



## **Community Health Needs Assessment 2018**

**HSHS St. Nicholas Hospital**

An assessment of Sheboygan County, Wisconsin conducted jointly by HSHS St. Nicholas Hospital, Sheboygan County Health and Human Services Division of Public Health, Lakeshore Community Health Care, United Way of Sheboygan County, UW Extension Sheboygan County and Aurora Health Care.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, HSHS St. Nicholas Hospital conducts a CHNA and adopts an implementation plan by an authorized body of the hospital in the same tax year, and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2015.

In FY2018 (July 1, 2017 through June 30, 2018), HSHS St. Nicholas Hospital conducted its CHNA in partnership with representatives from the community. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population assessed was Sheboygan County, Wisconsin. Data collected throughout the assessment process was supplemented with qualitative data gathered through a CHNA steering committee with broad community representation, a telephonic community health survey, key informant interviews, secondary data report, priority issue survey and the opinions of community key stakeholders obtained via "Call to Action" held in September 2017.

**Identification and prioritization of needs:** The following health needs were identified based on burden, scope, severity and urgency of the health need; the health disparities associated with the health need; the importance the community places on addressing the health need; the community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need; the secondary data sources; local expertise and input.

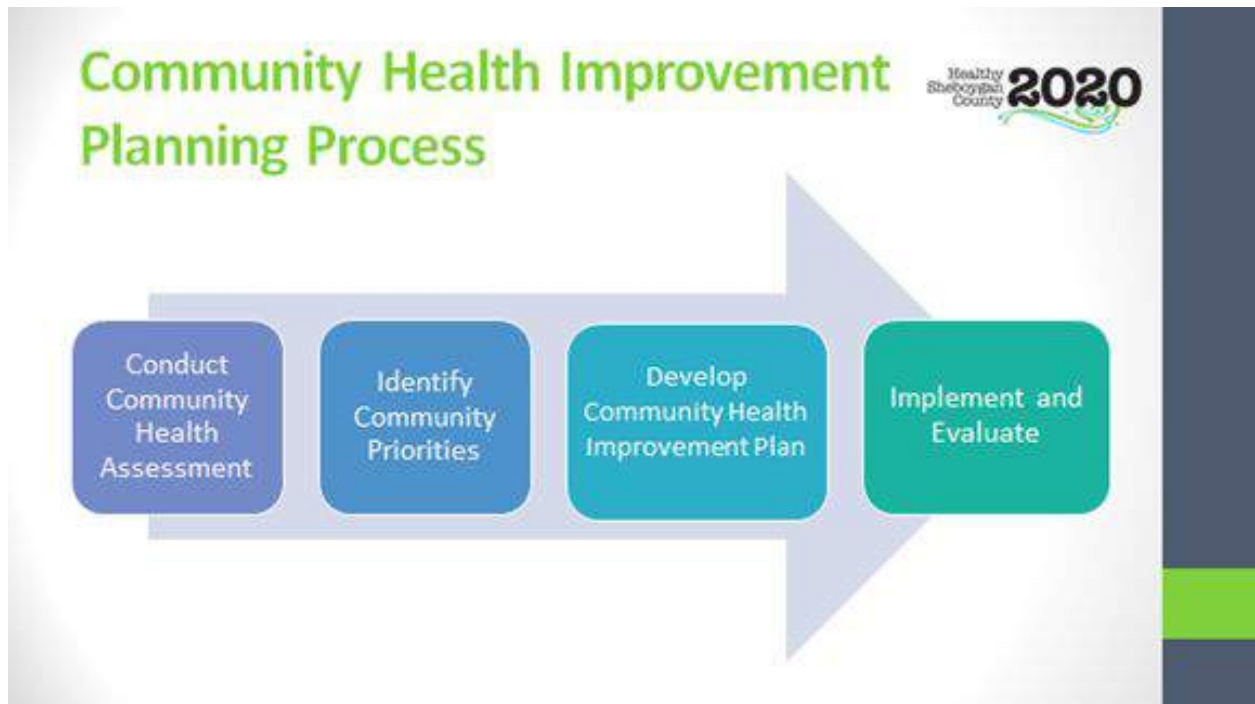
Health needs:

- Alcohol and other drug abuse (AODA)
- Mental health

- Obesity/Nutrition

Access to health services was initially identified as a separate health need. However, it was determined after reviewing the feedback it should be a component of each of the above identified health priorities.

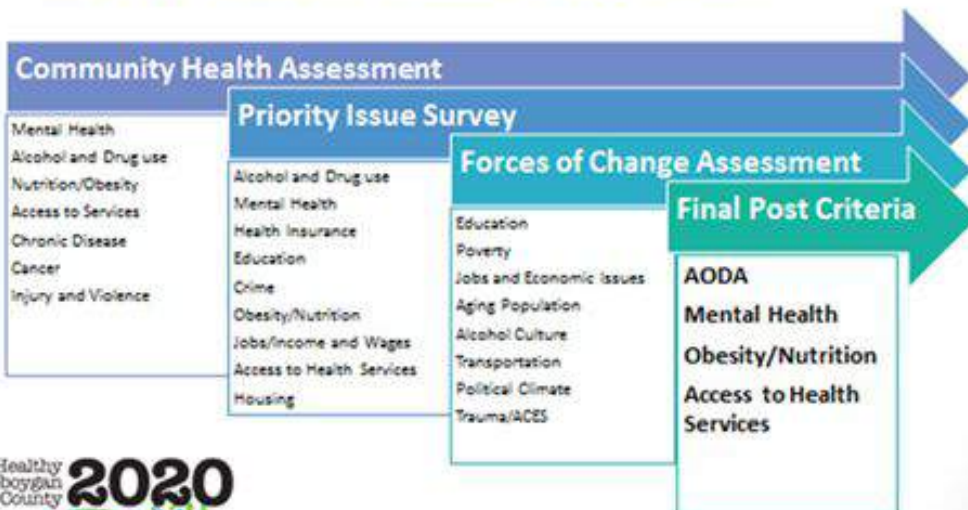
**Implementation plan development:** As part of the engagement process with key stakeholders, attention was given to partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a “living document” – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.



## Community Health Needs Assessment

- Community Health Survey**
  - To gather specific data on behavioral and lifestyle habits, prevalence of risk factors and disease conditions existing within the adult population.
- Key Informant Interviews**
  - To supplement the Community Survey and give a diverse picture of the needs of our community through the local experts.
- Secondary Data Report**
  - To complement and supplement the community health survey and key informant interviews, to develop a community health portrait of Sheboygan County.
- Priority Issue Survey**
  - To get community input and voice related to what they perceived as the top priorities.

## Priority Action Areas Cross Walk



**Hospital background**

HSHS St. Nicholas Hospital is a non-profit community hospital located in Sheboygan County, Wisconsin. For more than 125 years, the hospital has been the leader in health and wellness in Sheboygan County. HSHS St. Nicholas Hospital provides a wide range of basic inpatient and outpatient services.

HSHS St. Nicholas Hospital partners with other area organizations to address the health needs of the community, living its mission *to reveal and embody Christ’s healing love for all people through our high quality Franciscan health care ministry*, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians who care for patients and their families in both states.

Hospital Sisters Health System has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to community health improvement services guided by our triennial CHNA process, the hospital contributes to other needs through our broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2017, the hospital’s community benefit contributions totaled more than \$10.7 million.

**Current hospital services and assets**

<b>Major Centers &amp; Services</b>	<b>Statistics</b>	<b>New Services &amp; Facilities</b>
-------------------------------------	-------------------	--------------------------------------

<ul style="list-style-type: none"> <li>● Cancer</li> <li>● Dialysis services</li> <li>● Endocrinology Services</li> <li>● Hospice</li> <li>● Intensive Care</li> <li>● Palliative Care</li> <li>● Therapy</li> <li>● Sleep Disorder Center</li> <li>● Cardiac Services</li> <li>● Care Management Services</li> <li>● Diabetes Center</li> <li>● Emergency Services</li> <li>● Home Health Services</li> <li>● Imaging Services</li> <li>● Laboratory services</li> <li>● Orthopedic Center</li> <li>● Respiratory Care Services</li> <li>● Surgical Services</li> <li>● Urology Services</li> <li>● Women and Infants' Center</li> <li>● Wound Care/Hyperbaric Medicine</li> </ul>	<ul style="list-style-type: none"> <li>● Total Beds: 185</li> <li>● Total Colleagues: 415</li> <li>● Bedside RNs: 143</li> <li>● Inpatient admissions: 2,491</li> <li>● ED visits: 14,252</li> <li>● Births: 264</li> <li>● Inpatient surgeries: 838</li> <li>● Outpatient surgeries: 4,439</li> <li>● Physicians on Medical Staff: 258</li> <li>● Volunteers: 167</li> <li>● Community Benefit: \$10.7 million</li> </ul>	<ul style="list-style-type: none"> <li>● Rheumatology services</li> </ul>
---	--	---

**Hospital accreditations and awards**

**Accreditations/Certifications**

Accredited Programs by the Joint Commission:

- Home Health
- Hospital
  
- Certifications by the Joint Commission:
  - Joint Replacement – Hip
  - Joint Replacement – Knee
  - Primary Stroke Center

- Accredited by American College of Radiology (ACR)
  - Mammogram
  - Ultrasound
  - CT
  - MRI
  - Nuclear Medicine
  
- Accredited by College of American Pathologists
- Certified by the Clinical Laboratory Improvement Amendments (CLIA) (CMS)
- Certified by Centers for Medicare & Medicaid Services - Dialysis
- Approved Community Cancer Program under the American College of Surgeons Commission on Cancer
- Level IV Trauma Center

**Awards:**

- Practice Green Health - Green Health Partner for Change & Greening the OR Recognition
- Leap Frog – A Rating for Patient Safety

**Community served by the hospital**

Although HSHS St. Nicholas Hospital serves Sheboygan and beyond, for the purposes of the CHNA, the hospital defined its primary service area and populations as Sheboygan County. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

<b>Demographic Profile of Sheboygan County Demographics – Sheboygan County</b>		
	<b>Sheboygan County 2015</b>	<b>WI 2015</b>
Total Population	115,507	5,742,117
Median Age (years)	41.3	
<b>Age</b>	<b>N</b>	<b>%</b>

0-14 years	21,649	18.8%	1,082,933	
15-44 years	41,643	36.2%	2,212,335	
45-64 years	33,742	29.2%	1,598,652	
65 years and over	18,192	15.8%	848,197	
<b>Gender</b>				
Female	57,266		2,890,732	
Male	57,960		2,851,385	
<b>Race and Ethnicity</b>				
White (Non-Hispanic)	103,922	90.2%	4,967,124	86.5%
Black or African American (Non-Hispanic)	1,644	1.4%	360,792	6.3%
Native American or Alaska Native	314	0.3%	50,449	0.9%
Asian (including Hmong)	5,850	5.1%	143,732	2.5%
Hispanic or Latino	6,777	5.9%	364,558	6.3%
Some Other Race	1,286	1.1%	96,057	1.7%
<b>Speaks language other than English at home</b>				
English	89.9%		91.3%	
Spanish	3.9%		4.6%	
Indo-European	1.9%		2.0%	
Asian and Pacific Island	4.2%		1/7%	
Other Languages	0.1%		0.4%	
<b>Median household income -2015 dollars</b>	\$53,713		\$53,357	



<b>Percent below poverty in the last 12 months^</b>	9.2%	13.0%
<b>Education level of adults 25 years and older- Sheboygan County</b>		
Less than high school degree	9.1%	8.9%
High school degree	36.7%	32.0%
Some college/associates	30.9%	31.2%
Bachelor’s degree or higher	23.4%	27.8%

Data from American Community Survey 2015 estimates. Accessed at: [http://factfinder.census.gov/faces/tableservices/jsf/ages/productview.xhtml?pid=ACS\\_15?5YR\\_DP04&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/ages/productview.xhtml?pid=ACS_15?5YR_DP04&prodType=table), [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS-a5\\_5YRDP03&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS-a5_5YRDP03&prodType=table), and [http://factfinder.census.gov/faces/tableseivices/jsf/pages/productiview.xhtml?pid=ACS\\_15\\_5YR\\_Dpo2&prodType=table](http://factfinder.census.gov/faces/tableseivices/jsf/pages/productiview.xhtml?pid=ACS_15_5YR_Dpo2&prodType=table) on March30,2017. Source: Sheboygan County Secondary Data Report

**Process and methods used to conduct the assessment**

HSHS St. Nicholas Hospital led the planning, implementation and completion of the community health needs assessment in partnership with Aurora Health Care, Healthy Sheboygan County 2020, Lakeshore Community Health Care, Sheboygan County Health and Human Services Division of Public Health, United Way of Sheboygan and UW Extension of Sheboygan County.

**Internal**

HSHS St. Nicholas Hospital spent more than a year developing the CHNA, identifying and prioritizing community health needs for its service area and formulating an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- Convene the HSHS Eastern Wisconsin Divisional community benefit team.
- Determine internal capacity for the collaborative process.
- Allocate monetary resources to support the community-wide effort.
- Share results of the “Call to action” event and World Café meetings in order to develop the implementation plan.
- Present to Leadership to gain permission for colleagues to track and document community benefit efforts in CBISA

- Share the results of the CHNA and obtain feedback for the implementation plan from the Hospital Advisory Committee.
- Present the CHNA and implementation plan to the hospital Board for approval

### **External**

HSHS St. Nicholas Hospital also leveraged existing relationships to gain additional insights into community health needs in the hospital's service area. External components and steps included:

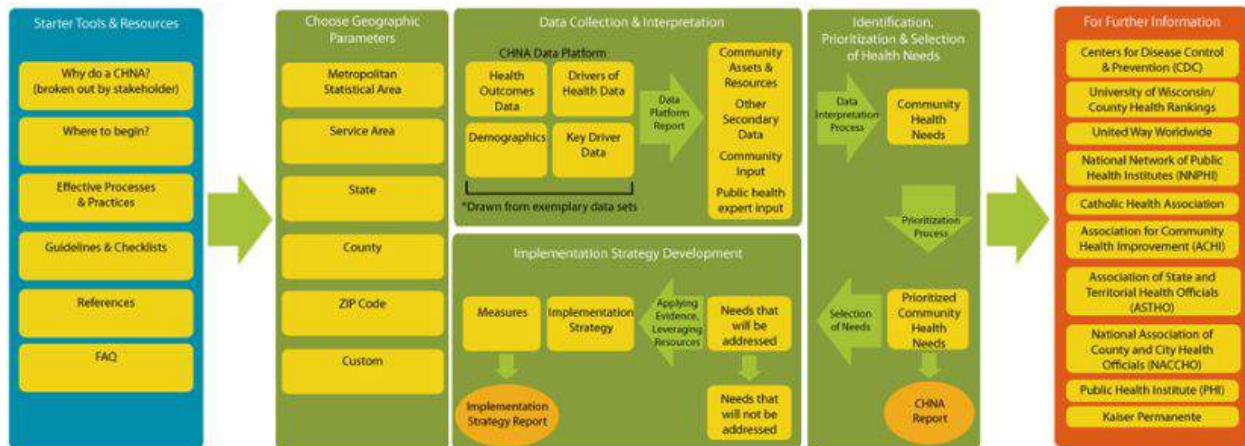
- Identify the methodology to be used for this update.
- Utilize local community health survey, a comprehensive phone-based survey, which gathers data on adult behavioral and lifestyle habits and the respondent's household information. This report was sponsored by the collaborative group and funded by HSHS St. Nicholas Hospital, Lakeshore Community Health Care and Aurora Health Care. Data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
- Interview key community stakeholders for the key interview summary report. This report is prepared by the Center for Urban Population Health (CUPH).
- Engage CUPH to complete a secondary data report.
- Convene a planning committee to host the "Call to Action" event.
- Work with the CHNA committee to determine priorities prior to the "Call to Action" event.
- Analyze data collected at "Call to Action" and World Café events.
- Work with the CHNA committee and subject matter experts to develop action plans for community action groups.
- Work with the CHNA committee on 2018 follow-up meeting to review community health improvement plan.

### **Defining the purpose and scope**

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives that address the health priorities identified, 3) develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

### **Data collection and analysis**

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



*Adapted from the work of Kaiser Permanente.*

## Data sources

The CHNA process utilizes primary data, the community health survey, and key informant interviews as well secondary data. The Center for Urban Population Health (CUPH) compiled the secondary data report to supplement the primary data. This report summarizes the demographic and health-related information for Sheboygan County.

- County Health Rankings and Roadmaps
- American Community Survey – Census Bureau
- Wisconsin Department of Health Services – Data & Statistics
- Wisconsin Interactive Statistics on Health (WISH)

The data was gathered into a written report/presentation and shared with community members at key community leader meeting (described below).

## **Input from persons who represent the broad interests of the community**

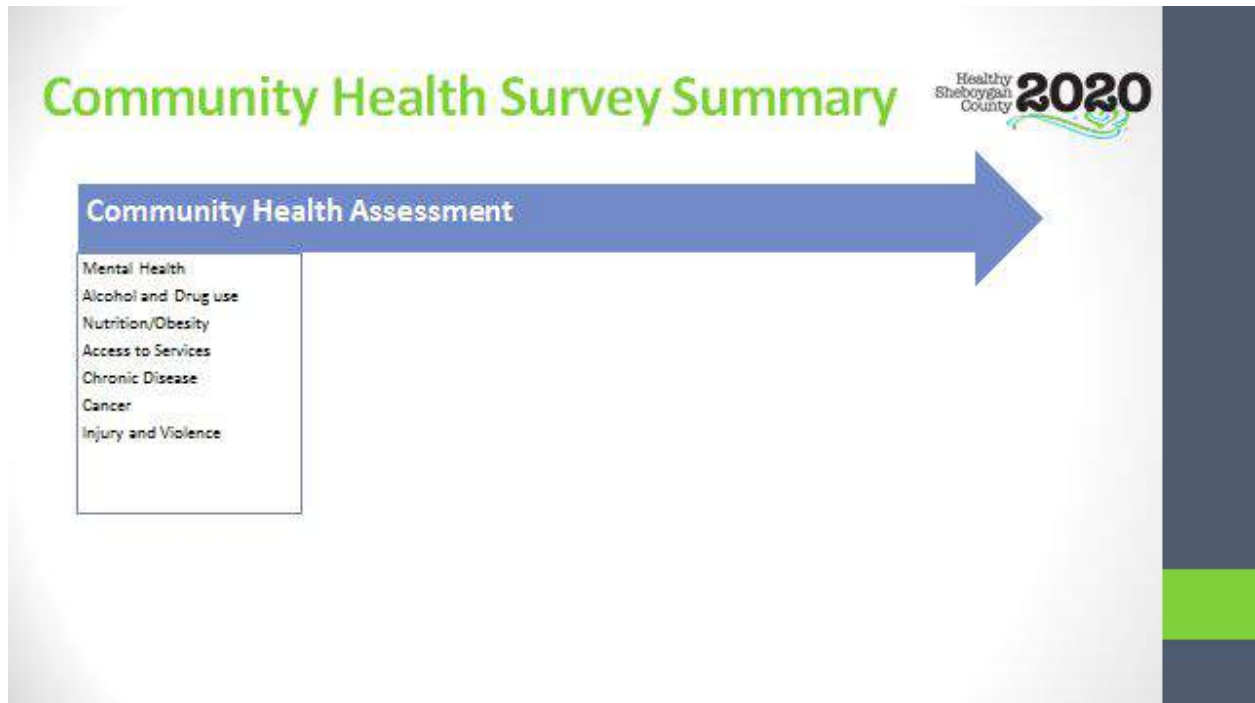
HSHS St. Nicholas Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: mental health, alcohol, tobacco and other drug abuse (ATODA), physical activity and nutrition, in addition to oral health which had been continued from the FY2012 CHNA. This year's assessment expanded on that collaboration, actively seeking input from a broad cross-section of community stakeholders. The goal was to reach a consensus on priorities for which to focus human, material and financial resources.

## Input from community stakeholders

### Community health survey: Source of primary community health data

A telephone survey was conducted to gather information about adult behavioral and lifestyle habits and the respondent's household. In addition, data was also gathered on the prevalence of risk factors and disease conditions that exist within the adult population. Where appropriate and available, health data of residents was compared to state and national measurements, Healthy People 2020 goals and data from previous health studies.

A total of 400 telephone interviews were completed between Jan. 11 and Feb. 1, 2017. Data collection was conducted by Management Decisions Incorporated. JKV Research, LLC analyzed the data and prepared the final report. This report was commissioned by HSHS St. Nicholas Hospital, Aurora Health Care, Lakeshore Community Health Care, Sheboygan County Health and Human Services Division of Public Health, United Way of Sheboygan County, and the University of Wisconsin Extension-Sheboygan County. A link to the report is listed below. <http://www.healthysheboygancounty.org/assets/Uploads/CHA/Sheboygan-County-Community-Health-Survey-Report-2017.pdf>



## Key informant interviews

Thirty-two key interviews were conducted with providers, policy-makers, and other local experts and community members (“key informants”) from public health, education and community organizations. These participants represent the broad interests of the community, including groups representing medically underserved, low-income and minority populations. These interviews were conducted by HSHS St. Nicholas Hospital, Sheboygan County Health and Human Services Division of Public Health, Lakeshore Community Health Care, United Way of Sheboygan, UW Extension Sheboygan County, United Way of Sheboygan County and Aurora Health Care between January and April 2017.

The interviewers used a standard interview script that included the following elements:

- Rank up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important for the county; and
- For those five public issues:
  - Existing strategies to address the issue
  - Barriers/challenges to address the issue
  - Additional strategies needed
  - Key groups in the community that hospitals should partner with to improve community health

The five health issues ranked most consistently at the top of the list were:

1. Mental Health
2. Alcohol and Other Drug Use
3. Nutrition
4. Chronic Disease Prevention and Management
5. Access to Health Services

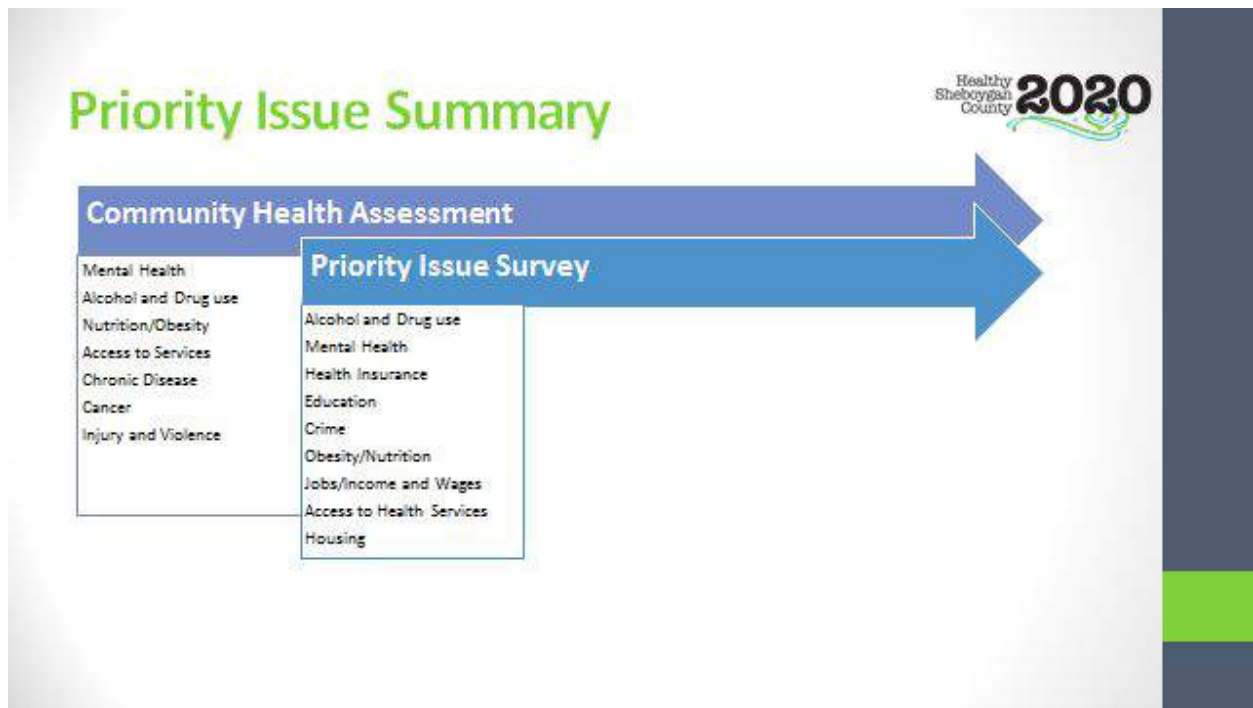
The Center for Urban Population Health compiled the results into a report, available here:

<http://www.healthysheboygancounty.org/assets/Uploads/CHA/Sheboygan-County-Key-Informant-Interview-Report-2017.pdf>

### **Priority issue survey**

A new component of the FY2018 CHNA was a priority issue survey. This survey included questions about health-related issues and social determinants of health. Participant were also asked to rank the top five issues that need to be addressed to improve the health and well-being of the Sheboygan County community. Four hundred and ninety-six surveys were completed, giving us a well-round voice of the community.

Community partners were encouraged to share the priority issue survey with their clients. The survey was available online and in a paper format. The survey was also available at many local events such as the farmer’s market. As noted in the chart below, AODA, mental health, obesity/nutrition and access to health services were identified as the top issues in Sheboygan County.



**“Call to Action” meeting**

Community stakeholders were invited to actively participate in the CHNA process. Preliminary community health data (secondary data report, key informant report, health survey report and a data report snapshot) was placed on the Healthy Sheboygan County 2020 website prior to the event on Sept. 28, 2017. The agenda included a link (below) to all reports allowing participants to review the data before the meeting. One hundred and fifteen individuals attended.

<http://healthysheboygancounty.org/community-health/sheboygan-county-community-health-needs-assessment/>

A presentation was given by members of the CHNA steering committee and Healthy Sheboygan County 2020 Leadership Council Co-Leaders, Kristin Stearns and Libby Holte. The presentation included:

- Overview of Healthy Sheboygan County (HSC) 2020

- Results of the community health needs assessment
- Description of how the top health priorities were identified which include:
  - AODA
  - Mental health
  - Obesity/Nutrition
  - Access to health services

Ujima United LLC Consultant and Assistant Professor at UW-Madison School of Nursing, Kim E. Whitmore, PhD, RN, CPN, worked with the CHNA steering committee to structure the assessment and develop the agenda. She also presented on the root causes of health, social determinants of health, collective impact model, drivers of health, and a new direction for Healthy Sheboygan County 2020 HSHS St. Nicholas Hospital and Aurora Health Care funded her services.

The larger group was divided into small groups. Each group discussed the root causes of and potential goals within the priority action areas. The framework for this activity was the Tearless Logic Model, a tool from the Global Journal of Community Psychology Practice that breaks the logic model process down into a series of manageable, jargon-free questions.

As part of the evaluation process, attendees were asked to complete an initiative survey. Event organizers used the data and compiled a list of what is currently occurring within our community related to these priority areas.

After the event, the CHNA steering committee evaluated the feedback from the facilitated discussions to refine the priority areas and determine goals for the World Café discussion. These priority areas and goals included:

#### Responsible substance use

- Enhance primary prevention and education
- Create a responsible substance use culture
- Create a recovery community

#### Healthy nutrition and physical activity

- Create a culture of healthy eating
- Increase access to healthy foods to address food security
- Promote a lifestyle of physical activity
- Promote best practice worksite wellness

### Positive mental health

- Build a trauma informed/resilient community
- Increase access to mental health services
- Prevent suicide

### **World Café discussions**

A World Café discussion session was hosted for each of the identified priority action areas: responsible substance use (Nov. 6, 2017); healthy nutrition and physical activity (Nov. 7, 2017); and positive mental health (Nov. 13, 2017). Invitations were extended to members of the HSC 2020 committees and “Call to Action” attendees, who were also encouraged to share the invitation with others who would be interested in participating. The purpose of the World Café discussions was for participants to propose effective implementation strategies to address the identified goals. In the World Café format, groups are rotated to provide the opportunity to share their feedback for each of the goals.

For each goal, the groups addressed the following four components:

- Social determinants of health
- Target population
- Current strengths/assets
- Implementation strategies

The table discussions were moderated, recorded and transcribed by CHNA steering committee members. Community stakeholders represented the following area organizations and institutions:

### **Steering committee**

- Sheboygan County Division of Public Health\*
- HSHS St. Nicholas Hospital
- Aurora Health Care
- Lakeshore Community Health Care\*
- United Way of Sheboygan County\*
- University of Wisconsin Extension-Sheboygan

### **Participants**

- Bemis Manufacturing
- Cedar Grove School District\*
- City of Sheboygan Fire Department



- City of Sheboygan Police Department
- City of Sheboygan Mayor
- Elkhart School District
- Family Connections
- Family Resource Center of Sheboygan County\*
- Generations\*
- Hmong Women's Society
- HSHS Eastern Wisconsin Division
- Howards Grove School District\*
- Just Kids Dental
- Kohler Company
- Labor of Love
- Lakeshore Community Action Program\*
- Love, Inc.\*
- Manitou Girl Scouts
- Mental Health America in Sheboygan County\*
- Northeastern Wisconsin Area Health Education Center\*
- Nourish\*
- Oostburg School District\*
- Orange Cross Ambulance
- Partners for Community Development\*
- Pine Haven Christian Communities
- Plymouth School District\*
- Prevea Health
- Random Lake School District\*
- Safe Harbor of Sheboygan County\*
- Samaritans Hand\*
- Sargento Foods
- Sharon S. Richardson Community Hospice
- Sheboygan Area School District\*
- Sheboygan City Administrator
- Sheboygan County Administrator
- Sheboygan County Aging and Disability Resource Center\*
- Sheboygan County Board
- Sheboygan County Chamber of Commerce
- Sheboygan County District Attorney
- Sheboygan County Child & Family Services\*

- Sheboygan County Food Bank\*
- Sheboygan County Head Start\*
- Sheboygan County Health and Human Services\*
- Sheboygan County Interfaith Organization\*
- Sheboygan County Medical Examiner
- Sheboygan County Planning & Conservation
- Sheboygan County Probation & Parole
- Sheboygan County Sheriff's Office
- Sheboygan County Veterans Services Office\*
- Sheboygan County Victim/Witness Services\*
- Sheboygan County YMCA
- Sheboygan Health Services (Rocky Knoll Nursing Home)
- Sheboygan Press
- Sports Core
- The Housing Authority of the City of Sheboygan
- Wisconsin Department of Health Services (Regional Public Health Representative)
- Community members

*\*Denotes groups representing medically underserved, low-income and minority populations.*

### **Input from members of medically underserved, low-income and minority populations**

Hospital Sisters Health System and HSHS St. Nicholas Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. We believe that the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve.

To ensure that the needs of these groups were adequately represented, we included representatives from Sheboygan County Health and Human Services (Public Health, Aging & Disability Resource Center, and Child & Family Services); various Sheboygan County departments including Head Start, Probation & Parole, Victim/Witness Services, Veterans Services; Love, Inc.; Sheboygan County Interfaith Organization; local school districts; Sheboygan County Interfaith; Partners for Community Development; Family Resource Center of Sheboygan County; Safe Harbor. These organizations serve the under-resourced in our community, including low-income seniors, children living in poverty, families who struggle with shelter and food insecurity, veterans and victims of domestic violence.

Representatives of these organizations, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in our communities were being shared and addressed in the CHNA process, and included in the development of related implementation strategies.

### **Input on FY2015 CHNA**

No written comments were received regarding the FY2015 CHNA.

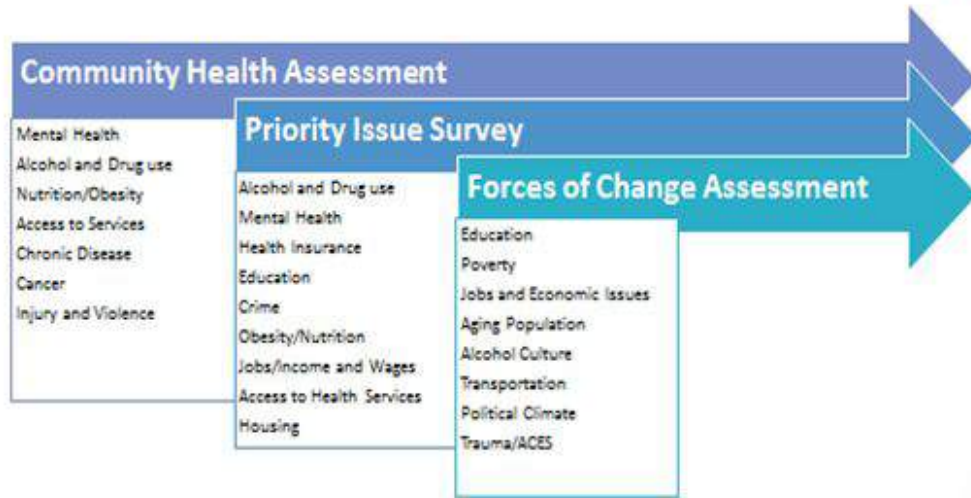
### **Prioritizing significant health needs**

As part of the identification and prioritization of health needs, the hospital considered the feasibility and effectiveness of possible interventions that would impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

### **Forces of change assessment:**

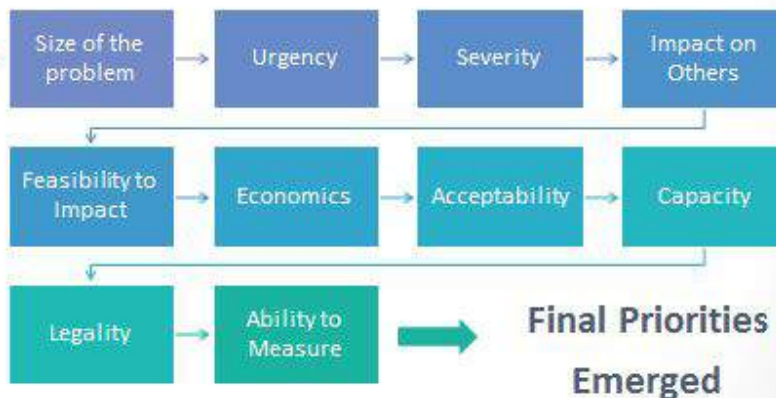
In July 2017, after reviewing the data from the reports (key informant, community health survey, secondary data and priority issue survey), the HSC 2020 leadership council completed a forces of change assessment where they considered social, economic, political, technological, environmental, scientific, legal and ethical factors that affect our initiatives.

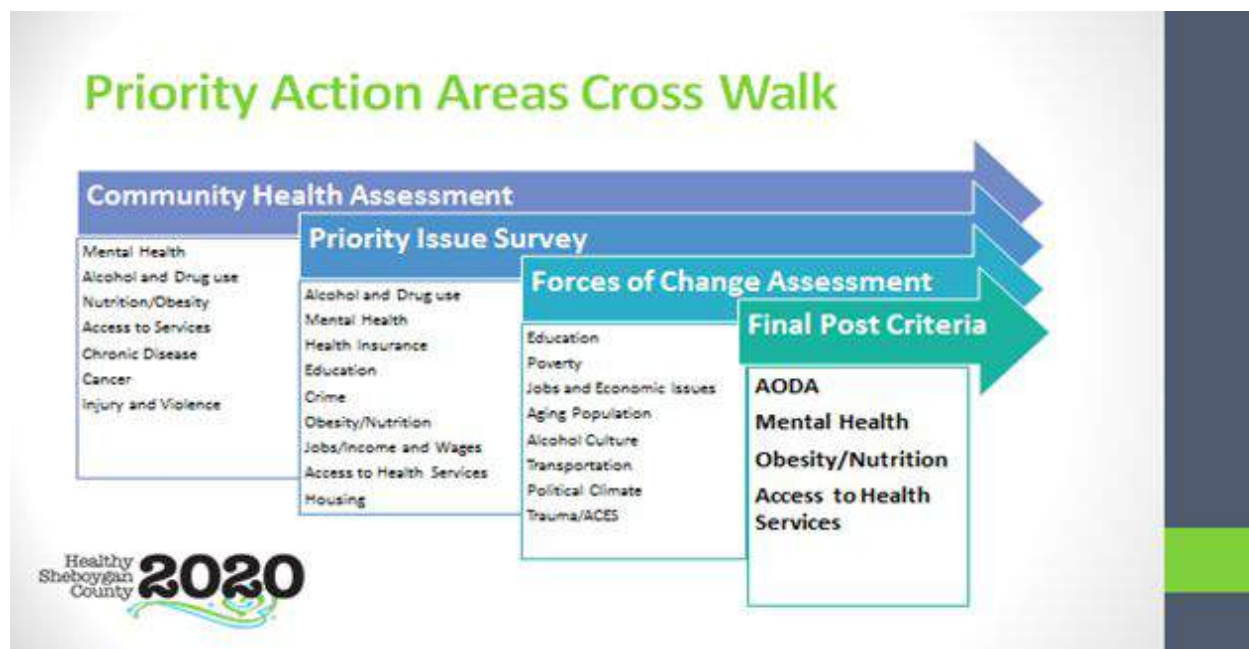
# Forces of Change Summary



# Criteria Worksheet

All potential priorities were scored on the following





Based on the CHNA planning and development process described, the following community health needs were identified:

- Alcohol and other drug abuse (AODA)
- Mental health
- Obesity/Nutrition

Access to health services was initially identified as a separate health priority. However, it was determined after reviewing the feedback from the community leaders that this should be a component of each of the above identified health priorities.

As an outcome of the prioritization process, the following community health needs were also identified, but will not be addressed directly by the hospital for the reasons indicated:

- **Jobs/Income and wages:** Being a provider of health care services through inpatient and outpatient services, the hospital does not have the expertise or resources to take the lead on addressing this priority in the region. However, in our role as an employer, the hospital is involved in many initiatives to support employment within our community.
- **Injury and violence:** The hospital is not directly involved in initiatives dealing with the prevention of injuries and violence. HSHS St. Nicholas Hospital is a member of the local

child death review committee which reviews childhood deaths in our county and works with other local organizations to administer programs and services to address this issue.

- **Housing:** Being a provider of health care services through inpatient and outpatient services, the hospital does not have the expertise or resources to address housing in the region. HSHS St. Nicholas Hospital does provide support to various community agencies that work directly within this scope. Examples include collection drives that provide basic necessities, including food for the local food bank and personal hygiene items for our local women's shelter.

## Overview of priorities

### Alcohol and other drug abuse (AODA)

Excessive alcohol use was responsible for approximately 88,000 deaths in the United States between 2006 and 2010<sup>1</sup> and \$249 billion in economic costs in 2010.<sup>2</sup>

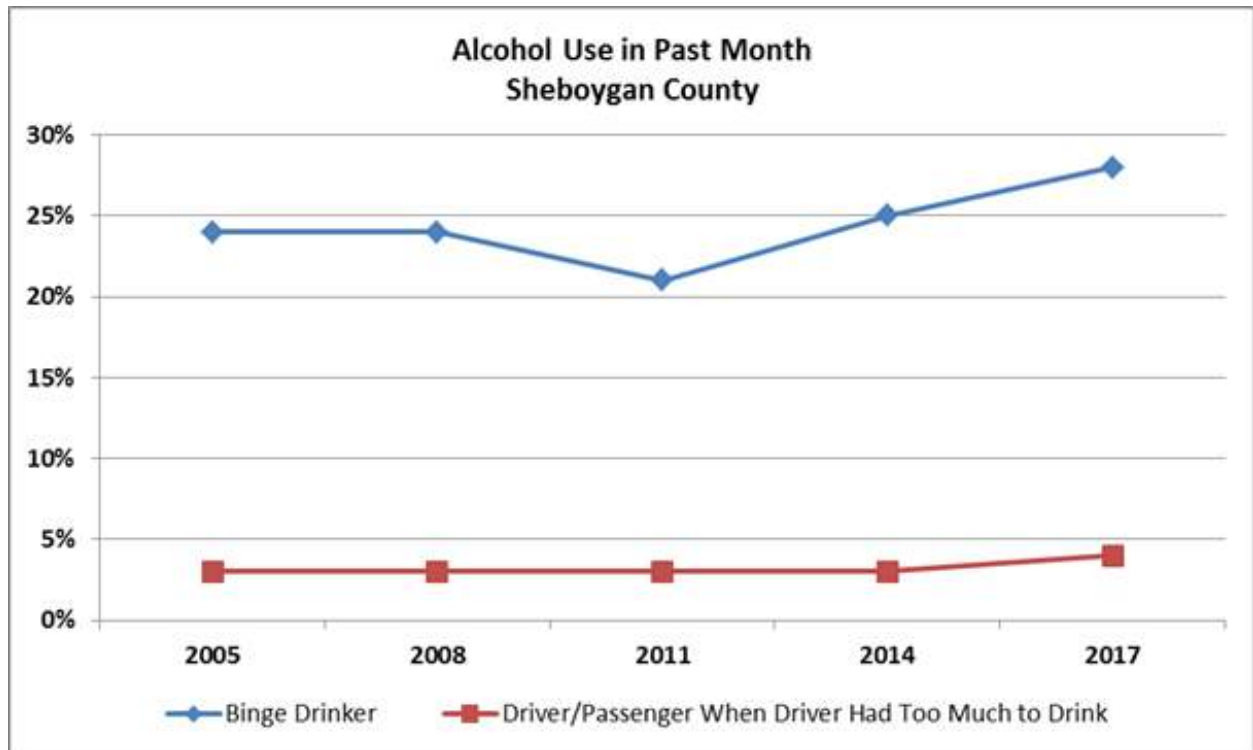
Source: 1. Centers for Disease Control and Prevention (CDC). [Alcohol-Related Disease Impact \(ARDI\) Web site](#). Source:

Source: 2. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. [2010 National and State Costs of Excessive Alcohol Consumption](#). *Am J Prev Med* 2015; 49(5):e73–e79.

Currently, the Centers for Disease Control (CDC) defines binge drinking as four or more drinks per occasion for females and five or more drinks per occasion for males to account. This is adjusted for weight and metabolism differences. Previously, the CDC defined binge drinking as five or more drinks at one time, regardless of gender. In 2017, Sheboygan County defined binge drinking as four or more drinks for females and five or more drinks for males.

Twenty-seven of the 32 key informants who were interviewed ranked alcohol and other drug use (AODA) as one of the top five health issues for the county. Key themes related to AODA include the need for better access to treatment and services, increased awareness of the services and support that exists and how to access them, and the importance of multi-sector work to reduce gaps in care and provide around support.

Source: Key Informant Interview Report



Source: Sheboygan County Community Health Survey

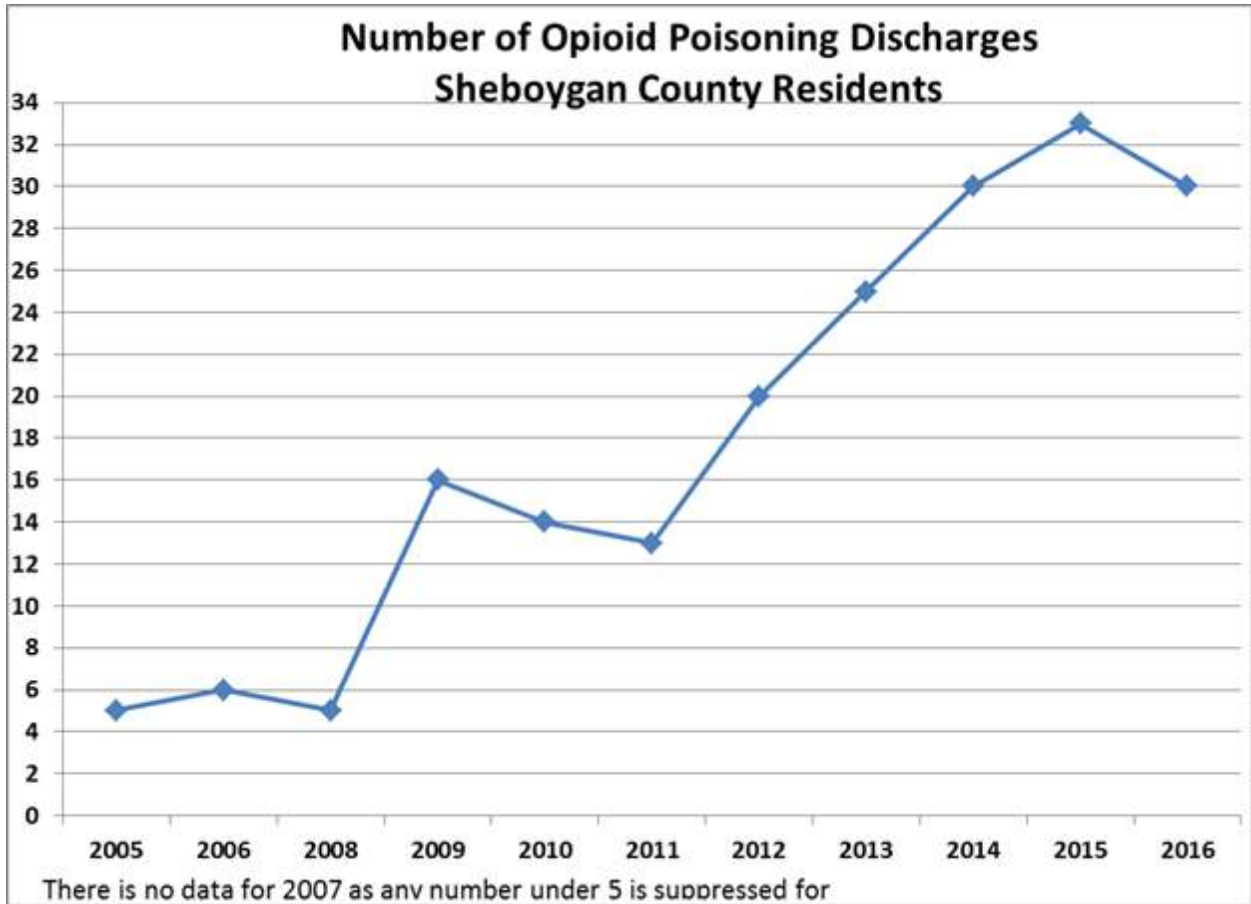
### Substance use

Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of 10) involve an opioid.<sup>1</sup> Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin (<https://www.cdc.gov/drugoverdose/opioids/heroin.html>)) quadrupled.<sup>2</sup> From 2000 to 2015, more than half a million people died from drug overdoses. Source:

<https://www.cdc.gov/drugoverdose/epidemic/index.html>

From 2005 to 2016, the number of emergency department visits due to opiate poisonings (also known as opiate overdoses) increased in Sheboygan County. Both key informants and county residents identified drug use/abuse as one of the top health issues in our community.

<https://www.dhs.wisconsin.gov/wish/opioid/index.htm>



### Tobacco

The Healthy People national 2020 goal for adult smoking is 12 percent. In 2015, 17 percent of Wisconsin respondents and 18 percent of U.S. respondents were current smokers. (2015 Behavioral Risk Factor Surveillance). Twenty-one percent of respondents were current tobacco cigarette smokers; four percent smoked some days and 17 percent smoked every day in the past month.

Source: Sheboygan County Community Health Survey

In 2017, nine percent of adults used smokeless tobacco in the past month; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Two percent of respondents used electronic cigarettes in the past month while one percent of respondents used cigars, cigarillos or little cigars.

Source: Sheboygan County Community Health Survey

### Mental health



Thirty key informants ranked mental health as one of the top five health issue for the county. General themes related to this issue are the strength and importance of cross-sector partnerships to address mental health wherever people are living; the necessity of acknowledging this issue across the lifespan; and engaging families and communities to identify, prevent, and treat mental illness.

Key informants' insights suggest that AODA and mental health overlap significantly in regards to access to health services. The main barriers and challenges to address both of these include a lack of providers and services; long waiting lists to access providers and services; difficulty paying for services or lack of coverage by insurance for AODA or mental health services or medication; and difficulty accessing services for those who cannot or do not drive.

Source: Key Informant Interview Report

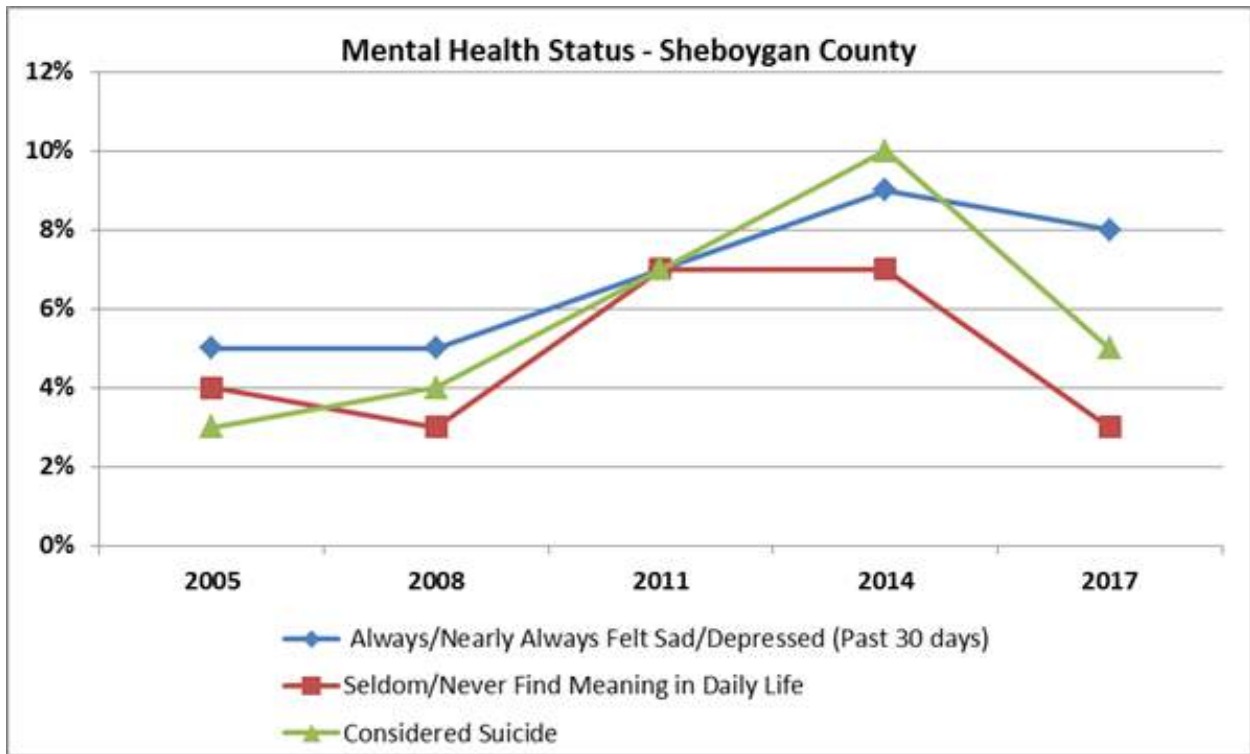
In 2017, eight percent of adults (11,570 individuals) reported that they always or nearly always felt sad, blue or depressed in the past 30 days. In 2005, gender was not a significant variable. In 2017, female respondents were more likely to report they always or nearly always felt sad, blue or depressed, with a noted increase since 2005.

In 2017, four percent of respondents indicated they had an unmet mental health care need in the past year. This is approximately 3,560 adults in Sheboygan who went without needed mental health services. Three percent of respondents reported they seldom or never find meaning or purpose in daily life. Five percent of adults (8,900 residents) in Sheboygan County reported feeling so overwhelmed in the past year that they considered suicide.

Source: Sheboygan County Community Health Survey

In 2015, there were 15 completed suicides in Sheboygan County, a rate of 13.0 per 100,000 population. This is lower than the Wisconsin suicide rate of 15.2 per 100,000 population. The Healthy People 2020 target is 10.2 suicides per 100,000 population.

Source: Secondary Data Report



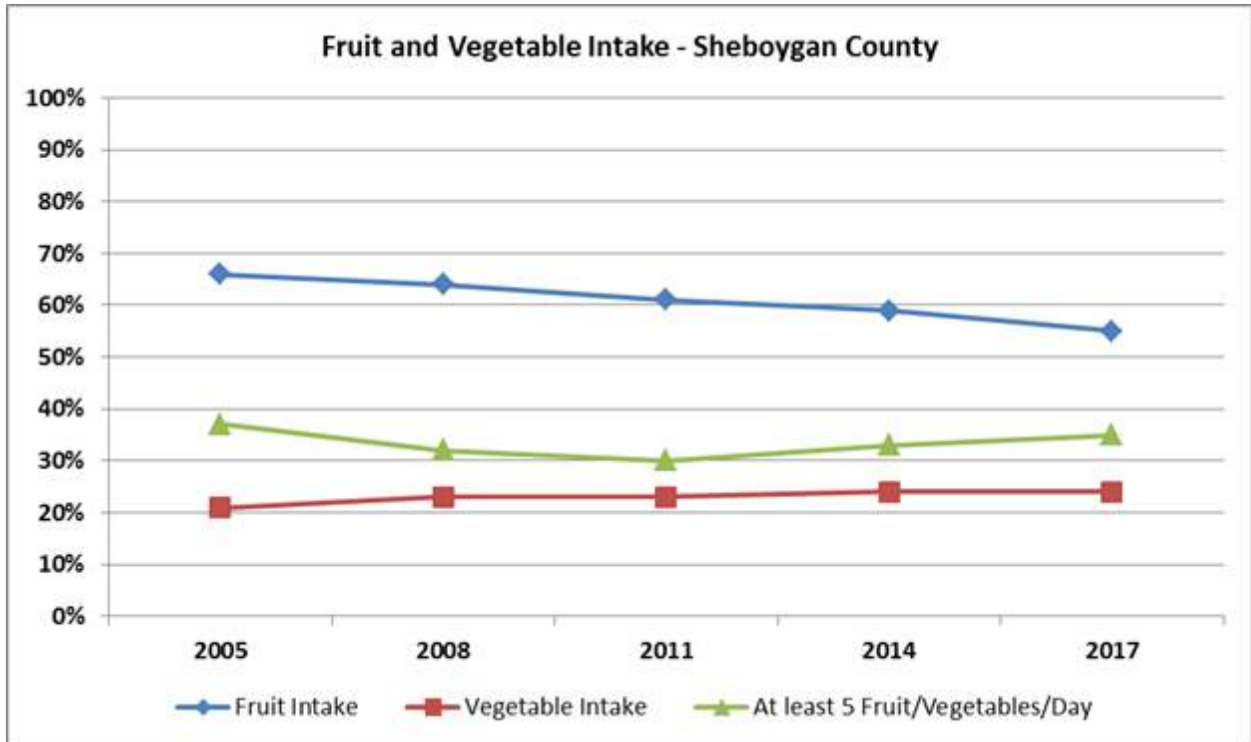
Source: Sheboygan County Community Health Survey

### Nutrition

Nutrition was ranked as one of the top five health issue by 15 key informants. Nutrition included some overlap with chronic disease prevention. Most respondents addressed healthy cooking and eating across the lifespan, especially within the family context and between multiple generations. Many responses also directly addressed food access and hunger in the county as it relates to nutrition.

Source: Key Informant Interview Report

Based on the USDA dietary guidelines, at a minimum, adults should have two servings of fruit and three servings of vegetables each day. Age, gender and activity level may increase the recommended number of servings. As part of the community health survey, 55 percent of respondents reported at least two servings of fruit on an average day. Twenty-four percent of respondents reported at least two servings or more of vegetables on an average day.



Source: Sheboygan County Community Health Survey

### Food security

On the community health survey, in the past 12 months, fourteen percent of respondents in the lower 40 percent household income bracket reported that they couldn't afford enough food and they went hungry. Compare this to two percent of those in the middle 20 percent income bracket or zero percent of respondents in the top 40 percent household income bracket.

Source: Sheboygan County Community Health Survey

### Physical activity/obesity

#### Obesity

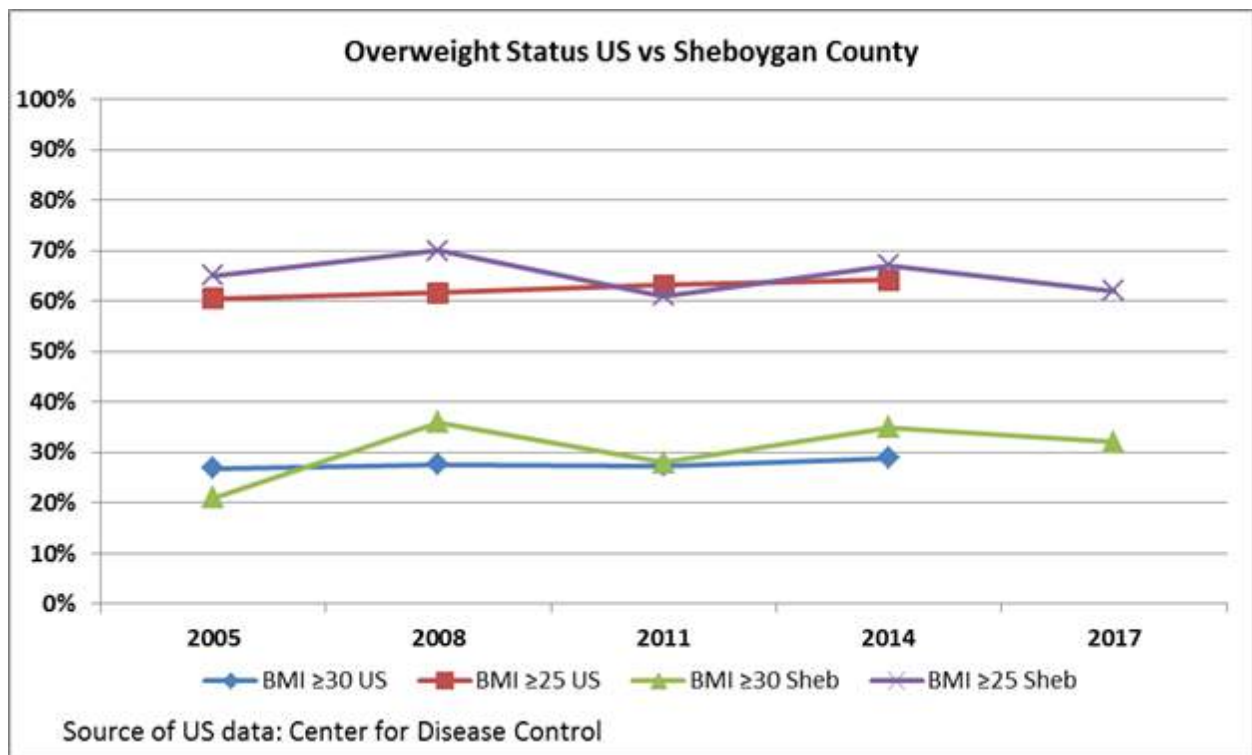
Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. These are some of the leading causes of preventable death. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008; the medical costs for people who are obese was \$1,429 higher per person than those of normal weight.

Source: <https://www.cdc.gov/obesity/data/adult.html>

The Healthy People 2020 national goal for healthy weight is 34 percent, and the unhealthy weight goal is 66 percent. The Healthy People 2020 goal for obesity is 31 percent.

According to the 2015 Behavioral Risk Factor Surveillance 35 percent of Wisconsin respondents were classified as overweight and 31 percent were obese. In the United States, 36 percent of the population was classified as overweight and 30 percent as obese. In Sheboygan County, respondents were slightly below the state and national averages, 30 percent were overweight and 32 percent were obese.

Source: Sheboygan County Community Health Needs Assessment



### Physical activity

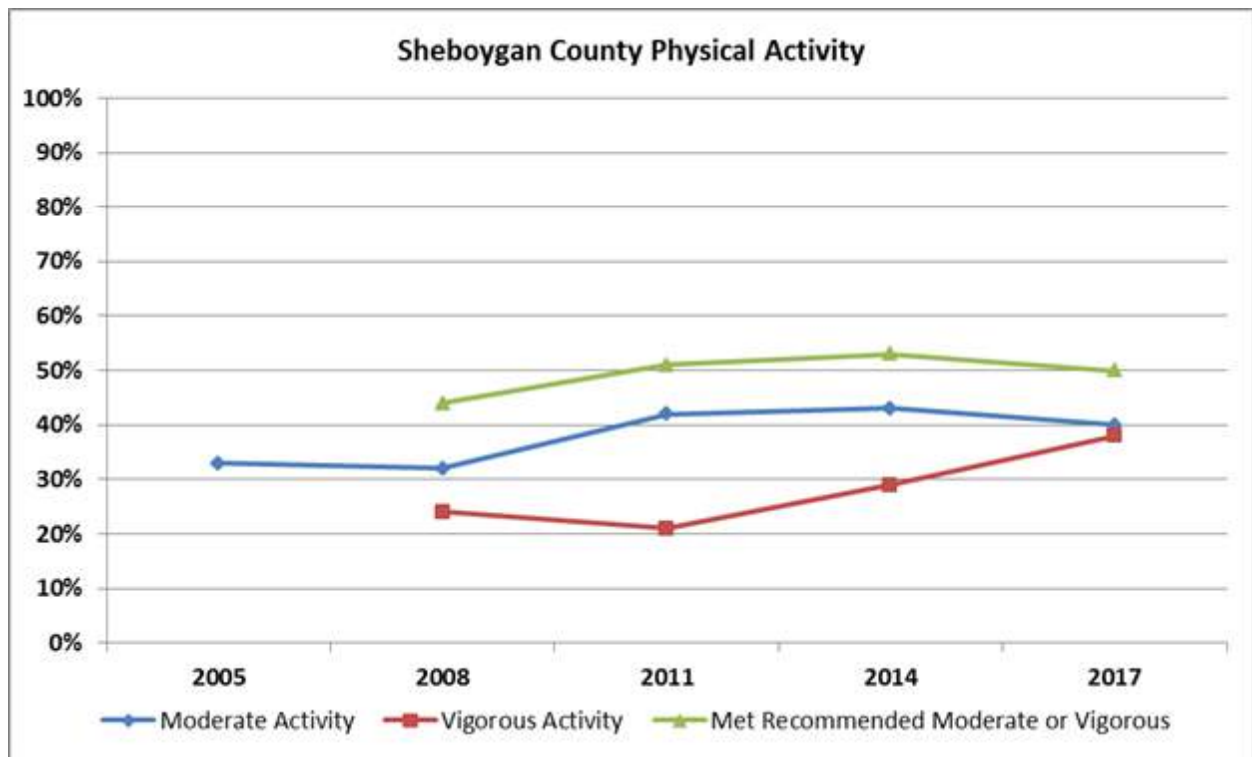
The recommended amount of physical activity by the Centers for Disease Control is moderate physical activity for at least 30 minutes five or more days per week or vigorous physical activity for at least 20 minutes three or more days per week. Moderate physical activity includes walking briskly, vacuuming, gardening or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Insufficient physical activity includes

participation in either activity, but not for the duration or the frequency recommended. Inactive respondents reported no moderate or vigorous physical activity in a typical week.

According to the Behavioral Risk Factor Surveillance, 53 percent of Wisconsin respondents and 51 percent of U.S. respondents met the recommended amount of physical activity.

In 2017, fifty percent of respondents met the recommended amount of physical activity in a typical week. Thirty-seven percent did an insufficient amount of physical activity while 13 percent did no physical activity in a typical week.

Source: Sheboygan County Community Health Survey



Source: Sheboygan County Community Health Survey

### **Potential resources to address the significant health needs**

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered when developing the implementation plan to address the prioritized community health needs:

#### Hospitals and related medical groups

- HSHS St. Nicholas Hospital
- Prevea Health
- Aurora Health Care
- Columbia St. Mary's Hospital

#### Other community organizations and government agencies

- AODA
  - Sheboygan County Health and Human Services
  - Healthy Sheboygan County 2020
  - Mental health providers
  - Law enforcement
  - Churches and faith communities
  - Pharmacists
  - Area schools
  - Local media outlets
  - Mental Health America in Sheboygan County
  - Employers
  - Bars and restaurants
  - YMCA
  - Legislators
  - Transportation companies
  - Liquor stores
  - Recovery support groups
- Mental Health
  - Treatment providers
  - Law enforcement
  - Courts
  - The Aging and Disability Resource Center
  - Churches and faith communities
  - Mental Health America in Sheboygan County
  - United Way of Sheboygan County
  - Family Resource Center of Sheboygan County
  - YMCA
  - Community businesses
  - Child care providers

- Teen groups
- Veterans
- Senior centers
- Healthy Sheboygan County 2020
- Sheboygan County Health and Human Services
  
- Nutrition
  - United Way of Sheboygan County
  - Food bank and food pantries
  - School
  - Health systems
  - Health care providers
  - Health and Human Services
  - Local restaurants and grocers
  - Culinary schools
  - Local farmers
  - Employers
  - Farmers' markets coordinators
  - Nutritionist
  - Legislators
  - The Division of Public Health
  - UW-Extension
  - Healthy Sheboygan County 2020
  - Family Resource Center of Sheboygan County
  - Parents
  - Meals on Wheels

**Next steps**

After completing the FY2018 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies
- Develop a three-year implementation plan (FY2019 through FY2021) to address priority health needs identified in the FY2018 CHNA process
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources

- Present to and receive approval of the CHNA report and implementation plan by the hospital's governing board in the same tax year that the CHNA was conducted
- Publicize the CHNA report and implementation plan on the hospital and partner websites and make accessible in public venues such as town halls, etc.

**Approval**

The FY2018 CHNA report was adopted by the hospital's governing board on May 17, 2018.



## Appendix X

Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2015, to address significant health needs identified.

In FY2015, HSHS St. Nicholas Hospital conducted a Community Health Needs Assessment (CHNA). Primary and secondary data was gathered from multiple sources to assess the hospital's primary service area. Based on the data and the prioritization process, the following priority community health needs were selected:

- Oral Health
- Mental Health
- Substance Use
- Physical Activity and Nutrition
- 

The FY2015 Implementation Plan outlined the strategies that the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions that were taken in response to the hospital's FY2015 CHNA follows.

**Oral Health:** The hospital continued support of the development, implementation and/or continuation of strategies to improve oral health.

**Outcomes:** Actively participated on refocused Sheboygan County Oral Health Partnership. Efforts are directed at consensus building including identification and development of metrics to measure oral health efforts within our community. Led efforts to develop a document to be used to standardize antibiotic/pain treatment for dental patients. Staffed the Committee's resource booth promoting oral health education at the farmer's market health education day.

The hospital actively supported the establishment of a community clinic. In FY2017, HSHS St. Nicholas continued to support the Lakeshore Community Health Center by funding the purchase of dental equipment for the expansion of their school dental program from one to four school districts. Continue to actively participating on the Program/QI Committee. From July 2016 through June 2017 the clinic served more than 2,800 clients during 7,411 visits.

**Mental Health:** The hospital continued support of the development, implementation and/or continuation of strategies to improve mental health.

**Outcomes:** Actively participated as a board member of Mental Health of America: served on the Personnel and Finance Committee; took assignments for the Suicide Awareness Walk. SNS was a sponsor for the Walk. As a member of the Healthy Sheboygan County 2020 Stigma Committee assisted with planning of the 3rd Annual Mental Health/AODA Resource Fair; SNS was a primary sponsor. Four colleagues (one hospital and three Prevea Health) were trained as Question Persuade and Refer (QPR) Trainers, an evidence based suicide prevention curriculum, as part of the HSC 2020 Stigma Committee's initiative to provide community wide education. Provided funding for the expansion of the Mental Health America's Mindfulness in School program to help children learn positive ways. Scholarly research finds that mindfulness practice decreases stress and anxiety, increases attention, improves interpersonal relationships, strengthens compassion, and confers a host of other benefits. Hospital colleagues and a Prevea Psychiatrist serve on the Mental Health America of Sheboygan County Board.

As a member of the Healthy Sheboygan County 2020 Stigma Committee assisted with planning of the 3rd Annual Mental Health/AODA Resource Fair; SNS was a primary sponsor.

**Substance Use:** The hospital continued support of the development, implementation and/or continuation of strategies to address Substance Use.

**Outcomes:** Funded a case manager position at Lakeshore Community Health Center to implement and manage SBIRT (Screening, Brief, Intervention and Referral to Treatment). With a new Case Manager implementing SBIRT, the current Case Managers have additional time to dedicate to other priorities including nutrition and activity. HSC 2020 Heroin Committee: Co-captain on the Harm Reduction Pillar, which is exploring opportunities with community partners. Actively participated on the HSC 2020 SBIRT Committee which is working to implement SBIRT community wide and exploring opportunities for implementing within both medical and school settings. As a member of this committee assisted with planning of the SBIRT presentation by Dr. Richard Brown.

Hosted and staffed the Sheboygan site for the community-wide Medication Take Back events which are held at five county locations two times per year. At the October 2016 collection, more than 350 pounds were collected from five locations with nearly 200 pounds being collected at HSHS St. Nicholas Hospital. In April 2017, collections from five locations totaled more than 600 pounds with more than 360 pounds collected at HSHS St. Nicholas Hospital. Provide a no cost way for community members to properly dispose of their contaminated sharps by placing a drop box inside the Emergency Department entrance where sharps can be disposed of 24/7.

Physical Activity and Nutrition: The hospital continued support of the development, implementation and/or continuation of strategies to improve physical activity and nutrition.

**Outcomes:** Continued support of the “double your bucks” program at the Sheboygan Farmer’s Market to enable EBT recipients to double the amount of fresh fruits and vegetables they can purchase. This program was expanded to allow recipients to access this opportunity every market day which occurs twice weekly instead of only two times per month. Sponsored an intern with the Farmer’s Market to assist with promoting healthy eating in our community. Supported the efforts of the Early Learning Center to increase the physical activity of the Head Start students in their 50 Million Strong Program to foster participation and promote a team concept. Actively participate in the Summer Lunch program to provide nutrition education.