



Prairie Ridge

HEALTH

Inspired by you

2022

Community Health Needs Assessment

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Message to Our Community

Prairie Ridge Health is a 25-bed acute care hospital providing personalized, high-quality healthcare, wellness and education in a compassionate and innovative environment. We are located in the Southeast corner of Columbia County and proudly serve patients across throughout the surrounding areas.

Our team of providers, healthcare workers, volunteers, and board members live by our mission, “by building caring relationships with those we serve, we guide the journey to health and wellness.” We rely on these relationships to help us identify and develop plans to address high-priority population health needs. We are grateful for the opportunity to partner with local organizations in our efforts to improve the health of our communities.

Over the last year we have collaborated with community partners to conduct surveys, review data and to formulate goals and strategies for our next Community Health Needs Assessment (CHNA). Interviews with Columbia County residents, key community members and leaders in business, healthcare, public service, schools, and many other industries were conducted to identify concerns and healthcare needs in the communities we serve, as well as to assess the number of area - based programs and organizations that already exist to address community needs.

The needs were then prioritized based on the level of importance to the community and our ability as a local hospital to address the needs and provide a successful outcome.

Three priorities to be addressed over the next three years include:

- Improving Access to Primary Care
- Diabetes Diagnosis
- Colorectal Cancer Screening

During the next three years we will continue to build relationships with our community partners to address these needs in a personalized, high-quality manner.

We look forward to building a healthier community together.

Sincerely,



John Russell
President/CEO
Prairie Ridge Health

Executive Summary

Background

Prairie Ridge Health is pleased to present the Fiscal Year 2022-2024 (2021-2022 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities in our service area. The goal of this report is to provide residents a deeper understanding of the health needs in their community and help guide the hospital in its planning efforts to address the assessed needs.

The Community Health Needs Assessment (CHNA) is a requirement for a non-profit hospital to retain their 501(c)(3) status from the Affordable Care Act. It requires a hospital organization to conduct a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

The Prairie Ridge Health Board of Director approved this CHNA on August 25, 2022. Prairie Ridge Health, formerly Columbus Community Hospital, last conducted a CHNA in 2019.

Sources of Input

Prairie Ridge Health determined priorities for the 2022-2025 CHNA and strategic implementation plan via the following resources:

- Centers for Disease Control and Prevention
- County Health Roadmap Rankings
- Community Commons Analytics Platform (CCAP)
- Meetings with Key Community Stakeholders
- Prairie Ridge Health Survey Conducted with Sunseed Research (2021)
- United States Census Bureau
- WI Public Health Department, Columbia County Division of Health
- WI Department of Health and Human Services, WI Interactive Statics on Health (WISH)
- Wisconsin Cancer Collaborative
- Wisconsin Hospital Association Information Center Community Health Needs Assessment Dashboard

A note on our data. The majority of the data sources listed above are the most current public sources available, however the data ranges from 2016-2019. This does not account for the majority of the COVID-19 pandemic and the changes in health behaviors related to it.

Additionally, for priorities #2 and #3, our metrics are based on the County Health Rankings & Roadmaps data which uses the Behavioral Risk Factor Surveillance System for these particular measures.

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based random digit dial telephone survey operated by the CDC that is conducted annually in all states, where participants are asked a range of questions. An obvious limitation of the BRFSS is that all measures are based on self-reported information, which cannot be validated.

About Prairie Ridge Health

MISSION: By building caring relationships with those we serve, we guide the journey to health and wellness.

VISION: Our team will be your preferred choice for personalized high quality health CARE, wellness and education provided in a compassionate and innovative environment.

VALUES: The key values which guide the team and volunteers are:

Communication and Listening

Effective communication and active listening result in understanding

Attitude (Positive and Honest)

A positive and honest attitude produces a pleasant atmosphere

Respect and Teamwork

Respect for ourselves and others fosters teamwork

Empathy and Compassion

Awareness of the emotional and physical needs of others creates empathy and compassion

Prairie Ridge Health operates one hospital and three clinics. The hospital is located in Columbus, WI. The clinics are located in Columbus, WI, Beaver Dam, WI, and Marshall, WI, offering Family Medicine, General Surgery, Internal Medicine, Orthopedics, Obstetrics, Obstetrics/Gynecology (OBGYN) and Rheumatology services.

Prairie Ridge Health is an accredited acute care hospital with skilled medical professionals, Prairie Ridge Health provides a full array of inpatient, outpatient, diagnostic and ancillary services.

Prairie Ridge Health is affiliated with SSM Health. The SSM Health system spans four states with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin.

Community Benefit

Fiscal Year 2021

| Benefit Category | People Served | Benefit Cost |
|--|---------------|--------------------|
| Uncompensated Medicaid | 7,435 | \$1,770,891 |
| Community Care Cost (Free & Discounted Care) | 1,036 | 323,363 |
| Health Education & Community Outreach | 837 | 66,305 |
| Health Fairs & Community Events | 2,659 | 26,361 |
| Total | 11,967 | \$2,186,920 |

Fiscal Year 2021 at a Glance

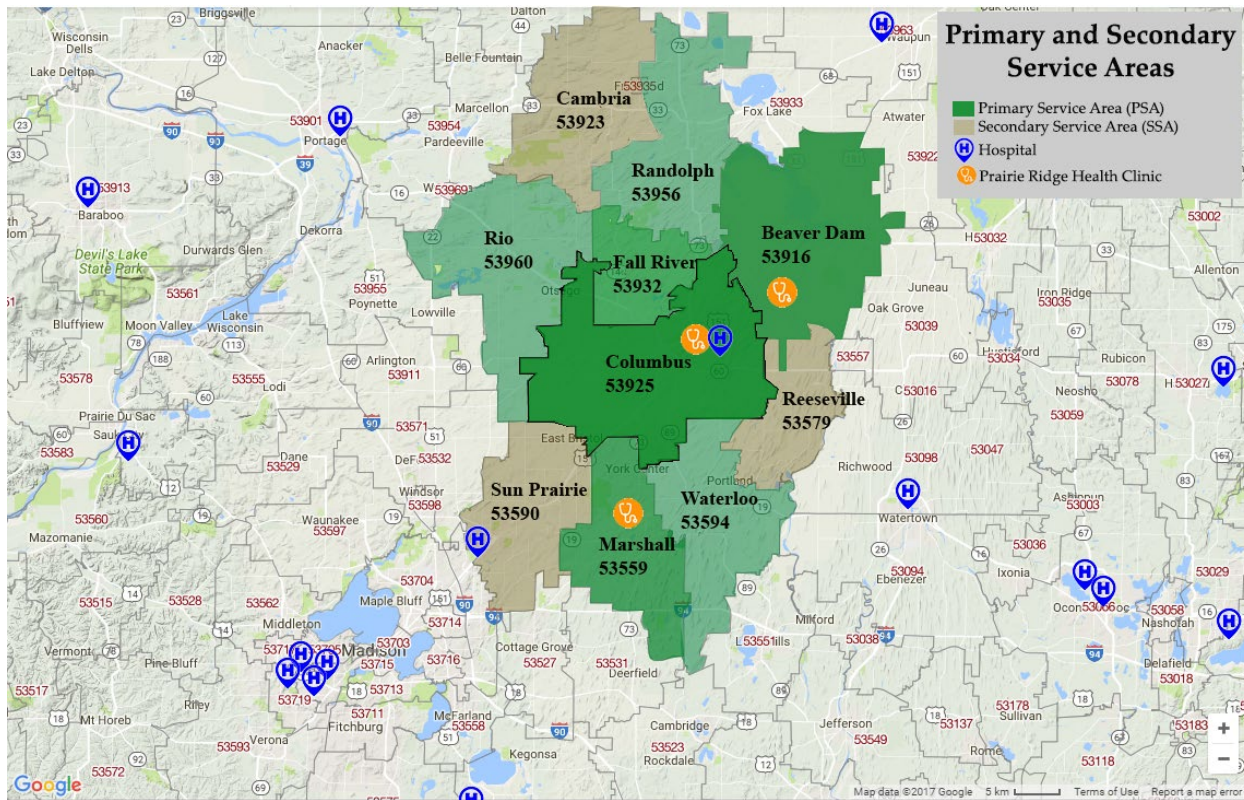
- Admissions: 1,063
- Outpatient Visits: 64,287
- ER & Urgent Care Visits: 10,640
- Births: 117
- Beds: 25
- Employees: 356
- Medical Staff: 159
- Volunteers: 110

About Our Community

Prairie Ridge Health is in Columbia County, bordering two other counties, Dane and Dodge. Prairie Ridge Health primarily services the southeast sector of Columbia County and adjacent communities. Although we service multiple counties, as mentioned above, data is only available by county.

At the time of this assessment, Columbia County had a population of 57,133 people.¹ Our analysis shows that Prairie Ridge Health is able to impact about 33.1% of Columbia County, or 19,245 people.

¹ (QuickFacts Columbia County, Wisconsin, 2022)



Our Community by the Numbers

(See appendix A and B for additional demographic and health indicator information)



EDUCATION

HS Graduation: 94%
Some College: 64%



RACE/ETHNICITY

White: 91.8% Non-Hispanic Black: 1.7%
Hispanic: 3.8% All Others: 2.7%



AGE GROUPS

Median Age: 42.7 Age 18-64: 61.8%
Under Age 18: 23.3% Age 65+: 14.9%



HOUSEHOLD INCOME

\$69,262

2022 Community Health Needs Assessment



OBESITY

Columbia County: 35%
Wisconsin: 34%



ALCOHOL USE

Excessive Drinking 28%
Alcohol-impaired driving deaths: 29%



DRUG OVERDOSE DEATH RATE

24 (per 100,000 population)



SUICIDE DEATH RATE

Columbia County: 17.7%
Wisconsin: 14.7%



ADULT SMOKING

Columbia County: 17.6%
Wisconsin: 16.6%



FLU VACCINATIONS

Columbia County: 50%
Wisconsin: 53%



PRIMARY CARE ACCESS

Columbia County: 2300:1
Wisconsin: 1260:1



DIABETES PREVALENCE

Columbia County: 8%
Wisconsin: 9%



PREVENTABLE HOSPITAL EVENT

Columbia County: 4,130
Wisconsin: 3,260



CANCER DEATH RATE (per 100,000)

Breast: 22 Lung: 46 Uterine: 12
Prostate: 25 Colorectal: 14



COLORECTAL CANCER SCREENING

Columbia County: 62.8%
Wisconsin: 76.2%



MAMMOGRAPHY SCREENING

Columbia County: 70.6%
Wisconsin: 71.8%

The Health Needs of Our Community

Voices of the Community

Along with collecting and analyzing data from a community awareness survey, Prairie Ridge Health held meetings with stakeholders representing the broad interests of the communities served. The group included public health officials, subject matter experts, volunteers and local law enforcement, as well as Prairie Ridge Health affiliated clinicians, administrators and staff. (See Appendix E).

In addition to the goals already presented, the group discussed mental health needs in the community. The concerns recognized were then assessed due to ability to impact because of market reach and resources. Following assessment, the stakeholders elected to focus on primary care access, diabetes and colorectal cancer screening.

Prairie Ridge Health will continue to collaborate with stakeholders. Additional forums will occur as needed.

Neighboring County's CHNA Priorities:

Dane County 2022 CHNA ²

- Mental Health & Substance Use Disorders
- Chronic Disease
- Maternal and Child Health

Dodge and Jefferson Counties 2019 CHNA ³

- Substance Abuse
- Mental Health
- Obesity and Nutrition
- Family Issues
- Physical Activities
- Socioeconomics
- Transportation
- Access to affordable healthcare

² (Healthy Dane Collaborative, 2022)

³ (Dodge-Jefferson Healthier Community Partnership, 2019)

Key Priorities

Priority #1 – Access to Primary Care

The current ratio of population to primary care physicians in Columbia County is 2300:1 compared to Wisconsin which is 1,260:1.

Goal: Increase primary care access by 14.35%, decreasing the Primary Care Physician ratio in Columbia County from 2300:1 to 1970:1.

Priority #2 – New Diabetes Diagnosis

Diabetes prevalence is at 8% in the most recent data, which is an actual decrease in recent years.

Goal: Increase new Diabetes diagnosis by .2% in Columbia County, increasing the prevalence of residents with diagnoses Diabetes from 8% to 8.2%.

Priority #3 – Colorectal Cancer Screening

The colorectal screening rate in Columbia County is 62.8%, compared to Wisconsin which is 76.2%.

Goal: Increase colorectal screenings by .5% in Columbia County, increasing the percentage of residents over 45 who are up to date on screenings from 62.8% to 63.3%.

Priority #1: Access to Primary Care

Primary care providers are physicians or other advanced practitioners who care for a patient's basic needs throughout their lifetime across a continuum of different issues. Primary care providers are pivotal in early detection and treatment of illness, chronic disease management, and preventative care.

Lack of access to primary care is associated with delays in seeking care, delays in screenings and an increase in hospitalizations for chronic conditions. Research continues to show that access to primary care is associated with positive health outcomes.⁴

The current ratio of population to primary care physicians in Columbia County is 2300:1 compared to Wisconsin which is 1,260:1. Columbia County is getting worse for this measure, meaning the ratio has continued to rise steadily since 2014. (See Figure 1)

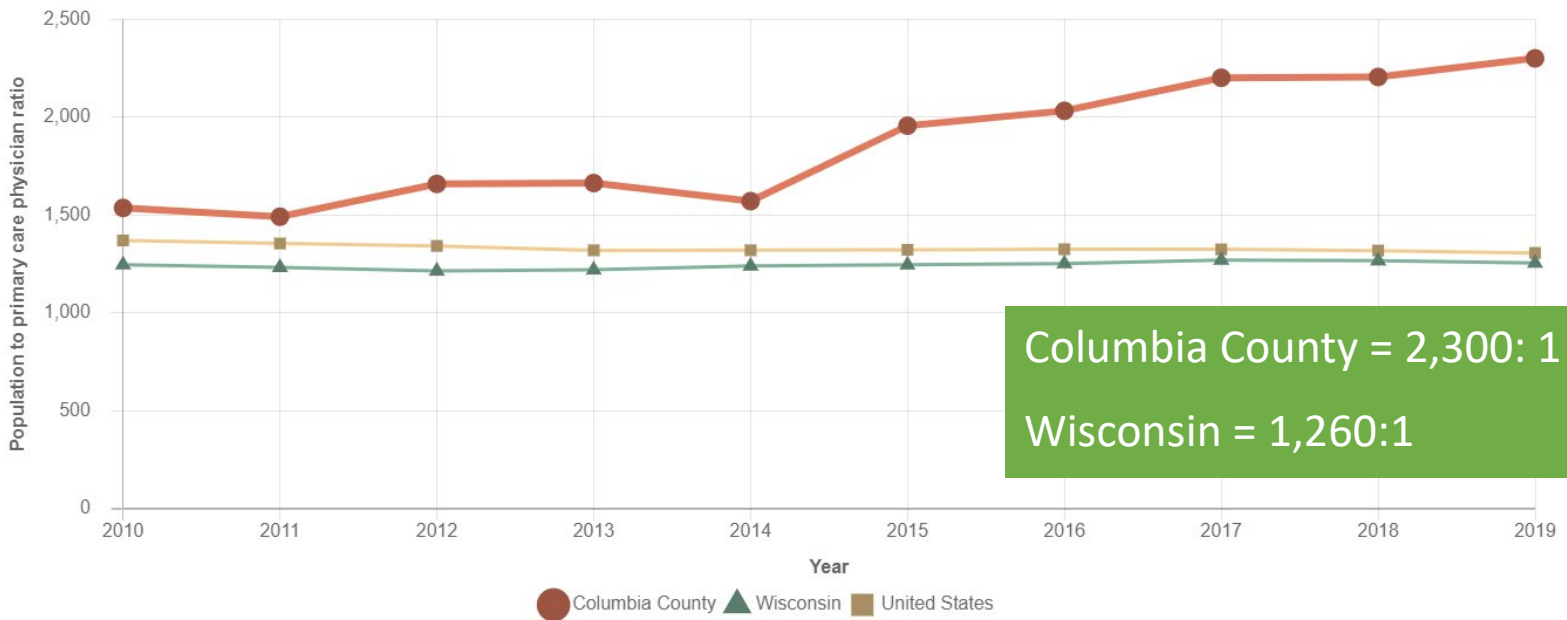
⁴ (Access to Primary Care, 2022)

County Health Rankings & Roadmaps define this measure as the ratio of population to primary care physicians. This does not include advanced practitioners such as physicians’ assistants or nurse practitioners. The 2022 County Health Rankings used data from 2019 for this measure, so it is both limited and dated. ⁵

Access to healthcare was a recurring theme in our own community survey, the Department of Public Health’s survey and subsequent focus groups, as well as other neighboring county’s assessments.

Primary care physicians in Columbia County, WI County, state and national trends

Columbia County is getting worse for this measure.



Columbia County = 2,300: 1
Wisconsin = 1,260:1

Figure 1

⁵ (Columbia County, 2022)

Priority #2 – New Diabetes Diagnosis

Diabetes is a condition that can gradually progress over time. If diabetes goes untreated, various cells and organs in the body are affected, leading to major side effects such as amputation, blindness, hearing loss, heart attack, stroke and renal disease.

Diabetes was the seventh leading cause of death in the United States in 2019 based on the cause of death listed on death certificates analyzed.⁶

In 2019, 37.3 million Americans, or 11.3% of the population, had diabetes. Of the 37.3 million adults with diabetes, 28.7 million were diagnosed, and 8.5 million were undiagnosed (23%).⁷

Diabetes prevalence in Columbia County is reported at 8% in the most recent data, a decrease in recent years. (See Figure 2)

County Health Rankings & Roadmaps define this measure as the percentage of adults aged 20 and above with diagnosed diabetes. The 2022 County Health Rankings used data from 2019 for this measure. Receiving a diabetes diagnosis gives patients the opportunity to successfully manage a disease that if left untreated can lead to severe complications.

Diabetes Prevalence in Columbia County and Wisconsin (2013 – 2022)

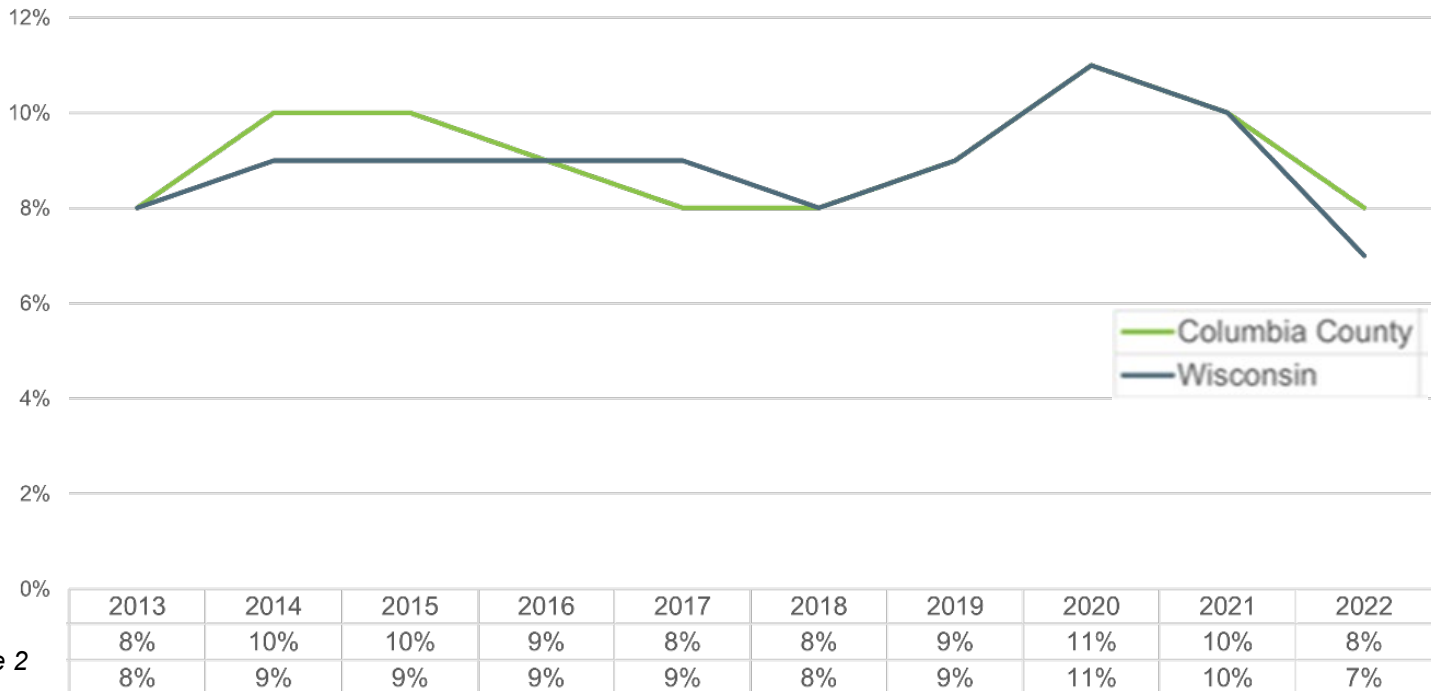


Figure 2

⁶ (American Diabetes Association, 2022)

⁷ (National Diabetes Statistics Report , 2022)

Priority #3 – Colorectal Screenings

Colorectal cancer refers to cancer in the rectum or colon. Colorectal cancer is the second most common cause of cancer-related deaths in the United States.⁸

Regular screenings look for polyps and pre-cancerous cells for removal before turning into cancer. Regular screenings can detect cancer at early stages before symptoms occur, when it can be more successfully treated.⁹

About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.¹⁰

Colorectal Cancer is in the top five most common cancers in Columbia County and is ranked fourth for cancer related deaths.¹¹

The data for colorectal screenings is from 2012-2016 and only refers to colonoscopies when referring to colorectal screening. This does not include alternative screening tools such as Fecal Immunochemical Test (FIT) and Stool DNA (Cologuard). See appendix D for the Columbia County cancer profile.

Cancer rates, mortality and screenings was a recurring theme in our own community survey, the Department of Public Health's survey and subsequent focus groups.

Lifestyle factors that may contribute to risk for colorectal cancer include:

- Age
- Lack of regular physical activity
- A diet low in fruit and vegetables
- A low-fiber and high-fat diet, or a diet high in processed meats
- Overweight and obesity
- Alcohol consumption
- Tobacco use

The U.S. Preventive Services Task Force recommends that adults should be screened for colorectal cancer starting at age 45.

The Task Force recommends several colorectal cancer screening options, including stool tests, flexible sigmoidoscopy, colonoscopy, and CT colonography.¹²

⁸ (Key Statistics for Colorectal Cancer, 2022)

⁹ (Sharma KP, 2020)

¹⁰ (Colorectal Cancer, 2022)

¹¹ (County Cancer Data Dashboard, 2022)

¹² (Colorectal Cancer, 2022)

Our Progress Since 2019

Prairie Ridge Health conducted its last Community Health Needs Assessment in 2019. The implementation strategy was launched October 1, 2019 with three main initiatives approved as the primary focus: Obesity, Heart Disease Death Rate and Mammography Screenings.

Because of the COVID-19 pandemic, many of the initial implementation strategies laid out in the 2019 CHNA were altered for health and safety reasons.

Community-based and employer programs were paused in March 2020 and have largely been revamped. Operation Overhaul, a physical fitness and nutrition program focused on weight loss, was paused altogether. The occupational health team has started to return to local businesses again, offering clinics, classes, and education.

Our support groups that focus on diabetes management, were paused from March 2020 through September 2021, but have resumed at full capacity. Strong Bodies and Cardiac Rehabilitation, two fitness programs targeting specific populations have also resumed.

Live It! Real Life Nutrition for Teens is a program designed to teach children in a school setting about healthy eating and lifestyle choices. The curriculum aims to motivate students to make nutrient-rich food choices while performing physical activity to enhance the wellness of middle school children within the community.

We are currently offering this program in 5 schools. From March 2020 – August 2021 this program was done virtually. In September 2021 Live It! Was able to return to classrooms. We have also added a module on medication abuse awareness and education, co-taught by a pharmacist.

Additionally, we have created online tools to add virtual support to community members seeking help with a variety of health issues.

Those include:

- An online survey to join our Hunger Care program, aimed at offering free monthly meals to low-income residents.
- Online cookbook with recipes designed by our dietitian nutritionists, that includes a filter for heart healthy recipes.
- Social media postings related to heart health, movement and nutritional recipes.

Mammography appointments have also continued to grow, despite restrictions during the COVID-19 pandemic. Prairie Ridge Health continues to offer a walk-in mammogram program where anyone meeting the criteria can simply come to the hospital and receive a mammogram without an appointment. (See Figure 3)

In 2022 this program was expanded to offer a monthly walk-in day. During October, which is breast health month, this program is offered weekly. The program is promoted through newspaper and magazine ads, radio and television ads, digital ads, billboards, social media

messages and internal referrals. Below is a summary of our mammogram statistics from Fiscal Year 2019 (October 1, 2018 – September 30, 2019) through July, 2022 of Fiscal Year 2022.

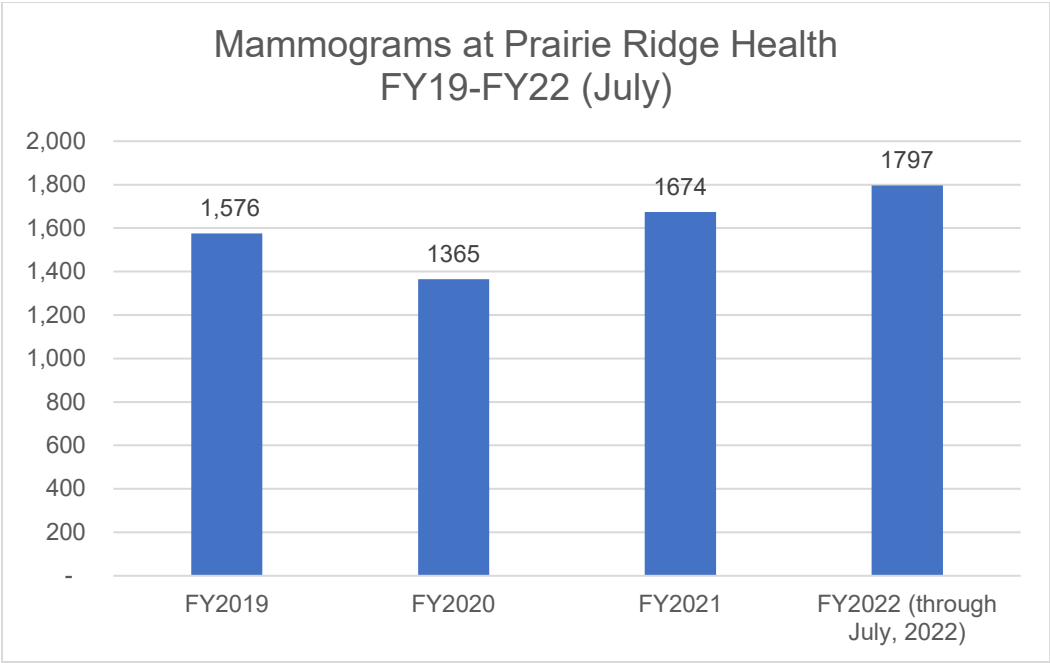


Figure 3

Our Approach

The Population Health Outcome Model below (Figure 4) is a framework of looking at health that emphasizes the many factors that contribute to length and quality of life.

Those factors are:

- Health Behaviors: habits such as alcohol and drug use, diet and exercise, sexual activity and health screenings.
- Clinical Care: access to care and quality of care.
- Social and Economic Factors: education, employment and housing and transport.
- Physical Environment: air, food, water quality and built environment.
- Biology: factors such as age, race and ethnicity and predisposition to certain health conditions.

Prairie Ridge Health selected key health initiatives within two major areas of focus: health behaviors (colorectal cancer screening and diabetes diagnosis) and clinical care (primary care access).

The implementation of these initiatives will impact health factors and health outcomes, thereby impacting length and quality of life of participants.

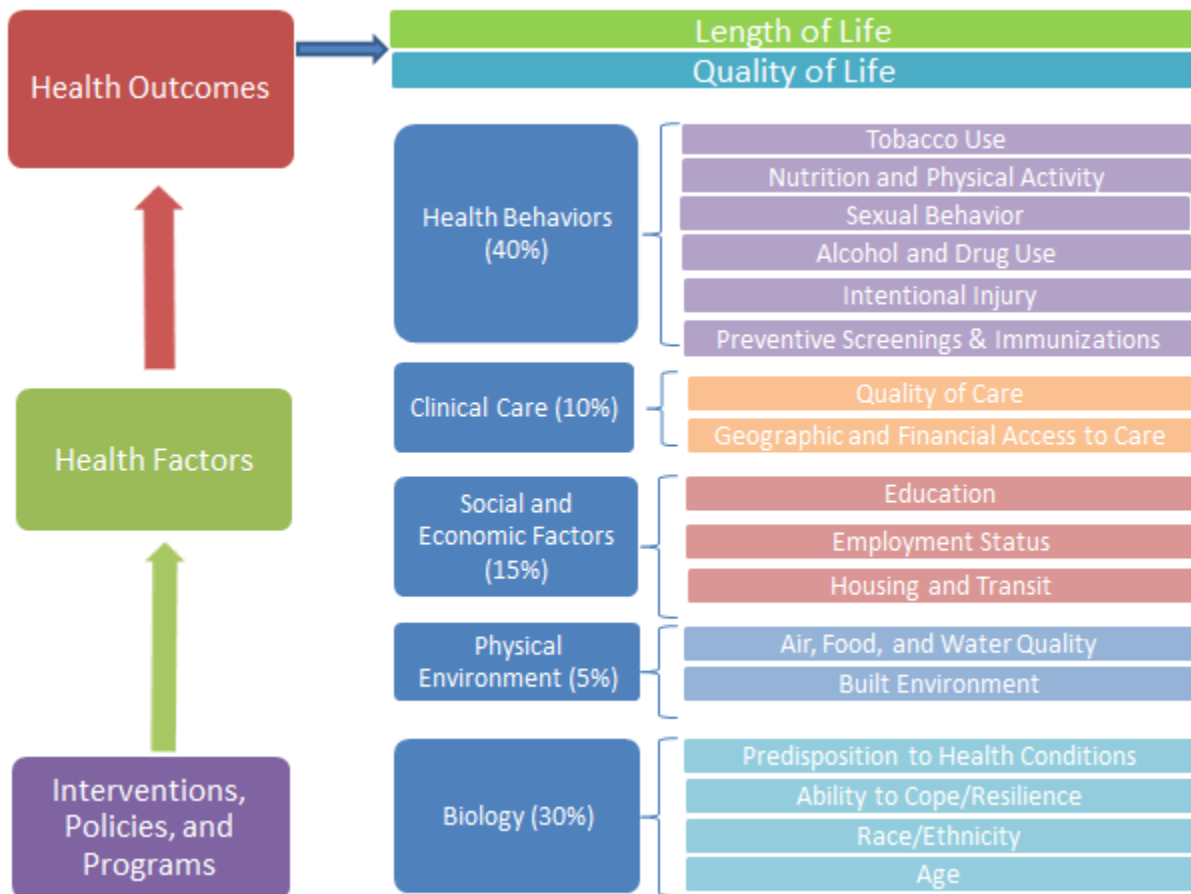


Figure 4¹³

¹³ (Georgia Department of Public Health, 2020)

Needs the 2022 CHNA Will Not Address

No hospital facility can address all the health needs present in its community. Prairie Ridge Health's implementation strategy focuses on the community health needs previously specified and not on the following:

Alcohol abuse and excessive drinking continues to fluctuate and has been since 2003. This is a statewide issue and Prairie Ridge Health is aware of this need in the county. However, at this time, Prairie Ridge Health does not have the staff or resources to properly address this need.

Smoking/tobacco use is being addressed by health experts at a state level through the implementation of a statewide smoking ban, effective July 2010, and remediation programs. In addition, Prairie Ridge Health offers smoking cessation classes.

Drug abuse, specifically opioid abuse, is currently being addressed by PARCC – Prevention and Recovery Columbia County Coalition. These programs aim at eliminating the abuse of opioids from a prevention focus. At the time of this printing, Prairie Ridge Health will have five providers providing Medication-Assisted Treatment (MAT) for Opioid Use Disorder.

While it is not a 2022 CHNA initiative, Prairie Ridge Health is already working on the following:

- Mammography screenings continue to be below national averages in Columbia County. The Prairie Ridge Health team has been dedicated to increasing screening rates since the 2016 CHNA. As mentioned above, the program started in 2016 will continue beyond the 2019 CHNA, highlighting education and easily accessible mammograms.
- As mentioned above, reducing obesity and increasing physical activity have been priorities on every CHNA since the first one completed in 2013. Although those goals are not on the 2022 CHNA, our primary care and specialty teams will continue to work on them through education, screening, nutrition services, physical and occupational therapies.
- Access to mental and behavioral health is a recognized need in Columbia County. Prairie Ridge Health is aware of this need in the county. Therefore, Prairie Ridge Health is currently hiring for two psychiatrist positions. We hope to expand that team to include counselors in the coming years. Visit www.prairieridge.health for updated information on this service visit [Columbia County's Behavioral Health and Long-Term Support program](#).
- The lack of dental care in the county proves to be a large issue, but the hospital cannot directly impact this metric. Many of the focus group participants mentioned a lack of dentists. Many people do not receive the dental care they need because they either cannot make an appointment, do not have the transportation to get to an appointment, do not have insurance and cannot afford dental care, or their insurance is not accepted. This further exacerbates the metric of poor dental health. The hospital will continue to work with local dentists when a patient presents to the Emergency Department or expresses a need.

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Appendix

A. Additional Demographic Information



- Data is courtesy of SparkMap. SparkMap is a product of the Center for Applied Research and Engagement Systems (CARES) and hosted by the University of Missouri.
- Updated data can be found online at www.sparkmap.org

Demographics

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|----------------------------|--------------------------------------|------------------|-----------|
| Total Population | Total Population | 57,331 | 5,806,975 |
| | Total Land Area (Square Miles) | 765.55 | 54,167.14 |
| | Population Density (Per Square Mile) | 75 | 107 |
| Urban and Rural Population | Total Population | 56,833 | 5,686,986 |
| | Urban Population | 22,352 | 3,989,638 |
| | Rural Population | 34,481 | 1,697,348 |
| | Urban Population, Percent | 39.33% | 70.15% |
| | Rural Population, Percent | 60.67% | 29.85% |
| Median Age | Total Population | 57,331 | 5,806,975 |
| | Median Age | 42.7 | 39.6 |
| Population Under Age 18 | Total Population | 57,331 | 5,806,975 |
| | Population Age 0-17 | 12,227 | 1,274,321 |
| | Population Age 0-17, Percent | 21.33% | 21.94% |
| Population Age 18-64 | Total Population | 57,331 | 5,806,975 |
| | Population Age 18-64 | 34,889 | 3,549,855 |
| | Population Age 18-64, Percent | 60.86% | 61.13% |
| Population Age 65+ | Total Population | 57,331 | 5,806,975 |
| | Population Age 65+ | 10,215 | 982,799 |
| | Population Age 65+, Percent | 17.82% | 16.92% |

Appendix

Income and Employment

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|--|--|------------------|-------------------|
| Employment - Labor Force Participation Rate | Total Population Age 16+ | 46,542 | 4,682,533 |
| | Labor Force | 31,352 | 3,093,131 |
| | Labor Force Participation Rate | 67.36% | 66.06% |
| Employment - Unemployment Rate | Labor Force | 32,195 | 3,153,688 |
| | Number Employed | 31,204 | 3,044,300 |
| | Number Unemployed | 991 | 109,388 |
| | Unemployment Rate | 3.1% | 3.5% |
| Income - Inequality (GINI Index) | Total Households | 24,336 | 2,377,935 |
| | Gini Index Value | 0.40 | 0.44 |
| Income - Median Household Income | Total Households | 24,336 | 2,377,935 |
| | Average Household Income | \$84,362 | \$82,757 |
| | Median Household Income | \$69,262 | \$63,293 |
| Income - Per Capita Income | Total Population | 57,331 | 5,806,975 |
| | Total Income (\$) | \$2,037,958,400 | \$200,051,080,000 |
| | Per Capita Income (\$) | \$35,547 | \$34,450 |
| Poverty - Children Below 100% FPL | Total Population | 55,812 | 5,659,485 |
| | Population Under Age 18 | 11,991 | 1,250,830 |
| | Population Under Age 18 in Poverty | 791 | 177,140 |
| | Percent Population Under Age 18 in Poverty | 6.60% | 14.16% |
| Poverty - Children Eligible for Free/Reduced Price Lunch | Total Students | 8,791 | 830,875 |
| | Students Eligible for Free or Reduced Price Lunch | 2,964 | 355,362 |
| | Students Eligible for Free or Reduced Price Lunch, Percent | 33.75% | 42.78% |
| Poverty - Population Below 100% FPL | Total Population | 55,812 | 5,659,485 |
| | Population in Poverty | 3,754 | 620,947 |
| | Population in Poverty, Percent | 6.73% | 10.97% |

Appendix

Education, Housing and Families

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|--|--|------------------|---------------|
| Access - Preschool Enrollment (Age 3-4) | Population Age 3-4 | 1,271 | 136,908 |
| | Population Age 3-4 Enrolled in School | 488 | 58,970 |
| | Population Age 3-4 Enrolled in School, Percent | 38.39% | 43.07% |
| Attainment - Bachelor's Degree or Higher | Total Population Age 25+ | 40,858 | 3,982,118 |
| | Population Age 25+ with Bachelor's Degree or Higher | 9,869 | 1,226,547 |
| | Population Age 25+ with Bachelor's Degree or Higher, Percent | 24.15% | 30.80% |
| Attainment - High School Graduation Rate | Adjusted Student Cohort | 622 | 62,760 |
| | Number of Diplomas Issued | 580 | 56,254 |
| | Cohort Graduation Rate | 93.2% | 89.6% |
| Attainment - No High School Diploma | Total Population Age 25+ | 40,858 | 3,982,118 |
| | Population Age 25+ with No High School Diploma | 2,719 | 295,207 |
| | Population Age 25+ with No High School Diploma, Percent | 6.65% | 7.41% |
| Attainment - Overview | No High School Diploma | 6.65% | 7.41% |
| | High School Only | 32.7% | 30.3% |
| | Some College | 24.0% | 20.5% |
| | Associates Degree | 12.6% | 11.0% |
| | Bachelors Degree | 16.5% | 20.3% |
| | Graduate or Professional Degree | 7.7% | 10.6% |

| | | | |
|---------------------------------------|---|---------------|---------------|
| Households - Overview | Total Households | 24,336 | 2,377,935 |
| | Family Households | 15,926 | 1,479,364 |
| | Family Households, Percent | 65.44% | 62.21% |
| | Non-Family Households | 8,410 | 898,571 |
| | Non-Family Households, Percent | 34.56% | 37.79% |
| Evictions | Renter Occupied Households | 6,241 | 787,739 |
| | Eviction Filings | 143 | 26,508 |
| | Evictions | 78 | 14,871 |
| | Eviction Filing Rate | 2.29% | 3.37% |
| | Eviction Rate | 1.25% | 1.89% |
| Housing Costs - Cost Burden (30%) | Total Households | 24,336 | 2,377,935 |
| | Cost Burdened Households (Housing Costs Exceed 30% of Income) | 5,494 | 617,624 |
| | Cost Burdened Households, Percent | 22.58% | 25.97% |
| Housing Quality - Substandard Housing | Total Occupied Housing Units | 24,336 | 2,377,935 |
| | Occupied Housing Units with One or More Substandard Conditions | 5,860 | 623,967 |
| | Occupied Housing Units with One or More Substandard Conditions, Percent | 24.08% | 26.24% |

Appendix

Other Social and Economic Factors

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|---|--|------------------|----------------|
| Area Deprivation Index | Total Population (2020) | 58,490 | 5,769,687 |
| | State Percentile | 44 | No data |
| | National Percentile | 50 | 53 |
| Households with No Motor Vehicle | Total Occupied Households | 24,336 | 2,377,935 |
| | Households with No Motor Vehicle | 971 | 156,744 |
| | Households with No Motor Vehicle, Percent | 3.99% | 6.59% |
| Insurance - Uninsured Population (ACS) | Total Population (For Whom Insurance Status is Determined) | 55,929 | 5,735,703 |
| | Uninsured Population | 2,935 | 312,704 |
| | Uninsured Population, Percent | 5.25% | 5.45% |
| SNAP Benefits - Population Receiving SNAP (SAIPE) | Total Population | 57,532.00 | 5,822,434.00 |
| | Population Receiving SNAP Benefits | 4,219 | 624,938 |
| | Population Receiving SNAP Benefits, Percent | 7.3% | 10.7% |
| Social Vulnerability Index | Total Population | 56,954 | 5,778,394 |
| | Socioeconomic Theme Score | 0.06 | 0.23 |
| | Household Composition Theme Score | 0.14 | 0.25 |
| | Minority Status Theme Score | 0.36 | 0.54 |
| | Housing & Transportation Theme Score | 0.33 | 0.47 |
| | Social Vulnerability Index Score | 0.12 | 0.31 |
| Teen Births | Female Population Age 15-19 | 11,686 | 1,301,608 |
| | Teen Births, Rate per 1,000 Female Population Age 15-19 | 10.5 | 14.3 |
| Violent Crime - Total | Total Population | 59,064 | 5,882,800 |
| | Violent Crimes, 3-year Total | 273 | 53,764 |
| | Violent Crimes, Annual Rate (Per 100,000 Pop.) | 154.00 | 304.60 |
| Property Crime - Total | Total Population | 56,893 | 5,768,118 |
| | Property Crimes, Annual Average | 682 | 114,353 |
| | Property Crimes, Annual Rate (Per 100,000 Pop.) | 1,298.1 | 1,982.7 |
| Voter Participation Rate | Total Citizens Age 18+ | 44,153 | 4,366,395 |
| | Total Votes Cast | 33,869 | 3,297,352 |
| | Voter Participation Rate | 76.7% | 75.5% |
| Young People Not in School and Not Working | Population Age 16-19 | 2,618 | 303,867 |
| | Population Age 16-19 Not in School and Not Employed | 144 | 15,742 |
| | Population Age 16-19 Not in School and Not Employed, Percent | 5.50% | 5.18% |

Appendix

Health Behaviors

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|-------------------------------------|---|------------------|---------------|
| Alcohol - Heavy Alcohol Consumption | Population Age 18+ | 45,450 | 4,541,499 |
| | Adults Reporting Excessive Drinking | 12,530 | 1,144,632 |
| | Percentage of Adults Reporting Excessive Drinking | 27.57% | 25.20% |
| Alcohol - Binge Drinking | Total Population (2019) | 57,532 | 5,822,434 |
| | Percentage of Adults Binge Drinking in the Past 30 Days | 22.70% | 21.73% |
| Physical Inactivity | Population Age 20+ | 44,285 | 4,400,928 |
| | Adults with No Leisure Time Physical Activity | 9,787 | 905,782 |
| | Adults with No Leisure Time Physical Activity, Percent | 21.1% | 19.8% |
| STI - Chlamydia Incidence | Total Population | 57,248 | 5,795,483 |
| | Chlamydia Infections | 151 | 28,027 |
| | Chlamydia Infections, Rate per 100,000 Pop. | 263.76 | 483.60 |
| STI - Gonorrhea Incidence | Total Population | 57,248 | 5,795,483 |
| | Gonorrhea Infections | 21 | 7,882 |
| | Gonorrhea Infections, Rate per 100,000 Pop. | 36.7 | 136.00 |
| STI - HIV Prevalence | Population Age 13+ | 48,890 | 4,907,884 |
| | Population with HIV / AIDS | 25 | 6,331 |
| | Population with HIV / AIDS, Rate per 100,000 Pop. | 51.1 | 129.00 |
| Tobacco Usage - Current Smokers | Total Population (2019) | 57,532 | 5,822,434 |
| | Adult Current Smokers (Crude) | 17.10% | 16.03% |
| | Adult Current Smokers (Age-Adjusted) | 17.60% | 16.66% |
| Insufficient Sleep | Total Population (2018) | 57,358 | 5,813,568 |
| | Adults Sleeping Less Than 7 Hours on Average (Crude) | 31.80% | 32.1% |
| | Adults Sleeping Less Than 7 Hours on Average (Age-Adjusted) | 32.60% | 32.9% |

Appendix

Health Outcomes

| Data Indicator | Indicator Variable | Location Summary | Wisconsin |
|--|---|------------------|--------------|
| Chronic Conditions - Asthma (Medicare Population) | Beneficiaries with Asthma | 243 | 29,307 |
| | Percentage with Asthma | 3.2% | 4.8% |
| Chronic Conditions - Diabetes (Adult) | Population Age 20+ | 44,174 | 4,394,682 |
| | Adults with Diagnosed Diabetes | 4,064 | 393,559 |
| | Adults with Diagnosed Diabetes, Age-Adjusted Rate | 7.6% | 7.7% |
| Chronic Conditions - Diabetes (Medicare Population) | Total Medicare Fee-for-Service Beneficiaries | 7,652 | 608,339 |
| | Beneficiaries with Diabetes | 1,689 | 138,942 |
| | Beneficiaries with Diabetes, Percent | 22.1% | 22.8% |
| Chronic Conditions - Heart Disease (Medicare Population) | Total Medicare Fee-for-Service Beneficiaries | 7,652 | 608,339 |
| | Beneficiaries with Heart Disease | 1,510 | 139,771 |
| | Beneficiaries with Heart Disease, Percent | 19.7% | 23.0% |
| Chronic Conditions - High Blood Pressure (Medicare Population) | Total Medicare Fee-for-Service Beneficiaries | 7,652 | 608,339 |
| | Beneficiaries with High Blood Pressure | 3,499 | 303,278 |
| | Beneficiaries with High Blood Pressure, Percent | 45.7% | 49.9% |
| Low Birth Weight (CDC) | Total Live Births | 4,141 | 453,415 |
| | Low Birthweight Births | 240 | 34,062 |
| | Low Birthweight Births, Percentage | 5.8% | 7.5% |
| Mortality - Cancer | Total Population, 2016-2020 Average | 57,347 | 5,808,570 |
| | Five Year Total Deaths, 2016-2020 Total | 640 | 57,432 |
| | Crude Death Rate (Per 100,000 Population) | 223.2 | 197.7 |
| | Age-Adjusted Death Rate (Per 100,000 Population) | 162.6 | 152.1 |
| Mortality - Coronary Heart Disease | Total Population, 2016-2020 Average | 57,347 | 5,808,570 |
| | Five Year Total Deaths, 2016-2020 Total | 250 | 33,247 |
| | Crude Death Rate (Per 100,000 Population) | 87.2 | 114.5 |
| | Age-Adjusted Death Rate (Per 100,000 Population) | 65.3 | 87.2 |
| Cancer Incidence - All Sites | Estimated Total Population | 74,565 | 7,132,550 |
| | New Cases (Annual Average) | 360 | 33,416 |
| | Cancer Incidence Rate (Per 100,000 Population) | 482.8 | 468.5 |

B. Additional Health Information

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

- The County Health Rankings and Roadmaps is an online analytics platform that provides national, state and county annual rankings, revealing snapshots of how health is influenced by where we live, learn, work and play. This provides a starting point for change in many communities.
- Updated data can be found online at www.countyhealthrankings.org

| Health Outcomes | | | | |
|--|-------|-------------|-------|-------|
| Length of Life | | | | |
| Premature death | 6,000 | 5,300-6,700 | 5,600 | 6,600 |
| Quality of Life | | | | |
| Poor or fair health ** | 14% | 12-16% | 15% | 15% |
| Poor physical health days ** | 3.5 | 3.2-3.7 | 3.4 | 3.6 |
| Poor mental health days ** | 4.3 | 3.9-4.6 | 4.0 | 4.4 |
| Low birthweight | 6% | 5-7% | 6% | 8% |
| Additional Health Outcomes (not included in overall ranking) | | | | |
| COVID-19 age-adjusted mortality ** | 52 | 37-71 | 43 | 70 |
| Life expectancy | 78.8 | 78.2-79.5 | 80.6 | 78.9 |
| Premature age-adjusted mortality | 310 | 290-340 | 290 | 320 |
| Child mortality | 30 | 20-50 | 40 | 50 |
| Infant mortality | | | 4 | 6 |
| Frequent physical distress ** | 11% | 9-12% | 10% | 11% |
| Frequent mental distress ** | 14% | 12-15% | 13% | 13% |
| Diabetes prevalence ** | 8% | 7-8% | 8% | 7% |
| HIV prevalence | 67 | | 38 | 132 |

Appendix

Social & Economic Factors

| | | | | |
|--------------------------------------|-------|---------|-------|-------|
| High school completion | 93% | 93-94% | 94% | 93% |
| Some college | 64% | 60-68% | 74% | 70% |
| Unemployment | 5.9% | | 4.0% | 6.3% |
| Children in poverty | 7% | 4-10% | 9% | 12% |
| Income inequality | 3.7 | 3.5-3.9 | 3.7 | 4.2 |
| Children in single-parent households | 16% | 13-19% | 14% | 23% |
| Social associations | 12.9 | | 18.1 | 11.4 |
| Violent crime | 145 | | 63 | 298 |
| Injury deaths | 100 | 88-111 | 61 | 89 |
| Sexually transmitted infections | 241.6 | | 161.8 | 499.4 |
| Teen births | 11 | 9-12 | 11 | 14 |

Additional Health Behaviors (not included in overall ranking)

| | | | | |
|---------------------------------|-----|--------|-----|-----|
| Food insecurity | 8% | | 9% | 9% |
| Limited access to healthy foods | 5% | | 2% | 5% |
| Drug overdose deaths | 24 | 18-33 | 11 | 22 |
| Motor vehicle crash deaths | 12 | 9-16 | 9 | 10 |
| Insufficient sleep ** | 33% | 31-34% | 32% | 33% |

Clinical Care

| | | | | |
|----------------------------|---------|------|---------|---------|
| Uninsured | 6% | 5-7% | 6% | 7% |
| Primary care physicians | 2,300:1 | | 1,010:1 | 1,260:1 |
| Dentists | 2,620:1 | | 1,210:1 | 1,390:1 |
| Mental health providers | 870:1 | | 250:1 | 440:1 |
| Preventable hospital stays | 4,130 | | 2,233 | 3,260 |
| Mammography screening | 40% | | 52% | 49% |
| Flu vaccinations | 50% | | 55% | 53% |

Additional Clinical Care (not included in overall ranking)

| | | | | |
|------------------------------|---------|------|-------|-------|
| Uninsured adults | 7% | 6-8% | 7% | 8% |
| Uninsured children | 4% | 3-5% | 3% | 4% |
| Other primary care providers | 1,180:1 | | 580:1 | 750:1 |

Appendix

Additional Social & Economic Factors (not included in overall ranking)

| | | | | |
|---|----------|----------------------|----------|----------|
| High school graduation | 94% | | 96% | 90% |
| Disconnected youth | 6% | 3-8% | 4% | 5% |
| Reading scores | 2.9 | | 3.3 | 3.0 |
| Math scores | 2.9 | | 3.4 | 3.0 |
| School segregation | 0.08 | | 0.02 | 0.28 |
| School funding adequacy | \$3,651 | | | \$2,509 |
| Gender pay gap | 0.81 | 0.77-0.84 | 0.88 | 0.80 |
| Median household income | \$74,800 | \$68,600 to \$80,900 | \$75,100 | \$64,900 |
| Living wage ** | \$37.34 | | | \$39.10 |
| Children eligible for free or reduced price lunch | 32% | | 32% | 40% |
| Residential segregation - Black/white | 64 | | 27 | 77 |
| Residential segregation - non-white/white | 27 | | 16 | 54 |
| Childcare cost burden ** | 22% | | 18% | 26% |
| Childcare centers ** | 8 | | 12 | 6 |
| Homicides | | | 2 | 4 |
| Suicides | 18 | 13-23 | 11 | 15 |
| Firearm fatalities | 12 | 8-16 | 8 | 11 |
| Juvenile arrests | 13 | | | |

Physical Environment

| | | | | |
|------------------------------------|-----|--------|-----|-----|
| Air pollution - particulate matter | 8.3 | | 5.9 | 7.5 |
| Drinking water violations | Yes | | | |
| Severe housing problems | 12% | 10-14% | 9% | 14% |
| Driving alone to work | 81% | 79-83% | 72% | 80% |
| Long commute - driving alone | 42% | 39-44% | 16% | 28% |

C. Community Survey Results



- 2021 Community Perceptions Survey, conducted by Sunseed Research.
- To read the full survey, visit www.prairieridge.health/survey

Background:

- 15-minute telephone survey was conducted with consumers age 18+ residing in Prairie Ridge Health's primary and secondary markets.
- Surveys were conducted from August 19 – September 3, 2021.
- No financial incentive was offered to respondents for completing the survey.
- A total of 300 surveys were collected. The sample size is statistically significant as it gives a confidence level of greater than 90%.

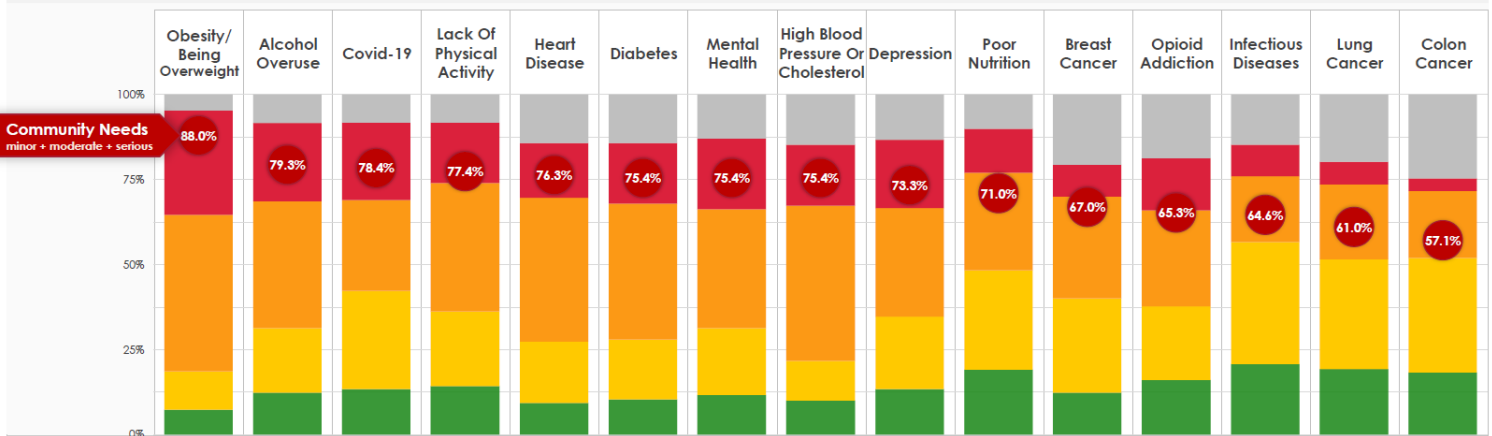
Health Challenges

34% of those surveyed rated the overall health of their community as excellent or very good.

The five biggest health problems identified are:

- Obesity/Overweight (88%)
- Alcohol Overuse (79.3%)
- COVID-19 (78.4%)
- Lack of Physical Exercise (77.4%)
- Heart Disease (76.3%)

C2. Next, I'm going to read a list of health problems to you. For each one, please let me know what level of a problem it is in your community by responding that it is not at all a problem, a minor problem, a moderate problem or a serious problem.



Appendix

Health Information

Approximately 40% of respondents indicated their personal health as being very good or excellent. Nearly one in five reported their health as being poor (1.7%) or fair (16.7%).

- 9 out of 10 respondents reported they were up to date with their health screenings and immunizations.
- 81% reported having a wellness visit or routine check-up in the last 12 months.
- 79% reported having their blood pressure checked, and 2 in 3 reported a cholesterol screening in the last 12 months.
- 56% of women above age 40 received a mammogram in the last 12 months.
- 7 in 10 adults over the age of 50 reported receiving a colonoscopy.

C8. Which of the following health screenings and/or services, if any, have you completed in the last 12 months?

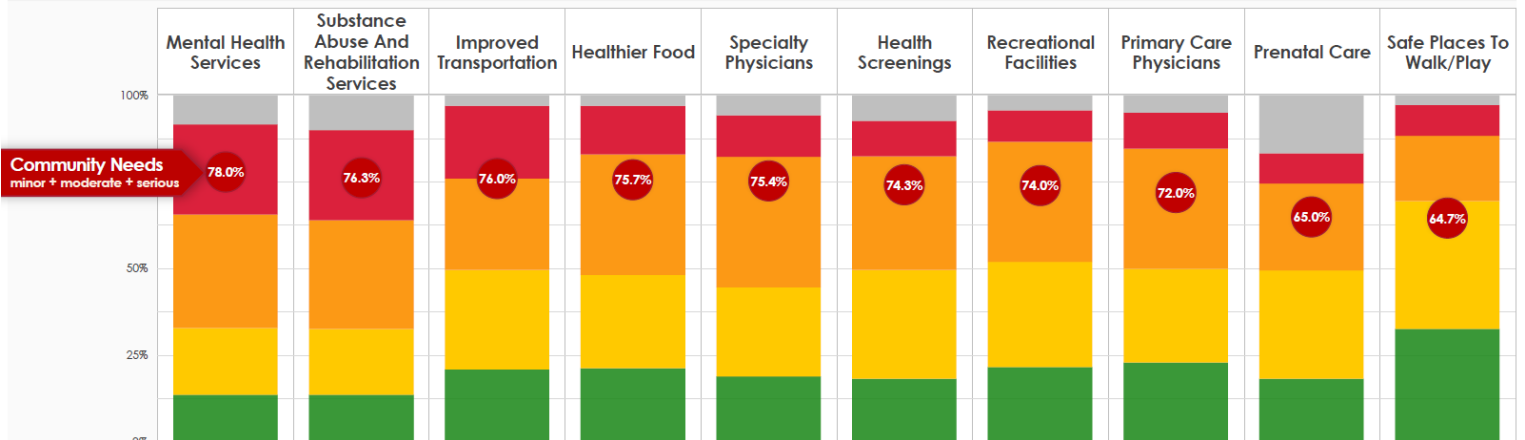
| Answer Choices | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% | Responses | |
|------------------------------------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----------|--------|
| Wellness visit or routine check-up | | | | | | | | | | | | 81.0% | 243 |
| Blood pressure check | | | | | | | | | | | | 79.3% | 238 |
| Colonoscopy (Adults over age 50) | | | | | | | | | | | | 69.8% | 60/86 |
| Cholesterol screening | | | | | | | | | | | | 66.0% | 198 |
| Mammogram (Female over 40) | | | | | | | | | | | | 55.9% | 66/118 |
| None of the above | | | | | | | | | | | | 9.3% | 28 |
| Refused to answer | | | | | | | | | | | | 0.7% | 2 |

Improving Community Health:

The five biggest needs to improve the health of the community identified are:

- Mental Health Services
- Substance Abuse and Rehabilitation Services
- Improved Transportation
- Healthier Food
- Specialty Physicians

C4. Next, I'm going to read a list of things that might help improve the health of your community. For each one, please let me know how much your community needs it by responding not at all, a minor need, a moderate need or a serious need.



D. Columbia County Cancer Profile



- The Wisconsin Cancer Collaborative is a statewide coalition of organizations working together to reduce the burden of cancer for everyone in Wisconsin.
- Updated data can be found online at www.wicancer.org/data

Cancer in Columbia County

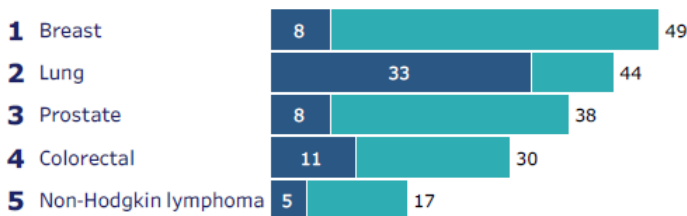
Explore our interactive dashboards at www.wicancer.org/data Columbia



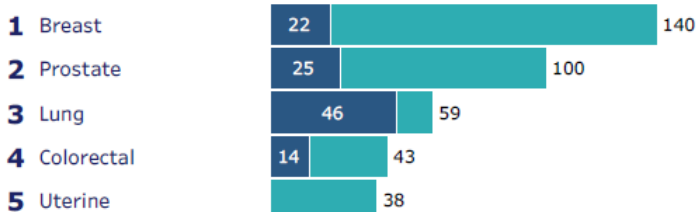
| | | | |
|-----------------------------|---------------|--------|---------------------|
| County population (2016): | 57,133 | State: | 5.82 million |
| Percent rural: | 61% | | 30% |
| Poverty rate: | 8% | | 10% |
| Percent Hispanic: | 3.2% | | 7.1% |
| Percent Black: | 1.2% | | 6.7% |
| Percent Asian: | 0.8% | | 3.0% |
| Percent American Indian: | 0.4% | | 1.2% |
| Percent Non-Hispanic white: | 91.7% | | 87% |

5 most common cancers in Columbia County

Deaths / Cases per year



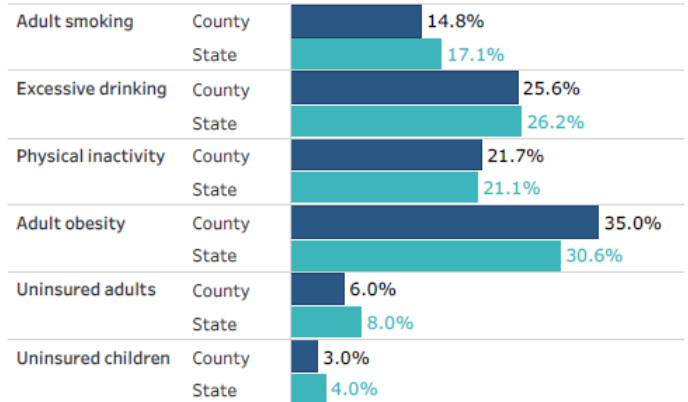
Deaths / Cases per 100,000 residents per year (age-adjusted)



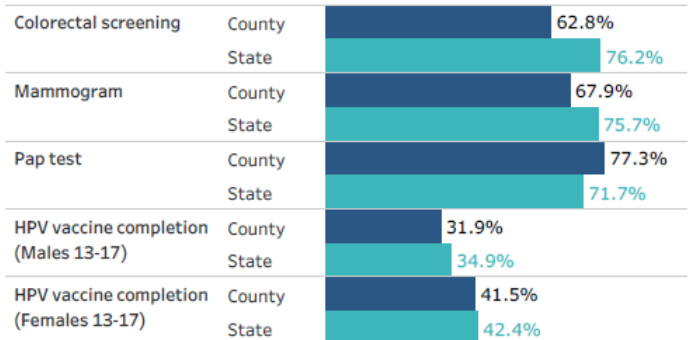
2012-2016 annual averages. When no value appears, insufficient data are available.

What affects cancer outcomes in Columbia County?

Cancer risk factors



Screening and prevention

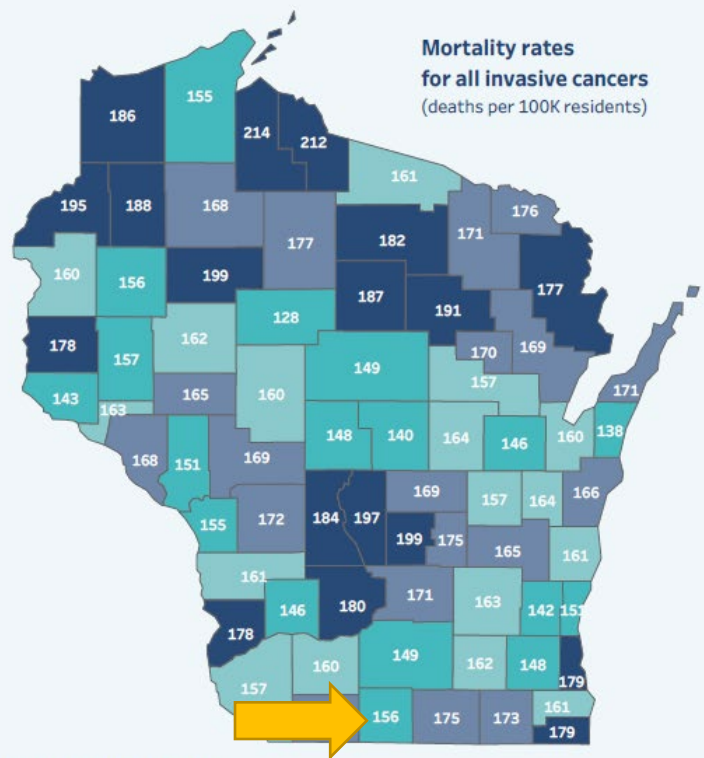
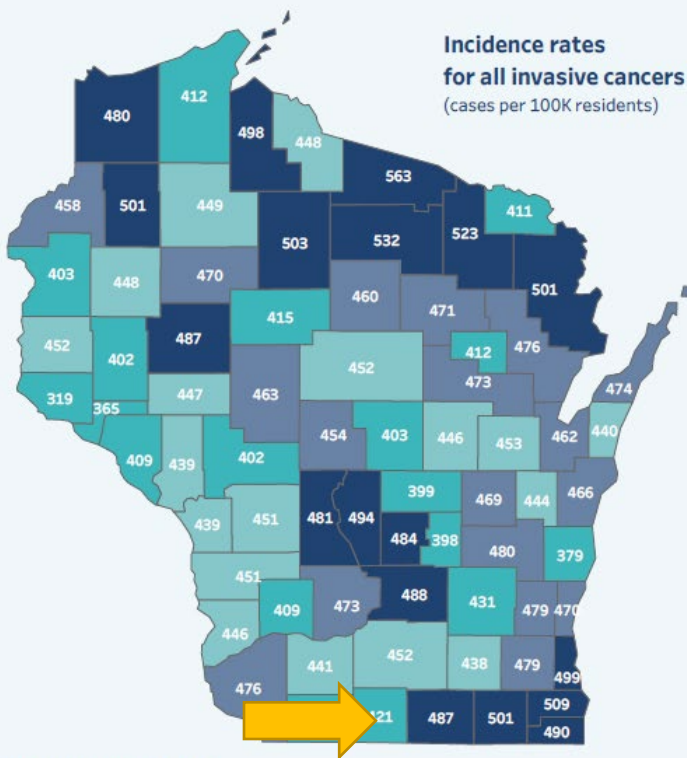


Cancer data profile for Columbia County

Cancer statistics

| | Columbia County | State | |
|--|-----------------|--------|--|
| New cancer diagnoses per year | 349 | 32,160 | 2012-16 annual average, U.S. Cancer Statistics |
| Cancer incidence rate (diagnoses per 100K residents) | 487 | 467 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Cancer deaths per year | 123 | 11,398 | 2012-16 annual average, U.S. Cancer Statistics |
| Cancer death rate (deaths per 100K residents) | 171 | 163 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Lung cancer incidence rate (per 100K residents) | 58.7 | 59.8 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Breast cancer incidence rate (per 100K women) | 139.9 | 130.6 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Prostate cancer incidence rate (per 100K men) | 99.6 | 108.2 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Colorectal cancer incidence rate (per 100K residents) | 42.7 | 37.2 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| HPV-related cancer incidence rate (per 100K residents) | 17.3 | 11.4 | 2013-17 annual average, age-adjusted, U.S. Cancer Statistics |
| Lung cancer death rate (per 100K residents) | 45.8 | 41.30 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Breast cancer death rate (per 100K women) | 21.5 | 19.60 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Prostate cancer death rate (per 100K men) | 24.8 | 20.70 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |
| Colorectal cancer death rate (per 100K residents) | 14.2 | 13.40 | 2012-16 annual average, age-adjusted, U.S. Cancer Statistics |

How counties compare on cancer rates (2012-2016 annual averages)



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E. Persons Representing the Community with Whom the Hospital Consulted

Prairie Ridge Health benefited from input through consultation of numerous community leaders representing diverse constituencies. The leaders and their affiliations are listed below.

| Date | Stakeholder | Organization | Representative | Member Title |
|-------------|--------------------|---|-----------------------|---|
| 7/21/2022 | Key Stakeholder | Prairie Athletic Club | Pete Simon | Co-Owner/Operator |
| 7/21/2022 | Key Stakeholder | Randolph Health Services | Jo Ann Evans | Administrator |
| 7/21/2022 | Key Stakeholder | SSM Health | Jan Gentry | Director of Business Development |
| 7/21/2022 | Key Stakeholder | Baker Tilly US | Trula Hensler | Sr. Manager, Sales Enablement & Operations |
| 7/21/2022 | Key Stakeholder | Prairie Ridge Health Clinic | Gary Galvin, MD | General Surgeon |
| 7/21/2022 | Key Stakeholder | Prairie Ridge Health Clinic | Bruce Kraus, MD | Physician, Internal Medicine |
| 8/25/2022 | Key Stakeholder | Cultivate Wealth, LLC | Jennifer Homman | CEO, Wealth Advisor |
| 8/25/2022 | Key Stakeholder | Randolph Health Services | Jo Ann Evans | Administrator |
| 8/25/2022 | Key Stakeholder | Farmers & Merchants Union Bank | Randall Bobholz | President/CEO |
| 8/25/2022 | Key Stakeholder | SSM Health | Margo Francisco | System VP – Strategy and Business Development |
| 8/25/2022 | Key Stakeholder | SSM Health | Matt Kinsella | Regional Vice President of Finance |
| 8/25/2022 | Key Stakeholder | Cultivate Wealth, LLC | Erin Jones | Wealth Advisor |
| 8/25/2022 | Key Stakeholder | Hometown Pharmacy | Julie Saniter | Registered Pharmacist |
| 8/25/2022 | Key Stakeholder | Aspirus Divine Savior Hospital | Kari Due | Community Health Improvement Lead |
| 9/19/2022 | Key Stakeholder | Columbus Senior Center | Kim Lang | Columbus Senior Center Director |
| 9/19/2022 | Key Stakeholder | Volunteers of Prairie Ridge Health | Sherry Jelic | Community Health Education Chair |
| 9/19/2022 | Key Stakeholder | Columbus Police Department | Dennis Weiner | Chief of Police |
| 9/19/2022 | Key Stakeholder | Columbia County Health and Human Services | Jenna Retzlaff | Public Health Educator |

Appendix

| Date | Stakeholder | Organization | Representative | Member Title |
|-------------|--------------------|----------------------|-----------------------|---|
| Ongoing | CHNA Team | Prairie Ridge Health | John Russell | President/CEO |
| Ongoing | CHNA Team | Prairie Ridge Health | Melissa Mangan | VP of Finance & CFO |
| Ongoing | CHNA Team | Prairie Ridge Health | Ann Roundy | Senior VP of Culture, Strategy & Growth |
| Ongoing | CHNA Team | Prairie Ridge Health | Jamie Hendrix | VP of Patient Care |
| Ongoing | CHNA Team | Prairie Ridge Health | Cathy Bolan | Cancer Navigation Specialist |
| Ongoing | CHNA Team | Prairie Ridge Health | Hannah Young | Director of Clinic Operations |
| Ongoing | CHNA Team | Prairie Ridge Health | Chloe Gruber | Clinic Manager |
| Ongoing | CHNA Team | Prairie Ridge Health | Emily Moore | Culinary, Nutrition & Diabetic Services Manager |
| Ongoing | CHNA Team | Prairie Ridge Health | Sara Zook | Registered Dietitian |
| Ongoing | CHNA Team | Prairie Ridge Health | Katelyn Knapp | Registered Dietitian |
| Ongoing | CHNA Team | Prairie Ridge Health | Patti Walker | Community Relations & Volunteer Coordinator |