

**GUNDERSEN**  
**MOUNDVIEW**  
**HOSPITAL AND CLINICS**

2018 Community Health  
Needs Assessment



December 2018

## Table of Contents

Purpose, Process & Methods.....	Page 2
Data Interpretation/Conclusions.....	Page 3
Prioritized Health Needs.....	Page 5
Implementation Strategy.....	Page 6
Organization Overview.....	Page 6
Demographics.....	Page 7
Health Data Summaries.....	Page 8
2016 Needs Assessment/Implementation Plan Update.....	Page 17
Appendix I ( <i>Community &amp; Stakeholders Health Needs Ranking Comparisons</i> )	
Appendix II ( <i>Data Sources</i> )	

### **Gundersen Moundview Hospital and Clinics**

402 West Lake Street, Friendship, WI 53934 • (608) 339-3331

*The 2018 Community Health Needs Assessment was approved by Gundersen Moundview Hospital and Clinics' Board of Directors on December 11, 2018.*

#### *Contributors to this assessment:*

*Gundersen Moundview: Frank Perez-Guerra, CEO; Diana Broniec, Director of Nursing; Judy Nowicki, Director of Quality and Infection Control; Dave Shapiro, Director of Ancillary Services; Lori Wittig, Director of Clinical Operations; Tammy Lowrey, Marketing and Community Relations Manager; and Kurtis Miller, Operational Analytics Manager. Gundersen Health System: Sarah Havens, Community and Preventive Care Services Director and Amanda Sebal, Wellness Education Specialist. Community contributors are cited within the assessment.*

## **Purpose**

A community health needs assessment identifies and prioritizes the community's health and wellness needs. All not-for-profit hospitals are required to conduct a needs assessment every three years and adopt an implementation strategy to meet the identified health needs under the Affordable Care Act, IRS Code 501(r)(3). Gundersen Moundview Hospital and Clinics affiliated with Gundersen Health System on October 1, 2017, resulting in a change to its fiscal year. Therefore, the time-frame to complete Gundersen Moundview's 2018 needs assessment was shortened to two and a half years versus three.

## **2018 Assessment Process & Methods**

Gundersen Moundview Hospital and Clinics collaborated with the Adams County Public Health Officer in collecting, reviewing and analyzing local, state and regional data sources for the 2018 needs assessment. This data included surveys conducted in 2016 to gain input from the general community and stakeholders with a broad, vested interest in the community.

Gundersen Moundview staff also participated in the 2017 Central Wisconsin Health Partnership (CWHP) Community Health Needs Assessment, a regional effort representing six counties. In addition to the data collected, the group's steering committee held key informant interviews, surveys, focus groups and community forums to help determine health focus areas.

In 2018, Gundersen Moundview's needs assessment team held planning and data review meetings to draw correlations between the various data sets. Two focus group sessions were also held, including community stakeholders and the patient advisory council, to review and prioritize seven identified health needs. Data sets reviewed for the needs assessment included:

- 1) Statewide Data
  - a. County Health Rankings - Robert Wood Johnson Foundation
  - b. Healthiest Wisconsin 2020 and Wisconsin Health Improvement Planning Process
  - c. Adams County Public Health Profile, Wisconsin Department of Health Services
  - d. America's Health Rankings - Wisconsin
  
- 2) Regional Data
  - a. 2017 Community Health Assessment – Central Wisconsin Health Partnership (CWHP)
  
- 3) Local Data
  - a. Community Health Needs Survey -2016
  - b. Stakeholder Health Needs Survey -2016
  - c. Adams County Sheriff's Department Booking Process-2015 to 2017
  - d. Most Frequent Gundersen Moundview Emergency Department Visits, October 2015 – October 2018
  - e. Top Rural Health Clinic Visit Diagnoses, 2017
  - f. Adams-Friendship School District Youth Risk Behavior Survey – 2018

- g. Community Stakeholder Focus Group – 2018
- h. Patient Advisory Council Focus Group – 2018

## **Data Interpretation/Conclusions**

A summary of each data set can be found within this document. Upon review of the data, it is evident there are many health issues that could be addressed in Adams County. The County Health Rankings places the county among the lowest ranked of Wisconsin's counties in terms of health outcomes and factors. Many of the issues identified by community members and stakeholders are mirrored in state and regional data.

The following observations were made when comparing state, regional and local data:

- Mental health ranked sixth in priority needs by community members and second by stakeholders on the 2016 health needs surveys. In 2018, mental health was the number one priority among all focus group participants. Adams County has a shortage of mental health care providers. County Health Rankings indicate a shortfall in the number of available social associations (including membership organizations such as civic groups, clubs, fitness centers, sports organizations and business organizations) and a higher rate of child abuse and children living in single parent homes compared to state averages. These issues, as well as the county's higher rates of poverty and unemployment, contribute to mental stress. Issues contributing to poor mental health and stress were also prevalent among middle school and high school students as noted in the school district's Youth Risk Behavior Survey. Additionally, anxiety was among Gundersen Moundview's top ten emergency department visits. Mental health is also a top priority identified for Adams County and the other five counties in the Central Wisconsin Health Partnership (CWHP) 2017 Community Health Assessment.
- There is a strong association between poor social, mental and physical health outcomes in adulthood and Adverse Childhood Experiences. An Adverse Childhood Experience (ACE) is a traumatic experience which occurs prior to the age of 18 – such as child physical or sexual abuse, having an incarcerated household member, exposure to domestic violence or parental divorce. These ACEs can disrupt healthy brain development required for emotional control, learning capacity and the ability to form healthy relationships. Research has also demonstrated a strong dose-response relationship between ACEs and a variety of substance-related behaviors. This means the more ACEs an individual has, the more likely it is they will have substance abuse behaviors. Adams County has a 15-20% prevalence of four or more ACEs, according to the 2017 Community Health Needs Assessment conducted by the Central Wisconsin Health Partnership.
- Chronic disease was among the top health issues for county residents and stakeholders on the 2016 health needs survey. It was ranked fourth highest among the 2018 focus group

participants. The percent of those age 65 and older in Adams County is significantly higher than the state average which correlates to an increased risk of chronic disease and, therefore, a need to focus on prevention strategies. The County Health Rankings indicate a higher prevalence of diabetes than the state, a higher rate of cancer incidence, a higher rate of premature death and premature age-adjusted mortality and a lower percentage of diabetic Medicare enrollees who receive A1C monitoring. The Wisconsin Department of Health Services' Adams County Public Health Profile reports shows that death rates for trachea/bronchus, lung cancer and heart disease are significantly higher than the state. Gundersen Moundview's top ten emergency department visits, as it relates to chronic disease, include chest pain, chronic pulmonary disease and mental health. The top two rural health clinic diagnoses were hypertension and type 2 diabetes.

- Physical activity was among the top health issues for county residents and stakeholders on the 2016 health needs survey and ranked fifth among 2018 focus group participants. This correlates to the County Health Rankings which show higher rates of obesity and physical inactivity in Adams County compared to the state average as well as significantly limited access to exercise opportunities. This also correlates with the Healthy Wisconsin 2020 which includes nutrition and physical activity as top priorities for the state. Physical inactivity and obesity contribute to a number of chronic diseases. Physical activity is also a top priority identified for Adams County in the Central Wisconsin Health Partnership (CWHP) 2017 Community Health Assessment.
- Drug abuse was ranked fourth in priority needs by community members and second by stakeholders on the 2016 health needs surveys. In 2018, substance abuse was the second highest priority among all focus group participants. County Health Rankings indicate Adams County has a higher number of drug overdose deaths compared to the state average and a significantly higher percentage of driving deaths with alcohol involvement. A significant number of middle school and high school students felt illegal drug use was a problem at school. Local data and County Health Rankings correlate to the Central Wisconsin Health Partnership (CWHP) 2017 Community Health Assessment regional county priorities of alcohol and other drugs and Healthiest Wisconsin 2020 top priorities which include opioid and alcohol abuse. Additionally, America's Health Rankings cites a prevalence of excessive drinking in Wisconsin and reports an 89% increase in state drug deaths over the past ten years.
- Health care cost and access were the top two ranked health needs for community members on the 2016 health needs survey. Access was tied for second in priority with stakeholders in 2016. Only 5% of those participating in the 2018 focus groups identified health care cost and access as an identified need. Adams County is considered a medically underserved area and health professional shortage area for primary care, dental care and mental health

services. In some instances, cost and access are related. For example, one of the top ten emergency room visits at Gundersen Moundview is dental pain. Individuals who do not have dental insurance and are unable to pay out of pocket, are often restricted in accessing dental care.

- Employment/income was the number one priority need of stakeholders and third for community members on the 2016 health needs surveys. In 2018, employment/income/poverty was the third highest priority among all focus group participants. Adams County's poverty and unemployment rates are higher than state averages. Additionally, Adams County has a lower level of college educated residents. The US Census reports residents over age 25 with a bachelor's degree or higher as 12.6% in Adams County versus the state average of 28.4%. The County Health Rankings lists residents with some college at 49% compared to the state average of 68%.
- Water quality was a concern for many community members on the 2016 health needs survey. The issue was not identified as need in the 2018 focus groups. Water quality is an environmental issue that is being monitored by municipal and county agencies.
- Many of Adams County's health issues are interrelated. Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression and poor health behaviors. Unemployment reduces access to health care. Poverty exposes individuals to higher levels of mental stress and depression which may lead to an increase in substance abuse, physical inactivity, obesity and smoking. Children are especially vulnerable to the negative health effects of poverty.

## Priority Health Needs

Gundersen Moundview Hospital and Clinics has adopted the following community health needs priorities based on the above observations where the hospital can have the greatest impact:

1. **Chronic Disease and Conditions** with an emphasis on mental health, physical activity/obesity and health behaviors and top diagnoses that contribute to prevalent diseases (such as heart disease, diabetes and cancer) in Adams County. These areas, in particular mental health, were identified as priorities in the needs assessment. Potential resources to be explored include: continued collaboration with local entities on initiatives aimed at these issues, implementing hospital and clinic-based programs and potential implementation of an elementary school mentoring program to mitigate adverse childhood experiences.

2. **Substance Abuse** with an emphasis on opioids. Substance abuse was second highest in priority among 2018 focus group participants and fourth and second respectively by community members and stakeholders in the 2016 health needs survey. Potential resources include: continued support of the behavioral health and treatment center and drug treatment court, collaboration with Drug Free Adams County on substance abuse programs, further reduction of opioid prescriptions written at the hospital and refinement of primary and specialty care pain contracts.
3. **Health Care Cost and Access** –Cost and access were the top two ranked health issues by the general community in the 2016 survey, but ranked low in priority among 2018 focus group participants. Gundersen Moundview’s Emergency Department is often a point of health care access for the uninsured. Adams County, as a whole, is considered a medically underserved area. Potential resources to be explored include continued expansion of primary and specialty providers, expansion of telemedicine and exploring the feasibility of a sliding fee dental clinic.
4. **Workforce and Economic Development**- Employment/income/poverty were among the highest rank priorities for community and stakeholders in the health needs survey and focus groups. The disproportionately low percentage of residents with a college degree is a significant barrier for community employers requiring personnel with advanced skill sets. This impedes business development and expansion and negatively impacts the local economy by reducing employment opportunities and median wages. Gundersen Moundview, as a hospital, also requires employees with advanced skill sets. Potential avenues for developing community skill sets include tuition reimbursement, providing scholarships and ongoing collaboration with community groups dedicated to improving the local economy.

### **Implementation Strategy**

Gundersen Moundview Hospital and Clinics will develop a separate implementation plan to address the prioritized health needs listed above. The hospital will collaborate with other community agencies to work on health initiatives. This needs assessment and its related implementation plan will be available on the hospital’s website at [www.gundersenhealth.org/moundview](http://www.gundersenhealth.org/moundview).

### **About Gundersen Moundview: Organization Overview**

Gundersen Moundview Hospital and Clinics is a critical access hospital located in Adams County in Friendship, Wisconsin. The hospital affiliated with Gundersen Health System on October 1, 2017. Adams County is considered a medically underserved area and health professional shortage area for primary care, dental care and mental health services.

Gundersen Moundview’s services include emergency and urgent care, inpatient, swing bed,



laboratory, medical imaging, pharmacy, surgery, rehabilitation, and specialty services. Moundview also operates two primary care clinics. One clinic is located within the hospital in Friendship and is a designated rural health clinic. The second clinic is located in Westfield, Wisconsin in Marquette County.

Gundersen Moundview’s primary service area is the central portion of Adams County including the zip codes of Adams, Friendship, Arkdale and Grand Marsh. These zip codes represent 79% of Gundersen Moundview’s revenue. Gundersen Moundview’s revenue includes 35% commercial/private insurance, 32% Medicare, 25% Medicaid and 8% Self Pay.

**Demographics**

Adams County’s population was 19,973 in 2017 according to the US Census Bureau. The county’s poverty rate is 13.9% which is higher than the state average of 11.3%. The median household income is \$43,554 which is lower than the state average of \$54,610.

Unemployment rates are 6.2% compared to the state average of 4.1%. Additionally, 71% of students enrolled in school are eligible for free lunch compared to the state average of 40% and 25% of children live in poverty compared to the state average of 16%.

The percentage of the population aged 65 years and over is 28% in Adams County, significantly higher than the state population of 16.5%. The percentage of those aged 65 and older is projected to steadily increase in Adams County to greater than 35% by 2040.

**Demographic Profile of Adams County:**

<b>Demographic</b>	<b>Adams County 2018</b>	<b>Wisconsin 2018</b>
Population (1)	19,973	5,795,483
% below 18 years of age (1)	14.4%	22.1%
% 65 or older (1)	28.8%	16.5%
Projected % of 65 or older by 2040 (2)	Greater than 35%	
% of Adults over 25 who are a high school graduate or higher (1)	87.3%	94.1%
% of Adults over 25 with a bachelor’s degree or higher (1)	12.6%	28.4%
Median Household Income (1)	\$43,554	\$54,610
Poverty Rate (1)	13.9%	11.3%
% Unemployed (3)	6.2%	4.1%



% of Children eligible for free lunch (3)	71%	40%
% Uninsured (1)	8%	7%
% White alone (1)	94.1%	87.3%
% African American (1)	3%	6.7%
% Hispanic (1)	4%	6.9%
% Rural (4)	100.0%	<70%

Sources: (1) US Census; (2) WI Department of Administration; (3) County Health Rankings; (4) Office of Rural Health

## State, Regional and Local Health Data Summaries

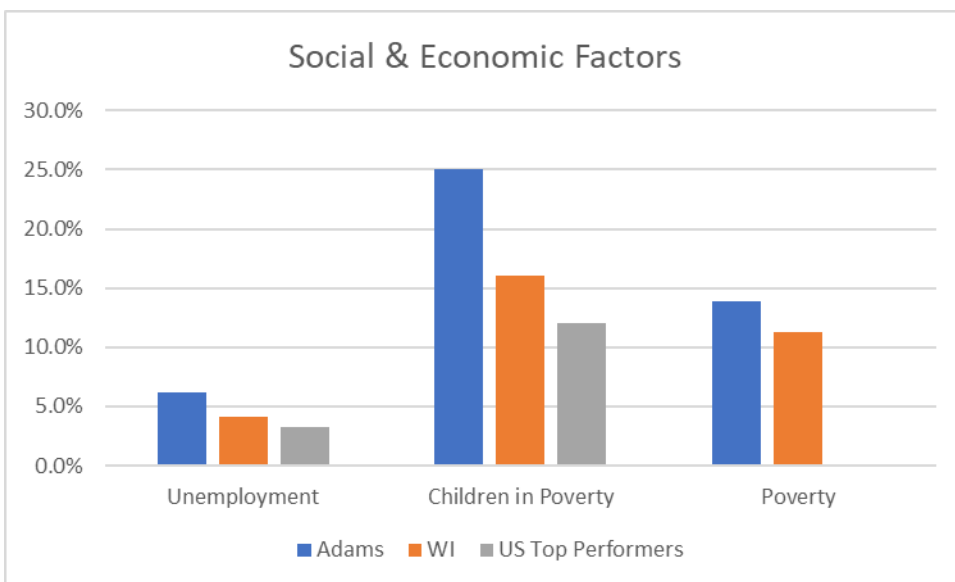
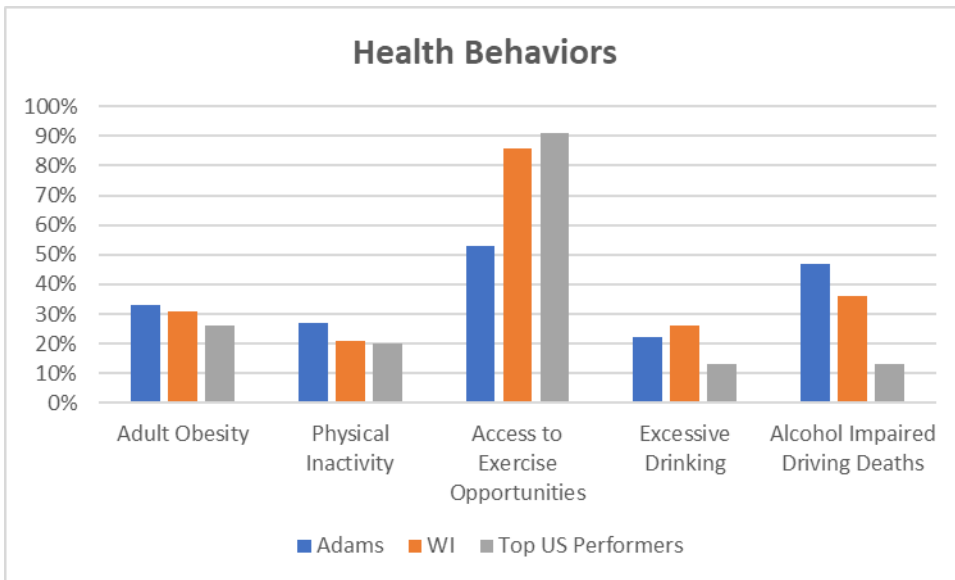
State, regional and local health data reviewed for this community health needs assessment included:

### Statewide Data

#### County Health Rankings, Robert Wood Johnson Foundation

The County Health Rankings & Roadmaps™ reports are based on data from population health models that provide insight into areas for local improvement. In the 2018 County Health Rankings, Adams County is ranked 69 out of 72 counties for health outcomes and 68 out of 72 for health factors. The rankings take into account factors such as health behaviors of the community including tobacco use, obesity, exercise, alcohol use and teen births; clinical care including access and quality; social and economic factors and the physical environment.

In health outcomes, Adams County is significantly higher than the state at 9,200 years of potential life lost before age 75 per 100,000 population (age-adjusted) compared to the state at 6,000. Health behaviors identified as areas for Adams County to explore included: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, and alcohol impaired driving deaths. Clinical care areas to explore included: uninsured, the number of providers per population for primary care physicians, mental health providers and dentists and preventable hospital stays. In addition, multiple social and economic factors were identified as areas to explore for improvement including social associations, college education, unemployment, children in poverty, and injury deaths.



**Healthiest Wisconsin 2020 and Wisconsin Health Improvement Planning Process**

The Wisconsin Department of Health Services “Healthiest Wisconsin 2020 State Health Plan” named twelve health focus areas for the state. The Wisconsin Health Improvement Planning Process transitioned from “process” to “plan” via Healthy Wisconsin, which includes both the state health assessment and improvement plan to help communities identify strategies to make Wisconsin healthier. A steering committee considered nearly two dozen health concerns before identifying the following five key health priorities for Healthy Wisconsin:

- Alcohol
- Nutrition and physical activity
- Opioids

- Suicide
- Tobacco

The committee also recognized the need to build awareness around the effect Adverse Childhood Experiences can have on health. Links to the 2020 State Health Plan and Wisconsin Health Improvement Planning Process/Healthy Wisconsin are found at the end of this document.

#### Adams County Public Health 2017 Profile

Public Health Profiles are published annually by the Wisconsin Department of Health Services, Division of Public Health. The profiles provide health and demographic information for the state, each public health region within the state, and each county. The 2017 report reflects data from 2015. Substance abuse as an underlying or contributing cause of death in Adams County is more than twice the rate of Wisconsin and Southern Wisconsin region. Death rates for trachea/bronchus and lung cancer are more than double the state and region. Heart disease death rate is also significantly higher. Crude incidence rates for cancer of the lung and bronchus is twice as high in Adams County than Wisconsin or the southern region.

#### America's Health Rankings: Wisconsin

The United Health Foundation's America's Health Rankings focuses on behaviors, community and environment, policy, and clinical care to provide a comprehensive picture of the nation's health. Their 2017 report on the state of Wisconsin listed the following challenges:

- High prevalence of excessive drinking
- High incidence of pertussis
- Low per capita public health funding

Additionally, the report highlighted a 17% increase in diabetes over the past year (from 8.4% to 9.8% of adults) and an 89% increase in drug deaths over the past 10 years (from 8.0 to 15.1 deaths per 100,000 population).

### **Regional Data**

Regional data on improving the health of Central Wisconsin was obtained through the Central Wisconsin Health Partnership (CWHP) 2017 Community Health Assessment. CWHP is a consortium among the Departments of Health and Human Services of Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara Counties. In 2015, the six counties convened a summit which included 155 registrants representing a broad cross-section of stakeholder groups including government, public administration agencies, health care (including Gundersen Moundview Hospital), social assistance services, educational services and other business leaders. Summit attendees discussed the greatest needs in their communities, strategies to address them and held breakout sessions on key issues.

Following the summit, the CWHP and its health care partners held regional and county

meetings to plan, assess and prioritize the data collected along with key informant interviews, surveys, focus groups and community forums to determine their health focus areas. The steering committees identified priorities based on the magnitude and severity of the problem, high need among vulnerable populations and each community’s capacity and/or willingness to act on the issue. A summary of the ranking results, by county, is found in the table below. A link to the full CWHP Needs Assessment report is found in the index.

Order of Priority	Community Feedback					
	Adams	Green Lake	Juneau	Marquette	Waupaca	Waushara
1 <sup>st</sup>	Access to Care	Mental Health	AODA	AODA	AODA	AODA
2 <sup>nd</sup>	Employment	AODA	Obesity	Mental Health	Mental Health	Chronic Disease
3 <sup>rd</sup>	AODA	Nutrition	Mental Health	Nutrition & PA	Poverty	Mental Health
4 <sup>th</sup>	Mental Health	Physical Activity	Chronic Disease	Tobacco	Chronic Disease	Nutrition & PA
5 <sup>th</sup>	Physical Activity	Chronic Disease	Nutrition & PA	Access to Care	Access to Care	Aging Problems

The three priorities from the regional data that were chosen for Adams County were:

- Alcohol and other drug abuse
- Mental health
- Nutrition and physical activity

## Local Data

### **Community Health Needs Survey-2016**

Gundersen Moundview collaborated with the Adams County Health and Human Services, UW Extension, Adams County Government, Adams-Friendship School District and community members at large to create and conduct a health survey of the general public which was disseminated in March 2016. There were 602 respondents, making it a statistically significant sample of the county.

The survey was widely distributed via a survey link shared through organization e-mail lists, organization Facebook pages, area newsletters, newspaper, and radio. Paper surveys were distributed through local food pantries, the library, Meals on Wheels, senior meal sites, and the Lighted School House Program to obtain input from those without computers and other difficult to reach populations.

The majority of respondents were from Friendship (29%), Adams (21.5%), Town of Rome (8%), Arkdale (6%), Grand Marsh (5.6%), and Wisconsin Dells (4.5%). Over 62% of the respondents were from Moundview’s primary service area.

Respondents were asked to rank different issues on a scale of 1 – 7, based on their importance to the health of the community. Please see Appendix I for a detailed ranking. They were also

asked to name the top two concerns of the health issues they ranked.

The community's identified top eight health needs, with survey rankings, follow below. Most fall within one tenth of one point in ranking and are therefore fairly equal in importance.

1. Cost of Health Care (6.43)
2. Access to Health Care (6.39)
3. Employment/Income (6.33)
4. Drug Abuse (6.31)
5. Water Quality (6.29)
6. Mental Health (6.27)
7. Physical Activity (6.17)
8. Chronic Disease (6.13)

Approximately 60% of the respondents completed an open-ended survey question asking them to list their top two concerns of the health issues they had ranked. Like responses were combined. Their responses, in order of frequency, were:

<b>Community's Top Two Health Concerns (Open Ended Question)</b>	<b>Number of Responses</b>
Drugs/Alcohol	133
Employment/Income/Poverty	86
Mental Health	85
Obesity & Physical Activity	77
Cost of Healthcare	70
Water	61
Access to Healthcare	42

Although cost and access of health care were the top ranked issues in the community survey, respondents did not identify these issues as their top two concerns in the open-ended question. When comparing the top rankings to the open-ended questions, the common themes were drug abuse, mental health and employment/income followed by obesity/physical activity, cost of health care, water and access to health care.

#### Stakeholders Health Needs Survey-2016

A survey similar to the community health survey was distributed via email to 43 community stakeholders who were viewed as having a broad, vested interest in the community. The stakeholders included medical providers and professionals, service agencies (including those representing low income and disability populations), school leaders, county government, business leaders, and other officials. A total of 18 stakeholders (42%) completed the survey.

The stakeholder's identified top health needs, with survey rankings, were:

1. Employment/Income (6.39)
2. Access to Health Care (6.33)
2. Drug Abuse (6.33)
2. Mental Health (6.33)
3. Chronic Disease (6.17)
4. Physical Activity (6.06)
4. Water Quality (6.06)
5. Adequate, Appropriate & Safe Nutrition (6)

The stakeholders were also asked to name their top two concerns of the health issues they had ranked. All but one respondent completed this question. Their top concerns were:

1. Employment/Income/Poverty (8 responses)
2. Drugs/Alcohol Abuse (8 responses)
3. Mental Health (4 responses)

When comparing the stakeholders' top rankings to the open-ended questions, the common themes of employment/income, drug/alcohol abuse and mental health were consistent.

**Adams County Sheriff’s Department Booking Process**

Data was obtained from the Adams County Sheriff’s Department on the number of individuals who were under the influence of drugs or alcohol during the booking process. These numbers are reflected in the chart below. There has been a decrease in those under drug and alcohol influence during booking from 2015 to 2016 and 2017.

	2015	2016	2017
Under the Influence of Drugs at Time of Booking	90	25	45
Alcohol Present at Time of Booking	248	186	153
Intoxicated at Time of Booking	N/A	119	78

**Most Frequent Emergency Department Visits**

Data was obtained from Gundersen Moundview’s Emergency Department on the most frequent patient visits from October 1, 2015 – October 2018. The top ten visits included urinary tract infection, acute bronchitis, low back pain, acute upper respiratory infection, chest pain, chronic obstructive pulmonary disease with acute exacerbation, dental abscess, headache, dehydration and anxiety (mental health).

**Top Rural Health Clinic Visit Diagnoses, 2017**

Data was obtained from Gundersen Moundview’s Rural Health Clinic on the top clinic diagnoses

in 2017. The most frequent encountered diagnoses were hypertension and type 2 diabetes.

### **Adams-Friendship School District Youth Risk Behavior Survey 2018**

Adams-Friendship middle school and high school students completed a youth risk behavior survey in April 2018. Several issues affecting the mental health of students were noted. There were 52% of middle school and high school students who felt bullying was a problem at school. There were 37% of middle school and 20% of high school students who had seriously thought about suicide. Additionally, nearly one quarter of high school students reported mental and emotional health problems.

Issues regarding substance abuse were also surveyed. Students who reported having one alcoholic drink within the past 30 days included 26.6% of middle school and 26.6% of high school students. There were 56.5% of middle school and 67.9% of high school students who felt illegal drugs were a problem at school.

### **Community Stakeholder and Patient Advisory Council Focus Groups - 2018**

Gundersen Moundview's needs assessment process included two focus group sessions to review and prioritize seven identified needs. National, state, regional, and local data that had been gathered about the Gundersen Moundview Hospital and Clinics service area was presented. Community stakeholders and Gundersen Moundview Patient Advisory Council members voted to prioritize the needs based on the data presented, their personal knowledge of the community and expertise in the populations served by their agencies. Both groups then discussed current and planned community resources, programs, and initiatives that aim to address each identified need. Results were calculated, and the top needs were identified.

### **Community Stakeholder Focus Group-2018**

Stakeholders viewed as having a broad, vested interest in the community were invited to attend the meeting. The stakeholders included medical providers and professionals, service agencies (including those representing underserved populations), school leaders, county government, business leaders and other officials.

The stakeholder's top identified health needs are listed on the following page:



<b>Community Stakeholder Focus Group</b>		
<b>Identified Needs Prioritized</b>	<b>Responses</b>	<b>% of Total Responses</b>
Mental Health	25	30%
Substance Abuse	20	24%
Employment/Income	18	21%
Chronic Disease	7	8%
Obesity and Physical Activity	4	5%
Health Care Cost and Access	3	4%
Water Quality	0	0%
<b>Other Needs Identified</b>		
Affordable and New Low-Income Housing	3	3%
Victimization Outside of ACEs (e.g., Domestic Violence)	3	3%
Affordable Day Care/ Day Care Facility	1	1%
Transportation for Jobs, Medical Appointments, etc.	1	1%

Patient Advisory Council Focus Group-2018

Members of the Gundersen Moundview Patient Advisory Council were invited to review and prioritize the identified needs. The Patient Advisory Council Member's top health needs were:

<b>Patient Advisory Council Focus Group</b>		
<b>Identified Needs Prioritized</b>	<b>Responses</b>	<b>% of Total Responses</b>
Mental Health	6	34%
Substance Abuse	4	22%
Employment/Income/Poverty	4	22%
Health Care Cost and Access	2	11%

Obesity and Physical Activity	2	11%
Chronic Disease	0	0%
Water Quality	0	0%

When comparing the Stakeholder’s top needs to the Advisory Council member’s top needs, the common themes of mental health, substance abuse, and employment/income/poverty were consistent followed by chronic disease, and obesity and physical activity, health care cost and access. Combined top identified needs:

<b>Combined Top Identified Needs</b>		
<b>Identified Need</b>	<b>Responses Combined</b>	<b>% of Total Responses Combined</b>
Mental Health	31	30%
Substance Abuse	24	23%
Employment/Income/Poverty	22	21%
Chronic Disease	7	7%
Obesity and Physical Activity	6	6%
Health Care Cost and Access	5	5%
Water Quality	0	0%
<b>Other Needs Identified</b>		
Affordable and New Low-Income Housing	3	3%
Victimization Outside of ACEs (e.g., Domestic Violence)	3	3%
Affordable Day Care/ Day Care Facility	1	1%
Transportation for Jobs, Medical Appointments, etc.	1	1%

Stakeholder Focus Group Participants/Agencies Represented:  
 Adams Co Chamber of Commerce- Laura Hook- Director  
 Adams Co Child Support- Janet Leja- Director

Adams Co Clerk of Court- Lori Banovec- Deputy  
Adams Co District Attorney - Tania Bonnett  
Adams Co HHS Committee Chair-Jack Allen  
Adams Co HHS Director - Kelly Oleson  
Adams Co HHS- Leah Eckstein- Public Health Officer  
Adams Co HHS- Suzanne Schreiner- Community Health Specialist  
Adams Co Judge - Dan Wood  
Adams Co Manager/Administrative Coordinator - Casey Bradley  
Adams Co Sheriff's Office- Sam Wollin- Sheriff  
Adams Co Treatment Court/Justice Point- Lisa Curless  
Adams Food Pantry - Dinah Short  
AF School District- Jim Boebel- District Administrator  
A-F School District- Danna Peterson- Outreach Specialist  
Family Health LaClinica (Roche-a-Cri Behavior Health & Recovery Center), Dee Felgus  
Family Health LaClinica (Roche-a-Cri Behavior Health & Recovery Center), Philip Robinson  
Family Health LaClinica -Lieah Wilder  
Family Health LaClinica, Brian Friebe  
Gundersen Moundview - Barb Theisen, NP  
Gundersen Moundview - Diana Broniec, DON  
Gundersen Moundview - Elizabeth Mueller, social worker  
Gundersen Moundview - Frank Perez-Guerra, CEO  
Gundersen Moundview - Judy Nowicki, Dir. Of Quality and Infection Control  
Gundersen Moundview -Heather Greiling, NP  
Gundersen Moundview -Tammy Lowrey, Marketing & Community Relations  
Hope House of S Central WI- Amanda Deppe, Community Educator  
Renewal Unlimited- Ida Winker  
Second Harvest Foodbank -Bill Euclide  
UW Extension- Evan Henthorne  
UW Extension- Jennifer Swensen

## **2016 Needs Assessment and Implementation Plan Update**

In 2016, Gundersen Moundview (then known as Moundview Memorial Hospital & Clinics) conducted a community health needs assessment in collaboration with the Adams County Public Health Officer. Four priorities were identified:

1. Health Care Cost and Access
2. Substance Abuse
3. Chronic Disease Prevention and Management
4. Workforce Development

The following are some highlights of the progress made on Gundersen Moundview's 2016 health priorities and initiatives:

- Health Care Cost and Access
  - Adopted a new, sliding scale financial assistance policy for those who are

uninsured, underinsured or have high deductibles, consistent with Gundersen Health System guidelines.

- Adopted a new, discount policy for uninsured patients receiving care that is consistent with Gundersen Health System guidelines.
  - Improved access to specialty care through the addition of visiting specialists in general surgery, wound care, orthopedics, gynecology and prenatal care, cardiology.
  - Improved emergency care through the addition of stroke and neonatal specialists through telemedicine.
  - Expanded the availability of outreach specialists through the addition of new telemedicine services.
  - Assisted in the opening of the new eye clinic located within the hospital including remodeling the space needed for the clinic.
  - Donated temporary space for local emergency medical services during an unplanned transition to a new ambulance service.
- Substance Abuse
    - Assisted in the establishment of the Family Health La Clinica Roche-a-Cri Behavioral Health and Recovery Center, an AODA based program serving Adams, Marquette and Juneau Counties. Provided assistance with grant development, served on planning meetings and remodeled a former primary care clinic owned by the hospital to provide the space needed for the center.
    - Assisted with the development of the Adams County Drug Treatment Court and provided free laboratory testing of participants in the program.
    - Served on the Drug Free Adams County Coalition and provided support to its related programs including community education and medication take back events.
    - Developed and implemented standardized opioid protocols in the hospital's emergency department and primary care clinics.
    - Significantly reduced the number of opioid prescriptions written through the hospital.
    - Provided nurse practitioner support to the Criminal Justice Collaborating Council in Marquette County.
- Chronic Disease Prevention and Management
    - Developed and initiated new primary care prevention programs in the clinics on high blood pressure, diabetes and cancer.
    - Assisted in the development of a "health and wellness" opportunities matrix to improve community awareness and access to physical activity opportunities in Adams County. Helped promote the list via an online link, through large scale events and social media.
    - Served on the Be Health Adams County Physical Activity Coalition and provided support to related programming.
    - Spearheaded the formation of the Adams County Bicycle and Pedestrian

committee, through the Be Healthy Coalition, to meet a need identified by the public through a community survey.

- Provided staff support for the Adams County Cancer Awareness Team which oversees a community education program focused on preventing cancer, improving screenings and improving mortality rates. As part of this team, participated in an American Cancer Society funded research pilot project to redesign the education program to be presented in a business setting.
  - Sponsored several youth sport teams, offered low-cost WIAA sports physicals, provided free asthma screenings for fifth grade students, donated first aid kits to Little League, and provided free sports medicine services to high school athletes.
  - Provided various community health education opportunities and screenings including heart disease, diabetes, stress reduction, blood pressure, stroke, physical activity and others.
  - Offered multiple sclerosis yoga and swim classes. Assisted with the “Stepping On” mobility/exercise program through the Department of Aging.
  - Provided staff representation on the county’s crisis committee which investigates mental health problems.
  - Sponsored and helped promote the Prevent Suicide Adams County Run/Walk.
  - Helped improve mammography screening rates, as noted through county health rankings data.
- Workforce Development
    - Implemented Gundersen Moundview staff development, continuing education and tuition reimbursement policies to retain area workers.
    - Provided scholarships to high school students pursuing health care careers through the hospital’s foundation.
    - Provided sponsorship and staff support to the chamber of commerce.
    - Provided job shadowing opportunities to high school and college students on a case by case basis.
    - Provided numerous clinical rotations and internship opportunities for college students pursuing degrees as a nurse, nurse practitioner, and physical therapist.

## **Conclusion**

As a not-for-profit hospital, Gundersen Moundview Hospital and Clinics is required to conduct a community health needs assessment and adopt an implementation strategy to meet the identified health needs every three years per the Affordable Care Act, IRS Code 501(r)(3). Gundersen Moundview’s 2018 needs assessment is available by print, free of charge, by contacting the hospital and is available online at [www.gundersenhealth.org/moundview](http://www.gundersenhealth.org/moundview). Gundersen Moundview’s implementation plan to address the health needs identified through the community needs assessment is also posted on the hospital’s website.

Appendix I

<b>Community &amp; Stakeholder Health Need Survey Ranking Comparisons 2016</b> <i>*Rankings were taken from the following survey question:</i> <b><i>Below is a list of issues that may impact the health of people in your community. On a scale from 1-7 with 1 being not very important and 7 being very important, please rate the importance of each category.</i></b>		
Health Need	Community Ranking	Stakeholder Ranking
Cost of Health Care	6.43	5.41
Access to Health Care	6.39	6.33
Employment/Income	6.33	6.39
Drug Abuse	6.31	6.33
Water Quality	6.29	6.06
Mental Health	6.27	6.33
Physical Activity	6.17	6.06
Chronic Disease	6.13	6.17
Adequate, Appropriate & Safe Nutrition	6.12	6
Obesity	6.12	5.78
Oral Health	6.12	5.83
Healthy Growth & Development	6.09	5.94
Violence	6.09	5.17
Poverty	6.07	5.89
Air Quality	6.02	4.89
Excessive Alcohol Use	5.95	5.72
Communicable Disease	5.91	4.78
Teen Sexual Activity	5.9	5.56
Tobacco Use & Exposure	5.9	5.61
Housing	5.87	5.29
Injury Prevention	5.59	4.61

*\*Sources: Be Healthy Adams County General Community Health Needs Survey and Adams County Stakeholders Health Needs Survey. Copies of the full surveys are available upon request.*

## Appendix II: Data Sources

2017 Community Health Assessment – Central Wisconsin Health Partnership (CWHP)

[http://www.co.adams.wi.us/document\\_center/Health%20&%20Human%20Services/Adams%20County%20Final%20Community%20Health%20Needs%20Assessment.pdf](http://www.co.adams.wi.us/document_center/Health%20&%20Human%20Services/Adams%20County%20Final%20Community%20Health%20Needs%20Assessment.pdf)

Healthiest Wisconsin 2020 – State Health Plan

<https://www.dhs.wisconsin.gov/hw2020/index.htm>

Wisconsin Health Improvement Planning Process

<https://www.dhs.wisconsin.gov/hw2020/wi-hipp.htm>

County Health Rankings

<http://www.countyhealthrankings.org/app/wisconsin/2018/rankings/adams/county/outcomes/overall/snapshot>

Wisconsin Department of Health Services Adams County Public Health Profile

<https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-adams.pdf>

America’s Health Rankings-United Health Foundation for Wisconsin

<http://www.americashealthrankings.org/WI>

Health Care Provider Shortage Areas

<https://www.dhs.wisconsin.gov/primarycare/maps.htm>

Health Professional Shortage Areas

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

US Census Quick Facts, Adams County

<https://www.census.gov/quickfacts/fact/table/adamscountywisconsin,US/PST045217#PST045217>

Office of Rural Health Policy, List of Rural Counties

<https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>

Wisconsin’s Future Population Projections, Wisconsin Department of Administration (Dec. 2013)

[https://doa.wi.gov/DIR/FinalProjs2040\\_Publication.pdf](https://doa.wi.gov/DIR/FinalProjs2040_Publication.pdf)