

**Strategic Implementation Plan
Community Health Needs Assessment
University of Wisconsin Hospital and Clinics (UWHC)
October 2012**

The first UWHC strategic implementation plan lays the groundwork for focused, collaborative and evidence-based health-improvement programs. This work will align current resources to strategic objectives as well as identify gaps and areas of need. While a UWHC plan, this work must be interdisciplinary across UW Health and include collaboration with diverse community partners.

The plan presented here should be considered a starting point at the outline level. It must be accompanied by the creation of work teams and work plans followed by more detailed recommendations for both program and budget.

BACKGROUND:

University of Wisconsin Hospital and Clinics' mission is advancing health without compromise through:

- Service
- Scholarship
- Science
- Social Responsibility

UWHC delivers this mission through diverse policies, practices and programs resulting in an FY11 total community benefit of \$114.4 million as reported in the 2012 Wisconsin Hospital Association community benefit report.

UWHC's first strategic implementation plan, as required by the Affordable Care Act, builds from the collaboratively-developed Community Health Needs Assessment (CHNA) and its data, community stakeholder input and partner-based initiatives.

The CHNA process resulted in "Healthy Dane," a collaborative of Meriter Hospital, St. Mary's Hospital, Stoughton Hospital, UW Hospital and Clinics and Public Health Madison Dane County (PHMDC). The collaborating organizations used primary and secondary data to determine six identified health issues: Type 2 Diabetes, Cancer, Drugs/Poisoning, Asthma/COPD, Preventable Stroke/Uncontrolled Hypertension and Poor Birth Outcomes. Health needs were validated and prioritized during four facilitated focus groups attended by community leaders, representing a variety of stakeholder organizations.

Diabetes was identified by all four community focus groups as the top issue to be addressed by local hospitals. Additionally, poor birth outcomes was identified as a priority, given the racial disparities and infant mortality in our community. Therefore, type 2 diabetes and poor birth outcomes were chosen by Healthy Dane to be a collaborative focus of the hospitals' respective strategic implementation plans. While each hospital is required to have its own implementation plan, recommendations that have been developed by Healthy Dane are noted in the "responsible" column to indicate collaborative undertakings.

The CHNA and the related implementation plans will be shared widely in the community. Many community partners have already expressed the value of the healthydane.org tool (expected to go live to public in late 2012) and the collaborative approach. Far more collaborators than just the four hospitals and PHMDC have already been engaged in the early stages of this new undertaking, and we anticipate more involvement to follow.

STRATEGY:

Defining Our Own Best Practices: UW Health's mission, vision and values compel us to reach for best practices that align resources beyond discrete legal entities and to work together for measurable health improvement. Our culture suggests we will exceed community benefit and community health needs assessment "best practices" intended to meet the letter of a requirement or to forestall external intervention.

First Steps, Aligning Need and Activity: Our starting point today is the identification of health needs using the CHNA process and the annual community benefit inventory conducted by both UWHC and the UW Medical Foundation. We need to consciously organize our efforts under the CHNA issues and include activities (for example, those led by our Quality Improvement department) that would not count as a community benefit activity but that are essential components to a plan to address community health needs.

Focus But Don't Limit: While the plan recommends priority areas, we have the ability and responsibility to match need to resource and identify gaps and successes for many other health issues. Today, the plan does not do that explicitly, but it recommends that work. Examples that fit this description include women's heart health, education about and access to cancer care, pediatric oral health, pediatric access to care and the access and delivery of behavioral health services.

Expand Role Beyond Clinical Walls: The other critical direction informing the plan comes from many community stakeholders who advised on the community health needs assessment. Contrary to expectation, they did not advise we should undertake traditional clinical activity at an increased pace or at different locations. Instead, they advised we use our position in the community to define, convene and advocate around important health issues. They did not expect us to solve problems alone, but rather to engage others in collaborative problem-solving.

We will be challenged to define the boundaries of our clinical activities and those undertaken from a public health perspective. We should take advantage of the excellent leadership within UW Health and our community to guide us to recommendations that address social determinants of health as well as population-based, health-improvement efforts.

Invest In and Promote Promising New Directions: The plan recommends a focus on a finite number of existing or planned activities that are just starting. These meet the strategies discussed above and are in the very nascent stages of defining problems, identifying promising practices and engaging others. For example, from the pediatric obesity collaborative, we expect concrete recommendations regarding a variety of tactics from public policy to collective action around the availability of healthy food.

TACTICS:

UW Hospital and Clinics focused its recommendations on leveraging existing, strong collaborations, and the recommendations respond to the community leader recommendations that the hospital use its position to convene others around important issues. While the Affordable Care Act calls for the adoption of a three year plan, we anticipate regular review, related work plans and budget requests, and annual updates.

Issue	Strategy	Steps	Budget	Responsible	Fiscal Year
Healthy environment	healthydane.org The Healthy Dane website will continue to be updated and promoted as a first-of-its kind tool for everyone interested in health.	Continue staffing and financial investment Promote site Regularly review best practices Monitor use of site Post new content	\$9,000 / year	Community Relations Director eHealth Collaborators: Meriter St. Mary's Stoughton Hospital PHMDC	FY 13- FY15

<p>Healthy environment, continued</p>	<p>Align community benefit with CHNA-demonstrated need</p>	<p>Match existing community benefit activities with CHNA-identified needs, include activities of UW Health partners</p> <p>Conduct gap analysis, assess effectiveness of existing activities</p> <p>Engage UWHC, UWMF, UWSMPH colleagues in planning to meet community health needs</p> <p>Improve CHNA process and connect with other initiatives</p>	<p>TBD</p>	<p>Community Relations Department</p> <p>TBD program and clinical leaders UW Health-wide</p> <p>External partners TBD</p>	<p>FY13-FY15</p>
--	--	--	------------	---	------------------

<p>Type 2 Diabetes</p>	<p>Childhood Obesity Prevention Collaborative & Implement Transform Wisconsin grant</p>	<p>Grow Collaborative membership</p> <p>Begin to implement Collaborative work plan strategies</p>	<p>Part of regular operating expense and grant</p>	<p>Program Director, Child Health Advocacy</p> <p>Child Health Advocacy Advisory Board</p> <p>Collaborators: [See attachment]</p>	<p>FY13</p>
	<p>Fund community partners whose work complements UWHC work on topic</p>	<p>Share plan</p> <p>Confirm partner work related to goal</p> <p>Annually review funding priorities</p> <p>Fund partners and building in-kind support and awareness</p>	<p>\$70,000 existing budget</p>	<p>Community Relations Director</p> <p>Collaborators: See appendix</p>	<p>FY13</p>
	<p>Adult community education and outreach:</p> <p>Diabetes and Nutrition Education Series</p> <p>Diabetes outreach and programming</p>	<p>Assess series scope and effectiveness</p> <p>Determine opportunities and explore partnerships</p>	<p>Part of regular operating expense (UWMF)</p> <p>TBD</p>	<p>Diabetes and nutrition education and outreach</p> <p>Division of Endocrinology</p>	<p>FY13</p>

<p>Maternal and child health</p>	<p>Madison School / Community Recreation (MSCR) program for pregnant, high-risk women</p>	<p>Work with collaborators on program design and standards</p> <p>Determine criteria for participation and goals</p> <p>Implement</p>	<p>\$2000 new Potential in-kind donation of dietician time</p>	<p>Community Relations Director</p> <p>Ob/gyn and midwife clinics</p> <p>Collaborators: MSCR Healthy Dane partners Access Community Health Centers Group Health Cooperative UW Medical Foundation</p>	<p>FY13</p>
---	---	---	--	---	-------------

Childhood Obesity Prevention Collaborative

Access Community Health Centers	MMSD Parent
American Family Children's Hospital	Mount Horeb Area School District
Bicycle Federation of Wisconsin	Parent Family Advisory Council of AFCH
CATCH Healthy Habits Program	Public Health of Madison & Dane County
City of Madison Community Development Division	REAP Food Group
Community Action Coalition for South Central WI, Inc.	Safe Routes to School (MMSD)
Community GroundWorks	St. Mary's Hospital
Dane County Head Start	Sun Prairie Rec Dept.
East Madison Community Center	Tri4Schools
Fresh Madison Market	United Way
Goodman Community Center	UW Extension-Dane County
Goodman Foundation	UW Health Pediatric Fitness Clinic
Group Health Cooperative	UW Population Health Institute
Joining Forces for Families	UW School of Medicine and Public Health
Kraft Foods	UW Sports Medicine
Madison Families for Better Nutrition	WI Department of Health Services
Madison Metropolitan School District	WI Department of Public Instruction
Madison School & Community Recreation	WI Heights School District
Marshall Recreation Department	WI Public Interest Research Group (WISPIRG)
	WI State Legislature
	YMCA of Dane County, Inc.

Collaborators Funded Type II Diabetes = \$70,000 approximately / year

Note: Some organizations affect Type II Diabetes indirectly (access to care, obesity prevention, fitness) and these are included

Access Community Health Centers
American Diabetes Association
Community Groundworks
Girls on the Run
Healthy Classrooms Foundation
Institute for Food Market Collaboration
Latino Health Council
Wisconsin Nordic Sports Foundation
National Campaign to End Obesity
REAP
YMCA of Dane County

Maternal and Child Health = \$22,000 approximately / year

Note: Some organizations affect Maternal and Child Health indirectly and these are included:

Access Community Health Centers
Breast Feeding Coalition
March of Dimes
Planned Parenthood
Wisconsin Early Childhood Association
Wisconsin Council on Children and Families
Wisconsin Women's Health Association