



Community Health Implementation Strategy FY 2023 – FY 2025

UnityPoint Health – Meriter
Madison, WI



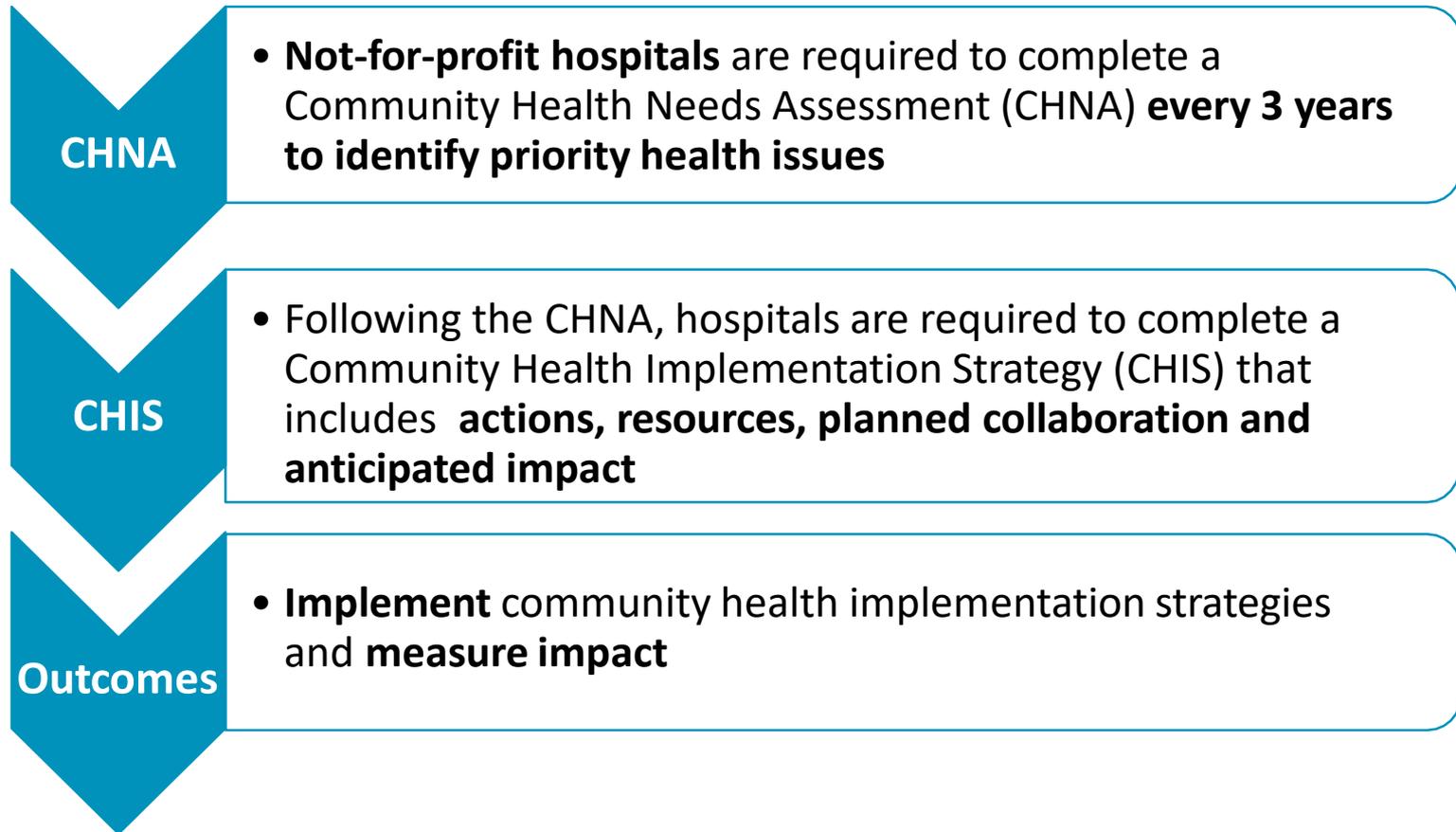
Introduction

UnityPoint Health - Meriter completed a joint 2022-2024 Community Health Needs Assessment (CHNA) with our Healthy Dane Collaborative Partners: UW Health, SSM Health – St. Mary’s, Stoughton Hospital in collaboration with Group Health Cooperative and Public Health Madison Dane County.

We are proud to work collectively with many partners on our implementation strategy to improve health in our community.



Community Health Improvement



Health Equity

We are committed to addressing health inequities: “types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect a group of people.”



Equal Support
Not everyone has the same advantages or faces the same barriers, so "equality" doesn't actually yield equal outcomes.



Equitable Support
When each group is given targeted support specific to their needs, to overcome their unique barriers, it yields the most "equitable" outcomes.



Removal of Systemic Barriers
When we work to remove the barriers that all groups face, then everyone will have the same access.

Our Commitment to the Community

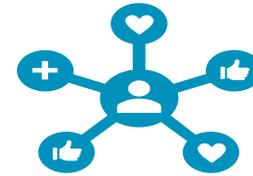
UnityPoint Health - Meriter remains committed to improving health outcomes in Dane County. We will:



Continue community engagement as we develop and implement community health improvement initiatives



Implement activities in alignment with the needs that were voiced by the community in the Community Health Needs Assessment



Address social determinants of health in conjunction with clinical care



Embrace and acknowledge diversity, equity and inclusion principles



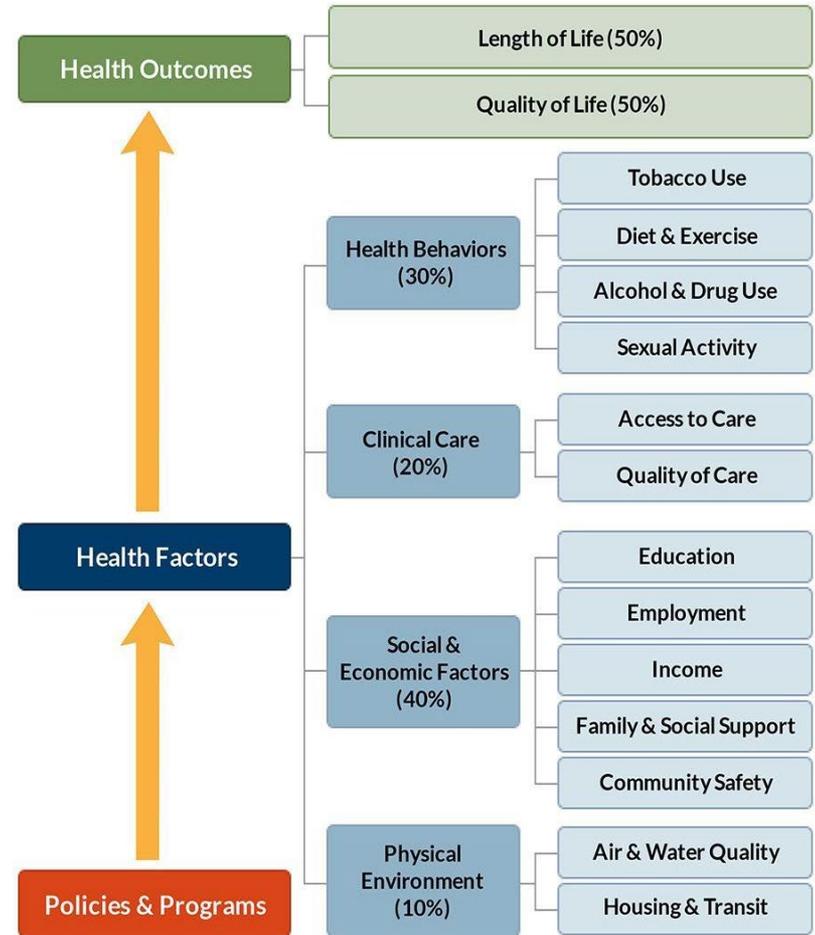
Measure community health improvement



Communicate our progress

Strategies Lean on the UW SMPH Population Health Institute Framework

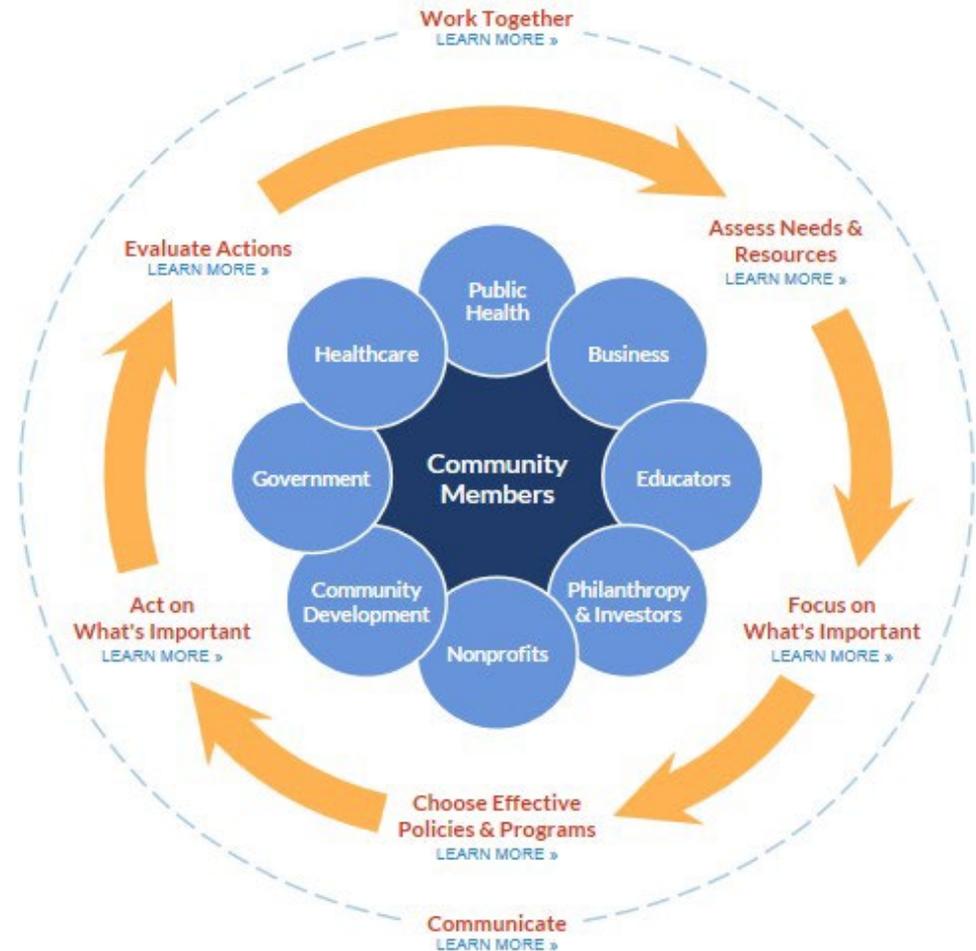
We are using the framework of the **UW-Madison Population Health Institute County Health Rankings** model to understand what contributes to health outcomes and think broadly about areas for community health improvement.



County Health Rankings model © 2014 UWPHI

Take Action Cycle

We are using the framework of the **County Health Rankings & Roadmaps' Take Action Cycle** to guide us in HOW to create a healthy community that results in community transformation.



Collaborative Approach Among Health Systems

Dane County Health Council

Vision: All Dane County residents have optimal health and well-being

Mission: Eliminate gaps and barriers to optimal health and reduce disparities in health outcomes

Health Care Providers	Government	Nonprofits
Access Community Health Centers	Public Health Madison Dane County	United Way
Group Health Cooperative	Madison Metropolitan School District	
SSM St. Mary's		
UnityPoint Health – Meriter		
UW Health		

Joint 2022-2024 Community Health Needs Assessment (CHNA)

- Participated in Healthy Dane Collaborative Joint Community Health Needs Assessment in 2021
- Methodology
 - Key informant interviews
 - Community input session
 - Community survey
 - Provider survey
 - Dane County youth assessment data
 - Healthydane.org data
- CHNA Approved by UnityPoint Health - Meriter Board of Directors on December 15, 2021

What We Heard...



A word cloud of community health needs. The word 'housing' is the largest and most central. Other prominent words include 'housing and financial', 'housing support', 'housing insecurity', 'transportation', 'food and housing', 'access', 'needs', 'health care', 'housing instability', 'food security', 'health resources', 'job insecurity', 'healthy foods', 'child care', 'mental health', 'food insecurity', 'lack of housing', and 'health access'.

“...People are deciding between groceries or taking medications.”
-Wisconsin Faith Voices for Justice Participant

“Big need for mental health support. Most times it is not a financial option for most people. Everyone is struggling as a baseline. Getting worse since reopening.”
-LGBTQ + Community Input Session Participant

“Medical transportation (MTM) will only take the child and the parent, not the other siblings, but nobody is at home to watch them.”
- Youth Key Informant Interview

[See the full 2022 Community Health Needs Assessment here.](#)

Dane County 2022-2024 CHNA Priority Health Outcomes



Reproductive Justice



Chronic Conditions



Behavioral Health



Injury

UnityPoint Health – Meriter’s CHIS Priority Areas of Focus



Why Reproductive Justice?

- Dane County Health Council Priority Area
- Shared strategy with system of care partner – UW Health
- Birthing Center and Center for Perinatal Care on Meriter campus



Why Chronic Conditions?

- Ability to target strategies to patient in seven Meriter primary care clinics
- Alignment with internal and external quality metrics



Why Behavioral Health?

- Addiction Services Program, Child & Adolescent Psychiatry and Inpatient Adult Psychiatry on Meriter campus
- Shared strategy with system of care partner – UW Health



Why NOT Injury?

- Partner organizations are focusing on this
- Capacity/Ensure three areas of focus are done well
- While not a CHIS priority, Meriter will continue doing work in this area/Some Meriter CHIS strategies overlap to support this priority



Reproductive Justice Priority Area



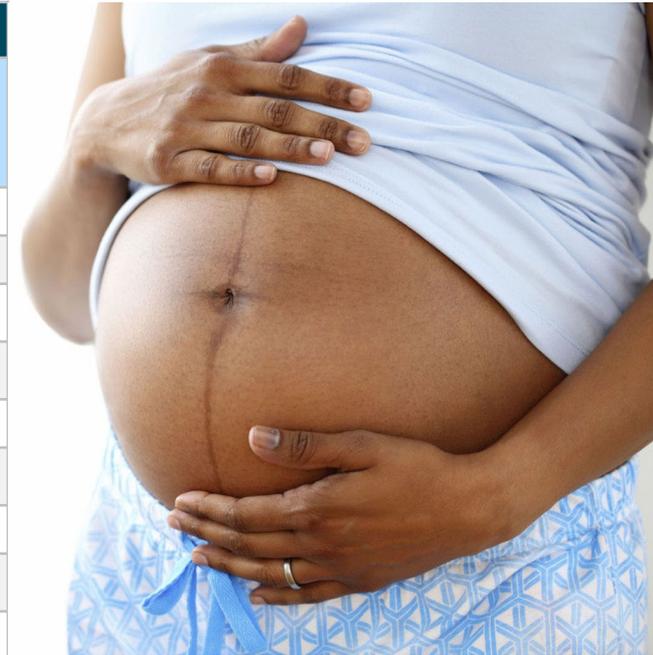
UnityPoint Health
Meriter

PARTNER OF
UWHealth

Disparities Are Persistent

Percent Low Birthweight in WI
(less than 2,500 grams)

Mother's Race / Ethnicity	Detail Information		
	Number of Low Birthweight Births	Total Number of Births	Percent Low Birthweight
All Selected	1,231	17,183	7.2
White (Non-Hispanic)	736	12,029	6.1
Black/African American (Non-Hispanic)	210	1,515	13.9
American Indian/Alaska Native (Non-Hispanic)	X	41	X
Hispanic	116	1,606	7.2
Laotian or Hmong (Non-Hispanic)	32	344	9.3
Other (Non-Hispanic)	89	1,145	7.8
Two or More Races (Non-Hispanic)	43	468	9.2
Missing	X	35	X



Source: Wisconsin Department of Health Services. (Last Revised, February 15, 2018). <https://www.dhs.wisconsin.gov/wish/index.htm1>. Wisconsin Department of Health Services. (2020) Retrieved from: <http://healthydane.org>

Non-Hispanic Black infants have 2.5x higher chance of dying before 1st birthday

	2012-2014	2013-2015	2014-2016	2015-2017
All Dane County	5.7	5.3	4.5	4.0
Non-Hispanic White	4.9	4.7	4.1	3.6
Non-Hispanic Black	11.6	9.6	8.9	8.2
Hispanic	6.9	8.0	6.0	6.8
Non-Hispanic Asian	4.7	3.3	3.2	2.6

Fetal mortality rate per 1,000 live births

Source: April 2019 Dane county Maternal and Child Health Data Book

Foundational Competency: Community Engagement



“The Black Maternal & Child Health Alliance is comprised of Black women serving in important roles in health care, our community, and as decision-makers and knowledge experts. Our highest priority is to ensure that the health and well-being of Black mothers remains front and center.”

CO-CHAIRS GREEN AND STEVENSON

Reproductive Justice Community Partners

UnityPoint Health – Meriter is working in collaboration with many existing organizations and local champions in Dane County to address reproductive justice.

Community-Based Organizations

- Foundation for Black Women’s Wellness
- EQT By Design
- Black Maternal and Child Health Alliance of Dane County
- African American Health Network
- Meadowood Health Partnership / Neighborhood Connectors
- Faith Based Organizations
- NAACP
- Urban Triage

Non-profit Organizations

- March of Dimes
- United Way

Government Agencies

- Public Health Madison Dane County
- Dane County Human Services/ Joining Forces for Families

Reproductive Justice Objectives

GOAL: Achieve healthy birth outcomes for Black families in Dane County

- **Objective 1:** Eliminate inequities in low-birth-weight births between Black and white individuals in Dane County
 - **Metric:** Number and percentage of low-birth-weight births by maternal race
- **Objective 2:** Eliminate inequities in infant mortality between Black and white individuals in Dane County
 - **Metric:** Mortality rate by maternal race in Dane County
- **Objective 3:** Eliminate the impact of trauma on patients and families that may already be impacted by trauma
 - **Metric:** Trauma education and care education provided to all perinatal staff and providers
- **Objective 4:** Increase the number of black birthing individuals that have access to resources around domestic violence prior to discharge
 - **Metric:** All inpatients screened for Domestic Violence

Achieving objective will:

- Require years to meet our goals (currently four years into project)
- Involve many partners, across sectors, with shared commitment
- Require multiple, simultaneous, strategies and tactics



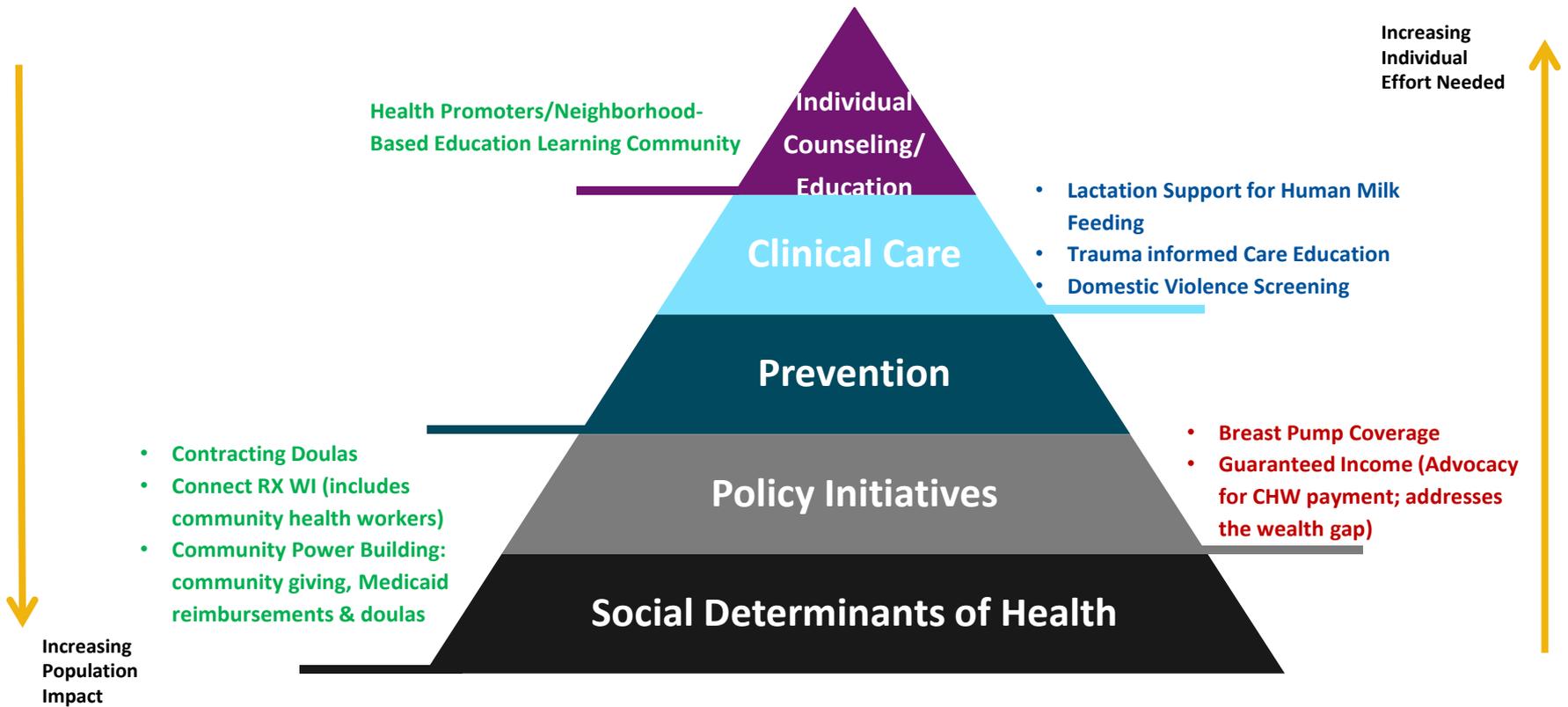
Saving Our Babies Initiative

This is a continuation of work with the Dane County Health Council:

- Currently four years into a multi-year initiative
 - Built foundational groundwork; Now working on implementation
- Completed work to date:
 - Formation of Black Maternal Child Health Alliance (now part of Dane County Health Council)
 - Created Black Maternal Child Health Community Portal
 - Hired Saving Our Babies Coordinator (via Foundation for Black Women's Wellness)
 - Community health workers hired (via UW Health)
 - Hired 8 of the 10 Doulas to support the work of Connect RX
 - Connect RX closed loop referral system launched
- In process of developing short-term metrics and milestones to measure progress
 - Link measures with internal operational plans, quality plans, etc.



Reproductive Justice Strategy Pyramid



Color Coding Legend:

Dane County Health Council Initiative

Initiative in partnership with UW Health

UnityPoint Health – Meriter led initiative

Reproductive Justice Strategies

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
Lactation Support for Human Milk Feeding: Achieve healthy birth outcomes for Black families by expanding lactation support for Black patients delivered at Meriter	Lactation Team	Improve health outcomes for Black birthing patients and newborns	Increase exclusive rate of human milk feeding for Black patients delivered at 37 weeks gestation or greater; report quarterly	FY2024
Connect Rx: Screen all pregnant patients that identify as black for Social Determinants of Health (SDOH)	Dane County Health Council/Saving Our Babies	Improved outcomes for Black families at risk by providing community-based support, i.e.; housing security, food security, etc.	Screen 100% of pregnant patients that identify as Black in the Center for Perinatal Care and upon inpatient admission at UPH-Meriter; report quarterly Future metric: number of referrals made and the number of individuals who report receiving the resources they need.	FY2022-2024
Breast Pump Coverage: Advocate for equitable breast pump coverage for people on WI Medicaid	UW Health	Breast pumps are covered at same level as commercial insurance, thereby increasing opportunity for family to provide human milk	Policy change	FY2023-2024
Health promoters/Comm Based Education: Connection to resources within communities	Dane County Health Council/Saving Our Babies	Improved outcomes for Black families by providing them access to resources they need.	Collaborative work out of Health Council	FY 2023-2024
Contracting Doulas: Increase access to doulas	Dane County Health Council/Saving Our Babies	Improved outcomes for Black families	Increase Access to Doula Services and improved birthing outcome for Black birthing patients.	FY 2022-2023

Reproductive Justice Strategies (Continued)

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
Community Power Building: multifaceted approach that allows for community giving, advocacy and doula services	Dane County Health Council/Saving Our Babies	Positively impact the health outcomes of black individuals	Policy Change Community Giving Increase in access to Doula Services	FY 2024
Guaranteed Income: This addresses the wealth gap that allows black birthing patients to have access to needed resources that allows them to better care for their families	Dane County Health Council/Saving Our Babies	Improved SDoH	Policy Change	FY 2023-2024
Trauma Informed Care: Trauma Informed Care education will be provided to all Perinatal staff/providers	None	Staff and Provider enhanced learning leading to improved care provided to patients and families who suffer trauma in their lives	Education provided to all Perinatal staff/providers by 2023. Quarterly update on the development of the education module	FY 2023-2024
Domestic Violence Screening: Screen all hospital inpatients	None	Improved health outcome for all Black individuals	100% of inpatients at UnityPoint Health - Meriter are screened for domestic violence prior to discharge; report out quarterly	FY 2023



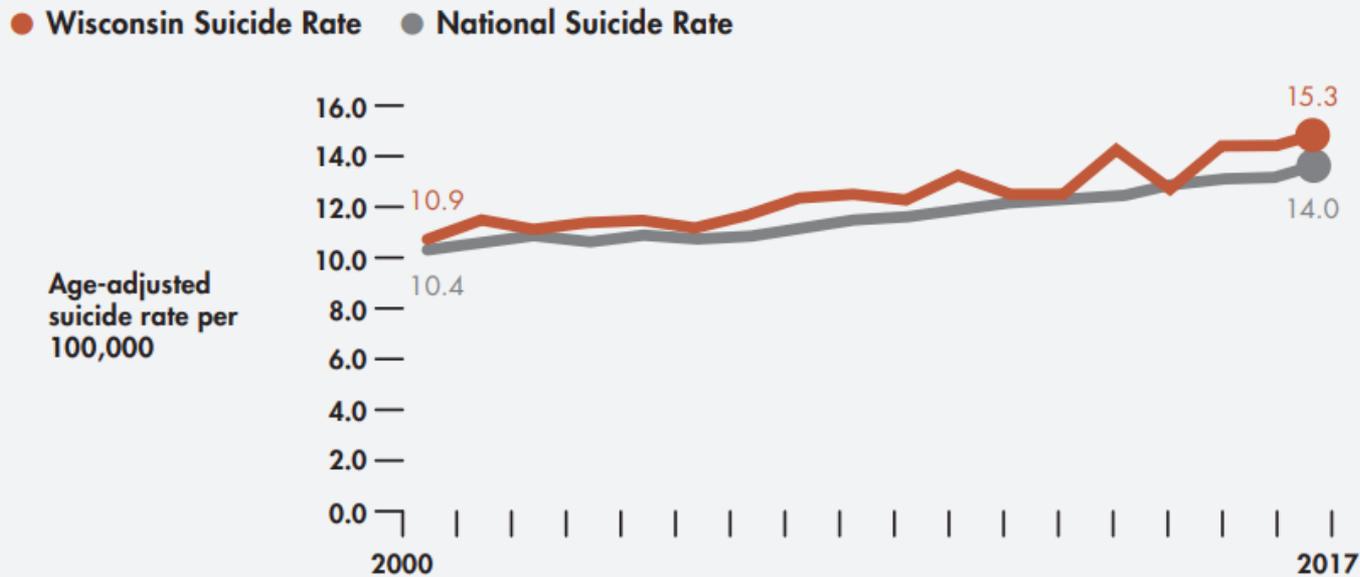
Behavioral Health Priority Area



Wisconsin Suicide

Wisconsin Suicide Trends

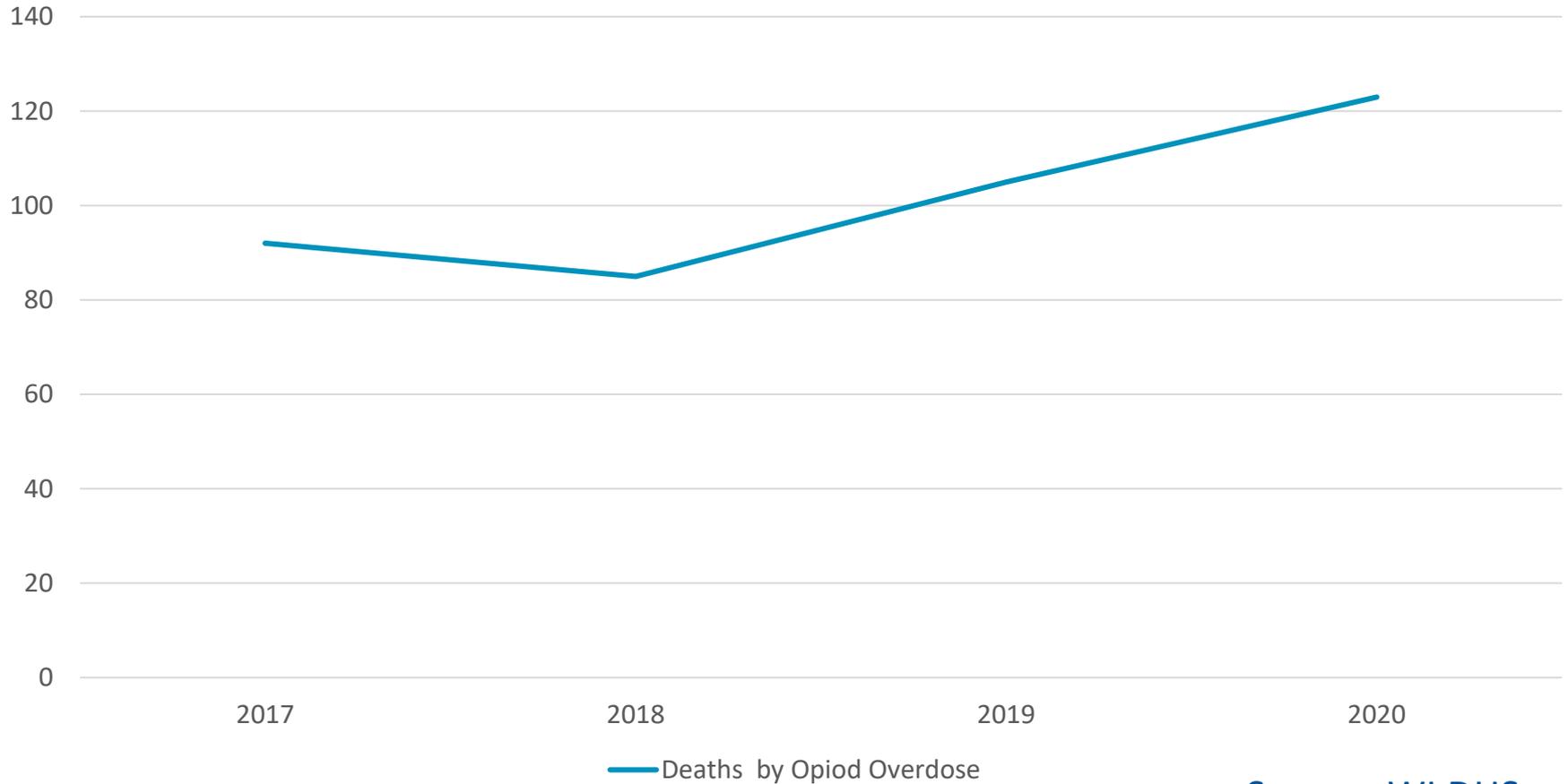
Figure 1. Suicide rate among Wisconsin residents increased by 40%, 2000–2017.



Data sources: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2000–2017. Mortality data from the National Vital Statistics System (NVSS), 2000–2017, retrieved from: <https://wisqars-viz.cdc.gov:8006/>. Accessed: October 2019

Deaths by overdose in Dane County continue to increase

Deaths by Opioid Overdose



[Source: WI DHS](#)

Behavioral Health Community Partners

UnityPoint Health – Meriter is working in collaboration with many existing organizations and local champions in Dane County to behavioral health.

Community-Based Organizations

- Safe Communities
- African American Opioid Coalition
- Healthcare Task Force
- ARC Community Services, Inc.
- Recovery Coalition of Dane County

Non-profit Organizations

- Wisconsin Society of Addiction Medicine

Government Agencies

- Wisconsin Department of Health Services
- Public Health Madison Dane County
- Dane County Human Services

Behavioral Health Objectives

GOAL: Improve behavioral health outcomes for Dane County residents

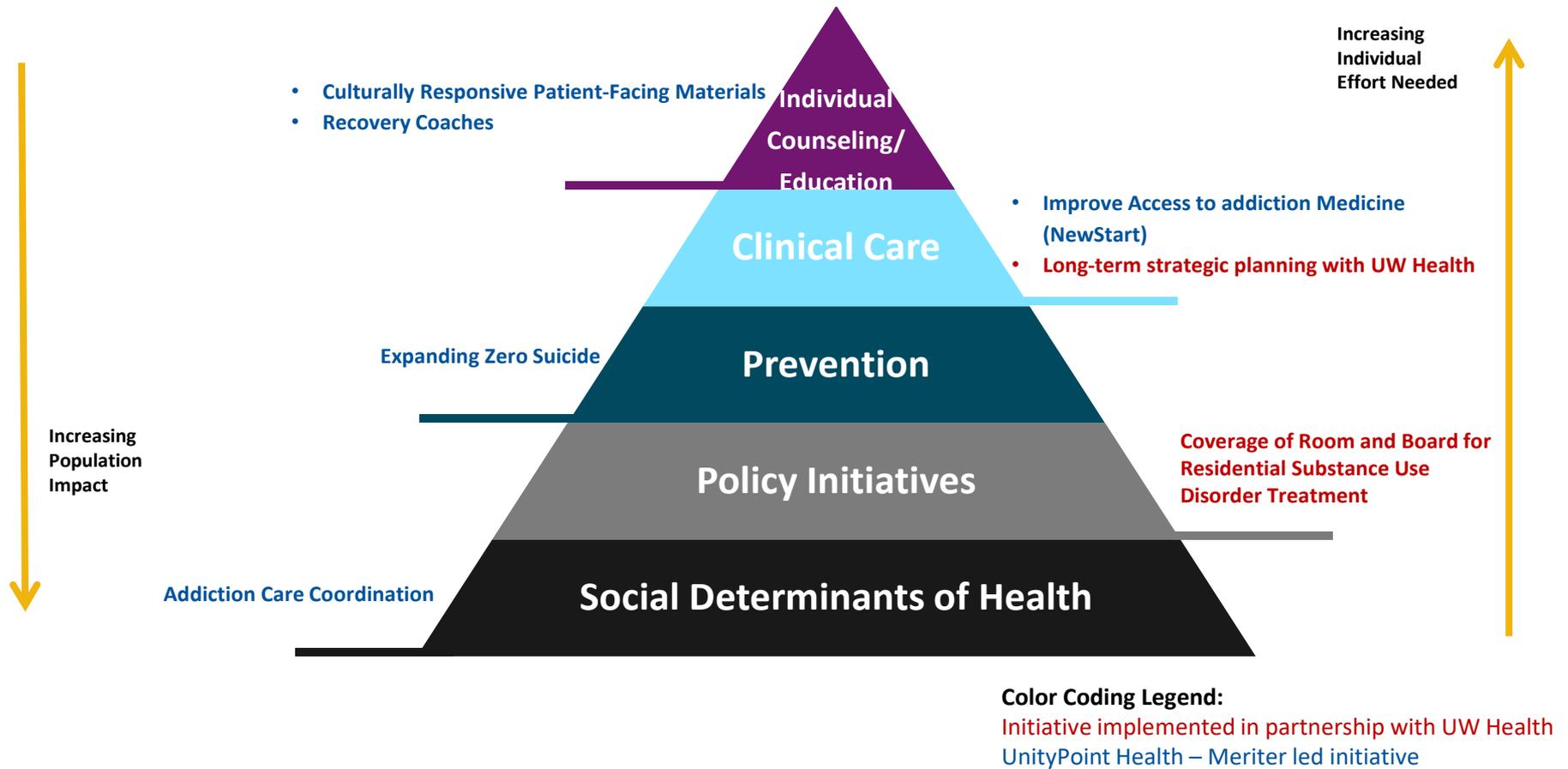
- **Objective 1:** Decrease Deaths by Suicide and Overdose
 - **Metric:** Number of deaths by suicide in Dane County
 - **Metric:** Number of deaths by overdose in Dane County
- **Objective 2:** Increase Access to Behavioral Health Resources
 - **Metric:** Increase number of patients getting treatment for Behavioral Health needs (addiction, mental health, etc.)



Achieving objective will:

- Take multiple years
- Involve many partners, across sectors, with shared commitment
- Require multiple, simultaneous, strategies and tactics

Adult Behavioral Health Strategy Pyramid



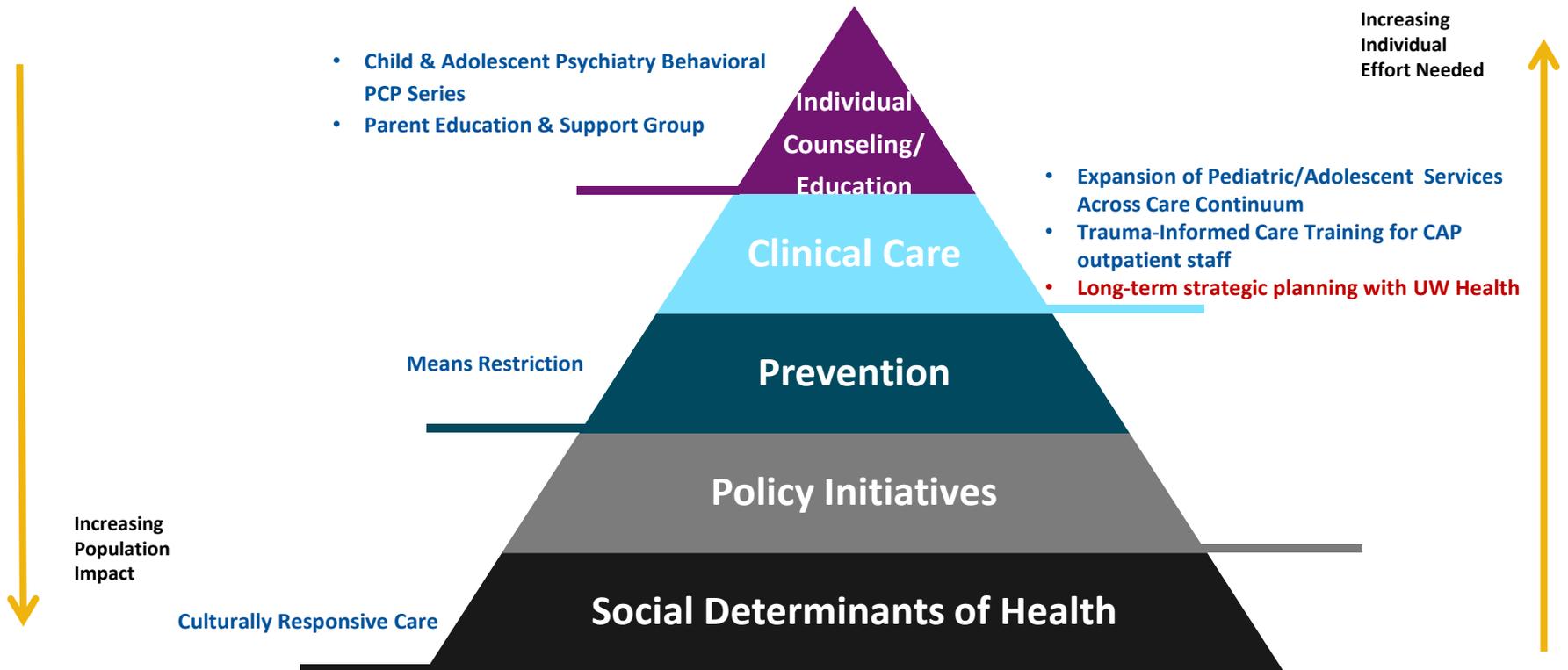
Behavioral Health Strategies - Adult

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
Expand Zero Suicide: Expand suicide screenings and follow-up guidance to hospital-based outpatient settings (i.e.: Outpatient Therapy, Digestive Health, Perinatal services, etc.).	Zero Suicide	Mitigate suicide risk and implement policy in hospital-based outpatient locations.	<ul style="list-style-type: none"> • Create draft policy and pilot in UPH-Meriter outpatient therapy locations by January 2022 • Expand scope of policy by end of 4Q 2022 • Implement pilot in additional outpatient area by end of 1Q 2023 • Implement in all hospital-based outpatient areas by the end of 4Q 2023 	FY2022-2024
Improve Access to Addiction Medicine (NewStart): Walk-in Clinic		Improve timeliness for access to substance use disorder treatment	<ul style="list-style-type: none"> • Improve % of new patient MD appointments with lag time of less than 6 days to 50%. (Baseline is 20.2%) • Improve no-show rate for new patient MD appointments to 8%. (Baseline is 13.6%) 	FY2023-2025
Addiction Inpatient Care Coordination: Provide inpatient addiction care coordination to assist with referrals to NewStart and other appropriate community resources		Inpatient addiction care coordination referrals will be completed and patients will have at least one discharge resource. Readmission rate for people with AODA diagnosis will be reduced.	<ul style="list-style-type: none"> • Inpatient Addiction Care Coordination Referral requests will be complete before patient discharges for 98% consults. Baseline is 94%. • Completed Inpatient Addiction Care Coordination referrals will have at least one discharge resource for 90% consults. Baseline is 88.6%. • Readmission rate will be reduced for patients admitted with AODA related diagnosis to 1.10 O/E. Baseline is 1.22. 	FY2023-2025
Culturally Responsive Patient-Facing Materials	UPH Mar/Comm	Diversity of patients reflected in patient facing materials	Patient facing materials will be reviewed and updated as necessary.	FY 2023

Behavioral Health Strategies – Adult (Continued)

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
Coverage of Room and Board for Residential Substance Use Disorder Treatment	UW Health	Room and Board will be covered by Wisconsin Medicaid for beneficiaries receiving residential substance use treatment.	Room and Board is covered	FY24
Recovery Coaches: Provide peer support for individuals who present in Meriter ED and Birthing Center with substance abuse issues	Safe Communities WI Voices for Recovery	Connect individuals to treatment/recovery resources	<ul style="list-style-type: none"> • Increase referrals for eligible patients to recovery coaches • Increase provider satisfaction with support for opioid addiction treatment 	FY2023-2025
Long-term Strategic Planning: Work with system of care partner to develop BH strategy	UW Health	Increase access, efficiency and programing	<ul style="list-style-type: none"> • Complete strategic plan by 2024 • Implement strategies ongoing 	FY2025

Pediatric Behavioral Health Strategy Pyramid



Color Coding Legend:

- Initiative implemented in partnership with UW Health
- UnityPoint Health – Meriter led initiative

Behavioral Health Strategies - Pediatric

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
<p>Child & Adolescent Psychiatry Behavioral PCP Series: Child/Adolescent psychiatrist development of educational materials/resources on Behavioral Health diagnoses and care considerations</p>		Provide PCP staff a resource for increased understanding and care considerations for Child and Adolescent patients exhibiting behavioral health related issues	Twelve modules available to PCP staff by end of 2022.	FY2023
<p>Means Restriction: The Child/Adolescent program developed an animated Means Restriction video that was rolled out for use on the inpatient unit with parents/guardians.</p>	UPH and UW Health	Inform parents/guardians on how to protect suicidal patients.	<ul style="list-style-type: none"> • Make video available for review and potential application in other settings with UPH and UW Health partners by end of 2Q 2022. • Develop strategies for implementation by end of 3Q 2022. 	FY2023
<p>Parent Education & Support Group: Provide a source of education and resources for parents/guardians who are struggling with children/adolescents with behavioral health issues with a goal of early intervention</p>		Opportunities for early intervention	<ul style="list-style-type: none"> • Implementation of the parent/guardian support group for current/past patients by end of 3Q 2022. • Implementation of parent/guardian support group to community members with children/adolescents with behavioral health issue by end of 2Q 2023 	FY2023-24
<p>Expansion of Pediatric/Adolescent Services Across Care Continuum: Increase access by expanding the current Meriter child/adolescent outpatient services to include a four-hour community-based day treatment option to compliment the current six-hour hospital-based Partial Hospital Program</p>		Expand outpatient treatment options for children and adolescents with behavioral health needs.	<ul style="list-style-type: none"> • Achieve community-based program certification (Wi. Department of Health Services) by end of 2Q 2022. • Provide program staff education on trauma-informed care by end of 2Q 2022. • Initiate four-hour program by end of July 2022. • Additional program expansion by end of 2023 	FY2023-24

Behavioral Health Strategies – Pediatric (continued)

Initiatives	Partners	Anticipated Impact	Goal/Measurement	Timeline
Culturally Responsive Care: Identify strategies to measure and ensure equity for BIPOC population at CAP inpatient and outpatient programming.		<ul style="list-style-type: none"> • Patient population and staff are reflective of population base. • Ensure that behavioral health treatment options for the BIPOC child/adolescent population are available. • Ensure patient facing materials are representative of community. 	<ul style="list-style-type: none"> • Evaluation of racial diversity in current UPH-Meriter Child/Adolescent inpatient and outpatient program population (and patient-facing materials) and compare to general population of Dane County by end of 2Q 2022. • Establish strategies of inclusion, education and opportunities for exposure to behavioral health resources by end of 1Q 2023. • Work with HR to ensure a representative workforce that includes the BIPOC community. 	FY2023-24
Trauma-Informed Care Training for CAP outpatient staff		<ul style="list-style-type: none"> • Design of program based on trauma-informed care efficacy • Trauma informed certified therapists 	<ul style="list-style-type: none"> • #/% of staff trained and certified 	FY2023
Long-term Strategic Planning: Work with system of care partner to develop BH strategy	UW Health	Increase access, efficiency and programing	<ul style="list-style-type: none"> • Complete strategic plan by 2024 • Implement strategies ongoing 	FY2025

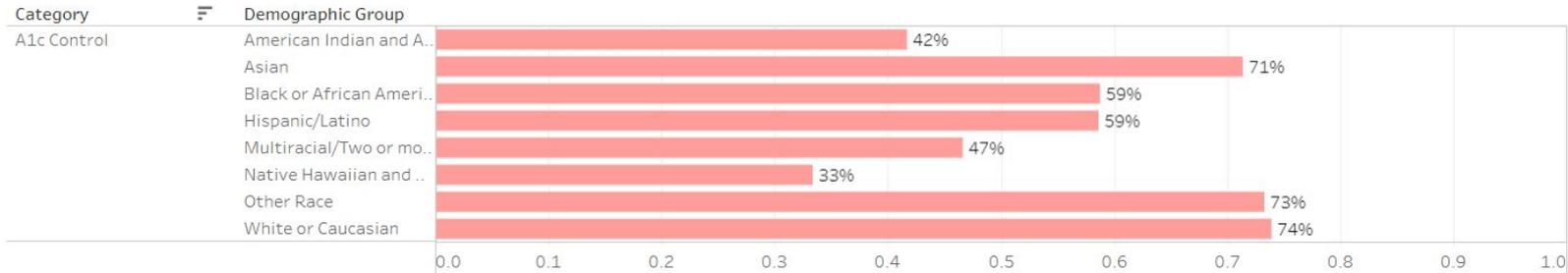


Chronic Conditions Priority Area



Race/Ethnicity Inequities in Chronic Health and Prevention Are Prevalent

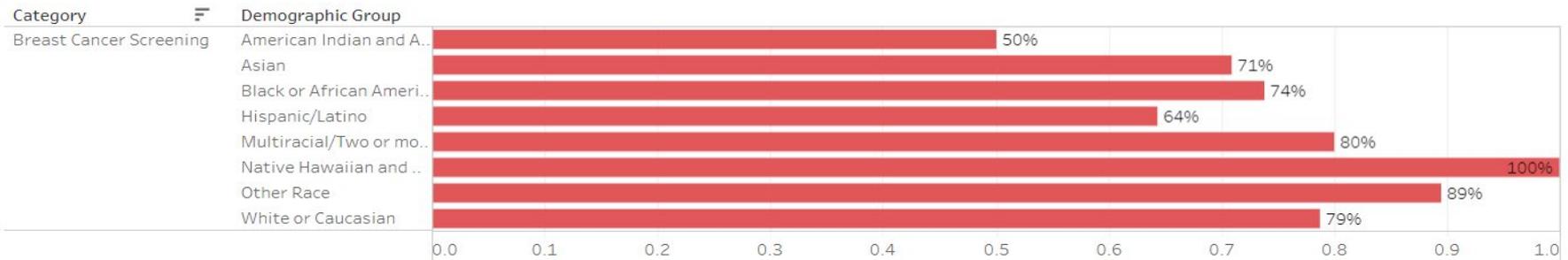
Meriter Primary Care Patients: A1C Control by Race



Meriter Primary Care Patients: Hypertension Control by Race

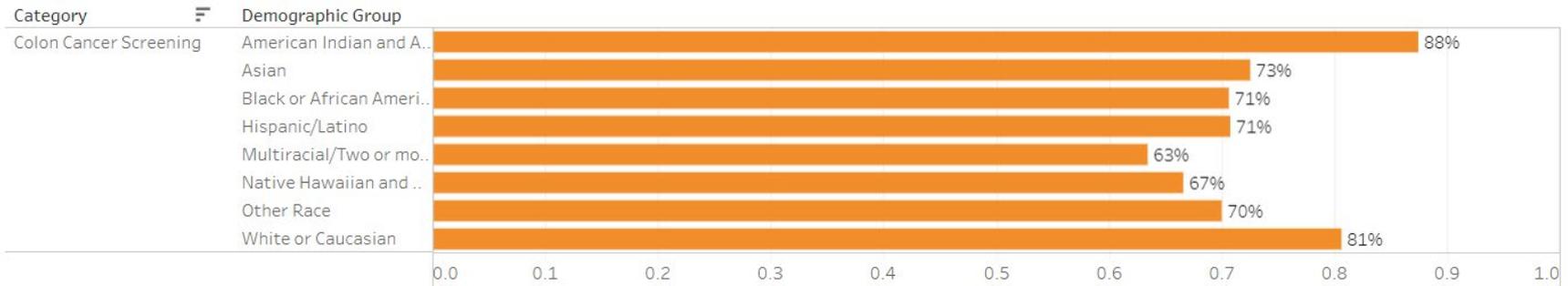


Meriter Primary Care Patients: Breast Cancer Screening by Race

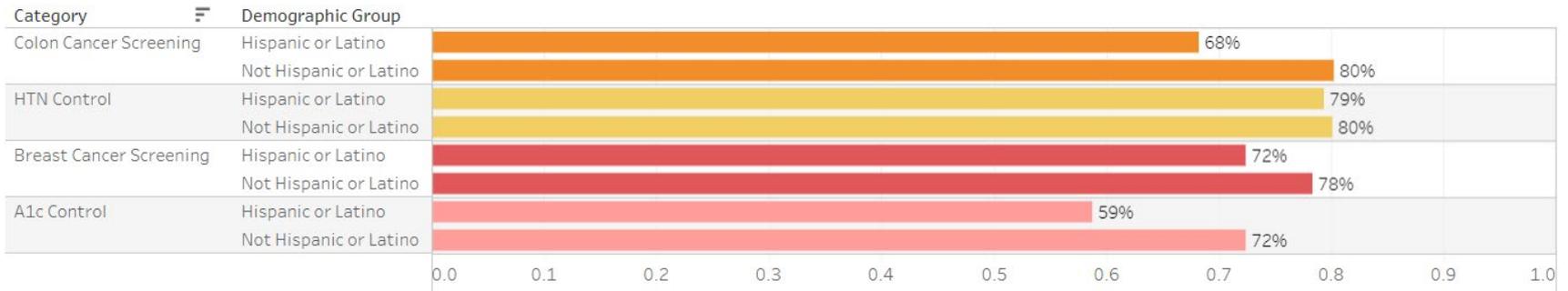


Race/Ethnicity Inequities in Chronic Health and Prevention Are Prevalent (continued)

Meriter Primary Care Patients: Colon Cancer Screening by Race



Meriter Primary Care Patients: Chronic Conditions by Ethnicity



Chronic Health Objectives

Goal: Reduce health disparity in Dane County BIPOC Community

Objective 1: Reduce the disparity in Hypertension Control between our BIPOC & white population

- **Metric:** HTN: BP < 140/90 broken down by race/ethnicity for Meriter PCP patients

Objective 2: Reduce the disparity in Diabetes Control between our BIPOC & white population

- **Metric:** Diabetes Control broken down by race/ethnicity for Meriter PCP patients

Objective 3: Reduce the disparity in Breast Cancer Screening between our BIPOC & white population

- **Metric:** Breast Cancer Screening broken down by race/ethnicity for Meriter PCP patients

Objective 4: Reduce the disparity in Colorectal Cancer Screening between our BIPOC & white population.

- **Metric:** Colorectal Cancer Screening broken down by race/ethnicity for Meriter PCP patients

Chronic Conditions Community Partners

UnityPoint Health – Meriter is working in collaboration with many existing organizations and local champions in Dane County to chronic conditions.

Community-Based Organizations

- Rebalanced Life
- Allied Wellness Center
- Mount Zion Baptist Church

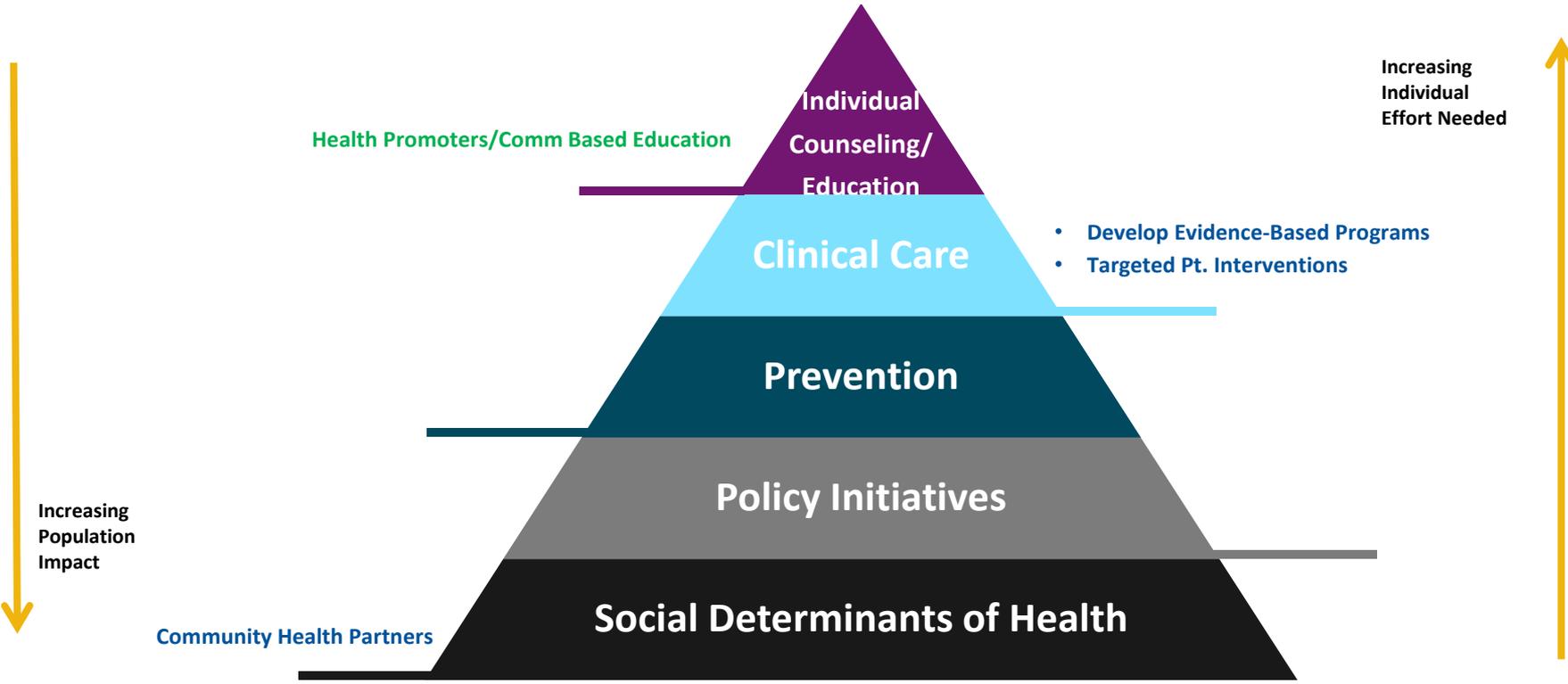
Partner Organizations

UW Health Care Direct

Government Agencies

Public Health Madison
Dane County

Chronic Conditions Strategy Pyramid



Color Coding Legend:
Dane County Health Council Initiative
UnityPoint Health – Meriter led initiative

Chronic Health Strategies

Initiatives	Partners	Impact	Goals/Measurement	Timeline
Health promoters/Comm Based Education: Connection to resources within communities	Dane County Health Council	Improved outcomes for Black families by providing them access to resources they need.	Collaborative work out of Health Council	FY 2023
Community Health Partners Connections: Collect feedback on our various initiatives from our community health partners to better align ourselves with their needs	Mount Zion, Rebalanced Life, UW Care Direct, Allied Wellness Center	Program improvement and relevance.	First meeting begin in June 2022. Finalize meetings by December 2022.	FY2023
Targeted Patient Interventions: Provide health coaching & counseling for patients in both an in-clinic setting (after an acute visit) and over scheduled phone visits	None	Remove barriers caused by social determinants of health so that chronic conditions improve.	Finalize Reporting by May 2022 Staff begin working reports June 2022	FY2023
Develop Evidence-Based Programs: Stand up programs based on the evidence that we've collected from our patient outreach and community partner discussions.	None	Decrease chronic health disparities within our BIPOC patient population.	First meeting July 2022 Begin first pilot by Dec 2022	FY2023-25

Thank you.

