



ACCESS TO CARE ACTION PLAN

La Crosse County Community Health Improvement Plan

Date Created: October 2022 Date Reviewed/Updated: _____

PRIORITY AREA:
GOAL: Grow a system of care that represents and supports underserved peoples to get the right care at the right time.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Long Term Indicators	Source	Frequency
Decreased percentage of adults reporting fair or poor health	Behavioral Risk Factor Surveillance System	Yearly
Increased access to healthcare	Compass Now	Every 3 years
Increased vaccination rates for children	Wisconsin Immunization Registry	Yearly
Increased community engagement with community members that experience health inequities	Community Engagement Survey	Baseline set in 2022

OBJECTIVE #1: By December 2023, build relationships and increase community engagement with communities that experience health inequities

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Progress Notes
Analyze data from Community Engagement survey and Foundational Practices assessment	December 2022		Epidemiologist and Maternal and Child Health Team	
Identify one strategy to enhance family, youth and community engagement and one practice change to advance health equity	January 2023	LCHD Leadership Team, Family Health Nutrition Educator	Maternal and Child Health Team	
Develop and implement an action plan to support community engagement and health equity strategies	December 2023		Maternal and Child Health Team	
Analyze vaccination data from the Wisconsin Immunization Registry (WIR) to identify areas in need of outreach	March 2023	WIR data	Epidemiologist and Access to Care Public Health Nurse	
Develop relationships with agencies that focus on underserved populations and have interest in providing vaccines to customers	Ongoing		Access to Care Public Health Nurse	
Educate about childhood immunizations to parents and community partners	Ongoing		Access to Care Public Health Nurse	
Maintain ability to provide COVID-19 resources for vaccines and at-home testing to underserved populations	Ongoing		Access to Care Public Health Nurse	

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators (program specific)	Source	Frequency
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Number of visits with vaccination or testing for home-bound individuals	Access to Care Public Health Nurse records	Quarterly
Number of vaccine clinics and services provided to underserved populations in need of immunization	Access to Care Public Health records	Quarterly

OBJECTIVE #2: By December 2023, implement health literacy standards for online and print materials created by LCHD.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Progress Notes
Review and summarize tools for health literacy	March 2023	Plain Language Guide PEMAT CLAS Standards	Epidemiologist	
Use health literacy tools to adapt and revise La Crosse County Health Department website	September 2023	LCHD staff	Epidemiologist	
Use health literacy tools to adapt and review written materials (i.e., brochure, flyer, poster, etc.)	December 2023	LCHD staff	Epidemiologist	

**PERFORMANCE MEASURES
How We Will Know We are Making a Difference**

Short Term Indicators (program specific)	Source	Frequency
Number of written materials reviewed with health literacy guide		Quarterly
Number of pages on LCHD website at or below 8 th grade reading level		Yearly

OBJECTIVE #3: By December 2023, implement Public Health Services program with underserved and unsheltered populations throughout La Crosse County.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Progress Notes
Revise policy and procedure related to unsheltered nursing care and adapt for new program	March 2023		Access to Care and Chronic Disease and Injury Prevention managers	
Establish MOU with community sites that will host Public Health Services program within 3 months of setting up services	Ongoing		Access to Care and Chronic Disease and Injury Prevention managers	
Establish Public Health Nurse and nursing services at 1 community site	November 2022		Access to Care Public Health Nurse	
Establish Social Worker and resources at 1 community site	January 2023		LCHD Social Worker	
Establish Health Educator and services at 1 community site	February 2023		Chronic Disease and Injury Prevention Health Educator	
Build relationships with community locations and residents to provide better access to care for health, dental, mental health, and substance use treatment	Ongoing		Access to Care Public Health Nurse, LCHD Social Worker, and Chronic Disease and Injury Prevention Health Educator	

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators (program specific)	Source	Frequency
Number and type of services offered through Public Health Services program	Public Health Services program report	Quarterly
Number of residents served at community locations	Public Health Services program report	Quarterly

Number of vaccinations provided through Public Health Nurse at community locations	Public Health Services program report	Quarterly
Number of clients served through Social Worker at community locations	Public Health Services program report	Quarterly
Number and type of education delivered by Health Educator at community locations	Public Health Services program report	Quarterly

ALIGNMENT WITH STATE/NATIONAL PRIORITIES	
Healthiest Wisconsin 2020	Healthy People 2030
<p>Access to High-Quality Health Services</p> <ul style="list-style-type: none"> Objective 1: By 2020*, assure all residents have affordable access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable. <p>Oral Health:</p> <ul style="list-style-type: none"> Objective 1: By 2020*, assure access to ongoing oral health education and comprehensive prevention, screening and early intervention, and treatment of dental disease in order to promote healthy behaviors and improve and maintain oral health. 	<p>Health Care Access and Quality</p> <ul style="list-style-type: none"> Increase the number of community organizations that provide prevention services. (ECBP-D07) Reduce the proportion of people who can't get medical care when they need it. (AHS-04) Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. (AHS-R01) Reduce the proportion of people who can't get the dental care they need when they need it. (AHS-05) Increase the proportion of low-income youth who have a preventive dental visit. (OH-09)

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