

Community Health Needs Assessment & Implementation Plan

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Southwest
— HEALTH —

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Purpose

It is the vision of Southwest Health (SH) to create a healthier southwest Wisconsin. This community health needs assessment and implementation plan (CHNA) outlines concrete action plans that will help SH prioritize and address health needs, especially of vulnerable populations. These are issues specific to community health above and beyond our organizational strategic plan. There are, of course, identified health needs that cannot be fully addressed in the current implementation plan as among SH strategic priorities is maintaining its fiscal health in a responsible way that ensures its long term viability as a leading provider of quality health care services far into the future. Therefore, all identified needs may not be thoroughly addressed in the implementation plan. Nevertheless, through this current assessment and extensive action plans, we intend to continue very positively impacting the direction of health and health care in the communities we serve.

Summary

Southwest Health is a not-for-profit health system serving the needs of southwest Wisconsin. This CHNA and Implementation Plan provides a detailed view of demographic, behavioral, and health characteristics of the SH service area as they relate to the many diverse factors impacting the region's health and health care. The institution's primary service area and greater secondary service area together comprise a population of nearly 55,000 people, many of them rural and many lower income and poor families. Their complex health needs are first and foremost the product of their rural environment clashing with the modern sedentary lifestyle that encourages inactivity and a food distribution system that facilitates unhealthy diets. That combination results in a population that is more obese and poorer than the average American with somewhat less access to services that often includes an inability to pay for needed health services.

Given such circumstances, metabolic syndrome [a cluster of at least three of these five conditions – high blood pressure, high blood sugar, high body fat around the waist, high cholesterol or triglyceride levels – increasing one's risk of heart disease, stroke, and diabetes] and its sub conditions are increasingly common and impact community health and increase costs dramatically. High among priorities is also an acute need for mental health counseling practitioners. For these and other needs, our plan identifies strategies and actions—from increasing the numbers of practitioners to providing education and outreach—that will help create a healthier, more prosperous, longer living population in southwest Wisconsin.

Methodology

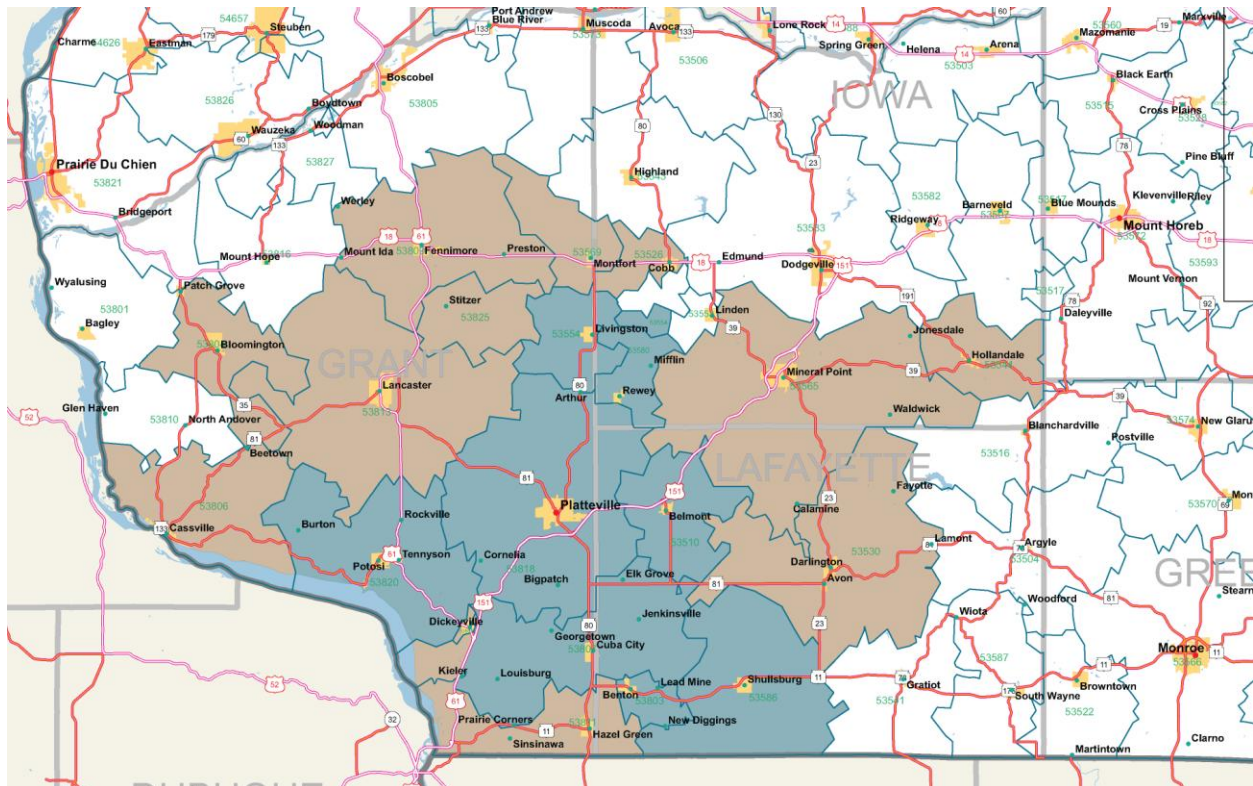
Southwest Health began the CHNA process in late summer, 2015 to follow up on its original assessment and implementation plan published in June, 2013. A small committee was established with community representation to facilitate the research and planning process. The identified steps were:

1. Obtain and review existing area Community Health Needs Assessment plans
2. Compile existing data from a wide range of secondary sources
3. Identify primary data needs and gather primary data
4. Determine health priorities and offer alternatives for addressing needs
5. Write plan under the supervision of Southwest Health leadership

Primary data sources identified were a) a survey of community-at-large, including University students, b) a survey of employers, c) a survey of key stakeholders, including health care providers and leaders, and d) focus groups. Survey tools and focus group questions were carefully written to solicit honest input that would serve to inform the process and fill gaps in secondary data.

Community Description

Geographically, SH's primary service area is centered around Platteville, Belmont, and Cuba City, Wisconsin. It also includes the surrounding towns of Benton, Shullsburg, Hazel Green, Dickeyville, Livingston, Montfort, and Potosi as well as the rural countryside surrounding these towns. Our secondary service area extends to further outlying areas. We see fewer patients from these areas, yet for many, Platteville and Southwest Health are the area's center of commerce and the place they look to for health care. In this study, we include all residents and populations in our service areas and do not discriminate based on age, gender, income, race, religion, sexual orientation, ability to pay, or any other criteria.



SWOT

SH and our communities are affected by a wide array of strengths, weaknesses, opportunities and threats, all of which impact our ability to improve community health.

Strengths:

- Strong local health care system (financially viable with quality outcomes and high patient satisfaction)
- Excellent, growing staff of primary care providers in several strong local clinics
- Excellent relationship with UW Platteville, enabling a partnership in serving our large and growing student population in Platteville
- Strength of local economy and employment rate
- Outlook of employers on helping keep workers well

Weaknesses:

- Diabetes, obesity, and heart disease rates all higher than national levels
- Smoking rates higher than national levels
- Culture of poor eating
- Culture of heavy and binge drinking
- Uninsured rate in Lafayette County and poverty (especially in Grant County) combining to make health care relatively inaccessible for many
- Accessibility of wholesome foods for many, given isolation of poor rural residents without reliable transportation
- Accessibility of mental health counselors
- Lack of occupational health initiatives

Opportunities:

- Prevention and early intervention with a focus on Metabolic Syndrome, now a widely agreed upon condition in which someone has three of these five: obesity, diabetes, high cholesterol or other lipids, cardiovascular disease, hypertension.
- Reduce stigma of mental health
- New community room at SH that will allow easier access to outreach programming
- New free community transportation alternative available in Platteville to SH
- New recreation trails around the City of Platteville
- Advocacy and education
- New UNITE community collaboration on health

Threats:

- Anticipated future declines in reimbursement for services
- Health plans with high deductibles, forcing insured people with limited means to avoid primary care and other necessary services
- Limited access to mental health counseling

- Community apathy, status quo, inertia related to healthy lifestyles
- Aging population (especially where combined with chronic medical conditions and relatively high poverty)
- Future healthcare workforce shortages

Demographics

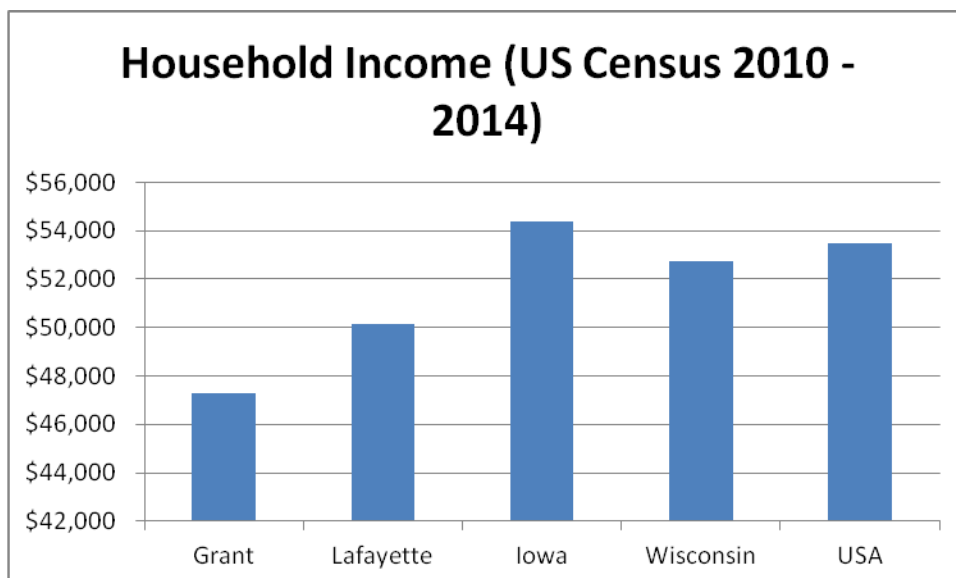
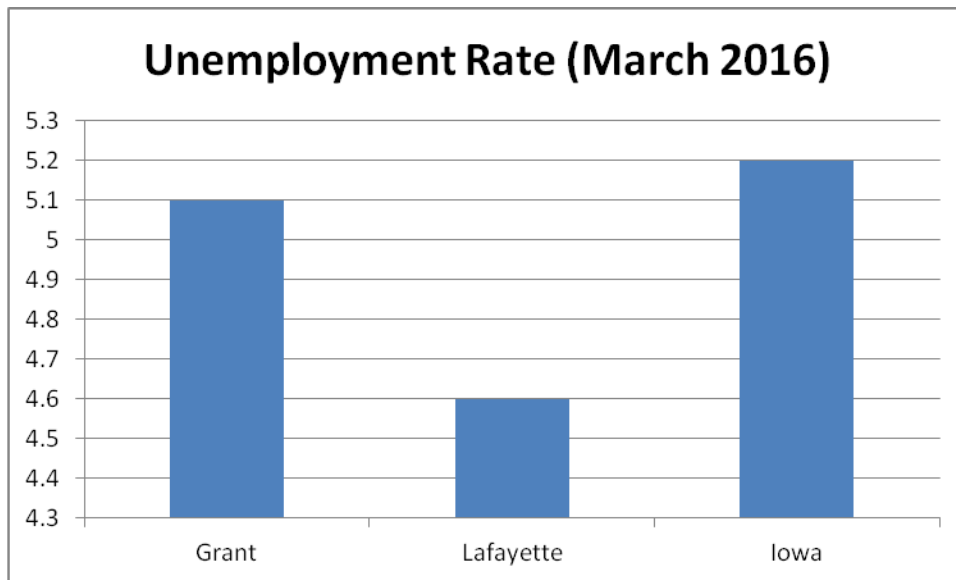
US CENSUS DATA 2013				
		Male	Female	Total
53818	PLATTEVILLE	6,300	5,084	11,384
53807	CUBA CITY	933	1,135	2,068
53510	BELMONT	449	532	981
53554	LIVINGSTON	528	606	1,134
53565	MINERAL POINT	2,451	2,563	5,014
53569	MONTFORT	544	537	1,081
53580	REWEY	369	342	711
53586	SHULLSBURG	1,097	1,160	2,257
53803	BENTON	737	642	1,379
53808	DICKEYVILLE	539	530	1,069
53811	HAZEL GREEN	1,551	1,667	3,218
53820	POTOSI	1,511	1,187	2,698
		17,009	15,985	32,994

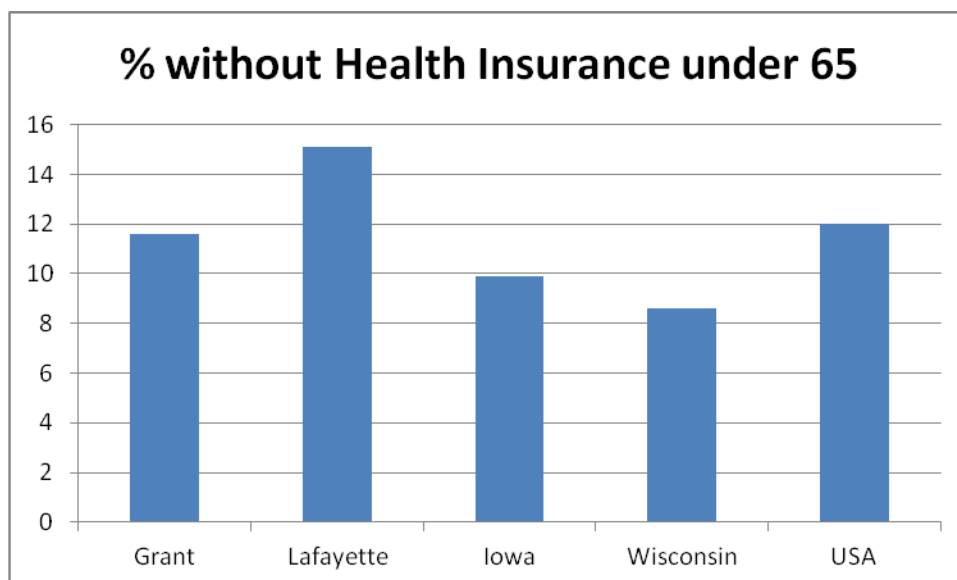
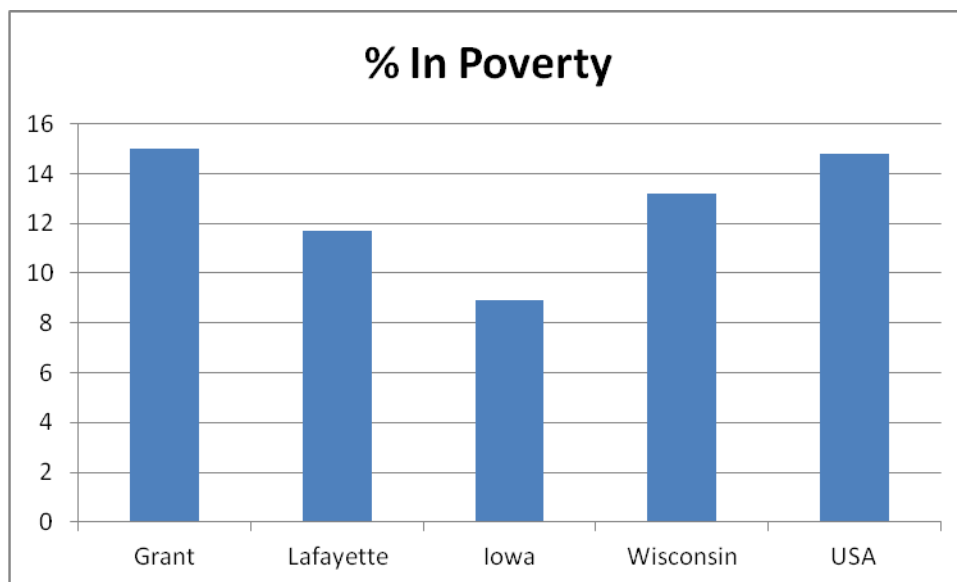
53812	Kieler	209	288	497
53530	Darlington	2,557	2,306	4,863
53804	Bloomington	763	683	1,446
53526	Cobb	289	284	573
53806	Cassville	952	874	1,826
53809	Fennimore	1,939	1,862	3,801
53813	Lancaster	2,932	3,145	6,077
53541	Gratiot	351	370	721
53544	Hollandale	379	352	731
		10,371	10,164	20,535

County Statistics - US Census Data 2015

County	Population	% 65+	% Population Change	% White
Grant	52,250	16.3	1.2	96.8
Lafayette	16,829	16.5	0.1	97.9
Iowa	23,813	16.7	0.6	97.6

Economic Indicators





County Level Health Needs Indicators

The data in the table below is taken from County Health Rankings, a program of the Robert Wood Johnson Foundation. For each category heading in the table (e.g. Length of Life, Health Behaviors, etc.) The 72 Wisconsin counties are ranked in order from healthiest to least healthy, and the first number in each category is the county rank. The remaining numbers in each category are raw numbers of cases, percentages of the population and indexes establishing how counties compare with the State average. This and additional data can be found at <http://www.countyhealthrankings.org/>.

	WISCONSIN	GRANT	IOWA	LAFAYETTE
Health Outcomes		37	19	14
Length of Life		35	41	19
Premature death	6,000	5,900	6,200	5,300
Quality of Life		39	5	15
Poor or fair health	15%	13%	12%	13%
Poor physical health days	3.7	3.5	3.2	3.2
Poor mental health days	3.7	3.4	3.3	3.3
Low birthweight	7%	6%	5%	6%
Health Factors		26	21	44
Health Behaviors		45	9	31
Adult smoking	17%	17%	15%	16%
Adult obesity**	29%	30%	28%	33%
Food environment index**	7.9	7.9	8.5	8.4
Physical inactivity**	22%	23%	22%	18%
Access to exercise opportunities	81%	47%	47%	28%
Excessive drinking	23%	26%	25%	24%
Alcohol-impaired driving deaths	38%	33%	36%	48%
Sexually transmitted infections**	411.6	244.7	168.0	118.7
Teen births	26	14	16	19
Clinical Care		29	53	68
Uninsured	11%	12%	10%	15%
Primary care physicians	1,220:1	1,960:1	1,400:1	4,190:1
Dentists	1,590:1	2,880:1	3,400:1	4,210:1
Mental health providers	590:1	1,060:1	1,700:1	600:1
Preventable hospital stays	48	49	60	62
Diabetic monitoring	90%	93%	87%	92%
Mammography screening	71%	74%	62%	57%
Social & Economic Factors		18	14	16
High school graduation**	88%	94%	91%	92%
Some college	67%	64%	66%	60%
Unemployment	5.5%	4.8%	5.2%	4.3%
Children in poverty	18%	19%	13%	19%
Income inequality	4.3	3.9	3.8	3.7
Children in single-parent households	31%	24%	20%	24%
Social associations	11.8	12.7	13.1	14.9
Violent crime**	255	161	144	28
Injury deaths	65	55	62	80
Physical Environment		43	47	50
Air pollution - particulate matter	11.5	11.8	11.9	11.9
Drinking water violations		Yes	Yes	Yes
Severe housing problems	15%	12%	12%	13%
Driving alone to work	80%	78%	76%	76%
Long commute - driving alone	26%	27%	37%	35%

Zip Code Level Community Needs Indicators

Dignity Health and Truven Health jointly developed a Community Need Index (CNI) in 2004 to assist in the process of gathering vital socio-economic factors. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services. Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

1. Income Barrier

- Percentage of households below poverty line, with head of household age 65 or more
- Percentage of households with children under 18 below the poverty line
- Percentage of single female-headed families with children under 18 below poverty line

2. Cultural Barrier

- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all

3. Education Barrier

- Percentage of population over 25 without a high school diploma

4. Insurance Barrier

- Percentage of population in the labor force, aged 16 or more, without employment
- Percentage of population without health insurance

5. Housing Barrier

- Percentage of households renting their home

Every populated ZIP code in the United States is assigned a barrier score of 1, 2, 3, 4, or 5 depending upon the ZIP code national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, ZIP codes that score a 1 for the Education Barrier contain highly educated populations; ZIP codes with a score of 5 have a very small percentage of high school graduates.

For the two barriers with only one statistic each (education and housing), Truven Health used only the single statistic listed to calculate the barrier score. For the three barriers with more than one component statistic (income, cultural and insurance), Truven Health analyzed the

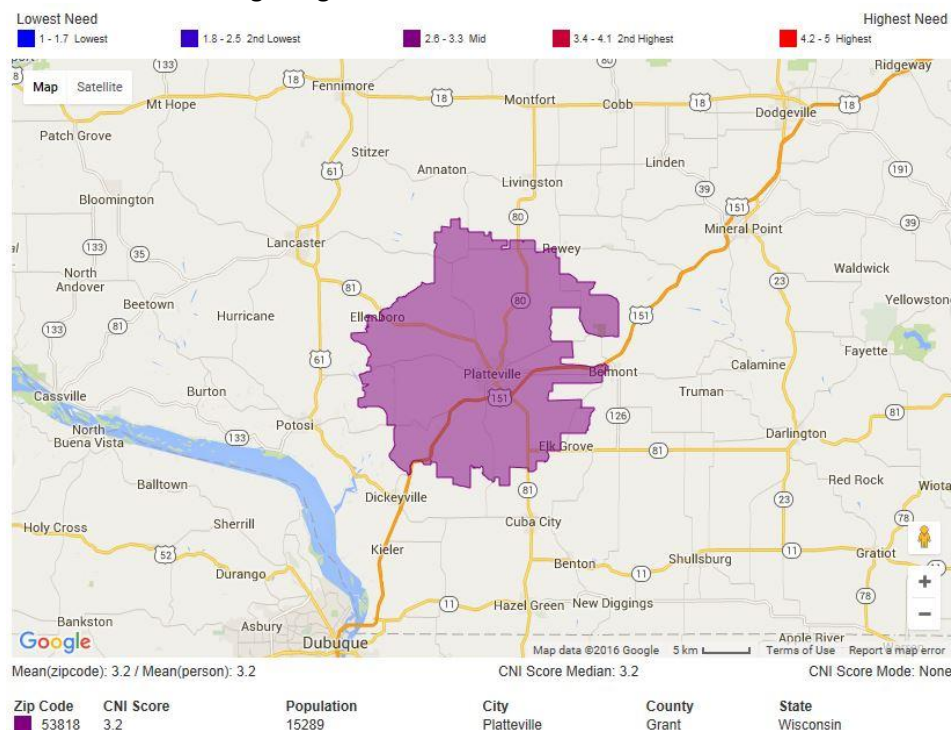
variation and contribution of each statistics for its barrier; Truven Health then weighted each component statistic appropriately when calculating the barrier score.

Once each ZIP code is assigned its barrier scores from 1 to 5, all five barrier scores for each ZIP code are averaged together to yield the CNI score. Each of the five barrier scores receives equal weight (20% each) in the CNI score. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

CNI scores for SH's primary Service area:

		CNI Score
53818	PLATTEVILLE	3.2
53807	CUBA CITY	2.4
53510	BELMONT	2.6
53554	LIVINGSTON	2.0
53565	MINERAL POINT	2.2
53569	MONTFORT	2.0
53580	REWEY	2.4
53586	SHULLSBURG	2.8
53803	BENTON	2.5
53808	DICKEYVILLE	2.4
53811	HAZEL GREEN	2.2
53820	POTOSI	2.2

The ZIP code showing the greatest health need is Platteville:

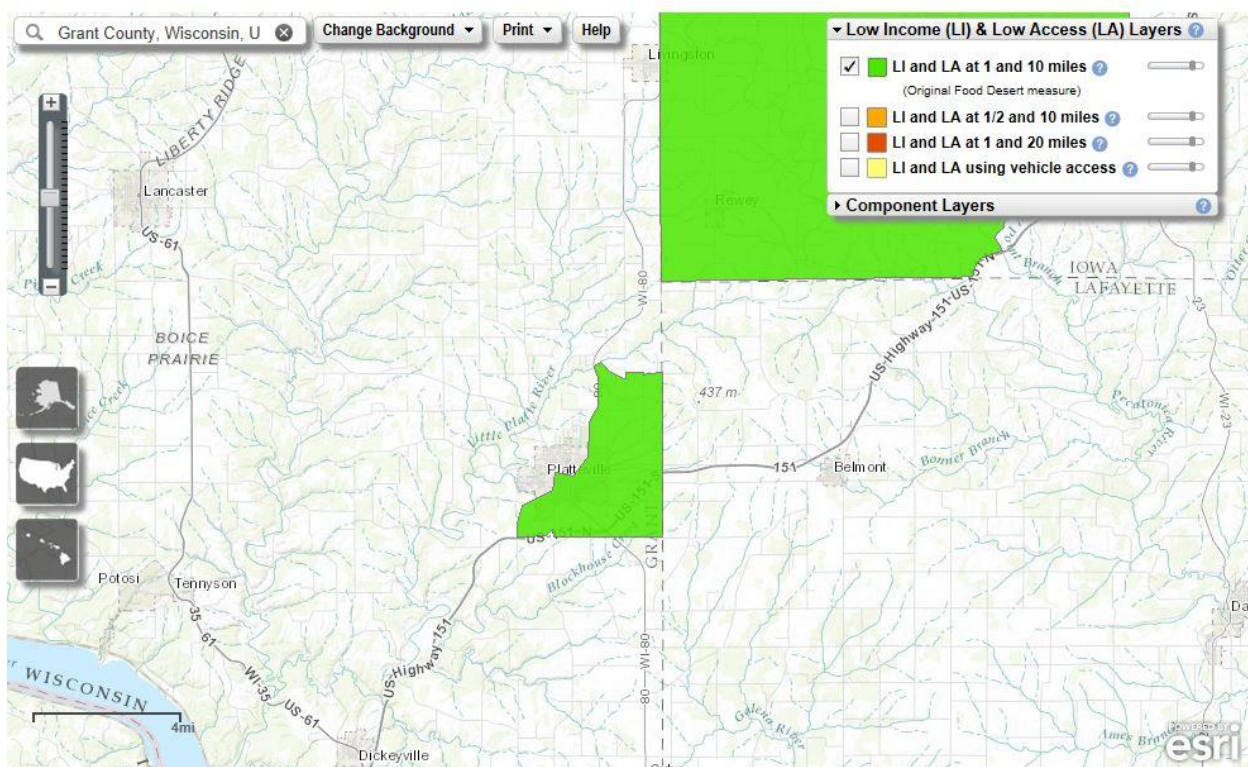


Note, the economic and education measures in this ZIP code are not the likely causes for the higher need score. This report's authors assume a major driver is the high numbers of renters in this University town where the student population has grown from 5,000 several years ago to more than 9,000 at the time of this report.

Food Desert Status

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Somewhat surprising to this report's authors, a large portion of the Platteville area is labeled as a Food Desert. A look into the data behind the label reveal that among 1,843 housing units in this area with a total population of 4,245, there are 230 or more housing units with low access to grocery outlets and no car.



Last updated: Wednesday, March 11, 2015

Other Facilities and Resources

Southwest Health is the only acute care hospital in its identified primary service area. There are two other smaller hospitals (Darlington and Lancaster) located in the identified secondary service area. There are also larger urban medical centers in Dubuque, Iowa (30 minutes from Platteville) and Madison, Wisconsin (more than 1 hour from Platteville).

There are five total primary care clinics in the primary service area (three in Platteville and two in Cuba City), two of which are operated by Southwest Health.

Platteville is also home to three mental health clinics, four pharmacies, a Southwest Wisconsin Community Action Program clinic for reproductive health, two dental clinics, three chiropractic clinics, three vision clinics, a nursing home (Manor Care), and an elderly care facility (Park Place) with apartments, assisted living, and memory care.

In addition to the two family medical clinics, Cuba City is also home to Epione Pavilion (with a large 5-star skilled nursing unit, outpatient rehabilitation services, and 12-bed memory unit). There is also a separate dental clinic and a pharmacy in Cuba City and one chiropractic/alternative medicine office. There are chiropractic offices in Benton and Hazel Green as well.

Other Needs Assessments

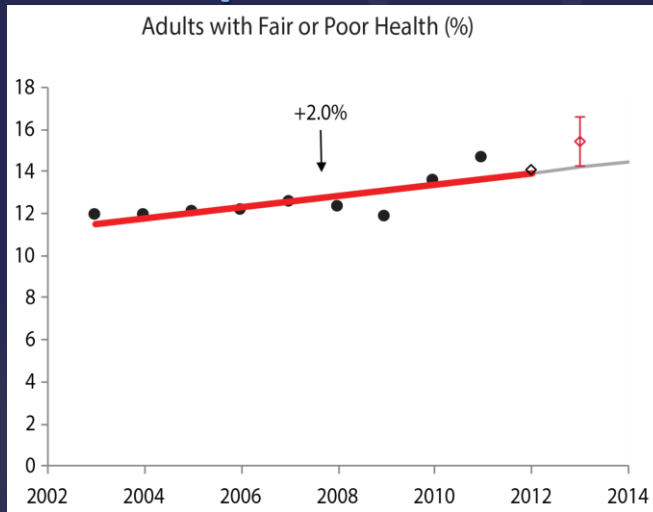
This study's authors reviewed health needs assessments from the County Health Departments of the three counties in our services area: Grant, Iowa, and Lafayette. GCHD's report was published in 2013 and those of ICHD and LCHD were published in 2014. As these entities rely on similar secondary data sources, their basic findings and insights inform ours. As a not-for-profit health care system serving large portions of all three counties, however, our priorities, staff, and activities directed toward meeting community health needs naturally differ from those of the county health departments.

Wisconsin Health Trends Report 2015

The University of Wisconsin Population Health Institute at the School of Medicine and Public Health provides an annual look at trends and disparities in various health categories for the State of Wisconsin.

Alarming, the measure for self-reported fair or poor health among Wisconsin residents is increasing over time among virtually all demographic groups identified:

Self-Reported Health

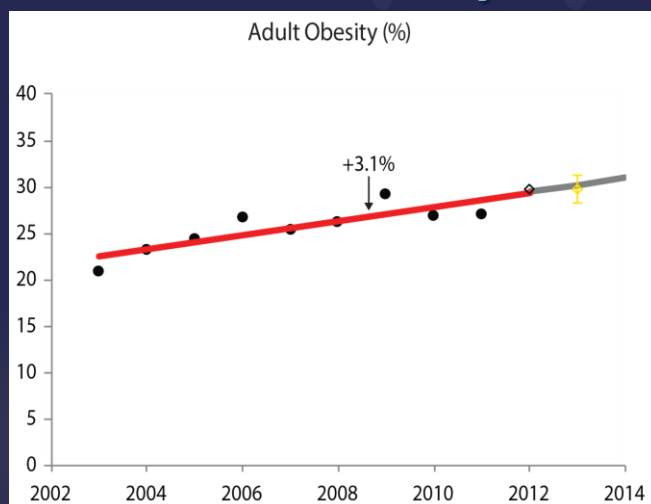


Self-Reported Health¹

Baseline Trend = +2.0%/year Much Worse ↗

Adult obesity is also rising significantly, mirroring the county data obtained:

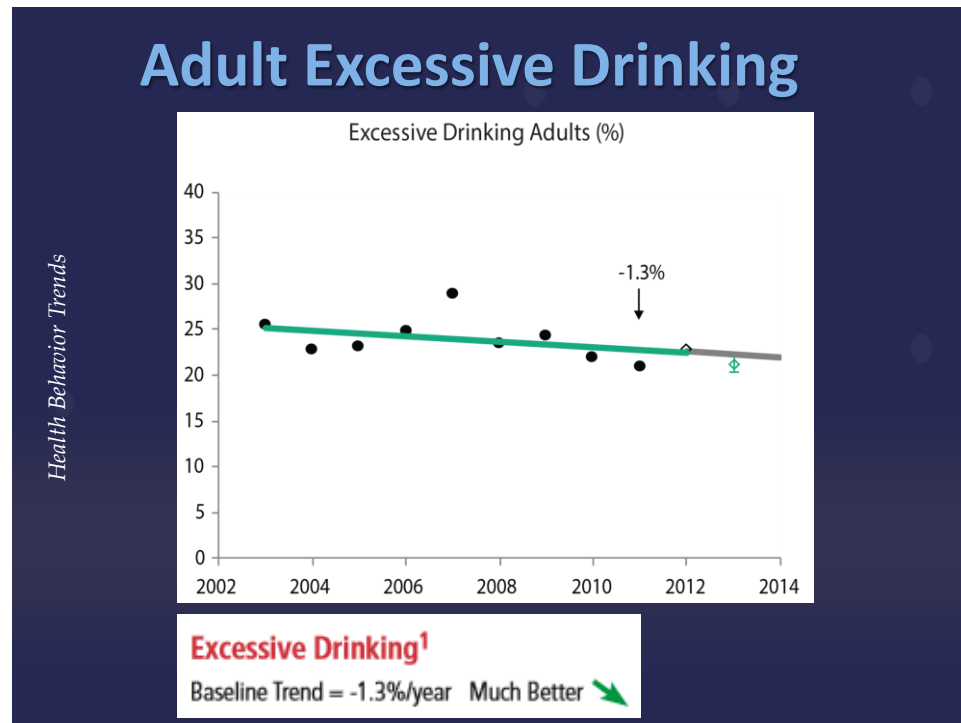
Adult Obesity



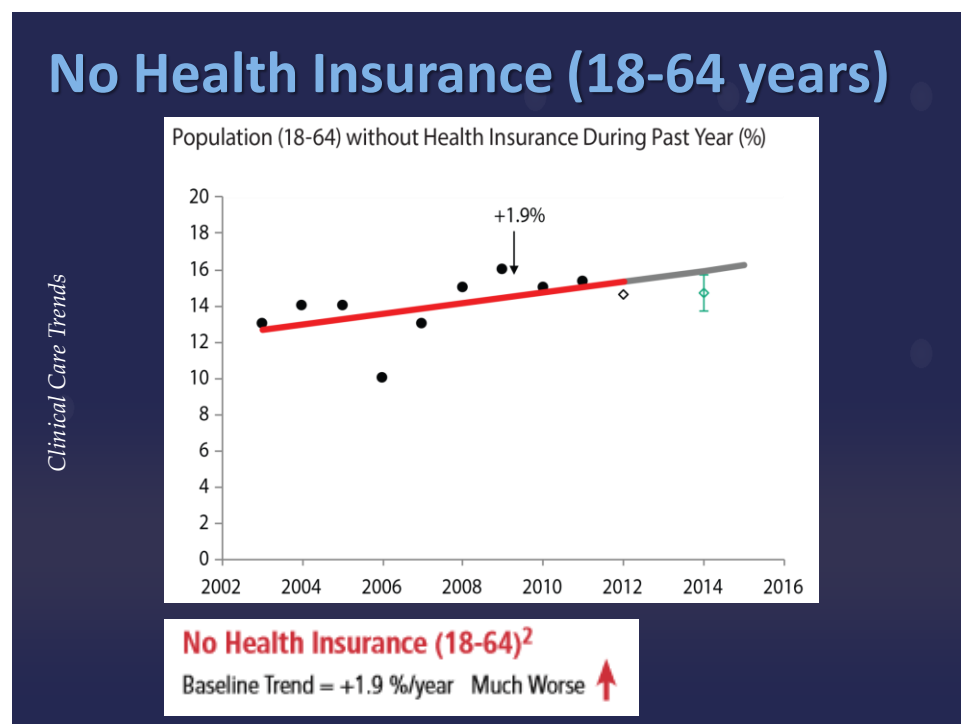
Obesity¹

Baseline Trend = +3.1%/year Much Worse ↗

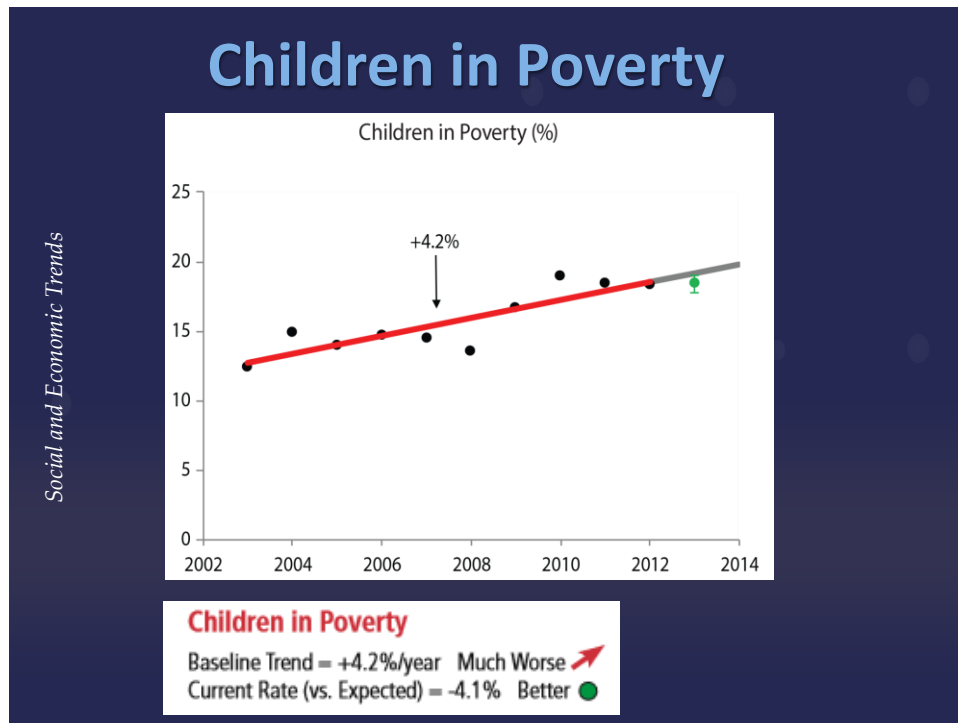
Excessive drinking in Wisconsin, though down, exceeds national averages:



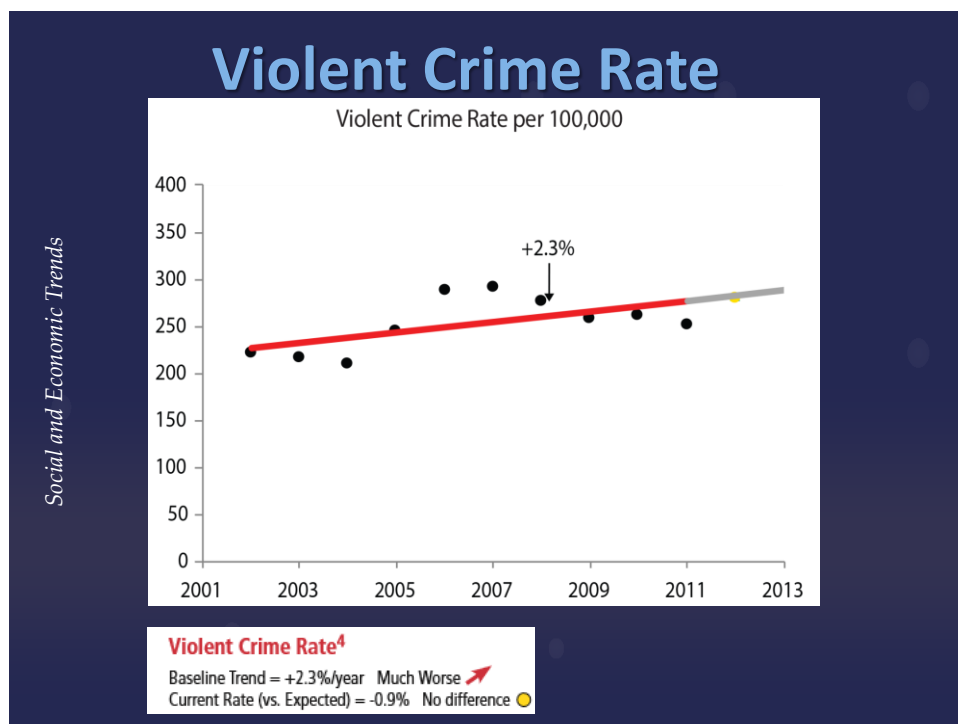
No insurance rates are up markedly, except for people under 18:

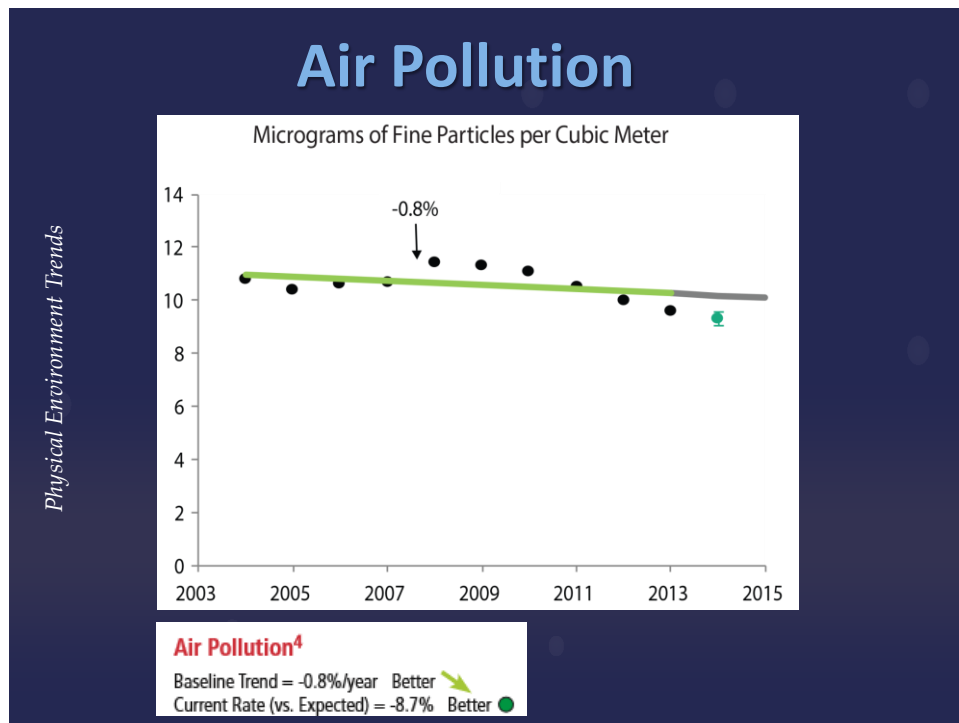


Child poverty shows a steep increase in recent years:



The violent crime rate is actually down slightly from a high a few years ago, but the trend over the range of years measured is up:





As noted in the Population Health Institute’s report, health trends, health outcomes, and health factors are markedly different for various subgroups within the state’s population. Efforts to improve health must consider the full array of factors that influence how long and how well people live. Efforts must begin with an analysis of the circumstances that may produce longer, healthier lives for some – but not all – of the state’s residents.

For example, smoking rates are down statewide, yet they’re up 2.2% with an overall upward trend over the years for adults with less than a high school education. Though excessive drinking rates and lower statewide, they’re actually on an upward trend in suburban populations and up markedly among Hispanics. And, excessive drinking and binge drinking rates in Wisconsin lead the nation.

Other Secondary Data

Ranked Broad Causes of Death: Age-adjusted Rate (deaths per 100,000 population)

(Standard population is the 2000 U.S. standard population.)

For 2014 from the Wisconsin Dept. of Health Services

Ranked broad causes	Detail Information			
	Number of Deaths	Population	Age-adjusted Death Rate	95% Confidence Interval
Malignant neoplasms	185	93,240	151.8	129.6 - 174.0
Diseases of heart	178	93,240	137.8	117.4 - 158.3
Other causes	162	93,240	130.0	109.6 - 150.3
Chronic lower respiratory diseases	55	93,240	43.4	31.8 - 54.9
Cerebrovascular diseases	52	93,240	39.2	28.3 - 50.1
Accidents (unintentional injuries)	40	93,240	38.5	25.9 - 51.1
Alzheimer's disease	51	93,240	37.3	27.1 - 47.6
Diabetes mellitus	24	93,240	19.7	11.6 - 27.7
Influenza and pneumonia	16	93,240	13.4	6.5 - 20.4
Nephritis, nephrotic syndrome and nephrosis	14	93,240	10.9	5.1 - 16.7
Essential (primary) hypertension and hypertensive renal disease	13	93,240	9.8	4.4 - 15.2
Intentional self-harm (suicide)	7	93,240	8.7	2.0 - 15.4
Chronic liver disease and cirrhosis	9	93,240	7.3	2.5 - 12.2
Congenital malformations, deformations and chromosomal abnormalities	6	93,240	7.0	1.2 - 12.9
Parkinson's disease	8	93,240	6.4	1.9 - 10.9
Pneumonitis due to solids and liquids	5	93,240	4.2	0.5 - 7.9
Septicemia	X	93,240	X	X
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	X	93,240	X	X
Atherosclerosis	X	93,240	X	X
Anemias	X	93,240	X	X

Opioid Misuse and Abuse

The news media in Wisconsin and around the nation reports daily on the misuse, abuse, and addiction problems associated with prescription pain killers, heroin, and methamphetamine. According to the Wisconsin Department of Health Services, the proportion of drug deaths in Wisconsin in which heroin is mentioned has increased from 5 percent in 2003 to 33 percent in 2014. In 2013, 15 percent of Wisconsin high school students reported using prescription drugs without permission in their lifetimes. Nearly 20 percent of suicides in Wisconsin involve intentional poisoning, and 53 percent of these deaths involve prescription drugs. From 2011 to 2012 there was a 19 percent increase in arrests in Wisconsin for sale of synthetic narcotics and a 14 percent increase in arrests for the possession of synthetic narcotics.

Many prescription medications carry the potential for abuse. However, prescription opioids are especially dangerous due to their highly addictive nature. The upward trend of drug deaths due to heroine, the upward trend of abuse of prescription opioids, and the increasing use of prescription pain killers in Wisconsin are cause for alarm. Unlike many small Midwestern cities and towns, Platteville has seen only one death from overdose due to heroin in recent years. That fact is likely to change, however, and collaborative community efforts to prevent opioid misuse and abuse are necessary to avoid or at least curb a major public health crisis.

Primary Research

For this assessment, researchers created several opportunities for primary research to glean new information on health needs from our local population. They include: a stakeholder survey, an employer survey, a community survey, and two focus groups.

The Community Survey (appendix 1) was an online series of 26 questions offered widely around the southwest Wisconsin area. It was a very popular and useful tool with 447 people responding from all walks of life, all income ranges and most age levels, including many young respondents, presumably students. Seventy-four percent of the total are female.

Respondents to the community survey consisted largely of people with insurance. Most report overall good health. They identify their weight as their number one problem (27%). Depression is second (19%).

Half or more report having no diabetes screening despite their high rates of insurance. Few community survey respondents have problems getting care, but for those who reported difficulty, cost and insurance was the number one barrier. Twenty-one percent have a member of the household who has seen a mental health provider in the past 12 months. Twenty percent report having difficulty obtaining needed mental health treatment. Many of these respondents report the reason being related to finding a provider or availability of appointments.

Half of all respondents are concerned about the health of a family member. Forty percent are very inactive. Thirty percent eat scarcely any fruits or vegetables, despite most respondents

self-reporting as being quite healthy. Additionally, 58 percent report being somewhat or very overweight, and 61 percent are trying to lose weight. Most indicate they are aware of health issues surrounding heart disease. Most respondents also indicate they don't know enough about healthy cooking.

Regarding what they believe is healthy about their communities, respondents are remarkably positive, and eagerly voice many varied opinions. Regarding what's unhealthy, they most often cite alcohol, fast food and the food culture as well as sedentary lifestyles. When asked about the most pressing health need in their communities, respondents reference food more than any other issue. The second most pressing need mentioned is getting people more physically active. A distant third was increasing availability of medical practitioners, especially in mental health. When asked specifically what they recommend Southwest Health do to improve community health, the answers were fewer and focused on promoting health and providing education. A few referenced increasing the number of practitioners.

The Stakeholder survey (appendix 2) was an online series of 15 focused questions offered to health care leaders and providers around southwest Wisconsin. Most of the 26 respondents indicated they work in Platteville. Mental health ranks as their number one concern with access to health care and obesity being tied for second.

Regarding access to care, cost of care ranks as the number one concern among respondents. Insurance status is number two. Furthermore, respondents see lack of consumer knowledge as the top issue affecting obesity, nutrition and physical activity. Access to affordable options for activity and for nutritional foods comes in second and third, respectively. Especially noteworthy, one respondent wrote at length about a lack of practitioners' available time to fully help patients navigate healthy food options and properly motivate them to make better choices.

Regarding clinical/preventive screenings, stakeholder survey respondents ranked the time available for patient education as the most concerning issue by far. Time/resources is also the number one concern on care coordination and case management, second only to access to care coordination personnel.

Respondents are generally concerned about access to inpatient and outpatient mental health/AODA services.

When asked what Southwest Health can do to better serve the community, respondents indicated outreach and education would be most helpful. They also often noted a desire for initiatives on mental health.

The Employer Survey (appendix 3) was an online series of 11 key questions offered to leaders of the business of the Platteville, Cuba City, and Potosi Chambers of Commerce. The 42 total respondents overwhelmingly agreed the health of their employees is important to the success of their workplace.

Respondents largely believe providing a healthy work environment is important, if not a priority. They are somewhat less convinced, however, that their own workplace promotes healthy living. Most indicated they had the educational knowledge-based resources that they need to create a healthy work environment. Many of them (more than 25%) do not offer a clean and sanitary location for expressing breast milk.

The vast majority (about 90%) believe workplaces should actively promote physical activity. Many fewer thought their workplace actually does promote activity. A three fourths majority also feels workplaces should encourage healthy eating and discourage unhealthy foods. Similarly, most respondents say workplaces should provide support for employees in difficult times. Many fewer believe their workplace does offer this support.

In terms of various elements that help create a healthy workplace (access to clean water, refrigerator access, microwave access, tobacco free, etc), there was extensive agreement among respondents that the items were important, with the exception of two items: a policy on not marketing unhealthy foods in the workplace and employee insurance for preventive services. Most respondents also agreed on the importance of supporting community partnerships that reduce chronic disease incidence. There was less agreement on the need for workplaces to provide education or other programs or on offering workplace incentives to improve health.

Businesses of all sizes were represented by the respondents, especially workplaces with greater than 50 employees (56 percent).

Asked what was healthiest about their workplace, respondents offered wide-ranging positives, from providing clean water to offering genuine wellness programs. As for what is unhealthy about their workplaces, respondents overwhelmingly cite food issues with several also noting the impact of stress.

Focus Group 1 included approximately 25 men and women from our community-based Young At Heart club, which is a social group for people over 50. Healthy things they cited about the region were walking trails, bike paths, the UNITE 100 Mile Challenge, University activities, and the Farmers' Markets. Unhealthy characteristics were fast food restaurants and the lack of healthy eating options on area restaurant menus.

Future healthy developments they are interested in are general interest health and wellness educational programming (especially fall prevention was noted) and more courts for tennis and basketball. The area's most pressing need they cited is the lack of affordable dental insurance.

Southwest Health initiatives suggested were adhering less to insurance company guidelines for length of stay, development of public exercise facilities including a therapy pool, ongoing encouragement of physical activity, and home health checkups. This group reported no difficulty getting appointments.

Focus Group 2 consisted of five patients in Southwest Health's Cardiac Rehab Program. This group's opinions were sought for their personal insights into a recent life-threatening situation, one that's most often the result of long-term lifestyle choices. Each participant had recent and even ongoing experiences with the health care system, and each has high impact health problems. Healthy community attributes they cited include people's willingness to engage in food shopping, cooking and preparing meals instead of dining out. They cited gardening opportunities and the area's farmers' markets, too. They are also encouraged by the development of area trails and the relative low stress of rural life (compared with urban environments).

Area contributors to an unhealthy environment they noted were a lack of physical activity among the general population, primarily in the workplace and on the farm. In terms of nutrition, they all felt strongly about the need for education on preparing and eating healthy and nutritious meals, including for younger people. Increasing top of mind awareness of healthy eating they believe may also be very effective.

There was significant agreement among these participants that they and other community members have access to the health care services they need. They appreciate the relatively close relationships with staff and providers in the area. They were also highly complementary of changes to the area EMS squads that will mean bringing paramedics to the scene of accidents and illness.

Farm safety was a concern among this group of largely men. And education of farmers on safe practices was something they were eager to see. They believe lack of regulation and enforcement on farm safety is problematic.

CHNA Conclusions / Health Needs

1. Empowering people
 - Reduce barriers to access
 - Counseling services
 - Insurance rates and co-pays
 - Recreation alternatives in more rural areas (esp. Lafayette County)
 - Providing education, screenings, early interventions, monitoring, and case management
 - Cardiovascular disease
 - Diabetes
 - Depression
 - Medication use
 - Cancer
 - Drugs and alcohol
 - Smoking
 - Healthy lifestyles
 - Alleviating the impacts of poverty
 - Jobs and economy
 - Education and transportation
 - Insurance and assistance
2. Connecting people with services
 - Improving patient advocacy
 - Raising awareness of existing resources
 - Mental health
 - Primary and preventive care
 - Diabetes care
 - Recreation alternatives
 - Sources of healthy foods and methods of healthy food preparation
 - Facilitating provision of needed community services
 - Mental health counseling
 - Smoking cessation
 - Lifestyle education
 - Insurance advocacy/navigators
 - Oncology and hematology
 - Occupational health
3. Creating a healthy environment and a culture of wellness
 - Promoting and supporting healthy lifestyle changes
 - Promoting safety/harm prevention (esp. farm, drug and alcohol related)
 - Assisting employers in creating healthy workplaces and in promoting wellness among workers
 - Reducing opioid misuse and abuse
 - Intensely focusing community education on underlying causes of Metabolic Syndrome and related illnesses

Implementation Action Plan

Health Needs	Problem	Strategy	Actions
Reduce barriers to access	Southwest Wisconsin is underserved by medical specialties, especially mental health counseling	Partner to bring in specialists	<p>Identify target specialties for recruiting</p> <p>Evaluate potential to add a counselor in SBS</p> <p>Create a public awareness campaign to reduce the stigma of mental health and promote practitioners</p> <p>Review potential of adding a practitioner in the Women's Center</p>
	Rates of insured individuals/families are decreasing	Connect uninsured with available products	Leverage navigators for education prior to enrollment opportunities
	Poorer families struggle with co-pays	Connect at risk patients with community care program	<p>Create greater visibility for our financial counselors and community care program, and encourage applications with an easy, customer-friendly process</p> <p>Investigate an e-visit option for primary care to provide an easy, stay-at-home, relatively low cost alternative to a traditional office visit</p> <p>Evaluate possible clinic locations around the SH service area</p> <p>Review and evaluate alternatives for services at Epione Pavilion</p>

Prioritized Need	Problem	Strategy	Actions
Providing education, screenings, early interventions, monitoring, and case management	Incidence of common chronic illnesses is costly and unnecessarily high	Better leverage current outreach opportunities and create new highly impactful ones	<p>Evaluate potential and benefits of EMS staff performing home visits for at risk patients</p> <p>Create a monthly educational series using the new EMS Station Community Room</p> <p>Bring screenings and education to annual Senior Expo, Elderfest, and other trade-show style events</p> <p>Maximize use of online profiles to reduce patient communication apprehension with practitioners</p> <p>Facilitate increased use of MyChart to aid communication with primary care practitioners</p> <p>Boost promotion of screenings and local outreach activities via social media and other public relations vehicles (depression screenings and memory screenings, BMI, sleep apnea, diabetes/glucose, etc)</p> <p>Promote smoking cessation using existing educational resources</p> <p>With a new oncology program, initiate a local cancer screening outreach program.</p>

Prioritized Need	Problem	Strategy	Actions
Improve patient advocacy	Low awareness of some options or programs	Partner with local coalitions and groups to improve knowledge of area services	Contribute to a revised UW Extension resource list on web and in print Use social media and blogs to highlight low awareness options around community.
Boost awareness of existing services	Low awareness of some options or programs	Provide awareness building for under-utilized services	Initiate new occupational health program and boost communication with area employers Create campaigns to encourage primary care visits and preventive care
Facilitate provision of needed community services	Mental health medication management resources are more readily available than their counterpart – counseling	Increase counseling availability	Evaluate potential to add a counselor in SBS
	Oncology and hematology patients must travel to Dubuque or Madison for treatment	Offer onsite Oncology and Hematology service	Partner with UW Health to create a cancer treatment center at SH
	Area employers lack occupational health expertise and resources	Offer occupational health services	Recruit a occupational health specialist and develop a program
Promoting and supporting healthy lifestyle changes	As a population, many of our most serious health care problems are the result of a short list of chronic diseases that are largely preventable through changes in lifestyle	Increase public opportunities for health education and improvement	Create a monthly educational series using the new EMS Station Community Room Track education and outreach results in terms of participants Maintain participation and support of UNITE community collaboration for health improvement

			<p>Gather new information on specific needed programming with the launch of a new occupational health program</p> <p>Bolster blogging efforts to provide a growing source of online resources with a local slant/interest</p>
Promote safety/harm prevention (esp. farm, drug and alcohol related)	Our farming communities are home to high incidences of accidents. Our area is also above national averages for binge drinking	Increase opportunities for public education	<p>Support Grant County Health Department's Farm Safety Day</p> <p>Work with UNITE to identify priority alternatives for reducing binge drinking and drug use</p>
Assist employers in creating healthy workplaces and in promoting wellness among workers	Employers are eager to help keep their employees well yet lack the resources, knowledge, and services to do so	Create an occupational health program	Recruit a qualified occupational health specialist and develop a program
Reducing opioid misuse and abuse	Prescription painkiller abuse is on the rise and taking a toll on families and communities in small towns in Wisconsin	Offer education and increase community collaboration among stakeholders	Review policies and provide education for practitioners. Draft an organizational and/or community plan for addressing opioid misuse and abuse
Intensely focus community education to change underlying causes of metabolic syndrome and related disease	As a population, many of our most serious health care problems are the result of a short list of chronic diseases that are largely preventable through changes in lifestyle	Work with community to develop partnerships with the common goal of making healthy choices easier	<p>Continue support of safe routes to school program</p> <p>Focus sponsorships and community involvement resources on those events and activities that support wellness and healthy lifestyles</p>

			<p>Leverage cooperative efforts with community partners, such as UNITE, to explore new opportunities for impactful programs</p> <p>Employ communications vehicles (Heart 2 Heart magazine, blogs, social media, local media health pages) to highlight local healthy living champions, programs, and learning opportunities</p> <p>Create and publicize a new annual community health living award, recognizing a group or individual who makes a remarkable contribution</p>
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