

**Sheboygan
Community Health Needs Assessment**

2021



An assessment of Sheboygan County, Wis. was 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 and Aurora Health Care. This partnership is known and referred to in this report as Healthy Sheboygan County or HSC.

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 HSHS St. Nicholas Hospital in the same tax year and makes the report widely available to the public. HSHS St. Nicholas Hospital's previous CHNA report and implementation plan was conducted and adopted in FY2018.

In FY2021 (July 1, 2020 through June 30, 2021), HSHS St. Nicholas Hospital conducted its CHNA in partnership with representatives from the community. Upon completion of the CHNA, the hospital is developing a set of implementation strategies and creating an implementation Plan to address priority community health needs. The population assessed was Sheboygan County, Wis. Data collected throughout the assessment process was supplemented with qualitative data gathered through the Healthy Sheboygan County (HSC) CHNA steering committee with broad community representation. In addition, community surveys were conducted, a key informant interview report was completed and secondary data was reviewed. The health priorities presented in this report were formally approved by the HSHS St. Nicholas Hospital Board of Directors on May 20, 2021.

CONTENTS

Acknowledgements	4
Executive Summary.....	4
Planning Process and Social Determinants of Health.....	5
Population assessed	6
Identify and prioritize needs	7
Collaborating with other counties.....	8
Developing an Implementation Plan.....	9
Hospital Background	9
Hospital services and assets - FY2020	10
Hospital awards - 2020	10
Community Served by Hospital.....	11
Process, Methods for assessment.....	13
Ongoing efforts.....	14
Defining the purpose and scope.....	15
Data sources.....	15
Secondary data.....	15
Community Input.....	16
Persons who represent the broad interests of the community	16
Community stakeholders	16
Medically underserved, low-income and minority populations.....	17
Examples of community feedback.....	17
CHNA 2020 summary of key informant interviews	19
CHNA virtual “call to action”	20
Sheboygan County top identified county health needs -conclusion	20
Mental health.....	21
Obesity/nutrition.....	23
Alcohol and other drug abuse (AODA).....	26
Resources to address health needs	30
Next Steps.....	33
Approval.....	33
Appendices	33

ACKNOWLEDGEMENTS

David Lally, HSHS St. Nicholas Hospital
Kari Wimmer, Aurora Health Care
Kristen Stearns, Lakeshore Community Health Care
Elizabeth Jacobs, Sheboygan County Public Health
Zachary Metrou, Sheboygan County Public Health
Starlene Grossman, Sheboygan County Public Health
Morgan Rahn, Sheboygan County Public Health
Jane Jensen, UW Extension
Julie Preder, Mental Health America
Kate Baer, United Way of Sheboygan County

Several individuals also supported this process via work teams.

EXECUTIVE SUMMARY

The Community Health Needs Assessment (CHNA) of Sheboygan County, Wis. was conducted jointly by HSHS St. Nicholas Hospital, Aurora Health Care, Lakeshore Community Health Care, Sheboygan County Health and Human Services Division of Public Health and the United Way of Sheboygan County. These partners invite readers to review this document to learn more about Sheboygan County's health needs and ways to address them.

The World Health Organization has defined health as “a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity.” As a condition of their tax-exempt status, nonprofit hospital systems are required to conduct a Community Health Needs Assessment every three years and adopt implementation strategies to meet the health needs identified through the assessment process.

Likewise, both state regulations and federal accreditation standards require public health departments to conduct a Community Health Needs Assessment every five years. In conducting these local health evaluations, organizations must gather information from various sectors of the community, summarize the input received and describe the community resources that may be available to help address the health needs identified.

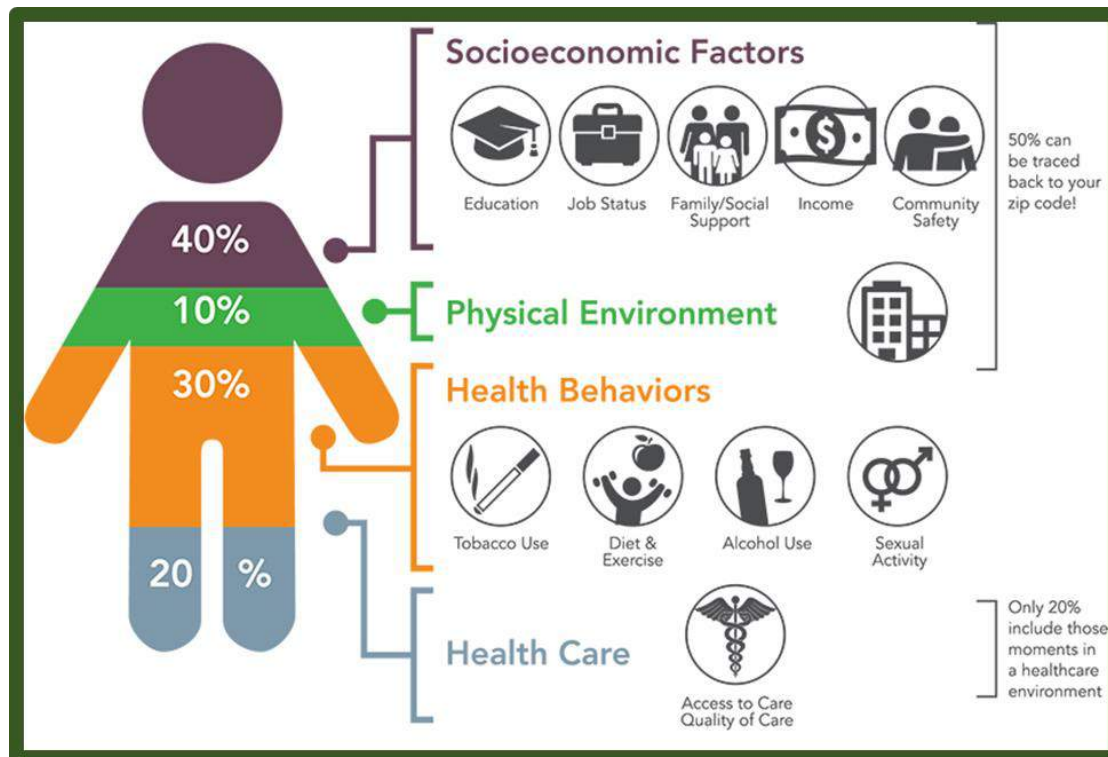
The CHNA is a systematic, collaborative process involving the community and healthcare professionals. The process identifies and analyzes community health needs, community assets and resources. As a result, health care leaders can plan and act upon high-priority community health needs.

This CHNA report will be used to develop implementation strategies based on the evidence, assets and resources identified in the CHNA process.

PLANNING PROCESS & SOCIAL DETERMINANTS OF HEALTH

How did Healthy Sheboygan County determine the top Community Health Needs?

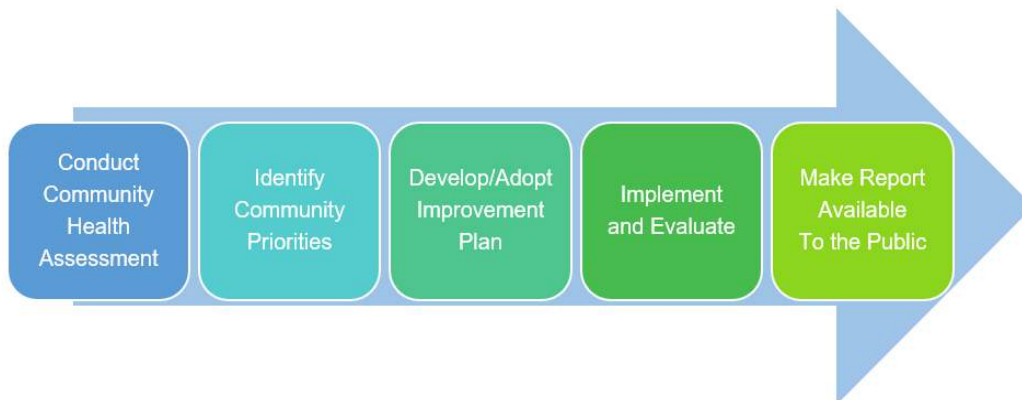
All work is grounded in the Social Determinants of Health (SDoH), which is known as “conditions in places people live, learn, work, play, worship, that affect a wide range of health risks and outcomes”.



Examples of SDoH include:

- **Socioeconomic factors:** Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization, and more.
- **Neighborhood and physical environment:** Where someone lives impacts wellbeing
 - Robert Wood Johnson analysis of life expectancy by zip code found that where one lives is one of the leading predictors of life expectancy.
- **Healthy behaviors:** May be influenced by socioeconomic factors and physical environment
 - Indicator of health outcomes
 - Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma
- **Health care:** Many of the circumstances and conditions are shaped by the distribution of money, power, and resources at global, national and local levels.

Community Health Improvement Planning Process



POPULATION ASSESSED

The population of Sheboygan County, Wis. was assessed. The data-collection process was comprised of three main components:

- **Sheboygan County Community Health Survey:** As the primary community health data source, the comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. The latest telephone survey was completed Jan. 17, 2020 through March 12, 2020 and posted in 2020. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures.
 - Appendix A: [Sheboygan County Community Health Survey Report](#)
 - Appendix D: [Sheboygan County Community Health Survey Report Summary: 2020](#)
- **Secondary Data Report:** Prepared by the Center for Urban Population Health, the report is a summary of demographic and health-related information for Sheboygan County using publicly available data sources.
 - Appendix B: [Sheboygan County Health Data Report: A summary of secondary data sources](#)
- **Key Informant Interview Report:** A total of 30 key informant interviews were conducted between February and May 2020. For each top-ranked health topic, the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, key partners in the community that hospitals should collaborate with to improve community health and

targeted groups to address health disparities. The report provides a summary of the top five health issues, existing strategies to address the issues and barriers or challenges to addressing the issues from the perspective of the key informants.

- Appendix C: [Sheboygan County Health Needs Assessment: A summary of key informant interviews](#)

IDENTIFY AND PRIORITIZE 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; and local expertise and input.

HSHS St. Nicholas Hospital, in collaboration with Healthy Sheboygan County, has identified the following health priorities for Sheboygan County for the 2021 – 2023 CHNA Cycle:

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

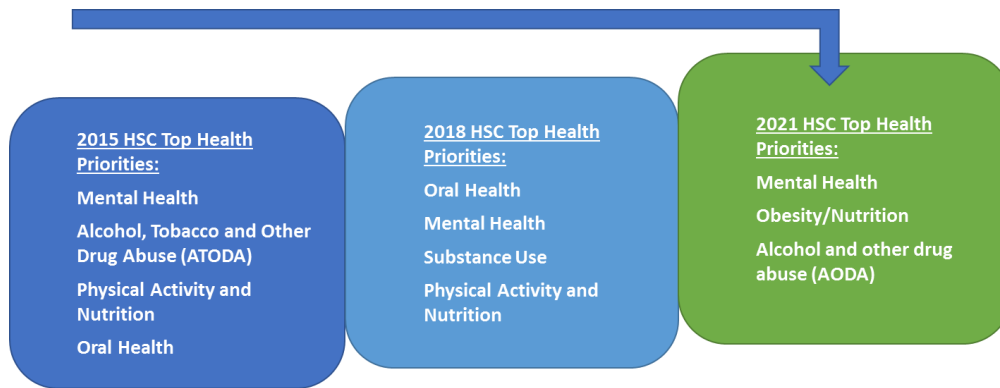
Additional health priorities reviewed in 2021 include:

- General health
- Health care coverage
- Health care information
- Health care services
- Routine health care procedures
- Vaccines
- Health conditions
- Physical health
- Nutrition and food insecurity
- Women's health
- Colorectal cancer screening
- Alcohol use
- Tobacco use
- Household problems
- Community and personal support
- Mental health status
- Personal safety
- Children in household

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

- A need to focus our efforts and resources on the top three identified health needs.
- Some issues are not directly influenced by the organizations represented but can be addressed as opportunities arise and resources are available.

For reference, Identified Health priorities from previous CHNA cycles included:



COLLABORATING WITH OTHER COUNTIES

HSHS St. Nicholas Hospital serves Sheboygan County and works collaboratively with its community partners. As part of the HSHS Wisconsin Community Health Team, we look at Community Health Needs Assessments and implementation strategies from other counties in which HSHS serves. From this comparative analysis, we can adopt best practices across the state to address the health priorities as highlighted in the SDoH. As an example, Brown County’s priority health needs bear reporting.



Top 3 health needs identified for Brown County for 2021:

- **Equitable access:** Take steps to level the playing field.
 - Aim strategies at promoting diversity, equity and inclusivity in health for people of color, women, LGBTQ+ population, individuals with different abilities, and those with financial, housing and food insecurity and more.
- **Social cohesion:** Help people connect with each other and their community.
 - The social, political and structural institutions in our community have the ability to promote social cohesion and healthy norms. Develop and align resources in a way that is responsive, supportive, and effective.
- **Unified planning and policy:** Make sure policies help the entire community.
 - Prioritize health, diversity, equity, and inclusivity in policy planning. Build trust between the community and institutions, agencies, schools, etc. by clear, unified, coordinated, and well-communicated policy development, planning and delivery.
 - [View full report](#)

DEVELOPING AN IMPLEMENTATION PLAN

By engaging key stakeholders and developing natural partnerships, collaborators developed an implementation plan. The implementation plan is a “living document”. This set of strategies can be adapted to the lessons learned while implementing community benefit activities and initiatives. The collaborators will continue to monitor the broader set of community health needs as future focus areas.

HOSPITAL BACKGROUND

HSHS St. Nicholas Hospital is a non-profit community hospital located in Sheboygan County, Wis. 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.

HSHS St. Nicholas 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 \$2.3 billion in operating revenue with 15 hospitals. Our mission is carried out by 13,000 colleagues and 2,300 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 which 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
- Community building activities

In FY2020, the hospital’s community benefit contributions totaled more than \$10.7 million.

HOSPITAL SERVICES AND ASSETS FY20

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> • Radiation Center • Emergency Dept. Level 4 staffed by board-certified emergency physicians • Joints In Motion • Women and Infants Center Services • Wound Care Center with hyperbaric chamber • Surgery Center • Outpatient GI Center • Renovated OR with state of art equipment • Kidney Dialysis • ICU/IMCU • Rheumatology services • Pulmonology • Nephrology • Extended Mammography appointments into evening hours 	<ul style="list-style-type: none"> Total Beds: 185 Total Colleagues: 329 Bedside RNs: 111 Total admissions: 2,074 ED visits: 12,406 Births: 277 Surgical Cases: 4,410 Outpatient Registrations: 71,505 Physicians on Medical Staff: 468 Volunteers: 87 Community Benefit: \$10 million 	<ul style="list-style-type: none"> Prevea Medical Office Building

HOSPITAL AWARDS 2020

- HSHS High Reliability Award-Zero CAUTI Infections
- HSHS High Reliability Award-Zero VAP Infections
- Named as best hospital in Sheboygan
- Named as Best Women and Infant unit in Sheboygan
- Leapfrog Grade A
- Education Leadership award From Lakeshore Technical Colleague
- Sisters at St. Nicholas Hospital received the Treasures of the Church Award from Archbishop ListECKi

COMMUNITY SERVED BY HOSPITAL

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

Total Population - Sheboygan County				
		2018		State 2018
Total Population		115,205		5,813,568
Total Population- Race alone or in combination with one or more other races				
		N	%	
	White	105,160	91.3%	87.6%
	Black or African American	3,121	2.7%	7.6%
	Asian	6,884	6.0%	3.5%
	American Indian and Alaska Native	1,066	0.9%	1.6%
	Native Hawaiian and Other Pacific Islander	66	0.1%	0.1%
	Some Other Race	1,413	1.2%	2.4%
	Hispanic or Latino (of any race)	7,168	6.2%	6.9%
Total Population				
	Male	57,922	50.3%	49.7%
	Female	57,283	49.7%	50.3%
Total Population				
	0-14	21,168	18.4%	18.0%
	15-44	41,526	36.0%	38.2%
	45-64	32,952	28.6%	26.9%
	65+	19,559	17.0%	16.9%

US Census Bureau (2018). American Community Survey 5-Year Estimates. Data accessed from <https://data.census.gov>, table DP05 on May 23, 2020.

Demographics - Sheboygan County			
		2018	State 2018
Education level of adults 25 years or older			
	Less than high school degree	7.3%	8.1%
	High school graduate	36.3%	30.9%
	Some college/Associate's degree	32.5%	31.4%
	Bachelor's degree or higher	23.9%	29.5%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	2.4%	2.7%
Median HH Income (2018 dollars)			
	Median Income	\$58,943	\$59,209
Percent of all people below poverty in last 12 months			
	Percent below poverty	7.6%	11.9%
Language spoken at home			
	English	90.3%	91.3%
	Spanish	3.5%	4.6%
	Other Indo-European Languages	1.5%	1.9%
	Asian and Pacific Islander Languages	4.6%	1.8%
	Other Languages	0.2%	0.4%
Housing Tenure			
	Owner Occupied	70.2%	66.9%
	Renter Occupied	29.8%	33.1%

US Census Bureau (2018). American Community Survey 5-Year Estimates. Accessed at: <https://data.census.gov>, tables DP02, DP03, and DP04 on May 23, 2020.

Population Change in Race and Ethnicity - Sheboygan County						
	2000 Census		2010 Census		2000 to 2010 Change	
	Number	% of Total	Number	% of Total	Number	Percent
Total Population	112,646	100.0%	115,507	100.0%	2,861	0.0%
Hispanic or Latino	3,789	3.4%	6,329	5.5%	2,540	2.1%
Not Hispanic or Latino	108,857	96.6%	109,178	94.5%	321	-2.1%
White Alone	104,438	92.7%	103,861	89.9%	-577	-2.8%
Black Alone	1,224	1.1%	1,684	1.5%	460	0.4%
American Indian Alone	409	0.4%	444	0.4%	35	0.0%
Asian Alone	3,698	3.3%	5,310	4.6%	1,612	1.3%
Native Hawaiian or Other Pacific Islander	28	<0.1%	35	<0.1%	7	0.0%
Some Other Race Alone	1,642	1.5%	2,297	2.0%	655	0.5%
Two or More Races	1,207	1.1%	1,876	1.6%	669	0.5%

U.S. Census Bureau. Census 2000 Summary File 1 and 2010 Summary File 1 accessed from factfinder.census.gov on March 23, 2020.

PROCESS, METHODS FOR ASSESSMENT

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 steps:

- Convene the HSHS-Wisconsin community benefit team.
- Determine internal capacity for the collaborative process.
- Allocate monetary resources to support the community-wide effort.
- Share results of the virtual “Call to Action” event in order to gain valuable community input.
- Present to Executive Leadership to raise awareness of Community Health initiatives.
- 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.

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.
- 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 virtual “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” event.
- Work with the CHNA committee and subject matter experts to develop action plans for community action groups.



Healthy Sheboygan County led the CHNA process following this basic framework:

- Evaluate work from the past CHIP 3 year cycle.
- Look at publicly reported health data. (i.e. County Health Rankings.)
- Collect Community input through community Surveys
- Discuss all finding at a public “Call to Action”

Regional Timeline for CHNA for Sheboygan County

January 2020 through May 2021

- Healthy Sheboygan County 2020 partnered with Aurora Health Care, Health and Human Services Division of Public Health, Lakeshore Community Health Care, St. Nicholas Hospital, United Way of Sheboygan County and UW-Extension of Sheboygan County to complete the needs assessments.

January through July 2020

- Sheboygan County Community Health Survey Report 2020.

July through August 2020

- Sheboygan County Community Health Survey Summary.
- Sheboygan County Health Data Report; A summary of secondary data sources.

August through September 2020

- Sheboygan County Health Needs Assessment 2020.
- A summary of key informant interviews.

Feb. 4, 2021

- Healthy Sheboygan County Community Health Needs Assessment Virtual “Call to Action”.

May 2021

- Hospital board approval of health priorities.

ONGOING EFFORTS

- Monthly collaborative work by the HSHS Wisconsin community benefit team.
- Allocate monetary resources to support the community-wide effort.
- Ongoing collaboration and streamlining of tools and processes for colleagues to track and document community benefit efforts in Community Benefit Inventory for Social Accountability.
- Reassess structure of regional steering committee.
- Lead community forums with individuals and groups.
- Conduct a youth risk behavior survey in all five school districts in the county.
- Gather statistics from various data sources reflecting the health of Sheboygan County
- COVID-19 response: county-wide commitment to testing, vaccinations, education and supporting Public Health.

DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA:

- Evaluate current health needs of Sheboygan County.
- Identify resources and assets to support initiatives that address health priorities as identified.
- Develop an implementation plan to organize and coordinate efforts to address health priorities.
- Establish a system to track, report, and evaluate efforts that impact Sheboygan County's health issues on an ongoing basis.
- Review primary secondary data sources (example: [Wisconsin Hospital Association](#) and other sources).

DATA SOURCES

The CHNA process utilizes both primary and secondary data. The primary data was collected through the Sheboygan County Community Health Survey Report 2020.

Methodology of Data Collection

- Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold:
 - A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=200).
 - A cell phone-only sample where the person answering the phone was selected as the respondent (n=200). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between January 17, 2020 and March 12, 2020.
- Appendix A: [Sheboygan County Community Health Survey Report](#)
- Appendix C: [Sheboygan County Health Needs Assessment: A summary of key informant interviews](#)

SECONDARY DATA

The next step in the assessment process involved the collection and review of local, state and national data comparisons in each of the 14 health areas.

Appendix B: [Sheboygan County Health Data Report: A summary of secondary data sources](#)

NOTE: In 2020, the Center for Urban Population Health was enlisted to create a report detailing the health of Sheboygan County using secondary data. This health data report is one piece of a variety of data sources being used by local health systems to describe their communities and the health priorities of their service areas. Indicators for which primary data are being collected were excluded from this report. In addition, rather than repurposing data from the comprehensive county rankings report created by the University of Wisconsin

Population Health Institute (2020), the county level data from the rankings report is included in its entirety at the end of this report. All of the data used in this report come from publicly available data sources. Data for each indicator were presented by race and ethnicity and gender when the data were available. Race data categorized as 'unknown' or 'missing' were rarely included in this report. Therefore, not all races are represented in the data that follow. In some cases, data were not presented by the system from which they were pulled due to their internal confidentiality policies which specify that data will not be released when the number is less than five. In other cases, data were available, but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year to year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset. When applicable, Healthy People 2020 objectives are provided for each indicator. These objectives were not included unless the indicator directly matched with a Healthy People 2020 objective.

*University of Wisconsin Population Health Institute. County Health Rankings 2020.
<https://www.countyhealthrankings.org/>*

COMMUNITY INPUT

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 FY2018 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: oral health, mental health, substance use, physical activity and nutrition. This year's assessment expanded on that collaboration, actively seeking input from a broad cross-section of community stakeholders.

COMMUNITY STAKEHOLDERS

Community stakeholders were asked to actively participate in the CHNA process in the following:

- Sheboygan County Community Health Survey
- Sheboygan County Health Needs Assessment 2020: A summary of key informant interviews.
- Healthy Sheboygan County Community Health Needs Assessment Virtual "Call to Action".

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 and Disability Resource Center, and Child and Family Services); various Sheboygan County departments including Head Start, Probation and 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, and families who struggle with shelter and food insecurity.

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 development of related implementation strategies.

Input on FY2018 CHNA

No written comments were received regarding the FY2018 CHNA

EXAMPLES OF COMMUNITY FEEDBACK

SURVEY METHODOLOGY

The **2020 Sheboygan County Community Health Survey** was conducted from Jan. 17 through March 12, 2020. Four hundred respondents were scientifically selected so that the survey would be representative of all adults 18 and older. The sampling strategy was two-fold:

- A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=200).
 - Weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection.
- A cellphone-only sample where the person answering the phone was selected as the respondent (n=200).
 - For the cellphone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to

reflect the 2010 census proportion of these characteristics in the area. With a sample size of 400, the margin of error is $\pm 5\%$. The margin of error for smaller subgroups is larger.

Example question: Finally, what are the three largest health concerns in Sheboygan County?	
Illegal drug use	52%
Access to health care (physical, mental or dental care)	23%
Alcohol use or abuse	22%
Mental health or depression	15%
Overweight or obesity	14%
Prescription or over-the-counter drug abuse	11%
Violence or crime	9%
Chronic diseases like diabetes or heart disease	7%
Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases	7%
Environmental issues (air, water, wind turbines, animal waste) .	5%
Affordable health care	5%
Cancer	5%
Access to affordable healthy food	4%
Affordable housing	3%
Tobacco use	3%
Prostitution.....	3%
Lack of physical activity	2%
Driving problems/aggressive driving/drunk driving.....	1%
Aging/aging related issues	<1%

Key informant interviews were conducted by HSHS St. Nicholas Hospital, Aurora Health Care, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County. The interviewers used a standard interview script that included the following elements:

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

The report summarized the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. Also, the report describes the themes that presented across the top ranked health topics along with a summary of the strategies, barriers and partners described by the participants.

Sheboygan County Community Health Survey Summary top health issues

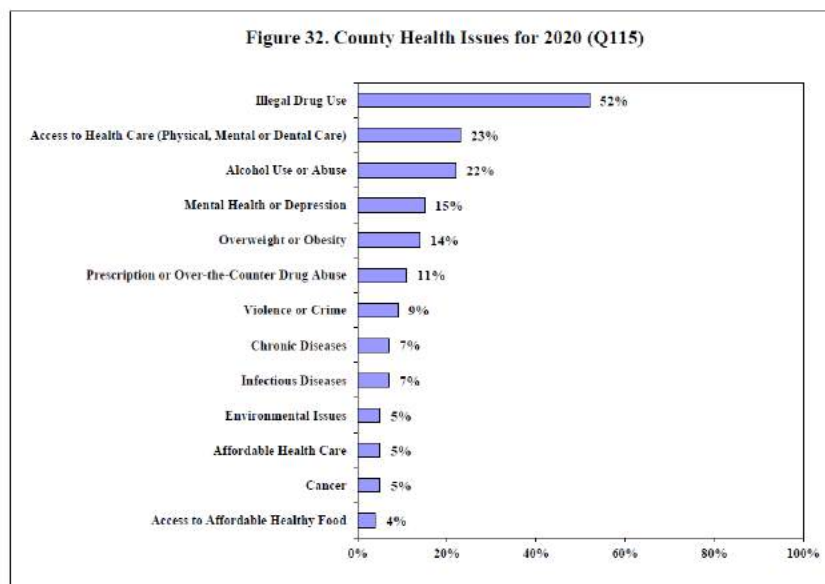
This research provides valuable behavioral data, lifestyle habits and the prevalence of risk factors and disease conditions of Sheboygan County residents. This summary was prepared by JKV Research for Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County.

In 2020, respondents were asked to list the top three health issues in the county. The most often cited were:

- Illegal drug use (52%)
- Access to health care (23%)
- Alcohol use/abuse (22%)

2020 Findings

- Respondents were asked to list the three largest health issues in Sheboygan County. Respondents were more likely to report illegal drug use (52%), access to health care (23%) or alcohol use/abuse (22%).



CHNA 2020 SUMMARY OF KEY INFORMANT INTERVIEWS

Sheboygan County Health Needs Assessment 2020 *A summary of key informant interviews*

Introduction

This report presents a summary of public health priorities for Sheboygan County, as identified in 2020 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Sheboygan County Community Health Survey conducted through a partnership between Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services- Division of Public Health, and United Way of Sheboygan County. The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health.

Key informants in Sheboygan County were identified by Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services- Division of Public Health, and United Way of Sheboygan County. These organizations also invited the informants to participate and conducted the interviews from February to May 2020.

The five health issues ranked most consistently as top five health issues for the County were:

1. Mental health
2. Substance use and abuse
3. Access to health care
4. Adverse childhood experiences
5. Alcohol abuse

CHNA VIRTUAL “CALL TO ACTION”

On Feb. 4, 2021 many community stakeholders were invited to a virtual “Call to Action” event. The event included a review of the surveys, the data and examples of work down over that past 3-year CHNA cycle. The event followed the format of:

1. HSC/Community Action Teams update video
2. 2020 Needs Assessment data roll out and next steps
3. Breakout rooms* arranged into the following strategic priorities:
 - a. Responsible substance use
 - b. Healthy nutrition
 - c. Healthy physical activity
 - d. Positive mental health
 - e. Build a trauma-informed and resilient community
4. Reigniting the Community Action Team
 - a. Based on the data/information presented, what data point(s) will the Community Action Team work toward changing over the next three years?
5. Community Action Team report out and next steps.

**Discussion questions included:*

- *What data point(s) will Community Action Team focus on?*
- *What social determinants impact this/these data points?*
- *Is there a specific population(s) that should be targeted?*
- *What existing interventions should/could we build upon to move data point(s)?*
- *What new intervention should/could we use to move the data point(s)?*
- *What resources would be needed accomplish these interventions?*
- *Time, money, staffing, etc.*

SHEBOYGAN COUNTY TOP IDENTIFIED COUNTY HEALTH NEEDS - CONCLUSION

HSHS St. Nicholas Hospital, in collaboration with Healthy Sheboygan County, has identified the following health priorities for Sheboygan County for the 2021 – 2023 CHNA Cycle:

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

MENTAL HEALTH

2020 Findings

- Fifteen percent of respondents reported mental health or depression as one of the top three health issues.
- Respondents 35 to 44 years old were more likely to report mental health/depression as one of the top health issues (27%) compared to those 18 to 34 years old (11%) or respondents 55 to 64 years old (9%).
- Twenty-one percent of respondents with some post high school education reported mental health/depression as a top health issue compared to 17% of those with a college education or 7% of respondents with a high school education or less.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported mental health/depression as one of the top health issues in the county.
- In 2017, age was not a significant variable. In 2020, respondents 35 to 44 years old were more likely to report mental health/depression as a top health issue.
- In 2017 and 2020, respondents with some post high school education were more likely to report mental health/depression.
- In 2017, married respondents were more likely to report mental health/depression. In 2020, marital status was not a significant variable.

Twenty-eight key informants' interview rankings included Mental Health as a top five health issue, and 10 ranked it number one. Themes from this topic overlap with Access to Care, Substance Use and Abuse, and Adverse Childhood Experiences.

Existing Strategies:

- Mental health services are offered by Lakeshore Community Health Care (LCHC), larger health systems, private providers and faith-based groups.
- Behavioral Health services are offered by Sheboygan County's Department of Health and Human Services, including the Crisis Team and Mobile Crisis prevention planning.
- United Way of Sheboygan County's Providing Access to Healing (PATH) Program is a school-based program to improve access to mental health services for children and youth who may not have access to other mental health care.
- There has been crisis intervention training with law enforcement and support for first responders.
- Mental Health America offers educational programming to the public in an effort to reduce stigma around mental illness and have a provider resource guide. Sheboygan

Calm Harbor supports those who are struggling because of a mental health crisis. Trauma Informed Care (TIC) training and practice has become more widespread across the county's services.

- Healthy Sheboygan County has a Mental Health and Substance Abuse Committee to collaborate to make lasting change.
- In schools, there are more services and referrals available, as well as screening for suicide risk, and proactive interventions like mindfulness practice. Additionally, there is a focus on social and emotional learning from the Wisconsin Department of Public Instruction.

Barriers and Challenges:

- 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. In particular, it is difficult to access psychiatrists, especially for children, teens and the geriatric population. Reimbursement for psychiatrists is not comparable with other medical specialties which pose a challenge in attracting medical students.
- For the general community, there is a lack of awareness of where people can go for their needs. Added challenges include navigating insurance, paying for services that aren't covered, lack of coverage for patients who have Medicare and Medicaid and figuring out eligibility for existing resources.
- Stigma related to seeking care still exists as a challenge to accessing services.
- Other less frequently mentioned challenges are a lack of group therapy options for adolescents, men's mental health is an underserved area, lack of specialty treatment options (e.g. for sex offenders, domestic violence, anger management), lack of safe spaces for the LGBTQ+ population and lack of peer support and peer specialists. Other challenges noted are an increase in young people struggling with depression, and chronic stress related to work.

Needed Strategies:

- Additional providers at all levels to serve the needs of the county, case management services, family-centered services, more resources to accommodate the need, increased access to the county's services, increased integration of alcohol and substance abuse treatment and mental health care, breaking down silos between systems that care for the same patients, additional community education so people can identify when they or someone else needs help and know where to go to get what they need, and additional work to reduce the stigma of mental illness. Focusing on ways to provide care that reduce the burden, such as combining resources with other counties to serve more people, hiring traveling doctors, and making better use of telemedicine/tele-psychiatry were offered as potential solutions.
- Workforce development needs to be addressed, by attracting students to mental health careers and fully preparing students in mental health and allied fields by providing training in motivational interviewing, suicide assessment, and trauma informed care.
- Proactive approaches like increasing social supports across the lifespan, earlier interventions, identifying and addressing trauma, and supporting adults who are raising kids were also suggested.

- Some legislative advocacy is needed to change Medicare and Medicaid coverage and reimbursement for mental health services and reimbursement for telehealth services.
- Schools need more resources, social workers, and psychologists to meet their students' needs.

Key Community Partners to Improve Health:

- Health care systems, LCHC, Sheboygan County Health and Human Services, independent counselors and therapists, faith communities, Mental Health America, school systems, employers, PATH Program, court system, Rainbow Kids, Sharon S. Richardson Hospice, all facilities in the health care continuum of care, local service organizations, Community Partnership for Children, support groups, and UW-Madison Extension were suggested as partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted:

- Many respondents noted this is an issue for everyone and the whole community needs to be engaged. Some ideas include raising awareness of mental illness and resources for everyone so that issues can be identified and addressed sooner. One respondent suggested the county should do a gap analysis to document what is missing.
- Children and their families were one group commonly identified as needing particular focus in addressing mental health. School-aged children could be reached through sports, expanding school programs, having earlier education to build coping skills and focusing on social-emotional learning. Family opportunities included focusing on the family/school dynamic, parent education about how to support children, utilizing developmental screening and reaching parents in child care.
- Seniors and the aging population are in need of focused outreach. These individuals could be reached with these conversations through health care providers, assisted living facilities and senior centers.
- A few other groups who may be underserved were identified. There are few Hmong clinicians, so there may be a need to work more closely with Hmong-centered groups to figure out how best to meet their mental health needs. The LGBTQ+ community in the county may be underserved. Low income individuals may struggle to find affordable services and may need information about what is available to them through the Health and Human Services Department. Farmers and agricultural workers may need more outreach and support from UW-Madison Extension programs. Men may have more difficulty having conversations about their mental health and needs.

OBESITY/NUTRITION

The Physical Activity Guidelines for Americans recommend that adults get at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination each week. The guidelines also recommend that children and adolescents be active for at least 60 minutes every day. Following these guidelines can contribute to overall health and decrease the risk of chronic diseases such as heart disease, cancer or diabetes. (www.cdc.gov)

According to the Dietary Guidelines for Americans 2020–2025, a healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes a variety of protein foods such as seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, nuts, and seeds.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars
- Stays within your daily calorie needs
- Access to healthy foods is directly impacted by the availability of grocery stores that carry a variety of healthy food options.

2020 Findings

- Fourteen percent of respondents reported overweight or obesity as one of the top three county health issues.
- Respondents 35 to 44 years old were more likely to report overweight or obesity as one of the top health issues (25%) compared to those 55 to 64 years old (11%) or respondents 18 to 34 years old (0%).
- Twenty-one percent of respondents with a college education reported overweight or obesity as a top issue compared to 13% of those with some post high school education or 7% of respondents with a high school education or less.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported overweight or obesity as one of the top health issues in the county.
- 2020 Sheboygan County Community Health Survey Report 195
- In 2017 and 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents across gender reporting overweight or obesity as a top county health issue.
- In 2017, respondents 18 to 34 years old were more likely to report overweight or obesity. In 2020, respondents 35 to 44 years old were more likely to report overweight or obesity. From 2017 to 2020, there was a noted decrease in the percent of respondents 18 to 34 years old or 55 to 64 years old reporting overweight or obesity.
- In 2017, respondents with at least some post high school education were more likely to report overweight or obesity. In 2020, respondents with a college education were more likely to report overweight or obesity. From 2017 to 2020, there was a noted decrease in the percent of respondents with some post high school education or less reporting overweight or obesity.
- In 2017, respondents in the top 40 percent household income bracket were more likely to report overweight or obesity as a top health issue. In 2020, household income was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of respondents in the top 60 percent household income bracket reporting overweight or obesity.
- In 2017, married respondents were more likely to report overweight or obesity. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of married respondents reporting overweight or obesity.

In the 2020 Sheboygan County Health Needs Assessment, A summary of key informant interviews, six respondents' rankings included Nutrition as a top health issue for the county. Some key informants focused on food security for Sheboygan County, and others focused on healthy foods and nutrition promotion.

Existing Strategies:

- Nourish Farms partners with camps, the farm to table movement and the school backpack program.
- Regarding food security, the Sheboygan County Food Bank is addressing providing food for people but tackling the long-term causes and roots of food insecurity takes a massive effort of many agencies throughout the county. The Food Bank should strive to provide more fresh produce and healthier food.
- The Sheboygan Anti-Hunger Coalition has begun making an impact in this area so this group should be encouraged to grow to provide for better collaboration between appropriate agencies.

Barriers and Challenges:

- Quick, cheap options are less healthy.
- Portion sizes at restaurants are too large.
- Winter months provide less fresh produce options. there are less fresh produce options during winter months,
- School lunches are not as healthy as they could be.
- Modern work demands do not leave much time for meal breaks or time to prepare healthy meals.
- Another issue is low-income children who qualify for free or reduced lunch at school, but may struggle to access healthy meals outside of school hours or the school calendar.

Needed Strategies:

- Overall there is a need for better general nutrition education, more collaboration between government and agencies who provide services, and advocacy for restaurants to offer healthy choices and portion sizes. In a perfect world, work environments would offer better time management, pre-planned work schedules, hour-long lunch breaks, etc. to provide time for a healthier life.

Key Community Partners to Improve Health:

- Restaurants, food providers, the anti-hunger coalition, Sheboygan County Food Bank, Healthy Sheboygan County, school lunch staff, health care systems, UW-Madison Extension, Sheboygan County Public Health, and churches, especially in more rural areas, are the key partners to improve Nutrition in Sheboygan County.

Subgroups/populations where efforts could be targeted and how efforts can be targeted:

- It is important for families with school-aged kids to be reached through schools to develop healthy habits early.
- Hispanic agricultural laborers may be more vulnerable. They may be more aware of resources like Lakeshore Community Health Care, so they may be able to access

information about nutrition there. This population could also be reached through farm owners and operators.

ALCOHOL & OTHER DRUG ABUSE (AODA)

Alcohol as a Top County Health Issue

2020 Findings

- Twenty-two percent of respondents reported alcohol use or abuse as one of the top three county health issues.
- Thirty-two percent of respondents 18 to 34 years old reported alcohol use or abuse as one of the top health issues compared to 15% of those 35 to 44 years old or 14% of respondents 65 and older.
- Thirty-two percent of respondents with some post high school education reported alcohol use or abuse as a top health issue compared to 27% of those with a college education or 5% of respondents with a high school education or less.

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported alcohol use or abuse as one of the top health issues in the county.
- In 2017, male respondents were more likely to report alcohol use or abuse. In 2020, gender was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of male respondents reporting alcohol use or abuse.
- In 2017 and 2020, respondents 18 to 34 years old were more likely to report alcohol use or abuse as a top health issue. From 2017 to 2020, there was a noted decrease in the percent of respondents 65 and older reporting alcohol use or abuse.
- In 2017, education was not a significant variable. In 2020, respondents with some post high school education were more likely to report alcohol use or abuse. From 2017 to 2020, there was a noted decrease in the percent of respondents with a high school education or less reporting alcohol use or abuse.
- In 2017, unmarried respondents were more likely to report alcohol use or abuse. In 2020, marital status was not a significant variable. From 2017 to 2020, there was a noted decrease in the percent of unmarried respondents reporting alcohol use or abuse.

Alcohol Abuse was ranked as a top-five issue by eleven key informants and the number one issue by four of them.

Existing Strategies:

- There is more education and programming in schools and other systems about the risks of alcohol abuse and drunk driving prevention. UBER, Lyft, and free ride programs reduce driving under the influence. There are legal consequences for driving under the influence and serving alcohol to underage people.
- There are compliance checks for alcohol retailers.
- For those seeking treatment for alcohol abuse, there are Alcoholics Anonymous (AA) groups, Samaritan's Hand, services through Sheboygan County's Health and Human Services Department, inpatient and outpatient treatment options through Aurora and other

health systems and the Wisconsin Recovery Community Organization (WIRCO) offers recovery coaches.

- There are sober living options in the county (The Abode, Samaritan's Hand).
- At a systems level, the Healthy Sheboygan County Mental Health and Substance Abuse Committee is working on the issues of alcohol use, substance abuse and mental health to make lasting change.

Barriers and Challenges:

- A barrier cited by many is the cultural norms and acceptance of alcohol consumption in Sheboygan County and Wisconsin as a whole. There is a strong German heritage, bars and microbreweries are common, drinking is acceptable and kids grow up seeing their parents and families consume alcohol. Due to this acceptance there may be a misunderstanding about what "normal" drinking looks like, versus heavy or binge drinking.
- Somewhat relatedly, sale and promotion of alcohol makes a lot of money and there is influence from alcohol producers, retailers and the Tavern League with legislators.
- Some key informants suggested there is a need for more education starting in the schools to develop awareness of how unhealthy that behavior is and the consequences of the addiction that could develop. There should be more early intervention focused on the reasons people are drinking, underlying stress and trauma, and the potentially hidden nature of problematic behaviors.
- In terms of treatment and related services, key informants cited some barriers such as a lack of bi-lingual or Spanish language AA groups and Spanish-speaking health care providers, long wait times for providers in the community, lack of Medicaid funding for residential treatment, detox systems aren't working, lack of engagement in long-term sobriety/recovery and a lack of county support and options for people with chronic issues.

Needed Strategies:

- Key informants suggested the need for widespread school, parent, and community education about the consequences of alcohol use, and efforts to change attitudes toward alcohol use away from acceptance and toward addressing factors related to heavy consumption.
- Some suggested offering alternative activities, creating more avenues for social support, social connectedness, and positive environments, screening and brief intervention at primary care visits, and creating stability in people's lives through efforts that focus on affordable, stable housing.
- Key informants suggested there need to be more accessible treatment options, more continuing education and training for peer support and recovery coaches available, more support groups and non-12-step program options, more sober housing options, and detox and inpatient programs.
- Other suggestions are to start an "OWI court," have breathalyzers at bars to raise awareness about impairment and safe driving, review and decrease the numbers of liquor licenses available, and continue collaborative approaches that break down silos.

Key Community Partners to Improve Health:

- Treatment providers such as AODA counselors, WIRCO, support groups, health care providers, inpatient behavioral health units, hospitals, detox centers, Samaritan’s Hands, Pathways to a Better Life, Sheboygan County Health and Human Services, and Alcoholics Anonymous should be included.
- Law enforcement, schools, school nurses, translators to reach non-English speaking groups, the Tavern League, sites of higher education, churches and faith communities, transportation companies, media outlets, and families should also be included in this work.
- Of partnerships, one respondent shared: *“I believe a coordinated effort around awareness, education, prevention and recovery support could be incredibly successful if the social, public, and private sectors all joined forces.”*

Subgroups/populations where efforts could be targeted and how efforts can be targeted:

- Some key informants believed this was widespread across the general population. One suggestion is to help everyone understand the issue better and put general awareness and prevention measures in place. Help people understand their stress and trauma and provide healthier ways to cope.
- Other key informants suggested the following groups may have specific needs:
 - Youth, early teens, teens, young adults, and families: schools and health care providers can refer them to alcohol and other drug abuse (AODA) services and Sheboygan County Health and Human Services. Or for prevention, schools can be a site for raising awareness about the physical consequences. Early education is a site to promote positive behaviors, positive parenting/ parenting support, and access support from counselors, educators, and coaches.
 - Target youth who are facing their first legal consequence, such as underage drinking tickets.
 - Seniors and the aging population need interventions that decrease isolation and increase positive social connections.
 - Unemployed individuals and people below the poverty level may need links to supportive services and a focus on root cause analysis.

Illegal Drug Use as a Top County Health Issue

2020 Findings

- Fifty-two percent of respondents reported illegal drug use as one of the top three county health issues.
- Unmarried respondents were more likely to report illegal drug use as one of the top health issues compared to married respondents (60% and 46%, respectively).

2017 to 2020 Year Comparisons

- From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported illegal drug use as one of the top health issues in the county.
- In 2017, respondents 18 to 34 years old were more likely to report illegal drug use as a top health issue. In 2020, age was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents 35 to 44 years old reporting illegal drug use.

- In 2017 and 2020, household income was not a significant variable. From 2017 to 2020, there was a noted increase in the percent of respondents in the middle 20 percent household income bracket reporting illegal drug use.

Nineteen key informants ranked **Substance Use and Abuse** as a top-five health priority for the county, with four of them ranking it as their first health priority area.

Existing Strategies:

- Key informants named a number of strategies in place including Suboxone providers, Alcohol and Other Drug Abuse (AODA) physicians
- Community support groups with increased options like Narcotics Anonymous (NA), Crystal Meth Anonymous.
- County Health and Human Services AODA therapists and Samaritan's Hand provide support groups and in-patient facilities, improving treatment options, supportive housing, outpatient options, peer support programs, and medication assisted treatment (MAT) program options.
- The Healthy Sheboygan County Mental Health and Substance Abuse Committee is talking about solutions.
- Recovery coaches through Wisconsin Recovery Community Organizations (WIRCO), sober living through Samaritan's Hands and The Abode
- Vivitrol is available in the jail.
- Local detox program.
- First responders can provide naloxone.
- Doctors are following policies related to prescription narcotics.
- Prescription drug drop box locations.
- Drug treatment court.

Barriers and Challenges:

- One major barrier named by many key informants is the cost of treatment and the lack of coverage by insurance, especially Medicaid. This is a barrier to residential programs and treatment in hospitals in particular. There can also be long wait times for treatment and services.
- Other barriers are a lack of AODA counselors, lack of support for families impacted by addiction, lack of services and support groups offered in Spanish, lack of substance abuse support groups for teenagers, lack of education in schools about unhealthy behaviors and the long-term consequences of addiction, the ease of availability of drugs, and the difficulty overcoming addiction, especially if people have waited until a lot of things are going wrong in their life.
- The stigma of addiction may also keep people from accessing the services they need.

Needed Strategies:

- Key informants suggested the county needs more detox and treatment options at all levels, case management services to help people transition between levels of treatment, more support groups and non-12-step options, more peer support, more general education about the dangers and the resources that exist for help, efforts to address the stigma of

addiction, more harm-reduction efforts such as naloxone and needle exchange programs, more support for teenagers specifically, a focus on creating a recovery community, and more screening, brief intervention, and referral to treatment (SBIRT).

Key Community Partners to Improve Health:

- AODA counselors, school counselors and nurses, first responders, treatment and recovery organizations, health care providers and health systems, schools, social groups, local government, faith communities, translators to different cultural groups, youth-serving organizations, family support organizations, law enforcement, Department of Corrections, Department of Health and Human Services, higher education, the District Attorney’s Office, the Aging and Disability Resource Center, Mental Health America, Lakeshore Community Health Care, United Way, housing organizations, and NA and other support groups are the key groups that should work on Substance Abuse issues.

Subgroups/populations where efforts could be targeted and how efforts can be targeted:

- Teenagers and all adults in general. They can be reached at schools and health care providers to receive referrals to AODA services and the County Health and Human Services Department.
- Those living with addiction may need help getting into recovery.
- Working with law enforcement, jails, and corrections to reach the population that is in custody or preparing for re-entry and provide referrals to recovery groups and treatment.
- Anyone who wants to be in recovery and those are on their way to recovery, including people who are identified in emergency rooms or by law enforcement. Getting those key partners around the table and have resources at emergency rooms. Educating health staff or public authorities on what services there are and what substance use and abuse may look like. Implementing recovery coaches.
- The aging population (ages 50+) can be reached at physicians’ offices.
- Individuals who are high risk for trauma or have high Adverse Childhood Experiences (ACE) scores may benefit from an improved referral network, focusing on skill-building across the life span, developing positive skills, develop resilient skills early on to support positive behaviors, developing protective factors, and addressing basic needs like housing, economic security, etc.
- High schoolers can be reached through opportunities for positive activities outside of school.

RESOURCES TO ADDRESS HEALTH NEEDS

Community assets and resources that currently support health or could be used to improve health were identified at key stakeholder meetings and through focus groups. Summary of the organizations representing the broad interest of the community

Organization	Description of the organizations <i>The description is based on information provided on the organization’s website, accessed July, 2020</i>
ADRC of Sheboygan	The Mission of the Aging and Disability Resource Center

County	(ADRC) of Sheboygan County is to empower and support seniors, people with disabilities, and their families to ask for help, find a way to live with dignity and security, and achieve maximum independence and quality of life.
Ascension Wisconsin	Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.
Advocate Aurora Health	Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region's largest employed medical staff and home health organization.
Big Brothers Big Sisters of Sheboygan County	Mission: Create and support one-to-one mentoring relationships that ignite the power and promise of youth.
Catholic Charities	Catholic Charities serves people of all faiths throughout the ten counties of Southeastern Wisconsin.
Sheboygan County Sheriff	Mission Statement: To protect and serve the citizens of our community by reducing fear, crime and disorder.
Embrace Care Management	Embrace is committed to providing compassionate, dignified and ethical care ensuring peace of mind for seniors and their families.
Family Connections	Family Connections supports and educates families and early childhood professionals to promote healthy child development and strengthen communities.
Housing Authority	The Sheboygan Housing Authority has been primarily involved as a developer/owner/manager of apartments for people of low and moderate income.
HSHS St. Nicholas Hospital	Mission: To reveal and embody Christ's healing love for all people through high quality Franciscan health care ministry.
Labor Council	The Sheboygan County Labor Council is a democratically elected body dedicated to representing the interests of working people at the state and local level.
Lakeshore CAP	Mission: To help individuals and families achieve economic self-sufficiency and well-being through results-based programming in Manitowoc, Door, Sheboygan and Kewaunee counties.
Lakeshore Community Health Care	Lakeshore Community Health Care provides comprehensive health care services to people who struggle to find a doctor, dentist or a counselor.
Lakeshore Technical College	Lakeshore Technical College is a leading provider of technical education offering over 100 career programs, customized training for business and industry, continuing education for

	personal and professional enrichment, and basic skills education.
Love Inc. of Sheboygan	The purpose of Love Inc. is to mobilize local Christian Churches to transform lives and communities through relationships, in the Name of Christ.
Sheboygan County Medical Examiner's Office	It is the mission of the Sheboygan County Medical Examiner's Office to provide professional death investigation into the deaths reportable to the Sheboygan County Medical Examiner's Office as it is applicable to the Wisconsin State Statutes and make a determination into the cause and manner of death.
Mental Health America Sheboygan	Mental Health America in Sheboygan County (MHA) is a nonprofit mental health resource center serving Sheboygan County for over 50 years since 1963 and positively changing lives.
Oostburg School District	Mission: To ensure all students learn at high levels so they can become positive and productive contributors to society and the world.
Safe Harbor	Safe Harbor of Sheboygan County, Inc. is the only agency in Sheboygan County that serves individuals and families affected by domestic and sexual violence.
Sheboygan County Food Bank	Mission: Lead Sheboygan County's efforts to increase the food security of its residents by distributing healthy emergency food and fostering innovative partnerships.
Sharon S Richardson Community Hospice	Sharon S. Richardson Community Hospice is dedicated to providing high-quality, compassionate end-of-life care to all who are in need.
Sheboygan County Board	Mission: Provide courteous, responsive, efficient and effective services to those we serve.
Sheboygan County Health and Human Services	Mission Statement: Partnering with the residents of Sheboygan County to improve health and quality of life through education, building community connections and empowering all to be their best selves.
Sheboygan Fire Department	The Sheboygan Fire Department is dedicated to serving all who live, visit, work, and invest in the City of Sheboygan through excellence in fire protection, rescue, emergency, and non-emergency medical services, code enforcement, and education, at the highest professional level in a compassionate, ethical, and cost effective manner
Sheboygan YMCA	YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.
United Way of Sheboygan County	United Way of Sheboygan County (UWSC) identifies issues, develops partnerships, implements solutions, and measures results.
UW-Madison Extension	Purpose: We commit, teach, learn, lead and serve, connecting

	people with the University of Wisconsin, and engage with them in transforming lives and communities.
WIRCO	WIRCO seeks to establish and sustain a Recovery Community Organization and Center that embraces all pathways to recovery and support all individuals impacted by the disease of addiction through education and coaching, programming, referrals, and advocacy

NEXT STEPS

After completing the FY2021 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 (FY2021 through FY2023) to address priority health needs identified in the FY2021 CHNA process
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources
- Present and receive approval of the CHNA report and implementation plan by hospital’s governing board in the same tax year that the CHNA was conducted
- Publicize the CHNA report and implementation plan widely on the hospital’s website and make accessible in public venues such as town halls, etc.

APPROVAL

The FY2021 CHNA report was adopted by HSHS Nicholas Hospital’s governing board on May 20, 2021.

APPENDICES

Appendix A: [Sheboygan County Community Health Survey Report](#)

Appendix B: [Sheboygan County Health Data Report: A summary of secondary data sources](#)

Appendix C: [Sheboygan County Health Needs Assessment: A summary of key informant interviews](#)

Appendix D: [Sheboygan County Community Health Survey Report Summary: 2020](#)