



2023-2025
AdventHealth
Durand
Community
Health Plan

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Acknowledgements

This community health plan was prepared by Tali Schmitz, Director of Human Resources, with contributions from members of AdventHealth Durand’s Community Health Needs Assessment Committee and Hospital Health Needs Assessment Committee both representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



EXECUTIVE SUMMARY



I Executive Summary

Chippewa Valley Hospital and Oakview Care Center, Inc. d/b/a AdventHealth Durand will be referred to in this document as AdventHealth Durand or the “Hospital”.

Community Health Needs Assessment Process

AdventHealth Durand in Pepin County, Wisconsin, conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, AdventHealth Durand created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

AdventHealth Durand also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital could most effectively address to support the community. The HHNAC made decisions by reviewing the priorities selected by the CHNAC and the internal Hospital resources available.

The CHNAC and HHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the CHNAC, HHNAC and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Durand is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



Executive Summary

Priorities Addressed

The priorities addressed include:

1. Nutrition and Healthy Eating
2. Physical Health
3. Diabetes

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Obesity
2. Food Insecurity
3. Preventative Care and Screenings
4. Cancer
5. Drug Misuse
6. Cardiovascular Diseases: Hypertension, Heart Disease, High Cholesterol

See page 13 for an explanation of why the Hospital is not addressing these issues.



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

Executive Summary

Board Approval

On March 29, 2023, the AdventHealth Durand Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

Ongoing Evaluation

AdventHealth Durand's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Durand at <https://www.adventhealth.com/community-health-needs-assessments>.



ABOUT ADVENTHEALTH



| About AdventHealth

AdventHealth Durand is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

About AdventHealth Durand

AdventHealth Durand is a 25-bed critical access hospital located in Pepin County, Wisconsin. The Hospital serves as a Critical Access Hospital (CAH). As a CAH, the Hospital fills a gap for needed medical care in a rural community, where there are no other hospitals within 35 miles and ensures that when moments matter access to care is available. AdventHealth Durand provides multiple services including digestive care, heart and vascular care, imagining and lab services, sleep care, sports and rehab care, surgical care, emergency and urgent care, men's care and senior care.



PRIORITIES ADDRESSED



Nutrition and Healthy Eating

According to community survey respondents, 38.3% eat fruits and vegetables less than two days a week. Secondary data shows 5.6% of residents in the Hospital’s community live in a low food access area and almost 12% are food insecure. Nutrition is known to be a critical influencer of health. Healthier eating improves maternal health and health at every stage of life. It builds stronger immune systems, lowers the risk of chronic diseases like diabetes and cardiovascular disease, while increasing longevity.

Goal 1: Partner with local agencies to improve the nutrition of underserved community members.

Objective 1.1: Partner with Pepin County Department of Health to provide professional expertise to local government agencies who need their nutrition menus reviewed for state and federal compliance. The agencies directly serve or feed vulnerable community members who can benefit from a balanced and healthy diet. By the end of year three, the Hospital’s registered dietician will provide 40 staff hours to review the nutrition menus to ensure it meets the recommended amounts of key nutrients.

Objective 1.2: Plan and host one food drive annually on behalf of Pepin County Food Pantry to increase access to nutritious food for underserved community members.

Target Population: Underserved, low-income and vulnerable community members in the Hospital’s primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
AdventHealth Durand’s registered dietician will review the nutrition menus for local government agencies, including law enforcement and correctional facilities as well as the Pepin County Department of Health’s Women, Infants and Children (WIC) program.	# of menus reviewed # of staff hours (in-kind donation)	Katie Hartung, Registered Dietician, will review the menus for state and federal compliance.	Pepin County Department of Health Law Enforcement and Correctional Facilities	X	X	X
Plan and host an annual food drive benefitting Pepin County Food Pantry to increase access to nutritious foods for underserved community members.	# of food drives # of staff hours spent planning (in-kind donation) Amount of food donated	Stephanie Peterson, Chaplain, to help coordinate the annual food drive.	Pepin County Food Pantry	X	X	X

Physical Health and Activity

In the Hospital’s community, 35.6% of residents report not engaging in physical activities outside of their jobs according to secondary data. The community also has a higher percentage, 12.7%, than both the state and the nation of residents who report 14 or more days in the last 30 during which their physical health was not good. Community members in the assessment cited a need for more low-cost fitness centers and accessible community spaces for recreation particularly in the winter months for families and seniors.

Goal 1: Provide free education and counseling on physical activity guidelines for community members

Objective 1.1: By the end of year three, provide free consultations to educate community members on physical activity guidelines from a baseline 100 consultations to 300. Community members are referred and accepted from any area health care provider.

Target Population: Adults who are or at risk of becoming obese, who have or at risk of developing diabetes and hypertension in the Hospital’s primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Educate community members on recommended physical activity guidelines for improved health through one-on-one consultations	# of consultations # of community members served	Katie Hartung, Registered Dietician, will work one-on-one with community members and provide education during consultations.	Local health care providers to refer community members in need of education and counseling.	X	X	X

Diabetes

Diabetes is shown to impact 9.5% of residents in the Hospital’s community according to public data, while 9.2% of community survey respondents report having diabetes. Diabetes related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients and diabetes is one of the top health priorities identified by community stakeholders.

Goal 1: Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes in the community

Objective 1.1: By the end of year three, plan and implement a diabetes education program with 40 participants. The program will be taught in a group setting where participants receive continuous glucose monitoring as well as pre- and post-biometric screenings to evaluate the impact on participants’ health.

Target Population: Adults who have or are at risk for diabetes in the Hospital’s primary service area

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Plan and implement a diabetes education program for community members	# of participants Results of pre- and post-biometric screenings	Katie Hartung, Registered Dietician, will plan and implement the diabetes education program. The Hospital will cover the costs of continuous glucose monitoring as well as pre- and post-biometric screenings for program participants.	Pepin County Department of Health	X	X	X

PRIORITIES NOT ADDRESSED



I Priorities Not Addressed

AdventHealth Durand also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Obesity

More than 51% of residents in the Hospital's community have been told they are obese according to public data. While one fifth of community stakeholders consider obesity a top health risk factor in the community, citing the health complications from obesity as a concern. The Hospital did not select obesity as a priority, as it is not positioned to directly address this in the community at large. The Hospital did choose nutrition and healthy eating and physical health and activity however and hopes to have an indirect impact on obesity through these efforts.

Food Insecurity

More than 11% of the residents in the Hospital's community are food insecure according to Feeding America and 5.7% live in a low food access area. According to community survey respondents, 11.8% received SNAP benefits last year, while secondary data shows 59% of households in poverty did not receive SNAP benefits in the last year. The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able. The Hospital hopes to informally address this need through the nutrition and healthy eating priority.

Preventative Care and Screenings

According to community survey respondents, 30.5% are not aware of what preventative screenings are needed. Among those that are aware, 28.3% report not getting regular screenings. Public data shows that 75.9% of community members are up to date on routine checkups. Preventative care has been shown to reduce the risk of disease, disabilities and death. Preventative care also improves health outcomes, quality of life and can decrease an individual's cost of care over time through early detection. The Hospital did not select preventative care and screenings as a priority due to a lack of resources. However, the Hospital did select diabetes as a priority and may use preventative care strategies in addressing it.



I Priorities Not Addressed

Cancer

In the Hospital's community 8.3% of the residents have had cancer according to secondary data, higher than both state and national rates. There is also a higher mortality rate per 100,000 than both state and the nation for breast cancer and lung, trachea and bronchus cancer in Pepin County. The Hospital did not choose cancer as a priority, instead focusing its efforts and resources on nutrition and healthy eating and physical health and activity, where there is an opportunity to indirectly impact several of the needs identified in the assessment, including cancer.

Drug Misuse

According to the Hospital's community survey, more than a third of respondents believe that people in the community are addicted to prescription or street drugs. Community feedback included a need for an expansion of substance abuse/rehabilitation programs, more drug education programs in schools and better communication and education on the dangers of prescription drugs. Although there is a lack of resources in the area for substance and drug misuse, the Hospital did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available to the community and the Hospital at this time.

Cardiovascular Diseases: Hypertension, Heart Disease, High Cholesterol

According to secondary data, individuals in Pepin County have similar or higher rates of coronary heart disease and of heart disease mortality per 100,00 than elsewhere in Wisconsin and the nation. More than 30% of community survey respondents report having hypertension, which can be a major contributing factor to heart disease and hypertension is shown to be one of the top ten codes in Hospital visits by uninsured patients. Also, 1/3 of individuals living in the community have been told they have high cholesterol which can be a contributing factor to heart disease as well. The Hospital did not select cardiovascular diseases as a priority, as it is not positioned to directly address this in the community at large, outside of existing community education. The Hospital did choose nutrition and healthy eating however knowing that how an individual eats is an integral step in treating cardiovascular diseases and hopes to have an indirect impact through these efforts. The Hospital also selected physical health and activity which will provide opportunities for lifestyle changes, an important step in addressing all chronic conditions.



**Chippewa Valley Hospital and Oakview Care Center, Inc. d/b/a
AdventHealth Durand**

CHP Approved by the Hospital Board on: March 29, 2023

For questions or comments please contact:
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