



Photo Credit Fort HealthCare



2018

Fort HealthCare

Community Health Needs Assessment

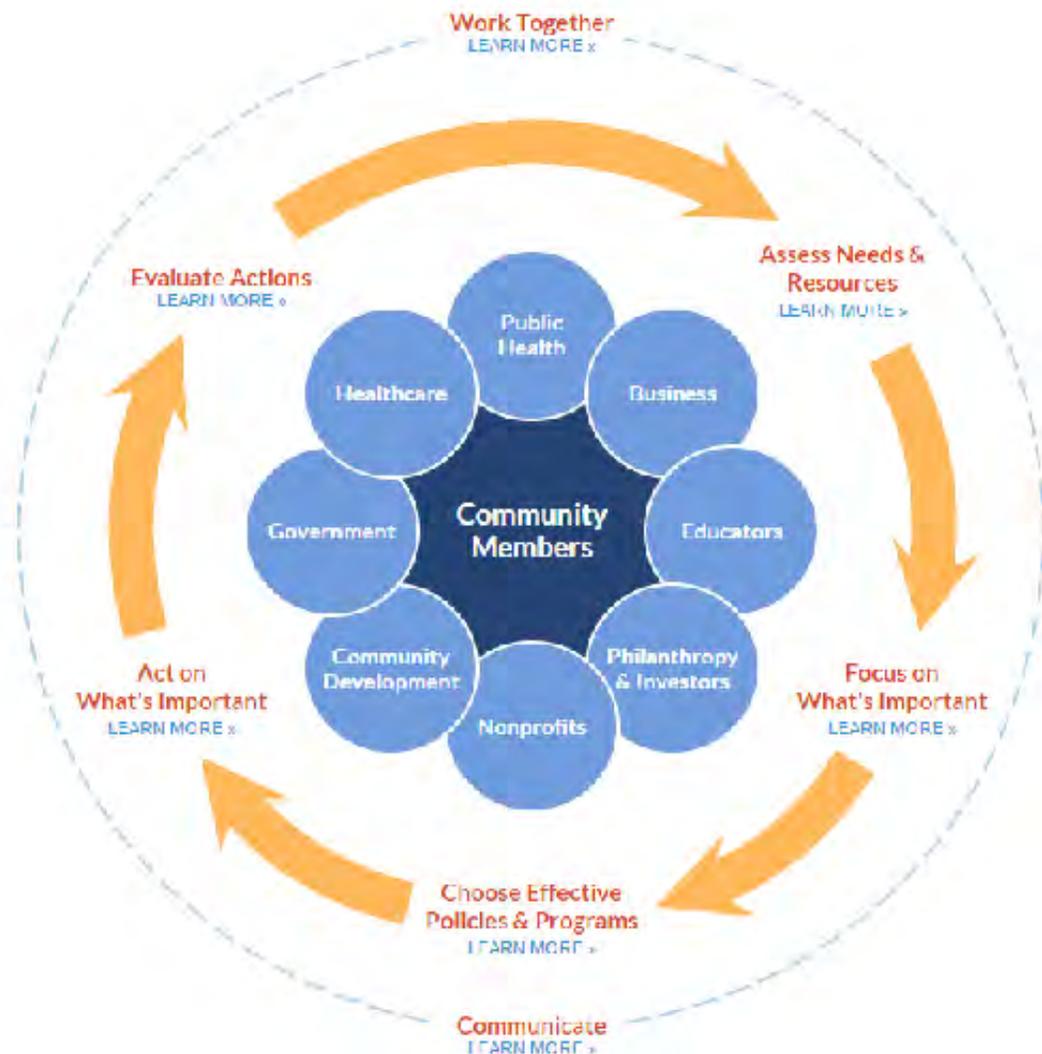
Jefferson County, Wisconsin

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Perspective/Overview

Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Jefferson County, Wisconsin.

2018 Community Health Needs Assessment

Fort HealthCare as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, and facilitated a community health summit to receive community input into the priorities and brainstorm solutions.

This CHNA assesses health in Jefferson County, the main service area of Fort HealthCare.

- ✔ Starting March 2018, this report is made widely available to the community via Fort HealthCare's website, <http://www.forthhealthcare.com>, and paper copies are available free of charge at Fort HealthCare, 611 Sherman Avenue East, Fort Atkinson, WI 53538 or by phone 920-568-5000.
- ✔ The Fort HealthCare board of directors approved this assessment and the hospital's implementation plan in March 2018.

Participants

Fifty-two individuals from twenty-two community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Jefferson County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the community.

Project Goals

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community and create a coalition to address those needs,” said Nicole Leibman, Marketing Manager, Fort HealthCare.

“This process is an affirmation of what we’ve been doing and has generated new ideas for solutions. We are well on our way to being the healthiest community in Wisconsin,” said Mike Wallace, CEO Fort Healthcare.

“The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Gail Scott, Director Jefferson County Health Department.



Photo Credit Chris Welch

Community

Input and Collaboration



Photo Credit Fort HealthCare

Data Collection and Timeline

In October 2017, Fort HealthCare began a Community Health Needs Assessment for Jefferson County. Fort HealthCare sought input from persons who represent the broad interests of the community using several methods:

- 22 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, elderly and children), Sheriff's Office, health providers (hospital, nursing home, physician), local businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on December 14, 2017.
- Information gathering, using secondary public health sources, occurred in November and December of 2017.
- 300 community random-dial telephone surveys (landline and cell) were conducted from December 1, 2017 through January 7, 2018.
- An on-line survey of community healthcare providers and Fort HealthCare employees was conducted between October 30, 2017 and December 11, 2017. 356 employees of Fort HealthCare and 18 community healthcare providers completed the survey.
- A Community Health Summit was conducted on January 11, 2018 with 48 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, not-for-profit organizations, employers and other community members.

Participation by Those Representing the Broad Interests of the Community

Participation in the focus groups and at the Community Health Summit creating the Jefferson County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
American Lung Association		Summit
Badger Bank		Summit
Badger Group		Summit
Ball Corporation		Summit
Boys & Girls Club of Fort Atkinson	Elementary school kids	Focus Group & Summit
Cambridge CAP/Cambridge Wellness Coll.	All	Focus Group, Summit
City Council		Summit
City of Fort Atkinson	City government	Focus Group
City of Jefferson		Summit
City of Lake Mills		Summit
City of Whitewater		Summit
Community Dental Clinic	Dental care	Focus Group
Daily Union Newspaper		Summit
FHC & Americorps		Summit
FHC SN program	Families - kids	Focus Group, Summit
Fort Atkinson Mental Health Consortium/Unity Project	Minorities, low income, kids, mentally ill	Focus Group, Summit
Fort Atkinson Police Department	Public Safety	Focus Group
Fort HealthCare	The community of Fort Atkinson	Focus Group, Interview, Summit
Fort Healthcare Behavioral Health	Behavioral health population	Interview
Jefferson County Health Department	All	Interview, Summit
Jefferson County Parks		Summit
Jefferson Senior Center	Age 50-100	Summit
Jones Dairy Farm	Employer	Focus Group
JUMP	All	Focus Group
LSM Chiropractic		Summit
Pada		Summit
Rainbow Hospice Care		Focus Group, Summit
School District of Fort Atkinson	School district	Focus Group, Summit
School District/City Council		Summit
Space Saver		Summit
Sweet Spot Baker and Restaurant		Summit
Tomorrow's Hope	Healthcare grant recipients	Interview
United Healthcare		Summit
United Way	Community at large	Focus Group, Summit
University of WI - Whitewater		Summit

In many cases, several representatives from each organization participated.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, surveys and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit.

Input of Those with Expertise in Public Health

Representatives of the Jefferson County Health Department, the Health Officer and public health nurse, participated in the interviews as well as speaking at and attending the Summit.

Community Engagement and Transparency

Many members of the community participated in the focus group, individual interviews, community surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Jefferson County. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Fort HealthCare.

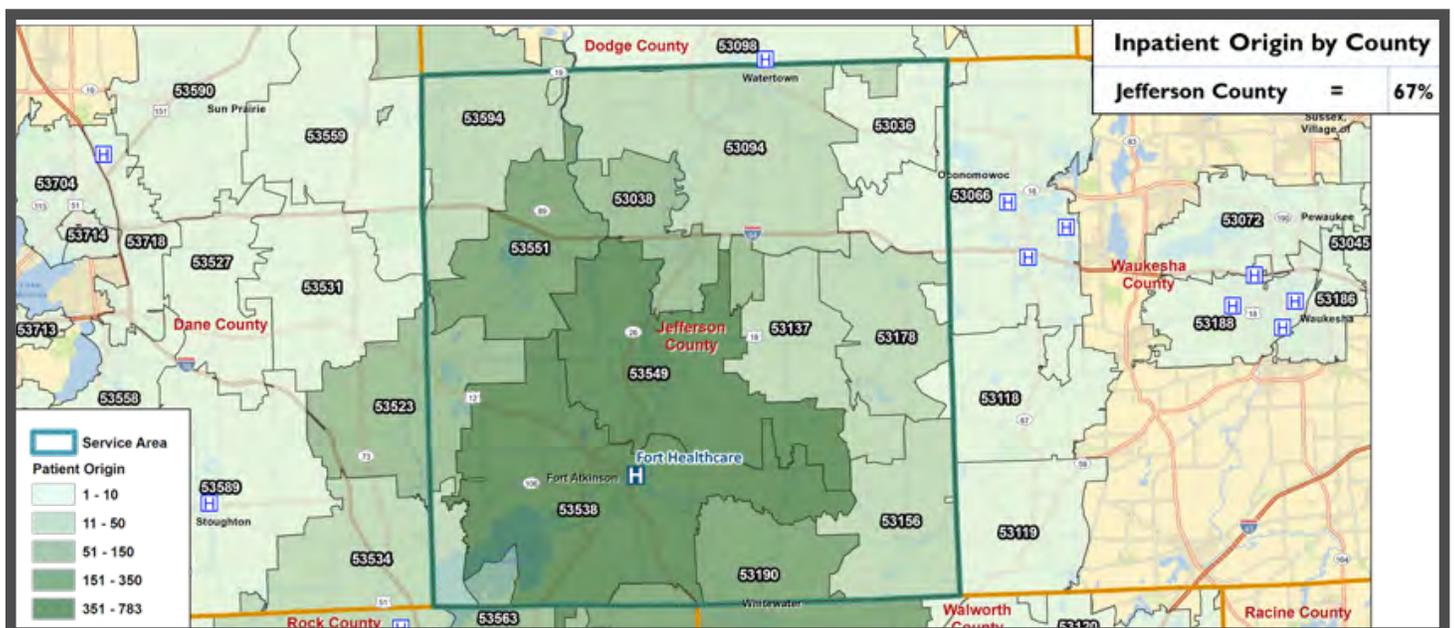
Community

Selected for Assessment

Jefferson County was the primary focus of the CHNA due to the service area of Fort HealthCare. Used as the study area, Jefferson County provided 67% of inpatient discharges.

The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Fort HealthCare draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Fort HealthCare's Financial Assistance Policy.

Fort HealthCare Patients - 2017



Source: Fort HealthCare, 2017

Key Findings

Community Health Assessment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community focus group
- Individual interviews with community members
- Telephone survey of community members
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics – behavior measured by spending and media preferences

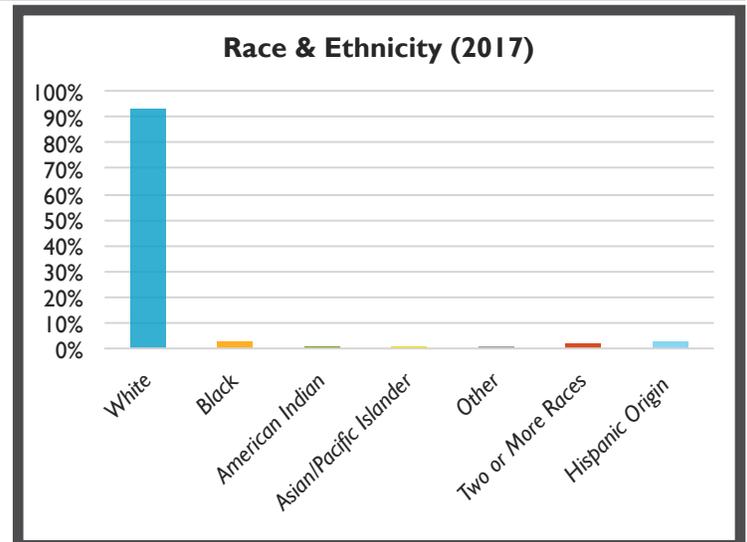
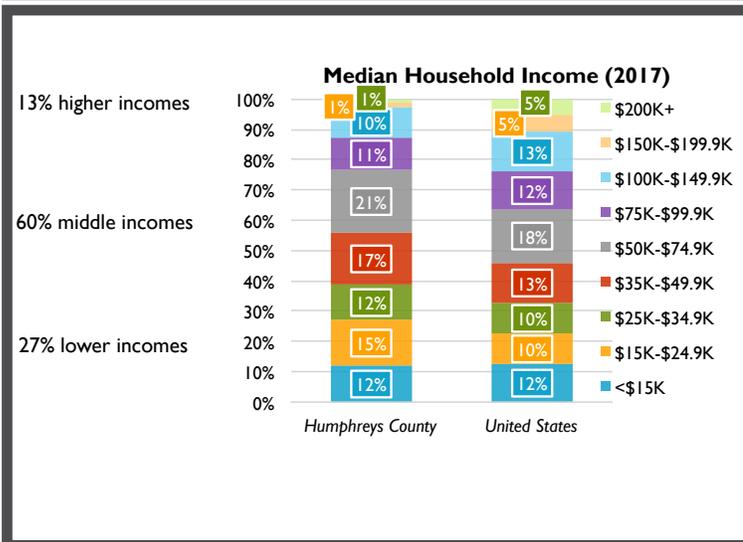
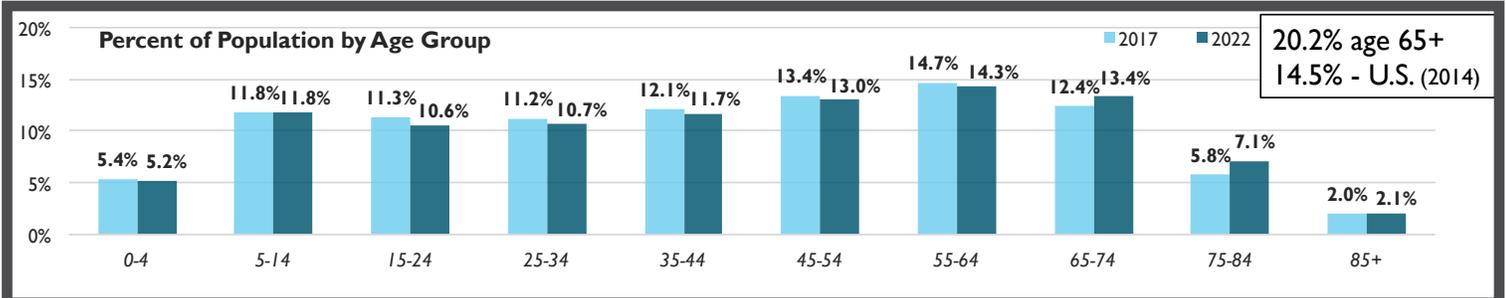


Photo credit Fort HealthCare

Demographics of the Community 2017-2022

The table below shows the demographic summary of Jefferson County compared to Wisconsin and the U.S.

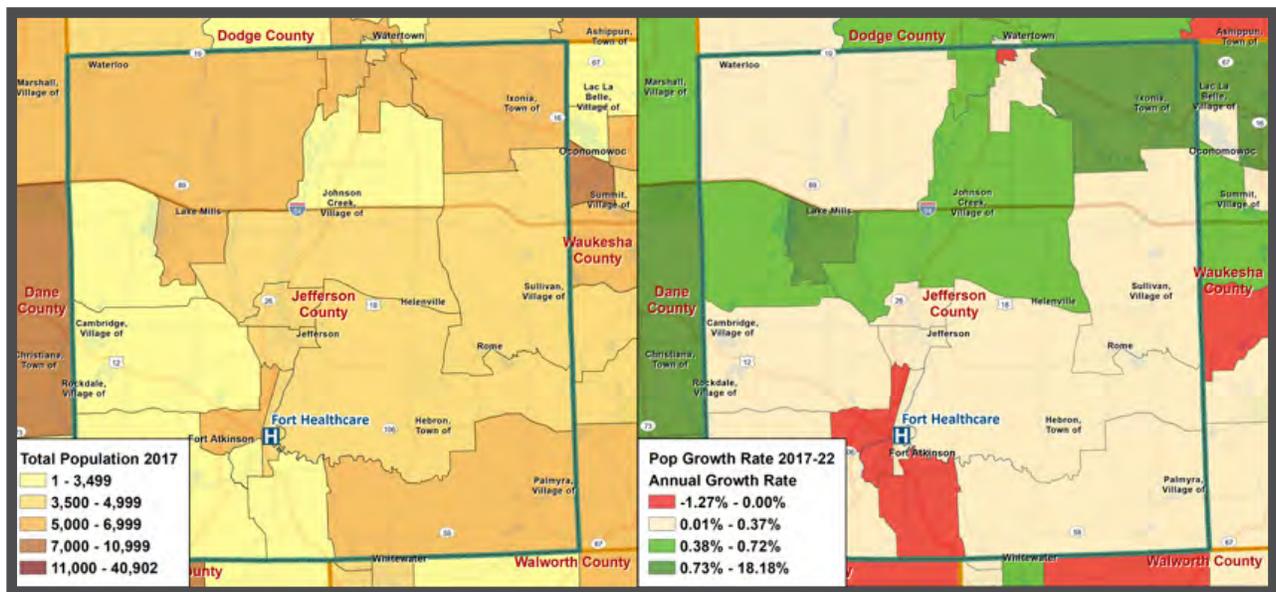
	Jefferson	Wisconsin	USA
Population	84,523	5,824,481	323,580,626
Median Age	39.5	39.6	38.0
Median Household Income	\$58,571	\$56,369	\$54,149
Annual Pop. Growth (2017-2022)	0.28%	0.37%	0.84%
Household Population	32,745	2,341,973	121,786,233
Dominant Tapestry	Green Acres (6A)	Green Acres (6A)	Green Acres (6A)
Businesses	3,236	223,290	13,207,211
Employees	41,534	3,261,723	162,998,347
Medical Care Index*	91	95	100
Average Medical Expenditures	\$1,766	\$1,850	\$1,921
Total Medical Expenditures	\$57.8 M	\$4.3 B	\$234.0 B
Racial and Ethnic Make-up			
White	93%	85%	71%
Black	1%	7%	13%
American Indian	0%	1%	1%
Asian/Pacific Islander	1%	3%	5%
Mixed Race	3%	3%	7%
Other	2%	2%	3%
Hispanic Origin	8%	7%	18%



Source: ESRI

- The population of Jefferson County was projected to increase from 2017 to 2022 (.28% per year). Wisconsin was projected to increase .37% per year. The U.S. was projected to increase .84% per year.
- Jefferson County had a similar median¹ age (39.5 median age) to WI, 39.6 but slightly older than the U.S. 38.0. Jefferson County percentage of the population 65 and over was 15.8%, higher than the US population 65 and over at 14.9%.
- Jefferson County had higher median household income at \$58,571 than WI (\$56,369) and the U.S. (\$54,149). The rate of poverty in Jefferson County was 9.3% which was lower than WI (11.8%) and the U.S. (14.0%).
- The household income distribution of Jefferson County was 23% higher income (over \$100,000), 61% middle income and 16% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Jefferson County was 91, indicating 9% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Jefferson County was 93% white, 1% black, 3% mixed race, 2% other, and 8% Hispanic Origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2017 Population by Census Tract and Change (2017-2022)



Red is population decline
 Yellow is positive up to the WI growth rate
 Green is greater than the WI growth rate
 Dark Green is twice the WI growth rate

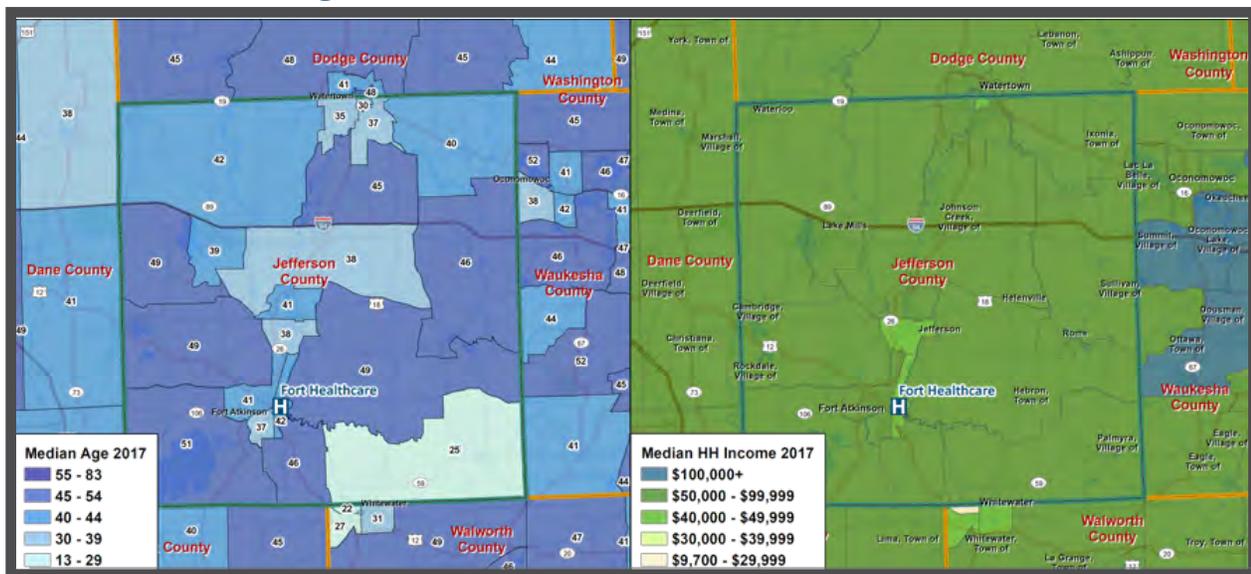
Source: ESRI

¹ The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were seven higher population census tracts, 5,000-6,999 in Waterloo, Lake Mills, Watertown, Ixonia, Fort Atkinson and the southeast corner, Palmyra. The six census tracts in the central part of the County had between 3,500 and 4,999 population, Jefferson, Helensville, Hebron, Sullivan. Six census tracts had less than 3,499 population.

Jefferson County population was projected to increase from 2017 to 2022, .28% per year. The census tracts west and south of Fort Atkinson were projected to decline as well as one south of Watertown. One tract south of Lake Mills and one in the northeast corner including Ixonia were projected to increase twice the rate of WI, over .75% per year. Four tracts north of Fort Atkinson, crossing the county were projected to increase over the rate of WI growth from .38% to .72%. The remainder of the county was projected to increase up to the rate of WI from .01% to .37%.

2017 Median Age & Income



Source: ESRI

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. There was a tract in the southeast corner with a median age of 25, most likely due to the presence of the University of Wisconsin-Whitewater. There were three census tracts south of Watertown with lower median ages as well as two tracts north and one tract south of Fort Atkinson. The census tract with the oldest population was in the southwest corner with a median age of 51 around Lake Koshkonong. There were other tracts all around the county with higher median ages, 45-49.

Looking at median household income by census tract, Jefferson County was homogeneous with all but three census tracts in the \$50,00 to \$99,999 median household income range. Three tracts were in the \$40,000 to \$49,000 range. Not all households were at the median in a census tract, but income is an indicator of segments of the population that may need focused attention.

Additionally, Jefferson County's October 2017 preliminary unemployment was 2.7%, compared to 3.4% for Wisconsin and 4.1% for the U.S., which is a large decline in unemployment since 2014.

Business Profile

Sixty-four percent of employees in Jefferson County were employed in:

- Retail trade
- Manufacturing
- Health care and social assistance
- Educational services
- Accommodations & food service

Retail, accommodation & food service jobs offers health insurance at a lower rate than healthcare, manufacturing and educational services.

Many residents leave the county for retail shopping, thus harming the county's ability to build retail/dining, which could make leaving for healthcare easier.

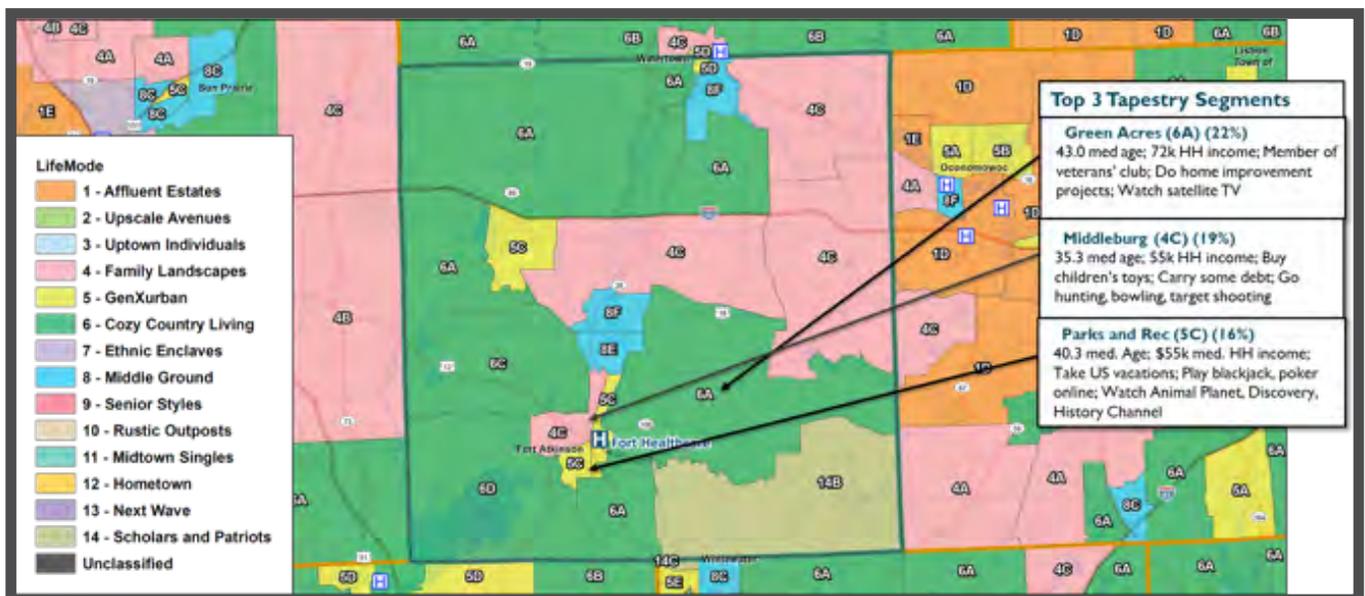
Jefferson County loses 4,230 net commuters per day commuting outside the county for work, with 15,500 commuting out of the county and 11,270 commuting into the county.

Tapestry Segmentation

The dominant Tapestry Segments in the county were Green Acres (22%), Middleburg (19%), and Parks and Rec (16%). The map below demonstrates the dominant Tapestry Segment by census tract. There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>

Studying the Tapestry Segments in the study area help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions.

The map is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.



Source: Esri



LifeMode Group: Cozy Country Living

Green Acres

6A

Households: 3,794,000
 Average Household Size: 2.69
 Median Age: 43.0
 Median Household Income: \$72,000



LifeMode Group: Family Landscapes

Middleburg

4C

Households: 3,319,000
 Average Household Size: 2.73
 Median Age: 35.3
 Median Household Income: \$55,000



LifeMode Group: GenXurban

Parks and Rec

5C

Households: 2,411,000
 Average Household Size: 2.49
 Median Age: 40.3
 Median Household Income: \$55,000

Source: ESRI

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 57% of Jefferson County are in these three Tapestry Segments.

Primary Research: Interviews, Focus Groups, Surveys

Focus Group and Interviews Results

Twenty-two community stakeholders representing the broad interests of the community participated in a focus group and individual interviews on December 14, 2017 for their input into the community's health. Community participation in the focus group and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussion and individual interviews.

1. How do you define health?

- Physical, mental, spiritual and emotional
- Total well-being – finances, relationships, health

2. Generally, how would you describe the community's health?

- Good to pretty good
- Improving
- Bell curve – some great, some terrible, most in the middle
- Very good for those with access and can afford health care

3. What are the most important health issues facing Jefferson County now?

- Drug addiction – opioids
- Mental health
- Alcoholism/binge drinking
- Obesity – nutrition and activity
- Chronic diseases

4. What are the most important health issues facing various populations including medically-underserved, low-income and minority populations?

- Drug and alcohol addiction
- Access
- Chronic illnesses
- Obesity
- Mental health
- Socioeconomics/Access/Education

5. What are the most important health issues facing children/teens?

- Mental health
- Obesity/nutrition/activity
- Bullying
- Other mentions:
 - Drugs
 - Pediatric wellness – immunizations
 - Breaking habits of parents

6. What are the most important health issues facing seniors?

- Socioeconomic issues
- Mental health/dementia/Alzheimer's
- Isolation
- Chronic diseases
- Transportation/safety/mobility
- Other mentions:
 - Hard end of life conversations
 - Physician to look at the whole person, not so specialized

7. What behaviors have the most negative impact on health?

- Poor eating
- Lack of physical activity
- Alcohol abuse
- Drug use
- Smoking
- Other mentions:
 - Men's health issues – reticence to seek medical care
 - Isolation
 - Ignorance
 - Stress

8. What environmental factors have the biggest impact on community health?

- Water quality
- Air Quality
- Other mentions:
 - Pesticides
 - Cold weather
 - Arsenic
 - Transportation
 - Poor housing options
 - Too much time in the car

9. What are the barriers to improving health going forward?

- Access to care/insurance
- Culture – change is hard, stubbornness
- Education/knowledge
- Transportation
- Finances
- Other mentions:
 - Lack of support systems – homelessness, chaos
 - Heavy marketing by fast food and soda companies
 - Frequent pain killer prescriptions

10. What has changed most in the health status in the last 3 years?

Improved

- New programs: suboxone, behavioral health support workers in Emergency Room (ER)
- More education about healthy living
- County Health Rankings
- Access
- Expansion of trails and bike trails
- Everyone talking about mental health
- Focus on health

Worse

- Opioid use
- Drug deaths
- Access issues for mental health
- High deductibles still prevalent

11. The hospital focused on obesity and chronic diseases in the last CHNA, what has been the biggest impact of efforts in the past three years?

- Health Fairs & Education
- Community Coalitions
 - Cambridge Wellness Collaborative
 - Chic – Creek healthy initiative coalition
 - Eat Here Eat Well – Healthy local food for our schools
 - Fort Healthy – Providing and promoting healthy choices for our community
 - Johnson Creek Community Coalition
 - JUMP – Jefferson United Motivating People to Wellness
 - Lake Mills Wellness Coalition
 - Working for Whitewater's Wellness (W3)
- Community Challenges
- Speaking engagements and education
- Farmer's Markets
- Farm to School/School Gardens

12. What community assets support health and wellbeing?

- Fort Healthcare/free clinics
- Parks
- Trails
- Activities
- Not-for-profits and clubs
- Schools
- Health Department and Health Coalitions
- Environment – safe
- Employers

.....

13. What does the community need in order to manage health conditions or stay healthy?

- More mental health providers
- Education – for providers, men, healthy eating, active living (HEAL)
- Coordination and communication
- More activity
- Other mentions:
 - Homeless shelter
 - Campaign for HEAL
 - Programming in elementary - break the cycle
 - Free screenings on basics
 - Behavioral health in schools

14. Where do members of the community turn for basic healthcare needs?

- Fort HealthCare
- Emergency Departments
- County Health Department
- Rock River Free Clinic
- Depends on where life puts you – free clinic, dental clinic, ER, primary care physicians

15. If you had the power you so richly deserve, what priority health improvement action should Jefferson County focus on?

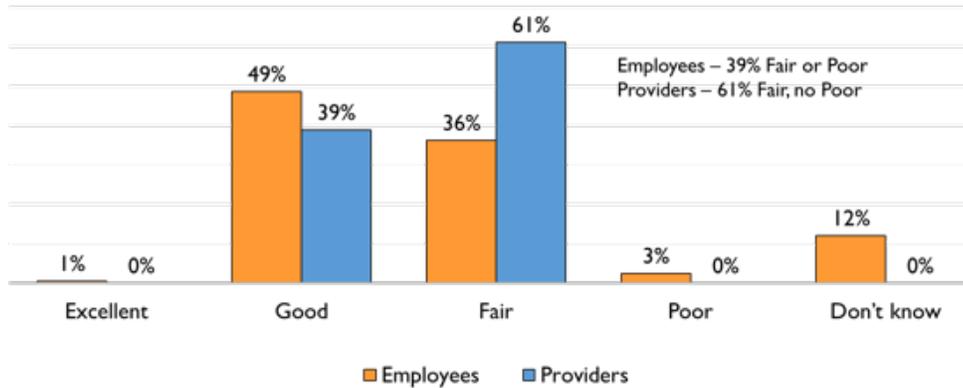
- Mental health services and access
 - Obesity
 - Chronic disease management
 - Other mentions:
 - Homelessness
 - Opioid issue
 - Keep people out of ER
 - Ownership and accountability
 - Behavioral health for kids
 - Education on self-care
 - Access - transportation
-

Fort HealthCare Employees and Community Healthcare Provider Surveys

356 of Fort HealthCare's employees and 18 community physicians and providers responded to an on-line survey regarding their perspectives on community health status and needs in Jefferson County from October 30 through December 11, 2017. Most of the Fort Healthcare's employees and physicians are members of the local community and have unique insights into the health status of the community.

Health Status

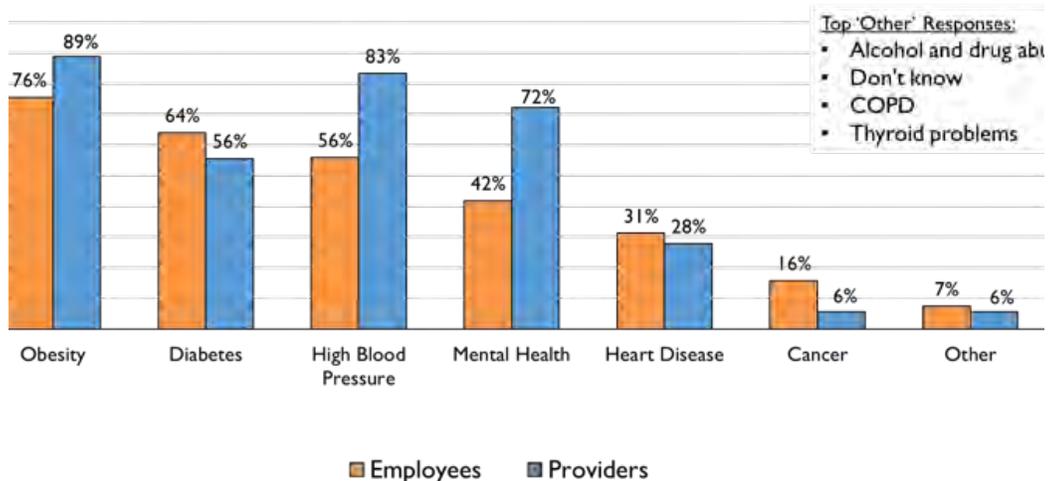
How would you describe the overall health status of the citizens of Jefferson County?



1% of hospital employees responded the community's health was excellent, 49% responded good, 36% responded fair, and 3% responded poor. 12% didn't know. These results were compared to the physician's responses to the same question in their survey. 39% of physicians responded good, and 61% fair.

Prevalent Chronic Diseases

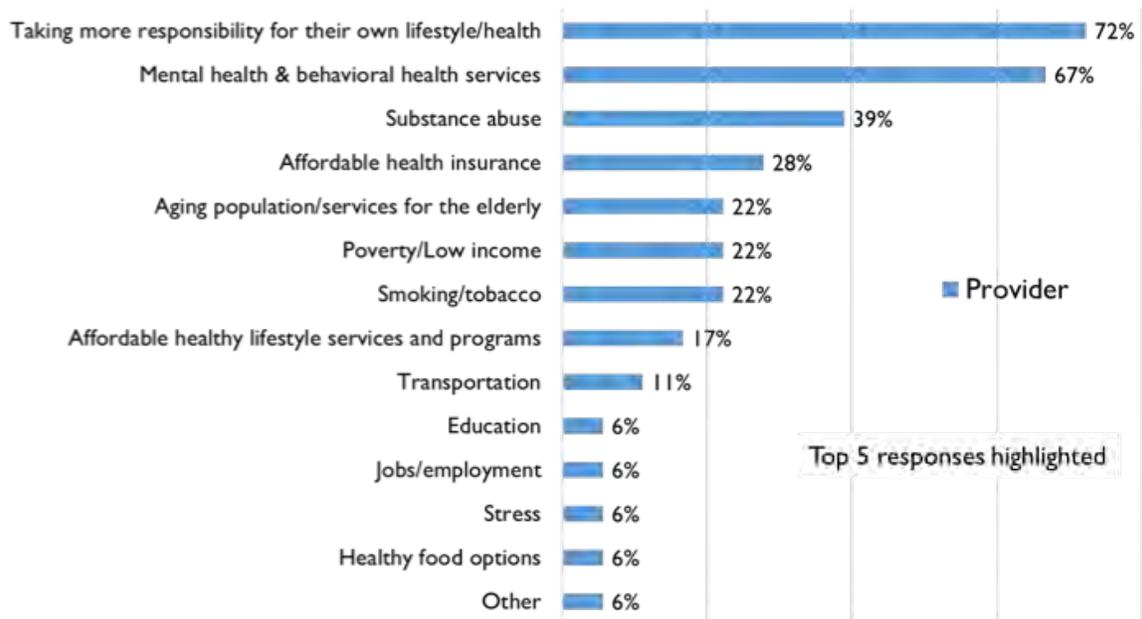
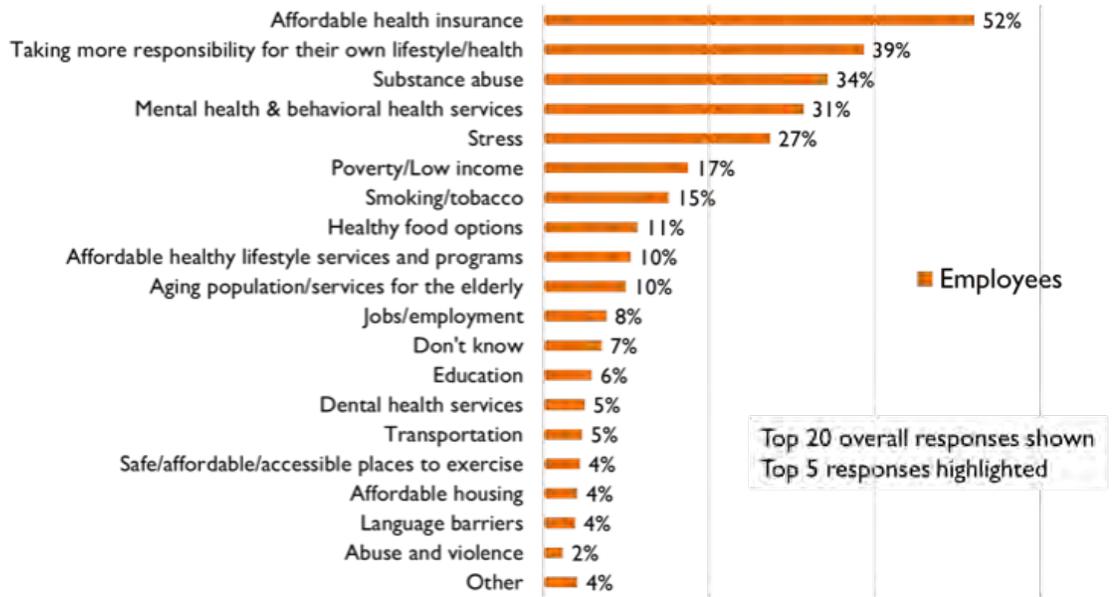
What are the most prevalent chronic diseases in your community?



76% of employees believed obesity was the most prevalent chronic disease followed by diabetes (64%), high blood pressure (56%), mental health (42%), and cancer (16%). 89% of providers believed obesity was the most prevalent chronic disease in the community followed by high blood pressure (83%), mental health (72%), heart disease (28%), and cancer (6%).

Top Three Health Issues

What are the top 3 issues that need to be addressed in your community that impact people's health?



When asked about the top three issues impacting people's health, employees ranked affordable health insurance (52%), taking more responsibility for their own lifestyle/health (39%), and substance abuse (34%) as the top three. When physicians were asked, they responded with taking more responsibility for their own lifestyle/health first at 72%, followed by mental health and behavioral health services with 67% and then substance abuse at 39%.

Top Three Health Issues for Children

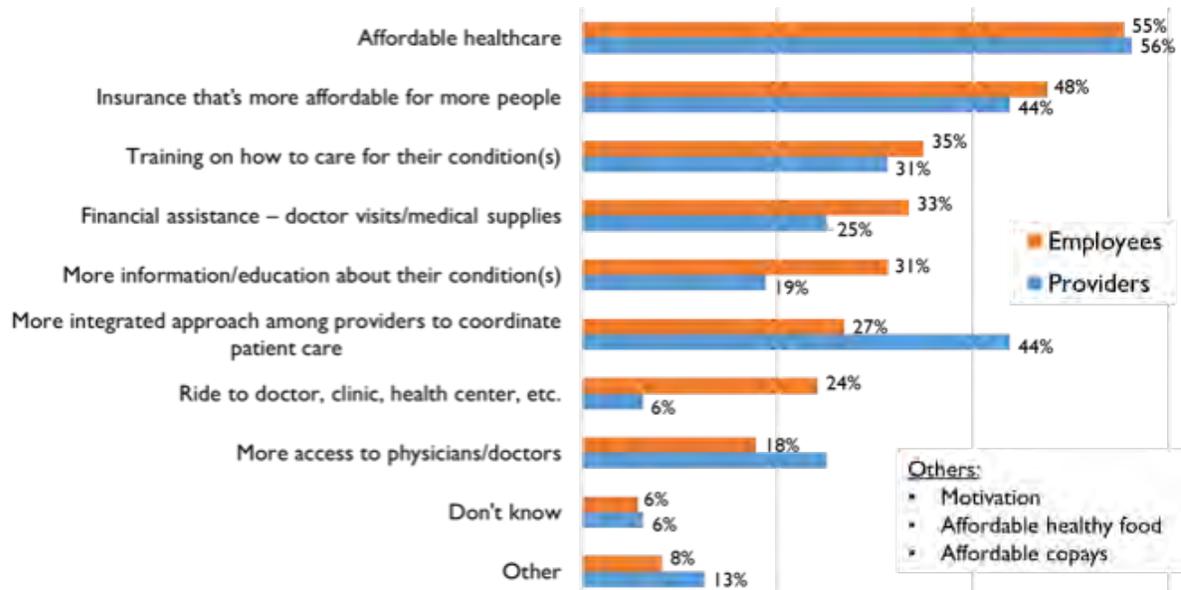
What are the top 3 concerns for children in your community?



For employees, the top health concerns for children were: physical inactivity (56%), obesity/overweight (45%) and lack of a healthy diet (41%). For providers, the order was obesity/overweight (67%), physical inactivity (61%), and healthy diet at 40%.

Needed to Manage Health

What, if anything, do you think people in the county need in order to manage their health more effectively?



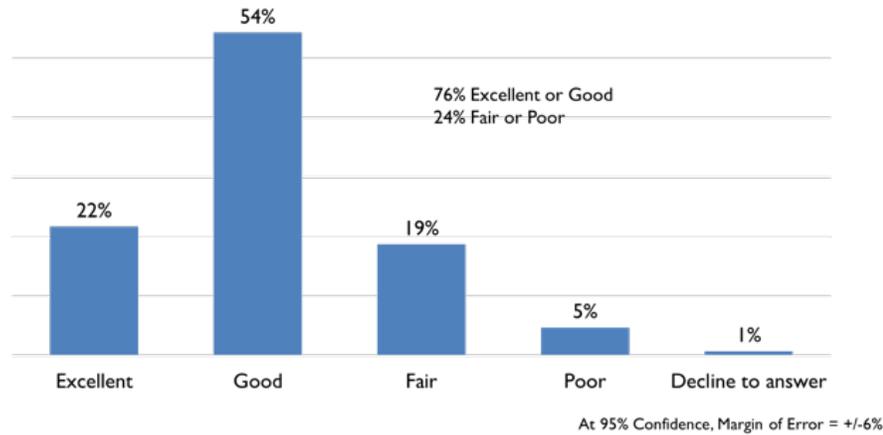
Affordable healthcare (55%), insurance that's more affordable for more people (48%) and training on how to care for their condition(s) (35%) were seen as most needed by people in the community in order to manage their health more effectively by employees. For providers, affordable healthcare (56%), insurance that's more affordable for more people and more integrated approach among providers to coordinate patient care (tied at 44%) were seen as most needed by people in their community to manage their health more effectively.

Community Survey

A 31-question random dial, telephone survey was conducted between December 1, 2017 and January 7, 2018. 300 total surveys were completed, 200 landlines and 100 cell phones. At 95% confidence, the error rate was +/-6.0% for the total sample size. Several questions required follow-up answers, so the error rates vary based on the number of responses. The purpose of the surveys was to obtain broad community input into the health needs of the county.

Health Status

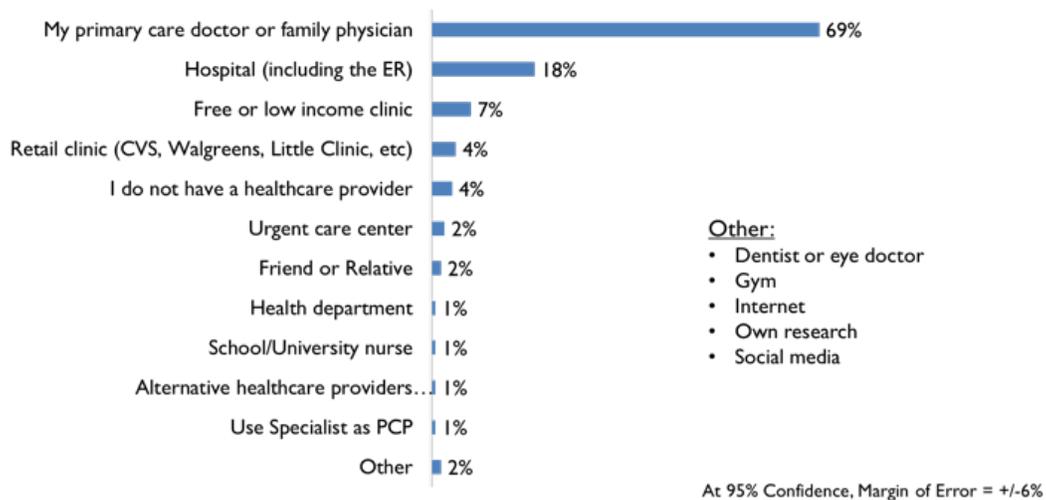
When asked to describe their health, the responses were:



76% responded their health was excellent or good.

Turn for Healthcare Needs

When asked where they turn for basic healthcare needs, the responses were:

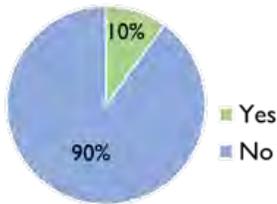


Most turn to primary care physicians for care followed by the hospital.

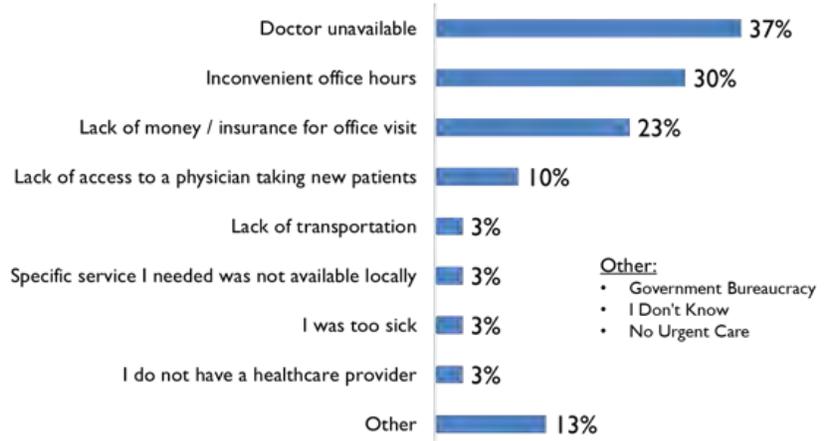
Access

Doctors

Was there a time you couldn't see a doctor?



What are some reasons why you could not see a doctor?



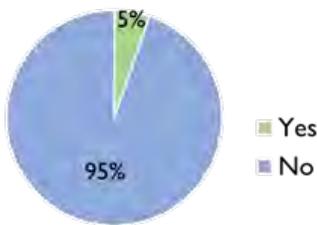
Other:
• Government Bureaucracy
• I Don't Know
• No Urgent Care

At 95% Confidence, Margin of Error = +/-6%, 18%

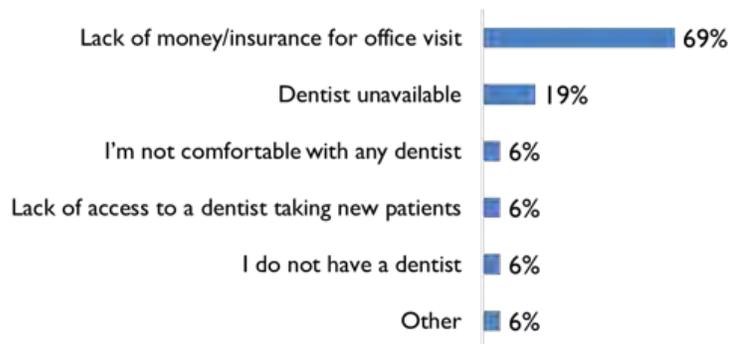
Ten percent indicated there was a time they needed to see a doctor but could not. The primary reason was doctor unavailable followed by inconvenient office hours.

Dentists

Was there a time you couldn't see a dentist?



What are some reasons why you could not see a dentist?



At 95% Confidence. Margin of Error = +/-6%. 24%

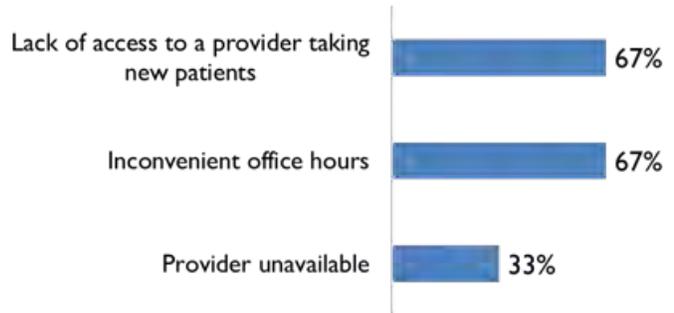
Five percent indicated there was a time they could not see a dentist. Lack of money/ insurance for the office visit was the primary reason given.

Mental Health Professionals

Was there a time you couldn't see a mental health professional?



What are some reasons why you could not see a mental health professional?

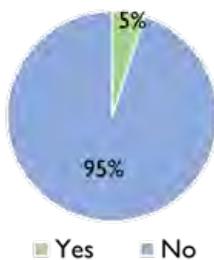


At 95% Confidence, Margin of Error = +/-6%, 57%

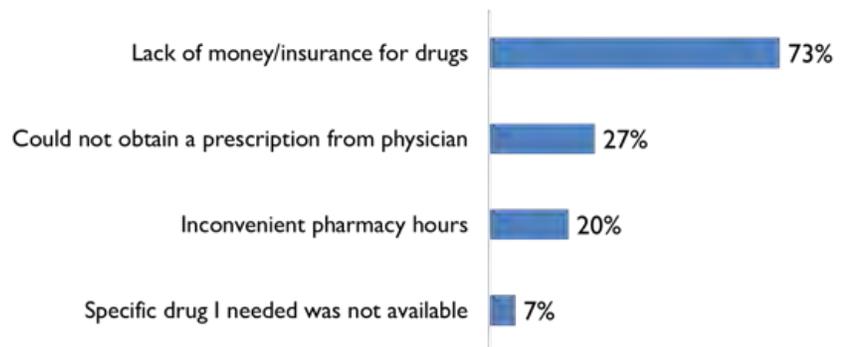
One percent indicated there was a time they could not see a mental health professional. Lack of access to a provider taking new patients was the primary answer given.

Medications

Was there a time you needed medications but could not obtain them?



What are some of the reasons why you could not obtain needed medications?

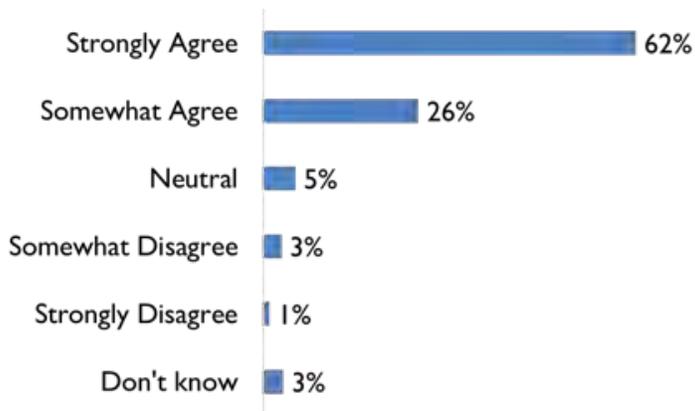


At 95% Confidence, Margin of Error = +/-6%, 25%

Five percent indicated there was a time they could not obtain medications. Lack of money/insurance for drugs was the primary answer given.

Drug Abuse

Agree or disagree: "Drug abuse is a problem in our community"



Would you be able to direct someone to access drug or alcohol treatment in the community?

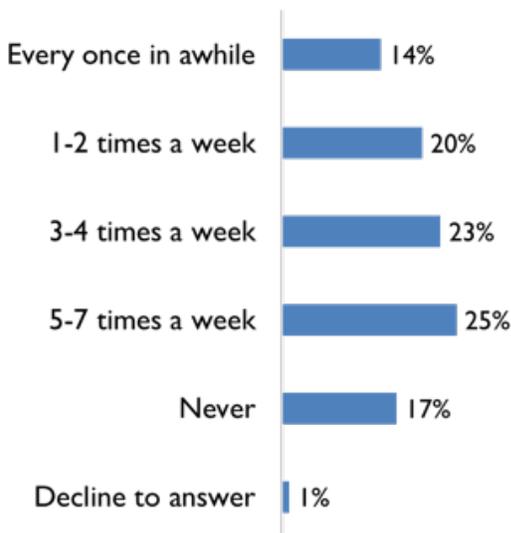


At 95% Confidence, Margin of Error = +/-6%

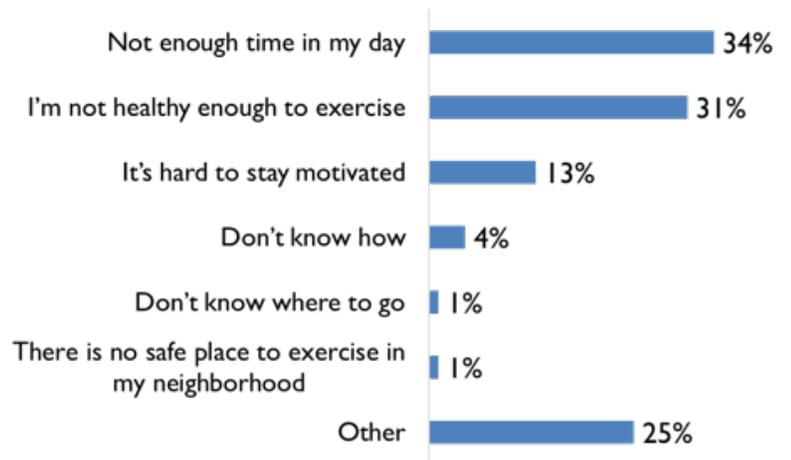
88% either strongly agree or somewhat agree that drug abuse is a problem in the community. Over half, at 52% would be able to direct someone to treatment.

Physical Activity

How often did you participate in physical activities or exercise?



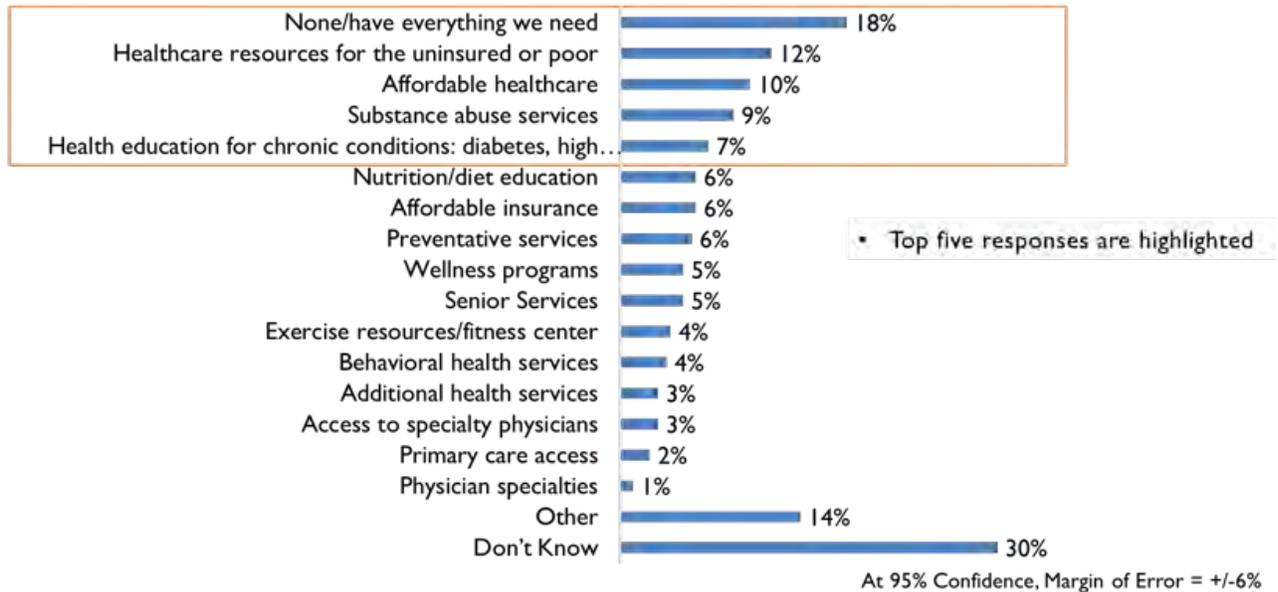
What are the reasons you did not participate in exercise?



At 95% Confidence, Margin of Error = +/-6%, 10%

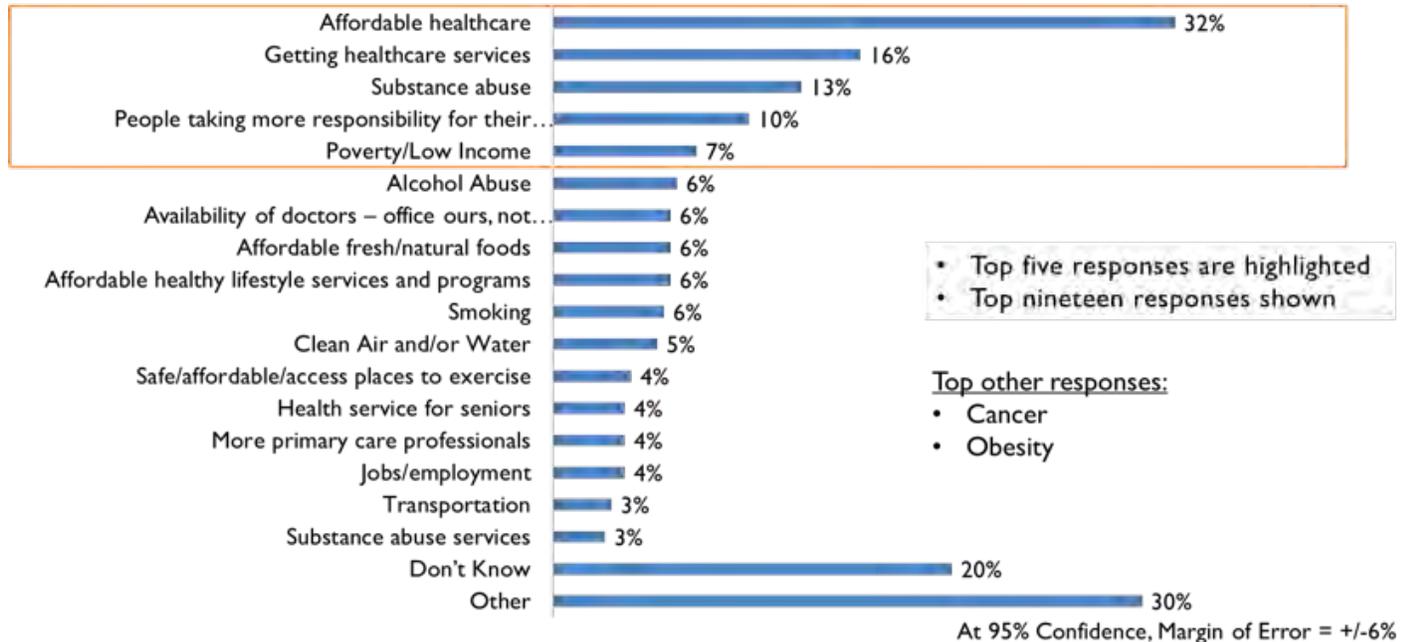
31 percent of the population does not exercise regularly, and 68% exercise regularly. The primary reason for not participating in exercise was not enough time followed by not healthy enough to exercise.

Offerings



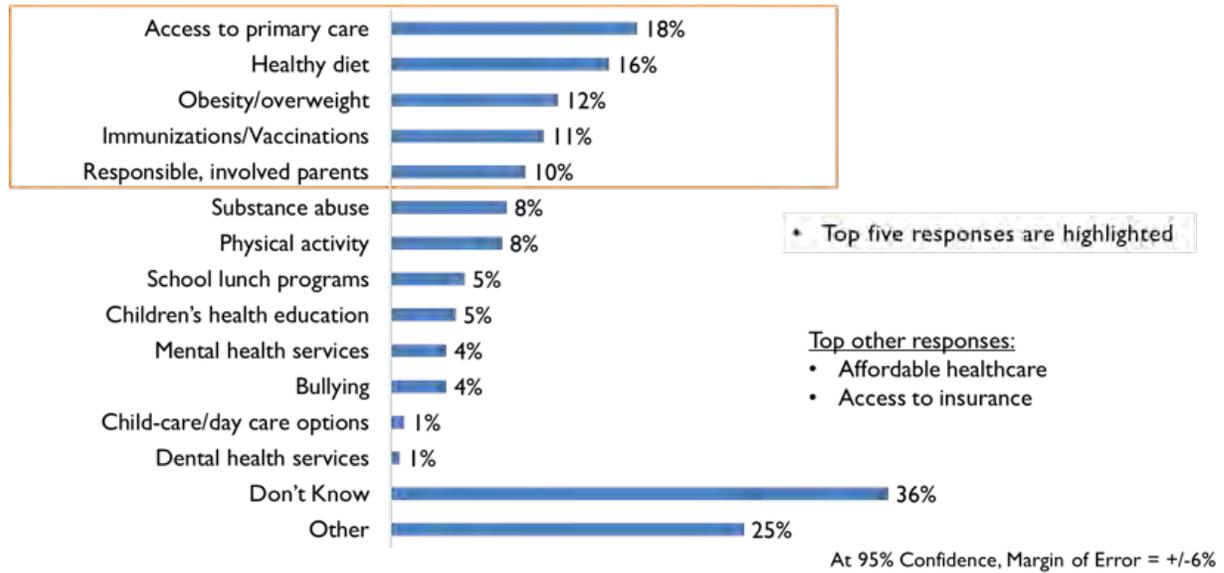
18% responded there were no additional healthcare, health education or public health services they would like to see offered. 12% indicated healthcare resources for the uninsured or poor and 10% stated affordable healthcare were needed.

Top Three Issues that Impact Health



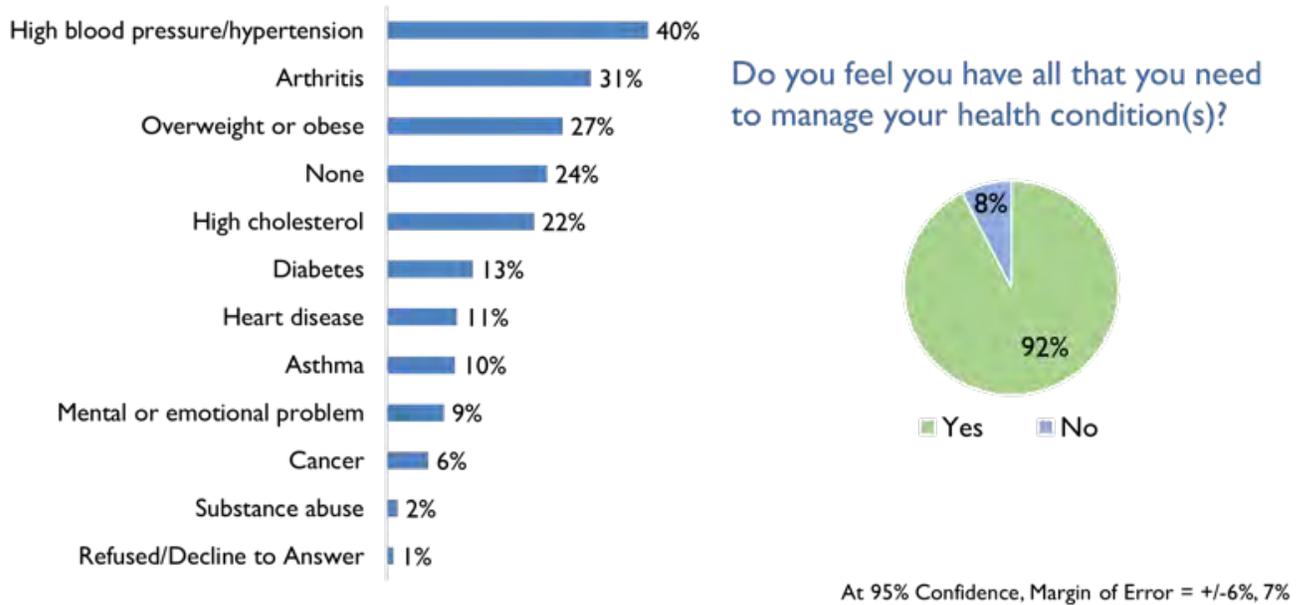
Respondents said the top issues that impact people's health were affordable healthcare (32%), getting healthcare services (16%), then substance abuse (13%) were the top three issues impacting health.

Top Health Concerns for Children



The top health concerns for children were access to primary care (18%), healthy diet (16%) and obesity/overweight (12%).

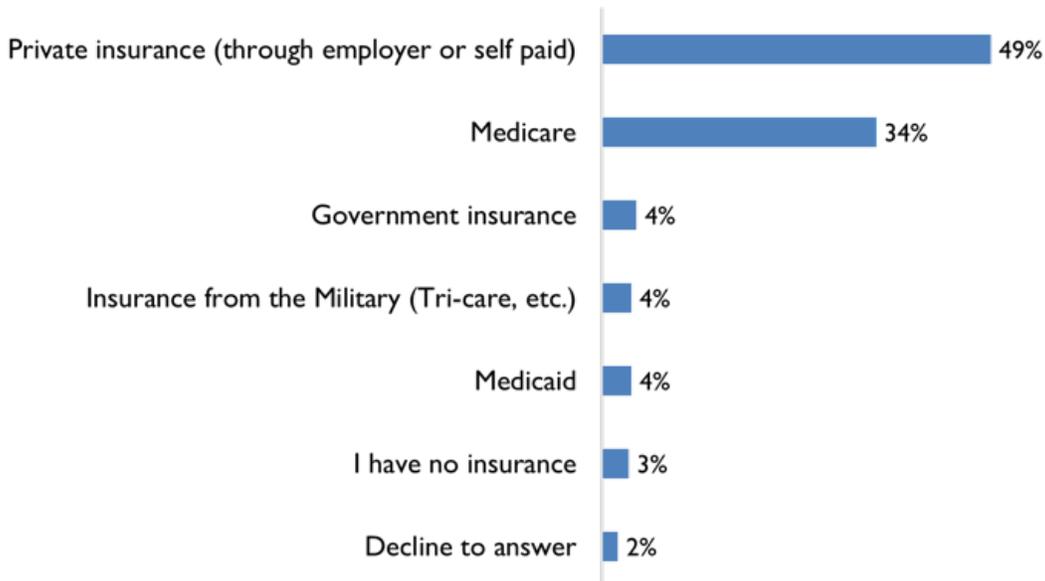
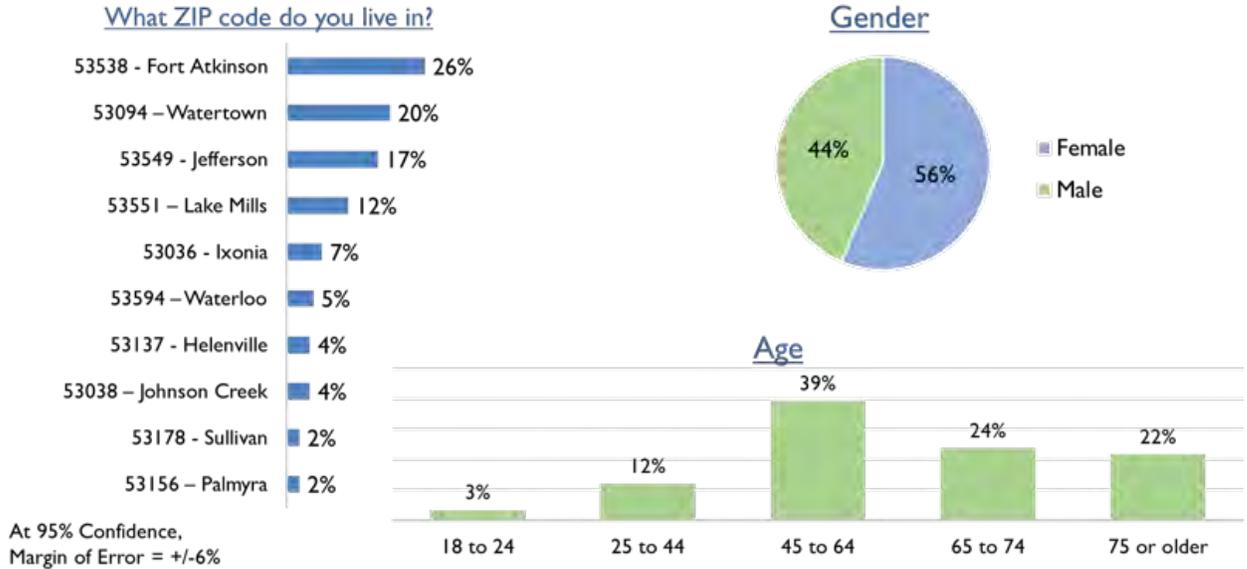
Disease Prevalence



When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 75% responded affirmatively. The most prevalent issues were high blood pressure, arthritis and obesity. 92% felt they had all they need to manage their health condition(s).

Demographics of the Survey

The survey skewed female with 56% female responders and slightly older with 46% over 65. Most respondents were insured through private insurance though an employer or spouse or Medicare.



Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2017 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Jefferson County ranked 9th healthiest County in Wisconsin out of the 72 counties ranked (1= the healthiest; 72 = unhealthiest), 9th for health outcomes and 13th for health factors.

County Health Rankings suggest the areas to explore for improvement in Jefferson County were: higher adult smoking, higher obesity percentage, higher percentage of excessive drinking, and higher population to primary care physician ratio. The areas of strength were identified as lower percentage of physical inactivity, lower teen births (number births per 1,000 females age 15-19), lower percentage of uninsured, lower preventable hospital stays, higher percentage of high school graduation and some college, lower percentage of children in poverty, lower ratio of high income to low income households and lower number of injury deaths per 100,000 population.

When analyzing the health status data, local results were compared to Wisconsin, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Jefferson County's results were worse than WI and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Wisconsin and eventually the Nation, Jefferson County must close several lifestyle gaps. For additional perspective, Wisconsin was ranked the 21st healthiest state out of the 50 states. (Source: 2017 America's Health Rankings)



Photo Credit Fort HealthCare

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

Comparisons of Status Data

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Wisconsin, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. Where the data indicated strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. There were strengths and opportunities identified for measures and for the county. Opportunities were denoted with red stars, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Jefferson County	Wisconsin	US
	2015	2015	2015
Heart Disease	205.4	158.3	168.5
Cancer	185.3	162.3	158.5
Accidents	43.9	49.2	43.2
Chronic Lower Respiratory disease	38.1	---	41.6
Stroke	32.1	---	37.6

Source(s): WI Dept. of Health; CDC National Center for Health Statistics

Red areas had death rates higher than the state. The leading causes of death in Jefferson County were heart disease followed by cancer, like WI and the U.S. Lagging as causes of death were accidents, stroke, chronic lower respiratory disease and stroke.

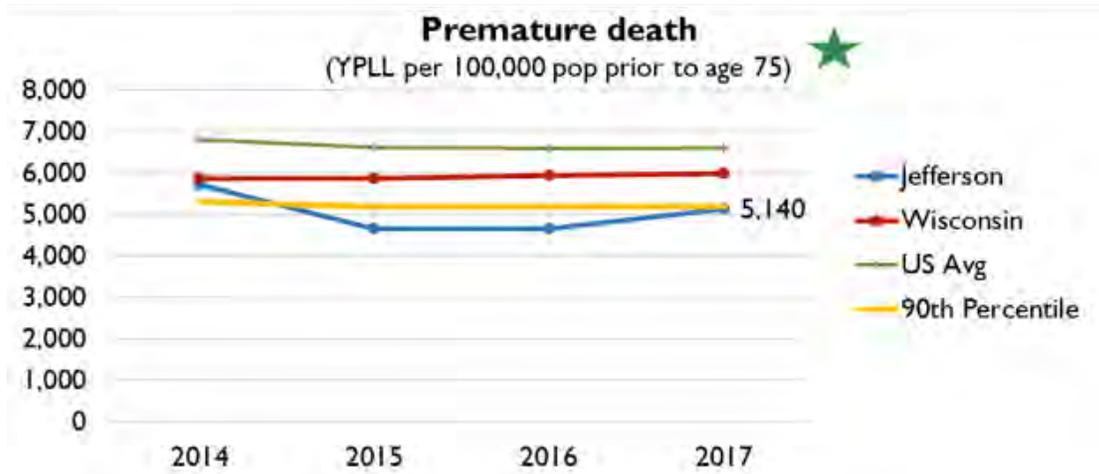
In the following graphs, Jefferson County will be blue, Wisconsin (WI) will be red, U.S. green and the 90th percentile of counties in the U.S. gold.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Jefferson County ranked 9th in Health Outcomes out of 72 Wisconsin counties.

Length of Life

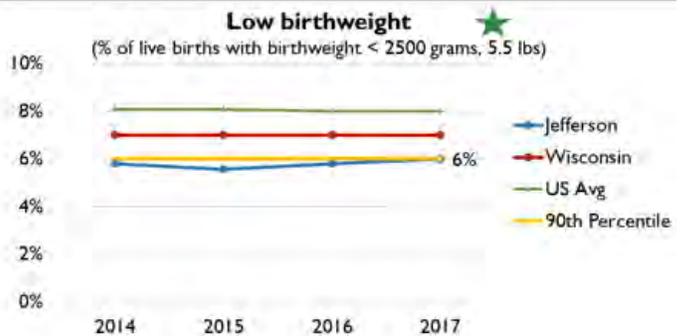
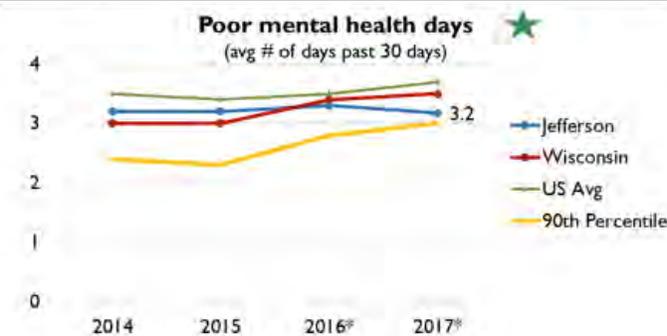
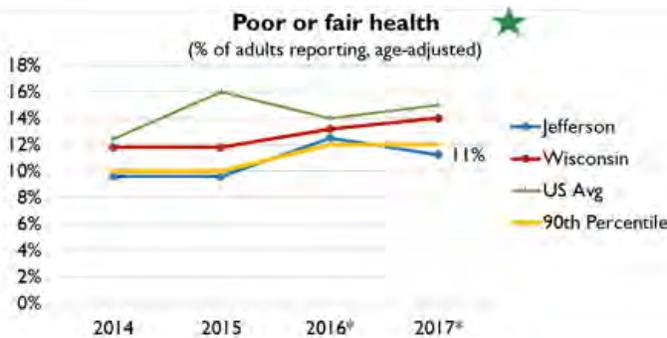
Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Jefferson County ranked 15th in length of life in WI. Jefferson County lost 5,140 years of potential life which is very low, in the 90th percentile of all counties in the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2012-2014

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Jefferson County ranked 8th in Wisconsin for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2015

Source: County Health Rankings: National Center for Health Statistics – Natality files (2008-2014)

*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

Quality of Life **STRENGTHS**

- Years of potential life lost per 100,000 population prior to age 75 was 5,140 years for Jefferson County, lower than WI and the U.S. in the 90th percentile of all U.S. counties.
- Jefferson County had a lower percentage of adults reporting poor or fair health at 11% than WI and the U.S. in the 90th percentile of all U.S. counties.
- Jefferson County had a lower average number of poor physical health days than WI and the U.S. with 3.1 poor physical health days out of the past 30 days in the 90th percentile of all U.S. counties.
- Jefferson County had a lower average number of poor mental health days than WI and the U.S. with 3.2 poor mental health days out of the past 30 days.
- 6% of Jefferson County births were less than 5.5 lbs., or considered low birthweight which is less than WI and the U.S. at the 90th percentile of all U.S. counties.

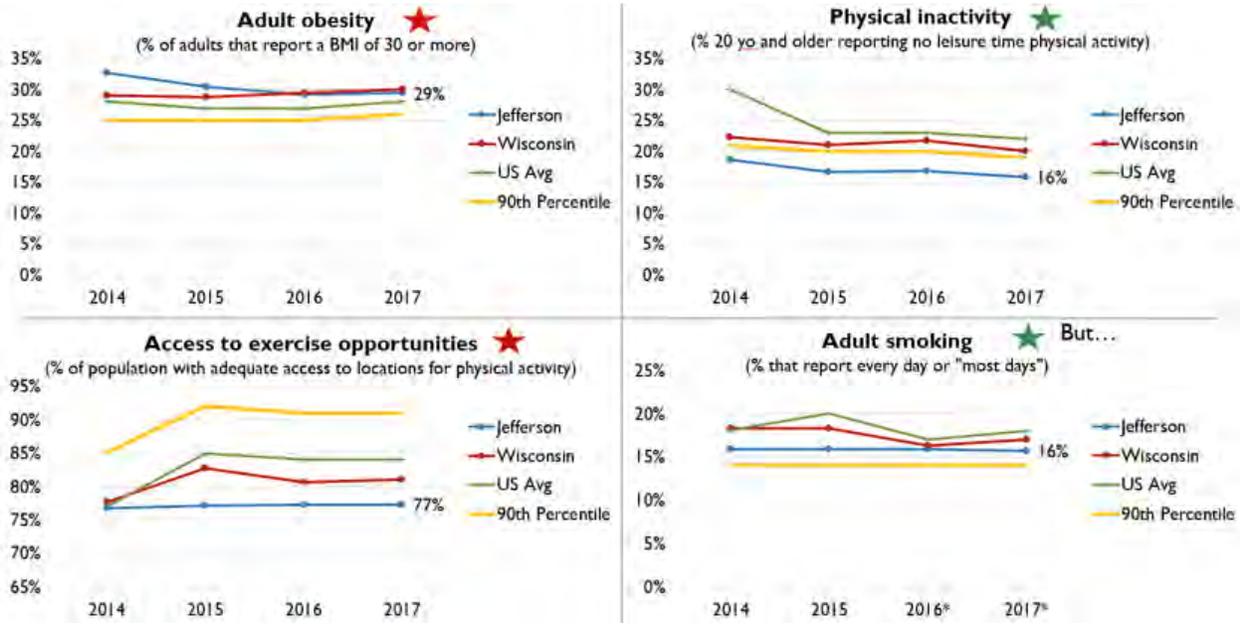


Photo Credit Fort HealthCare

Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. Health behaviors are made up of nine measures and account for 30% of the county rankings. Jefferson County ranked 13th out of 72 counties in Wisconsin.

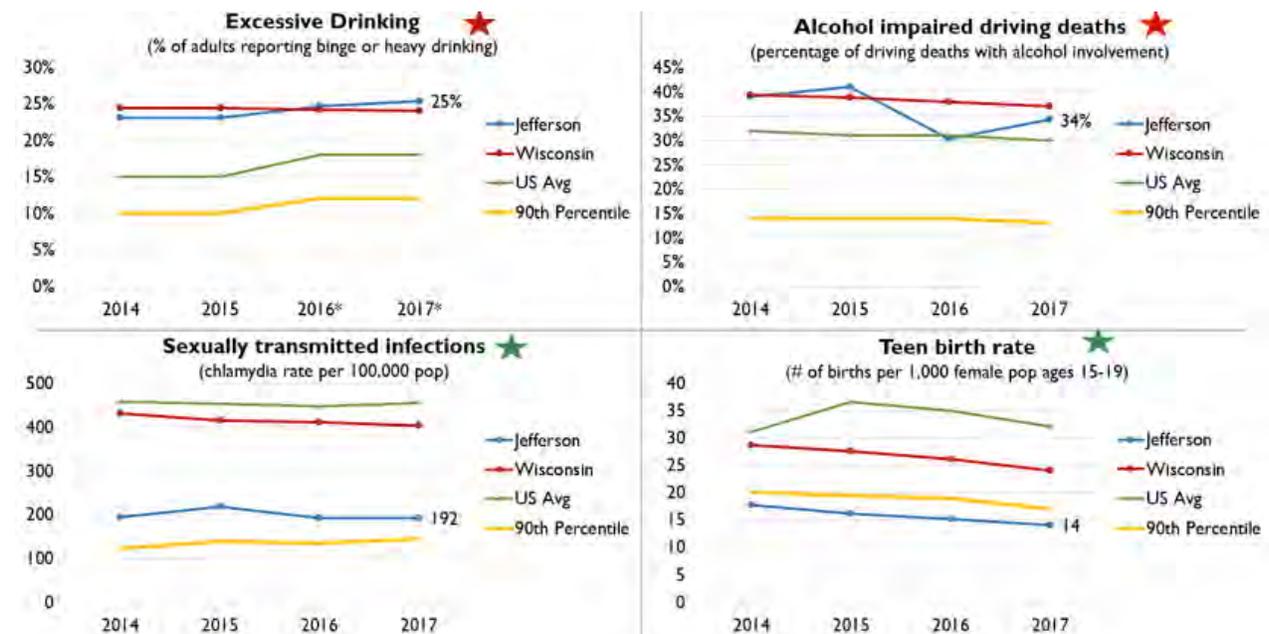
Health Behaviors



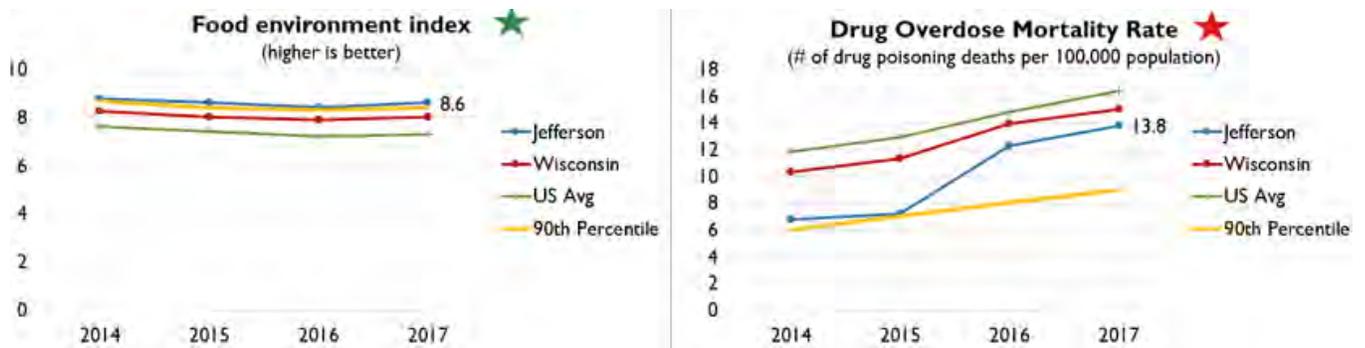
Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2014. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools)

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2015



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2015
 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2011-2015
 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014
 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2008-2014



Source: County Health Rankings; USDA Food Environment Atlas, 2010&2014; CDC WONDER mortality data, 2013-2015

Health Behaviors STRENGTHS

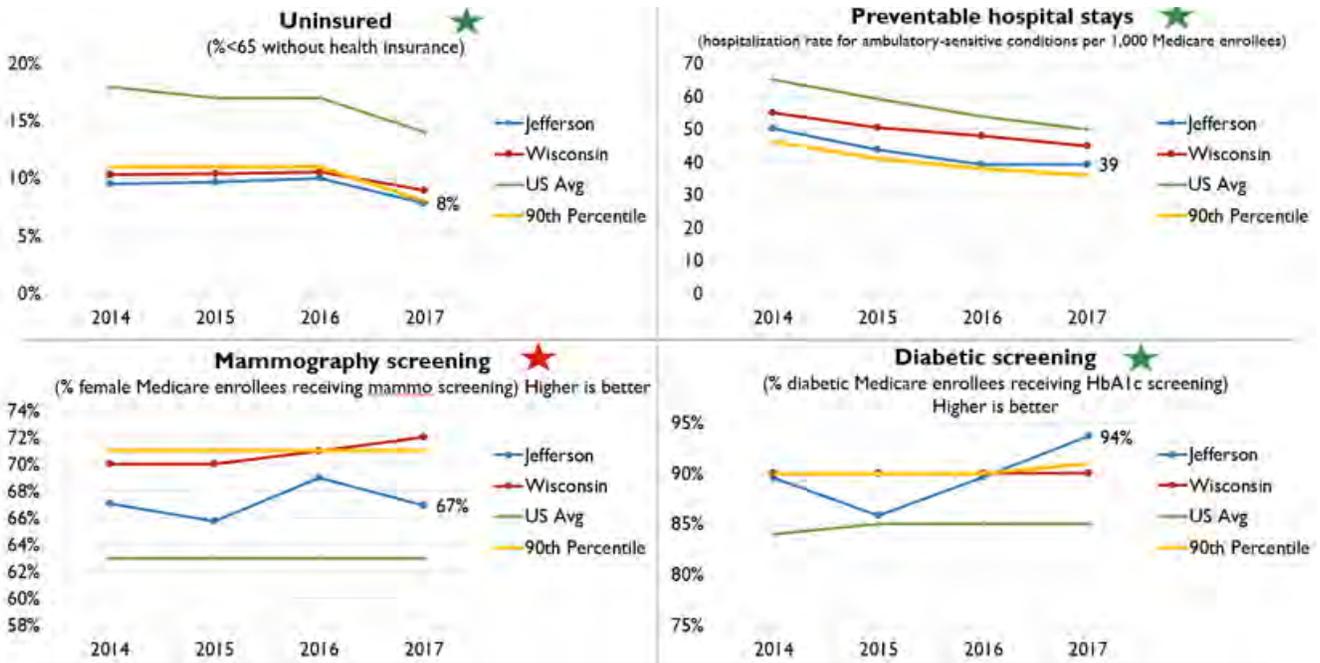
- Physical inactivity was lower in Jefferson County (16%) than WI and the U.S.
- Adult smoking in Jefferson County was lower than WI and the U.S. at 16%. The rate has remained stable. However, each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes.
- Sexually transmitted infections were lower in Jefferson County than WI and the U.S.
- The teen birth rate was lower in Jefferson County than WI and the U.S. in the 90th percentile of all U.S. counties.
- The food environment index in Jefferson County was higher than WI and the U.S. The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Health Behaviors OPPORTUNITIES

- Access to exercise opportunities was lower in Jefferson County than WI and the U.S. at 77%
- Adult obesity in Jefferson County (36%) was higher than WI and the U.S. Obesity in Wisconsin and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
- At 25%, excessive drinking was higher in Jefferson County than WI and the U.S.
- The percentage of driving deaths with alcohol involved in Jefferson County was 34%, higher than the U.S., but lower than WI.
- The drug overdose mortality rate at 13.8 per 100,000 population was lower in Jefferson County than WI and the U.S., however the rate increased significantly beginning in 2015.

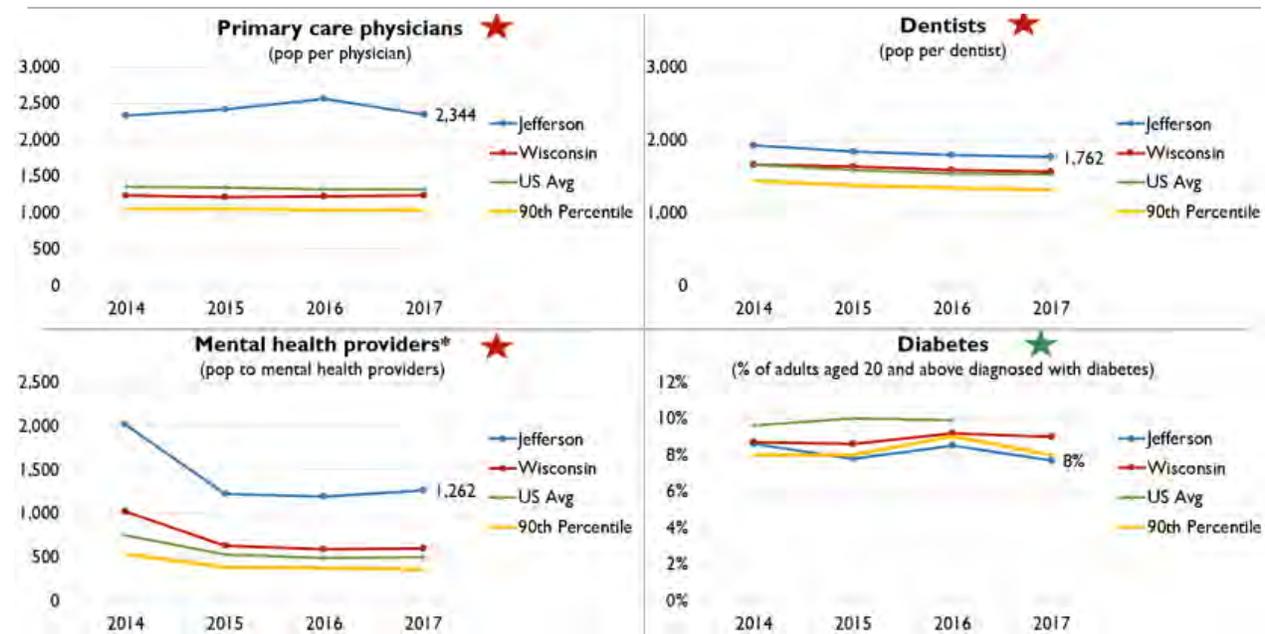
Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Jefferson County ranked 20th out of 72 Wisconsin counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2014

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2014

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2015

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2016

Source: Diabetes Prevalence: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance was the less than WI and the U.S. at 8% which places Jefferson County in the 90th percentile of all U.S. counties.
- Preventable hospital stays were lower than WI and the U.S. and trending down, better. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.
- The percent of diabetic Medicare enrollees receiving diabetic screening was higher than WI and the U.S. at 94%.
- The percent of adults over 20 who had been diagnosed with diabetes, 8%, was lower than WI and the U.S.

Clinical Care OPPORTUNITIES

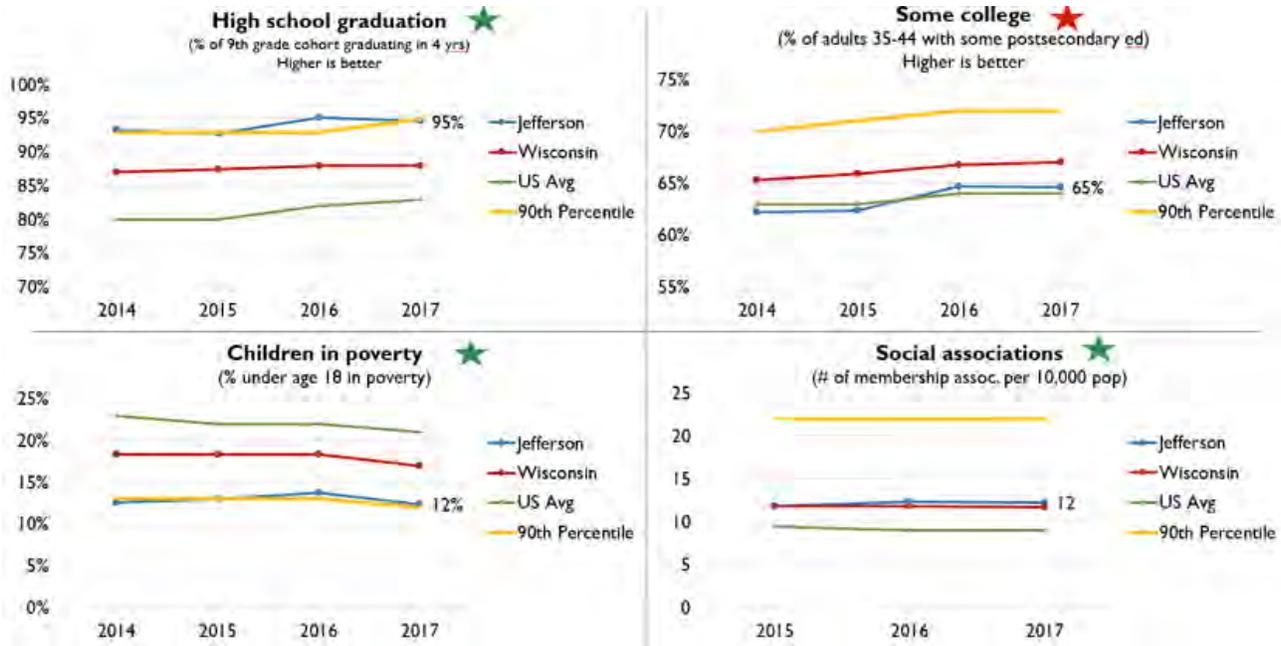
- Mammography screening at 67% was lower than WI and the U.S.
- The population per primary care physician was higher in Jefferson County than WI and the U.S. at 2,344 people per primary care physician.
- The population per dentist was higher in Jefferson County than WI and the U.S. at 1,762 population per dentist.
- The population per mental health provider was higher in Jefferson County than WI and the U.S., but has come down to 1,262 population per mental health provider.



Photo Credit Fort HealthCare

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Jefferson County ranked 11th out of 72 Wisconsin counties.

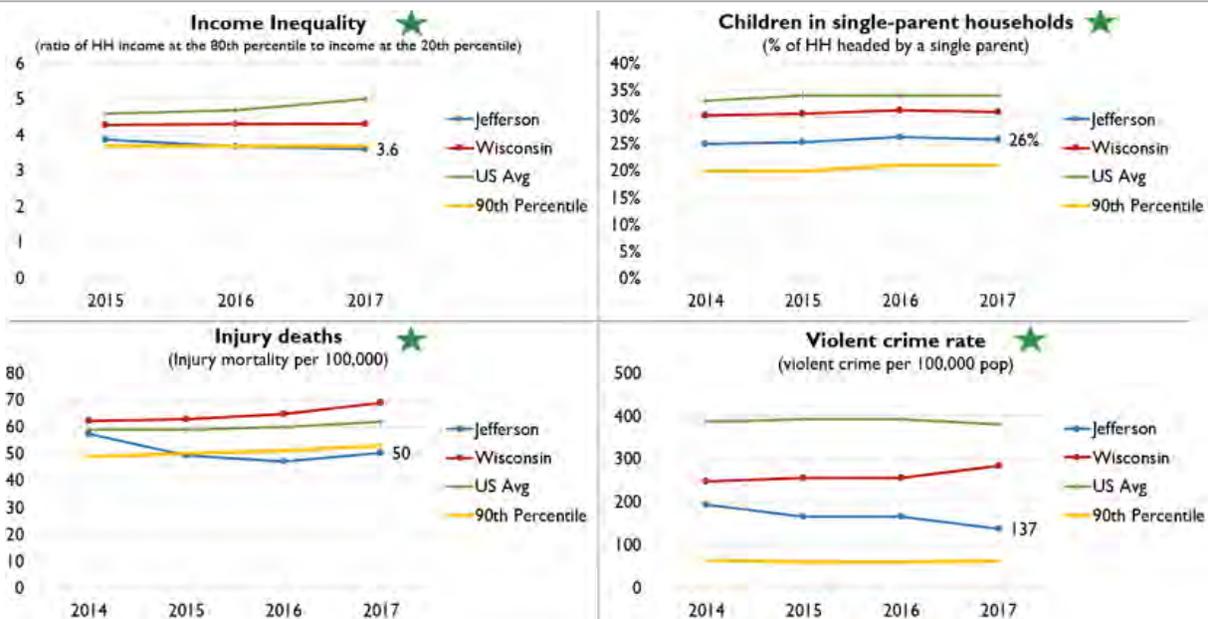


Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2014-2015

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2011-2015

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2015

Source: Social associations - County Health Rankings; County Business Patterns, 2014



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2011-2015

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2011-2015

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2011-2015

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2012 - 2014

Social & Economic Factors STRENGTHS

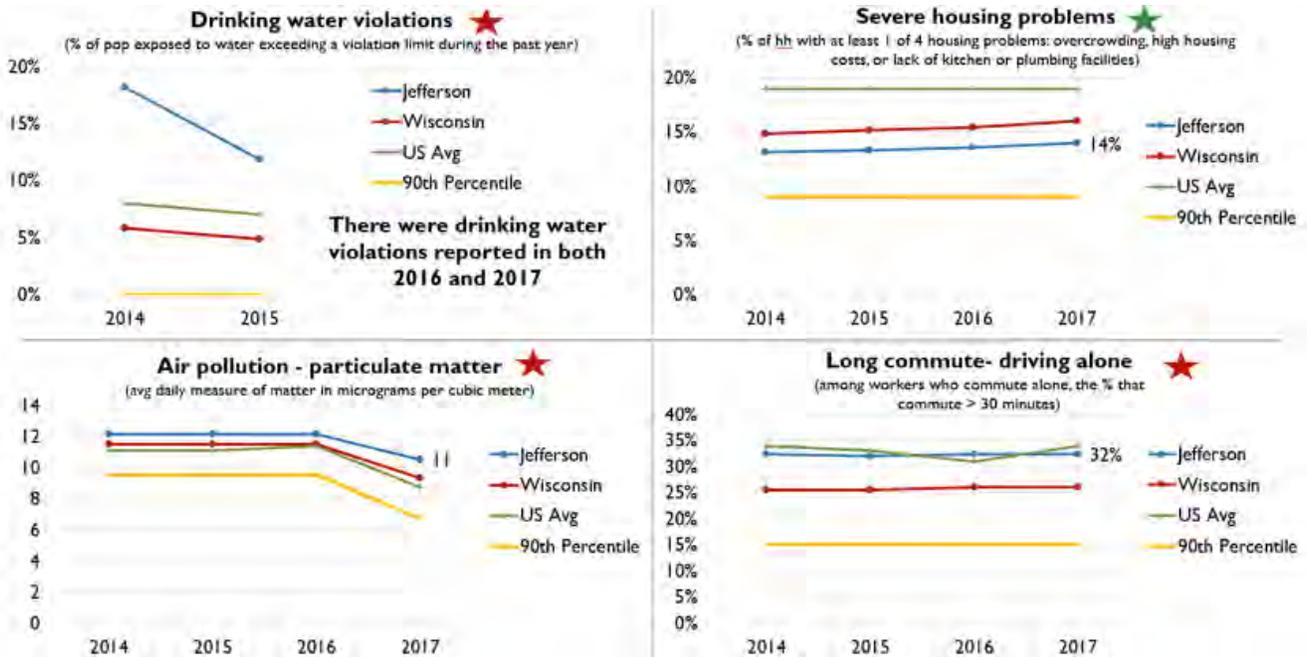
- High school graduation was higher than WI and the U.S. at 95% at the 90th percentile of all U.S. counties.
- The percentage of children in poverty was lower in Jefferson County (12%) than WI and the U.S.
- Social associations were higher in Jefferson County than WI and the U.S. at 12 memberships per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- At 3.6, income inequality was lower in Jefferson County than in WI and the U.S.
- The percentage of children in single-parent households was lower at 26% than WI and the U.S.
- Violent crime per 100,000 population was lower in Jefferson County at 137 violent crimes per 100,000 population than in WI and the U.S.
- The poverty rate at 9.3% was lower than WI and the U.S.
- Unemployment was 2.7%, lower than WI at 3.4% and the U.S. at 4.1%.
- The median household income was higher at \$58,571 than WI and the U.S.
- Injury deaths were lower in Jefferson County (50 per 100,000) than WI and the U.S.

Social & Economic OPPORTUNITIES

- The percentage of adults 35-44 years old with some postsecondary education was lower at 65% than WI and the U.S.
-

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Jefferson County ranked 66th out of 72 Wisconsin counties in physical environment. This is by far the most challenging category for Jefferson County.



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2009-2013

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2011-2015

Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2012

Physical Environment STRENGTHS

- Jefferson County had a lower percentage of severe housing problems than WI and the U.S.

Physical Environment OPPORTUNITIES

- Jefferson County had drinking water violations in 2016 and 2017, according to the focus group and interviews, there were several drinking water violations in the county.
- The average daily measure of matter in micrograms per cubic meter at 11 was higher than WI and the U.S.
- 32% of workers who commute alone commute over 30 minutes which is higher than WI, and slightly lower than the U.S.

There were Four Broad Themes that Emerged in this Process:

- Jefferson County needs to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education).
- While any given measure may show an overall good picture of community health, subgroups such as the census tracts of Fort Atkinson and Jefferson, may experience lower health status measures.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the county has many assets to improve health.



Photo Credit Stratasan

Results of the CHNA: Community Health Summit Prioritized Needs, Goals and Actions

Prioritization of Health Needs



Photo Credit Stratasan

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<p>Magnitude / scale of the problem</p>	<p>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</p>
<p>Seriousness of Consequences</p>	<p>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</p>
<p>Feasibility</p>	<p>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</p>

Prioritized Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

1. Substance Abuse – (28 sticky notes)

- Substance abuse
- Opioid/illegal drug abuse
- Opioid and other substance use and abuse
- Opioids abuse – drug overdose deaths/mortality
- Opioid epidemic
- Drug abuse and addiction
- Substance abuse – opioids, heroin, alcohol, etc.
- Alcohol and drug abuse
- Alcohol and other drug abuse education
- No cost alcohol treatment
- Drug & alcohol use and abuse and related deaths
- Excessive drinking/Alcoholism
- Weekend binge drinking, alcohol abuse

2. Obesity – healthy eating active living – (25)

- Obesity
- Child and adult obesity
- Physical activity
- Access to exercise
- Exercise/nutrition
- Nutrition and cooking education
- Diet/healthy eating options
- Obesity – nutrition, activity, education, prevention
- Obesity – healthy lifestyle choices
- Obesity – inactivity

3. Mental Health - (24)

- Mental health
- Depression, stress
- Mental health – access, depression, inactivity, programs
- Root causes of stress and mental illness
- Mental health, specifically for youth
- Mental health providers – mental health resources
- Mental health – zero suicides
- Root causes of mental illness and drug use

4. Access – (14)

- Affordable healthcare
- How to manage the increasing cost of healthcare

- Cost of care
- Affordable health insurance
- Access to good insurance
- Insurance – affordable, high deductible
- Minority, ethnic, LGBT health issues
- Low income information/education regarding available services
- Affordable housing
- Transportation – cities far apart limited public transportation
- Access – primarily transportation
- Funding, funding, funding

5. Chronic diseases/patient relationships/advanced care planning/individual responsibility – (10)

- Make advance care planning conversations part of the clinical preventive recommendations (part of what you do to prevent bad things from happening)
- Increase the percentage of Jefferson County adults having an advance directive
- Educating over 50 population that it is never too late to change lifestyle/behaviors
- Senior isolation, activity opportunities
- Physician/patient relationship
- Diabetes
- Arthritis
- Self-awareness of own health status
- Ownership of one's health
- Preventative health screenings (e.g. mammograms)

6. Children's Health Issues – (7)

- Inactivity of kids – too structured, no pickup games
- Infant/early childcare access
- Parenting
- Early childhood health education
- Health and wellness of children – mind, body, soul
- Child wellness
- Early detection/prevention

Community Health Summit Brainstorming

Focus Areas and Goals

The most significant health needs coalesced into six categories. Table groups then brainstormed goals and actions around the priority health needs listed above. These suggested goals and actions from the community have been organized below.

Significant Health Need 1: Substance Abuse

- ✔ **Goal 1 - Reduce deaths due to opioids**
 - Action 1 – Increase Narcan access, training and follow-up treatment post utilization
 - Action 2 – Increase screening, intervention and treatment
 - Resources/Collaborators Needed: Local drug/tobacco coalition, Hospitals, Library, Pharmacy, Schools/higher education, County Health Department*

- ✔ **Goal 2 - Reduce binge drinking**
 - Action 1 – Implement Place of Last Drink program
 - Action 2 – Implement Screening, Brief Intervention, and Referral to Treatment for Substance Use (SBIRT) program
 - Action 3– Increase community awareness on culture of drinking
 - Resources/Collaborators Needed: Hospitals, schools, providers, MADD/SADD, County Health Department*

- ✔ **Goal 3 -Reduce tobacco use, including vaping**
 - Action 1 – Establish a Forensic Assertive Community Treatment (FACT) group
 - Action 2 - Partner with schools to educate on the dangers of smoking
 - Resources/Collaborators Needed: American Lung Association, local drug/tobacco coalition, FACT Group, schools, County Health Department, pharmacies, healthcare providers*

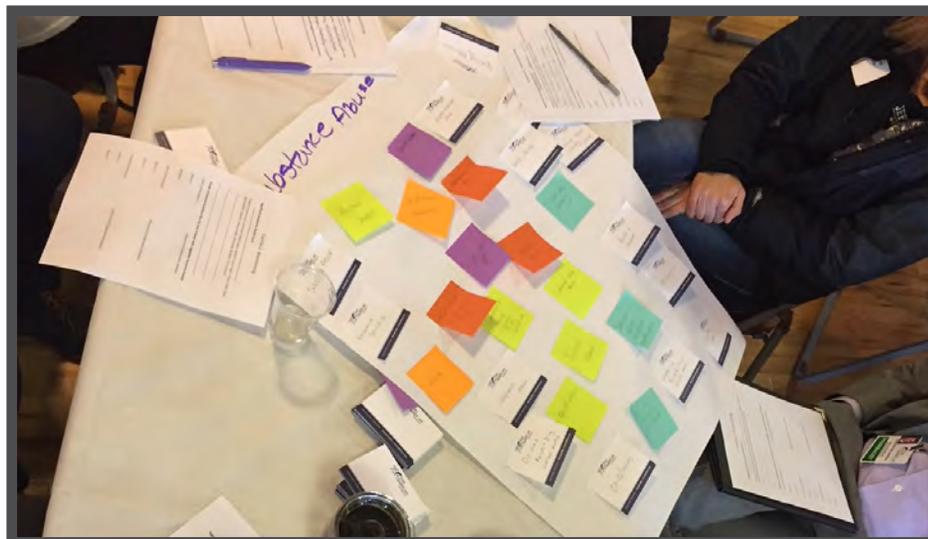


Photo Credit Stratasan

Significant Health Need 2: Obesity and Healthy Eating Active Living

- ✔ *Goal 1 - Lower obesity to 25% or lower by January 1, 2021*
 - Action 1 – Work with youth to learn how to stay healthy throughout their lives
 - Action 2 – Educate on healthy snacks, portion control, exercise

 - ✔ *Goal 2 - Create a community awareness campaign that encourages healthy options at grocery stores, restaurants and places of employment by 2021*
 - Action 1 – Reach out to local grocery stores and restaurants to highlight healthy options (with marketing and promotions)
 - Action 2 – Reach out to local employers to coordinate corporate wellness opportunities (including monthly sessions, meetings, etc.)
 - Action 3 – Develop a healthy food directory and teach the detrimental impacts of fast food

 - ✔ *Goal 3 - Encourage and improve community wellness opportunities by providing tools for time and health management*
 - Action 1 – Offer/coordinate community potlucks with healthy options and share recipes
 - Action 2 – Coordinate healthy cooking classes/nutrition classes/shopping ideas, providing access to free or low-cost access to nutrition experts to help with food choices
-

Significant Health Need 3: Mental Health

- ✔ *Goal 1 – Increase access to providers*
 - Action 1 – Increase the number of providers
 - Action 2 – Increase health insurance coverage for mental health
 - Resources/Collaborators Needed: Community members, health care providers, health department, city, insurance providers, grants for funding*

 - ✔ *Goal 2 - Increase mental health advocacy*
 - Action 1 - Identify community needs
 - Action 2 - Provide education on mental health
 - Resources/Collaborators Needed: Healthcare providers, health department, school district, chamber of commerce, non-profit organizations, churches*

 - ✔ *Goal 3 - Prevent mental health issues in young people*
 - Action 1 - Provide behavioral health in schools focusing on social media, Internet influence on kids – anxiety disorders, changing parenting
 - Action 2 - Provide education and intervention in schools
 - Resources/Collaborators Needed: Healthcare providers, health department, school district, non-profits, parks and recreation, church*
-

Significant Health Need 4: Access

- ✔ *Goal 1 - Expand non-traditional access to care*
Action 1 - Implement telemedicine to increase access to primary care
 - ✔ *Goal 2 - Promote availability of care options (Lake Mills walk-in clinic, Rock River Free Clinic, County Health Department)*
Action 1 - Create an awareness campaign that is comprehensive for all care providers
Action 2 - Create a resource guide with information on free or reduced-fee services with direct household delivery of information.
Action 3 - Strengthen policies for smoke-free environments where children are present
Resources /Collaborators: Coalition approach
 - ✔ *Goal 3 - Address basic corollary issues – transportation, homelessness, access to affordable insurance*
Action 1 - Identify options for providing adequate affordable transportation for medical care
Action 2 - Understand the extent of homelessness and the impact on the community
Action 3 - Support local, state and federal programs to increase access to affordable insurance
-

Significant Health Need 5: Chronic Diseases/personal responsibility/doctor & patient relationship

- ✔ *Goal 1 - Increase the numbers of people with advanced directives*
Action 1 - Educate people at a younger age about the benefit of advanced directives. Hold a workshop with legal professionals to help people create advanced directives.
Action 2 - Educate clinical staff about the importance of their patients having advanced directives
Resources/Collaborators: Community civic groups, libraries, ADRC, Parks and Rec, Employers, businesses
- ✔ *Goal 2 - Raise awareness of chronic disease management*
Action 1 - Identify community leader or organization to help facilitate/champion resources available for chronic disease management
Action 2 - Develop a list of resources available in those communities
- ✔ *Goal 3 - Improve the patient/provider relationship*
Action 1 - Offer training on motivational interviewing to healthcare professionals
Action 2 - Examine, time, date and paperwork constraints on providers allowing more time to spend with patients

Significant Health Need 6: Children's Health

- ✔ *Goal 1 - Reduce childhood obesity (BMI) as measured in Head Start and other venues*
Action 1 - Collaborate with agencies and provide for baseline
Action 2 - Work on getting comprehensive list of support and assistance in one spot (website, social media, newspaper)
Resources/Collaborators: Head Start, daycare providers, primary care, WIC, school district, City, law enforcement, Parks and Rec

- ✔ *Goal 2 - Enhance prevention and detection for children and provide access to care through education*
Action 1 - Collaborate with agencies to establish a baseline
Action 2 - Educate parents provide charts of access – where you can go, programs available, e.g. free clinic
Resources/Collaborators: CDC, primary care, schools

- ✔ *Goal 3 - Improve immunization rates*
Action 1 - Collaborate with agencies to establish a baseline
Action 2 - Marketing campaign using CDC schedule to educate parents
Resources/Collaborators: Health Department, WI Immunization records, primary care providers, schools

- ✔ *Goal 4 - Improve treatment of Adverse Childhood Experiences (ACEs) by medical providers*

This community input into the goals as well as information from the focus group and data were combined for the Fort Healthcare implementation plan which is included in a separate document.

Impact of 2016 CHNA and Implementation Plan

Impact

At the Dodge and Jefferson County Community Health Summit in 2016, attendees prioritized areas of health need that should be addressed. Using the criteria of magnitude of the problem, seriousness of consequences and feasibility, the priorities were:

1. Obesity/Nutrition and Activity
2. Substance Abuse/Alcohol and other drug abuse
3. Mental/Behavioral Health

Fort HealthCare anticipated the impact of the 2016 CHNA and implementation plan to be:

- **Obesity/Nutrition and Activity**
 - Worksite education on the impact of obesity on chronic disease
 - Obesity prevention in children
 - Grow school gardens
 - Nutritional education for students, parents and the community
 - Create opportunities for physical activities – families, worksites
 - Increase access to affordable physical activity opportunities
- **Substance Abuse**
 - Increase education and awareness of alcohol issues in the community – successful intake screening process
 - Increase education and awareness of opiate issues in our community – prescription drug takebacks and clean sweeps, naloxone training, opioid use task force, education care packages for providers
 - Continued education and awareness regarding use to tobacco
- **Mental/Behavioral Health**
 - Reduce stigma attached to seeking help – plan for community and schools
 - Integrate behavioral health within existing clinics
 - Integrate behavioral health services within school districts

Written Comments - 2016 & 2018 CHNA & 2016 Implementation Plan

Comments

At the Community Health Summit, participants were asked for written input into the 2016 and 2018 community health needs assessment as well as the 2016 implementation plan. Below are the comments received:

- I see many trends ticking up slowly. I appreciate the heads up to pay attention.
- I was surprised that mental health didn't rank higher among the individual responses, but feel that speaks a lot to the stigma and awareness issues surrounding mental health.
- I was surprised to see the perception of the telephone survey that mental health fell below the focus group high identification as an issue in the community.
- What are the causes of mental illness and drug abuse in Jefferson Count?
- Is there access to private and discreet care for LGBT health and sexual health?
- Sugar/soda tax? Other impetus?
- Are police and first responders trained in mental health w/ crisis care?
- Promote healthy options and farmers markets for EBT clients



Photo Credit Stratasan

Community Assets and Resources

Community Asset Inventory

A separate document includes a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus group also identified community resources to improve health, which are listed on page 17 above.



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