

Implementation Strategy

Community Health Improvement Plan

Froedtert Bluemound Rehabilitation Hospital

Fiscal Year 2023-2025

Approved by Froedtert Hospital Board of Directors on 08/18/2022

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This implementation strategy serves to describe
how Froedtert Bluemound Rehabilitation
Hospital will address the community needs as
described in the CHNA Report. Effective July
1, 2022 in fiscal year 2023 to comply with
federal tax law requirements set forth in Internal
Revenue Code Section 501(r) and to satisfy the
requirements set forth in IRS Notice 2011-52
and the Affordable Care Act for hospital
facilities owned and operated by an
organization described in IRC Section
501(c)(3).

A digital copy of this CHNA is publicly available at

https://www.froedtert.com/community-engagement or by calling 414-777-1926.

CHNA adopted by the Froedtert Hospital Board of Directors on 08/18/2022

CHNA made publicly available on 08/19/2022

Implementation Strategy adopted by the Froedtert Hospital Board of Directors on 08/18/2022

Implementation Strategy made publicly available on 08/19/2022

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Hospital Information & Mission Statement

Froedtert Bluemound Rehabilitation Hospital

601 N 99th Street Wauwatosa, WI 53226



Overview

Froedtert Bluemound Campus, part of the Froedtert & the Medical College of Wisconsin health network, include the Froedtert Bluemound Rehabilitation Hospital and Froedtert Bluemound Clinics.

Froedtert Bluemound Rehabilitation Hospital is a 50-bed inpatient physical rehabilitation unit, along with clinical and support services that include radiology, pharmacy, lab and food service. This freestanding specialty hospital provides intensive inpatient rehabilitation services, such as physical, occupational and speech therapy. The on-site Froedtert Pharmacy location includes a drive-thru to serve patients and the community.

Facilities at the Froedtert Bluemound Campus will function as departments of Froedtert Hospital.

Mission Statement

Froedtert & the Medical College of Wisconsin advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

Service Area

For the purpose of the Community Health Needs Assessment, the community is defined as Milwaukee County, because 58.5% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Milwaukee County. Froedtert Bluemound Rehabilitation Hospital determines its service areas by completing an annual review and analysis of hospital discharges and market share according to various determinants. The map reflects the 35 zip codes.



Primary Service Area									
53110	Cudahy	53203	Milwaukee	53210	Milwaukee	53217	Milwaukee	53224	Milwaukee
53129	Greendale	53204	Milwaukee	53211	Milwaukee	53218	Milwaukee	53225	Milwaukee
53130	Hales Corners	53205	Milwaukee	53212	Milwaukee	53219	Milwaukee	53226	Milwaukee
53132	Franklin	53206	Milwaukee	53213	Milwaukee	53220	Milwaukee	53227	Milwaukee
53154	Oak Creek	53207	Milwaukee	53214	Milwaukee	53221	Milwaukee	53228	Milwaukee
53172	Milwaukee	53208	Milwaukee	53215	Milwaukee	53222	Milwaukee	53233	Milwaukee
53202	Milwaukee	53209	Milwaukee	53216	Milwaukee	53223	Milwaukee	53235	Saint Francis

Community Engagement Guiding Principles



Charitable Giving

Sponsorship | Community Grants | Scholarships | United Way Campaign

Programs and Initiatives

501(r) Regulations and Reporting | Community Health Needs Assessments | Community Health Implementation Strategies | Social Determinants of Health | Prevention and Education | Collective Impact

Population Health/Clinical Services

Health Screenings | Community Care-A-Van/Outreach Nursing | Free Clinics | Federally Qualified Health Centers | Access and Navigation to Resources

Community Partnerships

Health Equity | Milwaukee Bucks | Milwaukee Health Care Partnership | Educational Institutions | Community Advisory/Outreach Councils | Public Health Department Partnerships | Chambers of Commerce

Community Investments

Sixteenth Street Community Health Centers | Progressive Community Health Centers | Community Smiles Dental | Community Health Navigators/Workers | Albrecht Free Clinic | Community Outreach Health Clinic

Health Care Career Exploration/Training

Preceptorship | Mentoring | Internships | Job Shadowing | Physician Residency Program | Project SEARCH | Carmen Schools of Science and Technology

Staff Engagement

Froedtert In Action | Community Involvement | Civic Engagement

Environmental Sustainability

Waste Management | Energy Consumption | Water Use | Sustainable and Local Procurement

Community Engagement Guiding Principles

- 1. Community Engagement is committed to health equity.
- Froedtert Health serves all people. As such, Community Engagement builds partnerships and forges collaborations to strengthen the economic vitality and quality of life of all people in the communities we serve.
- Timeliness is essential for success. Immediate presence of Community Engagement initiatives, digitally and/or experientially, will advance our community connection, community reach and brand.
- Community Engagement will leverage Froedtert Health resources to benefit our community including our people, financial, time, marketing, IT and digital resources.
- Presence in the community will be achieved in person and digitally, safely, thoughtfully and with support from internal partners.
- Community Engagement will actively listen and respond to the needs of our community partners. We will prioritize our efforts aligned with our clinical strengths and mission.

Froedtert

Health Needs of the Community

Community Health Needs Assessment

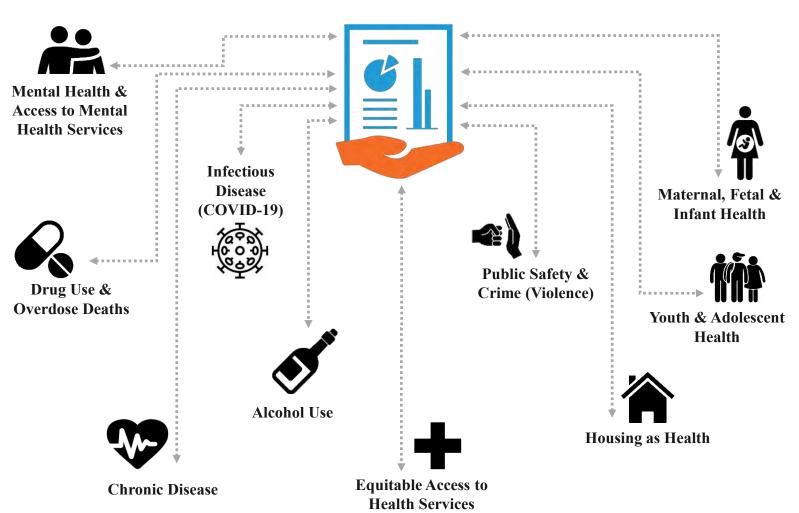
Froedtert Bluemound Rehabilitation Hospital assesses the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources were collected and taken into consideration for assessing and addressing community health needs:

- Community Health Survey
- Key Informant Interviews
- Secondary Data Sources: Health Compass Milwaukee
- Internal Hospital Data

The CHNA Report and supporting information can be found at https://www.froedtert.com/community-engagement.

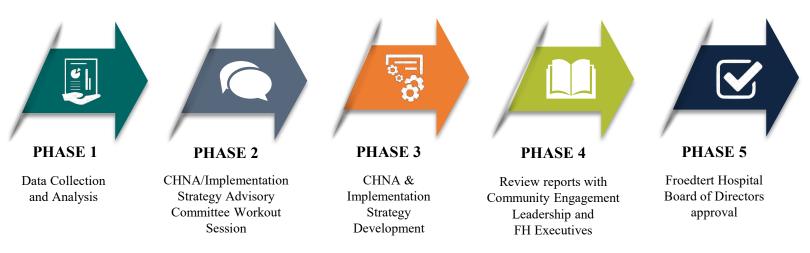
Identified Significant Community Health Needs in Milwaukee County

Priorities across the CHNA Health Survey, Stakeholder Interviews, Secondary Data Sources and Internal Hospital Data



Froedtert Hospital Summary of Implementation Strategy

Implementation Strategy Development Process



Froedtert Bluemound Rehabilitation Hospital created a CHNA/Implementation Strategy Advisory Committee (Appendix A) consisting of members of the Community Health Improvement Advisory Committee, Froedtert Hospital Board of Directors, community partners in Milwaukee County, and City of Milwaukee Public Health Department along with hospital and health system leadership/staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Milwaukee County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Community Engagement Leadership Team and a trained meeting facilitator, the planning process included five steps in developing the Implementation Strategy:

- Reviewed the Community Health Needs Assessment results for identification and prioritization of community health needs
- Reviewed previous implementation plan programs and results
- Reviewed current hospital and community health improvement initiatives and strategies
- Ranked and selected priority areas
- Selected evidence-based strategies, partnerships and programs to address community health needs

Based on the information from all the CHNA data collection sources, the most significant health needs were identified as:

- Mental Health & Access to Mental Health Services;
- Equitable Access to Health Services;
- Drug Use/Overdose Deaths;
- Alcohol Use:
- Public Safety & Crime (Violence);
- Infectious Disease (COVID 19);
- Housing as Health;
- Youth & Adolescent Health;
- Maternal, Fetal & Infant Health; and
- Chronic Diseases

Before the facilitated workout session in February 2022, members of the CHNA/Implementation Strategy Advisory Committee were asked to narrow down the top ten significant health needs list by ranking their top four significant health needs based on the following criteria:

- **Impact:** The degree to which the issue affects or exacerbates other quality of life and health- related issues.
- **Feasibility:** Can Froedtert Hospital address the need through direct programs, clinical strengths and dedicated resources?
- **Partnerships:** Are there current or potential community partners/coalitions?
- **Health Equity:** What disparities exist and how can we ensure that the disparities will be addressed?
- Measurable: What is the likelihood of being able to make a measurable impact on the problem?

Survey Monkey Results Top Ranked Significant Health Needs MENTAL HEALTH **EQUITABLE** PUBLIC SAFETY **ACCESS TO** & CRIME HEALTH **SERVICES CHRONIC** MATERNAL. **DISEASES** FETAL & **HOUSING AS INFANT HEALTH** HEALTH **SUBSTANCE** USE 34 22 15 10

During the February 2022 workout session, members of the Advisory Committee were asked to further prioritize the top significant health needs by again ranking each of the seven priorities based on the above criteria. Of those significant health needs, four overarching themes were identified as priorities for Froedert Bluemound Rehabilitation Hospital's Implementation Strategy for fiscal 2023-2025:

- Behavioral Health (Mental Health & Substance Use);
- Equitable Access to Health Services;
- Chronic Disease; and
- Violence

It is important to recognize that there is a dynamic relationship between people and their environments. Not only do people's genetics and health behaviors affect their health, but health is also influenced by factors such as employment status, transportation and food insecurity. Utilizing the social determinants of health framework (**Figure 1**) to understand and address the more upstream factors is important when improving the health of a community. Therefore, social determinates of health was identified as a priority health need in the Froedtert Hospital Implementation Strategy.

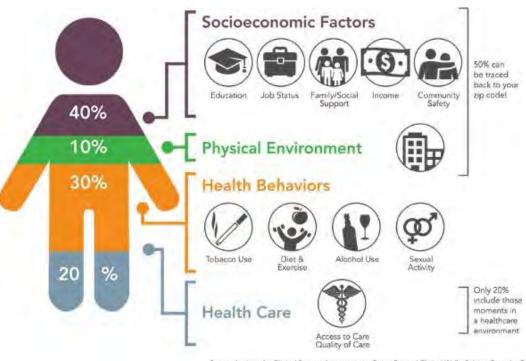


Figure 1: Social Determinants of Health

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

After the facilitated workout session in February 2022, suggested strategies were prioritized utilizing the social ecological model (<u>Figure 2</u>) as a framework to focus on efforts that influence behavior through a systems approach. The model helps increase understanding of how behaviors can be changed at the individual, interpersonal, organizational, community and policy levels.



Figure 2 : Social Ecological Model

Priority Populations

The distinction of priority populations in the shared Milwaukee County CHNA was intended to identify groups with the greatest health disparities and/or risk for poor health.

This framework supported the development of population-specific initiatives and investments identified in the Froedtert Bluemound Rehabilitation Hospital implementation strategy.

PRIORITY POPULATIONS

All three data sources identify these groups as having unique health needs — prioritizing their health will be essential for improving the health of Milwaukee County as a whole.

Black / African American

Blacks face twice the 'number of years of life lost,' compared to Whites.

Hispanic / Latino

70% of Latinos have health insurance, compared to a 95% coverage rate for Whites.

Children & Youth (<18 years old)

Nearly 1 in 4 children live in poverty, with a rate 3x more likely for Latinos and 4x more likely for Blacks, compared to Whites.

Older Adult / Elderly (>65 years old)

Older adults face increased social isolation, more than 1 in 3 live alone.

Significant Health Needs Not Addressed

- **Infectious Disease:** Froedtert Bluemound Rehabilitation Hospital supports the local health departments in providing services and vaccinations.
- **Housing:** Froedtert Bluemound Rehabilitation Hospital supports the Milwaukee Health Care Partnership through the Housing Navigation Program.
- Maternal, Fetal & Infant Health: Froedtert Bluemound Rehabilitation Hospital actively collaborates with local organizations to support maternal, fetal, and infant health, such as the Community Baby Shower and the Milwaukee Health Department's doula program.
- Youth & Adolescent Health: Froedtert Bluemound Rehabilitation Hospital supports youth and adolescent health by reaching youth and families at community events and by partnering with Milwaukee Public Schools and community health coalitions.

Implementation Strategy Evaluation

Froedtert Bluemound Rehabilitation Hospital's Community Engagement team along with the Community Health Improvement Advisory Committee will regularly monitor and report on progress towards the Implementation Strategy objectives and provide quarterly reports to the Hospital's Board of Directors and health system's Community Engagement Steering Committee. Additional progress on the Implementation Plan will be reported annually through the hospital's IRS Form 990 Schedule H filing and other reporting sources associated with strategic partners and community coalitions.

Implementation Strategy Significant Health Needs

Following the completion of the Milwaukee County Community Health Needs Assessment, Froedtert Bluemound Rehabilitation Hospital CHNA/Implementation Strategy Advisory Committee selected the significant health needs outlined below for its 2023-2025 implementation strategy.

- Behavioral Health (Mental Health & Substance Use): This need was selected because of the continued challenges with mental health and substance use which have increased due to the COVID-19 pandemic. Froedtert Bluemound Rehabilitation Hospital is committed to working internally to expand behavioral health services and partnering with community organizations to address this health need.
- Equitable Access to Health Services: Froedtert Bluemound Rehabilitation Hospital is committed to improving equitable access to health services by implementing efforts that leverage diversity, inclusion and an understanding of social determinants of health to deliver culturally competent care.
- Chronic Disease Prevention: This need was selected because chronic diseases continue to be the leading causes of death and disability. Prevention and promoting healthy behaviors is important to reduce the risk of developing chronic diseases.
- **Violence Prevention:** Violence continues to be a challenge in Milwaukee County. Violence prevention is an area where Froedtert Bluemound Rehabilitation Hospital can support community organizations in reducing the risk of violence.

Behavioral Health

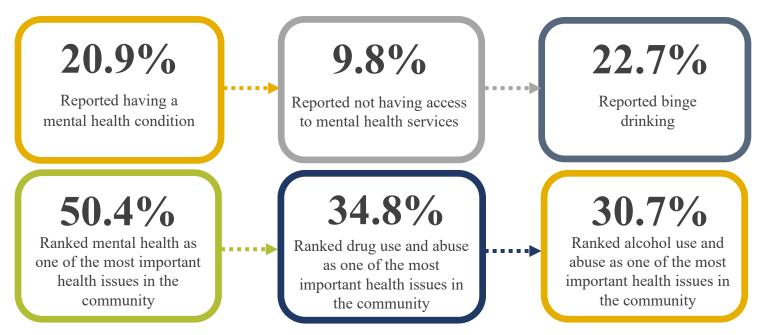


What is behavioral health? Why is it an important issue?

Mental Health-Interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Alcohol & Other Drugs- Excessive use of substances including alcohol prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

The following data is from the Milwaukee County 2021 Community Health Needs Assessment that supports the need to address behavioral health.



Froedtert Bluemound Rehabilitation Hospital's Actions to Address Behavioral Health

Access to Behavioral Health Services

- Continue to support community-wide safe medication disposal and pilot medication disposal kiosk in Froedtert Health facilities.
- Partner with community organizations to offer screenings and resources to reduce older adult isolation and loneliness.

Community Collaborations

- Support Froedtert Health Behavioral Health Services by helping to identify communitybased partners to fill potential gaps in service delivery.
- Participate in Milwaukee County mental health and substance use coalitions to increase awareness, education, prevention and navigation.

CHNA Significant Health Needs: Behavioral Health – Mental Health and Substance Use

Program/Initiatives: Medication disposal; screening; and community partnerships

increase awareness,

navigation.

education, prevention and

Goal: Support behavioral health outreach, education, and prevention programs, and improve access to behavioral health services and community resources.

Objective 1: Increase access to hospital and community-based p	behavioral health services targeted partnerships.	at priority populations through	Long-Term Performance Indicators
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	Decrease percent of people who reported
	Reduced isolation and loneliness. ace collaboration with community	Number of pounds of medication collected. Number of individuals screened for isolation and loneliness. Number of individuals referred for isolation and loneliness. organizations to increase tal and community-based settings.	not having access to mental health services (baseline: 9.8%) • Decrease percent of people who reported binge drinking (baseline: 22.7%) • Decrease number of poor mental health days (baseline: 4.7) • Decrease suicide death rate (baseline:
Actions Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	• 12.5 per 100,000) • Decrease overall number of patients
Support Froedtert Health Behavioral Health Services by helping to identify community-based partners to fill potential gaps in service delivery. Participate in Milwaukee County mental health and substance use coalitions to increase awareness.	 Increased collaboration to achieve the Behavioral Health Strategic Plan goals. Increased collective impact to address behavioral health challenges. 	 Number of collaborative partners working with Behavioral Health Services. Number of organizations partnering on behavioral health initiatives. Number of individuals impacted through coalition outreach. 	who screen high for stress through the EPIC screening tool Decrease the percent of white patients who screen high for stress and alcohol use through the EPIC screening tool Decrease the percent

of Black/African

Hispanic patients who screen high for stress through the EPIC screening tool

American &

Froedtert Health Resources

- Community Engagement Leadership/Staff
- · Froedtert Hospital Case Management
- Froedtert Hospital Pain Stewardship Committee
- Froedtert Health Behavioral Health Service Line
- Froedtert Health Pharmacy

Froedtert Health Collaborative Partners

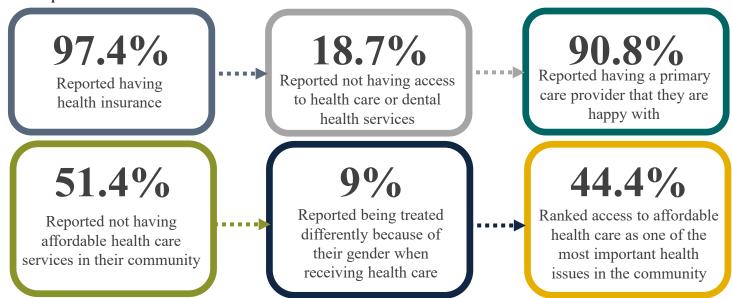
- Aging and Disability Resource Center (ADRC) Partner to promote services to the aging population
- City of Milwaukee Partner to address mental health and substance use issues
- Community Advocates Partner to promote and navigate to services
- Faith-Based Organizations Support education and outreach to community populations
- Federally Qualified Health Centers Support behavioral health care services
- IMPACT 2-1-1 Partner to promote and navigate to services
- Mental Health America & National Association of Mental Illness Partner to support coalitions and programming
- Mental Health Emergency Center Partner to support access to mental health services
- Milwaukee Area Schools Partner to promote services and outreach education
- Milwaukee County Emergency Responders (law enforcement, fire, EMS) Support collaboration and emergency response efforts in Milwaukee County
- Milwaukee County Health Departments Partner to address mental health and substance use issues
- Milwaukee County Behavioral Health Coalitions- Partner to address mental health and substance use issues
- Milwaukee Health Care Partnership Support behavioral health efforts in Milwaukee County
- Milwaukee Muslim Women Coalition Partner to promote programs, support efforts, and outreach to diverse populations
- United Neighborhood Centers of Milwaukee Support efforts to improve the quality of life for urban populations.
- Take Back My Meds MKE- Partner to support safe medication disposal.

Equitable Access to Health Services



What is population health & health equity? Why is it an important issue?

Having equitable access to appropriate, convenient and affordable health and dental care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, preventative care, community-based services, responsiveness, care coordination and wellness services within the health care system and community. The following data is from the Milwaukee County 2021 Community Health Needs Assessment that supports the need to address equitable access to health services.



Froedtert Bluemound Rehabilitation Hospital's Actions to Address Equitable Access to Health Services

Equitable Safety Net of Services

- Utilize a Social Determinants of Health screening and referral platform to address patient social needs.
- Support Specialty Access for Uninsured Program (SAUP) & Emergency Department Medical Home (EDMH) programs and community clinics.

Community Investment Fund

• Implement the Froedtert Hospital Community Investment Fund to support organizations that address significant health needs and social determinants of health in Milwaukee County.

Health Equity

- Support Population Health & Health Equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancer, pneumococcal vaccines, diabetes, hypertension, and readmissions.
- Introduce youth to health care career opportunities through Froedtert Health healthcare career programs (shadowing, mentoring, speakers).

CHNA Significant Health Need: Equitable Access to Health Services

Program/Initiatives: Outreach programs (Care-A-Van, CHW, Gee's Clippers, school health); social determinants of health screening and referral; Community Investment Funds; population health & health equity; and workforce development

Goal: To improve equitable access to comprehensive community and hospital-based services that deliver inclusive, culturally and linguistically competent care.

Objective 1: Ensure a strong, ed priority populations.	quitable safety net of services that	improve access to care among	Long-Term Performance Indicators
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	Increase percent of Black/African
 Utilize a Social Determinants of Health screening and referral platform to address patient social needs. Support Specialty Access for Uninsured Program (SAUP) & Emergency Department Medical Home (EDMH) programs and community clinics. 	 Strengthened community capacity and collaboration for shared responsibility to address unmet health needs. Decreased number of uninsured adults in Milwaukee County. 	 Number of patients screened and referred through the SDOH platform. Number of individuals served through SAUP and EDMH. 	Black/African Americans that have health insurance (baseline: 87.5%) Decrease percent of individuals who did not access health care due to cost (baseline: 52.2%) Decrease percent of Hispanic individuals who did not access health care due to cost (baseline: 56.6%) Decrease percent of Black/African
Objective 2: Support non-profit Milwaukee County.	t organizations that strive to create	e healthy communities in	
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	Americans who used the ER in the past 12
Implement the Froedtert Hospital Community Investment Fund to support organizations that address significant health needs, social determinants of health and target priority populations in Milwaukee County.	Increased funding to support local organizations.	 Amount of funding awarded through the Community Investment Funds Number of individuals impacted by funding. 	months (baseline: 26.5%) Increase percent of individuals who feel heard, seen and listened to when receiving health care (baseline: 88.9%) Decrease percent of Black/African Americans who feel they are treated differently because of their race/ethnicity when receiving health care (baseline: 21.5%)

Objective 3: Support the Health goals and objectives.	Equity Initiative (HEI) by prov	iding resources to meet yearly set	Long-Term Performance Indicators
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	 Increase access to affordable health care services (baseline: 44.4%) Increase access to affordable health care for Black/African Americans (baseline: 36.4%) and in highneed zip codes (baseline: 39.9%)
• Support Population Health & Health Equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancer, pneumococcal vaccines, diabetes, hypertension, and readmissions.	Achieve Health Equity Initiative goals.	Percent of BIPOC and non- BIPOC primary care patients impacted by HEI.	
Objective 4: Support Diversity, providers at all levels of the orga		sing the number of diverse staff and	
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	
• Introduce youth to health care career opportunities through Froedtert Health healthcare career programs (shadowing, mentoring, speakers).	Increased exposure to healthcare career opportunities.	Number of students exposed to healthcare career opportunities.	

Froedtert Health Resources

- Community Engagement Leadership/Staff
- Inception Health
- Diversity, Equity & Inclusion
- Workforce Development
- Language Services

Froedtert Health Collaborative Partners

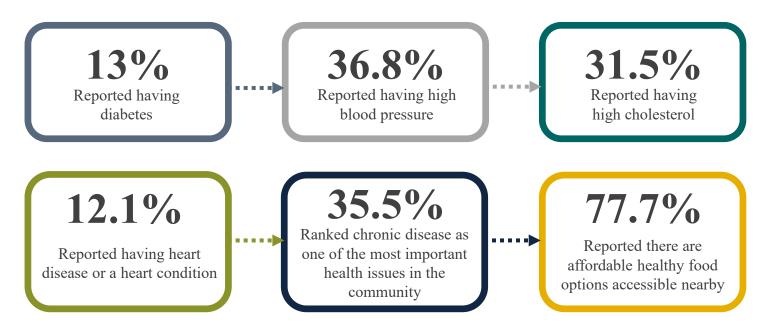
- Aging and Disability Resource Center (ADRC) Partner to promote services to aging and disabled populations
- Children's Wisconsin Collaborate to address health needs and social determinants of health
- Community Health Workers (CHWs) Partner to increase access to services and navigation to resources
- Faith-Based Organizations Support prevention education and outreach to community populations
- Federally Qualified Health Centers Partner to promote and access healthcare services to underserved populations
- Gee's Clippers Partner to provide health services in community
- Healthy MKE Partner to promote health outreach and education to community
- Impact 2-1-1 Partner to promote services
- Insurance Providers Support access to healthcare services
- InOn Health Partner to improve community health literacy
- Medical College of Wisconsin Support efforts and outreach to diverse populations
- Milwaukee Bucks Collaborate on initiatives and partner to provide outreach and education to community
- Milwaukee County Health Departments Collaborate to address health needs and determinants of health
- Milwaukee Health Care Partnership Collaborate to address health needs and determinants of health
- Milwaukee Area Schools & Higher Education Partner to increase healthcare workforce and to promote education and early intervention programing
- Muslim Community & Health Center Partner to promote programs, support efforts, and outreach to diverse populations
- Neighborhood Associations & Centers Support engagement efforts to increase community education, access to care, and community outreach
- SWIM Initiative Collaborate to address health needs and determinants of health
- United Methodist Children's Services Collaborate to address health needs and determinants of health
- Vivent Health Collaborate to address health needs and determinants of health

Chronic Disease Prevention



What is Chronic Disease? Why is it an important issue?

Chronic diseases such as heart disease, stroke, cancer and diabetes are leading causes of death and disability in American. These chronic diseases can be prevented by eating well, being physically active, managing weight status, avoiding tobacco and excessive drinking, and getting regular health screenings. The following data is from the Milwaukee County 2021 Community Health Needs Assessment that supports the need to address chronic disease.



Froedtert Bluemound Rehabilitation Hospital's Actions to Address Chronic Disease

Prevention, Navigation & Treatment

 Support Population Health & Health Equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancer, pneumococcal vaccines, diabetes, hypertension, and readmissions.

Community Collaborations

 Partner with community organizations to implement physical activity, nutrition, and wellness initiatives, such as BUCKSFit and the Girl Scouts Health in Action Patch Program.

CHNA Significant Health Need: Chronic Disease Prevention

Program/Initiatives: Chronic disease screening and management; physical activity, nutrition and wellness outreach; and Housing Navigator Program

Goal: To reduce the burden of chronic diseases in Milwaukee County specifically among priority populations. Objective 1: Increase prevention efforts, navigation to resources and treatment of chronic diseases Long-Term **Performance Indicators** targeted at priority populations. Actions **Anticipated Impact** Plan to Evaluate Impact: • Decrease percent of of Actions **Process Measures** individuals who have high blood pressure Support Population Health & • Increased number of • Percent of BIPOC and non-(baseline: 36.8%) Health Equity by addressing individuals screened BIPOC primary care • Decrease percent of gaps in medical care, for chronic diseases patients impacted by HEI. Black/African screenings, education and among priority Americans who have navigation to resources related populations. high blood pressure (baseline: 52.1%) to breast and colon cancer, • Decrease percent of pneumococcal vaccines, individuals who have diabetes, hypertension, and diabetes (baseline: readmissions. 9.8%) • Decrease the breast **Objective 2:** Support and enhance collaborations with community organizations. cancer incidence rate **Actions Anticipated Impact** Plan to Evaluate Impact: (baseline: 138 per of Actions **Process Measures** 100,000) Decrease the colorectal Increased number of • Partner with community • Number of individuals who cancer incidence rate organizations to implement individuals who participate in prevention (baseline: 41 per physical activity, nutrition, program and services. participate in 100,000) and wellness initiatives, such prevention programs • Decrease percent of as BUCKSFit and the Girl and services. adults who are Scouts Health in Action Patch overweight (baseline: Program. 33.7%) • Decrease percent of white, Black/African American, and Hispanic patients who screen high for lack of exercise through the EPIC screening tool

Froedtert Health Resources

- FMLH Case Management
- FMLH Community Engagement Leadership/Staff
- Froedtert & the Medical College of Wisconsin Cancer Network
- Froedtert Hospital Heart & Vascular Service Line

Froedtert Health Collaborative Partners

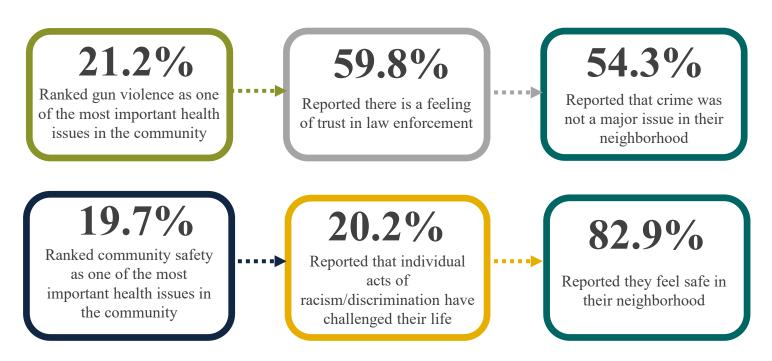
- American Cancer Society Partner to improve health and reduce cancer disparities in our community
- Aging and Disability Resource Center (ADRC) Partner to promote services to aging and disabled populations
- Beauty Salons/Barbershops Partner to provide outreach and education to community
- Community Health Workers (CHWs) Partner to promote services and increase collaboration related to chronic disease
- Faith-Based Organizations Partner on outreach and education to communities
- Federally Qualified Health Centers Support chronic disease-related services
- Girl Scouts of Wisconsin Southeast Partner to provide wellness education to youth
- Medical College of Wisconsin Support efforts and outreach to diverse populations
- Milwaukee Area Health Education Center Partner to provide education to communities
- Milwaukee Area Schools & Higher Education Partner to promote services and outreach education
- Milwaukee Bucks Partner to provide outreach and education to community
- Milwaukee County Health Departments Collaborate to address health needs and determinants of health
- Milwaukee County Food Pantries Support education and access to health services
- Milwaukee County Parks System Support efforts to encourage physical activity and outreach to diverse populations
- Milwaukee Health Care Partnership Collaborate to address health needs and determinants of health.
- Neighborhood Associations Collaborate to address health needs and determinants of health.
- Social Development Commission Collaborate to address health needs and social determinants of health
- Tobacco Prevention Coalitions Partner to provide outreach and education to community
- Urban Ecology Center Support outreach and education to community
- Wisconsin Institute for Healthy Aging Provides chronic disease education in the community
- Wisconsin Well Women Program Partner to promote cancer prevention education and reduce cancer care disparities
- Victory Gardens Partner to promote nutrition and access to healthy foods

Violence Prevention



What is Violence Prevention? Why is it an important issue?

Violence or abuse in any form has serious health consequences for victims and the community. It can lead to negative physical, mental and economic outcomes and is the leading cause of injury, disability and premature death. Community-wide prevention is the most effective, long-term solution to violence (Milwaukee Health Department, 2022). The following data is from the Milwaukee County 2021 Community Health Needs Assessment that supports the need to address violence.



Froedtert Bluemound Rehabilitation Hospital's Actions to Address Violence

Violence Prevention Programs

- Increase awareness of sexual abuse resources offered by forensic nursing at Froedtert Hospital.
- Support provider and staff education around human trafficking.
- Increase awareness of the Froedtert & Medical College of Wisconsin Grief Clinic and trauma survivors support group.

Community Collaborations

- Support the Violence Interrupter Program through the efforts of the Comprehensive Injury Center and 414 Life / Blueprint for Peace.
- Participate in Milwaukee County violence prevention coalitions.

CHNA Significant Health Need: Violence Prevention

Program/Initiatives: Forensic nurse examiner; support services; Violence Interrupter Program; prevention programs; and community partnerships

Goal: To reduce public safety incidences, crime and intentional injuries, and lessen their consequences for individuals in Milwaukee County.

	Objective 1: Enhance innovative violence prevention programs at Froedtert Hospital.				
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures	 Performance Indicators Decrease the crime rate (baseline: 1,019.7 per 		
 Increase awareness of sexual abuse resources offered by forensic nursing at Froedtert Hospital. Support provider and staff education around human trafficking. Increase awareness of the Froedtert & Medical College of Wisconsin Grief Clinic and trauma survivors support group. Objective 2: Strengthen and eprograms. 	 Increased care and navigation of resources for those who experienced sexual abuse. Increased participation in provider and staff education. Increased care and navigation for trauma survivors. 	 Number of sexual abuse cases through forensic nursing at Froedtert Hospital. Number of participants in human trafficking education programming. Number of patients seen for violence related services at the Grief Clinic. Number of participants in the trauma support group. 	100,000) • Reduce firearm fatalities, specifically among Black/African Americans (Baseline: 41 per 100,000)		
Actions	Anticipated Impact of Actions	Plan to Evaluate Impact: Process Measures			
 Support the Violence Interrupter Program through the efforts of the Comprehensive Injury Center and 414 Life / Blueprint for Peace. Participate in Milwaukee County violence prevention coalitions. 	Reduced secondary gun violence. Increased collective impact to address violence.	 Number of referrals by Froedtert Hospital violence interrupter staff. Number of penetrating traumas seen at Froedtert Hospital. Number of individuals impacted through coalition outreach. 			

Froedtert Health Resources

- FMLH Community Engagement Leadership/Staff
- Froedtert Hospital Trauma Team
- MCW Emergency Medicine Staff
- Sexual Assault Nurse Examiner Program

Froedtert Health Collaborative Partners

- Community Advocates Partner to support education, outreach, and prevention initiatives
- Employ Milwaukee Partner to promote socioeconomic health and services
- Faith-Based Organizations Support prevention education and outreach to community populations
- Healthcare Collaborative Against Sex Trafficking Partner on coalition and support initiatives to reduce violence
- Medical College of Wisconsin Support the efforts of the Comprehensive Injury Center
- Milwaukee County Emergency Responders Support collaboration and violence prevention efforts in Milwaukee County
- Milwaukee County Health Departments Collaborate to address health needs and determinants of health
- Milwaukee County/City of Office of Violence Prevention Support 414 Life/Blueprint for Peace initiatives
- Milwaukee Area Schools Partner to promote education and early intervention programming
- NAACP Milwaukee Support violence prevention initiatives
- Neighborhood Associations & Centers Support community engagement and violence prevention efforts
- Safe and Sound Partner to promote services
- Social Development Commission Support efforts to reduce economic disparities
- Sojourner Family Peace Center Support efforts to reduce the burden of domestic violence and promote healthy families
- Violence Free West Allis Coalition Partner on coalition and support initiatives to reduce violence
- YWCA Partner to promote services

COVID-19 Continued Response

Froedtert & the Medical College of Wisconsin Froedtert Hospital recognizes the need to continue to develop alternative ways to implement initiatives to address community health needs during a pandemic. The hospital will collaborate with community partners to identify specific strategies to safely engage the community based on best practices to reduce exposure and risk of infection as well as provide support. Strategies may include:

- Engage healthcare providers to provide pandemic support to vulnerable populations such as hand hygiene, social distancing, and mask education, navigation of health care and testing opportunities, vaccination guidance, staying safe at work as well as behavioral health and healthy lifestyle support.
- Implement digital platforms for community education and wellness classes.
- Provide behavioral health support to individuals impacted by COVID-19 and higher risk populations.
- Partner with community stakeholders to implement digital platforms to engage the community in healthy behaviors.
- Implement community-based programs following CDC recommendations and guidelines.
- Implement innovative tools to implement community engagement during a pandemic and beyond.

Appendix A: Froedtert Bluemound Rehabilitation Hospital CHNA/Implementation Strategy Advisory Committee

Name	Title	Organization	Froedtert Hospital Affiliation
Rafael Acevedo	Grant Compliance Manager	City of Milwaukee	Board Member
Louis Butler Jr.	Retired Partner	Retired Partner, DeWitt LLP	Board Member
Breen Causey	Community Care Coordinator	Froedtert Health	
Ricardo Colella, DO	Professor and Chief, Division of EMS Medicine Departments of Emergency Medicine, Pediatrics & the Institute for Health and Equity	Medical College of Wisconsin	CHIAC
Eric Conley	SVP/COO	Froedtert Health	Board Member
Frank Cumberbatch	Vice President - Engagement	Bader Philanthropies, Inc.	
Allison DeVan	Scientific Administrator, Cardiovascular Center	Medical College of Wisconsin	CHIAC
Ella Dunbar	Manager Community Relations	Social Development Commission	CHIAC
Jasmine Ervin	Data Specialist	CORE-El Centro, Inc.	CHIAC
Sarah Francois	Director of Fund Development & Marketing	Progressive Community Health Centers	CHIAC
Kerry Freiberg	VP Community Engagement	Froedtert Health	CHIAC
Lori Gendelman	Attorney	Otjen Law Firm, SC	Board Member
Monique Graham	Director Community Engagement	Froedtert Health	CHIAC
Katelyn Halverson	Community Engagement Program Coordinator	Froedtert Health	
Trenace Harris	Center Administrator, Cardiovascular Center	Medical College of Wisconsin	CHIAC
Rebecca Heaton Juarez	Program Director	CORE-El Centro, Inc.	CHIAC
Tierra Hoard	Community Outreach Nurse	Froedtert Health	
Dessa Johnson	Director of Emerging Markets	Froedtert Health	
Nina V. A. Johnson	SVP, SE WI Consumer and Business Banking	U.S. Bank	Board Member
Sahar Katib Kayata, MD	Board Member	Milwaukee Muslim Women's Coalition	CHIAC
Jennifer Langoehr	Community School Coordinator	Froedtert Health	
Leah Laven-Wilson	Director of Housing and Social Services	United Methodist Children's Services of WI, Inc.	CHIAC
Rachel Lecher	Public Health Strategist	City of Milwaukee Health Department	CHIAC
Mark Lodes, MD	Chief Medical Officer, Population Health	Froedtert Health	
Carmen Pangilinan	Public Health Specialist	Wauwatosa Health Department	CHIAC
Harvey Padek	Director of CHW Community-Clinical Linkages	Milwaukee Area Health Education Center	CHIAC
Allyson Rennebohm	Community Nurse Coordinator	Froedtert Health	
Justin Rivas	Director of Community Health Initiatives	Milwaukee Health Care Partnership	
Britney Roberson	Community Engagement Program Coordinator	Froedtert Health	
Shelly Sabourin	Executive Director	Froedtert Health	Bluemound Rehab Hospital
Jenni Sevenich	CEO	Progressive Community Health Centers	Board Member
Penelope Stewart	Director of Marketing	Outreach Community Health Center	CHIAC
Kate Sweeney	Director, Cancer Center Patient Support Services	Froedtert Health	CHIAC
Barbara Wesson	Professor of Natural Health	UW Milwaukee	CHIAC
Amanda Wisth	Community Engagement Data Analyst	Froedtert Health	
Staci Young, PhD	Director of Center for Healthy Communities and Research	Medical College of Wisconsin	CHIAC
Laura Zindars	Director of Patient Care & Operations	Froedtert Health	Bluemound Rehab Hospital
Anne Zizzo	President & CEO	Zizzo Group	Board Member