



Bellin Health and Community Health Assessment

Community Health Improvement Plan (CHIP)

Bellin Health has a long history of collaborating with other health care facilities and local health departments to best plan for the community's future health needs.

In 2010 and 2011, Bellin collaborated with health departments in Brown County and the city of De Pere to identify the county's top health issues through the Community Health Improvement Plan (CHIP). Bellin representatives served on the steering committee for this project and participated in the Community Partner meetings where the priorities were identified. Action plans were developed by identifying community strengths, existing resources and gaps.

Community Needs Assessment – Brown County/Green Bay, Wisconsin

This report contains an overview of the process used to conduct a community health needs assessment. It served as the basis of a community benefit implementation plan that can be obtained from Bellin Health upon request.

Mission of Bellin Health

Bellin Health is a community-owned not-for-profit organization responsible for the physical and emotional health of people living in Northeast Wisconsin and the Upper Peninsula of Michigan.

Directly, and in partnership with communities, employers, schools and government officials, we guide individuals and families in their lifelong journey toward optimal health. We are committed to providing safe, reliable, cost-effective total health solutions with respect and compassion. Our innovative work will impact health care delivery in our region, as well as throughout the world.

“We are committed to providing safe, reliable, cost-effective total health solutions with respect and compassion.”

Committed to Community Health

Bellin is committed to meeting the needs of the community. Bellin Health regularly provides services at a free or reduced charge to those in the community that are unable to pay, are medically underserved or uninsured. This includes joint ventures and innovative programs that support health care in areas that would otherwise be underserved.



Bellin expends nearly \$23 million per year in community benefits based on the standards established by the American Hospital Association and recently reported in the health system's 2012 Community Benefits Report.

Bellin annually budgets for these benefits and increased such budgets approximately five percent for each of the past three years. The health system expects that increase to continue. A portion of Bellin's budget has been set aside to address the community needs assessment as well as the action steps necessary to address the needs identified. These amounts will be included in the health system's community benefits report and reported on Schedule H in accordance with Internal Revenue Service requirements.

Area Description

Brown County, Wis., is a primarily urban county, one of 72 Wisconsin counties located in the northeastern part of the state. Brown County's population is primarily Caucasian, but there is a notable Native American population, as well as a growing Asian and Hispanic population.

There are approximately 250,000 residents, of which about 42,000 are covered by Medicaid/Badger Care Plus. About 9% of Brown County residents live at or below the federal poverty level, and 17% have incomes less than 200% percent of poverty (Source: WI DHS Public Health Profiles, Family Health Survey). Since most of the population resides in the Green Bay metro area, plans and services focus on this area.

There are three health systems in Green Bay with four acute care medical hospitals. Bellin Health is an integrated health care delivery system based in Green Bay, Wis. It has served people in Northeast Wisconsin and Michigan's Upper Peninsula since 1908. It is comprised of Bellin Hospital, Bellin Psychiatric Center, 26 Bellin Health Family Medical Center primary care physician clinics, and several retail health clinics known as Bellin Health FastCare. Bellin also operates Bellin Health Partners, a physician-hospital organization with more than 200 specialty physician members, the Bellin Health Oconto Hospital, a critical care access hospital in Oconto, Bellin Fitness Center with four locations, and Bellin College. With its 3,227 employees, Bellin Health is known for its emphasis on preventive health care and is the region's leader in cardiac, orthopedics, sports medicine, digestive health, mental health, and primary care medicine.

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The other three hospitals include St. Mary's Hospital and St. Vincent Hospital sponsored by Hospital Sisters Health System who partners with Prevea Health, a multi-specialty physician group; and Aurora Bay Care, a for-profit joint venture between Aurora Healthcare and BayCare Clinic with respective multi-specialty medical groups.

In addition, there is a Veteran's Administration Outpatient Clinic and the N.E.W. Community Clinic serving the uninsured and some Medicaid patients. Brown County Mental Health Center, Bellin Psychiatric Center, and Libertas provide inpatient and outpatient psychiatric and substance abuse treatment.

How the Needs Assessment Was Developed

The Community Health Needs Assessment was a collaborative effort. In Wisconsin, public health departments conduct community health needs assessments every five years. The Brown County and De Pere Public Health departments collaborate on the community health needs assessment for Brown County (the county in which Green Bay lies).

After initial discussions, Bellin, Hospital Sisters Health System and the local health departments also agreed to collaborate on the community health needs assessment project, eventually further enhancing the collaboration by modifying the every-five-year process to meet the hospitals' tri-annual time frame.

The Brown County and city of De Pere Health departments convened a community health needs assessment steering committee that included representatives of Bellin Health, St. Mary's and its sister hospital St. Vincent, the local United Way, and representatives of the regional office of Wisconsin's Department of Health. This steering committee worked to identify representatives that could broadly represent the community in actually conducting the needs assessment and setting priorities. These individuals were referred to as community partners.

All steering committee members were assigned people to contact to invite into the process as partners. This resulted in a community partner group that was broadly representative of the community. It included community service agencies; educational institutions; government, health care, low income and minority population representatives; public health experts; and others (see partner listing at the end of this report).

The steering committee also decided the format for each meeting, evaluated the effectiveness of each meeting after it occurred, developed the prioritization process, and evaluated the effectiveness of the entire process. Steering committee members assumed responsibilities for tasks related to the process during the course of the needs assessment.

The report, entitled **Healthy Wisconsin 2020**, and the health focus areas contained within served as the basis for the health needs assessment. An epidemiologist from the



Wisconsin Department of Health gathered data from secondary sources (such as public health statistics) on how Brown County and the city of De Pere compared with the statewide data. Meetings involving all partners were held monthly for more than six months. A profile of each health needs area was developed and partners reviewed the data during the monthly meetings. They discussed key data points and assessed what actions were being undertaken to address them.

Before each meeting concluded, partners rated the health focus area on three criteria – magnitude (number of people impacted), seriousness (level of impact of the problem), and feasibility (whether there are known interventions to address the problem). These ratings were combined, and the health focus areas narrowed to a Top 8 list. At a final meeting, a multi-vote approach was used to narrow the Top 8 to a Top 3. Those three key areas were:

- Oral health
- Adequate and appropriate food and nutrition, and
- Alcohol and other drug abuse (AODA)

The community health needs and indicators for health that were assessed, are not immediately being addressed, and will continue to be an ongoing concern in our community include: environmental health, tobacco use, depression and socio-economic factors. These important areas are not included in the current assessment due to insufficient resources that are needed to fully address all indicators for health and health concerns.

Top 3 Health Focus Areas

Oral health

Adequate and appropriate food and nutrition

Alcohol and other drug abuse (AODA)

The following are the action plans for each Top 3 initiative:

Oral Health

The Brown County and city of De Pere Community Health Improvement Plan identified oral health as a Top 3 public health priority for a five year span.

Bellin diagnosed 956 emergency patients in 2010 and 2011 that required dental diagnosis. The health system has only been able to provide temporary treatment, not a long-term solution to patients' oral health and has limited access to follow-up care with this patient population.



An action planning team of medical professionals and social agency representatives met in mid-October 2011 to begin the action planning process. The conclusions and action plan are as follows:

1. While there is still a need for services for children, much has been accomplished in the past several years because of the good work of the Oral Health Partnership. The biggest gap is among adults.
2. Among adults, there seem to be two big areas of need – those who have such significant oral health issues that preventive or restorative actions are of secondary importance; and those who could benefit from preventive actions

Based on a review of the Healthy Wisconsin 2020 Oral Health indicators that pertain to adults, the planning team recommended a focus on the number of emergency department visits by adults. The group participated in a planning exercise in which the root causes of emergency department visits were identified and prioritized based on what root causes could be impacted by a communitywide focus on oral health. Public health officials, hospital emergency department leadership, health agencies that work with low-income and Medicaid populations, and health system administrators participated in the analysis.

Oral Health Planning Committee discussion:

Top reasons for adults seeking oral health care in Brown County emergency departments:

- Decay issues not prevented
- Acute dental need (such as an abscess)
- No dental providers to take MA/uninsured
- No dental provider will see them

Goal 1: By 2015, community leaders will have identified and implemented at least three programs that have demonstrated effectiveness in preventing tooth decay in adults.

Outcomes:

1. An oral health education program will be developed as a collaborative activity by the three hospital system emergency departments. They will have considered the desirability and feasibility of developing and including an oral health kit.
2. Oral health initiatives that can be implemented with groups serving adults will be developed.
 - a. Local health professional educators will be encouraged to review and update health professional educational curricula and continuing education courses to include content on oral health and the association between oral health and general health. Education will include instruction on administering a Basic Screening Survey (BSS).
 - b. Health care providers will be encouraged to conduct oral screenings as part of routine physical exams and make appropriate referrals.

- c. Interdisciplinary training of medical, oral health, and allied health professionals in counseling patients about how to reduce risk factors common to oral and general health will be developed.
3. The feasibility and desirability of a Community Dental Health Coordinator (CDHC) for adults in Brown County will be explored.
4. A mechanism to provide cleaning and prevention services for adults will be developed.
 - a. A Basic Screening Survey (BSS) will be administered on a predetermined schedule at outreach sites throughout the community (e.g. senior centers, shelters, Northeast Wisconsin Technical College, etc.).
 - b. A list and schedule of community events at which oral health community leaders can provide oral health supplies and screenings will be identified.

“Health care providers will be encouraged to conduct oral screenings as part of routine physical exams and make appropriate referrals.”

Goal 2: By 2015, access to oral health care for medical assistance and self pay patients will have expanded.

Outcomes:

1. In collaboration with the Brown Door Kewaunee Dental Society, protocols for identifying and setting priorities for adult patients needing general dentistry services will be developed and implemented.
 - a. An active and up-to-date database of programs that have demonstrated improvement in access to care will have been created.
 - b. Ways to assist low income patients in arranging and keeping oral health appointments will be identified and implemented.
 - c. Protocols to provide care for adult patients in need of general dentistry services through N.E.W. Community Clinic’s dental program at NWTC will be developed and implemented.
2. New ways to stabilize patients with extensive decay will be identified.
 - a. In collaboration with local oral surgeons, types of patients to be seen at the N.E.W. Community Clinic dental site will be identified.
 - b. We will continue to pursue ways that make seeing patients in the oral surgery office feasible.
 - c. In consultation with local oral surgeons, options for Brown County to serve as a rotation site for oral surgery students will have been explored.



- d. Collaboration with Wisconsin Dental Association's (WDA's) Mission of Mercy program to offer a community adult dental day will have taken place.

Adequate and Appropriate Food and Nutrition

The second identified priority area, appropriate and safe food and nutrition, calls for the support of programs that make healthy foods (fruits and vegetables) more accessible and affordable for low-income residents of Brown County through WIC, FoodShare and food pantry initiatives.

Goal 1: From 2011-2015, reduce the barriers and accelerate the use of WIC Farmer's Market Nutrition Program vouchers and Wisconsin Quest cards from the FoodShare Electronic Benefits Transfer (EBT) system for Brown County's low-income residents.

Outcomes:

1. Increase the redemption rate of Farmer's Market Nutrition Program vouchers by five percent in Brown County.
2. Increase the redemption rate of Wisconsin Quest cards from the FoodShare EBT system by 50 percent.

Key actions:

1. Continue to have farmers at WIC offices making it convenient to purchase fresh fruits and vegetables.
2. Have a chef at the WIC office to demonstrate cooking with fresh fruits and vegetables.
3. Provide possible education and/or recipes for fresh fruits or veggies to include storage or freezing ideas.
4. Distribute educational materials on both programs through Medicaid insurance carriers.
5. Identify best practices by using "Got-Access" tool kit.

Goal 2: From 2011-2015, improve the diet of food pantry clients by offering a greater percentage of healthy food options and reducing the amount of non-healthy items.

Outcomes:

1. Increase by five percent the amount of healthy food or fruits and vegetables that are donated in food pantry food drives.

Key actions:

1. Complete a baseline inventory of what is currently being donated.
2. Educate the public on what constitutes a healthier donation.
3. Create "healthy foods only" food drives.
4. Educate recipients on how to use and prepare healthy foods.



Alcohol and Other Drug Abuse (AODA)

The third identified priority area, focusing on alcohol and other drug abuse, calls for initiatives that positively impact the culture surrounding unhealthy alcohol use in Brown County and De Pere through a communitywide partnership among individuals, families, and organizations.

Goal 1: By 2014, 70 percent of all primary care providers in Brown County and De Pere will incorporate an alcohol, depression, and substance abuse screening tool for patients 18 years of age and older.

Outcomes:

1. Bellin Health, Prevea, and Aurora Health Care will utilize a consistent approach to screening for alcohol abuse among their primary care population by 2014.
2. A communitywide resource network for health care providers to access after screening will be packaged and available for providers to access by 2014.
3. Data will be used to stratify high-risk groups and target initiatives to greatest opportunity by 2014.

Key actions:

1. Identify current alcohol abuse screening tools used within each health system. Work toward getting all patient care facilities to use a similar tool within the primary care model.
2. Coordinate all resources and create an easy access platform for providers.
3. Support legislative intervention that will positively impact the reduction of alcohol abuse and binge drinking.

Goal 2: By 2015, the incidence of binge drinking in accordance with county health rankings will decrease from 27 percent to 25 percent.

Outcomes:

1. Support a platform that educates the community on the effects of binge drinking.
2. Support the infrastructure and advocate for funding to train those who sell alcohol on the key aspects of safe serving.
3. Partner with local businesses and events to create an awareness of the impact of binge drinking during local events and work to mitigate the risks.

Key actions:

1. Educate and advocate.
2. Participate in local forums in support of uniform statutes within and throughout the surrounding communities.
3. Assist with speaking engagements that highlight the work of this task force and the collaborative efforts of the Bay Area Community Council.
4. Partner with local businesses to support “responsible drinking” at community events.



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Goal 3: Zero deaths from alcohol induced traffic fatalities by 2020.

Outcomes:

1. The OWI Task Force will continue and there will be a reduction of alcohol induced traffic fatalities.
2. The community culture will shift and individuals will take accountability for not drinking and driving. Increased alternatives will be available.

Key actions:

1. Assist in securing funding for further OWI Task Force operations.
2. Speak to local agencies in support of stronger regulations surrounding drunk driving.
3. Create a video depicting the OWI Task Force in action. Utilize for local speaking engagements.

Bellin’s leadership team was actively engaged throughout all processes. The progress of the needs assessment was regularly reviewed by an internal community benefit committee. The findings of the needs assessment were also shared with our health system’s Leadership Committee and Medical Executive Committee for reaction and comment.

A companion piece to this report, entitled Community Health Assessment Report, summarizes the process and is posted on our website, as is the community presentation of the needs assessment process.

Adequacy of the Data/Information for Community Needs Assessment

There were no serious defects in the data used for the needs assessment process. The only limitation is due to the nature of public health data – some indicators were a year or more old.

Brown Community Health Needs Assessment Partner Listing

- Aging & Disability Resource Center, Sunny Archambault
- Aurora Health System, Julie Pomasl
- Bay Area Community Council, Pat Finder-Stone
- Bellin College, Kathie DeMuth
- Bellin Health, Jody Wilmet*
- Bellin Health, Linda Roethle



- Boys & Girls Club, John Benberg
- Brown County Board, Mike Fleck
- Brown County Board of Health (board member), Audrey Murphy**
- Brown County Community Treatment Center, Mary Johnson
- Brown County Cooperative Extension, Judy Knudsen
- Brown County Health Department, Judy Friederichs (Director, Brown County Health Department)* **
- Brown County Human Services, Kevin Lunog
- Brown County Planning, Chuck Lamine
- Brown County United Way, Stephanie Foley*#
- Center for Childhood Safety/ Safe Kids Greater Green Bay, Justine Lodl
- City of De Pere Board of Health (board member), Pat Finder-Stone **
- City of De Pere Health Department, Mary Dorn, Health Director* **
- De Pere Area Chamber of Commerce, Cheryl Detrick
- Division of Public Health Northeast Regional Office, Rebecca Hovarter, Regional Public Health Nursing Consultant* **
- Division of Public Health Northeast Regional Office, Lynn Hrabik, Epidemiologist* **
- Family Services-Crisis Center, Tana Koss #
- Greater Green Bay Community Foundation, Martha Ahrendt
- Greater Green Bay YMCA, Sandy Atkins
- Green Bay Chamber of Commerce, Nan Nelson, CCE
- Homeless Population Representative, Seth Moore #
- N.E.W. Community Clinic, Bonnie Kuhr #
- NWTC Health Science, Kay Tupala, Dean
- Oneida Tribe of Indians, Michelle Myers #
- Parish Nurse, Katie Dykes #
- Brown County Sheriff Representation – Chief’s group, Capt. Randy Schultz
- Prevea Health, Dr. Ashok Rai
- St. Mary’s Hospital Medical Center, Heidi Selberg*
- St. Vincent Hospital, Heidi Selberg*
- St. Willebroed Catholic Parish, Maria Plascencia
- School Representation – Superintendent’s group, Barb Natelle
- The Salvation Army, Rebecca Lesperance #
- United Hmong and Asian American Community Center, Staryoung Thao #
- UWGB-Environmental Sciences, Thomas Erdman
- UW-Green Bay Nursing Program, Chris Vandenhouten
- Women, Infant and Children (WIC), Bonnie Kuhr #

* Steering committee member

** Person with special knowledge of public health, including public health department leadership staff and members of governance bodies for public health departments.

Representatives of underserved, low income, minority or chronic disease