Creating Our Healthy Community Plan Notes

January 16, 2019

Sauk County
Health & Wellness
Coalition

Creating Our Healthy Community Plan
Agenda

Wednesday, January 16, 2018

8:00am – 8:30am	Registration and Reception

8:30am – 11:30am

8:30am – 8:45am	***Welcome*** Tara Hayes, RN, MSN, Public Health Director, Health Officer
8:45am-9:00am	***Community Health Needs Assessment Findings*** Cassidy Walsh, Sauk County Health Department, Health Educator
9:00am-11:30am	***Action Plan Development & Prioritization*** Facilitated by Ken Carlson, Sauk Prairie Healthcare, Vice President, Planning & Business Development

Thank you for joining us for today's Creating Our Healthy Community Plan

Sauk County Health & Wellness Coalition

Welcome

Tara Hayes, RN, MSN, Public Health Director, Health Officer

A Community Health Needs Assessment and Improvement Plan of this scope could not occur without the assistance of many individuals. The Sauk County Health & Wellness Coalition Steering Committee is made up of 4 different organizations:

We would like to thank all the community members who completed our online survey and those who participated in our focus groups. A special thank you to the Key Informants who took time out of their busy schedules to listen to health data and reports, share their concerns, and comment on their experiences.

Purposes for doing a community health needs assessment:

1. To fulfill the Health Department's responsibility under State Statute HFS 140.04, which requires each local health department to complete a community health needs assessment and to participate in the development of a new local health plan every 5 years.
2. To work collaboratively with local hospitals to assist them in meeting the requirements laid out by the Affordable Care Act and the Internal Revenue Service.
3. To identify updated information on the population's health status that provides the basis for the identification and prioritization of local health-related issues and the development of a local health improvement plan.
4. To identify health disparities-differences in health and health care among populations. The local health improvement plan will strive for health equity, in which everyone has a fair opportunity to be healthier
5. To create a process to encourage public and community input into the population's health needs and the use of available resources.

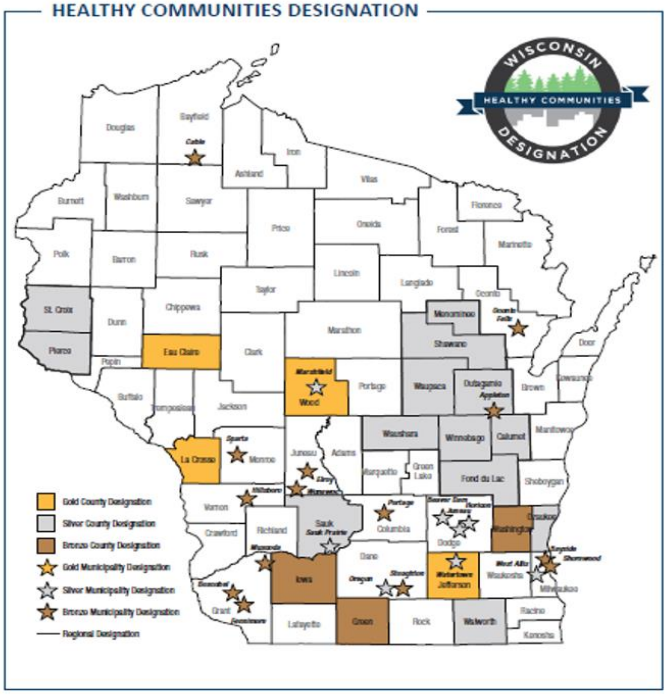
2018 WISCONSIN HEALTHIEST STATE SUMMIT

Healthy Communities Designation

WISCONSIN HEALTHY COMMUNITIES DESIGNATION

Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH



https://www.wihealthycommunities.org/

Community Health Needs Assessment Findings

Cassidy Walsh, Sauk County Health Department, Health Educator

Mental Health

Depression
Suicide
Access to Providers

- Mental Health Providers in Sauk County: 760:1
- Suicide Rate: 13.9 per 100,000 population in Sauk County
- *"Schools see mental health problems as young as age 4."*

Obesity

Physical Activity
Access to Healthy Foods
Food Insecurity

- 20% of Wisconsin adults engaged in No leisure-time physical activity in 2016.
- 11% of Sauk County's population is food insecure
- *"We wish there were more services to help elderly with the cost of food."*

Chronic Disease

Stroke
Diabetes
Heart Disease

- In 2017, the rate of stroke mortality was 71.1 per 100,000 population.
- 10% of Sauk County residents are diagnosed with diabetes.
- *"We will only seek healthcare for emergencies & child birth."*

Substance Abuse

Drug Abuse
Tobacco Use
Alcohol Abuse

- Alcohol-related motor vehicle deaths: 11
- Deaths related to substance abuse: 225
- *"EMS is seeing an increase in call volume due to substance abuse."*

Action Plan Development & Prioritization
Facilitated by Ken Carlson, Sauk Prairie Healthcare, Vice President, Planning & Business Development

Mental Health

Round 1:

Describe the mental health issues you or your organization observe? Identify any "at risk" groups or individuals characteristics we should focus on.

What we are observing:

- Trauma – PTSD
  - Emergency Responders – PTSD
  - Suicides
- Eating Disorders
- Depression/ anxiety
- Stress
- Sleep disorders
- Abuse – Emotional/Physical
- Isolation
- Chronic Mental Health
  - Schizophrenia
  - Bipolar disorders
- Developmental Delays/disorders
- Personality disorders
- Suicides

At risk groups:

- Unemployed/uninsured population
- Children
- Single parents
- Grandparents raising children
- Incarcerated population
- Divorcees
- Veterans
- Homeless population
- Elderly
- Teens in crisis
- Farmers
- Non-citizens
- Those that lost loved ones

Round 2:

List reasons why the issues shown above are not being addressed. Share examples of local efforts that have been effective.

- Lack of money
- No mental health hospitals in the county
- Reimbursement issues
- Shortage of psychiatrists
- In need of more home care services
- Need more preventative resources
- Need better discharge planning
- Better family care coordination/appointments
  - Reminder calls with families
  - Making sure people have transportation (case management type stuff)

Effective Efforts:

- Minnesota is putting psychiatrists in schools
- San Diego program called PERT
  - psych nurse rides along law enforcement
  - There has been a reduction in crisis hospitalizations
- Project Recovery – Flooding program
- Paramedic Program – St Mary's
- Follow up call backs

Mental Health Continued

Round 3:

Describe transportation issues and barriers that prevent residents from getting the help they need.

Transportation Issues & Barriers:

- Liability
- Car repairs
- Cost of gas
- Money in general
- No license
    - People that don't have a license or lost their license
- Taxi services only within city limits
- Insurance
- Service times are normal working times, not available nights & weekends.

Solutions:

- Reduce distance of travel
- Text reminders
- More tele-health
- Community support programs (CSP & CCS)
- ADRC voucher program
- Need more mental health offices
- County wide collaboration with organizations
    - Possible shared bussing
- Local mental health in organizations

Round 4:

Develop 3-5 actions you recommend we should take to address this item.

- Making collaboration the norm
    - Tele-health – video conferencing
    - Add more mental health professionals in different organizations (i.e. clinics, hospitals, schools)
    - Share providers
- Establish long term funding
    - Make sure $ goes towards treatment and prevention
- Reduce stigma
- Preventative resources/activities
- Preventative mental wellness
    - get set up in advance not in crisis
    - Example: people go to dentist twice a year for prevention – why not see a mental health professional for prevention
- SOS programs in schools
    - Mental health assembly
    - Evidenced based programming
    - Lack of funding to schools & time
- Group therapy/treatment – holistic
    - Nutritional
    - Exercise
    - Education
- Do not want to leave their homes
    - Go to them
    - More referrals/marketing collaboration between organizations
- Summer school programs
- More partnering with:
    - Boys & Girls Club
    - NAMI

Obesity

Round 1:

What programs and initiative are currently in place?

- Education & activities with boys & girls club and first responders
- Parkinson's Support Group at Pulse
- Schools have adult leagues
    - Swimming
    - Tennis
    - Basketball
    - Wellness Programs
- Wellspring Center
- Pool Regulations
- Yoga Groups
- Organizations partner with Second Harvest Foodbank
- UW-Extension provides resource guides
- WOW – Wellness on Wednesday in Lodi
- Employee Health Fairs

Round 2:

Identify people/partners in your community who should be connected to this health priority? Why?

- Food Pantries like second Harvest Foodbank
    - Helps with fresh produce
    - Help deliver food to people
    - Develop simple recipes for customers
    - Needs to reduce the carb heavy products at the pantries
- Farm to Table
    - Schools partner with Partner of Defense & Sky High for fruits & veggies
- Farmers Market
    - Product not sold gets brought to the food pantries
- ADRC
    - Shopping busses
    - Meals on wheels
- UW-Extension
    - Classes to help with stretching your food money
- Case Management
    - Diabetic educators
    - Chronic disease management
    - Nurse navigators
- Insurance
    - Case managers
- WIC services
- Schools
    - New Food Pantry
    - Business Partners
    - Aquaponics & hydroponics
    - Summer breakfast & lunch programs
- FoodWise
- 6:8
    - Community meals & cooking classes
- Boys & Girls Club
- Summer School Classes

Obesity Continued

Round 3:

Describe barriers that affect this health priority.

- Empowering/motivating people to continue what they learned
- Lack of safe places to have a critical conversation
- Society today wants immediate gratification/quick fix
- Time!!
- Winter – the cold and dark weather affect mood and cause safety issues for kiddos
- Information sharing
- Social media/technology causing a sedentary lifestyle
- Cost, Access, Time (perception), how to use it, lack of role modeling, and transportation create barriers to healthy eating
- Not reaching the target audience and engaging them and giving them the tools to cook
- Language barriers
- Instead of constantly prescribing meds, we need to prescribe movement
- Diet Pills
- Lack of prioritization
- Both parents work
- Lack of emphasis on family meal time
- We have extreme obesity and their caregivers are enabling them
- Lack of money available to educate before they become obese
- We need to change people's value structure – need to make them care

Round 4:

Develop 3-5 actions you recommend we should take to advance this item.

- Need to start young with pregnant moms and at schools
    - Get to the people they are around the most
- Require more physical fitness, nutritional education , mindfulness, & yoga for kiddos and adults at work
- Bring cost down on healthy foods
- Educational Promos
- Need to get people to understand the WHY and that it affects EVERYONE
- Instead of going backwards we need to adjust with the current culture & technology
- Parental Buy-In!
    - FED reward system
- Local Community Funding
    - Partner with community programs already going on
- Identify those that want to change
- Financial support to get cultural awareness
- Make it a social norm
- Gather un-biased facts
- PR of resource guides
- You make a connection before you bring the content

Any implementation action item will need 5 years to complete

Chronic Disease

Round 1:

The top three chronic diseases are Diabetes, Heart Disease, and Hypertension (stroke). Chronic disease is interwoven into all of the priorities discussed, how?

- Lack of physical activity
- Mental Health
- Substance use for coping
- Depression
- E-cigarettes – does the community understand the impact?
- Lack of transportation limits access to healthcare
- Poor insurance, high deductibles, increase of cost
- Lack of access to healthy foods
- Lack of knowledge for food prep
- Dental issues impact chronic disease
- Shortage of healthcare providers
    - Nursing, specialty, general, mental health
- Elderly not able to afford medications
- Too easily to get unhealthy foods
- No access to follow-up care and case managers
- Abuse of ER for primary care
- Inability to navigate healthcare system
- How do you manage chronic disease If you have mental health issues?
- Fatalism – what I've been given is what will happen, my choices don't matter
- Lack of hope – leads to use of opioids
- Falling victim to heredity, using it as an excuse
- Education on controllable vs un-controllable risk factors
- Peer pressure, following the crowd
- Lack of parenting to teach healthy lifestyle

Round 2:

Describe the chronic disease you or your organization observe? Identify any "at risk" groups or individual characteristics we should focus on. What would help?

Diseases:

- Diabetes
- Obesity
- Inflammation & pain
- Major mental issues
- Asthma
- Substance use disorders
- Auto immune disorders
- GI Disorders
- Developmental disorders
- Heart disease
    - Increase BP
    - Stroke
    - Heart attack

At Risk Populations:

- Low income
- Elderly
- Veterans
- Children
- Uninsured
- Ethnic-Hispanic, Native American
- LGBTQ
- Developmentally disabled
- SSI
- Substance use struggles
- Highly stressed
- Isolated/rural
- No family support/social isolation

What would help:

- Transportation
- Community support systems
- Decrease stigma
- Education
    - Cooking
    - Literacy level
- Better communication systems
    - Social media
- Employer incentives to keep employees healthy
- Long term funding/better program stability
- School buy-in

Chronic Disease Continued

Round 3:

Describe barriers that affect this health priority.

- Money/poverty/uninsured due to cost
- Education
  - Idea eating healthy has to be costly
  - Health literacy
  - Literacy in general
- Privacy
- Denial
- Hopelessness
- Apathy
- Transportation
- Decrease in providers
- Lack of access to alternative health care options
- Lack of awareness of what they're eligible for
- Not aware the control one has over chronic disease
- Multiple issues/barriers = compounded
- Language barriers/lack of translators
- Lack of incentives to get treatment/ help others
- Communication between providers
- Technology – some cannot access/not familiar
- Lack of trust/Fear
- Cultural norms/lifestyle "norms"
- Funding for school nutrition programs
- Parenting skills (lack of)
- Legislature changes needed

Round 4:

Develop 3-5 actions you recommend we should take to advance this item.

1. Collaboration between HH, Clinics, Hospitals, EMS/PD
   - Coalition?
   - "Umbrella" Care
2. Better continuous education on prevention and options available
   - Community collaborative effort
3. Provider education
   - ACEs/T.I.C.
   - Know what the patients options are

Substance Abuse

Round 1:

Describe the substance abuse you or your organization observe. Which drugs should our efforts prioritize for youth? Adults?

Criteria
- Magnitude
- Trends
- Severity
- Comparisons
- Community readiness

- RX Opioids
  - Need to decrease prescribing rates
- Vaping (JUUL)
  - Increase in use sudden. Use is sneaky = appealing to youth. Low perception of risk in youth and adults
  - Use in pop. age 18 and younger has surged
- Alcohol
  - Magnitude, community consequences, driving, older adults
- Meth
  - Increase in meth use by those with heroin use disorder
- Marijuana: workplace issue

Round 2:

What policies or programs are working? Why or why not

- MAT program
- Narcan
- Education programs
  - Parents, students, healthcare, law enforcement
- PDMP – Prescription drug monitoring program
- Drug Take back program
- Bar Buddies
- ASAM – American Society Addiction Medicine
- Human Services walk in hours
- Women's shelter, but none for men
- Problem: Lack of resource/info sharing
- NEED: Mentorship programs
- Diversion programs
  - Decrease jail
  - Increase tx
- Funding
  - Not always going where it's needed
- NEED: Drug Endangered Children program
- Drug/treatment court
- NEED: Child care, transportation
- NEED: Targeted programs for middle school
- Focus on resiliency, not just trauma
- ACEs – Adverse Childhood Experiences and trauma-informed care
  - Starting in schools and agencies
- Shift from punishment to treatment and understanding
- Peer Support

Substance Abuse Continued

Round 3:

Describe factors that impact this health priority.

Individual Factors and Community Factors

- Culture: Drinking is accepted; Events are alcohol-focused/involved; Lack of consequences from misuse (Eg OWI); Promoted/accepted in Movies & TV
- Focus on drinking and driving, but there are many other consequences. Does Bar Buddies promote binge drinking?
- Stress and mental health problems: people are self-medicating with drugs
- Peer Pressure: both youth & parents are encouraged to be "cool"
- Parental disapproval decreases youth use, but many parents condone drinking
- Lack of parental supervision
- Babies born dependent on drugs
    - Drug testing for pregnant moms is needed
- Elderly use is going undetected
- Lack of community connections

Accessibility
Acceptance
Affordability
Attractiveness

Round 4:

Develop 3-5 actions you recommend we should take to advance this item.

1. Decrease opioid accessibility:
    - Decrease prescribing
    - Increase proper disposal
        - Doctors to follow up with patients at appts. re disposal
        - Biod. Bags given to patients
2. Legislative ideas
    - Ban flavored nicotine products
3. Education for parents, youth, community on trends (eg vaping)
    - Work with schools
4. Activities sans alcohol/drugs
    - Locations for those in recovery
    - Indoor
    - Low cost or free
5. Alcohol age compliance checks
6. Integrate "alternative" medicine for pain management and for TX of addiction
    - Eg chiropractic, meditation, breathing, acupuncture

Community Health Needs Assessments & Improvement Plans can be located here:

Sauk Prairie Healthcare

https://www.saukprairiehealthcare.org/Portals/0/pdf/CHNA2019-2021.pdf

Reedsburg Area Medical Center

https://www.ramchealth.com/media/380478/chna-19.pdf

SSM Health – St Clare Hospital

https://www.ssmhealth.com/SSMHealth/media/Documents/About%20SSM/chna/wisconsin/st-clare-baraboo-chna-2018.pdf

Sauk County Health Department**

https://www.co.sauk.wi.us/publichealth/2015-sauk-county-needs-assessment

**Currently the 2015 is online, but the 2018 addition will be coming soon