



**Froedtert
Kenosha Hospital**

**Froedtert
Pleasant Prairie
Hospital**



Implementation Plan

January, 2020

Introduction

Froedtert South is a comprehensive regional healthcare system that has served southeastern Wisconsin and northern Illinois communities for more than 100 years. Froedtert South provides services primarily through the Froedtert Kenosha Hospital and the Froedtert Pleasant Prairie Hospital and several other clinic locations.

In response to its community commitment, during 2019 and 2020, Froedtert South worked with Aurora Health Care, Children's Hospital of Wisconsin, and the Kenosha County Public Health Department for the purpose of compiling community health data to develop a collective Community Health Needs Assessment ("CHNA").

This report fulfills the requirements of a federal statute established within the Patient Protection and Affordable Care Act ("PPACA") and is based on guidelines set forth in IRS Notice 2011-52 requiring that non-profit hospitals conduct community health needs assessments to identify and prioritize community needs and submit a community asset inventory every three years. The CHNA process undertaken by Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin and Kenosha County Public Health Department with project management and consultation by JKV Research, LLC, and Center for Urban Population Health, included input from persons who represent the broad interests of the community served by the hospital facility, including those with unique knowledge of public health issues for the population served. Members from Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, and Kenosha County Public Health Department along with JKV Research, LLC and Center for Urban Population Health worked closely together to accomplish this assessment.

A review of the data was vetted among the partners during the final data-collection meeting. The data-collection process was comprised of three main components:

- **Community Health Survey** – a comprehensive phone-based survey that gathered specific data on the behavioral and lifestyle habits of the adult population and selected information about child health;
- **Secondary Data Report** – prepared by the Center for Urban Population Health, a summary of the demographic and health-related information for Kenosha County using publicly available data sources; and
- **Key Informant Interview Report** – a summary of the top five health issues, additional health issues, existing strategies to address the issues, barriers, or challenges to addressing the issues, additional strategies needed to address the issues, from the perspective of the key informants, individuals who represent the broad interests of the community served.

In 2020, Froedtert South utilized the above data and other data sources to identify and prioritize significant health needs and develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals, and partnerships.

Community Definition

Although Froedtert South serves patients from Kenosha County and beyond, for the purpose of the community health needs assessment the community served is defined as Kenosha County.

Kenosha County includes urban and rural areas, including the following municipalities:

- City of Kenosha;
- Towns of Brighton, Paris, Randall, Salem, Somers, Wheatland;
- Villages of Bristol, Genoa City, Paddock Lake, Pleasant Prairie, Silver Lake, Twin Lakes; and
- Unincorporated communities of Bassett, Benet Lake, Berryville, Brighton, Camp Lake, Central Park, Chapin, Fox River, Kellogg's Corners, Klondike, Lake Shangri-la, Liberty Corners, Lily Lake, New Munster, Paris, Powers Lake, Salem Oaks, Trevor, Voltz Lake, Wilmot.

Total Population - Kenosha County				
		2017		State 2017
Total Population		167,886		5,763,217
Total Population		N	%	
	White	144,109	85.8%	85.9%
	Black or African American	12,611	7.5%	6.3%
	Asian	2,257	1.3%	2.6%
	American Indian and Alaska Native	645	0.4%	0.9%
	Some Other Race	3,328	2.0%	1.9%
	Two or more races	4,892	2.9%	2.3%
	Hispanic or Latino	21,354	12.7%	6.6%
Total Population				
	Male	83,033	49.5%	49.7%
	Female	84,853	50.5%	50.3%
Total Population				
	0-14	32,672	19.5%	18.6%
	15-44	66,671	39.7%	38.2%
	45-64	47,023	28.0%	27.5%
	65+	21,520	12.8%	15.6%

Demographics - Kenosha County			
		2017	State 2017
Education level of adults 25 years or older			
	Less than high school degree	9.5%	8.3%
	High school degree	32.7%	31.3%
	Some college/associates	32.6%	31.4%
	Bachelors degree or higher	25.1%	29.1%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	7.8%	3.1%
Median HH Income (2017 dollars)			
	Median Income	\$57,269	\$56,759
Percent of all people below poverty in last 12 months			
	Percent below poverty	14.5%	12.3%
Language spoken at home			
	English	88.7%	91.3%
	Spanish	8.2%	4.6%
	Indo-European	2.1%	1.9%
	Asian and Pacific Island	0.8%	1.8%
	Other Languages	0.2%	0.4%
Owner Occupied			
	Owner Occupied	65.6%	67.0%
Renter Occupied			
	Renter Occupied	34.4%	33.0%

Population Change in Age - Kenosha County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	149,577	100.0%	166,426	100.0%	16,849	11.3%
0 to 4	10,367	6.9%	10,995	6.6%	628	6.1%
5 to 9	11,640	7.8%	11,850	7.1%	210	1.8%
10 to 14	11,826	7.9%	12,310	7.4%	484	4.1%
15 to 19	11,106	7.4%	13,029	7.8%	1,923	17.3%
20 to 24	9,568	6.4%	11,307	6.8%	1,739	18.2%
25 to 29	9,747	6.5%	10,377	6.2%	630	6.5%
30 to 34	11,068	7.4%	10,496	6.3%	-572	-5.2%
35 to 39	13,365	8.9%	11,135	6.7%	-2,230	-16.7%
40 to 44	12,696	8.5%	12,072	7.3%	-624	-4.9%
45 to 49	10,596	7.1%	13,767	8.3%	3,171	29.9%
50 to 54	8,661	5.8%	12,395	7.4%	3,734	43.1%
55 to 59	6,649	4.4%	10,248	6.2%	3,599	54.1%
60 to 64	5,119	3.4%	7,766	4.7%	2,647	51.7%
65 to 69	4,436	3.0%	5,595	3.4%	1,159	26.1%
70 to 74	4,355	2.9%	4,145	2.5%	-210	-4.8%
75 to 79	3,632	2.4%	3,297	2.0%	-335	-9.2%
80 to 84	2,577	1.7%	2,845	1.7%	268	10.4%
85+	2,169	1.5%	2,797	1.7%	628	29.0%

Project Mission & Objectives

The mission of the Froedtert South CHNA is to understand and plan for the current and future health needs of the residents in its community. The goal of the process is to identify the health needs of the community served by Froedtert South, while developing a deeper understanding of needs and identifying community health priorities. The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. This project was developed and implemented to meet the individual project goals as defined by representatives from Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, and the Kenosha County Public Health Department, which included:

- Assuring that the view of persons with special knowledge of or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by Froedtert South; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by Froedtert South are included in the needs assessment process through data collection and key stakeholder interviews.
- Obtaining statistically valid information on the health status and socioeconomic/environmental factors related to health of residents in the

community and supplementing the general population data that is readily available.

- Developing accurate comparisons to baseline mental health measures utilizing the most current validated data.
- Developing a CHNA document as required by the PPACA for Froedtert South.

Methodology

In 2019, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Kenosha County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals, and partnerships. The process of conducting the CHNA is described in this report.

Data collection and analysis

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed, and published at different intervals, and therefore the data years (e.g., 2012, 2014, 2016) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Kenosha County Community Health Survey Report: The community health survey is a primary community health data source. The latest telephone survey was completed between July 15, 2019 and October 26, 2019 and posted in 2020. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report.

The community health survey report presents a summary of public health priorities for Kenosha County, as identified in 2019 by a range of providers, policymakers, and other local experts and community members ("key informants"). These findings are a critical supplement to the Kenosha County Community Health Survey.

Key informants in Kenosha County were identified by the Kenosha County Division of Health, Froedtert South, Aurora Health Care, Children's Hospital of Wisconsin, Kenosha Community Health Center, and United Way of Kenosha County. Among the key

informants were leaders from public health, education, and community organizations. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations. The interviewers used a standard interview script that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
 - Existing strategies to address the issue.
 - Barriers and challenges to addressing the issue.
 - Additional strategies needed.
 - Key groups in the community that hospitals should partner with to improve community health.
 - Identification of subgroups or subpopulations where efforts could be targeted.
 - Ways efforts can be targeted toward each subgroup or subpopulation.

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2019 key informant interviews for Kenosha County.

The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers, or challenges to addressing the issue, additional strategies needed, key partners in the community that hospitals should collaborate with to improve community health and targeted groups to address health disparities.

Limitations: Thirty-five sets of rankings were collected from 25 key informant interviews and two focus groups, with a total of 39 respondents in Kenosha County. Some interviews incorporated the views of more than one person from an agency or organization, and two focus groups captured the rankings and thoughts of 10 people from different agencies or organizations. The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Kenosha County data (e.g., community health survey and secondary data reports).

Focus Area Ranking: In 25 interviews and two focus groups, a total of 39 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. Key informants were also able to write in other health issues that they believed were top health issues for the county. Importantly, not every informant ranked five issues and most, but not all, informants provided rankings within their top selections. Key informants did not always

discuss all of the issues they ranked within their top five. In interviews with more than one participant, only one set of rankings was provided. In the focus groups, each member provided their own set of rankings. The results in the table below reflect 35 sets of rankings from the 39 individuals who participated in interviews and focus groups.

Secondary Data Report: This report summarizes the demographic and health-related information for Kenosha County. Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity, and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared in 2019 by the Center for Urban Population Health.

Selected Implementation Strategies

Using these criteria, Froedtert South prioritized the following significant health needs to address in the 2020-2022 implementation strategy:

- Reduce Barriers for Patients to Access Care.
 - Goal: Access and improve access to care for medically underserved and vulnerable groups of all ages and populations.
 - Strategy 1: Increase patient capacity within the Froedtert South Medical Group through recruitment and retention of physicians and mid-level providers within the Froedtert South Medical Group.
 - Strategy 2: Enhance and expand Telemedicine opportunities.
 - Strategy 3: Enhance awareness of available services offered through Froedtert South and the Froedtert South Medical Group.
 - Strategy 4: Work in collaboration with internal and external resources to assist patients as it relates to determining eligibility for Medicaid, CHIP and ACA Marketplace enrollment, including special enrollment periods, and eligibility to assist in removing barriers to care.
- Focus on Health Outreach and Education – Coronavirus/COVID-19 Pandemic Response
 - Goal: Increase the amount of outreach and education resources available to Kenosha County residents during the COVID-19 Pandemic.
 - Strategy 1: Launch a drive-thru COVID-19 testing facility to aid the community with accessible, and convenient, COVID-19 testing.
 - Strategy 2: Enhance and expand Telemedicine opportunities in order to provide necessary care for patients while minimizing the transmission risk of COVID-19.
 - Strategy 3: Implement appropriate protocols, including a COVID-19 testing protocol for patients scheduled for elective surgical cases and procedures.
 - Strategy 4: Develop a COVID-19 vaccination clinic to aid the Kenosha County Health Department in an effort to obtain herd immunity within Kenosha County.

- Increase awareness of prevention methods, screenings, and care for chronic diseases.
 - Goal: Expand and target educational programs to reach a larger audience in the at-risk populations.
 - Strategy 1: Implement the Epic Electronic Health Record to provide a greater ability to communicate information to patients of Froedtert South via MyChart, and other, similar mechanisms.
 - Strategy 2: Enhance and expand the use of recall/follow-up mechanisms to improve the ability of Froedtert South to ensure patients are receiving routine preventative care as recommended by the U.S. Preventative Task Force.
 - Strategy 3: Increase the knowledge of high-risk populations on ways to manage chronic diseases.