

COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY HEALTH NEEDS ASSESSMENT

2016-2018



Upland Hills
Health

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Message to Our Community

Upland Hills Health views our Community Health Needs Assessment as 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:

- The Community Connections Free Clinic
- Southwest CAP, Inc.
- The Iowa County Health Department
- The Aging and Disability Resource Center of Southwest Wisconsin

In addition to these formalized collaborative partners, Upland Hills Health reached into our community and held town hall meetings in every community within Iowa County to solicit residents' ideas on how health care in Iowa County could be improved, to learn residents' concerns, and to develop a better understanding of services that are and are not available to area residents. Over 187 members contributed over 1,100 thoughts and ideas to this process.

Identified needs were prioritized based on the level of importance to community members and the hospital and its partners' abilities to make a significant impact. We also compared our priorities to those that were established by the Iowa County Health Department, the Aging and Disability Resource Center, and Southwest CAP, to ensure that needed synergy would be maximized.

The priorities we will address over the next three years include:

1. Addiction Medicine
2. Physical Inactivity
3. Access to Transportation

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

I welcome your input on how we can create a healthier community together!

Sincerely,

Lisa Schnedler
President & CEO

Executive Summary

Background

Upland Hills Health is pleased to present the 2016-2018 Community Health Needs Assessment (CHNA). The CHNA report provides an overview of the health needs and priorities of our service area. The goal of this report is to provide area residents with a deeper understanding of the health needs of this community, as well as help guide the hospital in its community benefit planning efforts, and in developing an implementation strategy to address the needs. The Upland Hills Health Board approved this CHNA in January 2016.

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 2013.

Identified Priorities

Upland Hills Health determined priorities for the 2016-2018 CHNA and strategic implementation plan. Health care issue priorities and resources available to address these issues, include:

- **Addiction Medicine:** Resources include Iowa County Law Enforcement, Iowa County Health Department, Iowa County Human Services, Unified Community Services, Wisconsin Region Alcoholics and Narcotics Anonymous Chapters, Madison Emergency Physician Group, Dean Clinic Dodgeville, Mineral Point Medical Center, NIH National Institute on Drug Abuse, CASA Columbia National Advisory Commission on Addiction Treatment and Upland Hills Health.
- **Physical Inactivity:** Resources include Iowa County Health Department, the Aging and Disabilities Resource Center in Iowa County, the Community Connections Free Clinic, Mineral Point Medical Center, Dean Clinic Dodgeville, and Upland Hills Health.
- **Access to Transportation:** Resources include Iowa County Health Department, the Community Connections Free Clinic, the Wisconsin Region of Narcotics Anonymous, Dean Clinic, Mineral Point Medical Center, the Aging and Disability Resource Center in Iowa County, Southwestern Wisconsin Community Action Program and Upland Hills Health.

Goals

Addiction Medicine
Enhance Public Knowledge Improve Healthcare Practices Improve Access to Treatment
Physical Inactivity
Reduce Physical Inactivity Reduce Obesity
Access to Transportation
Increase Affordable Transportation Options

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.

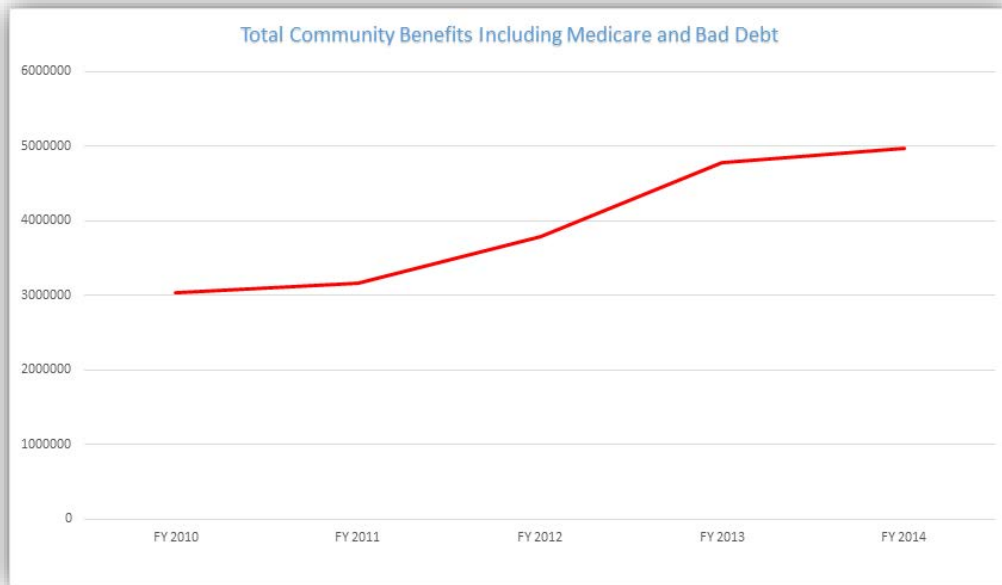
Highlights of Services

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

Community Benefits

	<u>FY 2014</u>
Community Health Improvement Services	\$22,917
Health Professions Education	\$224,241
Subsidized Health Services	\$536,238
Financial and In-Kind Contributions	\$100,535
Community Building Activities	\$397
Community Benefit Operations	\$1,514
Financial Assistance	\$567,161
Government Sponsored Health Care	\$3,040,090
Bad Debt	\$476,400
Total Community Benefits Including Medicare & Bad Debt	\$4,969,493
*Over 1,500 people served by our Community Benefits programs	

Trend on Total Community Benefit Dollars Spent Over Past 5 years



Our Affiliations

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

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

FY2015 Statistics

Admissions	1,104
Births	241
ER Visits	6,247
Outpatient Visits	20,240*
<i>*Stats for October 2014 – February 2015. Currently unable to access data from Epic since “live” March 1, 2015.</i>	
Beds	25
Employees	497
Active Medical Staff	29
Volunteers	80

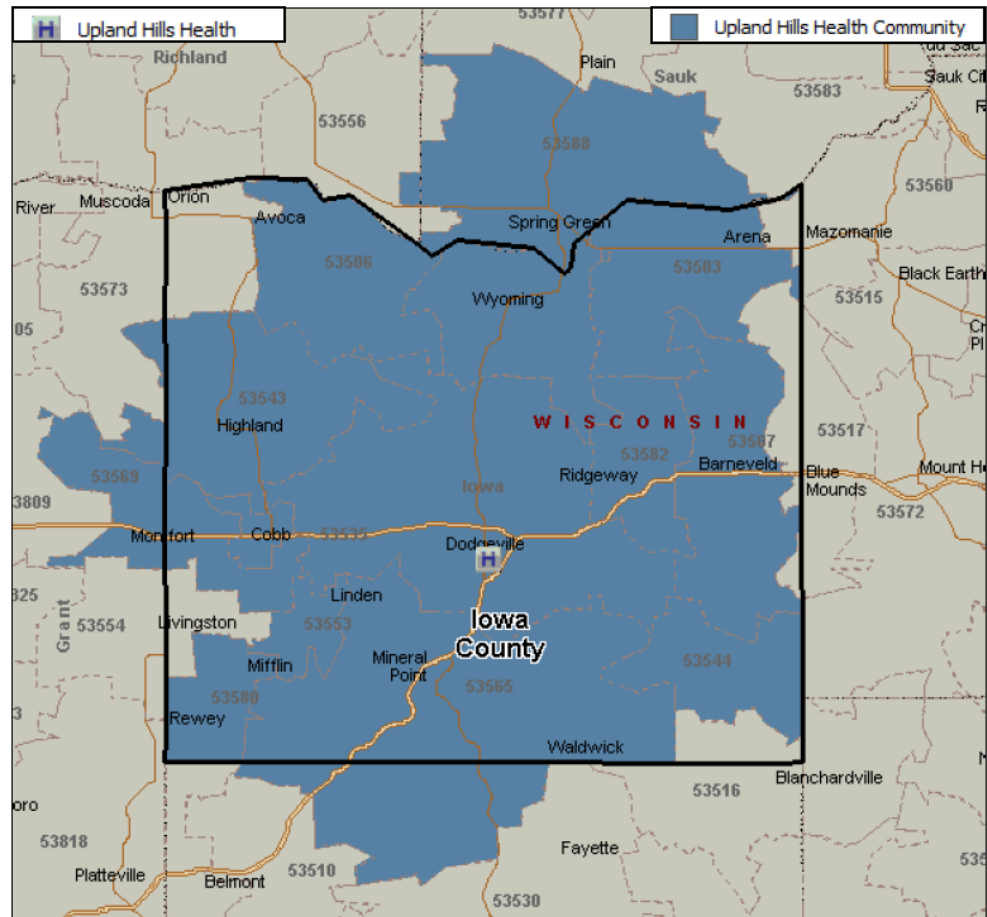
Our Service Area

Primary

- Arena
- Avoca
- Barneveld
- Cobb
- Dodgeville
- Edmund
- Highland
- Hollandale
- Linden
- Mineral Point
- Montfort
- Rewey
- Ridgeway
- Spring Green

Secondary

- Belmont
- Blanchardville
- Darlington
- Livingston
- Lone Rock
- Muscoda
- Fennimore








Our Community by the Numbers








- Iowa County, which is defined by Upland Hills Health for this assessment as its community, has 14 ZIP codes.
- Population (2013): 23,764. Male = 11,944 Female = 11,820.
- Population increase (2011-2013) of 1%.
- 73.0% of hospital discharges originated from Iowa County.
- Lower per capita and income than Wisconsin as a whole.
- Higher rate of unemployment than Wisconsin and the U.S.
- Lower rate insurance rate for juvenile population than Wisconsin average.
- Disparities:
 - Non-White populations have lower per capita incomes.
 - Non-White populations less likely to have high school or college diploma.
- Overall, higher percentage of White residents than Wisconsin.
- 20% or 1 in every 5 people in Iowa County are over the age of 60.
- 1 in every 3 households includes a member over the age of 60.
- 30% of Iowa County residents over the age of 65 reside alone.
- 9% of Iowa County residents over the age of 65 are in poverty.
- 20% of Iowa County residents over the age of 65 are still employed.

The Health of our Community


County Health Rankings 2015

	Iowa County	Trend	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes						29
Length of Life						54
Premature death	6,689		5,435-7,942	5,200	5,881	
Quality of Life						1
Poor or fair health				10%	12%	
Poor physical health days	1.9		1.2-2.7	2.5	3.2	
Poor mental health days	2.9		1.4-4.5	2.3	3.0	
Low birthweight	5.0%		4.1-5.9%	5.9%	7.0%	
Health Factors						24
Health Behaviors						33
Adult smoking	21%		14-29%	14%	18%	
Adult obesity	28%		23-35%	25%	29%	
Food environment index	8.7			8.4	8.0	
Physical inactivity	22%		17-28%	20%	21%	
Access to exercise opportunities	61%			92%	83%	
Excessive drinking	26%		20-35%	10%	24%	
Alcohol-impaired driving deaths	37%			14%	39%	
Sexually transmitted infections	122			138	414	
Teen births	20		16-25	20	27	
Clinical Care						49
Uninsured	10%		9-11%	11%	10%	
Primary care physicians	1,400:1			1,045:1	1,215:1	
Dentists	3,393:1			1,377:1	1,631:1	
Mental health providers	1,979:1			386:1	623:1	

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	Iowa County	Trend	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Preventable hospital stays	45		37-52	41	51	
Diabetic monitoring	85%		73-97%	90%	90%	
Mammography screening	57.5%		45.5-69.5%	70.7%	70.2%	
Social & Economic Factors						13
High school graduation	93%				88%	
Some college	65.4%		60.4-70.4%	71.0%	65.9%	
Unemployment	6.2%			4.0%	6.7%	
Children in poverty	14%		11-17%	13%	18%	
Income inequality	3.9		3.5-4.2	3.7	4.3	
Children in single-parent households	17%		14-21%	20%	31%	
Social associations	10.9			22.0	11.8	
Violent crime	144			59	255	
Injury deaths	58		45-74	50	63	
Physical Environment						14
Air pollution - particulate matter	11.9			9.5	11.5	
Drinking water violations	0%			0%	5%	
Severe housing problems	12%		10-13%	9%	15%	
Driving alone to work	75%		72-77%	71%	80%	
Long commute - driving alone	35%		32-37%	15%	26%	
* 90th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data						2015


Notable Iowa County Health Statistics



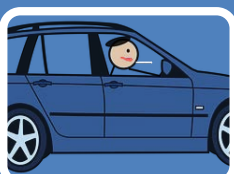
21% of Iowa County adults smoke every day or most days(Wisconsin rate is 18%)



22% of Iowa County adults age 20 and over report no leisure-time physical activity




28% of Iowa County adults report a Body Mass Index \geq 30 which is classified as obese



35% of Iowa County workers who commute alone travel more than 30 minutes to get to work. (Wisconsin rate is 26%)



There is 1 mental health care provider for every 1,979 people in Iowa County. (Average for the state of Wisconsin is 1 for every 623 people.)



65.5% of Iowa County children ages 19 to 35 months received all recommended immunizations in 2013

Source: www.countyhealthrankings.org

Voice of the Community

Community Forums

Upland Hills Health conducted Community Forums between May and August of 2014 in seven different communities throughout its service area. Attendance was very good throughout each location. Community members shared their insight and suggestions for improving healthcare services in each of their rural areas. The need for increased access to services was the general theme, which included nutrition/weight loss education, wellness/fitness, physical therapy, sports medicine, mental health, extended hours of business, and access to specialists.

Collaboration with County's 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 required mandate of the Older American's Act to secure funding. This plan also outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County. *In 2015, an environmental scan was completed to develop the Iowa County Plan on Aging for 2016-2018. This scan included group brainstorming and individual interviews with individual stakeholders and ADRC representatives. A Public Hearing was also widely advertised and held in August 2015 at the Senior Dining Site located in Dodgeville.*
- The Aging and Disability Resource Center initiated a Health and Wellness EXPO in 2012. This annual event has grown over the past four years. In 2015, UHH was a partner and co-sponsor in the event. This past year's attendance was approximately 150 participants and included over 40 community partners and vendors. This community event offers a variety of health education and information, including that specific towards aging needs, as well as a number of free health screenings.
- The Iowa County Plan on Aging has a strong focus area of health promotion. Workshops have been initiated in the community through the sponsorship and facilitation of the ADRC. As these programs have grown, UHH and the Iowa County Health Department have become strong partners in many of these programs. Efforts to increase community access to these evidence-based health promotion programs will continue over the course of the planning period.

Collaboration with the Iowa County Health Department's Need

The Iowa County Health Department met with the committee members to discuss and share an implementation plan for the residents of Iowa County. The current *Healthy Iowa County Strategic Plan* identifies the following three focus areas:

- Nutrition & Physical Activity
- Substance Abuse Prevention
- Mental Health Awareness & Access

Community Connections Free Clinic Patients

A five page paper survey was developed by the CHNA team to inquire what the clients of the Community Connections Free Clinic (CCFC) perceived as the greatest health needs in our community. The three questions asked the surveyed to rate the impact of 22 identified health problems as "a lot of impact", "some impact", "very little impact" and "does not apply". The top 3 responses were Obesity, High Blood Pressure, and Diabetes. Cancer, Heart Disease and Stroke and Mental Health Problems tied for fourth. Question 2 addressed risky behaviors and if they were "big, "small" or "not a problem at all" for 14 identified behaviors. Drug abuse, Alcohol abuse and not getting medical care when it is needed tied as big problems while tobacco use and being overweight were second and third respectfully. Question three asked the participants if they often, sometimes or never experienced three specific issues. 31.82% of the respondents cite

that often they do not get much exercise, 45.45% sometimes struggle with mental health problems and 72.73% never find it is difficult for them to find a ride to places that they need to go.

There were 23 individuals that took the survey throughout December 2015. Three were not native English speakers, and there was a volunteer interpreter that interpreted the survey to the clients. Fourteen females, 8 males and 1 female to male transgender clients took the survey. The ages ranged from 20 to 69 and 87% of the respondents were between the ages of 20 to 59. Eleven different communities were listed as where the respondents lived with the majority (34.78%) coming from Dodgeville. There was a free form space to write down other concerns where 8 clients added other concerns.

Health Care Priorities for 2016-18

Analysis of the data collected revealed three main themes related to the health issues faced by many residents of Iowa County. These themes can be described as substance abuse related to lack of knowledge, access to treatment, and poor health practices; obesity resulting from inadequate physical activity and nutrition; and issues with transportation to health care services.

After review and consideration of all available information, including current and prior year CHNA data, focus group and key stakeholder input, and guided by our criteria, UHH has identified three health issues that show evidence of need in our county. Further prioritization was based off the hospital and its community health partners' abilities to make a significant impact.

The UHH Collaborative CHNA Team has identified the following three health issues as priorities for the coming three years.

Addiction Medicine

Problem

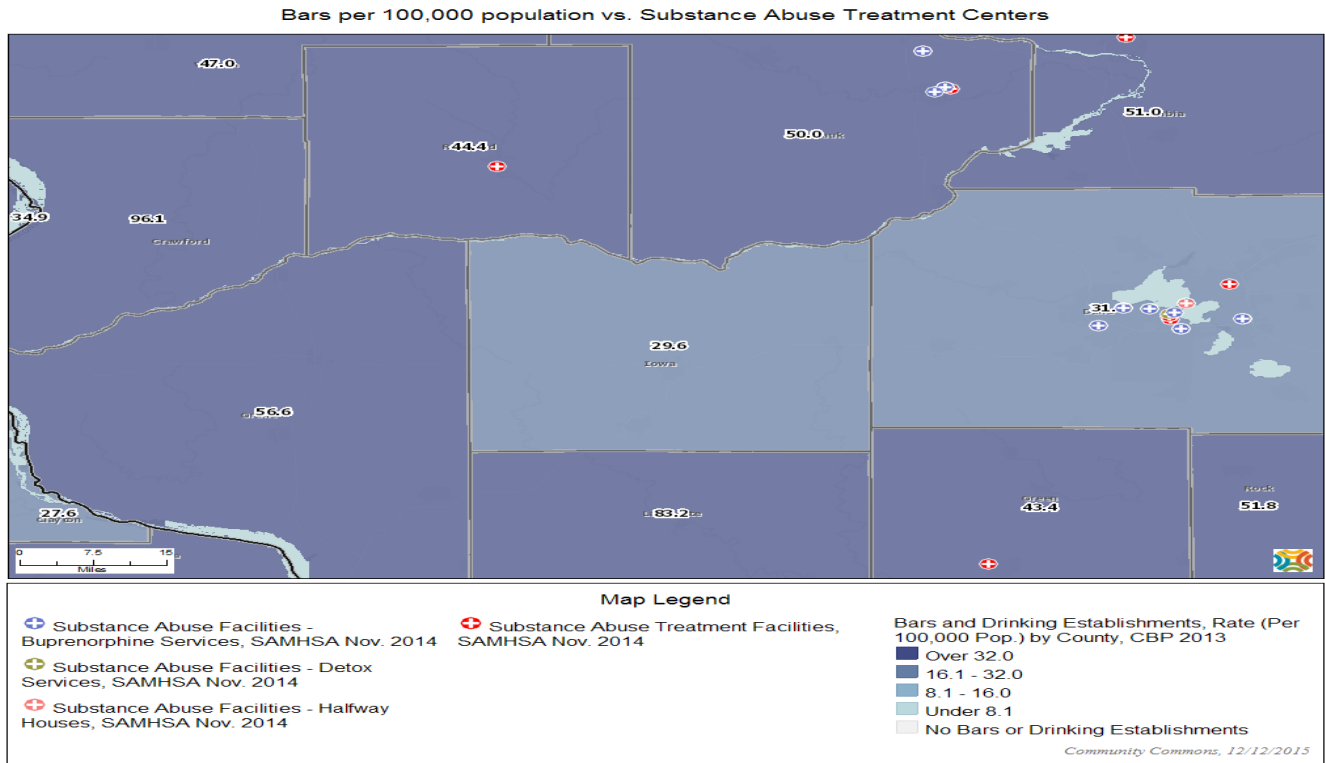
Addiction is an aspect of mental health of particular concern. The service area of Upland Hills Health has both an increasing problem with substance abuse and little resources to treat the problem effectively.

Facts

- Nationwide, while about 7 out of 10 people with hypertension, major depression or diabetes get treatment for their medical conditions, only about 1 in 10 people with addiction involving alcohol or drugs (other than nicotine) do.
- Alcohol overuse and abuse is prominent in Wisconsin generally and in our service area in particular.
- More than one quarter of Iowa County adults report binge or heavy drinking.
- Over one third of driving deaths in Iowa County had alcohol involvement.
- 1% of the UHH hospital stays in the period of our previous needs assessment were for alcohol withdrawal or abuse.
- Both prescription opioid (pain pills) and heroin abuse are growing problems across the US both in rural and urban communities. These substances can be fatal, stopping a person's drive to breathe and sedating them to the point that they cannot wake up.
- Naloxone (narcain) is an opioid antidote used by emergency personnel, and it is being used more and more. Iowa County's EMS services used naloxone 21 times this past year, and our ER doctors are using naloxone an average of once per month.
- There are multiple behavioral interventions as well as medications which can be useful in substance abuse treatment, but these options are minimally available in southwest Wisconsin.
 - The nearest substance abuse treatment centers are an hour away.
 - Opiate substitution therapy such as buprenorphine/naloxone (suboxone) tremendously improves patients' likelihood of success in ending opioid abuse, but is only available at a distance and waiting lists are months to years long in our area.

Continued. Figures on following page.

Figures



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

Measure	Iowa Co	Grant Co	Sauk Co	Richland Co	Dane Co	WI Overall	90 th Percentile Nationally
% adults reporting binge or heavy drinking (2006-2012)	26	26	23	27	23	24	10
% driving deaths with alcohol involvement (2009-2013)	37	29	35	53	43	39	14
# drug poisoning deaths/100,000 population (2006-2012)*does not specify drug type	10	6	14	No data	12	11	
# arrests for drug possession and sales/manufacturing, DWI, and liquor law violations (2012)	28	93	337	76	2199	27.733	

**IOWA COUNTY EMS SERVICE NALOXONE USAGE
1/01/15 to 12/10/15**

EMS District	# Usages of Naloxone
Dodgeville	7
Arena	8
Spring Green	4
Highland	2
All Others	0
Total	21

UPLAND HILLS HOSPITAL VISITS WITH SUBSTANCE ABUSE DIAGNOSIS

	Alcohol Withdrawal/ Abuse	Opioid Withdrawal/ Abuse	Unspecified or Other Drug Withdrawal/ Abuse	Benzodiazepine Withdrawal/ Abuse	Total Encounters
Hospital Admissions (1/1/12-3/1/15)	16	10	4	2	3883
ED Visits (1/1/12-3/1/15)	168	65	53	30	16583
ED Visits (3/1/15-11/30/15)	69	18	26	3	8019

**USAGE OF NALOXONE
3/01/15 to 12/10/15**

Epic ED Visits (over 8 hospital system): 124 Total

Physical Inactivity

Problem

- Inadequate levels of physical activity contributes to obesity, one of the largest causes of preventable chronic diseases.
- Increased outlets for physical activity are needed to reduce obesity and related health impacts.

Facts

- Physical activity can improve health.
- People who are physically active live longer and have a lower risk of heart disease, stroke, type 2 diabetes, depression, and certain types of cancer.

Figures

- 60% of adults in the United States are not sufficiently active enough to achieve health benefits.
- 30-34.9% of adults in the United States are obese (BMI of 30 or more).
- 28% of adults in Iowa County are obese (BMI of 30 or more).
- 22% of adults in Iowa County report they are physically inactive.
- 39% of adults in Iowa County report having no access to exercise opportunity.
- One-in-three adults may develop type 2 diabetes by 2050 as reported by the CDC.
- One of four deaths in America are due to heart disease, which is about 610,000 deaths each year.

Access to Transportation

Problem

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

Facts

- According to County Health Rankings, Iowa County, Wisconsin had a 11% poverty rate and 28% of older adults live alone, affecting the ability of county residents to secure reliable transportation.
- Several organizations within the county have the ability to offer some limited transportation services to fill the gap of public transit and the vast rural area.
- Many of these programs rely on volunteers which can be difficult to recruit and retain
 - Southwest CAP Lift Program
 - ADRC Care-a-Van
 - ADRC Driver Escort Program
 - Iowa County Taxi (Wednesdays & Fridays, driver availability)
 - Hodan (Dialysis only)
- The programs offered by the ADRC are operated by funding that is limited by age restrictions.
- Available services range from a subsidized rate of \$5 to a per mileage fee of \$.51 per mile.
- The majority of these programs are not available during the evenings, weekends, or on short notice.
- There remains a lack of access to residents who reside in rural areas.

Figures

- Aging and Disability Resource Center (ADRC)
 - 19 volunteers, average age – 86.
 - Clients: Over age 60 or have disability.
- Dodgeville City Taxi
 - Runs Wednesday & Friday; comes from a Grant County program, \$2.
 - Can use on off days at an additional cost as determined by the ADRC program located in Grant County.
- Southwest CAP Lift Program
 - Lift Coordinator would work with us if we have vehicles, and find and train drivers.
 - Lift Care Van is pricey, \$5 suggested donation.
 - Clients: Over age 60 or with disabilities.
- Hodan Center
 - Used frequently for dialysis patient transportation.

HealthyPeople.gov

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.



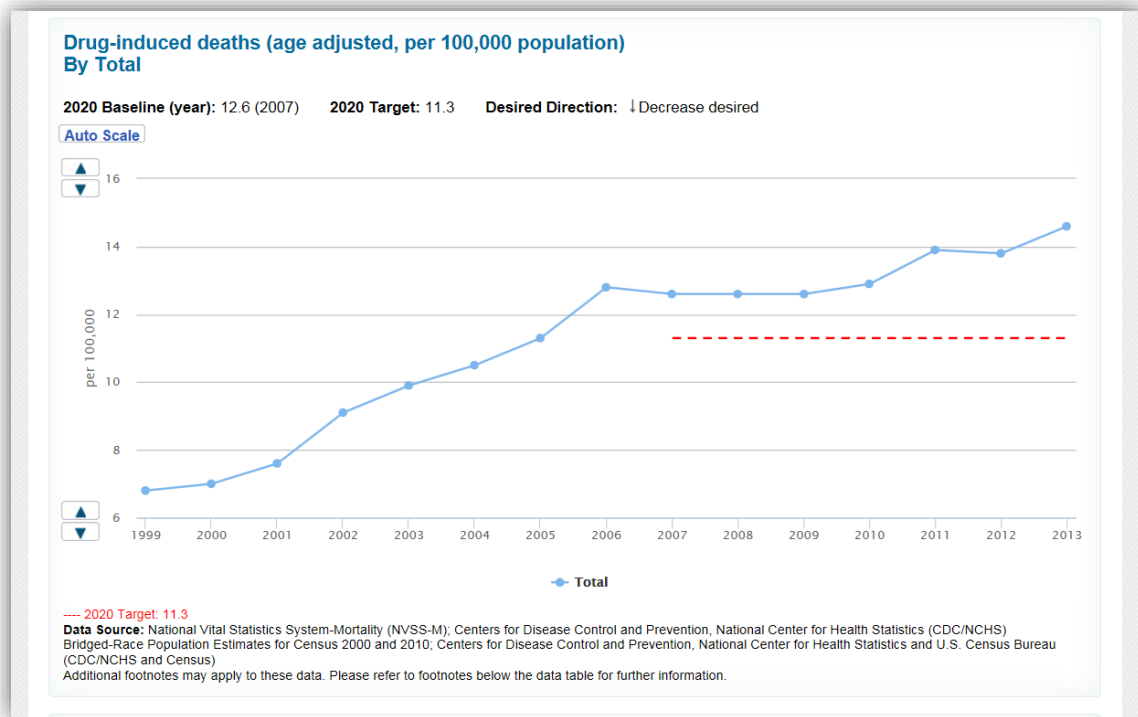
About the Data

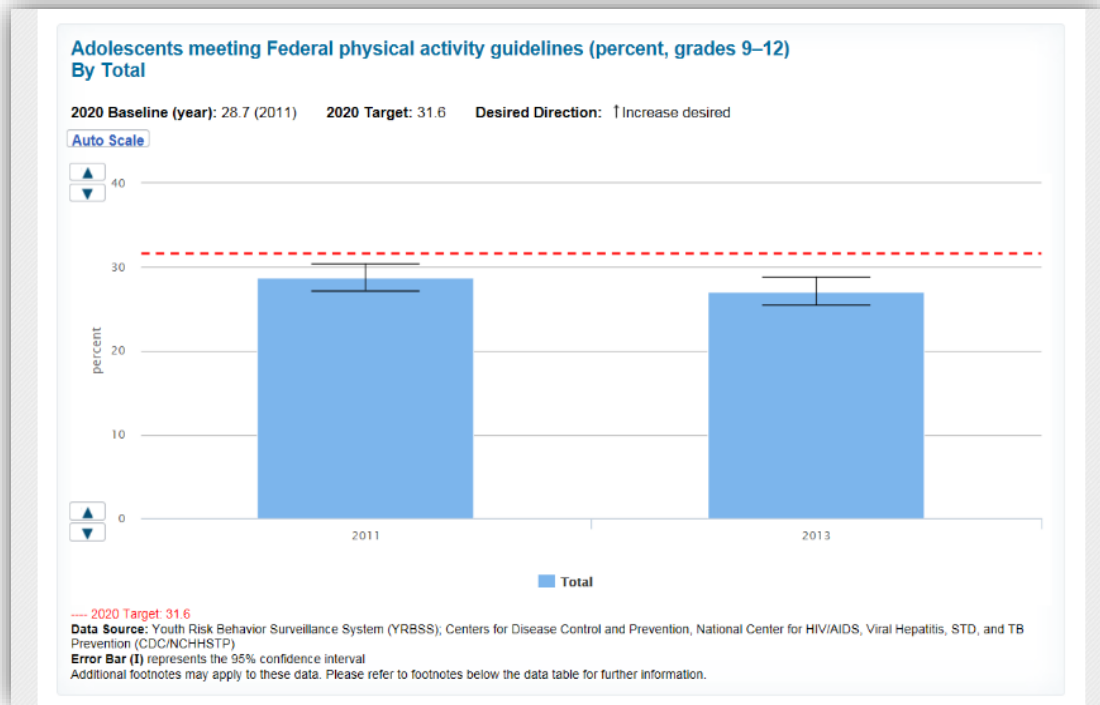
Healthy People 2020 includes over 1,200 objectives to monitor and improve the health of all Americans over the decade. The objectives are organized into 42 Topic Areas, each representing an important public health area. To determine the success of Healthy People, it is important to track and measure progress for the objectives over the decade. Healthy People relies on many diverse data systems including:

- National censuses of events (like the National Vital Statistics System)
- Nationally representative sample surveys (like the National Health Interview Survey)
- Other valid and reliable data sources (like the Bicycle Helmet Safety Institute)

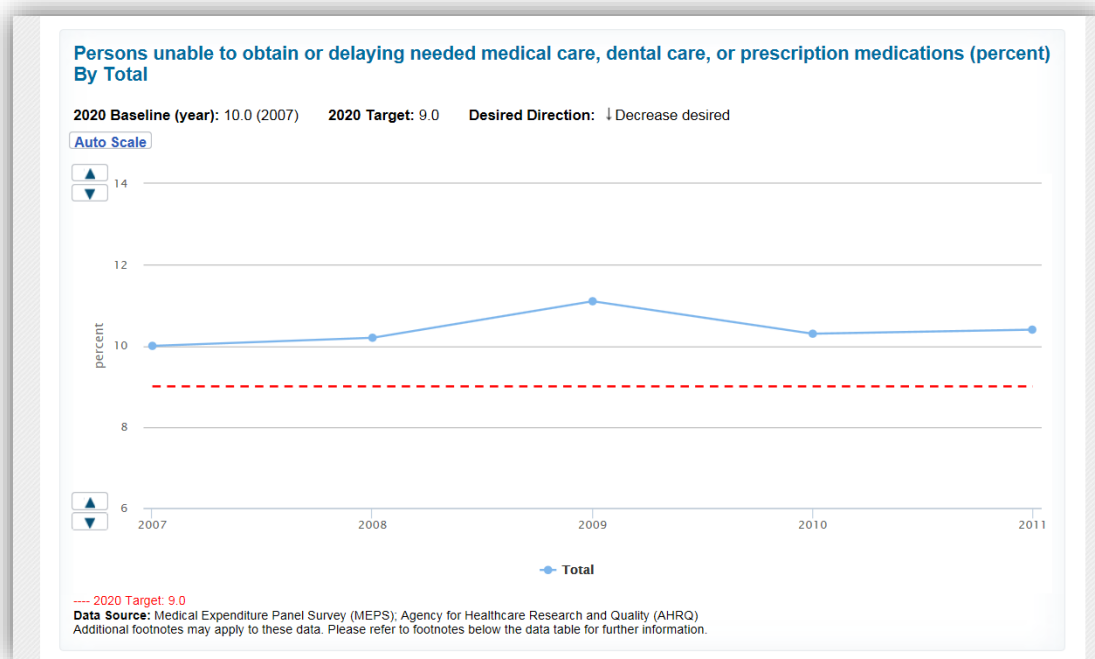
Relevant Data

Healthy People 2020 Objective: Substance Abuse
Iowa County Health Objective: Addiction Medicine
Healthy People 2020 Objective: Physical Activity





Iowa County Health Objective: Physical Inactivity
Healthy People 2020 Objective: Access to Health Services
Iowa County Health Objective: Access to Transportation



Evaluation of Efforts to Address 2013-2015 CHNA

The Community Health Needs Assessment conducted in 2012/2013 revealed thirteen areas of concern regarding the health of our communities. The areas of concern are listed below, followed by an accounting of actions taken to address the issue in the past three year period. In addition to our evaluation of efforts made to address the concerns in this plan, public input was solicited at several community town hall meetings as described in the Appendices. UHH also provides a public forum for comments through our website and social media which is monitored and tracked by our Community Relations Department. To date, no comments have been received regarding the 2013-2015 CHNA.

1: Insufficient Specialty Care

Goals

Increase specialty care available in Iowa County to decrease the need for residents to drive long distances to receive these services. Specialty service priorities include: oncology, pediatrics, and high-risk neonatal care.

Progress

- Upland Hills Health regularly reviews the types of visiting Specialty Physicians from St. Mary's and the University - Wisconsin Hospital in Madison to determine if additional specialties are needed by the population served in our service areas. Input is received by physicians on our medical staff and requests from the community.
- UHH utilizes neonatal and pediatric transport services provided by St. Mary's in Madison and UW Hospital for ill or injured pediatric patients that require specialty/tertiary care.
- As of March, 2014, UHH has established a Pediatric Cardiology program in cooperation with the University of Wisconsin.
- The Iowa County Health Department has utilized the LIFT program through Southwest Community Action Program (SWCAP), Aging & Disabilities Resource Center (ADRC) bus and driver and also volunteer drivers to get residents to specialty services outside of Iowa County.
- The Aging & Disability Resource Center (ADRC) offers transportation services through the Care-A-Van (bus) and the Driver Escort program which utilizes volunteer drivers to allow residents access to non-emergency medical appointments within the county and to specialty services outside of Iowa County.

2: Insufficient Affordable and Accessible Primary Care for Vulnerable Populations

Goals

Improve transportation services to access available primary care while increasing local services, provider hours, and access to health education.

Progress

- UHH opened an outreach clinic in Mount Horeb offering family medicine and OB/GYN services. Expanding into this geographical area is part of a larger strategy to support additional healthcare services needed in Iowa County.
- UHH is including an on-site tele-pharmacy in the construction of a new primary clinic in Highland, providing easier accessibility to prescription and over the counter medications for the rural population in this area. In the fall of 2012 a new primary clinic in Montfort was opened with easier access and more providers. Since the

opening of the new clinic the number of visits has increased by 12%, except in 2014 when staffing changes occurred. Both the Highland and Montfort Clinics became Rural Health Clinics (RHC) under Medicare in late 2012. RHCs help to address the inadequate supply of physicians by increasing the use of non-physician practitioners in providing primary care to Medicare patients in rural areas.

- UHH primary clinics use a sliding fee schedule which helps to open up access to services to lower-income patients.
- UHH primary clinics are now offering evening hours one evening a week at Spring Green and Mount Horeb Clinics.
- UHH provides the “Newborn Care” channel for all of their obstetrics patients for access in the hospital and at home, providing education on newborn care, breastfeeding, and self-care for new mothers and fathers.
- UHH is participating in two grants that will support implementation of tele-health services in our rural clinics. Behavioral Health and Nutrition consults will be piloted in 2016.
- UHH athletic trainers provided concussion prevention and care education and injury prevention and management to athletes and coaches at five area schools.
- UHH provided injury prevention training for school-based cross country, baseball, wrestling, basketball, softball and volleyball teams in our service area.
- UHH Athletic trainers taught local EMS volunteers the proper procedure for helmet and shoulder pad removal when addressing sports injury emergencies.
- UHH offered support groups for cancer, grief, heart healthy lifestyle, smoking cessation, infant loss, and weight loss. UHH also offers ongoing education for persons with diabetes and disabilities. These events and groups were publicized on the UHH website.
- The Aging and Disability Resource Center (ADRC) partnered with UHH and the Iowa County Health Department to have staff members trained as facilitators for the Healthy Living with Diabetes program (a high level evidence-based prevention program for individuals with diabetes). This program is being offered in the community and is free to Iowa County residents.
- Two UHH Cardiac Rehabilitation staff have become certified cancer exercise specialists and are offering ‘Fit to Fight,’ a cancer empowerment program. This new program won national recognition for innovation.
- The UHH website contains several links to local and national health education resources such as the Iowa County Health Department, the Centers for Disease Control, Medline Plus, and many others.
- Changes to the Wisconsin Well Woman Program have resulted in an absence of providers within Iowa County. Iowa County Health Department will continue to refer women to the LIFT program for transportation services outside of the county.

3: Uncertain Access to Dental Care and Poor Dental Health Status

Goals

Investigate and determine the current available dental health providers and determine adequacy for servicing those without dental insurance. Monitor the number of dental care patients seen in the Emergency Department to determine if the population is accessing needed preventative dental care.

Progress

- The Access Community Health Centers (ACHC) Dodgeville Dental Clinic opened in September of 2009 with 4 chairs, a rotating dentist, one hygienist and three support staff. The clinic originally shared a space with the Community Connections Free Clinic (CCFC).

- In 2012, Southwest CAP secured grant monies to build the current dental clinic which houses eight state of the art operatories. ACHC Dodgeville Dental now employs two full time dentists, two hygienists and 12 support staff.
- Between 2012 and 2015, ACHC provided 15,378 dental visits to 4,146 individual patients.
- Our service area includes Iowa, Grant, Sauk and Richland Counties. We also see patients from western Dane County (Mt. Horeb, Mazomanie areas).
- The majority of our patients have dental insurance through the BadgerCare program, but we do see many uninsured patients who pay based on their family size and income using our Sliding Fee Discount. A small percentage of patients also have more traditional, commercial insurance.
- In the near future we hope to add another full time dentist and increase hygiene access for patients.
- In February 2014, UHH staff met with ACHC personnel to discuss options for performing urgent dental procedures. Following this meeting, UHH began providing brochures outlining services available through ACHC. UHH Urgent Care saw 114 patients with dental complaints in 2013, 159 dental patients in 2014, and 103 dental patients in 2015.
- Iowa County Health Department offers fluoride varnishes to children under 6 months of age in the Women, Infants & Children (WIC) program and Head Start programs in Iowa County.
- Iowa County Health Department also provides fluoride supplements to children.
- Iowa-Grant and Highland School Districts have dental hygienist services available. Fluoride varnishes and sealants are offered to all students in both school districts.

4: Alcohol Abuse

Goals

Reduce the incidence of heavy drinking and alcohol related deaths in the Iowa County area.

Progress

- UHH introduced an Employee Assistance Program (EAP) to all employees and their immediate family members. The EAP includes counseling services for persons who are working on reducing or eliminating their alcohol consumption.
- Recommended alcohol consumption limitations for men and women is provided as a part of cardiopulmonary rehabilitation.
- UHH is participating in a pilot program to provide tele-health for behavioral health services in our rural clinics. These services will not provide alcohol abuse treatment, but will be able to address personal stress management that may lead to alcohol or other drug abuse.
- Beginning efforts have been made to establish a drug and alcohol task force in Iowa County. The health department has been involved in a Community Health in Action (CHIA) project to address alcohol policy.
- Alcohol prevention and other risky behavior prevention is part of the health curriculum being taught in Iowa County School Districts. In some schools it is addressed in *Violence Prevention* classes in grades Pre-K thru 5, the *DARE program* in middle school, *Above the Influence* class, and a *Concerned Person Group* for high school students learning about victimization. It is also infused with general education classes. Some school districts utilize their police liaison officer to conduct education and demonstration sessions on (alcohol) impaired driving. Schools also address alcohol abuse on an individual basis with school nurses, counselors and administration. For some schools drug use and abuse has become a more common risky behavior than alcohol abuse.

5: Drug Abuse and Misuse

Goals

Reduce the incidence of drug abuse and misuse in the Iowa County area including drug seeking behavior in the Emergency Department.

Progress

- UHH is participating in a pilot program to provide tele-health services for behavioral health services in our rural clinics. These services will not provide alcohol abuse treatment, but will be able to address personal stress management that may lead to alcohol or other drug abuse.
- UHH provides an Employee Assistance Program (EAP) to all employees and their immediate family members. The EAP includes counseling services for persons who are working on reducing or eliminating their alcohol consumption.
- On an annual basis, the UHH Emergency Department identifies those patients who have sought Emergency Services for pain control on 10 or more occurrences over the previous year. These patients, and their identified primary health care provider, are issued a letter stating that they will no longer be provided with pain medication during an emergency visit unless it relates to a new injury or condition. Chronic pain is to be addressed and treated through a primary care provider. UHH has also implemented a new pain management clinic that offers non-narcotic treatment of chronic pain conditions.
- The Iowa County Sheriff visited the Medical Staff at UHH in November of 2015 to describe the current climate of drug misuse and abuse in the community. The Sheriff's department will begin notifying prescribing physicians of medications that are found at the scene of overdoses or other drug related crimes.
- Physicians and the Sheriff's department have plans to form a drug abuse task force involving interested physicians and the Iowa County, Dodgeville City, and Mineral Point City police departments.

6: Smoking/Tobacco Use

Goals

Reduce the rate of persons who smoke with emphasis placed on pregnant women.

Progress

- UHH has smoking cessation programs available to employees and their immediate family members through the Employee Assistance Program.
- Smoking cessation education is provided to all tobacco users in cardiopulmonary rehabilitation.
- The Newborn Channel provided to UHH Birthing Unit patients includes a short program entitled, "Mommy don't smoke" that is available for all women while in the hospital and once they return home.
- Percentage of women who delivered their babies at UHH who smoke has decreased from 25.09% for 2013 to 20.31% for 2015.
- The Iowa County Health Department makes referrals to the *Wisconsin Quit Line* for smokers who wish to stop smoking and the *First Breath* program for pregnant women who smoke.
- In May 2015, Iowa County Health Department and the Iowa County Board of Supervisors amended the Iowa County smoking ordinance to include electronic cigarettes and devices.

7: Gender Disparities

Goals

Provide increased educational materials for health issues that have higher prevalence or decreased compliance based on gender.

Progress

- The UHH dietitians have provided over 172 hours of diabetes management education to the community.
- Hunter safety information and resource links are featured on the UHH website mid-summer through fall. In addition, an educational seminar regarding First Aid in the field was highlighted, and UHH provided a hunter safety educational session at the 2015 Health & Wellness EXPO in Dodgeville sponsored by the ADRC and UHH.
- The Human Papilloma Virus (HPV) vaccine and HPV Prevention Campaign by the Iowa County Health Department was initiated and targeted to both male and female adolescents. The campaign continues today and the focus will be on all adolescent immunizations to meet CDC goals.
- Every October UHH runs a public service campaign to increase breast cancer awareness and promote mammography screening.

8: Racial and Ethnic Disparities

Goals

Address racial and ethnic disparities through supplemented care for adults and children in poverty and continue to learn and understand the cultural barriers to receiving appropriate health care.

Progress

- Charity Care provided by UHH from 2013 to 2015 totaled over \$1.5 million dollars.
- Medical services totaling over \$250,000 were donated to the Community Connections Free Clinic (CCFC) during 2013 to 2015. As part of UHH's support of the CCFC, imaging services are provided to members of the Hispanic community along with other uninsured populations.
- UHH personnel sit on the Community Connections Free Clinic Board.
- UHH contracts with Video Interpretations to provide live video interpretation to the non-English speaking population served.
- In 2015, UHH is converting 30 healthcare related documents into Spanish through a medical certified translation vendor.
- The Newborn Channel offers Spanish as well as English language for all of its programs.
- The Amish and other Plain families located in Iowa County and surrounding counties commonly choose to deliver their babies in the home setting. Representatives from UHH obstetric and nursing services met with a group of community midwives to discover better mechanisms for collaboration in caring for families choosing home birth in the community.
- In 2015, Iowa County participated in the development of the MultiCultural Outreach Program (MCOP) obtaining a VISTA volunteer to work to make a difference in efforts to expand awareness and access to resources for the growing multicultural population in southwest Wisconsin.

9: Lack of Access to Mental Health Services and Poor Mental Health Status

Goals

Increase access to mental health care providers and offer positive mental health behavior activities.

Progress

- UHH provides all employees and their immediate family member's access to the Employee Assistance Program that includes mental health care providers. Nineteen employees have accessed our EAP counseling services.
- UHH is participating in a pilot project through the Rural Wisconsin Health Cooperative to provide Mental Health services through tele-health innovation in our rural clinics sites.
- The UHH Wellness Committee has formed two sub-groups to address physical activity and nutrition. For their first project, the physical activity group (the *Moving Matters* group) has addressed stress management through exercise with UHH employees. 332 employees responded to a survey evaluating how UHH employees manage their stress.
 - 74% of UHH employees rate their stress above a 5 on a scale of 1-10.
 - 82% of UHH employees report they manage their stress well.
 - Only 37% of UHH employees report they use exercise at least 3 times per week to manage stress.

The committee looks forward to using the results to provide programs to manage stress more effectively through the use of physical activity.

- UHH collaborates with Northwest Connections and Unified Community Services in providing Emergency Department and inpatients with suicidal ideations with appropriate follow-up care.

10: High Rates of Stroke Mortality

Goals

Reduce number of stroke mortalities that occur in Iowa County Residents.

Progress

- UHH has partnered with the Wisconsin Coverdell Stroke Program through a Rural Wisconsin Health Cooperative grant emphasizing quality improvement, educational expertise, and best practices in stroke care.
- Two UHH nursing staff are members of the Stroke Systems of Care Task Force designed specifically for rural hospitals to achieve Acute Stroke Ready Hospital designation by the Joint Commission.
- On World Stroke Day, UHH began a campaign to educate the community on symptoms of an acute stroke and the actions to take. The campaign included a resource link on the UHH website, billboards and buttons with the *Fast Arm Speech Time (FAST)* slogan of the Stroke Systems of Care Task Force.
- UHH has added Acute Stroke Core Measure quality improvement measures to our medical staff quality improvement goals in 2015.

11: Nutrition and Sedentary Behavior-Related Issues

Goals

Increase access to nutritious foods and outlets for physical activity.

Progress

- The UHH dietitians have provided over 402 hours of medical nutrition therapy assessment education to the community.
- UHH participated in the Senior Expo in 2013 and 2014 providing blood pressure screenings, massage therapy, and a display showing the sugar content in foods/drinks. In 2014 and 2015, UHH participated in the Health and Wellness Fair organized by the Aging and Disability Resource Center of Iowa County. Dietitians were available to answer nutrition questions and educate participants on the sugar content of popular drinks. A cardiac physiologist conducted lower body strength screenings. The following health screenings were offered throughout the event: Flu and Pertussis vaccinations, blood sugar testing, balance screens, fall risk screening, and blood pressure checks.
- Nearly 200 patients have received services through the UHH Medical Weight Loss program over the past three years: 2013 (53), 2014 (95), 2015 (42).
- UHH Nutrition Department provided the following nutrition educational opportunities to the community 2014-2015:
 - Six nutrition classes and 20 cooking classes to five area schools.
 - Wellness Night in Mount Horeb (100 community members participated, mainly parents and children)
 - Wellness Expo in Dodgeville (150 community members participated, age: mainly 55+)
 - Free grocery store tours at Piggly Wiggly in Dodgeville (27 community members participated)
 - Healthy nutrition presentation in Dodgeville (15 participants)
 - 2014 Senior Expo in Belmont (150 people)
 - Weekly nutrition column for Dodgeville Chronicle and Mineral Point Tribune since 2014 – also published online in the *Nutrition Made Simple* BLOG.
- UHH Wellness Center offered 11 community fitness classes with a total of 710 participants in 2013.
- Usage of the UHH Fitness Center increased from 6,667 entries in 2013 to 12,532 entries in 2015 with average use per day of 25 members. The Wellness Center provided 750 personal training sessions to community members during this timeframe.
- UHH Wellness Committee has formed two sub-groups to address physical activity and nutrition. The purpose is to focus the committee's efforts on these two areas of health. The goal is to provide information, activities, and services to support healthy lifestyle choices among staff and/or the community.
- UHH 2013 food drive exceeded the goal of \$6,000 of food donations to the local food pantry.
- UHH is one of eleven hospitals participating in the Wisconsin Healthy Community of Practice Program to help in the prevention of obesity. Each hospital is providing ideas and plans on how to improve the health of their employees and visitors in the areas of nutrition and physical activity. Ultimately, each hospital will write two new policies on these topics to be shared with the group.
- UHH has a *Fitness Walker* program that provides free indoor space for community members to walk during inclement and winter weather. In 2015, there were 1800 walks taken in the hospital hallway, averaging approximately 4 walkers per day.
- UHH holds an annual community Fun Run/Walk. Each year there has been increased attendance with 304 participants in 2015. Proceeds from the 2015 event were given to the Community Connections Free Clinic and the UHH Wellness projects.
- In 2014, all UHH employees, active medical staff physicians, and volunteers received free membership to the UHH Wellness Center.
- In 2014, the Medical Director for Cardiopulmonary Rehabilitation applied for and was granted by the UHH Foundation a \$600.00 scholarship fund to be used by Cardiac Rehab Phase 3 and Cancer Empowerment patients who are unable to afford the cost of these self-pay programs. To date, two patients have utilized this scholarship fund and were able to improve their overall health through physical activity. This fund gives an opportunity for physical activity for those that finances would otherwise prohibit.

- The Iowa County Health Department partners with the Aging and Disability Resource Center (ADRC) and Upland Hills Health to provide evidence-based prevention workshops such as “Healthy Living with Diabetes,” “Living Well with Chronic Conditions” and the “Stepping On” program to members of the community. The programs are offered at no cost to Iowa County residents and focus on preventing falls, weight management, nutrition, exercise, stress management, communication with health providers, medication management, and more ways to manage a wide variety of chronic health conditions.
- The ADRC offers a “Walk with Ease” evidence-based prevention program from the Arthritis Foundation that has both an educational and exercise component, to aide people in increasing their comfort level and ability to become more active. This is a free program for Iowa County residents.
- Prenatal care clients are often referred to the UW Extension Department for Nutrition information. WIC clinics provide nutrition education and money for healthy food.

12: Financial Hardship, Unemployment, and Underemployment

Goals

Assess the economic condition of the community and provide services to support those with financial hardship in meeting their healthcare needs.

Progress

- The UHH CEO was a participating member of the Iowa County Workforce Development Task Group. This group is currently restructuring.
- UHH contributes to the CCFC with cash donations and supplies totaling over \$250,000 from 2013 through 2015 to date. The Iowa County Health Department contributes \$1,000 annually to the CCFC.
- UHH has provided over \$1,500,000 in Uncompensated Care from January 1, 2013 through November 30, 2015.
- UHH personnel currently sit on the Dodgeville Chamber of Commerce and the Southwest WI workforce development boards.
- The Iowa County Health Department and the ADRC make referrals to the Salvation Army, Community Connections Free Clinic, Neighborhood Health Partners and public assistance programs such as Energy Assistance and BadgerCare.
- The Iowa County Health Department provides immunizations to children receiving BadgerCare and uninsured adults with vaccine provided by the Wisconsin Immunization Program.
- The UHH Foundation provides funding for breast pumps that are then given to uninsured or underinsured new mothers to support breastfeeding success.
- The Iowa County Health Department supports the Community Connections Free Clinic through some funding and allows the director to be on the Board.

13: Rural Geographic Disparities

Goals

Increase access to healthcare, health information, nutritious food, recreational facilities, and transportation and technological options in the rural communities.

Progress

- UHH provided several education topics to the rural community that included Winter Health Woes, Stroke Signs & Symptoms, Asthma, Cholesterol, Nutrition & Fad Diets, Migraines, and Allergy Season.
- Dr. Hartline led a discussion on mental health to employees of Lands' End.
- Dr. Hostetler led a discussion on reproductive health to employees of Lands' End
- Dr. Adam Dachman, Lisa Schnedler, President & CEO, and Julia Oellerich, Foundation Director participated in speaking engagements at the local Kiwanis Club.
- UHH is involved in a pilot program to initiate tele-health services in our rural clinics, including behavioral health services and nutrition counseling.
- UHH clinic patients have access to My Chart through our Epic electronic health record that allows them to access their medical record information as well as ask their provider for health advice or schedule an appointment.
- UHH providers are regularly featured on CW57's "Wisconsin Doctors." This health news program addresses important healthcare topics and how they relate to our community, including new services, latest advancements in technology and general health and wellness. Recently featured topics include: general surgery, obstetrics and gynecology, orthopedics, women's health, nutrition, birthing, pain management, rehabilitative care at the UHH nursing center, family medicine, sleep disorder, emergency care, stroke, chronic disease management, and mental health.
- UHH staff continue to evaluate transportation options within Iowa County and the surrounding areas to assist residents in accessing their health care providers. UHH recently purchased two company vehicles with plans to utilize these vehicles for after hour and weekend transportation.
- Iowa County Health Department has a strong maternal child health (MCH) program which includes home visits to at risk families who are pre and postnatal or any family requesting MCH services. An Iowa County Health Department nurse visits families residing in Iowa County.
- In 2015, a Caregiver Coalition was developed through the participation of many professionals and family caregivers. This group is focused on increasing awareness of the needs of family and natural caregivers and the value of the support they provide to the care recipient. A focus is also being placed on creating Dementia Friendly Communities and consumer self-identification with the caregiver role. UHH had staff participate in this coalition in 2015.

APPENDICES

Demographics Information

	Iowa County	Wisconsin
Demographics		
Population	23,749	5,742,713
% below 18 years of age	23.7%	22.8%
% 65 and older	16.1%	14.8%
% Non-Hispanic African American	0.5%	6.3%
% American Indian and Alaskan Native	0.2%	1.1%
% Asian	0.6%	2.5%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	1.7%	6.3%
% Non-Hispanic white	96.3%	82.5%
% not proficient in English	0.4%	1.6%
% Females	50.0%	50.3%
% Rural	79.9%	29.8%
* Male population 0-17	2,904	667,839
* Male population 18-44	3,639	1,006,168
* Male population 45-64	3,711	795,692
* Male population 65+	1,690	376,611
* Total male population	11,944	2,846,310
* Female population 0-17	2,765	638,081
* Female population 18-44	3,480	974,503
* Female population 45-64	3,613	800,422
* Female population 65+	1,962	471,621
* Total female population	11,820	2,884,627
* Population growth	0%	0%

Source: 2015 County Health Rankings, Robert Wood Johnson Foundation Program

American Community Survey for Iowa County

American Community Survey 2008-2012 Five-Year Estimates

Iowa County Summary for Persons Age 65+

The U.S. Census Bureau's American Community Survey (ACS) is an ongoing, annual survey whose results offer the same level of detail previously collected every once every ten years by the decennial Census long form questionnaire, which was discontinued after the 2000 Census. ACS data are collected from 3.5 million housing units sampled nationally (106,000 in Wisconsin) with a response rate of about 97%. Group Quarters (institutional) populations are also sampled. Thus, the Census Bureau now releases very detailed information every year instead of once a decade. Because the ACS survey sample size is smaller than what was used for the discontinued long form, the Census Bureau combines five years of this survey's results to create socio-economic statistics for every county in the nation. There are also single-year and three-year ACS data available, but they do not publish data for every county in Wisconsin. This five-year long data collection allows the results to be both statistically robust and protective of residential confidentiality. The majority of tables below are based upon the ACS five-year data for 2008-2012 comparing each of Wisconsin's 72 counties statistically to respective national averages. The single exception is the race/ethnicity category, which offers data from the Census' Annual Estimates Program.

An updated five-year dataset will be released every year excising the oldest year in the preceding sample and introducing a new one. Comparing this current county profile to preceding versions as a gauge of change over time is not advised because of overlapping years in the sample. For complete information about sampling, calculating estimates, and other aspects of the ACS, please visit the Census Bureau's ACS website at: <http://www.census.gov/acs/www/>.

Age Group Estimates	Wisconsin	Iowa Co.
Total Population - All Ages, All Races	5,687,219	23,712
60+	1,098,751	4,768
65+	783,662	3,370
75+	378,572	1,618
85+	116,549	485
% 60+	19.3%	20.1%
% 65+	13.8%	14.2%
% 75+	6.7%	6.8%
% 85+	2.0%	2.0%
Males age 65+	340,779	1,535
<i>Males as percent of 65+ population</i>	43.5%	45.5%
Females age 65+	442,883	1,835
<i>Females as percent of 65+ population</i>	56.5%	54.5%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B01001, 1/2014.</i>		
Median Age in Years	Wisconsin	Iowa Co.
Total (Males and Females, All Races)	38.5	41.4
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B01002, 1/2014.</i>		

Households with Older Members	Wisconsin	Iowa Co.
Total number of households	2,286,339	9,612
Households with one or more people 60 years and over:	745,958	3,201
<i>Percent with a member age 60+</i>	32.6%	33.3%
Households with one or more people 65 years and over:	547,441	2,357
<i>Percent with a member age 65+</i>	23.9%	24.5%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Tables B11006 and B11007, 1/2014.</i>		
Marital Status, by Sex	Wisconsin	Iowa Co.
Total Males, 65+	340,779	1,535
Males, 65+: Never Married	17,037	79
<i>% Never Married</i>	5.0%	5.1%
Males, 65+: Married, Spouse Present	239,185	1,131
<i>% Married, Spouse Present</i>	70.2%	73.7%
Males, 65+: Married, Spouse Absent (e.g., Separated)	10,896	26
<i>% Married, Spouse Absent</i>	3.2%	1.7%
Males, 65+: Widowed	43,396	205
<i>% Widowed</i>	12.7%	13.4%
Males, 65+: Divorced	30,265	94
<i>% Divorced</i>	8.9%	6.1%
Total Females, 65+	442,883	1,835
Females, 65+: Never Married	20,403	64
<i>% Never Married</i>	4.6%	3.5%
Females, 65+: Married, Spouse Present	192,655	887
<i>% Married, Spouse Present</i>	43.5%	48.3%
Females, 65+: Married, Spouse Absent (e.g., Separated)	9,988	58
<i>% Married, Spouse Absent</i>	2.3%	3.2%
Females, 65+: Widowed	176,098	673
<i>% Widowed</i>	39.8%	36.7%
Females, 65+: Divorced	43,739	153
<i>% Divorced</i>	9.9%	8.3%
Total Persons, 65+	783,662	3,370
Persons, 65+: Never Married	37,440	143
<i>% Never Married</i>	4.8%	4.2%
Persons, 65+: Married, Spouse Present	431,840	2,018
<i>% Married, Spouse Present</i>	55.1%	59.9%
Persons, 65+: Married, Spouse Absent (e.g., Separated)	20,884	84
<i>% Married, Spouse Absent</i>	2.7%	2.5%
Persons, 65+: Widowed	219,494	878
<i>% Widowed</i>	28.0%	26.1%
Persons, 65+: Divorced	74,004	247
<i>% Divorced</i>	9.4%	7.3%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B12002, 1/2014.</i>		

Disability Status, by Sex	Wisconsin	Iowa Co.
Males, 65+, Total	331,459	1,528
Males, 65+, With a Disability	107,779	497
<i>Males, 65+, % with a Disability</i>	32.5%	32.5%
Females, 65+, Total	421,534	1,723
Females, 65+, With a Disability	138,151	457
<i>Females, 65+, % with a Disability</i>	32.8%	26.5%
Total Persons, 65+	752,993	3,251
Total Persons, 65+, With a Disability	245,930	954
<i>Total Persons, 65+, % with a Disability</i>	32.7%	29.3%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B18101, 1/2014.</i>		
Age 65+ and Living Alone	Wisconsin	Iowa Co.
Persons 65+	783,662	3,370
Persons 65+ living alone	232,135	1,000
<i>% living alone</i>	29.6%	29.7%
Males age 65+	340,779	1,535
Males age 65+ living alone	64,952	315
<i>% living alone</i>	19.1%	20.5%
Females age 65+	442,883	1,835
Females age 65+ living alone	167,183	685
<i>% living alone</i>	37.7%	37.3%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Tables B01001 and B09020, 1/2014.</i>		
Population by Age and Race, July 2012	Wisconsin	Iowa Co.
Total - All Ages: Total Population	5,726,398	23,807
65+ All Races and Hispanic Ethnicity	824,500	3,715
<i>% of Total Population that is 65+</i>	14.4%	15.6%
<i>% of 65+ that is All Races and Hispanic Ethnicity</i>	100.0%	100.0%
Total - All Ages: White/Caucasian Alone	5,052,112	23,312
65+ White/Caucasian	787,147	3,696
<i>% of White/Caucasian pop that is 65+</i>	15.6%	15.9%
<i>% of 65+ that is White/Caucasian</i>	95.5%	99.5%
Total - All Ages: Black/African American Alone	373,275	109
65+ Black/African American	23,220	4
<i>% of Black/African American pop that is 65+</i>	6.2%	3.7%
<i>% of 65+ that is Black/African American</i>	2.8%	0.1%
Total - All Ages: Native American/Alaska Native Alone	62,021	37
65+ Native American/Alaska Native	4,212	1
<i>% of Native American/Alaska Native pop that is 65+</i>	6.8%	2.7%
<i>% of 65+ that is Native American/Alaska Native</i>	0.5%	0.0%

Total - All Ages: Asian Alone	140,885	137
65+ Asian	7,002	8
<i>% of Asian pop that is 65+</i>	5.0%	5.8%
<i>% of 65+ that is Asian</i>	0.8%	0.2%
Total - All Ages: Hawaiian/Pacific Islander Alone	2,640	5
65+ Hawaiian/Pacific Islander	126	1
<i>% of Hawaiian/Pacific Islander pop that is 65+</i>	4.8%	20.0%
<i>% of 65+ that is Hawaiian/Pacific Islander</i>	0.0%	0.0%
Total - All Ages: Two or More Races	95,465	207
65+ Two or More Races	2,793	5
<i>% of Two or More Races pop that is 65+</i>	2.9%	2.4%
<i>% of 65+ that is Two or More Races</i>	0.3%	0.1%
Total - All Ages: Ethnicity Hispanic/Latino (May be any Race)	355,468	379
65+ with Ethnicity Hispanic/Latino	11,398	10
<i>% of Ethnicity Hispanic/Latino pop that is 65+</i>	3.2%	2.6%
<i>% of 65+ with Ethnicity Hispanic/Latino</i>	1.4%	0.3%
NOTE: This table uses Census estimates from the most recent available year via a non-ACS program. The sum of the race and Hispanic categories exceeds total population.		

Source: U.S. Bureau of the Census, Annual Estimates Program, 1/2014.

Educational Attainment, by Sex	Wisconsin	Iowa Co.
Males: 65 years and over:	340,779	1,535
65+ Males: Less than high school graduate	62,861	256
65+ Males: High school graduate (includes equiv.)	131,783	659
65+ Males: Some college or associate's degree	69,448	304
65+ Males: Bachelor's degree or higher	76,687	316
<i>% 65+ Males: Less than high school</i>	18.4%	16.7%
<i>% 65+ Males: High school only</i>	38.7%	42.9%
<i>% 65+ Males: More than high school</i>	42.9%	40.4%
Females: 65 years and over:	442,883	1,835
65+ Females: Less than high school graduate	79,060	255
65+ Females: High school graduate (includes equiv)	208,323	935
65+ Females: Some college or associate's degree	89,139	416
65+ Females: Bachelor's degree or higher	66,361	229
<i>% 65+ Females: Less than high school</i>	17.9%	13.9%
<i>% 65+ Females: High school only</i>	47.0%	51.0%
<i>% 65+ Females: More than high school</i>	35.1%	35.1%
Persons: 65 years and over:	783,662	3,370
65+ Persons: Less than high school graduate	141,921	511
65+ Persons: High school graduate (includes equiv)	340,106	1,594
65+ Persons: Some college or associate's degree	158,587	720

65+ Persons: Bachelor's degree or higher	143,048	545
% 65+ Persons: Less than high school	18.1%	15.2%
% 65+ Persons: High school only	43.4%	47.3%
% 65+ Persons: More than high school	38.5%	37.5%

Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B15001, 1/2014.

Household Income	Wisconsin	Iowa Co.
Households with head age 65+	501,419	2,139
Household income below \$15,000	79,108	403
% with HH income below \$15,000	15.8%	18.8%
Household income below \$25,000	178,260	815
% with HH income below \$25,000	35.6%	38.1%
Household income below \$35,000	256,266	1,118
% with HH income below \$35,000	51.1%	52.3%
Household income below \$50,000	341,527	1,457
% with HH income below \$50,000	68.1%	68.1%
Household income below \$75,000	421,901	1,785
% with HH income below \$75,000	84.1%	83.5%
Household income below \$100,000	460,119	2,041
% with HH income below \$100,000	91.8%	95.4%

Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B19037, 1/2014.

Median Household Income	Wisconsin	Iowa Co.
Total, householders of all ages:	52,627	55,900
Householder under 25 years	26,183	38,456
Householder 25 to 44 years	58,554	65,080
Householder 45 to 64 years	64,947	63,324
Householder 65 years and over	34,164	33,710

Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B19049, 1/2014.

Poverty by Sex, Age 65+*	Wisconsin	Iowa Co.
Males age 65+	331,459	1,528
65+ Males in Poverty	17,926	95
% of 65+ males in poverty	5.4%	6.2%
Females age 65+	421,534	1,723
65+ Females in Poverty	39,604	205
% of 65+ females in poverty	9.4%	11.9%
Persons age 65+	752,993	3,251
Persons 65+ in poverty	57,530	300
% of persons 65+ in poverty	7.6%	9.2%

*NOTE: Totals for this table include persons for whom poverty status has been determined.

Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B17001, 1/2014.

Ratio of Income to Poverty: Age 65+	Wisconsin	Iowa Co.
Total, Age 65+*	752,993	3,251
Age 65+ below poverty	57,530	300
% of 65+ Pop below poverty	7.6%	9.2%
Age 65+: 150% of poverty or less	139,847	637
<i>% of 65+ Pop: 150% of poverty or less</i>	18.6%	19.6%
Age 65+: 185% of poverty or less	205,651	865
<i>% of 65+ Pop: 185% of poverty or less</i>	27.3%	26.6%
Age 65+: 200% of poverty or less	234,762	1,026
<i>% of 65+ Pop: 200% of poverty or less</i>	31.2%	31.6%
Age 65+: 300% of poverty or less	402,382	1,771
<i>% of 65+ Pop: 300% of poverty or less</i>	53.4%	54.5%
*NOTE: Totals for this table include persons for whom poverty status has been determined.		
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B17024, 1/2014.</i>		
Employment Status by Age and Sex	Wisconsin	Iowa Co.
MALES:		
Males age 65-74: Employed	50,298	275
<i>% Employed</i>	26.1%	31.6%
Males age 65-74: Unemployed	2,899	12
<i>% Unemployed</i>	1.5%	1.4%
Males age 75+: Employed	11,127	49
<i>% Employed</i>	7.5%	7.4%
Males age 75+: Unemployed	690	0
<i>% Unemployed</i>	0.5%	0.0%
FEMALES:		
Females age 65-74: Employed	43,989	312
<i>% Employed</i>	20.7%	35.3%
Females age 65-74: Unemployed	2,344	4
<i>% Unemployed</i>	1.1%	0.5%
Females age 75+: Employed	8,940	50
<i>% Employed</i>	3.9%	5.3%
Females age 75+: Unemployed	359	0
<i>% Unemployed</i>	0.2%	0.0%
TOTAL: Persons age 65+	783,662	3,370
Persons age 65+: Employed	114,354	686
<i>% Employed</i>	14.6%	20.4%
Persons age 65+: Unemployed	6,292	16
<i>% Unemployed</i>	0.8%	0.5%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B23001, 1/2014.</i>		

Housing Unit Tenure and Housing Costs	Wisconsin	Iowa Co.
Housing units occupied by householders age 65+	501,419	2,139
Number of units that are rentals	116,741	434
<i>Percent of units that are rentals</i>	23.3%	20.3%
Rental costs less than 30% of income	41,478	206
<i>Percent with rental costs <30% of income</i>	35.5%	47.5%
Rental costs 30% of income or more	63,289	155
<i>Percent with rental costs >=30% of income or more</i>	54.2%	35.7%
Number of units that are owner-occupied	384,678	1,705
<i>Percent of units that are owner-occupied</i>	76.7%	79.7%
Monthly owner costs less than 30% of income	269,477	1,147
<i>Percent with monthly owner costs <30% of income</i>	70.1%	67.3
Monthly owner costs 30% of income or more	112,828	536
<i>Percent with owner costs >=30% of income</i>	29.3%	31.4%
NOTE: Costs are not computed for all housing units, so sum of percent shares do not total 100%.		
<i>Source: U.S. Bureau of the Census, American Community Survey, 2006-10 Five-Year Estimates, Tables B25072 and B25093, 1/2014.</i>		

Prepared by Eric Grosso, DHS Bureau of Aging and Disability Resources, 2/2014


Healthy People 2020 : Progress Tracker




Healthy People provides a framework for prevention for communities in the U.S. Healthy People 2020 is a comprehensive set of key disease prevention and health promotion objectives. The health objectives and targets allow communities to assess their health status and build an agenda for community health improvement.






	<p>This gauge shows whether or not the County: Iowa value meets a specific target. The County: Iowa value is represented by the left bar and the target value by the right bar.</p>
	<p>This gauge shows whether the County: Iowa value is increasing or decreasing over time. A green arrow means the value is improving and a red arrow means the value is getting worse. The = (equal) sign means that there is not a significant increase or decrease since the last measurement. A blue arrow means the value being higher (or lower) is not necessarily good or bad.</p>
	<p>This gauge shows whether or not a specific target is met.</p>

Tracker for County: Iowa

Indicator	Data	Since Prior Period	Status
Access to Health Services			
Adults with Health Insurance	Current Value: 88.2%	Current Value: 88.2%	The Healthy People 2020 Target for Adults with Health Insurance has not been met. The current value is 88.2% and the target value is 100.0%. 
	Current Measurement Period: 2013	Current Measurement Period: 2013	
	Target Value: 100.0%	Prior Value: 88.4%	
	Target Type: Healthy People 2020 Target	Prior Measurement Period: 2012	
	Location: County: Iowa	Location: County: Iowa	

Indicator	Data	Since Prior Period	Status	
Children with Health Insurance Map	Current Value:	94.6%	Current Value: 94.6%	The Healthy People 2020 Target for Children with Health Insurance has not been met. The current value is 94.6% and the target value is 100.0%.
	Current Measurement Period:	2013	Current Measurement Period: 2013	
	Target Value:	100.0%	Prior Value: 95.1%	
	Target Type:	Healthy People 2020 Target	Prior Measurement Period: 2012	
	Location:	County: Iowa	Location: County: Iowa	
				

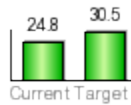
Environmental Health

Workers Commuting by Public Transportation Map	Current Value:	0.4%	Current Value: 0.4%	The Healthy People 2020 Target for Workers Commuting by Public Transportation has not been met. The current value is 0.4% and the target value is 5.5%.
	Current Measurement Period:	2009-2013	Current Measurement Period: 2009-2013	
	Target Value:	5.5%	Prior Value: 0.4%	
	Target Type:	Healthy People 2020 Target	Prior Measurement Period: 2008-2012	
	Location:	County: Iowa	Location: County: Iowa	
				

Indicator	Data	Since Prior Period	Status
Nutrition and Weight Status			

Adults who are Obese Map

Current Value:	24.8%	Current Value:	24.8%
Current Measurement Period:	2008-2010	Current Measurement Period:	2008-2010
Target Value:	30.5%	Prior Value:	26.8%
Target Type:	Healthy People 2020 Target	Prior Measurement Period:	2007-2009
Location:	County: Iowa	Location:	County: Iowa



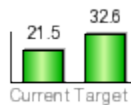
The Healthy People 2020 Target for Adults who are Obese has been met. The current value is 24.8% and the target value is 30.5%.



Physical Activity			
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Adults who are Sedentary Map

Current Value:	21.5%	Current Value:	21.5%
Current Measurement Period:	2012	Current Measurement Period:	2012
Target Value:	32.6%	Prior Value:	22.1%
Target Type:	Healthy People 2020 Target	Prior Measurement Period:	2011
Location:	County: Iowa	Location:	County: Iowa



The Healthy People 2020 Target for Adults who are Sedentary has been met. The current value is 21.5% and the target value is 32.6%.



Indicator	Data	Since Prior Period	Status
Substance Abuse			
Adults who Drink Excessively Map	Current Value:	26.4%	Current Value: 26.4%
	Current Measurement Period:	2006-2012	Current Measurement Period: 2006-2012
	Target Value:	25.4%	Prior Value: 25.6%
	Target Type:	Healthy People 2020 Target	Prior Measurement Period: 2005-2011
	Location:	County: Iowa	Location: County: Iowa
	 <p>26.4 25.4 Current Target</p>		<p>The Healthy People 2020 Target for Adults who Drink Excessively has not been met. The current value is 26.4% and the target value is 25.4%.</p> 

Entities Involved in Developing the Plan

Community Health Needs Assessment Collaborative Group Team Members

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

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

Rachel Hartline, MD, Upland Hills Health, Inc.

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

Rebecca Tank, RN, Cardiopulmonary Rehabilitation, Upland Hills Health, Inc.

Rebecca Wetter, ADRC Manager, Aging and Disability Resource Center (ADRC) of Southwest Wisconsin, Iowa County

Sarah Chase, Administrative Assistant/Accounting Specialist, Upland Hills Health, Inc.

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

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

Sue Nondorf, RN, Acute Care Services, Upland Hills Health, Inc.

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

Community Members Providing Input Through Town Hall Meetings

Upland Hills Health conducted Community Forums in seven different communities throughout its service area.

Attendance was very good throughout each location. Community members shared their insight and suggestions for improving healthcare services in each of their rural areas. The need for increased access to services was the general theme, which included nutrition/weight loss education, wellness/fitness, physical therapy, sports medicine, mental health, extended hours of business, and access to specialists.

Mineral Point

Would like to see us:

- Work with the schools to improve nutrition
- Educate parents on the difference between good physical activity and activity overload = stress = eating fast = unhealthy eating
- Help improve access to mental health services
- Help residents better understand their insurance options
- Look at the study done by Paul Ohlrogge – UW Extension Water Quality Study

Barneveld

- Help open access to physical therapy services at the Dean Clinic in Barneveld for the less-known insurance companies
- Speak to the “Over 55 Club” in Barneveld
- Explore Home Health program under which Medicaid would pay for 5 diagnoses - \$150 per pt. to do 1 visit and 4 follow up calls (AM1, Diabetes, etc.)
- Start a Wellness Program through provider – incentives for joining CSA, walking, grocery store tours etc.
- Barneveld does not have a grocery store – nearest is Verona or Dodgeville
- Kudos for Dr. Mullin because “he takes time”
- Poor perception of hospital (old) and emergency

Highland

- Develop a new clinic – located downtown
- Work with their Charter School on physical fitness, health, etc.
- Combine grocery/clinic/physical therapy (sports rehab) clinic/pharmacy/fitness center
- “This town has a lot of walkers”

Spring Green

- Promote that SG is 18 miles to Dodgeville and 24 miles to Sauk
- Know that they listen to the Dodgeville WDMP 99.3, WI Public Radio, and WRCO Radio; Home News; River Valley Buyers Guide; Billboard stands out
- They like to read posters
- They would like for us to take part in 4PetesSake
- Would like us to explore athletic trainers at school and events (Sauk does this)
- Need better signage on Spring Green clinic – residents can't find it/ don't know it exists – or think it is an insurance company, etc.; perpendicular to the building so it's visible as you drive down Jefferson (if City allows) – emphasize the word CLINIC
- Make the clinic more handicapped accessible – currently not so good for physical therapy
- Promote Walk-in clinic
- Extended hours to accommodate working people and commuters
- Explore industrial health with local industries and businesses – i.e., Cardinal Glass; Kramer Brothers in Plain WI; Lands End
- Have healthy treats in clinics for children
- Would like us to get more involved with EMS (their first reaction is to send patients to Sauk)
- Suggest we speak to the new School Administrator – Tom Wermuth
- Suggest physicians attend local events
- Suggestions for a new clinic building might be: near Culvers, Old Post Office; add radiology/lab
- More visiting specialists, not just Dean (Sauk is getting providers from UW)
- Barriers: curvy road; no rental properties to entice elders to settle in SG; no senior housing

Dodgeville

- Appreciates the services that are offered; love fitness center and massages
- Would like to have us present this information to other community groups
- Would like us to be supportive of the Memory Garden group
- Add a weight loss support group (which we have but it has not been promoted publicly)
- Add virtual tours on the website
- Consider building: Indoor pool, outdoor walking path
- Promote home care and hospice better
- Get Upland Hills Health on the radio more

Montfort

- Attendees love the clinic
- Would like the clinic to have extended hours
- Expressed appreciation of Catherine and of Dr. Lehmann
- Promote that same day appointment is often possible
- Liked the fact that we offered sports physicals in the school
- Asked about Telehealth and if the pharmacy might come back to Montfort

Hollandale

- Appreciated all of the services that are offered by UHH
- Would like more information on UHH services and programs
- Appreciated Dr. Peterson (Dermatology)
- Had questions about what insurance plans we accept

Community Connections Free Clinic Patrons

The Community Connections Free Clinic (CCFC) was started in 2006 to provide free basic health care and ancillary medical services for uninsured, low-income residents of Iowa County and the surrounding areas. In 2015, CCFC performed 818 provider visits, 673 nursing visits and 439 Prescription Assistance contacts were made. Almost half of the clients of the CCFC are working poor, being employed either full or part-time. Approximately, 30% of the clients seen were born outside of the United States and all ages are served.

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

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

Upland Hills Health Staff

UHH Wellness Committee currently has 2 physicians, 10 hospital employees, and 1 Nursing and Rehab employee. 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. Through the years the Wellness Committee has been a leader in sponsoring wellness projects both in-house and throughout Iowa County. The committee has recently formed two groups to better focus on physical activity and nutrition within the hospital and rehab center.

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

Other

Iowa County Health Department: Attended Upland Hills Community Needs Assessment meetings and provided data for committee members to review. An assessment of the progress Iowa County Health Department has made with the 13 previously identified goals was prepared and shared with the CHNA Team. Worked collaboratively to discuss and set obtainable goals for the next implementation plan.

The Aging and Disability Resource Center (ADRC) of Southwest Wisconsin: 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 assistance in identification and connection to appropriate resources.

Focus Group Questions to Ask CCFC Patrons

What are the greatest health needs in our community?

Thank you for taking the time to answer the questions below. It will help us discover how we may help you and our community grow healthier.

1. This is a list of "health problems." Please choose how much impact each health problem has on the health of our community. (A lot of impact, Some impact, Very little impact or does not apply to us)

a. Cancer	A lot	Some	Very little
b. Obesity	A lot	Some	Very little
c. Heart Disease and Stroke	A lot	Some	Very little
d. High blood pressure	A lot	Some	Very little
e. Diabetes	A lot	Some	Very little
f. Breathing Problems/Lung Disease	A lot	Some	Very little
g. Mental Health Problems	A lot	Some	Very little
h. Violence at Home	A lot	Some	Very little
i. Child Abuse or Neglect	A lot	Some	Very little
j. Teenage Pregnancy	A lot	Some	Very little
k. Suicide	A lot	Some	Very little
l. Dental Problems	A lot	Some	Very little
m. Aging Problems	A lot	Some	Very little
n. Gun Related Injuries	A lot	Some	Very little
o. Vehicle related Injuries	A lot	Some	Very little
p. Rape/Sexual Assault	A lot	Some	Very little
q. Sexually Transmitted Disease	A lot	Some	Very little
r. Infectious Disease	A lot	Some	Very little
s. HIV/AIDS	A lot	Some	Very little
t. Infant Death	A lot	Some	Very little
u. Homicide/murder	A lot	Some	Very little
v. Terrorism	A lot	Some	Very little

2. This is a list of "risky behaviors." Think about your community. Are these behaviors a big problem, a small problem or not a problem at all?

a. Drug abuse	Big problem	Small problem	Not at all
b. Alcohol abuse	Big problem	Small problem	Not at all
c. Being overweight	Big problem	Small problem	Not at all
d. Poor eating habits	Big problem	Small problem	Not at all
e. Not getting medical care when its needed	Big problem	Small problem	Not at all
f. Not getting enough exercise	Big problem	Small problem	Not at all
g. Tobacco use	Big problem	Small problem	Not at all
h. Dropping out of school	Big problem	Small problem	Not at all
i. Not getting 'shots' to prevent disease	Big problem	Small problem	Not at all
j. Unsafe sex	Big problem	Small problem	Not at all
k. Not using birth control	Big problem	Small problem	Not at all
l. Not using seat belts/not using child safety seats	Big problem	Small problem	Not at all
m. Feeling threatened (example: experiencing racism age or gender prejudice, etc.)	Big problem	Small problem	Not at all
n. Not getting medical care when pregnant	Big problem	Small problem	Not at all

(continued)

3. Please look at the issues listed below. Please choose how often you experience each issue. (Often, Sometimes, Never)

- | | | | |
|---|-------|-----------|-------|
| a. I struggle with mental health problems. | Often | Sometimes | Never |
| b. It is difficult for me to drive or find a ride to places I need to go. | Often | Sometimes | Never |
| c. I do not get much exercise. | Often | Sometimes | Never |

4. What is your gender identity? (Circle one.)

- a. Female
- b. Male
- c. Female to male transgender
- d. Male to female transgender
- e. Other
- f. Decline answering

5. How old are you? (Circle one.)

- a. 18-19
- b. 20-29
- c. 30-39
- d. 40-49
- e. 50-59
- f. 60-69
- g. 70-79
- h. 80+

6. What town or village do you live in or near? (Circle one.)

- a. Arena
- b. Avoca
- c. Barneveld
- d. Belmont
- e. Blanchardville
- f. Blue Mounds
- g. Cobb
- h. Darlington
- i. Dodgeville
- j. Edmund
- k. Highland
- l. Hollandale
- m. Fennimore
- n. Linden
- o. Livingston
- p. Lone Rock
- q. Mineral Point
- r. Montfort
- s. Mount Horeb
- t. Muscoda
- u. Rewey
- v. Ridgeway
- w. Spring Green

7. If you are concerned about a health issue that has not been mentioned in this survey, please describe it here.

Thank you for taking this survey!

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 required 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. The local ADRC is accountable for the implementation of programs for older individuals and adults with disabilities who are residing in Iowa County, Wisconsin.

In 2015, an environmental scan was completed to develop the Iowa County Plan on Aging for 2016-2018. This scan included group brainstorming and individual interviews with individual stakeholders and ADRC representatives. A Public Hearing was also widely advertised and held in August 2015 at the Senior Dining Site located in Dodgeville.

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

- What do you see as some of the biggest challenges to remaining in your home as you age?
- What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?
- How would you answer these questions as it relates to your family, friends/neighbors, or others you know?
- What would make it easier for you to be involved in providing input into the ADRC and the services it provides?
- What ideas might you have for new programs?
- Are there improvements in our current programs that you would like to see?
- What would the ideal nutrition program look like to you?
- Are there barriers for you to participate in the nutrition program?
- What are the most important issues faced by caregivers?
- Are there opportunities to reach out to caregivers that are not being explored?
- What needs do a person with Dementia and their families need but are unable to obtain?
- What is available in our community for people with Dementia that is working well?
- Have you attended one of our evidence based health promotion workshops?
- What does healthy aging mean to you?
- What are one or two things that you do currently to stay healthy?
- What barriers exist in our community for people who want to get or stay healthy? To participate in wellness activities or programs?