

HSHS St. Nicholas Hospital

Community Health Needs Assessment Report & Implementation Plan

A Collaborative Approach to Impacting Population Health
in Sheboygan County, Wisconsin



May 2015

HSHS St. Nicholas Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 14 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

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Executive Summary

Background

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 through the CHNA. 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 assessment process results in a CHNA Report which is used to plan, implement, and evaluate Community Benefit activities. Once the CHNA Report is completed, a set of implementation strategies is developed based on the evidence and assets and resources identified in the CHNA process.

Every three years, affiliates of Hospital Sisters Health System, including HSHS St. Nicholas Hospital, are required to conduct a CHNA and to adopt an Implementation Plan by an authorized body of the hospital in the same taxable year, and make the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2012. In addition, the hospital completes an IRS Schedule H (Form 990) annually to provide information on the activities and policies of, and Community Benefit provided by the hospital.

To comply with these requirements, HSHS St. Nicholas Hospital was a key part of a collaborative approach in conducting its CHNA and adopting an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015) in partnership with representatives from the community. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs. The population assessed was Sheboygan County, Wisconsin. Data collected throughout the assessment process was supplemented with the results of a behavioral risk factor survey qualitative data gathered through a CHNA Steering Committee with broad community representation, key informant interviews, and the opinions of community leaders obtained via community health needs assessment "Call to Action" held in October, 2014.

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

- Mental Health
- Alcohol, Tobacco and Other Drug Abuse (ATODA)
- Physical Activity and Nutrition
- Oral Health

The process used to determine the priorities is below.

In October 2014, a Community Health Improvement Call to Action including approximately 110 community leaders with representation from business, non-profit agencies, healthcare, education, public health and safety and elected officials was convened. The objective of the event was to

obtain community input to identify and prioritize health issues that the hospital is best positioned to address in partnership with other organizations in the community.

This event included a presentation by Karlyn Raddatz, RN, Sheboygan County Health Officer with a review of Healthy People 2020 and Healthiest Wisconsin 2020's 12 Health Focus Areas and Objectives to present a framework for identifying the health priorities. Jean Beinemann, RN, Program Supervisor from the Sheboygan County Division of Public Health updated the group on the Key Accomplishments of the Healthy Sheboygan County 2020 Coalition since 2011.

The event included: data review, subgroup discussion in addition to a nominal group process to determine the communities health priorities.

- The review of the data included information gained from the telephonic community health survey, secondary data sources and key interviews.
- The large group was broken down in small subgroups (6-8 members) to discuss the following questions:
 - What is your vision for the Health of Sheboygan County in 2014?
 - For each of the priorities – what systemic change will help us achieve these?
 - What factors within the local, state, national environment may restrict our ability to achieve our aspirations in 2014?
 - How will you measure whether Sheboygan County will be successful at achieving this vision?
- A large group report out session was led by the facilitator to determine priorities based on the small group discussions.

After this group prioritization each participant was asked to vote for their top three issues. To accomplish this each participant was given three dots with instructions that they could vote for three different priorities or could place all three of their dots on one priority.

The three top priorities which were identified which included:

- **Mental Health**
- **ATODA**
- **Physical Activity and Nutrition**

In addition to these priorities the focus areas listed below were identified as being an integral component of each of the priorities.

- Education/Prevention
- Access to Services
- Coordination/Continuity of care services
- Health Literacy
- Integration of Well County Initiatives

Implementation Plan Development: As part of the engagement process with key stakeholders, attention has been given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan. The Implementation Plan is considered a “living

document” – a set of strategies that can be adapted to the lessons learned while implementing Community Benefit programs and services relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

I. Introduction

Background

HSHS St. Nicholas Hospital is a not for profit hospital serving primarily Sheboygan County, Wisconsin. Because of its location to Calumet, Manitowoc and Ozaukee counties, patients from these areas are served as well; however, most patients are from Sheboygan County.

HSHS St. Nicholas Hospital Name serves as a community hospital, providing a variety of basic inpatient and outpatient services. It offers the county’s only Wound Care Center including two hyperbaric chambers.

Current Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> • Radiation Center • Emergency Dept. Center staffed by board-certified emergency physicians • Joints In Motion • Women’s and Infants’ Center • Comprehensive Wound Care Center • Surgery Center • Outpatient GI Center • General inpatient medical and surgical units 	<ul style="list-style-type: none"> • Total Beds: 185 • Staffs 53 • Total Colleagues: 476 • Bedside RNs: 160 • Inpatient admissions: 2741 • ED visits: 13395 • Births: 274 • Inpatient surgeries: 970 • Outpatient surgeries: 3013 • Case Mix Index: 1.4753 • Physicians on Medical Staff: 207 • Volunteers: 110 • Community Benefit: \$7,933,767 	<ul style="list-style-type: none"> • Assumed full ownership of an on-campus ambulatory surgery center which now operates as a department of the hospital.

Recent Awards and Recognition

The Joint Commission	Leap Frog
<ul style="list-style-type: none"> • Certified as a Primary Stroke Center 	<ul style="list-style-type: none"> • A rating for Patient Safety

Community Health Needs Assessment Population

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

Demographics

HSHS St. Nicholas Hospital service area is comprised of approximately 511 square miles with a population of approximately 114,325 and a population density of 225.9 per square mile. The service area consists of the following suburban and rural communities:

	Townships	Villages
<ul style="list-style-type: none"> • Sheboygan • Sheboygan Falls • Plymouth 	<ul style="list-style-type: none"> • Greenbush • Herman • Holland • Lima • Lyndon • Mitchell • Mosel • Plymouth • Rhine • Russell • Scott • Sheboygan • Sheboygan Falls • Sherman • Wilson 	<ul style="list-style-type: none"> • Adell • Cascade • Cedar Grove • Elkhart Lake • Glenbeulah • Howards Grove • Kohler • Oostburg • Random Lake • Waldo

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the region increased from 112,646 to 115,507 between the year 2000 and 2010, a 2.5% increase.

Report Area	Total Population 2000 Census	Total Est. Population 2014	Total Population Change 2000-2014	Percentage Population Change, 2000-2013
Sheboygan County	112,646	114,325	1,646	1.5
State of Wisconsin	5,363,673	5,743,349	379,676	7.1

Data Source: US Census Bureau Decennial Census (2000 to 2010); Claritas accessed via Databay Navigate software (2014).

Population by Age Groups

Population by gender was Male 50.22% and Female 49.78% and the region has the following population numbers by age groups:

Report Area	Total Population	Age 0 to 17	Age 18 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
County	114,325	26,799	8784	13,591	14,214	18,082	15,495	17,360
State	5,743,349	1,331,934	552,900	736,199	712,609	869,414	739,853	800,440

Data Source: Claritas accessed via Databay Navigate software. US Census Bureau, Decennial Census: 2000 to 2010. Source geography: Tract

Population without a High School Diploma (age 25 and older)

Within the report area there are 7,639 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 9.7% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no High School Diploma
County	78,807	7,639	9.7
State	3,800,291	374,135	9.9

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2007 to 2011. Source geography: Tract.

Population in Poverty

Poverty is considered a key driver of health status. Within the report area roughly 10.8% or 10,165 individuals are living in households with income below the Federal Poverty Level (FPL). This is lower than the statewide poverty levels. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status.

Report Area	All ages	Ages 0-17
Sheboygan	10.8%	15%
Wisconsin	13.2%	18.3%

Source: Wisconsin Department of Health Services, County Health Rankings 2014 (2012 data)

Poor General Health

Within the report area 18% of adults 18 and older report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” The state rate is 15%. This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
County	87,527	15,755	18%
State	4,411,415	661,712	15%
Total			

Note: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Systems 2013. Sheboygan County BRFS 2014.

II. Establishing the CHNA Infrastructure and Partnerships

HSHS St. Nicholas Hospital led the planning, implementation and completion of the Community Health Needs Assessment in partnership with Aurora Health Care, Healthy Sheboygan County 2020, Lakeshore Community Health Center, Sheboygan County Division of Public Health, United Way of Sheboygan County, and UW-Extension – Sheboygan County.

Internal and External Steps

HSHS St. Nicholas Hospital undertook a 9 month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- Identifying the methodology to be used for this update

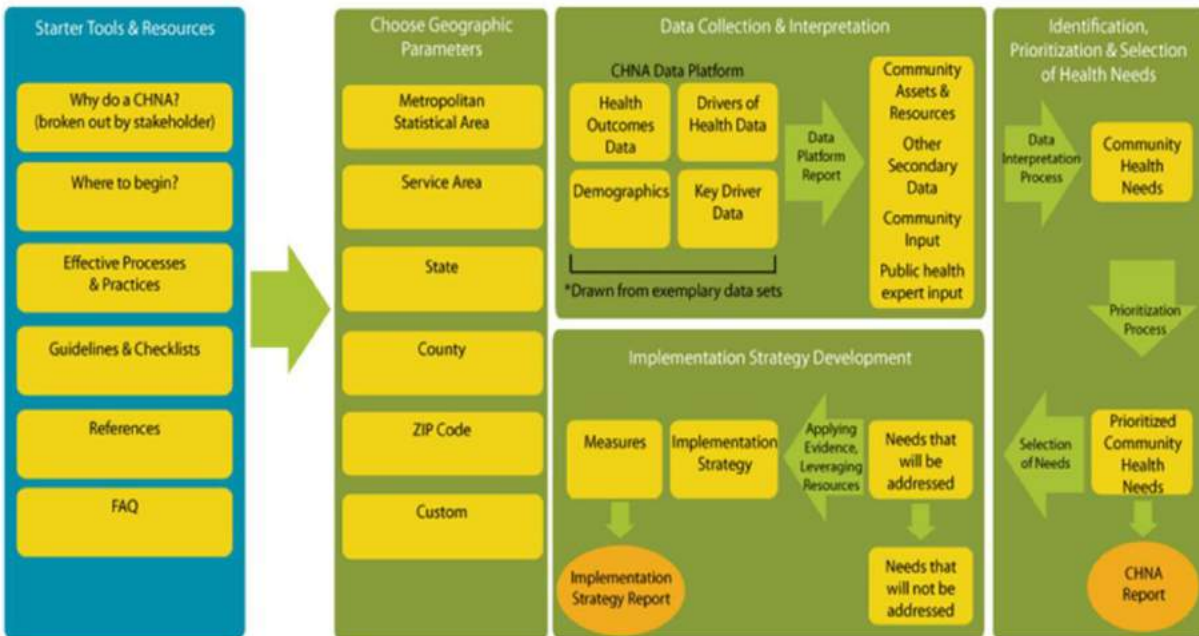
- Identifying the framework for study, which was the Healthiest Wisconsin 2020
- Utilizing the local Behavior Risk Factor Survey coordinated by Aurora Health but funded by the partnership of HSHS St. Nicholas Hospital, Sheboygan Public Health, United Way and Aurora Health.
- Partnering with Aurora Health and Sheboygan Public Health to prepare the Secondary Data Source Report
- Interviewing key community stakeholders for Key Interview Summary Report prepared by the Center for Urban Population Health.
- Working with Planning Committee on development of Call to Action Community Engagement Event. This included detailed agenda, invitation list and event planning.
- Working with Healthy Sheboygan County 2020 Steering Committee in to analyze the result of the Call to Action.
- Sharing results of the Call to Action with our internal community benefit committee in order to develop the implementation plan
- Sharing the results of the needs assessment and the proposed implementation plan with our community advisory committee before bringing it to the Board of Directors for approval.

III. Defining the Purpose and Scope

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

IV. Data Collection and Analysis

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



Description of Data Sources

Quantitative

The secondary data review examining the health of the community to complement and supplement the community health and key informant interviews. Data was drawn from several sources and related demographics and ten of the twelve health focus areas of the state health plan. The list of sources used is below.

<http://www.healthysheboygancounty.org/resources/sheboygancosecondarydatareportfinal.pdf>

Source	Description
Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. Local survey conducted in 2014.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.

County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Claritas accessed via Databay Navigate software	Online source for US demographics
Healthy People 2020	Sponsored by the US Office of Disease Prevention and Health Promotion; compiles national data related to Health People 2020 objectives.
University of Wisconsin Extension, The Applied Population Laboratory	
City of Sheboygan Fire Department	Report with number of narcan does administered by City of Sheboygan FD paramedics
Medical Director Narcan Report in WI Ambulance Run Data System (WARDS)	Report compiled related to doses of narcan administered by Sheboygan County Ambulances
Burden of Asthma in Wisconsin 2013	Report published by the Wisconsin Department of Health Services
Wisconsin Department of Health Services, Wisconsin Immunization Program	Intranet database that records and tracks immunization dates of Wisconsin children and adults, used to track vaccination rates
Wisconsin Cancer Reporting System	Report of cancer mortality in Wisconsin
University of Wisconsin Population Health Institute	Data center for State of Wisconsin
Wisconsin Office of Justice	Map of heroin cases in Wisconsin
Wisconsin Department of Transportation	
Wisconsin Department of Health Services, Division of Public Health, Office of Health Information	Wisconsin Interactive Statistics on Health (WISH) Resource developed by the Division of Public Health; includes data on births, fertility, mortality, cancer, injuries, and so on.
Wisconsin Department of Children and Families, Wisconsin in Out-of-Home Care	Annual Report for Calendar 2012
Wisconsin Department of Public Instruction,	Data on enrollment, truancy, graduation rates, free and reduced lunches, etc.
Wisconsin Department of Justice, Training and Standards Bureau, WILEnet	Number of Juvenile Arrests
FBI, Crime in the United States 2012 Table 10 – Wisconsin	Crime data for Sheboygan

Wisconsin Child Abuse and Neglect Report 2012, Wisconsin Department of Children and Families	Wisconsin Department of Children and Families Annual report on child abuse and neglect with information on reports of abuse, neglect, victims, and maltreaters. Additional child welfare safety reports are also available.
The Burden of Excessive Alcohol Use in Wisconsin	Prepared by the University of Wisconsin Population Health Institute
Wisconsin Department of Transportation, Safety & Consumer Protection,	Wisconsin Traffic Crash Facts 2010
Sheboygan Crisis Center Statistics	Sheboygan County Stats 2011-2-13 (telephone calls)
Wisconsin Department of Health Services, Eligibility Management (Income Maintenance) Food Share Wisconsin data	Data on FoodShare program
Wisconsin Dept. of Natural Resources, Wisconsin Air quality Trends	Air quality data

Qualitative

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52, 2 data reviewed represented 1) the broad interests of the community, and 2) the voice of community members who were medically underserved minorities, low-income, and/or those persons with chronic illnesses.

Interviews were completed with a range of providers, policy-makers, and other local experts and community members (“key Informants”) by members of the CHNA steering committee. The summary of these interviews were summarized in a report completed by The Center for Urban Population Health. The interviewers used a standard interview script that included the following elements:

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

Sheboygan County Health Needs Assessment - Summary of Key Informant Interviews

Key Informant	Title	Organization
Jose Araujo	Community Service Project Manager	Partners for Community Development
Aaron Brault	Director	Sheboygan Count Planning & Conservation
Kevin Bruggink	Superintendent	Oostburg School District

Dr. Howard Croft	MD Emergency Medicine	HSHS St. Nicholas Hospital
Amy Culver	Social Worker, Supervisor	Sheboygan County Health and Human Services
Patty Fallon	Health and Nutrition – RN	Sheboygan County Head Start
Mark Hillesheim	Service Line Director, Employer & Retail Services	Prevea
David Hughes	CFO	Lakeshore Community Health Center
Jason Kaat	North Central Regional Coordinator	National Network of Youth Ministries
Todd Kronberg	Police Liaison Officer	Plymouth School District
Lames Lammers	Program Coordinator	Crisis Center – Sheboygan With Family Services Northeast Wisconsin
Christine Larson	Director of Operations (RN)	Aurora Health Care
Gine Lemmense	Director of Nursing	Pine Haven Christian Home
Amy Onsager	Hospice Administrator	Sharon Richardson
Todd Priebe	Sheriff	Sheboygan County Sheriff

<http://www.healthysheboygancounty.org/resources/finalsheboygankeyinformantreport2014.pdf>

The health survey was completed by JKV Research, LLC, and included 400 (landline and cellphone) surveys. The objective was to obtain household-level data and provide insight into lifestyles and frequency of risk factors and disease conditions in the local adult population. In addition data was compared to previous health studies and to national and state measurements.

<http://www.healthysheboygancounty.org/resources/sheboygancountyhealthsurveyreport2014final.pdf>

In addition to qualitative and quantitative data sources, the hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

These people attended the Community Health Improvement Call to Action in October 2014.

Participant	Organization	Role
Melissa Argall	Lutheran Social Services	Licensed Counselor
Brooke Artabasy	Aurora Sheboygan Memorial Medical Center	Health Promotions Coordinator
Kate Baer	Mental Health America	Executive Director
Jerry Baker	Aurora Sheboygan Clinic	Clinic Administrator
Jean Beinemann	Sheboygan County Division of Public Health	Supervisor
Amy Betke	Sheboygan County Division of Public Health	Public Health Nurse
Kristin Blanchard	Lakeshore Community Health Center	CEO
Kelly Boeldt	Prevea	Health & Wellness Account Executive
Terri Boxrucker	Sheboygan County Division of Public Health	Sheboygan County Division of Public Health
Paula Burkart	Community Member	Community Member
Mike Burns	YMCA	Vice President - Programs
Chuck Butler	Sheboygan Fire Department	Deputy Chief
Liz Champion	Sheboygan County Division of Public Health	Public Health Nurse
Sherry Carstens	Lakeland College	Director of Health Center
Denise Cesar	Salvation Army	Case Manager

Elizabeth Clarke	Aurora Health Care	Community Benefits Coordinator
Diane Cline	Manitou Girl Scouts	COO
Abby Dahmer	Salvation Army	Emergency Lodge Case Manager
Tanya Damrow	Serenity Hospice Care	Director of Volunteer & Bereavement Services
Nathan Dehne	Lakeland College	Vice President for Student Development
Dale Deterding	Sheboygan County ADRC	Aging Unit Director
Barb Dodge	HHS Committee and LTC	Dean Health and Human Services
Jon Doll	United Way	Executive Director
Kim Ecclestone	Aurora - Vince Lombardi Cancer Clinic	Cancer Nurse Navigator
Tom Eggebrecht	Health and Human Services	Director
Kristine Feggstad	UW-Sheboygan	Licensed Professional Counselor
Connie Frank	Rehabilitation Center of Sheboygan	RN Medical Services
Anne Gamoke	Plymouth School District	Director of Pupil Services
Martha Gedemer	Comfort Keepers	Office Manager/Human Resources
Tom Gessler		Community Member
Terese Gessler		Community Member
Patti Glaser-Martin	Hospital Sisters Health System/Prevea	Sr. Manager, Internal Communication and Community
Dave Graebner	Aurora Sheboygan Memorial Medical Center	CEO
Starr Grossman	Sheboygan County Division of Public Health	Public Health Nurse
Melissa Grube	Lakeshore Community Health Center	Patient Access Manager
Donna Habeck	Prevea	MD

Lori Hamilton	Sheboygan Area School District	School Nurse
Amber Harrigan	Random Lake School District	Elementary Counselor
Mike Heidt	Aurora Sheboygan Memorial Medical Center	Director of Rehabilitation and Growth and Market Development at Aurora Health Care
Dale Hippensteel		Community Member
Terri Hosterman	Aurora Sheboygan Memorial Medical Center	Aurora Sheboygan Memorial Medical Center
Andrew Hoyer-Booth	WPHCA	Program Coordinator
Michael Huck	Lakeshore CAP	Executive Director
David Hughes	Lakeshore Community Health Center	CFO
Jane Jensen	UW-Extension	Family Living Educator
Cary Knier	Lakeland College	Director of Counseling Services
Lori Knitt	Aurora Sheboygan Memorial Medical Center	CNO
Barb Kolar	Sheboygan County Division of Public Health	Public Health Nurse
Ashley Krause	Lakeshore Community Health Center	Outreach and Enrollment Specialist, Certified Application Counselor
Barb Kultgen	Sheboygan County Division of Social Services	Social Worker
Diane Liebenthal	Sheboygan County Division of Public Health	Supervisor
Kevin Lukes	Prevea	Service Line Marketing Manager
Shannon Madden	Love, Inc.	Clearinghouse Coordinator
Jean McMurray	Aurora Sheboygan Memorial Medical Center	Market Manager
Meridith Mueller	Aurora Health Care	Community Benefit Analyst
Carol Myers	Family Resource Center	Literacy Council Data and Development Coordinator

David Neave	Salvation Army	Social Services Director
Char Neitzel-Goostree	Sheboygan Housing Authority	Housing Counselor
Mary Ann Neuses		Community Member
Jill Niemczyk	NEWAHEC	Program Manager
Denice Nugent	YMCA	Senior Physical Director
Robert O'Hara	Boys and Girls Club	Executive Director
Sara O'Hara	United Way	Community Impact Director
Joyce Osieczanek	Aurora Sheboygan Clinic	Clinical Immunization Assistant/Sheboygan County Immune Co-Chair
Pam Ott	Aurora Sheboygan Memorial Medical Center	Vice President - Finance
Roger Otten	Health and Human Services Board	County Supervisor
Mary Paluchniak	HSBS St. Nicholas Hospital	Facilitator - Outreach
Adam Payne	Sheboygan County	County Administrator
Jean Pittner	Sheboygan County Division of Public Health	Dietician
Kathy Pluskat	Child Support	Supervisor
Todd Priebe	Sheboygan County	Sheboygan County Sheriff
Jean Puls	Sheboygan Leadership Academy	Community Outreach & Service Learning Coordinator
Karlynn Raddatz	Sheboygan County Division of Public Health	County Health Officer
Lynsey Ray	WPHCA	Facilitator
MaryAdele Revoy	Family Resource Center	Coordinator of Resources and Development
Paula Rojas	Partners for Community Development	Outreach Coordinator
Michael Romas	City of Sheboygan	Fire Chief
Ann Salzmann	Aurora Sheboygan Memorial Medical Center	Case Manager

Sherri Samuels-Fuerst	Sargento Foods	Director – Compensation and Benefits
Pam Sandee	Salvation Army	Clinic Coordinator
Martin Schaller	NEWAHEC	Executive Director
Elizabeth Scheelk	State of WI - NE Region	Public Health Educator
Denise Schemenauer	Manitou Girl Scouts	CEO
Deb Schmidt	Sheboygan County Division of Public Health	Public Health Nurse
Jennifer Schmidt	Lakeshore Community Health Center	Community Outreach and Enrollment Specialist
Michele Schmitt	Lakeshore Community Health Center	Clinical Administrator
Vicky Schneider	Sheboygan County Division of Public Health	Public Health Nurse
Jan Scholke	Prevea	Smoke Free Program
Heidi Selberg	Hospital Sisters Health System	VP
Annette Selk	Sheboygan County Division of Public Health	Public Health Nurse
Shawna Silberzahn		Community Member
Britne Stanke	Sheboygan Falls School District	Middle School Counselor
Bobbi Stauber	Sheboygan County Division of Public Health	Public Health Aide
Susan Steinhardt	Sunny Ridge	RN
Sue Thiel	Sheboygan County Division of Public Health	Public Health Nurse
Tammy Thill	Lutheran Social Services	Social Work
Lindsay Thomack	Partners for Community Development	Healthcare Program Manager
Virginia Thomas		Community Member
Luann Travis	Family Resource Center	Executive Director

Patrick Uselding	Sheboygan Falls School District	Middle School Counselor
Mike Vandersteen	City of Sheboygan	Mayor
Cindy VanderWeele	Sheboygan County Division of Public Health	Public Health Nurse
Jim Veaser	Sheboygan Police Department	Sgt.
Emily Vetting	Sheboygan County Planning & Conservation	Associate Planner
Darcy Vollrath	Sheboygan ADRC	
Brett Voskuil	Aurora Sheboygan Memorial Medical Center	Physical Therapy Assistant
Lindsay Wagner	Concordia University	BSN Completion Student
Katie Warden	UW-Green Bay	
Ruth Weigel	Rehabilitation Center of Sheboygan	Day Services Coordinator
Donna Wendlandt	YMCA	President
Wendy Williams	Aurora Health Care	Director of Quality and Medical Staff
Jean Wodach	Sheboygan County Division of Public Health	Clerical Support Staff
Ann Wondergem	United Way	Director of Operation & Program Management

Members of the CHNA Steering Committee were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

CHNA Steering Committee Member	Area of Expertise
Jean Beinemann	County Public Health, Nursing
Anne Wondergem	Director of Operations and Programs, Community - based social service agency, low-income, minority populations, medically underserved
Terri Boxrucker	County Public Health, Nursing
Meredith Mueller	Hospital, statistical analysis epidemiologic data
Mary Paluchniak	Hospital, Community Outreach

Jane Jensen	Family Education, low-income, minority populations, medically underserved
Karlyn Raddatz	County Health Officer, County Public Health
Mark Huber	Hospital, CHNA
Jon Doll	Executive Director, social service agency, low-income, minority populations, medically underserved
Heidi Selberg	Hospital, Community Benefits and Advocacy
Kristen Blanchard	CEO, Community Health Center
Chris Culotta	WI DHS/DPH Regional Director
Diane Lienbenthal	County Public Health, Nursing
Elizabeth Scheelk	Public Health Educator – Green Bay NE Regional Office of Public Health

V. Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA Steering Committee 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 needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital’s service area to address the health need.

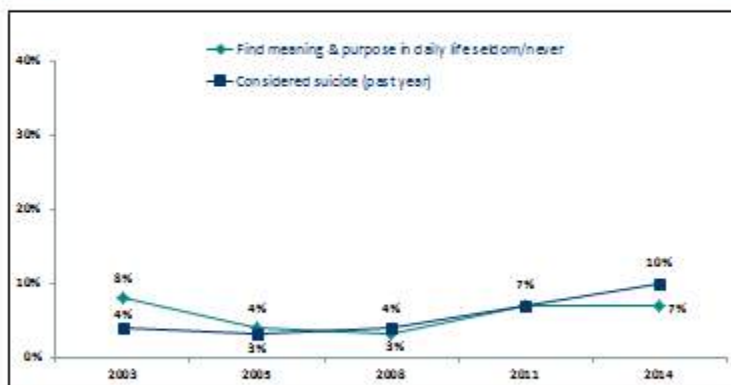
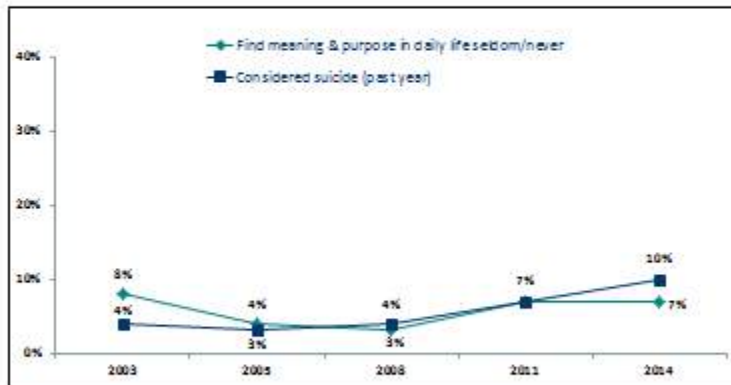
Based on the CHNA planning and development process described, the following community health needs were identified:

1. **Mental Health**
2. **Alcohol, Tobacco and Other Drug Abuse (ATODA)**
3. **Physical Activity and Nutrition**
4. **Oral Health – from previous assessment**

VI. Description of Community Health Needs

1. Mental Health

The PowerPoint for Mental Health presented at the Community Health Improvement Call to Action is below:



Mental Health Secondary Data Report

Poor Mental Health Days, Mental Health Providers and Inadequate Social Support

	Sheboygan County	Top U.S. Performers*	Wisconsin
Poor mental health days	3.2	2.4	3.0
Mental health providers	1,873 : 1	536 : 1	1,050 : 1
Inadequate social support	15%	14%	17%

Source: County Health Rankings

Mental Health Secondary Data Report

Sheboygan County Crisis Line Calls and Mobile Crisis In-person Sessions

In 2013, top 5 issues of crisis calls

- Suicide
- Mental health
- Information and referral
- Anxiety/depression
- Crisis care management

In 2013, top 5 reasons for in-person crisis sessions

- Suicide
- Anxiety/depression
- Mental health
- Alcohol/drug
- Family



Source: Sheboygan Crisis Center

Mental Health Key Informant Interview

Mental Health as a top five health issue by nineteen key informants (ranked #1).

Existing Strategies: There are a plethora of existing programs and organizations working to address mental health issues in the County, including, Mental Health America, Lakeshore Community Health Center, Community Conversation, the Healthy Sheboygan County 2020 Committee on mental health, the AODA, the Mobile Crisis Response Team, and Bridgepoint Health.

Barriers and Challenges: Denial and stigma associated with mental health, lack of understanding of mental health issues, lack of personal and financial resources to obtain services is prevalent in the community. Transportation to and from services, along with problems with continuity of care for individuals who have persistent mental health issues are current challenges.

Mental Health Key Informant Interview

Mental Health as a top five health issue by nineteen key informants (ranked #1).

Needed Strategies: Anti-stigma campaign, increasing educational programs, number of providers (especially for youth populations) and funding to address mental health, and creating more transitional programs like halfway houses. Participants also emphasized the importance of coordination and cooperation across different levels of care and further integration within the community is needed.

Key Community Partners to Improve Health: Health care providers (medical and mental health), public health personnel, law enforcement agencies, schools, employers, faith-based organizations, and family members. Respondents also suggested working with community organizations and initiatives such as Mental Health America, Lakeshore Community Health Center, the Department of Health Services, and the Mobile Crisis Response Team.

Mental Health Community Conversation

On March 21, 2014 over 300 people came together to discuss the mental health and alcohol and drug abuse (AODA) issues in Sheboygan County. Major areas to focus future efforts on:

Access

Address areas of prevention, eligibility, and availability to support families and individuals utilizing the mental health & alcohol/drug services systems throughout Sheboygan County.

Education

Focus on general community, consumer & family, and provider populations to provide mental health education through resource fairs, anti-stigma campaign, and training curriculum.

Coordination

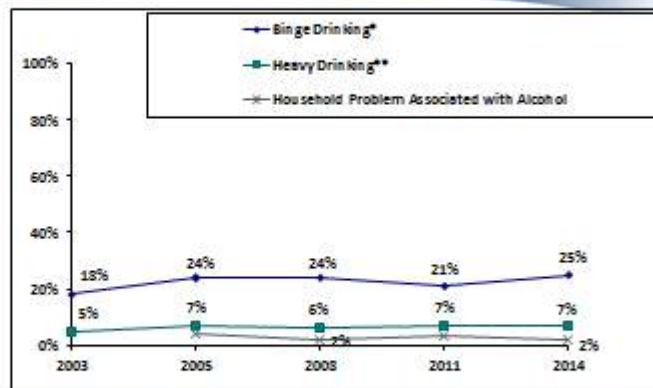
Address system changes, program development and integration of care in our community through resource mapping, networking opportunities, and exploring and implementing new programs.

2. Alcohol Tobacco and Other Drug Abuse (ATODA)

The PowerPoint for ATODA presented at the Community Health Improvement Call to Action is below:

Alcohol Use in Past Month Sheboygan County Community Health Survey

- Binge Drinking 2012 [Male 5+; Female 4+]
 - WI: 25%
 - US: 17%
 - HP2020 Goal: 24% [Male & Female 5+]
- Heavy Drinking 2012
 - WI: 9%
 - US: 6%



*In 2003 and 2014, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in all other study years, "5 or more drinks on an occasion" was used for both males and females.

**Heavy drinking is defined as 81 or more drinks for males and 31 or more drinks for females.

Cost of Excessive Alcohol Use* Secondary Data Report

- The annual economic cost of excessive alcohol use in Sheboygan County is \$192.8 million
 - \$21.1 million for healthcare
 - \$139.2 million of lost productivity
 - \$32.5 million in other (includes costs associated with the criminal justice system, motor vehicle crashes and other consequences)
- Cost per Sheboygan County resident is \$1,669

Source: The Burden of Excessive Alcohol Use in Wisconsin

Alcohol & Drug Use Secondary Data Report

Alcohol-related Hospitalizations Rate per 100,000 Population		
	2008-2009	2009-2010
Sheboygan County	814	822
Wisconsin	870	856

Drug-related Hospitalizations Rate per 100,000 population		
	2008-2009	2009-2010
Sheboygan County	245	253
Wisconsin	259	262

Source: Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services, Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012 (P-48715-12)

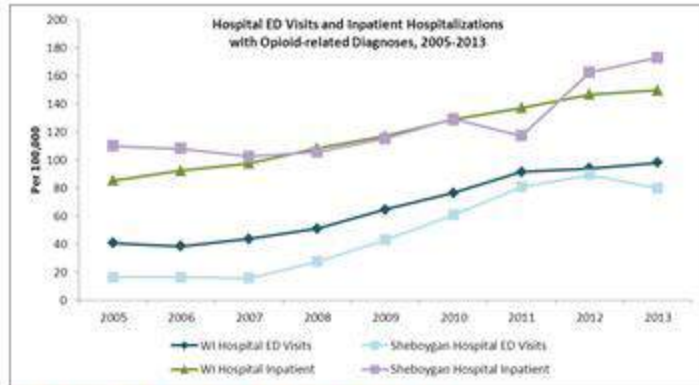
- From 2004 to 2012 number of drinking drivers (ability impaired or not impaired) in crashes decreased (2004 = 156, 2012 = 82)

Source: Wisconsin Department of Transportation, Safety & Consumer Protection, Wisconsin Traffic Crash Facts

	Sheboygan County	Top U.S. Performers*	Wisconsin
Alcohol-impaired driving deaths	37%	14%	39%

Source: 2014 County Health Rankings

Drug Use/Abuse Secondary Data Report



Source: Wisconsin Hospital Patient Data System, Office of Health Informatics

Alcohol & Drug Use Key Informant Interviews

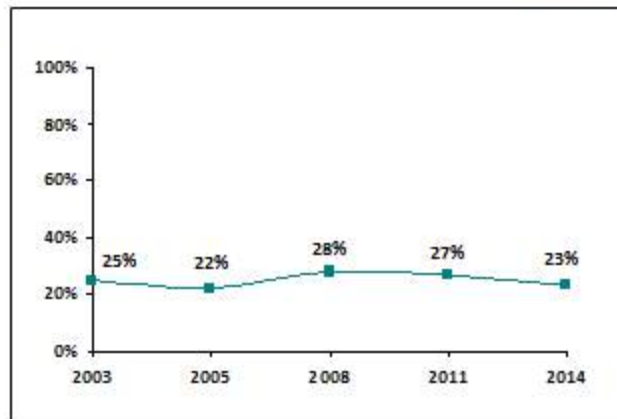
- **Alcohol and Drug abuse as a top five health issue by sixteen key informants (ranked #2).**
- **Existing Strategies:** Programs such as AA, Genesis, DARE, and the Sheboygan County Heroin Initiative, Healthy Sheboygan County 2020 Alcohol and Other Drug Abuse (AODA) Committee, health care providers and law enforcement efforts were commonly noted strategies used to address alcohol and drug abuse.
- **Barriers and Challenges:** Cultural acceptance of drinking, status as a social norm in the state of Wisconsin. Also a lack of knowledge, resources, treatment options, and capacity were cited as barriers.

Alcohol & Drug Use Key Informant Interviews

- Alcohol and Drug abuse as a top five health issue by sixteen key informants (ranked #2).
- **Needed Strategies:** Increase in education on alcohol and drug usage, specifically focusing on youth, as well as educating school staff, parents, community members, and health care providers. Increased awareness about which specific drugs are issues in Sheboygan County and coordinating efforts within the community and across different agencies would be a useful strategy to pursue.
- **Key Community Partners to Improve Health:** Hospitals, Mental Health America, additional mental health and general health care providers, law enforcement agencies, schools, civic organizations, churches, and public health agencies to address this issue. One respondent also identified tavern and restaurant associations as a group to include when working to combat alcohol and drug issues in the community.

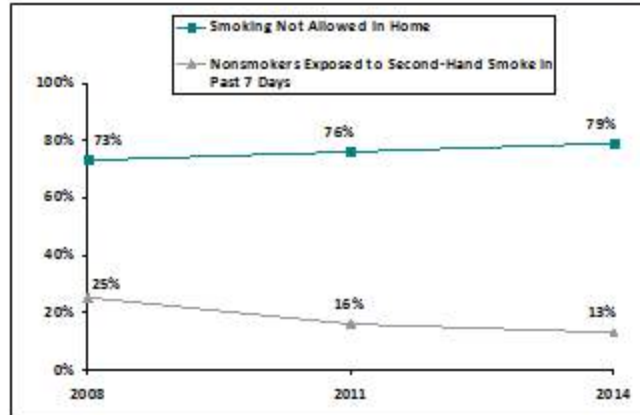
Current Tobacco Cigarette Smoker (Past 30 Days)

- Current Smokers 2012
 - WI: 20%
 - US: 20%
 - HP2020 Goal: 12%

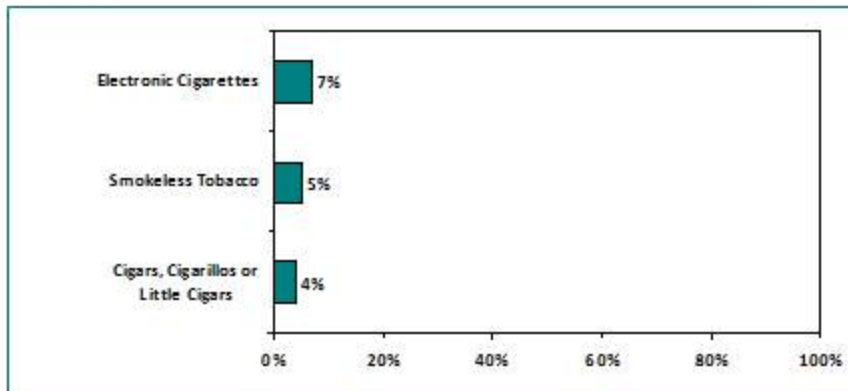


Exposure to Cigarette Smoke Sheboygan County Community Health Survey

Nonsmokers Exposed to Second-Hand Smoke
• HP2020 Goal: 34%



Other Tobacco Products (Past 30 Days) Sheboygan County Community Health Survey



Tobacco Secondary Data Report

Alcohol and Drug Abuse as Underlying or Contributing Cause of Death, 2011

Type	Sheboygan County		Wisconsin	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
Alcohol	22	19	933	16
Tobacco	170	147	8,290	145
Use				
Other	18	—	636	11
Drugs				

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section, Public Health Profiles, Wisconsin 2011. (P-45355-11)

Tobacco Use During Pregnancy

- In 2012, Sheboygan County had a higher percent of births where mother indicated smoking during pregnancy compared to the state (Sheboygan 16.6%, WI 14.1%)

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Wisconsin Interactive Statistics on Health (WISH)

Tobacco Use Key Informant Interview

Tobacco as a top five health issue by six key informants (ranked #5, tied with physical activity).

Existing Strategies: State tobacco laws for smoke-free zones and companies' smoke-free policies, public health campaigns, education on the risks and consequences of smoking, and smoking cessation activities.

Barriers and Challenges: Smoking is habit forming and addictive, cultural influences for tobacco use and the perception that it is "cool to smoke."

Needed Strategies: More education for parents, teachers, youth leaders and the community, legislating tobacco-free zones and the elimination of unnecessary harmful ingredients from tobacco products, and enforcing laws (such as not selling to minors).

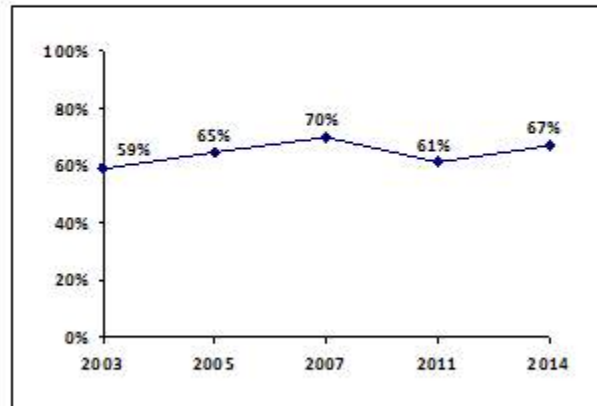
Key Community Partners to Improve Health: Public health professionals, schools, businesses, health care providers, and hospital systems.

3. Physical Activity and Nutrition

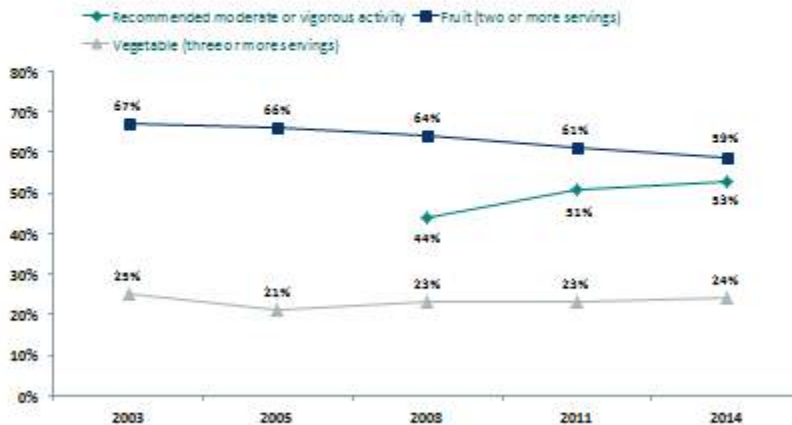
The PowerPoint for Physical Activity and Nutrition presented at the Community Health Improvement Call to Action is below:

Body Weight

- Overweight 2012
 - WI: 67%
 - US: 64%
- HP2020 Goal:
 - 34% Healthy weight
 - 66% Unhealthy weight



Nutrition & Physical Activity Sheboygan County Community Health Survey



Nutrition & Physical Activity Secondary Data Report

Food Environment Index and Access to Exercise Opportunities

	Sheboygan County	Top U.S. Performers	Wisconsin
Food environment index	8.9	8.7	8.3
Access to exercise opportunities	65%	85%	78%

Source: County Health Rankings

Women, Infants & Children (WIC)

- In 2013, 29.2% infants breastfed for 6 months, similar to the state (29.6%). Increase from 2008 (26.7%)

Source: Sheboygan County Health & Human Services, Division of Public Health, WIC Data

Nutrition Secondary Data Report

Sheboygan County School Free/Reduced Eligibility

Public school buildings in Sheboygan County - 2014 (fiscal year)
Eligibility of children approved for free or reduced meals/lunch:

- Elkhart Lake and Kohler (0%)
- Cedar Grove/Belgium (15 – 21%)
- Howard Grove (10 – 15%)
- Oostburg (15 – 25%)
- Plymouth (20 – 32%)
- Random Lake (24 – 26%)
- Sheboygan Area (3 – 85%)
- Sheboygan Falls (27 – 39%)

Source: Wisconsin Department of Education

FoodShare recipients

- The number of FoodShare child and adult recipients has steady increased from 2000 to 2013. In 2000 there were approximately 1,651 child and 1,436 adult recipients. In 2013, the number rose to 8,504 child and 11,307 adult recipients.

Source: Wisconsin Department of Health Services, Eligibility Management (Income Maintenance) - FoodShare Wisconsin Data

Physical Activity Key Informant Interview

Physical Activity as a top five health issue by six respondents (ranked #5, tied with tobacco).

Existing Strategies: Non-motor Transportation Group, traffic calming measures, Walk to School Days, trail systems, paid state parks and the YMCA.

Barriers and Challenges: Variety of socioeconomic factors, lack of education, individual behaviors and cultures can be a barrier.

Needed Strategies: More education, creating walking clubs to particular destinations like local farmer's markets, creating more bike routes and increasing funding.

Key Community Partners to Improve Health: Schools, health care providers, and organizations such as the Family Resource Center, UW-Extension, Head Start, YMCA, Nourish, Boys and Girls Club, and the Sheboygan County Interfaith Organization.

Nutrition Key Informant Interview

Four respondents included Nutrition as a top health issue for the County.

Existing Strategies: WIC/FoodShare, school meal programs, the free summer meal program, local food banks/pantries and the Nourish program.

Barriers and Challenges: Cost of healthy foods, which often leads to low income families purchasing cheaper and less healthy foods like fast food. A lack of nutrition knowledge and for those who use food pantries for sustenance, the limited pantry hours serve as a challenge.

Needed Strategies: Educating children, parents, and the community as a whole on healthy eating habits and consuming a balanced diet. Providing practical approaches to families for maintaining a nutritious diet and teaching these families how to prepare healthy food.

Key Community Partners to Improve Health: Schools, food banks/pantries, farms, farmer's markets, Community Supported Agriculture (CSA) structures, public health personnel, food suppliers, health care providers, senior centers for the elderly, the Family Resource Center, Nourish, and UW-Extension.

4. Carry Over from Previous Assessment – Oral Health

Oral health was a health focus area in the previous assessment but not included in the top three this time. However, initiatives begun as a result of its identification last time need to be continued. The information below is from the PowerPoint presented at the Community Health Improvement Call to Action and notes some important factors that document the continuing issues around oral health.

2014 Findings Sheboygan County Community Health Survey

- Twenty-two percent of respondents reported they currently have swollen or bleeding gums, a toothache, a cracked tooth, or a cavity for which they need to see a dentist but have not gone for treatment.
- Sixteen percent of respondents reported there was a time in the last 12 months they did not receive the dental care needed.
- The Healthy People 2020 goal for a family member unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary in the past 12 months is 5%. (Objective AHS-6.3)

Dental Diagnosis by Emergency Department Discharges Secondary Data Report

Hospital – FY 2012	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Aurora Sheboygan Memorial Medical Center	106	68	89	67
St. Nicholas Hospital	99	94	96	87
Total	205	162	185	154

Source: State hospital data, WHAHC, accessed using Database Resources Navigator. Accessed July 8, 2014

VII. Description of Resources Available to Meet Priority Health Needs

Hospitals and Related Medical Groups

Sheboygan County, Wisconsin has two fully integrated health care systems serving Sheboygan County and many regional communities. These include Hospital Sisters Health System (St. Nicholas Hospital) with its physician partner Prevea Health and Aurora Health Care including Aurora Sheboygan Memorial Hospital, and the Aurora Clinics.

Community Organizations and Government Agencies

Sheboygan County is fortunate to have many social agencies and civic groups who work to address community needs. These included but are not limited to United Way and United Way agencies, Mental Health America of Sheboygan County, University of Wisconsin Extension – Sheboygan County, two universities and a technical college with a commitment to community service, many counseling agencies, Healthy Sheboygan County 2020, Sheboygan Food Bank and numerous food pantries, Aging and Disability Resource and many more. Many of these organizations and more actively participate in the community wide action planning teams formed to address the identified needs. For example, the ATODA community action planning team includes representatives from both health systems, the public health department, the University of Wisconsin-Sheboygan.

VIII. Documenting and Communicating Results

This CHNA Report and Implementation Plan are available to the community on the hospital's public website: www.stnicholashospital.org

To obtain a hard copy, please contact the Administration Department at (920) 459-4705.

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the web page on which it has made the CHNA Report and Implementation Plan widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA as well as the health indicators that it did not address and why.

IX. Implementation Plan

St. Nicholas Hospital will partner with community wide action teams to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs. The set of implementation strategies and interventions are contained in the Implementation Plan which was approved and adopted by an authorized body of the hospital. The implementation strategies and interventions will include, but are not limited to, the following initiatives in each of the five health needs categories.

1. Mental Health – HSHS St. Nicholas Hospital is involved in the development, implementation and/or continuation of the following efforts to improve access to care.
 - a. Support the activities of the community action planning teams, which have their own three year plan with goals and outcome measures (work plans will be attached to this report upon completion).

- b. Develop strategies to ensure Health literacy is a component of all the programming and activities.
- 2. ATODA – HSHS St. Nicholas Hospital is engaged in the development, implementation and/or continuation of the following efforts to improve ATODA services.
 - a. Support the activities of the community action planning teams, which have their own three year plan with goals and outcome measures (work plans will be attached to this report upon completion).
 - b. Develop strategies to ensure Health literacy is a component of all the programming and activities.
- 3. Physical Activity and Nutrition – HSHS St. Nicholas Hospital is supportive of the development, implementation and/or continuation of the following efforts to address obesity.
 - a. Support the activities of the community action planning teams, which have their own three year plan with goals and outcome measures. (work plans will be attached to this report upon completion).
 - b. Develop strategies to ensure Health literacy is a component of all the programming and activities.
- 4. Identify and implement programs to provide appropriate care to poor and needy.
 - a. Develop strategies to reduce ED visits by Medicaid patients and provide them with care in setting appropriate to their needs.
 - b. Provide assistance to community members to enroll in insurance products through the marketplace or to enroll in BadgerCare, as appropriate for their situation.
 - c. Work with Public Health and our community partners to identify and implement at least one new evidence-based community program that addresses one of the identified health priorities.

In addition, though not identified as one of the top focus areas, oral health continues to be a major concern within our community. Oral health was the top focus area during our last Community Health Needs Assessment. In response to this need, in January, 2012 the Lakeshore Community Health Center opened for dental services one day a week. Currently the clinic continues to grow and has become a Federally Qualified Health Center. In 2014 they served nearly 3000 people.

- 5. HSHS St. Nicholas Hospital is involved in the implementation and /or continuation of the following efforts to improve access to dental care.
 - a. Support the activities of the Dental Access Committee.
 - b. Support the activities of the Lakeshore Community Health Center.
 - c. Develop strategies to reduce ED visits for dental conditions
 - d. Continue to support and explore additional strategies to provide educational materials and community resources for providers to share with their patients.

X. Next Steps

HSHS St. Nicholas Hospital will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health needs that can be monitored, evaluated and improved upon over time with lessons learned from the field and evidence-based best practices. In the coming months, we will review what current efforts by HSHS St. Nicholas Hospital and community partners are having, or have the highest potential, to have the most impact on improving related health indicators. We will review how our Community Benefit programs and activities are being monitored, success indicators being tracked and what accountability measures are in place. This analysis will be done in a collaborative manner with respective partners with the intent to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

The significant awareness generated over the last several months of completing the CHNA Report and Implementation Plan provides us with leads of key individuals and organizations who we can engage to refine and implement key activities related to each of the identified community health needs.

Support documentation on file and available upon request.