

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION STRATEGY

2019-2021



Upland Hills
Health

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Introduction

Upland Hills Health conducted a Community Health Needs Assessment in 2018 to fulfill the mandated obligation as a tax-exempt hospital, in accordance with the Patient Protection and Affordable Care Act (PPACA). Upland Hills Health collaborated on the Community Health Needs Assessment process and prioritization of health needs with the following organizations:

- Iowa County Health Department
- Aging and Disability Resource Center (ADRC) of Southwest Wisconsin
- Southwestern Wisconsin Community Action Program (SWCAP)
- Community Connections Free Clinic
- Inclusa, Inc.

The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area. It included collection and analysis of input from persons who represented the interests of the community served by Upland Hills Health.

Based on the results of the primary and secondary data collection, five health needs rose to the top as priority issues to focus efforts on in the coming years.

- Preventative Health and Wellness
- Access to Transportation
- Mammography
- Addiction to Medicine
- Resiliency Training

The following pages outline the goals for addressing each of the health issues and the action plan designed to positively effect change in each of the areas.

Preventative Health and Wellness

Goal 1:

Increase access to information regarding wellness and socialization opportunities in our local communities within the next year.

Facts:

A survey of adults in Iowa County was conducted by the Healthy Aging in Rural Towns (HeART) Coalition from July to August 2018. HeART is a partnership of The Iowa County HeART Coalition, The University of Wisconsin-Madison School of Nursing and the Office of Rural Health and is supported by Margaret A. Cargill Philanthropies. A total of 254 participants responded to the survey with the majority of participants aged 70 to 79 years. Loneliness and social isolation were identified as gaps in the health and wellbeing of older adults. The geography of the rural communities is thought to negatively impact transportation options and access to social opportunities. In addition, the survey respondents identified the ADRC, libraries, and churches as strengths within local communities.

Action Plan:

- Develop a list of existing social and wellness opportunities for older adults in Iowa County. Collaborate with members of the Iowa County HeART Coalition and other community partners.
- Identify communities lacking in social and wellness opportunities. Work with local community leaders to develop a plan to increase opportunities.
- Disseminate information regarding social and wellness opportunities through various avenues. Possibilities include: Iowa County Resource Hub, Upland Hills Health website, ADRC, churches, libraries, senior centers, senior living facilities, and social groups such as Kiwanis and Lions Club.
- The anticipated outcome of the action plan is to ensure that at least the wellness and socialization opportunity is available in each of our communities each month.

Community Partners/Supporting Resources:

- ADRC: Collaborate with ADRC to disseminate information regarding social and wellness opportunities utilizing the News and Views newsletter.
- Iowa County HeART Coalition: HeART Coalition members will help to develop a list of social and wellness opportunities for older adults in Iowa County and will assist with dissemination of information.

Goal 2:

Implement a Diabetes Wellness Program in partnership with Second Harvest Foodbank. Provide monthly educational handouts and recipes in conjunction with the Diabetes Wellness Program.

Facts:

According to the Centers for Disease Control and Prevention, diabetes currently affects 25 million people nationwide and is a leading cause of death in the United States. The prevalence of diabetes, especially type 2 diabetes, has dramatically increased over the past fifty years, disproportionately affecting low-income people who live with food insecurity. Feeding America's Hunger in America study found that one-third of the households served by their network of food banks report having a member with diabetes and two-thirds have had to choose between paying for food and paying for medicine or medical care.

For people who are struggling with food insecurity, a struggle exists between their need to stretch their food budgets and their need to purchase healthy food, such as vegetables, lean proteins and whole grains. Recent studies conducted by Feeding America showed that food banks are an ideal partner to help patients access the nutritious food that they

need and to empower them to take the steps necessary to improve their health. Due to a generous grant from SSM Health, Second Harvest's HungerCare Coalition piloted a program to provide food-insecure patients with free nutritious food and tailored nutrition education for over 300 participants in Dane, Rock and Sauk counties from April 2016 – October 2018. Participants received monthly boxes of approximately 30 pounds of healthy food, equaling one to two weeks-worth of meals, a monthly fact sheet on various nutrition topics, and two to three recipes to use with the food items provided.

Participant requirements include: age 18 or older, diagnosed with type 2 diabetes and food insecurity. Food insecurity as determined by the two-question USDA screen below:

For each statement, please tell me whether the statement was "often true, sometimes true, or never true for your household".

1. Within the past 12 months we worried whether our food would run out before we got money to buy more.
2. Within the past 12 months the food we brought just didn't last as we didn't have money to get more.

A response of "often true" or "sometimes true" to either question indicates a positive screen for food insecurity.

Action Plan:

- Upland Hills Health will partner with Second Harvest's HungerCare Coalition to offer the Diabetes Wellness Program at Upland Hills Health.
- Our goal is to enroll 48 patients in the program by December, 2019. In addition to diabetes, we will also offer the program to patients who have a diagnosis of Congestive Heart Failure, as a balanced, low sodium diet is one of the most important aspects to treatment. Program participants will come to Upland Hills Health once per month to receive their box of nutritious food.
- In order to increase educational and social opportunities, we will develop an educational pamphlet to be included with the food boxes each month.
- The anticipated outcome of the action plan is to continue and stabilize the program with Second Harvest and develop a comprehensive Diabetic Clinic for patients, housed at the hospital.

Community Partners/Supporting Resources:

- Second Harvest Food Bank: Establish a partnership with Second Harvest Food Bank to provide healthy food and recipes for the Diabetes Wellness Program.
- Community Connections Free Clinic: Collaborate with the Community Connections Free Clinic to identify patients who would benefit from being enrolled in the program.
- Southwest Wisconsin Community Action Program: The Southwestern Wisconsin Community Action Program Food Pantry will pick-up unused food to be distributed in their Dodgeville location.

Goal 3:

Establish High Level Evidenced Based Programming in Community

Action Plan:

- *Healthy Living with Diabetes*, co-facilitated by the Health Department and hosted at Lands' End (6 week class that meets once a week) *Healthy Living with Diabetes*, co-facilitated by a peer leader at a location outside of Dodgeville <https://wihealthyaging.org/healthy-living-with-diabetes>

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- *Stepping On* x 2, co-facilitated by the Health Department and/or peer leader. Location will likely be Dodgeville. (6 week class that meets once a week) <https://wihealthyaging.org/stepping-on>
- *Tai Chi*-adapted, co-facilitated by the Health Department. Location TBD. This will only be offered once as it is a 12 week program that meets 2x/week) [Tai Chi Fundamentals is ideal for anyone wishing to learn Tai Chi basics, standing, with walker support and seated, deepen their practice, learn the essentials of Qi Gong energy cultivation.](#)
- *Walk with Ease*. Location TBD, but possibly outside of Dodgeville. (This class meets 3 days/week for 6 weeks) <https://wihealthyaging.org/walk-with-ease>
- *Powerful Tools for Caregivers*, co-facilitated by Regional Dementia Care Specialist. Location TBD, but may be in Dodgeville. (6 week class, meets once a week) *This does not have a physical/movement component.* <https://wihealthyaging.org/powerful-tools-for-caregivers>

Other Prevention Opportunities

- *Boost Your Brain and Memory*, co-facilitated by Regional Dementia Care Specialist. Location will be Belmont, in February. Other classes scheduled as needed/able. (6 week class that meets once a week.) This program is evidence informed. *This does not have a physical/movement component to it during the class time, but does highly encourage regular physical activity.*
- *Stand Up and Move More* If funding for this research project comes through, we hope to be part of the next phase of this research project in 2019. Phase 1 was completed in 2018. This is in the process of becoming an evidence based program.
- The anticipated outcome of the action plan is to continue to increase the evidence based wellness and health programs offered in our communications.

Community Partners/Supporting Resources:

- ADRC: Facilitate classes including *Stepping On* and *Tai Chi*
- Health Department: Co-facilitate *Healthy Living with Diabetes* classes with Upland Hills Health Certified Diabetes Educator.
- Lands' End: Host *Healthy Living with Diabetes* classes
- Regional Dementia Care Specialist: Co-facilitate *Powerful Tools for Caregivers* class

Access to Transportation

Goals:

- To improve the accessibility of transportation to UHH and the community, keeping safety at the forefront.
- To develop a transportation resource list for UHH and our service area.

Action Plan:

- Reach out to community resources to promote the expanded transportation options made available through Iowa County ADRC which will decrease the number of cancelled medical appointments and decrease social isolation in our rural areas.
- Continue to develop this program from where the previous transportation committee left off. Specifically focusing on a mode of transportation after business hours and weekends in order to reduce the utilization of law enforcement and EMS for transporting patients home, including Assisted Living Facilities.
- The anticipated outcome of the action plan is to move closer to offering patients without transportation, options for 24-hour/7-days per week coverage.

Community Partners/Supporting Resources:

- Aging and Disability Resource Center (ADRC) of Southwest Wisconsin oversees the Mineral Point City Taxi, Dodgeville City Taxi, and Rural Iowa County Taxi Service which are new or expanded services. UHH will promote these services to patients and families. Information has been distributed to patient care areas, clinics, and UHH departments that have patient contact. Health and Human Services of Iowa County Business Manager keeps the UHH transportation workgroup informed of county efforts to serve Iowa County Residents.
- Southwest Wisconsin Community Action Program oversees the LIFT program. LIFT is an important transportation service to UHH patients. Lift coordinator participates in the UHH transportation meetings to keep the workgroup aware of funding, other transportation options, etc.
- Community Connections Free Clinic and Upland Hills Health work together to share transportation vouchers to patients who need a ride to and from clinic appointments.
- Wisconsin Region of Narcotics Anonymous works with Upland Hills Health to make sure there are transportation options available to patients who need medication assisted treatment in Madison to prevent relapse.
- SSM Health-Dean Clinic and Upland Hills Health work with the transitional care resource nurse when discharging to make sure patients have access to get to their follow-up appointments.

Mammography

Goal:

Increase mammography rate for Iowa County women from 64% to 70% (based off of the *2018 County Health Rankings data*) by 9/30/2021. (Consistent with Upland Hills Health Partnership Strategy of the organizational strategic plan 2019 – 2021)

Action Plan:

- Work with community health care providers and agencies to implement community education on importance of and recommendations for screening mammograms based on age and risk factors.
- Research availability of current mammography statistics for Iowa County.
- Identify and address barriers to receiving recommended screening mammograms.
- Identify resources available to individuals to support attainment of recommended mammography screening.
- The anticipated outcome of the action plan is to increase the mammography rate for Iowa County women to 70%.

Community Partners/Supporting Resources:

- American Cancer Society Reach for Recovery program: provides resources to individuals who are or may be facing breast cancer.
- Iowa County Public Health Department: works collaboratively with Upland Hills Health and other healthcare providers in Iowa County providing educational resources, assisting with transportation needs, and home visits for vulnerable and elderly.
- Upland Hills Health Clinics: providing primary and specialty care, including obstetrics and gynecology, to women of Iowa and surrounding counties. Upland Hills Health offers 3D mammography without additional charge for those whose insurance coverage does not include this level of screening.
- SSM Health-Dean primary health care providers: providing primary healthcare and treatment to women. Additionally, SSM provides visiting specialist, including oncology, to the Upland Hills Health campus.
- Madison Radiologists: interprets all mammogram screening tests completed at UHH and provides breast biopsy through interventional radiology procedures.
- Iowa County Aging and Disabilities Resource Center: assists elderly and disabled community members with finding available benefit resources and transportation to appointments. Also provides to family and caregivers who are supporting someone with an acute or chronic illness.
- Dodgeville Public Library: provides written as well as access to electronic resources to the community.
- Southwestern Wisconsin Community Action Program: provides supportive services to low-income community members including transportation to appointments and housing and nutrition support.
- Upland Hills Health Charity Funds for patients of low income: works with individuals who are uninsured or underinsured to provide screening and treatment services.
- Wisconsin's Well Women Funds – provides funding for women who are in need of a mammogram and some treatment options but who are uninsured/underinsured.
- ADRC Older Adult Health Fair
- Community Connections Free Clinic: provides patient information, health assessments, primary care, referral for screening and diagnostic mammography, health education, and follow-up.

Addiction Medicine

Goals:

- Enhance public knowledge and support of the prevalence of substance misuse in our community will increase the support of implementing wrap around services in our community such as sober homes, additional treatment programs, etc.
- Improve healthcare practices, such as motivational interviewing and prescribing practices, can help reduce the amount of controlled substances that are prescribed, as well as help providers identify individuals that are in need of substance misuse treatment.
- Improve access to treatment pertaining to substance misuse will help those who are misusing illicit or prescribed substances receive treatment in a timely manner.

Action Plan:

- Collaborate with other Iowa County stakeholders including schools and law enforcement to pursue the Drug Free Communities support program grant for primary prevention of adolescent alcohol consumption and prescription drug misuse
- Host a community education event in conjunction with the Iowa County Opioid Task Force
- Explore current hospital practices regarding screening for substance abuse and update these if necessary to reflect the best evidence-based screening methods
- Develop a unified clinic policy on controlled substances
- Support the creation and management of sober living in Iowa County in collaboration with SWCAP
- Create an Emergency Room pathway for medication assisted treatment, particularly buprenorphine induction
- Work to streamline outpatient follow up and care coordination for evaluation and treatment of substance use disorders
- Support the creation of, and utilize, a peer-coaching program in Iowa County as an additional means of supporting individuals across the sobriety spectrum
- Build a suboxone prescribing and administering process and explore the need to increase the number of primary care providers who are certified in prescribing suboxone
- Ideas from other committees, such as the substance abuse-prevention subcommittee and SW Behavioral Health Partnership. They support our first goal, enhance public knowledge and support
 - Increase community and stakeholders understanding of WI Voices for Recovery
 - Support Southwest Behavioral Health Partnership in their development and launch of Trilogy.
 - Disseminate information about Iowa County services/programs (ie Iowa County Community Resource Guide)
 - To social groups, churches, libraries, primary care clinics, UHH patient care units
 - Through social media, Iowa County Resource Hub, UHH website, law enforcement interaction with the public
 - Continue support for and partnership with the Substance Abuse-Prevention subcommittee
 - Assist in organizing education events in the community and schools
- The anticipated outcome of the action plan is to continue on the pathway to developing comprehensive local options for those suffering with opioid and other chemical dependencies.

Community Partners/Supporting Resources:

Representatives from the follow agencies engage in monthly and quarterly meetings to develop a prevention program, create a seamless approach to treatment, and provide community education pertaining to addiction and substance misuse in our community.

- Southwest Wisconsin Community Action Program – Opportunity House; ED2Recovery Program; LIFT Program
- Unified Community Services – Medication Assisted Treatment options; Mental Health Services; Addiction Recovery
- Iowa County Law Enforcement – Provides data on arrest rates in our community pertaining to substance misuse
- Iowa County Public Health Department – Provides data on current state of substance misuse in our county; Housing Assistance
- Iowa County Public Schools – Provides data on the current state of substance misuse in our schools districts
- Dodgeville Public Library – Employment Assistance
- Iowa County Drug Treatment Court – Participation on Substance Abuse-Prevention subcommittee
- Madison Emergency Physicians – Provides treatment to patients whom present to UHH with substance misuse conditions
- Community Connections Free Clinic – Provides data on substance misuse concerns among our uninsured/underinsured community members; Mental Health Services
- Iowa County Aging and Disability Resource Center (ADRC) – ADRC Taxi; Employment Assistance
- Upland Hills Health Foundation – Provides administrative support for the monthly and quarterly meetings

Resiliency Training

Goals:

- Increase caregiver resiliency by providing training and education opportunities throughout the community.
- Utilize these same training opportunities to provide resiliency training to other at risk populations for burnout and mental health crisis.

Action Plan:

- Develop a comprehensive list of existing resiliency training opportunities in Iowa County, regardless of the focus and intended audience.
- Identify caregivers who are at risk for, or already experiencing, caregiver burnout. Work with area agencies and leaders to identify the aforementioned population.
- Create and/or grow caregiver resiliency training opportunities and subsequently build out additional training opportunities focusing on other populations as identified in Iowa County.
- The anticipated outcome of the action plan is to have classes and support available to caregivers and those at risk for burnout and mental health crises to increase their resiliency.

Community Partners/Supporting Resources:

- Aging and Disabilities Resources Center of Iowa County serves as a reference guide for area services.
- National Academy of Medicine provides an online resource for clinician well-being and focus efforts on countering the opioid epidemic.
- University of Pennsylvania Department of Positive Psychology is an online resource to promote research, training, education, and dissemination of positive psychology, resilience, and grit.
- Iowa County Public Health Department serves as a reference guide for area services.
- Upland Hills Health is hosting a monthly webinar series, *Health Care Workforce Resilience*. This is sponsored by the Wisconsin Medical Society and the Wisconsin Hospital Association. Participation has been increasing, but has been primarily nursing managers, the quality team, and social services.
- Mayo Clinic provides a train the trainer program through the SMART approach developed at Mayo. <https://www.resilientoption.com/train-the-trainer>.
- Southwest Wisconsin Community Action Program serves as a reference guide for area services and resources.
- Wisconsin Hospital Association provides webinars related to resiliency available to staff at Upland Hills Health.
- John Hopkins RISE (Resiliency in Stressful Events) provides a resource for emotional peer support and support to victims who were emotionally impacted by a stressful patient-related event.
- UHH Employee Assistance Program provides a resource for employees to know the importance of resilience, build resilience, and tips to foster resilience.

Needs Not Addressed at This Time and Why

Establishing Additional Clinics in Outlying Areas/Clinics at Schools:

The service providers agreed that until existing clinics are fully staffed with physicians/midlevels, additional clinics should not be opened.

Fitness Center (Barneveld and other small towns):

This is under development through a local coalition of Barneveld residents. Other communities are exploring local options.

Hospice House:

This may be a component of the project under development by the county and the hospital.

Improve Sidewalks/Additional Sidewalks/Walking Path:

This is being explored with our community by government/clinic groups.

Senior Center

This may be a component of the project under development by the county and the hospital. This is being considered as a component of Scenic Hills, a proposal joint development senior living project by Upland Hills Health and Iowa County.

Addiction Substance Abuse Clinic

The physicians are opening access through the rural health clinics and Upland Hills Health Emergency Department.

Inpatient Mental Health

The current population cannot support this service within the county.

AODA Services under Upland Hills Health

Needs That Have Been Addressed

Reopen Barneveld Clinic:

Upland Hills Health purchased the former clinic and reopened it in November 2018.

“Bring Dr. McGraw Back to Barneveld”:

Dr. McGraw is now staffing at the Upland Hills Health Barneveld Clinic.