



Health Needs Assessment 2025-2027 Implementation Plan

HSHS St. Nicholas Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 13 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

Table of Contents

Introduction	4
Prioritized Significant Health Needs	4
Community Health Needs That Will Not Be Addressed	5
Primary Implementation Strategies	5
Community Health Improvement Plan Overview	6
Priority Snapshot: Access to Mental Health Services	6
PLANNED ACTIONS – Access to Mental Health Services	7
Priority Snapshot: Food Access	9
PLANNED ACTIONS – Food Access	10
Priority Snapshot: Access to Substance Use Disorder Services.	11
PLANNED ACTIONS – Access to Substance Use Disorder Services.	12
Next Steps	14
Approval	14

Introduction

HSHS St. Nicholas Hospital is located in Sheboygan County, Wis. For more than 130 years, the hospital has served as a trusted source for care in Eastern Wisconsin. HSHS St. Nicholas Hospital provides a wide range of specialties, including 24-hour Emergency Medicine (which also offers walk-in opioid use disorder treatment), Cancer Care, Heart Care and Women's Health.

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 its 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 mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 13 hospitals and has more than 200 physician practice sites. The Mission is carried out by more than 11,000 colleagues and 1,000 providers in both states who care for patients and their families.

In 2024, HSHS St. Nicholas Hospital conducted a Community Health Needs Assessment (CHNA) in collaboration with Aurora Health Care, Lakeshore Community Health Care, Sheboygan County Health and Human Services Division of Public Health and the United Way of Sheboygan County. This process involved gathering data from multiple sources to assess the needs of Sheboygan County. Together, these groups recommended the health priorities to be addressed in FY2025-FY2027. The full CHNA report may be found at <https://www.hshs.org/st-nicholas/community/community-health-needs-assessment>.

The implementation plan builds off the CHNA report by detailing the strategies HSHS St. Nicholas Hospital will employ to improve community health in the identified priority areas. This plan shall be reviewed annually and updated as needed to address ever-changing needs and factors within the community landscape. Nonetheless, HSHS shall strive to maintain the same overarching goals in each community it serves, namely to:

1. Fulfill the ministry's Mission to provide high-quality health care to all patients, regardless of ability to pay.
2. Improve outcomes by working to address social determinants of health, including access to medical care.
3. Maximize community impact through collaborative relationships with partner organizations.
4. Evaluate the local and systemic impact of the implementation strategies and actions described in this document to ensure meaningful benefits for the populations served.

For purposes of this CHNA implementation plan, the population served shall be defined as Sheboygan County residents of all ages, although the hospital's reach and impact extend to other Central and Southern Illinois counties as well.

Prioritized Significant Health Needs

As detailed in the CHNA, HSHS St. Nicholas Hospital in collaboration with community partners identified the following health priorities in Sheboygan County:

- 1. Access to Mental Health Services**
- 2. Food Access**
- 3. Access to Substance Use Disorder Services**

These priorities emerged from several data sources, including community focus groups, individual and stakeholder interviews, local and national health data comparisons and input from the CAC and internal advisory council.

Community Health Needs That Will Not Be Addressed

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions to impact these health priorities; the burden, scope, severity or urgency of the health need; the health disparities associated with the health need; 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.

Based on the CHNA planning and development process, the following community health needs were identified but will not be addressed directly by the hospital for the reasons indicated:

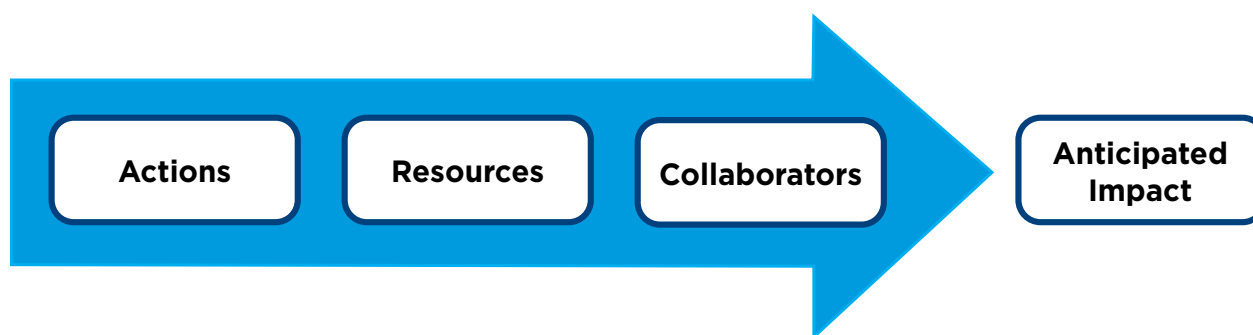
- Access to Affordable High-Quality Child Care

Primary Implementation Strategies

In each of the priority health areas identified, St. Mary's Hospital shall employ strategies that fall into one or more of the categories below.

Strategy	Description
Improve access to prevention and early intervention services.	This strategy involves taking actions that prevent disease or injury or limit their progression and impact.
Decrease barriers to entry.	This strategy involves improving the ability of individuals in the hospital's service area to receive needed treatment and services on a timely basis to achieve optimal health outcomes.
Work with internal and external stakeholders to address drivers of health through unified policy and planning.	This strategy involves working with community partners to factor health considerations into any decision-making that affects the general public or subsets of populations within the general public.

Examples of specific actions that fall under these broad strategies, as well as the anticipated impacts of those actions, are listed on the PLANNED ACTIONS pages for each of the health priorities. This format follows the logic that the stated actions, resources and collaborative partnerships together will produce the anticipated impacts.



Community Health Improvement Plan Overview

These implementation strategies and actions are outlined by health priority, first with a “snapshot” of identified strategies, sample actions and other relevant information, followed by a more comprehensive and specific description of planned actions, resources, collaborative partners and anticipated impacts.

Priority Snapshot: Access to Mental Health Services

Priority No. 1: Access to Mental Health Services

Target Populations

- Adolescents
- Adults

Hospital Resources

- Colleague time
- Funding
- Advocacy

Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Behavioral and mental health service providers
- Local providers
- Mental Health America

Anticipated Impact

- Prevention and early intervention tools
- Improved mental health literacy
- Inform public policy
- Resilience in youth
- Clinical assessment and referral
- Direct referrals

Relevant Measures*

- Proportion of people who get a referral for substance use treatment after an emergency department visit.
- Proportion of adolescents and adults with anxiety or depression who get treatment

* From the national health plan: Healthy People 2030

Current Situation

Depression, anxiety and suicide ideation have seen a steady upward trend which has been exacerbated by the pandemic.

Many people in need of mental health or substance use treatment are unable to access it in a timely manner due to provider shortages, particularly in rural areas. Mental Health America has witnessed increasing numbers of people experiencing anxiety, depression, psychosis, loneliness and other mental health concerns.

The most common barriers for positive mental health identified by key informants were lack of mental health professionals, specifically for children and non-English speaking community members, very long wait times to be seen by a provider and general mental health stigma and shame (which prevents individuals from seeking care).

- 13% of Sheboygan County adults report 14 or more days of frequent distress per month.
- 21% of Sheboygan County residents reported prevalence of mental health condition in the past 2 years.
- 4% of Sheboygan County respondents felt so overwhelmed they considered suicide in the past year.
- Emergency department visits per 100,000 for suicide/ self-injury (2018-2022):
Full population
 - Sheboygan County 141.82
 - Wisconsin 131.61
- Youth
 - Sheboygan County 293.47
 - Wisconsin 280.91
- 40% of LGBTQ+ students report being bullied at school and/or online compared to 21% of heterosexual students.

Our Strategies

Improve access to prevention and early intervention services.

- Provide Mental Health First Aid training for HSBS colleagues.
- Partner with county Recovery Oriented Systems of Care to develop policy and practice to support recovery.
- Implement social-emotional learning curriculum in elementary schools.

Decrease barriers to entry,

- Create a social care network within our Epic platform to connect patients with community-based resources.

Work with internal and external stakeholders to address drivers of health through unified policy and planning.

- Expand implementation of Access and Navigation Training.

Indicators

- Number of instructors trained, trainings provided, individuals trained
- Number of residents successfully entering and completing treatment
- Number of students participating in Resilient Classroom Project
- Number of patients screened and referred

PLANNED ACTIONS – Access to Mental Health Services

Mental health and well-being consistently arose as the most prominent community health priority in Sheboygan County in the key informant interviews and during the CHNA Virtual Call to Action. There is still a general lack of providers (including counselors, therapists and clinical social workers), and barriers to accessing existing providers persist for many of the county's residents. For the general community, there is a lack of awareness of where people can go for their mental health needs.

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policymakers to improve access to services and provide resources to those who work with and serve people suffering from poor mental health.

Strategy 1: Improve access to prevention and early intervention services.

Action	Resources	Collaboration	Anticipated Impact
Provide Mental Health First Aid training for HSHS colleagues.	<ul style="list-style-type: none"> • Colleague time • Event Supplies 	<ul style="list-style-type: none"> • Human Resources • Department Leaders • HSHS Ministries 	<ul style="list-style-type: none"> • Provide prevention/early intervention tools for health care providers to support patients and colleagues experiencing mental health challenges • Improved mental health literacy • At least 10% of HSHS Colleagues, including a minimum of 4% representing Leadership positions, will be certified in Mental Health First Aid by end of FY27
Implement a social - emotional learning curriculum (Resilient Classroom) in elementary schools.	<ul style="list-style-type: none"> • Community health funding • Colleague time 	<ul style="list-style-type: none"> • Local school district • Mental Health America 	<ul style="list-style-type: none"> • Foster resilience in youth. • Equip young learners with essential coping skills, promoting mental well-being and empowering them to overcome challenges.

Strategy 2: Decrease barriers to entry.

Action	Resources	Collaboration	Anticipated Impact
Create a social care network within our Epic platform to connect patients with community-based resources.	<ul style="list-style-type: none"> • Internal project management team • Care management team • Colleague time • Community health funding 	<ul style="list-style-type: none"> • Community-based organizations • FindHelp 	<ul style="list-style-type: none"> • Strategic partnerships with community-based organizations (CBO) to develop referral networks • Connect patients screening at risk for a determinant of health with needed resources through a direct referral.

Strategy 3: Work with internal and external stakeholders to address drivers of health through unified policy and planning.

Action	Resources	Collaboration	Anticipated Impact
Expand implementation of Access and Navigation Training.	<ul style="list-style-type: none"> Community health funding Colleague time 	<ul style="list-style-type: none"> Mental Health America Healthy Sheboygan County 	<ul style="list-style-type: none"> Increased awareness of available resources in the community. Increased linkages to services.

Priority Snapshot: Food Access

Priority No. 2: Food Access

Target Populations

- Adolescents
- Adults

Hospital Resources

- Colleague time
- Funding
- Advocacy

Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- United Way
- Sheboygan County Interfaith Organization

Anticipated Impact

- Increased access to fresh foods
- Reduce the risk of impact of food insecurity
- Reduced rates of obesity

Relevant Measures*

- Proportion of children and adolescents with obesity
- Proportion of adults with obesity
- Proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition or physical activity - household food insecurity

* From the national health plan: Healthy People 2030

Current Situation

Food insecurity occurs when individuals or households have trouble getting enough of the foods they need to live an active, healthy life. When people don't have consistent access to affordable and nutritious foods, it can lead to an increased risk of poor mental health and chronic diseases.

- Percent of food insecure population:

- Sheboygan County 5.8%
- WI 7.2%
- US 10.4%

- Average cost per meal:

- Sheboygan County \$3.68
- WI \$3.48
- US \$3.59

- 25% of Sheboygan County high school students report experiencing hunger due to lack of food at home in the past 30 days.

- 14.3% of Sheboygan County WIC participants have reported running out of food or being worried about running out of food.

Our Strategies

Improve access to prevention and early intervention services.

- Support the Double Your Bucks campaign.

Decrease barriers to entry.

- Create a social care network within our Epic platform to connect patients with community-based resources.

Work with internal and external stakeholders to address drivers of health through unified policy and planning.

- Work with state and local leaders to factor health implications into policy and budget decisions.

Indicators

- Number of educational opportunities provided, number of participants
- Amount of produce provided to low-income residents
- Number of meetings with local and state leaders, policy/practice impacts

PLANNED ACTIONS – Food Access

Food insecurity happens when individuals or households have trouble getting enough of the foods they need to live an active, healthy life. When people don't have consistent access to affordable and nutritious foods, it can lead to increased risk of poor mental health and chronic diseases.

- 25% of Sheboygan County high school students experienced hunger due to lack of food at home.
- 14.3% of SC WIC participants have reported to have run out of food or worried about running out of food, an increase from 5.9% in 2022.

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policymakers to improve the access to healthy foods and further understand the causes and impact of food insecurity.

Strategy 1: Improve access to prevention and early intervention services.

Action	Resources	Collaboration	Anticipated Impact
Support the Double Your Bucks campaign.	<ul style="list-style-type: none"> • Community health fund 	<ul style="list-style-type: none"> • Sheboygan County Interfaith Organization • Sheboygan County Food Bank • Sheboygan County • Nourish Farms 	<ul style="list-style-type: none"> • Increased access to fresh fruit and vegetables by increasing buying power for participants.

Strategy 2: Decrease barriers to entry.

Action	Resources	Collaboration	Anticipated Impact
Create a social care network within our Epic platform to connect patients with community-based resources.	<ul style="list-style-type: none"> • Internal project management team • Care management team • Colleague time • Community health funding 	<ul style="list-style-type: none"> • Community-based organizations • FindHelp 	<ul style="list-style-type: none"> • Strategic partnerships with community-based organizations to develop referral networks. • Connect patients screening at risk for a determinant of health with needed resources through a direct referral.

Strategy 3: Work with internal and external stakeholders to address drivers of health through unified policy and planning.

Action	Resources	Collaboration	Anticipated Impact
Work with state and local leaders to factor health implications into policy and budget decisions.	<ul style="list-style-type: none"> • Colleague time • HSBS Advocacy 	<ul style="list-style-type: none"> • Community stakeholders • Local and state government 	<ul style="list-style-type: none"> • Reduce the risks and impacts of Food Insecurity.

Priority Snapshot: Access to Substance Use Disorder Services

Priority No. 3: Access to Substance Use Disorder Services

Target Populations

- Adolescents
- Adults

Hospital Resources

- Colleague time
- Funding
- Advocacy

Community Partners

- Sheboygan County
- Sheboygan Area School District
- Safe Harbor
- Local Health Systems
- Sheboygan County Responsible Drug Use Coalition
- Recovery Community Organizations
- Lakeshore Community Clinic

Anticipated Impact

- Prevention and early intervention tools
- Improved mental health literacy
- Inform public policy
- Resilience in youth
- Clinical assessment and referral
- Direct referrals

Relevant Measures*

- Proportion of adolescents who used drugs in the past month
- Proportion of people who get a referral for substance use treatment after an emergency department visit
- Percentage of people with a substance use disorder who get treatment - drug overdose deaths per 100,000 population

* From the national health plan: Healthy People 2030

Current Situation

While alcohol can play a social role in Wisconsin culture and can be enjoyed safely and responsibly, excessive drinking takes a toll on the health of our communities in many ways.

In 2021, excessive alcohol consumption in Sheboygan County contributed to:

- 49.7 per 100,000 alcohol attributable deaths
- 573 chronic alcohol emergency department visits
- 738 chronic alcohol inpatient visits
- Alcohol Density: 312.32 Sheboygan residents per alcohol license

When talking about drugs, it's important to understand the differences between substance use, substance misuse, and substance use disorder. Substance Use is any drug use. Substance misuse is drug use against legal or medical guidelines. Substance Use Disorder is drug use that impacts a person's health, job, relationships.

- High school drug use:
 - 9% were offered, sold, or given drugs on school property
 - 21% have tried marijuana
 - 11% currently use marijuana
 - 10% have misused over-the-counter or prescription pain medicine
 - 15% currently vape
 - 31% have tried vaping

Our Strategies

Improve access to prevention and early intervention services.

- Expand prevention activities in school with expanded education.
- Partner with county Recovery Oriented Systems of Care to develop policy and practice to support recovery.
- Implement social-emotional learning curriculum in elementary schools.

Decrease barriers to entry.

- Launch stigma reduction campaign.

Work with internal and external stakeholders to address drivers of health through unified policy and planning.

- Work with community partners to identify barriers to care and implement "No Wrong Door" approach to treatment.
- Work with state and local leaders to factor health implications into policy and budget decisions.

Indicators

- Number of residents successfully entering and completing treatment
- Number of students participating in Resilient Classroom Project
- Number of patients screened and referred
- Number of patients successfully completing treatment

PLANNED ACTIONS – Access to Substance Use Disorder Services

Alcohol and Drug Use frequently emerged as a major concern on Community Health Surveys and in stakeholder discussions. Reasons commonly cited for the problem included ease of availability, lack of access to treatment, cost of treatment and lack of understanding the impact of drug use on overall health. This issue often was linked closely to Mental health.

- 11% of high school students report binge drinking in the 30 days prior to survey.
- 15 % of high schoolers currently vape.
- Opioid deaths have risen from 12 in 2019 to 27 in 2022.

In year one of the CHIP, we will work with community partners to evaluate service availability internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policymakers to improve the quality of Substance Use Awareness and further understand the impact of poor mental health and substance use disorder in our communities.

Strategy 1: Improve access to prevention and early intervention services.

Action	Resources	Collaboration	Anticipated Impact
Expand prevention activities in school with expanded education. Lived experience panel discussions, peer presence in schools.	<ul style="list-style-type: none"> • Colleague time 	<ul style="list-style-type: none"> • Sheboygan County • Sheboygan Area School District • Safe Harbor • Local health systems 	<ul style="list-style-type: none"> • Improve awareness of the impact of drug and alcohol use.
Increase awareness of differences in substance use/misuse/disorder.	<ul style="list-style-type: none"> • Colleague time 	<ul style="list-style-type: none"> • Sheboygan County Responsible Drug Use Coalition • Recovery community organizations • Local health systems 	<ul style="list-style-type: none"> • Increased understanding of unhealthy substance use and improved entry into treatment.
Bi-annual Drug Take Back Day and promotion of permanent drop boxes.	<ul style="list-style-type: none"> • Colleague time 	<ul style="list-style-type: none"> • Local law enforcement • Local health systems • Sheboygan County • Lakeshore Community Clinic 	<ul style="list-style-type: none"> • Reduce the amount of unwanted drugs available in the community.

Strategy 2: Decrease barriers to entry.

Action	Resources	Collaboration	Anticipated Impact
Stigma Reduction Campaign.	<ul style="list-style-type: none"> • Colleague time • Marketing 	<ul style="list-style-type: none"> • HSHS St. Nicholas • Sheboygan County • Safe Harbor House • Advocate Aurora • Rogers Behavioral Health • Northeastern Wisconsin Area Health Education Center • Sheboygan Area School District • Clean Slate 	<ul style="list-style-type: none"> • Decrease the impact of stigma that prevents people from seeking treatment and recovery.
Create a social care network within our Epic platform to connect patients with community-based resources.	<ul style="list-style-type: none"> • Internal project management team • Care management team • Colleague time • Community health fund 	<ul style="list-style-type: none"> • Community-based organizations • FindHelp 	<ul style="list-style-type: none"> • Strategic partnerships with community-based organizations to develop referral networks. • Connect patients screening at risk for a determinant of health with needed resources through a direct referral.
Implement Health Navigator Training Program for addiction prevention and treatment services.	<ul style="list-style-type: none"> • Colleague time • Marketing • Monetary 	<ul style="list-style-type: none"> • Mental Health America • University of Wisconsin-Green Bay • Beyond Health • Public Health • Other health systems 	<ul style="list-style-type: none"> • Increase access to addiction prevention and treatment services for all people including for underserved populations due to language, economic or cultural barriers.

Strategy 3: Work with internal and external stakeholders to address drivers of health through unified policy and planning.

Action	Resources	Collaboration	Anticipated Impact
Work with community partners to identify barriers to care and implement “No Wrong Door” approach to treatment.	<ul style="list-style-type: none"> • Colleague time 	<ul style="list-style-type: none"> • Healthy Sheboygan County • Recovery Community Organizations • Department of Justice (jail, prison) • Local law enforcement 	<ul style="list-style-type: none"> • Build a recovery friendly region where people are encouraged and supported to seek recovery and services. • Establish a pathway for justice involved patients to receive treatment upon release.
Work with state and local leaders to factor health implications into policy and budget decisions.	<ul style="list-style-type: none"> • Colleague time • HSHS Advocacy 	<ul style="list-style-type: none"> • Community stakeholders • Local and state government 	<ul style="list-style-type: none"> • Reduce the risks and impacts of substance use disorders.

Next Steps

This implementation plan outlines intended actions over the next three years. Annually, HSHS community benefits/community health staff shall do the following:

- Review progress on the stated strategies, planned actions and anticipated impacts.
- Report this progress at minimum to hospital administration, the hospital board of directors and community health coalitions.
- Work with these and other stakeholders to update the plan as needed to accommodate emerging needs, priorities and resources.
- Notify community partners of changes to the implementation plan.

Approval

This implementation plan was adopted by the hospital's governing board on September 19, 2024.



HSHS
St. Nicholas
Hospital