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

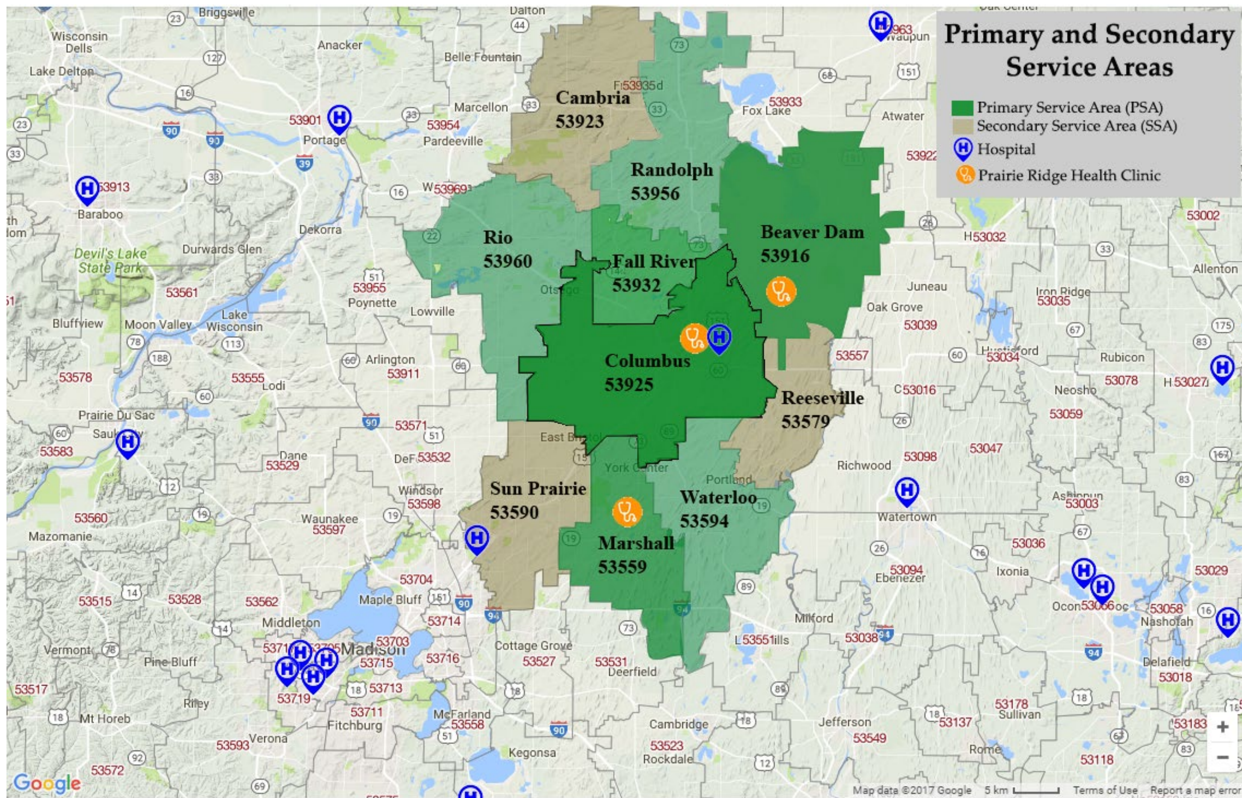
- Admissions: 1,063
- Outpatient Visits: 64,287
- ER & Urgent Care Visits: 10,640
- Births: 117
- Beds: 25
- Employees: 356
- Medical Staff: 159
- Volunteers: 110

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

AGE GROUPS

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

HOUSEHOLD INCOME

$69,262

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

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

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[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)

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[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.

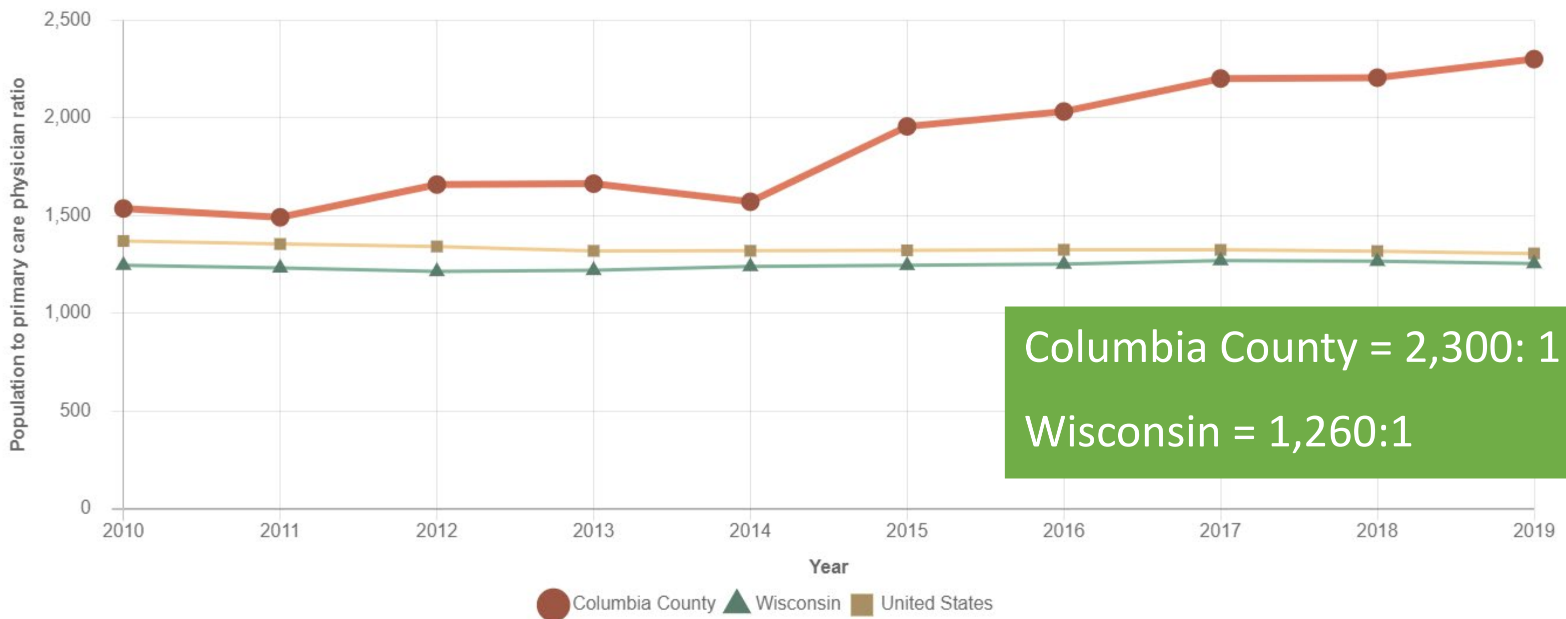


Figure 1

[5] (Columbia County, 2022)

Priority #2 – New Diabetes Diagnosis

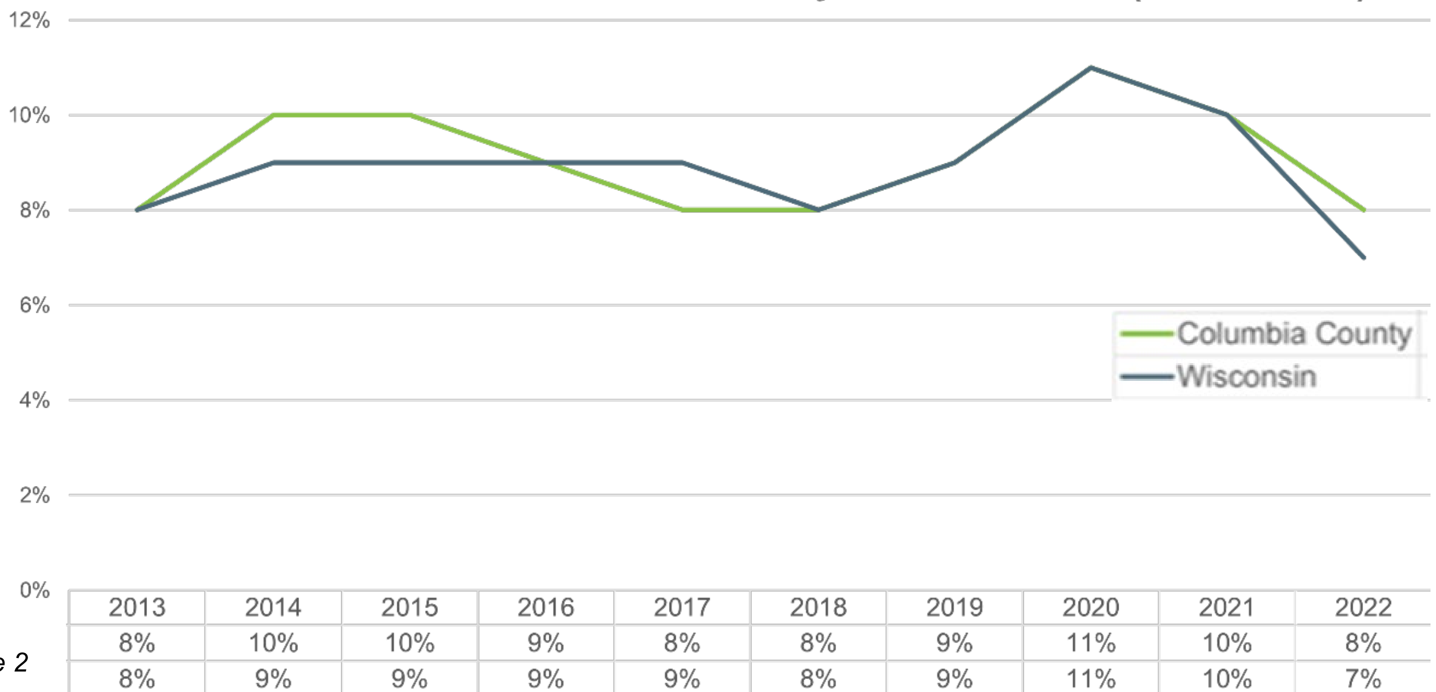
Diabetes is a condition that can gradually progress over time. If diabetes goes untreated, various cells and organs in the body are affected, leading to major side effects such as amputation, blindness, hearing loss, heart attack, stroke and renal disease.

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.



2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
8%	10%	10%	9%	8%	8%	9%	11%	10%	8%
8%	9%	9%	9%	9%	8%	9%	11%	10%	7%

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.

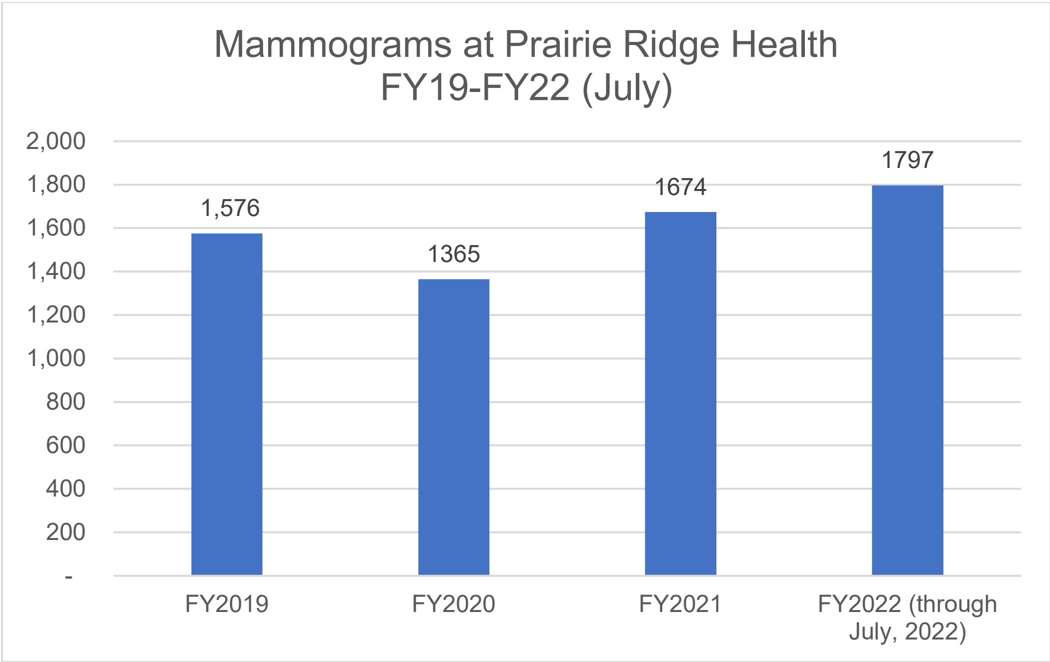


Figure 3

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.

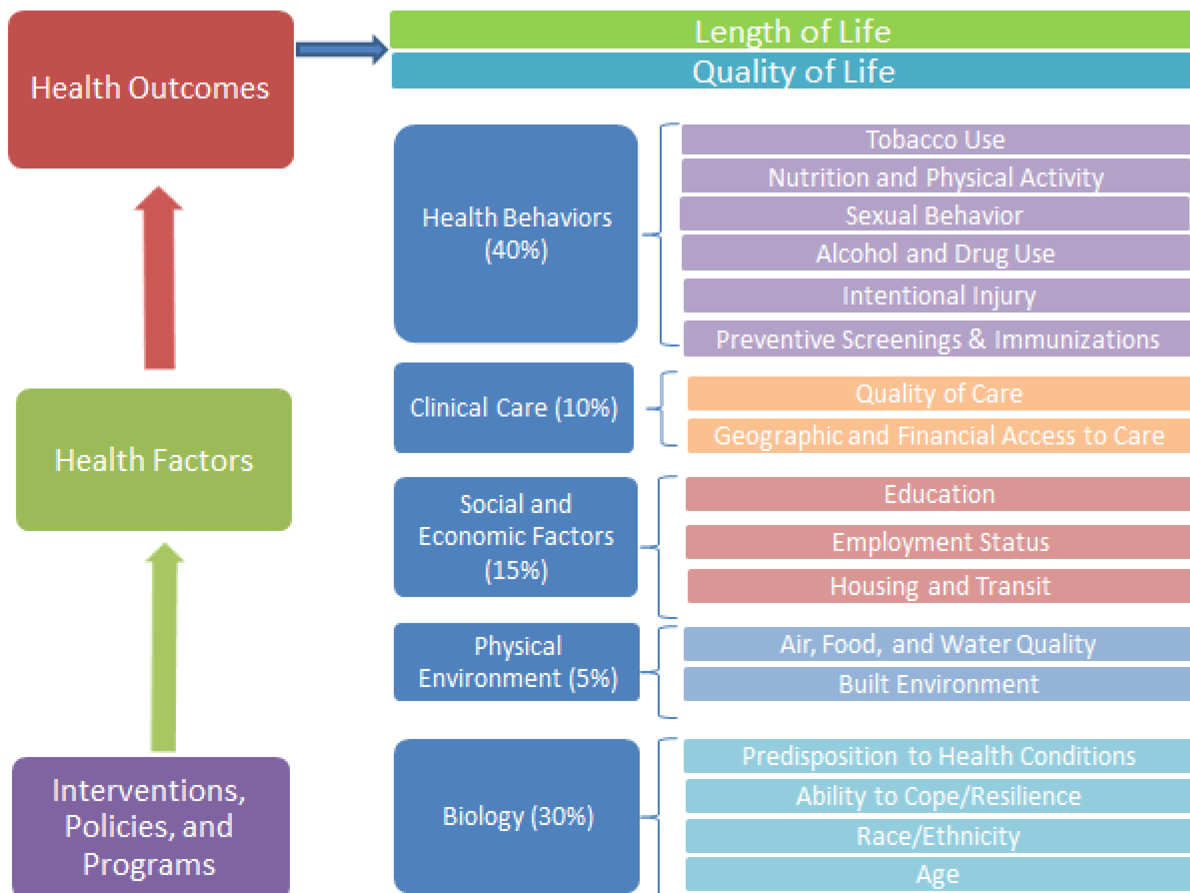


Figure 4[13]

[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

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**

Appendix

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

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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

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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%

Appendix

C. Community Survey Results

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

Background:

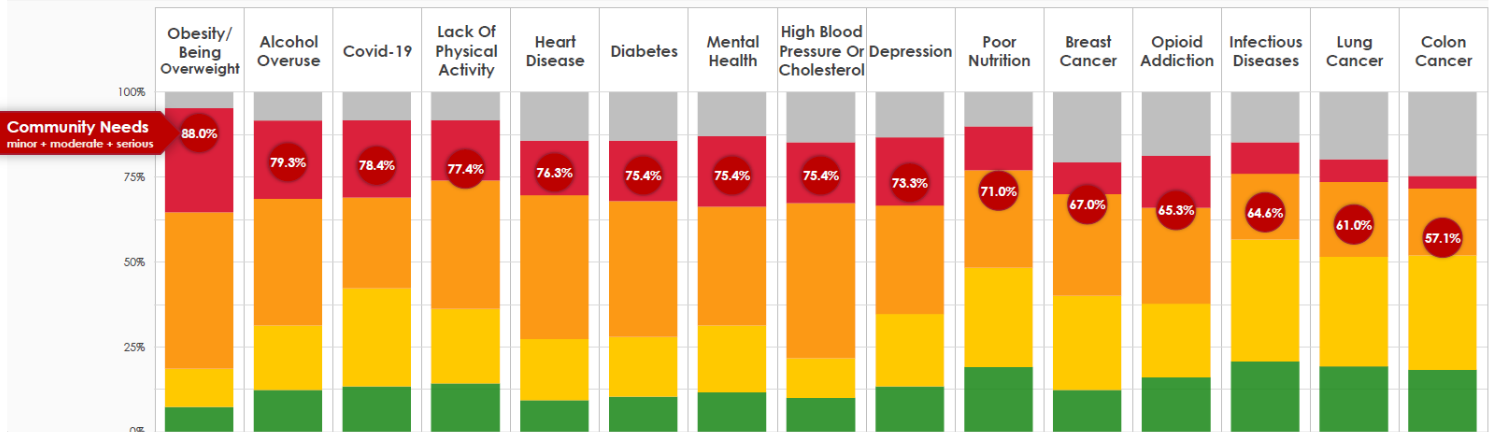
- 15-minute telephone survey was conducted with consumers age 18+ residing in Prairie Ridge Health's primary and secondary markets.
- Surveys were conducted from August 19 – September 3, 2021.
- No financial incentive was offered to respondents for completing the survey.
- A total of 300 surveys were 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%)



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.

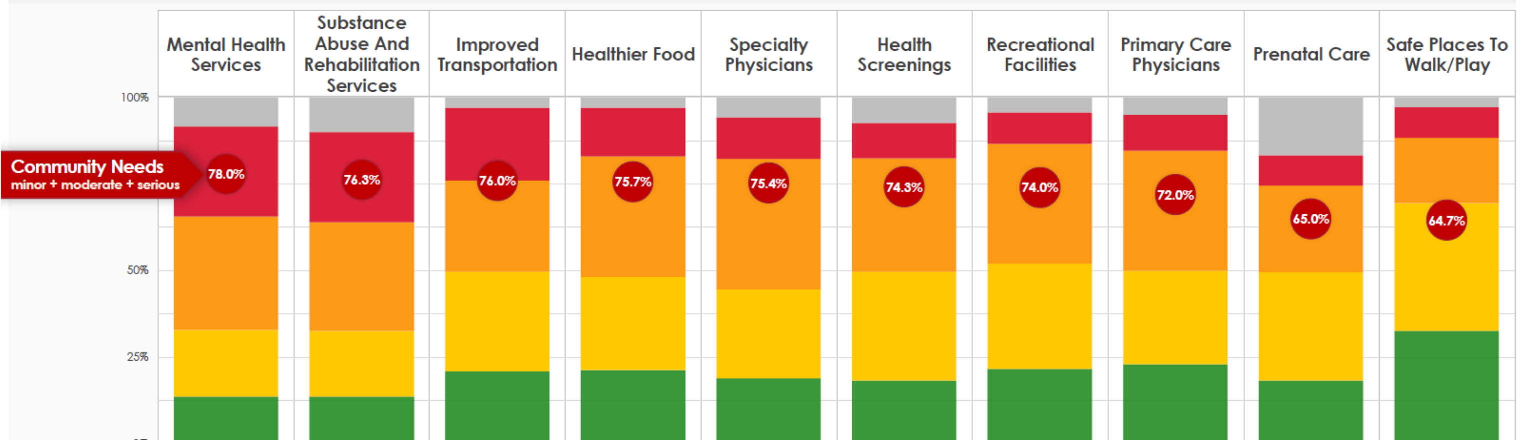
C8. Which of the following health screenings and/or services, if any, have you completed in the last 12 months?

Answer Choices	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



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**

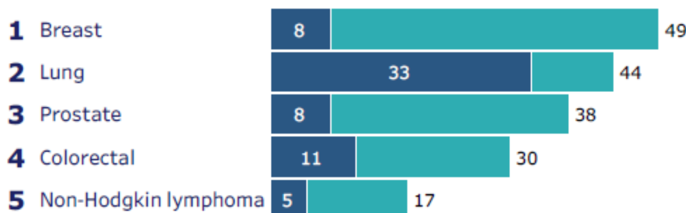
Explore our interactive dashboards at **www.wicancer.org/data**

Columbia

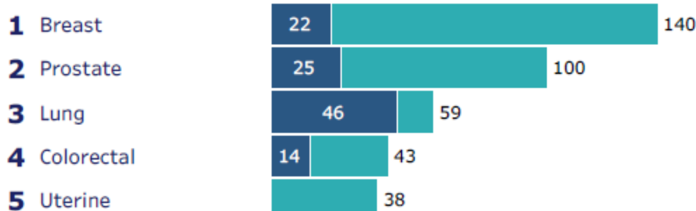
	County	State
County population (2016):	57,133	State: 5.82 million
Percent rural:	61%	30%
Poverty rate:	8%	10%
Percent Hispanic:	3.2%	7.1%
Percent Black:	1.2%	6.7%
Percent Asian:	0.8%	3.0%
Percent American Indian:	0.4%	1.2%
Percent Non-Hispanic white:	91.7%	87%

5 most common cancers in Columbia County

Deaths / **Cases** per year



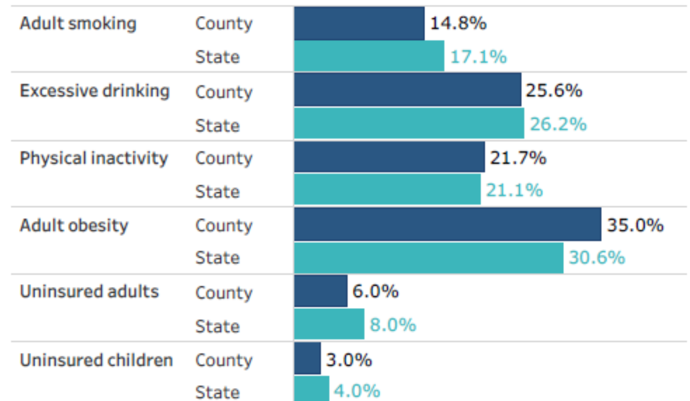
Deaths / **Cases** per 100,000 residents per year *(age-adjusted)*



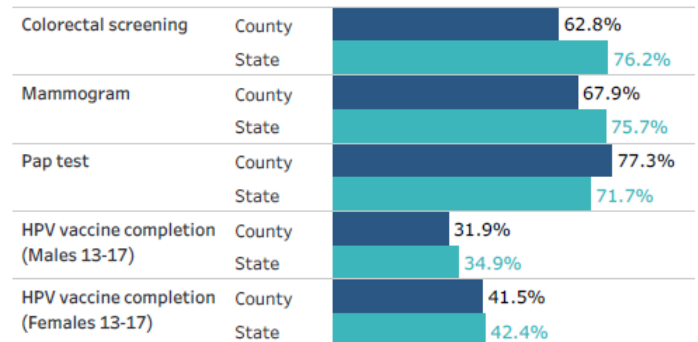
2012-2016 annual averages. When no value appears, insufficient data are available.

What affects cancer outcomes in Columbia County?

Cancer risk factors



Screening and prevention

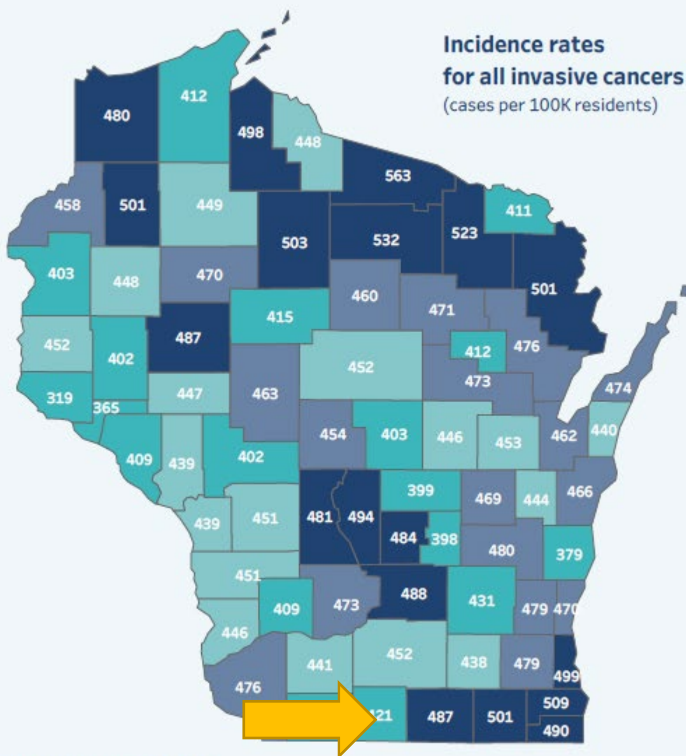


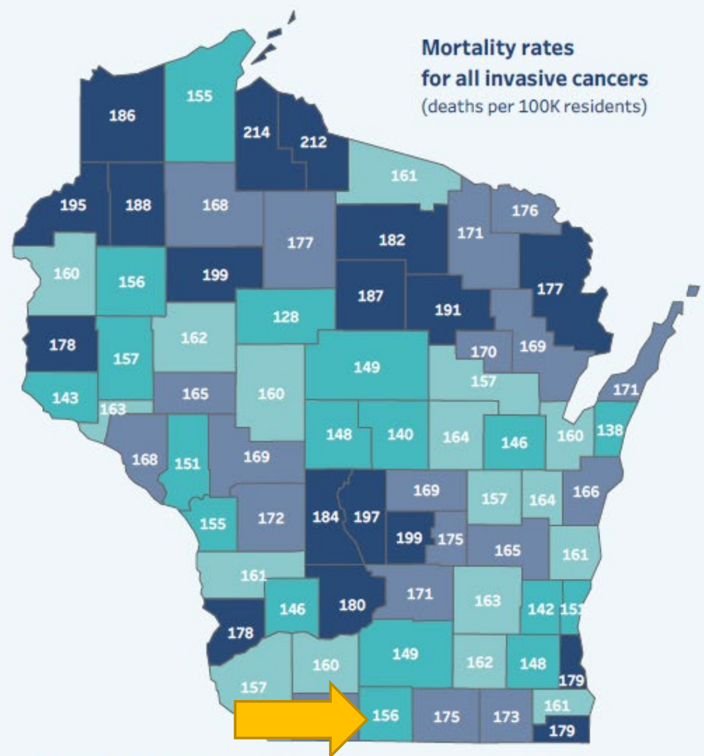
Appendix

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)*





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

Prairie Ridge

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2022

Community Health Improvement Plan

Prairie Ridge HEALTH

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Strategic Implementation Plan

During the data review process, attention was directed to health issues that met the following criteria:

- Poor rankings for health issues in Columbia County as compared to the state of Wisconsin, other counties or Healthy People 2020 national health goals
- Health issues that are top initiatives and concerns identified by the Wisconsin Department of Public Health
- Health issues for which trends are worsening or not on par with state or national averages
- Health issues that are among national and state health priorities
- Health issues that are of concern to community residents and leaders
- Health issues that impact a large population of people or for which disparities exist

In addition, Prairie Ridge Health and key stakeholders took into consideration the primary health issues listed in the hospital's last CHNAs (2016 and 2019). Prairie Ridge Health also examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was provided by the County Health Rankings Report for Columbia County, the Wisconsin Cancer Collaborative and the community awareness survey. Using data from the Wisconsin Public Department of Health, the University of Wisconsin Public Health Institute and the CDC, as well as input from key stakeholders, the top three identified health needs are primary care access, increasing colorectal screening and increasing diabetes diagnoses. These needs were reinforced by community leaders during key stakeholder meetings.

It is vital to note, that while these data sources are the most current public sources available, the data is still dated, often using 2016-2019 data. An assumption must be made that in the future the same data gap will occur. Therefore, all priority goals are set using the starting point of 2019 (latest available data in 2019). In addition, Prairie Ridge Health primarily serves the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 19,245 people or about 33.1% of Columbia County.

Priority #1
Increase Primary Care Access by 14.35%

Priority #2
Increase Diabetes Diagnoses by .2%

Priority #3
Increase Colorectal Screenings by .5%

Priority #1: Increasing Primary Care Access

Goal: Increase primary care access by 4 New Providers in Columbia County or 14.35%, reducing the ratio of physicians to residents from 2300:1 to 1970:1.

Strategy #1: Investing in New Providers

- Prairie Ridge Health has identified primary care access as a key area of need for the communities we serve. Our Employee Services team is actively working on recruiting and onboarding new family medicine providers, including physicians and nurse practitioners.

Strategy #2: Collaboration with the Emergency Department

- Work with leaders in the Emergency Department to ensure that:
    - Education and brochures are readily available in the waiting room and exam rooms showcasing our primary care providers and their locations
    - Ensure that Emergency Department staff discuss primary care options with unattached patients
    - Add primary care options to digital boards (e-boards) in emergency department waiting area.

Strategy #3: Collaboration with the Prairie Ridge Health Occupational Health Team

- Provide the Occupational Health team that provides on-site services for local businesses, with basic information on the scope of primary care medicine as well as a list of providers and ways to access primary care in the county.

Strategy #4: Public Education

- The marketing team will utilize social media, radio, print ads and billboards to increase awareness about primary care options at Prairie Ridge Health and the importance of preventative care.

Priority #2: Increasing Diabetes Diagnoses

Goal: Increase new diabetes diagnoses by .2% or 100 or about 33 people per year.

Strategy #1: Standardize Screening Measures

- The American Diabetes Association recommends screening begin at 35, regardless of BMI.[1] Our current basic screening auto-enrollment is:
  - Patients without a diabetes diagnosis age 40 and up with a BMI over 25 has a trigger that prompts the provider to order a A1C or fasting glucose test. Additional triggers are available based on a patient's risk profile.
- Because we are part of a larger network that uses the same health medical records system, we are not able to easily change enrollment triggers. Work with the informatics department and clinical team to advocate to both insurance plans and to our medical records owner to reimburse and update the appropriate based on the American Diabetes Association updated screening guidelines.
- Create a quick reference guide with recommended screenings to be posted near all clinic work stations.

Strategy #2: Collaboration with Local Businesses and Occupational Health

- Work with local businesses, including pharmacies to provide diabetes screening education and information about Prairie Ridge Health services.
- Provide the Occupational Health team with general diabetes education, including screening guidelines and ways to get screened.

Strategy #3: Public Education

- The marketing team will work the diabetes educators to utilize social media, radio, print ads and billboards to increase awareness about the importance of diabetes screening and options for services at Prairie Ridge Health.
- Support the nutrition and diabetes education team with their annual diabetes fair that occurs every November. This fair is open to the community and will be heavily promoted. The fair includes expert presentations, on the spot screening tools, cooking demonstrations, interactive educational tables and local vendors and resources.
- Because of COVID-19, many of our external education events were limited or completely stopped. Our team will re-engage with the community through in-person support groups, presentations in the community at local groups, businesses and health fairs.

Strategy #4: Provider Education

- Engage and support the diabetes education team to provide training for the primary care team and clinic staff on diabetes screening and resources for newly diagnosed patients.

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[1] (Committee, 2022)

Priority #3: Increasing Colorectal Screening

Goal: Increase colorectal screening by .5% or an additional 135 (45 per year) colonoscopies.

Strategy #1: Standardize Screening Measures

- The American Cancer Society recommends that people at average risk of colorectal cancer (meaning, no significant risk or family history) should start regular screenings at age 45.[2] Our current basic screening auto-enrollment is:
  - Auto-enrollment for all patients aged 50-75. Additional triggers are available based on a patient's risk profile.
- Because we are part of a larger network that uses the same health medical records system, we are not able to easily change enrollment triggers. Work with the informatics department and clinical team to advocate to both insurance plans and to our medical records owner to reimburse and update the appropriate based on the American Cancer Society's updated screening guidelines.
- Create a quick reference guide with recommended screenings to be posted near all clinic work stations.

Strategy #2: Collaboration with Local Businesses and Occupational Health

- Work with local businesses, including pharmacies to provide information on colorectal screenings and options.
- Provide the Occupational Health team with general colorectal cancer education, including screening guidelines and ways to get screened.

Strategy #3: Public Education

- The marketing team will utilize social media, radio, print ads and billboards to increase awareness about the importance of colorectal screening and options for services at Prairie Ridge Health and in the community.

Strategy #3: Collaboration with Prairie Ridge Health Clinics

- Work with leaders in the Prairie Ridge Health clinics to ensure that:
  - Education and brochures are readily available in the waiting room and exam rooms explaining the importance of colorectal screening and options for services at Prairie Ridge Health and in the community.
- Continue to engage patients through their primary care providers through phone calls and letters encouraging patients due for a screening.

[2] (American Cancer Society Guideline for Colorectal Cancer Screening, 2022)

Works Cited

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