2026-2028 Community Health Implementation Plan

Emplify Health by Gundersen, Whitehall

Approved by the Board on September 23, 2025

emplify HEALTH by Gundersen

bellinhealth + GUNDERSEN HEALTH SYSTEM.

Together, we're becoming

emplify HEALTH

Vision of Bellin and Gundersen:

Bellin and Gundersen aim to create healthy people and thriving communities, starting with their youngest patients. Bellin opened Wisconsin's first Family Integrated Neonatal Infant Care Unit (NICU) in 2022, offering a unique "couplet care" model. Bellin's 29 primary care clinics and 88 on-site employer clinics support this vision. Gundersen's 9,000 employees, including 1,000 clinicians, serve 22 counties with seven hospitals and 65 clinics, seeing over one million patient visits annually.

Commitment to the Community:

Bellin and Gundersen provide trusted care in their communities. Bellin partners with the Green Bay Packers and hosts the Bellin Run, a large 10K event. Gundersen offers inpatient mental health care in La Crosse and collaborates with local schools and officials for community development. They also host the annual Steppin' Out in Pink breast cancer walk.

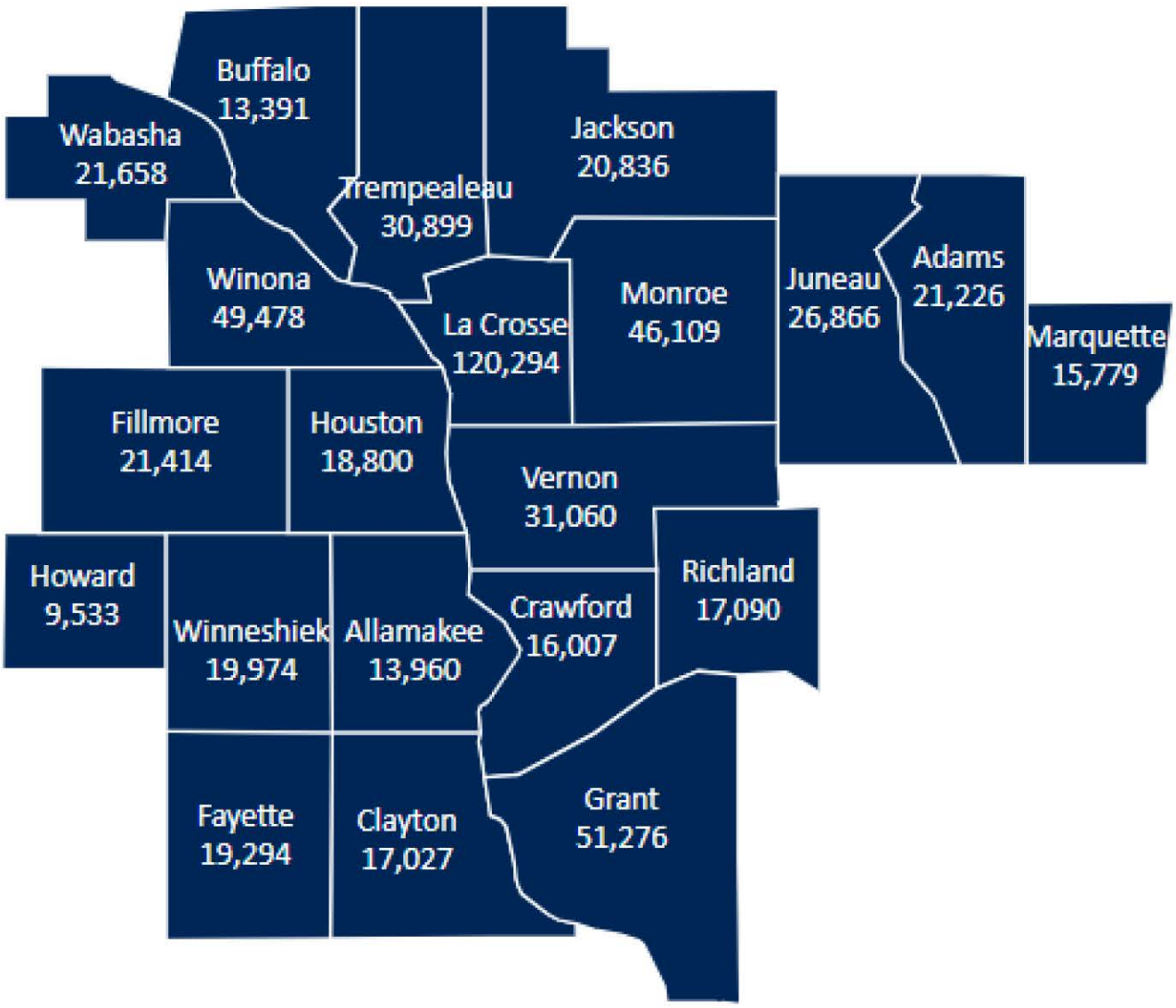
New Brand - Emplify Health:

Bellin and Gundersen have united under the new brand Emplify Health, combining "empathy" and "amplify" to enhance access, empathy, and health outcomes. The transition to Emplify Health will take several years, honoring their legacy names and histories.

Gundersen Region Service Area

This Community Health Needs Assessment identifies the top health needs for the 21 counties in the Gundersen Lutheran Medical Center's service area.

The Population of the Emplify Health by Gundersen Region's 21 County Service Area is 615,362



Introduction

Background

In 2010, the Patient Protection and Affordable Care Act (PPACA or the ACA) was passed with final regulations (Internal Revenue Service code 501(r)), posted in December 2014, titled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessment for Charitable Hospitals; Requirements of Section 4959 Excise Tax Return and Time for Filing of the Return".

As part of this health care reform act, not-for-profit hospitals are required to complete a community health needs assessment.

Community health needs assessments seek to identify significant health needs for specific geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** is the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are the problems present?

The question of ***how*** needs will be addressed is outlined in this document – the Community Health Implementation Plan.

Evidence of meeting these requirements is documented on a hospital's tax Form 990, Schedule H. There is no standard format to guide hospitals in how to satisfy these requirements.

Approval & Dissemination

The 2024 Community Health Needs Assessment 2026-2028 Implementation Plan were presented to the Board and approved on September 23, 2025. Progress is underway to implement the following plan.

Our implementation plan, including goals, tactics, resources, partners, and outcome measures, addresses the top health needs and concerns identified from the COMPASS NOW 6-county region. The COMPASS Now assessment has been an ongoing community needs assessment in collaboration with the United Way and other community partners since 1995, with updates every three years. In addition, the implementation plan supports the Health System's Community Health Score priorities- which expand to include Better Beginnings and Optimal Weight focus areas- that serve to strengthen our efforts to improve the health and wellbeing of our communities. In addition, as we assess community health needs, we continue to investigate health disparities and strategies that aim to improve health equity across the system.

A link to the complete COMPASS NOW 2024 Assessment, and other related documents can be found at https://www.gundersenhealth.org/community-assessment.

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2026-2028 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 (CHIP) 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 summarizes the regional Community Health Needs Assessment (CHNA) and details the Emplify Health by Gundersen, Whitehall Community Health Implementation Plan for 2026-2028.

The following table lists the health needs identified as priorities in the 2024 COMPASS Now Report.

1. Mental Health
2. Food Security and Nutrition
3. General Access to Care

Identified Need/Issue: Strategies for Mental Health

Goal: To establish a service-area wide, mental health early intervention program within 18 months to improve support and identification of mental health issues across schools and community services.

Tactics	Resource (program)	Partnerships	Measure of Impact
Build Partnerships	Utilize Social Determinants of Health screening and early childhood identification tools.	Local schools, healthcare providers, community organizations, mental health agencies, Buffalo and Trempealeau County Health and Human Services and social services	Number of partnerships formed; frequency of coordinated activities; number of screenings conducted
Utilize Screening Tools	Implement Social Determinants of Health screening and early childhood assessments to identify those at risk and connect them to early support.	Local schools, healthcare providers, community organizations, mental health agencies, Buffalo and Trempealeau County Health and Human Services and social services	Number of individuals screened; referrals made to mental health services
Dating and Sexual Violence	Integrating trauma-informed care and screening for dating and sexual violence into routine mental health visits or annual wellness screening.	Local schools, healthcare providers, community organizations, mental health agencies, Buffalo and Trempealeau County Health and Human Services and social services	Number of individuals screened; referrals made to mental health services
Increase Outreach and Education	Raise awareness about mental health resources through targeted outreach, workshops, and events. (e.g. Autism Support Group, increasing access to	Local schools, healthcare providers, community organizations, mental health agencies, Buffalo and Trempealeau County Health and Human	Attendance at events; increase in resource utilization; community awareness measured via surveys if applicable

	mental health services, suboxone clinic, telehealth psychiatric crisis intervention in the ED for 24/7 care).	Services and social services	
Organize Community Education Events	Host at least two annual community events and 3 virtual connections to promote awareness/education, reduce stigma and improve cross community connections.	Trempealeau County Public Health partners, Resilient and Trauma Informed Community group (RTIC), local schools	Number of events held; participant feedback; changes in community stigma levels
Broaden Outreach Efforts	Promote initiatives and events through social media, community networks, and local campaigns (e.g. Mental Health Awareness Month, lights in the lobby).	Trempealeau County Public Health partners, local schools	Social Media reach and engagement metrics; event participation
Regular Program Review	Conduct biannual scorecard reviews to evaluate the program effectiveness and make necessary adjustments to improve impact and sustainability.	Trempealeau County Public Health partners, local schools	Completion of reviews; documented program improvements; achievement of key performance indicators (KPIs)

Identified Need/Issue: **Strategies for Food Security and Nutrition**

Goal: Implement a nutrition education initiative to promote healthy eating habits among community members in our service area.

Tactics	Resource (program)	Partnerships	Measure of Impact
Sponsor Drives	Organize a food drive to support local food pantries and distribute items.	Food pantries Volunteers, Community members	Number of drives held; volume of donations collected; number of families served
Targeted Donation	Tri-County Foundation donates $750 annually to each food pantries in our service area. An additional $500 annually to each food pantries in honor of our Doctor's Day.	Tri-County Foundation, Gundersen Medical Foundation, local food pantries	Amount donated; impact on pantry inventory and distribution
Distribute Nutritional Products	Leverage Aging and Disability Resource Center (ADRC) programs and Meals on Wheels to distribute nutritional products.	ADRC, Meals on Wheels, food pantries	Number of nutritional products distributed; number of recipients served
Educational Opportunities	Patients with nutritional referrals will receive education on how to make healthier food choices. Distribute educational resources on the benefits of	Local hospitals, WIC, Human Services, UW Extension Office, food pantries	Number of workshops held; participant knowledge improvement measure by pre/post assessments

	consuming fresh fruits, vegetables, and whole grains.		
Support for Specific Needs	Incorporate diabetic education and support groups to address the dietary needs of individuals managing diabetes.	Diabetic educators, community health providers	Number of participants in diabetic educations; improvements in dietary habits and health outcomes
Identify population needs for food resources within the Inpatient Discharges	Implement 'Lunch To Go" program for those patients at discharge that have food insecurities, offering food pantry education.	Registered Dietician	Number of participants; improvements in dietary habits and health outcomes
Evaluate and Adjust	Coordinate efforts with Public Health and Diabetic Educators. Conduct biannual scorecard reviews to assess program impact and adjust strategies for sustainability.	Public health, diabetic educators, community partners	Completion of evaluations; documented program adjustment of achievement of nutrition-related KPIs

Identified Need/Issue: Strategies for General Access to Care

Goal: Enhance education on drug overdose prevention, mental health stigma reduction, and access to care.

Tactics	Resource (program)	Partnerships	Measure of Impact
Telehealth Crises Intervention Access	Promote telehealth crises intervention services, ensuring registration processes are accessible to those in need.	Gundersen Tri-County, Telehealth providers, community organizations	Number of telehealth sessions conducted; patient satisfaction and access metrics
Engaged Outreach Efforts	Use local media and community events to actively promote mental health and addiction services, encouraging the community members to seek help.	Local media, community organizations, healthcare providers	Reach and frequency of media campaigns; event attendance; increase in service utilization
Lymes Disease Education	Provide testing treatment and educational resources. Partner with local Public Health Departments to expand outreach and prevention efforts.	Buffalo and Trempealeau Public Health, County and State Park Staff, Human Services, healthcare providers, local media and community organizations	Number of Tic Kits distributed
Comprehensive Awareness Campaign	Develop and implement a public awareness campaign to highlighting expanded hospital services, including integrated mental health care in the family practice	Emplify Health by Gundersen, Whitehall administration, local media, community organizations	Campaign reach; increase in service utilization of 20% by 2028

	clinic, Suboxone clinics and psychiatric nurse practitioners, as well as 24/7 telehealth psychiatry crises intervention in the Emergency Department.		
Community Support Groups	Support and promote community support groups such as AA meetings, including male/female opportunities, providing safe spaces for recovery and connection.	Community organizations, support group coordinators	Number of support groups active; attendance rates
Feedback and Program Adjustment	Evaluate campaign effectiveness through community feedback and service utilization data, adjust strategies to improve accessibility and integration.	Steering Committee, community stakeholders	Completion of evaluations; documented improvements; achievements of utilization and engagement targets

Monitoring Long Term Outcomes

An implementation plan developed in response to the community health needs assessment and identified top priorities outlines specific goals and tactics to be taken in the next three years, 2026-2028. Any additional priorities identified in the assessment are being addressed by other community partners and Tri-County Memorial Hospital area will support their efforts to the best of our abilities. 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. The metrics indicated in the chart are system goals. The metrics noted in the CHIP are specific to the Gundersen Region for current and 2028.