



Amery Hospital & Clinic

HealthPartners®

Community Health Implementation Plan

March 2019

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About HealthPartners

HealthPartners is the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. For more information, visit healthpartners.com.

Mission, Vision and Values

Our mission – to improve the health and well-being of those we serve – is the foundation of our work. And that work is guided by our vision and values, creating a culture of Head + Heart, Together.

Mission

To improve health and well-being in partnership with our members, patients and community

Vision

Health as it could be, affordability as it must be, through relationships built on trust

Values

Excellence, compassion, partnership, integrity

About Amery Hospital & Clinic

Amery Hospital & Clinic is part of HealthPartners, the largest consumer-governed, non-profit healthcare organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. Amery Hospital & Clinic serves western Wisconsin with a behavioral health center, obstetrics and gynecology, pediatrics, primary and specialty clinics. This report describes the current Community Health Needs Assessment (CHNA) process and results for Amery Hospital & Clinic.

Community served

While Amery Hospital & Clinic serves patients from everywhere, more than 80 percent of the people we serve live in Barron and Polk Counties. Throughout this report, we refer to these two counties as “our community” and primarily use data from these counties. In total, our community has approximately 90,000 residents. Amery Hospital & Clinic is located in the city of Amery in Polk County with satellite clinics located in Clear Lake and Luck also in Polk County and Turtle Lake in Barron County. In 2017, Amery Hospital reported about 850 inpatient admissions from patients living in Barron and Polk Counties.

Summary of the Community Health Needs Assessment (CHNA) process

HealthPartners collaborated across six hospitals within its family of care for the CHNA:

- Amery Hospital & Clinic (Amery, WI)
- Hudson Hospital & Clinic (Hudson, WI)
- Lakeview Hospital (Stillwater, MN)
- Park Nicollet Health Services including Methodist Hospital (St. Louis Park, MN)
- Regions Hospital (St. Paul, MN)
- Westfields Hospital & Clinic (New Richmond, WI)

Each hospital engaged with local public health partners, local health organizations and community members for input on community assets and resources as well as primary and secondary data.

HealthPartners Approach to Equity

At HealthPartners, a top priority is to make sure everyone has equal access to excellent and reliable health care and services, to work toward a day where every person, regardless of their social circumstances, has the chance to reach their best health. This requires us to identify and work towards eliminating health disparities, defined by the CDC as “preventable differences in the burden of disease, injury, violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.”

Our commitment to health equity shaped our approach to our CHNA and will continue to as we develop an implementation plan to address community health needs in partnership with our community. This includes considering factors such as race, ethnicity, age, gender identity, socioeconomic status and education levels when setting priorities and developing implementation plans.

CHNA Prioritization Process

HealthPartners collectively prioritized community health needs using a process informed by a modified Hanlon method and other commonly used prioritization methods. Each hospital shared its 4-5 priority topic areas and rationale for each topic area based on:

- Size: Number of persons affected, taking into account variance from benchmark data and targets;
- Seriousness: The degree to which the problem leads to death, disability and impairment of one’s quality of life (mortality and morbidity);
- Equity: Degree to which specific groups are affected by the problem;
- Value: The importance of the problem to the community; and
- Change: What is the same and what is different from your previous CHNA?

HealthPartners hospitals used a thorough, facilitated large and small group process to reach consensus on top priorities. The CHNA Team considered the criteria described above as well as community input data in these discussions. The five priorities are of equal importance and are presented in alphabetical order:

Key Priority Areas

Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health, such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Nutrition and physical activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionately impact low income communities and communities of color.

Substance abuse

Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

Other Priorities Not Selected

HealthPartners discussed and considered additional or alternative priorities during the prioritization process, including culturally competent care and sensitivity and coordination of services. These needs were not selected as one of the top five priorities but will be considered in the implementation plans for the selected priority areas.

Community Health Implementation Plan FY 2019-2021

Priority: Access to care

Definition: Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, and medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Goal: Help our organization achieve its full potential by ensuring that every person who touches our organization feels welcomed, included, and valued.

Strategies:

- Develop the equity and inclusion acumen of our people.
- Build a diverse recruitment, development and retention strategy.
- Continue our work to support learning and development for Leaders and Non-leaders.

Anticipated Impact:

- An inclusive culture where every person including those we serve and our workforce is welcomed, included, and valued.
- An employee base that better reflects and interacts with the diversity of patients and community we serve.
- Care delivery that is culturally sensitive and appropriate, and timely.

Goal: Improve access to care that is appropriate, affordable, and convenient.

Strategies:

- Advance consumer friendly initiatives to make our care easy to navigate and affordable.
- Evaluate and adapt system capacity and design to meet patient needs.
- Educate communities about advanced care planning.
- Explore alternative care delivery methods.

Anticipated Impact:

- Increase in patient satisfaction.
- Increased ease of navigating care.
- Increased cost of care transparency.
- Timely access to care.

Priority: Access to health

Definition: Access to health refers to the social and environmental conditions that directly and indirectly affect people’s health, such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

Goal: Strengthen existing and explore new community partnerships to address social determinants of health.

Strategies:

- Standardize hunger screening and referral process with community partners.
- Develop and deepen community partnerships to address social determinants in our efforts to eliminate health disparities (transportation, housing, food, etc.).
- Explore opportunities for community giving and volunteerism.

Anticipated Impact:

- Reduce the number of patients that face food insecurity in our community.
- Patients are connected to community support services.
- Reduce patient barriers to achieving health and wellbeing.
- Leverage community partnerships in our efforts to eliminate health disparities.

Goal: Promote early child brain development.

Strategies:

- Incorporate early childhood resources into clinics and community.
- Sustain the Children’s Health Initiative.
- Partner to connect families of infants and young children to community resources.

Anticipated Impact:

- Improved early childhood literacy.
- Children are ready for kindergarten.
- Establish health and wellbeing early in life.

Goal: Promote sustainable operations to positively impact the community.

Strategies:

- Implement practices that utilize resources efficiently, minimize waste and engage stakeholders.
- Engage community to leverage strength and build relationships.
- Partner with local Green Teams to increase outreach and partnership.

Anticipated Impact:

- Improve community health and well-being due to improved air and water quality.
- Create positive environmental impact.

Priority: Mental health and well-being

Definition: Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Goal: Reduce stigma surrounding mental illness.

Strategies:

- Expand and deepen Make It Ok anti-stigma campaign.
- Develop and deepen community partnerships to reduce stigma.

Anticipated Impact:

- Reduce stigma surrounding mental illness.

Goal: Increase access to education and resources around mental health and well-being.

Strategies:

- Offer HealthPartners online program for members, patients and employees
- Increase staff knowledge and awareness of mental health and wellbeing.
- Develop and deepen community partnerships to improve mental health and wellbeing (Polk United, Mental Health Task Force, etc.).

Anticipated Impact:

- An employee base that is better equipped to care for patients experiencing mental illness.
- Leverage community partnerships in our efforts to improve mental health and wellbeing.

Goal: Improve access to mental health services.

Strategies:

- Improve access to mental health services for patients in crisis.
- Expand alternative care delivery methods.
- Increase internal and external awareness of existing services.
- Explore opportunities to increase mental and behavioral health resources in schools.

Anticipated Impact:

- Increased community knowledge of existing mental health resources.
- Increased ease of navigating care.
- Timely access to care.

Priority: Nutrition and physical activity

Definition: Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionately impact low income communities and communities of color.

Goal: Promote and support physical activity.

Strategies:

- Support and engage communities and schools through PowerUp programs and partnerships.
- Deepen the impact of PowerUp to increase and measure community health improvement.
- Partner to provide free and low-cost physical activity opportunities.
- Partner to increase awareness of physical activity resources.
- Collaborate with community stakeholders in an effort to improve outdoor spaces and trails.

Anticipated Impact:

- Strengthened community partnerships to promote physical activity.
- Increased opportunities to be physically active.

Goal: Promote and support better eating.

Strategies:

- Support and engage communities and schools through PowerUp programs and partnerships.
- Deepen the impact of PowerUp to increase and measure community health improvement.
- Expand community education offerings around better eating.

Anticipated Impact:

- Healthy food choices are easy and popular choices in our community.
- Improved attitudes and behaviors towards better eating.
- Strengthened community partnerships to deepen the impact of PowerUp.

Goal: Support and encourage healthy food and physical activity environment change.

Strategies:

- Develop and deepen community partnerships to create healthy communities (Restaurants, local government, schools, etc.).
- Support and positively influence policies that impact health and wellness.

Anticipated Impact:

- Leverage community partnerships in our efforts to create healthy communities.
- Healthy food choices are easy and popular choices in our community.

Goal: Promote breastfeeding.

Strategies:

Anticipated Impact:

<ul style="list-style-type: none">• Offer educational opportunities for women and families.• Explore baby-friendly hospital status.	<ul style="list-style-type: none">• Patients receive the knowledge and support to breastfeed.
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Priority: Substance Abuse

Definition: Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

Goal: Reduce opioid prescriptions, doses, and patients meeting chronic opioid use criteria.

Strategies:

- Reduce the supply of opioids.
- Treat pain differently.
- Address addiction.
- Educate patients, families, staff and members.

Anticipated Impact:

- 50% reduction in:
- The number of new patients prescribed an opioid
 - The number of pills and morphine equivalent doses prescribed
 - The number of patients meeting chronic opioid use criteria

Goal: Increase awareness and access of treatment for substance abuse (alcohol, tobacco, e-cigarettes, and drugs).

Strategies:

- Increase awareness of available resources
- Provider training
- Support Healthy Beginnings Program
- Educate patients, families, community and staff on substance abuse.
- Expand Substance Use Disorder treatment services.

Anticipated Impact:

- Increased knowledge of available resources and treatment options for substance abuse.
- Reduced alcohol, tobacco and drug use during pregnancy and breast feeding.
- Increased assessment and referrals.

Goal: Align efforts and collaborate with community partners.

Strategies:

- Partner with Polk United and the Substance Use Workgroup on alcohol policies and ordinances.
- Partner with schools on substance abuse prevention and education.

Anticipated Impact:

- Strengthened community partnerships to review local alcohol policies and ordinances.
- Strengthened partnership with the schools to provide substance abuse prevention and educational resources.

Goal: Reduce accidental poisoning and drug abuse.

<ul style="list-style-type: none">● Offer free and environmentally-friendly medication collection at our hospitals and clinics for the community.● Promote community prescription take-back locations and disposal bags.	<p>Anticipated Impact:</p> <ul style="list-style-type: none">● Prevent prescription drugs from entering the drinking water system.● Keeping chemicals out of the environment.● Prevent medication from being misused.● Lower occurrence of overdose.
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Contact Information

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