Community Health Implementation Strategy
Dane County, WI
2017-2019

UW Hospitals and Clinics Authority Board
Approved: September 28, 2017
UW Health completed its 2016-2018 Community Health Needs Assessment (CHNA) in collaboration with our Healthy Dane partners: UnityPoint Health-Meriter, Group Health Cooperative, SSM Health, Stoughton Hospital and Public Health Madison Dane County.

We are proud to work collectively on our implementation strategy to improve health in our community.
Community Health Improvement

CHNA
- Not-for-profit hospitals are required to complete a Community Health Needs Assessment (CHNA) every 3 years to identify priority health issues

CHIS
- Following CHNA, required to complete Community Health Implementation Strategy (CHIS) that includes actions, resources, planned collaboration and anticipated impact

Outcomes
- Implement community health implementation strategies and measure impact
Health Priorities from 2016 CHNA

1. Maternal / Child Health
   - Infant mortality
   - Low birth weight babies

2. Chronic Conditions
   - Asthma
   - Diabetes
   - Obesity
   - Stroke

3. Mental Health
   - Anxiety
   - Depression
Factors Contributing to Health Outcomes

The factors below were identified as a community need under multiple criteria. These will provide focus and be given priority consideration for community health improvement programs.

- **Health Behaviors**
  - Unhealthy Eating/Food Insecurity
  - Tobacco Use
  - Drug Use
  - Alcohol Use

- **Clinical Care**
  - Access to Dental Care
  - Access to Mental Health Services

- **Social and Economic Factors**
  - High School Graduation
  - Income
  - Relationship with Law Enforcement / Criminal Justice

- **Physical Environment**
  - Stressed Housing
  - Unaffordable Housing
UW Health selected one highest priority health need as our focus area to develop a comprehensive implementation strategy for community health improvement. The intent in selecting one area is to implement a comprehensive portfolio of programs and work collaboratively to have an evident impact in our community.

Maternal and Child Health was selected as this focus area based on the following selection criteria:

- Potential impact
- Known health disparities
- Existing UW Health resources and capacity
- Alignment with community partner priorities
- Alignment with local health systems
Disparities Are Persistent

“There’s something about growing up as a black female in the United States that’s not good for your childbearing health. **African American mothers with a college degree have worse birth outcomes than white mothers without a high school education.**”


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**Number of LBW Births in Dane County By Maternal Race/Ethnicity (2011-2015)**

Source: Wisconsin Department of Health Services

<table>
<thead>
<tr>
<th>Mother's Race/Ethnicity</th>
<th># of LBW Births</th>
<th># of Births</th>
<th>% LBW Births</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,390</td>
<td>22,254</td>
<td>6.2%</td>
<td>5.9 - 6.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>180</td>
<td>2,741</td>
<td>6.6%</td>
<td>5.7 - 7.6</td>
</tr>
<tr>
<td>Black/African American</td>
<td>295</td>
<td>2,363</td>
<td><strong>12.5%</strong></td>
<td><strong>11.2 - 13.9</strong></td>
</tr>
<tr>
<td>Other</td>
<td>139</td>
<td>1,923</td>
<td>7.2%</td>
<td>6.1 - 8.5</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>58</td>
<td>730</td>
<td>7.9%</td>
<td>6.1 - 10.2</td>
</tr>
<tr>
<td>Laotian or Hmong</td>
<td>48</td>
<td>677</td>
<td>7.1%</td>
<td>5.3 - 9.4</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>6</td>
<td>63</td>
<td>9.5%</td>
<td>4.0 - 20.3</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>48</td>
<td>10.4%</td>
<td>4.1 - 23.6</td>
</tr>
<tr>
<td>All Selected</td>
<td>2,121</td>
<td>30,799*</td>
<td><strong>6.9%</strong></td>
<td><strong>6.6 - 7.2</strong></td>
</tr>
</tbody>
</table>

*Number includes unknown race/ethnicity.
Life-course Perspective: Birth outcomes are the result of the entire life-course of the mother


The Earlier the Investment, the Greater the Return

“Early investment in preventive programs aimed at disadvantaged children is often more cost effective than later remediation.”

-James Heckman, Nobel Laureate in Economics
Health Impact

Immediate Health Impact

• Babies born with LBW are more likely to have health problems and need treatment in a newborn intensive care unit.
  • Respiratory problems\(^1\)
  • Bleeding in brain\(^1\)
  • Heart problems\(^1\)
  • Cerebral palsy\(^2,3\)
  • Poor growth\(^2\)
  • Increased risk of dying in the first year\(^1\)

Long-Term Health Impact

• Babies born with LBW are more likely than normal weight babies to develop chronic health conditions.\(^1\)
  • Diabetes
  • Heart disease
  • High blood pressure
  • Metabolic syndrome
  • Obesity
  • Vision problems

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Social Impact

• Long-term stress on families
• Poorer educational achievement and lower college attendance
• Predictive of lower future socioeconomic status

Economic Impact

• The average medical cost for a premature and/or LBW baby for the first year of life is $50,308 more than a full-term baby ($55,393 compared to $5,085)

Our Goal

• Ensure all pregnant women in Dane County have the opportunity for a healthy birth regardless of race, ethnicity or socioeconomic factors.
  – Initial Objective: Eliminate disparities in low birth weight births between African American and White women in Dane County
  – Initial Measure: Number and percentage of low birth weight births by maternal race / ethnicity

Achieving Objective will:
• Take multiple years
• Need to involve many partners, across sectors, with shared commitment to goal
• Take multiple, simultaneous, strategies and tactics
Strategies lean on the UW SMPH Population Health Institute framework...

We are using the framework of the UW-Madison Population Health Institute County Health Rankings model to understand what contributes to health outcomes and think broadly about areas for community health improvement.
...and use evidence-based practices

Promising Practices
The Promising Practices database informs professionals and community members about documented approaches to improving community health and quality of life.

...Learn more about the ranking methodology.

UW Health Community Health Implementation Strategy

“Nothing about us without us”

- African American women will be involved in decision making
- A consultant is being engaged to lead community discussions with different stakeholders in the African American community
- Input from these conversations and a process of shared decision-making will determine tactics for:
  - Reproductive life plans
  - Policy initiatives
  - Social determinants of health
Maternal and Child Health: Community Assets

There are opportunities to work in collaboration with many existing organizations and local champions in Dane County to address maternal and child health. Examples include:

<table>
<thead>
<tr>
<th>Community-Based Organizations</th>
<th>National Non-Profit Organizations</th>
<th>Government Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project Babies/Today Not Tomorrow</td>
<td>• March of Dimes</td>
<td>• Public Health Madison Dane County</td>
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<tr>
<td>• Foundation for Black Women’s Wellness</td>
<td>• United Way</td>
<td>• Dane County Human Services/Joining Forces for Families</td>
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<td>• African American Health Network</td>
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<td>• Wisconsin Doulas of Color Collective</td>
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<tr>
<td>• Churches and faith-based organizations</td>
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<td></td>
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<tr>
<td>• Sororities and fraternities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tactics</td>
<td>UW Health Resources</td>
<td>Partners</td>
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<tr>
<td>---------------------------------</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Tobacco Cessation</td>
<td>• Ob-Gyn</td>
<td>• Center for Tobacco Research and Intervention</td>
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<tr>
<td></td>
<td>• Family Medicine</td>
<td>• Wisconsin Women’s Health Foundation: First Breath</td>
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<tr>
<td></td>
<td>• Internal Medicine</td>
<td>• UPH-Meriter</td>
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<tr>
<td></td>
<td>• Patient Resources</td>
<td>• SSM Health-St. Mary’s</td>
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<tr>
<td></td>
<td></td>
<td>• Access Community Health Centers</td>
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<tr>
<td>Centering Pregnancy Group</td>
<td>• Ob-Gyn</td>
<td></td>
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<tr>
<td>Prenatal Care</td>
<td>• Family Medicine</td>
<td></td>
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<tr>
<td>Address Bias within Healthcare</td>
<td>• Chief Diversity Officer</td>
<td>• UPH-Meriter</td>
</tr>
<tr>
<td></td>
<td>• Ob-Gyn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family Medicine</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Determinants of Health</td>
<td>• Patient Resources</td>
<td>• Epic</td>
</tr>
<tr>
<td></td>
<td>• Ob-Gyn</td>
<td>• Community agencies</td>
</tr>
<tr>
<td></td>
<td>• Family Medicine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatrics</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Timeline

Phase 1: September 2017-June 2018
- Health Education and Clinical Care:
  - Tobacco Cessation
  - Centering Pregnancy/Group Visits
  - Implicit Bias Training
- Learning collaboratives with UPH-Meriter and other local health systems through Dane County Health Council

Phase 2: January - September 2018
- Community Engagement* to determine tactics for:
  - Reproductive Life Plans
  - Policy Initiatives
  - Social Determinants of Health
- Community engagement to be completed in collaboration with UPH-Meriter and Dane County Health Council partners

Phase 3: July 2018-June 2019
- Sustain Phase 1 & 2 and Implement:
  - Reproductive Life Plans*
  - Policy Initiatives*
  - Social Determinants*
- *Tactics to be determined based on community engagement results
We will continue to address other priority health issues through:

1. Maternal and Child Health
   - Low birthweight babies
   - Infant mortality

2. Chronic Conditions
   - Asthma
   - Diabetes
   - Obesity
   - Stroke

3. Mental Health
   - Anxiety
   - Depression
UW Health partners with local organizations whose work aligns with the goals of addressing chronic conditions through financial and in-kind support. Our work in this area is captured through the community benefits report. Highlights include:

<table>
<thead>
<tr>
<th>Type of Resource Contribution</th>
<th>Highlights</th>
</tr>
</thead>
</table>
| Health Education              | • Nuestro Salud Radio Program on La Movida  
                                 • Latino Health Council Chronic Disease Summit  
                                 • Go Red for Women Outreach Campaign with the American Heart Association |
| Health Services               | School Asthma Clinic |
| Health Improvement/ Advocacy  | Wisconsin Well Woman Program |
| Financial Support             | • American Diabetes Association  
                                 • REAP Food Group  
                                 • Re-Balanced Life  
                                 • YMCA of Dane County |
| Coalition Building            | • Healthy Kids Collaborative  
                                 • healthTIDE  
                                 • Safe Kids Coalition  
                                 • Wisconsin Obesity Prevention Network |
UW Health partners with local organizations whose work aligns with the goals of addressing mental health through financial and in-kind support. Our work in this area is captured through the community benefits report. Highlights include:

<table>
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<th>Highlights</th>
</tr>
</thead>
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<tr>
<td>Health Education</td>
<td>Latino Health Council Annual Mental Health Conference</td>
</tr>
</tbody>
</table>
| Financial Support             | • Madison Metropolitan School District Behavioral Health in Schools Project  
                                 | • NAMI Dane County  
                                 | • Safe Communities  
                                 | • Sankofa Behavioral and Community Health |
| Health Services               | • Subsidized inpatient psychiatric services  
                                 | • Integration of behavioral health into primary care |
Provide Culturally Competent Health Care

- UW Health is committed to fostering a culture of inclusion and respect among our patients, employees, learners and the communities we serve.
- Shiva Bidar-Sielaff was named the first Chief Diversity Officer for UW Health in November 2016.
- UW Health collects race, ethnicity and language data for all patients; this enhances our ability to identify health disparities.
- We provide robust language interpretation services (in-person, phone and video).
- Employees and learners receive cultural competency training:
  - Mandatory employee training through Safety & Infection Control module.
  - Resident training: pediatrics, family medicine, emergency medicine and OB/GYN through rotations and seminars.
Realign Community Giving Strategy

• An initial analysis shows alignment of community giving contributions and sponsorships with the County Health Rankings model of inputs to health; however, the current state is weighed more toward traditional health-focused organizations.
• UW Health has convened an internal work group to make recommendations to improve alignment with inputs to health and CHNA priorities.
• This work group aims to create a shared understanding of the strategic priorities across UW Health and recommend a decision-making process.
Our Commitment to the Community

UW Health remains committed to improving health outcomes in Dane County. We will:

– Continue community engagement as we develop and implement community health improvement activities
– Implement activities in alignment with the needs that were voiced by the community in the Community Health Needs Assessment
– Address social determinants of health in conjunction with clinical care
– Measure community health improvement
– Communicate our progress