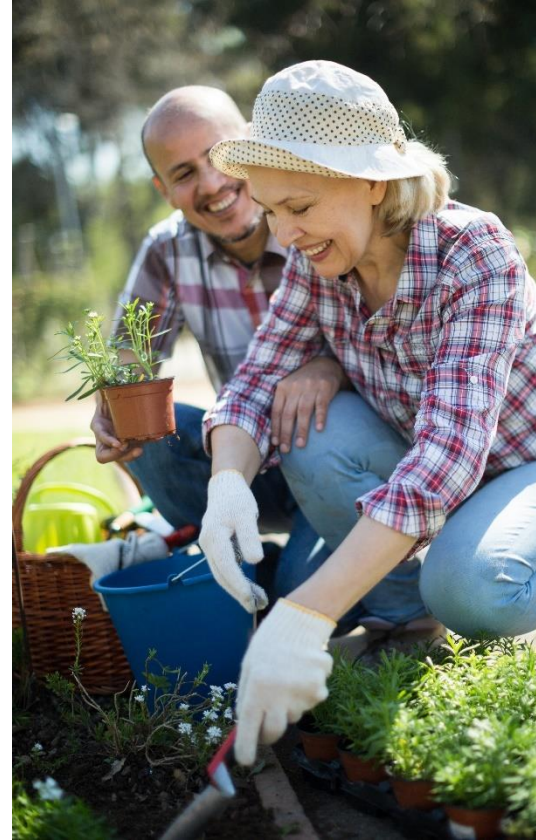


Community Health Needs Assessment



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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Executive Summary

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.

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:

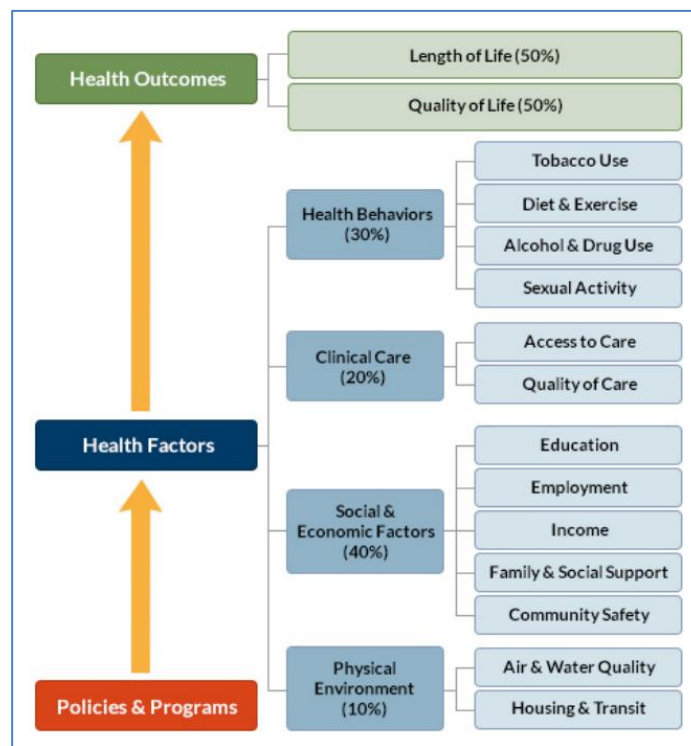
- A higher percentage of Caucasian individuals and a lower percentage of individuals who are African American, American Indian and Asian.
- A lower percentage of individuals who are Hispanic.
- A higher median household income.
- A lower percentage of individuals in poverty.
- A higher percentage of 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.

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

* U.S. Department of Commerce, Bureau of the Census, <https://www.census.gov/quickfacts/fact/table/WI,columbiacountywisconsin/PST045221>, accessed May 27, 2022.

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.



Source: University of Wisconsin Population Health Institute

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

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](#).

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

Sources: (1) National Institute for Mental Health; (2) Healthiest Wisconsin 2020; Healthy People 2020; (3) Macintyre, A., Ferris, D., Gonçalves, B et al. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun*4, 10(2018). <https://doi.org/10.1057/s41599-018-0063-2> (4) Czeisler MĒ, Lane RĪ, 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>

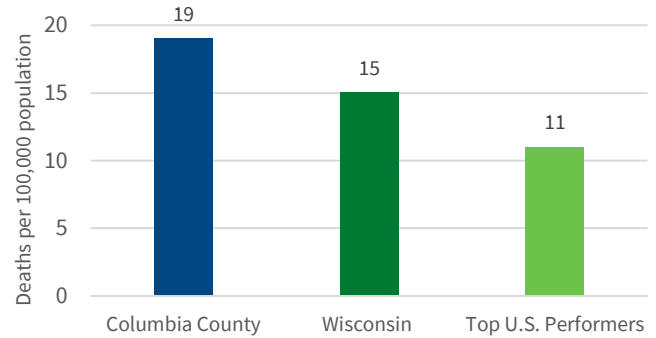
Disparities and Equity

- 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

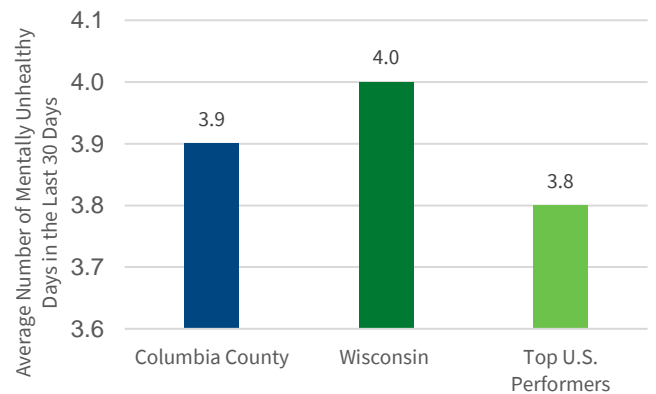
Sources: (5) 2021 America’s Health Rankings, Executive Summary. https://assets.americashealthrankings.org/app/uploads/2021_ahr_health-disparities-report_executive_brief_final.pdf (6) Shim, Ruth S; Ye, Jiali; Baltrus, Peter; Fry-Johnson, Yvonne; Daniels, Elvan; Rust, George. Racial/Ethnic Disparities, Social Support, and Depression: Examining a Social Determinant of Mental Health. *Ethn Dis*. 2012 Winter; 22(1): 15-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039297/>

Data Highlights

Deaths by Suicide



Poor Mental Health Days



Sources: 2021 County Health Rankings
Note: Top U.S. Performers are the top/best 10 percent of counties in the U.S.

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.

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 MĚ, 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>

Disparities and Equity

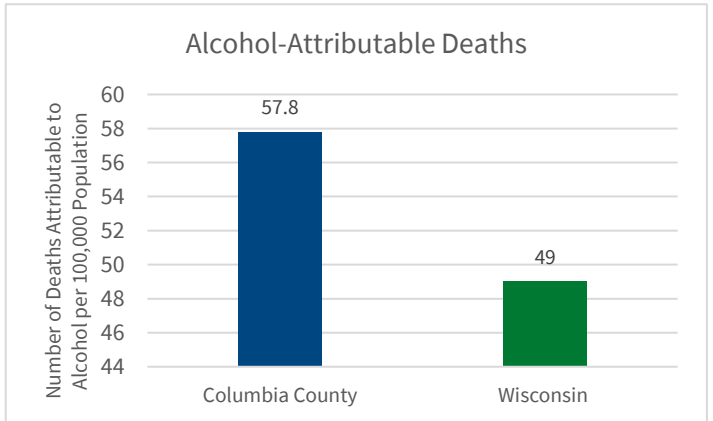
Binge drinking is more common among individuals who are (any of the following): male, age 18-34, white or have an annual household income of more than \$50K.⁵

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

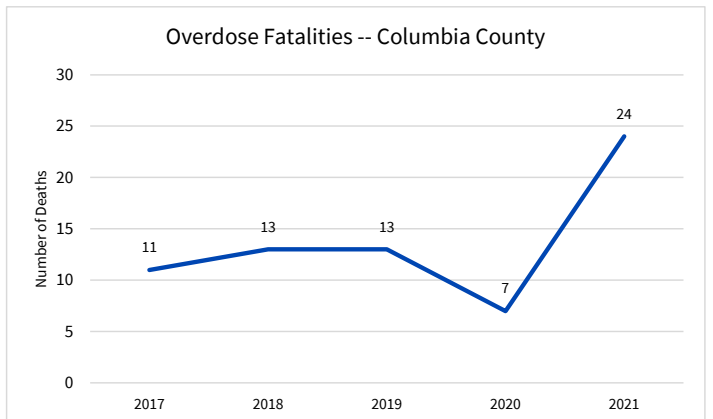
Community Perceptions & Challenges

- 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.

Data Highlights



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.



Source: Columbia County Medical Examiner's Office

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:

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

* 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.

Demographics	Columbia County	Survey Respondents
Sex*	Male: 51.1% Female: 48.9%	Male: 25.8% Female: 72.5% Prefer Not to Answer: 1.2% Gender diverse/Transgender: 0.5%
Age Distribution**	Under age 18: 21.1% 18-24: 7.6% 25-34: 11.2% 35-44: 12.9% 45-54: 13.6% 55-64: 15.2% 65-74: 10.8% 75+: 7.5%	Under age 18: 0.2% 18-24: 1.1% 25-34: 11.8% 35-44: 22% 45-54: 24.6% 55-64: 18.6% 65-74: 11.9% 75+: 9.9%
Ethnicity*	Hispanic or Latino: 3.7%	Hispanic or Latino: 0.9%
Race*	American Indian or Alaskan Native: 0.8% Asian: 0.8% Black or African American: 1.7% White: 95.3%	American Indian or Alaskan Native: 1.7% Asian: 0.6% Black or African American: 1.2% Native Hawaiian or Other Pacific Islander: 0.2% White: 94.7%
Highest Level of Education*	High School Graduate or Higher: 93.3% Bachelor's Degree or Higher: 24.2%	8 th grade or less: 0.8% 9-12 grade, no diploma: 2.4% High School/GED: 17.9%

		Trade/Technical Program: 13.8% 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%	\$24,999 or below: 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: 10.4% 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.

*U.S. Department of Commerce, Bureau of the Census,

<https://www.census.gov/quickfacts/fact/table/WI,columbiacountywisconsin/PST045221>, accessed May 27, 2022.

** Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>. Population Module, accessed May 31, 2022.

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.

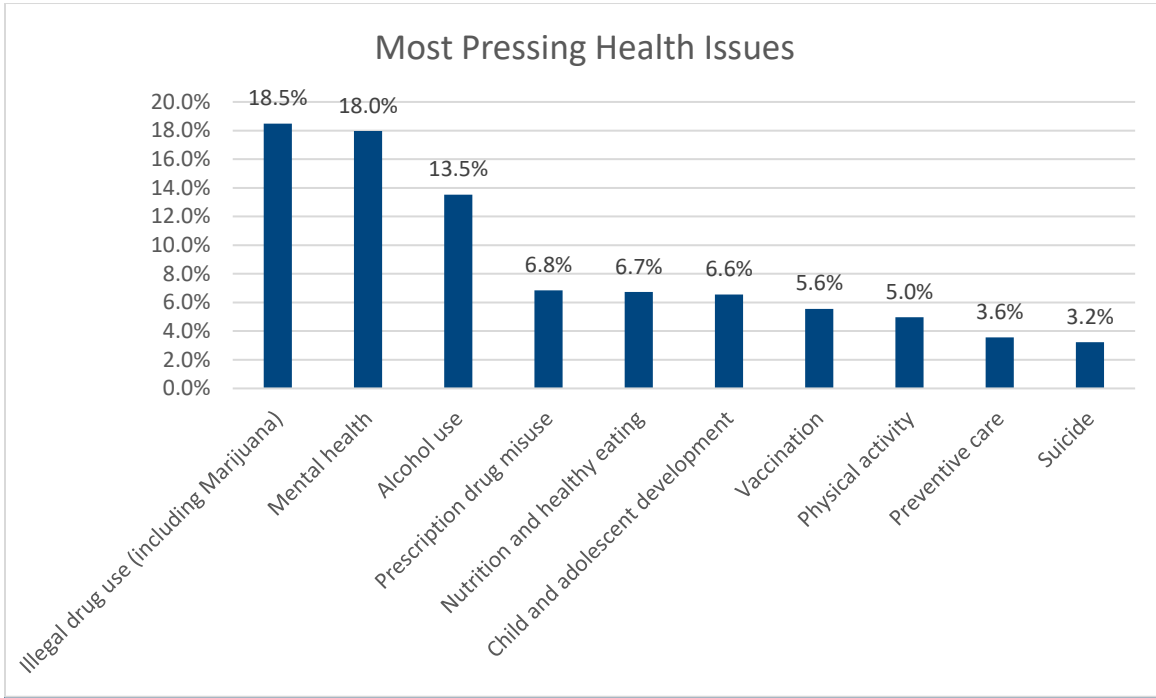
	Agree	Neither Agree nor Disagree	Disagree	Not Applicable or Not Sure
A. Typically, there are opportunities for people like me to gather in my community (for example, at events, parks, places of worship, community centers, libraries).	74.3%	12.4%	7.6%	5.7%
B. There are places to volunteer in my community.	74.0%	11.6%	5.1%	9.4%
C. I feel accepted in my community.	72.6%	18.2%	5.5%	3.6%
D. I feel safe in my community.	82.2%	13.6%	3.0%	1.3%
E. There is affordable childcare.	14.4%	14.4%	15.7%	55.5%
F. There is accessibility to childcare.	21.3%	12.8%	12.8%	53.0%
G. There is quality public K-12 education.	61.2%	10.8%	7.4%	20.6%
H. My community is a good place to raise children.	66.7%	15.9%	3.9%	13.4%
I. There are enough youth programs.	31.8%	17.3%	21.3%	29.6%
J. There are enough resources for those struggling with mental health.	13.2%	15.3%	40.3%	31.3%
K. Accessibility of assistance programs for those in need.	24.4%	21.2%	19.6%	34.9%
L. My household can get healthy food to eat.	89.9%	4.1%	2.7%	3.3%
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).	90.5%	3.9%	2.7%	2.8%
N. There are enough safe, affordable houses and apartments in my community.	29.8%	16.8%	26.3%	27.1%

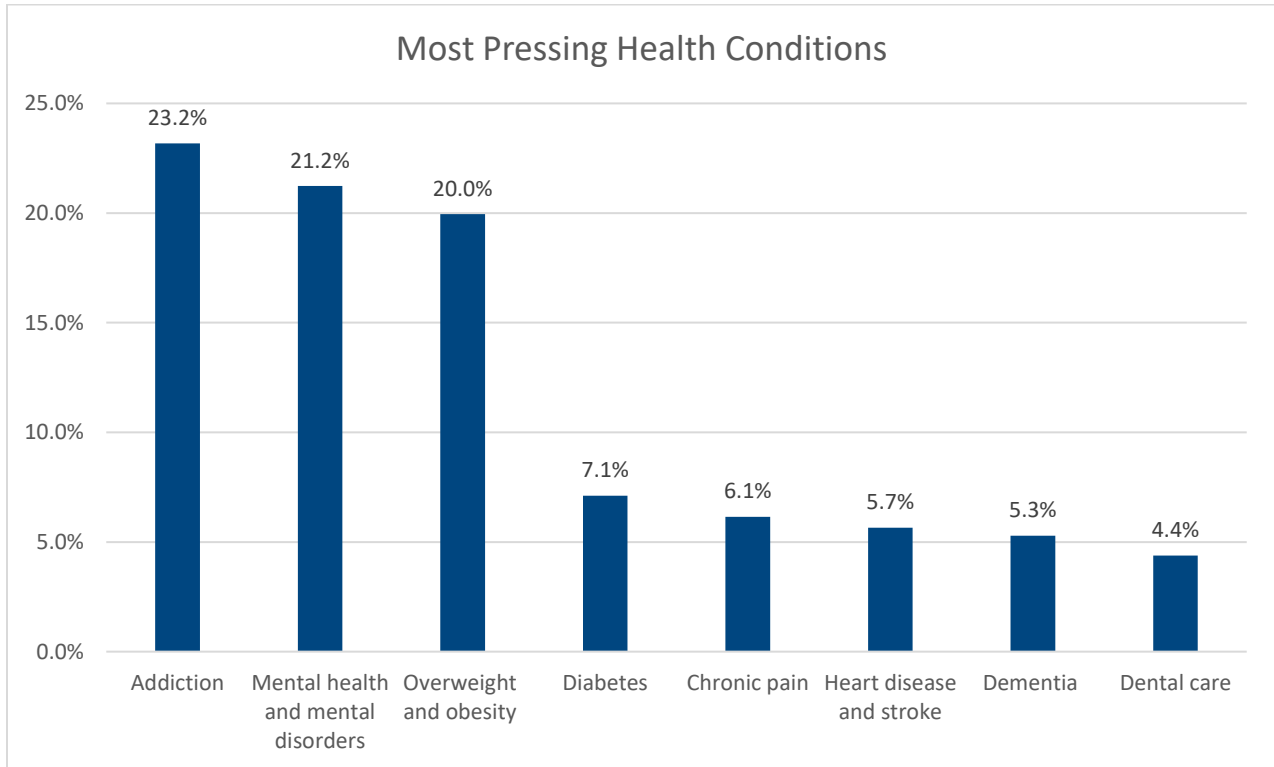
From the results, respondents are generally happy with their communities, finding acceptance and safety. Communities are viewed as good places to raise children, though childcare and youth programs are in demand. Conversely, mental health services are in demand, as is affordable housing.

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.

HEALTH OUTCOMES		
Columbia County is BETTER than Wisconsin	Columbia County is the SAME as Wisconsin	Columbia County is WORSE than Wisconsin
Premature death Fair or poor health Poor mental health days Low birthweight Child mortality HIV prevalence Opioid deaths* Chronic alcohol hospitalizations (emergency room)* Chronic alcohol hospitalizations (inpatient)*	Life expectancy Premature age-adjusted mortality Frequent physical distress Frequent mental distress Diabetes prevalence Age-adjusted cancer incidence* Deaths due to cancer* Opioid-related hospital discharges* Comparable data not available: Infant mortality Deaths with opioids as a factor*	Poor physical health days Deaths due to cardiovascular disease* Alcohol-attributable deaths* Deaths with alcohol as a factor*
		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.**

Source unless otherwise indicated: Various, as compiled on the 2021 County Health Rankings and Roadmaps website. Accessed January 14, 2022.

*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]
- Data Direct, Opioid Summary Module [web query]. Data last updated 9/9/2021 8:28:55 a.m. Accessed January 24, 2022. [Opioid deaths]
- Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module, accessed 1/24/2022. [Opioid-related hospital discharges]
- DHS Interactive Dashboards: Alcohol Death Module. Last updated 1/9/22 8:00:56 p.m. Accessed 01/24/2022. [Alcohol-attributable deaths]
- DHS Interactive Dashboards, Alcohol Hospitalizations Module [web query]. Data last updated 7/1/2020 10:20:23 A.M. Accessed January 24, 2022. [Chronic alcohol hospitalizations – emergency room and inpatient]

** Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Deaths from Older Adult Falls website. Accessed September 28, 2021.

CLINICAL CARE		
Columbia County is BETTER than Wisconsin	Columbia County is the SAME as Wisconsin	Columbia County is WORSE than Wisconsin
Uninsured children		Uninsured Primary care physicians Other primary care providers Dentists Mental health providers Mammography screening Flu vaccinations

Source: Various, as compiled on the 2021 County Health Rankings and Roadmaps website. Accessed January 14, 2022.

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

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed January 14, 2022.

* Wisconsin Department of Justice, Domestic Abuse Data website. Accessed January 24, 2022.

** Wisconsin Department of Children and Families. Wisconsin Child Abuse and Neglect Report. Annual Report for Calendar Year 2020 to the Governor and Legislature. Released December 2021.

HEALTH BEHAVIORS		
Columbia County is BETTER than Wisconsin	Columbia County is the SAME as Wisconsin	Columbia County is WORSE than Wisconsin
Food environment index Alcohol-impaired driving deaths Sexually transmitted infections Teen births Food insecurity Limited access to healthy foods	Excessive drinking Insufficient sleep	Adult smoking Adult obesity Physical inactivity Access to exercise opportunities Drug overdose deaths Motor vehicle crash deaths

Source: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed January 14, 2022.

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

Source unless otherwise indicated: Various, as compiled on the County Health Rankings and Roadmaps website. Accessed January 14, 2022.

*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 lives² and caused illness for over 84 million people³. 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.⁴ 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.⁵

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

COVID-19	Columbia County	Wisconsin
Total Cases	16,288	1,680,403
Total Cases Per 100,000 Population	28,311	28,861
Total Deaths	130	14,637
Deaths per 100,000	226	251
Vaccination Rate – Percent of Population Fully Vaccinated	68%	66%

Source: <https://www.nytimes.com/interactive/2021/us/wisconsin-covid-cases.html> (updated on June 3, 2022). Accessed on June 3, 2022.

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.⁶ 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.⁷ Substance use, overdoses and opioid-related deaths have also increased during the pandemic.⁸

² https://covid.cdc.gov/covid-data-tracker/#trends_totaldeaths

³ https://covid.cdc.gov/covid-data-tracker/#trends_totalcases

⁴ Racial and ethnic minorities, underlying health conditions and older individuals: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html>, accessed on November 5, 2021. Rural <https://rupri.public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Data%20Brief.pdf> (November 2021), accessed November 5, 2021

⁵ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health> and <https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e3.htm>

⁶ <https://www.feedingamerica.org/research/coronavirus-hunger-research>

⁷ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm> and <https://www.kff.org/coronavirus-covid-19/press-release/how-the-covid-19-pandemic-is-affecting-peoples-mental-health-and-substance-use/#>

⁸ <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.⁹ 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.¹⁰ 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.¹¹

⁹ U.S. Department of Commerce, Bureau of the Census,
<https://www.census.gov/quickfacts/fact/table/WI.columbiacountywisconsin/PST045221>, accessed May 27, 2022

¹⁰ <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/>

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.

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

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 provide 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

