

COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY HEALTH NEEDS ASSESSMENT

2022-2024



Upland Hills
Health

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Message to Our Community

Upland Hills Health (UHH) is pleased to present the 2022-2024 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

In addition to these formalized, partners, Upland Hills Health reached out to the communities in our service area for input. Town Hall meetings were not possible due to COVID-19 concerns. Instead, the hospital and the above listed partners surveyed their constituents and the community as a whole to learn about residents' concerns. Approximately 327 stakeholders contributed their responses and ideas to this process.

We identified and prioritized community health needs based on:

- available data
- input from community members regarding perceived importance of health concerns, 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. Mental Health and Alcohol/ Chemical Dependency
2. Access to Transportation
3. Health Eating / Weight Loss and Exercise (Healthy Living)
4. Aging Concerns

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

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 on September 28, 2022.

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 2019.

Health Need Priorities and Resources

Upland Hills Health identified the following four healthcare priorities to focus on in our 2022-2024 CHNA and strategic implementation plan. These healthcare issues and the resources and data available to define them include:

- **Mental Health and Alcohol/ Drug Abuse/Misuse:** Resources include information and data provided by Aging and Disability Resource Center in Iowa County, Iowa County Health Department, Community Connections Free Clinic, Southwestern Wisconsin Community Action Program, and Upland Hills Health.
- **Access to Transportation:** Resources include information from the Iowa County Health Department, the Community Connections Free Clinic, the Aging and Disability Resource Center in Iowa County, Southwestern Wisconsin Community Action Program and Upland Hills Health.
- **Healthy Eating/ Weight Loss and Exercise (Healthy Living):** Resources include information provided by the 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.
- **Aging Concerns:** Resources information and data provided by the Aging and Disability Resource Center in Iowa County, Iowa County Health Department and Upland Hills Health.

Goals

| |
|---|
| Mental Health and Alcohol/Drug Abuse/Misuse |
| Explore development of mental health/behavioral health/AODA services with partners (including pediatrics/adolescence needs). |
| Access to Transportation |
| Establish a 24/7 transportation system for residents to use when medically necessary, utilizing the resources already available in Iowa County. |
| Healthy Eating/ Weight Loss and Exercise (Health Living) |
| Promote healthy eating, wight management, and exercise. |
| Aging Concerns |
| Develop a specific plan for long term care and aging services, e.g., outpatient memory, caregiver support. |

About Upland Hills Health

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.

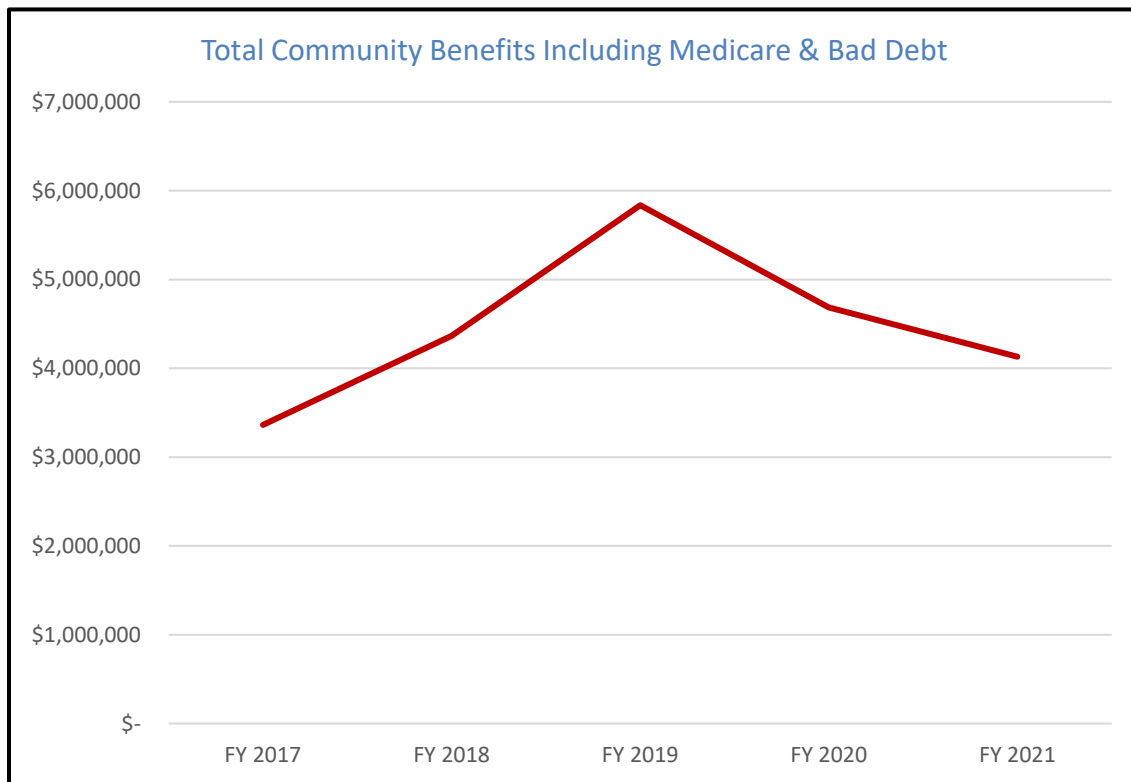
Highlights of Services

- Behavioral Health Counseling
- Birth Center
- Diabetes Management & Nutrition Counseling
- Dialysis Outpatient Services (Fresenius)
- Emergency and Urgent Care
- Family Medicine Clinics
- Heart, Lung & Sleep Center
 - Cardiopulmonary Rehabilitation
- Home Care
- Hospice Care
- Imaging Services
- Intensive Care/Medical Surgical Unit
- Laboratory Services
- Nursing & Rehabilitation Center
- Senior Living
 - Nursing & Rehabilitation Center
 - CrestRidge Assisted Living & Memory Care
- Surgery
- Swing Bed Rehabilitation
- Therapy & Wellness Center
- Upland Hills Health Specialty Clinics
 - General Surgery
 - OB/GYN
 - Orthopedic
 - Pain Management
 - Podiatry
 - Wound Care
- Visiting Specialists
 - Allergy & Immunology
 - Audiology
 - Cardiology
 - Dermatology
 - ENT
 - Neurology
 - Oncology
 - Podiatry
 - Pulmonary & Critical Care
 - Rheumatology
 - Urology
- Upland Hills Hometown Medical Equipment

Community Benefits

| | FY 2021 |
|---|---------------------|
| Community Health Improvement Services | \$ 3,774 |
| Subsidized Health Services | \$ 1,090,775 |
| Financial and In-Kind Contributions | \$ 99,286 |
| Government Sponsored healthcare Reductions in Payments | \$ 2,936,164 |
| Total Community Benefits Including Medicare & Bad Debt | \$ 4,129,999 |
| *Over 100 people served by our Community Benefits program. | |

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)

FY2021 Statistics

| | |
|--|--------|
| Admissions | 1,165 |
| Births | 244 |
| ER Visits | 6,774 |
| Outpatient Visits (includes Clinic Visits) | 11,730 |
| Therapy Outpatient Visits (not included above) | 15,845 |
| Imaging Outpatient Visits (not included above) | 23,063 |
| Beds | 25 |
| Employees | 598 |
| Active Medical Staff | 27 |
| Volunteers | 65 |

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 83% of inpatient 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 2022-2024 Community Health Needs Assessment (CHNA).

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 | | |
| 53565 | Mineral Point | 53809 | Fennimore | 53572 | Mount Horeb |
| 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 County by the Numbers

- Iowa County, which is defined by Upland Hills Health for this assessment as its primary county, has 16 zip codes
- Population (2020): 23,756 Male = 50.7% Female = 49.3%
- Population increase (2020-2025) of 0.2%
- Lower per capita income than USA as a whole
- Lower rate of unemployment (2.3%) than Wisconsin (2.9%) and the US (3.7%)
- 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
- 20.3% of people in Iowa County are over the age of 65
- 28.8% of Iowa County residents over the age of 65 live alone
- 11% of Iowa County residents over the age of 65 are in poverty
- 16.2% of Iowa County residents over the age of 65 are still employed
- Mean travel time to work for workers age 16 years+ is 25.4 minutes

*Source: U.S. Census Bureau V2021: U.S. Census Bureau QuickFacts: Iowa County, Wisconsin
Iowa County, WI - Profile data - Census Reporter
Aging: Demographics in Wisconsin | Wisconsin Department of Health Services*

The Health of our Community




County Health Rankings 2022

Iowa County is ranked among the healthiest counties in Wisconsin with an 8th overall ranking for all Health Outcomes.

Iowa County is ranked in the higher middle range of counties in Wisconsin with a 23rd overall ranking in Health Factors.

| | Iowa (IO) County | Trend ⓘ | Error Margin | Top U.S. Performers ⓘ | Wisconsin |
|---|------------------|---------|--------------|-----------------------|-----------|
| Health Outcomes | | | | | |
| Length of Life | | | | | |
| Premature death | ⓘ 4,800 | | 3,800-5,900 | 5,600 | 6,600 |
| Quality of Life | | | | | |
| Poor or fair health | ⓘ 13% | | 12-15% | 15% | 15% |
| Poor physical health days | ⓘ 3.4 | | 3.2-3.7 | 3.4 | 3.6 |
| Poor mental health days | ⓘ 4.3 | | 4.0-4.6 | 4.0 | 4.4 |
| Low birthweight | 7% | | 5-8% | 6% | 8% |
| Additional Health Outcomes (not included in overall ranking) + | | | | | |
| Health Factors | | | | | |
| Health Behaviors | | | | | |
| Adult smoking | ⓘ 17% | | 14-20% | 15% | 16% |
| Adult obesity | ⓘ 35% | | 33-37% | 30% | 34% |
| Food environment index | 9.0 | | | 8.8 | 8.7 |
| Physical inactivity | ⓘ 22% | | 19-24% | 23% | 22% |
| Access to exercise opportunities | 33% | | | 86% | 78% |
| Excessive drinking | ⓘ 27% | | 26-28% | 15% | 25% |
| Alcohol-impaired driving deaths | 19% | | 8-32% | 10% | 36% |
| Sexually transmitted infections | 185.8 | | | 161.8 | 499.4 |
| Teen births | 8 | | 6-11 | 11 | 14 |

Clinical Care

| | | | | | |
|----------------------------|---------|---|------|---------|---------|
| Uninsured | 6% |  | 5-7% | 6% | 7% |
| Primary care physicians | 1,820:1 |  | | 1,010:1 | 1,260:1 |
| Dentists | 1,690:1 |  | | 1,210:1 | 1,390:1 |
| Mental health providers | 1,310:1 | | | 250:1 | 440:1 |
| Preventable hospital stays | 4,074 |  | | 2,233 | 3,260 |
| Mammography screening | 38% |  | | 52% | 49% |
| Flu vaccinations | 50% |  | | 55% | 53% |

Notable Iowa County Health Statistics



15% of Iowa County adults smoke every day or most days
(Wisconsin rate is 16%)



25% of Iowa County adults age 20 and over report no
leisure-time physical activity (Wisconsin rate is 21%)



29% of Iowa County adults report a Body Mass Index ≥ 30
which is classified as obese (Wisconsin rate is 31%)



40% of Iowa County workers who commute alone travel
more than 30 minutes to get to work.
(Wisconsin rate is 27%)



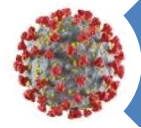
26% of adults reported binge or heavy drinking in the past
30 days. (Wisconsin rate is 24%)



There is 1 mental healthcare provider for every 1,580
people in Iowa County. (Average for the state of Wisconsin
is 1 for every 490 people.)



47% of the Iowa County population feel they have adequate
access to locations for physical activity



74.1% of Iowa County residents have received a COVID-19
vaccination compared to Wisconsin's overall rate of 73.2%

Source: 2021 County Health Rankings www.countyhealthrankings.com

Voice of the Community

The CHNA process began in early 2022 during the ongoing COVID-19 pandemic response. Community partners in all sectors, including health, continue to respond to the pandemic. Partners are committed to the important implementation of this CHNA process in furthering the health of our community, especially on the heels of such an extraordinary event such as the pandemic. The pandemic is an important window into some critical struggles and issues in Iowa County.

Community Forums and Surveys

In previous years, we (Upland Hills Health) conducted Community Forums in eight different communities within our service area. Due to the COVID-19 pandemic, in person community forums were not possible. As part of its Strategic Planning process, Upland Hills Health led virtual Town Hall meetings with six groups and towns, with mixed results. Those forums that were a component of a regularly scheduled meetings of a community group (e.g., Lions Club) were well attended. When the virtual town hall was the only agenda, attendance was low. The top themes from these forums were expand mental/behavioral health services/specialists; offer drug/alcohol rehab services; provide access to more specialty care providers without driving to larger cities; offer health and fitness education, services, facilities; expand chronic disease management; provide long term care options; increase transportation options for medical appointments; develop community education/outreach.

In July of 2022 the Community Health Needs Assessment Collaborative Group developed and delivered a survey to the community to gather additional data regarding community health concerns following two years of pandemic. Results are on page 47-49.

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 2021, an environmental scan was completed to develop the Iowa County Plan on Aging for 2022-2024. This scan included group brainstorming and individual phone interviews with stakeholders and ADRC representatives, virtual 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 (2021) was a drive-through event, due to the pandemic. It drew approximately 200 participants and included over 20 community partners. 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 and UW Extension 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, transportation resources and dementia.

Collaboration with the Iowa County Health Department

The Iowa County Health Department is the lead governmental agency of the County responsible for the promotion of health, wellness, and the prevention of disease. A key activity in achieving this is through activities involving assessment of the community, policy development and evaluation of programs. Our Mission is to maximize quality of

life across the lifespan and our Vision is lifelong health and well-being for every person, family, and community in Iowa County. Iowa County is fortunate to be a great place to live and work but we always strive to be better!

Local health departments are required to complete a Community Health Assessment (CHA) every five years. It is a process to help select the most important things impacting the health of a local community. The ultimate goal of a Community Health Assessment is to spark change in a community for the better! The process includes reviewing statistics and data as well as surveying the community on issues affecting them. From there, top priorities are identified along with a plan to figure out solutions and next steps in order to address these issues.

The CHA process began in early 2022 in the midst of the ongoing COVID-19 pandemic response. Community partners in all sectors, including health, continue to respond to the pandemic. Partners are committed to the important implementation of this CHA process in furthering the health of our community, especially on the heels of such an extraordinary event such as the pandemic. The pandemic is an important window into some critical struggles and issues in Iowa County.

Healthcare Priorities for 2022-2024

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 a community survey conducted in coordination with our local partners in 2022;
- c. Iowa County Public Health HeART survey (survey of senior residents of Iowa County conducted by University of Wisconsin);
- d. The Aging and Resource Disability Resource Center client feedback through its 2022-2024 County Plan on Aging;
- e. Outside Data and Demographic sources including the State of Wisconsin County Health Rankings Data (2021), 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 four health goals that were selected (see Implementation Strategy).

| List of Identified Community Health Needs | 2022-2024 Prioritized Community Health Needs |
|--|---|
| Access to Child Care | Mental Health and Alcohol/Drug Abuse/Misuse |
| Access to transportation | Access to Transportation |
| Addiction Medicine | Health Eating/Weight Loss and Exercise (Healthy Living) |
| Affordable Housing Options | Aging Concerns |
| Aging Concerns | |
| AODA Services | |
| Bullying | |
| Cancers | |
| Fitness programs/services/facilities | |
| Mental Health and Alcohol/Drug Abuse/Misuse | |
| Nutrition / Weight Loss / Exercise | |
| Preventative Health and Wellness | |
| Senior Living & long-term care services and facilities | |

The process the committee used in selecting these top four 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 were eliminated. The remaining areas were prioritized by need, availability of resources, and feasibility of making an impact.

Problem: Mental Health and Alcohol/Drug Abuse/Misuse

Mental health and addiction need for services escalated during the pandemic. Great strides were made since our last CHNA; especially as they relate to access to suboxone. But, there remains more work to do to address these health concerns.

Facts:

- Addiction/chemical dependency escalated during the pandemic.
- Before the pandemic, there was a shortage of services and providers to address these needs, locally, statewide, and nationally.
- The many lifestyle and societal changes that accompanied the pandemic – isolation, loss of jobs, school closures, burn out compounded and dramatically increased the need for mental health and substance abuse services.
- The Upland Hills Health Emergency Department reports an escalation in patients requiring detoxification and in overdose cases.
- The Department of Health & Human Services combined Grant and Iowa County statistics for mental health services. For these two counties together in 2020, the top 5 services used for mental health were:
 - Crisis Intervention (205)
 - Outpatient Counseling (179)
 - Medication Management (18)
 - Community Support Program (10)
 - Case Management (5)
- According to [countyhealthrankings.org](https://www.countyhealthrankings.org) (2022):
 - 27% of Iowa County residents report excessive drinking
 - 19% of driving deaths were attributable to alcohol-impaired driving
 - The ratio of mental health providers to residents is 1:1,310

Available Resources:

- Wisconsin Region of Narcotics Anonymous
- Unified Community Services (Behavioral Health and Crisis Services)
- The Iowa county 24-hour Crisis Help Line (1-800-362-5717)
- National Suicide Hotline (1-800-273-8255)
- Text HOPELINE to 74174.

Problem: Access to Transportation

Rural communities have few options for public transportation. Rural residents often have issues in accessing health services due to the lack of transportation.

Facts:

- The issue of access to transportation was on our previous CHNA.
- The committee’s success rested in the start-up of a local taxi service and new Uber drivers in the area. However, those services shutdown during the pandemic.
- Volunteers in the community, due to concerns of exposure to COVID-19, stopped volunteering to drive for local service providers.
- There are no taxi services in Iowa County.
- There are no Uber drivers in Iowa County.
- There is no public transportation in Iowa County.
- Among 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

Available Resources:

- The ADRC offers a CareAVan bus that transports Iowa County residents on a pre-determined schedule. A monetary donation is suggested for all trips.
- Southwest Wisconsin LIFT is available on select days.

Problem: Healthy Eating/ Weight Loss and Exercise (Health Living)

Inadequate level of physical activity contributes to obesity, one of the largest causes of preventative chronic disease. Unhealthy eating habits lead to obesity, which leads to chronic disease and premature death.

Facts:

- Physical activity can improve health.
- People who are physically active live longer and have lower risk of heart disease, strokes, Type 2 diabetes, depression, and certain types of cancer.
- Obesity is a serious, chronic disease. It can lead to other health problems including diabetes, heart disease and some cancers.
- According to the www.countyhealthrankings.org (2022):
 - 35% of adults in Iowa County are obese
 - 22% of Iowa county residents are inactive
 - 33% of Iowa County residents lack access to exercise opportunities
- A survey of adults in Iowa County was conducted by the Healthy Aging in Rural Towns (HeART) Coalition from July to August 2018. HeART is a partnership of The Iowa County HeART Coalition, The University of Wisconsin-Madison School of Nursing and the Office of Rural Health and is supported by Margaret A. Cargill Philanthropies. A total of 254 participants responded to the survey with the majority of participants aged 70 to 79 years. Loneliness and social isolation were identified as gaps in the health and wellbeing of older adults. The geography of the rural communities is thought to negatively impact transportation options and access to social opportunities. In addition, the survey respondents identified the ADRC, libraries, and churches as strengths within local communities. Although the study data is dated, it is still relevant because the current pandemic has intensified these same issues.

Available Resources:

- The Iowa County Health Department offers Type 2 Natural Diabetes Prevention program for those who are pre-diabetic.
- The ADRC offers a program “Stepping On” for fall prevention.
- Upland Hills Health operates two fitness centers in Iowa County.
- Anytime Fitness offers a facility in Dodgeville, WI the Iowa County Seat.
- Second Harvest Food Bank: Established a partnership with Second Harvest Food Bank to provide healthy food and recipes for the Diabetes Wellness Program.
- Community Connections Free Clinic: Collaborate with the Community Connections Free Clinic to identify patients who would benefit from being enrolled in the program.
- Southwest Wisconsin Community Action Program: The Southwestern Wisconsin Community Action Program Food Pantry pick-up unused food to be distributed in their Dodgeville location.

Problem: Aging Concerns

Iowa County residents are aging. There are health implications to an older community including the need for more health care services, senior living options, and programs and services that address social isolation and loneliness. Those over the age of 65 have a higher rate of utilization of health services. As residents age, their need for housing options (assisted living, long term care, memory care) increase. Older adults in many cases don't drive, limiting access to services. Older adults have a higher rate of social isolation and loneliness due to the death of friends, families leaving the community (especially in rural areas), and limited transportation services. There are fewer social opportunities in most rural communities. (See detailed HeART Survey Results and U.S. Bureau of the Census, American Community Survey statistics in Appendices starting on pages 33 – 43.)

Facts:

- According to the www.countyhealthrankings.org (2022):
 - 20.1 % of Iowa County residents are over the age of 65.
- 30.7% of Iowa County households have one or more people over the age of 65.
- 28.2% of Iowa County residents age 65+ are living alone.
- Loneliness and social isolation were identified as gaps in the health and well-being of older adults. (2018 Iowa county HeART survey)
- Iowa County lost 65 licensed nursing home beds in 2022 when the county nursing home closed.
- Among older adults surveyed in the 2018 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 the lack of transportation
 - 5.9% have no one they could call in an emergency
- 21% of Iowa County residents age 65+ are still actively employed.
- The majority of caregivers are between ages 60-69. (2018 Iowa county HeART survey)
 - 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
 - 60.8% struggle with managing their emotions
 - 58.1% struggle with meeting their personal needs such as personal time, exercise or sleep

Available Resources:

- The ADRC offers multiple programs and services to the aging and disabled residents of Iowa County.
- UW-Extension and a Prevention Coordinator and Regional Dementia Care Specialist co-facilitate *Powerful Tools for Caregivers* class.
- *Boost Your Brain and Memory*, co-facilitated by Regional Dementia Care Specialist.
- The ADRC offers a CareAVan bus that transports Iowa County residents on a pre-determined schedule. A monetary donation is suggested for all trips.
- Southwest Wisconsin LIFT Ride is available on select days.

Evaluation of Efforts Addressed in the 2019-2021 CHNA

A Community Health Needs Assessment was completed in 2019. Five areas of concern, regarding the health of our communities, were selected from the top issues and were targeted for improvement. These five 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. Upland Hills Health 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 Upland Hills Health. To date, no comments have been received regarding the 2019-2021 CHNA.

Preventative Health and Wellness

Goal 1:

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

Action Plan:

- Develop a list of existing social and wellness opportunities for older adults in Iowa County. Collaborate with members of the Iowa County HeART Coalition and other community partners.
 - Upland Hills Health’s Outreach Director proposed a monthly calendar of social and wellness opportunities for general distribution throughout our communities. This was paused during the pandemic or there have been limited social events.
 - A Social Isolation guide was developed by the HeART Coalition and printed by Upland Hills Health.
- Identify communities lacking in social and wellness opportunities. Work with local community leaders to develop a plan to increase opportunities.
 - The Upland Hills Health Outreach Director was coordinating events and opportunities within the various communities. These efforts ended with the pandemic.
 - ADRC has offered some virtual events throughout the pandemic which have promoted socialization and wellness.
- Disseminate information regarding social and wellness opportunities through various avenues. Possibilities include: Iowa County Resource Hub, Upland Hills Health website, ADRC, churches, libraries, senior centers, senior living facilities, and social groups such as Kiwanis and Lions Club.
 - The Upland Hills Health Outreach Director was disseminating information within our communities until the pandemic stopped social events.
 - ADRC events are posted in the News and Views which is delivered in the Iowa County Shopping News.
- The anticipated outcome of the action plan is to in ensure that at least the wellness and socialization opportunity is available in each of our communities each month.
 - This goal was not realized due to the pandemic.

Community Partners/Supporting Resources:

- ADRC: Collaborated with ADRC to disseminate information regarding social and wellness opportunities utilizing the News and Views newsletter. We continued to promote ADRC and partner agency opportunities throughout the pandemic.

- Iowa County HeART Coalition: HeART Coalition members developed a list of social and wellness opportunities for older adults in Iowa County and assisted with dissemination of information.

Goal 2:

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

Action Plan:

- Upland Hills Health will partner with Second Harvest’s HungerCare Coalition to offer the Diabetes Wellness Program at Upland Hills Health.
 - This was completed. The program was planned and implemented, however, paused due to the pandemic.
- Our goal is to enroll 48 patients in the program by December 2019. In addition to diabetes, we will also offer the program to patients who have a diagnosis of Congestive Heart Failure, as a balanced, low sodium diet is one of the most important aspects to treatment. Program participants will come to Upland Hills Health once per month to receive their box of nutritious food.
 - Participants were enrolled in the program before the pandemic. The program resumed in September 2022 with fund for 30 participants.
- In order to increase educational and social opportunities, we will develop an educational pamphlet to be included with the food boxes each month.
 - The Outreach Director included the calendar of educational and social opportunities in each food box. This stopped with the pandemic.
- The anticipated outcome of the action plan is to continue and stabilize the program with Second Harvest and develop a comprehensive Diabetic Clinic for patients, housed at the hospital.
 - Plans for a comprehensive Diabetes Clinic were paused with the pandemic. This planning committee will resume meetings in 2023.

Community Partners/Supporting Resources:

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

Goal 3:

Establish High Level Evidenced Based Programming in Community

Action Plan:

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

- One of the co-facilitators was an ADRC employee. This class was offered in January of 2019 at Lands End, but did not have enough participants in order to hold the class. Due to the pandemic, this has not been offered by the ADRC since 2019.
- *Stepping On x 2*, co-facilitated by the Health Department and/or peer leader. Location will likely be Dodgeville. (6 week class that meets once a week) <https://wihealthyaging.org/stepping-on>
 - *Stepping On x 2 was offered in Dodgeville in 2019 and was well attended.*
- *Tai Chi*-adapted, co-facilitated by the Health Department. Location TBD. This will only be offered once as it is a 12 week program that meets 2x/week) [Tai Chi Fundamentals is ideal for anyone wishing to learn Tai Chi basics, standing, with walker support and seated, deepen their practice, learn the essentials of Qi Gong energy cultivation.](#)
 - *Tai Chi was offered by the ADRC and the Health Department in 2019 and spring of 2020. The 2020 class was stopped due to the pandemic.*
- *Walk with Ease*. Location TBD, but possibly outside of Dodgeville. (This class meets 3 days/week for 6 weeks) <https://wihealthyaging.org/walk-with-ease>
 - Walk with Ease was offered by the ADRC in 2019, in Cobb, WI. A Self-Directed version was offered by the ADRC in 2020 and 2021.
- *Powerful Tools for Caregivers*, co-facilitated by Regional Dementia Care Specialist. Location TBD, but may be in Dodgeville. (6 week class, meets once a week) *This does not have a physical/movement component.* <https://wihealthyaging.org/powerful-tools-for-caregivers>
 - *Powerful Tools for Caregivers was offered by the ADRC and UW-Extension in 2019 but did not have enough participants signed up to hold the class. It was offered virtually in 2020 and 2021.*
 - Mind over Matter, Healthy Bowels, Health Bladder was offered virtually by the ADRC in 2021.
 - UW-Extension has been offered Strong Bodies (virtually and in person) in 2020 and 2021.

Other Prevention Opportunities

- *Boost Your Brain and Memory*, co-facilitated by Regional Dementia Care Specialist. Location will be Belmont, in February. Other classes scheduled as needed/able. (6 week class that meets once a week.) This program is evidence informed. *This does not have a physical/movement component to it during the class time, but does highly encourage regular physical activity.*
 - *This class was offered in person in 2019 and virtually in 2020 and 2021.*
- *Stand Up and Move More* If funding for this research project comes through, we hope to be part of the next phase of this research project in 2019. Phase 1 was completed in 2018. This is in the process of becoming an evidence based program.
 - In spring of 2022, this program moved from the research phase to the status of high-level evidence based programming. UW-Extension is now a partner in Stand Up and Move More and will be offering this, going forward. The ADRC participated in the research project during 2021 and this class was offered twice.

- The anticipated outcome of the action plan is to continue to increase the evidence-based wellness and health programs offered in our communications.

Community Partners/Supporting Resources:

- ADRC: Facilitates classes including *Stepping On* and *Tai Chi (and all of the above except Strong Bodies)*.
- Health Department: Co-facilitates *Healthy Living with Diabetes* classes with Upland Hills Health Certified Diabetes Educator.
- Lands' End: Hosts *Healthy Living with Diabetes* classes
- Regional Dementia Care Specialist: Co-facilitates *Powerful Tools for Caregivers* class—this is now being done by UW-Extension and a Prevention Coordinator from the ADRC office in Green County.

Access to Transportation

Goals:

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

Action Plan:

- Reach out to community resources to promote the expanded transportation options made available through Iowa County ADRC which will decrease the number of cancelled medical appointments and decrease social isolation in our rural areas.
 - This was accomplished.
- Continue to develop this program from where the previous transportation committee left off. Specifically focusing on a mode of transportation after business hours and weekends in order to reduce the utilization of law enforcement and EMS for transporting patients' home, including Assisted Living Facilities.
 - This was accomplished.
- The anticipated outcome of the action plan is to move closer to offering patients without transportation, options for 24-hour/7-days per week coverage.
 - Just prior to the pandemic, this committee had achieved 24/7 transportation options for patients with start-up of a taxi service and Uber drivers. However, due to the pandemic the lack of local transportation options has been elevated and continues to be an obstacle to receive medical care and to decrease social isolation. Therefore, this community challenge continues to be a priority going forward.

Community Partners/Supporting Resources:

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

Mammography

Goal:

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

Action Plan:

- Work with community health care providers and agencies to implement community education on importance of and recommendations for screening mammograms based on age and risk factors.
 - Upland Hills Health provides education throughout the county on the need for mammograms and breast health. Upland Hills Health employs one of only five board-certified breast surgeons in the State of Wisconsin. He provides education on a regular basis to our providers and community.
 - Upland Hills Health has developed marketing materials to include newly developed workflows, and referral processes.
- Research availability of current mammography statistics for Iowa County.
 - Past statistics were unreliable, and the pandemic skewed more current data. Upland Hills Health has established metrics for clinic providers to monitor: 1) all women who see Upland Hills Health physicians (FP, OB/GYN, NP, PA) will have at least one mammogram by age 50; 2) Age 50 – 59 complying with every two-year screening; 3) Will monitor every two-year screening mammogram up to age 74.
- Identify and address barriers to receiving recommended screening mammograms.
 - A patient journey map was completed to identify hardships and barriers from the time of screening through any follow-up procedures. This patient journey map is also used to identify opportunities for improvement in breast health prevention and communication to patients.
 - Upland Hills Health added a breast health navigator position as a point of contact for patients to improve patient experience and communication.
- Identify resources available to individuals to support attainment of recommended mammography screening.
 - Established participation in the Well Woman program, and the requirement document was sent to other internal departments for completion. This was all halted during pandemic. The Upland Hills Health team continues to pursue this resource for patients.
 - Upland Hills Health has established process to ensure breast health history is updated in the electronic medical record by all users; giving the ability to identify high risk patients who should have screening mammograms on a more frequent basis.
- The anticipated outcome of the action plan is to increase the mammography rate for Iowa County women to 70%.
 - The focus of this objective was shifted to include efforts to improve and increase breast health services at UHH. The addition of Dr. Jared Linebarger and purchasing the SaviScout technology in November 2019 is proving successful.

| <u>Utilization</u> | <u>FY2020</u> | <u>FY2021</u> |
|---|----------------------|---------------|
| Breast Biopsies | 21 | 52 |
| ✓ Ultrasounds | performed by service | 30 |
| ✓ Stereotactic | NA | 22 |
| (UHH equipment started June 2021) | | |
| SaviScout procedures by Radiology/Surgery | 12 | 16 |
| Mastectomies | 6 | 14 |

Community Partners/Supporting Resources:

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

Addiction Medicine

Goals:

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

Action Plan:

- Collaborate with other Iowa County stakeholders including schools and law enforcement to pursue the Drug Free Communities support program grant for primary prevention of adolescent alcohol consumption and prescription drug misuse.
 - We initially explored the Drug Free Communities program grant with other stakeholders but ultimately decided to not to pursue this opportunity. Iowa County has an active Substance Misuse Prevention group that is undertaking regular recovery support and community education opportunities.
- Host a community education event in conjunction with the Iowa County Opioid Task Force.
 - The Committee provided the *Your Choice to Live “Wake Up Call”* presentation to Iowa County. The presentation was held at the Dodgeville High School on May 7, 2020. It provided practical information on current drug trends, a walk-through of a teens’ bedroom with more than 20 red flags that could indicate substance abuse, and proactive parenting strategies to keep your child substance free.
- Explore current hospital practices regarding screening for substance abuse and update these if necessary to reflect the best evidence-based screening methods
 - Upland Hills Health Clinical Informatics is working with Epic to identify what screening tools and questions are built into the electronic medical record that would prompt additional questions to help identify substance abuse in patients.
- Develop a unified clinic policy on controlled substances.
 - The UHH Primary Care clinics have a unified consent form for controlled substances that is signed by any patient receiving more than one prescription of a controlled substance in year. This discusses the potential risks of these medicines including addiction, the potential role of drug testing, and regular use of the state’s prescription monitoring database (PDMP). Clinic support staff are quite diligent about ensuring this form is on file for all appropriate patients.
- Support the creation and management of sober living in Iowa County in collaboration with SWCAP.
 - SWCAP has created and is operating two Opportunity Houses—substance free housing to support individuals in recovery from substance use. In 2020, Opportunity Houses in Iowa County helped 13 women and 8 men on their paths to recovery.
- Create an Emergency Room pathway for medication assisted treatment, particularly buprenorphine induction
 - A protocol and established dosing parameters were developed to begin providing Suboxone inductions in the Emergency Department at UHH. Once the induction is complete, patients are required to follow up with one of the four primary care providers who are certified Suboxone prescribers, to continue receiving their Suboxone treatment.

- Work to streamline outpatient follow up and care coordination for evaluation and treatment of substance use disorders.
 - Efforts have been made to orient newly hired providers at UHH to area substance use resources available through Unified Community Services and SWCAP.
- Support the creation of, and utilize, a peer-coaching program in Iowa County as an additional means of supporting individuals across the sobriety spectrum.
 - The ED2Recovery program was implemented. Peer support specialists were credentialed, and medical professionals that staff the Emergency Department were educated on ED2Recovery program and when/how to contact peer support specialists when they have a patient in need of peer support.
- Build a suboxone prescribing and administering process and explore the need to increase the number of primary care providers who are certified in prescribing suboxone.
 - A protocol and established dosing parameters were developed to begin providing Suboxone inductions in the Emergency Department at UHH. Once the induction is complete, patients are required to follow up with one of the four primary care providers who are certified Suboxone prescribers, to continue receiving their Suboxone treatment.
- Ideas from other committees, such as the substance abuse-prevention subcommittee and SW Behavioral Health Partnership. They support our first goal, enhance public knowledge and support
 - Increase community and stakeholders understanding of WI Voices for Recovery
 - Support Southwest Behavioral Health Partnership in their development and launch of Trilogy.
 - Disseminate information about Iowa County services/programs (i.e., Iowa County Community Resource Guide)
 - To social groups, churches, libraries, primary care clinics, UHH patient care units
 - Through social media, Iowa County Resource Hub, UHH website, law enforcement interaction with the public
 - Continue support for and partnership with the Substance Abuse-Prevention subcommittee
 - Assist in organizing education events in the community and schools
 - These efforts were paused due to the pandemic.
- The anticipated outcome of the action plan is to continue on the pathway to developing comprehensive local options for those suffering with opioid and other chemical dependencies.
 - Unfortunately, statistics show that alcohol and drug use increased during the pandemic. This will be an ongoing comprehensive plan going forward.

Community Partners/Supporting Resources:

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

- Southwest Wisconsin Community Action Program – Opportunity House; ED2Recovery Program; LIFT Program
- Unified Community Services – Medication Assisted Treatment options; Mental Health Services; Addiction Recovery
- Iowa County Law Enforcement – Provides data on arrest rates in our community pertaining to substance misuse
- Iowa County Public Health Department – Provides data on current state of substance misuse in our county; Housing Assistance

- Iowa County Public Schools – Provides data on the current state of substance misuse in our schools districts
- Dodgeville Public Library – Employment Assistance
- Iowa County Drug Treatment Court – Participation on Substance Abuse-Prevention subcommittee
- Madison Emergency Physicians – Provides treatment to patients whom present to UHH with substance misuse conditions
- Community Connections Free Clinic – Provides data on substance misuse concerns among our uninsured/underinsured community members; Mental Health Services
- Iowa County Aging and Disability Resource Center (ADRC) – ADRC Taxi; Employment Assistance
- Upland Hills Health Foundation – Provides administrative support for the monthly and quarterly meetings

Resiliency Training

Goals:

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

Action Plan:

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

- Work had begun on identifying educational sources and programs. Online resiliency training programs were identified through Mayo Clinic and the University of Pennsylvania for consideration. However, the pandemic halted these efforts from moving forward.
- Upland Hills Health did provide Department Directors with access to the Wisconsin Hospital Association Resiliency in Healthcare webinar series – to share with staff as needed during the pandemic.
- Upland Hills Health shared online resources from the American Nurse’s Association with staff during the pandemic.
- Access to the emLife app was provided to Upland Hills Health employees through the employee assistance program in Summer 2022.

Community Partners/Supporting Resources:

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

APPENDICES

Demographics Information

Iowa (IO)

2022 Rankings

[Download Wisconsin Rankings Data](#)

County Demographics

| | County | State |
|--|--------|-----------|
| Population | 23,640 | 5,832,655 |
| % below 18 years of age | 22.0% | 21.6% |
| % 65 and older | 20.1% | 18.0% |
| % Non-Hispanic Black | 0.9% | 6.4% |
| % American Indian & Alaska Native | 0.3% | 1.2% |
| % Asian | 0.8% | 3.1% |
| % Native Hawaiian/Other Pacific Islander | 0.1% | 0.1% |
| % Hispanic | 2.0% | 7.3% |
| % Non-Hispanic White | 94.8% | 80.5% |
| % not proficient in English ** | 0% | 1% |
| % Females | 49.6% | 50.2% |
| % Rural | 79.9% | 29.8% |

Source: 2022 County Health Snapshot, Robert Wood Johnson Foundation Program

HeART Survey Results

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

The Healthy Aging in Rural Towns (HeART) Coalition was a grant funded position, lasting through September of 2021. The 2018 survey was a one-time component of the initial planning phases of the grant period. Although the coalition still meets monthly for partner networking and sharing, the coalition is no longer actively working towards specific objectives and some of the initial strategies to address the objectives were not addressed or had to be modified due to the pandemic. This HeART Coalition survey data was still considered during the 2022 – 2024 CHNA evaluation.

Preventative Health and Wellness

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 guilt 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

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

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

| Age Group Estimates | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Total Population - All Ages, All Races | 5,790,716 | 23,618 |
| 60+ | 1,341,829 | 5,991 |
| 65+ | 953,571 | 4,254 |
| 75+ | 403,421 | 1,668 |
| 85+ | 125,495 | 512 |
| <i>% 60+</i> | 23.2% | 25.4% |
| <i>% 65+</i> | 16.5% | 18.0% |
| <i>% 75+</i> | 7.0% | 7.1% |
| <i>% 85+</i> | 2.2% | 2.2% |
| Males age 65+ | 432,812 | 2,035 |
| <i>Males as percent of 65+ population</i> | 45.4% | 47.8% |
| Females age 65+ | 520,759 | 2,219 |
| <i>Females as percent of 65+ population</i> | 54.6% | 52.2% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01001, 1/2021</i> | | |

| Median Age in Years | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Total (Males and Females, All Races) | 39.5 | 42.8 |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01002, 1/2021</i> | | |

| Households with Older Members | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Total number of households | 2,358,156 | 9,850 |
| Households with one or more people 60 years and over: | 911,644 | 4,042 |
| <i>Percent with a member age 60+</i> | 38.7% | 41.0% |
| Households with one or more people 65 years and over: | 668,819 | 3,022 |
| <i>Percent with a member age 65+</i> | 28.4% | 30.7% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B11006 and B11007, 1/2021</i> | | |

| Marital Status by Sex | Wisconsin | Iowa County |
|--|----------------|--------------|
| Total Males, 65+ | 432,812 | 2,035 |
| Males, 65+: Never Married | 27,973 | 134 |
| <i>% Males Never Married</i> | 6.5% | 6.6% |
| Males, 65+: Married, Spouse Present | 293,797 | 1,435 |
| <i>% Males Married, Spouse Present</i> | 67.9% | 70.5% |
| Males, 65+: Married, Spouse Absent (e.g., Separated) | 13,752 | 51 |
| <i>% Males Married, Spouse Absent</i> | 3.2% | 2.5% |
| Males, 65+: Widowed | 47,467 | 168 |
| <i>% Males Widowed</i> | 11.0% | 8.3% |
| Males, 65+: Divorced | 49,823 | 247 |
| <i>% Males Divorced</i> | 11.5% | 12.1% |
| Total Females, 65+ | 520,759 | 2,219 |
| Females, 65+: Never Married | 29,209 | 88 |
| <i>% Females Never Married</i> | 5.6% | 4.0% |
| Females, 65+: Married, Spouse Present | 241,159 | 1,124 |
| <i>% Females Married, Spouse Present</i> | 46.3% | 50.7% |
| Females, 65+: Married, Spouse Absent (e.g., Separated) | 11,945 | 25 |
| <i>% Females Married, Spouse Absent</i> | 2.3% | 1.1% |
| Females, 65+: Widowed | 168,765 | 676 |
| <i>% Females Widowed</i> | 32.4% | 30.5% |
| Females, 65+: Divorced | 69,681 | 306 |
| <i>% Females Divorced</i> | 13.4% | 13.8% |
| Total Persons, 65+ | 953,571 | 4,254 |
| Persons, 65+: Never Married | 57,182 | 222 |
| <i>% Total Never Married</i> | 6.0% | 5.2% |
| Persons, 65+: Married, Spouse Present | 534,956 | 2,559 |
| <i>% Total Married, Spouse Present</i> | 56.1% | 60.2% |
| Persons, 65+: Married, Spouse Absent (e.g., Separated) | 25,697 | 76 |
| <i>% Total Married, Spouse Absent</i> | 2.7% | 1.8% |
| Persons, 65+: Widowed | 216,232 | 844 |
| <i>% Total Widowed</i> | 22.7% | 19.8% |
| Persons, 65+: Divorced | 119,504 | 553 |
| <i>% Total Divorced</i> | 12.5% | 13.0% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B12002, 1/2021</i> | | |

| Disability Status of Non-institutionalized Population by Sex | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Males, 65+, Total* | 423,271 | 1,985 |
| Males, 65+, With a Disability | 132,832 | 583 |
| <i>Males, 65+, % with a Disability</i> | 31.4% | 29.4% |
| Females, 65+, Total* | 503,565 | 2,136 |
| Females, 65+, With a Disability | 153,111 | 525 |
| <i>Females, 65+, % with a Disability</i> | 30.4% | 24.6% |
| All Persons, 65+* | 926,836 | 4,121 |
| Total Persons, 65+, With a Disability | 285,943 | 1,108 |
| <i>Total Persons, 65+, % with a Disability</i> | 30.9% | 26.9% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B18101, 1/2021</i> | | |

| Ages 65 and Older, Living Alone | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Persons 65+ | 953,571 | 4,254 |
| Persons 65+ living alone | 274,683 | 1,199 |
| <i>Persons, % living alone</i> | 28.8% | 28.2% |
| Males age 65+ | 432,812 | 2,035 |
| Males age 65+ living alone | 88,285 | 418 |
| <i>Males, % living alone</i> | 20.4% | 20.5% |
| Females age 65+ | 520,759 | 2,219 |
| Females age 65+ living alone | 186,398 | 781 |
| <i>Females, % living alone</i> | 35.8% | 35.2% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B01001 and B09020, 1/2021</i> | | |

| Population by Race and Ethnicity, July 2019 | Wisconsin | Iowa County |
|---|------------------|--------------------|
| Total - All Ages: Total Population | 5,822,434 | 23,678 |
| 65+ All Races and Hispanic Ethnicity | 1,017,243 | 4,610 |
| <i>% of Total Population that is 65+</i> | 17.5% | 19.5% |
| <i>% of 65+ that is All Races and Hispanic Ethnicity</i> | 100.0% | 100.0% |
| Total - All Ages: White/Caucasian Alone, not Hispanic | 4,709,065 | 22,513 |
| 65+ White/Caucasian | 945,695 | 4,529 |
| <i>% of White/Caucasian pop that is 65+</i> | 20.1% | 20.1% |
| <i>% of 65+ that is White/Caucasian</i> | 93.0% | 98.2% |
| Total - All Ages: Black/African American Alone, not Hispanic | 372,273 | 171 |
| 65+ Black/African American | 31,702 | 7 |
| <i>% of Black/African American pop that is 65+</i> | 8.5% | 4.1% |
| <i>% of 65+ that is Black/African American</i> | 3.1% | 0.2% |
| Total - All Ages: Native American/Alaska Native Alone, not Hispanic | 52,436 | 57 |
| 65+ Native American/Alaska Native | 5,518 | 8 |
| <i>% of Native American/Alaska Native pop that is 65+</i> | 10.5% | 14.0% |
| <i>% of 65+ that is Native American/Alaska Native</i> | 0.5% | 0.2% |
| Total - All Ages: Asian Alone, not Hispanic | 172,205 | 174 |
| 65+ Asian | 11,080 | 24 |
| <i>% of Asian pop that is 65+</i> | 6.4% | 13.8% |
| <i>% of 65+ that is Asian</i> | 1.1% | 0.5% |
| Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispanic | 2,318 | 15 |
| 65+ Hawaiian/Pacific Islander | 216 | 1 |
| <i>% of Hawaiian/Pacific Islander pop that is 65+</i> | 9.3% | 6.7% |
| <i>% of 65+ that is Hawaiian/Pacific Islander</i> | 0.0% | 0.0% |
| Total - All Ages: Two or More Races, not Hispanic | 100,929 | 272 |
| 65+ Two or More Races | 3,999 | 23 |
| <i>% of Two or More Races pop that is 65+</i> | 4.0% | 8.5% |
| <i>% of 65+ that is Two or More Races</i> | 0.4% | 0.5% |
| Total - All Ages: Hispanic/Latino (may be any race) | 413,208 | 476 |
| 65+ with Ethnicity Hispanic/Latino | 19,033 | 18 |
| <i>% of Ethnicity Hispanic/Latino pop that is 65+</i> | 4.6% | 3.8% |
| <i>% of 65+ with Ethnicity Hispanic/Latino</i> | 1.9% | 0.4% |
| <i>Source: U.S. Bureau of the Census, Annual Population Estimates, July 2019 released Summer 2020, 1/2021</i> | | |

| Highest Educational Attainment by Sex | Wisconsin | Iowa County |
|--|----------------|--------------|
| Males: 65 years and over: | 432,812 | 2,035 |
| 65+ Males: Less than high school graduate | 47,824 | 156 |
| 65+ Males: High school graduate (includes equiv.) | 154,371 | 862 |
| 65+ Males: Some college or associate's degree | 110,128 | 537 |
| 65+ Males: Bachelor's degree or higher | 120,489 | 480 |
| <i>% 65+ Males: Less than high school</i> | 11.0% | 7.7% |
| <i>% 65+ Males: High school only</i> | 35.7% | 42.4% |
| <i>% 65+ Males: More than high school</i> | 53.3% | 50.0% |
| Females: 65 years and over: | 520,759 | 2,219 |
| 65+ Females: Less than high school graduate | 54,118 | 147 |
| 65+ Females: High school graduate (includes equiv) | 225,257 | 992 |
| 65+ Females: Some college or associate's degree | 130,771 | 588 |
| 65+ Females: Bachelor's degree or higher | 110,613 | 492 |
| <i>% 65+ Females: Less than high school</i> | 10.4% | 6.6% |
| <i>% 65+ Females: High school only</i> | 43.3% | 44.7% |
| <i>% 65+ Females: More than high school</i> | 46.4% | 48.7% |
| Persons: 65 years and over: | 953,571 | 4,254 |
| 65+ Persons: Less than high school graduate | 101,942 | 303 |
| 65+ Persons: High school graduate (includes equiv) | 379,628 | 1,854 |
| 65+ Persons: Some college or associate's degree | 240,899 | 1,125 |
| 65+ Persons: Bachelor's degree or higher | 231,102 | 972 |
| <i>% 65+ Persons: Less than high school</i> | 10.7% | 7.1% |
| <i>% 65+ Persons: High school only</i> | 39.8% | 43.6% |
| <i>% 65+ Persons: More than high school</i> | 49.5% | 49.3% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B15001, 1/2021</i> | | |

| Household Income | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Households with head age 65+ | 606,830 | 2,730 |
| Household income below \$15,000 | 70,070 | 434 |
| <i>% with HH income below \$15,000</i> | 11.5% | 15.9% |
| Household income below \$25,000 | 164,194 | 849 |
| <i>% with HH income below \$25,000</i> | 27.1% | 31.1% |
| Household income below \$35,000 | 249,446 | 1,158 |
| <i>% with HH income below \$35,000</i> | 41.1% | 42.4% |
| Household income below \$50,000 | 349,410 | 1,634 |
| <i>% with HH income below \$50,000</i> | 57.6% | 59.9% |
| Household income below \$75,000 | 463,383 | 2,143 |
| <i>% with HH income below \$75,000</i> | 76.4% | 78.5% |
| Household income below \$100,000 | 524,198 | 2,393 |
| <i>% with HH income below \$100,000</i> | 86.4% | 87.7% |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B19037, 1/2021</i> | | |

| Median Household Income | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Total, householders of all ages: | \$61,747 | \$64,124 |
| Householder under 25 years | \$33,889 | \$42,143 |
| Householder 25 to 44 years | \$69,983 | \$80,574 |
| Householder 45 to 64 years | \$76,098 | \$75,298 |
| Householder 65 years and over | \$42,486 | \$40,968 |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B19049, 1/2021</i> | | |

| Poverty by Sex, Ages 65 and Older* | Wisconsin | Iowa County |
|--|------------------|--------------------|
| Males age 65+ | 423,271 | 1,985 |
| 65+ Males in Poverty | 25,107 | 121 |
| <i>% of 65+ males in poverty</i> | 5.9% | 6.1% |
| Females age 65+ | 503,565 | 2,136 |
| 65+ Females in Poverty | 44,878 | 278 |
| <i>% of 65+ females in poverty</i> | 8.9% | 13.0% |
| Persons age 65+ | 926,836 | 4,121 |
| Persons 65+ in poverty | 69,985 | 399 |
| <i>% of persons 65+ in poverty</i> | 7.6% | 9.7% |
| <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, 2015-19 Five-year Estimates, Table B17001, 1/2021</i> | | |

| Ratio of Income to Poverty: Ages 65 and Older* | Wisconsin | Iowa County |
|---|------------------|--------------------|
| Total, Age 65+ | 926,836 | 4,121 |
| Age 65+ below poverty | 69,985 | 399 |
| <i>% of 65+ Pop below poverty</i> | 7.6% | 9.7% |
| Age 65+: 150% of poverty or less | 154,253 | 787 |
| <i>% of 65+ Pop: 150% of poverty or less</i> | 16.6% | 19.1% |
| Age 65+: 185% of poverty or less | 221,743 | 1,125 |
| <i>% of 65+ Pop: 185% of poverty or less</i> | 23.9% | 27.3% |
| Age 65+: 200% of poverty or less | 251,028 | 1,207 |
| <i>% of 65+ Pop: 200% of poverty or less</i> | 27.1% | 29.3% |
| Age 65+: 300% of poverty or less | 438,105 | 1,902 |
| <i>% of 65+ Pop: 300% of poverty or less</i> | 47.3% | 46.2% |
| *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, 2015-19 Five-year Estimates, Table B17024, 1/2021 | | |

| Employment Status by Age and Sex | Wisconsin | Iowa County |
|---|------------------|--------------------|
| MALES: | | |
| Males age 65-74: Employed | 71,886 | 410 |
| <i>Males 65-74; % Employed</i> | 27.0% | 31.3% |
| Males age 65-74: Unemployed | 1,700 | 4 |
| <i>Males 65-74; % Unemployed</i> | 0.6% | 0.3% |
| Males age 75+: Employed | 10,736 | 72 |
| <i>Males 75+; % Employed</i> | 8.4% | 12.7% |
| Males age 75+: Unemployed | 407 | 0 |
| <i>Males 75+; % Unemployed</i> | 0.2% | 0.0% |
| FEMALES: | | |
| Females age 65-74: Employed | 57,978 | 321 |
| <i>Females 65-74; % Employed</i> | 20.4% | 25.2% |
| Females age 65-74: Unemployed | 1,216 | 7 |
| <i>Females 65-74; % Unemployed</i> | 0.4% | 0.5% |
| Females age 75+: Employed | 10,736 | 72 |
| <i>Females 75+; % Employed</i> | 4.5% | 7.6% |
| Females age 75+: Unemployed | 225 | 0 |
| <i>Females 75+; % Unemployed</i> | 0.1% | 0.0% |
| TOTAL: Persons age 65+ | | |
| Persons age 65+: Employed | 154,589 | 895 |
| <i>Persons age 65+; % Employed</i> | 16.2% | 21.0% |
| Persons age 65+: Unemployed | 3,548 | 11 |
| <i>Persons age 65+; % Unemployed</i> | 0.4% | 0.3% |

Note: Percent unemployed is not the same as the "unemployment rate"
 Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B23001, 1/2021

| Housing Unit Tenure and Housing Costs | Wisconsin | Iowa County |
|---|----------------|--------------|
| Housing units occupied by householders age 65+ | 606,830 | 2,730 |
| Number of units that are rentals | 140,907 | 558 |
| <i>Percent of units that are rentals</i> | 23.2% | 20.4% |
| Rental costs less than 30% of income | 50,813 | 230 |
| <i>Percent with rental costs <30% of income</i> | 36.1% | 41.2% |
| Rental costs 30% of income or more | 77,420 | 210 |
| <i>Percent with rental costs >=30% of income or more</i> | 54.9% | 37.6% |
| Number of units that are owner-occupied | 465,923 | 2,172 |
| <i>Percent of units that are owner-occupied</i> | 76.8% | 79.6% |
| Monthly owner costs less than 30% of income | 343,403 | 1,547 |
| <i>Percent with monthly owner costs <30% of income</i> | 73.7% | 71.2% |
| Monthly owner costs 30% of income or more | 119,160 | 604 |
| <i>Percent with owner costs >=30% of income</i> | 25.6% | 27.8% |
| Note: Costs are not computed for all housing units, so sum of the cost's percent shares may not total 100%. | | |
| Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B25072 and B25093, 1/2021 | | |

Prepared by Eric Grosso, Bureau of Aging and Disability Resources, January 2021

Entities Involved in Developing the Plan

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

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

Jodi Cecil, Digital Marketing Specialist, Upland Hills Health, Inc.

Corie Dejno, Lift Ride Coordinator, Southwestern Wisconsin Community Action Program

Rachel Hartline, MD, Upland Hills Health, Inc.

Lynn Hebgren, 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

Geana Shemak PhD, ATC, Community Coordinator/Health Educator, Iowa County Health Department

Debbie Siegenthaler, MS, RN, Director/Health Officer, Iowa County Health Department

Ann Thompson, RN, BSN, Iowa County Health Department

Carly Tibbits, RN, BSN, Iowa County Health Department

Stephanie Wanek, APNP, Chief Quality Officer, Upland Hills Health, Inc.

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

Upland Hills Health

UHH Wellness Committee currently has 8 employees representing nursing, registered dietitians, therapy, wellness, and employee health. 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 focuses on the employee Health Risk Assessment results to identify top health concerns and priorities. The Committee implements employee and community events to promote wellness.

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. 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.

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

Due to the COVID-19 pandemic, in person community forums were not possible. As part of its Strategic Planning process, Upland Hills Health led virtual Town Hall meetings in May and June 2022 with six groups and towns, with mixed results. Those forums that were a component of a regularly schedule meetings of a community group (e.g., Lions Club) were well attended. When the virtual town hall was the only agenda, attendance was low. The top themes from these forums were expand mental/behavioral health services/specialists; offer drug/alcohol rehab services; provide access to more specialty care providers without driving to larger cities; offer health and fitness education, services, facilities; expand chronic disease management; provide long term care options; increase transportation options for medical appointments; develop community education/outreach.

In July of 2022, The CHNA partners developed and conducted a survey of community residents throughout the Upland Hills Health service area. The survey was available electronically at the Upland Hills Health website, the Iowa County Public Health website, as well as distributed through Upland Hills Health social media, and school email listserves in Barneveld, Dodgeville, Highland, Iowa Grant, and Mineral Point school districts. The ADRC provided the survey link to the ADRC Board. SWCAP provided the survey link to clients and staff. Upland Hills Health Clinics provided paper copies to patients. Community members shared their insight and suggestions for improving healthcare services in each of their rural areas. Upland Hills Health sent the survey link to all employees, as well as the Board of Trustees and Foundation Board.

The survey included demographic indicators and these questions:

- How would you rate our community as a healthy community?
- How would you rate your own personal health?
- What are the most important issues in our community?
- Behaviors that have the greatest impact on our community?
- Access to dental, mental, physical health services?
- Services which are difficult to access?
- Barriers to accessing dental, mental, and physical health services?

The need for increased access to health services was the general theme, which included wellness/fitness, therapy, mental health, alcohol and drug abuse services, extended hours of business, access to transportation, medical specialists, and telemedicine.

Community Forum and Community Survey comments showed an increase in caregiver concerns that relate to mental health and aging.

2022 Community Survey Summary

| Community Health Needs Assessment (CHNA) Survey Results | | | June-July 2022 |
|---|---------------|--------------------|----------------|
| How would you rate our community as a Healthy Community? | | | |
| | Counts | Percentages | |
| Very healthy | 8 | 2% | |
| Healthy | 103 | 32% | |
| Somewhat healthy | 180 | 55% | |
| Unhealthy | 32 | 10% | |
| Very unhealthy | 3 | 1% | |
| How would you rate your own personal health? | | | |
| | Counts | Percentages | |
| Very healthy | 36 | 11% | |
| Healthy | 151 | 46% | |
| Somewhat healthy | 113 | 35% | |
| Unhealthy | 22 | 7% | |
| Very unhealthy | 3 | 1% | |
| What are the most important issues in our community? | | | |
| | Counts | | |
| Aging concerns | 143 | | |
| Alcohol misuse and abuse | 149 | | |
| Other drug abuse | 129 | | |
| Bullying | 89 | | |
| Cancers | 62 | | |
| Child abuse/neglect | 34 | | |
| Dental concerns | 28 | | |
| Diabetes | 29 | | |
| Domestic violence | 23 | | |
| Firearm-related injuries | 7 | | |
| Heart disease and stroke | 29 | | |
| High blood pressure | 28 | | |
| Homicide | 2 | | |
| Homelessness | 12 | | |
| Affordable housing/options | 111 | | |
| Hunger | 28 | | |
| Infant death | 3 | | |
| Infectious disease | 26 | | |
| Access to childcare | 122 | | |
| Access to healthcare | 51 | | |
| Lead exposure | 0 | | |
| Mental health concerns | 206 | | |
| Motor vehicle crash | 7 | | |
| Ability to afford living expenses | 86 | | |
| Obesity | 134 | | |
| Rape/sexual assault | 8 | | |
| Respiratory/lung disease | 9 | | |
| STIs | 2 | | |
| Radon exposure | 8 | | |
| Suicide | 31 | | |
| Teen pregnancy | 5 | | |
| Tobacco use | 24 | | |
| Drinking water quality | 33 | | |
| Senior living | 86 | | |
| Social isolation/loneliness | 56 | | |

| Community Health Needs Assessment (CHNA) Survey Results | | June-July 2022 |
|--|---------------|----------------|
| Behaviors that have the greatest impact on our community? | Counts | |
| Alcohol misuse and abuse | 179 | |
| Drug use and abuse | 166 | |
| Unsafe sex | 13 | |
| Dropping out of school | 11 | |
| Lack of exercise | 163 | |
| Poor eating habits | 188 | |
| Not getting vaccinated | 56 | |
| Unsecure firearms | 13 | |
| Texting/cell use while driving | 77 | |
| Tobacco use | 37 | |
| Not using seat belts | 13 | |
| Routine medical visits | 61 | |
| Violence | 25 | |
| Self-harm | 24 | |

| Community Health Needs Assessment (CHNA) Survey Results | |
|--|-----|
| Health Care Access Questions | |
| Access to dental, mental, physical health services? n=317 | |
| Always | 172 |
| Often | 97 |
| Sometimes | 43 |
| Rarely | 3 |
| Never | 2 |
| Services which are difficult to access? n=210 | |
| Dental | 35 |
| Mental | 149 |
| Physical | 26 |
| Barriers to accessing dental, mental, and physical health services. n=189 | |
| Cultural/religious beliefs | 1 |
| Don't know how | 2 |
| Don't understand need | 5 |
| Don't feel welcome | 10 |
| Fear | 29 |
| Lack of availability | 102 |
| Language barriers | 0 |
| No insurance | 11 |
| Unable to pay | 25 |
| Transportation | 5 |

| Community Health Needs Assessment (CHNA) Survey Results | | | | |
|--|--|--|--|--|
| Health Care Access Questions | | | | |
| Other Barriers Listed | | | | |
| Lack of response from DHS with child abuse, neglect, parent bullying etc | | | | |
| mental health stigma | | | | |
| fatphobia and cost | | | | |
| Mental health providers only seem available for emergent issues. | | | | |
| Personal schedule | | | | |
| Unwilling to admit we need medical care (not fear) | | | | |
| insurance mandates Dane County providers | | | | |
| Lack of follow-up by health professionals and lack of clarity in discussing conditions | | | | |
| Doctors who are still practicing old school ways | | | | |
| Have to drive to Platteville or Madison for some specialists. | | | | |
| The overall cost of a health plan and services it pays | | | | |
| Doctor not focused on aging issues - lack of experience in that area; feeling of lack of personal connection | | | | |
| Kids have trauma which is not recognized because of stigma | | | | |
| Timing. Cannot get timely appointments which leads to medication to mask the problem and then addiction. | | | | |
| Mental health and dental health are not covered by my insurance | | | | |
| medical care around here seems to only be all about pushing medications, antibiotics and vaccinations. | | | | |

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. ADRC’s first step in Community Engagement is surveying the residents of Iowa County. All community members were encouraged to provide feedback as it relates to services their parents, grandparents or elderly and disabled neighbors may need to remain independent and healthy as they age.

Below is the 2022 survey:

Please circle the correct answer:

- | | |
|---|----------|
| Are you over the age of 60? | YES / NO |
| Are you a caregiver? | YES / NO |
| Have you ever used ADRC services in the past? | YES / NO |

What areas would you like to learn more about? (Select all that apply)

- | | |
|---|---------------------------------------|
| <input type="radio"/> Technology | <input type="radio"/> Nutrition |
| <input type="radio"/> Brain Health | <input type="radio"/> Transportation |
| <input type="radio"/> Caregiver Resources | <input type="radio"/> Health Equity |
| <input type="radio"/> Healthy Aging | <input type="radio"/> Scam Prevention |
| <input type="radio"/> Other: | |

List services or events you have seen or heard in other communities that you think would be helpful to seniors in Iowa County?

What are the most important issues facing older adults today? (Select all that apply)

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

What are some of the biggest challenges to remaining in your home as you age?

What kind of resources do you think will be needed in the future (next 5-10 years) to help older adults and those with a disability remain as independent as possible? Think new and innovative or tried and true staple services.

List any examples of racial inequalities you have seen/heard in Iowa County.



Community Involvement in the Development of the Aging Plan

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

| | |
|--|--|
| Your County or Tribe: Iowa County | Date/s of Event or Effort: Feb-Mar 2021 |
| Target audience(s): Adults | Number of Participants/ Respondents: 251 Survey Respondents |

Describe the method used including partners and outreach done to solicit responses:

ADRC reached out to the Iowa County Health Department to determine if they could help distribute Aging Plan surveys to the 60+ population. The Iowa County Health Department agreed and was a great partner in this process. Because patients were required to do a fifteen minute observation after the vaccine, it was a great opportunity to have the public fill them out. A survey was developed on a regional ADRC level but then tailored to Iowa County. Those who completed the survey at the COVID-19 vaccine clinic were offered an ADRC incentive. The same survey was offered online to Iowa County residents and was printed in the April and May editions of the News and Views monthly newsletter. A small amount of surveys were completed online or by mail.

Describe how the information collected was used to develop the plan:

The survey questions were tailored to request information for the purposes of developing goals for each of the required goal areas. We purposely did not request only 60+ population to complete the survey so that we could capture what our future 60+ population will want. The survey asked for participants to select multiple choice or true/false. In addition, there was a spot to fill in more information. The multiple choice and true/false were helpful in capturing what the larger group was interested in. The additional comments section was helpful to get more specific details and ideas about their suggestions, questions or concerns.

What were the key takeaways/findings from the outreach?

Of the 251 surveys completed, 234 respondents were over the age of 60. Only 21 identified as a caregiver. Additionally, 149 respondents have never used the ADRC in the past.

This will provide an overview of the top answers for the multiple choice questions:

What areas would you like to learn more about:

- Healthy Aging, Scam Prevention and Brain Health

What are the most important issues facing older adults today:

- Being able to stay in my own home, affordable healthcare, and Alzheimer’s or dementia/memory care

What are some of the biggest challenges to remaining in your own home as you age:

- Home maintenance, healthcare, mobility, accessibility, stairs