



**Froedtert
West Bend Hospital**

Implementation Strategy

Community Health Improvement Plan

**St. Joseph's Hospital of West Bend Inc.
Doing Business As:**

Froedtert West Bend Hospital

Fiscal Year 2024-2026

Approved by Froedtert West Bend Hospital Board of Directors on 08/29/2023

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This implementation strategy serves to describe how Froedtert West Bend Hospital will address the community needs as described in the CHNA Report. Effective July 1, 2023 in fiscal year 2024 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 [Froedtert West Bend Hospital Community Engagement](#) or by calling 414-777-1926.

CHNA adopted by the
Froedtert West Bend Hospital Board of
Directors on 05/30/2023

CHNA made publicly available on
05/31/2023

Implementation Strategy adopted by the
Froedtert West Bend Hospital Board of
Directors on
08/29/2023

Implementation Strategy made publicly
available on 08/30/2023

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Hospital Information and Mission Statement

Froedtert West Bend Hospital
3200 Pleasant Valley Rd.
West Bend, WI 53095



Overview

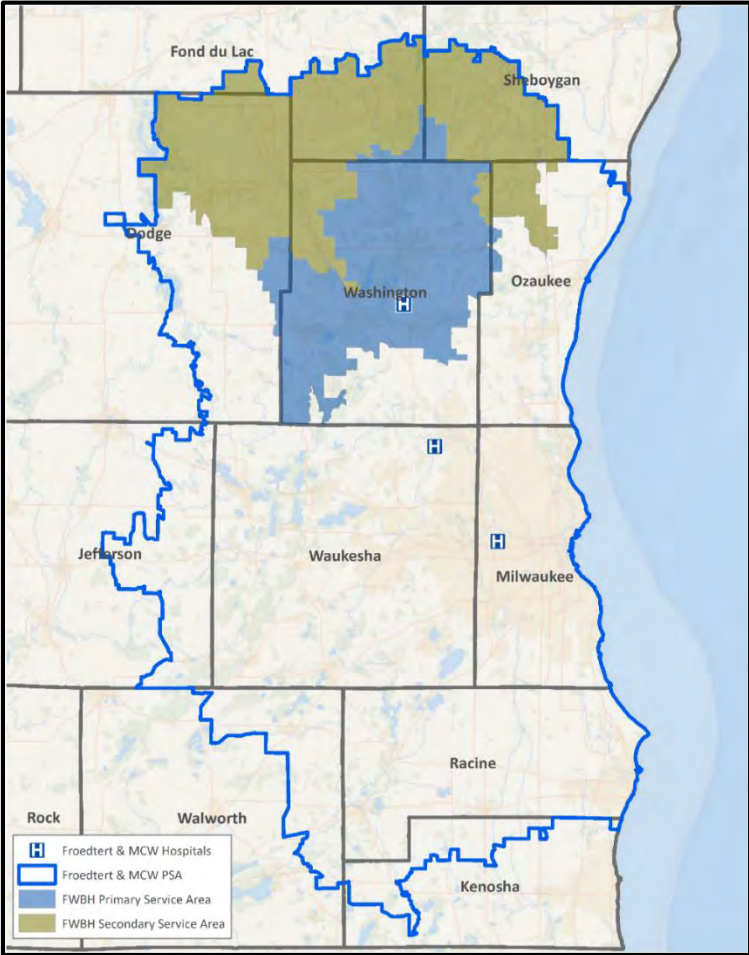
Froedtert West Bend Hospital, founded in 1930 by local doctors, community leaders and the Sisters of the Divine Savior, is a full-service hospital serving residents of West Bend and Washington County. Froedtert West Bend Hospital, specializing in birthing services, cancer care, emergency care, orthopaedics, surgical services and women’s health, is part of the Froedtert & the Medical College of Wisconsin health network, which also includes Froedtert Hospital, Milwaukee; Froedtert Menomonee Falls Hospital, Menomonee Falls; and more than 40 primary and specialty care health centers and clinics.

Mission Statement

The Froedtert & MCW health network advances 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 Washington County because we derive 85.5% of discharges occur from this geography. All programs, activities and partnerships under the CHNA will be delivered in Washington County. Froedtert West Bend Hospital’s total service area consists of Washington County and zip codes in eastern Dodge County. Froedtert West Bend Hospital determines its primary and secondary service areas by completing an annual review and analysis of hospital discharges and market share according to various determinants.



Primary Service Area

53001	Adell	53027	Hartford	53075	Random Lake
53002	Allenton	53037	Jackson	53086	Slinger
53010	Campbellsport	53040	Kewaskum	53090	West Bend
53011	Cascade	53048	Lomira	53091	Theresa
53021	Fredonia	53050	Mayville	53095	West Bend

Froedtert Health Community Engagement

Community Engagement proactively addresses community health needs through innovative programs and partnerships that improve population health and reduce disparities.



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.
2. 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.
3. Timeliness is essential for success. Immediate presence of Community Engagement initiatives, digitally and/or experientially, will advance our community connection, community reach and brand.
4. Community Engagement will leverage Froedtert Health resources to benefit our community including our people, financial, time, marketing, IT and digital resources.
5. Presence in the community will be achieved in person and digitally, safely, thoughtfully and with support from internal partners.
6. 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

About the Community Health Needs Assessment and Implementation Strategy

Community Health Needs Assessment (CHNA)

Froedtert West Bend 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 includes information from community members, public health officials, community leaders/experts and non-profit organizations representing vulnerable populations in the hospital 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
- Internal Hospital Data

The Froedtert West Bend Hospital CHNA report and supporting information can be found at [Froedtert West Bend Hospital Community Engagement](#).

Implementation Strategy/Community Health Improvement Plan

An implementation strategy (sometimes called a Community Health Improvement Plan) is a written plan of the long-term, systematic effort to address each significant health need identified in the community health needs assessment. Every three years, the CHNA serves as the basis for the creation of the implementation strategy to improve health outcomes and reduce disparities in the Froedtert West Bend Hospital service area.

Explanations of the significant health needs identified as priorities for Froedtert West Bend Hospital's 2024-2026 Implementation Strategy include:

- Strategies and actions planned to address each need
- Evaluation metrics
- Anticipated impact of those strategies
- Resources committed to those strategies
- Planned collaborative partners

Implementation Strategy Development Process

1) CHNA: Identify signification health needs

Froedtert West Bend Hospital, in collaboration with local health systems and the Washington Ozaukee Public Health Department, assessed the health needs of the communities it serves through a comprehensive data collection process from a number of key sources.

2) Prioritization: Select priority health needs

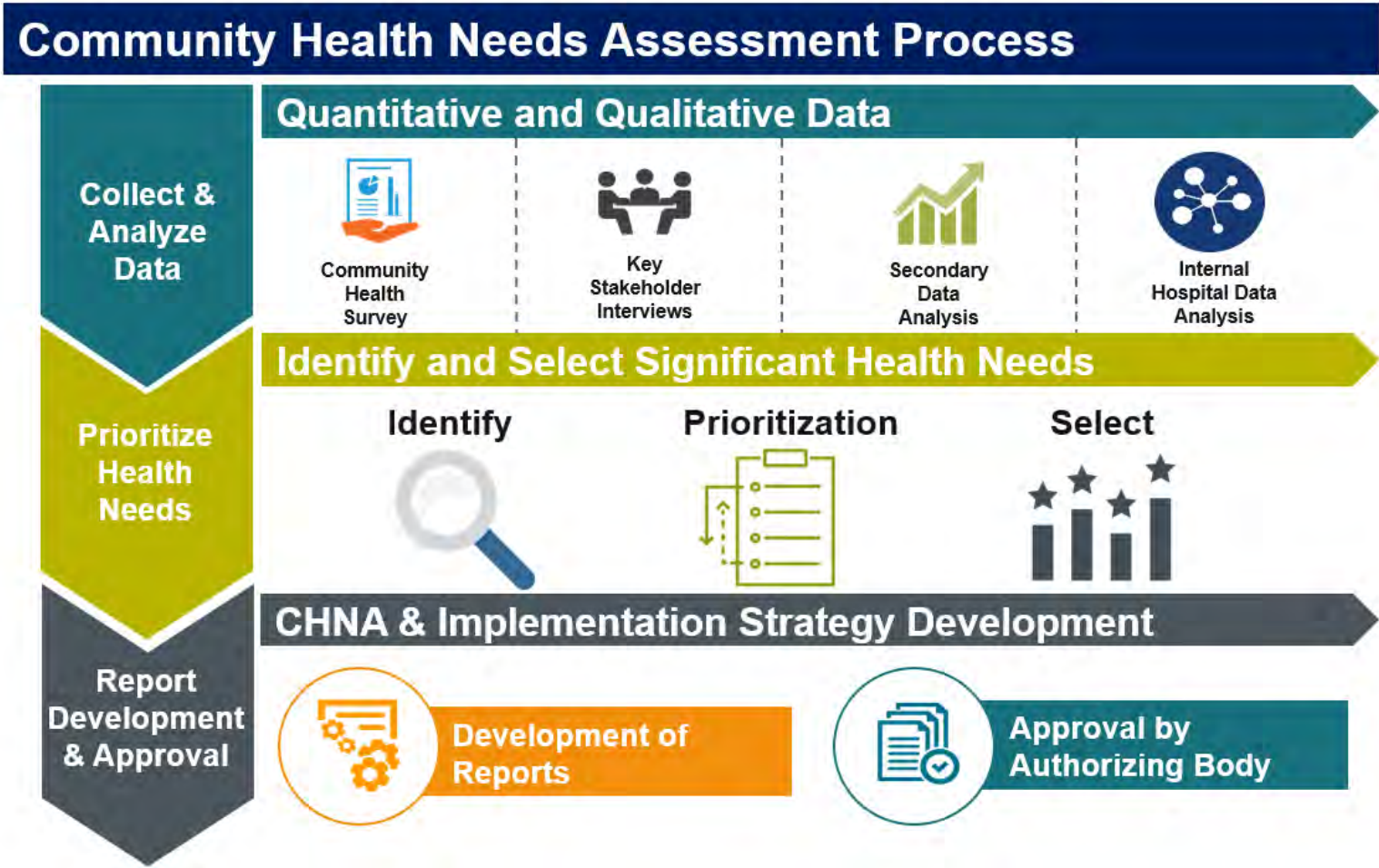
Froedtert West Bend Hospital CHNA/Implementation Strategy Advisory Committee reviewed CHNA data, identified key themes and prioritized and selected significant health needs.

3) Strategy development: Identify actions to address priority health needs

The Community Engagement team, in partnership with key stakeholders, identified evidence-based strategies, partnerships and resources to address significant health needs utilizing a health equity lens.

4) Approval: Authorizing body

The three year implementation strategy is approved by the Froedtert West Bend Hospital Board of Directors. Community Engagement leadership and staff will regularly monitor and report progress toward achieving goals and objectives.



Prioritizing Significant Health Needs

Froedtert West Bend Hospital, in collaboration with community partners and JKV Research, LLC, analyzed secondary data of several indicators and gathered community input through online and phone surveys and key stakeholder interviews to identify the needs in Washington County. Based on the information from all the CHNA data collection sources, the health needs were identified as:

- Mental Health and Access to Mental Health Services
- Alcohol Use and Substance Use
- Obesity
- Chronic Diseases
- Safe and Affordable Housing
- Affordable Childcare
- Economic Stability and Employment
- Accessible and Affordable Health Care

The CHNA was reviewed by the Froedtert West Bend Hospital CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members of Froedtert West Bend Hospital Community Initiatives Committee, Washington County community partners, the Washington Ozaukee Public Health Department and hospital and health system leadership and staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Washington County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Department of Community Engagement leadership team and a trained meeting facilitator, the planning process included four steps in prioritizing Froedtert West Bend Hospital's significant health needs:

- Review current hospital and community health improvement initiatives and strategies.
- Review the Community Health Needs Assessment results for identification and prioritization of community health needs.
- Rank and selected priority areas.
- Brainstorm evidence-based strategies, partnerships and programs to address community health needs.

During a facilitated workout session in February 2023, members of the CHNA/Implementation Strategy Advisory Committee were asked to rate each health need based on the following criteria, to identify the significant health needs:

Alignment: the degree to which the health issue aligns with Froedtert Health's mission and strategic priorities.

Feasibility: the degree to which the hospital can address the need through direct programs, clinical strengths and dedicated resources.

Partnerships: the degree to which there are current or potential community partners/coalitions.

Health Equity: the degree to which disparities exist and can be addressed.

Measurable: the degree to which measurable impact can be made to address the issue.

Upstream: the degree to which the health issue is upstream from and a root cause of other health issues.

Based on those results, three overarching significant health needs were identified as priorities for Froedtert West Bend Hospital's Implementation Strategy for fiscal 2024-2026:



Mental Health



Chronic Disease Prevention



Equitable Access to Health Services

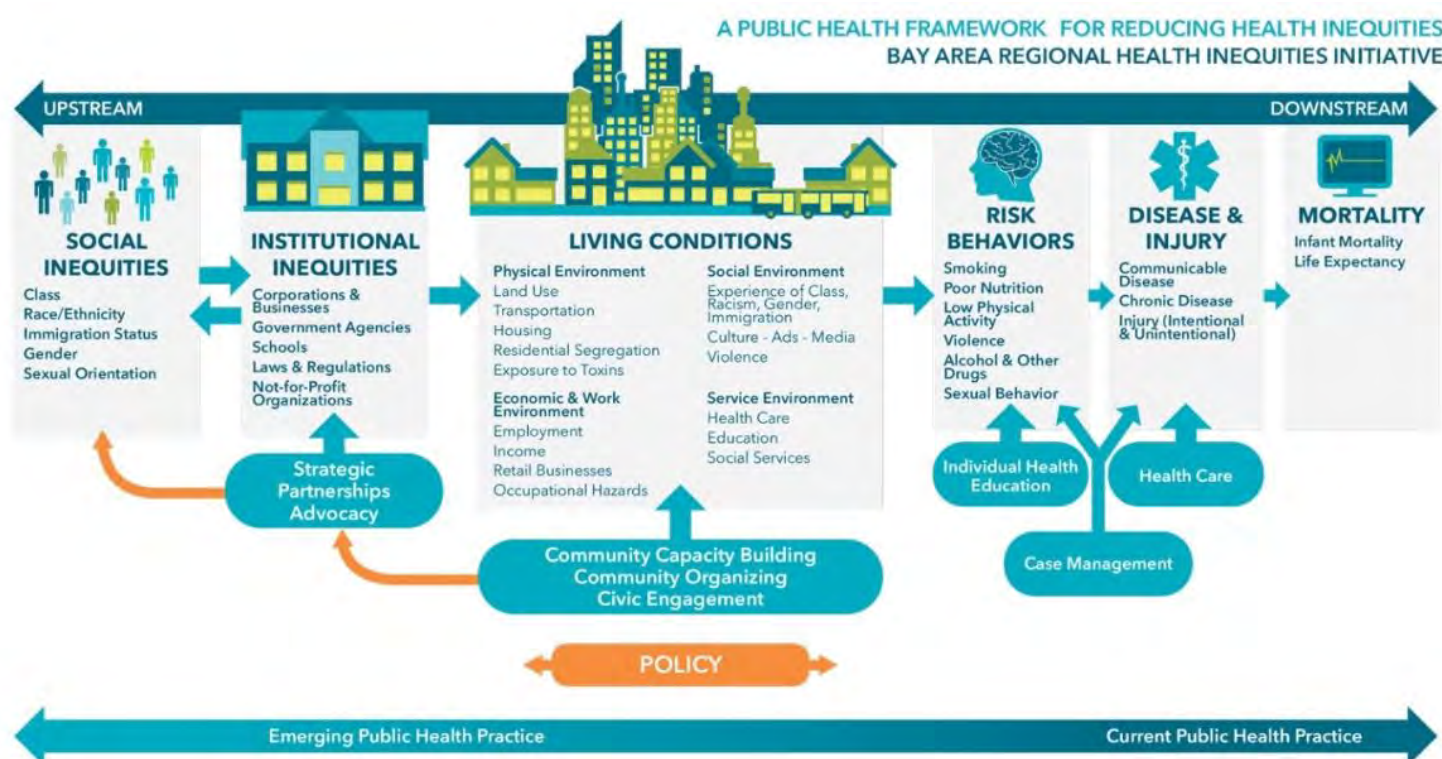
- **Mental Health:** Mental and physical health are equally important components of overall health. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan. Froedtert West Bend Hospital is committed to working internally to expand mental health services and partnering with community organizations to address this health need through prevention.
- **Chronic Disease Prevention:** Chronic diseases continue to be the leading causes of death and disability. Prevention and promoting healthy behaviors are important to reduce the risk of developing chronic conditions such as obesity, heart disease and cancer.
- **Equitable Access to Health Services:** Challenges continue due to lack of equitable medical, dental and mental health providers in the county. Froedtert West Bend Hospital is committed to ensuring a strong safety net of services that improve access to care for residents in Washington County, specifically structurally marginalized communities.

Priority Populations

Priority populations are groups of people with the greatest health disparities and/or risk for poor health. Based on the 2022 CHNA, Froedtert West Bend Hospital identified low income individuals, racial/ethnic minorities and the elderly as the priority populations that will be targeted in the 2024-2026 implementation strategy.

Implementation Strategy Development

After the facilitated workout session in February 2023, suggested strategies were identified using the public health framework for reducing health inequities and understanding how social determinants of health impact health outcomes. The Froedtert & the Medical College of Wisconsin health network's mission is to advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery. Froedtert West Bend Hospital is committed to being an inclusive and culturally competent organization that provides exceptional care to everyone; therefore, equity, diversity and inclusion are priorities not only for the hospital but also for the entire health network. Equity and social determinants of health were factors considered during the entire community health needs assessment, the identification of significant health needs and the prioritization of those needs. Furthermore, health equity, disparities and social determinants of health were considered as Froedtert West Bend Hospital identified strategies to address those prioritized significant health needs.



Significant Health Needs Not Addressed

- **Alcohol Use and Substance Use:** Froedtert West Bend Hospital collaborates with the local health department and local non-profits to address alcohol use and substance use through the substance use coalition and Healthy Community Fund.
- **Obesity:** Obesity was not identified as a stand-alone significant health need but this issue will be included under chronic disease prevention.
- **Safe and Affordable Housing:** As part of the Froedtert & the Medical College of Wisconsin health network, Froedtert West Bend Hospital will continue to support housing through the Housing Navigation Program, charitable giving and community partnerships.
- **Affordable Childcare:** Other organizations in the community are addressing this need.
- **Economic Stability and Employment:** Froedtert West Bend Hospital supports economic stability and employment by partnering with the Washington County Economic Development Corporation, Moraine Park Technical College and local chambers.

Implementation Strategy Evaluation

Froedtert West Bend Hospital's Community Engagement team and the Community Initiatives Committee will regularly monitor and report on progress toward 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.



Why Mental Health?

Mental and physical health are equally important components of overall health. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Washington County 2022 Community Health Needs Assessment Results

The following data is from the Washington County 2022 Community Health Needs Assessment that supports the need to address mental health.

- **20%** reported having a mental health condition in the past three years (baseline: 8%)
- **6%** reported feeling sad, blue or depressed always/nearly always in the past month (baseline: 3%)
- **12%** reported having frequent mental distress 14 or more days per month (WI: 13%)
- **9%** reported unmet mental health care services in past year (baseline: 1%)
- **7%** reported considering suicide in the past year (baseline: 2%)
- **14.5** suicide rate per 100,000 population (WI: 14.7)

Froedtert West Bend Hospital Strategies and Actions to Address Mental Health

Community Collaborations and Charitable Giving

Support mental health initiatives through community collaborations and charitable giving.

- Actively participate on the Washington Ozaukee Mental Health Committee.
- Support mental health efforts through charitable giving and sponsorship.

Health Care Career Exploration

Expose youth to mental health care careers.

- Expand mental health care career exploration to offer at least two presentations or speakers for middle school or high school students per year.

Educational Trainings

Conduct an educational training for community organizations and health care staff who serve priority populations.

- Collaborate with community organizations to conduct at least one educational training to increase awareness and skills to address mental health concerns, improve individual self-care and provide community with support, tools and resources.

Referral Applications

Provide access to mental health resources through referral applications.

- Utilize and promote Impact 211 as a central access point for people in need of mental health support.
- Explore the expansion of SilverCloud to the community.

Mental Health

Program/Initiative: Coalition Participation, Charitable Giving and Sponsorship, Health Care Career Exploration, Educational Trainings and Referral Applications

Goal: Support mental health and well-being through evidence-based, community-led prevention programs and navigation of support services that are equitable, high-quality, culturally responsive and linguistically appropriate, specifically for priority populations.

OBJECTIVES	STRATEGIES	ACTIONS	FY24-FY26 TARGETS	TOTAL	MEASURES
Support mental health outreach, education and prevention programs by June 30, 2026.	Support mental health initiatives through community collaborations and charitable giving.	Actively participate on the Washington Ozaukee Mental Health Coalition.	50 people impacted/year.	150 people impacted.	# of people impacted
		Support mental health efforts through the Healthy Community Fund.	100 individuals impact/year. A minimum of 1/3 of Healthy Community Fund dollars will be allocated to mental health strategies.	300 people impacted.	# of people impacted; dollars allocated
	Expose youth to mental health care careers.	Expand behavioral health care career exploration to offer at least two presentations or speakers for middle school or high school students per year.	Two presentations/year. 20 attendees/year. 50% of attendees increase knowledge. Career interest survey.	Six presentations. 60 attendees. 50% increase knowledge. Career interest survey.	# of presentations; # of attendees; Pre and post interest and knowledge survey; career survey
Improve access to mental health services and navigation to community resources by June 30, 2026.	Conduct an educational training for community organizations and health care staff who serve priority populations.	Collaborate with community organizations to conduct at least one educational training to increase awareness and skills to address mental health concerns, improve individual self-care and provide community with support, tools and resources.	FY24: Engage a minimum of two collaborative partners. FY25: Develop implementation plan. FY26: Conduct training with a minimum of 25 individuals.	25 individuals trained. Two collaborative partners.	# of people trained; # of collaborative partners
	Provide access to mental health resources through referral applications.	Utilize and promote Impact 211 as a central access point for people who need mental health support.	FY24: Identify and support current promotion practices. FY25 & FY26: Promote Impact 211 in collaboration with community partners. Train a minimum of 10 organizations.	20 organizations trained.	Promotional tactics; # organizations trained
		Explore the expansion of SilverCloud to the community.	FY24: Gather information on system capabilities and gain support. FY25: Develop pilot. FY26: Pilot SilverCloud in a community- based setting.	System progress and milestones.	

Anticipated impact:

- Strengthened community capacity and collaboration for shared responsibility to address unmet mental health needs.
- Increased awareness and interest of behavioral health careers.
- Increased awareness, knowledge and skills to support individuals experiencing mental health concerns.
- Increased access to behavioral health services.

FWBH available resources:

- Community Engagement Leadership/Staff
- Behavioral Health Services
- Froedtert West Bend Hospital Healthy Community Fund
- Froedtert Health Sponsorship
- Workforce Development
- The Department of Psychiatry and Behavioral Health Medical College of Wisconsin
- Inception Health

FWBH collaborative partners:

- Washington Ozaukee Public Health Department – Partner to promote and implement mental health initiatives.
- Washington County School Districts – Partner to expose youth to behavioral health care careers.
- National Association of Mental Illness (NAMI) Washington County – Partner to provide educational trainings in the community.
- Impact 211 – Partner to increase awareness of resources.
- Washington County Non-Profit Organizations – Partner to promote and implement mental health initiatives.
- First Responders – Partner to conduct front line mental health trainings.
- Elevate, Inc. – Partner to provide education and resources.
- Albrecht Free Clinic – Partner to provide community prevention programs/services to low income and uninsured individuals.
- Casa Guadalupe Education Center – Partner to provide community prevention programs/services to Hispanic/Latino population.
- West Bend Senior Center – Partner to provide mental health programs to elderly populations.
- Washington County Human Services – Partner to provide mental health services.

Long-term metrics (from publically available sources)

- Reduce the average number of poor mental health days in last 30 days (baseline: 4.0)
- Reduce unmet mental health care in past year (baseline: 9%)
- Increase the ratio of mental health providers (baseline: 840)
- Reduce the proportion of adults with frequent mental distress (14 or more days per month) (baseline: 12%)
- Reduce the suicide rate per 100,000 population (baseline: 14.5)
- Reduce the proportion of adults who considered suicide in past year (baseline: 7%)
- Reduce mental health-related emergency department visits for non-Hispanic Black individuals (baseline: 2,099)
- Rate of mental health diagnoses per 1,000 people in 53027 (4402 (25.3), 4401.03 (21.7) & 4401.04 (19.6) and 53095: 4204.01 (23.3))

Chronic Disease Prevention



Why Chronic Disease Prevention?

Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United State. They are also the leading drivers of health care costs (Center for Disease Control).

Washington County 2022 Community Health Needs Assessment Results

The following data is from the Washington County 2022 Community Health Needs Assessment that supports the need to address mental health.

- **35%** reported having high blood pressure in the past three years (baseline: 28%)
- **11%** reported having diabetes in the past three years (baseline: 9%)
- **23%** reported having high blood cholesterol in the past three year (baseline: 21%)
- Highest cancer incidence rates: colorectal, skin and prostate
- **33.1%** of adults are obese (baseline: 12.8%)

Froedtert West Bend Hospital Strategies and Actions to Address Chronic Disease

Community Collaborations & Charitable Giving

Support chronic disease prevention initiatives through community collaborations and charitable giving.

- a. Implement at least three prevention opportunities in partnership with community organizations that target low income, elderly or Hispanic/Latino populations.
- b. Support chronic disease prevention efforts through the Healthy Community Fund.

Access to Care

Increase access to preventative screenings, navigation to resources and education.

- a. Conduct one cancer screening yearly in partnership with community organizations and the Froedtert & the Medical College of Wisconsin Cancer Network.
- b. Conduct at least two chronic disease community screenings across zip codes 53090 (West Bend), 53095 (West Bend) and 53027 (Hartford).
- c. Support population health and health equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancers, pneumococcal vaccines, diabetes, hypertension and hospital readmissions.

Chronic Disease Prevention

Program/Initiative: Community Collaborations, Charitable Giving, Cancer and Chronic Disease Screenings and Referrals

Goal: To reduce the burden of chronic diseases in Washington County.

OBJECTIVES	STRATEGIES	ACTION	FY24-FY26 TARGETS	TOTAL	MEASURES
Increase preventative screening, navigation to resources and treatment of chronic diseases specifically for priority populations in high need zip codes by June 30, 2026.	Support chronic disease prevention initiatives through community collaborations and charitable giving.	Implement at least three prevention opportunities in partnership with community organizations that target either low income, elderly or Hispanic/Latino populations.	One prevention opportunity/year. A minimum of 50 people impacted/year.	Three prevention opportunities. A minimum of 150 people impacted.	# of opportunities; # impacted
		Support chronic disease prevention efforts through the Healthy Community Fund.	A minimum of 100 individuals impact/year A minimum of 1/3 of Healthy Community Fund dollars will be allocated to chronic disease prevention strategies.	A minimum of 300 people impacted.	# of people impacted; dollars allocated
	Increase access to preventative screenings, navigation to resources and education.	Yearly conduct one cancer screening in partnership with community organizations and the Froedtert & the Medical College of Wisconsin Cancer Network.	A minimum of 50 individuals screened for cancer/year. (150 total) Of those screened, 100% of those who need further evaluation receive referrals for additional services/care. Of those screened, 80% will receive a social needs screening. Of those screened for social needs 100% will be provided with resources.		# screened for cancer; % referred; % received social needs screening; % provided social needs resources; demographics
		Conduct at least two chronic disease community screenings across zip codes 53090 (West Bend), 53095 (West Bend) and 53027 (Hartford).	A minimum of 50 individuals screened for chronic disease/year. (150 total) Of those screened, 100% of those who need further evaluation receive referrals for additional services/care. Of those screened, 80% will receive a social needs screening. Of those screened for social needs 100% will be provided with resources.		# screened for chronic diseases; % referred; % received social needs screening; % provided social needs resources; demographics
		Support population health and 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.	Composite measure achieved. Individual percent goals achieved.		

Anticipated Impact:

- Reduced health disparities.
- Strengthened community capacity and collaboration for shared responsibility to address chronic disease related conditions.
- Increased awareness around the importance of prevention and early detection .
- Provided diagnosis information and support to patients and caregivers.
- Increased participation in community cancer screenings – especially at-risk and vulnerable populations.
- Improved access and referrals to community resources resulting in better outcomes.

FWBH Available Resources:

- Froedtert Cancer Network Care Navigator
- Froedtert West Bend Hospital's Community Foundation
- Froedtert & MCW Community Physicians
- Froedtert & MCW Cancer Care Network Physicians
- Community Education Coordinator
- Froedtert West Bend Hospital Healthy Community Fund
- Froedtert Health Sponsorship

FWBH Collaborative Partners:

- Albrecht Free Clinic – Partner to provide community chronic disease prevention programs/services to low income and uninsured individuals.
- Casa Guadalupe Education Center – Partner to provide community chronic disease prevention programs/services to Hispanic/Latino populations.
- Washington Ozaukee Public Health Department – Partner to promote and implement chronic disease prevention efforts.
- Kettle Moraine YMCA – Partner to promote and implement chronic disease prevention efforts.

Long-term metrics (from publically available sources)

- Reduce the proportion of adults with obesity (baseline: 33.1%)
- Reduce the proportion of adults with high blood pressure (baseline: 35%)
- Increase percent of residents controlling high blood pressure (baseline: xx% | HP2023 target 18.9%)
- Reduce the proportion of adults with high blood cholesterol (baseline: 23%)
- Reduce the proportion of adults with diabetes (baseline: 11%)
- Reduce the proportion of adults with heart disease (baseline: 11%)
- Decrease age-adjusted cancer incidence rates for colorectal (baseline: 37.3), skin (baseline: 251) and prostate (baseline: 63.8)
- Decrease rates of chronic disease conditions in 53090, 53095 and 53027
- Highest need census tracks/zip codes:
 - 53090 (West Bend): Cardiovascular Disease: 4201.04 (63.7) & 4204.02 (48.2) & Diabetes: 4204.02 (51.7)
 - 53095 (West Bend): Cancer: 4201.03 (39.8) & Diabetes: 4204.01(62.8)
 - 53027 (Hartford): Obesity: 4402 (31) & 4401.04 (26.5)
 - Other areas: Richfield (54701): Cardiovascular Disease: (72) & Cancer (42.3)

Equitable Access to Health Services



Why Equitable Access to Health Services?

Many people do not receive timely, affordable and appropriate health care that is culturally sensitive and responsive. This is due to factors such as proximity to care, access to providers, language barriers, stigma, cost and insurance coverage.

Washington County 2022 Community Health Needs Assessment Results

The following data is from the Washington County 2022 Community Health Needs Assessment that supports the need to address mental health.

- **2,030: 1** Number of residents for one primary care physician
- **920:1** Number of residents for one mental health provider
- **1,610: 1** Number of residents for one dentist
- **10%** Reported unmet medical care (baseline: 12%)
- **10%** Reported unmet dental care (baseline: 19%)
- **6%** prescription medication not taken due to cost (baseline: 14%)

Froedtert West Bend Hospital Strategies and Actions to Equitable Access to Health Services

Charitable Giving

Support equitable access to health services through community charitable giving.

- a. Allocate funds to support equitable access to health services through the Healthy Community Fund.

Impact Connect

Utilize Impact Connect to share information and coordinate care of health and social service needs.

- a. Continue to implement and expand the social determinates of health screening tool within primary and specialty care.

Population Health and Health Equity

Support population health and health equity efforts in the Froedtert West Bend Hospital market.

- a. Support population health and health equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancers, pneumococcal vaccines, diabetes, hypertension and readmissions
- b. Expand the Froedtert Health Community Health Worker program to Froedtert West Bend Hospital.

Health Care Career Exploration

Promote mission critical careers at Froedtert West Bend Hospital.

- a. Offer at least two opportunities to educate middle or high school students about health care careers per year.

Equitable Access to Health Services

Program/Initiative: Charitable Giving, Impact Connect, Population Health and Health Equity, Health Care Career Exploration.

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

OBJECTIVES	STRATEGIES	ACTIONS	FY24-FY26 TARGETS	TOTAL	MEASURES
Enhance a strong, equitable safety net of services that improves access to care among priority populations by June 30, 2026.	Support equitable access to health services through community charitable giving.	Allocate funds to support equitable access to health services through the Healthy Community Fund.	A minimum of 100 individuals impact/year A minimum of 1/3 of Healthy Community Fund dollars will be allocated to access to care strategies.	A minimum of 300 people impacted.	# of people impacted; dollars allocated
	Utilize Impact Connect to share information and coordinate care of health and social service needs.	Continue to implement and expand the social determinates of health screening tool within primary and specialty care.	FY24: Identify community-based organizations (CBOs). FY25: Develop collaborative partner plans. FY26: measure/monitor referrals.	Total CBO partnerships. Number of patients screened. Number of referrals.	# of CBOs; # of patients screened; # of referrals
	Support population health and health equity efforts in the Froedtert West Bend Hospital market.	Support population health and health equity by addressing gaps in medical care, screenings, education and navigation to resources related to breast and colon cancers, pneumococcal vaccines, diabetes, hypertension, and readmissions	Yearly gap in care goal achieved. Yearly composite measure goal achieved.		
		Expand the Froedtert Health Community Health Worker program to Froedtert West Bend Hospital.	FY24: Research and develop a staffing plan. FY25: Secure funding support for a FY26 launch. FY26: Onboard, develop work flows, and policies/procedures.	1 full-time FTE.	Program progress and milestones
	Promote mission critical careers at Froedtert West Bend Hospital.	Offer at least two opportunities to educate middle or high school students about health care careers per year.	Two presentations /year. 20 attendees/year. 50% of attendees increase knowledge. Career interest survey.	Six presentations. 60 attendees. 50% increase knowledge. Career interest survey.	# of presentations; # of attendees; Pre and post interest and knowledge survey; career survey

Anticipated Impact:

- Improved access to care to vulnerable populations.
- Reduced unnecessary health care costs.
- Strengthened community capacity and collaboration for shared responsibility to address unmet health needs.
- Reduced health disparities.
- Increased participation in social determinants of health screenings – especially at-risk and vulnerable populations.
- Increased awareness and interest in health care careers.

FWBH Available Resources:

- Community Engagement leadership/staff
- Froedtert West Bend Hospital Healthy Community Fund
- Froedtert & MCW Community Physicians
- Community Health Worker
- Population Health and Health Equity

FWBH Collaborative Partners:

- Albrecht Free Clinic – Partner to provide health and dental care to underserved populations.
- Casa Guadalupe Education Center – Partner to navigate and provide services to Hispanic/Latino populations.
- United Way of Washington County – Partner to fund organizations to increase access to care.
- Washington County School Districts – Partner to provide health care career exploration opportunities.
- Washington County Human Services – Partner to provide behavioral health services.

Long-term metrics (from publically available sources)

- Unmet medical health care in past year (baseline: 10%)
- Unmet dental care in past year (baseline: 10%)
- Ratio of primary care providers (baseline: 2,030)
- Ratio of dentist (baseline: 1,610)

Appendix A: Froedtert West Bend Hospital CHNA/Implementation Strategy Advisory Committee

Name	Title	Organization	Hospital Affiliation
Michelle Arneson	Physician, North Hills Family Medicine	Froedtert Health	
Noelle Braun	Executive Director	Casa Guadalupe Education Center	
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Julie Driscoll	Director, Human Services	Washington County	CIC
Larry Dux	Director, Clinical Informatics	Froedtert Health	
Allen Ericson	President, CHD / FWBH	Froedtert Health	CIC
Jacci Gambucci	Community Member		CIC
Pat Gardner, MD	VP Medical Affairs	Froedtert Health	
Andres Gonzalez	Vice President, Community Engagement & Chief Diversity Officer	Froedtert Health	
Kiara Green	Executive Assistant Associate – Community Engagement	Froedtert Health	
Ruth Henkle	Executive Director	Albrecht Free Clinic	
Ema Hernandez	Community Health Worker	Froedtert Health	
Ann Johnson	Executive Director, West Bend Hospital Foundation	Froedtert Health	CIC
Lori Landy	Behavioral Health Care Coordinator	Froedtert Health	
Teri Lux	President, FMFH & COO, CHD	Froedtert Health	
Amy Maurer	Community Engagement Coordinator	Froedtert Health	
Deb McCann	Executive Director Patient Care	Froedtert Health	
Hollie Milam	Deputy Director	Washington Ozaukee Public Health Department	
Alissa Mosal	Nurse Manager	Albrecht Free Clinic	
Patricia Nimmer	Director, Community Outreach/Partnerships	Froedtert Health	
Chuck O'Meara	Community Member		
Robert Ramirez	Director, Community Health	Froedtert Health	
Allyson Rennebohm	Community Nurse Coordinator	Froedtert Health	
Pete Rettler	Dean	Moraine Park Technical College	CIC
Angelica Schmitt	Advocacy & Outreach Coordinator	Lakeshore Community Health Care	
Kelly Stueber	Director of Clinical Operations CP, VP Patient Care	Froedtert Health	
Christian Tscheschlok	Executive Director	EDWC	CIC
Steve Volkert	City Administrator	City of Hartford	CIC
Amanda Wisht	Manager of Community Benefit and Impact	Froedtert Health	