Sawyer County
Healthier Together
Community Health Improvement Plan • 2023 - 2025
ACKNOWLEDGEMENTS

Information contained within this report and the associated work to develop and implement our 2023-2025 Community Health Improvement Plan would not have been possible without the dedication of many individuals and organizations. To everyone, who provided data, feedback and attended focus groups, we are extremely grateful.

Special thanks to Clare Janty, Physician Assistant and Master Certified Life Coach who guided our work throughout the process. Her master facilitation skills and perspective as an independent and unbiased consultant helped us interpret the survey findings, challenged us to gather information from groups and individuals who were missing from survey data and lead our focus groups in a SWOT Analysis to gather feedback on our communities Strengths, Weaknesses, Opportunities and Threats related to Community Health. She expertly led the process and worked with us to develop this comprehensive report.

We would also like to thank our community for participating in our survey and community focus groups and offering a great deal of additional information providing perspective of what truly matters to you. We were overwhelmed by the participation and attribute that to your heartfelt desire to improve the health and wellness of the residents of our region. We look forward to working with you to implement the 2023-2025 Community Health Improvement Plan (CHIP).

Thank you,

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INTRODUCTION

Wisconsin hospitals and health departments are required to actively engage their communities in developing and implementing Community Health Improvement Plans (CHIP). A CHIP is intended to identify, prioritize and address health needs within a community.

Health departments must regularly and systematically, collect, analyze and make available information about the health of the community (Wisconsin State Statute 251.05). This includes statistics on health status, community health needs and epidemiological and other studies of health problems. Health departments are also required to develop public health policies and procedures which involve engaging policymakers and the general public to determine and develop a Community Health Improvement Plan every five years. The required process directly aligns with Sawyer County Public Health’s mission to respond to the health and safety of Sawyer County residents and promote the self-sufficiency and general welfare of the individual and community.

Under the Affordable Care Act, not-for-profit hospitals are required to conduct a community health needs assessment a minimum of every three years to ensure they are addressing the health needs of their communities as well as fulfilling their requirements for tax-exempt status. Further, the assessment must consider input from persons representing the broad interests of the community, including a public health department and members of the underserved, low-income and minority populations.

With the mission to improve the health status of the people of the Hayward area, Hayward Area Memorial Hospital and Water’s Edge (HAMHWE) is a not-for-profit organization serving the residents of Sawyer, Washburn, Bayfield and Douglas counties. HAMHWE is a 25-bed critical access hospital, 50-bed skilled nursing care center and 40 unit senior apartment complex, serving a population of over 18,000 people.

The majority (approximately 68%) of all patients at HAMH originate from the communities of Couderay, Exeland, Hayward, Ojibwa, Radisson, Stone Lake and Winter within Sawyer County, which is considered the hospital’s primary service area. With such a large percentage of those served by HAMHWE living in Sawyer County the hospital has partnered with Sawyer County Public Health to conduct their Community Health Needs Assessment. Working together we can collaborate and leverage our resources to their best use and engage more community members to fulfill our missions and become health champions for health improvement in the region.

“Some residents know they need to make better health choices but don’t have the confidence or resources to help them do it. They may benefit from some sort of life coach, mentor or counselor.”

Anonymous comment from 2021 survey respondent
The process to assess the Health of the Community was completed in four phases:

1. Review of 2020-2022 Community Health Improvement Plan
2. Complete a Community Health Needs Assessment using a Community Survey & Focus Groups
3. Identify the Priorities
4. Create a Priority Action Plan

Summary of Community Health Improvement Progress 2020-2022

Each quarter a CHIP progress report was developed and shared with the Hayward Area Memorial Hospital Board of Directors; annual reports were also submitted to the Internal Revenue Service as required. The 2020-2022 fiscal year reports were reviewed and evaluated prior to developing the new CHIP.

The COVID-19 Pandemic

The pandemic has been our Community Improvement priority for two out of the three years of the 2020-2022 CHIP. COVID has made progress on the identified goals difficult because time and resources have been dedicated to managing the pandemic. However, we are proud of how our community has worked together throughout the pandemic and believe collaboration has strengthened our partnerships and relationships between:

- Hayward Area Memorial Hospital
- Sawyer County Public Health
- LCO Community Health Center
- NorthLakes Community Clinic
- Essentia Health – Hayward
- Sawyer County Emergency Management

Together we implemented:

- Curbside Testing
- COVID Phone Hotline
- Respiratory Clinic

Our collaborative efforts allowed us to improve information distribution to the community by:

- Sharing our vision and plan to manage the pandemic
- Developing and releasing joint and consistent messages
- Sharing communication tools and resources

Despite the pandemic we did still make progress on our identified goals as outlined below.

Mental Health

Goal 1: Improve the community crisis response. Develop a comprehensive community behavioral health crisis response plan which includes decision making points for those responding to the crisis.

- Focus on bringing county law enforcement groups together to clarify roles and increase understanding of community resources. Significant improvements in communication channels between all agencies have been reported with greater collaboration and improved response to serve the needs of the community. In December 2019, a core group of Hayward health crisis professionals was identified to respond and assist those in need.
Goal 2: Educate, inform and share behavior health resources with community and agencies. Create a mental health resource guide similar to Mental Health Task Force of Polk County [http://mental-healthpolk.org](http://mental-healthpolk.org).

Goal 3: Develop safety and crisis response plan for those with dementia. Implement the “Purple Tube Project” and work with the Mental Health priority group to incorporate over 60 age group into the community crisis response plan. Measure the number of tubes in homes.

The goal of the Purple Tube Project is to assist families and first responders by providing information which may be helpful in the event of a medical or behavioral emergency for those suffering from dementia.
• In November 2019, the Purple Tube Project was initiated, developed and funded by HAMHWE. The first purple tube was placed in a home in December 2019. To date a total of five Purple Tubes have been placed in homes in Sawyer County. Partners of the program include: LCO Elder Services, Aging and Disability Resource Center of the North, LCO Health Care Center, Sawyer County Sheriff’s Department, City of Hayward Police, Inclusa, LCO Tribal Police and Senior Resource Center. The ADRC and Inclusa continue to provide tubes to their eligible members.

Goal 4: Assess opportunities related to chronic disease management. Work with area physicians and healthcare professionals to determine how we can help patients manage chronic diseases.

• Within the initial plan the goal was deferred until 2021 and continues to be deferred due to lack of physician and healthcare professional resources because of their focus on managing the COVID-19 pandemic.

Substance Abuse

Goal 1: Prevention - Establish representation for each of the twelve community sectors on the Sawyer County LCO Joint Prevention Programming Coalition.

COMMUNITY EDUCATION

▶ Anti-Vaping presentations held April 1, 2019 and October 24, 2019 working with American Lung Association, HAMHWE, Sawyer County Public Health, Hayward Community School District, LCO, Marshfield Clinic and Northwest WI Tobacco-Free Coalition

▶ ‘Fatal Vision’ presentations held in the Hayward & Winter schools middle school students in December 2019. ‘Fatal Vision’ uses google to simulate alcohol impairment and are used as a preventative method to changes attitudes and behaviors by educating participants about the consequences of impaired driving.

▶ Addiction Education offered to area businesses, May 2019.

HAMH SERVICE OFFERINGS

▶ Nitrous oxide as an alternative to pain management during childbirth in April 2019.

▶ Advanced Pain Management Services of HAMH launched in November 2020, offering treatment alternatives to pain medication and working to improve access to pain management services for those dealing with chronic pain. Patient access has seen significant improvements with the time from referral to appointment being reduced from three months to 14-21 days.

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HAMH Supported Safe & Sober Advertising Radio Campaign during the 2019 holiday season.

Sawyer County Public Health is conducting a gap analysis of substance abuse services to determine what was lost during the COVID Pandemic and what is currently available. Information will be used to realign efforts of the Prevention group. Sawyer County is also anticipating receipt of opioid settlement funds that must be used to build public health systems to respond to the opioid crisis and prevent future addiction.

**Goal 2:** Treatment - Reduce the stigma of addiction by implementing a minimum of three community education initiatives.

- In December 2019, HAMH Emergency Department began partnering with Lac Courte Oreilles Tribal officials to improve plans to help people once they are identified as needing treatment support. This program was paused due to the pandemic.

**Goal 3:** Recovery - Work with the community to create a minimum of one recovery friendly practice.

- Alternative to Opioids (ALTO) program implemented by HAMH in February 2019, and continued throughout the calendar year. From February 2019 to July 2019 a 15% reduction in opioid distribution was recorded at HAMH.

- In November 2019, HAMH began offering Suboxone and Subutex, drugs used to treat those addicted to opioids to Obstetric patients.

- HAMHWE sponsored the following Recovery support groups and programs. Unfortunately, many were discontinued to the COVID Pandemic:
  - Weekly AA Meetings that had been held at HAMH each Thursday evening have been relocated to First Lutheran Church.
  - Celebrate Recovery Dinners held the third Tuesday of every month at the Wesleyan Church were discontinued.
  - Sobriety Friday Events held at Lac Courte Oreilles Tribal Center were discontinued.

“I think our community should have a health fair once or twice a year in the warmer months, maybe one spring and one fall. A tent hosting free health screenings, educational posters with staff willing to talk about them, flyers on different topics including resources available. Maybe some simple games and prizes for kids. Also when our community meets us they will feel more connected to us and thus more comfortable coming in to get the help they need when they need it.”

Anonymous comment from 2021 survey respondent
ASSESSMENT: COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

The process began in March 2021, when the Hayward Area Memorial Hospital created a 14 question digital survey. Survey questions were drafted based on the goals of Wisconsin’s Healthiest Wisconsin 2020 plan and mirrored several of the survey questions from the organization’s 2018 Community Health Needs Assessment survey.

Online surveys were distributed via email, using targeted social media channels and linked to the hospital’s website.

Survey awareness was also promoted via a press release, social media announcements and the local radio program Lifestyles North. Due to the COVID-19 pandemic there were a few populations where paper surveys were warranted including 200 distributed to Sawyer County Senior Resource Center Meals on Wheels participants. Their survey results were manually entered into the Survey Monkey database tool.

There were over 770 survey responses, which significantly surpassed previous surveys (2018 Survey-547 Respondents). Survey data collected included demographics of age, race, gender, income level and zip code.

INTERNAL RECIPIENTS OF SURVEY
- HAMHWE Staff, Providers, Volunteers and Partners
- Water’s Edge Tenants, Residents and Families
- HAMHWE Family Advisory Council
- HAMHWE Board of Directors
- Sawyer County Employees

EXTERNAL SURVEY DISTRIBUTION
- Area Schools for distribution to Staff and Families (Hayward, LCO, Winter, Northwoods, Birchwood)
- Essentia Health-Hayward and NorthLakes Clinic-Hayward Staff
- Northwest Connection Family Resource Center
- Greater Hayward Area Ministerial Association
- Regional Chambers of Commerce for distribution to business members (Hayward, Cable, Winter)
- Sawyer County/LCO Economic Development
- American Birkebeiner Ski Foundation Volunteers and other area volunteer distribution lists.

DEMOGRAPHICS

SAWYER COUNTY POPULATION DATA

- Total Population 18,074
- 65 Years or older 26.7%
- Native American 17.7%
- 0 - 17 years old & Living in Poverty 26.2%
- Under 65 with a Disability 9.9%

AGE

77% of the respondents were between 25-74 years of age with the largest response grouping in the age range of 55-64. Ages 17 and under made up .13% of the respondents.

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GENDER
70% female and 30% male

ETHNICITY
92% identified as Caucasian and 4% as Native American

HOUSEHOLD INCOME
The income range was from $15,000 to greater than $150,000 with largest segment indicating they were within the $50,000 to $74,000 range.

16% chose not to answer the household income question.

10% responded to an income under $30,000
16.08% $100,000-150,000
16.34% Choose Not to Answer
9.93% $30,000-49,999
18.95% $50,000-75,000
18.43% $75,000-99,000
10.72% Under $15,000
3.01% $15,000-29,999

EDUCATION
Bachelor's Degree 30.20%
Associate's Degree 21.44%
High School Graduate or Equivalent (GED), 13.99%
Master's Degree or Higher, 25.75%
5.23% Other
.65% Less than a High School Diploma
2.75% Choose Not to Answer

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A series of questions related to access to Primary Care have been part of the 2015, 2018 and 2021 Community Health Needs Assessment Surveys.

**In the past year, was there a time when you or a member of your household needed health care services, but did not get or delayed medical services?**

- **May, 2021 (n=767)**
  - Yes: 35.98%
  - No: 64.02%
- **Aug., 2018 (n=543)**
  - Yes: 40%
  - No: 60%
- **Nov., 2015 (n=241)**
  - Yes: 28%
  - No: 65%

**If yes, what were the three most important reasons why you did not?**

- Cost is too high (40.19%)
- Transportation Problems (34.16%)
- Too long to wait for an appt (29.44%)
- Clinic was not open when I could go (27.81%)
- Provider Cancellation Due to COVID (26.97%)
- Nervous or afraid (24.62%)
- Not treated with respect (24.19%)
- Insurance won't cover it (23.73%)
- No insurance (21.26%)
- Cost is too high (18.13%)
- Transportation Problems (17.08%)
- Clinic was not open when I could go (15.40%)
- Provider Cancellation Due to COVID (13.23%)
- Nervous or afraid (12.81%)
- Not treated with respect (11.97%)
- Insurance won't cover it (10.72%)
- No insurance (9.83%)

**In your experience what is the average length of time to schedule an appointment with your primary care provider?**

- 1-4 days (47.09%)
- 4-7 days (35.18%)
- 8-11 days (14.28%)
- 12-14 days (1.68%)
- 15+ days (1.48%)
- Does not apply (2.69%)

**2018 Answered: 543, Skipped: 4**

**2021 Answered: 748, Skipped: 22**
According to the 2021 County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation, Sawyer County is ranked 68th for health outcomes and 66 for health factors out of 72 counties.

<table>
<thead>
<tr>
<th>County</th>
<th>Health Outcomes</th>
<th>Health Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>69</td>
<td>71</td>
</tr>
<tr>
<td>Ashland</td>
<td>63</td>
<td>41</td>
</tr>
<tr>
<td>Barron</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Bayfield</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Brown</td>
<td>31</td>
<td>21</td>
</tr>
<tr>
<td>Buffalo</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Burnett</td>
<td>55</td>
<td>67</td>
</tr>
<tr>
<td>Calumet</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Chippewa</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Clark</td>
<td>51</td>
<td>68</td>
</tr>
<tr>
<td>Columbia</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td>Crawford</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td>Dane</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Dodge</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td>Door</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

The chart to the left shows how the measures come together to provide a profile of community health.

For more information go to: https://www.countyhealthrankings.org/
Focus Group Participants where asked the following questions:

- What could be done to improve the health of residents of your county?
- What is preventing the residents of Sawyer County from achieving optimal health?
- Where should we focus our efforts?

FOCUS GROUP FINDINGS (SWOT ANALYSIS)

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Community Walking Trails</td>
</tr>
<tr>
<td>Community Resources (although awareness of services was identified as a weakness)</td>
</tr>
<tr>
<td>Exceptional Medical Resources in a low populated area</td>
</tr>
<tr>
<td>Appreciation for Conducting the Survey</td>
</tr>
<tr>
<td>“Thank you for doing the survey.”</td>
</tr>
<tr>
<td>Appreciation for Public Health and Hospital</td>
</tr>
<tr>
<td>“Thank you for all you are doing to improve our community.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Mental Health Services</td>
</tr>
<tr>
<td>“Healthcare is crisis driven.”</td>
</tr>
<tr>
<td>“Primary provider shortage and lack of access to specialty care locally.”</td>
</tr>
<tr>
<td>Lack of Transportation for Medical Appointments</td>
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<tr>
<td>Lack of Home Health Care in Region</td>
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<tr>
<td>Lack of After School and After Hours Appointments</td>
</tr>
<tr>
<td>Limited Ancillary Care Workers such as C.N.A.s</td>
</tr>
<tr>
<td>Uneven Distribution of Services Throughout the County</td>
</tr>
</tbody>
</table>

The three reviewed survey demographics and discussed what demographics were missing, such as those who do not have electronic access or choose not to respond to surveys in this manner. Additional consideration was focused on those experiencing health inequities, those at the ends of the age spectrum, both teen and older adults, and the low participation rate of the Native American population. Based on 2020 United States Census data, 17.7% of the population is Native American, but only 4.2% of the survey respondents identified as Native American. Time constraints for working adults who may not have taken the time to complete the survey were also considered.

Focus groups targeted to these populations were invited to scheduled Zoom meetings. Over the course of five weeks, four Zoom focus group meetings were completed. Zoom participants were very honest and open in sharing their perspectives and their desires for improving the health of the Sawyer County community. The Zoom conversations included a SWOT analysis (strengths, weaknesses, opportunities, threats or challenges).
## Opportunities

<table>
<thead>
<tr>
<th>Improved Collaboration Between Agencies</th>
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</thead>
<tbody>
<tr>
<td>Provide More Health Education on Prevention and Mental Health</td>
</tr>
<tr>
<td>More Affordable Housing</td>
</tr>
<tr>
<td>Safe Gathering Place for Youth</td>
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<tr>
<td>Community Wellness Center</td>
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</table>

## Threats (Challenges)

<table>
<thead>
<tr>
<th>Limited Time</th>
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<tbody>
<tr>
<td>Cost of Healthcare</td>
</tr>
<tr>
<td>Rising Housing Costs (Recreational enthusiasts’ interest in second homes contributing to demand on rising costs.)</td>
</tr>
<tr>
<td>Size of County – Physical Distance to Travel</td>
</tr>
<tr>
<td>Great Number of Needs in Many Areas</td>
</tr>
<tr>
<td>Limited Energy &amp; Resources to Impact Desired Changes</td>
</tr>
</tbody>
</table>

### Supporting Data 2019

#### PLACES DATA (CDC.GOV/PLACES/)

- Estimated prevalence of fair or poor health among adults 18 years and older was 19.9% in 2019.

- Estimated prevalence of mental health not good for >=14 days among adults aged 18 and older was 13.5% in 2019 (age-adjusted was 15.6%)

- Estimated prevalence of physical health not good for >=14 days among adults aged 18 and older was 15.2% in 2019 (age-adjusted was 13.0%)

- Estimated prevalence of binge drinking among adults aged 18 years and older was 18.6% in 2019 (age-adjusted 23.6%)

#### ADULTS 18 AND OLDER AGE-ADJUSTED PREVALENCE DATA FOR 2019

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.8% have high blood pressure</td>
<td></td>
</tr>
<tr>
<td>29% have high cholesterol</td>
<td></td>
</tr>
<tr>
<td>2.9% kidney disease</td>
<td></td>
</tr>
<tr>
<td>6.4% COPD</td>
<td></td>
</tr>
<tr>
<td>6.1% heart disease</td>
<td></td>
</tr>
<tr>
<td>9.1% diabetes</td>
<td></td>
</tr>
<tr>
<td>20.6% depression</td>
<td></td>
</tr>
<tr>
<td>34% obesity</td>
<td></td>
</tr>
<tr>
<td>3.3% stroke</td>
<td></td>
</tr>
<tr>
<td>25.6% arthritis</td>
<td></td>
</tr>
</tbody>
</table>
The community at large was included by distributing a survey to the service area of Hayward Area Memorial Hospital including Sawyer County and portions of Bayfield, Douglas and Washburn counties. Survey participants were asked to pick the top three community health issues as identified in Healthiest Wisconsin 2020.

The findings correspond to the priorities in the 2018 survey.

Identified Needs

Based on the SWOT Analysis participants were asked to identify their top three focus areas for the 2023-2025 health improvement plan.

<table>
<thead>
<tr>
<th>Digital Survey</th>
<th>Senior Focus Group</th>
<th>Native American Focus Group</th>
<th>Young Adult Focus Group</th>
<th>Vulnerable Adult Focus Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Drug Abuse</td>
<td>Dementia Care</td>
<td>Mental Health</td>
<td>Age Appropriate Recovery Groups</td>
<td>Dementia Long Term Care Placement</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Transportation</td>
<td>Trauma Resources</td>
<td>Mental Health</td>
<td>Home &amp; Respite Care Services</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Affordable Housing</td>
<td>Culturally Sensitive Healthcare</td>
<td>Safe Place in Community to Socialize</td>
<td>Worker Shortage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Affordable Assisted Living</td>
</tr>
</tbody>
</table>

Mental health, including care for caregivers showed up in all groups. Alcohol and drug abuse, recovery resources and trauma informed care were also identified as a common thread. Another area of common agreement was the need to increase community awareness of available resources.

Continued on page 16
## Community Health Issues

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Concern</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Alcohol/Drug Use</strong>&lt;br&gt;(alcoholism, impaired driving, alcohol/Substance Abuse related injuries/deaths, access to alcohol/substance abuse treatment programs)</td>
<td>665</td>
</tr>
<tr>
<td>2</td>
<td><strong>Mental Health</strong>&lt;br&gt;(access to mental health professionals, suicide, depression, other mental disorders)</td>
<td>547</td>
</tr>
<tr>
<td>3</td>
<td><strong>Chronic Disease</strong>&lt;br&gt;(diabetes, cancer, heart disease, lung diseases, etc.)</td>
<td>289</td>
</tr>
<tr>
<td>4</td>
<td><strong>Communicable Disease</strong>&lt;br&gt;(COVID, Tuberculosis, tick-borne illnesses, whooping cough, food-borne illnesses, sexually transmitted diseases, chickenpox, measles)</td>
<td>148</td>
</tr>
<tr>
<td>5</td>
<td><strong>Injury &amp; Violence</strong>&lt;br&gt;(recreational activity injuries, car accidents, battery, assault, gang-related violence, homicide)</td>
<td>133</td>
</tr>
<tr>
<td>6</td>
<td><strong>Nutrition</strong>&lt;br&gt;(access to healthy foods at reasonable prices, education regarding nutrition)</td>
<td>131</td>
</tr>
<tr>
<td>7</td>
<td><strong>Growth &amp; Development</strong>&lt;br&gt;(optimal opportunities for physical, behavioral, cognitive and emotional growth and change across the lifespan)</td>
<td>107</td>
</tr>
<tr>
<td>8</td>
<td><strong>Physical Health</strong>&lt;br&gt;(access to workout facilities, public recreation, walking/biking trails, weather conditions)</td>
<td>79</td>
</tr>
<tr>
<td>9</td>
<td><strong>Tobacco Use</strong>&lt;br&gt;(access to tobacco, education about health implications, access to quit programs)</td>
<td>63</td>
</tr>
<tr>
<td>10</td>
<td><strong>Environmental &amp; Occupational</strong>&lt;br&gt;(safe supply of food and drinking water, disposal of toxic wastes, air/water/noise pollution, safe work environments)</td>
<td>50</td>
</tr>
<tr>
<td>11</td>
<td><strong>Oral Health</strong>&lt;br&gt;(access to dental services)</td>
<td>33</td>
</tr>
<tr>
<td>12</td>
<td><strong>Reproductive &amp; Sexual Issues</strong>&lt;br&gt;(access to family planning services, birth control availability, sexually transmitted disease education)</td>
<td>27</td>
</tr>
</tbody>
</table>
IDENTIFYING THE NEEDS: SUPPORTING DATA

Dementia

In 2015, it was estimated that 115,000 people in Wisconsin had dementia. By 2040, that number is expected to increase to 242,000 persons with dementia.

The map to the right shows the percent of each county's population projected to be age 65 and older in the year 2015. Currently over 26% of Sawyer County's population is 65 or older.

This population is expected to significantly increase in all counties over the next 25 years.

In Wisconsin, the population is rapidly aging in rural areas, and is most pronounced in the northern half of the state.

The increase is projected to occur at an above average rate in this portion of the state. These counties have moderate to high rates of poverty, based on U.S. Department of Agriculture data, as well as a higher level of health concerns per County Health Rankings.

By 2040, 18 counties in Wisconsin are projected to have at least 33% of their total population ages 65 and older. Three of these counties are estimated to reach 40%.
Opioid Crisis

It has long been recognized that Wisconsin is in the middle of an opioid overdose crisis. In March 2020, the COVID-19 pandemic hit Wisconsin and created another public health crisis. These have been stressful times for individuals, families, and communities, and there is a concern that adverse behavioral health outcomes may be increasing due to that stress.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences, or ACEs, are traumatic experiences and events—like physical abuse, neglect, or witnessing violence in the home—that happen before age 18, but can have a lasting, negative effect on our lives throughout adulthood. According to Wisconsin Behavioral Risk Factor Surveillance Survey data from 2017 to 2018, 59% of Wisconsin residents surveyed reported at least one ACE in the past. And research shows that the more ACEs a person has, the higher their risk for mental, physical, and behavioral health challenges later in life.
Trauma-Informed care is not an intervention or set of specific actions. Trauma-informed practices (sometimes referred to as trauma-informed care) are a model for understanding and compassionately serving people who live with, or are affected by, the consequences of toxic stress or trauma. First, by acknowledging the role that trauma has played in their health, behaviors, and relationships. Secondly, by providing services and support in ways that do not blame or re-traumatize a person in need.

Trauma-informed practices are rooted in empathy. They are a model to reduce the stigma that often surrounds mental and behavioral health disorders like depression, harmful substance use, chronic disease, and other effects of trauma. Rather than the typical medical approach of asking “what is wrong with you,” a trauma-informed approach would instead ask “what has happened to you?”

The Substance Abuse and Mental Health Services Administration has helped establish the standard of care for practitioners with a set of essential principles and requirements for implementing trauma-informed practices in a wide variety of settings.

**SIX GUIDING PRINCIPLES**

**Safety**
Strive to create environments where people feel physically and emotionally safe.

**Collaboration & Mutuality**
Striving for dignity and equality in our relationships by sharing power and decision-making so that everyone has a role to play.

**Trustworthiness & Transparency**
Striving to build and maintain trust by being transparent in our actions and choices.

**Empowerment & Choice**
Striving to recognize, validate, and build on the strengths that people have to offer, and work to facilitate recovery rather than control it.

**Peer Support**
Striving to encourage trust and collaboration by sharing stories and lived experiences that promote recovery and healing.

**Cultural, Historical & Gender Issues**
Striving to move past biases, recognize historical trauma and the healing power of cultural connections, and incorporate practices that are responsive to racial, ethnic, and cultural needs.
The working group of Cherie Morgan, Julia Lyons and Clare Janty then split the priorities into age groups to develop the action steps for the three-year plan. The rationale was to include all ages into the plan, knowing that some areas such as mental health affect all ages and that the COVID-19 pandemic has presented many challenges including increased demand for mental health and substance abuse services.

<table>
<thead>
<tr>
<th>Children Through Young Adult</th>
<th>Adults</th>
<th>Seniors</th>
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<tbody>
<tr>
<td>• Health Education &amp; Prevention</td>
<td>• Chronic Disease Management</td>
<td>• Chronic Disease Self-Management</td>
</tr>
<tr>
<td>• ACES (Adverse Childhood Experiences Study)</td>
<td>• Alcohol and Drug Recovery Groups</td>
<td>• Dementia Care &amp; Resources</td>
</tr>
<tr>
<td>• Mental Health Resources /Recovery Groups</td>
<td>• Mental Health Trauma Informed Care (Current or Historical)</td>
<td>• Transportation</td>
</tr>
<tr>
<td>• Youth Center/Safe Gathering Place</td>
<td>• Culturally Sensitive Healthcare</td>
<td>• Affordable Housing</td>
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<tr>
<td>• Healthcare Career Exploration for Future Workforce</td>
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The areas highlighted in grey above, are identified needs that extend beyond the scope of services Sawyer County Public Health and Hayward Area Memorial Hospital are able to directly provide, including affordable housing, transportation, need for youth center and mental health trauma care. However, both organizations can leverage their influence with community and regional partners to begin exploring opportunities, to support efforts to address the identified needs. Consideration could be made for influencer training to impact these areas.

“We need parenting classes to help uneducated parents know how to raise healthy and happy children. Teens need more sleep, less screen time and more educational practice than they get.”

Anonymous comment from 2021 survey respondent
Create a health and wellness **county wide resource database** to share services, educational opportunities, programs, support groups, etc. that are available in Sawyer County. This project will be partially funded by Sawyer County Public Health Department through a recent grant application and supported by Hayward Area Memorial Hospital with resources and funding. In addition, this resource may also support small employers within the county who do not have the means to provide an employee assistance program.

Create **community action group(s) for each age and focus area**. Groups will prioritize identified focus areas, developing goals and creating actionable steps to improve the identified needs. These community groups will be by invitation and/or volunteering to serve. The hope is that as a community we will cultivate a committee that has a broad base of county representation, promotes diversity in race and gender and constitutes a variety of backgrounds and life experience.

Explore offering **chronic disease management skill building** using the Stanford curriculum of Living Better with Chronic Disease for young adults through seniors. Implementation would involve training community leaders to serve as group facilitators. Groups may be divided based on age, diagnosis, or skill.

The Community Health Improvement Plan will be made available to the public following approval by the Hayward Area Memorial Hospital Board of Directors and Sawyer County Health and Human Services Board.

Plan implementation and progress will be reviewed quarterly and summarized in quarterly progress reports through continued partnership with Sawyer County Public Health and Hayward Area Memorial Hospital.

Annual plan progress will be filed as required by Hayward Area Memorial Hospital. The annual progress report will also be available to the community.
References:

2021 Community Health Needs Assessment Survey
(Distributed by Hayward Area Memorial Hospital)

County Health Rankings
https://www.countyhealthrankings.org/app/wisconsin/2021/overview

Wisconsin Healthiest 2020
https://www.dhs.wisconsin.gov/hw2020/index.htm

Sawyer County Population Data
https://data.census.gov/cedsci/profile?g=0500000US55113

Sawyer County Vulnerability

Places Data
https://cdc.gov/places/

Dementia projections for Wisconsin:
https://www.dhs.wisconsin.gov/dementia/demographics.htm

Adverse childhood experiences, or ACEs
https://www.dhs.wisconsin.gov/resilient/aces.htm

Trauma-informed care: 6 guiding principles