Community Health Needs Assessment

Prepared for
COLUMBUS COMMUNITY HOSPITAL

By
VERITÉ HEALTHCARE CONSULTING, LLC

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VERITÉ HEALTHCARE CONSULTING

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments and develop implementation strategies that address priority needs. The firm also helps hospitals, associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are being required to meet.

The community health needs assessment prepared for Columbus Community Hospital was directed by the firm's President and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's senior-level consultants and associates hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

Verité Healthcare Consulting's work seeks to improve the health of communities, of vulnerable people, and the organizations that serve them

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INTRODUCTION

This community health needs assessment (CHNA) was conducted by Columbus Community Hospital (the hospital or CCH) to identify community health needs and to inform development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.[1]

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment."

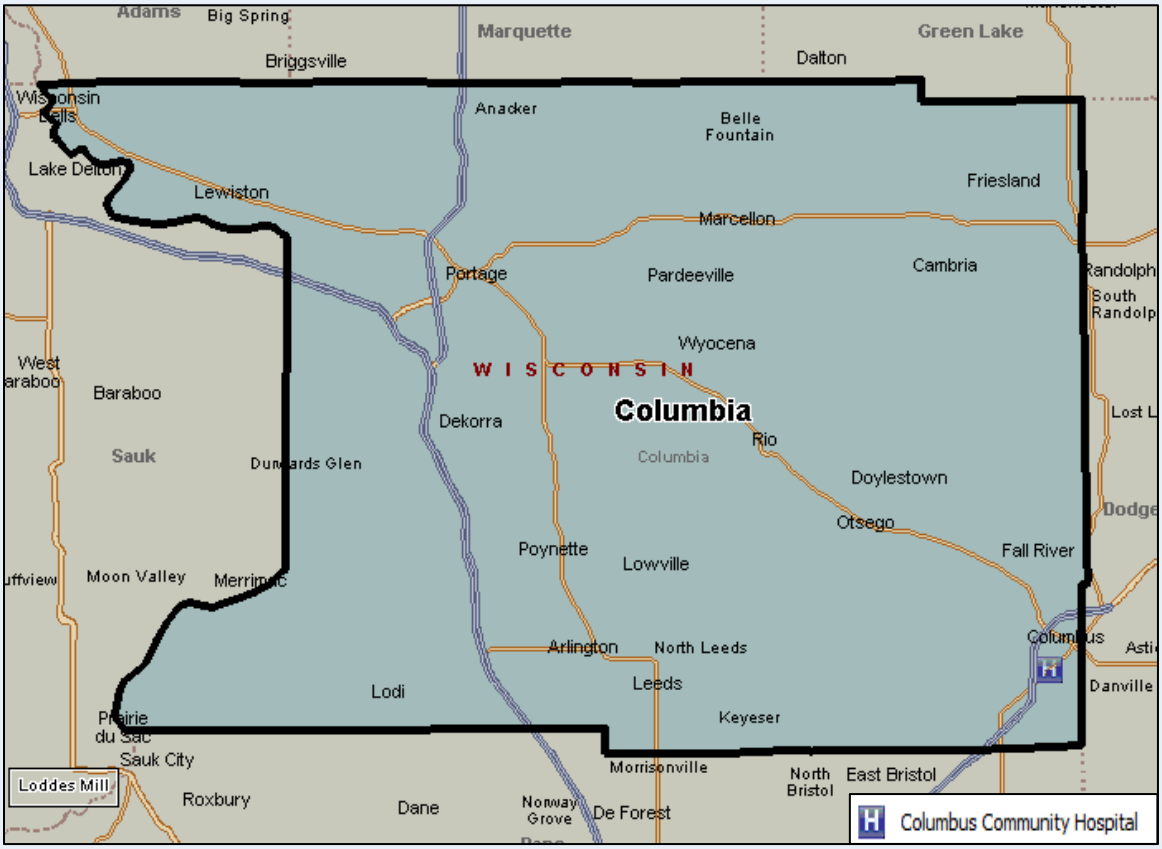
CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The question of ***how*** the hospital can best use its limited charitable resources to address priority needs will be the subject of the separate implementation strategy.

[1] Instructions for IRS form 990 Schedule H, 2012.

EXECUTIVE SUMMARY



Columbus Community Hospital Community Summary Characteristics

- **Hospital community is Columbia County**
- **Columbia County Population (2011): 56,763**
- **77.0 percent of hospital discharges originated from Columbia County**
- **Population increase (2000-2011): 8.2%**
- **Higher per capita and median income than Wisconsin as a whole**
- **Lower rate of unemployment than Wisconsin and the U.S.**
- **Higher percentage of White residents than Wisconsin average**
- **Disparities:**
  - **Most non-White populations have lower per capita incomes than White residents**
  - **Most non-White populations less likely to have high school or college diploma than the White population**
  - **Most non-White populations have higher unemployment rates than White residents**
  - **Males more likely to die of many chronic diseases, including cancer and heart disease, than females**

While the hospital's community benchmarks favorably on a variety of health indicators compared to national and Wisconsin averages, this assessment has identified a number of priority problems that impact the health of the community.

Columbia County is defined as the hospital's community for this assessment. The county has experienced faster population growth than Wisconsin. Currently, the population living in the community has a slightly higher proportion of residents aged 5-17 and over 65 than Wisconsin as a whole. The county has a higher percentage of White residents than the state average.

Health disparities exist for racial and ethnic minorities. These populations are more likely to have limited economic and social resources and to be at risk for poor health.

Health disparities also exist between sexes; males were more likely to report mortality relating to several chronic diseases, including chronic lower respiratory disease and colorectal cancer.

There are several potentially vulnerable geographic areas in the county; 11 of the county's 36 school districts report more than 40 percent of their student body as eligible for free and reduced cost meals; food deserts are concentrated in and around Portage and Columbus.[2]

Community-Wide Priority Needs

Poor health status can result from a complex interaction of challenging social, economic, environmental, and behavioral factors combined with a lack of access to care. Addressing these "root" causes is an important way to improve quality of life and to reduce mortality and morbidity.

The table that follows identifies the priority community health needs found by this CHNA. The needs are listed by category in alphabetical order.

[2] An area where residents live more than 1 mile from a supermarket or large grocery store in an urban area and more than 10 miles from a supermarket or large grocery store in a rural area.

Access to Health and Human Services

- **Lack of Affordable and Accessible Care**

  Access to care is impeded by insufficient insurance coverage, high deductibles and copays, and expensive prescription medications, as well as a lack of provider participation in some insurance plans. Geographic distance to providers also impedes accessibility, especially for individuals in the community without access to reliable transportation. Transportation particularly is an issue in the elderly and rural populations. Lack of affordable and accessible care may contribute to the high rates of hospitalization for pneumonia and influenza in the area.

- **Lack of Health Education**

  Residents often are unaware of community resources and proper treatment regimens for diseases, such as diabetes.

- **Lack of Physicians and Specialists**

  The community lacks a sufficient supply of dentists, oncologists, and psychiatrists. Residents report difficulty finding providers who accept BadgerCare and who are willing to treat the uninsured.

- **Support for Seniors and Their Caregivers**

  Columbia County seniors need additional case and medication management support. Many seniors live alone, which can lead to social isolation and poor health outcomes. Local seniors also exhibit high rates of Alzheimer's disease.

Dental Health

- **Lack of Access to Dental Care and Poor Dental Health Status**

  Affordable dental care services are needed, particularly for low-income children and adults, to improve dental health outcomes.

Health Behaviors

- **Alcohol Abuse**

  Efforts to reduce alcohol abuse are needed due to comparatively high rates of excessive drinking.

- **Drug Abuse**

  Interventions are needed to reduce abuse of both prescription drugs and illegal substances, particularly heroin. The community has insufficient resources to support residents needing detoxification services.

- **Smoking/Tobacco Use**

  Efforts to reduce tobacco use are needed due to comparatively high rates of smoking and tobacco use, especially among mothers who smoke during pregnancy.

Health-Related Disparities

- **Gender Disparities**

  Gender disparities are prevalent in the community. Males have higher incidence rates or mortality rates for several chronic diseases, including colorectal cancer, chronic lower respiratory disease, lung cancer, and heart disease, while females report higher rates of chlamydia and childhood and senior poverty.

- **Racial and Ethnic Disparities**

  The Black population displays a higher poverty rate and lower per capita income than other populations. Black and Hispanic (or Latino) populations report higher rates of chlamydia than White residents; Black, Hispanic (or Latino), and Other populations report lower educational achievement as measured by Bachelor's Degrees, and children in these populations report higher rates of poverty.

Mental Health

- **Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status**

  Local mental health services are needed to address the needs of children/adolescents and individuals with substance abuse issues. Poor behavioral health in the community results, in part, from a lack of accessible providers, particularly psychiatrists and detox centers, and inadequate insurance coverage.

Morbidity and Mortality
• **Diet and Exercise-Related Issues** Access to nutritious foods, better food choices, and increased outlets for physical activity are needed to reduce obesity and related health impacts, such as diabetes and cardiovascular disease.
• **High Rates of Fall Mortality** Columbia County reports comparatively high rates of fall-related mortality.
Physical Environment
• **Violent Crime** Interventions are needed to reduce the comparatively high rates of violent crime in the community.
Social and Economic Factors
• **Financial Hardship** The economic downturn led to increased unemployment and poverty. This exacerbates already present difficulties with transportation and affordable, accessible medical care.

CHNA DATA AND ANALYSIS

METHODOLOGY

Analytic Methods

This report begins by identifying the community served by CCH. Findings based on various quantitative analyses regarding health needs in the area then are discussed. Public information and data provided by Healthy Communities Institute (HCI) was assessed. Certain data regarding higher priority needs in the community were assessed in particular depth. Additionally, health assessments conducted by other organizations in recent years were reviewed and analyzed.

The assessment then considers information obtained from interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and Columbus Community Hospital-affiliated clinicians, administrators, and staff. Interviews were conducted in August 2013.

Identifying priority community health needs involves benchmarking and trend analysis. Statistics for health status and health access indicators are analyzed and compared to state-wide and national benchmarks or goals. The assessment considers multiple data sources, including indicators from local, state, and federal agencies. Including multiple data sources and stakeholder views is important when assessing the level of consensus that exists regarding community health needs. If numerous data sources and interviews support similar conclusions, then confidence is increased that the most problematic health needs in a community have been identified.

Information Gaps

No information gaps have affected Columbus Community Hospital's ability to reach reasonable conclusions regarding community health needs.

Collaborating Organizations

For this assessment, Columbus Community Hospital did not formally collaborate with any other organizations.

Input was received from 13 community interviews.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Columbus Community Hospital. Verité relied on the hospital's current service area definition to identify the community to be assessed. The definition was based on the geographic origins of hospital discharges.

CCH's community is defined as Columbia County in Wisconsin, which is composed of 11 ZIP codes (**Exhibit 1**). In 2011, Columbia County had an estimated population of 56,763 (**Exhibit 2**).

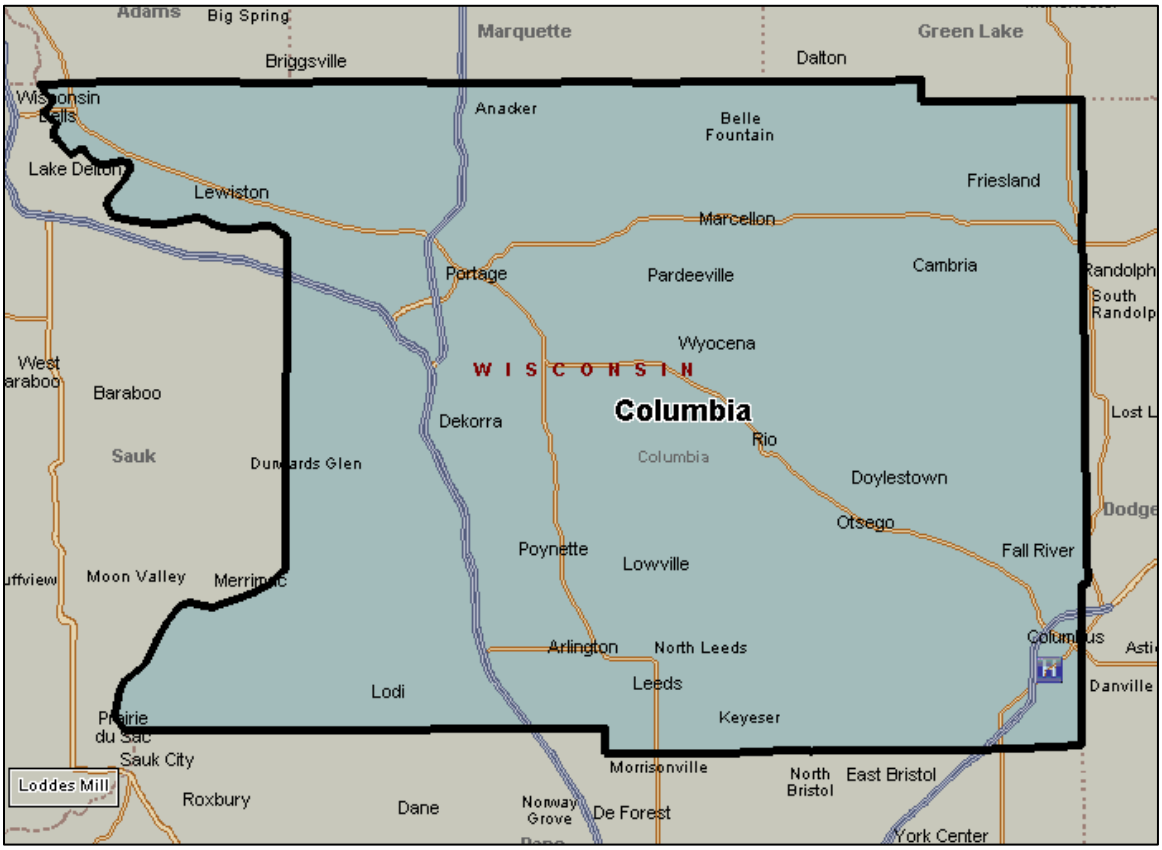
From October 2012 to July 2013, 67.8 percent of the hospital's emergency department visits and 77.0 percent of its inpatient discharges originated from the county (**Exhibit 1**). ZIP codes 53925 and 53932 accounted for approximately 50.5 percent of emergency department visits and 54.1 percent of inpatient discharges.

Exhibit 1: Columbus Community Hospital Inpatient Discharges and Emergency Department Visits, October 2012-July 2013

ZIP Code	Percent of Emergency Department Visits	Percent of Inpatient Discharges
53925	38.1%	42.6%
53932	12.4%	11.5%
53960	8.6%	10.6%
53956	3.1%	2.7%
53923	2.1%	2.3%
53954	1.3%	1.1%
53928	0.6%	1.1%
53901	0.5%	0.7%
53955	0.4%	0.9%
53969	0.4%	3.2%
53935	0.3%	0.5%
Community Total	**67.8%**	**77.0%**
Other	**32.2%**	**23.0%**
Total	**7,921**	**444**

Source: Columbus Community Hospital, 2013.

Exhibit 2: CCH Community



Sources: Microsoft MapPoint and Columbus Community Hospital, 2013.

Population 2010: 56,763

…

77% of the hospital's 2012-2013 discharges originated from the community

SECONDARY DATA ASSESSMENT

This section assesses secondary data regarding health needs in Columbus Community Hospital's community.

Demographics

Population characteristics and trends play a determining role in the types of health and social services needed by communities. The population of Columbia County increased 8.2 percent between 2000 and 2011 to 56,763 persons; the state increased 6.1 percent during that same time period.

Exhibit 3 indicates that Columbia County had a slightly higher proportion of people over 64 years of age than Wisconsin as a whole.

Exhibit 3: Percent of Population by Age, 2009-2011

Age Group	Columbia County	Wisconsin
<5	5.9%	6.2%
5-17	17.3%	17.2%
18-64	62.1%	62.9%
65+	14.7%	13.7%
Total	**56,763**	**5,690,898**

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

15% of Columbia County's population in 2009-2011 was over 64 years of age

In 2011, 95.9 percent of Columbia County's population was White. The county has reported a lower proportion of non-White residents than the state-wide average (**Exhibit 4**).

Exhibit 4: Percent of Population by Race/Ethnicity, 2009-2011

Race/Ethnicity	Columbia County	Wisconsin
White	95.9%	87.3%
Hispanic or Latino	2.6%	5.9%
Black	1.5%	6.2%
Two or More Races	1.1%	1.9%
Other	0.8%	1.9%
American Indian and Alaska Native	0.4%	0.9%
Asian	0.3%	2.3%
Total	**56,763**	**5,690,898**

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

96% of Columbia County's population in 2009-2011 was White

Other demographic characteristics are presented in **Exhibit 5**. The proportions of people with disabilities and who are linguistically isolated in Columbia County are below state and national averages.

Exhibit 5: Selected Demographic Indicators, 2009-2011

Demographic Indicators	Columbia County	Wisconsin	U.S.
Total Population With Any Disability	10.4%	**10.9%**	**12.0%**
Population 0-18 With Any Disability	4.2%	**4.2%**	**4.0%**
Population 18-64 With Any Disability	8.2%	**8.8%**	**10.0%**
Population 65+ With Any Disability	30.3%	**32.8%**	**36.8%**
Residents 25+ Who Did Not Graduate High School	8.8%	**9.9%**	**14.4%**
Residents 5+ Who Are Linguistically Isolated	1.5%	**3.3%**	**8.7%**

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

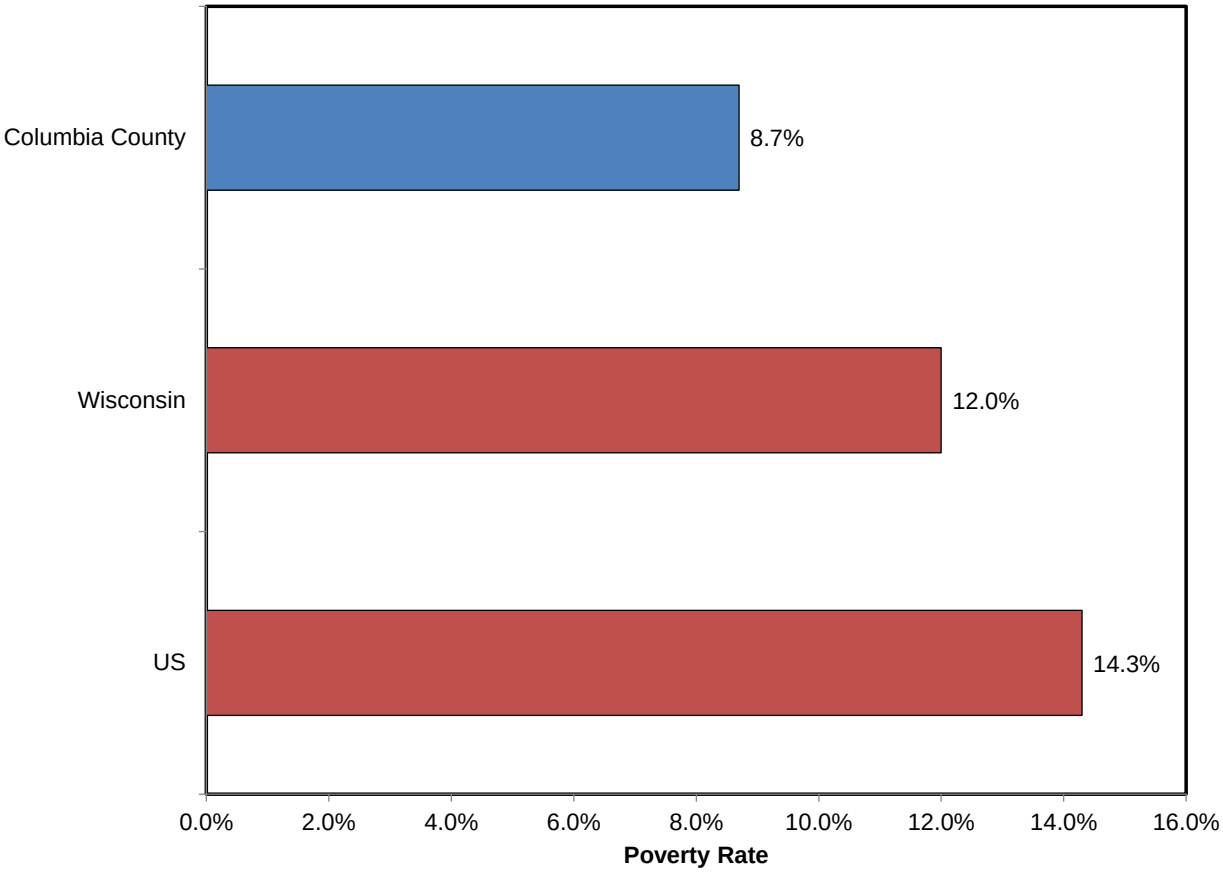
Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) unemployment and insurance coverage rates, and (3) household income.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2011, 14.3 percent of people in the U.S. and 12.0 percent of people in Wisconsin lived in poverty. Columbia County has reported a poverty rate well below the Wisconsin and national averages (**Exhibit 6**).

Exhibit 6: Percent of People in Poverty, 2007-2011



Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

Poverty rates for non-White populations have been higher than rates for the White population in Columbia County. The poverty rate for the Black population was much higher than the Wisconsin and national averages (**Exhibit 7**).

Exhibit 7: Percent of People in Poverty by Race, 2007-2011

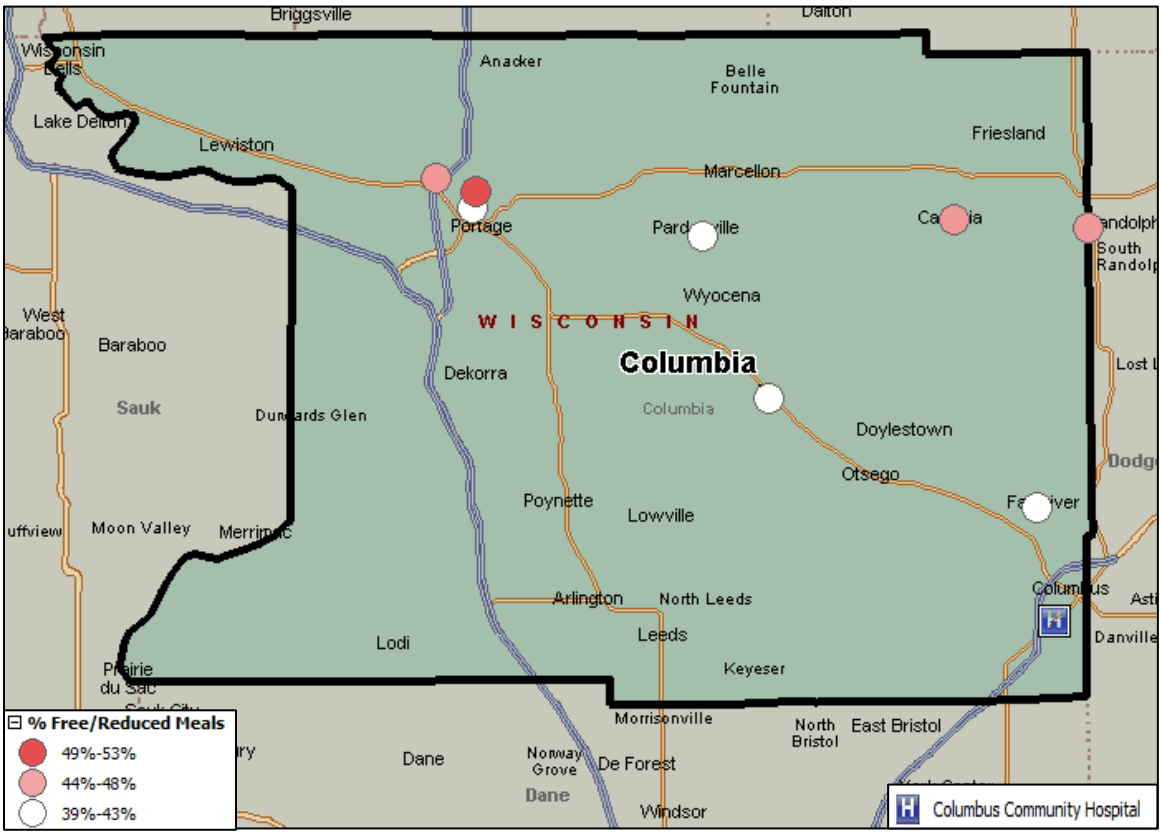
Race / Ethnicity	Columbia County	Wisconsin	U.S.
American Indian or Alaskan Native	0.9%	**28.2%**	**27.0%**
Asian	0.0%	**17.2%**	**11.7%**
Black	56.0%	**36.3%**	**25.8%**
Hispanic (or Latino)	19.5%	**23.8%**	**23.2%**
Native Hawaiian or Other Pacific Islander	0.0%	**15.1%**	**17.6%**
White	8.4%	**9.6%**	**11.6%**
Other	22.0%	**23.2%**	**24.6%**
Two or More Races	12.8%	**24.3%**	**18.7%**

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.
*Caution should be used when interpreting these data because of the small non-White population.

The percentage of students eligible for free or reduced-cost lunches is another indicator of poverty. Schools participating in the National School Lunch Program are eligible to receive funding from the USDA to provide free or reduced-cost meals to low-income students. Schools with 40 percent or more of their student body receiving free or reduced-cost meals are eligible for Title I funding to help ensure that students meet grade-level proficiency standards.

Exhibit 8 maps the 11 school districts (out of 36) in Columbia County with more than 40 percent of students eligible to receive free or reduced-cost lunches. Due to their proximity to each other, only eight school districts are visible on the map.

Exhibit 8: Public Schools with Over 40 Percent of Students Eligible for Free or Reduced-Cost Lunches, School Year 2012

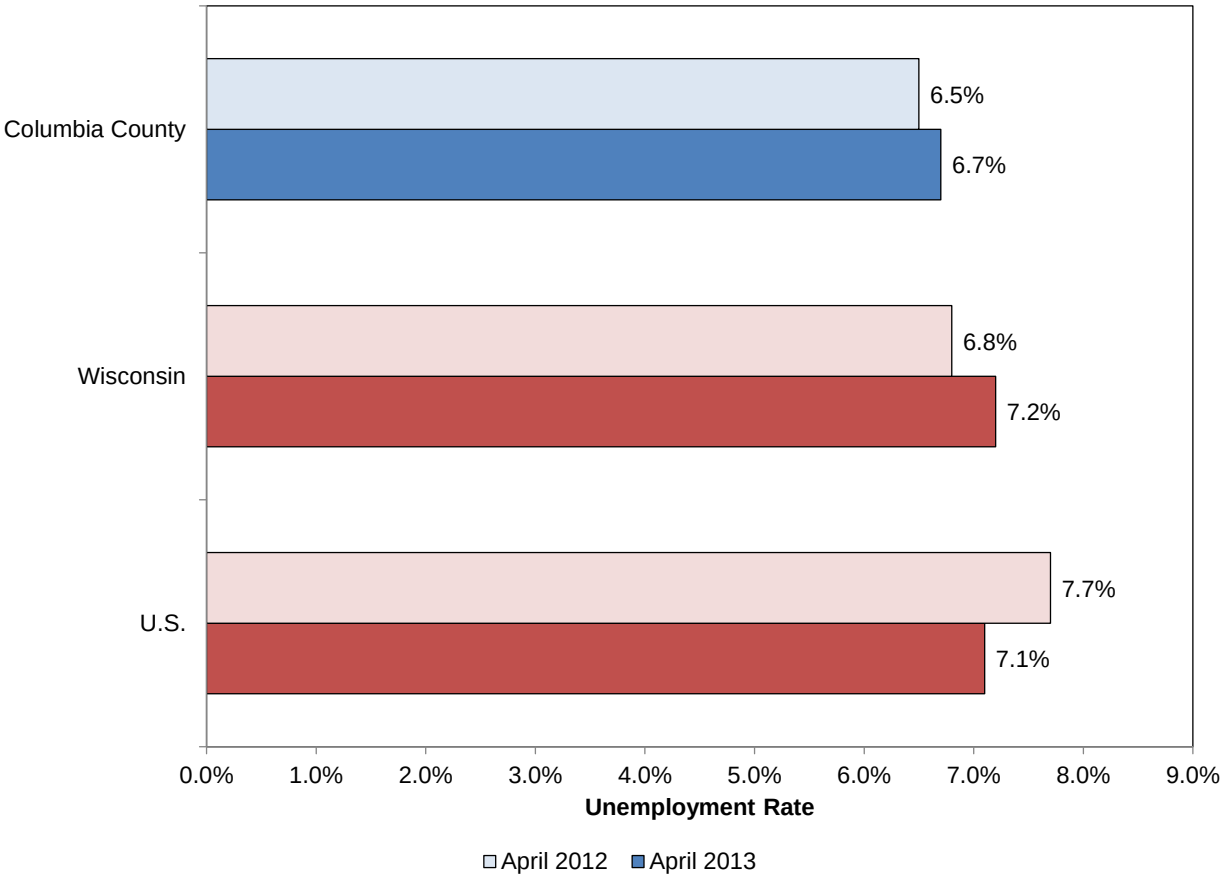


Sources: Microsoft MapPoint and Wisconsin Department of Public Instruction, 2013.

2. Unemployment and Insurance Coverage Rates

Columbia County reported lower unemployment rates in 2012 and 2013 than Wisconsin and national averages (**Exhibit 9**). High unemployment rates can increase the number of people without health insurance and with basic needs insecurity, such as food, clothing, and housing.

Exhibit 9: Unemployment Rates, 2012-2013



Source: U.S. Bureau of Labor Statistics, 2013.

Black, Hispanic (or Latino), and American Indian and Alaska Native residents of Columbia County have reported higher rates of unemployment than the White population. All cohorts reported lower unemployment rates than the Wisconsin average **(Exhibit 10).**

Exhibit 10: Unemployment Rates by Race and Ethnicity, 2007-2011

Race / Ethnicity	Columbia County	Wisconsin	U.S.
American Indian and Alaska Native	15.2%	**16.9%**	**14.8%**
Asian	6.0%	**7.6%**	**6.9%**
Black	15.9%	**18.9%**	**15.0%**
Hispanic (or Latino)	10.3%	**10.6%**	**10.6%**
Native Hawaiian and Other Pacific Islander	0.0%	**16.7%**	**11.8%**
White	5.7%	**6.3%**	**7.5%**
Other	7.6%	**9.7%**	**10.8%**
Two or More Races	5.4%	**14.8%**	**13.1%**

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.
*Caution should be used when interpreting these data because of the small non-White population.

Exhibit 11 indicates that, in 2011, Columbia County had a lower percentage of uninsured residents than the state and national averages.

Exhibit 11: Uninsured Population by Age Cohort and County, 2009-2011

County	Total Population (Percent Uninsured)	Population Under 18 (Percent Uninsured)	Population 18-64, Employed (Percent Uninsured)	Population 18-64, Unemployed (Percent Uninsured)	Population 18-64, Not in Labor Force (Percent Uninsured)
Columbia County	6.9%	4.2%	8.0%	33.7%	8.6%
Wisconsin	**9.2%**	**4.8%**	**10.5%**	**35.8%**	**13.5%**
U.S.	**15.2%**	**8.0%**	**17.6%**	**47.0%**	**22.0%**

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

3. Household Income

Median household incomes in Columbia County were generally comparable to those in Wisconsin. Household income varied by race/ethnicity; most non-White populations had lower incomes than the White population (**Exhibit 12**).

Exhibit 12: Per Capita Income and Median Household Income by Race and Ethnicity, 2007-2011*

Indicator	Columbia County	Wisconsin
Median Household Income	**$ 57,805**	**$ 52,374**
American Indian and Alaska Native	$ 44,107	$ 35,573
Asian	$ 63,421	$ 54,462
Black	$ 35,978	$ 27,647
Hispanic (or Latino)	$ 45,278	$ 38,813
Native Hawaiian or Other Pacific Islander	$135,536	$ 36,969
White	$ 58,106	$ 54,497
Other	$ 52,206	$ 38,036
Two or More Races	$ 47,604	$ 40,343

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.
*Caution should be used when interpreting these data because of the small non-White population.

County-Level Health Status and Access Indicators

Data from *County Health Rankings* and the Wisconsin Department of Health Services were used to examine county-level health status and access indicators in the Columbus Community Hospital community.

1. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state in terms of "health factors" and "health outcomes." These health outcomes and factors are composite measures based on several variables which are grouped into the following categories: health behaviors, clinical care,[3] social and economic factors, and physical environment.[4]

County Health Rankings is updated annually. *County Health Rankings 2013* relies on data from 2004 to 2012, with most data originating in 2007 to 2011.

Exhibit 13 provides a summary analysis of the rankings for Columbia County. Rankings indicate how Columbia County benchmarked compared to the 71 other counties in the state (a rank of 1 indicates the best in the state). **Exhibit 13** also provides data for each underlying indicator. Shading is used to highlight indicators and rankings that benchmark unfavorably.

[3] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[4] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 13: County Health Rankings for Columbia County

Indicator Category	Category Ranking Columbia	Data	Data Value Columbia
Health Outcomes	27		
Mortality	35	Years of potential life lost rate	5,853.4
Morbidity	24	Poor of fair health	N/A
		Poor physical health days	2.7
		Poor mental health days	2.6
		Low birth weight	6.2%
Health Factors	34		
Health Behaviors	56		
Tobacco Use	50	Adult smoking	20.6%
Diet and Exercise	58	Adult obesity	30.7%
		Physical inactivity	27.2%
Alcohol Use	62	Excessive drinking	28.2%
		Motor vehicle crash death rate*	17.9
Sexual Activity	27	Chlamydia rate*	186.5
		Teen birth rate**	23.0
Clinical Care	28		
Access to Care	22	Uninsured	9.3%
		Primary care physicians rate	1,538:1
		Dentist rate	2,782:1
Quality of Care	39	Preventable hospital stays***	59.1
		Diabetic screening	89.8%
		Mammography screening	70.2%
Social & Economic Factors	22		
Education	37	High school graduation	89.3%
		Some college	60.9%
Employment	28	Unemployment	7.4%
Income	16	Children in poverty	14.2%
Family and Social Support	20	Inadequate social support	11.6%
		Children in single parent households	30.8%
Community Safety	56	Violent crime rate*	187.0
Physical Environment	24		
Environmental Quality	32	Average daily fine particulate matter	10.4
		Drinking water safety****	0.0%
Built Environment	27	Recreational facilities rate*	7.0
		Limited access to healthy foods	1.7%
		Fast food restaurants	33.7%

Source: County Health Rankings, 2013.
*Rates are per 100,000 population.
**Rate is per 1,000 teens.
***Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees.
****The percentage of people who received their water from a public water system with at least one health violation in 2012.

County Ranking Key	
County rank 1-36 in WI	
County rank 37-54 in WI	
County rank 55-72 in WI	

Data Value Key	
Unreliable or missing data	N/A
Better than U.S. average	
0-50% worse than U.S. average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

Columbia County ranked in the bottom quarter of Wisconsin counties for Diet and Exercise, Alcohol Use, and Community Safety.

Compared to the U.S. average, Columbia County ranked more than 75 percent worse for excessive drinking.

2. Wisconsin Department of Health Services

The Wisconsin Department of Health Services maintains a publicly-available data warehouse that includes indicators regarding a number of health status issues. Each year, the department publishes a profile for the state, each public health region,[5] and each county in the state. Data in the 2010 profiles were from 2008 through 2010. **Exhibit 14** provides the health status indicators for Columbia County compared to Wisconsin averages.

[5] Wisconsin is divided into five public health regions that focus on certain counties in the state. Columbia County is part of the Southern Region which includes 15 counties.

Exhibit 14: Columbia County and Wisconsin Health Indicators

Indicator	Columbia County	Wisconsin	Year
Cancer Incidence*			
Breast Cancer Incidence Rate	170.2	136.4	2008
Colorectal Cancer Incidence Rate	62.4	47.0	2008
Lung Cancer Incidence Rate	94.5	66.9	2008
Other Sites Cancer Incidence Rate	247.7	249.0	2008
Prostate Cancer Incidence Rate	115.8	138.5	2008
Total Cancer Incidence Rate	552.5	503.1	2008
Maternal and Child Health			
10+ Prenatal Visits During Pregnancy	79.0%	80.0%	2010
1st Prenatal Visit in 1st Trimester	86.0%	84.0%	2010
Percent Compliant With Immunizations Grades K-12	94.2%	96.6%	2010
Percent of Mothers Who Smoke	16.0%	13.0%	2010
Percent of Mothers With High School Diploma or Less	40.0%	40.0%	2010
Preventable Hospitalizations**			
Cerebrovascular Disease Hospitalization Rate	3.1	2.4	2010
Pneumonia and Influenza Hospitalization Rate	4.7	3.0	2010
Preventable Hospitalization Rate	16.4	13.0	2010
Other Hospitalizations***			
Alcohol-Related Hospitalization Rate	2.0	2.0	2010
Asthma Hospitalization Rate	0.8	0.9	2010
Cancers Hospitalization Rate	4.6	3.4	2010
Chronic Obstructive Pulmonary Disease Hospitalization Rate	1.8	1.4	2010
Coronary Heart Disease Hospitalization Rate	3.5	3.3	2010
Diabetes Hospitalization Rate	1.7	1.2	2010
Injury-Related Hospitalization Rate	9.5	8.2	2010
Psychiatric Hospitalization Rate	4.6	6.4	2010
Mortality*			
Tobacco-Related Death Rate	162.0	142.0	2010
Heart Disease Death Rate	185.0	195.0	2010
Cerebrovascular Disease Death Rate	48.0	46.0	2010
Unintentional Injury-Related Death Rate	48.0	46.0	2010

Source: Wisconsin Department of Health Services, 2010.
*Rates are per 100,000 population, aside from prostate cancer (per 100,000 men).
**Hospitalization rates are per 1,000 population. These rates may indicate low access to primary care.
***Hospitalization rates are per 1,000 population.

Key	
Better than Wisconsin	
0-25% worse than Wisconsin	
25-50% worse than Wisconsin	
>50% worse than Wisconsin	

In the community, the rate of pneumonia and influenza hospitalization was more than 50 percent worse than the Wisconsin average. Most indicators compared unfavorably to Wisconsin.

ZIP Code and Census Tract Level Indicators

Dignity Health's Community Need Index™ and data from the U.S. Department of Agriculture were used to examine ZIP code and census tract level indicators in the community.

1. Dignity Health Community Need Index™

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code.[6] The index is based on five social and economic indicators:

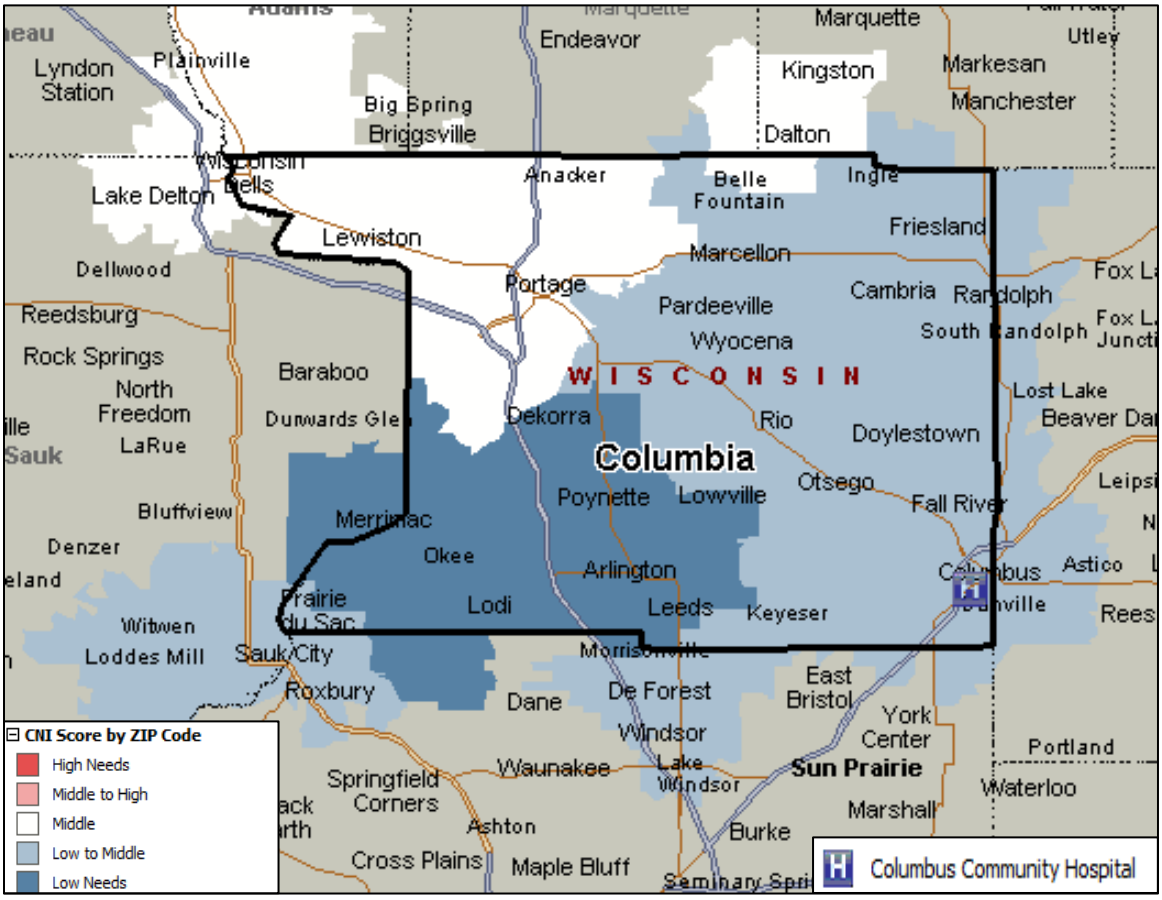
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Need Index*™ calculates a score for each ZIP code based on these indicators. Scores range from "Low Needs" (1.0-1.7) to "High Needs" (4.2-5.0).

[6] Accessed online at http://cni.chw-interactive.org/ on June 28, 2013.

Exhibit 15 presents the *Community Needs Index* (CNI) score of each ZIP code in the Columbus Community Hospital community.

Exhibit 15: Community Needs Index Score by ZIP Code



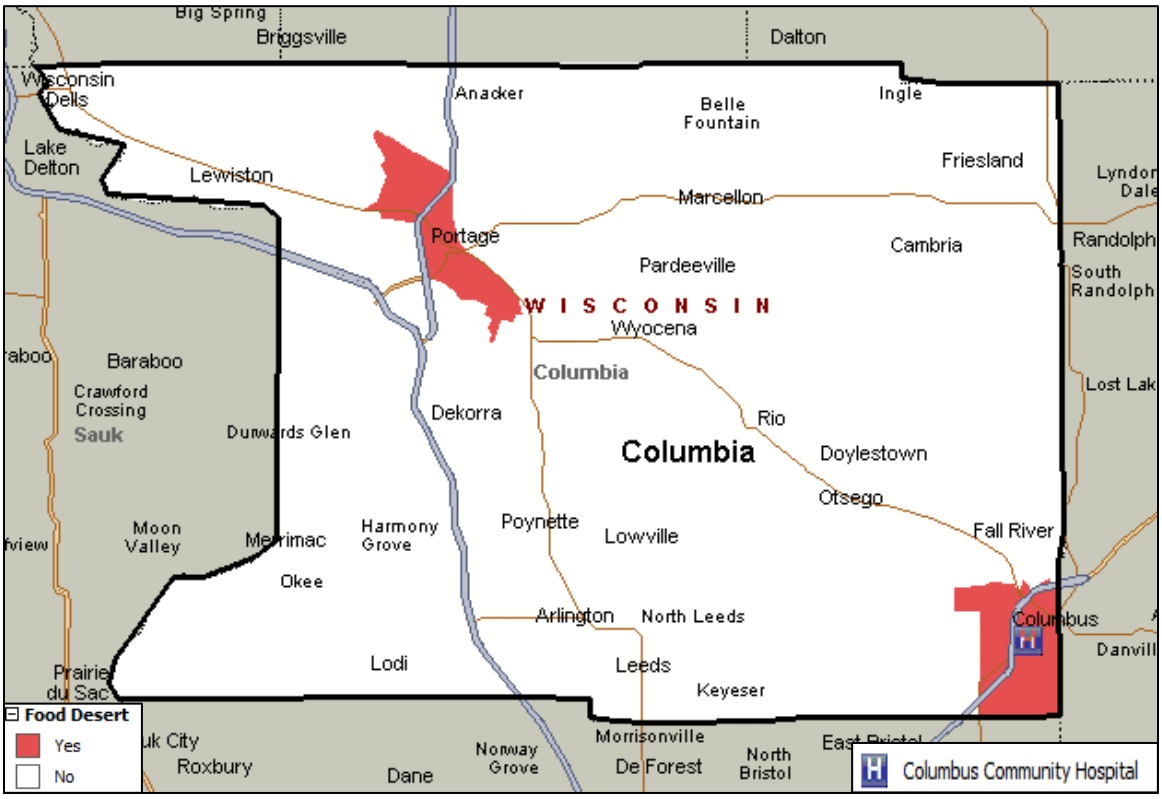
Source: Microsoft MapPoint and Dignity Health, 2013.

All community ZIP codes scored in low to middle needs categories.

2. U.S. Department of Agriculture

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 16** illustrates food deserts in Columbia County.

Exhibit 16: Food Deserts by Census Tract, 2012



Sources: Microsoft MapPoint and U.S. Department of Agriculture, 2013, reflecting data from 2010.

Census tract 55021970400 in Portage and census tract 55021971200 in Columbus, shaded in red in **Exhibit 16**, were identified by the USDA as food deserts.

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and a resultant, additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[7]

The entirety of Columbia County is designated as a mental health HPSA. The Columbia Maximum Security Institution is a primary care, dental care, and mental health care HPSA facility.

No areas or populations in the county have been designated as "Medically Underserved" by the Health Resources and Services Administration (HRSA).[8]

[7] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2011, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

[8] U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2011, from http://bhpr.hrsa.gov/shortage/muaps/index.html.

Description of Other Facilities and Resources within the Community

The community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include health professionals and other agencies and organizations.

Two hospitals exist in Columbia County: Columbus Community Hospital and Divine Savior Healthcare in Portage.

As of 2013, a range of other agencies and organizations assist in meeting the health needs of the community, including the county health and human services department.

Local organizations include, but are not limited to:

- ABC Connections
- Aging and Disability Resource Center of Columbia County
- Central Wisconsin Community Action Council
- Columbia County Pregnancy Resource Center
- Concerned Citizens Against Drug Abuse
- Family Resource Center
- Neighbors in Constant Care Foundation, Inc.
- Pauquette Center
- Portage Food Pantry
- Portage Free Clinic
- Poser Clinic
- Renewal Unlimited, Inc.

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2007. Three such assessments have been conducted in the Columbus Community Hospital area and were publicly available.

1. Columbia County Health and Human Services Department, 2012

The Columbia County Department of Health and Human Services conducted a health needs assessment in 2012 for Columbia County.[9] The report identified high priority goals and objectives for the county.

The objectives were to improve:

- Addictions, including alcohol, tobacco, and other drugs:
    - Columbia County reported an arrest rate for Operating While Intoxicated (OWI) more than double the national rate.
    - The percent of adults reporting binge drinking, at 33 percent, also was more than double the national rate, at 16 percent.
    - Increased usage of heroin was a major concern; nearly 50 percent of Columbia County felony drug arrests in 2012 were heroin related, compared to four percent of arrests in 2010.
    - With 22 percent of county adults smoking, Columbia County's rate of tobacco use was higher than Wisconsin's, at 20 percent. From 2008 to 2010, 19 percent of Columbia County mothers smoked during pregnancy, compared to the state average of 14 percent.
- Access to healthy foods:
    - About 15 percent of Columbia County's population in 2006 was low-income and did not live within 10 miles of a grocery store, as compared to the statewide average of six percent.
- Physical activity and obesity:
    - About 27 percent of Columbia County's adult population reported no leisure time physical activity which compared unfavorably to the state average of 23.0 percent.
    - Columbia County's stroke death rate of 56 per 100,000 population was higher than the Wisconsin average of 45 of 100,000.

[9] Jesse, Sara. (n.d.). *2012 Community Health Needs Assessment.* Retrieved 2013, from http://www.co.columbia.wi.us/columbiacounty/Portals/7/Public%20Health/CHNA_FINAL_063013.pdf

- Mental health:
    - Suicide represented the second-largest share of injury-related mortality in Columbia County from 2007 to 2009, at 14 per 100,000 people.
    - Local emergency departments also reported more visits related to a self-inflicted injury from 2002 to 2006 than the Wisconsin average. Columbia reported 101 emergency department visits per 100,000 due to a self-inflicted injury, compared to the Wisconsin average of 75 per 100,000.
- Access to oral health services:
    - Columbia County's percentage of adults reporting a dental visit in the past year was 65 percent, compared to the Wisconsin average of 75 percent.

2. St. Clare Hospital, 2012

St. Clare Hospital conducted a CHNA for its community, defined as Columbia and Sauk counties, in 2012.[10] Findings relevant to Columbia County include:

- Interviewees expressed concerns about community substance use, including alcohol, drug, and tobacco. Tobacco-related deaths were approximately 14 percent higher in Columbia County than the state average.
- Respondents cited poor mental health as a community concern and noted a lack of mental health specialists and services in the area.
- Interviewees noted a lack of dental and other specialists in the community and poor dental health status, particularly in the low-income population.
- Gender disparities were prevalent; males exhibited higher incidence and mortality rates for cancer and other chronic diseases than females. Male residents were nearly twice as likely as female residents to have colorectal cancer and more than three times as likely to die from a motor vehicle accident.
- Columbia County reported comparatively high rates of unintentional injury and motor vehicle accident-related mortality.
- Columbia County demonstrated high rates of various diseases, including HIV, chlamydia, colorectal cancer, and cervical cancer.
- Residents had limited access to recreational facilities.

[10] Verité Healthcare Consulting, LLC. (October 19, 2012). *Community Health Needs Assessment*. Retrieved 2013, from http://www.stclare.com/internet/home/stclare.nsf/0/F455DE658AC2C6A586257B02005D5FB2/$FILE/SSM%20St%20Clare%20CHNA%20APPROVEDFINAL101912.pdf?openelement

3. Columbus Community Hospital, 2012

In 2012, Columbus Community Hospital conducted community focus groups to better understand local needs and concerns.[11] Findings include:

- Participants indicated that the community particularly needed additional services relating to psychiatric and behavioral health (including specialized services for youth), drug and alcohol abuse, and diabetes. Other services recommended included those relating to heart disease, sports and spinal injuries, and pain management.
- Focus group participants desired new services at the hospital, including mental health services, respiratory and sports medicine, and a pacemaker clinic.
- That study recommended additional community educational programs to assist with these and other issues.

Secondary Data Indicators of Interest

This CHNA considered data regarding the following:

- Community population characteristics;
- Behavioral, economic, environmental, and social factors;
- Prevention and access variables;
- Chronic diseases;
- Communicable diseases;
- Disability;
- Leading causes of death; and
- Maternal and child health.

The following exhibits illustrate the categories and associated indicators that suggest that certain priority health needs are present in the Columbus Community Hospital community. All data were examined, but only data which compared unfavorably are presented below.

[11] Zweifel, Joyce. *Community Focus Groups Methodology and Key Findings.* (May, 2012).

1. Behavioral Factors

Health behaviors such as diet, exercise, and substance abuse directly lead to health concerns immediately and/or later in life. By tracking certain negative health behaviors or a lack of positive health behaviors within a community, care providers and policy makers may be able to identify areas for potential programmatic response, treating the root causes of many significant health issues.

a) Alcohol Use

Indicator	Community Value	Benchmark	Benchmark Definition
Adults who Drink Excessively	28.2%	14.6%	U.S. Counties
	28.2%	15.0%	U.S. Average
	28.2%	25.3%	HP 2020 Target

Sources: Healthy Communities Institute, 2013, using original source data from 2005-2011, and County Health Rankings, 2013, using original source data from 2005-2011.

Residents in Columbia County exhibited high rates of excessive alcohol use compared to the national average and the Healthy People 2020 target.

b) Smoking

Indicator	Community Value	Benchmark	Benchmark Definition
Adults who Smoke	20.6%	20.4%	U.S. Counties
	20.6%	12.0%	HP 2020 Target

Source: Healthy Communities Institute, 2013, using original source data from 2005-2011.

Residents in Columbia County exhibited high rates of smoking compared to the U.S. and the Healthy People 2020 target.

c) Diet and Exercise-Related Issues

Indicator	Community Value	Benchmark	Benchmark Definition
Adults who are Sedentary	27.2%	23.9%	WI Counties
Adult Obesity	33.9%	29.1%	WI Counties
	33.9%	30.6%	HP 2020
Adults who are Overweight or Obese	69.8%	65.5%	WI Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2008-2010.

Columbia County reported a slightly higher rate of obesity than the national average. Residents also led more sedentary lifestyles compared to Wisconsin residents as a whole.

2. Environmental Factors

Environmental factors assess the infrastructure of the community that influence diet and exercise patterns. For example, access to a grocery store is essential to making healthy food choices.

Indicator	Community Value	Benchmark	Benchmark Definition
Grocery Store Density*	0.2	0.2	U.S. Counties
Recreation and Fitness Facilities**	7.0	7.6	U.S. Average
Mean Travel Time to Work***	26.7	22.6	U.S. Counties
Workers Commuting by Public Transportation	0.2%	0.4%	U.S. Counties
	0.2%	5.5%	HP 2020 Target

Sources: Healthy Communities Institute, using source data from 2007-2011, and County Health Rankings, 2013, using original source data from 2010.
*Rate per 1,000 population.
**Rate per 100,000 population.
***Length in minutes.

Columbus County compared unfavorably to the U.S. for a variety of environmental factors: grocery store density, access to recreation and fitness facilities, and public transportation utilization. Data indicate that county residents had longer average commute times compared to U.S. counties.

3. Social Factors

The ability to obtain basic needs, support for the senior population, and the prevalence of violent crime are social factors that impact a community's health. Seniors living alone often suffer from financial strain, lack daily living support, and have special health needs. Low high school graduation rates exacerbate social inequality and unemployment.

Indicator	Community Value	Benchmark	Benchmark Definition
Workers Who Drive Alone to Work	81.9%	79.5%	U.S. Counties
High School Graduation	89.3%	91.2%	WI Counties
Low-Income Persons who are SNAP Participants	26.3%	31.5%	U.S. Counties
People 65+ Living Alone*	28.0%	27.9%	U.S. Counties
Violent Crime Rate	187.0	118.4	WI Counties

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011. Rates per 100,000 population.
*Caution should be used when interpreting these data. A comparatively high percentage of individuals 65+ living alone can indicate either sufficient support for independent living or social isolation. Nationally, elders living alone in 2011 were three times as likely to live in poverty compared to those who lived with their families, according to the U.S. Department of Health and Human Resources' Administration on Aging.[12]

In Columbia County, a lower percentage of eligible residents is enrolled in SNAP, a higher percentage of seniors live alone, and a higher percentage of workers drive alone to work compared to U.S. counties. The county also reports a lower percentage of the population graduating high school and a higher rate of violent crime than Wisconsin counties.

[12] U.S. Department of Health and Human Services' Administration on Aging. (2011). *A Profile of Older Americans: 2011.* Retrieved May 2013, from http://www.aoa.gov/Aging_Statistics/Profile/2011/docs/2011profile.pdf

4. Health Status: Chronic Diseases

Diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Community Value	Benchmark	Benchmark Definition
Breast Cancer Incidence Rate (Age-Adjusted)	126.2	116.7	U.S. Counties
Breast Cancer Incidence Rate	170.2	136.4	WI Average
Cancer Incidence Rate	552.5	503.1	WI Average
Cerebrovascular Disease Hospitalization Rate	3.1	2.4	WI Average
Colorectal Cancer Incidence Rate	62.4	47.0	WI Average
Colorectal Cancer Incidence Rate (Age-Adjusted))	51.3	48.5	U.S. Counties
	51.3	38.6	HP 2020 Target
Chronic Obstructive Pulmonary Disease Hospitalization Rate	1.8	1.4	WI Average
Coronary Heart Disease Hospitalization Rate	3.5	3.3	WI Average
Diabetes Hospitalization Rate	1.7	1.2	WI Average
Lung Cancer Incidence Rate	94.5	66.9	WI Average
Lung Cancer Incidence Rate (Age-Adjusted)	77.7	74.6	U.S. Counties
Oral and Pharynx Cancer Incidence Rate (Age-Adjusted)	14.2	11.6	U.S. Counties
Pneumonia and Influenza Hospitalization Rate	4.7	3.0	WI Average
Prostate Cancer Incidence Rate (Age-Adjusted)	149.0	145.6	U.S. Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2005-2011, and Wisconsin Department of Health, 2011, using original source data from 2008-2010. Rates are per 100,000 population (prostate cancer rate is per 100,000 males) aside from hospitalization rates, which are per 1,000 population.

Columbia County reported higher rates of breast, colorectal, lung, oral, and prostate cancer than the U.S. Cerebrovascular disease, chronic obstructive pulmonary disease, coronary heart disease, and diabetes hospitalization rates were higher than the Wisconsin average.

5. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Community Value	Benchmark	Benchmark Definition
Alzheimer's Disease Death Rate (Age-Adjusted)	37.7	22.1	WI Counties
Cerebrovascular Disease (Stroke) Death Rate	48.0	46.0	WI Average
Cerebrovascular Disease (Stroke) Death Rate (Age-Adjusted)	38.3	37.8	WI Counties
	38.3	33.8	HP 2020 Target
Chronic Lower Respiratory Diseases Death Rate Age-Adjusted)	43.7	39.3	WI Counties
Colorectal Cancer Death Rate (Age-Adjusted)	15.8	14.5	HP 2020 Target
Fall-Related Death Rate (Age-Adjusted)	15.0	11.6	WI Counties
	15.0	7.0	HP 2020 Target
Lung Cancer Death Rate (Age-Adjusted)	51.5	45.5	HP 2020 Target
Motor Vehicle Collisions Death Rate (Age-Adjusted)	17.1	12.8	WI Counties
	17.1	12.4	HP 2020 Target
Prostate Cancer Death Rate (Age-Adjusted)	24.4	21.2	HP 2020 Target
Suicide Death Rate (Age-Adjusted)	12.1	10.2	HP 2020 Target
Tobacco Use-Related Death Rate (Age-Adjusted)	162.0	142.0	WI Average
Unintentional Injury Death Rate (Age-Adjusted)	48.0	41.1	WI Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2005-2011, and Wisconsin Department of Health, 2011, using original source data from 2010. Rates are per 100,000 population; the prostate cancer rate is per 100,000 males.

The Columbus Community Hospital community exhibited poor outcomes for cancer, stroke, and chronic lower respiratory diseases. The area also had high rates of mortality related to unintentional injuries, falls, motor vehicle collisions, and suicide.

6. Health Status: Maternal and Child Health - Infant Health Risk Factors

Monitoring indicators such as infant birth weights, prenatal care, and child immunizations is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families.

Indicator	Community Value	Benchmark	Benchmark Definition
Single-Parent Households	30.8%	30.1%	U.S. Counties
Mothers Who Smoked During Pregnancy	16.2%	13.0%	WI Average
	16.2%	1.4%	HP 2020 Target
10+ Prenatal Visits During Pregnancy	79.0%	80.0%	WI Average
Children with Required Immunizations	94.2%	96.6%	WI Average
Children with Required Immunizations	94.2%	98.3%	WI Counties
Babies with Very Low Birth Weight	1.5%	1.2%	WI Counties
	1.5%	1.4%	HP 2020 Target

Sources: Healthy Communities Institute, 2013, using original source data from 2010, and Wisconsin Department of Health, 2011, using original source data from 2010.

Columbia County exhibited a low rate of children with required immunizations compared to Wisconsin. The percentage of mothers who smoked during pregnancy and babies with very low birth weight also were higher than the Healthy People 2020 targets and Wisconsin counties.

Disparities of Interest – By Race and Ethnicity

This section illustrates health disparities in the Columbus Community Hospital community based on analysis of secondary data. It can be helpful to consider disparities by race and ethnicity because these factors are often associated with specific health concerns that differ from other populations. Economic and social factors indicators are benchmarked against U.S. counties; communicable disease indicators are benchmarked against Wisconsin counties.

Exhibit 17 indicates that 95.9 percent of Columbia County's population was White from 2009-2011. About 2.6 percent identified as Hispanic or Latino.

Exhibit 17: Percent of Population by Race/Ethnicity, 2009-2011

Race/Ethnicity	Columbia County	Wisconsin
White	95.9%	87.3%
Hispanic or Latino	2.6%	5.9%
Black	1.5%	6.2%
Two or More Races	1.1%	1.9%
Other	0.8%	1.9%
American Indian and Alaska Native	0.4%	0.9%
Asian	0.3%	2.3%
Total	**56,763**	**5,690,898**

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

96% of Columbia County's population in 2011 was White

The following exhibits illustrate the categories, and associated disparities, which suggest that certain priority health needs are present in the Columbus Community Hospital community.

1. Economic Factors

Economic factors play a determining role in the health status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Indicator	Total Population	White	Hispanic (or Latino)	Black	Other	Two or More Races	Asian	American Indian or Alaska Native	Hawaiian or Other Pacific Islander
Median Household Income	$57,805	$58,327	$45,278	$35,978	$52,206	$47,604	$63,421	$44,107	$135,536
Children Living Below Poverty Level	13.5%	12.4%	36.0%	81.7%	45.8%	13.5%	0.0%	0.0%	0.0%
Families Living Below Poverty Level	4.9%	4.7%	12.5%	68.8%	20.5%	3.6%	0.0%	0.0%	0.0%
People 65+ Living in Poverty	6.4%	6.5%	0.0%	0.0%	0.0%	15.4%	0.0%	0.0%	-
People Living Below Poverty Level	8.7%	8.3%	19.5%	56.0%	22.0%	12.8%	0.0%	0.0%	0.0%
Young Children Living Below Poverty Level	16.7%	15.9%	33.9%	65.4%	42.6%	17.0%	0.0%	0.0%	-

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.
*Caution should be used when interpreting these data because of the small non-White population.

Most non-White residents of Columbia County were more likely to face financial hardship than White residents. Black, Hispanic (or Latino), and Other children, as well as children reporting two or more races, were more likely to live below the poverty level than other cohorts. Seniors of two or more races were more likely to live in poverty than the White population.

2. Social Factors: Educational Achievement

Educational achievement is a major factor in community health and wellness. Low levels of education often are linked to poverty and poor health.

Indicator	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian	American Indian or Alaska Native	Hawaiian or Other Pacific Islander
People 25+ with a High School Degree or Higher	91.2%	91.7%	75.1%	74.9%	55.3%	88.0%	92.6%	80.3%	100.0%
People 25+ with a Bachelor's Degree or Higher	20.5%	20.9%	5.8%	0.4%	2.4%	20.0%	49.3%	17.5%	46.7%

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.
*Caution should be used when interpreting these data because of the small non-White population.

Hispanic (or Latino), Black, and Other residents of Columbia County were less likely to have graduated from high school or college than White residents.

3. Health Status: Communicable Diseases

The prevalence of communicable diseases may indicate unsafe behaviors or environments, lack of knowledge regarding a particular disease, or disparities among certain population groups.

Indicator	Total Population	White	Hispanic (or Latino)	Black	Other	Two or More Races	Asian	American Indian or Alaska Native	Hawaiian or Other Pacific Islander
Chlamydia Incidence Rate	179.0	117.0	491.0	266.0	-	-	-	0.0	-

Source: Healthy Communities Institute, 2013, using original source data from 2011. Rates per 100,000 population.
*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Black and Hispanic (or Latino) residents reported higher rates of chlamydia diagnosis than White residents in Columbus County. American Indian residents did not report any cases of chlamydia.

Disparities of Interest – By Gender

This section illustrates health disparities in the Columbus Community Hospital community based on analysis of secondary data. It can be helpful to consider disparities by gender because these factors are often associated with specific health concerns that differ between males and females.

The following exhibits illustrate the categories, and associated disparities, that appeared most unfavorable in the Columbus Community Hospital community. Economic factors and cancer Death rates are benchmarked against U.S. counties; all other indicators are benchmarked against Wisconsin counties.

1. Economic Factors

Economic factors play a determining role in the health status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Indicator	Total Population	Female	Male
Children Living Below Poverty Level	13.5%	11.0%	15.9%
People 65+ Living in Poverty	6.4%	8.5%	3.9%
People Living Below Poverty Level	8.7%	9.3%	8.1%
Young Children Living Below Poverty	16.7%	12.3%	21.0%

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.

Male children, female adults, and female seniors in Columbia County were more likely to live below the poverty level compared to the total population.

2. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

a) Chronic Diseases

Indicator	Total Population	Female	Male
Cancer Death Rate (Age-Adjusted)	186.9	155.1	236.4
Colorectal Cancer Death Rate (Age-Adjusted)	15.8	11.9	19.5
Lung Cancer Death Rate (Age-Adjusted)	51.5	41.3	66.4
Heart Disease Death Rate (Age-Adjusted)	158.2	126.9	195.5
Chronic Lower Respiratory Diseases Death Rate (Age-Adjusted)	43.7	30.8	62.7

Source: Healthy Communities Institute, 2013, using original source data from 2005-2011. Rates per 100,000 population.

Males exhibited higher mortality rates due to cancer, heart disease, and chronic lower respiratory disease than females.

b) Accidents

Indicator	Total Population	Female	Male
Unintentional Injuries Death Rate (Age-Adjusted)	54.2	59.9	48.7
Motor Vehicle Collisions Death Rate (Age-Adjusted)	17.1	15.3	18.8

Source: Healthy Communities Institute, 2013, using original source data from 2009-2011. Rates per 100,000 population

Males exhibited higher mortality rates due to motor vehicle collisions; females reported higher mortality rates due to unintentional injuries.

3. Health Status: Diseases

Diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Total Population	Female	Male
Chlamydia Incidence Rate	179.0	254.0	107.0
Colorectal Cancer Incidence Rate (Age-Adjusted)	51.3	37.6	67.4
Lung Cancer Incidence Rate (Age-Adjusted)	77.7	62.1	100.8

Source: Healthy Communities Institute, 2013, using original source data from 2005-2008 and 2011. Rates per 100,000 population.

Females reported higher incidence rates of chlamydia than males. Male residents reported higher rates of colorectal cancer and lung cancer than female residents.

PRIMARY DATA ASSESSMENT

Community input was obtained through interviews. Findings from these primary data are presented below.

Interview Findings

Interviews regarding health needs in the community served by Columbus Community Hospital were conducted with 13 key informants, including external stakeholders (those not affiliated with Columbus Community Hospital) and internal Columbus Community Hospital staff. The interviews provided input on a wide range of community health issues, including barriers to access to health services, changes in community population, prevalence of certain health conditions, social determinants of health, health disparities, and other topics. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss current and emerging issues affecting community health.

Verité staff summarized all interview comments and assessed the frequency with which community health issues were mentioned and also assessed informant views regarding the severity of each concern. The following issues are considered of greatest concern to community health, based on that assessment. Issues are ordered based on the frequency and intensity of responses:

- **Poor mental health status.** Issues relating to poor mental health, notably high suicide rates among teens and middle-aged residents, are prevalent in the community. There are comparatively few local and accessible mental and behavioral health services and professionals, particularly psychiatrists. A lack of affordable treatment options, including expensive prescriptions, further complicates the issue.

- **Substance abuse and misuse.** Heroin use has been increasing and is particularly problematic among teenagers and young adults, while prescription drug misuse is widespread throughout the community. A lack of local substance abuse services, including detox treatments, contributes to abuse.

- **Alcohol abuse.** The impacts of alcohol overconsumption, both for the local resident and visiting tourist populations, are illustrated by the prevalence of motor vehicle accidents, falls, and other injuries due to intoxication. A lack of substance abuse services, including detox treatments, contributes to continued abuse.

- **Poor dental health status.** An insufficient number of dental professionals provide services at no cost or on a sliding-fee scale, contributing to poor dental health in the community, particularly for low-income and uninsured populations. Few dentists accept BadgerCare, which affects that group as well

- **Diet and exercise-related issues.** High rates of obesity, poor diets, and insufficient exercise are prevalent throughout the community, particularly among children. Efforts to reduce over-consumption may be too restrictive and lead individuals, especially children,

to supplement meals with high-calorie snacks. These issues are exacerbated by readily available fast-food and "grab and go" options.

- **Senior support.** Seniors lack family and social support. Case/care management would be helpful, particularly helping seniors with prescription drugs. These needs are magnified by limited transportation options and difficulty finding appropriate senior care.

- **Transportation difficulties.** Interviewees noted that transportation difficulties often compound other access problems, particularly for low-income individuals and residents of outlying areas in Columbia County. A lack of local transportation, such as taxis and wheel chair vans, can add to access challenges.

- **Financial hardship and unemployment.** Unemployment / underemployment increases poor health status because of limited access to affordable care and insurance, especially mental and dental care and prescription drugs. Those who are unable to utilize services due to cost often do not conform to a prescription drug regime and suffer from poor disease management. Residents may delay care or use the ER inappropriately because of outstanding balances owed to other providers.

- **Provider undersupply.** The community lacks specialists, including psychiatrists and oncologists, as well as providers who accept BadgerCare. To access specialized services and/or providers participating in BadgerCare, many residents travel to Portage or Madison.

- **Organizational issues.** Insufficient collaboration among all human and health services providers, limited provider outreach efforts and facilities, and lack of services convenient to home/work negatively impact residents' access to services. These organizational issues are exacerbated by residents' lack of knowledge of available services and health care literacy.

- **Transient populations.** The number of individuals within the community fluctuates seasonally as tourists and workers visit the community. These populations access services because of emergencies and accidents, frequently drug- and alcohol-related. These populations typically access first responder services, including police, EMT, and ER services.

Individuals Providing Community Input

Thirteen individuals participated in the interview process. The thirteen represent public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other community members **(Exhibits 18** and **19**).

Exhibit 18: Individuals Interviewed – Public Health Experts and Leaders and Representatives of Medically Underserved, Low-income, and/or Minority Populations, or of Populations with Chronic Disease Needs

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role
Chris Josheff	Patient Financial Counselor	Columbus Community Hospital	As a patient financial counselor at Columbus Community Hospital, Chris Josheff works regularly with low-income and medically underserved members of the community.
Susan Lorenz, RN, MS	Health Officer	Columbia County Health and Human Services	As the health officer for the Columbia County Department of Health and Human Services, Susan Lorenz is knowledgeable about public health in the community.
Berit Poser	Clinic Manager	Poser Clinic	As the clinic manager at the Poser Clinic, which serves low-income and medically underserved populations, Berit Poser is knowledgeable about these populations' needs.
Heidi Wallace	Social Worker	Columbus Community Hospital	Through her position as a social worker at Columbus Community Hospital, Heidi Wallace has specialized knowledge about low-income and medically underserved populations.

Exhibit 19: Other Individuals Interviewed

Name	Title	Affiliation or Organization
Werner Biedermann	President	LifeStar EMS
Jake Ekern	Dean of Students / Activities Director	Columbus High School
Mary Hughes	Nurse	Columbus School District
Terri Kelm, RN	Emergency Services	Columbus Community Hospital
Mary Jo Kuenzi	Case Manager	Columbus Community Hospital
Janelle Lauersdorf, RN, BSN	Infection Preventionist	Columbus Community Hospital
Daniel Meister	Chief of Police	City of Columbus
Robert Moberg	Pastor	Faith Lutheran Church
Becky O'Neill, RN, BSN	School Nurse	Fall River School Nurse

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Columbus Community Hospital
CHNA Implementation Strategy

Adopted by the Columbus Community Hospital Board on 12/5/13

This document describes how Columbus Community Hospital (CCH or the hospital) plans to address needs found in the Community Health Needs Assessment (CHNA) published by the hospital on 9/30/13. The CHNA report is available at http://www.cch-inc.com/Pages/default.aspx. The implementation strategy describes the hospital's planned initiatives for calendar (tax) years 2014 through 2016.

The 2013 CHNA and this implementation strategy were undertaken to identify and address significant community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010. Final guidance as to the content and format of these documents has not been issued by the IRS.

This implementation strategy outlines the significant community health needs described in the CHNA report. It identifies significant needs that CCH plans to address through various strategic initiatives and articulates why the hospital does not intend to address other needs identified in that report.

The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address one or more of the significant community health needs, and as a result the hospital may amend its strategies and focus on other identified significant health needs.

The document contains the following information:

1. Hospital Mission Statement
2. Definition of the Community Served
3. Significant Health Needs Identified
4. Significant Health Needs the Hospital Will Address
5. Needs the Hospital Will Not Address
6. Implementation Strategy Adoption

1. Hospital Facility Mission Statement

Columbus Community Hospital is committed to supporting its mission through offering a wide range of community benefits and clinical services. The hospital's mission is as follows:

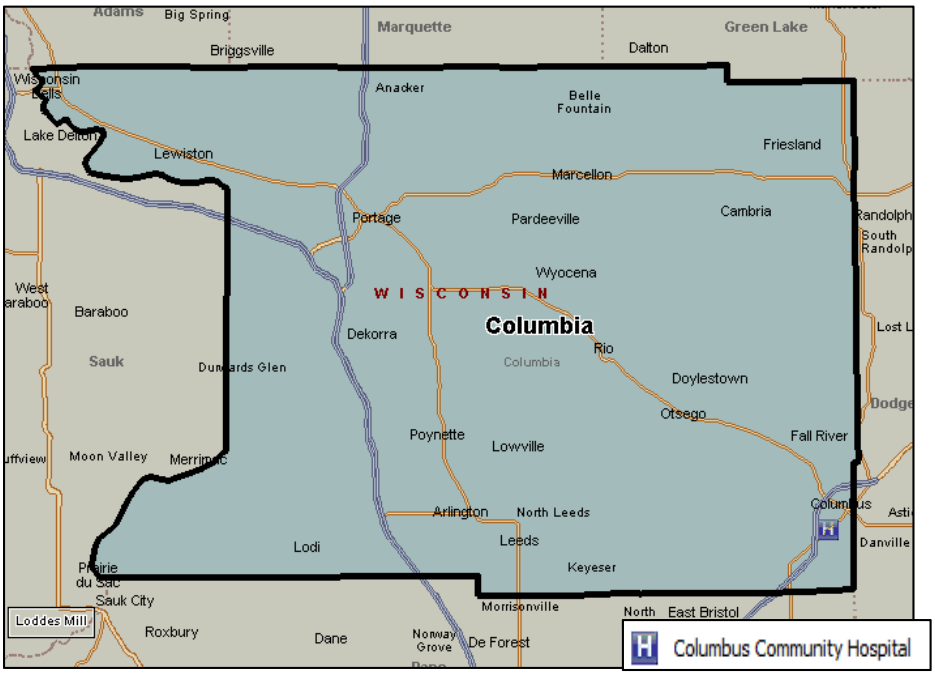
> "By building caring relationships with those we serve, we guide the journey to health and wellness."

2. Definition of the Community Served

Columbus Community Hospital's community is defined as Columbia County, Wisconsin. This area is comprised of 11 ZIP codes.

In 2011, this community included an estimated 56,763 persons. The community was defined based on the geographic origins of Columbus Community Hospital's inpatients. Between October, 2012, and July, 2013, about 77 percent of the hospital's inpatients and about 68 percent of emergency department visits originated from the 11 ZIP codes. **Exhibit 1** illustrates the community served by the hospital.

Exhibit 1: Columbus Community Hospital Community



Sources: Microsoft MapPoint and Columbus Community Hospital, 2013.

Summary information regarding the hospital's community is as follows:

- The community's population grew eight percent between 2000 and 2011, while the state's population increased 6.1 percent during that same time period.
- Columbia County had a slightly higher proportion of residents aged 65 years or older than Wisconsin as a whole.
- A higher percentage of Columbia County residents, at 96 percent, were White in 2011 than the state average, at 87 percent.
- Columbia County had poverty and unemployment rates below Wisconsin and national averages; however, these rates were higher for non-White residents.

Additional information regarding community demographics, identified health needs, and related issues is included in the CHNA report.

3. Significant Health Needs Identified

The hospital's 2013 CHNA found that numerous health status and access problems are present in the community and determined 15 significant needs (**Exhibit 2**). A hospital committee met on several occasions, reviewed the CHNA findings, and considered the following criteria to determine the most critical and appropriate needs for CCH to address [examples follow below]:

- National trends and recognized national health priority;
- Reported severity of the health issue;
- Frequency of identification of health issues from stakeholder input;
- Community support for the issue and potential for partnerships to address the issue; and
- Value of CCH leadership to address the issue.

Based on these criteria, the hospital committee concluded that the hospital's implementation strategy should continue to address the issues identified by "Y" (for Yes) in **Exhibit 2** through ongoing programs, and that the work plan for 2014-2016 will focus major new and continuing efforts on two priority strategic initiatives (identified as "Priority") described in Section 4. Issues identified by "N" (for No) represent issues that the hospital does not plan to address (for reasons detailed in the report). The 2013 CHNA provides additional details regarding each of these community health needs.

Exhibit 2: Identified Community Health Needs the Hospital Will Attempt to Address

Access to Health and Human Services	Plan to Address?
• Lack of Affordable and Accessible Care	Y
• Lack of Health Education	Y
• Lack of Physicians and Specialists	Y
• Support for Seniors and Their Caregivers	Y
Dental Health	
• Lack of Access to Dental Care and Poor Dental Health Status	N
Health Behaviors	
• Alcohol Abuse	N
• Drug Abuse	N
• Smoking/Tobacco Use	N
Health-Related Disparities	
• Gender Disparities	Priority
• Racial and Ethnic Disparities	N
Mental Health	
• Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status	N
Morbidity and Mortality	
• Diet and Exercise-Related Issues	Priority
• High Rates of Fall Mortality	Y
Physical Environment	
• Violent Crime	N
Social and Economic Factors	
• Financial Hardship	Y

4. Significant Health Needs the Hospital Will Address

Columbus Community Hospital has a tradition of providing significant amounts of community benefit to the communities it serves. The hospital will continue its commitment to the community by allocating appropriate resources to address these health needs. For each of the priority strategic initiatives that the hospital plans to address, the strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impact of these actions and a plan to evaluate such impact; and
- Planned collaboration between the hospital and other organizations.

A. Priority Strategic Initiatives

1. Gender Disparities - The hospital intends to address gender disparities by taking the following actions:

a. Expand the Cancer Care Nurse Navigation Program, which originally served only breast cancer patients, to include colon and lung cancer patients. The program provides patient education, advocacy, resource utilization, and support throughout the cancer care continuum by providing a consistent point of contact and personalized coaching for patients. The program serves as a liaison between patients and CCH services.

b. Host a 12 week operational wellness pilot program for young men working at Robbins Manufacturing. The program will provide incentives to teams of employees who participate in a set of physical fitness challenges to increase their physical activity regimen through aerobics.

c. Continue the Cancer Support Group.

d. Host the Spring Into a New You CCH Women's Day, an event providing information and resources on nutrition, CPR, breast and heart health, self-defense, menopause, and exercise promotion.

e. Continue to collaborate on Relay For Life, a community based fundraising event hosted by the American Cancer Society, which is held across local communities, universities, and the virtual space.

Anticipated Impact and Plan to Evaluate: The hospital anticipates that tailoring specific programs to men and women who may be impacted by certain chronic conditions will be of benefit and serve to reduce gender disparities associated with such chronic conditions. The hospital will monitor program performance annually, including actions taken, the number of people reached, and program outcome data where available.

Planned Collaboration: The hospital plans to collaborate with, local and system-wide oncologists working for the Cancer Navigation Program, the American Cancer Society, local businesses, and Robbins Manufacturing.

2. Diet and Exercise-Related Issues - The hospital intends to address diet and exercise-related issues by taking the following actions:

a. Convene the Live It! Real-Life Nutrition for Teens program, a year round curriculum designed to engage and educate middle school students in the rural community through a combination of nutrition and physical activity based lessons that are taught by CCH staff. As an incentive for schools to participate and benefit from the program, schools will be awarded points based on student participation and completion of various take-home activities. The objective of the program is to improve nutrition and physical activity habits of youth.

b. Host a 12 week operational wellness pilot program for young men working at Robbins Manufacturing. The program will provide incentives to teams of employees who participate in a set of physical fitness challenges to increase their physical activity regimen through aerobics.

c. Distribute nutrition and exercise information at various events, including the Columbus 5K Kindergarten Tour, Fall River 5K Kindergarten Tour, Spring Into a New You CCH Women's Day, Hospital Walk, Columbus Senior Fair, National Night Out, Columbus School District Resource Fair, Fall River School District Resource Fair, and Early Childhood Screening Day.

d. Provide access to heart health and diabetes education, blood pressure checks, and screenings through various events, including: Spring Into a New You CCH Women's Day, Hospital Walk, Columbus Senior Fair, and National Night Out.

e. Convene the American Diabetes Association Month Event, organize the Diabetes Support Group, provide information and analysis on diabetes trends and overviews, and provide pre-diabetes classes.

f. Convene the Hands on Hearts program.

Anticipated Impact and Plan to Evaluate: The hospital anticipates increased physical activity and healthy diets to result in reduced rates of chronic conditions and increased health benefits for adults and youth. The hospital will monitor program performance annually, including actions taken, the number of people reached, and program outcome data where available.

Planned Collaboration: The hospital plans to collaborate with local schools who are implementing the Live It! Curriculum, the University of Wisconsin, the American Diabetes Association, local schools and community organizations, and Robbins Manufacturing.

B. Continuing Strategic Initiatives

While certain community health needs have not been identified as priority strategic initiatives, the hospital plans to continue various current community benefit programs that address these needs, as outlined below.

Lack of Affordable and Accessible Care: Columbus Community Hospital is aware of this need, especially in rural communities. As a rural hospital, CCH currently has a Community Care program for patients who are unable to pay or who can pay, but need to make monthly payments. No other programs regarding this need will be implemented at this time. The anticipated impact of this effort is continued access to service by members of the community. The plan to evaluate is consistent monitoring of resident use of the Community Care program. There is no planned collaboration with other community organizations.

Lack of Health Education: Columbus Community Hospital is passionate about health education and offers many learning opportunities to community members throughout the year. Education opportunities include, but are not limited to: Diabetes Support Group, Cancer Support Group, First Aid and CPR Training, Blood Pressure Screenings, Heart Healthy Eating, and a presence at many local health fairs. These opportunities are available on a first come, first served basis. As a rural facility with limited staff and resources, these education offerings have a more local impact as opposed to a county-wide reach. The anticipated impact of this effort is stable or improved health of the overall community. The plan to evaluate is review of new community health studies. Planned collaboration is through various local organizations that host local health fairs.

Lack of Physicians and Specialists: As a rural facility, Columbus Community Hospital is always looking at new physician and specialist partnership opportunities. The hospital's affiliation with SSM Healthcare of Wisconsin and its strong relationship with UW Health do provide some local access to specialists. At this time, no new partnerships are planned. The anticipated impact of this effort is continued access to physicians. The plan to evaluate is consistent monitoring of physicians with hospital privileges. Planned collaboration is with SSM Healthcare of Wisconsin and UW Health.

Support for Seniors and Their Caregivers: Columbus Community Hospital currently offers a monthly Alzheimer's Support Group. This group is free and open to anyone who has been diagnosed with Alzheimer's and their caregivers. No new programs are planned at this time. The anticipated impact of this effort is continued support for individuals impacte by Alzheimer's disease. The plan to evaluate is assessment of demand for and participation in the support group. There is no planned collaboration with other community organizations.

High Rates of Fall Mortality: Columbus Community Hospital is aware of this need in the county. CCH provides literature related to fall prevention at the Columbus Senior Fair. The hospital's Physical Therapists are also versed in balance therapy and fall prevention. No other programs are planned at this time. The anticipated impact of this effort is increased awareness of fall risks and prevention activities. The plan to evaluate is acceptance of educational materials by community members. Planned collaboration is with the Columbus Senior Fair.

Financial Hardship: As a rural hospital, CCH currently has a Community Care program for patients who are unable to pay or who can pay, but need to make monthly payments. No other programs regarding this need will be implemented at this time.

5. Needs the Hospital Facility Will Not Address

No hospital can address all of the health needs present in its community. Columbus Community Hospital is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a range of important health care services and community benefits. This implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2013 Community Health Needs Assessment:

Lack of Access to Dental Care and Poor Dental Health Status: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need.

Alcohol Abuse: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need. Resources are available at the Pauquette Center in Portage, which is the county seat.

Drug Abuse: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need. Resources are available at the Pauquette Center in Portage, which is the county seat.

Smoking/Tobacco Use: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need. Patients seeking cessation support may visit the Tobacco Free Columbia-Dane County Coalition.

Racial and Ethnic Disparities: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need.

Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status: Columbus Community Hospital is aware of this need in the county. However at this time, CCH does not have the staff or resources to properly address this need. Resources are available at the Pauquette Center in Portage, which is the county seat. A monthly NAMI support group also meets at the Portage Public Library.

Violent Crime: Violent Crime in Columbia County is a need being addressed by local law enforcement officials within the hospital's community.

6. Implementation Strategy Adoption

This implementation strategy was adopted by the Columbus Community Hospital Board of Trustees on 12/5/13.