

COMMUNITY HEALTH NEEDS ASSESSMENT

# COMMUNITY HEALTH NEEDS ASSESSMENT

2019-2021



**Upland Hills**  
Health

800 Compassion Way  
Dodgeville, Wisconsin 53533  
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## Message to Our Community

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Upland Hills Health (UHH) is pleased to present the 2019-2021 Community Health Needs Assessment (CHNA). Our Community Health Needs Assessment is an expression of our Mission: *We are a community-minded healthcare system providing innovative, individualized, and compassionate care for every stage of life.*

We have collaborated with our community partners to review progress collectively made on our previous plan and to chart a new course for the upcoming three-years. Upland Hills Health is actively collaborating with the following community partners:

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

In addition to these formalized, collaborative partners, Upland Hills Health reached out to the communities in our service area for input. Town Hall meetings were held in several communities within Iowa County to learn about residents’ concerns, solicit their ideas on how healthcare in Iowa County could be improved, and develop a better understanding of services that are available to area residents and those that are lacking. Approximately 504 stakeholders contributed over 1,300 thoughts and ideas to this process.

We identified and prioritized community health needs based on importance to community members and our ability to make a significant impact. We met with our community partners to compare the selected health need priorities with those established by the Iowa County Health Department, the Aging and Disability Resource Center, and Southwest CAP, to ensure that synergy would be maximized.

Priorities we will address over the next three years include:

1. Preventative Health and Wellness
2. Access to Transportation
3. Mammography
4. Addiction Medicine
5. Resiliency Training

We pledge to work with our partners to develop plans that will address each of these areas to create a healthier Southwestern Wisconsin.

Your ideas on how we may build a healthier community together are welcome!

Sincerely,

Lisa Schnedler  
President & CEO

## Executive Summary

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### Background

The CHNA report provides an overview of the health need priorities in our service area. This report will also serve as a resource for community benefit planning, and developing an implementation strategy for addressing our community's health need priorities. The Upland Hills Health Board approved this CHNA in January 2019.

The Patient Protection and Affordable Care Act (PPACA) requires 501(c)3, tax-exempt hospitals to conduct a CHNA every three years and adopt a strategic implementation plan to address the identified needs. The hospital last conducted a CHNA in 2016.

### Health Need Priorities and Resources

Upland Hills Health identified the following five healthcare priorities to focus on in our 2019-2021 CHNA and strategic implementation plan. These healthcare issues and the resources available to address them, include:

- **Preventative Health and Wellness:** Resources include Iowa County Health Department, the Aging and Disabilities Resource Center in Iowa County, the Community Connections Free Clinic and Upland Hills Health Clinics and Healthcare Centers.
- **Access to Transportation:** Resources include Iowa County Health Department, the Community Connections Free Clinic, the Wisconsin Region of Narcotics Anonymous, SSM Health-Dean Clinic, the Aging and Disability Resource Center in Iowa County, Southwestern Wisconsin Community Action Program and Upland Hills Health.
- **Mammography:** Resources include Aging and Disability Resource Center in Iowa County, Iowa County Health Department, Dodgeville Public Library, Community Connections Free Clinic, Southwestern Wisconsin Community Action Program, Wisconsin Well Woman Program (WWWP) and Upland Hills Health.
- **Addiction Medicine:** Resources include Iowa County Law Enforcement, Iowa County Health Department, Iowa County Human Services, Unified Community Services, Wisconsin Region Alcoholics and Narcotics Anonymous Chapters, Madison Emergency Physician Group, SSM Health-Dean Clinic Dodgeville, NIH National Institute on Drug Abuse, CASA Columbia National Advisory Commission on Addiction Treatment, Alliance for Wisconsin Youth, and Upland Hills Health.
- **Resiliency Training:** Resources include the Aging and Disabilities Resources Center in Iowa County, National Academy of Medicine, UPenn Department of Positive Psychology\*, Iowa County Health Department, Iowa County Health and Human Services, Iowa County Emergency Management, Upland Hills Health, Mayo Clinic\*\*

\* A train the trainer program may be available through Upenn. <https://ppc.sas.upenn.edu/services/penn-resilience-training>

\*\* A train the trainer program may also be available through the SMART approach developed at Mayo. <https://www.resilientoption.com/train-the-trainer>

## Goals

|   |
|---|
| <b>Preventative Health and Wellness</b>   |
| Enhance health and fitness opportunities through Upland Hills Health to provide improved wellness and socialization opportunities within our local communities that include our elderly and disabled. |
| <b>Access to Transportation</b>   |
| By 2020, establish a 24/7 transportation system for residents to use when medically necessary, utilizing the resources already available in Iowa County.  |
| <b>Mammography</b>  |
| Increase mammography rate for Iowa County women from 64% to 70%.  |
| <b>Addiction Medicine</b>   |
| Establish medication assisted treatment options in the clinics.   |
| <b>Resiliency</b>   |
| Promote personal resiliency and healthy choices training.   |

## About Upland Hills Health

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### Mission

We are a community-minded healthcare system providing innovative, individualized and compassionate care for every stage of life.

### Vision

To exemplify the highest standard of community healthcare and inspire patients to take an active role in their health through wellness-oriented care.

### Values

**Sensible** – Approach decisions in a practical way, guided by common sense.

**Holistic** – Focus on the patient as a whole and not a set of symptoms.

**Affordable** – Bring care to all who need it.

**Respectful** – Treat all as we want to be treated.

**Inspirational** – Be the standard of community health and wellness.

**Nurturing** – Provide medical care with support and encouragement.

**Genuine** – Show honest concern for those we serve and passion for what we do.

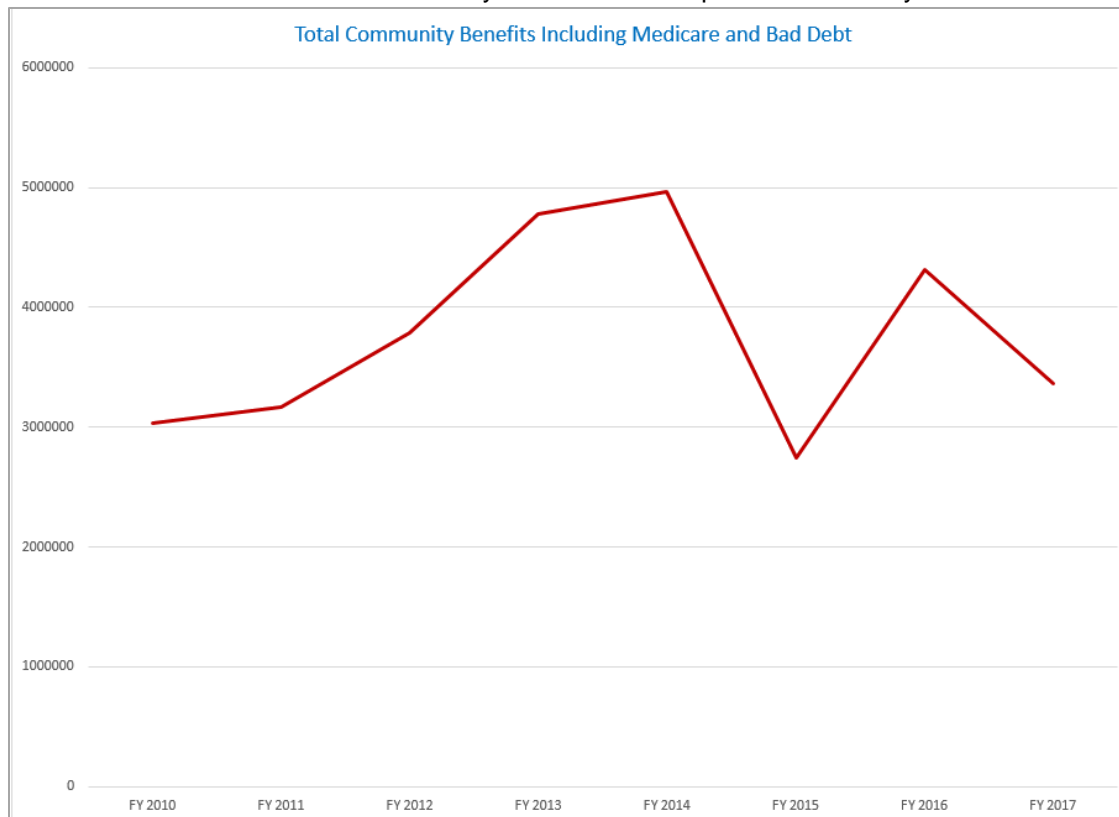
### Highlights of Services

- Emergency and Urgent Care
- Intensive Care/Medical Surgical Unit
- Birthing Unit
- Swing Bed Rehabilitation
- Laboratory Services
- Imaging
- Therapy & Wellness Center
- Heart, Lung & Sleep Center
- Nursing & Rehabilitation Center
- Fresenius Dialysis Center on Campus
- General Surgery Clinic
- Orthopedic Clinic
- OB/GYN Clinic
- Pain Management Clinic
- Family Medicine Clinics
- Specialty Clinics
- Home Care
- Hospice Care
- Nutrition Consultation
- Upland Hills Hometown Medical Equipment
- CrestRidge Senior Living

## Community Benefits

|   | <u>FY 2017</u>     |
|---|--------------------|
| Community Health Improvement Services                             | \$15,578           |
| Health Professions Education                                      | \$169,932          |
| Subsidized Health Services  | \$704,114          |
| Financial and In-Kind Contributions                               | \$190,033          |
| Community Building Activities                                     | \$1,147            |
| Financial Assistance  | \$496,079          |
| Government Sponsored Healthcare Reductions in Payments            | \$1,495,952        |
| Bad Debt  | \$289,896          |
| <b>Total Community Benefits Including Medicare &amp; Bad Debt</b> | <b>\$3,362,731</b> |
| *Over 1,000 people served by our Community Benefits programs      |                    |

Trend on Total Community Benefit Dollars Spent over Past 5 years



## Our Affiliations

To ensure that Upland Hills Health stays on top of changing healthcare regulations, industry trends and performance and quality standards, we are accredited by The Joint Commission and affiliated with the following organizations:

- SSM Healthcare of Wisconsin
- Rural Wisconsin Health Cooperative (RWHC)
- Wisconsin Hospital Association (WHA)



FY2018 Statistics

|  |        |
|--|--------|
| Admissions                                 | 1,196  |
| Births                                     | 219    |
| ER Visits                                  | 6,601  |
| Outpatient Visits (includes Clinic Visits) | 15,952 |
| Beds                                       | 25     |
| Employees                                  | 397    |
| Active Medical Staff                       | 30     |
| Volunteers                                 | 95     |

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## Our Service Area

Upland Hills Health used discharge data from Intellimed to identify its Primary and Secondary Service Areas, in addition to Developing Markets. Approximately 81% of discharges originated from these locations. Upland Hills Health provides outpatient clinic services in seven community locations. Upland Hills Health has identified this as its community served for purposes of the 2019-2021 community health needs assessment.

Redefined August 2017 for future Strategic Planning reports and general market share reporting purposes.

| PSA Aug 2017                             |               | SSA Aug 2017                         |                | Developing Markets |              |
|--|---------------|--------------------------------------|----------------|--------------------|--------------|
| UHH Primary Service Area (PSA) Zip Codes |               | UHH Secondary Service Area (SSA) Zip |                |                    |              |
| 53506                                    | Avoca         | 53510                                | Belmont        | 53588              | Spring Green |
| 53507                                    | Barneveld     | 53516                                | Blanchardville | 53503              | Arena        |
| 53533                                    | Dodgeville    | 53517                                | Blue Mounds    | 53556              | Lone Rock    |
| 53543                                    | Highland      | 53530                                | Darlington     |                    |              |
| 53554                                    | Livingston    | 53573                                | Muscoda        | 53572              | Mount Horeb  |
| 53565                                    | Mineral Point | 53809                                | Fennimore      |                    |              |
| 53569                                    | Montfort      |                                      |                |                    |              |
| 53582                                    | Ridgeway      |                                      |                |                    |              |
| Iowa County Masked*                      |               |                                      |                |                    |              |
| Cobb 53526                               |               |                                      |                |                    |              |
| Edmund 53535                             |               |                                      |                |                    |              |
| Hollandale 53544                         |               |                                      |                |                    |              |
| Linden 53553                             |               |                                      |                |                    |              |
| Rewey 53580                              |               |                                      |                |                    |              |

\*Note on Intellimed data: In order to protect the privacy of patients, if there are fewer than 30 discharges or outpatient surgeries from a zip code in a quarter, or if the population of a zip code is under 1,000, then the data from the zip code for that quarter is added to the corresponding masked county zip code.

## Our Community by the Numbers





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- Iowa County, which is defined by Upland Hills Health for this assessment as its community, has 12 zip codes
- Population (2018): 20,585. Male = 10,311 Female = 10,440
- Population increase (2018-2023) of 0.7%
- 67% of hospital discharges originated from Iowa County
- Lower per capita income than USA as a whole
- Lower rate of unemployment than Wisconsin and the US
- Disparities:
  - Income. Non-Caucasian populations have lower per capita incomes
  - Education. Non-Caucasian populations are less likely to have high school or college diploma
- Overall, higher percentage of Caucasian residents than Wisconsin
- 24% of people in Iowa County are over the age of 60
- 40% of households include a member over the age of 60
- 27% of Iowa County residents over the age of 65 live alone
- 14% of Iowa County residents over the age of 65 are in poverty
- 19% of Iowa County residents over the age of 65 are still employed

# The Health of our Community

## County Health Rankings 2018

|  | Iowa County | Trend | Error Margin | Top U.S. Performers | Wisconsin | Rank (of 72) |
|--|-------------|-------|--------------|---------------------|-----------|--------------|
| <b>Health Outcomes</b>   |             |       |              |                     |           | <b>19</b>    |
| <b>Length of Life</b>  |             |       |              |                     |           | <b>21</b>    |
| Premature death  | 5,500       |       | 4,400-6,700  | 5,300               | 6,000     |              |
| <b>Quality of Life</b>   |             |       |              |                     |           | <b>20</b>    |
| Poor or fair health  | 12%         |       | 12-13%       | 12%                 | 15%       |              |
| Poor physical health days                                      | 3.3         |       | 3.1-3.5      | 3.0                 | 3.6       |              |
| Poor mental health days  | 3.4         |       | 3.2-3.6      | 3.1                 | 3.8       |              |
| Low birthweight  | 6%          |       | 5-7%         | 6%                  | 7%        |              |
| Additional Health Outcomes (not included in overall ranking) + |             |       |              |                     |           |              |
| <b>Health Factors</b>  |             |       |              |                     |           | <b>16</b>    |
| <b>Health Behaviors</b>  |             |       |              |                     |           | <b>12</b>    |
| Adult smoking  | 15%         |       | 14-15%       | 14%                 | 17%       |              |
| Adult obesity  | 31%         |       | 26-38%       | 26%                 | 31%       |              |
| Food environment index   | 8.5         |       |              | 8.6                 | 8.8       |              |
| Physical inactivity  | 21%         |       | 17-27%       | 20%                 | 21%       |              |
| Access to exercise opportunities                               | 63%         |       |              | 91%                 | 86%       |              |
| Excessive drinking   | 25%         |       | 24-26%       | 13%                 | 26%       |              |
| Alcohol-impaired driving deaths                                | 29%         |       | 16-43%       | 13%                 | 36%       |              |
| Sexually transmitted infections                                | 180.5       |       |              | 145.1               | 423.5     |              |
| Teen births  | 13          |       | 10-17        | 15                  | 20        |              |

| Clinical Care              |         |   |         |         |         | 51 |
|----------------------------|---------|---|---------|---------|---------|----|
| Uninsured                  | 6%      |  | 5-7%    | 6%      | 7%      |    |
| Primary care physicians    | 1,320:1 |   |         | 1,030:1 | 1,250:1 |    |
| Dentists                   | 2,630:1 |   |         | 1,280:1 | 1,520:1 |    |
| Mental health providers    | 1,580:1 |   |         | 330:1   | 560:1   |    |
| Preventable hospital stays | 60      |  | 51-70   | 35      | 45      |    |
| Diabetes monitoring        | 89%     |  | 77-100% | 91%     | 90%     |    |
| Mammography screening      | 64%     |  | 53-75%  | 71%     | 72%     |    |

## Notable Iowa County Health Statistics



15% of Iowa County adults smoke every day or most days  
(Wisconsin rate is 17%)



21% of Iowa County adults age 20 and over report no  
leisure-time physical activity (Wisconsin rate is 21%)



31% of Iowa County adults report a Body Mass Index  $\geq 30$   
which is classified as obese (Wisconsin rate is 31%)



38% of Iowa County workers who commute alone travel  
more than 30 minutes to get to work.  
(Wisconsin rate is 27%)



25% of adults reported binge or heavy drinking in the past  
30 days. (Wisconsin rate is 26%)



There is 1 mental healthcare provider for every 1,580  
people in Iowa County. (Average for the state of Wisconsin  
is 1 for every 560 people.)



72% of Iowa County children age 24 months received all  
recommended immunizations in 2017



Iowa County has a 94% graduation rate compared to  
Wisconsin's overall rate of 88%

Source: 2018 County Health Rankings [www.countyhealthrankings.com](http://www.countyhealthrankings.com)

Wisconsin Immunization Registry [www.dhs.wisconsin.gov/immunization/wir.htm](http://www.dhs.wisconsin.gov/immunization/wir.htm)

## Voice of the Community

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### Community Forums

In 2018, we (Upland Hills Health) conducted Community Forums in eight different communities within our service area. Approximately ninety-five people attended and shared suggestions for improving healthcare services in each of their rural areas. The need for increased access to services was the general theme, which included wellness/fitness, therapy, mental health, substance abuse, extended business hours, access to specialists and telehealth.

### Collaboration with County's Plan on Aging

- Every three years, the Aging and Disability Resource Center (ADRC) located in Iowa County includes the input of older people to develop a County Plan on Aging. This is a mandate of the Older American's Act to secure funding. This plan outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County. In 2018, an environmental scan was completed to develop the Iowa County Plan on Aging for 2019-2021. This scan included group brainstorming and individual interviews with stakeholders and ADRC representatives, public forums, and surveys.
- The Aging and Disability Resource Center initiated a Health and Wellness EXPO in 2012. This annual event has continuously grown. In 2015, UHH became co-sponsor of the event. The most recent EXPO (2018) drew approximately 250 participants and included over 40 community partners and vendors. This community event offers free health screenings and information about services that may benefit our aging population and their caregivers.
- The Iowa County Plan on Aging focuses on health promotion. Workshops have been initiated in the community through the sponsorship and facilitation of the ADRC. As these programs have grown, UHH and the Iowa County Health Department have become strong partners in many of these programs. Efforts to increase community access to these evidence-based health promotion programs will continue. The Plan on Aging also includes a strong focus on caregiver support, nutrition advocacy and dementia.

### Collaboration with the Iowa County Health Department

The Iowa County Health Department is the lead agency for the Healthy Aging in Rural Towns (HeART) Coalition. In the summer of 2018, every household in Iowa County received a survey from the HeART Coalition. The survey was to assess the needs of older adults and their caregivers. 254 residents responded to the survey with the majority being between the ages of 70 – 79. Top priorities identified in the survey include:

- Wellness and socialization opportunities in local communities
- Transportation and mobility opportunities for older citizens/caregivers for community engagement
- Caregiver Support
- A Resource Hub that is accessible, available, and searchable to the aging population

### Community Connections Free Clinic Patients

In 2017, 473 patients visited the Community Connections Free Clinic (CCFC) at an average of 1.8 visits per patient, adding up to approximately 860 visits. Of the 860 visits, 52% were female patients, 48% male and 34% of Hispanic or Latino Ethnicity. The largest age group served (44%) were those ranging in age from 24 to 44 years. 14% were 23 or younger, 21% in the 45 to 54 year age range, 16% in the 55 to 64 year age range and 4% of the patients seen were 65 years or older. Residents of Iowa County made up 43% of the visits, 26% were from Lafayette County, 21% from Grant County and 4% from Dane County.

The top three reasons for scheduling an appointment were described as Pain-related (22%), Other (17%), Medication Refill Request (11%). Three percent of the visits were related to depression/mental health. 126 referrals were made. The top two referrals were: 18 to CCFC Mental Health and 13 to the *Wisconsin Well Woman Program*. A bilingual, Outreach Patient Navigator (speaking Spanish and English) is available at CCFC each Thursday night to help clients sign up for breast or cervical cancer screening. This is made possible through a partnership with the *Wisconsin Well Woman Program* and UW Health.

(CCFC) currently screens for food insecurity using a 2-part questionnaire presented in English and Spanish. The questionnaire was developed by Second Harvest Food Bank. If a food insecurity is identified the client is given food bank information specific to their area. The data is tabulated monthly and sent to Second Harvest Food Bank in Madison.

## Healthcare Priorities for 2019-2021

UHH used a variety of data sources in the development of this plan. These data sources included the following:

- a. Internal patient usage data, patient feedback through various department surveys;
- b. Feedback from residents of the area through seven town hall meetings Upland Hills Health conducted in 2018
- c. Iowa County Public Health HeART survey (survey of senior residents of Iowa County conducted by University of Wisconsin);
- d. Community Connections Free Clinic (CCFC) survey of clients;
- e. The Aging and Resource Disability Resource Center client feedback through its County Plan on Aging;
- f. Outside Data and Demographic sources including the State of Wisconsin County Health Rankings Data (2018), Wisconsin Immunization Registry, State Demographic Data (including census data) and projections;

The committee formed which included representatives of each of these agencies met to determine the greatest areas of need as well as areas where collectively we could make an impact over the three-year period. It was these sources of data and this analysis which led to the top five health goals that were selected (see Implementation Strategy).

| List of Identified Community Health Needs                            | Prioritized Community Health Needs |
|--|------------------------------------|
| Access to Transportation   | Access to Transportation           |
| Addiction Medicine   | Addiction Medicine                 |
| Addiction Substance Abuse Clinic                                     | Mammography                        |
| AODA Services under Upland Hills Health                              | Preventative Health and Wellness   |
| Establishing Additional Clinics in Outlying Areas/Clinics at Schools | Resiliency Training                |
| Fitness Center (Barneveld and other small towns)                     |                                    |
| Hospice House  |                                    |
| Improve Sidewalks/Additional Sidewalks/Walking Path                  |                                    |
| Inpatient Mental Health  |                                    |
| Mammography  |                                    |
| Preventative Health and Wellness                                     |                                    |
| Resiliency Training  |                                    |
| Senior Center  |                                    |

The process the committee used in selecting these top five health goals included listing out areas of need based on the data sources detailed above, determining efforts and committees currently addressing similar issues, determining the resources available to address the needs, and determining the feasibility of making an impact over the three year period. Those areas that were already being address by other entities (e.g. housing) were eliminated. The remaining areas were prioritized by need, availability of resources, and feasibility of making an impact.



# 1: Preventative Health and Wellness

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## Problem

- Inadequate level of physical activity contributes to obesity, one of the largest causes of preventable chronic disease.
- Increased outlets for physical activity are needed to reduce obesity and related health impacts.
- Falling is a barrier to healthy aging and has a major impact in older age. Falls can lead to long term disability, reduced mobility, poor quality of life, hospital admissions and increased mortality. In Wisconsin, falls have been identified as the most overrepresented cause of death compared with the national average.

## Facts

- Physical activity can improve health.
- People who are physically active live longer and have a lower risk of heart disease, stroke, type 2 diabetes, depression, and certain types of cancer.
- Studies have shown that yoga is well accepted and results in improved ability to rise from a chair, weight loss, balance, increased step length and reduced fear of falling in older adults.
- A pilot study conducted by the University of Wisconsin School of Medicine and Public Health at Upland Hills Health, and funded in part by the Upland Hills Health Foundation, found yoga to be safe for elderly individuals to participate in and demonstrated good subject compliance. Subjects also demonstrated improvement on the 30 second chair stand test, indicating improved lower extremity strength.
- A second study performed in Southwest Wisconsin found a statistically significant reduction in falls in individuals who participate in yoga classes, as well as improvements on balance assessments. This study also found that two major barriers to adults participating in yoga were the cost and accessibility of classes.

## Figures

According to countyhealthrankings.org:

- 31% of Iowa County adults report a BMI of 30 or more (compared to 31% statewide).
- 15% of Iowa County adults are current smokers (compared to 17% statewide).
- 21% of Iowa County adults age 20+ report no leisure time physical activity (compared to 21% statewide).
- 63% of Iowa County population feel they have adequate access to locations for physical activity (compared to 86% statewide).
- 89% of diabetic Medicare enrollees, ages 65-75, receive HbA1c monitoring in Iowa County (compared to 90% statewide).

According to PUBLIC HEALTH REPORTS JULY-AUGUST 2009 VOLUME 124 pp. 478-480:

- One in 12 Americans is affected by diabetes. The number of Americans with type 2 diabetes is expected to reach 40 million by 2050.

According to FACT SHEET on Healthy Living with Diabetes--

- In Wisconsin, there are 475,000 adults with diabetes and 1.45 million adults with pre-diabetes.  
[https://wihealthyaging.org/data/files/HLWD/HLWD\\_FACT\\_sheet.pdf](https://wihealthyaging.org/data/files/HLWD/HLWD_FACT_sheet.pdf)

According to <https://wihealthyaging.org/statistics-about-falls>:

#### **Falls: A State and National Crisis**

- Nationally, falls were the leading cause of non-fatal injuries for those 65 and older and corresponded to 800,000 hospitalizations and 2.8 million emergency department (ED) visits in 2014. That's a hospitalization every 40 seconds and an ED visit every 11 seconds. (CDC)
- Wisconsin ranks 2nd in fall-related deaths in the U.S. — more than twice the national rate. (CDC-WISQARS)
- From 2010-2014, 42 Wisconsin counties experienced an over 20% increase in emergency department (ED) visits for falls; 11 counties experienced an over 100% increase in total ED charges for falls; and 48 counties saw an increase of over 50% in total ED charges for falls. (Wisconsin DHS, WISH data)

#### **Falls are costly**

- In 2015, the Medicare costs for non-fatal falls were over \$31 billion (CDC)
- In Wisconsin, at least \$771 million in hospital charges were attributable to falls in 2015; 70% of these costs were paid by the Medicare & Medicaid programs. (Wisconsin DHS)
- Average fall-related costs increased 55% statewide for ED visits from 2010 to 2014 in Wisconsin. (Wisconsin DHS, WISH data)

#### **Falls can lead to serious injuries, institutionalization, and death**

- Nationally, there are 2.8 million ED visits annually for fall injuries (CDC)
- Each year in the U.S., at least 300,000 older people are hospitalized for hip fractures. More than 95% of hip fractures are caused by falling. (CDC)
- In Wisconsin, 40% of individuals entering nursing homes had a fall in the previous 30 days. (Wisconsin DHS)

#### **Falls are preventable**

- 1 million falls could be prevented with 5,000 providers using effective screening and treatment over a five-year period. (CDC)
- Evidence-based self-management programs such as Stepping On, Otago, Tai Chi and NoFalls are proven to prevent or reduce falls; Stepping On falls prevention program reduces fall risk by 50%. (Journal of Safety Research, 2/2015)

### **Available Resources for Preventative Health and Wellness:**

- Iowa County Health Department offers Type 2 National Diabetes Prevention program for those who are pre diabetic.
- Aging and Disabilities Resource Center in Iowa County and UW Extension offers Tai Chi for Fall Prevention and Stepping On for Fall Prevention, Walk with Ease for chronic pain management.
- The Community Connections Free Clinic offers diabetes education to patients who do not have health insurance or who have Medicaid (Medicaid does not cover a visit with a dietitian.) These patients are also referred to the Second Harvest Wellness Program at Upland Hills Health. CCFC patients who have diabetes and/or congestive heart failure and who also screen positive for food insecurity are eligible to receive 30 pounds of free, nutritious food per month from Second Harvest Foodbank to help them manage their chronic disease. These patients come to Upland Hills Health once per month to pick up their food. Upland Hills Health Registered Dietitians, Culinary Services, and Volunteer Services help to coordinate this program.

- Upland Hills Health Clinics and Healthcare Centers provide High Level Evidence Based Programs that are proven to prevent or help manage falls, diabetes, chronic pain etc. They also provide Healthy Living with Diabetes for self-management, Strong Bodies for increasing strength and for those who are pre diabetic.
- Eight communities in Iowa County have libraries, which are a source for educational and social programs. There is interest currently from residents in Barneveld to investigate hosting yoga classes at the local library. Upland Hills Health is planning to survey local libraries and communities to investigate interest in hosting yoga classes at local libraries.

## 2: Access to Transportation

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### Problem

Members of our community are isolated with few options for transportation. Healthcare may not be received at the time it is needed due to an inability to find transportation to the healthcare facility.

### Facts

- According to County Health Rankings, Iowa County, Wisconsin had a 9% poverty rate and 27% of older adults live alone. These factors affect a person's ability to secure reliable transportation.
- Several organizations within the county offer limited transportation services to fill the gap of public transit in the vast rural area.
- Many transportation programs rely on volunteers. Drivers can be difficult to recruit and retain:
  - Southwest CAP Lift Program
  - ADRC Care-a-Van
  - ADRC Driver Escort Program
  - ADRC Taxi (Wednesdays and Fridays in Dodgeville), (Mondays, Tuesdays and Thursdays in Rural Iowa County and City of Mineral Point)
- The transportation programs offered by the ADRC are operated by funding that is limited by age restrictions and/or disability.
- Service rates may be determined by passenger eligibility.
- Transportation programs may not be available during the evenings, weekends or on short notice.
- Residents who reside in rural areas may not be able to access these transportation services.

### Figures

Among Older Adults Surveyed in the 2019 Iowa County HeART Survey (University of Wisconsin):

- 7.7% do not drive
- 5.4% have missed an appointment or have been unable to shop in the previous six months due to lack of transportation
- 5.9% have no one they can call in an emergency

Staff at the CCFC report transportation difficulties among undocumented workers in the county.

### Available Resources for Access to Transportation:

- Iowa County Health Department offers Community Connections Free Clinic
- Wisconsin Region of Narcotics Anonymous

- SSM Health-Dean Clinic
- Upland Hills Health
- Aging & Disability Resource Center (ADRC)
  - 20 volunteers
  - Drivers use their own vehicles
  - Rides based on driver availability
  - Clients: Age 60 and older and individuals with disabilities, regardless of age
- Dodgeville City Taxi
  - Runs Wednesday and Friday; comes from Iowa County program
  - Wheelchair accessible van
  - Preference goes to people age 60 and older and individuals with disabilities, regardless of age
- Rural Iowa County Taxi Service, including City of Mineral Point
  - Runs Mondays, Tuesdays and Thursdays
  - Wheelchair accessible van
  - Preference goes to people age 60 and older and individuals with disabilities, regardless of age
- Southwest CAP Lift Program
  - 11 volunteers
  - Wheelchair accessible vans and bariatric van
  - Rides based on availability
  - Preference goes to people age 60 and older and individuals with disabilities, regardless of age
- 

### 3: Mammography

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#### Problem

- Although mammography is widely available in our primary and secondary service area, approximately 33% of Iowa County community members are not receiving screening mammograms per recommendations from the American Cancer Society based on age group or risk factors.
- Uninsured and insured individuals may not be aware of their options for obtaining timely mammograms, often at no cost to them.
- For individuals who are uninsured but may not qualify for subsidized insurance or other funded programs for receiving mammograms, limited options are available to assist them in covering the costs of regular screening mammograms as well as any additional diagnostic tests or treatments recommended for their situation.

#### Facts

- Breast cancer is the second most common type of cancer among women in the United States, and cost nearly 7 billion dollars to treat in 2007. (Center for Disease Control, 2008)
- Mammograms are the best breast cancer screening tests available at this time.
- Finding breast cancer early and getting timely treatment are the most important strategies to prevent deaths from breast cancer. Breast cancer that is found early, when it's small and has not spread, is easier to treat successfully.
- Early detection methods for breast cancer include regular visits to your healthcare provider as well as screening mammograms per the American Cancer Society recommendations for both low and high risk individuals. (American Cancer Society, 2018)

- Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral, and satisfaction with physician, are major factors facilitating breast cancer screening. (JAMA, 2005)
- The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure. However, research shows that the sensitivity and specificity of mammograms are highest among older women, and the benefit-to-harm ratio of screening increases as women age because screening accuracy improves and prevalence of breast cancer increases. Therefore, the *County Health Rankings* use of data on women age 67-69 avoids some of the debated issues around the effectiveness and cost/benefit of regular mammograms for women under 50, and the potential of over diagnosis and over treatment.

## Figures

According to the *2018 County Health Rankings*, 64% of Iowa County Medicare enrollees ages 67-69 received recommended mammography screening, compared to a rate of 72% overall in Wisconsin and 71% (90<sup>th</sup> percentile) for the nation. (Based on 2014 data)

- According to the 2018 County Health Rankings, 64% of Iowa County females (Medicare enrollees ages 67-69) received at least one mammogram during the last two years. The overall statewide rate was 72%. (2014 data)
- Mammography screening can be used to track progress toward building a healthier community. This measure is limited, however. It only includes female Medicare enrollees ages 67-69, while the American Cancer Society recommends annual screenings for women 45-54 and every two years for those 55+. Because detection at early stages increases chances of survival, most community interventions are intended to improve cancer screening rates for the whole community; thus, this age range may not be the most appropriate for measuring the impact of interventions.

## Available Resources for Mammography:

- Aging and Disability Resource Center in Iowa County: 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.
- Iowa County 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.
- 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 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.
- Upland Hills Health Charity Funds for patients of low income
- Wisconsin's Well Women Funds – provides funding for women who are in need of a mammogram but who are uninsured/ underinsured
- ADRC Older Adult Health Fair (information)
- CCFC Patient Information: provides patient Information, health assessments, primary care, referral for screening and diagnostic mammography, health education, and follow-up.

## 4: Addiction Medicine

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### Problem

Substance abuse and addiction remains an aspect of particular and acute concern in our community. Strides have been made since our last CHNA to improve resources related to this problem but there remains much work to do to treat the problem effectively.

### Facts

- Since 2015, only about 1 in 10 people with alcohol or drug addiction (other than nicotine) get treatment for their medical condition. By contrast, 7 out of 10 people with hypertension, major depression or diabetes receive treatment for their medical condition. <sup>1,2</sup>
- Alcohol overuse and abuse remains prominent in Wisconsin and in our service area. One quarter of Iowa County adults report binge or heavy drinking.
- Since our previous assessment, the mortality rate from drug overdose has increased from 10 people per 100,000 population to 14 people per 100,000 population in Iowa County. <sup>3</sup>
- About 2% of the UHH ER visits in the past 3 years were for alcohol or illicit drug use, abuse or withdrawal.
- Both prescription opioid (pain pills) and heroin abuse remain growing problems across the US both in rural and urban communities despite increased recognition by the public. These substances can be fatal.
- Naloxone (Narcan) is an opioid antidote used by emergency personnel and its use is on the rise. Iowa County's EMS services used naloxone 21 times this past year, and our ER doctors have been using naloxone about three times per month.
- There are multiple behavioral interventions and medications which may be useful in substance abuse treatment. There is increased availability of these treatment options (including buprenorphine prescriptions) in our county but there are multiple barriers to care and the pathway to receiving treatment can be challenging to execute.
- Missed opportunities in Emergency: Frequently, individuals present to the Upland Hills Emergency Department with acute substance abuse concerns, ranging from treatment for overdose to management of withdrawal. Individuals in acute crisis are often seeking and in need of long-term change. There are no current pathways to transition these patients into treatment pathways and thus there is a significant lost opportunity for intervention.
- Substance use disorders usually begin in adolescence, so to comprehensively address this problem in our community, we must address prevention measures for our youth.

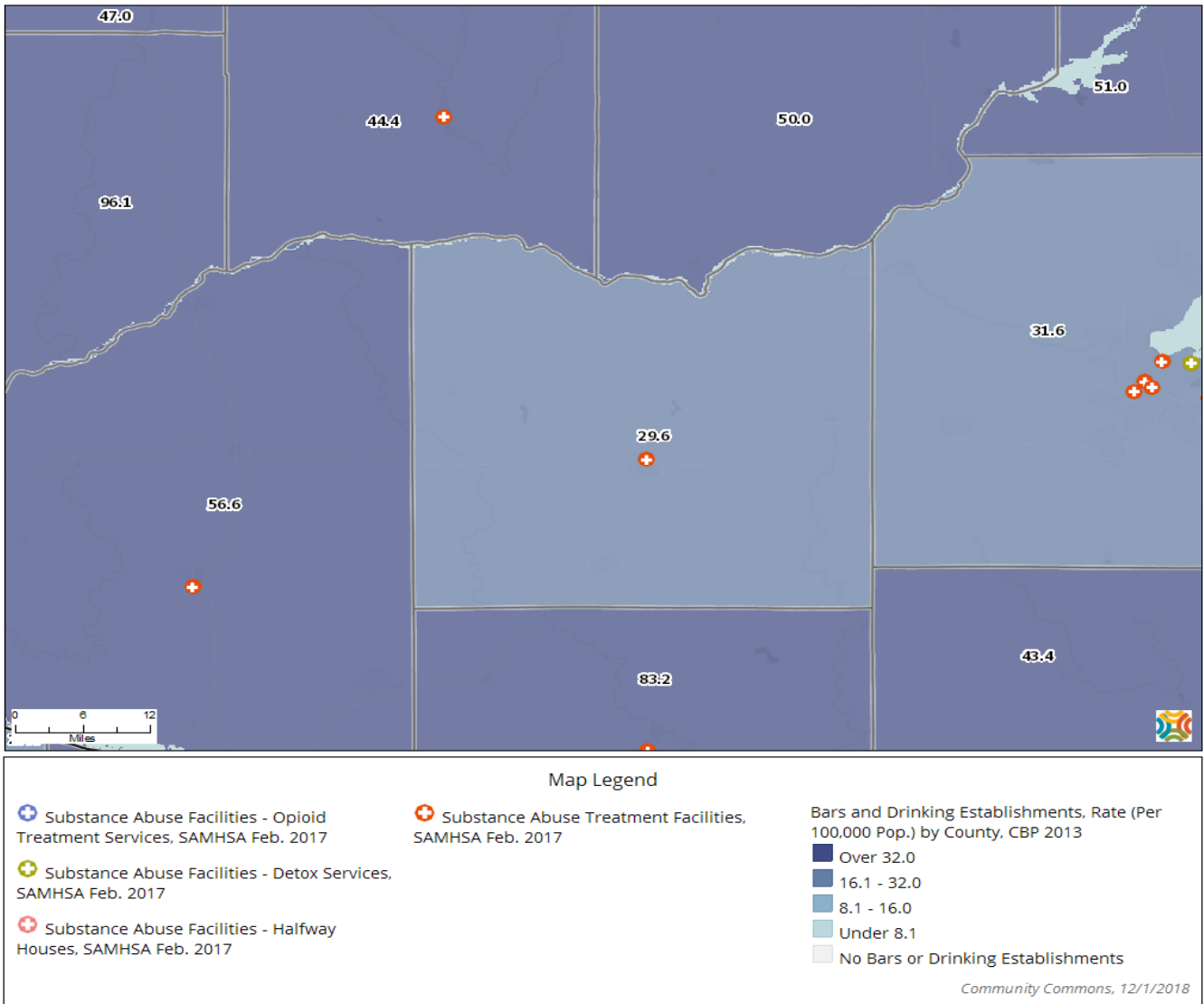
<sup>1</sup> Merai R, Siegel C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thorpe P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension. MMWR Morb Mortal Wkly Rep. 2016 Nov 18;65(45):1261-1264

<sup>2</sup> Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health.

<sup>3</sup> <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf><sup>1</sup><http://countyhealthrankings.com>

Figures

Bars per 100,000 population vs. Substance Abuse Treatment Centers



**ALCOHOL AND DRUG DATA FROM COUNTY HEALTH RANKINGS, countyhealthrankings.org**

| Measure  | Year(s)   | Iowa Co | Grant Co | Sauk Co | Richland Co | Dane Co | WI Overall | 10th percentile nationally |
|--|-----------|---------|----------|---------|-------------|---------|------------|----------------------------|
| % adults reporting binge or heavy drinking   | 2006-2012 | 26      | 26       | 23      | 27          | 23      | 24         | 10                         |
|  | 2016      | 25      | 29       | 25      | 24          | 29      | 26         | 13                         |
| % driving deaths with alcohol involvement  | 2009-2013 | 37      | 29       | 35      | 53          | 43      | 39         | 14                         |
|  | 2012-2016 | 29      | 27       | 43      | 39          | 38      | 36         | 13                         |
| # drug overdose deaths/100,000 population  | 2006-2012 | 10      | 6        | 14      | no data     | 12      | 11         |                            |
|  | 2014-2016 | 14      | 8        | 17      | no data     | 17      | 16         |                            |
| # arrests for drug possession and sales/ manufacturing, DWI, and liquor law violations | 2012      | 28      | 93       | 337     | 76          | 2199    | 27733      |                            |
|  | 2014      | 38      | 117      | 291     | 40          | 1781    | 25990      |                            |

Key:

|           |           |
|-----------|-----------|
| Worsening | Improving |
|-----------|-----------|

**IOWA COUNTY EMS SERVICE NALOXONE USAGE**

| EMS District | # Usages of Naloxone |                          |
|--------------|----------------------|--------------------------|
|              | 1/1/15-12/10/15      | 1/1/2016-12/18/18        |
| Dodgeville   | 7                    | 8<br>(3 law enforcement) |
| Arena        | 8                    | no data                  |
| Spring Green | 4                    | 4                        |
| Highland     | 2                    | no data                  |
| Montfort     | 0                    | 2                        |
| Muscoda      | 0                    | 7                        |
| all others   | 0                    | 0                        |
| <b>TOTAL</b> | 21                   | 21                       |



**UPLAND HILLS HOSPITAL AND CLINICS VISITS WITH SUBSTANCE-RELATED DIAGNOSIS**

| Measure  | Year(s)         | Alcohol Related | Opioid Related | Other Drug Related | Total Substance Use Related Encounters | Total Encounters | % of Visits Related to Substance Use |
|--|-----------------|-----------------|----------------|--------------------|--|------------------|--------------------------------------|
| Hospital Admissions  | 1/1/12- 3/1/15  | 16              | 10             | 6                  | 32                                     | 3883             | 0.8                                  |
|  | 9/1/15- 8/31/18 | 111             | 16             | 31                 | 158                                    | 2133             | 7.4                                  |
| ED Visits  | 1/1/12- 3/1/15  | 168             | 65             | 83                 | 316                                    | 16583            | 1.9                                  |
|  | 9/1/15- 8/31/18 | 331             | 90             | 23                 | 444                                    | 18069            | 2.5                                  |
| Clinic Visits (UHH Primary Care clinics and pain management) | 9/1/15- 8/31/18 | 61              | 125            | 125                | 311                                    | 5420             | 5.7                                  |

**Key:**

|           |           |
|-----------|-----------|
| Worsening | Improving |
|-----------|-----------|

**Available Resources for Addiction Medicine:** *(See the Iowa County Community Resource Guide [here](#))*

The Iowa County Community Resource Guide offers a listing of resources available to the communities in Iowa County. The guide shows businesses and the services they offer, such as, mental health, food assistance, housing, transportation, and much more.

## 5: Resiliency Training

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### Problem

- Our community members face a significant amount of stress.
- Resources to help them cope with stress is extremely limited.
- Family caregivers play an essential and increasing role in providing emotional, financial and logistical support for loved ones experiencing extraordinary stress.

### Facts

- Ineffective management of stress can lead to depression and unhealthy coping skills, such as unhealthy eating habits, risky behaviors, abusing alcohol, and/or drugs.
- Resilience integrates physical, emotional, and spiritual aspects of managing stressful situations, enabling individuals to stay calm during turmoil.
- Resilience allows an individual to recover from an event as a strengthened and more resourceful person.
- The most recently available data notes that there are 40 million family caregivers whose care provided if reimbursed would total an estimated \$470 billion.
- The total the estimated value of uncompensated care surpasses that of Medicaid spending. At times, the care provided is at great cost to the caregiver's personal well-being.
- The emotional and physical rigors of caring for a loved one can lead to burnout, which itself is defined as a state of physical, emotional and mental exhaustion. Caregiver burnout, is on the rise.
- Resiliency building has been shown to lessen the severity of PTSD symptoms.

Family caregivers play an essential and increasing role in providing emotional, financial and logistical support for loved ones. The most recently available data notes that there are 40 million family caregivers whose care provided if reimbursed would total an estimated \$470 billion. In fact, the total the estimated value of uncompensated care surpasses that of Medicaid spending. At times, the care provided is at great cost to the caregiver's personal well-being. In fact, the emotional and physical rigors of caring for a loved one can lead to burnout, which itself is defined as a state of physical, emotional and mental exhaustion. Caregiver burnout, unfortunately, is on the rise.

One successful approach to both preventing and treating burnout is resilience training. Resilience is the ability adapt successfully in the face of trauma, adversity, tragedy or significant threat. It had long been held that resilience was an innate characteristic, a birth right of sorts. However, a growing body of research reveals how resilience can in fact be learned and cultivated within individuals as well as communities. Resiliency building has been shown to lessen the severity of PTSD symptoms. Since burnout is a stress response much like PTSD, resiliency building might be critical in helping us to combat address what is described as burnout.

### Available Resources for Resiliency Training:

- Aging and Disabilities Resources Center in 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.
- 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>
- 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 – offers online and in-person training on managing stress and life changes
- University of Pennsylvania Department of Positive Psychology is an online resource to promote research, training, education, and dissemination of positive psychology, resilience, and grit.

# Evaluation of Efforts to Address 2016-2018 CHNA

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A Community Health Needs Assessment was completed in 2016. Three areas of concern, regarding the health of our communities, were selected from the top issues and were targeted for improvement. These three areas of concern are listed below, followed by an accounting of actions taken to address each issue in the past three year period. In addition to our evaluation of efforts made to address the concerns, public input was solicited at several community town hall meetings, as described in the Appendices. UHH also provides a public forum for comment through its website and social media platforms. These forums are monitored and tracked by the community relations staff at UHH. To date, no comments have been received regarding the 2016-2018 CHNA.

## 1: Addiction Medicine

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### Goals

- Enhance public knowledge about the science of addiction medicine including risk factors, diagnosis, and treatment
- Improve healthcare practice within the Upland Hills Health system to reflect best practices for addiction
- Improve access to treatment for addiction in our community

### Progress

#### UPLAND HILLS HEALTH:

- **Focus on addiction medicine for one or more episodes of Wisconsin Doctors**  
**COMPLETED**
  - Dr. Hansen and Dr. Berg discussed the opioid epidemic on Wisconsin Doctors in September of 2016
  - Dr. Pearce and Dr. Hartline discussed addiction and dependency on Wisconsin Doctors in September of 2016
- **Send a letter to Upland Hills Health primary care patients regarding prescription drug abuse in our community**  
**COMPLETED**
  - Upland Hills Clinics sent such a letter to our primary care patients in April, 2016.
- **Improve collaboration with local law enforcement on controlled substance and addiction medicine, and explore the possibility of a working group on this issue**  
**COMPLETED**
  - Through the foundation of an Iowa County Opiate Taskforce, there now exists a multi-disciplinary and community group that meets on a monthly basis exclusively dedicated to addressing the epidemic of opiate abuse in the county.
  - Upland Hills Health pharmacy provides the Iowa County Sheriff's Department and the City of Dodgeville Police Department with naloxone (Narcan) at a reduced cost
- **Explore attending providers' interest in addiction medicine evidence update CME and if desired provide this education**  
**COMPLETED**
  - Multiple CME opportunities related to substance use and abuse were made available to UHH medical staff.

- **Explore current hospital practices regarding screening for substance abuse and update these if necessary to reflect the best evidence-based screening methods**

**POSTPONED**

- **Offer educational opportunities to nursing staff regarding brief intervention strategies such as motivational interviewing as well as local options for referral to treatment**

**COMPLETED**

- Mental Health First Aid and QPR trainings were offered free of charge to staff and community members
- Mental Health First Aid refresher courses will be held in fall/winter of 2018
- **Improve UHH Primary Care Clinics' controlled substances prescribing practices by having all patients on long-term controlled substances report for an informed consent visit and be subject to regular and random urine drug screens**

**MODIFIED**

- There is an increased awareness and discussion around risks of controlled substances in UHH primary care clinics. Upland Hills has recently partnered with additional clinics with different protocols in place so the clinics will be working together going forward on the best approaches to controlled substance prescribing.
  - **Increase access to general psychiatric care through behavioral telehealth program**
- COMPLETED**
- Psychiatric care through behavioral telehealth is available at Upland Hills Health, though the long term sustainability of this option is currently being determined
  - **Work towards adding a buprenorphine/ naltrexone (suboxone) prescriber in our service area**
- COMPLETED**
- Four physicians have become certified suboxone providers: Dr. Biere, Dr. Dunn, Dr. Hartline, and Dr. Pearce
  - **Additionally:**
  - In part through the support of Upland Hills Health and numerous community members, SWCAP has been awarded a grant for sober living houses in Iowa County, specifically in Dodgeville.

## 2: Physical Inactivity

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### Goals

- Reduce physical inactivity.
- Reduce obesity.

### Progress

#### **AGING AND DISABILITY RESOURCE CENTER OF SOUTHWESTERN WISCONSIN:**

- Stepping Up, Tai Chi, programs, etc.

**COMPLETED**

#### **UPLAND HILLS HEALTH:**

- **Offer annual class memberships versus monthly memberships at the UHH Therapy & Wellness Center**

**COMPLETED**

- Team worked with Therapy and Wellness Center to allow staff to be able to drop-in to a fitness class, rather than having to commit to a full month class. The rate for employees to drop-in is \$5.00. A trial period ran from May-July, if it goes well, the drop-in will be offered to the community. The drop-in rate is now also available to the community, but needs more marketing to make more members aware. Team also looked at surrounding facilities and proposed to look at the current rates, as we are currently losing money on classes and instructors.

- **Host a wellness challenge available to UHH employees and community members.**

**COMPLETED**

- Committee hosted the first UHH Family Fun Day event on Saturday, September 29<sup>th</sup>, at Harris Park. This event encouraged families to get involved with physical activity, including kickball, dodgeball, basketball, punt, pass and kick, obstacle course, yoga, crafts, and make a healthy snack. The event was attended by 215 people, with a lot of positive feedback throughout the day. Committee is already brainstorming for next year's event and will be sending out a survey to get feedback from attendees.

- **Host a seminar focused on nutrition, physical activity, and/or mental health**

**COMPLETED**

- UHH Family Fun Day had two presentations during the event. Dr. Keith presented on the importance of physical activity for kids and adults and Dr. Fox presented on "Eating on the Run".

- **Promote the UHH Wellness Center and increase usage by 5%.**

**COMPLETED**

- Currently active memberships have increased by 30% since November 2017.

- **Work with Athletic Trainers and Dietitians to create free one-on-one or group sessions over the lunch hour for employees.**

**POST PONED**

- Therapy Department is currently working on a program with the Dietitians.

- **Work with Marketing to create fitness videos to be displayed on Unet, YouTube Channel, and UHH Website that can be used to work out at home.**

**ONGOING**

- Athletic trainers have made a few at home exercise videos with the Marketing Department, which were posted on Facebook and YouTube Channel.

- **Partner with HR to increase class instructors through use of current instructors, UHH employees, who are certified instructors, and through position advertisement to increase the number of classes by 3.**

**COMPLETED**

- Committee worked with Therapy and Wellness Center management staff to provide material of what other facilities are doing for classes, rates, memberships, etc. The committee provided as much support and resource as possible to increase classes.
- Effective 7/9, Valerie Koschnick, employed Dietitian and certified Yoga instructor, is offering 20 minute Stretch and Center sessions three times a week to employees, focusing on reducing stress and lengthening areas of the body that are affected by our working day. Since starting, we average 4 employees per class.

Room for Improvement:

*After sending out an email to all employees, several comments were made on how we could improve attendance.*

- *Many employees said they don't feel they have the support from their manager or administration that it is okay to attend the sessions.*
- *They feel overworked that if they do have free time to attend, they should be using the time to catch up on other work.*
- *It is something that gets forgotten about because they don't utilize/look at their Outlook Calendar frequently because their job doesn't necessarily allow consistent "desk time."*
- *Employees would like an overhead page if possible as a reminder that "Stretch and Center will be starting in 10 minutes in the Education Room."*

- **Help promote current community physical activity opportunities to employees and the community, such as open gym or basketball leagues at the local schools.**

**COMPLETED**

- Team gathered local open gym dates and times, to get community more physically involved in free activities, which has been regularly posted on Facebook to the community.
- Marketing created a new link on the webpage, "Get Act!ve," which is a resource to many activities in the surrounding areas, such as golf courses, state parks, and run/walks.

- **Develop hallway signage to indicate distance in miles of hallway**

**COMPLETED**

- Several comments of positive feedback regarding how far the walkers have gone.

- **Reach out to ADRC to see if we can help promote their events.**

**COMPLETED**

- Marketing is continuing to help promote ADRC events as they come.

### 3: Access to Transportation

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#### Goal

Increase affordable transportation options.

#### Progress

- **Develop a community task force to evaluate, plan and implement new (Community Level) transportation options.**

##### COMPLETED

- COMMUNITY Task Force formed. Members include: Iowa County Department of Social Services, Southwest Community Action Plan (SWCAP) and Upland Hills Health

##### EVALUATION REVEALED

- Starting in January 2019, the ADRC reduced bus service from five days per week to three days per week. The days of operation are Mondays, Tuesdays and Thursdays.
- Grant County ended the County Taxi in the City of Dodgeville at the end of 2018. Iowa County and the City of Dodgeville have partnered to continue the operation of this service. The service operates on Wednesdays and Fridays from 7:45am – 3:30pm.

##### IN-PROGRESS

- SWCAP Lift is exploring a grant(s) to provide rides to individuals seen in the ED after usual transport hours.
- The ADRC handicapped accessible minivan with the side entry (awarded through a 53.10 grant through the Wisconsin Dept. of Transportation) has arrived. This vehicle is currently being used for the Dodgeville Taxi Service and will be used for the Mineral Point Taxi Service and rural Iowa County. The Mineral Point Taxi Service will operate only in the City of Mineral Point on Thursdays with the time yet to be determined. The rural taxi service will operate on Mondays and Tuesdays with the hours of operation yet to be determined. The rural taxi service will transport rural Iowa County residents to destinations of their choice throughout Iowa County.

- **Recruit and retain volunteer drivers.**

##### PARTIALLY COMPLETE

- Elderspan-CrestRidge has a wheelchair van that UHH can use and Elderspan will provide the driver. *On hold at this time* until more information is received.

- **Develop an evening and weekend provider program.**

##### COMPLETE

- As a last resort, Scott (a staff member of Upland Hills Health (UHH) Environmental Services pm maintenance) can transport patients during his scheduled hours (3pm to 11:30 pm). He may transport to: all of Iowa County, Darlington, Platteville and west side of Madison.



- **Develop a listing of all transportation options and distribute to community agencies, primary and specialty care clinics and other health care providers (UHH).**

**COMPLETED**

- Transportation provider list compiled. Each provider is listed with hours of driver operation Sunday through Saturday and intake hours for scheduling a ride Sunday through Saturday. Transportation gaps identified for weekend and evening hours. Transportation provider list was laminated and distributed to ED, centralized scheduling, and clinics.
- Clinics, ED, and centralized schedulers understand the Medicaid transportation procedure.
- **Explore opportunities to provide accessible transportation to individuals who reside rurally and are most at risk for isolation (Community Level).**

**COMPLETED**

- See Metrics 1 above for details.

## APPENDICES

### Demographics Information

| County Demographics -                    |          |           |
|--|----------|-----------|
|  | County   | State     |
| Population                               | 23,654   | 5,778,708 |
| % below 18 years of age                  | 22.9%    | 22.3%     |
| % 65 and older                           | 17.9%    | 16.1%     |
| % Non-Hispanic African American          | 0.6%     | 6.3%      |
| % American Indian and Alaskan Native     | 0.2%     | 1.1%      |
| % Asian                                  | 0.8%     | 2.8%      |
| % Native Hawaiian/Other Pacific Islander | 0.0%     | 0.1%      |
| % Hispanic                               | 1.6%     | 6.7%      |
| % Non-Hispanic white                     | 95.9%    | 81.7%     |
| % not proficient in English              | 0%       | 1%        |
| % Females                                | 49.9%    | 50.3%     |
| % Rural                                  | 79.9%    | 29.8%     |
| Male population 0-17                     | ① 2,874  | 659,600   |
| Male population 18-44                    | ① 3,547  | 1,003,259 |
| Male population 45-64                    | ① 3,631  | 789,397   |
| Male population 65+                      | ① 1,914  | 419,300   |
| Total male population                    | ① 11,966 | 2,871,556 |
| Female population 0-17                   | ① 2,699  | 630,421   |
| Female population 18-44                  | ① 3,402  | 968,609   |
| Female population 45-64                  | ① 3,552  | 795,855   |
| Female population 65+                    | ① 2,147  | 508,536   |
| Total female population                  | ① 11,800 | 2,903,421 |
| Population growth                        | ① 1%     | 1%        |

Source: 2018 County Health Rankings, Robert Wood Johnson Foundation Program

## HeART Survey Results Relating to 2019-2021 Priorities

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[The Iowa County Health Department is the lead agency for the Healthy Aging in Rural Towns (HeART) Coalition.]

### Preventative Health and Wellness

***Enhance health and fitness opportunities through Upland Hills Health to provide improved wellness and socialization in our local communities, including our elderly and disabled residents.***

#### ADULT

HeART Survey: July to August 2018, 254 participants between ages 70-79

#### Companionship:

- Loneliness and social isolation were identified as gaps in the health and well-being of older adults
- 89.9% of those surveyed selected that they did not utilize the companionship or visiting program because they did not need it
- Some individuals wished there was a companionship program
- Some individuals wished there was a hobby networking program/a group that played cards together

#### Services available:

- 70.6% of individuals are unsure of the services available that respond to the needs of people with Alzheimer's disease or other dementias
- 58.6% of those surveyed have not utilized information from the Aging and Disability Resource Center (ADRC)

#### Of those:

- 78.4% said this was due to not needing the programs available
- 13.5% of those said that it was due to lack of knowledge of the programs the ADRC provides

#### Self-care/physical activity:

- 31.9% have utilized health or exercise classes such as (Stepping On, Living Well with Diabetes, Tai Chi and Yoga)
- 24.7% utilized health fairs
- 22.3% utilized free preventative screenings (weight, blood pressure checks, etc.)
- 73.7% received their flu shot
- 9.3% attended support groups
- 21.4% received education regarding specific health concerns such as heart disease or diabetes

#### Community outings:

- 77.8% attend events such as festivals, school sports, parades, town hall meetings, etc.  
Of those:
  - 67.5% do so for the opportunity to be active member in the community
  - 50.8% for family-friendly environment
  - 42.9% for family involvement in the events
- Some do not attend community events due to language barriers and other social concerns

#### Assessment of home/community safety:

- 78.8% selected that they feel very safe in their community
- 35.8% live alone
- 54.5% have someone that regularly checks in with them (phone, text, email or visit)
- 93.6% have someone to call in an emergency other than 911

CAREGIVER (Majority between ages 60-69)

Category of caregiver:

- 43.1% care for individuals that live with the caregiver
- 43.1% care for individuals that live on their own
- 40.6% care for a parent or parent-in-law
- 37.5% care for a spouse

Self-care/self-management of caregiver:

- 60.8% struggle with managing their emotions
- 58.1% struggle with meeting their personal needs such as personal time, exercise or sleep
- 56.8% must adjust their work schedule in order to be a caregiver and an employee
- 34.1% have challenges with their work due to stress, feeling guilty and having to take off extra time for appointments for the one they are providing care
- 12.5% of caregivers have utilized spiritual and grief counseling in the past 12 months

Involvement of caregiver and individual receiving care:

- 52.5% of caregivers feel very comfortable managing socialization (getting to church, card group, or family outings)
- 46.4% of caregivers have utilized information regarding connection to services and resources in the past 12 months
- 26.8% of caregivers have used resources to assist with getting other family involved in the past 12 months
- 51.4% of the people that are being cared for by a caregiver attend events such as festivals, school sports, parades, etc.
- Some do not attend these events due to:
  - Accessibility
  - Weather
  - Overwhelming environment
  - Excess walking
  - No one to go with
  - Too tired
  - Depression

Assistance that caregivers have access to and desire:

- Some caregivers would like to have responsible individuals play board games with their loved ones
- 88.89% of caregivers know that Seniors United for Nutrition (SUN) exists and provides meals on wheels
- 62.5% of those who provide care have not participated in the SUN program
- 32% of caregivers have attended educational opportunities regarding how to care for yourself while providing care for older adults

Utilization of the internet by caregivers:

- 25.8% of caregivers do not participate in educational opportunities due to the location and times not being convenient.
- 78.6% of caregivers use the internet as a way to learn about the illness or condition of the person they care for
- 31% of caregivers use the internet to find services in their community
- 21.4% of caregivers use the internet as a way to take a break from caregiving

## Access to Transportation

***Establish a 24/7 transportation system (by 2020) for residents to use when medically necessary, using the resources of all providers in Iowa County.***

### ADULT

#### Current Transportation Statistics:

- 92.2% currently drive
- 97.1% have a dependable vehicle or other form of transportation
- 10.4% need transportation assistance
- 5.4% have missed appointments or been unable to shop due to transportation issues in the last 6 months
- 91.4% drive themselves to appointments, meetings, errands and events
- 24.1% have a friend or relative provide transportation
- 11.4% walk
- 6.1% use other form of transportation
- 2.9% utilize an agency or service van for older adults and people with a disability (like Southwest CAP Lift or Driver Escort Program)
- 1.6% use their bicycle
- 0.8% use a taxi
- Many individuals wish there were places for individuals to be dropped off in parking lots. Also, priority parking may be beneficial

#### Transportation Services Utilization and Desires:

- 19.4% of those in the HeART survey had used transportation services in the past 6 months.
- 87.2% of those surveyed selected that they did not need to utilize the Transportation services
- 14.4% utilized pharmacy deliveries to home
- 92.4% of those surveyed selected that they did not need to utilize the pharmacy home delivery service.
- Some individuals wished there was a grocery delivery system
- Some individuals wished there was a transportation service specifically for doctor's appointments
- Some individuals wished there was a transportation service available for non-emergent needs
- Some individuals wished there was an easier accessible taxi service
- Some individuals indicated the desire for there to be a bus system so individuals that are located out of town are able

#### Seniors United for Nutrition Program (SUN):

- 91.5% selected that they knew of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites.
- 80.2% selected that they have not utilized the Senior United for Nutrition (SUN) Program.
- 57.9% learned about SUN through the newspaper/agency newsletters
- 56.2% learned about SUN through the ADRC

#### Community Involvement:

- Reasons why individuals do not attend community events
  - Some individuals stated that they do not attend community events due to the traffic and poor driving conditions
  - Some individuals do not enjoy attending events for they do not want to go alone
  - Accessibility to affordable, accommodating transportation
  - Inadequate handicap parking
  - Distance

#### CAREGIVER (Majority between ages 60-69)

- 53.8% of caregivers feel very comfortable dropping of the person at a building entrance while they park the care
- 52.6% of caregivers feel very comfortable transferring person to and from the care and or wheelchair
- 12.5% of caregivers have used transportation services in the past 12 months

## American Community Survey for Iowa County

| <b>Age Group Estimates</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Total Population - All Ages, All Races</b>  | <b>5,763,217</b> | <b>23,576</b>      |
| 60+  | 1,267,239        | 5,649              |
| 65+  | 896,724          | 3,951              |
| 75+  | 391,604          | 1,606              |
| 85+  | 126,151          | 474                |
| <i>% 60+</i>   | 22.0%            | 24.0%              |
| <i>% 65+</i>   | 15.6%            | 16.8%              |
| <i>% 75+</i>   | 6.8%             | 6.8%               |
| <i>% 85+</i>   | 2.2%             | 2.0%               |
| Males age 65+  | 402,955          | 1,863              |
| <i>Males as percent of 65+ population</i>  | 44.9%            | 47.2%              |
| Females age 65+  | 493,769          | 2,088              |
| <i>Females as percent of 65+ population</i>  | 55.1%            | 52.8%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B01001, 1/2019</i> |                  |                    |

| <b>Median Age in Years</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| Total (Males and Females, All Races)   | 39.2             | 42.5               |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B01002, 1/2019</i> |                  |                    |

| <b>Households with Older Members</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Total number of households</b>  | <b>2,328,754</b> | <b>9,799</b>       |
| Households with one or more people 60 years and over:  | 860,169          | 3,828              |
| <i>Percent with a member age 60+</i>   | 36.9%            | 39.1%              |
| Households with one or more people 65 years and over:  | 626,746          | 2,774              |
| <i>Percent with a member age 65+</i>   | 26.9%            | 28.3%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Tables B11006 and B11007, 1/2019</i> |                  |                    |

| <b>Marital Status by Sex</b>                           | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Total Males, 65+</b>                                | <b>402,955</b>   | <b>1,863</b>       |
| Males, 65+: Never Married                              | 24,136           | 89                 |
| <i>% Males Never Married</i>                           | 6.0%             | 4.8%               |
| Males, 65+: Married, Spouse Present                    | 276,590          | 1,269              |
| <i>% Males Married, Spouse Present</i>                 | 68.6%            | 68.1%              |
| Males, 65+: Married, Spouse Absent (e.g., Separated)   | 13,110           | 60                 |
| <i>% Males Married, Spouse Absent</i>                  | 3.3%             | 3.2%               |
| Males, 65+: Widowed                                    | 46,174           | 231                |
| <i>% Males Widowed</i>                                 | 11.5%            | 12.4%              |
| Males, 65+: Divorced                                   | 42,945           | 214                |
| <i>% Males Divorced</i>                                | 10.7%            | 11.5%              |
| <b>Total Females, 65+</b>                              | <b>493,769</b>   | <b>2,088</b>       |
| Females, 65+: Never Married                            | 26,757           | 68                 |
| <i>% Females Never Married</i>                         | 5.4%             | 3.3%               |
| Females, 65+: Married, Spouse Present                  | 225,078          | 1,103              |
| <i>% Females Married, Spouse Present</i>               | 45.6%            | 52.8%              |
| Females, 65+: Married, Spouse Absent (e.g., Separated) | 11,160           | 42                 |
| <i>% Females Married, Spouse Absent</i>                | 2.3%             | 2.0%               |
| Females, 65+: Widowed                                  | 169,605          | 671                |
| <i>% Females Widowed</i>                               | 34.3%            | 32.1%              |
| Females, 65+: Divorced                                 | 61,169           | 204                |
| <i>% Females Divorced</i>                              | 12.4%            | 9.8%               |
| <b>Total Persons, 65+</b>                              | <b>896,724</b>   | <b>3,951</b>       |
| Persons, 65+: Never Married                            | 50,893           | 157                |
| <i>% Total Never Married</i>                           | 5.7%             | 4.0%               |
| Persons, 65+: Married, Spouse Present                  | 501,668          | 2,372              |
| <i>% Total Married, Spouse Present</i>                 | 55.9%            | 60.0%              |
| Persons, 65+: Married, Spouse Absent (e.g., Separated) | 24,270           | 102                |
| <i>% Total Married, Spouse Absent</i>                  | 2.7%             | 2.6%               |
| Persons, 65+: Widowed                                  | 215,779          | 902                |
| <i>% Total Widowed</i>                                 | 24.1%            | 22.8%              |
| Persons, 65+: Divorced                                 | 104,114          | 418                |
| <i>% Total Divorced</i>                                | 11.6%            | 10.6%              |

*Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B12002, 1/2019*

| <b>Disability Status of Non-institutionalized Population by Sex</b>  | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Males, 65+, Total*</b>  | <b>393,232</b>   | <b>1,802</b>       |
| Males, 65+, With a Disability  | 125,732          | 509                |
| <i>Males, 65+, % with a Disability</i>   | 32.0%            | 28.2%              |
| <b>Females, 65+, Total*</b>  | <b>475,354</b>   | <b>2,014</b>       |
| Females, 65+, With a Disability  | 149,394          | 605                |
| <i>Females, 65+, % with a Disability</i>   | 31.4%            | 30.0%              |
| <b>All Persons, 65+*</b>   | <b>868,586</b>   | <b>3,816</b>       |
| Total Persons, 65+, With a Disability  | 275,126          | 1,114              |
| <i>Total Persons, 65+, % with a Disability</i>   | 31.7%            | 29.2%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B18101, 1/2019</i> |                  |                    |

| <b>Ages 65 and Older, Living Alone</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Persons 65+</b>   | <b>896,724</b>   | <b>3,951</b>       |
| Persons 65+ living alone   | 259,331          | 1,065              |
| <i>Persons, % living alone</i>   | 28.9%            | 27.0%              |
| <b>Males age 65+</b>   | <b>402,955</b>   | <b>1,863</b>       |
| Males age 65+ living alone   | 80,234           | 392                |
| <i>Males, % living alone</i>   | 19.9%            | 21.0%              |
| <b>Females age 65+</b>   | <b>493,769</b>   | <b>2,088</b>       |
| Females age 65+ living alone   | 179,097          | 673                |
| <i>Females, % living alone</i>   | 36.3%            | 32.2%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Tables B01001 and B09020, 1/2019</i> |                  |                    |



| <b>Population by Race and Ethnicity, July 2017</b>  | <b>Wisconsin</b> | <b>Iowa County</b> |
|---|------------------|--------------------|
| <b>Total - All Ages: Total Population</b>   | <b>5,795,483</b> | <b>23,715</b>      |
| 65+ All Races and Hispanic Ethnicity  | 954,557          | 4,220              |
| <i>% of Total Population that is 65+</i>  | 16.5%            | 17.8%              |
| <i>% of 65+ that is All Races and Hispanic Ethnicity</i>  | 100.0%           | 100.0%             |
| <b>Total - All Ages: White/Caucasian Alone, not Hispanic</b>  | <b>4,713,993</b> | <b>22,640</b>      |
| 65+ White/Caucasian   | 890,398          | 4,164              |
| <i>% of White/Caucasian pop that is 65+</i>   | 18.9%            | 18.4%              |
| <i>% of 65+ that is White/Caucasian</i>   | 93.3%            | 98.7%              |
| <b>Total - All Ages: Black/African American Alone, not Hispanic</b>   | <b>367,689</b>   | <b>172</b>         |
| 65+ Black/African American  | 29,078           | 6                  |
| <i>% of Black/African American pop that is 65+</i>  | 7.9%             | 3.5%               |
| <i>% of 65+ that is Black/African American</i>  | 3.0%             | 0.1%               |
| <b>Total - All Ages: Native American/Alaska Native Alone, not Hispanic</b>                                    | <b>51,613</b>    | <b>49</b>          |
| 65+ Native American/Alaska Native   | 4,984            | 5                  |
| <i>% of Native American/Alaska Native pop that is 65+</i>   | 9.7%             | 10.2%              |
| <i>% of 65+ that is Native American/Alaska Native</i>   | 0.5%             | 0.1%               |
| <b>Total - All Ages: Asian Alone, not Hispanic</b>  | <b>165,444</b>   | <b>159</b>         |
| 65+ Asian   | 9,814            | 13                 |
| <i>% of Asian pop that is 65+</i>   | 5.9%             | 8.2%               |
| <i>% of 65+ that is Asian</i>   | 1.0%             | 0.3%               |
| <b>Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispanic</b>  | <b>2,122</b>     | <b>11</b>          |
| 65+ Hawaiian/Pacific Islander   | 181              | 1                  |
| <i>% of Hawaiian/Pacific Islander pop that is 65+</i>   | 8.5%             | 0.0%               |
| <i>% of 65+ that is Hawaiian/Pacific Islander</i>   | 0.0%             | 0.0%               |
| <b>Total - All Ages: Two or More Races, not Hispanic</b>  | <b>95,842</b>    | <b>265</b>         |
| 65+ Two or More Races   | 3,457            | 16                 |
| <i>% of Two or More Races pop that is 65+</i>   | 3.6%             | 6.0%               |
| <i>% of 65+ that is Two or More Races</i>   | 0.4%             | 0.4%               |
| <b>Total - All Ages: Hispanic/Latino (may be any race)</b>  | <b>398,780</b>   | <b>419</b>         |
| 65+ with Ethnicity Hispanic/Latino  | 16,645           | 15                 |
| <i>% of Ethnicity Hispanic/Latino pop that is 65+</i>   | 4.2%             | 3.6%               |
| <i>% of 65+ with Ethnicity Hispanic/Latino</i>  | 1.7%             | 0.4%               |
| <i>Source: U.S. Bureau of the Census, Annual Population Estimates, July 2017 released Summer 2018, 1/2019</i> |                  |                    |

| <b>Highest Educational Attainment by Sex</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Males: 65 years and over:</b>   | <b>402,955</b>   | <b>1,863</b>       |
| 65+ Males: Less than high school graduate  | 52,040           | 190                |
| 65+ Males: High school graduate (includes equiv.)  | 146,182          | 847                |
| 65+ Males: Some college or associate's degree  | 98,215           | 425                |
| 65+ Males: Bachelor's degree or higher   | 106,518          | 401                |
| <i>% 65+ Males: Less than high school</i>  | 12.9%            | 10.2%              |
| <i>% 65+ Males: High school only</i>   | 36.3%            | 45.5%              |
| <i>% 65+ Males: More than high school</i>  | 50.8%            | 44.3%              |
| <b>Females: 65 years and over:</b>   | <b>493,769</b>   | <b>2,088</b>       |
| 65+ Females: Less than high school graduate  | 59,558           | 223                |
| 65+ Females: High school graduate (includes equiv)   | 220,734          | 979                |
| 65+ Females: Some college or associate's degree  | 114,922          | 508                |
| 65+ Females: Bachelor's degree or higher   | 98,555           | 378                |
| <i>% 65+ Females: Less than high school</i>  | 12.1%            | 10.7%              |
| <i>% 65+ Females: High school only</i>   | 44.7%            | 46.9%              |
| <i>% 65+ Females: More than high school</i>  | 43.2%            | 42.4%              |
| <b>Persons: 65 years and over:</b>   | <b>896,724</b>   | <b>3,951</b>       |
| 65+ Persons: Less than high school graduate  | 111,598          | 413                |
| 65+ Persons: High school graduate (includes equiv)   | 366,916          | 1,826              |
| 65+ Persons: Some college or associate's degree  | 213,137          | 933                |
| 65+ Persons: Bachelor's degree or higher   | 205,073          | 779                |
| <i>% 65+ Persons: Less than high school</i>  | 12.4%            | 10.5%              |
| <i>% 65+ Persons: High school only</i>   | 40.9%            | 46.2%              |
| <i>% 65+ Persons: More than high school</i>  | 46.6%            | 43.3%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B15001, 1/2019</i> |                  |                    |

| <b>Household Income</b>  | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Households with head age 65+</b>  | <b>569,865</b>   | <b>2,488</b>       |
| Household income below \$15,000  | 74,213           | 415                |
| <i>% with HH income below \$15,000</i>   | 13.0%            | 16.7%              |
| Household income below \$25,000  | 172,514          | 786                |
| <i>% with HH income below \$25,000</i>   | 30.3%            | 31.6%              |
| Household income below \$35,000  | 257,307          | 1,173              |
| <i>% with HH income below \$35,000</i>   | 45.2%            | 47.1%              |
| Household income below \$50,000  | 353,758          | 1,597              |
| <i>% with HH income below \$50,000</i>   | 62.1%            | 64.2%              |
| Household income below \$75,000  | 455,890          | 2,038              |
| <i>% with HH income below \$75,000</i>   | 80.0%            | 81.9%              |
| Household income below \$100,000   | 507,626          | 2,250              |
| <i>% with HH income below \$100,000</i>  | 89.1%            | 90.4%              |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B19037, 1/2019</i> |                  |                    |

| <b>Median Household Income</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| Total, householders of all ages:   | \$56,759         | \$60,017           |
| Householder under 25 years   | \$29,722         | \$35,221           |
| Householder 25 to 44 years   | \$63,956         | \$72,929           |
| Householder 45 to 64 years   | \$70,548         | \$72,742           |
| Householder 65 years and over  | \$38,753         | \$37,113           |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B19049, 1/2019</i> |                  |                    |

| <b>Poverty by Sex, Ages 65 and Older*</b>  | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Males age 65+</b>   | <b>393,232</b>   | <b>1,802</b>       |
| 65+ Males in Poverty   | 22,824           | 96                 |
| <i>% of 65+ males in poverty</i>   | 5.8%             | 5.3%               |
| <b>Females age 65+</b>   | <b>475,354</b>   | <b>2,014</b>       |
| 65+ Females in Poverty   | 44,423           | 191                |
| <i>% of 65+ females in poverty</i>   | 9.3%             | 9.5%               |
| <b>Persons age 65+</b>   | <b>868,586</b>   | <b>3,816</b>       |
| Persons 65+ in poverty   | 67,247           | 287                |
| <i>% of persons 65+ in poverty</i>   | 7.7%             | 7.5%               |
| <i>*Note: Totals for this table only include persons for whom poverty status can be determined.</i>                    |                  |                    |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B17001, 1/2019</i> |                  |                    |

| <b>Ratio of Income to Poverty: Ages 65 and Older*</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|---|------------------|--------------------|
| <b>Total, Age 65+</b>   | <b>868,586</b>   | <b>3,816</b>       |
| Age 65+ below poverty   | 67,247           | 287                |
| <i>% of 65+ Pop below poverty</i>   | 7.7%             | 7.5%               |
| Age 65+: 150% of poverty or less  | 152,139          | 751                |
| <i>% of 65+ Pop: 150% of poverty or less</i>  | 17.5%            | 19.7%              |
| Age 65+: 185% of poverty or less  | 220,052          | 1,046              |
| <i>% of 65+ Pop: 185% of poverty or less</i>  | 25.3%            | 27.4%              |
| Age 65+: 200% of poverty or less  | 248,607          | 1,172              |
| <i>% of 65+ Pop: 200% of poverty or less</i>  | 28.6%            | 30.7%              |
| Age 65+: 300% of poverty or less  | 434,417          | 1,961              |
| <i>% of 65+ Pop: 300% of poverty or less</i>  | 50.0%            | 51.4%              |
| *Note: Totals for this table only include persons for whom poverty status can be determined.                    |                  |                    |
| Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B17024, 1/2019 |                  |                    |

| <b>Employment Status by Age and Sex</b> | <b>Wisconsin</b> | <b>Iowa County</b> |
|---|------------------|--------------------|
| <b>MALES:</b>                           |                  |                    |
| Males age 65-74: Employed               | 63,952           | 319                |
| <i>Males 65-74; % Employed</i>          | 26.2%            | 26.9%              |
| Males age 65-74: Unemployed             | 1,844            | 1                  |
| <i>Males 65-74; % Unemployed</i>        | 0.8%             | 0.1%               |
| Males age 75+: Employed                 | 13,709           | 104                |
| <i>Males 75+; % Employed</i>            | 8.6%             | 15.4%              |
| Males age 75+: Unemployed               | 425              | 0                  |
| <i>Males 75+; % Unemployed</i>          | 0.3%             | 0.0%               |
| <b>FEMALES:</b>                         |                  |                    |
| Females age 65-74: Employed             | 54,725           | 269                |
| <i>Females 65-74; % Employed</i>        | 20.9%            | 23.2%              |
| Females age 65-74: Unemployed           | 1,430            | 12                 |
| <i>Females 65-74; % Unemployed</i>      | 0.5%             | 1.0%               |
| Females age 75+: Employed               | 9,542            | 36                 |
| <i>Females 75+; % Employed</i>          | 4.1%             | 3.9%               |
| Females age 75+: Unemployed             | 291              | 2                  |
| <i>Females 75+; % Unemployed</i>        | 0.1%             | 0.2%               |
| <b>TOTAL: Persons age 65+</b>           |                  |                    |
| Persons age 65+: Employed               | 141,928          | 728                |
| <i>Persons age 65+; % Employed</i>      | 15.8%            | 18.4%              |

|  |       |      |
|--|-------|------|
| Persons age 65+: Unemployed  | 3,990 | 15   |
| <i>Persons age 65+; % Unemployed</i>   | 0.4%  | 0.4% |
| <b>Note: Percent unemployed is not the same as the "unemployment rate"</b>   |       |      |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Table B23001, 1/2019</i> |       |      |

| <b>Housing Unit Tenure and Housing Costs</b>   | <b>Wisconsin</b> | <b>Iowa County</b> |
|--|------------------|--------------------|
| <b>Housing units occupied by householders age 65+</b>  | <b>569,865</b>   | <b>2,488</b>       |
| Number of units that are rentals   | 134,044          | 443                |
| <i>Percent of units that are rentals</i>   | 23.5%            | 17.8%              |
| Rental costs less than 30% of income   | 47,156           | 152                |
| <i>Percent with rental costs &lt;30% of income</i>   | 35.2%            | 34.3%              |
| Rental costs 30% of income or more   | 74,210           | 221                |
| <i>Percent with rental costs &gt;=30% of income or more</i>  | 55.4%            | 49.9%              |
| Number of units that are owner-occupied  | 435,821          | 2,045              |
| <i>Percent of units that are owner-occupied</i>  | 76.5%            | 82.2%              |
| Monthly owner costs less than 30% of income  | 313,544          | 1,392              |
| <i>Percent with monthly owner costs &lt;30% of income</i>  | 71.9%            | 68.1%              |
| Monthly owner costs 30% of income or more  | 118,973          | 649                |
| <i>Percent with owner costs &gt;=30% of income</i>   | 27.3%            | 31.7%              |
| <b>Note: Costs are not computed for all housing units, so sum of the cost's percent shares may not total 100%.</b>                 |                  |                    |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2013-17 Five-year Estimates, Tables B25072 and B25093, 1/2019</i> |                  |                    |

*Prepared by Eric Grosso, Bureau of Aging and Disability Resources, January 2019*

## Entities Involved in Developing the Plan

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Community Health Needs Assessment Collaborative Group Team Members representing the medically underserved, low-income, and minority populations:

Lisa Schnedler, President & CEO, Upland Hills Health, Inc.

Rachel Hartline, MD, Upland Hills Health, Inc.

Charles Pearce, MD, Vice President of Medical Affairs, Upland Hills Health, Inc.

Brian Cushman, Emergency Management, Upland Hills Health, Inc.

Jamie Gould, Business Manager, Iowa County Department of Social Services

Amy Haesler, Nurse Case Manager, Upland Hills Health, Inc.

Darcie Harris, Member Support Manager, Inclusa, Inc.

Lynn Hebgen, MSN-HCQ, RN, Vice President of Nursing, Upland Hills Health, Inc.

Valerie Hiltbrand, ADRC Manager, Aging and Disability Resource Center (ADRC) of Southwest Wisconsin, Iowa County

Lori Jacobson, Assistant Transport Director, Southwestern Wisconsin Community Action Program

Sue Matye, RN, BSN, Health Officer, Iowa County Health Department

Nicole Murphy, Revenue Integrity Analyst, Upland Hills Health, Inc.

Melissa Peterson, Iowa County Health Department

Melissa Schlimgen, Clinical Manager, SSM Health-Dean Medical Group

Vickie Stangel, Director, Dodgeville Public Library

Rebecca Steffes, RN, Nurse Manager, Community Connections Free Clinic

Sheri Tremelling, Executive Assistant, Upland Hills Health, Inc.

Nicole Vondra, Risk Manager, Upland Hills Health, Inc.

Tina White, Director of Marketing and Community Relations, Upland Hills Health, Inc.

Becca Williams, Administrative Assistant, Upland Hills Health, Inc.

Alice Yanna, Quality Data Analyst, Upland Hills Health, Inc.

### Community Connections Free Clinic (CCFC)

A representative from the CCFC attended Upland Hills Community Needs Assessment attended the first planning meeting, however was unable to attend future meetings do to other commitments. The Community Connections Free Clinic was started in 2006 to provide free basic healthcare and ancillary medical services for uninsured, low-income residents of Iowa County and the surrounding areas.

Primary healthcare visits are available on Tuesday and Thursday evenings from 4pm to 8pm. The Clinic is staffed by two volunteer healthcare professionals (doctors, nurse practitioners, physician assistants) assisted by 8-10 other lay and professional volunteers. Diagnostic lab and X-Ray services are available, as well as patient education and referrals to outside services. Spanish interpretation services are available for those who need it.

In addition, CCFC offers Badgercare (Medicaid) and Marketplace enrollment assistance, as well as referrals to charity care, food pantries, housing, transportation assistance and more. The Prescription Assistance Program (PAP) provides low or no cost medications and/or medical supplies either directly through pharmaceutical companies or through our local Hometown pharmacy, using a sliding fee scale, which considers a patient's ability to pay.

### Upland Hills Health

UHH Wellness Committee currently has 1 physician, 6 hospital employees, and 2 nursing and rehabilitation center employees. The goal of this group is to create a culture that supports health-promoting knowledge, attitudes, and behaviors in the UHH campus and/or community. The committee has recently formed two groups to better focus on physical activity and nutrition within the hospital and rehab center.

UHH staff identify, gather, and report UHH Community Benefits each year using CBISA Plus Software. Keeping track of Community Benefits is required by the IRS, but it also helps us with our CHNA. We are able to easily identify programs that are already in place that pertain to our Community Health Implementation Plan goals and continue to track our progress in between each CHNA.

### Iowa County Health Department

Representatives from the Iowa County Health Department attended Upland Hills Community Needs Assessment meetings and provided data for committee members to review. The Health Department's primary purpose is to serve all residents of the county. In 2018, Public Health, as part of the Iowa County Aging in rural Towns "HeART" Coalition, surveyed Iowa County older adults and caregivers with a focus on the support needed to thrive in their home communities. The greatest needs that came from this survey were for increased awareness of resources for older adults, social engagement and meaningful activities, and resources for family caregivers. Additionally, the members of the group reviewed the data provided by the State of Wisconsin through its County Health rankings report. The priorities set for this Community Health Needs Assessment came through these data sources and through discussions among the entities on those areas that the representatives believed that, by working together, a notable difference could be made during the three year period.

### The Aging and Disability Resource Center (ADRC) of Southwest Wisconsin

Representatives from the ADRC attended Upland Hills Community Needs Assessment meetings and provided information for committee members to review. The ADRC serves elderly and adults with disabilities. The ADRC also provides support and assistance to the families and caregivers of the individuals we serve. Criteria eligibility for services includes people age 60 and older, people (age 18 and older) with physical or developmental disabilities, people (age 18 and older) with mental health or substance abuse problems. The ADRC serves four counties in Southwest Wisconsin including Grant, Green, Iowa, and Lafayette County. A local office is located in each of the four counties. The ADRC is accountable for the implementation of programs for older individuals and adults with disabilities. Our mission and focus is to help keep older adults and those with disabilities independent and safe in their homes through the delivery of services provided by the agency and through making connections to appropriate resources.

### Inclusa, Inc.

A representative from Inclusa attended Upland Hills Community Needs Assessment meetings and provided input for committee members regarding the managed care community. Inclusa supports over 15,000 Family Care members across over 50 counties in Wisconsin. Inclusa provides a unique approach to the managed care community, focusing on the belief in everyone, and from that belief, the common good for all is achieved.

### Southwestern Wisconsin Community Action Program (SWCAP)

A representative from SWCAP attended Upland Hills Community Needs Assessment meetings and provided input for committee members regarding the lack of transportation in our communities. SWCAP focuses on involving low-income people in developing anti-poverty programs, strategizes for overcoming poverty, advocates for low-income people, and conducts operations of programs financed through federal, state, local, or other available funds.



## Community Members Provided Input through Town Hall Meetings

In April, May, and June of 2018, Upland Hills Health conducted Community Forums in seven different communities throughout its service area. Attendance was very good in each location. Community members shared their insight and suggestions for improving healthcare services in each of their rural areas. The need for increased access to services was the general theme, which included wellness/fitness, therapy, mental health, substance abuse treatment, extended hours of business, access to specialists and telemedicine.

Survey questions:

1. What would you like us to do in the next three years?
2. What concerns do you have regarding your own or the community's healthcare needs?
3. Would you be interested in telehealth options – specialist consultations or healthcare advice through video or mobile phone?
4. How would you like to be involved?
  - Patient Focus Groups
  - Volunteer
  - Honoring Choices
  - Other
5. Additional Comments?

Town Hall Meeting Suggestions and Survey Responses:

- I'm so grateful for the Emergency staff who cared for me 7 times or more. They were compassionate, competent, personal and patient!
- Is the group of First Responders dwindling (Barneveld)? What can we do to help with this? Does UHH plan to do training with First Responders?
- I believe that sometimes your (fitness class) offerings are too long 6 weeks or more. 1 or 2 days in a row would be a suggestion to try. Thank you for the session offered.
- Concerned for emergency diseases.
- Indoor swimming pool/steam room.
- Water aerobics at Spring Green Red Barn.
- We are hoping that the doctors and specialists will still be able to come to Dodgeville instead of us having to go to Madison for treatments, etc. It is such a blessing now and hopefully in the future.
- Continue to market awards won. (2)
- Many state of the art services.
- Do more outreach to smaller communities in Iowa County, i.e., BP checks, mental health.
- You talked about ongoing education. Does this happen in Pecatonica? If not, can it?
- Concerned for community emergency diseases.
- Would be wonderful if UHH could work with Family Advocates staff in Iowa County.
- Iowa County Cancer Coalition will be holding its annual fundraiser in Mineral Point on August 18, 2018. Would UHH be willing to sponsor newspaper ads to promote this event? We are hoping to hold this event in Dodgeville in 2019.
- Healthcare is a high priority part of a stable and healthy community.
- Understanding the impact of marijuana on health.
- Understanding importance of annual physicals and wellness visits
- The idea of a "bus trip" to Dodgeville Hospital and piggy back a class / lunch / class.
- We are so fortunate to have this hospital with people like you two at the helm. Thank you.
- We are fortunate to have such a good hospital in our community. Also, it is really nice to have so many good doctors and specialists come that we can see.
- We are so grateful for the Upland Hills Health hospital and all the staff that do so much good for the community.
- Would like the Montfort and Highland Clinics to both be open 5 days a week. Sometimes they aren't. Maybe another doctor or two would help.
- I am a veteran. I receive some care from the VA Hospital which I must visit once a year to maintain my status. I am diabetic 2 and visit my specialist 2-4 times per year. I haven't seen my family doctor for years because of my frequent visits to my other doctors. There is not communication between the three. What can be done to improve this situation for veterans and others?
- We had "Patient Portal" which I was able to navigate quite easily, but it has been replaced with "SSM My Health," "My Chart" and "My Health Record". None are as easy as "Patient Portal" was for me to get a message to my doctors.
- Not all things should be online. Many of us do not wish to have a computer.
- Advanced care planning – for those not "frequent" or emergency users of hospital. It seems the conversations & forms just aren't as likely to get completed. Would be great to set a high goal for form completion for Iowa County!
- Well water contamination & health risk.
- Communication to Madison – market to Madison what we provide at UHH – grow ambassador program.

- Facility improvements = strength.
- More niches for people to sit.
- Complete outside trail.
- Community wide sustainability efforts led by hospital.
- More immunization clinics/days at local small town communities.
- RN in clinics to help triage (1) (1) to help cut down on the number of phone calls needed.
- Re-establish a clinic in Barneveld.
- Provide Instymeds for Barneveld.
- Upland Hills has provided wonderful healthcare options in Barneveld and I hope the decision to continue with a clinic in our wonderful town can be reconsidered.
- Possibly partner with or rent space to a vendor that will offer healthy food and supplements to Barneveld residents.
- Without a clinic in Barneveld, I'm concerned area residents may decide to forego preventive and early treatment for illness and injuries instead of going to Dodgeville or Mt. Horeb for medical care.
- Population trends show Barneveld is growing and continuing to grow (data shows increase will occur over next 10 years). We need available local healthcare provided in town.
- Provide exercise, therapy, wellness opportunities in Barneveld. (2)
- I'm thankful and please that there is a possibility Barneveld's clinic may be able to re-open. If it does, I would like to see expanded health and wellness services provided. The site of the current/recently closed clinic has space to accommodate some of these services. If some type of vendor (fitness center/health food store) rents space it could potentially generate revenue. It would be nice if the current businesses in the old bank building could be combined with the Barneveld clinic site. Of if the clinic could be relocated to the old bank building if there's enough space available.
- With a growing population we need healthcare provided in Barneveld and the addition of a pharmacy so prescriptions can be filled in town. (lab, bloodwork, etc.) and physical therapy. (2)
- Open a gym in Barneveld Clinic basement (2) and massage therapy.
- Wellness Center/ fitness/ activity center in Barneveld
- Bring Dr. McGraw back. (2)
- Continue to hire and train for the future / improve.
- Concerned that the staff meet the general and special needs to those served.
- We do have a wonderful caring modern hospital. I'm proud of all who give us the services.
- PT and RT.
- Quality staff (strength).
- "Silver Sneakers" gaps in rural areas.
- Develop support groups for grief/loss, unemployment, anxiety, depression, addiction, cancer.
- Get more specialists to come out to the area (Dodgeville and secondary areas).
- Mental health services.
- Mental health treatment facility / prisoner rehab.
- Addiction services.
- Engage the Tavern League – small town bars are such a touchstone for many. Bartenders / owns that care about patrons!
- Are elderly people getting the care they need? Travel issues?
- Understanding impact of diet on health.
- Holistic health options.

Telehealth

- Video or mobile phone (2); Information is welcome by any means; often creates awareness that tends to cause prevention.
- No (2), people need to have one to one contact with people; there are too many self-diagnosis going on.
- ADRC.
- Stable psychotherapy more than 3 times per month.
- I can see the benefits, but personally I would be reluctant to use those options because I don't readily embrace such technologies.
- That is fine for younger generations, but our elderly will be hesitant to show interest in video or mobile phones. We need on-site care with person-to-person assessment.
- Would tele-pharmacy be an option?
- Currently I do use telehealth via phone/video, and it works well.

## Questions Asked to Develop the County Plan on Aging

Every three years, the Aging and Disability Resource Center, or ADRC, located in Iowa County includes the input of older people to develop a County Plan on Aging. This is a mandate of the Older American’s Act to secure funding. This plan also outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County. In 2018, an environmental scan was completed to develop the Iowa County Plan on Aging for 2019-2021. This scan included group brainstorming and individual interviews with individual stakeholders and ADRC representatives, public forums, and surveys.

The following are a sampling of questions that were asked at these different meetings and in survey:

- What are the three most important issues facing older adults?
- What are the three most important issues facing people with disabilities?
- What makes it difficult to ask for help?
- What unmet needs remain in your community?
- What are the three most important issues facing caregivers?

Below is an example of a 2018 survey:



**ADRC of Southwest Wisconsin**  
 303 W. Chapel St, Dodgeville, WI 53533  
**Aging Survey**

Male  Female

Date: \_\_\_\_\_

**Things I could use help with:**  
 Check all boxes that apply.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Adult Daycare/Respite Care for a Loved One     |
| <input type="checkbox"/> | Affordable Housing                             |
| <input type="checkbox"/> | Assisted Living Facilities                     |
| <input type="checkbox"/> | Care for a Loved One                           |
| <input type="checkbox"/> | Employment                                     |
| <input type="checkbox"/> | Housekeeping, Chores, Errands, Shopping        |
| <input type="checkbox"/> | Information/Referral Services                  |
| <input type="checkbox"/> | Home Repair/Maintenance                        |
| <input type="checkbox"/> | Legal Affairs/Power of Attorney, Will          |
| <input type="checkbox"/> | Managing Finances                              |
| <input type="checkbox"/> | Managing Medications                           |
| <input type="checkbox"/> | Meals/Food                                     |
| <input type="checkbox"/> | Transportation to Appointments, Shopping, etc. |
| <input type="checkbox"/> | Understanding Medicare                         |
| <input type="checkbox"/> | Other, Please list:                            |

**Things that concern me now or in the future**  
 Check all boxes that apply.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Alzheimer's or Dementia/Memory Loss                |
| <input type="checkbox"/> | Affordable Health Care                             |
| <input type="checkbox"/> | Being Able to Stay in My Own Home                  |
| <input type="checkbox"/> | Being Able to Care for a Loved One                 |
| <input type="checkbox"/> | Chronic Diseases such as Diabetes, Arthritis, etc. |
| <input type="checkbox"/> | Crime/Fraud/Abuse                                  |
| <input type="checkbox"/> | Falling  |
| <input type="checkbox"/> | Financial Security/Money to Live On                |
| <input type="checkbox"/> | Loneliness/Isolation                               |
| <input type="checkbox"/> | Not Being Able to Drive                            |
| <input type="checkbox"/> | Not Knowing Where to Turn for Help                 |
| <input type="checkbox"/> | Nursing Home Placement                             |
| <input type="checkbox"/> | Nutrition/ Not Being Able to Cook                  |
| <input type="checkbox"/> | Other, Please list:                                |

**Things that make it difficult to get help:**  
 Check all boxes that apply.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Don't Know Who to Ask | <input type="checkbox"/> Don't Qualify              | <input type="checkbox"/> Services Not Where I Live |
| <input type="checkbox"/> Can't Afford It       | <input type="checkbox"/> Prefer Not to Ask for Help | <input type="checkbox"/> Other, Please list:       |