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**EXECUTIVE SUMMARY**

**Background and Process**

St. Croix Regional Medical Center (SCRMC) conducted a community health needs assessment (CHNA) and developed an implementation strategy with interventions to address identified needs. This process was in collaboration with Osceola Medical Center, Amery Medical Center, and the Polk County Health Department.

The community survey was administered at all local medical centers, the Polk County Health Department, the Polk County Fair, and was advertised with a published web link in the local newspapers. The web link was also posted on the four partner organization’s websites. A total of 650 surveys were completed by county residents. The comprehensive data review, in combination with the community survey results, culminated in the identification of the health focus areas for Polk County.

**Key Findings:**

*Mental Health*

* Self-harm is the second leading cause of hospitalization in Polk County, though the county rate trails the state rate (58 vs. 98 per 100,000 population).
* The suicide rate in Polk County is nearly double that of the state (23 vs. 13 per 100,000).
* The actual number of suicides had been going down; 2012 (7), 2013 (6) and 2014 (5), until this last year where there was a steep increase 2015 (14).
* Approximately 15% of Polk County youth have reported that they seriously considered suicide in the past year. The youth rate statewide is 13%.
* 23% of respondents indicated that they had been told they have depression or a mental health disorder and 15% indicated that they had felt sad or depressed on three or more days in the past two weeks.
* The 4% of respondents to the Community Health Survey who reported that they had considered suicide in the past year were asked what they are doing about it. Just over 1 in 4 (26%) reported that they are doing “nothing.” Others indicated that they are taking medication (26%), increasing healthy behaviors (8%), or talking to a counselor, trusted friend or health care provider (30%).

*Substance Abuse*

* “Drug Use” and “Unhealthy Alcohol Use” were combined to make up the category now titled “Substance Abuse.”
* 26.4% of the adult respondents reported binge drinking or heavy drinking.
* 19.8% of male high school students and 15.1% of female high school students reported having their first drink of alcohol (other than a few sips) before age 13.
* 18.5% of mothers reported smoking during pregnancy.

*Obesity*

* Polk County has an obesity rate of 30%.
* Only 25% of Polk County infants receiving WIC breastfed exclusively through three months. The US Goal is 44%.
* 20% of adults report no leisure time physical activity.
* The density of fast food outlets is more favorable in Polk County than in Wisconsin overall, but still considerably higher than the national goal.

*Access to Care*

* More than 1 in 10 respondents to the survey reported that cost prevented them from taking prescribed medicine in the past 12 months.
  + On a follow-up question, expense was the dominant explanation for what prevented respondents from seeking care, “My deductible is too high.”
* The percentage of the population with access to water fluoridated at recommended levels is dramatically lower in Polk County than in the state as a whole (26% vs. 64%).
* The population-to-dentist ratio in Polk County is about 20% higher than the state as a whole, suggesting that dentists are “not as available” locally as they are in other areas of the state.
* Compared to Wisconsin as a whole, for the four year period 2006-10, a substantially higher percentage of Polk County residents reported that they did not have a dental visit in the past year (33% vs. 25%).
* Approximately 1 in 5 third grade children in the western region of the state have untreated tooth decay (21%), and more than half of third graders have one or more dental cavities (54%). These figures are comparable percentages statewide.

Post data compilation and organization, four community forums were sponsored in Balsam Lake, St. Croix Falls, Amery and Osceola. The community members in attendance offered input and suggestions on the health focus areas. In addition, a partner meeting was held in April targeting key organizations and stakeholders, as well as local health-related coalition representatives. At each of these venues, attendees had the opportunity to provide input and vote on the top health focus areas.

**Implementation Strategy**

After reviewing the data, and mapping existing resources, SCRMC developed an Implementation Strategy. The SCRMC Governing Board approved the Implementation Strategy on October 25th, 2016. The above needs were prioritized based on size, severity, available data, and the hospital's ability to have an impact. In order to address priority needs, SCRMC will engage key community partners in implementing strategies across the service area. These strategies include modifying polices, providing support, enhancing access, changing consequences and incentives, providing information, and enhancing skills.

The final approved version of the 2016 CHNA and Implementation Strategy is available to the public at www.scrmc.org located on the “Patients and Visitors” tab. Printed copies of both documents are available upon request (free of charge).

1. **Introduction**

SCRMC completed a comprehensive Community Health Needs Assessment (CHNA) that was approved by the Governing Board on June 28, 2016. SCRMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The Implementation Strategy will explain how SCRMC will address health needs identified by continuing existing programs and services, and by implementing new strategies. It will also explain why the hospital cannot address all the needs identified in the CHNA, and if applicable, how SCRMC will support other organizations in doing so.

The complete CHNA report is available electronically at www.scrmc.org under the “Patients and Visitors” tab. Printed copies are also available upon request by calling the marketing department at (715) 483-0521 (235 E State Street, St. Croix Falls, WI). If you have questions, comments or feedback regarding this CHNA or the Implementation Strategy, please call (715) 483-0521 and you will be directed appropriately.

**II. SCRMC Information and Mission Statement**

SCRMC is a 25-bed not-for profit critical access Hospital (St. Croix Falls, WI) with Community Clinics located in St. Croix Falls, (WI), Lindstrom (MN), Balsam Lake (WI), Frederic (WI), and Webster (WI). SCRMC offers the services of over 90 physicians, physician assistants, nurse practitioners, nurse midwives, psychiatrists, psychologists, and twenty-five fields of medical and surgical specialty practice at its five sites. The SCRMC service area encompasses Polk (WI), Burnett (WI), and Chisago (MN) county.

***SCRMC Mission****: To* ***improve the health and wellness*** *of our communities by providing convenient access to high quality, affordable health care.*

***SCRMC Vision****: The choice for superior, high-value health care.*

The following are five goals SCRMC has set out to achieve by 2020:

1. Superior clinical outcomes
2. Exceptional patient experiences
3. Best place to work and practice medicine
4. Market leader
5. Financially thriving

The strategies that will be used to accomplish the goals are:

1. Engage employees and physicians to empower teams to improve clinical quality, experience and affordability.
2. Adopt evidence-based best practices to eliminate unnecessary variation and improve performance.
3. Re-design the care model to enhance access and convenience to highly coordinated, cost effective care.
4. Strategically expand clinical capabilities and continuum to increase patient quality of life and increase volumes.
5. Establish a regional network to share resources and capabilities to manage population health and performance risk.

**III. Health Needs of the Community**

The 2016 CHNA identified Health Focus Areas for Polk County. Those needs were then prioritized based on the prevalence, severity, available data, the ability of the hospital to impact the problem, and the number of communities within the SCRMC service area affected. The significant health needs identified include:

|  |  |  |
| --- | --- | --- |
|  | **Health Behaviors** | |
|  |  |  |
| **1** | Alcohol and Drug Use | Consumption of too much alcohol is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, high blood pressure, heart attack and relational violence. An estimated 22 million people per year in the US experience drug and alcohol problems which contribute to physical, mental and public health issues. Important indicators of high-risk alcohol use include binge drinking, heavy drinking and excessive drinking. |
|  |  | Approximately 20% of boys and 15% of girls in Polk County report having had their first drink of alcohol before age 13 (other than a few sips). 26.4% *Polk County; 25.3% Wisconsin; 16.9% United States.* |
|  |  | In 2013, there were 239 total reported motor vehicle crashes in Polk County. Of those crashes, 29 were documented as alcohol related. |
|  |  | Drug related arrests in Polk County remain static. In 2014, 370 arrests were made and 364 arrests occurred in 2015. |
| **2** | Physical Activity | Regular physical activity in adults and children can lower the risk of early death, heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls and depression. |
|  |  | Approximately 20% of Polk County adults aged 20 and up report having no leisure time physical activity. |
|  |  | 29% of respondents to Polk County’s community health survey reported leisure time physical activity on one or fewer days. |
| **3** | Obesity | Obesity has a strong relationship to many negative health conditions and outcomes. Obese youth are much more likely to become obese adults, putting them at risk of having lifelong health consequences. |
|  |  | With an obesity rate of 30%, Polk County exceeds the state number of 28%. |
|  |  | When asked on the community health survey to describe their own weight, just over one-third of respondents described their weight as “healthy.” 42% of respondents reported they were “slightly overweight” and 17% said they were “very overweight.” |
|  |  | Childhood obesity is an epidemic. In the US, 1 preschooler in 5 is at least overweight, and half of these are obese. Breastfeeding helps protect against childhood obesity. A baby's risk of becoming an overweight child goes down with each month of breastfeeding. |
|  |  | In Polk County, 25% of WIC (Women, Infants and Children) newborns are breastfed exclusively for 3 months, compared to 27% of WIC newborns statewide. The comparable national goal is 44%. |
| **4** | Tobacco Use | Tobacco use remains the single most preventable cause of death and disease in the United States. Approximately 8,000 deaths are related to tobacco use in Wisconsin each year. Secondhand smoke exposure can also lead to heart disease, lung cancer, asthma attacks, respiratory infections and ear infections. |
|  |  | The percentage of Polk County adults who are current smokers (19%) is slightly higher than the percentage statewide (18.7%), and exceeds the national goal (14%). |
|  |  | In Polk County, the percentage of students who report smoking cigarettes in the past month is comparable to the percentage statewide (11.6% and 12%), but the percentage who reported using chewing tobacco, snuff or dip in last month is higher (10.8% compared to 8%). |
|  |  | A substantially higher percentage of women in Polk County report smoking during pregnancy (18.5%) than in Wisconsin (14%). |
|  |  | E-cigarette use among teens, nationally, tripled in 2014. Polk County is seeing similar rates. This is highly concerning because of all of the health effects and is normalizing regular tobacco/cigarette use again. |
| **5** | Reproductive and Sexual Health | Family planning services help improve health outcomes for infants, children, women and families. These services also help prevent sexually transmitted infections which lead to reproductive health problems, fetal health problems and long-term health problems. |
|  |  | Chlamydia is the most frequently reported sexually transmitted infection in Polk County and Wisconsin. |
|  |  | The teen birth rate is lower in Polk County (25 per 1,000 females ages 15-19) than in the state as a whole (27 per 1,000), though county and state rates exceed the national goal (22 per 1,000). |
|  |  | The percent of students who (or whose partner) used or a condom the last time they had sexual intercourse is dramatically lower than the state at only 16.8%. The state percentage is 63%. |
| **6** | Nutrition | A healthy diet reduces the risk of being overweight and obese, having heart disease, Type 2 diabetes and osteoporosis. Good nutrition is important for individuals to ensure a healthy weight and healthy growth and development. |
|  |  | When asked to report on the typical number of fruits and vegetable servings (1/2 cup) consumed in a day, the most frequent response was two servings (27%). This is far short of the recommended five servings per day, which was reported by only 8% of respondents. |
|  |  | School lunch is a major source of calories and nutrition for school age children, particularly for children that come from low-income families. |
|  |  | Approximately one-third of the restaurants in Polk County are fast food restaurants, compared to 40% statewide, and a national goal of 25%. Although fast food restaurants provide some healthy options, a well-balanced selection is important for health outcomes. |
| **7** | Unintentional Injury | Injury is the leading cause of disability. It also is the leading cause of death among 1-44 year olds. Many think of injuries as “accidents” or “acts of fate” but most injuries are predictable and preventable. |
|  |  | The leading causes of injury death in Polk County are motor vehicle crashes, suicide and falls. The rate of death due to each of these injuries in Polk County is substantially higher than the rates of death statewide. |
|  |  | The percentage of high school students reporting that they rarely or never wear a seat belt when riding in a car driven by someone else is higher in Polk County than in the state as a whole (10.6% compared to 10.3%). The national goal is 7.7%. |
|  |  |  |
|  | **Clinical Care** | |
|  |  |  |
| **8** | Access to Care | Access to health care impacts overall physical, social and mental health status; prevention of disease and disability; detection and early treatment of health conditions; quality of life; and preventable death and life expectancy. |
|  |  | Access to health care services help to ensure the health and economic security of Wisconsin families. Approximately 11% of the Polk County population younger than 65 years old is not covered by health insurance. More than 1 in 10 respondents to the survey reported that cost prevented them from taking prescribed medicine in the past 12 months. On a follow-up question, expense was the dominant explanation for what prevented respondents from seeking care, “My deductible is too high”. |
|  |  | The County Health Rankings report for Polk County used Medicare data to estimate the hospitalization rate for types of conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization. In Polk County, the rate of preventable hospitalizations per 1,000 Medicare enrollees was higher (65 hospitalizations/1,000 enrollees), than the comparable rate statewide (50 hospitalizations per 1,000 enrollees). |
| **9** | Dental Health Services and Oral Health | Good oral health can prevent tooth decay, tooth loss and pain. |
|  |  | The percentage of the population with access to water fluoridated at recommended levels is dramatically lower in Polk County than in the state as a whole (26% vs. 64%). |
|  |  | The population-to-dentist ratio in Polk County is about 20% higher than the state as a whole, suggesting that dentists are “not as available” locally as they are in other areas of the state. |
|  |  | Compared to Wisconsin as a whole, for the four year period 2006-10, a substantially higher percentage of Polk County residents reported that they did not have a dental visit in the past year (33% vs. 25%). |
|  |  | Approximately 1 in 5 third grade children in the western region of the state have untreated tooth decay (21%), and more than half of third graders have one or more dental cavities (54%). These figures are comparable percentages statewide. |
|  |  | Cost appears to be a significant barrier to care for many. Approximately 4 in 5 respondents to the community health survey reported that they had been to the dentist in the past year. More than half of those who hadn’t been to the dentist (56%) pointed to cost as the reason why, “Cannot afford to go”, “Insurance doesn’t cover it” and “Dentists do not accept my insurance”. |
| **10** | Mental Health Services and Mental Health | Mental health issues present themselves in a variety of different forms and in different degrees of severity. Nationwide, 13 million adults have seriously debilitating mental illness each year. Suicide is the 10th leading cause of death. |
|  |  | Self-harm is the second leading cause of hospitalization in Polk County, though the county rate trails the state rate (58 vs. 98 per 100,000 population). |
|  |  | The suicide rate in Polk County is nearly double that of the state (23 vs. 13 per 100,000). |
|  |  | The actual number of suicides had been going down; 2012 (7), 2013 (6) and 2014 (5), until this past year when there was a steep increase to 14. |
|  |  | Approximately 15% of Polk County youth have reported that they seriously considered suicide in the past year. The youth rate statewide is 13%. |
|  |  | 23% of respondents indicated that they had been told they have depression or a mental health disorder and 15% indicated that they had felt sad or depressed on three or more days in the past two weeks. |
|  |  | Of the 4% of respondents reporting that they had considered suicide in the past year were asked what they are doing about it. Just over 1 in 4 (26%) reported that they are doing “nothing.” |

**IV. Significant health needs that will be addressed**

SCRMC will develop and support initiatives, and measure their effectiveness, to improve the following health needs:

1. **Mental Health –** Specific Implementation Strategy on page 15.
2. **Substance Abuse – S**pecific Implementation Strategy on page 17.
3. **Access to Care – S**pecific Implementation Strategy on page 19.
4. **Obesity –S**pecific Implementation Strategy on page 21.

**V. Other needs identified and currently being addressed**

SCRMC works collaboratively with Osceola Medical Center, Amery Medical Center, the Polk County Health Department, and other community members to determine the four most significant health needs of the community. SCRMC would also like to contribute efforts to other community health needs identified in the Community Health Needs Assessment.

**Nutrition** – Nutrition now falls under obesity. Because obesity was ranked as one of the most important health needs, nutrition will be addressed indirectly through many of the strategies and activities aimed at reducing obesity.

**Physical Activity** – Physical activity now falls under obesity. Because obesity was ranked as one of the most important health needs, physical activity will be addressed indirectly through many of the strategies and activities aimed at reducing obesity.

**Reproductive and Sexual Health** - Though not voted as one of the top significant health needs of Polk County, SCRMC is committed to playing an active role in reproductive and sexual health.

* SCRMC is, currently, working toward re-designing patient education materials to better suit patient understanding.
* If a patient is deemed sexually active and is between the age of 16-24, all Primary Care providers screen the patient for Chlamydia and Gonorrhea.
* For all teen Primary Care visits, "teen health" information is included in the After Visit Summary for the patient.
* During a patient visit in Primary Care, counseling is offered for any issue in reproductive and sexual health .

**VI. Significant health needs that will not be addressed**

SCRMC acknowledges the wide range of significant health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SCRMC will not take new or additional actions on the following health needs at this time:

**Unintentional Injury** – Because substance abuse was ranked as one of the most important health needs, unintentional injury will be addressed indirectly through many of the strategies and activities aimed at reducing substance abuse.

**Dental Health Services and Oral Health –**Many of the key stakeholders reported access to affordable dental care as a need among the low-income and medically underserved populations. SCRMC providers promote the positive health benefits of good oral health at patient visits and allow dental service promotion at suitable SCRMC sponsored community and employee events throughout the year. Due to limited resources and space, SCRMC is unable, at this time, to address the matter further.

**VII. SCRMC’s Implementation Strategy**

Resources and overall alignment with SCRMC’s mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process. SCRMC will engage key community partners in implementing strategies across the service area. Acknowledging the many organizations and resources in place to address the health needs of our communities, SCRMC has reviewed both internal and external resources.

This Implementation Strategy specifies community health needs that SCRMC has determined to meet in whole or in part and that are consistent with its mission. SCRMC reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that SCRMC should then refocus its limited resources to best serve the community.

The strategies and activities outlined below will be implemented in coordination with local partners and coalitions. Many of the strategies align closely with community and/or county strategies.

**CHNA IMPLEMENTATION STRATEGY**

**FISCAL YEARS 7/1/2016 - 6/30/2019**

**SCRMC FACILITY**: St. Croix Regional Medical Center

**CHNA SIGNIFICANT HEALTH NEED:** Mental Health

**CHNA REREFERENCE PAGE:** 22

**PRIORITIZATION:** 1

|  |
| --- |
| **BRIEF DESCRIPTION OF NEED:** Self-harm is the second leading cause of hospitalization in Polk County, though the county rate trails the state rate (58 vs. 98 per 100,000). The suicide rate in Polk County is nearly double that of the state (23 vs. 13 per 100,000). The respondents on the Community Health Survey who reported that they had considered suicide in the past year were asked what they were doing about it. Just over 1 in 4 reported that they were doing “nothing.” |
| **GOAL:** Improve mental health by increasing awareness, social support and access to behavioral health services. |
| **OBJECTIVES:**   1. By June 30, 2019, the suicide rate in Polk County will decrease from 23 per 100,000 to 20 per 100,000. 2. By June 30, 2019, the self-harm rate in Polk County will decrease from 58 per 100,000 to 53 per 100,000). 3. By June 30, 2019, the rate of patients in Polk County reporting seeking help when considering suicide will increase from 26% to 35%. |
| **ACTIONS SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**   1. Increase capacity to provide outpatient services to patients in the SCRMC service area. 2. Develop and integrate telemedicine into the health care model. 3. Support community health priorities by actively participating in the county health leadership team and Mental Health Task Force team. 4. Develop and integrate wellness coaching into the primary care health model. |
| **ANTICIPATED IMPACT OF THESE ACTIONS:**   1. Improved access to behavioral health services to patients in the SCRMC service area. 2. Improved access to behavioral health services to patients in the SCRMC service area. 3. Improved behavioral health awareness, education, social support and stigma reduction in the SCRMC service area. 4. Educating patients on the transition of the treatment paradigm to wellness care. (See Appendix A and B).   **PLAN TO EVALUATE THE IMPACT:**   1. Patient encounters, third available appointment, decreased wait list time. 2. Telemedicine service is functional, patient encounters. 3. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives. 4. Wellness Coach role is functional, patient encounters. |
| **PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**   * Staff-time to support the implementation of the actions listed above * In-kind staff/provider expenses * Supplies and marketing for programs |
| **COLLABORATIVE PARTNERS:**   * Polk County Public Health * Polk County Mental Health & Chemical Dependency * Amery Medical Center * Osceola Medical Center * Mental Health Task Force * Chisago County Public Health * Hazelden Betty Ford Foundation * America’s Best Community Competition Committee * Quality of Life Committee * Burnett County Public Health * River Valley Medical Center * Community Partners * Tomah Memorial Hospital * Fairview * Allina Health * Community Partnerships for Youth and Families * Statewide Resources (Crisis Management) * Northwest Counseling & Guidance Clinic * Northwest Passage, Ltd * Grantsburg * Siren * Webster |

**CHNA IMPLEMENTATION STRATEGY**

**FISCAL YEARS 7/1/2016 - 6/30/2019**

**SCRMC FACILITY**: St. Croix Regional Medical Center

**CHNA SIGNIFICANT HEALTH NEED:** Substance Abuse

**CHNA REREFERENCE PAGE:** 12, 16

**PRIORITIZATION:** 2

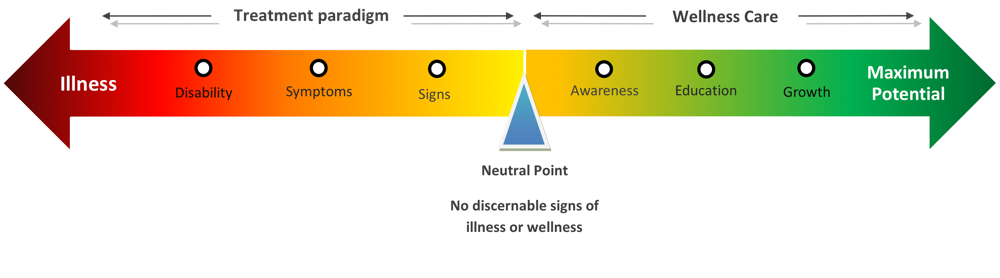
|  |
| --- |
| **BRIEF DESCRIPTION OF NEED:**25.9% of adults in Polk County reported either binge drinking or heavy drinking (25.3% WI). The percent of high school students who had their first drink of alcohol other than a few sips before age 13 is 19.8% for males (16.6% WI) and 15.1% for females (14.1% WI). The percent of mothers in Polk County who reported smoking during pregnancy is at 18.5% (14% WI). 364 drug arrests were made in 2015.  **GOAL:** Promote health by reducing substance abuse and unintentional injury. |
| **OBJECTIVES:**   1. By June 30, 2019, the number of smokers in Polk County will be reduced from 19% to 16%. 2. By June 30, 2019, the percentage of women smoking during pregnancy in Polk County will be reduced from 18.5% to 16%. 3. By June 30, 2019, the number of adults reporting binge drinking or heavy drinking in Polk County will be reduced from 25.3% to 23.2%. |
| **ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**   1. Develop and implement a tobacco cessation program for patients. 2. Actively recruit specialized provider(s) with substance abuse expertise. 3. Develop and integrate tele-mental health into the health care model. 4. Support community health priorities by actively participating in the county health leadership team and task force teams.   **ANTICIPATED IMPACT OF THESE ACTIONS:**   1. Improve treatment options for those with tobacco addictions. 2. Improve outpatient access and services to patients with substance abuse problems. 3. Improved access for patients. 4. Improved substance abuse awareness, education, and social support in the SCRMC service area.   **PLAN TO EVALUATE THE IMPACT:**   1. Patient encounters, cessation rate. 2. Provider(s) hired, patient encounters. 3. Telemedicine service is functional, patient encounters. 4. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives. |
| **PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**   * Staff-time to support the implementation of the actions listed above, * In-kind staff/provider expenses. * Supplies and marketing for programs. |
| **COLLABORATIVE PARTNERS:**   * Polk County Public Health * Alcohol Task Force * Amery Medical Center * Osceola Medical Center * Chisago County Public Health * Hazelden Betty Ford Foundation * Mayo Clinic Program * America’s Best Community Competition Committee * Quality of Life Committee * Burnett County Public Health * River Valley Medical Center * Community Partners Fairview * Allina Health * Community Partnerships for Youth and Families * Aurora Community Counseling * Northwest Counseling & Guidance Clinic * Northwest Passage, Ltd * Peace Tree Counseling * Polk County Mental Health & Chemical Dependency * Polk United |
| **CHNA IMPLEMENTATION STRATEGY**  **FISCAL YEARS 7/1/2016 - 6/30/2019**  **SCRMC FACILITY**: St. Croix Regional Medical Center  **CHNA SIGNIFICANT HEALTH NEED:** Access to Care  **CHNA REREFERENCE PAGE:** 20  **PRIORITIZATION:** 3 |
| **BRIEF DESCRIPTION OF NEED:** The rate of preventable hospitalizations per 1,000 Medicare enrollees was higher (65 hospitalizations/1,000 enrollees), than the comparable rate statewide (50 hospitalizations per 1,000 enrollees). The County Health Ranking report for Polk County estimate the hospitalization rate for types of conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization. Approximately 11% of the Polk County population younger than 65 years old is not covered by health insurance. Self-harm is the second leading cause of hospitalization in Polk County. The suicide rate in Polk County is nearly double that of the state of Wisconsin. |
| **GOAL:** Improve health by increasing access to care. |
| **OBJECTIVE:**   1. By June 30, 2019, SCRMC will recruit1-2 qualified family practice providers to expand primary care availability. 2. By June 30, 2019, healthcare medical assistance or marketplace enrollment numbers will increase by 3% and re-enrollment numbers will increase by 5% in Polk County. 3. By June 30, 2019, the percentage of Polk County residents (younger than 65 years old) not covered by health insurance will decrease from 11% to 8%. |
| **ACTIONS THE SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**   1. Increase capacity to provide outpatient services to patients in the SCRMC service area. 2. Evaluate and offer financial assistance and insurance availability options. 3. Increase community awareness of financial assistance and insurance availability options. 4. Develop and integrate telemedicine into the health care model. 5. Support community health priorities by actively participating in the county health leadership team and task force teams. |
| **ANTICIPATED IMPACT OF THESE ACTIONS:**   1. Improved access to services for youth and adults in the SCRMC service area. 2. Reduce underinsured or uninsured patients. 3. Reduce underinsured or uninsured patients. 4. Increase access and services. 5. Increase understanding of community needs to focus recruiting and development efforts. |
| **PLAN TO EVALUATE THE IMPACT:**   1. Provider recruitment, patient encounters. 2. Number of marketplace applications: new or renewal, reduction in number of self-pay patients. 3. Community offerings. 4. Telemedicine service is functional, patient encounters 5. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives. |
| **PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**   * Staff-time to support the implementation of the actions listed above * In-kind expenses. * Supplies and marketing. |
| **COLLABORATIVE PARTNERS:**   * Polk County Public Health * Polk County Community Services * Chisago County Public Health * Burnett Public Health * River Valley Medical Center * Community Partners * Tomah Memorial Hospital * ABC for Rural Health * Healthwatch Coalition   **CHNA IMPLEMENTATION STRATEGY**  **FISCAL YEARS 7/1/2016 - 6/30/2019**  **SCRMC FACILITY**: St. Croix Regional Medical Center  **CHNA SIGNIFICANT HEALTH NEED:** Obesity  **CHNA REREFERENCE PAGE:** 14  **PRIORITIZATION:** 4 |
| **BRIEF DESCRIPTION OF NEED:** Polk County has an obesity rate of 30%. Approximately 20% of Polk County adults aged 20 and up report having no leisure time physical activity. In the US, one preschooler in five is at least overweight, and half of this number are obese. Breastfeeding helps protect against childhood obesity. A baby’s risk of becoming an overweight child goes down with each month of breastfeeding. In Polk County, 25% of WIC newborns are breastfed exclusively for 3 months (National goal is 44%). |
| **GOAL:** Promote health and reduce chronic disease risk by increasing the prevalence of healthy weight among youth and adults living and working in the SCRMC service area. |
| **OBJECTIVE:**   1. By June 30, 2019, decrease the amount of Polk County residents who are obese by 2%. 2. By June 30, 2019, increase the number of infants in Polk County who breastfeed exclusively for 3 months from 25% to 30%. 3. By June 30, 2019, Polk County residents will self-report an increase of leisure time physical activity to 35%. |
| **ACTIONS THE SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**   1. Support community health priorities by actively participating in the county health leadership team and task force teams. 2. Develop and implement a comprehensive weight management program. 3. Develop and integrate wellness coaching into the primary care health model. 4. Work collaboratively with evidence based initiatives focused on improving breast feeding rates. |
| **ANTICIPATED IMPACT OF THESE ACTIONS:**   1. Improve nutrition and increase physical activity among service area residents. 2. Reduced obesity rate among service area residents. 3. Educating patients on the transition of the treatment paradigm to wellness care. (See Appendix A and B). 4. Increase mother and baby's likelihood to breastfeed for a 3 month duration. |
| **PLAN TO EVALUATE THE IMPACT:**   1. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives. 2. Measurements taken at enrollment, one month, three months, and six months for the following measures: weight lost, inches lost. 3. Wellness Coach role is functional, patient encounters. 4. Breast feeding rate at discharge; breast feeding rates at 3, 6, and 12 months. |
| **PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**   * Staff-time to support the implementation of the actions listed above. * In-kind expenses associated with reducing obesity. * Supplies and marketing for programs to reduce obesity. |
| **COLLABORATIVE PARTNERS:**   * Polk County Public Health * Amery Medical Center * Osceola Medical Center * Mental Health Task Force * Chisago County Public Health * Hazelden Betty Ford Foundation * Chisago Lakes School District * America’s Best Community Competition Committee * Quality of Life Committee * Burnett County Public Health * River Valley Medical Center * Community Partners * Tomah Memorial Hospital * Government * Ministerial Association * Ecumen-Parmly * Family Pathways * University of Minnesota Extension * Fairview * Allina Health * Polk United |

**VIII. ADOPTION OF IMPLEMENTATION STRATEGY**

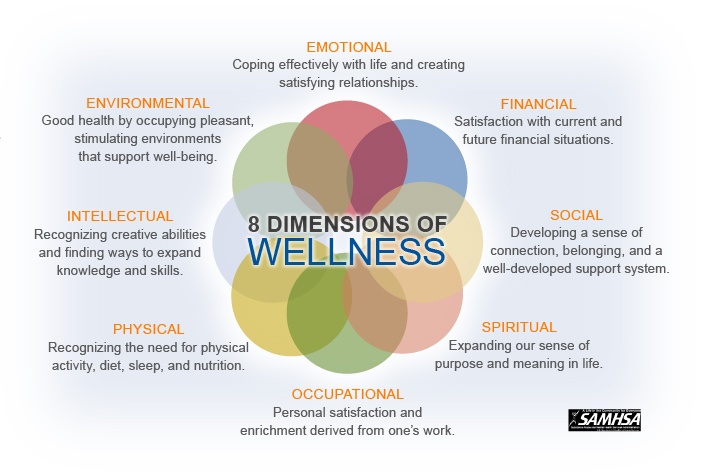
On October 25th, 2016, the Governing Board for St. Croix Regional Medical Center, met to discuss the 7/1/2016 - 6/30/2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kristine Fuge, Governing Board Chair

**IX. APPENDIX A**

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjDl4-bnNvPAhUCeSYKHSZMAY4QjRwIBw&url=http://www.myliving-room.com/blog/2015/11/14/health-is-the-soul-that-animates-all-the-enjoyments-of-life-which-fade-and-are-tasteless-without-it-seneca&psig=AFQjCNEqtGZEjZfMmTX9v6WOmIk6e_KbDg&ust=1476565951869104)

**X. APPENDIX B**

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjr6tqwnNvPAhWBSCYKHVPmBjoQjRwIBw&url=http://lovelifestylewellness.weebly.com/blog/the-8-dimensions-of-wellness&bvm=bv.135475266,d.eWE&psig=AFQjCNHqQ4ZYf5_CiOSb17D7i3iYau4-qw&ust=1476566318933264)