

Gundersen Health System – Gundersen Lutheran Medical Center

Community Health Implementation Plan

1/1/2019-12/31/2021

Progress

*Special note for 2020 and 2021 updates: The COVID-19 pandemic impacted our entire region, our communities, and our health system and hospital. Ability to accomplish goals was slowed or paused; some goals were adjusted to reflect the unexpected needs of the pandemic. Community partners with limited resources shifted their focus. Our efforts focused on patient care, intervening in disease and preventing community spread, and addressing the needs of our most vulnerable populations. Social determinants of health became an even more prominent factor in how we approach our communities.



***Plan Approved by the Board of Trustees/Board of Governors on November 26th, 2018.**

21 County Region	COMPASS Region	Buffalo County	La Crosse County	Monroe County	Trempealeau County	Vernon County	Houston County
Livable wage jobs	Livable wage jobs	Access to public transportation	Livable wage jobs	Livable wage jobs	Livable wage jobs	Livable wage jobs	Livable wages
Improved mental health & access to services	Mental health and access to services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services	Access to mental health services
Reduced alcohol and drug misuse/abuse	Drug and alcohol misuse and abuse	Food security	Inclusion of socially diverse people	Food security	Inclusion of socially diverse people	Inclusion of socially diverse people	Access to public transportation
Wraparound support through lifespan-including Adverse Childhood Experiences	Wraparound support throughout the lifespan	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse	Drug and alcohol misuse and abuse
Reduced obesity & rates of diabetes	Inclusion of socially diverse people	Number of volunteer EMS and first responders	Well-being of children and youth	Access to high quality childcare	High quality opportunities for teenagers and people in their 20's	Access to affordable healthcare services	Access to affordable, high quality housing
							School and community safety

- Gundersen Health System**
- Population Health Initiatives**
1. Adverse Childhood Experiences (ACEs)/ Trauma Informed Care (TIC)
 2. Homelessness
 3. Substance Abuse/Mental Health
 4. Chronic Illness

Identified Need/Issue: Wraparound support throughout the lifespan to improve quality of life

Goal: Augment and disseminate wrap around services for children and adults that will improve selected outcomes by 5% (determined by dashboard)						
Action	Resource (program)	Partnerships	Measure of Impact	2019	*2020	*2021
Develop dashboard that will identify monitor impact of services	Population Health Program leaders 211	Better Together County Health CESA 4 United Way	Dashboard with metrics by Q1 2019 Annual update and action based on identified areas of distress	Completed	Completed	Completed
Create trauma-informed community	Population Health Pediatrics Behavioral Health	School Districts Better Together Youth serving organizations Government Mental Health Higher education For-profit organizations Health Care	ACE/TIC (plan to be developed)	<p># participants trained in ACEs/TIC education: 1,520</p> <ul style="list-style-type: none"> # community members joining collaborative as ACEs/TIC champions: 198 representing about 42 organizations/entities <p>In progress: development of work teams</p> <ul style="list-style-type: none"> Foster care system team <p>Support ACES/TIC efforts with community contribution funds = \$127,669</p>	<p>*Established RTIC Network 250+ community partners.</p> <p>*40 new Champions</p> <p>*7 Community of Practice sessions with 40-50 Champions each</p> <p>*TIC-related education session and 1 series of 8 sessions.</p> <p>Moving into action-oriented phases of the RTIC strategic plan -Disrupt the Cycle, Strengthen Resilience and Restore Lives.</p> <p>Current teams at different stages:</p> <ul style="list-style-type: none"> Community Youth Supports – (Stage – Planning 	<p>An initiative goal set in 2017 was to <i>“Create a cultural shift to serve our local community more effectively using a strategic approach to link all community sectors together around the effects of trauma. Create a replicable model for becoming at Trauma-Informed Care Community working through local coordination and collaboration.”</i></p> <p>This task was completed during the time period of 2017-2021.</p>

					<p>for care coordination of youth)</p> <ul style="list-style-type: none"> • Community United for Families – (Stage -Implementation of child welfare system change) • Child Advocacy Maltreatment and Prevention (ChAMP) – (Stage – Exploration for improving child maltreatment response) • Mental Health access – (Stage – Exploration for improving mental health access and supports) • Trauma-Informed Faith Communities – (Stage – Planning for collaborative summit and follow up for faith community partners) <p>Increased Regional Connections and</p>	<ul style="list-style-type: none"> • The Framework model for building a Resilient and Trauma-Informed Community to foster cross-sector learning and actions within a community was completed in 2021. In August 2021, we transferred ownership of facilitating the RTIC Framework to community partners of La Crosse county. • The Resilient and Trauma-Informed Community Framework, has been built as replicable model that strategically links all community sectors together around the
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					<p>Partnerships in 11 Counties outside La Crosse in 2020: WI: Trempealeau, Juneau, Richland, Crawford, Monroe, Jackson, Grant, Vernon MN: Winona, Houston IA: Fayette County</p> <p>1 Babysitting class:</p> <ul style="list-style-type: none"> • Sparta; 19 youth • Outcome: 100% the learning goal • class on hold due to the COVID-19 pandemic; replaced by virtual program. <p>3 Safe at Home classes Classes offered virtually to youth in Boscobel, La Crosse and students from Hamilton Elementary School (La Crosse), 24 youth participated across the three classes.</p> <ul style="list-style-type: none"> • 100% of participants met the learning goal 	<p>effects of trauma. The model is continuous and intentionally includes a variety of engagement points for different sectors of the community to participate. The RTIC Framework is supported by community partners and continues to be a valuable driver of trauma-informed individual, organization and community level change.</p> <ul style="list-style-type: none"> • Active trauma-informed community system teams include: <ul style="list-style-type: none"> ○ Community United for Families – Prevention of
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					<p>Support ACES/TIC efforts with community contribution funds = \$79,662</p>	<p>child maltreatment</p> <ul style="list-style-type: none"> ○ Child Advocacy Maltreatment and Prevention (ChAMP) – Improve child maltreatment response <p>Safe at Home virtual class:</p> <ul style="list-style-type: none"> ● # participants: 43 ● 100% of students met the learning goal (% able to list at least one skill or information learned from class) ● 96 % rated the class a 7 or above on a scale 0 -10 <p>Support ACES/TIC efforts with community contribution funds = \$61,780</p>
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<p>Provide education and resources that enhance ability for older adults to stay active and independent for as long as possible (falls prevention, caregiver support, dementia care, healthy aging)</p>	<p>Population Health GMF Tri State Ambulance Nursing Trauma Services Neurology Primary Care Cass Street Pharmacy Winona Sports Medicine</p>	<p>Alzheimer’s Assn ADRC Caregiver Coalition Falls Prevention Coalition La Crosse Park and Rec Dept Winona Friendship Center Arthritis Foundation Bethany St. Joseph Corp- Smart Seniors Monroe County Dementia Coalition</p>	<p>Metrics developed by Q1 2019</p> <ul style="list-style-type: none"> • Annual quality of life indicator • Reduced falls in designated geographic location 	<p>2019 Healthy Aging Conference “Giving Care, Taking Care”:</p> <ul style="list-style-type: none"> • 126 attendees • 94% of survey respondents satisfied/very satisfied with conference • 92% of survey respondents agreed the conference was appropriate for their education/experience <p>Continued participation and involvement in Alzheimer’s Committee and Walk to End Alzheimer’s, La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition, Livable La Crosse (AARP), Retired Senior Volunteer Program (RSVP), Monroe County Dementia Friendly Coalition, Dementia Friendly</p>	<p>2020 Healthy Aging Conference “Preventing and Managing Chronic Pain” *The annual conference was held virtually due to the COVID-19 Pandemic.</p> <ul style="list-style-type: none"> • 19 attendees • Outcomes: 91% satisfied/very satisfied with conference; • 100% agreed the conference was appropriate for their education/experience <p>Engaged with: Alzheimer’s Committee and Walk to End Alzheimer’s (*<i>on hold due to the pandemic</i>), La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition, Livable La Crosse (AARP), Retired Senior Volunteer Program (RSVP), Monroe County Dementia Friendly Coalition, Dementia Friendly</p>	<p>2021 Healthy Aging Conference “Joy in the Journey”</p> <ul style="list-style-type: none"> • # attendees: 61 • 100% of survey respondents were satisfied with the conference • 96% stated that it was appropriate for their education and/or experience <p>Engaged with: La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition, Livable La Crosse (AARP), Retired Senior Volunteer Program (RSVP), Monroe County Dementia Friendly Coalition, Dementia Friendly Community La Crosse County</p> <p>“Stepping On” workshop to teach older adults about fall prevention techniques</p>
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				<p>Community La Crosse County</p> <p>Continue to offer “Stepping On” workshops to teach older adults about fall prevention techniques.</p> <ul style="list-style-type: none"> # participants: 62 <p>Dementia Live Event to increase awareness of dementia in our community</p>	<p>Community La Crosse County</p> <p>“Stepping On” workshops to teach older adults about fall prevention techniques</p> <ul style="list-style-type: none"> <i>on hold due to the COVID-19 Pandemic.</i> <p>Implemented Bingocize®: a 10-week evidence-based program for older adults that aims to improve and/or maintain mobility and independence, learn and use health information focused on falls reduction and other health-related behaviors, and socially engage with other older adults.</p> <ul style="list-style-type: none"> 10-week session held virtually for assisted living facility; 6-8 participants attended each 1-hour session, twice per week 	<ul style="list-style-type: none"> Offered virtually 4/14/-6/2/2021 # participants: 5 <p>Bingocize®: a 10-week evidence-based program for older adults that aims to improve and/or maintain mobility and independence, learn and use health information focused on falls reduction and other health-related behaviors, and socially engage with other older adults.</p> <ul style="list-style-type: none"> Offered virtually 2/15-4/26/2021 # participants: 13
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					Dementia Live Event to increase awareness of dementia in our community: 70 participants	
Continue rollout of coping/resilience program at schools (based on Heartmath methodology) and other locations	Population Health NCPTC	Schools Youth agencies (BGC; Y Teen Center)	<p># children Evaluation metric for specific age groups</p> <ul style="list-style-type: none"> Increased ability to cope with stressors Ability to identify emotions 	<p># of school/youth serving agencies worked with in 2019:</p> <p>UW-L Central High School Sparta H.S. WTC Monroe County HS Custodial Conference Adams-Friendship Viterbo Miller Elementary School Adams-Friendship Tomah Support</p> <p>Evaluation metric:</p> <ul style="list-style-type: none"> Identify 2 ways you will plan to use the quick coherence technique: 6 	<p>35 Tomah school support staff in Tomah (Coping Skills/HeartMath work:</p> <ul style="list-style-type: none"> 100% met the program's learning goal This program was impacted due to pandemic. Multiple trainings were cancelled. <p>58 school districts reached with 150+ coping skills "Brain Breaks" videos</p> <ul style="list-style-type: none"> "Brain Breaks" was created as a direct impact from COVID-19 	<p>2021 Programming was impacted by the COVID-19 pandemic resulting in limited programming.</p> <ul style="list-style-type: none"> Coping/Resilience presentation with Viterbo University's Mind, Body, Therapies class. <ul style="list-style-type: none"> # Students reached: 16

				<p>were surveyed and 100% of those surveyed met the learning standards of using the QCT</p> <ul style="list-style-type: none"> • How likely are you to recommend this program to your colleagues: 97.16% of those surveyed would recommend this program to their colleagues <p>499 total people reached in 2019</p>		
Offer programming to meet the needs of disadvantaged students	Global Partners	Schools Employee and Community Volunteers	# volunteers # children mentored for the school year Evaluation metric for Global Partners Mentoring tbd	<p>Global and Community Partners- At Home mentorship program</p> <p>School District La Crosse Hamilton Early Learning Center:</p> <ul style="list-style-type: none"> • # Mentors: 47 • # Children mentored: 50 • # Mentoring sessions: 1475 (avg. 15 per semester) 	<p>Global and Community Partners- At Home mentorship program</p> <p>Mentor/mentee encounters transitioned in early March to pen pal for the remainder of the year due to the pandemic.</p> <p><u>Hamilton spring 2020</u></p> <ul style="list-style-type: none"> • 40 matches 	<p>Global and Community Partners- At Home mentorship program</p> <p>Spring 2021 started in a virtual format and transitioned back to in person in the Fall.</p> <p>School District La Crosse Hamilton Early Learning Center estimates:</p> <ul style="list-style-type: none"> • # Mentors: 20

				<ul style="list-style-type: none"> • Total # mentoring hours: 1181.5 (avg. 50 minutes/session) <p>School District La Crosse: Hintgen Elementary # Children mentored:</p> <ul style="list-style-type: none"> • # Mentors: 28 • # Children Mentored: 26 • # Mentoring sessions: 405 • # Total # mentoring hours: 361.25 <p>Sites coordinated by other parties, closely aligned, and supported by GHS Global Partners (site in which GP staff served as consultants/trainers for their programs) include: School District La Crosse Northside Elementary, Tomah Area School District, Adams-Friendship Elementary School</p>	<ul style="list-style-type: none"> • 325 Mentoring Visits (approx. 50 minutes) <p><u>Hamilton fall 2020</u></p> <ul style="list-style-type: none"> • 22 matches • 212 Letters Written <p><u>Hintgen spring 2020</u></p> <ul style="list-style-type: none"> • 29 matches# • 167 Mentoring Hours (approx. 50 minutes): <p><u>Hintgen fall 2020</u></p> <ul style="list-style-type: none"> • 14 matches • 153 Letters Written <p><u>Other Aligned Partners</u> Tomah Area School District: Lemonweir Elementary coordinated by T ASD Adams-Friendship Area School District: A-F Elementary coordinated by Moundview Hospital and Clinics <i>SDLa Crosse: Northside Elementary coordinated by Northside Community Church and First Free Church</i></p>	<ul style="list-style-type: none"> • # Children mentored: 20 • # Mentoring sessions: 600 (avg. 15 per semester) • Total # mentoring hours: 500 (avg. 50 minutes/session) <p>School District La Crosse: Hintgen Elementary # Children mentored estimates:</p> <ul style="list-style-type: none"> • # Mentors: 10 • # Children Mentored: 10 • # Mentoring sessions: 300 • # Total # mentoring hours: 250 <p>Sites coordinated by other parties, closely aligned and supported by GHS Global Partners (site in which GP staff served as consultants/trainers for their</p>
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				Survey for mentors, mentees, and teachers developed in 2019. Survey implementation will begin Spring 2020.	<i>on hold due to the pandemic</i>	programs) include: School District La Crosse Northside Elementary, Tomah Area School District, Adams-Friendship Elementary School
Support social diversity through education and involvement in community organizations/coalitions	HR Employee Relations MEO External Affairs	7 Rivers Alliance Workforce Connections PPH Neighborhood Assn Hmoob Cultural and Community Agency	# of orgs involved \$ Community Contributions	Active Participation/Leadership in the following Community Organizations/Coalitions <u>ATODA (Alcohol, Tobacco & Other Drugs)</u> Alliance to HEAL La Crosse County Prevention Network La Crosse Area Health Initiative (LAHI) <u>Physical Activity/Obesity</u> Committee on Transit and Active Transportation Grandad Marathon Committee Healthy Living Collaborative <u>Senior/Older Adult:</u>	Active Participation, engagement and leadership in Community Organizations/Coalitions <u>ATODA (Alcohol, Tobacco & Other Drugs)</u> Alliance to HEAL La Crosse County Prevention Network La Crosse Area Health Initiative (LAHI) <u>Physical Activity/Obesity</u> Committee on Transit and Active Transportation Grandad Marathon Committee Healthy Living Collaborative <u>Senior/Older Adult:</u>	Active Participation, engagement and leadership in Community Organizations/Coalitions <u>ATODA (Alcohol, Tobacco & Other Drugs)</u> Alliance to HEAL La Crosse County Prevention Network La Crosse Area Health Initiative (LAHI) <u>Physical Activity/Obesity</u> Committee on Transit and Active Transportation Grandad Marathon Committee Healthy Living Collaborative

				Alzheimer's Committee and Walk to End Alzheimer's Bethany Lutheran Homes Board of Directors La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition Livable La Crosse (AARP) Retired Senior Volunteer Program (RSVP) Monroe County Dementia Friendly Coalition Dementia Friendly Community La Crosse County Hmong Cultural Center (senior education series developed for 2020) <u>Injury Prevention:</u> Safe Kids Coalition <u>Population Health:</u> Change Direction Monroe County RTIC Population Health Committee, La Crosse Medical	Alzheimer's Committee and Walk to End Alzheimer's (*paused due to the Pandemic) Bethany Lutheran Homes Board of Directors La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition Livable La Crosse (AARP) Retired Senior Volunteer Program (RSVP) Monroe County Dementia Friendly Coalition Dementia Friendly Community La Crosse County Hmong Cultural Center (senior education series developed for 2020) <u>Injury Prevention:</u> Safe Kids Coalition <u>Population Health:</u> Change Direction Monroe County RTIC Population Health Committee, La Crosse Medical	<u>Senior/Older Adult:</u> Bethany Lutheran Homes Board of Directors La Crosse County Caregiver Coalition La Crosse County Falls Prevention Coalition Livable La Crosse (AARP) Retired Senior Volunteer Program (RSVP) Monroe County Dementia Friendly Coalition Dementia Friendly Community La Crosse County Hmong Cultural Center (senior education series developed for 2020) <u>Injury Prevention:</u> Safe Kids Coalition <u>Population Health:</u> Change Direction Monroe County RTIC Population Health Committee, La Crosse Medical Health Science Consortium
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				<p>Health Science Consortium United Way COMPASS Steering Committee Wellness Council of America- Wisconsin (WELCOA) Worksite Wellness Network ACE/RTIC Initiative</p> <p><u>Other:</u> La Crosse Public Education Foundation Inclusa Member Advisory Committee Powell-Poage-Hamilton Neighborhood Association JDC Hamilton Elementary School</p> <p>Support wrap around services and needs related to social determinants of health through community contribution funding = \$215,490</p>	<p>Health Science Consortium United Way COMPASS Steering Committee Wellness Council of America- Wisconsin (WELCOA) Worksite Wellness Network ACE/RTIC Initiative</p> <p><u>Other:</u> La Crosse Public Education Foundation Inclusa Member Advisory Committee Powell-Poage-Hamilton Neighborhood Association Joint Development Corporation Hamilton Elementary School</p> <p>Support wrap around services and needs related to social determinants of health through community contribution funding = \$102,880</p>	<p>United Way COMPASS Steering Committee Wellness Council of America- Wisconsin (WELCOA) Worksite Wellness Network ACE/RTIC Initiative</p> <p><u>Other:</u> La Crosse Public Education Foundation Inclusa Member Advisory Committee Powell-Poage-Hamilton Neighborhood Association Joint Development Corporation Hamilton Elementary School</p> <p>Support wrap around services and needs related to social determinants of health through community contribution funding = \$1,374,450</p>
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Identified Need/Health Issue: Mental Health and/or Substance Abuse

Goal: Reduce number of deaths due to poor mental health and substance abuse and reduce the number of poor mental health days by 5%						
Action	Resource (program)	Partnerships	Measure of Impact	2019	2020	2021
Develop dashboard that will identify and monitor impact of services	Population Health Program leaders		Dashboard with metrics developed by Q1 2019 Annual update and action based on identified activities	Completed	Completed	Completed
Alliance to HEAL (IHI initiative)	Population Health	Mayo Healthcare La Crosse Community Foundation Heroin & Drug Task Force La Crosse County Health Department	Plan developed by Q1 2019 Measures added based on plan \$ community contribution	<u>IHI Goals</u> <ul style="list-style-type: none"> • Limit the supply of opioids in our community • Raise awareness of the risk of opioid addiction • Reduce opioid-related addiction, deaths, and crime in our communities • Create a readily accessible, coordinated, systemic response that increases treatment capacity and enhances the prevention, 	https://www.alliancetoheal.com/about.html 2020 Opioid related ER and hospitalizations: 251 2020 Drug Overdose deaths La Crosse Co: 40 See contribution next line	https://www.alliancetoheal.com/about.html 2021 Opioid related ER and hospitalizations: 1234 (935 unique patients) 2021 Drug Overdose deaths La Crosse Co: 34 See contribution next line

				<p>treatment, and recovery continuum</p> <p><u>Primary outcomes</u></p> <ul style="list-style-type: none"> • Community Fatal Overdose Rate • Community Non-fatal Overdose Rate • Individuals in Treatment in the community • Decrease Supply of Opioids prescribed <p>Overdose deaths for La Crosse County in 2019: 22 overdose deaths in La Crosse county in 2019</p> <p>Non-fatal Overdose Cases: 241 non-fatal overdose cases in 2019</p> <p># of "Active Total" clients in medicated assisted treatment by Quarter: Q1:</p>	
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				<ul style="list-style-type: none"> • AMS: 356 • GHS: 186 • MCHS: 43 • ISRS: 30 <p>Q2:</p> <ul style="list-style-type: none"> • AMS: 373 • GHS: 184 • MCHS: 43 • ISRS: 12 <p>Q3:</p> <ul style="list-style-type: none"> • AMS: 365 • GHS: 188 • MCHS: 40 • ISRS: 35 <p>Q4:</p> <ul style="list-style-type: none"> • AMS: 356 • GHS: 172 • ISRS: 26 <p>Decrease Supply of Opioids prescribed: Decrease opioid prescriptions by 21 % (2017 to 2018) & 11% (2018 Qtr. 2 to 2019 Qtr. 2)</p> <p>See contribution next line</p>		
Continue participation in community collaboratives (i.e.: Change Direction, LCPN, Better Together)		Trane Co LHI County health/human services departments Worksites United Way	# lives impacted \$ contributed	Community contribution funds = \$89,500	Community contribution funds = \$49,500	Community contribution funds = \$30,300

		LAHI 7C's Health Initiative Change Direction LCPN Better Together				
Support community recovery coaches	Trauma Services Providers Social Workers Nurses	Coulee Recovery Center	# of referrals made by Gundersen Health System for recovery coaches	Total Calls: 60 Total outside ED referrals: 4 (2-Gundersen Behavioral Health / 2-Medical Specialties Unit) Total peers Recovery Coaches worked with 57	Total Calls: 41 Total outside ED referrals: 5 (3-Gundersen Behavioral Health / 2 from the Suboxone Program) Total peers Recovery Coaches worked with 38	Total Calls: 36 Total outside ED referrals: 3 – Medical Specialties Unit / 1 – Unity for Women / 2 – Gundersen Behavioral Health / 1 – Gundersen OB Total: 7 Total peers Recovery Coaches worked with: 43
Reduce the number of patients exposed to opioids in the management of pain	Providers Pharmacy Pain Management		# opioid prescriptions per 1000 patients # opioid pills per prescription	22.27 opioid prescriptions per 1000 patients 27.35 opioid pills per prescription	21.22 opioid prescriptions per 1000 patients 31.18 opioid pills per prescription	28.34 Opioid prescriptions per 1000 patients as of 12/31/2021 25.68 Opioid pills per prescription as of 12/31/2021
Reduce harmful effects of drug addiction in pregnancy (Gunderkids)	Peds OB Family Medicine	HUB	# of youth still housed with parent(s)	GunderKids program in progress. Unable to retrieve data.	GunderKids program in progress. Unable to retrieve data.	GunderKids program in progress. Unable to retrieve data.

Identified Need/Health Issue: Reduce obesity & rate of diabetes

Goal: Leverage community partnerships to address obesity and improve outcomes among patients with diabetes						
Action	Resource (program)	Partnerships	Measure of Impact	2019	2020	2021
Develop dashboard that will identify and monitor impact of services	Population Health Program leaders		Dashboard with metrics developed by Q1 2019 Annual update and action based on identified activities	Completed	Completed	Completed
Continue to develop weight loss initiatives (Winning Weighs, LEAP)	Nutrition services Peds Family Medicine Behavioral Health Bariatrics	YMCA	Participants % meeting identified program goals	Winning Weighs program was discontinued in June 2019. LEAP programming continued in 2019. LEAP programming continued in 2019. Unable to retrieve data.	2020 LEAP Programming was placed on hold due to the pandemic.	2021 LEAP program ongoing. Unable to retrieve data.
Deliver or partner with the HLC to implement disease management programs (HLWD, Dig Deep, Diabetes Support Group)	Population Health Physical Medicine Nutrition Services Behavioral Health Physical Therapy Endocrinology	YMCA	Participants HLWD – improved outlook on living with diabetes (post evaluation and overall health improvement) Dig Deep – % goal(s) met	Diabetes Support Group: Planning occurred in 2019. Implementation at HLC in progress in 2020. No HLWD workshops held at HLC. Continue to offer 12-week Dig Deep (Diet and Exercise to Ease Pain) program	Diabetes Support Group: 2 monthly sessions held. Sessions were placed on hold due to the pandemic. Dig Deep (Diet and Exercise to Ease Pain) - Programming modified to virtual format. Outcomes: • 89 percent lost an average of nine pounds,	Diabetes Support Group: 2 monthly sessions held. • Due to the pandemic 8 sessions were held in 2021 beginning in May • Attendance: May (9), June (7), July (7), Aug. (10), Sept. (11), Oct. (5), Nov. (5), Dec. (4)

					<p>with one participant losing 25 pounds</p> <ul style="list-style-type: none"> • 100 percent of participants improved their walking distance • 89 percent improved their mobility on functional testing • 78 percent improved their flexibility <p>Offer Deep Dive Next for participants who completed Dig Deep (12-week virtual program via WebEx platform)</p>	<ul style="list-style-type: none"> • 8 of the 20 participants registered attended at least 4 of the 8 classes • Formal post surveys were not given due to the low participation numbers, this will be reviewed in 2022.
Address policies related to offering free or reduced cost services (i.e. anti-kickback, Stark)	External affairs	Federal legislators	Communication with legislators Testimonies Position papers	No progress to report	Continue to monitor related legislation	Continue to monitor related legislation
Provide education and resources that engage the community (Minutes in Motion, 5210, other wellness challenges, Farm to School, Complete Streets)	Population Health Pediatrics Marketing GMF	Local media School District(s) County Health Departments Worksites Monroe Co Nutrition Workgroup Committee on Transit & Active	Participation for targeted audience/population % meeting goal of program	Minutes in Motion <ul style="list-style-type: none"> • Participation: 3,847 including: 598 GHS employees 94 Businesses 832 students 	Minutes in Motion Community Physical Activity Challenge: <ul style="list-style-type: none"> • 2,519 registered: 539 GHS employees 97 Business 267 Students 	Minutes in Motion Community Physical Activity Challenge 15 th annual Highlights: <ul style="list-style-type: none"> • Total participation reached 2,462 including: • 967 individuals

		<p>Transportation (CTAT)</p>		<ul style="list-style-type: none"> • 63% of those who reported minutes met program goal (1260 minutes) • 38% of those registered met program goal (1260 minutes) <p>Minutes in Motion School Program at Hamilton Elementary School</p> <ul style="list-style-type: none"> • 8 classrooms (131 students) participated in 6- week program • 100% of teachers responding to survey (n=10) were satisfied or very satisfied with the program and would participate again. <p>Healthy Living with Diabetes:</p> <ul style="list-style-type: none"> • 67 total registered attendees: <ul style="list-style-type: none"> ○ 22 in Onalaska 	<ul style="list-style-type: none"> • 69% met program goal (1260 minutes) • 53% met program goal (1260 minutes) <p>Minutes in Motion School Program at Hamilton Elementary School</p> <ul style="list-style-type: none"> • Programming cancelled due to the Pandemic. <p>Healthy Living with Diabetes: No classes were held due to pandemic.</p> <p>Healthy Living with Chronic Pain - 2 in-person classes held prior to the pandemic. Virtual format offered:</p> <ul style="list-style-type: none"> • 21 participants <ul style="list-style-type: none"> ○ 8 La Crosse ○ 8 in Sparta ○ 5 Virtual • 71% increased their confidence in managing their chronic pain 	<ul style="list-style-type: none"> • 1,119 worksite • 445 community • 630 GHS employees • 28 classrooms with 253 students • 2,464 (74% of enrollees) recorded minutes • 1,599 (65% of participants) met program goal (recorded 1,260 minutes) • 82% reported that the challenge helped them increase their activity level • The top three improvements noted as a result of MIM were increased energy, more productive and decreased stress. <p>Healthy Living with Diabetes:</p> <ul style="list-style-type: none"> • 2 classes were held virtually in 2021
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				<ul style="list-style-type: none"> ○ 19 in La Crosse ○ 9 in Sparta ○ 17 in Boscobel ● 83% of participants indicated their confidence to manage their own or another's diabetes was increased from beginning to end of workshop <p>Support community initiatives with community contribution funding to impact chronic disease = \$76,160</p>	<p>Healthy Living with Chronic Pain weekly virtual support group offered to participants of the HLWCP workshop. Average attendance is 6 per week.</p> <p>Support community initiatives with community contribution funding to impact chronic disease = \$123,750</p>	<ul style="list-style-type: none"> ● Total # participants: 12, 6 for the July class and 6 for the November class ● Satisfaction rate in 2021 was low at 50%, possibly due to virtual format. ● Offering this class in a virtual format did allow those outside the Gundersen Health System service area to participate in the classes. <p>Healthy Living with Chronic pain:</p> <ul style="list-style-type: none"> ● 2 classes were held virtually in 2021 ● # total participants: 14, 7 for the February class and 7 for the July class ● 100% of participants were either very satisfied or
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						<p>satisfied with the workshop.</p> <ul style="list-style-type: none"> 80% of participants in 2021 reported increased confidence in managing their chronic pain at the end of the workshop. <p>Healthy Living with Chronic Pain virtual support group offered to participants of the HLWCP workshop.</p> <ul style="list-style-type: none"> # participants: 9 The chronic pain support group moved from weekly to monthly (third Monday of each month from, 9 – 10 am) <p>Support community initiatives with community contribution funding to impact chronic disease =\$71,000</p>
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Identified Need/Heath Issue: Support efforts to reduce SDOH including homelessness and Livable wage

Goal: Reduce the impact of poverty on poor health by 5% by 2021, by partnering with communities to address SDOH.						
Action	Resource (program)	Partnerships	Measure of Impact	2019	2020	2021
Develop dashboard that will identify and monitor impact of services	Population Health Program leaders		Dashboard with metrics developed by Q1 2019 Annual update and action based on identified activities	Completed	Completed	Completed
Continue to support housing needs in La Crosse & Region	Population health Corporate Contributions 211	Collaborative to End Homelessness HUB	# people housed #HUB pathways completed	# people housed: <ul style="list-style-type: none"> • 44 Individuals (32 were chronically homeless individuals, 3 were veterans) • 14 Family Households • 23 HUB pathways completed 	# of people house unable to retrieve data – efforts focused on reducing impact of COVID-19 within the homeless population. COVID-19 testing and follow-up for persons living with homelessness: <ul style="list-style-type: none"> • Surveillance testing started in June of 2020 when the first unsheltered person tested positive. • The county rented a local hotel July - Oct for unsheltered persons. all were tested and quarantined. • Surveillance testing continued 	There were 772 unduplicated persons homeless throughout 2021, an increase of 156 from the previous year. <ul style="list-style-type: none"> • 221 people exited homelessness into permanent housing destinations. Homeless shelters were provided with Covid Antigen tests for mass screenings. Street Medicine has done over 1500 Antigen tests in 2021. <ul style="list-style-type: none"> • The community continues to follow the Covid pandemic protocol that was



					<p>in the shelters and when an outbreak was picked up in January, the county again rented a hotel, and everyone was tested routinely until 2 weeks of all negative COVID-19 results.</p> <ul style="list-style-type: none"> • An isolation shelter was designated for anyone testing positive since March of 2020. • There was one hospitalization of a person unsheltered due to COVID-19 with no COVID-19 deaths in the Coulee CoC in 2020. <p>33 HUB pathways completed</p> <p>Community Contribution support for housing and other SDOH: \$181,920</p>	<p>implemented early in 2020.</p> <ul style="list-style-type: none"> • Street Medicine were vaccinating in 2021. All the vaccinations were done in shelters or on the streets. <p>HUB pathways completed 1,734</p> <p>Community Contribution support for housing and other SDOH: \$244,099</p>
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<p>Continue to support affordable transportation options available throughout the region</p>	<p>External affairs Corporate Contributions HR Services Excellence Purchasing (Use of transportation & cost) Population Health Facilities</p>	<p>SMRT bus Local agencies & services providers (i.e. taxis, Uber, Lyft) Committee on Transit & Active Transportation (CTAT) La Crosse Area Planning Committee (LAPC)</p>	<p># of riders of SMRT bus</p> <ul style="list-style-type: none"> • Dollars spent on transportation for patients to home or appts <ul style="list-style-type: none"> ○ Payments to service providers ○ Corporate Contributions • Alternative options: <ul style="list-style-type: none"> • On campus #bike shelters/racks • Other goals met 	<p>Riders of SMRT bus:</p> <ul style="list-style-type: none"> • Ridership from 2018 to 2019 increased 29%. Gundersen employees now ride for free (work related). Approximately 50% riders are riding at least one time per week. Most used route is the red/yellow route – Viroqua/La Crosse. <p>Dollars spent on transportation for patients to home or appts</p> <ul style="list-style-type: none"> • Payments to service providers \$13,906 • Corporate Contributions: \$20,000 <p>Alternative options:</p> <ul style="list-style-type: none"> • On campus #bike shelters/racks: 19 • Other goals met: 	<p>SMRT Bus:</p> <ul style="list-style-type: none"> • 68 regular riders (GHS); 7,317 rides (GHS) <p>Financial support for patient transportation to home or appts \$19,502</p> <p>Corporate Contributions: \$20,000</p> <p>Alternative options:</p> <ul style="list-style-type: none"> • On campus # bike shelters/racks: 19, no changes • Other goals met: <ul style="list-style-type: none"> ○ Continue programming for alternative transportation: Walk Ride Share for Cleaner Air 2020 (specific to GHS employees) was hosted from June to August in 2020. May was removed due to COVID-19 and the uncertainties that our area was facing at that time, as well 	<p>SMRT Bus:</p> <ul style="list-style-type: none"> • 55 regular riders (GHS); 6,884 rides (GHS) <p>Financial support for patient transportation to home,appts or other : \$177,336</p> <p>Corporate Contributions: \$38,000</p> <p>Alternative options:</p> <ul style="list-style-type: none"> • On campus # bike shelters/racks: 19, no changes • Other goals met: <ul style="list-style-type: none"> ○ Walk Ride Share for Cleaner Air 2020 was hosted from June to August in 2021. WRSfCA had GHS 159 employees that were registered for the
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				<ul style="list-style-type: none"> ○ Continue programming for alternative transportation (specific to GHS employees) ○ Continue to sponsor community-wide Bike Week ○ Participation in community-wide bike share conversations 	<p>as many employees being furloughed or working reduced hours. Due to those factors, WRSfCA had only 69 employees registered; 74% participation rate; 53% completion rate. At the beginning of the challenge 13% of participants who never used active/alternative modes to get to work decreased to 4%.</p> <ul style="list-style-type: none"> ○ Bike Week canceled due to the pandemic. 	<p>challenge. There was a 52% participation rate and 34% completion rate. 57% of participants who completed the post survey stated that this challenge helped them increase active/alternative commuting trips.</p> <ul style="list-style-type: none"> ○ The PPH neighborhood resource officers partnered in participating in Fresh Air Fridays at the Gundersen La Crosse campus to help register bikes for employees. 15 individuals registered bikes during the 2 hour lunch period.
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						<ul style="list-style-type: none">○ Bike Week Bingo was held May 17-21. 5 GHS employees completed the challenge and received prizes.○ Gundersen created partnership with Drift Cycle. Drift Cycle is a program that allows individuals to rent a bike for rides. The bike station will be set up outside of the Gundersen Hotel campus in April 2022.○ Office of Population representative has been participating in meetings with the group and has been placed on the board for approval.
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						<ul style="list-style-type: none"> ○ Attended meetings for the Committee on Transit and Active Transportation for La Crosse
Support Neighborhood Plan (PPH) & JDC	External Affairs Population Health Facilities	City of La Crosse PPH Neighborhood Assn La Crosse Promise Habitat for Humanity Private developers	Identified goals met in the PPH & JDC plans <ul style="list-style-type: none"> • Investments made in PPH • # housing units built • Progress of grocery store 	<ul style="list-style-type: none"> • Groundbreaking for Farnam Flats housing (with small retail) development; MVAC archeological process • Plaid Pantry property purchased by private party – business dev’t • Continue investigation for investor/developer for grocery store PPH <ul style="list-style-type: none"> • 3 GHS employees received new home purchase incentive • WAFER Mobile Food Pantry initiated monthly 	<ul style="list-style-type: none"> • Farnam Flats opening 2021. Retail space included • Efforts continue for grocery store. REOI in progress • Basketball courts completed in Powell Park • Hamilton School remodel: GHS committed funding • Food drives continue=2,265 pounds of food donated to Hamilton • Continue to promote WAFER Mobile Food Pantry • La Crosse Promise and Habitat for Humanity efforts continue 	<ul style="list-style-type: none"> *Farnam Flats open 6/1/2021. Full occupancy. Retail space unable to fill *Hamilton School expansion/remodel complete for “community school” model *food drives continue= 2765 pounds of food donated to Hamilton along with personal care items *Fresh garden produce employee donation= 247.4lbs of produce, a 52% increase from the 162.1lbs collected last year (donated to WAFER) *continued exploration for neighborhood grocery store

				<p>schedule for neighborhood</p> <ul style="list-style-type: none"> • Community Police continue engagement with neighborhood • Regular meetings with Hamilton School • Regular food drives for Hamilton/little pantry • Summer Meals delivered children at Poage and Powell Parks • La Crosse Promise buy/remodel for scholarships continues • Habitat for Humanity groundbreaking for future build 		
Continue to support and develop the current HUB model	Population Health Trauma Services OB Medical Social Services 211	United Way St Clare Health Mission County health departments Mayo La Crosse Community Foundation	<p># patients referred #pathways completed</p> <ul style="list-style-type: none"> • Decrease in cost • Decrease hospital & TEC visits • Increase office visits 	<p>Total # referred: 223 Total # enrolled and served: 184 Total # pathways completed: 1305</p>	<p>Total referred: 226 Total enrolled and Served: 146 Total pathways completed: 1,468</p> <p> great-rivers-hub_im pact-report-2020_fir</p>	<p>Total referred: 373 Total enrolled and Served: 350 Total pathways completed: 1734</p> <p> great-rivers-hub_im pact-report-2021.pd</p>

<p>Support the implementation of Social Determinants of Health screening and referral for Gundersen Health System patients and families</p>	<p>Quality Population Health 211 Primary care depts Social Services Nursing</p>	<p>Service agencies</p>	<p>% patients screened % patients with a need referred to service</p>	<p>Pilot program in progress at Gundersen Tri-County Memorial Hospital, Whitehall WI</p>	<p>GHS Planning and Implementation Progress:</p> <p>Program delays in 2020:</p> <ul style="list-style-type: none"> Entire project put on hold from March through late August due to redistribution of resources for pandemic response <p>Planning in 2020 (August to December 2020, project team reconvened and made progress in the following areas):</p> <ul style="list-style-type: none"> Working on data sharing between 211 and Aunt Bertha (community resources database) Developing overall workflow for social needs assessment in Epic and referring patients who have social needs 	<p>Community Resource Connector Program:</p> <ul style="list-style-type: none"> Workflows finalized for navigating Epic and discussing social needs with patients Successful integration of findhelp (formerly Aunt Bertha) into Epic SDOH Assessment first distributed via MyChart for patients 18+ at Sparta clinic in June First CRC volunteers trained and onboarded in June SDOH Assessment opened in family medicine across all GHS locations and internal medicine at La Crosse and
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					<ul style="list-style-type: none"> • Working on Epic integration to launch Aunt Bertha and determine functionality needed/available to accommodate referral workflow 	<p>Onalaska September-December</p> <ul style="list-style-type: none"> • Built up CRC team to 5 volunteers • SDOH icons appeared on Epic storyboards for clinical care staff • Ability for clinicians to send consults to CRCs for social needs • 6/14/2021-12/31/2021: 9000 patients completed the screening tool and of those 450 requested to talk to someone about their social needs. • 104 patients received information and/or referral for community resources from the Community Resource
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						<p>Connectors in 2021.</p> <p>Community Based Organization and Findhelp Involvement: September 1, 2021- December 31/2021</p> <p>69 Community Based Organizations (CBOs) were reached out to</p> <ul style="list-style-type: none"> • 41 of those attempted contacts have turned into connections <p>Met with 19 organizations/groups</p> <ul style="list-style-type: none"> • 25 organizations/CBOs have claimed their programs (36% of all attempted contacts turned into claims) <p>In GHS's service area, the overall program claim rate is 20% which reflects national and state data for</p>
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						<p>those dates (Sept.-Dec. 2021)</p> <p>Top 5 searches from Sept 1-Dec 31:</p> <ul style="list-style-type: none"> • Food pantry • Transportation • Help pay for housing • Help pay for utilities • Help find housing <p>116 closed loop referrals from 9/1/2021 to 12/3/2021.</p>
Address food insecurity in our service area by increasing screening of patients and partnering with related community organizations	Peds Population Health Nutrition Services	County Health departments Coalitions Food service agencies	Programs/screenings initiated	<p>Establish partnership with WAFER Mobile Food Pantry to increase access to healthful food for residents living in neighboring Powell-Poage-Hamilton neighborhood. The mobile food pantry stops at the neighborhood center on the second Wednesday of each month.</p> <p>Quarterly GHS food drive to support two</p>	<p>Continue partnership with WAFER Mobile Food Pantry to increase access to healthful food for residents living the neighboring Powell-Poage-Hamilton neighborhood.</p> <ul style="list-style-type: none"> • 30 families <p>Quarterly GHS employee food drive to support two local school food pantries (Hamilton Elementary School, and Onalaska Schools Food Pantry).</p>	<p>Continue partnership with WAFER Mobile Food Pantry to increase access to healthful food for residents living in the neighboring Powell-Poage-Hamilton neighborhood.</p> <ul style="list-style-type: none"> ▪ WAFER Mobile Food Pantry and the PPH neighborhood have served over 20 families during 2021 at the Southside





				<p>local school food pantries (Hamilton Elementary School, and Onalaska Schools Food Pantry). 2,049.5 pounds of food and personal care items was collected and donated in 2019.</p> <p>GHS Summer Food Service Program offers free bagged breakfast and lunch meals to youth and adolescents under 18 years old.</p> <ul style="list-style-type: none"> • 3012 meals provided (breakfast and lunch) 	<ul style="list-style-type: none"> • 2,839.2 lbs. of food/personal care items collected • 2,265 pounds donated to Hamilton Elementary school • 575 lbs. donated to School District of Onalaska <p>GHS Summer Food Service Program (SFSP): paused due to the pandemic.</p>	<p>Neighborhood Community Center.</p> <ul style="list-style-type: none"> ▪ Due to low, inconsistent attendance WAFER will not be coming to the PPH neighborhood at this time. Data provided by WAFER shows that many individuals that need food resources that live in the PPH neighborhood attend the WAFER onsite facility. WAFER will consider partnership in the future if attendance improves. <p>Quarterly GHS food drive to support tow local school food pantries (Hamilton Elementary School and Onalaska</p>
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						<p>Schools Food Pantry).</p> <ul style="list-style-type: none"> • 3 food drives were held in 2021 • 3,258 total lbs. of food, 650 personal items care items and 560 school supplies donated in 2021 • There was a 12% increase in total donations in 2021 • 2,765 lbs. of food, 500 personal care items and 300 school supplies donated to Hamilton Elementary School • 493 lbs. of food, 150 personal care items and 260 school supplies donated to Irving Pertzsch Elementary School
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						<ul style="list-style-type: none">• Messaging was sent encouraging regional locations to hold drives and donate to schools in their area• A special collection was held from September 1-6, 2021 in partnership with Beer By Bike Brigade for the Afghan Neighbors staying at Fort McCoy. The drive was a major success, resulting in a completely full VW bus. This drive, along with scheduling and needs for Hamilton School District resulted in no holiday/winter drive.
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						<ul style="list-style-type: none"> • Fresh garden produce employee donation= 247.4lbs of produce, a 52% increase from the 162.1lbs collected last year (donated to WAFER food pantry) <p>GHS Summer Food Service Program offers free bagged breakfast and lunch meals to youth and adolescents under 18 years old:</p> <ul style="list-style-type: none"> • # children and teens served: 495
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Community Health Scorecard







<u>Creating a Resilient and Trauma Informed Community</u>		
Disconnected Youth		7.6%
Teen Birth		13.2
Child Abuse		6.2
Violent Crime		138.3






<u>Improving Mental Health and Reducing Substance Abuse</u>		
Deaths of Despair		33.2
Prevalence of Depression among Medicare		17.5%
Drug Overdose Deaths		18.0

2019 Baseline Score
100
2020 Current Score
98

<u>Overall Population Health</u>		
Poor/Fair Health		12.8%
Age-Adjusted Premature Mortality		299.4

<u>Reducing Chronic Disease</u>		
High/Rising Risk Gundersen Patients		36.4%
Smoking		15.6%
Obesity		32.0%
Prevalence of Diabetes		9.3%
Prevalence of Heart Disease		21.0%
Incidence of Cancer		447.2



<u>Improving the Social Determinants of Health</u>		
Food Insecurity		10.1%
Severe Housing Problems		12.8%
Households with No Vehicle		5.8%