Community Health Needs Assessment

2022-2025

ASPIRUS DIVINE SAVIOR HOSPITAL & CLINICS
2817 New Pinery Rd
Portage, WI 53901
Acknowledgements

Aspirus Divine Savior Hospital appreciates the collaborative efforts of the Columbia County Health Department in the collection and analysis of data, as well as the facilitation of community meetings and work groups. Partnering together allows us to strengthen our community efforts and make a bigger impact across Columbia County. We are fortunate to have community leaders who were willing to share their perspectives on the most important health issues facing the community, and who demonstrate a great interest in collaborating to improve the communities we serve. We would also like to thank the hundreds of community members who responded to a community survey in Fall 2021.

The next step is to create and implement a plan to address these issues. We look forward to working in collaboration with our community partners toward a common goal of healthier, happier community!

Respectfully,

Crystal Kirschling
Interim President
Aspirus Divine Savior Hospital and Clinics
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Aspirus Divine Savior Hospital conducted a community health needs assessment from Fall 2021 through Spring 2022. The assessment included:

- Collaborative relationships with Columbia County Health Department.
- The compilation of two kinds of data:
  - Community input. Community input was gathered through key informant interviews, a community survey and a key stakeholder meeting.
  - Health status data. Data on the health of the community was obtained primarily from the County Health Rankings and Roadmaps and the Wisconsin Department of Health Services.
- Community stakeholder review and prioritization of data.
- The selection of a set of identified priorities that the hospital is committed to formally pursuing over the next three years.

Aspirus Divine Savior will be developing a plan to address **Mental Health** and **Substance Use**. As strategies are created to address these issues, the hospital will be mindful of the underlying social and economic factors that contribute to poor mental health and substance use.
Aspirus Health and Aspirus Divine Savior Hospital Profile

Aspirus Health
Aspirus is a non-profit, community-directed health system based in Wausau, Wisconsin. Its 11,000 employees are focused on improving the health and well-being of people throughout Wisconsin and Upper Michigan. Aspirus serves communities through four hospitals in Upper Michigan and 13 hospitals in Wisconsin, 75 clinics, home health and hospice care, pharmacies, critical care and air-medical transport, medical goods, nursing homes and a broad network of physicians. Aspirus has been recognized by IBM Watson Health as a Top 15 Health System for four consecutive years in its annual studies identifying the top-performing health systems in the country.

Aspirus Divine Savior Hospital
Aspirus Divine Savior Hospital is a thriving, community-directed hospital based in Portage, WI. The hospital is accredited by the Joint Commission and dedicated to serving residents of Columbia and Marquette counties and the surrounding communities. As a short-term acute care hospital, Aspirus Divine Savior features 53 acute care beds and an additional 83 beds through its extended care facility. The hospital 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, an on-site assisted living facility, offers residential skilled nursing care and a dedicated site for short-term rehabilitative care for older patients. Aspirus 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.

Service Area
Hospitals & Clinics
Community Health Needs 2022-2025

About the Community Health Needs Assessment

For Aspirus, the Community Health Needs Assessment (CHNA) is one way to live our mission – to heal people, promote health and strengthen communities – and reach our vision – being a catalyst for creating healthy, thriving communities. Conducting a CHNA is an opportunity to understand what health issues are important to community members. Community resources, partnerships and opportunities for improvement can also be identified, forming a foundation from which strategies can be implemented.

Definition / Purpose of a CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community needs.”¹ The value of the CHNA lies not only in the findings but also in the process itself, which is a powerful avenue for collaboration and potential impact. The momentum from the assessment can support cross-sector collaboration that:

- Leverages existing assets in the community creating the opportunity for broader impact;
- Avoids unnecessary duplication of programs or services thereby maximizing the uses of resources;
- Increases the capacity of community members to engage in civil dialogue and collaborative problem solving to position the community to build on and sustain health improvement activities.

Compliance

The completion of a needs assessment is a requirement for both hospitals and health departments. For non-profit hospitals, the requirement originated with the Patient Protection and Affordable Care Act (ACA). The IRS Code, Section 501(r)(3) outlines the specific requirements, including having the final, approved report posted on a public website. Additionally, CHNA and Implementation Strategy activities are annually reported to the IRS.

In Wisconsin, local health departments are required by Wisconsin State Statute 251.05 to complete a community health assessment and create a plan every five years. The statute indicates specific criteria must be met as part of the process.

¹ Catholic Health Association of the United States, https://www.chausa.org
Community Served and Demographics

Our Community
The hospital’s service area includes Columbia County as well as portions of surrounding counties. For the purposes of the Community Health Needs Assessment, the hospital has defined its “community” as Columbia County because (a) most population-level data are available at the county level and (b) most/many community partners focus on the residents of Columbia County. With a clinic also located in Oxford, Wisconsin, Aspirus Divine Savior’s implementation plan will also have an emphasis on Marquette County.

Demographics
The table below describes some of the basic demographics of Columbia County’s population compared to Wisconsin. Notably, compared to Wisconsin, Columbia County has:

- A higher percentage of Caucasian individuals and a lower percentage of individuals who are African American, American Indian and Asian.
- A lower percentage of individuals who are Hispanic.
- A higher median household income.
- A lower percentage of individuals in poverty.
- A higher percentage of the population of high school graduates.
- A lower percentage of individuals with a Bachelor’s degree or higher.
- A lower percentage of households where a language other than English is the primary language.

<table>
<thead>
<tr>
<th></th>
<th>Columbia County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>58,488</td>
<td>5,895,908</td>
</tr>
<tr>
<td>Age &lt;18</td>
<td>21%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>18.4%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>95.3%</td>
<td>87%</td>
</tr>
<tr>
<td>African American</td>
<td>1.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$69,262</td>
<td>$63,293</td>
</tr>
<tr>
<td>Persons in Poverty</td>
<td>6.9%</td>
<td>10%</td>
</tr>
<tr>
<td>High School Graduate or Higher</td>
<td>93.3%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>24.2%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Language Other than English Spoken at Home</td>
<td>5.1%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Process and Methods Used

Aspirus’ community health improvement approach is based in research conducted by the University of Wisconsin Population Health Institute (UWPHI) and shared through the County Health Rankings and Roadmaps (CHRR) program. UWPHI’s Determinants of Health model (below) has three components – health outcomes, health factors and policies and programs. The community-facing work of hospitals frequently focuses on addressing the health factors in order to improve the health outcomes. For Aspirus Divine Savior, the health status data and much of the community input are organized in this framework.

Aspirus Divine Savior also uses the County Health Rankings and Roadmaps guidance in its overall community health assessment and improvement process by:

- Assessing needs and resources
- Focusing on what’s important
- Choosing effective policies and programs
- Acting on what’s important
- Evaluating actions
- Effectively communicating and collaborating with partners

Source: University of Wisconsin Population Health Institute
Collaborators and / or Consultants
Aspirus Divine Savior collaborated with the Columbia County Health Department to complete this work. Columbia County Health Department contracted with University of Wisconsin-Oshkosh for data analysis and Wisconsin Community Health Alliance for process facilitation.

Community Input
Columbia County community members provided feedback on community health needs through a community survey and key informant interviews. Approximately 650 people responded to the community survey and twenty-seven key informant interviews were conducted. An intentional effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, low income, or are considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Key Informant Interviews
Columbia County Health Department and Aspirus Divine Savior, in overlapping timeframes, both conducted key informant interviews. Community leaders representing governmental public health, youth, older individuals, individuals in recovery, individuals who are more vulnerable and other sectors were interviewed.

From the interviews conducted by Aspirus Divine Savior, the top issues were:
- Access to care
- Mental health

A primary theme throughout the responses was the opportunity to increase collaboration across community stakeholders for improved services and programs. Additionally, while describing some of the top issues in the community, many interviewees noted the underlying social and economic issues that are contributing to poor health – transportation, income, jobs, safety nets.

From the interviews conducted by Columbia County Health Department, the most important health or quality of life issues facing the community included:
- Mental health: Six interviewees identified this as among the most critical issues. Particular attention was given to the need for more services in schools, especially in rural districts as well as support for addiction recovery.
- Substance abuse: Both alcohol and drug abuse were noted by four respondents. Interest was given to middle-aged adults as well as diversion programs for teenagers.
- Chronic Disease/Aging Issues: Two interviewees cited several elder care issues, ranging from the quality of assisting living facilities, to chronic disease and dementia.
• Affordable Housing: This was mentioned both in the context of supporting low-income families and in fighting homelessness.
• Support for Low-Income Families: A range of services, including childcare, housing assistance, and transportation were noted by several interviewees. Focus was given to youth, who oftentimes lack quality of life amenities.

More key informant interview results can be found in Appendix A.

Community Survey
The community survey, developed and distributed by Aspirus Divine Savior and Columbia County Health Department, was conducted in Fall 2021. The survey was available in Spanish and was distributed electronically and on paper. Numerous organizations – including libraries, Chambers of Commerce, Columbia County Health Department, Aging and Disability Resource Center, food pantries, coalitions and more – distributed the survey.

Approximately 650 Columbia County resident responses informed the results of the survey. Top-identified issues included: illegal drug use; mental health; alcohol use; prescription drug misuse; nutrition and healthy eating. More community survey results can be found in Appendix B.

Input Received on the Last CHNA
No known input on the previous CHNA was received.

Health Status Data / Outside Data
In addition to gathering input directly from community members, Aspirus Divine Savior also compiled outside data reflective of the overall population’s health status. These ‘health status data’ are gathered by credible local, state and national governmental and non-governmental entities and published.

Reflective of the UWPHI model, the data were grouped in the following categories:
• Health Outcomes -- mortality and morbidity
• Clinical Care
• Social and Economic Factors
• Health Behaviors
• Physical Environment

A summary of the health status data and corresponding sources can be found in Appendix C.
Community Needs and Prioritization Process

The prioritization of community needs began with the compilation of data. Community survey results, key informant interview results and health status data were gathered. The health status data and community survey results were grouped into three categories: social context / determinants of health; risk factors / risk behaviors; disease, injury and mortality. Those data were visually displayed on wall posters and key informant interview results were available at an April 2022 in-person community stakeholder meeting.

Approximately 40 individuals attended the community stakeholder meeting. Invited stakeholders included representatives from the health department, education, law enforcement, business, youth programming, recovery, local government and others.

Attendees first met as a large group to review data. After the review of data, attendees participated in small group discussions and were asked to consider: what surprised them; what stood out; what was the good / bad news. Issues identified in the small groups were compiled and shared. All attendees were then asked to ‘vote’ for their top issues, considering the following criteria:

- **Magnitude**: How many people are impacted
- **Time Trend**: What is getting better/worse
- **Severity**: How does the impact of the issue compare to other issue impacts
- **Comparison**: How does the local data compare to the state data

The voting resulted in these top five issues:

- Mental health
- Substance use
- Lack of communication between partners
- Lack of health care providers
  - Note: Discussion also included attention to dental and mental health care providers
- Transportation

After the community stakeholder meeting, a small group of Aspirus Divine Savior and Aspirus Health leaders met. Considering the results of the stakeholder meeting, the magnitude of the issues and the capacity of the hospital, leaders selected two issues – mental health and substance use – as the top priorities for the Implementation Strategy. While the hospital will formally address those two issues, the hospital will continue to informally address obesity, chronic conditions and related contributors through its normal hospital operations and community outreach. Additionally, many efforts will reach Marquette County as well as Columbia County.
Final Prioritized Needs

Over the next three years, Aspirus Divine Savior will formally address the following issues through the community health needs assessment and corresponding implementation strategy:

- Mental health
- Substance use

Needs Not Selected

The three needs that were prioritized in the community stakeholder meeting and will not be formally pursued by the hospital in its implementation strategy are:

- Lack of communication between partners
- Lack of health care providers
- Transportation

The hospital views communication, health care providers and transportation as contributors to the issues of mental health and substance use. While these are not the hospital's formal priorities, they may be part of the strategy to address the priority needs around mental health and substance use.

A brief overview of mental health and substance use are on the next pages.

Healthcare Facilities and Community Resources

A brief description of health care and other organizations available to address community needs is in Appendix D.
Community Health Needs 2022-2025

Mental Health

Why is it Important?

Approximately 20 percent of the population experiences a mental health problem during any given year.¹ Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.² Economic challenges (e.g., unemployment, poverty) are associated with poor mental health.³ During the COVID pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.⁴


Data Highlights

Disparities and Equity

- Individuals with less than a high school education are more than twice as likely to have frequent mental distress compared to those with a college degree.⁵
- Women have a 70% higher rate of depression compared to men.⁵
- Individuals who are multiracial or American Indian / Alaskan Native are three times as likely, and White individuals were 2.5 times as likely, to experience depression compared to individuals who are Asian/Pacific Islander. However, the rate of depression in individuals who are Asian/Pacific Islanders is increasing at a faster rate than other groups.⁵
- Poor family relationships can increase the likelihood of depression. Some are at higher risk of poor family relationships, including individuals: who identify as LGBTQ; who have a disability and their caretakers; and who suffered from child abuse and neglect.⁶


Community Perceptions & Challenges

- Mental health was the second-highest most pressing issue identified by survey respondents.
- Mental health was a top issue for key informants.
- COVID-19 has exacerbated existing mental health issues.
- Coordination of existing mental health efforts is a challenge.

Note: Top U.S. Performers are the top/best 10 percent of counties in the U.S.

Deaths by Suicide

Death by Suicide

Deaths per 100,000 population

Columbia County 19
Wisconsin 15
Top U.S. Performers 11

Poor Mental Health Days

Average Number of Mentally Unhealthy Days in the Last 30 Days

Columbia County 3.9
Wisconsin 4.0
Top U.S. Performers 3.8

Sources: 2021 County Health Rankings
### Substance Use

#### Why is it Important?

An estimated 22 million people per year in the U.S. have drug and alcohol problems. Ninety-five percent of them are unaware of their problem.\(^1\) Approximately 88,000 deaths annually in the U.S. are attributed to excessive drinking (2006-2010).\(^2\) Drug and alcohol use can also lead to costly physical, mental and public health problems such as teen pregnancy, HIV/AIDS and other STDs.\(^1\) Interactions between prescription medications and alcohol can contribute to falls, which can result in injuries and death.\(^3\) COVID-19 has increased substance use in the US related to social isolation, loss of routines and norms, income related stress, anxiety and fear of the virus and loss of loved ones.\(^4\)

Sources: (1) Healthy People 2020; (2) Center of Disease Control and Prevention; (3) Wisconsin Alcohol Policy Project; (4) Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic -- United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

#### Data Highlights

![Graph showing Alcohol-Attributable Deaths](Source: Wisconsin Department of Health Services. DHS Interactive Dashboards: Alcohol Death Module (2019, 2020). Last updated 1/9/22 8:00:56 p.m. Accessed 01/24/2022.)

Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than $50K.\(^5\)

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report -- United States, 2011)

#### Disparities and Equity

Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than $50K.\(^5\)

Sources: (5) Fact Sheet: Health Disparities in Binge Drinking (Findings from the CDC Health Disparities and Inequalities Report -- United States, 2011)

#### Community Perceptions & Challenges

- Illegal drug use, alcohol use and prescription drug misuse were each in the top four most pressing community issues identified by survey respondents.
- Substance use was a top-identified issue by key informants.
- COVID-19 has exacerbated existing substance use issues.

#### Columbia County Data Compared to Wisconsin

- Excessive drinking: 28% Columbia / 27% WI*
- Alcohol hospitalizations per 100,000 (2019 & 2020): Emergency room 562.9 Columbia / 615.5 WI; Inpatient 429.2 Columbia / 584.6 WI
- Opioid deaths per 100,000 residents (2017-2020): 18.8 Columbia / 16.9 WI
- Opioid-related hospital discharges per 100,000 population (age-adjusted): 321.1 Columbia / 329 WI

See Appendix C for sources.
Evaluation of Impact from the Previous CHNA Implementation Strategy
Aspirus Divine Savior’s priority health issues from the previous CHNA included:
- Accessibility of Health Care Services
- Management of Obesity and other Chronic Conditions

A summary of the impact of efforts to address those needs are included in Appendix E.

Approval by the Hospital Board
The CHNA report was reviewed and approved by the Aspirus Divine Savior Board of Directors on June 23, 2022.

Conclusion
Thank you to all the community members who provided thoughts, input and constructive feedback throughout the process. Aspirus Divine Savior Hospital will continue to work with its partners to address the health issues important to the community.
Appendices
Appendix A: Community Input – Key Informant Interviews

As part of Aspirus Divine Savior Hospital’s community health needs assessment, numerous Columbia County community leaders were interviewed in Fall 2021. In an overlapping timeframe, the Columbia County Health Department also conducted key informant interviews. The interviewed leaders represented the following sectors and organizations:

<table>
<thead>
<tr>
<th>Agency/Organization</th>
<th>Sector</th>
<th>Interviewed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marquette County Health Department (2 individuals)</td>
<td>Governmental public health</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Aspirus Divine Savior</td>
<td>Health care</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Local Newspaper</td>
<td>Media</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Portage Mayor</td>
<td>Elected officials</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>St. Mary Catholic Church</td>
<td>Faith community</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Portage School Nurse</td>
<td>Youth</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>United Way</td>
<td>Multiple services/funding</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Aspirus Divine Savior Mental Health NP</td>
<td>Health care / Mental health care</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Aging and Disability Resource Center</td>
<td>Aging</td>
<td>Aspirus Divine Savior</td>
</tr>
<tr>
<td>Boys and Girls Club of Portage – Columbia County</td>
<td>Youth</td>
<td>Both</td>
</tr>
<tr>
<td>Satori House Recovery</td>
<td>Substance use</td>
<td>Both</td>
</tr>
<tr>
<td>Poynette Schools</td>
<td>Education (primary)</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Reach Out Lodi, Inc.*</td>
<td>Basic needs (food, clothing)</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Portage Parks and Recreation Department</td>
<td>Recreation</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Bethany Lutheran Church</td>
<td>Faith Community</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>UW-Extension 4H</td>
<td>Youth</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Prevention and Response Columbia County (PARCC Coalition), Health and Human Services Board</td>
<td>Substance use</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Aspirus Divine Savior Hospital and Clinics</td>
<td>Health care</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>River Haven Homeless Shelter*</td>
<td>Housing and homelessness</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Columbia Health Care Center</td>
<td>Aging, disability and rehabilitation</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Prairie Ridge Hospital (in Columbus)</td>
<td>Health care</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Columbia County Health and Human Services (multiple individuals)</td>
<td>Human services</td>
<td>Columbia County Health Department</td>
</tr>
<tr>
<td>Cambria-Friesland Schools</td>
<td>Youth</td>
<td>Columbia County Health Department</td>
</tr>
</tbody>
</table>

* Agency represents individuals who are medically underserved, have low income, or are considered among the minority populations served by the hospital.
**Key Informant Interviews – Aspirus Divine Savior**

Aspirus Divine Savior collected input from 12 key informants via an online tool. The interviewees represented organizations and sectors as described above.

Interviewees were asked a number of questions:

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community? Why?
2. In which areas do you believe our community is ready for change?
3. What are some ideas you have to help our community improve its health and wellness?
   a. Prompt: Are there changes you’d like to see?
   b. Prompt: Are there current services/programs that are working well or do not work so well?
      Prompt: What are things you’ve seen in other communities that might work here?
4. Is there anything else that you’d like to share with me today as it relates to the needs of our community?

The responses from the interviews were reviewed by two Aspirus employees with community health experience and one Columbia County Health Department employee. The top issues were:

- Access to care
- Mental health

A primary theme throughout the responses was the opportunity to increase collaboration across community stakeholders for improved services and programs. Additionally, while describing some of the top issues in the community, many interviewees noted the underlying social and economic issues that are contributing – transportation, income, jobs, safety nets.

A complete report on the results of the interviews can be obtained by contacting the Community Health Improvement / Wellness Lead at Aspirus Divine Savior.
Key Informant Interviews – Health Department

The Columbia County Health Department conducted 15 key informant interviews with individuals representing the organizations listed above. The remainder of this section is copied with permission from the Columbia County Health Department’s report drafted and analyzed by the University of Wisconsin-Oshkosh.

Interviewees were asked a series of four questions:

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community?
2. What are 1-2 assets for improving health in the community?
3. Who are most vulnerable or underserved groups in the community?
4. What can the public health/healthcare organization in your community do to help?

Responses were open-ended and are summarized here by frequency of response and theme.

Most Important Issues

Interviewees were first asked to identify the three most important health or quality of life issues facing the community. They provided the following themes:

- Mental health: Six interviewees identified this as among the most critical issues. Particular attention was given to the need for more services in schools, especially in rural districts as well as support for addiction recovery.
- Substance abuse: Both alcohol and drug abuse were noted by four respondents. Interest was given to middle-aged adults as well as diversion programs for teenagers.
- Chronic Disease/Aging Issues: Two interviewees cited several elder care issues, ranging from the quality of assisting living facilities, to chronic disease and dementia.
- Affordable Housing: This was mentioned both in the context of supporting low-income families and in fighting homelessness.
- Support for Low-Income Families: A range of services, including childcare, housing assistance, and transportation were noted by several interviewees. Focus was given to youth, who oftentimes lack quality of life amenities.

The array of most pressing issues aligns with several of the issues surfaced in the data analysis and survey results. Access to mental health services is a clear challenge in the county, as is a perceived substance abuse crisis. This prioritization provides greater support for the data analysis as comment was solicited by care givers and other advocates.
Assets for Improving Health
Interviewees next identified which assets are most important to improve public health in Columbia County.

- The presence and engagement of Aspirus Healthcare was frequently cited. Other assets include primary care services and Flight for Life were also identified.
- Other community organizations such as the Aging and Disability Resource Center, the future Boys and Girls Club, and Harbor Recovery Center are viewed as current and future assets.
- Several interviewees also cited the collaboration and community spirit that exists throughout the county. Neighbors supporting each other, supporting schools, and the engagement of county and community leaders.
- The importance of funding streams, including sustainable funds and the MAP program were also identified.
- Finally, interviewees pointed to the importance that education and information plays in providing resources on COVID-19 and substance abuse.

It is important to note that each interviewee highlighted several assets throughout the county with others pointing out the variety of natural amenities, including its park system. Not all directly relate to the most important issues previously cited but each can be connected to improving a general sense of health in the county.

Vulnerable and Underserved Groups
Interviewees were also asked to identify underserved groups in the county. The array of groups and needs are again familiar and align with the needs identified throughout the survey.

- Low-income families were frequently cited as the most vulnerable with some citing financial instability and others pointing to the lack of access to technology as particular concerns.
- Children, especially young children were also highlighted.
- The elderly, including those with chronic disease as well as those caring for someone with dementia were also identified.
- Finally, new resident communities, including migrant workers, the Amish, and African Americans were identified as underserved groups.

The vulnerability of these groups can be tied both to lack of access to care and poor health outcomes. This is again validated in the data analysis.
Appendix B: Community Input – Community Survey

As part of the Aspirus Divine Savior Hospital community health needs assessment process, a community survey was conducted in Fall 2021. The survey was developed and distributed by Aspirus Divine Savior and Columbia County Health Department.

**Distribution**
The survey was distributed electronically and on paper. Numerous organizations – including the Chambers of Commerce, Columbia County Health Department, Aging and Disability Resource Center, Aspirus Divine Savior Hospital, food pantries, libraries, coalitions and more – distributed the survey.

**Who Responded**
Approximately 650 individuals completed the survey. The table below describes the demographics of the individuals who responded to the survey compared to the overall demographics of individuals in Columbia County. Compared to the overall population of Columbia County, survey respondents were more likely to: be female; be non-Hispanic or Latino; have education beyond high school; be a homeowner.

When reviewing the survey results, the fact that the respondents are not reflective of the general population should be kept in mind.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Columbia County</th>
<th>Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong>*</td>
<td>Male: 51.1%</td>
<td>Male: 25.8%</td>
</tr>
<tr>
<td></td>
<td>Female: 48.9%</td>
<td>Female: 72.5%</td>
</tr>
<tr>
<td></td>
<td>Prefer Not to Answer: 1.2%</td>
<td>Gender diverse/Transgender: 0.5%</td>
</tr>
<tr>
<td><strong>Age Distribution</strong></td>
<td>Under age 18: 21.1%</td>
<td>Under age 18: 0.2%</td>
</tr>
<tr>
<td></td>
<td>18-24: 7.6%</td>
<td>18-24: 1.1%</td>
</tr>
<tr>
<td></td>
<td>25-34: 11.2%</td>
<td>25-34: 11.8%</td>
</tr>
<tr>
<td></td>
<td>35-44: 12.9%</td>
<td>35-44: 22%</td>
</tr>
<tr>
<td></td>
<td>45-54: 13.6%</td>
<td>45-54: 24.6%</td>
</tr>
<tr>
<td></td>
<td>55-64: 15.2%</td>
<td>55-64: 18.6%</td>
</tr>
<tr>
<td></td>
<td>65-74: 10.8%</td>
<td>65-74: 11.9%</td>
</tr>
<tr>
<td></td>
<td>75+: 7.5%</td>
<td>75+: 9.9%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong>*</td>
<td>Hispanic or Latino: 3.7%</td>
<td>Hispanic or Latino: 0.9%</td>
</tr>
<tr>
<td><strong>Race</strong>*</td>
<td>American Indian or Alaskan Native: 0.8%</td>
<td>American Indian or Alaskan Native: 1.7%</td>
</tr>
<tr>
<td></td>
<td>Asian: 0.8%</td>
<td>Asian: 0.6%</td>
</tr>
<tr>
<td></td>
<td>Black or African American: 1.7%</td>
<td>Black or African American: 1.2%</td>
</tr>
<tr>
<td></td>
<td>White: 95.3%</td>
<td>Native Hawaiian or Other Pacific Islander: 0.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White: 94.7%</td>
</tr>
<tr>
<td><strong>Highest Level of Education</strong>*</td>
<td>High School Graduate or Higher: 93.3%</td>
<td>High School or less: 0.8%</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s Degree or Higher: 24.2%</td>
<td>9-12 grade, no diploma: 2.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School/GED: 17.9%</td>
</tr>
</tbody>
</table>
### Trade/Technical Program
- Associate’s Degree: 20.8%
- Bachelor’s Degree: 27.7%
- Graduate/Professional Degree: 16.7%

### Employment
- Employed, full time: 59.6%
- Employed, part-time: 7.8%
- Out of work: 1.8%
- Unable to work: 2.6%
- Unemployed, Retired: 21.4%
- Stay at home parent: 2.3%
- Student: 0.8%

### Household Income*
- Median household income (2019 dollars): $69,262
- Persons in Poverty: 6.9%
- Below $24,999: 8%
- $25,000-$50,000: 15.3%
- $51,000-$75,000 and above: 16.7%
- $76,000-$100,000: 20.2%
- $101,000-$150,000: 21.3%
- Over $150,000: 20.2%
- I do not know: 6.1%

### Household Situation*
- Homeownership (percentage of occupied housing units that are owned by the occupier): 74.5%
- Homeowner: 83.3%
- Homeless living in a car: 0.3%
- Homeless living in shelter: 0.5%
- Living with others, not paying rent: 4%
- Renter: 11.3%

Citations below are for the “Columbia County” column data.


In addition to being asked demographic questions, respondents were also asked individual health and access to care questions, including personal changes as a result of COVID-19. Those results are available in a separate report.

The remainder of this appendix outlines respondents’ perceptions of community resources and issues. *The remainder of this section is copied with permission from the Columbia County Health Department’s report drafted and analyzed by the University of Wisconsin-Oshkosh.*
Community Affinity

Respondents were next presented with a series of value statements based on affinity with their community and satisfaction with services. Their responses to these statements, which range from community acceptance to mental health are summarized in the table below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Not Applicable or Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Typically, there are opportunities for people like me to gather in my community.</td>
<td>74.3%</td>
<td>12.4%</td>
<td>7.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>B. There are places to volunteer in my community.</td>
<td>74.0%</td>
<td>11.6%</td>
<td>5.1%</td>
<td>9.4%</td>
</tr>
<tr>
<td>C. I feel accepted in my community.</td>
<td>72.6%</td>
<td>18.2%</td>
<td>5.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>D. I feel safe in my community.</td>
<td>82.2%</td>
<td>13.6%</td>
<td>3.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>E. There is affordable childcare.</td>
<td>14.4%</td>
<td>14.4%</td>
<td>15.7%</td>
<td>55.5%</td>
</tr>
<tr>
<td>F. There is accessibility to childcare.</td>
<td>21.3%</td>
<td>12.8%</td>
<td>12.8%</td>
<td>53.0%</td>
</tr>
<tr>
<td>G. There is quality public K-12 education.</td>
<td>61.2%</td>
<td>10.8%</td>
<td>7.4%</td>
<td>20.6%</td>
</tr>
<tr>
<td>H. My community is a good place to raise children.</td>
<td>66.7%</td>
<td>15.9%</td>
<td>3.9%</td>
<td>13.4%</td>
</tr>
<tr>
<td>I. There are enough youth programs.</td>
<td>31.8%</td>
<td>17.3%</td>
<td>21.3%</td>
<td>29.6%</td>
</tr>
<tr>
<td>J. There are enough resources for those struggling with mental health.</td>
<td>13.2%</td>
<td>15.3%</td>
<td>40.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td>K. Accessibility of assistance programs for those in need.</td>
<td>24.4%</td>
<td>21.2%</td>
<td>19.6%</td>
<td>34.9%</td>
</tr>
<tr>
<td>L. My household can get healthy food to eat.</td>
<td>89.9%</td>
<td>4.1%</td>
<td>2.7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>M. My household has transportation that we can depend on to meet our daily needs (e.g., car, truck, bike, rides from family/friends, walking, taxi).</td>
<td>90.5%</td>
<td>3.9%</td>
<td>2.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>N. There are enough safe, affordable houses and apartments in my community.</td>
<td>29.8%</td>
<td>16.8%</td>
<td>26.3%</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

From the results, respondents are generally happy with their communities, finding acceptance and safety. Communities are viewed as good places to raise children, though childcare and youth programs are in demand. Conversely, mental health services are in demand, as is affordable housing.

Respondents were also asked whether they feel they have been discriminated against. A third of all respondents faced some form of discrimination, with age, gender, income, and race or ethnicity being the most common dimensions. Respondents felt discriminated against at work, in public spaces, and when applying for employment.
Most Pressing Issues and Conditions

Respondents were asked to identify their three most pressing health issues and conditions facing Columbia County. The top ten issues and top eight conditions are presented below.
There is significant overlap between the two charts, as addiction and mental health issues are top of mind. Obesity, nutrition, and activity are also of concern.
Appendix C: Health Status Data and Sources (Outside Data)

The tables below provide a high-level overview of how Columbia County compares to Wisconsin on measures of health. Citations for the data are included. The complete set of data is available upon request. Please note: The table is only for context and comparison purposes. Columbia County rates that are better than Wisconsin rates may still be at an unacceptable level. Additionally, these tables do not account for the magnitude of the difference between Columbia County and Wisconsin levels.

<table>
<thead>
<tr>
<th>HEALTH OUTCOMES</th>
<th>Columbia County is BETTER than Wisconsin</th>
<th>Columbia County is the SAME as Wisconsin</th>
<th>Columbia County is WORSE than Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>Life expectancy</td>
<td>Poor physical health days</td>
<td></td>
</tr>
<tr>
<td>Fair or poor health</td>
<td>Premature age-adjusted mortality</td>
<td>Deaths due to cardiovascular disease*</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>Frequent physical distress</td>
<td>Alcohol-attributable deaths*</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>Frequent mental distress</td>
<td>Deaths with alcohol as a factor*</td>
<td></td>
</tr>
<tr>
<td>Child mortality</td>
<td>Diabetes prevalence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>Age-adjusted cancer incidence*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid deaths*</td>
<td>Deaths due to cancer*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic alcohol hospitalizations (emergency room)*</td>
<td>Opioid-related hospital discharges*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic alcohol hospitalizations (inpatient)*</td>
<td>Comparable data not available: Infant mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wisconsin has the highest rate of deaths due to falls in the country, at 157 per 100,000 people. Alabama has the lowest rate: 28.**</td>
<td></td>
</tr>
</tbody>
</table>


*Source: Wisconsin Department of Health Services, multiple reports and queries, including:
- Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin (P-45358). February 2021. [Cancer incidence, Deaths due to cancer, Deaths due to cardiovascular disease, Deaths with opioids as a factor, Deaths with alcohol as a factor]
- DHS Interactive Dashboards: Alcohol Death Module. Last updated 1/9/22 8:00:56 p.m. Accessed 01/24/2022. [Alcohol-attributable deaths]

### CLINICAL CARE

<table>
<thead>
<tr>
<th>Columbia County is BETTER than Wisconsin</th>
<th>Columbia County is the SAME as Wisconsin</th>
<th>Columbia County is WORSE than Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured children</td>
<td></td>
<td>Uninsured Primary care physicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other primary care providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dentists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mammography screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flu vaccinations</td>
</tr>
</tbody>
</table>


### SOCIAL AND ECONOMIC FACTORS

<table>
<thead>
<tr>
<th>Columbia County is BETTER than Wisconsin</th>
<th>Columbia County is the SAME as Wisconsin</th>
<th>Columbia County is WORSE than Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>High school completion</td>
<td>Some college</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>Disconnected youth</td>
<td>Injury deaths</td>
</tr>
<tr>
<td>Income inequality</td>
<td>Reading scores</td>
<td>Suicides</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>Math scores</td>
<td></td>
</tr>
<tr>
<td>Social associations</td>
<td>Firearm fatalities</td>
<td></td>
</tr>
<tr>
<td>Violent crime</td>
<td>Comparable data not available:</td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>Juvenile arrests</td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>Domestic violence incidents*</td>
<td></td>
</tr>
<tr>
<td>Children eligible for free or reduced-price lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential segregation – Black/White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential segregation – non-white / White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child victimization rate**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th>Columbia County is BETTER than Wisconsin</th>
<th>Columbia County is the SAME as Wisconsin</th>
<th>Columbia County is WORSE than Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food environment index</td>
<td>Excessive drinking</td>
<td>Adult obesity</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>Insufficient sleep</td>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td></td>
<td>Access to exercise opportunities</td>
</tr>
<tr>
<td>Teen births</td>
<td></td>
<td>Drug overdose deaths</td>
</tr>
<tr>
<td>Food insecurity</td>
<td></td>
<td>Motor vehicle crash deaths</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### PHYSICAL ENVIRONMENT

<table>
<thead>
<tr>
<th>Columbia County is BETTER than Wisconsin</th>
<th>Columbia County is the SAME as Wisconsin</th>
<th>Columbia County is WORSE than Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe housing problems</td>
<td>Driving alone to work</td>
<td>Air pollution – particulate matter</td>
</tr>
<tr>
<td>Traffic volume</td>
<td>Comparable data not available:</td>
<td>Long commute – driving alone</td>
</tr>
<tr>
<td>Home-ownership</td>
<td>Drinking water violations</td>
<td>Broadband access</td>
</tr>
<tr>
<td>Severe housing cost burden</td>
<td></td>
<td>Alcohol outlet density*</td>
</tr>
<tr>
<td>Motor vehicle-related fatalities*</td>
<td></td>
<td>Nitrates (private wells)*</td>
</tr>
<tr>
<td>Arsenic (private wells)*</td>
<td></td>
<td>Carbon monoxide poisoning*</td>
</tr>
<tr>
<td>Childhood lead poisoning*</td>
<td></td>
<td>Radon*</td>
</tr>
<tr>
<td>Asthma*</td>
<td></td>
<td>Lyme disease*</td>
</tr>
<tr>
<td>COPD (Chronic Obstructive Pulmonary Disease)*</td>
<td></td>
<td>Extreme heat*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extreme precipitation*</td>
</tr>
</tbody>
</table>


*Source: Wisconsin Environmental Public Health Tracking Program, Bureau of Environmental and Occupational Health, Wisconsin Department of Health Services, Division of Public Health. 2021 County Environmental Health Profile, Columbia County
COVID-19
As of June 1, 2022, in the U.S., COVID-19 has taken over 1 million lives and caused illness for over 84 million people. The morbidity and mortality associated with COVID-19 is not equally distributed, with racial and ethnic minorities, older individuals, individuals with underlying medical issues and rural communities disproportionately affected. This disproportionate impact on rural communities is likely a combination of factors, including: having a higher proportion of older individuals who are more likely to have chronic illnesses; less access to care; socioeconomic challenges such as food insecurity and poverty; lower uptake of public health measures to prevent COVID-19, and; lower vaccination rates.

Data from Columbia County show the county fares somewhat better than Wisconsin as a whole.

<table>
<thead>
<tr>
<th></th>
<th>Columbia County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>16,288</td>
<td>1,680,403</td>
</tr>
<tr>
<td>Total Cases Per 100,000 Population</td>
<td>28,311</td>
<td>28,861</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>130</td>
<td>14,637</td>
</tr>
<tr>
<td>Deaths per 100,000</td>
<td>226</td>
<td>251</td>
</tr>
<tr>
<td>Vaccination Rate – Percent of Population Fully Vaccinated</td>
<td>68%</td>
<td>66%</td>
</tr>
</tbody>
</table>


The impact of COVID-19 goes well beyond the physical illness and death it can cause. COVID-19 has permeated nearly every aspect of our lives. It has affected businesses, jobs, schools, personal health and personal relationships. Data show that particularly in the early stages of the pandemic, food insecurity increased as jobs were lost. Poor mental health also increased, disproportionately affecting young adults, women, adult caregivers, individuals who are Latino, individuals who are black, essential workers and individuals in households with low income. Substance use, overdoses and opioid-related deaths have also increased during the pandemic.

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6 [https://www.feedingamerica.org/research/coronavirus-hunger-research](https://www.feedingamerica.org/research/coronavirus-hunger-research)
8 [https://www.apa.org/monitor/2021/03/substance-use-pandemic](https://www.apa.org/monitor/2021/03/substance-use-pandemic), accessed November 5, 2021
Special Populations and Disparities
The assessment process noted that approximately 3.7 percent of the residents of Columbia County are Hispanic. Individuals who are Hispanic, compared to non-Hispanic white individuals, are at higher risk for diabetes, asthma (Puerto Ricans), cervical cancer, liver disease and obesity. Children who are Hispanic, compared to non-Hispanic white children, are more likely to suffer from infant mortality (Puerto Ricans), asthma (Puerto Ricans) and obesity. Children who are Hispanic are 34 percent more likely to attempt suicide as a high schooler.

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10 [https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/](https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/)
11 [https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/](https://www.familiesusa.org/resources/latino-health-inequities-compared-to-non-hispanic-whites/)
Appendix D: Healthcare Facilities and Community Resources

A subset of the healthcare and other resources in the community that can help address community health needs are in the table below. A more comprehensive set of resources can be found at findhelp.org or https://aspiruscommunity-resources.auntbertha.com/, and then searching by zip code and program need/area.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Need/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portage United Way</td>
<td>Multiple services/funding</td>
</tr>
<tr>
<td>Sleep in Heavenly Peace</td>
<td>Beds for children</td>
</tr>
<tr>
<td>Head Start</td>
<td>Education</td>
</tr>
<tr>
<td>Family Resource Center/Renewal Unlimited</td>
<td>Education, Family Resources, Housing</td>
</tr>
<tr>
<td>St. Vincent DePaul Free Clinic of Portage</td>
<td>Health Care</td>
</tr>
<tr>
<td>Pregnancy Resource Center</td>
<td>Health</td>
</tr>
<tr>
<td>River Haven Homeless Shelter</td>
<td>Housing</td>
</tr>
<tr>
<td>Portage Farmers Markets</td>
<td>Food</td>
</tr>
<tr>
<td>Portage Food Pantry</td>
<td>Food</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>Substance Use Recovery</td>
</tr>
<tr>
<td>Columbia County Health Department; Women, Infant &amp; Children Program</td>
<td>Food, Nutrition</td>
</tr>
<tr>
<td>Reach Out Lodi</td>
<td>Food pantry, personal items, community closet</td>
</tr>
<tr>
<td>Columbia County Health Department</td>
<td>Health</td>
</tr>
<tr>
<td>Hope House</td>
<td>Domestic Abuse Assistance</td>
</tr>
<tr>
<td>Aspirus Divine Savior Hospital and Clinics</td>
<td>Health Care</td>
</tr>
<tr>
<td>Aging and Disability Resource Center</td>
<td>Health Classes, Equipment Lending, Meals on Wheels, Benefits Support</td>
</tr>
<tr>
<td>Harbor Recovery Center</td>
<td>Substance Use Recovery</td>
</tr>
<tr>
<td>Satori House</td>
<td>Substance Use Recovery</td>
</tr>
<tr>
<td>Portage Cab</td>
<td>Transportation</td>
</tr>
<tr>
<td>Aspirus Tivoli Community (nursing home and assisted living facility)</td>
<td>Aging</td>
</tr>
<tr>
<td>SSM Health Portage (clinic)</td>
<td>Health Care</td>
</tr>
<tr>
<td>UW Health Portage (clinic)</td>
<td>Health Care</td>
</tr>
<tr>
<td>Multiple counselor/therapist services</td>
<td>Mental Health &amp; Substance Use</td>
</tr>
</tbody>
</table>
Appendix E: Evaluation of Impact from the Previous CHNA Implementation Strategy

Over the past three years (July 1, 2019–June 30, 2022), Aspirus Divine Savior Hospital has worked to address the health issues identified in its previous CHNA. Although many efforts have been successful, the hospital’s efforts have been hampered by COVID-19 and its ripple effect on community outreach and public events / programs.

**Management of Obesity & 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. Aspirus Divine Savior has conducted the following activities to respond to this priority.

**Internal Efforts**
- Aspirus Divine Savior joined the system wide Fruit & Veggie Prescription Program for patients to receive $20 vouchers for the local farmers market
- Increased public accessibility to personal wellness services through La Vita, Aspirus Divine Savior’s medically-integrated fitness center
- The Pave the Weigh program, and other transitional programs, were offered at LaVita and included free membership fees
- A vertical garden was started at Aspirus Tivoli

**External Efforts**
- Free presentations were conducted by staff on a variety of topics related to obesity & chronic conditions
- Free presentations on Diabetes Prevention and Management were offered, and a diabetes support group was reinstated
- Aspirus Divine Savior participated in school wellness/fitness initiatives in Portage, Pardeeville & Westfield schools
- A free cancer screening program, free blood pressure screenings and a low-cost heart health program were offered to all community members
- A Run/Walk was organized to support PATHS project to expand a walking/biking trail in the community
- A Free Women’s Night Out event was organized to provided education on a variety of chronic conditions
- A free Breast Cancer support group was started
- Participated on the planning committee for a new Boys and Girls Club
Access to Care
Accessibility to health care remains a significant issue in the community served. Aspirus Divine Savior continued to prioritize access and recruitment as a key initiative of the organization and has made strides in combating this issue.

Internal Efforts
- The clinic added new providers:
  - OB/GYN
  - Pain Management
  - Cardiology
  - Orthopedics
- Pediatric and Orthopedic practitioners expanded services to Oxford Clinic
- Telehealth and virtual care visits were available
- Travel vouchers were provided to patients
- The Respiratory Care Clinic was opened to improve access to Covid-19 testing
- The ED2Recovery program was utilized in the Emergency Department to provide peer support for substance use
- Two physicians are certified to prescribe suboxone for substance abuse treatment
- Interpreter/translation services were utilized as well as a Spanish speaking Pediatrician

External Efforts
- A low-cost cholesterol screening was offered at Oxford Clinic
- Staff conducted educational presentations at organizations throughout the service area for free. Topics and audiences included:
  - Pain medication workshop through Wisconsin Health Literacy for all community members
  - Back Pain presentation for all community members
  - Heart Health presentation at quilting club
  - Yoga at the Pardeeville school
  - Sleep presentation at Wauona Women’s Club
  - Health care career class and presentations in classes at school
  - Stepping On
  - Taught exercise for Portage Triad group
- The hospital also had a booth/table at:
  - Sharing Suppers in Portage and Endeavor
  - FCI women’s health fair
  - Touched Twice health fair
  - Pumpkins in the Park for Portage Park and Recreation