myriad of healthcare facilities and services are available in Calumet and Outagamie Counties to respond to the health needs of the community and help us with our work. Most of these already partner with ThedaCare and Appleton Medical Center to provide support in some fashion. They include:

Existing Healthcare Facilities and Resources Available to Support Appleton Medical Center’s Implementation Strategy

**Health Facilities**

- Appleton Medical Center
- St. Elizabeth Hospital
- Calumet Medical Center
- Children’s Hospital of Wisconsin
- Catalpa Health
- ThedaCare Behavioral Health
- ThedaCare Physicians
- Affinity Clinic - Greenville
- Affinity Health System Providers
- UW Residency Center
- Partnership Community Health Center
- Public Health Departments (Outagamie and Calumet Counties; City of Appleton)

**AMC Resources**

ThedaCare annually contributes a percentage of margin to either/both the CHAT Fund within the Community Foundation for the Fox Valley Region Inc. and the ThedaCare Community Fund within the AMC Foundation to support the organization’s community health improvement initiatives.

In addition to financial resources, AMC staff and providers will be engaged on work teams to implement the proposed Community Health Implementation Strategy.
## Community Resources

- University of Wisconsin Extension Offices
- Area school districts
- Fox Cities YMCA
- Hmong American Partnership
- Rural Health Initiative
- Casa Hispana
- City and County Governments
- Health and Human Services Departments
- Fox Valley Technical College
- Faith communities
- Feeding American Northeast Wisconsin
- Area food pantries
- Community Gardens
- United Way Fox Cities
- Goodwill Industries
- Fitness facilities
- Well Cities
- Women Infant Children Program (WIC)
- Farmers Markets
- Park and Recreation Departments
- Community Foundation for the Fox Valley Region, Inc.
- Emergency Shelter of the Fox Cities
- COTS, Inc.
- Boys & Girls Club
- American Red Cross
- Big Brothers Big Sisters
- Salvation Army
- Lutheran Social Services
- CESA 6
- National Alliance on Mental Illness (NAMI) Fox Valley
- Northeast Wisconsin (NEW) Mental Health Connection
- Sexual Assault Crisis Center
- Harbor House Domestic Abuse Services
- Christine Ann Center
- Reach Counseling Services
- Samaritan Counseling
- LEAVEN, Inc.
- ThedaCare at Home
- Health Insurance providers
- Voices of Men
- Lawrence University
- University of Wisconsin- Fox Valley
- GLBT Partnership
- PFLAG
- Law enforcement
- Fox Cities Housing Coalition
- Service organizations
- Head Start
- Latino Interagency Team
- Mental Health Network
- Project Promise
- INCLUDE
- Partnership Community Health Center
- FCCHC Dental Clinic
- Fox Valley Technical College

### Needs Identified But Not Addressed

Significant needs identified through our assessment that will not be addressed in the current three year plan are listed below.

<table>
<thead>
<tr>
<th>Community Need</th>
<th>Reasons Need Not Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Primary Care Providers</td>
<td>This issue is limited to the eastern Calumet County region which is serviced by other area health systems.</td>
</tr>
<tr>
<td>Poverty</td>
<td>This issue is beyond what our resources can support at this time.</td>
</tr>
<tr>
<td>Smoking</td>
<td>Significant progress has already been made on this issue.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>This will be addressed through the obesity priority.</td>
</tr>
</tbody>
</table>
Appleton Medical Center
Community Health Implementation Strategy

The following is Appleton Medical Center’s Community Health Implementation Strategy to address the needs of the communities it serves over the next three years. This plan was developed with significant contributions from ThedaCare staff and providers as well as community members and leaders.

As you have likely gathered in reviewing our Community Health Needs Assessment and our CHAT model for community health improvement, collaboration with the community is the cornerstone of our process. While there are some elements of this strategy that are solely implemented by Appleton Medical Center, the vast majority will be executed in partnership with businesses, non-profits, faith organizations, educational institutions, health organizations and individuals to form sustainable solutions that get at the heart of local health issues.

Appleton Medical Center has a long-standing history of significant community benefit activity. Initiatives that are currently underway and will require continued resource allocation are italicized.

Questions may be directed to Paula Morgen, Community Heath Manager, at 920-830-5848 or paula.morgen@thedacare.org.
**Community Health Implementation Strategy 2013**

**PRIORITY: Obesity** (italics indicate an initiative currently underway)

**GOAL:**
Increase percentage of people living at a healthy weight

**OBJECTIVE #1:**
Establish “Weight of the Fox Valley” Initiative in the Tri-County area

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide ThedaCare leadership participation on both the Weight of the Fox Valley Core and Leadership Teams</td>
<td>Ongoing</td>
<td>Reduced aggregate BMI scores</td>
</tr>
<tr>
<td>Support establishment of metrics through hospital data systems</td>
<td>January 2014</td>
<td>Reduced aggregate BMI scores</td>
</tr>
<tr>
<td>Engage ThedaCare employees on work teams</td>
<td>December 2014</td>
<td>Reduced aggregate BMI scores</td>
</tr>
<tr>
<td>Provide financial and in-kind support</td>
<td>Ongoing</td>
<td>Reduced aggregate BMI scores</td>
</tr>
</tbody>
</table>

**OBJECTIVE # 2:**
Improve access to healthy foods

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage ThedaCare staff and provide funding to the “Eat Smart” restaurant labeling initiative</td>
<td>June 2014</td>
<td>People will select healthier food options</td>
</tr>
<tr>
<td>Provide funding and expertise for the startup and sustainability of local farmers markets</td>
<td>Ongoing</td>
<td>More people will purchase and eat healthy foods</td>
</tr>
<tr>
<td>Support expansion of Riverview Gardens urban farm/job training initiative through funding and purchasing of produce for ThedaCare facilities</td>
<td>Ongoing</td>
<td>More people will purchase and eat healthy foods</td>
</tr>
<tr>
<td>Expand presence at local events where we have an opportunity to educate about healthy foods</td>
<td>Ongoing</td>
<td>People will gain job skills and employment</td>
</tr>
<tr>
<td>Support school based healthy lunch/snacks initiatives such as Movin’ and Munchin’ in New London schools</td>
<td>December 2016</td>
<td>More people will make healthier food choices</td>
</tr>
<tr>
<td>Explore implementation of PCP “nutrition and exercise” prescriptions</td>
<td>December 2016</td>
<td>Children will have the knowledge and opportunity to make healthy food choices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More people will comply with a healthy diet</td>
</tr>
</tbody>
</table>
### OBJECTIVE #3:
Increase participation in exercise and physical activities

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| **Offer physical activity/healthy lifestyle classes and support groups**  
  - CHIP | Ongoing | Reduce weight, blood pressure, cholesterol |
| **Sponsor local events that encourage physical activity i.e.**  
  - YMCA Healthy Kids Day  
  - Fox Cities Bike Challenge  
  - Heart Walk  
  - Sole Burner  
  - Fox Cities Marathon Events | Ongoing | 15,000+ individuals engage in physical activity |
| **Have a ThedaCare presence on groups that advocate for environmental improvements that promote physical activity**  
  - Bike paths i.e. Mason Street  
  - Sidewalks  
  - Green space | December 2016 | Environmental improvements that make activity easier to achieve |
| **Work with local school districts to support physical activity efforts (i.e. Safe Routes to School, Walking School Bus, before and after school activity)** | December 2016 | Children build additional physical activity into their daily routine |
| **Provide financial leadership support for Strong Kids Program through YMCA** | Annual | Children who are less likely to be active become more active |
| **Explore implementation of PCP “activity prescriptions”** | December 2016 | More people will engage in physical activity |

### OBJECTIVE #4:
Engage ThedaCare employees to help address obesity initiatives

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establish ThedaCare signature event(s) that engage and reward employees for volunteering on efforts that address obesity through Helping Hearts Program</strong></td>
<td>Ongoing</td>
<td>Labor and financial support to strengthen initiatives</td>
</tr>
<tr>
<td><strong>Provide Health Assessments to all local ThedaCare employees and their partners</strong></td>
<td>Annual</td>
<td>Improved HAT scores</td>
</tr>
</tbody>
</table>
**PRIORITY: Mental Health** (italics indicate an initiative currently underway)

**GOAL:**
Improve access to Mental Health Services

**OBJECTIVE #1:**
Create clinical capacity for patients with Mental Health needs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide financial and in-kind support for Primary Care/Mental Health Integration Initiative aimed at improving the Primary Care Provider’s ability to treat basic mental health needs</td>
<td>December 2016</td>
<td>120 PCPs will have participated in the 9-part CME education program</td>
</tr>
<tr>
<td>Recruit Mental Health specialists including psychiatrists, APNPs, and mental health therapists</td>
<td>December 2016</td>
<td>Additional providers available to meet demand</td>
</tr>
<tr>
<td>Provide leadership, funding, and in-kind support to ensure sustainability of Catalpa Health</td>
<td>Ongoing</td>
<td>Reduced wait time for pediatric behavioral health</td>
</tr>
<tr>
<td>Provide board leadership, funding and in-kind lab, diagnostic and other services for patients of “Partnership Community Health Center” (Including mental health services.)</td>
<td>Ongoing</td>
<td>More vulnerable populations have access to mental health services</td>
</tr>
<tr>
<td>Subsidize mental health services provided through ThedaCare</td>
<td>Ongoing</td>
<td>People have access to mental health services</td>
</tr>
<tr>
<td>Explore possibility of psychiatry residency through medical college expansion in Northeast Wisconsin</td>
<td>December 2016</td>
<td>Improved availability of mental health specialists</td>
</tr>
<tr>
<td>Explore development of “Primary Care Consult” capability to provide additional support to Primary Care Providers</td>
<td>December 2016</td>
<td>Improved primary care competency in treating basic mental health disorders</td>
</tr>
<tr>
<td>Develop a Primary Care Provider education initiative about the variety of community support services to which they can refer patients</td>
<td>December 2016</td>
<td>Patients access and utilize support services available in community</td>
</tr>
</tbody>
</table>
## OBJECTIVE #2:
Close gaps among mental health service providers that allow patients to “fall through the cracks”

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide leadership and funding to the NEW Mental Health Connection – a coalition of mental health service providers</td>
<td>Ongoing</td>
<td>Increased collaboration and connectivity among providers</td>
</tr>
<tr>
<td>Help establish “No Wrong Door” safety net system</td>
<td>December 2015</td>
<td>People seeking mental health services will be channeled to a provider that can provide assistance</td>
</tr>
</tbody>
</table>

## OBJECTIVE #3:
Identify mental health needs and engage interventions early in life

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on the Children’s Mental Health Initiative working to create a system of care for children</td>
<td>December 2015/Ongoing</td>
<td>Children’s mental health needs are identified early in life and treated</td>
</tr>
<tr>
<td>Provide funding for “Teen Screen” – a suicide screening initiative for 9th grade students</td>
<td>January 2014</td>
<td>Prevention of suicide and early treatment of depression/other mental health disorders</td>
</tr>
<tr>
<td>Provide financial and marketing support for Parent Connection early childhood/parenting community education</td>
<td>Ongoing</td>
<td>Parents gain parenting knowledge and skills that reduce abuse and neglect</td>
</tr>
</tbody>
</table>

## OBJECTIVE #4:
Ensure emergency Mental Health services are available when needed

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support 24/7 Crisis Intervention initiative to improve access to crisis care in the Fox Cities</td>
<td>December 2016</td>
<td>More patients in crisis will be able to access services locally</td>
</tr>
</tbody>
</table>
**PRIORITY: Substance Abuse** (italics indicate an initiative currently underway)

**GOAL:**
Reduce incidence of alcohol/drug abuse

**OBJECTIVE #1:**
Mobilize community to action on alcohol and drug use

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Organize local “plunge” on alcohol/drug use for community leaders</td>
<td>December 2016</td>
<td>Collaboration to meet gap(s) identified in plunge</td>
</tr>
</tbody>
</table>

**OBJECTIVE #2:**
Reduce underage drinking and drug use

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
|             | Work with Community Action for Healthy Living to change laws  
> “Social Host Ordinance” – to deter parents from providing alcohol in home/house parties  
> “21 is 21” – makes it illegal to serve youth under 21 in establishments even if parents are present | December 2016 | Fewer parents providing/allowing alcohol for youth under 21 |
|             | Explore replication of Shawano Area “Binge Drinking” social norms campaign for use in Fox Cities | December 2015 | Heightened awareness of excessive alcohol use in Wisconsin |
|             | Provide financial support for Chem-free graduation/prom parties | Annual | No serious alcohol-related accidents |
|             | Host “Party at the PAC” to educate teen drivers about risks of alcohol/substance abuse and driving | Annually in March | Reduced number of teen vehicle accidents involving alcohol/drugs |
**OBJECTIVE #3:**
Implement system policy changes that provide for early detection/prevention of alcohol and drug use

<table>
<thead>
<tr>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore possibility of implementing SBIRT (Screening, Brief Intervention and Referral for Treatment) clinical protocol to screen for substance abuse and refer for help.</td>
</tr>
<tr>
<td>Explore establishment of system policy around prescription practices that impact heroin use.</td>
</tr>
<tr>
<td>Implement policy regarding sponsorship of community events that negatively endorse alcohol use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2016</td>
<td>Early identification and treatment</td>
</tr>
<tr>
<td>December 2015</td>
<td>Targeted action to reduce epidemic of use</td>
</tr>
<tr>
<td>December 2014</td>
<td>Increased success of health-oriented community events</td>
</tr>
</tbody>
</table>

**PRIORITY: End of Life** (italics indicate an initiative currently underway)

**GOAL:**
Increase percentage of people for which their desires for medical treatment at end of life are known by family and healthcare providers

**OBJECTIVE #1:**
Increase the number of people who have written Advanced Directives

<table>
<thead>
<tr>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore the Gundersen Lutheran (LaCrosse, WI) model.</td>
</tr>
<tr>
<td>Host a “plunge” on end of life planning and decisions.</td>
</tr>
<tr>
<td>Participate in End of Life Coalition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2013</td>
<td>Enhanced understanding of a successful initiative</td>
</tr>
<tr>
<td>March 2014</td>
<td>Common understanding of the issue and potential collaborative action opportunities</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Broad support for action</td>
</tr>
</tbody>
</table>
**PRIORITY: Teen Pregnancy** (italics indicate an initiative currently underway)
**GOAL:**
Increase percentage of Latino teens who delay pregnancy until adulthood

**OBJECTIVE #1:**
Bring Latino teen birth rate in line with state average of 7.5% of all births
(Current rate is 57%-105% higher in Outagamie and Calumet Counties.)

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>Provide funding and leadership to development and start-up of Cuidate – a culturally sensitive delayed pregnancy/pregnancy prevention initiative</td>
</tr>
</tbody>
</table>

**PRIORITY: Violence** (italics indicate an initiative currently underway)
**GOAL:**
Reduce incidence of violence

**OBJECTIVE #1:**
Promote appreciation and respect for all including Lesbian/Gay/Bisexual/Transgender (LGBT) and women

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>Provide funding and leadership to INCLUDE initiative (embracing LGBT population)</td>
</tr>
<tr>
<td>Provide funding and leadership to Voices of Men steering committee and subcommittees</td>
</tr>
<tr>
<td>Sponsor Women’s Fund Luncheon</td>
</tr>
</tbody>
</table>
**PRIORITY: Access to Primary Care** (italics indicate an initiative currently underway)

**GOAL:** To improve access to needed medical services

**OBJECTIVE #1: Ensure medical care for low income/uninsured/underinsured individuals**

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain system policy of financial assistance to those unable to pay</td>
<td>Ongoing</td>
<td>Everyone has access regardless of ability to pay</td>
</tr>
<tr>
<td>Support enrollment assistance in government sponsored programs</td>
<td>Ongoing</td>
<td>More people have health insurance</td>
</tr>
<tr>
<td>Provide financial, leadership and in-kind support to Partnership Community Health Center</td>
<td>Ongoing</td>
<td>Access to needed services for vulnerable populations</td>
</tr>
</tbody>
</table>

**OBJECTIVE #2: Provide 24/7 access to nurse advice regarding medical issues**

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and fund ThedaCare On-Call – 24 hour/7 days a week access to medical advice over the phone</td>
<td>Ongoing</td>
<td>Appropriate utilization of health services; improved access to health advice</td>
</tr>
</tbody>
</table>

**OBJECTIVE #3: Expand Rural Health Initiative to additional counties**

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide financial and in-kind support to sustain and potentially expand Rural Health Initiative within ThedaCare service area</td>
<td>Ongoing</td>
<td>Improved access to health services among farm families</td>
</tr>
</tbody>
</table>

**OBJECTIVE #4: Increase supply of medical professionals**

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide venue and training for medical residents and nursing students</td>
<td>Ongoing</td>
<td>Increased availability of local healthcare professionals</td>
</tr>
<tr>
<td>Provide job shadowing and internship opportunities for high school youth interested in medical careers</td>
<td>Ongoing</td>
<td>Increased likelihood area youth will enter health careers</td>
</tr>
</tbody>
</table>

**PRIORITY: Asthma** (italics indicate an initiative currently underway)

**GOAL:** TBD

**OBJECTIVE #1: TBD**

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
# ThedaCare Board of Trustees 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Anderla, MD</td>
<td>ThedaCare Physicians</td>
</tr>
<tr>
<td>Omar Atassi, MD</td>
<td>Urology Associates of Wisconsin, SC</td>
</tr>
<tr>
<td>Beth Daley Ullem</td>
<td>Community Member</td>
</tr>
<tr>
<td>John Davis</td>
<td>Great Northern Corporation</td>
</tr>
<tr>
<td>Gary Edelman, MD</td>
<td>ThedaCare Physicians</td>
</tr>
<tr>
<td>Dean Gruner, MD</td>
<td>ThedaCare</td>
</tr>
<tr>
<td>Ginger Jones</td>
<td>Plexus</td>
</tr>
<tr>
<td>Jim Larson</td>
<td>Community Member</td>
</tr>
<tr>
<td>John Malanowski</td>
<td>Kimberly-Clark Corp.</td>
</tr>
<tr>
<td>Jim Meyer</td>
<td>BMO Harris</td>
</tr>
<tr>
<td>Doug Moard, MD</td>
<td>ThedaCare Physicians</td>
</tr>
<tr>
<td>Jon Stellmacher</td>
<td>Community Member</td>
</tr>
<tr>
<td>Karen Timberlake</td>
<td>UW Population Health Institute</td>
</tr>
<tr>
<td>Cyril Walsh, MD</td>
<td>AMC Emergency Services</td>
</tr>
<tr>
<td>Mike Weller</td>
<td>Miller Electric</td>
</tr>
<tr>
<td>Jeffrey Whiteside, MD</td>
<td>Fox Valley Pulmonary Medicine</td>
</tr>
</tbody>
</table>
Appendix B
ThedaCare
System Leadership Team (SLT)

Patients, Customers & Community

Caregivers, Employees & Volunteers

Greg Long
SVP Systems of Care & Chief Medical Officer

Greg Devine
SVP Systems of Care & Provider Strategies

Kim Barnas
SVP Appleton Medical Center & Theda Clark Medical Center

Brian Burmeister
SVP Primary Care & Rural Campuses

Keith Livingston
SVP Systems of Care Support & Chief Information Officer

Maureen Pistone
SVP Human Resources & Talent Development

John Poole
SVP ThedaCare Improvement System

Bill Mann
SVP Employer & Payer Strategies

Jeff Hunter
SVP Strategy & Marketing

Tim Olson
Chief Financial Officer

Dean Gruner
President & Chief Executive Officer

1/12/2012
### Appendix C

**ThedaCare**  
Community Benefit Advisory Team (CBAT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
<th>Area of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Frohna</td>
<td>ThedaCare Foundations</td>
<td>Executive Director</td>
<td>Development</td>
</tr>
<tr>
<td>Jeff Hunter</td>
<td>ThedaCare</td>
<td>Sr. Vice President</td>
<td>Strategic Planning and Marketing</td>
</tr>
<tr>
<td>William Mann</td>
<td>ThedaCare</td>
<td>Sr. Vice President</td>
<td>Employer and Payer Strategies</td>
</tr>
<tr>
<td>Jim Matheson</td>
<td>ThedaCare</td>
<td>Vice President</td>
<td>Marketing</td>
</tr>
<tr>
<td>Tricia Nelson</td>
<td>ThedaCare Physicians</td>
<td>Manager</td>
<td>Medical Home</td>
</tr>
<tr>
<td>Bill Schmidt</td>
<td>New London Family Medical Center</td>
<td>Administrator</td>
<td>Healthcare Administration</td>
</tr>
<tr>
<td>Scott Schuldes</td>
<td>ThedaCare Physicians</td>
<td>Nurse Practitioner</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Jon Stellmacher</td>
<td>ThedaCare</td>
<td>Community Member/ThedaCare Board Trustee</td>
<td>Financial/Community Leadership</td>
</tr>
<tr>
<td>Cyril Walsh, MD</td>
<td>ThedaCare</td>
<td>Physician/ThedaCare Board Trustee/</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foundation Board Member</td>
<td></td>
</tr>
<tr>
<td>Jean Blaney</td>
<td>ThedaCare</td>
<td>Coordinator</td>
<td>Community Health</td>
</tr>
<tr>
<td>Paula Morgen</td>
<td>ThedaCare</td>
<td>Manager</td>
<td>Community Health</td>
</tr>
<tr>
<td>Kaye Zoesch</td>
<td>ThedaCare</td>
<td>Coordinator</td>
<td>Community Health</td>
</tr>
</tbody>
</table>
Overview/Background/Need:
The ThedaCare governance has identified “Continual Improvement in Community Health” as one of four Owner Expectations. ThedaCare defines owners as “all members of the communities we serve.” Organized community health improvement efforts currently take place in the Fox Cities, but not in rural markets. In addition, the Affordable Care Act now requires all non-profit hospitals to have a Community Health Needs Assessment and Implementation Strategy. The geographic expansion and formalization of community health efforts requires the integration of several internal disciplines to ensure optimal integration of this work.

Purpose:
The ThedaCare Community Benefit Advisory Team provides advice, direction and information to enhance ThedaCare’s ability to improve the health of the communities we serve.

The ThedaCare Community Benefit Advisory Team provides guidance in the following areas:

- Providing sources of data to broaden the understanding of community health needs
- Implementing processes used to assess health needs in each community
- Strategizing high level community health needs
- Securing necessary resources
- Integrating community health improvement strategies throughout the ThedaCare system
- Building synergy among community health work and other existing efforts
- Prioritizing each community’s health needs
- Communicating to the public about community health care programs
- Providing for long-term sustainability of community health programs

Required Knowledge

Members of the ThedaCare Community Benefit Advisory Team will be required to develop a fundamental understanding of the following:

- What creates health
- What is Community Benefit
- 5 Core Principles of Community Benefit
- Models for population health improvement
- CHAT
- IRS/Affordable Care Act requirements

Education on these topics will be provided to team members.
Advisory Team Size and Composition

Members of the ThedaCare Community Benefit Advisory Team will represent organizational functions that provide experience with and understanding of current community health needs, help set the strategic direction and priorities of the organization and are accountable for the development of Community Health Needs Assessments and Community Health Implementation Strategies for our hospitals and their service area. Those functions include, but may not be limited to:

- ThedaCare Board of Trustees
- Strategic Planning
- Emergency Department
- Population Health
- Workplace Health
- Foundations
- Primary Care
- Metro/Rural Hospitals
- Marketing
- Community Health

There will be no “terms” for Advisory Committee members other than for the ThedaCare board representative(s). Board members will serve a two-year term allowing for broader Board participation over time. It is recommended that Board members have prior experience with CHAT prior to serving on the Advisory Team.

The size of the Community Benefit Advisory Team will range between 8 and 12 participants.

Communication

In addition to the functions represented on the list of members above, the Community Benefit Advisory Team may often communicate with Decision Resources and the CHAT Teams.

Time Commitment

The ThedaCare Community Benefit Advisory Team will meet approximately four times per year for two hours each. There will be a minimal amount of reading/preparation in advance of each meeting.

Staff Support

The ThedaCare Community Benefit Advisory Committee will be supported by dedicated Community Health staff.
# Appendix E

**ThedaCare**

**Fox Cities CHAT Roster**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Bertschausen</td>
<td>Minister</td>
<td>Fox Valley Unitarian Universalist Fellowship</td>
<td>Ministry</td>
</tr>
<tr>
<td>Will Bloedow</td>
<td>Pastor</td>
<td>Retired</td>
<td>Ministry</td>
</tr>
<tr>
<td>Ray Durkee</td>
<td>Board Member</td>
<td>Appleton Medical Center Foundation</td>
<td>Philanthropy, Community and Project Development</td>
</tr>
<tr>
<td>Kurt Eggebrecht</td>
<td>Public Health Officer</td>
<td>Appleton Health Department</td>
<td>Health Promotion, Disease Prevention, Population Health</td>
</tr>
<tr>
<td>Michael Frohna</td>
<td>Executive Director</td>
<td>ThedaCare Foundations</td>
<td>Philanthropy</td>
</tr>
<tr>
<td>Jay Fulkerson</td>
<td>CEO</td>
<td>Health Payment Systems</td>
<td>Healthcare Administration, Health Insurance</td>
</tr>
<tr>
<td>Shannon Full</td>
<td>President</td>
<td>Fox Cities Chamber of Commerce</td>
<td>Economic Development</td>
</tr>
<tr>
<td>Tim Galloway</td>
<td>President</td>
<td>Galloway Company</td>
<td>Business Leadership</td>
</tr>
<tr>
<td>Ernesto Gonzalez</td>
<td>President</td>
<td>Casa Hispana</td>
<td>Latino Advocacy</td>
</tr>
<tr>
<td>Dean Gruner</td>
<td>President and CEO</td>
<td>ThedaCare</td>
<td>Healthcare Leadership</td>
</tr>
<tr>
<td>Marti Hemwall</td>
<td>V.P. of Donor Engagement</td>
<td>Community Foundation for the Fox Valley Region, Inc.</td>
<td>Philanthropy, Development</td>
</tr>
<tr>
<td>Peter Kelly</td>
<td>President</td>
<td>United Way Fox Cities</td>
<td>Community Needs, Non-Profits</td>
</tr>
<tr>
<td>Shannon Kenevan</td>
<td>Diversity Director</td>
<td>Harmony Café/Goodwill Industries NCW</td>
<td>Diversity, Community Building</td>
</tr>
<tr>
<td>Greg Lemke Rochon</td>
<td>Chief Professional Officer</td>
<td>Boys &amp; Girls Club of the Fox Valley</td>
<td>Youth, Non-Profits</td>
</tr>
<tr>
<td>Chris Matheny</td>
<td>Vice President</td>
<td>Fox Valley Technical College</td>
<td>Education</td>
</tr>
<tr>
<td>John Mielke, MD</td>
<td>Retired Cardiologist</td>
<td>ThedaCare</td>
<td>Health, Specialty Care, Community Service, Philanthropy</td>
</tr>
<tr>
<td>Paula Morgen</td>
<td>Manager</td>
<td>ThedaCare</td>
<td>Community Health</td>
</tr>
<tr>
<td>Cathy Mutschler</td>
<td>Director</td>
<td>U.S. Venture</td>
<td>Development, Philanthropy</td>
</tr>
<tr>
<td>Amy Putzer</td>
<td>Director of Programs</td>
<td>Oshkosh Area Community Foundation</td>
<td>Philanthropy, Non-Profit Management</td>
</tr>
<tr>
<td>Carolyn Slavik</td>
<td>Coordinator Mission Services</td>
<td>Ministry Health System</td>
<td>Community Health</td>
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<tr>
<td>Rollie Stephenson</td>
<td>CEO</td>
<td>Faith Technologies</td>
<td>Strategic Leadership, Business Engagement</td>
</tr>
<tr>
<td>Dave Vander Zanden</td>
<td>Retired</td>
<td>Retired</td>
<td>Education, Mental Health</td>
</tr>
<tr>
<td>Ben Vogel</td>
<td>Assistant Superintendent</td>
<td>Appleton Area School District</td>
<td>Youth, Education</td>
</tr>
<tr>
<td>Deborah Wetter</td>
<td>General Manager</td>
<td>Valley Transit</td>
<td>Government, Transportation</td>
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</tbody>
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The Fox Cities CHAT meets quarterly on the third Wednesday of the months of January, April, July and October.