The ThedaCare Health System

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

Appleton
New London
Waupaca
Shawano
Neenah

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 Theda Clark Medical Center

Theda Clark Medical Center originated from the hope that resulted from one Neenah family’s tragedy.

Theda Clark Peters was the eldest daughter of Charles B. Clark, one of the four founders of Kimberly-Clark Corporation. She was a generous philanthropist and used her considerable wealth, foresight and influence to further civic and non-profit causes in her hometown of Neenah, Wisconsin. Beloved by the community, she generously donated funds to build a library and an opera house for the residents of Neenah.

In 1903, she tragically died due to complications stemming from giving birth at home to her only child.

Early in her pregnancy, Theda Clark had a friend who died in childbirth due to lack of nearby medical care. She told her brother about her dream to build a hospital in Neenah since the nearest hospitals were in Oshkosh and Appleton, both lengthy travel by horse and buggy in those days. She was concerned that area residents did not have local access to urgent hospital care when they needed it most.

When she died, her brother remembered her dream to build a local hospital in Neenah. Bill Clark used money set aside from her estate, as well as some of his own funds, to begin construction of a community hospital.

The brand new, state-of-the-art community hospital opened with 25 beds in 1909. Nestled along the shores of the Fox River, the non-profit hospital was named Theda Clark in honor of Theda Clark Peters, a fitting tribute to a young woman known for her kindness, compassion and generosity.

The new hospital grew along with the community. During the 1920’s, funds from the Clark family helped establish a nursing school. After World War II, the area’s population increased dramatically and an expansion was added in 1948, with another to follow in 1969.

The hospital Theda Clark Peters envisioned to serve the people of Neenah now serves a much broader area and includes the region’s only Level II Trauma Center and the ThedaStar Air Medical Helicopter. The campus also houses Children’s Hospital of Wisconsin-Fox Valley, providing regional neonatal intensive care.
Theda Clark Medical Center Service Area

Since Theda Clark Medical Center (TCMC) is a tertiary hospital providing Level II Trauma services and neuro/spine and rehab services to a vast portion of northeast Wisconsin, TCMC defines its service area as consistent with the eight county ThedaCare service area including the Counties of Calumet, Green Lake, Menominee, Outagamie, Shawano, Waupaca, Waushara and Winnebago.

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 Theda Clark Medical Center’s Community Health Needs Assessment and Implementation Strategy to primarily Green Lake, Waushara and Winnebago Counties. (See map below)
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.

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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 Theda Clark 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 Winnebago County and for the City of Oshkosh within the Theda Clark 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 and Winnebago LIFE Studies, CESA, County Health Rankings, Commonwealth Fund, Fox Valley Community Health Improvement Coalition, Fox Valley Transportation Survey, Self Sufficiency Project, Oshkosh Northwestern, County Health Plans and Reports, 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 23 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 Theda Clark 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. Theda Clark 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 Outagamie, Winnebago and Calumet, 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

Winnebago, Waushara and Green Lake Counties are located in east-central Wisconsin. The three-county area hosts a combined population of 209,736. The population is heavily concentrated in the Oshkosh urban area over this three-county region.

<table>
<thead>
<tr>
<th>Population by County*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnebago</td>
<td>166,033</td>
</tr>
<tr>
<td>Waushara</td>
<td>24,614</td>
</tr>
<tr>
<td>Green Lake</td>
<td>19,089</td>
</tr>
<tr>
<td>Combined Total</td>
<td>209,736</td>
</tr>
</tbody>
</table>

*Per 2010 US Census.

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

Source: www.CHNA.org, US Census Bureau, 2010
According to the 2011 Wisconsin County Workforce Profiles, since 2000, **Winnebago County** experienced a 6.1% population growth, or a total of 9,500 residents. This is roughly equal to the statewide growth rate of 6.2% over the same time period, but well behind the national growth rate of 9.6%. Winnebago County ranks 7th in the state in population. Winnebago County growth rate ranks 42nd in the state. Oshkosh has been the fastest growing city in Winnebago County. The City of Menasha spans both Calumet and Winnebago Counties and grew by 7.8% over the past decade. This is only slightly higher than the Town of Menasha. If development patterns continue, the Town of Menasha will surpass the City’s population in the future. Winnebago County’s natural increase due to births and deaths and its net migration lag behind the nation.

Winnebago County’s population is projected to grow between 18% and 30% from 2000 to 2035, a rate consistent with the state average.

**Waushara County**’s population reached 25,099 residents over the course of the past decade. Its 2010 population ranks as the 47th most populous county in the state out of 72. Over the course of the past decade, the county’s population grew by 10.7%, a growth rate that is significantly higher than that experienced by the state over the same period and slightly higher than the national growth rate. The largest growth was in the 20-24 year old age group. The Latino population has a significant and growing presence at 4.6%. The county’s population growth rate is the third highest in the New North region.

If we examine Waushara County’s population growth through the 1990’s, we see that the county’s population grew by 19 percent over the course of that decade, a rate that is significantly higher than that of the last decade. The county’s natural population increase due to births and deaths was negative over the last decade, in stark contrast to that of either the state or the nation. This is indicative of the gradual aging of the county’s population. On the contrary, the county’s net migration far exceeds that of either the state or nation.

Just like Winnebago County, Waushara County’s population is also projected to grow between 18% and 30% from 2000 to 2035, a rate consistent with the state average.

**Green Lake County** has been among Wisconsin’s slower growing counties adding only 1.6% (311 residents) to its residential base between 2000 and 2008. Green Lake County ranked 70th fastest growing among the state’s 72 counties, as only Ashland and Milwaukee counties grew more slowly over this period. The county’s net population growth was based solely upon net migration (more moving into than out of the county) as its natural increase due to the net balance of births and deaths was negative.

Green Lake County’s population is expected to decline or remain constant over the same period, 2000-2035.

*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.*
## Population Projections

<table>
<thead>
<tr>
<th>County</th>
<th>2000 Census</th>
<th>Projection 2035</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnebago County</td>
<td>156,763</td>
<td>203,258</td>
<td>46,495</td>
</tr>
<tr>
<td>Green Lake County</td>
<td>19,105</td>
<td>19,953</td>
<td>848</td>
</tr>
<tr>
<td>Waushara County</td>
<td>24,496</td>
<td>27,852</td>
<td>(3,356)</td>
</tr>
</tbody>
</table>

*Department of Administration, State of Wisconsin, 2009*

### Percentage Change in County Population, 2000-2035

- **-20% to +6%**
  - Projected to decline or remain relatively constant
- **6% to 18%**
  - Projected to grow modestly, at less than the state percentage (24%)
- **18% to 30%**
  - Projected to grow at a rate close to state percentage
- **30% to 48%**
  - Projected to grow at a rate solidly above the state percentage
- **48% or greater**
  - Projected to grow at a rate well above the state percentage
**Age**

The median age of Waushara County’s population is 46.2 years. This ranks the county as the 13th oldest in the state. The median age of Winnebago County’s population is 37.9 years ranking 58th among the 72 counties.

The age composition of Green Lake County also does not position it well in terms of natural increase as its median age in 2008 was 43.8 years or about five years older than the statewide median age. The county’s elder age demographic, coupled with its considerably higher-than-average share of seasonal housing, indicate it is a destination for the retired.

Average household size is expected to decline in all Wisconsin counties between 2000 and 2035.

<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>
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<tbody>
<tr>
<td>Winnebago</td>
<td>9,789</td>
<td>26,414</td>
<td>19,403</td>
<td>21,839</td>
<td>22,153</td>
<td>25,354</td>
<td>19,240</td>
<td>21,841</td>
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<tr>
<td>Waushara</td>
<td>1,199</td>
<td>3,658</td>
<td>1,589</td>
<td>2,435</td>
<td>3,086</td>
<td>4,085</td>
<td>3,699</td>
<td>4,863</td>
</tr>
<tr>
<td>Green Lake</td>
<td>1,071</td>
<td>3,287</td>
<td>1,225</td>
<td>1,930</td>
<td>2,278</td>
<td>2,960</td>
<td>2,694</td>
<td>3,644</td>
</tr>
<tr>
<td>Three County Total</td>
<td>12,059</td>
<td>33,359</td>
<td>22,217</td>
<td>26,204</td>
<td>27,517</td>
<td>32,339</td>
<td>25,633</td>
<td>30,348</td>
</tr>
</tbody>
</table>

**Total Population, Percent by Age Groups**

<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>Winnebago</td>
<td>5.9%</td>
<td>15.9%</td>
<td>11.7%</td>
<td>13.2%</td>
<td>13.3%</td>
<td>15.3%</td>
<td>11.6%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Waushara</td>
<td>4.9%</td>
<td>14.9%</td>
<td>6.5%</td>
<td>9.9%</td>
<td>12.6%</td>
<td>16.6%</td>
<td>15.0%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Green Lake</td>
<td>5.6%</td>
<td>17.2%</td>
<td>6.4%</td>
<td>10.1%</td>
<td>11.9%</td>
<td>15.5%</td>
<td>14.1%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

Source: CHNA.org, US Census Bureau, 2010

**Education and Occupation**

High school education levels and poverty rates are strong indicators of future health status. Winnebago County high school graduation rate is 90%, Waushara County graduation rate is 85% and Green Lake County graduation rate is 90%. Wisconsin state average is 90%.

Winnebago County has a significantly lower share of residents who have failed to complete a high school education in comparison to the state. Conversely, Winnebago County has a significantly higher percentage of individuals who count high school graduation as their highest level of attainment. This points to the strong manufacturing history of the area.
At higher levels of educational attainment, the share of individuals who have completed some post-secondary education leading to an associate or bachelor degree is roughly consistent with the state average within a few tenths of a percent. This finding may seem rather surprising, given that the county serves as the home of the third-largest campus in the University of Wisconsin System. However, the composition of the county's post-secondary educated population, including a relatively small number of individuals with graduate or professional credentials, is dictated more heavily by the employment opportunities available in the region than by access to post-secondary education itself.

**Winnebago County** has had a lower unemployment rate than the state or nation primarily due to a strong manufacturing base. Manufacturing is the dominant sector accounting for 27.3% of total employment and 35.8% of total payroll. Throughout the New North territory, the average manufacturing payroll percentage is 23%. Trade/Transportation/Utilities, Education/Health and Manufacturing employ the most people in the county. Top employers in Winnebago County include Oshkosh Corporation, Kimberly-Clark Corporation, Pierce Manufacturing, Plexus Corporation, and the Oshkosh School District.

A significantly higher number of **Waushara County's** residents count a high school education as their highest level of attainment than either the state or the nation. The county also counts a relatively higher percentage of residents who failed to finish high school than the state average, but less than the national average. This suggests that many of the employment opportunities present in the regional labor market historically required a relatively low level of education in order to be successful. This dynamic has been changing rapidly over the last several years, requiring greater levels of educational attainment among the region's workforce.

**Waushara County** also has a relatively low share of residents who have either completed some college education or received an associate or vocational degree. However, far fewer residents of the county possess either baccalaureate or graduate degrees.

**Waushara County** has a more seasonal employment base than the state or nation, which was more dramatically affected by the recent recession. Education, Health, Trade, Transportation and Utilities and Public Administration are the largest employment sectors. Waushara County's average annual wage across all industry sectors is below the state average. Top employers in Waushara County are the County, Wautoma Public School District and Red Granite Correctional Institution. Waushara's unemployment rate was consistently higher than that of the state in the 1990's and 2000's.

Limited information was available regarding educational attainment in Green Lake County. **Green Lake County's** unemployment rates tend to consistently be higher than the state and national averages. This is common in a non-metropolitan county. However, over the recent recession in 2009, Green Lake's unemployment rate was significantly higher than the state. The top employers in Green Lake County are in Health, Education and Manufacturing. Community Health Network, Citation Foundry Corporation and Berlin School District top the list, although no major employer employs more than 600 people. The average employer has approximately 16 employees.
Income and Poverty Levels

Eleven percent of Winnebago County, 13% of Waushara County and 11% of Green Lake County populations live below 100% of the Federal Poverty Level. The state average is 12%.

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Median Income</th>
<th>Mean Income</th>
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<tbody>
<tr>
<td>Winnebago</td>
<td>$51,596</td>
<td>$65,996</td>
</tr>
<tr>
<td>Waushara</td>
<td>$43,544</td>
<td>$53,404</td>
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<tr>
<td>Green Lake</td>
<td>$51,596</td>
<td>$65,996</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$52,374</td>
<td>$66,693</td>
</tr>
</tbody>
</table>

*US Census Bureau, 2010*

Ethnicity

The largest minority populations are Latino and Asian. Native Americans account for approximately 1% of the population and African-Americans represents less than 1%. The most significant growth among minority populations from 2000 to 2010 is among Latinos. *(WI Department of Administration and U.S. Census)*.

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

Net Population Change (2000-2010) by Race

<table>
<thead>
<tr>
<th>Area</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Other</th>
<th>Multiple Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnebago County</td>
<td>5,655</td>
<td>1,219</td>
<td>2,719</td>
<td>930</td>
<td>310</td>
<td>1,067</td>
<td>1,029</td>
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<tr>
<td>Green Lake County</td>
<td>(18,928)</td>
<td>(+30)</td>
<td>(43)</td>
<td>-32</td>
<td>(24)</td>
<td>-72</td>
<td>(106)</td>
</tr>
<tr>
<td>Waushara County</td>
<td>599</td>
<td>392</td>
<td>481</td>
<td>14</td>
<td>59</td>
<td>195</td>
<td>76</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>(1,691,392)</td>
<td>19,819</td>
<td>93,733</td>
<td>(9,924)</td>
<td>8,383</td>
<td>30,659</td>
<td>14,515</td>
</tr>
</tbody>
</table>

*Source: www.CHNA.org*
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

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 Theda Clark Medical Center service area. Below are the primary findings by each methodology.

1. Behavioral Risk Factor Surveillance Surveys

- 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

- Drug, alcohol and tobacco use is worsening.
  - binge drinking continues to be high among teens and adults
  - drug use is on the rise among teens and adults
  - tobacco use still significant among teens and adults
  - smoking during pregnancy is on the rise

- The prevalence of high blood pressure is increasing.

- The incidences of high cholesterol are increasing.

- Asthma is on the rise.

- Fewer people are receiving screenings such as PAP, Blood Stool, and Mammograms.

- Low income, below poverty level and lack of health insurance populations are significantly increasing.
Teen pregnancy is higher in rural areas.

Motor vehicle crash death rate is higher in rural areas.

Suicide rate is increasing in rural areas.

There is a concern about access to primary, mental health and dental care, particularly in rural areas.

Source: Behavioral Risk Factor Surveillance Surveys from Winnebago County. Health Needs Assessments from Green Lake and Waushara Counties.

2. Public Health Department Interviews

Winnebago County Health Department cited these issues:
- obesity/lack of exercise/poor nutrition
- heroin/prescription drug abuse
- binge drinking, alcohol abuse and underage drinking
- stigma associated with mental health/navigation through the system
- sexually transmitted infections
- low birth weight babies

Waushara County Health Department cited these issues:
- obesity/lack of exercise/poor nutrition
- alcohol and drug abuse
- mental health and bullying
- chronic disease prevention and access to care
- suicide rates

Green Lake County Health Department cited these issues:
- obesity/lack of exercise/poor nutrition
- alcohol abuse/excessive drinking
- access to mental health care
- healthy growth and development of children

Sources: Doug Gieryn, Winnebago County Public Health Director; Kathryn Munsey, Green Lake Public Health Officer; Patti Wohlfiel, Waushara County Public Health Officer

3. Review of Secondary Health Data

County Health Ranking of outcomes (morbidity & mortality rates) dropped between 2010 and 2013.
- All three counties are in bottom half of rankings related to morbidity.
- Winnebago County is best of three at 37th out of 72.
- Green Lake County ranking has significantly declined – dropping 24 spots from number 41 to 65 from 2010 to 2013.
- Green Lake county has high rates of poor physical and mental health days.

Adult obesity rate is worsening; slightly higher than state average.
- Physical inactivity rates slightly exceed state average.
The top two causes of death across counties are heart disease and cancer.

Diabetes is on the rise.

Excessive drinking rate surpasses national rate.

Drug and tobacco use among adults and youth are a concern.

Access to care is a concern.
- not enough primary care providers (PCPs) in Waushara County
- not enough dentists in Green Lake County
- access to mental health providers in all three counties

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
- Waushara County teen birth rate higher than state average
- pregnancy among at-risk teenagers growing

People cannot afford healthcare services
- BadgerCare enrollees have dramatically increased
- 8-10% of population in Winnebago/Tri-county Region needed to see a provider, but did not, due to cost.

Poverty rates increasing; increasing use of public subsidies; income gap growing
- more children live in poverty than the state average

Violence is a concern.
- domestic violence rate increasing
- child abuse and child neglect rates rising

Suicide rates are increasing.

Drinking water safety is an issue in Green Lake County.

Significantly lower percentages of people have some post-secondary education than the state average.

Source: Research conducted by Bottom Line Marketing & Public Relations summarized in ThedaCare Community Health Needs Assessment Data Report – Theda Clark 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.
- The cases of diabetes are increasing.
- There is a lack of early-childhood parenting skills.
- Economic insecurity is causing health problems.
- Violence is a concern.
- Rate of alcohol, drug and tobacco 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
- interpreter services

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; ability to see doctor or dentist when needed
- transportation
- obesity and poor nutrition
- dramatic rise in diabetes, heart disease, hepatitis
- affordable medications
- lack of preventive care
- access to mental health services
- lack of prenatal care/smoking during pregnancy
- eye-care for the elderly
- smoking cessation support
- interpreter services
- support for hearing assistance

Sources: Leona Whittman, Living Healthy Community Clinic; Tony Beregzazzi, ADVOCAP; Rhonda Strebel, Rural Health Initiative; Ernesto Gonzales, Casa Hispana; Dr. Iris Torres and Patricia Sarvala, Partnership Community Health Clinic; Tony Gonzales, Thompson Senior Center; Tricia Nelson, ThedaCare Medical Home; Hispanic Latino Focus Group Project, 2011; CHAT Plunge on Hispanic Population, 2010; CHAT Plunge on GLBT Population, 2011; CHAT INCLUDE Breakfast, 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. headache
3. unspecified otitis media
4. abdominal pain, unspecified site
5. disorders of the teeth and supporting structure, unspecified
6. fever, unspecified
7. lumbago
8. acute pharyngitis
9. contusion of face, scalp & neck except eye(s)
10. depressive disorder, not elsewhere classified.

*Source: 2012 Medicaid Emergency Department data.*

**Top issues cited by emergency department staff:**
- use of emergency staff for primary care needs
- lack of medical care homes
- chest pain
- suicidal ideation

*Sources: Erica Meyer, MD; Cyril Walsh, MD; Mike Huntley, Theda Clark Emergency Department Director, Mike Huntley, AMC Director, Hospital Leadership Team.*

**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 Hispanic 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 healthy foods/nutrition</td>
<td>X</td>
</tr>
<tr>
<td>Physical activity</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>X</td>
</tr>
<tr>
<td>Access</td>
<td>X</td>
</tr>
<tr>
<td>Suicide/Depression</td>
<td>X</td>
</tr>
<tr>
<td>Tobacco/Drug Use</td>
<td>X</td>
</tr>
<tr>
<td>Diabetes Prevention/Management</td>
<td>X</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>X</td>
</tr>
<tr>
<td>Binging</td>
<td>X</td>
</tr>
<tr>
<td>Injury/violence Prevention</td>
<td>X</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>X</td>
</tr>
<tr>
<td>Access to Dental Care</td>
<td>X</td>
</tr>
<tr>
<td>Preventive Health Screenings (rural)</td>
<td>X</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>X</td>
</tr>
<tr>
<td>Affordable medications</td>
<td>X</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>X</td>
</tr>
<tr>
<td>Employment</td>
<td>X</td>
</tr>
<tr>
<td>Low college graduation rate</td>
<td>X</td>
</tr>
<tr>
<td>End of Life decisions</td>
<td>X</td>
</tr>
</tbody>
</table>
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 Theda Clark 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 Theda Clark 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

- Poverty
- End of Life Decisions
- Violence Prevention
A myriad of healthcare facilities and services are available in Winnebago, Waushara and Green Lake Counties to respond to the health needs of the community and help us with our work. Most of these already partner with ThedaCare and Theda Clark Medical Center to provide support in some fashion. They include:

### Existing Healthcare Facilities and Resources Available to Support Theda Clark Medical Center’s Health Improvement Efforts

**Health Facilities**

- Theda Clark Medical Center
- Mercy Medical Center
- Aurora Medical Center
- Aurora Clinic-Omro
- Aurora Clinic-Winneconne
- Aurora Clinic-Wautoma
- Children’s Hospital of Wisconsin - Fox Valley
- Catalpa Health
- ThedaCare Behavioral Health
- Community Health Network
- Ripon Medical Center
- ThedaCare Physicians
- Affinity Health System Providers
- Affinity Clinic-Berlin
- Affinity Clinic-Winneconne
- UW Residency Center
- Partnership Community Health Center
- Living Healthy Community Clinic
- Public Health Departments (Winnebago, Waushara, Green Lake Counties; City of Menasha)

**TCMC Resources**

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

In addition to financial resources, Theda Clark Medical Center 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 and Oshkosh YMCAs
- Hmong American Partnership
- Rural Health Initiative
- Re-Think!
- 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 and Oshkosh Area
- United Way
- Goodwill Industries
- Fitness facilities
- Well Cities
- Women Infant Children Program (WIC)
- Farmers Markets
- Park and Recreation Departments
- Oshkosh Area Community Foundation
- Community Foundation for the Fox Valley Region, Inc.
- Senior Centers
- 4-H
- SADD
- Oshkosh Food Pantry
- Salvation Army
- Boy’s and Girl’s Club – Oshkosh
- GO Transit
- Father Carr’s
- Winnebago Crisis Intervention Helpline
- Solutions Recovery Club
- Family Services of Northwest Wisconsin
- PFLAG of the Greater Oshkosh Area
- Rainbow Alliance for Hope at UW-Oshkosh
- Gay Straight Alliance Groups at Menasha, Neenah, Oshkosh North and Oshkosh West High Schools
- Breastfeeding Alliance of Northwest WI
- Wisconsin Well Women Program
- HealthWatch Wisconsin
- LEPC – Local Emergency Planning Committee
- Crime Stoppers
- Big Brothers Big Sisters

- Lutheran Social Services
- CESA 6
- National Alliance on Mental Illness (NAMI) Fox Valley
- Northeast Wisconsin (NEW) Mental Health Connection
- Christine Ann Domestic Abuse Center
- Sexual Assault Crisis Center
- Harbor House Domestic Abuse Services
- Reach Counseling Services
- Samaritan Counseling
- LEAVEN, Inc.
- Self Sufficiency Project
- ThedaCare at Home
- Health Insurance providers
- Voices of Men
- UW Oshkosh
- UW Fox Valley
- GLBT Partnership
- Law enforcement
- Fox Cities Housing Coalition
- Service organizations
- Head Start
- Hispanic Interagency Team
- Mental Health Network
- Project Promise
- INCLUDE
- Five Counties for Tobacco Free Living coalition
- First Breath
- Tri-County Women’s Health Coalition
- Green Lake Area Health and Wellness Coalition
- ADVOCAP/Head Start
- Family Health LaClinica
- Chambers of Commerce
- Green Lake Greenways
- United Migrant Opportunities Services
- AmeriCorps
- Community for Hope
- Winnebago Mental Health Institute
- Oshkosh Counseling Wellness Center
- Fox Valley Psychiatric Associates
- Freedom from Smoking
- Alcoholics Anonymous
- Narcotics Anonymous
- Aging and Disability Resource Center
- Healthy WI Leadership Institute STD Taskforce
- Partnership Community Health Center (FCCHC)
- FCCHC Dental Clinic
### 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 Needs Not Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Mental Health Care</td>
<td>A variety of other organizations are working on this issue</td>
</tr>
<tr>
<td>Tobacco and Smoking</td>
<td>Recent state laws and social norms have had a significant impact on smoking reduction. A local coalition has existed to champion this issue</td>
</tr>
<tr>
<td>Access to Dental Care</td>
<td>Several recent initiatives have expanded dental capacity including the start-up of a mobile dental bus service</td>
</tr>
<tr>
<td>Preventive Health Screenings</td>
<td>We plan to add as a priority in next plan cycle</td>
</tr>
<tr>
<td>Affordable Medications</td>
<td>This issue is beyond what our limited resources can support at this time</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Significant efforts are underway within local healthcare organizations</td>
</tr>
</tbody>
</table>
Theda Clark Medical Center
Community Health Implementation Strategy

The following is Theda Clark 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 Theda Clark 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.

Theda Clark 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 Health Manager, at 920-830-5848 or paula.morgen@thedacare.org.
### 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

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<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>2014-2016</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

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on and support the work teams of the ReThink! Initiative for Winnebago County</td>
<td>June 2014</td>
<td>Strengthen existing initiatives</td>
</tr>
<tr>
<td>Engage ThedaCare staff and provide funding on the “Eat Smart” restaurant labeling initiative</td>
<td>June 2014</td>
<td>People will select healthier 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>People will gain job skills and employment</td>
<td></td>
<td>People will gain job skills and employment</td>
</tr>
<tr>
<td>Expand presence at local events where we have an opportunity to educate about healthy foods</td>
<td>Ongoing</td>
<td>More people will make healthier food choices</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>Children will have the knowledge and opportunity to make healthy food choices</td>
</tr>
<tr>
<td>Explore implementation of PCP “nutrition and exercise” prescriptions.</td>
<td>December 2016</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.  
  - Race for the Light  
  - YMCA Healthy Kids Day  
  - Neenah Streetball Challenge  
  - Fox Cities Bike Challenge  
  - Neenah Fun Runs  
  - 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  
  - 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 and 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>Establish ThedaCare signature event(s) that engage and reward employees for volunteering on efforts that address obesity through Helping Hearts Program</td>
<td>Ongoing</td>
<td>Labor and financial support to strengthen initiatives</td>
</tr>
<tr>
<td><em>Provide Health Assessments to all local ThedaCare employees and their partners</em></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

#### 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 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” and Living Healthy Clinic (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 Activity</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 “ community-wide 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 Activity</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 Activity</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>
## Community Health Implementation Strategy (2013)

### 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>
|             | Advocate for laws that impact use of alcohol among minors  
- “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 |
|             | Participate in and support comprehensive ReThink! Initiatives around alcohol and drug use | September 2014 | Strengthened support for existing efforts |
|             | Provide financial support for Chem-free graduation/prom parties | Annual | No serious alcohol-related accidents |
|             | 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 |
|             | 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>
<th>Target Date</th>
<th>Anticipated Impact</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>
<td>December 2016</td>
<td>Early identification and treatment</td>
</tr>
<tr>
<td>Explore establishment of system policy around prescription practices that impact heroin use</td>
<td>December 2015</td>
<td>Targeted action to reduce epidemic of use</td>
</tr>
<tr>
<td>Participate in and support comprehensive ReThink! Initiatives around alcohol and drug use</td>
<td>September 2014</td>
<td>Strengthened support for existing efforts</td>
</tr>
<tr>
<td>Implement policy regarding sponsorship of community events that negatively endorse alcohol use</td>
<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>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore the Gundersen Lutheran (LaCrosse, WI) model</td>
<td>December 2013</td>
<td>Enhanced understanding of a successful initiative</td>
</tr>
<tr>
<td>Host a “plunge” on end of life planning and decisions</td>
<td>March 2014</td>
<td>Common understanding of the issue and potential collaborative action opportunities</td>
</tr>
<tr>
<td>Participate in End of Life Coalition</td>
<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>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide funding and leadership to develop, launch and sustain Cuidate – a culturally sensitive delayed pregnancy/pregnancy prevention initiative</td>
<td>Ongoing</td>
<td>Fewer Latino teen pregnancies and births</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>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide funding and leadership to INCLUDE initiative (embracing LGBT population)</td>
<td>Ongoing</td>
<td>Fewer reported incidents of bullying</td>
</tr>
<tr>
<td>Provide funding and leadership to Voices of Men steering committee and subcommittees</td>
<td>Ongoing</td>
<td>Reported change in everyday behaviors that foster culture of violence toward women and children</td>
</tr>
<tr>
<td>Sponsor Women’s Fund Luncheon</td>
<td>Annual in fall</td>
<td>Availability of resources for initiatives that support women and girls</td>
</tr>
</tbody>
</table>
**PRIORITY: Access to Care** (italics indicate an initiative currently underway)

**GOAL:**
To improve access to needed medical services for vulnerable populations

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

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>Target Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
</tr>
<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 and Living Health Clinic</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

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
</tr>
<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:**
Increase supply of medical professionals

<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 venue and training for medical residents and nursing students</td>
<td>Ongoing</td>
<td>Increased availability of local healthcare professionals</td>
</tr>
<tr>
<td>Operate Radiology School</td>
<td>Ongoing</td>
<td>Increased availability of local radiology 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>
**Community Health Implementation Strategy 2013**

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

**GOAL:** Increase self-sufficiency among people living in poverty

**OBJECTIVE #1:**
Help youth living in poverty design a path out of poverty through mentoring and education

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support creation and implementation of “Bright Futures Start Here” program in partnership with YMCA and Boys and Girls Club of Oshkosh</td>
<td>May 2014</td>
<td>More youth living in poverty will seek higher education</td>
</tr>
<tr>
<td>Provide mentors to elementary students at Roosevelt School through Backyard Buddies program</td>
<td>Ongoing</td>
<td>Maintain 30 mentor/youth matches per year</td>
</tr>
<tr>
<td>Maintain school partnership with Traeger School in Oshkosh</td>
<td>Ongoing</td>
<td>Health education and mentorship</td>
</tr>
<tr>
<td>Provider leadership to the Self Sufficiency Project leadership team</td>
<td>Ongoing</td>
<td>Support for community based effort that can impact poverty</td>
</tr>
</tbody>
</table>

**OBJECTIVE #2:** Improve transportation services for people living in poverty

**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 for initiatives arising from the Transportation Plunge held in 2013</td>
<td>December 2014</td>
<td>Improved access to transportation for people in poverty</td>
</tr>
<tr>
<td>Explore possibility of expanding “Making the Ride Happen” transportation service for vulnerable populations in Oshkosh</td>
<td>December 2015</td>
<td>Improved access to transportation for people in poverty</td>
</tr>
</tbody>
</table>

**OBJECTIVE #3:** Engage ThedaCare employees to help meet the needs of those most vulnerable

**ACTION PLAN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reward employees for volunteering with local non-profit organizations through Helping Hearts Program</td>
<td>Ongoing</td>
<td>85,000+ hours of unpaid support to non-profits and $55,000 in matching grants per year</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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Barnas</td>
<td>SVP Appleton Medical Center &amp; Theda Clark Medical Center</td>
</tr>
<tr>
<td>Brian Burmeister</td>
<td>SVP Primary Care &amp; Rural Campuses</td>
</tr>
</tbody>
</table>

### Caregivers, Employees & Volunteers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg Long</td>
<td>SVP Systems of Care &amp; Chief Medical Officer</td>
</tr>
<tr>
<td>Greg Devine</td>
<td>SVP Systems of Care &amp; Provider Strategies</td>
</tr>
<tr>
<td>Keith Livingston</td>
<td>SVP Systems of Care Support &amp; Chief Information Officer</td>
</tr>
<tr>
<td>Maureen Pistone</td>
<td>SVP Human Resources &amp; Talent Development</td>
</tr>
<tr>
<td>John Poole</td>
<td>SVP ThedaCare Improvement System</td>
</tr>
<tr>
<td>Bill Mann</td>
<td>SVP Employer &amp; Payer Strategies</td>
</tr>
<tr>
<td>Jeff Hunter</td>
<td>SVP Strategy &amp; Marketing</td>
</tr>
<tr>
<td>Tim Olson</td>
<td>Chief Financial Officer</td>
</tr>
</tbody>
</table>

### Executive Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Gruner</td>
<td>President &amp; Chief Executive Officer</td>
</tr>
</tbody>
</table>

**1/12/2012**

**ThedaCare Medical Center**

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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></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:
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 Committee 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.
The Fox Cities CHAT meets quarterly on the third Wednesday of the months of January, April, July and October.

### Fox Cities Community Health Action Team Roster 2013

<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 Bluedow</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>
</tr>
<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>
</tr>
</tbody>
</table>

The Fox Cities CHAT meets quarterly on the third Wednesday of the months of January, April, July and October.