Community Health Implementation Strategy

ASPIRUS HEALTH

2022-2025

ASPIRUS RIVERVIEW HOSPITAL & CLINICS

410 Dewey Street
Wisconsin Rapids, WI 54494

Acknowledgements

Aspirus Riverview Hospital is excited to share this Implementation Strategy with the community. This plan was developed in Summer 2022. It leans on Aspirus' strong Behavioral Health Service line, as well as collaborative efforts with the Wood County Health Department. We anticipate leading some local efforts as well as being a strong supporter of other efforts. Mental health and substance abuse – the community health priorities for the hospital – are complex and will require persistent partnerships. We look forward to continued collaboration to create a healthier Wood County for all.

Respectfully,

Brian Kief
Interim President
Aspirus Riverview Hospital

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Aspirus Health and Aspirus Riverview 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 Riverview Hospital

Aspirus Riverview Hospital is a thriving, community-directed hospital based in Wisconsin Rapids. The hospital is accredited by the Joint Commission and dedicated to serving residents of Wood and Adams counties and the surrounding communities. The hospital offers a wide range of services including state-of-the-art imaging and laboratory services, as well as surgical and emergency services. The hospital is supported by an onsite Aspirus Heart & Vascular Clinic, a Behavioral Health Clinic, Aspirus Riverview Therapies, a Cancer Center, a Wound and Hyperbaric Center, a Joint Center, a Dental Clinic, as well as five primary care clinics offering various specialties and one of which offers a walk-in clinic.

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Prioritized Significant Needs

Over the next three years, Aspirus Riverview will formally address the following issues through its community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The four needs that were not prioritized by the hospital are:

- Social determinant – social connectedness.
- Social determinant – transportation
- Social determinant – food security
- Access to care – oral, medical, mental

These four issues were not selected for a number of reasons. Hospital leaders, in reviewing the top-identified issues from the stakeholder meeting (mental health, substance use and social connectedness) noted that while social connectedness is a substantial issue, hospital capacity was limited and that social connectedness can be addressed as part of the strategy to improve mental health and substance use. The issues of transportation, food security and access to care were ranked much lower by community stakeholders. Strategies to address mental health and substance use may include efforts to meet transportation, food insecurity and access needs.

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]

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[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.

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[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 Commun4, 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 individuals 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 individuals are at higher risk of poor family relationships – individuals who identify as LGBTQ, persons with disabilities and their caretakers, and individuals 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

Suicide Deaths

Bar chart — Deaths per 100,000 population: Wood County 16, Wisconsin 15, Top U.S. Performers 11.

Poor Mental Health Days

Bar chart — Average Number of Mentally Unhealthy Days in the Last 30 Days: Wood County 4.1, Wisconsin 4.0, Top U.S. Performers 3.8.
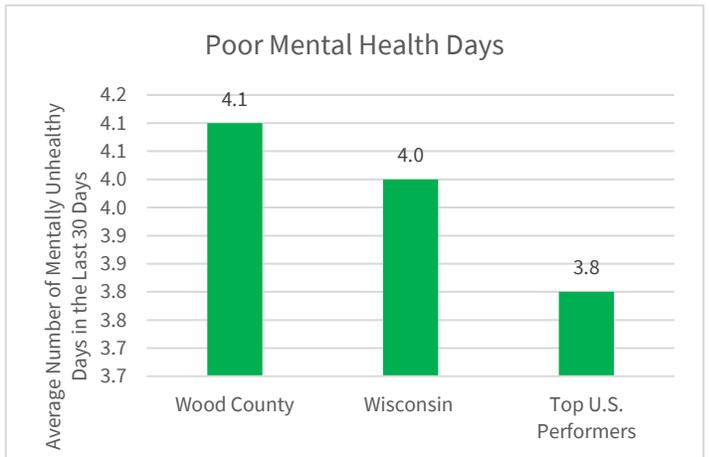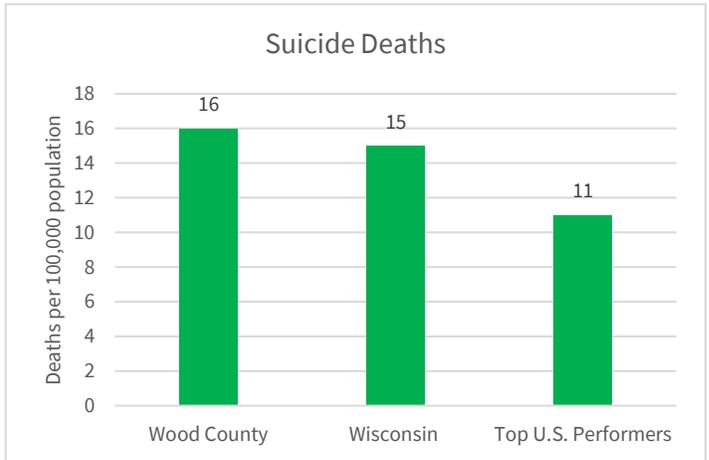
Sources: 2021 County Health Rankings

Community Perceptions & Challenges

- Mental health was the top issue for key informants & community stakeholders (and was second in the community survey)
- COVID-19 has exacerbated existing mental health issues
- Coordination of existing mental health efforts is a challenge

Mental Health

Aspirus Riverview plans to address mental health through the strategies below.

Program Accountability		Population Accountability	
Strategies	**Performance Measures**	**Indicators**	**Results**
Upstream Prevention (Promotion)			
• Anti-racism efforts (e.g., staff training, community advocacy) • Youth academics (e.g., reading and math skill programs, jail reading program)	• # of participants • Program/effort-specific measures	• Increase third grade reading levels (baseline is 3.1 (2018)) • Increase third grade math levels (baseline is 3.0 (2018))	Community members have equal opportunities for mental well-being
Prevention			
• Family / parenting support (e.g., Parents as Teachers program) • Strengthening referral pathways • Mental health and suicide prevention trainings (e.g., Question, Persuade, Refer, MH First Aid) • Anti-stigma campaign (e.g., coasters in bars) • Crisis hotline (988) promotion • Positive youth efforts (e.g., Raise Your Voice)	• # of trainings • # of training participants • Training evaluation results • # of materials distributed • # of youth affected • Program/effort-specific measures	• Decrease the suicide rate (baseline is 16 deaths per 100,000 population (2015-2019)) • Decrease the average number of poor mental health days in the last 30 days (baseline is 4.1 (2018)) • Decrease the percent of high school students who report being bullied in the last 12 months (baseline is 21% (2018-19)) • Decrease the percent of high schoolers who experienced prolonged, disruptive sadness in the last 12 months (baseline is 24% (2018-19)) • Decrease the percent of high schoolers that seriously considered suicide in the last 12 months (baseline is 15% (2018-19))	
Treatment			
• Tele-mental health • Support groups • Mental health services in jail	• # of patients • # of patients who achieve self-determined goals		

Collaborative Partners	Aspirus Resources
• Wood County Health Department • Mental Health Coalition members • Law enforcement	• Funding • 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 • 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 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

- 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*

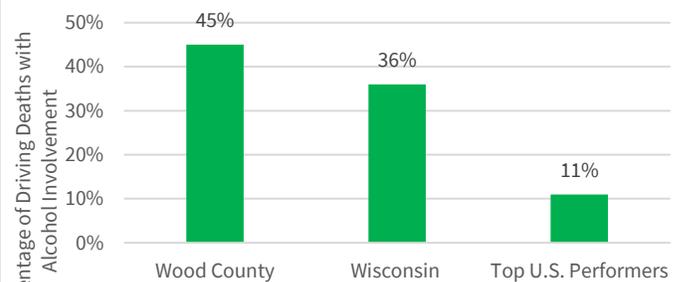### Community Perceptions & Challenges

Community survey results:
- 60% indicated Substance Use is a "major issue"
- 51% indicated Vaping / Tobacco is a "major issue"
- 44% indicated Alcohol Misuse is a "major issue"
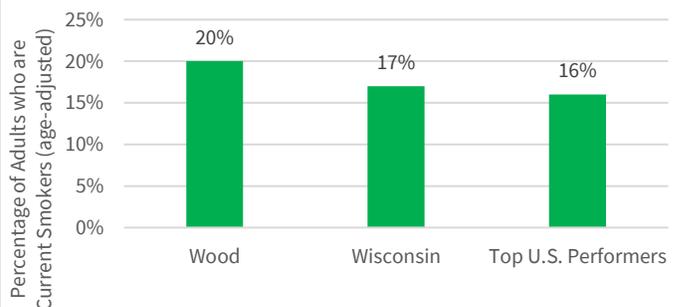
Key informant interview results:
- 3 out of 9 key informants identified some combination of drugs and alcohol as important community issues
- 2 out of 9 key informants identified tobacco and/or vaping as important community issues

Data Highlights

Driving Deaths with Alcohol Involvement

- Wood County: 45%
- Wisconsin: 36%
- Top U.S. Performers: 11%

(y-axis: Percentage of Driving Deaths with Alcohol Involvement)

Adult Smoking

- Wood: 20%
- Wisconsin: 17%
- Top U.S. Performers: 16%

(y-axis: Percentage of Adults who are Current Smokers (age-adjusted))

Sources: 2021 County Health Rankings

Wood County Data Compared to Wisconsin
- Alcohol-attributable deaths per 100,000 population (2019 & 2020): 61 Wood / 49 WI
- Deaths with alcohol as an underlying or contributing cause per 100,000 population: 42 Wood / 42.5 WI
- Excessive Drinking: 26% Wood /27% WI
- Chronic alcohol hospitalizations per 100,000 (2019 & 2020): Emergency room 613.7 Wood / 615.5 WI; Inpatient 569.1 Wood / 584.6 WI
- Opioid deaths per 100,000 residents (2017-2020): 10.8 Wood / 16.9 WI
- Opioid hospital discharges per 100,000 population (age-adjusted, 2020): 237.5 Wood /329 WI
- Drug poisoning / overdose deaths (per 100,000 population): 11 Wood / 20 WI

Substance Use

Aspirus Riverview plans to address substance use through the strategies below.

Program Accountability		Population Accountability	
Strategies	**Performance Measures**	**Indicators**	**Results**
Upstream Prevention (Promotion)			
• Youth academics (e.g., reading and math skill programs, jail reading program)	• # of participants • Program/effort-specific measures	• Increase third grade reading levels (baseline is 3.1 (2018)) • Increase third grade math levels (baseline is 3.0 (2018))	Community members of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse (Adapted from the Marathon County Health Department's plan)
Prevention			
• Medication drop boxes and related education (e.g., after visit summary) • Lockbox distribution • Sharps disposal • Health literacy on prescriptions • Positive youth efforts (e.g., Raise Your Voice) • Alcohol screening in primary care • Advocacy, education and policy efforts	• # of pounds of medication collected • # of pounds of sharps collected • # of trainings • # of training participants • # of youth affected • Program/effort-specific measures	• Reduce the number of deaths due to opioids per 100,000 population (baseline is 10.8 (2017-2020)) • Reduce the rate of opioid-related hospital discharges (baseline is 237.5 per 100,000 population (2020, age-adjusted)) • Percent of high school youth who mis-used over-the-counter and/or prescription pain medicines (baseline is 12% (2018-19)) • Percent of high school youth who binge drank in the last 30 days (baseline is 14% (2018-19)) • Reduce the percent of disconnected youth (baseline is 6% (2015-2019))	
Treatment			
• Medication-assisted treatment (MAT) • Peer support for addiction recovery • Tele-mental health • Support groups	• # of patients • # of patients who achieve self-determined goals • Sustained recovery at 3/6/9 months		

Collaborative Partners	Aspirus Resources
• Substance abuse prevention coalition (IMPACT) • Three Bridges Recovery • County services (e.g., jail, health department, social services, etc.) • Schools	• Funding • 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 • Clinical services and related infrastructure – providing medication-assisted treatment and referrals to peer support and other 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 Riverview 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., Wood County Health Department).

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

Program Accountability		
Strategies	**Performance Measures**	
• Connecting patients with needed resources (FindHelp.org)	• # of searches • # of referrals • # of closed loop referrals	
• Fruit and vegetable prescription program (FVRx)	• # of vouchers given to patients • % of vouchers redeemed at the farmers markets	

As appropriate, Aspirus Riverview Hospital staff also will be participating in coalitions and community-level efforts to address other social and economic issues (e.g., transportation, food security).

Approval by the Hospital Board

The implementation strategy report was reviewed and approved by the Aspirus Riverview Hospital Board of Directors on October 20, 2022.

Conclusion

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

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October 2022