2025-2027

Community Health Implementation Plan

Bellin Health

Approved by the Bellin Health System Board of Directors on 9/11/24

Emplify Health and the Bellin Region

For well over a century, Bellin Health, headquartered in Green Bay, Wis.; and Gundersen Health System, headquartered in La Crosse, Wis., have served their patients and communities with caring, expertise and a second-to-none focus on quality that make them their regions' premier health systems. In late 2022, they came together in a merger of equals, providing access to more resources and a broader network of services for the patients and communities they serve. In April 2024, Bellin and Gundersen Health System announced it is becoming Emplify Health, a new name and brand to advance its commitment to patients and community. Both founded by community physicians, Bellin and Gundersen's respective roots run deep.

History of Bellin Health

Bellin was founded in 1907 by Dr. Julius Bellin and is a community-owned, not-for-profit health system that has grown from a 15-bed house to a regional healthcare leader with a footprint that extends throughout Northeast Wisconsin and into the Upper Peninsula of Michigan, serving a market of nearly 650,000 people.

Its flagship campus in Green Bay, Wis., is home to Bellin Hospital, a 244-bed general medical and surgical hospital that routinely has received state and national awards for safety and quality of care. Just down the road, the 80-bed Bellin Psychiatric Center provides top-quality inpatient, outpatient and addiction treatment services for individuals from across the region.

And 30 minutes to the north, Bellin Health Oconto Hospital, a 10-bed critical access hospital, offers care close to home for patients outside the Green Bay metro area. Bellin is the area's leader in cardiac, orthopedics, sports medicine, digestive health, mental health and primary care medicine.

History of Gundersen Health

Dr. Adolf Gundersen began his practice on Pearl Street in downtown La Crosse in 1891. Lutheran Hospital opened in 1902, and Dr. Gundersen was the first medical director. In 1930, Dr. Gundersen and his sons, who were also physicians, moved their clinic to a new clinic adjacent to the hospital.

The Gundersen physicians had a lot of influence on Lutheran Hospital, putting their mark on the medical staff structure, the medical record keeping, and the importance of research, to name a few. In 1995 Gundersen Clinic and Lutheran Hospital – La Crosse formed Gundersen Lutheran, Inc., and in 2013 they changed the name to Gundersen Health System. Along with being a regional and national leader for integrated care and population health, Gundersen is also the first U.S. health system to achieve energy independence (October 2014).

Vision of Bellin and Gundersen Health Systems

Bellin and Gundersen's Vision is that, leading with love, the health system courageously commits to a future of healthy people and thriving communities. This commitment starts with the health system's youngest patients and is underscored by efforts including the 2022 opening of Wisconsin's first Family Integrated Neonatal Infant Care Unit (NICU) at Bellin Hospital, one of just a handful in the nation that offers an innovative "couplet care" model that allows mom and baby to start together and stay together after birth.

Bellin's 29 primary care physician clinics further this vision, which also is bolstered by 88 Bellin Region on-site employer clinics that improve overall health and wellness while reducing healthcare costs for businesses. In the Gundersen Region, Bellin and Gundersen's Vision is exemplified by more than 9,000 employees, including nearly 1,000 clinicians, serving 22 counties in western Wisconsin, southeastern Minnesota, and northeast Iowa.

Gundersen's seven hospitals and 65 clinics see more than one million patient visits every year. Gundersen's region includes a large multi-specialty group medical practice, teaching hospital, regional community clinics and hospitals, behavioral health services, vision centers, pharmacies and air and ground ambulances.

Commitment to the Community

All Bellin and Gundersen Health locations seek to provide patients and their loved ones care in the communities they know from people they trust. Bellin and Gundersen offer an unparalleled commitment to the community.

Bellin Health Community Partnerships

Bellin's longtime status as the official healthcare provider of the Green Bay Packers was enhanced with the 2017 opening of the Bellin Health Titletown Sports Medicine & Orthopedics clinic in the Titletown District just west of Lambeau Field. The Packers-Bellin partnership also includes the handicap-accessible Bellin Health gate at Lambeau, the Titletown Wellness Race Series, and such initiatives as the Jordy Nelson men's health campaign, an annual training camp bike safety event and an array of charity events and initiatives held throughout the year.

Bellin also hosts one of the nation's largest 10K events, the Bellin Run, which brings walkers and runners of all ages and fitness levels to the streets of Green Bay in the spirit of health, wellness and community fun. The event, which draws more than 8,000 people a year, recently added a 5K offering and will celebrate its 49th anniversary in 2025.

Gundersen Health Community Partnerships

Gundersen's community involvement runs deep and wide, too. It is the only provider of inpatient mental health care in the La Crosse area, meeting the top need identified in the COMPASS Now needs assessment with holistic inpatient and outpatient mental health care. Gundersen has found success pairing identified patient needs and concerns – especially substance use, financial stability and safe, affordable housing – with community resources. Dedicated team members offer comfort and guide patients who seek support.

Gundersen also has positive, productive relationships with local school districts for student mentoring programs; local and regional elected officials and municipal staff for economic development and revitalization efforts; and community organizations large and small that receive funding through Gundersen's Community Contributions program.

Gundersen and the Gundersen Medical Foundation also host the annual Steppin' Out in Pink breast cancer research walk. This event draws about 4,000 participants and raises about $300,000 every year for local breast cancer research.

Coming Together: New Name and New Brand as Emplify Health

From the beginning, Bellin and Gundersen knew they were stronger together — and their new name and brand, Emplify Health, only serves to underscore and advance that idea. As trusted, steady members of communities throughout Wisconsin, Northeast Iowa, Southeast Minnesota and Upper Michigan, they are building on robust legacies with an eye toward the future.

Drawn from "empathy," defined as "feeling aware of another's emotions" and "amplify," which means "increase," Emplify is a new word created to reflect a united goal of increasing access, creating a culture of empathy and enhancing population health outcomes for the patients and communities Bellin and Gundersen serve. By unifying under one brand, the health system is aligning its teams and resources to provide the best possible care and experience for its patients and communities.

The full migration to Emplify Health is expected to take several years and is being thoughtfully carried out while honoring Bellin and Gundersen's legacy names and histories.

2025-2027 Community Health Implementation Plan

In 2010, the Patient Protection and Affordable Care Act (PPACA or the ACA) was passed. As part of this health care reform bill, not-for-profit hospitals are required to complete a Community Needs Assessment and a Community Health Implementation Plan that addresses the identified needs. Evidence of meeting these requirements is to be provided on a hospital's annual tax Form 990, Schedule H. The following document outlines Emplify Health-Bellin Health's Community Health Implementation Plan for 2025-2027.

The Brown County Community Health Needs Assessment (CHNA) for 2024 was completed by Beyond Health, a steering committee comprised of diverse community partners. The steering team supports the community through these guiding principles, with equity as a foundational approach:

- Everyone has a fair and just opportunity to be as healthy as possible.
- All community members have access to decisions that affect their communities.
- Engagement of diverse partners and community voices to guide services and community resources.

Beyond Health members used the Social Determinants of Health (SDOH) model developed by the Centers for Disease Control and Prevention as the framework for conducting the assessment. This model considers the impact of the conditions in the environments where people are born, live, work, play, etc., on their health and well-being. The assessment process involved gathering both qualitative and quantitative data from a broad variety of sources including community conversations with key informants, focus groups and secondary data collection.

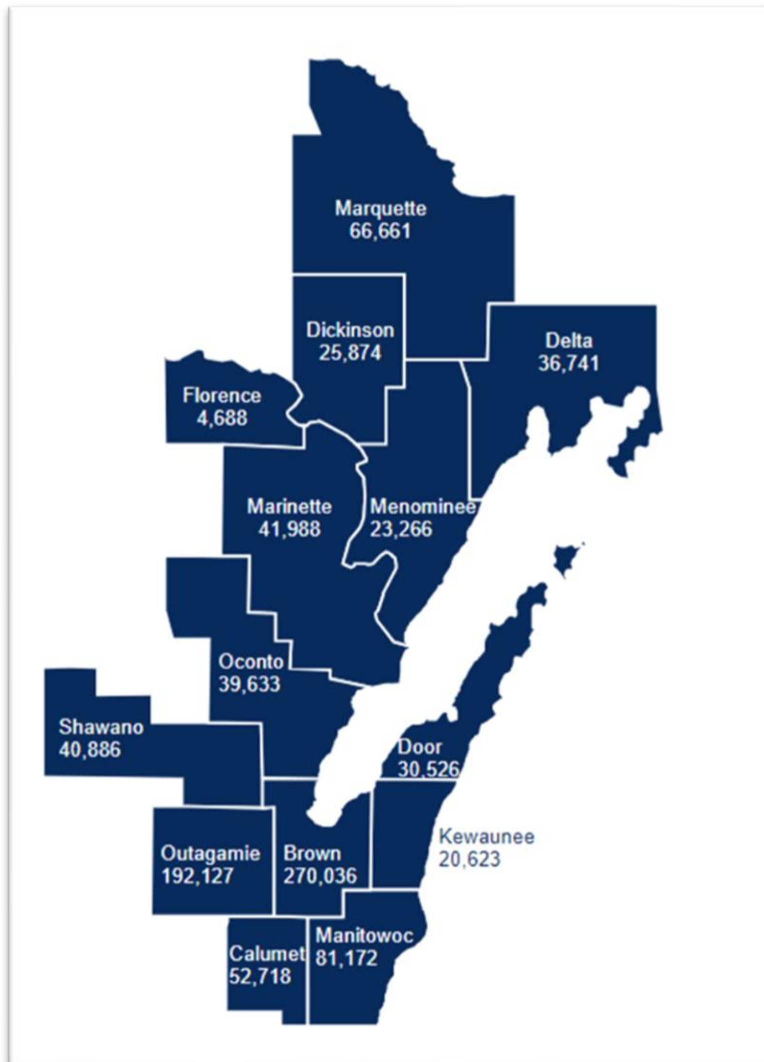
Details on the data collection process, community survey, and prioritization can be found within the 2024 Brown County Community Health Assessment document posted here. Documents will be available to the public through the Bellin Health libraries.

The table below lists the community health needs identified as priorities by Beyond Health, the top identified priorities in the remaining counties of the Bellin Health region, and the Emplify Health Population Health Priorities.

Brown County Beyond Health Priorities/Strategies 2025-2027	**Remaining County Health Indicator Priorities of the Bellin Region**	**Population Health/Community Health Score Priorities**
Focus on Mental Health and Emotional Well-being, including substance use.	Mental Health	Bright Beginnings
Focus on Safe and Accessible Housing Options	Physical Activity and Nutrition	Substance Free
Focus on Equitable Access to Healthcare	Substance Misuse	Optimal Weight
	Housing and Homelessness	Good Mental Health
	Access to Healthcare	Access to Healthy Food
	Insurance Access and Cost	
	Youth Vaping	
	Transportation	

The implementation plan, including goals, tactics, resources, partners, and outcome measures, addresses the top priority needs identified from the Brown County Community Health Needs Assessment and Emplify Population Health/Community Health Score priorities, recognizing the broad range of needs across our communities and region.

The broader service region with population counts for Emplify Health- Bellin Health Region, is noted in the map below.



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Approval & Dissemination

The 2024 Brown County Community Health Needs Assessment and Bellin Health Community Health Implementation Plan (CHIP) priorities were presented to and approved by the Bellin Health System Board of Directors on 9/11/24. Progress is underway to implement the plan.

Identified Priority: Mental and emotional well-being

Emplify Health-Bellin Health Goal: Slow the rate of decline in healthy mental health in the population to 74.5% reported in 2027 (Internal and external tactics facilitated by the Emplify Health Design and Implementation Teams)

Tactics	Resource (program)	Partnerships	Measure of Impact
Routine screening for depression/risk for depression for adult and youth populations.	Quality Dept. Population Health Primary Care Pediatrics BPC Business Health Services	- Employer partners - School District Partners	80% patients, age >12, will have a depression screening completed.
Monitor and improve Community Resource Connector referrals for patients experiencing stress/toxic stress (initiated with the Social Determinants of Health survey)	Quality Dept. Population Health Primary Care Social Services Nursing Community Resource Connectors	- Community Based Organizations (CBOs) - FindHelp.org - Bellin College - UWGB	By 2026, a FindHelp platform will be implemented in the Bellin region to capture referrals and loop closures. Improvement metrics added based upon plan.
Increase the number of caregivers and staff trained in Mental Health First Aid	MHFA	- Primary Care - EC Nursing - Care for the Caregivers program - BPC - Chaplains	2025-Establish baseline 2026-build out improvement measures. 2027-track progress
Behavioral Health Consultants (BHCs) in Primary Care	Behavioral Health Consultants	- Primary Care - BPC - Adolescent Care team.	Increase the number of BHCs in primary care clinics. Add a BHC to the new Bellin Adolescent clinic by 2026.
Additional tactics determined by Emplify Health Design and Implementation Teams			Plan developed by 2027. Measures added based on plan.

Identified Priority: Substance Misuse

Emplify Health-Bellin Health Goal: Increase the percent of the population that is smoke-free to 85.8% reported in 2027. (Internal and external tactics facilitated by the Emplify Health Design and Implementation Teams)

Tactic	Resource (program)	Partnerships	Measure of Impact
Develop and promote referral for wellness coaching process for patients who use nicotine products	Population Health Clinicians Pharmacy Primary Care Business & Community Health	- WI & MI Quit Lines - School districts - Public Health Department - UW-Extension - CBO's - Employers - Green Bay Packers	Develop a Tobacco/Vape cessation program by Q2 of 2026; establish baseline and improvement measures.
Drug Take-Back Events	Pharmacy Security Dept.	- Beyond Health - Green Bay Police Dept. - HSHS St. Vincent and St. Mary Hospital - Aurora BayCare Medical Center - N.E.W. Community Clinic - Brown County Public Health	Increase amount in weight of unused prescription medication collected and disposed at drug take-back events. 2024 Baseline 2,011.9 pounds
Regional Suspected Opioid-related Overdoses	Pharmacy Primary Care ED/Urgent Care BPC	- Community-based Pharmacies. - Northeast WI Ambulance companies. - Local Law Enforcement	Reduce suspected opioid overdose cases in WI as determined by WI ambulance run reports for the Northeastern Region Count of overdoses. 2024 Baseline Target: 65; Actual 75.
Regional Suspected Opioid-related Deaths	Pharmacy Primary Care BPC ED/Urgent Care	- WI Prescription Drug Monitoring Program - Community-based pharmacies - Local Law Enforcement	Reduce suspected narcotic overdose fatal cases in Northeastern WI as determined by the WI Prescription Drug Monitoring Program. 2024 Target: 3; Actual 6.
Additional tactics determined by Emplify Health Design and Implementation Teams		- Internal Emplify Health Partners - CBO's	Plan developed by 2027. Measures added based on plan

Identified Priority: Equitable Access to Healthcare

Emplify Health-Bellin Health Goal: By 2027, decrease the gaps in screening measures for Medicaid Patients by 7%, for Breast Cancer, Colon Cancer, Well-child visits (0-15 y.o.), and Blood Pressure control.

Tactic	Resource (program)	Partnerships	Measure of Impact
Epic Campaigns to help address gaps in care.	Primary Care Quality Dept. Pediatrics MyChart Marketing	- Epic - Project Fusion Teams	Implement Epic Campaigns by Q4 2025.
Targeted outreach to all Medicaid patients overdue for mammography, colorectal cancer screening, well child visits, and blood pressure follow up.	Quality Dept. Primary Care ITDS	- Epic - WCHQ	3% improvement in gap closure in FY 2025. 5% improvement in gap closure in FY 2026.
Identify barriers to healthcare access through SDOH screening and intervening.	CRCs Primary Care Case Management	- FindHelp	Optimization of no-show/late cancel appointments
Leverage community education/event opportunities to increase awareness and align to resources.	CHWs Primary Care Marketing	- CBOs - School District Partners - Green Bay Packers	Number of community campaigns, sponsorships, health fairs, etc.

Identified Priority: Safe and Accessible Housing

Emplify Health-Bellin Health Goal: Patients with housing risk and requesting assistance on SDOH assessment receive a referral to an appropriate community resource.

Tactic	Resource (program)	Partnerships	Measure of Impact
Monitor and improve Social Determinants of Health screening and referral for patients and families	CRCs Population Health Case management Primary Care Community Health Workers Case Management Specialty Care ED	- 211 - The Gateway Collective - Neighborworks Green Bay - Local Homeless Shelters - FindHelp - CBOs - Epic	By 2026, a platform (FindHelp) will be implemented in the Bellin region to capture referrals and loop closures. Improvement measures and tactics developed after baseline measures obtained.
Participate biannually in Point in Time Count. Partner with CBOs to address needs and implement strategies.	Point in Time Count	- BC Public Health - BC Homeless and Housing Coalition - NEWCAP, Inc.	# participants from Bellin engaged in the Point in Time Count.
Continue support of community initiatives and policies that improve affordable housing and access to housing resources for all populations	Greater Green Bay Blueprint Community Ambassadors Population Health External Affairs Community Resource Connectors	- Federal, state, county, city health/human services departments - Legislators - Worksites - The Gateway Collective - Brown County Homeless and Housing Coalition - Brown County United Way - Neighborworks Green Bay	Community Contributions funds. Community service reporting.

Monitoring Long Term Outcomes

An implementation plan developed in response to the community health needs assessment outlines specific goals and tactics to be taken in the next three years, 2025-2027. This improvement plan aligns with the Emplify Health Community Health Score. The Community Health Score was created to identify key metrics and monitor progress of our organization's population health strategies which are the foundation of a primary Vision, "Leading with love, we courageously commit to a future of healthy people and thriving communities." Common threads connect the community health needs assessment to the Community Health Score. Embedded within each metric are detailed goals, with many mirroring those of the improvement plan.

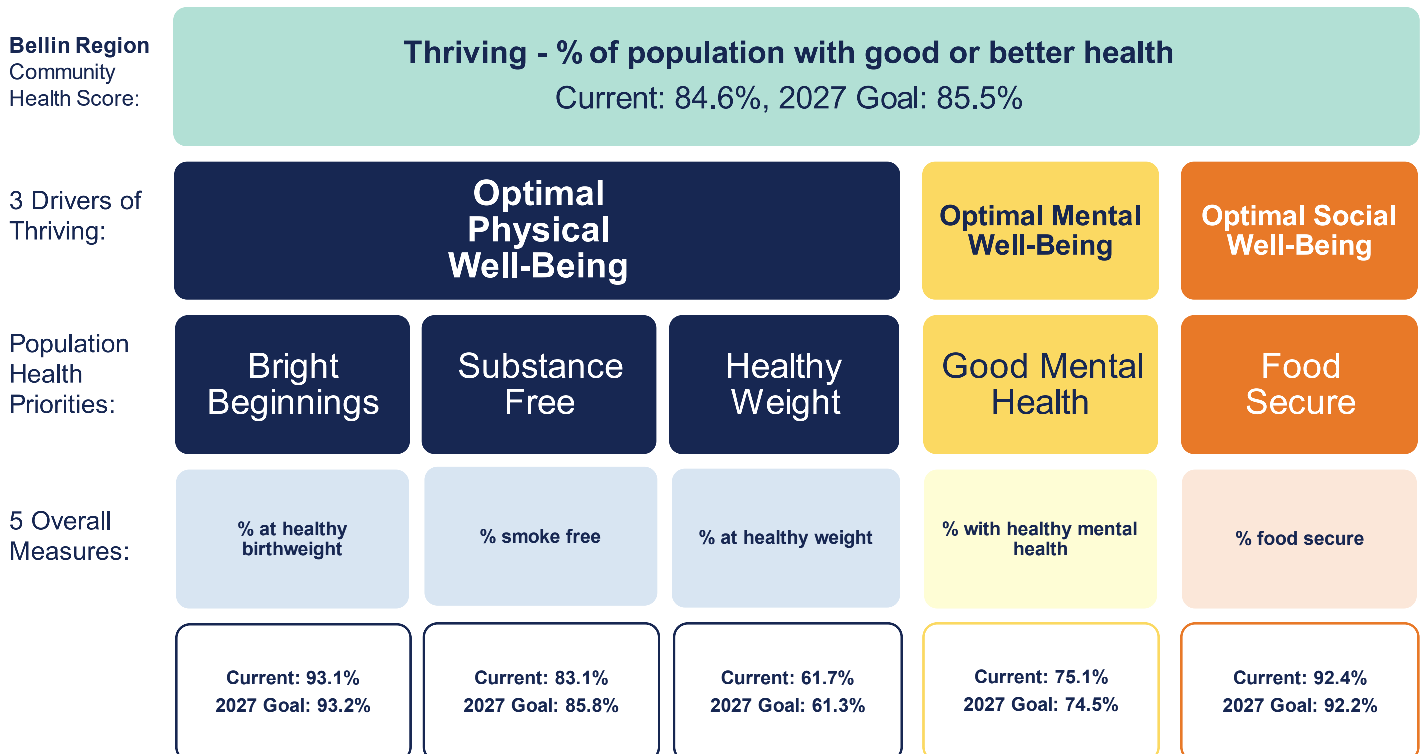
Community Health Score

Our Vision Statement: "Leading with love, we courageously commit to a future of healthy people and thriving communities," is core to Emplify Health's Community Health Score and reflects Thriving Communities. It is a population-level measure of health-related quality of life that is self-reported by adults living in the communities within our service area, gathered and reported by the Center for Disease Control. This measure is reflective of our vision statement.

We have defined a thriving community as one where all people of all generations can achieve optimal physical, mental, and social well-being and can grow, belong, and flourish throughout their lives.

The Thriving question is: "Would you say that, in general, your health is: excellent, very good, good, fair or poor?" Emplify Health established a 5-year goal to improve the overall percent of adults living in our communities, patients, and our employees that have "good or better" overall health.

Emplify Health will achieve this goal by working to achieve optimal physical, mental, and social well-being. Within these there are five identified bodies of work: better beginnings (healthy pregnancy & healthy children), substance free, optimal weight, good mental health and access to healthy food.



Appendix

Community Health Score Metric Definitions

Thriving Health - % of adults who reported their health status as good, very good, or excellent health.

Healthy Birthweight - % of live births were at or above a healthy birthweight.

Smoke-free - % of adults who were smoke-free

Healthy Weight - % of adults who reported a BMI of 30 or less.

Good Mental Health - % of adults who reported never being told by a doctor, nurse, or other health professional that they had depressive disorder.

Food Secure - % of the population who report adequate access to food.