

Divine Savior Healthcare, Inc.

Portage, Wisconsin

Community Health Needs Assessment



2019 - 2021

Table of Contents

Introduction	1
Methods	1
CHNA Process	2
CHNA Advisory Committee	3
Community Served Determination	4
Data Collection and Analysis.....	5
Information Gaps.....	5
Summary of Prioritized Needs.....	6
Existing Health Care and other Facilities and Resources.....	7
Evaluation of Previous Community Health Improvement Plan	7
References.....	8

Appendix 1 – List of Interviewees for Community Input

Appendix 2 – Demographic, Primary and Secondary Data

Appendix 3 – Resource List

Appendix 4 – Existing Health Care and other Facilities and Resources

Introduction

Divine Savior Healthcare, Inc. (“Divine Savior”) is a health care system located in Portage, Wisconsin. Founded in 1917 by the Sisters of the Divine Savior, also known as the Salvatorian Sisters, Divine Savior is deeply committed to a process of continuously improving the quality of care and services provided as an integral part of the Church's healing ministry to all persons and patients. Divine Savior operates under the value that every life holds meaning, and that it is their responsibility to respond to the changing needs of the community that they serve by providing a wide range of services. By combining medical expertise with holistic guidance, Divine Savior aims to harmonize the mind, body, and soul of each patient through its continuum of care. Divine Savior also sponsors and promotes community events, health screenings, support groups, and health classes for members of the community.

Divine Savior provides comprehensive health care to residents and visitors of Portage. As a short-term acute care hospital, Divine Savior features 53 acute care beds and an additional 83 beds through its extended care facility. Divine Savior also operates a 40-room assisted living facility and a medically-integrated fitness and rehabilitation center, both of which are conveniently on their Portage campus. Tivoli, Divine Savior's on-site assisted living facility, offers residential skilled nursing care and a dedicated site for short-term rehabilitative care for older patients.

Divine Savior provides an extensive array of inpatient and outpatient services and clinics, including emergency services, surgery, intensive care, general medicine, physical therapy, diagnostic imaging services, rehabilitative services, home health services, respiratory therapy, sleep studies, specialty clinics, sports medicine, and spine care. It is staffed by a mix of physicians, surgeons, and nursing staff who specialize in family medicine, pediatrics, orthopedics, obstetrics, and surgical services.

Methods

Wipfli's Role

Wipfli LLP (“Wipfli”) facilitated the 2019 community health needs assessment (“CHNA”) process on behalf of the community and Divine Savior Healthcare, Inc. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code. The Divine Savior CHNA was completed and approved by the Divine Savior Board of Directors in June of 2019.

CHNA Process

The following outline explains the process that Wipfli followed to conduct the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by Divine Savior
3. Data collection and Analysis
 - a. Demographics of the community
 - b. Primary data
 - c. Secondary data/Demographics
 - d. Existing health care facilities and resources
4. Identification and prioritization of community health needs and services to meet community health needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Dissemination of priorities and implementation strategy to the public.

CHNA Advisory Committee

Leadership at Divine Savior formed the CHNA Advisory Committee. Advisory committee member selection was based on each member's history and knowledge of the community, organizational role, and unique vantage point in guiding the process of the CHNA. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, which included identifying health issues and prioritizing health needs within the community.

The committee consisted of the following members:

- **Michael Decker**
President and CEO, Divine Savior Healthcare, Inc.
- **Jan Bauman**
Chief Nursing Officer, Divine Savior Healthcare, Inc.
- **Michael Walters, MD**
Chief Medical Officer, Divine Savior Healthcare, Inc.
- **Jennifer Bieno**
Vice President of Long-Term Care, Divine Savior Healthcare, Inc.
- **Linda Mingus**
Vice President of Human Resources, Divine Savior Healthcare, Inc.
- **Pete Nelson**
Vice President of Finance, Divine Savior Healthcare, Inc.

Community Served Determination

For the purposes of complying with the Affordable Care Act, the defined service area for Divine Savior was identified as the following zip codes and their corresponding cities: 53901 (Portage), 53964 (Westfield), 53955 (Poynette), 53954 (Pardeeville), 53953 (Packwaukee), 53952 (Oxford), 53949 (Montello), 53930 (Endeavor), and 53920 (Briggsville). The service area is represented by the map below:



Source: Maptitude, 2019

Zip-code-level data from the cities that defined the service area was utilized for analyses when such data was accessible. When inaccessible, county-level data from the communities of Marquette County and Columbia County were used instead. Accordingly, every effort was made to ensure that the Community Health Needs Assessment is representative of the service area.

Data Collection and Analysis

Primary Data

Informational interviews were conducted with stakeholders and members of the Divine Savior community. The CHNA Advisory Committee identified these individuals based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations in the service area. A list of the interviewees is detailed in Appendix 1. Findings from the informational interviews are summarized later in this document.

Secondary Data Collection

Secondary data was collected from seven major sources:

- Centers for Medicare and Medicaid Services
- Wisconsin Department of Health and Human Services
- Marquette County Health Department
- Columbia County Department of Health and Human Services
- National Center for Rural Health Works
- ESRI, 2019 (Based on US Census Data)
- County Health Rankings

The secondary data includes a variety of service area, county, state, and national measures to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at either service area or county level and, wherever possible, compared to Wisconsin and National Benchmarks. Results of the secondary data can be found in Appendix 2. Complete information regarding the data collected from these resources can be found in Appendix 3.

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA.

Information Gaps

Primary data was collected via a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available at the service area level for Divine Savior. Therefore, to the extent that health status differs significantly between the Divine Savior service area and the community of Portage, health information was not available at that granularity.

Summary of Prioritized Needs

Results from the three data collection methods, including demographic data, primary data, and secondary data, were analyzed, compiled, and provided to the CHNA Advisory Committee. In June of 2019, members of the CHNA Advisory Committee were asked to prioritize the health needs according to three key variables, including:

- **SIZE** = How significant is the scope of the health issue - number of people affected?
- **SERIOUSNESS** = How severe are the negative impacts of this issue on individuals, families, and the community?
- **ABILITY TO IMPACT** = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

The committee convened after individually rating the health issues to come up with the top priorities as a group. The following two priorities were identified by the CHNA Advisory Committee:

1. Accessibility of Health Care Services

Accessibility to health care remains a significant healthcare issue in the community served by Divine Savior. Findings from stakeholder interviews and secondary data reveal access issues and shortages in key primary care, specialty and dental services. While Divine Savior has continued to prioritize access and recruitment as a key initiative of the organization and has made strides in combating this issue, more work can be done and this will remain a priority for the organization going forward.

2. Management of Obesity and other Chronic Conditions

The management of obesity, its related health risks, and other chronic conditions was also identified as an unmet health need in the community. Stakeholders who were interviewed more frequently indicated these health-related issues as top priorities. Secondary data also confirmed that rates of heart disease, cancer, obesity and other related conditions are higher in Marquette and Columbia County compared to the state and national benchmarks. Additionally, screening for chronic disease, particularly mammography screening, remains significantly below state and national benchmarks in both counties. Divine Savior has made recent investments in the latest tomography equipment, and this service is available for the community. These results, coupled with stakeholder input, indicate that more can be done to manage obesity and chronic conditions in the community. Divine Savior is committed to continuing its efforts to prioritize these issues in the coming years.

Additional Key Findings

The CHNA Advisory Committee also identified accessibility of mental health services, and accessibility of alcohol and substance use services as important issues in the community. Given Divine Savior's resource constraints, and the existence of other organizations focused on responding to these needs, Divine Savior will support their efforts through continued collaboration with other organizations in the community who are currently working to address mental health and substance abuse issues.

Existing Health Care and other Facilities and Resources

Appendix 4 contains a complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services.

Evaluation of Previous Community Health Improvement Plan

The previous community health needs assessment conducted by Divine Savior included the following priorities:

1. Access to health care, including primary care, internal medicine, specialty care, mental health services, substance abuse services, dental health services, senior services, and access for the uninsured
2. Disease-based needs, specifically for chronic disease
3. Prevention and wellness services
4. Miscellaneous needs, including transportation, translation services, adult day care, respite care for the elderly, emergency detoxification, and improving the Divine Savior presence in downtown portage

Divine Savior has made progress in response to the health-related priorities identified in the previous community health needs assessment. Specifically, Divine Savior has taken key steps to respond to each of the previous priority areas as follows:

1. Access to health care
 - a. Employment of the advanced provider/practitioner panel, which improved accessibility of same-day and next-day appointments within patients' provider panel
 - b. Expanded recruitment and hiring of family practice providers that provide OB/GYN services, which improved accessibility of OB/GYN services in the community
 - c. Expanded urgent care clinic hours and days of operation to include weekends, holidays, and evenings
 - d. Divine Savior has made significant efforts to recruit additional internal medicine and pediatric providers, however recruitment and retention continues to pose a challenge
2. Disease-based needs, specifically for chronic disease
 - a. For substance abuse needs, Divine Savior has certified two of their physicians to prescribe suboxone for substance abuse treatment
 - b. For age-related needs, Divine Savior has expanded their senior living program to improve access to geriatric services within their nursing home and assisted living facilities
3. Prevention and wellness services
 - a. Increased occupational health presence by creating a business advisory council to help employers promote wellness within their businesses through employer-sponsored wellness programs
 - b. Increased accessibility to personal wellness services through La Vita, Divine Savior's medically-integrated fitness center
 - c. Opened a sports medicine clinic to improve accessibility of services to the youth community and promote lifelong fitness and wellness
 - d. Began offering high school sport physical clinics
4. Miscellaneous needs
 - a. For the remainder of these needs, Divine Savior has made limited progress apart from respite care, which they now offer in two of their facilities. Divine Savior also partners with a local hospice organization to provide emergency geriatric care to seniors in need.

References

Association for Community Health Improvement

Centers for Medicare and Medicaid Services

Columbia County Department of Health and Human Services

County Health Rankings

ESRI Business Information Solutions, 2019

Marquette County Health Department

National Center for Rural Health Works

Wisconsin Department of Health Services

Appendix 1

List of Participating Organizations for Community Input

The following are a list of organizations that had representatives who participated in the community input process of the CHNA.

- City of Portage
- Westfield School District
- Lodi School District
- Portage School District
- Sauk Prairie School District
- Columbia County Department of Health and Human Services
- Marquette County Health Department
- Divine Savior Healthcare, with representation from:
 - C-suite
 - Emergency Response
 - Family Medicine
 - Homecare Services
 - Long Term Care
 - Marketing & Community Relations
 - Prevention & Wellness
 - Rehabilitation
 - Social Services
 - Surgical Clinics

Appendix 2

Community/Demographic Profile – Primary Data Results

Population

The population for the Divine Savior service area is 43,631. According to future projections provided by ESRI for the service area, the population is expected to slightly grow over the next five years, by 1.6% or 712 people. Additionally, Marquette and Columbia County are expected to slightly grow by 0.6% and 2.2% respectively. Wisconsin is anticipated to grow by 2.0% or 116,067 people over the next five years, while the US population is expected to grow at a significantly faster rate of 4.2%.

2018 and 2023 Population

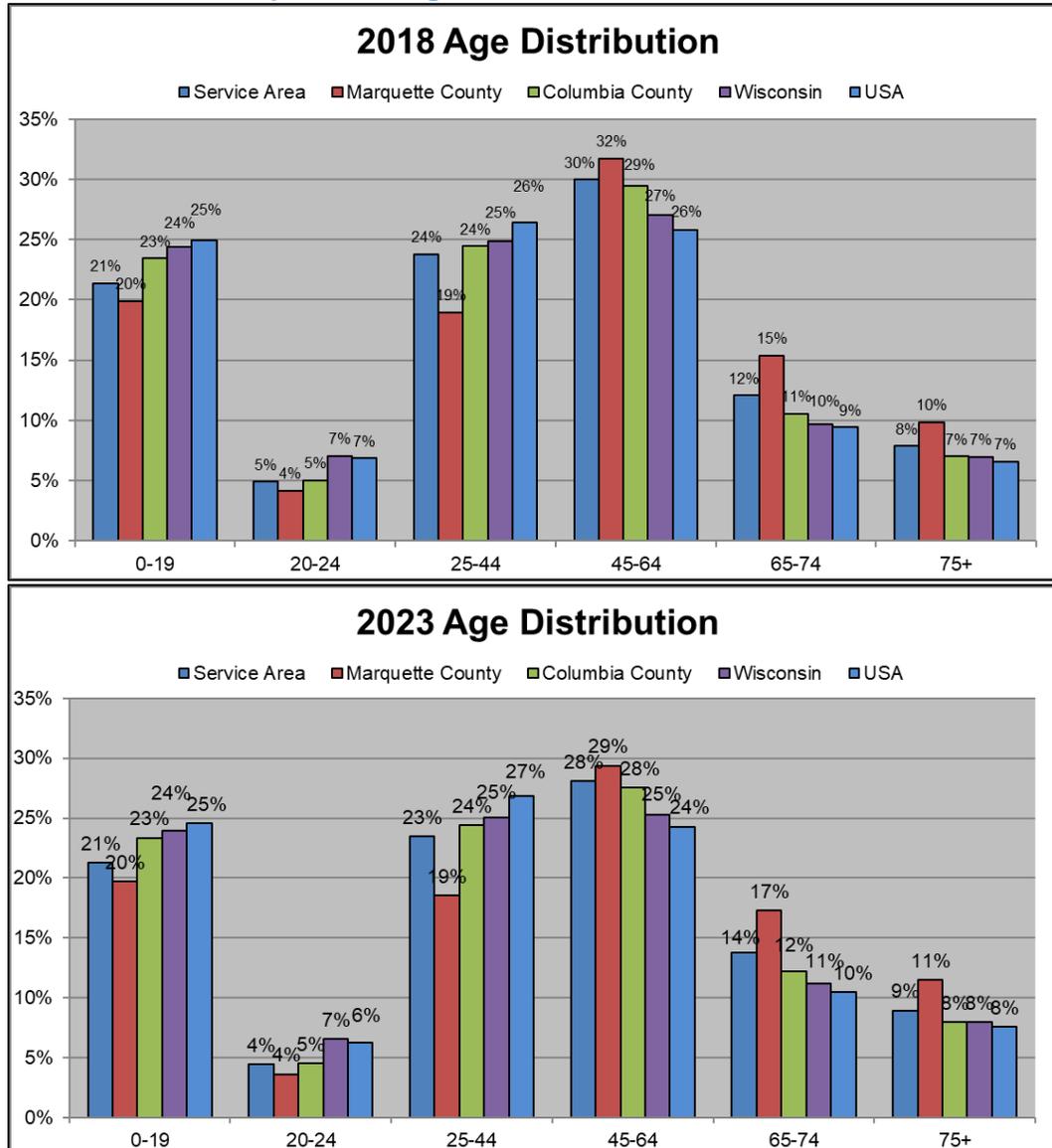
	2018	2023	% Change	Change
			(2018-2023)	(2018-2023)
Service Area	43,631	44,343	1.6%	712
Marquette County	15,453	15,538	0.6%	85
Columbia County	58,392	59,662	2.2%	1,270
Wisconsin	5,847,633	5,963,700	2.0%	116,067
USA	330,088,686	343,954,683	4.2%	13,865,997

Source: ESRI Business Information Solutions, 2019

Population by Age

Population was grouped into major age categories for comparison. In general, the Divine Savior service area has a higher proportion of people ages 45-64, 65-74, and 75+ compared to Wisconsin and the Nation. Conversely, the proportion of people ages 0-19, 20-24, and 25-44 is lower than Wisconsin and the Nation, with Marquette County significantly lower in the 25-44 age category. The service area population is expected to continue aging over the next five years, as the proportion of people ages 65-74 and 75+ continue to rise. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

2018 and 2023 Population Age Distribution



Source: ESRI Business Information Solutions, 2019

Population by Race and Ethnicity

Divine Savior's service area population is 93.2% white alone. Similarly, the populations of Marquette County and Columbia County are 95.9% and 94.1% white alone, respectively. In comparison, Wisconsin is more racially diverse with only 84.4% of their population identifying as white alone. However, these communities are much less racially diverse compared to the Nation, whose population identifies at 69.9% white alone and 12.9% black alone. The service area is expected to become slightly more diverse over the next five years, with projected population proportions of 92.2% for white alone, 3% for black alone, and 1.1% for Alaska Native/Native American alone. Columbia County is expected to become slightly more diverse in the next five years, while Marquette County and the state are expected to maintain their current racial distribution. Therefore, it is important for Divine Savior to continue representing the needs of a diversifying population.

2018 and 2023 Population by Race

2018 - Population by Race	Service Area		Marquette County		Columbia County		Wisconsin		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	40,658	93.2%	14,814	95.9%	54,947	94.1%	4,935,446	84.4%	230,883,783	69.9%
Black Alone	1,158	2.7%	86	0.6%	1,014	1.7%	378,650	6.5%	42,469,207	12.9%
Alaska Native/Native American Alone	399	0.9%	116	0.8%	437	0.7%	60,006	1.0%	3,227,356	1.0%
Asian Alone	326	0.7%	108	0.7%	444	0.8%	171,939	2.9%	18,749,288	5.7%
Pacific Islander Alone	19	0.0%	0	0.0%	46	0.1%	2,394	0.0%	638,630	0.2%
Some Other Race Alone	485	1.1%	181	1.2%	660	1.1%	165,582	2.8%	22,771,094	6.9%
Two or More Races	586	1.3%	148	1.0%	844	1.4%	133,616	2.3%	11,349,328	3.4%

2023 - Population by Race	Service Area		Marquette County		Columbia County		Wisconsin		USA	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White Alone	40,877	92.2%	14,896	95.9%	55,291	92.7%	4,947,310	83.0%	234,680,011	68.2%
Black Alone	1,330	3.0%	86	0.6%	1,265	2.1%	394,554	6.7%	44,840,269	13.6%
Alaska Native/Native American Alone	476	1.1%	117	0.8%	556	0.9%	63,896	1.1%	3,434,892	1.0%
Asian Alone	391	0.9%	109	0.7%	573	1.0%	206,270	3.5%	21,946,693	6.6%
Pacific Islander Alone	23	0.1%	0	0.0%	56	0.1%	2,793	0.0%	709,553	0.2%
Some Other Race Alone	559	1.3%	182	1.2%	875	1.5%	191,251	3.3%	25,285,784	7.7%
Two or More Races	687	1.6%	148	1.0%	1,046	1.8%	157,626	2.7%	13,057,481	4.0%

Source: ESRI Business Information Solutions, 2019

Income

Income data was analyzed for the Divine Savior service area and compared to the state of Wisconsin and the Nation. 2018 census data reveals that median household income for the Divine Savior service area is lower than Columbia County, Wisconsin, and the Nation. The Marquette County Median household income is lower than the service area, Columbia County, Wisconsin, and the Nation, while Columbia County has a higher Median household income than all cohorts assessed. Average household income in the service area is higher than Marquette County, but lower than Columbia County, Wisconsin, and the Nation. The same trend for the service area is observed for per capita income. Over the next five years, income levels are expected to rise in the service area, Marquette County, Columbia County, Wisconsin, and the nation in line with inflation.

2018- and 2023-Income Levels

2018	Service Area	Marquette County	Columbia County	Wisconsin	USA
	Number	Number	Number	Number	Number
Median Household Income	\$ 54,973	\$ 50,758	\$ 62,020	\$ 57,408	\$ 58,100
Average Household Income	\$ 68,713	\$ 61,400	\$ 78,476	\$ 76,629	\$ 83,694
Per Capita Income	\$ 28,098	\$ 26,193	\$ 31,644	\$ 31,173	\$ 31,950

2023	Service Area	Marquette County	Columbia County	Wisconsin	USA
	Number	Number	Number	Number	Number
Median Household Income	\$ 60,116	\$ 54,491	\$ 69,842	\$ 62,493	\$ 65,727
Average Household Income	\$ 78,339	\$ 69,378	\$ 90,127	\$ 86,313	\$ 96,109
Per Capita Income	\$ 31,909	\$ 29,524	\$ 36,226	\$ 35,125	\$ 36,530

Source: ESRI Business Information Solutions, 2019

Secondary Data Results

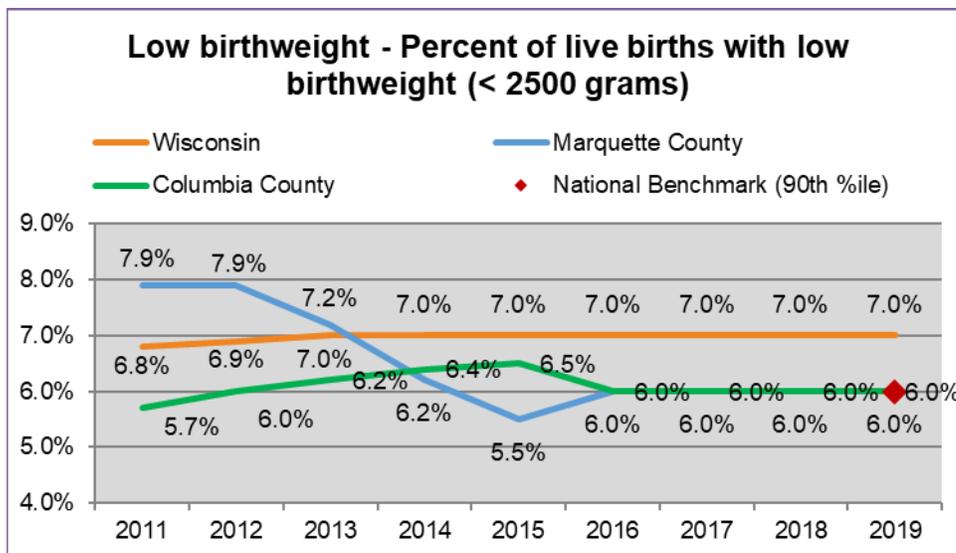
The County Health Rankings display health rankings of nearly every county in the nation and what influences the health of a county. They measure four types of health factors: health behaviors, clinical care, social and economic and physical environment factors. In turn, each of these factors is based on several measures. A subset of the major health rankings are analyzed in this report.

Overall, Marquette County ranked #61 and Colombia County ranked #28 out of 72 counties ranked in the state for health outcomes, based on the data collected by County Health Rankings.

Data presented in this section was also obtained from additional county- and state-level health resources, including the Columbia County Department of Health and Human Services, the Marquette County Health Department, the Wisconsin Department of Health Services, and the Centers for Medicare and Medicaid Services. Data from these resources are meant to supplement the primary demographic data and secondary county-level data.

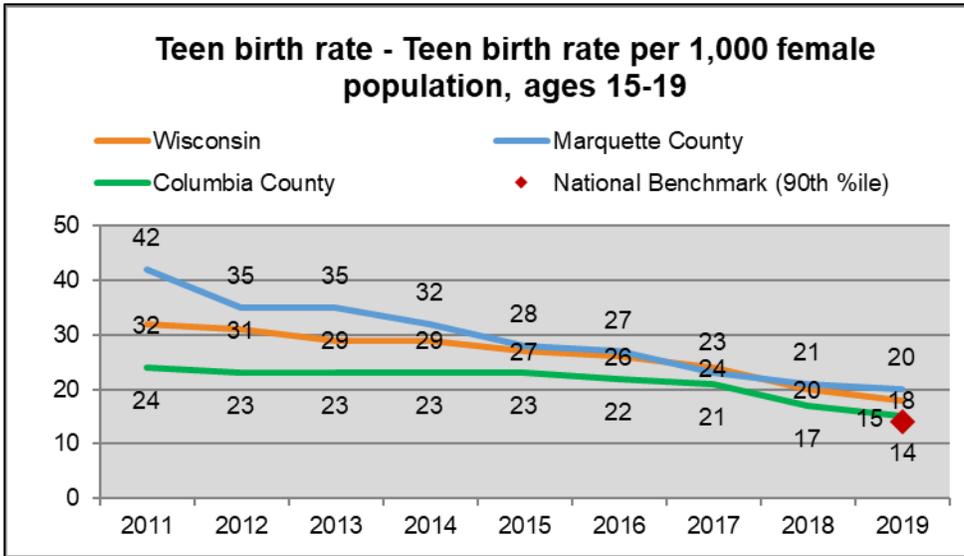
Birth Statistics

Rates of low birthweight in a community are often associated with poor maternal health. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, stunted cognitive development, and chronic disease in later life. Moreover, low birthweight is a strong predictor of newborn health and survival. Between 2012 and 2015, Marquette County exhibited a significant drop in low birthweight percentage, while Colombia County and the state benchmark have maintained consistency. In 2019, low birthweight percentages in Marquette and Colombia County were 6%, consistent with percentages since 2016 and the national benchmark. However, the state benchmark falls at 7%, slightly higher than either county and the national benchmark.

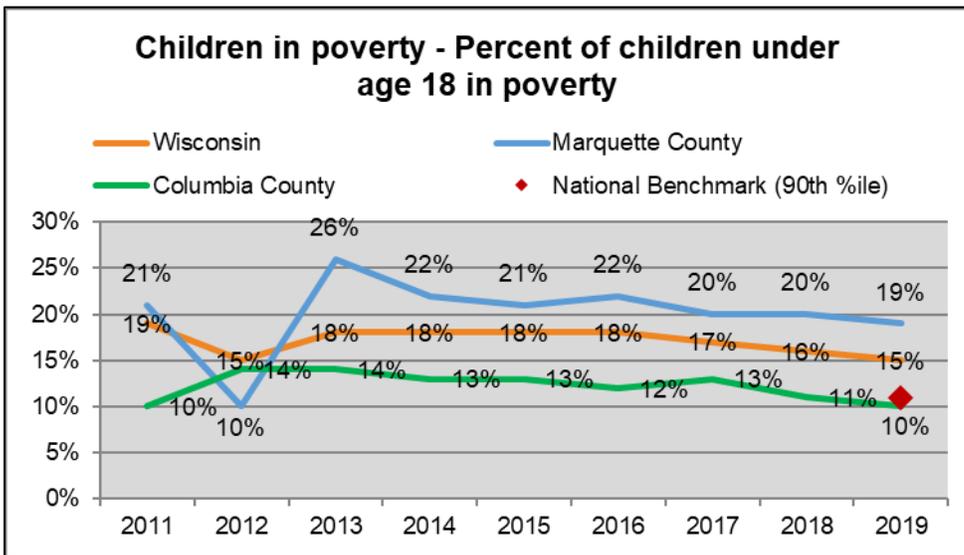


Source: County Health Rankings, 2019

Teen birth rates were also analyzed for each county and compared to Wisconsin and the Nation. Overall, teen birth rates in Marquette County, Columbia County, and Wisconsin have been steadily declining since 2011, although Marquette County has exhibited the fastest rate of decline from 42 births in 2011 to 20 births in 2019. In 2019, Marquette County exhibited the highest teen birth rate and Columbia County exhibited the lowest, although all cohorts have higher birth rates than the national benchmark of 14 births. Despite these improvements, the percentage of children in poverty in Marquette County and Wisconsin are greater than in Columbia County, which falls at the national benchmark of 11%. In particular, Marquette County observed a significant 16% spike of in children in poverty from 2012 to 2013. Children in poverty is an important public health metric as poverty among children can often be associated with many negative health consequences throughout childhood and adulthood.



Source: County Health Rankings, 2019



County Health Rankings, 2019

Death Statistics

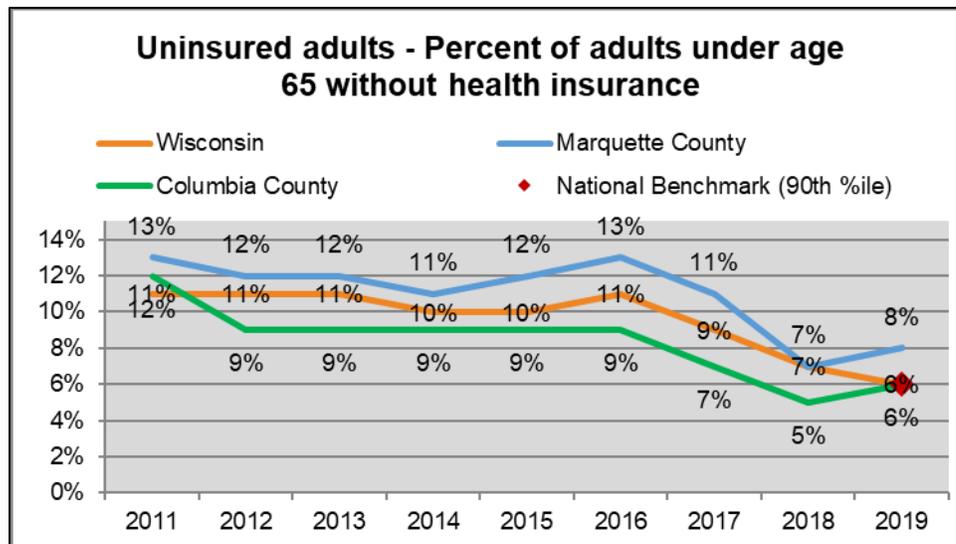
The top three leading causes of death in Wisconsin were analyzed for 2006-2017. Heart disease ranks as the number one leading cause of death, followed by cancer and unintentional injuries.

Wisconsin Top Three Leading Causes of Death	2006-2009		2010-2013		2014-2017	
	Rank	Deaths	Rank	Deaths	Rank	Deaths
Heart disease	1	44,659	2	44,877	1	45,839
Cancer	2	43,812	1	45,365	2	45,484
Unintentional injury	3	9,971	3	10,827	3	13,335

Source: 2017 Annual Wisconsin Death Report, Wisconsin Department of Health Services

Insurance

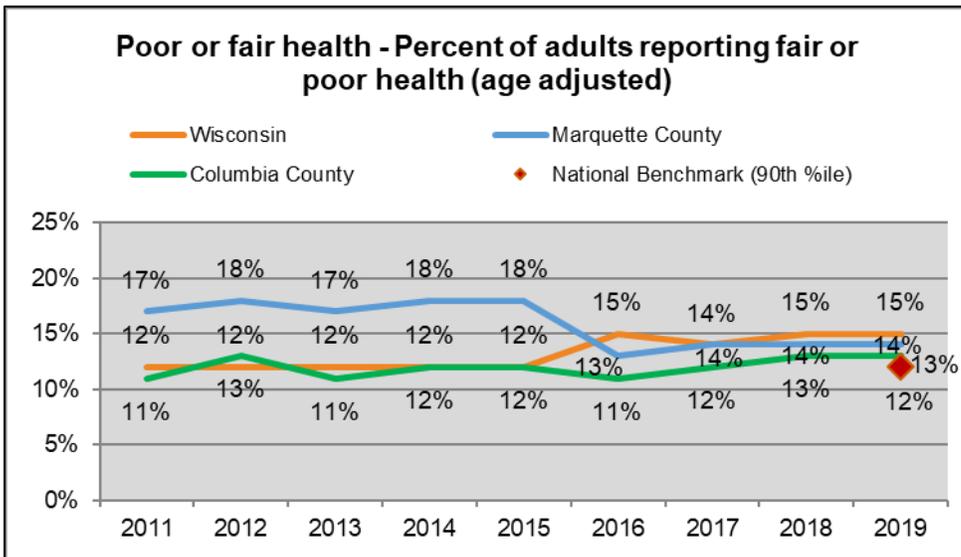
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which took effect in 2014, was to lower the rate of uninsured persons and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in Marquette and Columbia County is 8% and 6%, respectively. Only Columbia County is in line with the state and national benchmarks, while Marquette County is slightly greater than these benchmarks.



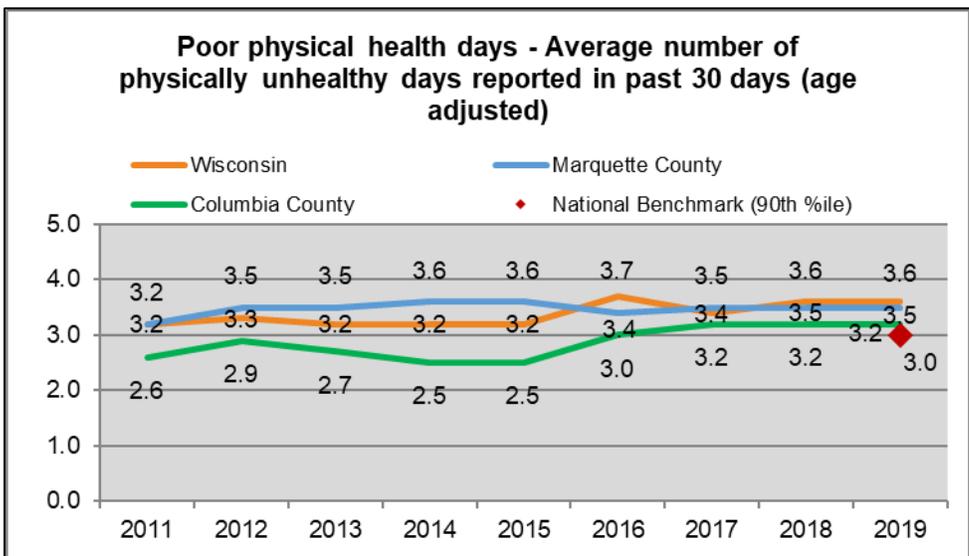
Source: County Health Rankings, 2019

General Population Health

One measure of health among the community included in the County Health Rankings database is reported general well-being. Reported general health (measured in terms of “poor or fair health”) in both Marquette and Columbia County was slightly lower than Wisconsin, and slightly higher than national benchmarks. What this means is that the population in both counties considers themselves to be slightly healthier in general compared to other Wisconsinites. A similar self-reported measure is “poor physical health days”, which refer to days in which an individual does not feel well enough to perform daily physical tasks. Again, rates of poor mental health in Marquette and Columbia County are below Wisconsin and slightly above national benchmarks. This is a positive indication as people in these counties are reporting feeling better physically, compared to state benchmarks. This rate has been relatively stagnant in Marquette County and Wisconsin and has risen slightly in the past 4 years in Columbia County.

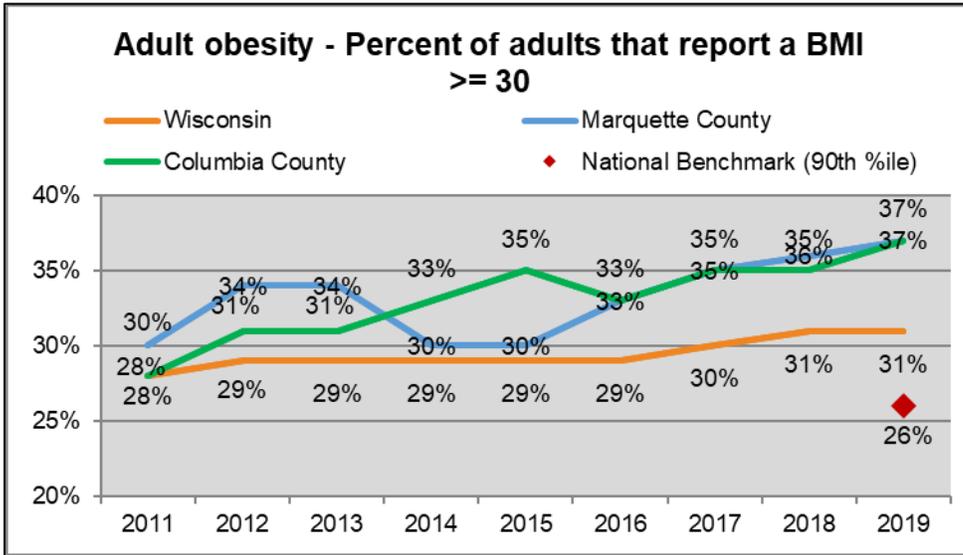


Source: County Health Rankings, 2019

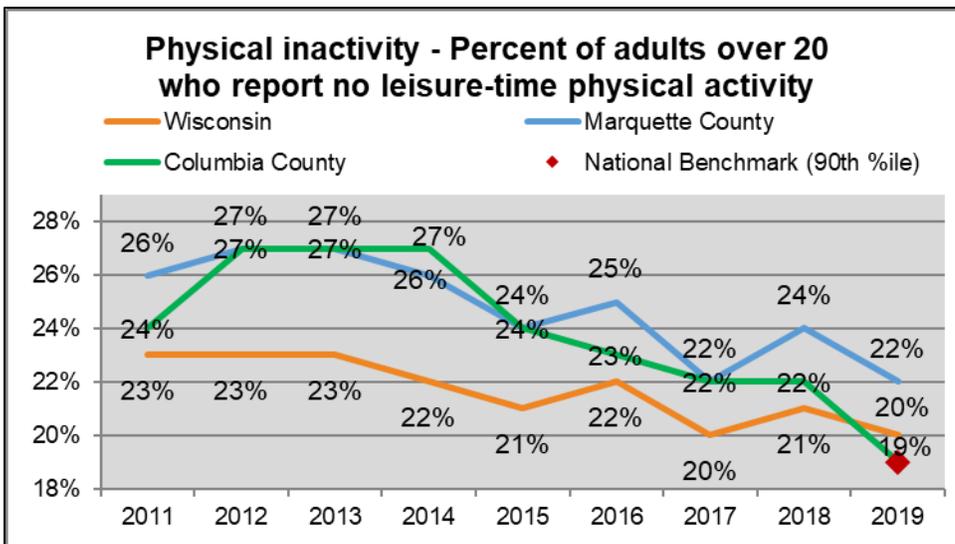


Source: County Health Rankings, 2019

A third measure of general health of the population are the percentage of obese and physically inactive people, and the prevalence of diabetes. Nationally, the 90th percentile benchmark rate for obesity has been around 26% of the population. Adult obesity has been rapidly climbing in both Marquette and Columbia County for the last 4 years to its current rate of 37% in 2019. Conversely, physical inactivity, or the number of adults who report not engaging in physical activity, has been declining in both counties and Wisconsin. This indicates that people in Marquette and Columbia County are engaging in more physical activity than previous years. As far as diabetes prevalence, Marquette County diabetes prevalence has been markedly increasing since 2015 to its current rate of 13%. Conversely, Columbia County and Wisconsin rates have hovered near the national benchmark of 9% since 2016.

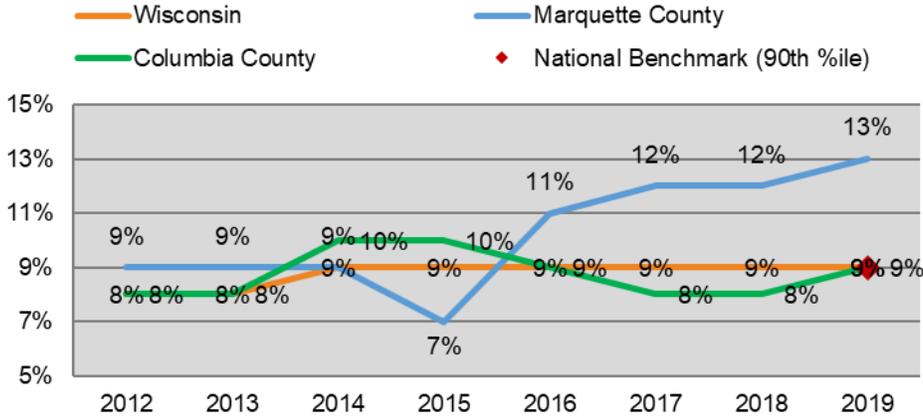


Source: County Health Rankings, 2019



Source: County Health Rankings, 2019

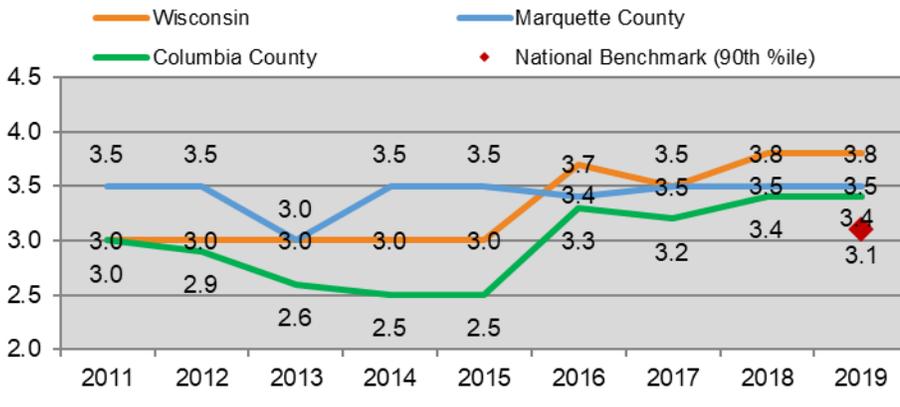
Diabetes prevalence - Percentage of adults aged 20 and above with diagnosed diabetes



Source: County Health Rankings, 2019

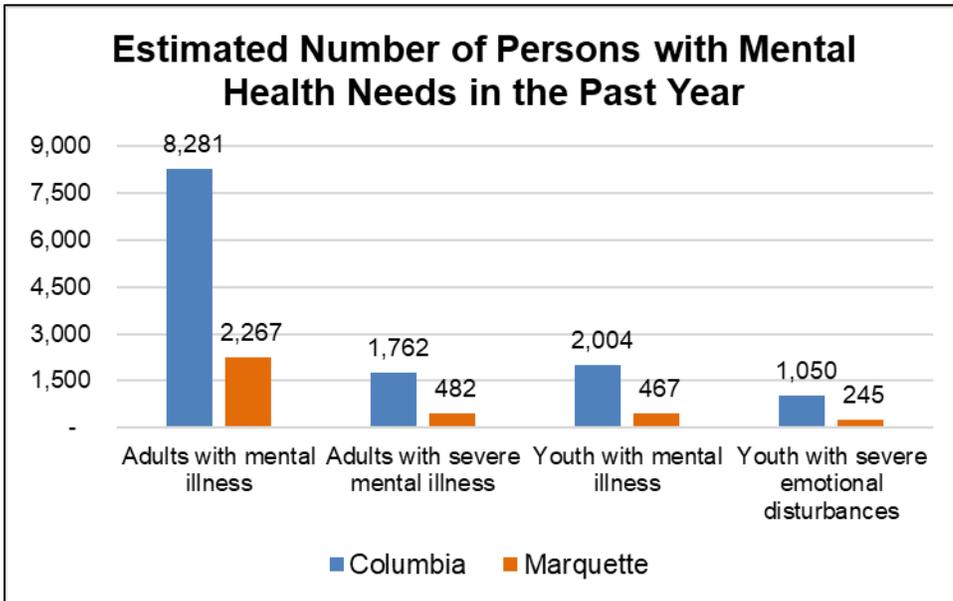
Another indicator, “poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Marquette County, Columbia County, and Wisconsin are slightly above the national benchmark of 3.1 days, with both counties falling slightly below the state benchmark of 3.8 days. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.

Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age adjusted)



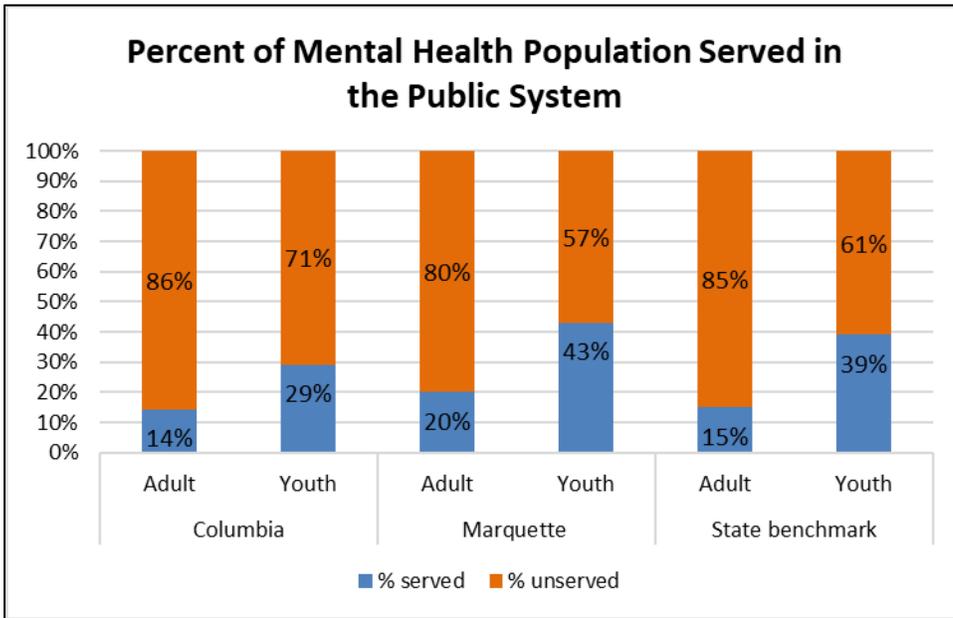
Source: County Health Rankings, 2019

Through data provided by the 2017 Wisconsin Mental Health and Substance Use Needs Assessment, a significant number of adults and youth in Columbia and Marquette County suffer from varying degrees of mental illness. A total of 13,097 individuals in Columbia County and 3,491 individuals in Marquette County recently reported having some degree of mental illness. A majority the total population in Columbia (63%) and Marquette (66%) County with mental health needs were adults with mental illness, while a lesser percentage were youth (23% and 20%, respectively) or adults with severe mental illness (13% and 14%, respectively).

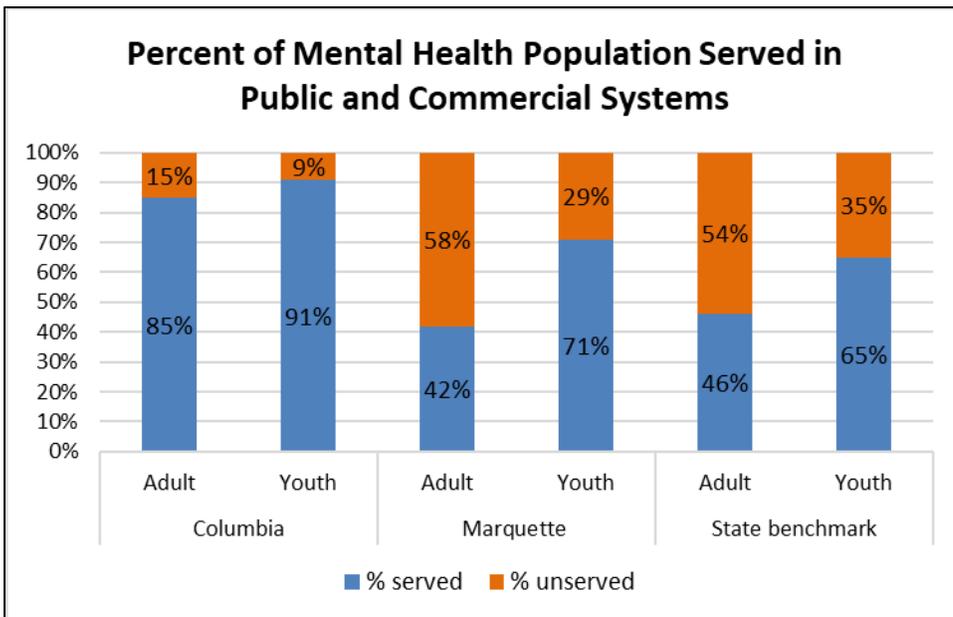


Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

Of these individuals, a lesser percentage of the total population receive resources or treatment through public or commercial insurance systems. Columbia County serves less of its adult (14%) and youth (29%) populations with mental illness through publicly-funded systems compared to state benchmarks, while Marquette County serves more of its adult (20%) and youth (43%) through these systems. When considering both public and commercial systems, treatment gaps for mental health exist in both counties. Overall, Columbia County has less significant gaps in treatment for adults and youth compared to Marquette County and state benchmarks. These results indicate that commercial insurance systems play a more significant role in funding mental health treatment options than public systems.



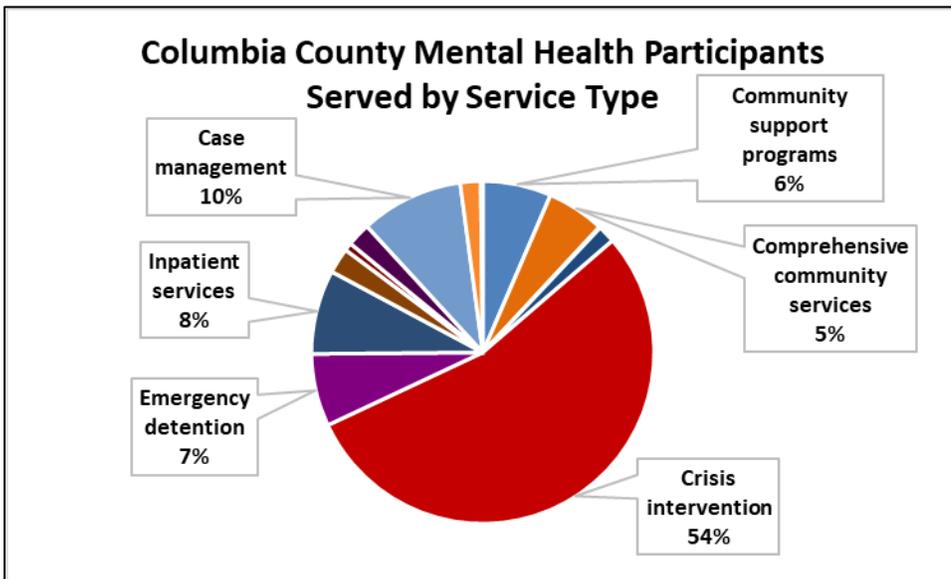
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services



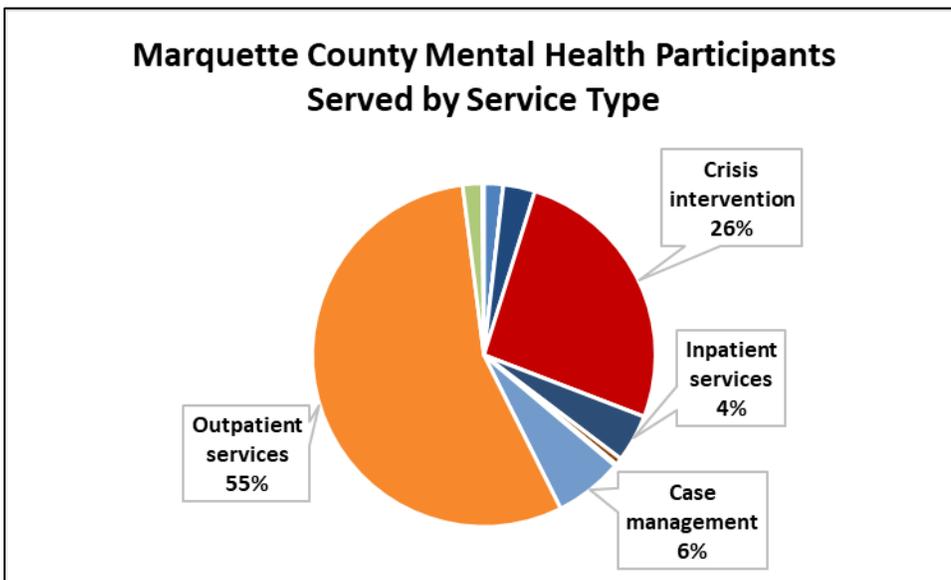
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

The treatment options and resources provided to mentally-ill community members through public systems varies by county. In Columbia County, the services provided are more diverse, often encompassing a range of

crisis intervention (54%), case management (10%), inpatient (8%), and emergency detention (7%) services. In Marquette County, most services provided are through outpatient (55%) or crisis intervention (26%) services.



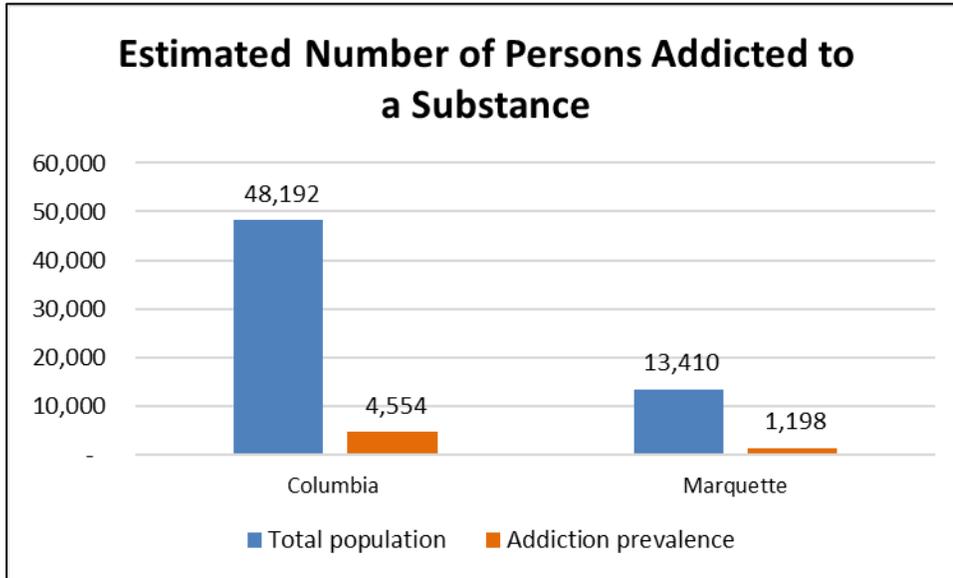
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services



Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

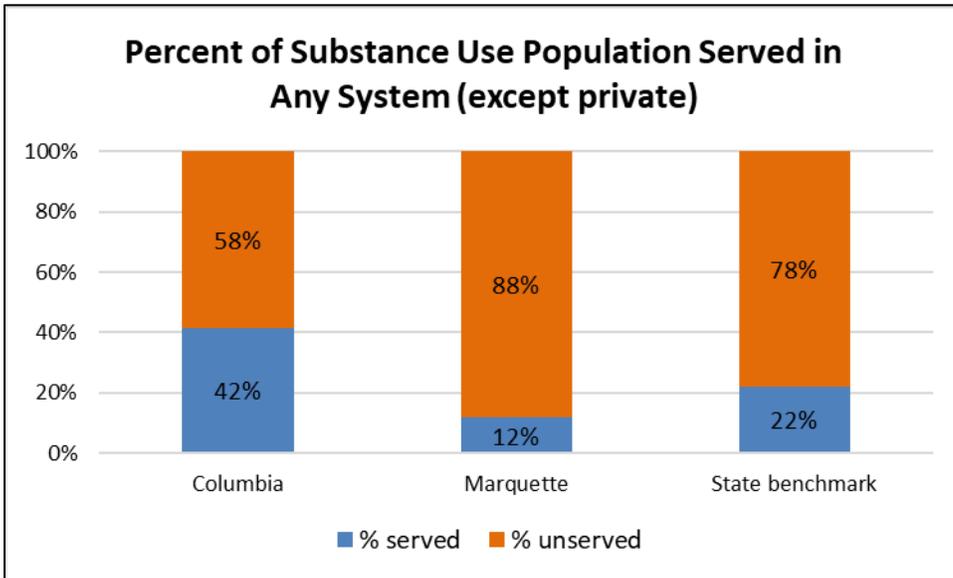
Alcohol and Substance Use

Licit and illicit alcohol and substance use can have profound costs for a community, in the form of negative health, social, and economic impacts. Measuring the prevalence of alcohol and substance use and its associated consequences can be useful in assessing the level at which alcohol and substance use is affecting a community; the treatment needs of a community; and the effectiveness of currently available public or private resources. Data collected through the 2017 Wisconsin Mental Health and Substance Use Needs Assessment indicated that 9% of the population in Columbia and Marquette County is addicted to either one or multiple substances.



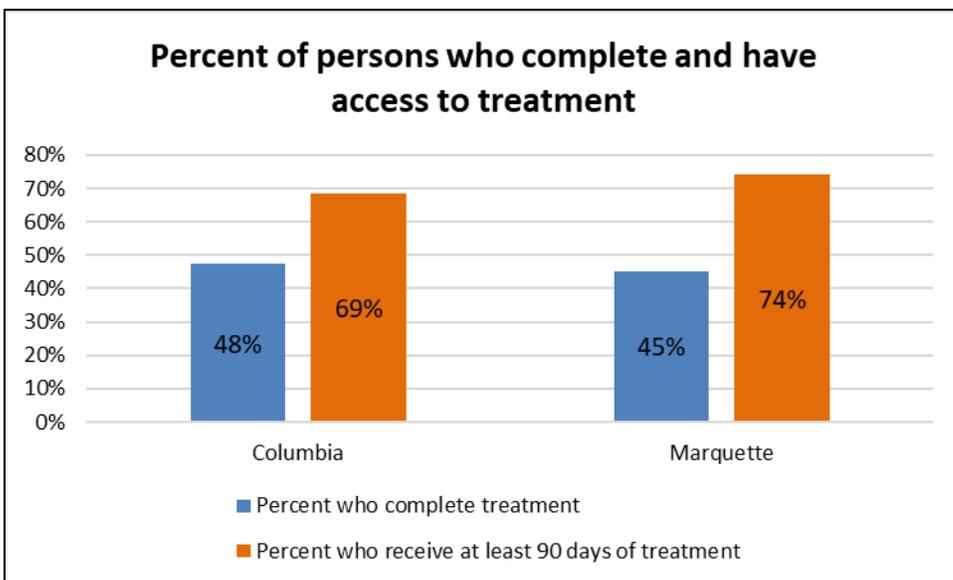
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

Similar to the availability of services to manage and treat mental health issues in the service area, Marquette and Columbia County are characterized by a lack of services for individuals with substance use disorders. Marquette County has a significant treatment gap for substance use, where only 12% of addicts are served through either public or commercial systems. Conversely, Columbia County has a less significant treatment gap for substance abuse as 42% of addicts are served through public or commercial systems, 20% greater than state benchmarks.



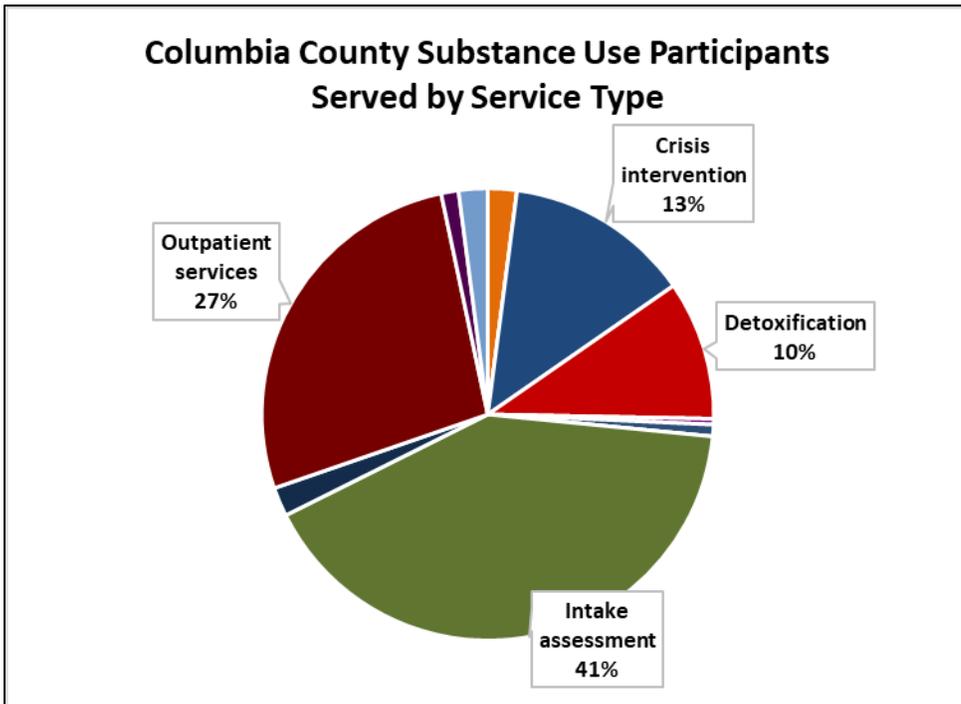
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

Treatment completion and accessibility to effective treatment is also a major barrier to effective substance use management. Overall, fewer than half of individuals in Columbia County and Marquette County who enroll in county-authorized treatment complete treatment. A higher percentage of individuals in Columbia County (69%) and Marquette County (74%) have access to at least 90 days of treatment. Longer treatment programs are typically more effective for substance use.



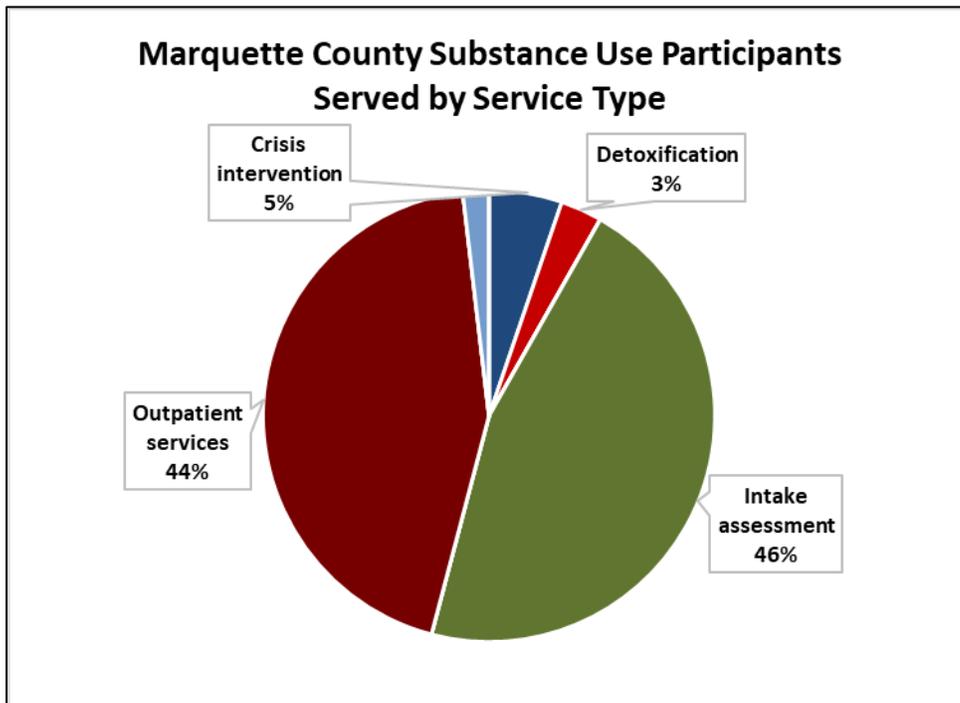
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

The treatment options and resources provided by the county to community members with substance use varies by county. In Columbia County, the services provided are more diverse, often encompassing intake assessments (41%), outpatient services (27%), crisis intervention (13%), and detoxification services (10%).



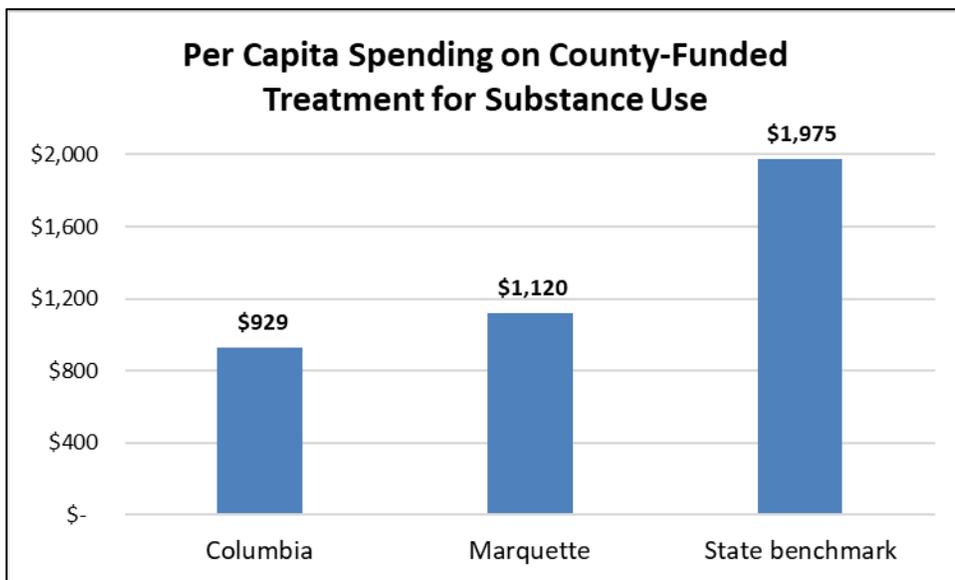
Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

In Marquette County, most services provided are through intake assessments (46%) and outpatient services (44%).



Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

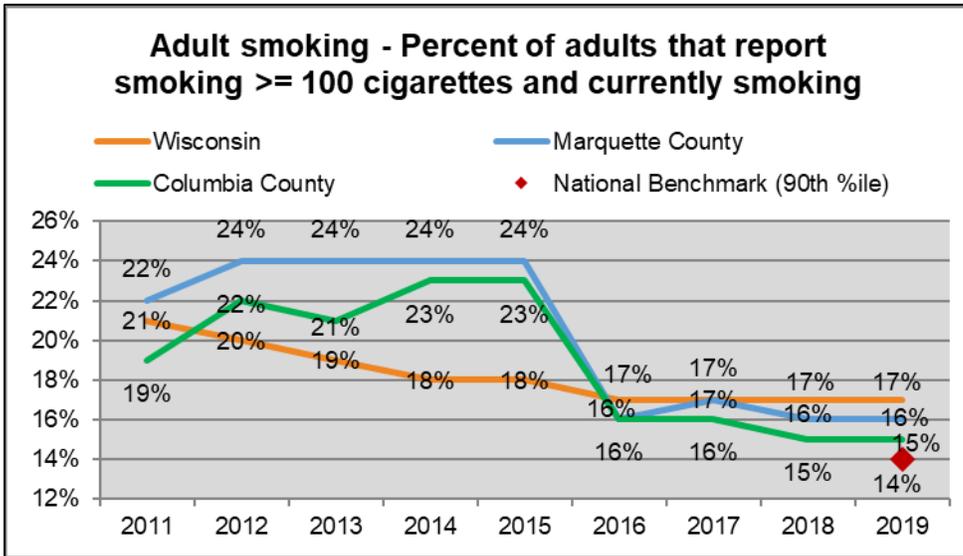
On average, both Columbia and Marquette County spend significant less than the state benchmark on county-funded treatment for substance use in their communities. Columbia County spends about \$929 per person, about 47% of the state benchmark, while Marquette County spends about \$1,120 per person, or about 57% of the state benchmark.



Source: 2017 Wisconsin Mental Health and Substance Use Needs Assessment, Wisconsin Department of Health Services

Adult Smoking

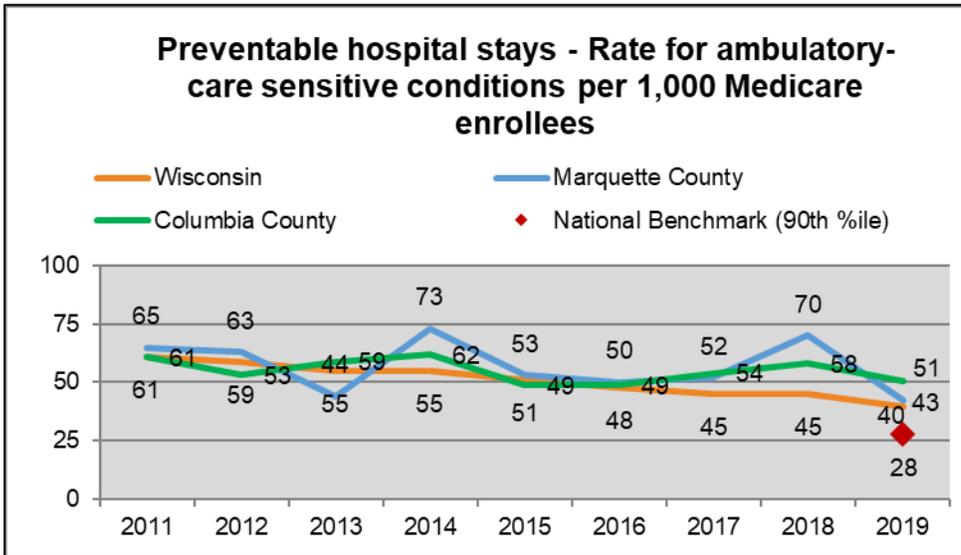
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in Marquette and Columbia County has declined from 24% and 23%, respectively, in 2015 to 16% and 15%, respectively, in 2019. These rates fall in line with the stagnant state benchmark of about 16%, which remains slightly higher than the national benchmark rate of 14%.



Source: County Health Rankings, 2019

Preventable Hospital Stays

Hospitalization for diagnoses treatable in outpatient services suggests that the quality or accessibility of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for Columbia County have remained relatively stagnant, around 51 per 1,000 Medicare enrollees, while rates in Marquette County have been more variable, especially in 2014 and 2018. Rates in Wisconsin have been steadily declining to its current rate of 40 per 1,000 Medicare enrollees. All state and county rates fall significantly above the national benchmark of 28 per 1,000 Medicare enrollees.



Source: County Health Rankings, 2019

*In 2019, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. In previous years, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. The 2019 rates were converted to the standard rate manually to allow for cross-comparison

Similarly, accessibility to specialty care services may also influence the rate of preventable hospital stays. Care may be inaccessible for patients due to provider shortages for certain specialties. Data from the National Center for Rural Health Works indicates that both Columbia and Marquette County are experiencing significant specialty provider shortages. While Columbia County has provider surpluses in family medicine, orthopedics, pediatric care, and urology, Marquette County is experiencing shortages across all specialties reviewed.

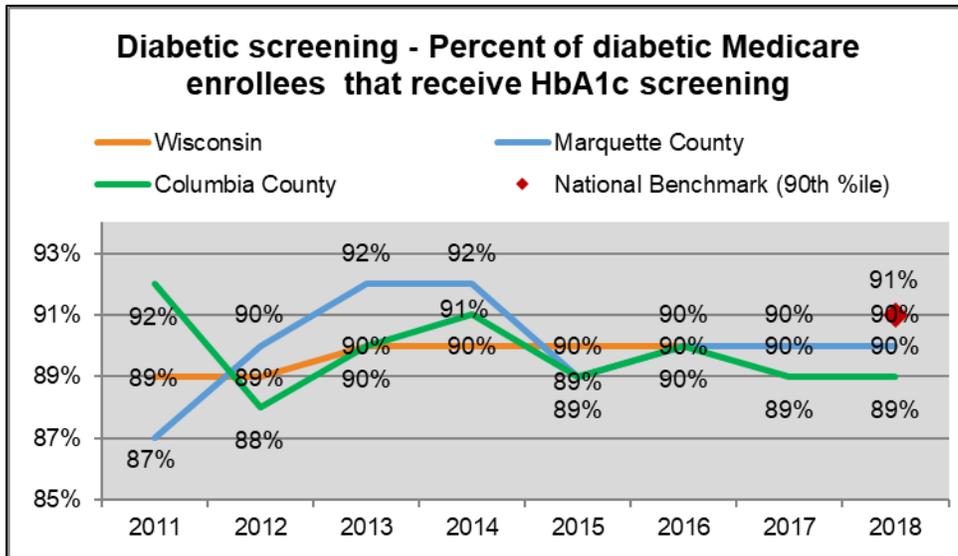
Specialty	Columbia County	Marquette County
Cardiology	✘	✘
Dermatology	✘	✘
Family medicine	✓	✘
Internal medicine	✘	✘
Neurology	✘	✘
Obstetrics and gynecology	✘	✘
Ophthalmology	✘	✘
Orthopedic	✓	✘
Pediatric	✓	✘
Psychiatry	✘	✘
Urology	✓	✘

Source: National Center for Rural Health Works, 2019

* In this chart, provider surpluses are indicated by a green check mark while provider shortages are indicated by a red 'x' mark.

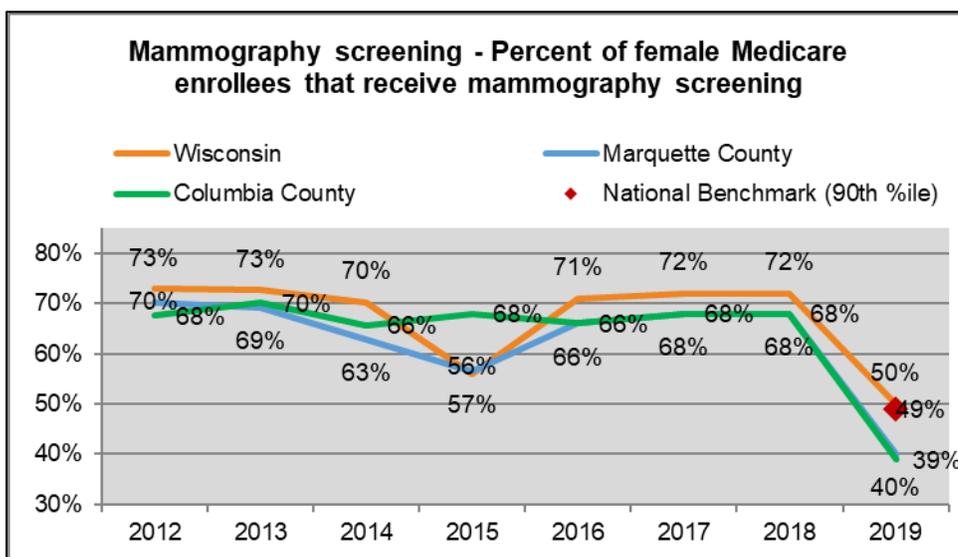
Screening

Screening for potential health issues is a major indicator of future health issues within a community and serves as a metric for efforts to prevent chronic disease. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates for Marquette County and Wisconsin have remained stagnant at 90% from 2016-2019, while the rate for Columbia County is slightly lower at 89%. The national benchmark rate for diabetic screening is 91%.



Source: County Health Rankings, 2019

In 2019, the way mammography screening is measured was changed from previous years. Mammography screening is currently based on the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. In prior years, it was based on the percentage of female Medicare enrollees ages 67-69 that received mammography screening. This expanded age range may contribute to the substantially lower screening rates observed in 2019. Mammography screening rates in Wisconsin is 50%, slightly greater than the national benchmark of 49%. Screening rates in Marquette and Columbia County are significantly below these benchmarks, occurring at rates of 40% and 39%, respectively.



Source: County Health Rankings, 2019

Appendix 3

List of Additional Secondary Data Resources

Resource	Maintaining Organization	Website
Hospital Compare 2019	Centers for Medicare and Medicaid Services	https://www.medicare.gov/hospitalcompare/compare.html#cmpTab=0&cmpID=520041%2C520057%2C520095&cmpDist=2.5%2C17.6%2C28.5&dist=50&loc=PORTAGE%2C%20WI&lat=43.5391486&lng=-89.4626202
2017 Wisconsin Mental Health and Substance Use Needs Assessment	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/publications/p00613-17.pdf
2017 Annual Wisconsin Death Report	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/stats/deaths/index.htm
2012-2016 Behavioral Risk Factor Surveillance System	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/stats/brfs.htm
2010 Burden of Oral Disease in Wisconsin	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/publications/p0/p00209.pdf
Healthiest Wisconsin 2020	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/hw2020/baseline.htm
2012 County Oral Health Wisconsin Surveillance System	Wisconsin Department of Health Services	https://www.dhs.wisconsin.gov/oral-health/cowss.htm
2017 Marquette County Health Department Annual Report	Marquette County Health Department	http://www.co.marquette.wi.us/home/showdocument?id=11621
2017-2022 Marquette County Health Assessment and Community Health Improvement Plan	Marquette County Health Department	http://www.co.marquette.wi.us/home/showdocument?id=8625
2017 Columbia County Community Health Needs Assessment	Columbia County Department of Health and Human Services	http://www.co.columbia.wi.us/columbiacounty/Portals/7/Public%20Health/CHA%20Dec%205%202017.pdf?ver=2017-12-06-104307-870
2017 Marquette County Health Profile	Marquette County Health Department	https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-marquette.pdf
2017 Columbia County Health Profile	Columbia County Department of Health and Human Services	https://www.dhs.wisconsin.gov/publications/p4/p45358-2017-columbia.pdf
Specialty Physician Supply and Demand Tool	National Center for Rural Health Works	https://ruralhealthworks.org/

Appendix 4

Portage's primary health care needs are currently served by Divine Savior Healthcare Inc., UW Health, SSM Health, and several private medical and mental health providers.

Divine Savior Healthcare

2817 New Pinery Road, Portage, WI 53901
(608) 742-4131

Divine Savior Healthcare Pardeeville Clinic

102 Gillette Street, Pardeeville, WI 53954
(608) 429-2185

Divine Savior Healthcare Crossroads Clinic

N4390 Crossroads Clinic Road, Oxford, WI 53952
(608) 589-5333

La Vita at Divine Savior Healthcare – Medically Integrated Fitness Center

2815 New Pinery Road, Portage WI 5390
(608) 745-3800

La Vita at The Wellness Center is a new kind of fitness center. It's an environment where your health, safety and comfort are priority. We've included everything you might need to make working on you and your family's wellness a convenient and rewarding experience. From the moment you walk in the door, you'll realize La Vita has removed all barriers to improving personal fitness. This isn't just a gym. La Vita is a place where you'll receive personal attention. Where fellow members will make you feel welcome. Where you'll work hard alongside others on similar journeys. With locker rooms, a retail store, refreshments, drop-in care for children (up to age 10) and access to a variety of complimentary services to address your unique needs, no excuses will stand in the way of you giving your health the attention it deserves.

UW Health – Portage

2977 County Highway CX, Portage, WI 53901
(608) 742-3004

UW Health is the integrated health system of the University of Wisconsin-Madison serving more than 600,000 patients each year in the Upper Midwest and beyond with approximately 1,500 physicians and 16,500 staff at six hospitals and more than 80 outpatient sites. UW Health is governed by the UW Hospitals and Clinics Authority and partners with UW School of Medicine and Public Health to fulfill their patient care, research, education and community service missions.

SSM Health Dean Medical Group – Portage Clinic

2825 Hunters Trail, Portage, WI 53901
(608) 742-7161

SSM Health Dean Medical Group on Hunters Trail in Portage, Wisconsin, offers a wide variety of services, including maternity, pediatrics, podiatry, primary care, minor surgeries and women's health.

The following health care and related facilities are available within the community:

- Free Clinic – Portage
140 East Cook Street, Portage, WI 53901
(608) 234-0159
- SMM Health Davis Duehr Dean Eye Care
2825 Hunters Trail, Portage, WI 53901
(608) 742-5522
- Poynette Family Practice Center
237 W Seward Street, Poynette, WI 53955
(608) 635-4343
- SSM Health Dean Medical Group - Dells Clinic
1310 Broadway Road, Wisconsin Dells, WI 53965
(608) 254-1171
- Mile Bluff's Delton Family Medical Center
28 Commerce Street, Wisconsin Dells, WI 53965
(608) 254-5888
- Family Health / La Clinica
400 South Townline Road, Wautoma, WI 54982
(920) 787-5514
- CHN Medical Center
215 Church Street, Montello, WI 53949
(608) 297-2626

Mental Health

- Columbia County Health and Human Services
111 East Mullett Street, Portage, WI 53901
(608) 742-9700
- National Suicide Prevention Lifeline
1-800- 273-8255
- The Paquette Center for Psychological Services
2901 Hunter's Trail, Portage, WI 53901
(608) 742-5518
- Aspen Family Counseling
2639 New Pinery Road, Suite 1, Portage, WI 53901
(608) 742-5020
- Lutheran Social Services
727 8th Street, Baraboo, WI 53913
(608) 355-4103
- Poynette Counseling and Psychotherapy Associates
415 North Main Street, Apartment #3, Poynette, WI 53901
(608) 635-2146
- Compass Counseling
1508 New Pinery Road, Portage, WI 53901
(608) 745-4900
- Journey Mental Health
1400 East Wisconsin Street, Portage, WI 53901
(608) 745-9720
- Transitions Behavioral Health, LLC

317 DeWitt Street, Portage, WI 53901
(608) 745-1751

Substance Abuse

- The Paquette Center for Psychological Services
2901 Hunter's Trail, Portage, WI 53901
(608) 742-5518
- Aspen Family Counseling
2639 New Pinery Road, Suite 1, Portage, WI 53901
(608) 742-5020
- Columbia County Health and Human Services
111 East Mullett Street, Portage, WI 53901
(888) 552-6642

Dental Health

- Seubert Family Dentistry
260 West Cook Street, Portage, WI 53901
(608) 742-2331
- Virginia G. Scott, DDS
403 West Chestnut Street, Pardeeville, WI 53954
(608) 745-1585
- Hart & Olson Family Dentistry
225 Gunderson Drive, Portage, WI 53901
(608) 742-3272
- Midwest Dental – Portage
2570 Pinery Road, Portage, WI 53901
(608) 742-5573
- Joseph LaBella, DDS
1508 New Pinery Road, Portage, WI 53901
(608) 742-4533
- Timothy J. McReath, DDSD
2625 New Pinery Road, Portage, WI 53901
(608) 742-4800
- Daniel Bender, DDS
1508 Pinery Road, Portage, WI 53901
(608) 742-5507
- Timothy Fischer, DDS
303 East Wisconsin Street, Portage, WI 53901
(608) 742-8311
- Peter G. Hill, DDS
110 North Main Street, Poynette, WI 53901
(608) 635-7070
- Dells Dental
245 West Munroe Avenue, Wisconsin Dells, WI 53965
(608) 254-2345
- Sweeney Dental, LLC
910 Iowa Avenue, Wisconsin Dells, WI 53965
(608) 253-4701
- Robert E. Crawford, DDS

120 East 2nd Street, Westfield, WI 53964
(608) 296-2323

- Fox River Family Dentistry
215 Church Street, Montello, WI 53949
(608) 297-2181

Care for the Elderly

- Tivoli at Divine Savior Healthcare
Residential living facility
2805 Hunters Trail, Portage, WI 53901
(608) 745-5900
- Heritage House of Portage
Assisted living facility
2685 Airport Road, Portage, WI 53901
(608) 745-3312
- Hamilton Park Place
Assisted living facility
2525 Hamilton Street, Portage, WI 53901
(608) 742-7888
- American Way
Assisted living facility
602 East Albert Street, Portage, WI 53901
(608) 566-1500
- The Rivers Assisted Living and Memory Care
Assisted living facility
621 Latton Lane, Portage, WI 53901
(608) 566-1500
- Aging & Disability Resource Center of Columbia County
Elderly and disabled services
111 East Mullett Street, Portage, WI 53901
(608) 742-9233
- Aging & Disability Resource Center of Marquette County
Elderly and disabled services
428 Underwood Avenue, P.O. Box 405, Montello, WI 53949
(855) 440-2372
- Aging & Disability Resource Center of Adams, Green Lake, and Waushara Counties
Elderly and disabled services
1-800-883-5378
- Marquette County Community Options Program
Elderly and disabled services
444 Scott Street, P.O. Box 189, Green Lake, WI 54941
(608) 297-3183
- Columbia Health Care Center
Elderly and disabled residential facility and services
323 West Monroe Street, Wyocena, WI 53954
(608) 429-2181

Retail Pharmacy

- Hometown Pharmacy
117 South Main Street, Pardeeville, WI 53964
(608) 429-2325
- Walgreens Pharmacy
2700 Pinery Road, Portage, WI 53901
(608) 742-5727
- Walgreens Pharmacy
300 Wisconsin 13, Wisconsin Dells, WI 53965
(608) 254-5760
- Walmart Pharmacy
2950 New Pinery Rd, Portage, WI 53901
(608) 742-1670
- Wilz Hometown Pharmacy
140 E Cook St, Portage 53901
(608) 742-3545

Cost of Care

- BadgerCare Plus
Assistance with medical expenses
Wisconsin Department of Health Services
(800) 362-3002
- Wisconsin Medicaid
Assistance for elderly, blind or disabled
Apply through the Columbia County Department of Health & Human Services
800 Murphy Road, P.O. Box 136, Portage, WI 53901
(800) 362-3002

Apply through the Marquette County Department of Health & Human Services
608 Underwood Avenue, P.O. Box 405, Montello, WI 53949
(608) 297-3183
- Wisconsin ACCESS
Programs for health, nutrition and child care
<http://access.wisconsin.gov/>
- Columbia County Economic Support Program
Assistance with medical assistance, BadgerCare, food share, and child care programs
Columbia County Department of Health & Human Services
2652 Murphy Road, P.O. Box 136, Portage, WI 53901
(608) 742-9227
- Marquette County Economic Support Program
Assistance with medical assistance, BadgerCare, food share, and child care programs
Marquette County Health Department
480 Underwood Avenue, P.O. Box 99, Montello, WI 53949
(608) 297-3167
- Divine Savior Healthcare Financial Assistance
Assistance with medical expenses
2817 New Pinery Road, Portage, WI. 53901
(608) 745-5640 or (608) 745-5650

Resources for Other Health Needs

- The Arc Greater Columbia County
Provides services for those with developmental disabilities
711 East Cook Street, Suite 202, Portage, WI 53901
(608) 742-0260
- Montello Head Start Center
Child care programs
North 2898 State Road 22, Montello, WI 53949
(608) 297-8453
- Hope House, Columbia County
Domestic violence resources
720 Ash Street, Baraboo, WI 53913
(800) 584-6790
- Planned Parenthood of Wisconsin
Reproductive health services
132 West Cook Street, Portage, WI 53901
(608) 742-1551 or (800) 230-7526
- Pregnancy Resource Center
Reproductive and maternal health services
306 West Cook Street, Portage, WI 53901
1-800-705-4710
- Family Resource Center
Family and youth services
2946 Red Fox Run, Portage, WI 53901
(608) 742-8482