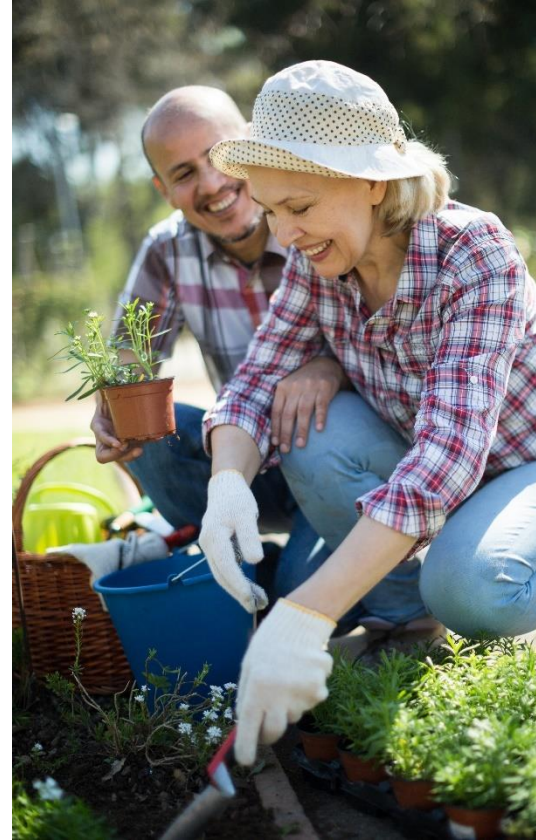


Community Health Implementation Strategy



2022-2025

ASPIRUS DIVINE SAVIOR HOSPITAL & CLINICS

2817 New Pinery Rd
Portage, WI 53901

Acknowledgements

Aspirus Divine Savior Hospital is excited to share this Implementation Strategy with the community. It was developed in Summer 2022 and is in alignment with the efforts being led by the Columbia County Health Department. We anticipate leading some local efforts as well as being a strong supporter of other local efforts. Mental health and substance abuse – the community health priorities for the hospital – are complex and will require persistent collaboration. We look forward to working with our community partners on our shared goal of healthier, happier community!

Respectfully,

Crystal Kirschling
Interim President
Aspirus Divine Savior Hospital and Clinics

Table of Contents

Acknowledgements.....	1
Aspirus Health and Aspirus Divine Savior Hospital Profile	3
Aspirus Health.....	3
Aspirus Divine Savior Hospital	3
Prioritized Significant Community Health Needs.....	4
Needs Not Selected.....	4
About the Implementation Strategy.....	4
Definition / Purpose of a CHNA and Implementation Strategy	4
Compliance	5
General Approach to Implementation.....	5
Mental Health	7
Substance Use.....	9
Social and Economic Needs	10
Approval by the Hospital Board	10
Conclusion.....	10

Aspirus Health and Aspirus Divine Savior Hospital Profile

Aspirus Health

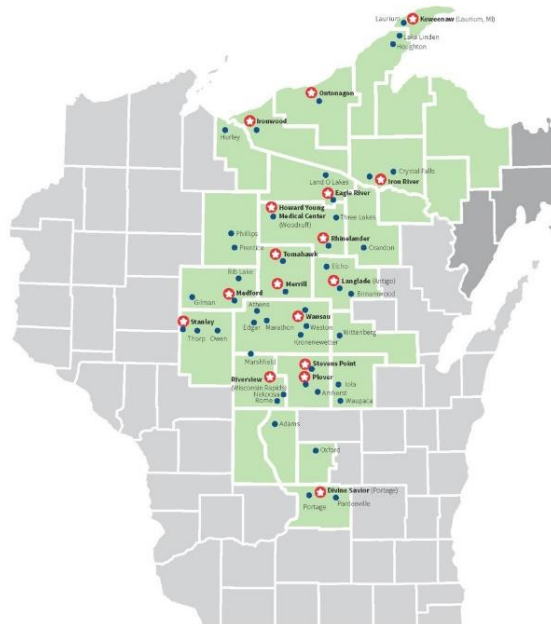
Aspirus is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Upper Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. Aspirus has been recognized by IBM Watson Health as a Top 15 Health System for four consecutive years in its annual studies identifying the top-performing health systems in the country.

Aspirus Divine Savior Hospital

Aspirus Divine Savior Hospital is a thriving, community-directed hospital based in Portage, WI. The hospital is accredited by the Joint Commission and dedicated to serving residents of Columbia and Marquette counties and the surrounding communities. As a short-term acute care hospital, Aspirus Divine Savior features 53 acute care beds and an additional 83 beds through its extended care facility. The hospital also operates a 40-room assisted living facility and a medically-integrated fitness and rehabilitation center, both of which are conveniently on their Portage campus. Tivoli, an on-site assisted living facility, offers residential skilled nursing care and a dedicated site for short-term rehabilitative care for older patients. Aspirus Divine Savior provides an extensive array of inpatient and outpatient services and clinics, including emergency services, surgery, intensive care, general medicine, physical therapy, diagnostic imaging services, rehabilitative services, home health services, respiratory therapy, sleep studies, specialty clinics, sports medicine, and spine care.



Service Area Hospitals & Clinics



MAPS-074C_ASPIRUS HOSPITALS & CLINICS_10/2021

Prioritized Significant Community Health Needs

Based on the results of the most recent community health needs assessment (CHNA), Aspirus Divine Savior will formally address the following issues through its three-year implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The three needs that were prioritized in the community stakeholder meeting and will not be formally pursued by the hospital in its implementation strategy are:

- Lack of communication between partners
- Lack of health care providers
- Transportation

The hospital views communication, health care providers and transportation as contributors to the issues of mental health and substance use. While these are not the hospital's formal priorities, they may be part of the strategy to address the priority needs around mental health and substance use. These and other basic needs / social determinants of health are noted later in this document.

For the purposes of this plan and the corresponding CHNA, the hospital's service area includes Columbia County as well as portions of Marquette County and other surrounding counties.

About the Implementation Strategy

For Aspirus, the community health needs assessment (CHNA) and the corresponding implementation strategy (IS) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities.

Definition / Purpose of a CHNA and Implementation Strategy

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs.”¹ The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. An implementation strategy is “the hospital's plan for addressing community health needs, including health needs prioritized in the CHNA and through other means”.²

¹ Catholic Health Association of the United States, <https://www.chausa.org>

² Catholic Health Association of the United States, *A Guide for Planning & Reporting Community Benefit*

Compliance

The completion of a needs assessment – and a corresponding implementation strategy – is a requirement for both hospitals and health departments. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

In Wisconsin, local health departments are required by Wisconsin State Statute 251.05 to complete a community health assessment and create a plan every five years. The statute indicates specific criteria must be met as part of the process.

General Approach to Implementation

For its community health improvement efforts, Aspirus Health is using the following approaches:

- *Results-based accountability.* Aspirus Health is applying the results-based accountability (RBA)³ framework to its implementation plans. RBA focuses on both population-level accountability as well as program-level accountability. The descriptions below are outlined in the RBA framework.
- *Continuum of care.* Aspirus Health is approaching complex community health issues from multiple levels, as outlined by the Institute of Medicine (IOM):⁴
 - Upstream prevention (also known as promotion): Strategies that are designed to “create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.”⁵ Examples of upstream conditions include housing, community safety, education/learning, a living wage/income and more.
 - Prevention: Strategies that are designed to “prevent or reduce the risk of developing a behavioral health problem....”⁶
 - Treatment: Strategies that are designed for individuals “diagnosed with a substance use or other behavioral health disorder.”⁷

A description of the plans to address mental health and substance use, prefaced by data and community input gathered in the assessment, are on the next pages. The plans:

- Are described at a general level; plans with more specificity will be created annually.
- Reflect intended efforts; circumstances may affect the completion of the efforts.
- May be modified over the course of time.
- Include program evaluation measures in the “performance indicators” section of the table.

³ Clear Impact, <https://clearimpact.com/results-based-accountability/>

⁴ Center for the Application of Prevention Technologies Fact Sheet, <https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>

⁵ Ibid

⁶ Ibid

⁷ Ibid

Mental Health

Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.¹ Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.² Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.³ During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.⁴

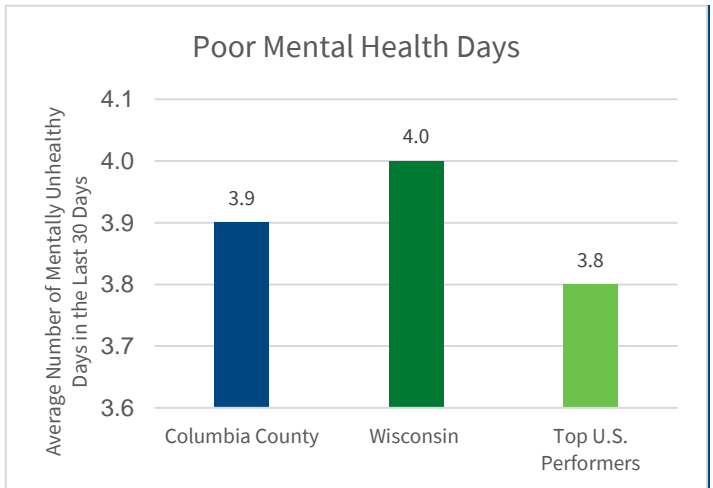
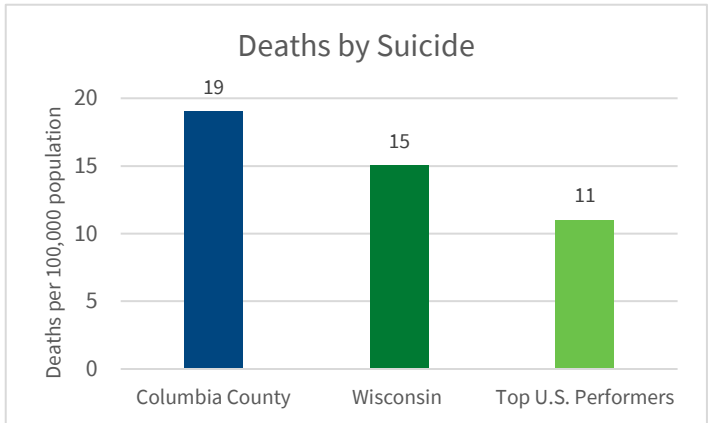
Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B. et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI:<http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to those with a college degree.⁵
- Women have a 70% higher rate of depression compared to men.⁵
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.⁵
- Poor family relationships can increase the likelihood of depression. Some are at higher risk of poor family relationships, including individuals: who identify as LGBTQ; who have a disability and their caretakers; and who suffered from child abuse and neglect.⁶

Sources: (5) 2021 America's Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltrus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities, Social Support, and Depression: Examining a Social Determinant of Mental Health. *Ethn Dis*. 2012 Winter; 22(1): 15-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039297/>

Data Highlights



Sources: 2021 County Health Rankings
Note: Top U.S. Performers are the top/best 10 percent of counties in the U.S.

Community Perceptions & Challenges

- Mental health was the second-highest most pressing issue identified by survey respondents.
- Mental health was a top issue for key informants.
- COVID-19 has exacerbated existing mental health issues.
- Coordination of existing mental health efforts is a challenge.

Mental Health

Aspirus Divine Savior plans to address mental health through the strategies below.

Program Accountability		Population Accountability		
Strategies	Performance Measures	Indicators	Results	
Upstream Prevention (Promotion)				
<ul style="list-style-type: none"> Youth academics (e.g., Boys & Girls Club, reading and math skill programs, jail) 	<ul style="list-style-type: none"> # of participants Changes in grade-level reading scores 	<ul style="list-style-type: none"> Increase third grade reading levels (baseline is 2.9 (2018)) Increase third grade math levels (baseline is 2.9 (2018)) 	Community members have equal opportunities for mental well-being	
Prevention				
<ul style="list-style-type: none"> Mental health and suicide prevention trainings (e.g., Question, Persuade, Refer, MH First Aid) Anti-stigma campaign (e.g., coasters in bars) Suicide prevention 5K Youth prevention efforts (e.g., school curriculum) Resource brochures Reduce access to lethal means La Vita – medically integrated fitness facility 	<ul style="list-style-type: none"> # of trainings # of training participants Training evaluation results # of schools with resiliency curriculum # of students affected Pre- and post-curriculum measures # of brochures distributed 	<ul style="list-style-type: none"> Decrease the suicide rate (baseline is 19 deaths per 100,000 population (2015-2019)) Decrease the average number of poor mental health days in the last 30 days (baseline is 3.9 (2018)) Decrease the percent of middle school students who report being bullied in the last 12 months (baseline is 35% (2018-19)) Decrease the percent of high schoolers that felt sad or hopeless in the last 12 months (baseline is 28% (2018-19)) Decrease the percent of high schoolers that seriously considered suicide in the last 12 months (baseline is 17% (2018-19)) 		
Treatment				
<ul style="list-style-type: none"> Tele-mental health Support groups 	<ul style="list-style-type: none"> # of patients # of patients who achieve self-determined goals 			

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Prevent Suicide Columbia County – The coalition’s goal/mission is to prevent suicide through awareness, education, collaboration and improved mental health care and to support those who have lost a loved one to suicide. The coalition is facilitated by the Columbia County Health Department. Aspirus Divine Savior is an active member. Boys and Girls Club United Way County services (e.g., health department, social services, etc.) Schools 	<ul style="list-style-type: none"> Funding – particularly for Boys and Girls Club programming (e.g., reading and math) Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space (pending COVID-19 restrictions) – hosting support groups and meetings, La Vita (medically integrated fitness facility) Clinical services and related infrastructure – providing direct mental health care, FindHelp

Substance Use

Why is it Important?

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.¹ Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).² Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.¹ Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.³ COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.⁴

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler MĚ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

Disparities and Equity

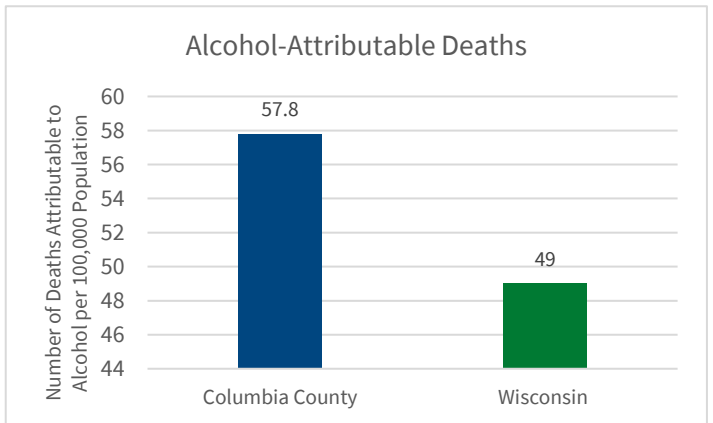
Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than \$50K.⁵

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report – United States, 2011)

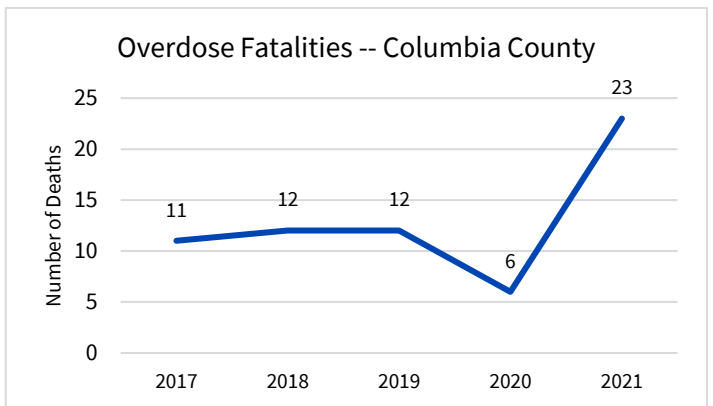
Community Perceptions & Challenges

- Illegal drug use, alcohol use and prescription drug misuse were each in the top four most pressing community issues identified by survey respondents.
- Substance use was a top-identified issue by key informants.
- COVID-19 has exacerbated existing substance use issues.

Data Highlights



Source: Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module (2019, 2020). Last updated 1/9/22 8:00:56 p.m. Accessed 01/24/2022.



Source: Columbia County Medical Examiner's Office.

Note: This chart is a revised version of a similar chart in the Needs Assessment document.

Columbia County Data Compared to Wisconsin

- Excessive drinking: 28% Columbia / 27% WI*
- Alcohol hospitalizations per 100,000 (2019 & 2020):
Emergency room 562.9 Columbia / 615.5 WI; Inpatient 429.2 Columbia / 584.6 WI
- Opioid deaths per 100,000 residents (2017-2020): 18.8 Columbia / 16.9 WI
- Opioid-related hospital discharges per 100,000 population (age-adjusted): 321.1 Columbia / 329 WI

Sources: 2021 County Health Rankings; Wisconsin Department of Health Services

Substance Use

Aspirus Divine Savior plans to address substance use through the strategies below.

Program Accountability		Population Accountability		
Strategies	Performance Measures	Indicators	Results	
Upstream Prevention (Promotion)				
<ul style="list-style-type: none"> Youth academics (e.g., Boys & Girls Club, reading and math skill programs, jail) 	<ul style="list-style-type: none"> # of participants Changes in grade-level reading scores 	<ul style="list-style-type: none"> Increase third grade reading levels (baseline is 2.9 (2018)) Increase third grade math levels (baseline is 2.9 (2018)) 	Community members of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse <small>(Adapted from the Marathon County Health Department's plan)</small>	
Prevention				
<ul style="list-style-type: none"> Medication drop boxes Lockbox distribution Sharps disposal Health literacy on opioid use Youth prevention efforts (e.g., school curriculum) 	<ul style="list-style-type: none"> # of trainings # of training participants # of pounds of medication collected Health literacy training evaluation 	<ul style="list-style-type: none"> Reduce the number of overdose deaths (baseline is 23 (2021)) Reduce the rate of opioid-related emergency department discharges (baseline is 179.2 per 100,000 population (2020)) Percent of middle school youth who used prescription drugs without a prescription (baseline is 9% (2018-19)) Percent of middle school youth who had at least one alcoholic drink in the last 30 days (baseline is 13% (2018-19)) Reduce the percent of disconnected youth (baseline is 5% (2015-2019)) 		
Treatment				
<ul style="list-style-type: none"> Provision of suboxone ED2Recovery program Satori House peer coaching Harbor Recovery Center services for families Increased youth treatment programming Improved housing options for individuals with substance use issues 	<ul style="list-style-type: none"> # of patients # of patients or clients who achieve self-determined goals # of referrals to Satori House (ED2Recovery) Sustained recovery at 3/6/9 months 			

Collaborative Partners	Aspirus Resources
<ul style="list-style-type: none"> Prevention and Response Columbia County (PARCC) – This coalition identifies, guides, supports, leads and advocates for prevention and recovery strategies to decrease the occurrence of substance abuse in the county. Divine Savior is an active member. Boys and Girls Club United Way County services (e.g., jail, health department, social services, etc.) Schools 	<ul style="list-style-type: none"> Funding – particularly for Boys and Girls Club programming (e.g., reading and math), Satori House Peer Support and Harbor Recovery Center. Staff time – coalition participation, event planning and promotion, resource identification Printing services (in-kind) – community-facing health-focused materials Space (pending COVID-19 restrictions) – hosting support groups and meetings, La Vita (medically integrated fitness facility) Clinical services and related infrastructure – providing referrals to recovery services

Social and Economic Needs

Research shows that social and economic factors are significant ‘upstream’ contributors to poor mental health and substance use issues (as well as many other health issues). Aspirus Divine Savior is committed to recognizing and addressing these ‘root causes’ as part of its overall community health improvement efforts. A number of strategies/approaches are being implemented within the hospital and clinics as well as with other community partners (e.g., Columbia County Public Health).

- Connecting patients with food and other basic needs resources (through FindHelp.org)
- Food security

Program Accountability	
Strategies	Performance Measures
<ul style="list-style-type: none"> • Connecting patients with needed resources (FindHelp.org) 	<ul style="list-style-type: none"> • # of searches • # of referrals • # of closed loop referrals
<ul style="list-style-type: none"> • Fruit and vegetable prescription program (FVRx) 	<ul style="list-style-type: none"> • # of vouchers given to patients • % of vouchers redeemed at the farmers markets

As appropriate, Aspirus Divine Savior staff also will be participating in coalitions and community-level efforts to improve access to housing and transportation.

Approval by the Hospital Board

The implementation strategy report was reviewed and approved by the Aspirus Divine Savior Board of Directors on September 22, 2022.

Conclusion

Thank you to all the community members who provided thoughts, input and constructive feedback throughout the process. Aspirus Divine Savior Hospital will continue to work with its partners to address the health issues important to the community.

