

COMMUNITY HEALTH NEEDS ASSESSMENT

and Implementation Priorities Plan

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Southwest
—HEALTH—



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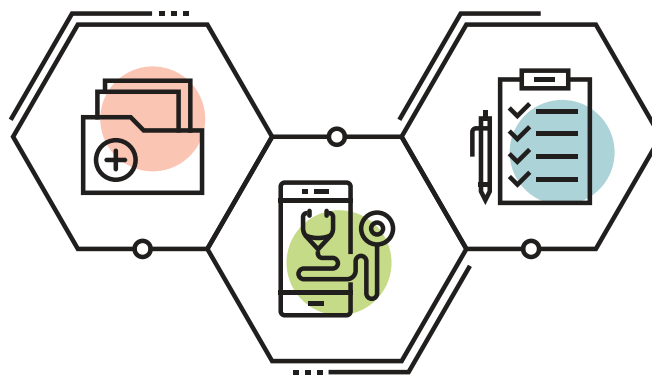
OBJECTIVE

A **Community Health Needs Assessment** (CHNA) is a systematic process involving the community to identify, analyze, prioritize, and implement a plan to address significant unmet health needs.

- The Affordable Care Act requires all non-profit hospitals to complete a Community Health Needs Assessment (CHNA) process every three years.
- Regulated by the IRS, the CHNA and Community Health Improvement Plan (CHIP) help demonstrate tax-exempt status.

THE IRS LOOKS FOR:

- How to define “community served”
- How to assess the needs of the community
- How to solicit the requisite input from persons representing the broad interests of the community
- How to document the results in writing
- How hospitals work together on CHNA
- How the CHNA is approved by an authorized body
- How the CHNA and Implementation Strategy should be made widely available to the public



a message to the community

Living in southwest Wisconsin makes us neighbors. Each of us wants to live healthy lives, and that fact connects us because our healthcare makes such an impact on our lives. That's why I'm so proud of Southwest Health, who we are, what we do here each day, and how we are shaping the future of healthcare.

Our team is passionate about patient care, and we understand it is a privilege for us to serve you. Southwest Health is committed to providing you with the highest quality healthcare services. Our goal is the best technology, clinicians, and healthcare close to home.

Our continued growth and our focus on service are expressions of our compassion. In this way, we celebrate the unique humanity of every person by creating a place, here in southwest Wisconsin, where people come for answers, for healing, and preventative care. This is a place that brings safe, effective, expert healthcare to the people who live here.

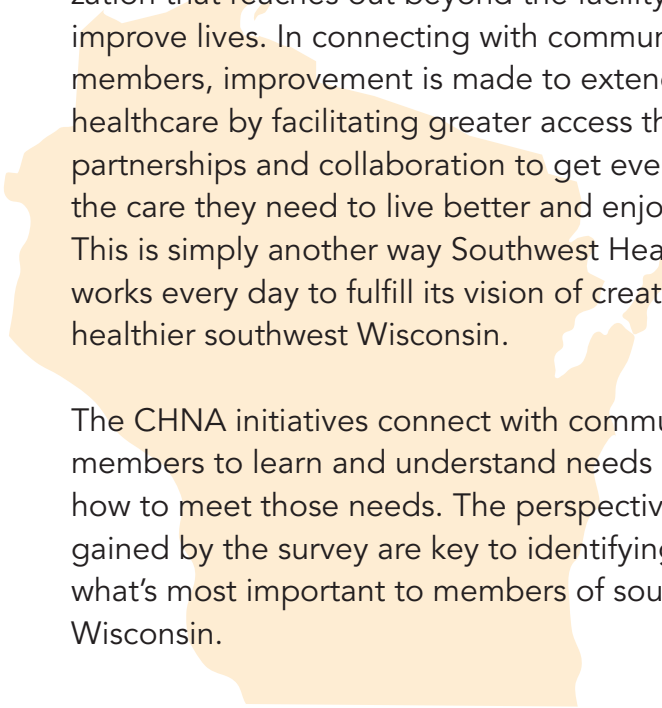
Serving you is our number one priority. In a small community like ours, we directly serve our friends, neighbors, and family members. Thank you for trusting us with your healthcare needs.

“ Southwest Wisconsin deserves our best. Excellence in healthcare will always be the result of our sincere dedication, intelligent goal setting, vigilant attention to quality, skillful fulfillment of our duties, and a vision that reflects our deep respect for the people we serve.”



Dan Rohrbach
Chief Executive Officer

CREATING A HEALTHIER SOUTHWEST WISCONSIN



Southwest Health has always been an organization that reaches out beyond the facility to improve lives. In connecting with community members, improvement is made to extend healthcare by facilitating greater access through partnerships and collaboration to get everyone the care they need to live better and enjoy life. This is simply another way Southwest Health works every day to fulfill its vision of creating a healthier southwest Wisconsin.

The CHNA initiatives connect with community members to learn and understand needs and how to meet those needs. The perspectives gained by the survey are key to identifying what's most important to members of southwest Wisconsin.

2021 SNAPSHOT

Primary Care visits:
35,266

ER & Urgent Care visits:
10,947

Specialty Clinic visits:
53,798

Births: Over 200

Providers: 58

Total Staff: 548

Surgeries: 3,000

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 to help SH prioritize and address health needs in surrounding communities.

These are issues specific to community health and part of SH's organizational strategic plan. There are, of course, health needs that cannot be fully addressed in the current implementation plan as SH's strategic priority is maintaining its fiscal health in a responsible way that ensures long-term viability as a leading provider of quality health care services far into the future.

Though identified needs are addressed in the implementation plan, not all are addressed equally. Nevertheless, through the current assessment and extensive action plans, Southwest Health intends to continue positively impacting the direction of health and health care on behalf of those served.

SUMMARY

Southwest Health is a non-profit health system serving the needs of southwest Wisconsin. This **Community Health Needs Assessment (CHNA)** and Implementation Plan provides a detailed view of SH service area's demographic, behavioral, and health characteristics as they relate to the many diverse factors impacting the region's health and health care.

SH's primary service area and greater secondary service area together comprise a population of nearly 55,000 people, many in rural areas and with low incomes. Their complex health needs are, first and foremost, the product of their rural environment, including **Social Determinants of Health** on both population and individual levels. Sedentary lifestyles and an unhealthy food culture combine to produce a population that is increasingly obese with somewhat less access to services, including a lack of adequate insurance and struggles to pay for services, due to a lack of livable wages.

Given these circumstances, metabolic syndrome, a cluster of at least three of the following conditions: high blood pressure, high blood sugar, high body fat around the waist and obesity in general, high cholesterol or triglyceride levels, increases the risk of heart disease, stroke, and diabetes and its sub-conditions, are increasingly common. Decreasing obesity, increasing physical activity, and improving education and nutrition is one of the commonalities of concerns based on the survey.

Statistically in the counties SH serves, as well as across the state of Wisconsin, there are trends that mirror the outcome of the survey, and rise to the top of greatest need: obesity, increased risks for heart disease and diabetes, mental health, and alcohol and substance abuse. Trend data within this report show these areas are an increasing problem in the state.

Additionally, the COVID-19 pandemic and the effects have shed light on an already existing mental health crisis. The mental health issues facing the community are multifaceted. The first issue needing to be addressed is breaking the silence and destigmatizing getting mental health help. The second issue is having mental health services accessible to the community through enough mental health providers and the affordability of services provided.

For these and other needs, SH's plan identifies strategies and actions that takes the outcome of the survey, and trends in our state, to help create a healthier and more prosperous southwest Wisconsin.

OTHER FACILITIES AND RESOURCES

Southwest Health is the only acute care hospital in its identified primary service area. There are two other 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 a total of four primary care clinics in the primary service area (two in Platteville and two in Cuba City), two of which are operated by Southwest Health.

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

In addition to the two family medical clinics, Cuba City is also home to Epione Pavilion, a skilled nursing unit. Southwest Health also operates an outpatient rehabilitation clinic, housed within the primary care clinic.

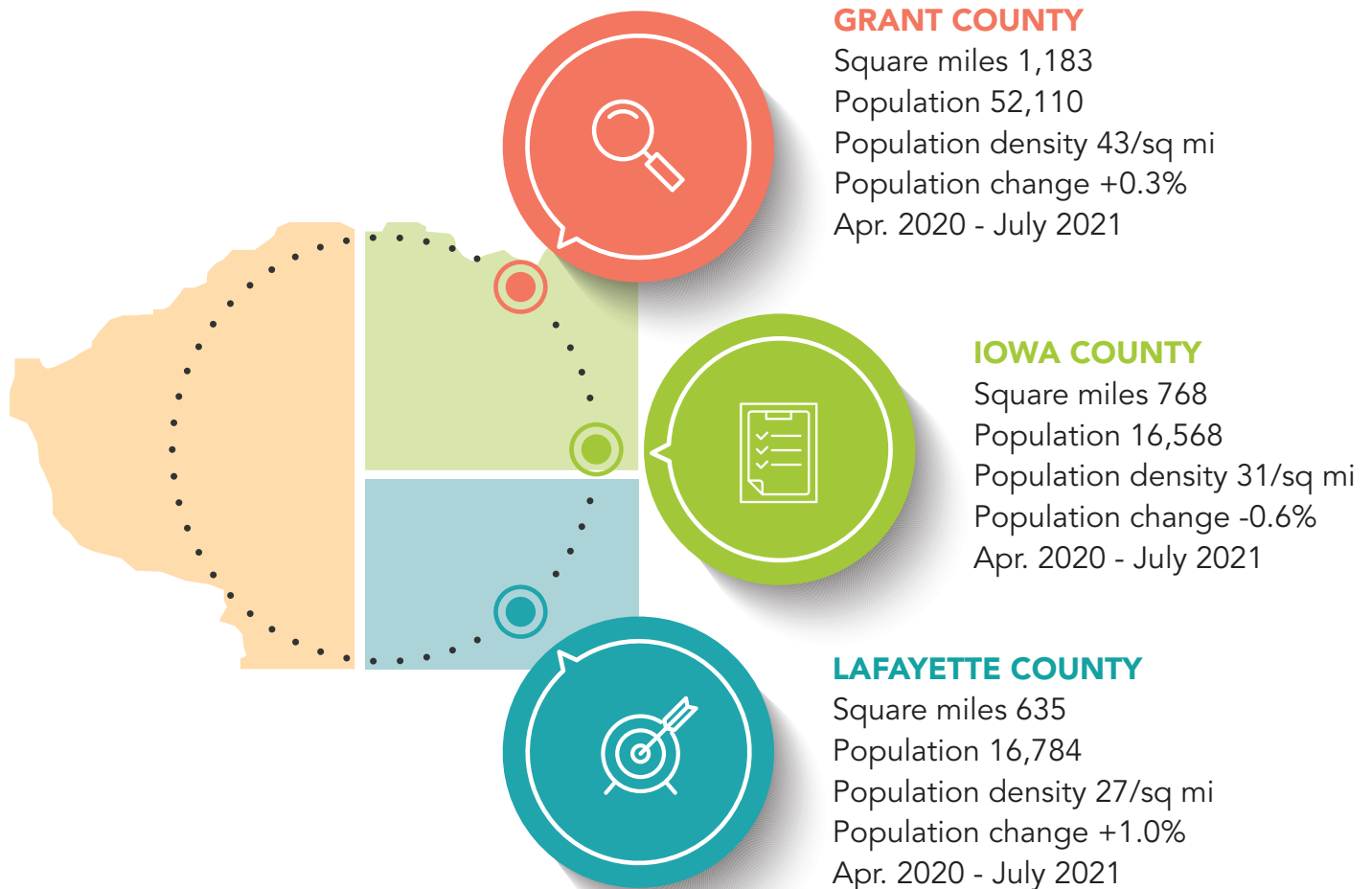
There is also a separate dental clinic and pharmacy in Cuba City and one chiropractic/alternative medicine office. There are also chiropractic offices in Benton and Hazel Green.

OTHER NEEDS ASSESSMENTS

This study's authors reviewed health needs assessments from the county and state health departments in our service area: Grant, Iowa, and Lafayette. These reports and data contain information published in 2019 and 2020, and county health rankings published in 2022. As these entities rely on similar secondary data sources, their basic findings and insights inform SH's. As a non-profit health care system serving large portions of all three counties, priorities, staff, and activities directed toward meeting the community health needs may naturally differ in some ways from those of the county health departments.

COMMUNITY DESCRIPTION

SH's primary service area is centered on Platteville, Belmont, and Cuba City, Wisconsin. It also includes the surrounding towns of Benton, Shullsburg, Hazel Green, Dickeyville, Livingston, Montfort, and Potosi, and the rural countryside surrounding these towns. SH's secondary service area extends to further outlying areas, with 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. This study includes residents and populations in those service areas. SH does not discriminate based on age, gender, income, race, religion, sexual orientation, ability to pay, or any other criteria.



COUNTY DEMOGRAPHICS

	LAFAYETTE COUNTY	GRANT COUNTY	IOWA COUNTY
PEOPLE			
Population estimates, July 1 2021, (V2021)	16,784	52,110	23,756
Population estimates base, April 1, 2020, (V2021)	16,611	51,938	23,709
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	1.0%	0.3%	0.2%
AGE AND SEX			
Persons under 5 years	6.2%	5.6%	5.4%
Persons under 18 years	23.9%	20.7%	22.3%
Persons 65 years and over	19.4%	17.7%	19.5%
Female persons	49.4%	48.1%	49.7%
RACE AND HISPANIC ORIGIN			
White alone	97.5%	96.4%	96.8%
Black or African American alone	0.5%	1.5%	0.8%
American Indian and Alaska Native alone	0.6%	0.3%	0.3%
Asian alone	0.5%	0.9%	0.8%
Native Hawaiian and Other Pacific Islander alone	Z	Z	0.1%
Two or More Races	0.9%	0.8%	1.3%
Hispanic or Latino	4.3%	1.8%	2.0%
White alone, not Hispanic or Latino	93.7%	94.9%	95.1%
EDUCATION			
High school graduate or higher, percent of persons age 25 years+, 2016-2020	91.5%	91.9%	95.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	19.4%	23.2%	25.3%
HEALTH			
With a disability, under age 65 years, 2016-2020	7.9%	7.1%	7.8%
Persons w/out health insurance, under age 65 years	11.6%	7.8%	6.0%

2021 COUNTY HEALTH RANKINGS

	LAFAYETTE COUNTY	GRANT COUNTY	IOWA COUNTY
QUALITY OF LIFE			
Poor or fair health	16%	16%	14%
Poor physical health days	4.0	4.2	3.5
Poor mental health days	4.2	4.2	4.0
HEALTH FACTORS & BEHAVIORS			
Adult smoking	21%	20%	19%
Adult obesity	28%	35%	30%
Physical inactivity	28%	19%	21%
Access to exercise opportunities	53%	70%	47%
Excessive drinking (BAC 0.08% or more)	26%	33%	21%
Alcohol-impaired related deaths	46%	33%	21%

HEALTH FACTORS & BEHAVIORS: ALCOHOL

In 2019, **Wisconsin ranked third in the country in terms of the percentage of adults who currently drink alcohol** (64.4%), behind only Washington D.C. (68.7%) and New Hampshire (64.6%), and higher than other Midwest states like Minnesota (60.5 %), Iowa (58.9%), Illinois (57.4%), and Michigan (56.7%) [Source: Centers for Disease Control and Prevention]. **More Wisconsin adults reported current alcohol use (in the past 30 days) than the national average** (55.1%) [Source: Substance Abuse and Mental Health Services Administration].

When **Wisconsin adults drink, they drink more often and consume more alcohol than adults in other states**, drinking an average of 2.6 drinks per drinking occasion [Source: Centers for Disease Control and Prevention]. Wisconsin (21.9%) ranks third in the nation (16.1%) for adult binge drinking, which is defined as four or more drinks for a woman or five or more drinks for a man on a single occasion [Source: Centers for Disease Control and Prevention].

Trend data shows that consequences related to alcohol consumption are an increasing problem in the state.

HEALTH FACTORS & BEHAVIORS: OBESITY

The Wisconsin Nutrition, Physical Activity and Obesity Program provides statewide leadership to decrease the number of overweight and obese people, increase physical activity, and improve nutrition.

Located in the Wisconsin Department of Health Services, the Program and its partners have historically developed and implemented the Wisconsin Nutrition, Physical Activity and Obesity State Plan to accomplish the overall goal of preventing obesity and chronic disease statewide, and more recently developed the Wisconsin Physical Activity and Nutrition Road Map (P-03170) to serve and support Wisconsin communities and their efforts to create healthier places and spaces that center equity and support optimal health.

The Wisconsin Nutrition, Physical Activity and Obesity Program states:



Little more than **5 out of 10 Wisconsin adults meet the physical activity recommendation** of at least 150 minutes of aerobic activity per week. [Source: Behavioral Risk Factor Surveillance System, 2011-13].



Only **1 out of 6 Wisconsin adults meet the recommended consumption** of five or more fruits and vegetables a day. [Source: Behavioral Risk Factor Surveillance System, 2015].

Being overweight or obese is a risk factor for many chronic conditions. The following breaks down many diseases and conditions to show the percentage of people in Wisconsin with these conditions who are overweight or obese.

89% DIABETES	82% KIDNEY DISEASE	77% HEART ATTACK
83% PRE-DIABETES	79% ASTHMA	75% HYPERTENSION
82% HEART DISEASE	77% ARTHRITIS	73% STROKE

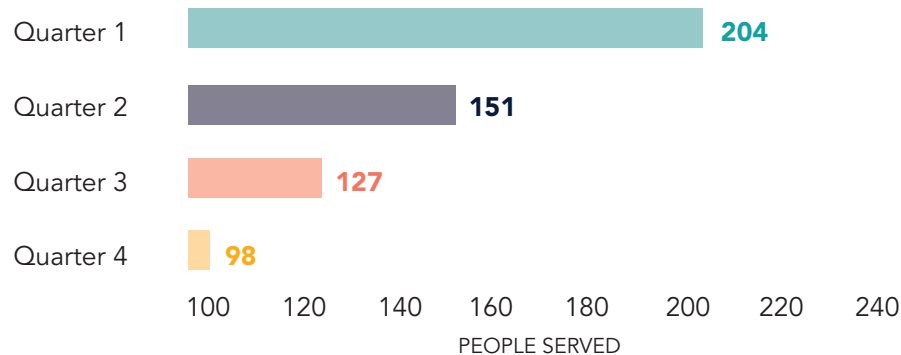
HEALTH FACTORS & BEHAVIORS: MENTAL HEALTH

Top 5 Most Used Mental Health Services in 2020:

1. Outpatient Counseling
2. Medical Management
3. Crisis
4. Community Support Program (CSP)
5. Comprehensive Community Services (CCS)

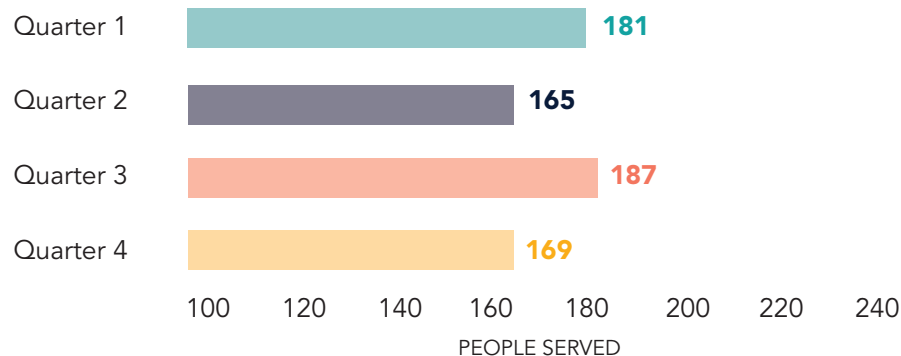
Number of People Who Received Mental Health Services in 2020:

GRANT & IOWA COUNTY



TOTAL PEOPLE SERVED IN GRANT & IOWA COUNTY IN 2020: 580

LAFAYETTE COUNTY



TOTAL PEOPLE SERVED IN GRANT & IOWA COUNTY IN 2020: 702

The data above provides information on the types of mental health services provided in the Wisconsin public behavioral health system as well as demographic breakdowns of service recipients. This data is from the Program Participation System. It is self-reported by county behavioral health agencies.

COMPARATIVE STATISTICS

The following annual data was collected from local and state sources, showing a glimpse of socioeconomic **factors and health statistics from 2020** that shed light on the surrounding communities' issues. A detailed list of data sources is available on page 28.



EXCESSIVE DRINKING

	WI	US
Alcohol Use in one month	64.8%	55.1%
Binge Drinking in one month	21.9%	16.1%

% of the population engaging in binge or heavy drinking is described as having a blood alcohol concentration level of 0.08% or more.

ALCOHOL-ATTRIBUTABLE DEATHS

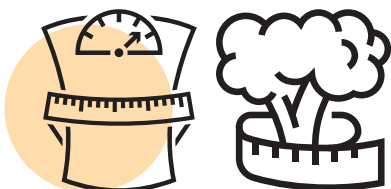
Grant County 18
Lafayette County 8
Iowa County 6

of deaths with alcohol directly and indirectly involved.

OPIOID HOSPITAL DISCHARGES

Grant County 13
Lafayette County 6
Iowa County 14

of ER and Inpatient opioid-related hospital encounters.



OBESITY IN ADULTS

Grant County 37.2%
Lafayette County 33.9%
Iowa County 34.7%

% of the population with obesity, age-adjusted

PHYSICAL INACTIVITY

Grant County 25%
Lafayette County 25%
Iowa County 22%

% of population reporting no leisure-activity by county compared to state, age-adjusted

ADULTS DIAGNOSED WITH DIABETES

Grant County 8.4%
Lafayette County 8.4%
Iowa County 7.7%

% of the adult population with diagnosed diabetes, age-adjusted



MENTAL HEALTH DAYS

Grant County 4.2
Lafayette County 4.2
Iowa County 4.0

The average number of mentally unhealthy days reported in the past 30 days, age-adjusted

SUICIDE

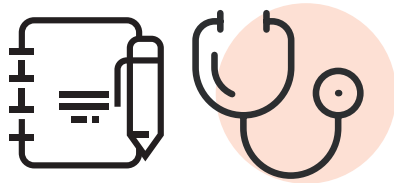
Grant County 39
Lafayette County 13
Iowa County 12

of deaths due to suicide per 100,000
population, age-adjusted

FAMILIES IN POVERTY

Grant County 15.3%
Lafayette County 10.4%
Iowa County 9%

% of the population living in poverty



PERCENT OF UNINSURED

Grant County 6.2%
Lafayette County 8.9%
Iowa County 3.7%

HEALTH OUTCOME RANKING

(Out of Wisconsin's 72 Counties)

Grant County #23
Lafayette County #24
Iowa County #10

Based on how long people live and how
healthy people feel while alive.

HEALTH FACTOR RANKING

(Out of Wisconsin's 72 Counties)

Grant County #39
Lafayette County #46
Iowa County #17

Based on: health behaviors, clinical care, social
and economic, and physical environment factors.



FOOD INSECURITY

Grant County 9.7%
Lafayette County 8.8%
Iowa County 8.5%

% of the population with food insecurity: a lack of consistent
access to enough food to live an active, healthy life.

INFLUENZA IMMUNIZATIONS

Grant County 34%
Lafayette County 41%
Iowa County 47%

% of people that received a flu vaccine in
2021.

COVID-19 IMMUNIZATIONS

Grant County 48.6%
Lafayette County 55.8%
Iowa County 67.9%

% of adults who have a completed vaccine
series.



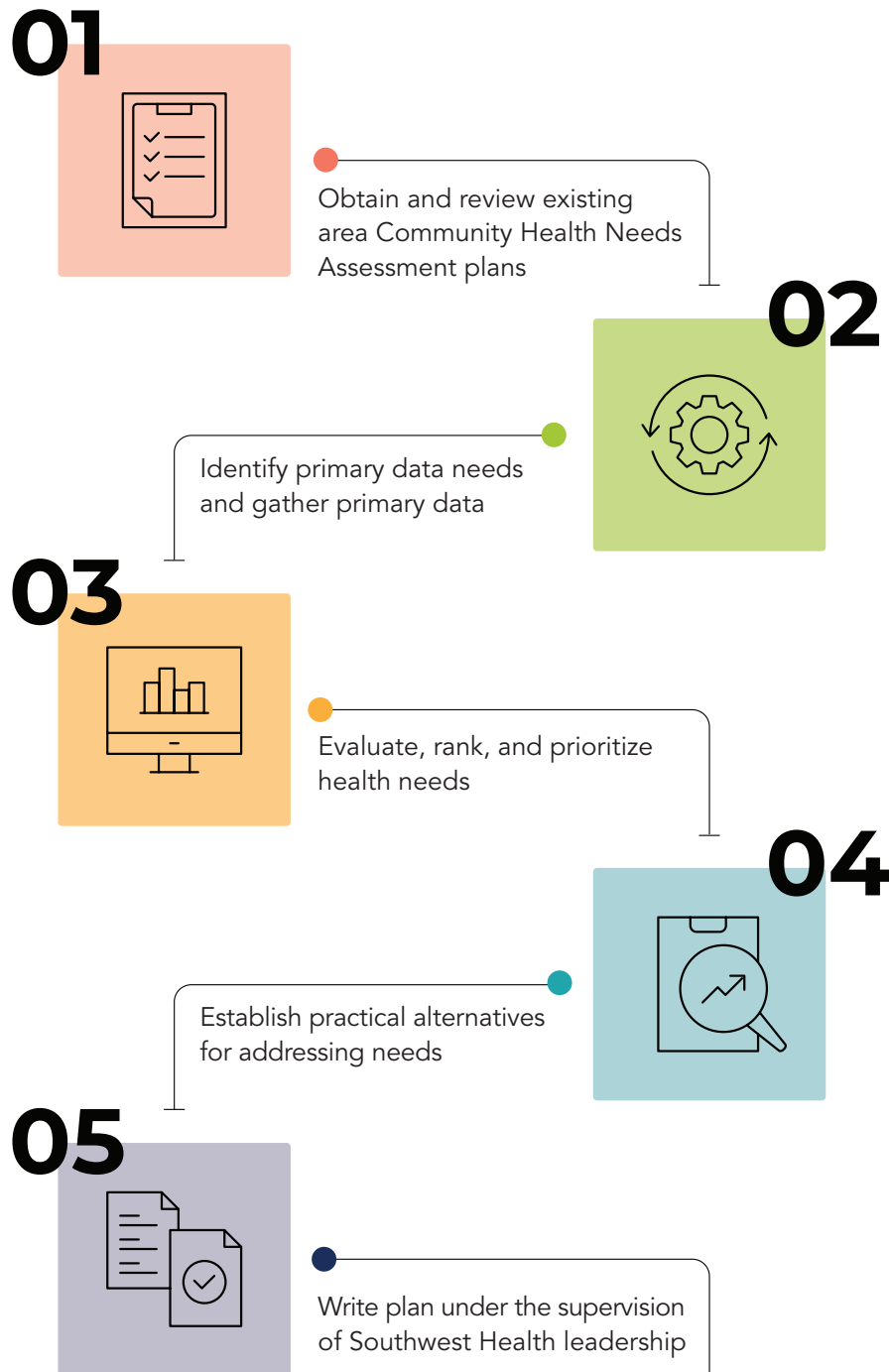
LEADING CAUSE OF DEATHS IN 2020 IN WISCONSIN

1. Heart Disease
2. Cancer
3. COVID-19
4. Accidents
5. Stroke

METHODOLOGY

Southwest Health started the CHNA process in 2021 to follow up on previous assessments and the implementation plan that was published in June 2019.

THE IDENTIFIED STEPS:



PRIMARY DATA SOURCES IDENTIFIED WERE:

- A) a survey of key stakeholders, including health care providers and leaders; and
- B) a survey of the community-at-large.

Survey tools were carefully written to solicit honest input to inform the process and fill gaps from the secondary data. The survey was comprised of 45 questions, available digitally and on paper in English and Spanish. The survey was promoted on SH's website, social media channels, sent via email to community organizations, area chamber of commerce members, and placed in ads featured in several community newspapers and newsletters, both subscription-based and complimentary. In addition, paper surveys were available in clinics and the community at libraries, businesses, and the county health department.

A task force comprised of clinicians from a variety of fields, including: a physician, pharmacist, an outreach coordinator, social worker, the director of marketing and communications, and a community member was created to develop the CHNA to make the data collected useful for future initiatives. In the future, Southwest Health hopes to partner with surrounding organizations to develop a CHNA that reaches more members of the community.



SOCIAL DETERMINANTS OF HEALTH

Medical care is a relatively small contributor to health outcomes. **Social behaviors and physical environments account for 80% of a population's health outcomes.**

[Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)]. Non-profit human service agencies are critical partners in efforts to bend the nation's health care cost curve because they address vulnerable populations' social and behavioral factors through the provision of a wide range of services, including access to safe, stable housing, nutritious food, counseling services, recreation programs, transportation, and advocacy. The conditions in which people live explain, in part, how healthy they are.

As the SH organization grows and learns to better communicate and engage populations on their values, SH can make a measurable upstream impact. This plan identifies strategies and actions, from increasing access to practitioners to providing education and outreach to addressing health literacy through which the SH organization will impact the health of the population from both within and beyond the walls of healthcare facilities.

The community development initiatives are all about connecting with the community to help us learn and understand the complex needs in our communities in order to focus on collaborative ways to meet those needs.

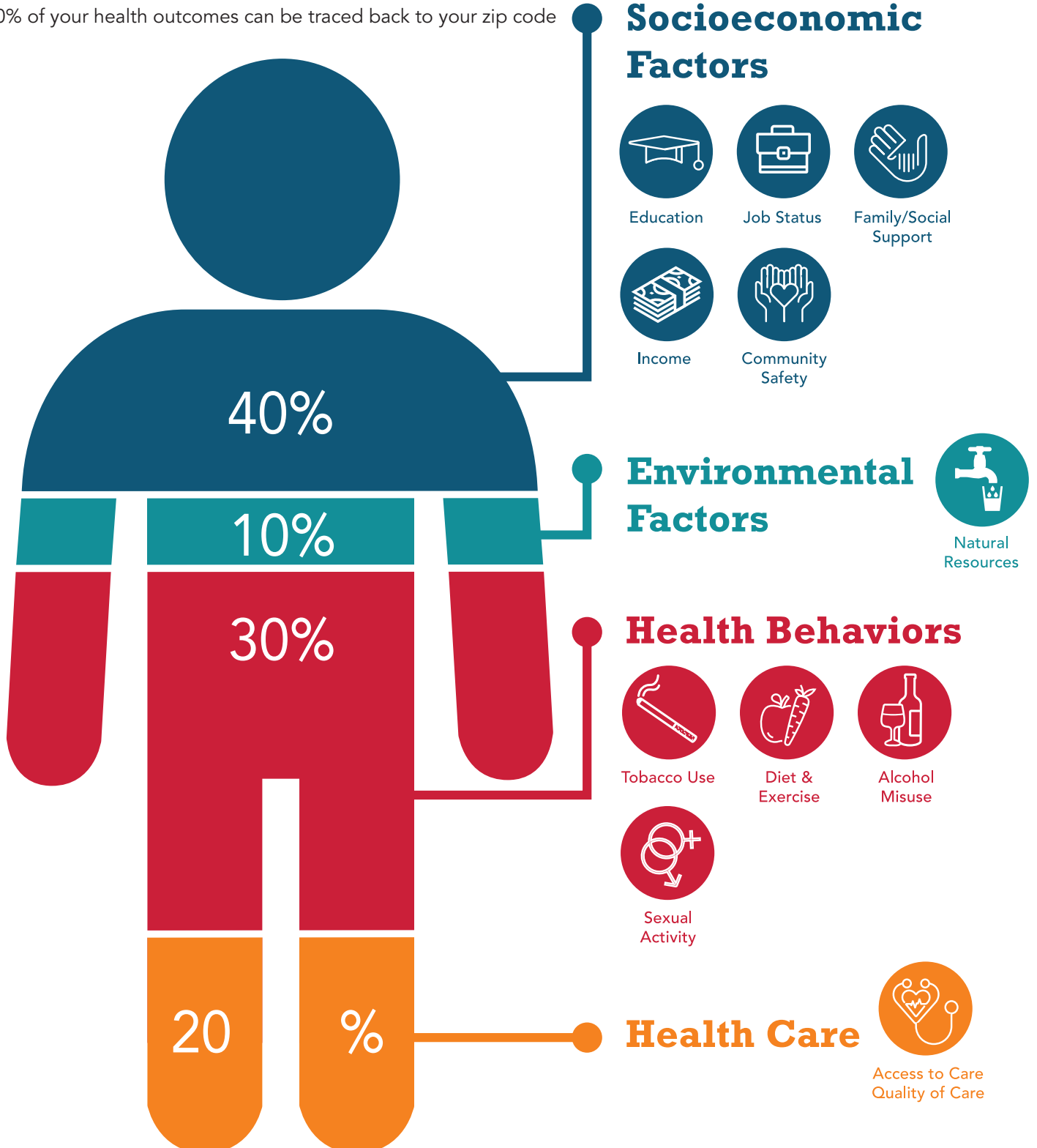
Opening a conversation is the beginning. This vital work starts with discussions related to our region's:

- Desire for citizens to live better and longer lives.
- Impacts on those with a chronic condition, disease, or disability.
- Thriving associations and institutions.
- At risk and marginalized groups.
- Healthcare experience.
- Understanding of the relationship between health and community.

HEALTH STARTS

in our homes, schools, and communities

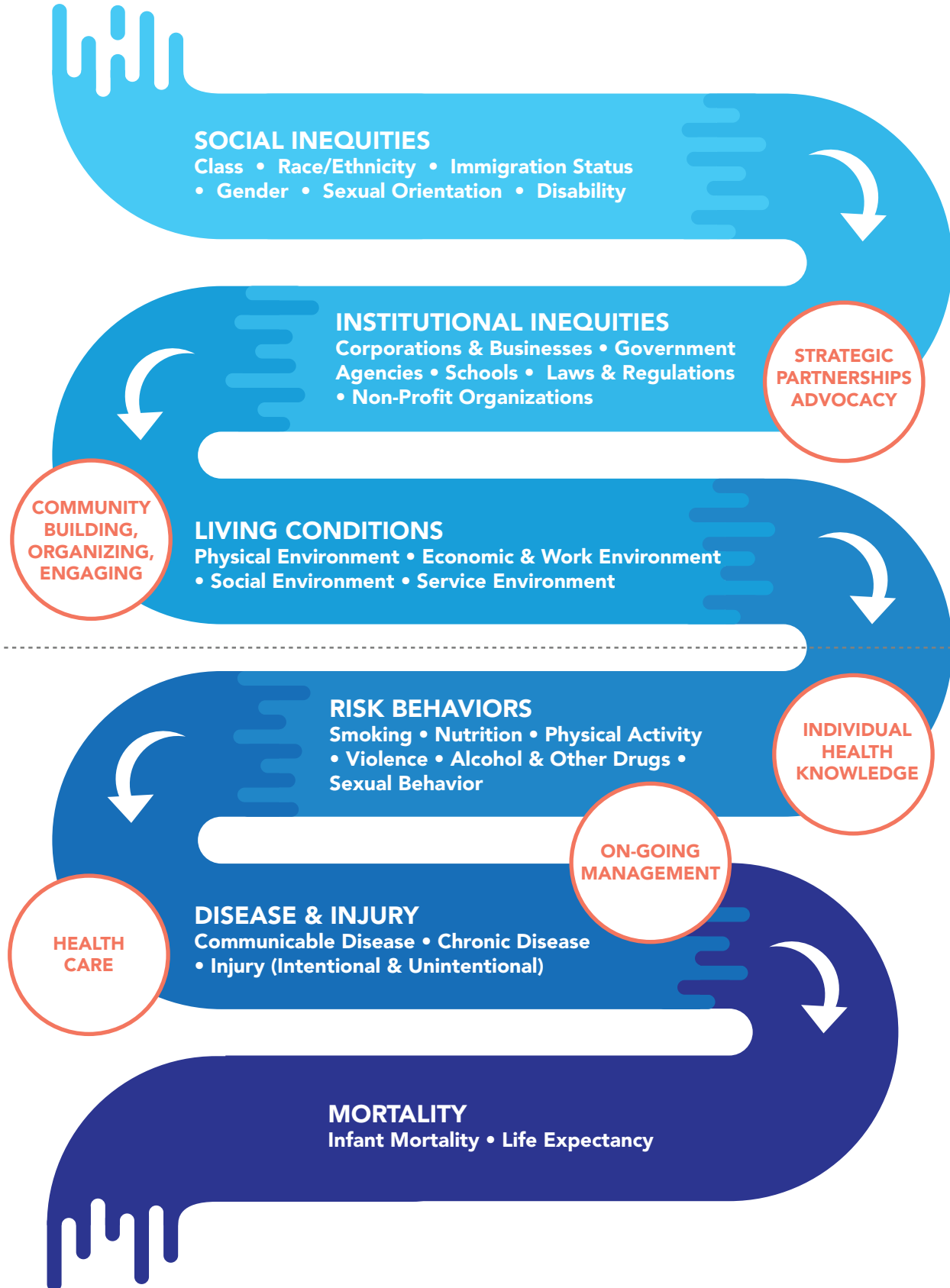
50% of your health outcomes can be traced back to your zip code



A Framework for Health Equity

UPSTREAM

SOCIO-ECONOMIC



DOWNSTREAM

CHNA RESPONDERS AT-A-GLANCE

The Community Health Needs Assessment consisted of 45 questions with an average completion time of 8 minutes. 250 community members completed the survey over 3 months.

AGE		RACE	
1960-1969	19.08%	White	94.76%
1970-1979	15.33%	Hispanic or Latino	0.4%
1980-1989	26.53%	Asian or Pacific Islander	0.4%
1990-1999	14.50%	Prefer not to say	3.63%
2000-2009	1.24%	Other	0.81%
GENDER		LOCATION	
Female	84.55%	Platteville	38.46%
Male	14.23%	Cuba City	12.55%
Prefer not to answer	1.22%	Darlington	6.88%
EDUCATION LEVEL		Lancaster	6.48%
		Belmont	4.05%
		Potosi	3.24%
		Dodgeville	2.43%
		Benton	2.43%
		Fennimore	2.02%
		Livingston	2.02%
		Mineral Point	2.02%
		Highland	1.62%
		Hazel Green	1.62%
		Shullsburg	1.62%
		Dickeyville	1.62%
		Cassville	1.62%
		Dubuque	1.21%
Graduate Degree	29.36%		
Bachelor's Degree	23.83%		
Associates Degree	26.81%		
Currently in College	3.83%		
High School or GED	15.74%		
Some High School	0.43%		

STAKEHOLDER SURVEY RESULTS

TOP 5 HEALTH CONCERNS FOR SURROUNDING COMMUNITIES

- 1. Mental Health 70%**
- 2. Obesity 60%**
- 3. COVID-19 33.33%**
- 4. Alcohol Misuse 23.33%**
- 5. Substance Misuse/Addiction 16.67%**

IMPORTANT ISSUES TO CONSIDER RELATED TO HEALTH AND WELLNESS IN SURROUNDING COMMUNITIES

- Awareness of Community Resources
- Health Literacy to Understand Medical Treatment and Preventative Care
- Work-Life Balance
- Outreach Beyond Platteville
- COVID, Vaccine Compliance, Mask Mandates, etc
- Access to Health Care, Specifically Pharmacy Access in the Evening, on Weekends, and Holidays.
- Lack of Economic Opportunity for Patients, Affecting Access to Healthcare
- Access to the Same Day Non-Emergency Care
- Access to Mental Health Care

Before developing the CHNA, SH used a stakeholder survey to determine a more focused survey. This survey asked 31 local health care providers what they believed to be the top 5 health concerns for the surrounding community. The results varied from poverty, diabetes, alcohol and substance misuse, poor healthcare and transportation access, burnout, and health literacy. **The stakeholders' top 5 health concerns were 70% mental health, 60% obesity, 33.33% COVID, 23.33% alcohol misuse, and 16.67% substance misuse/addiction.**

One stakeholder comment describes how COVID-19 highlighted the complexity of community health needs:

“ COVID problems is a bit like an APEX predator. A lot of things built up to make this massive COVID problem. It's about health literacy. It's about access to healthcare. It's about trust in our institutions. It's about education. ”

Another comment reiterates the benefit of continued energy related to the Social Determinants of Health:

“ Poverty. [Community members] cannot make a living wage or get appropriate health benefits at some places of employment. Housing infrastructure can be fairly bad, especially in the winter. Availability of healthcare specialists seems to be getting worse. ”

The community survey was developed using these top health concerns as anchors and asked questions that might help explain the state of the region.

The survey included questions from the Adverse Childhood Experiences Assessment related to mental health and asked a series of questions to understand gun safety in homes. Questions that detailed what the community has or doesn't have for drug and alcohol education and treatment options and how the COVID-19 pandemic impacted families both from a health perspective and social and environmental ways.

COMMUNITY-AT-LARGE SURVEY SNAPSHOT

WHAT ARE YOUR TOP HEALTH CONCERNS?

- 1. Mental Health 33.8%**
- 2. Obesity 33.8%**
- 3. Issues related to aging 25.35%**
- 4. Heart Disease 23%**
- 5. Diabetes 15.49%%**

WHAT ARE YOUR TOP SOCIAL CONCERNS?

1. Affordability of healthcare 39.72%
2. Availability of healthcare 16.36%
3. Lack of livable wage 15.89%
4. Childcare 12.15%
5. Bullying 7.94%

HAVE YOU BEEN TOLD BY A DOCTOR YOU HAVE THE FOLLOWING?

1. Overweight 41.42%
2. Depression 31.38%
3. Anxiety disorders 30.96%
4. High blood pressure 23.10%
5. High cholesterol 21.76%
6. Arthritis 17.99%
7. Diabetes 10.88%
8. Cancer 7.11%
9. Obsessive Compulsive Disorder 2.93%
10. Other mental illness 2.09%

IN THE LAST YEAR, WHAT HEALTH ISSUES HAVE YOU/FAMILY EXPERIENCED?

1. COVID-19 41.33%
2. Mental health 38.22%
3. Overweight 37.33%
4. Heart disease 27.56%
5. Access to immunizations 22.22%
6. Issues related to aging 19.56%
7. Diabetes 16.00%
8. Physical inactivity 15.11%
9. Falls 11.11%
10. Cancer 7.56%

IN THE FUTURE, WHAT HEALTH ISSUES DO YOU EXPECT TO BE A CONCERN?

1. Mental health 33.80%
2. Overweight 33.80%
3. Issues related to aging 25.33%
4. Heart disease 23.00%
5. Diabetes 15.49%
6. Physical inactivity 14.55%
7. Cancer 7.98%
8. Falls 7.04%
9. Access to immunizations 5.16%
10. Lung disease 5.16%

PICK 3 NEEDS FOR OUR COMMUNITY RELATED TO SUBSTANCE USE

1. Availability of residential substance use disorder treatment 42.21%
2. Availability of outpatient substance use disorder treatment 42.21%
3. Reduction of opiate/narcotic use 33.67%
4. Reduction of alcohol misuse 33.17%
5. Substance abuse prevention program 31.16%
6. Affordability of residential substance use disorder treatment 30.65%
7. Affordability of outpatient substance use disorder treatment 26.13%
8. Reduction of tobacco use, including e-cigarettes/vaping 26.13%
9. Transportation to treatment services 22.11%
10. Reduce stigma related to substance use disorders 21.11%

STAKEHOLDER + COMMUNITY TOP 5 COMMON CONCERNS





SH and the surrounding communities are affected by a wide array of strengths, weaknesses, opportunities, and threats, impacting the ability to improve community health. The following items are taken from the results of the CHNA survey.

STRENGTHS

- High rate of accessibility to receiving healthcare
- Improved healthcare facility
- The majority of community members get their health, wellness, and medical resources from a licensed healthcare provider
- Multiple healthcare options for community members
- Quality primary care providers
- High number of safe gun owners
- High number of respondents with close relationships
- Healthcare providers assess physical activity in routine office visits
- High number of respondents feel safe exercising in their neighborhood

WEAKNESSES

- Access to childcare
- Culture of binge drinking
- Culture of poor eating habits
- High cancer rates
- High diabetes rates
- High heart disease rate
- High obesity rates
- High rate of anxiety
- High rate of COVID-19 related illnesses
- High rate of depression
- High substance use rates
- Limited data collection
- Limited mental health resources
- Limited transportation options
- Prolonged wait times for appointments

OPPORTUNITIES

- Collaborate with area hospitals and counties to get a broader scope of community needs
- Encourage diversity in data collection
- Expand and promote local childcare options
- Expand and promote local substance abuse resources
- Improve accessibility to mental health providers
- Increase and encourage outreach for immunization education and clinics
- Increase community involvement, education, and outreach efforts
- Increase education and supporting material for medication access
- Increase specialty care providers
- Reduce mental health stigma
- Increase access to safe recreational areas
- Increase access and education for healthy food
- Healthcare providers can utilize referrals to community resources

THREATS

- The rate of uninsured adults is increasing
- Length of survey (8 minutes) leads to a lower completion rate
- Increasing cost of healthcare services
- Decreasing lack of livable wages for community members
- Lack of quality homecare
- Aging population
- Lack of available mental health appointments

PRIORITIES & NEXT STEPS: COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Southwest Health will prioritize the following action items to address the weaknesses, opportunities, and threats that affect surrounding communities. These items are created to empower residents to make positive health decisions for themselves, their families, and other community members.

EMPOWERMENT THROUGH EDUCATION AND OUTREACH

- Increase outreach for immunization education
- Increase community involvement, education, and outreach efforts, including outside of the Platteville area to smaller, rural communities
- Increase education and supporting material for medication access

CONNECTION TO SUPPORT AND RESOURCES

- Expand and promote local childcare options
- Encourage providers to refer and promote local substance abuse resources to those in need
- Collaborate with area hospitals and counties to get a broader scope of community needs and resources
- Work with area businesses to improve education about insurance and health literacy

IMPROVE ACCESSIBILITY

- Increase the number of specialty care providers
- Improve patient advocacy and healthcare literacy
- Continue educating community members with resources for budgeting, money management, and financial literacy
- Increase the number of mental health providers
- Increase the number of outreach clinics to encourage immunization
- Improve access to urgent care, pharmacy, and specialty care

PROMOTE A CULTURE OF HEALTHY LIFESTYLE CHANGES

- Increase awareness of safe walking trails in Grant, Iowa, and Lafayette Counties
- Increase healthy food education through the Diabetes Support Group hosted by a registered dietitian and diabetes nurse at Southwest Health
- Include healthy, accessible recipes on Southwest Health's blog and Facebook page
- Continue support, educate, and promote mental health services through SBS

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