

Columbus Community Hospital, Inc.

1515 Park Avenue | Columbus, WI 53925



September 30, 2016

Community Health Needs Assessment

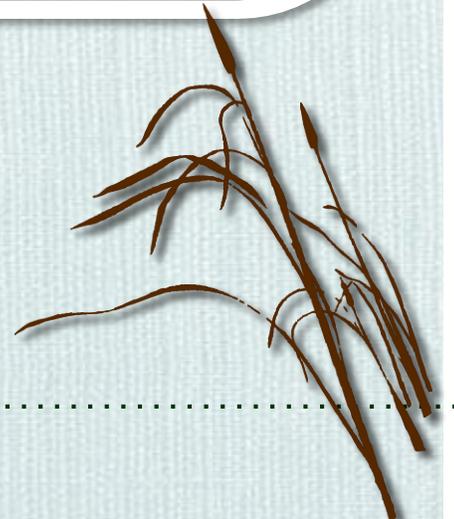
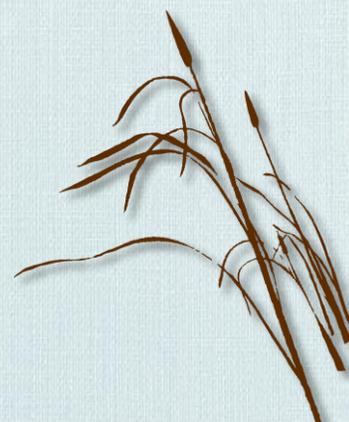


Table of Contents

Message to Our Community _____	3
Executive Summary _____	4
About Columbus Community Hospital _____	5
About Our Community _____	6
The Health of Our Community _____	7
The Health Needs of Our Community _____	8
• Priority #1: Obesity _____	9
• Priority #2: Physical Inactivity / Sedentary Life Style _____	10
• Priority #3: Mammography Screening _____	11
Going Forward _____	12
Our Approach _____	13
Appendices _____	14
• Additional Demographic _____	15
• Healthy Communities Institute scorecard _____	16 - 18
• IRS Requirements _____	19 - 24
– <i>The tax year the hospital last conducted a Community Health Needs Assessment</i>	
– <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	
– <i>How the data was obtained</i>	
– <i>The health needs of the community</i>	
– <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups</i>	
– <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	
– <i>Information gaps that limit the hospital facility's ability to assess all of the community's health needs</i>	
– <i>How the hospital identified and took into account input from persons who represent the community</i>	
– <i>Which needs the hospital will not address and the reasons</i>	
– <i>Other hospital facilities participating in the hospital's Community Health Needs Assessment process</i>	
– <i>How Columbus Community Hospital will make its needs assessment widely available to the public</i>	
Strategic Implementation Plan _____	25 - 34



Message to Our Community



Columbus Community Hospital is a 25-bed acute care hospital providing personalized, high quality health care, wellness and education in a compassionate and innovative environment for community members in Columbia County and surrounding areas.

Our team of providers, healthcare workers, volunteers, and board members live by our mission, "By building caring relationships with those we serve, we guide the journey to health and wellness." We rely on these relationships to help us identify and develop plans to address high-priority population health needs. We are grateful for the opportunity to partner with local organizations in our efforts to improve the health of our communities.

Over the last 12 months, our journey led us to collaborate with community partners to conduct a Community Health Needs Assessment (CHNA). Interviews with key community members and leaders in business, healthcare, public service, schools, and many other industries were conducted to identify concerns and healthcare needs in the communities we serve, as well as to assess the number of area-based programs and organizations that already exist to address community needs.

The needs were then prioritized based on the level of importance to the community and our ability as a local hospital to address the needs and provide a successful outcome.

Three priorities to be addressed over the next three years include:

- Obesity
- Physical Inactivity / Sedentary
- Mammography Screenings

During the next three years, Columbus Community Hospital will continue to build caring relationships with our community partners to address these needs in a personalized, high quality manner.

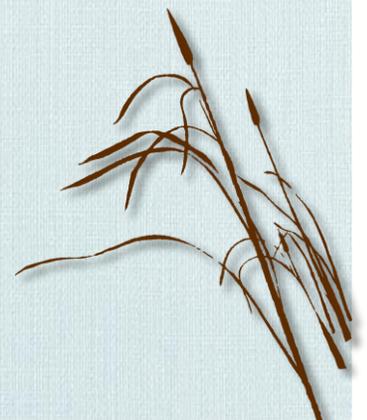
I welcome your thoughts on how we can create a healthier community together.

Sincerely,

John Russell
President / CEO
Columbus Community Hospital



Contact us for more information or to take part in improving the health of our community at 920-623-2200 or visit our website at columbuscommunityhospital.com.



Executive Summary



Background

Columbus Community Hospital is pleased to present the 2016 - 2018 (2016 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address evaluated needs. The Columbus Community Hospital Board approved this CHNA on June 2, 2016. Columbus Community Hospital last conducted a CHNA in 2013.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.



Sources of Input

Columbus Community Hospital determined priorities for the 2016-2018 CHNA and strategic implementation plan via the following resources: ¹ American Cancer Society; ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Roadmap Rankings; ⁴ Columbia County, WI Census Data; Community survey; ⁵ Healthy Communities Institute (HCI); meetings with key stakeholders, ⁶Wisconsin Public Health Department, Columbia County Division of Health; and

- Obesity: Manufacturing Employers: American Packaging, E.K Machine, Robbins Manufacturing, and Schumann's Printing; School Districts: Columbus, Fall River, St. Jerome, and Zion Lutheran Schools and Volunteers of Columbus Community Hospital
- Physical Inactivity: Manufacturing Employers: American Packaging, E.K Machine, Robbins Manufacturing, and Schumann's Printing; School Districts: Columbus, Fall River, St. Jerome, and Zion Lutheran Schools and Volunteers of Columbus Community Hospital
- Mammography Screenings: Columbus Community Hospital, Columbus Community Hospital Foundation, Cancer Navigation Specialist, and local volleyball and basketball teams

Goals

Columbus Community Hospital (CCH) is located in Columbia County while bordering two counties, Dane and Dodge. CCH primarily services the southern right sector of Columbia County and adjacent communities. In 2015, this accounted for an estimated population of 10,848 people or about 19% of the population within Columbia County. None the less, the only data available is by county. Therefore, Columbus Community Hospital and collaborating partners will impact 20% of the overall population for Columbia County in connection with Wisconsin Department of Health Services and the Health People 2020 Tracker.

Obesity

- Reduce the percentage of Columbia County adult residents who are obese from 34.8% in 2015 to 34.3% by 2018 (BMI \geq 30)
- Reduce the percentage of Columbia County adult residents who are obese or overweight from 71.8% in 2015 to 71.4% by 2018 (BMI > 25 and BMI < 30)



Sedentary / Inactivity

- Reduce the percentage of Columbia County adult residents who are physically inactive from 23.0% in 2015 to 22.7% by 2018



Mammography Screenings

- Increase the percentage of mammography screenings in Columbia County from 66% in 2015 to 67% in 2018 for those suggested
- Decrease the death rate due to breast cancer in Columbia County from 24 per 100,000 in 2015 to 23.6 per 100,000 in 2018



About Columbus Community Hospital



About Columbus Community Hospital

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

VISION: Our team will be your preferred choice for personalized high quality health CARE, wellness and education provided in a compassionate and innovative environment.

VALUES: The key values which guide the staff and volunteers of Columbus Community Hospital are:

Communication and Listening	Effective communication and active listening result in understanding
Attitude (Positive and Honest)	A positive and honest attitude produces a pleasant atmosphere
Respect and Teamwork	Respect for ourselves and others fosters teamwork
Empathy and Compassion	Awareness of the emotional and physical needs of others creates empathy and compassion

Columbus Community Hospital operates two clinics, Prairie Ridge Health Clinic in Columbus, WI (Department of Columbus Community Hospital) and Beaver Dam, WI, offering Orthopedics, General Surgery and Internal Medicine.

Columbus Community Hospital is affiliated with SSM Health / Dean. The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin.

Highlight of services

An accredited acute care hospital with skilled medical professionals, Columbus Community Hospital provides a full array of inpatient, outpatient, diagnostic and ancillary services, and it's all close to your home and family.

Community Benefit

Uncompensated Medicaid Patient Cost	2,999 People Served	\$827,050
Community Care	467 People Served	\$304,132
Health Education & Community Outreach	3,305 People Served	\$142,901
Health Fairs & Community Events	4,499 People Served	\$23,466



Building caring relationships...we guide your journey to health and wellness

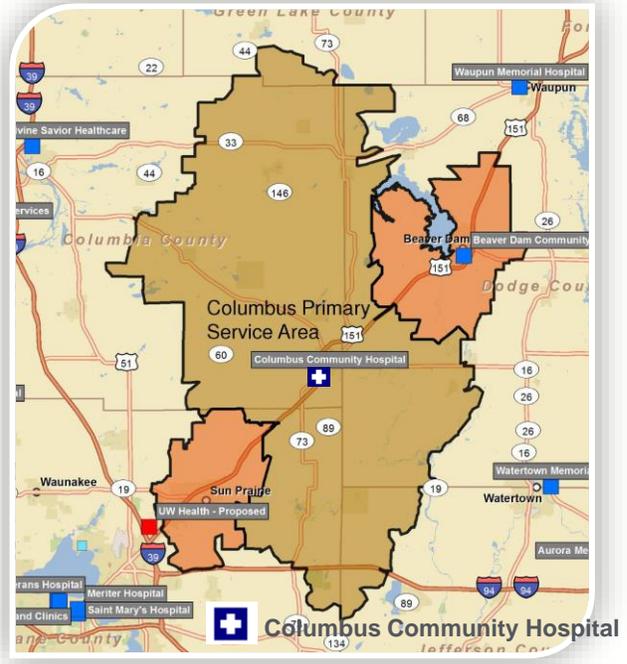
Fiscal Year 2015 Hospital at a Glance

Admissions:	881
Outpatient Visits:	40,900
ER & UC Visits:	10,913
Births:	56
Beds:	25
Employees:	300+
Medical Staff:	125+
Volunteers:	100+
Community Benefit:	11,270 + \$855,196

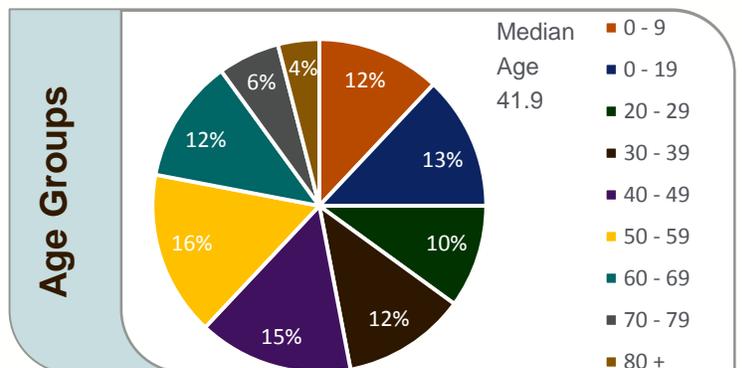
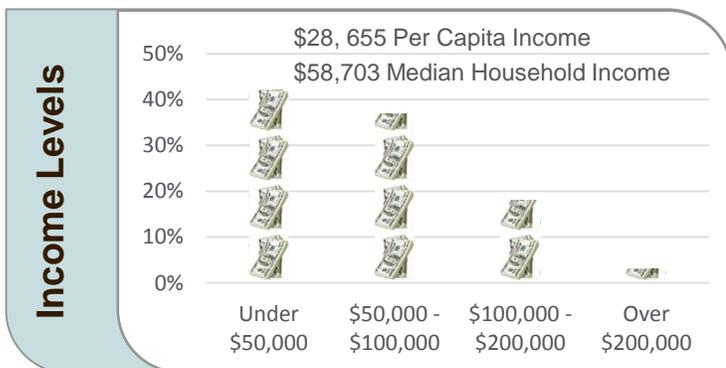
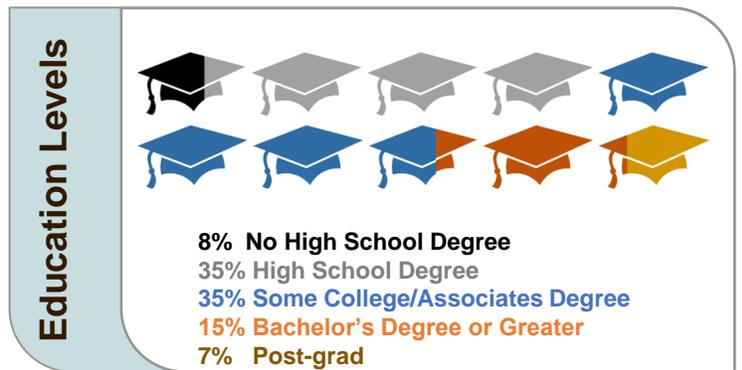
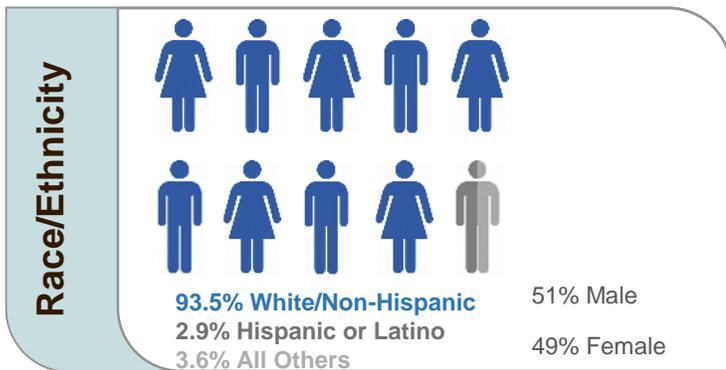
About our Community



Columbus Community Hospital's service area includes Columbus, Fall River, Cambria, Doylestown, Friesland, Marshall, Randolph, Rio, Waterloo, Beaver Dam, Sun Prairie and other surrounding communities. CCH borders three counties, Columbia, Dane and Dodge but primarily defines its community as the southern right sector of Columbia County and adjacent communities. In 2015, this service area had an estimated population of 56,659 people. The following pages of information include demographic and health indicator statistics specific to this community.



Our community by the numbers



About the data

The data was derived from a variety of sources including the ⁵ Healthy Communities Institute (HCI) analytics platform. The HCI website includes the most up-to-date, publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. Additional data sources included ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings. Below is a statistical overview of both the strengths and weaknesses within the communities served by Columbus Community Hospital that factored into discussions with local stakeholders regarding the priority health needs of the population.

Our community by the numbers



Obesity

33% of adults are obese⁵ and 71.8% of adults are overweight or obese in Columbia County³



Alcohol and Drug Abuse

26% of adults drink excessively and 30.8% of adults binge drink in Columbia County. Drug poisoning deaths are higher than the state average ^{2, 3, 5}

Physical Inactivity

23% - 24.9% of adults are physically inactive, reporting no physical leisure-time activities ^{2, 3}



Adults Who Smoke

16% of adults smoke in Columbia County. This is higher than the national average ^{2, 3}



Mental Health

The suicide death rate is higher than both state and national averages in Columbia County at 23.9% ^{3, 5}



Fewer Families in Poverty

5.2% of Columbia County families live under the poverty level. This is below state and national averages ⁵

Mammography Screenings

Only 66% of women receive recommended mammography screenings in Columbia County²



Prenatal Care

72.4% of mothers in Columbia County receive prenatal care; however, this is lower than the 50th percentile^{2, 5}



Physical Environment

61% - 63% of Columbia County residents do not have access to exercise opportunities ^{3, 2, 5}



Access to Healthy Food

Columbia County has a high density of grocery stores and farmers markets compared to the state ^{3, 5}

Voice of the community

Along with collecting and analyzing data from a community perception survey and online data sources, Columbus Community Hospital held a meeting with stakeholders representing the broad interests of the communities served. The group included public health officials and subject matter experts, local law enforcement, as well as Columbus Community Hospital affiliated clinicians, administrators and staff.

The issues identified were: obesity, adults who are overweight, physical inactivity, access to exercise opportunities, mammography screenings, breast cancer incidence rate, tobacco use (smoking and smokeless), healthy behaviors ranking, mental health, death rate due to suicide, adults who drink excessively, alcohol and drug poisoning, death rate due to unintentional poisoning and death rate due to chronic lower respiratory diseases. The concerns recognized were then assessed due to ability to impact as a result of market reach and resources. Following assessment, the stakeholders elected to focus on obesity, physical inactivity, and mammography screenings,

Columbus Community Hospital will continue to collaborate with stakeholders. An additional forum will occur in order to increase collaboration, input and resources to improve population health within its communities. While the results will be available after approval of this document by the Columbus Community Hospital Board of Directors, they will be considered as part of potential additional collaborative opportunities for the 2016-2018 plan.

Of note, Wisconsin Department of Health Services (DHS) has identified the following five areas of focus: nutrition and physical activity, tobacco use, alcohol abuse, opioid abuse, and either suicide or depression. DHS has also listed breast cancer as one of the top 25 concerns within Wisconsin. DHS is a valuable stakeholder and resource. The areas of focus selected by the key stakeholders collaborating on this CHNA are in alignment with DHS's priorities.

Key priorities



Obesity

Obesity is an issue that has been verified through data, expressed through community concern, and identified as a strategic initiative for Wisconsin Department of Public Health.

Throughout the US, the number of individuals considered overweight or obese continues to rise. In addition to being costly for the US health care system, obesity can also lead to or complicate other health conditions, including heart disease, stroke, diabetes and certain types of cancer.



Physical Inactivity

Data supports a lack of physical activity. A misunderstanding of what physical activity consists of also became evident through community feedback. Healthy People 2020 and Wisconsin Department of Public Health have also identified this concern at a state level.

A lack of physical activity along with poor nutrition are the two primary root causes of obesity. In addition, physical inactivity is a root cause of many chronic diseases and conditions.



Mammography Screenings

Breast cancer is one of the top 25 concerns identified by the Department of Public Health. Breast cancer incidences are high in Columbia County; however, deaths due to breast cancer are considered low. This is due to proper and timely testing and screenings that allow for earlier detection and treatment options. While "incidents" are high and death is low, Columbia County is still not at par with the rest of Wisconsin or the nation in regard to mammography screenings.

Priority #1

Obesity is a life-long, progressive, life-threatening, genetically related, and costly disease. This disorder is associated with illnesses directly caused or worsened by significant weight. Adults who are obese have a body mass index (BMI) of 30 or more. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a BMI of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases, such as diabetes and heart disease.

Throughout the US, the number of individuals considered overweight or obese continues to rise. In addition to being costly for the nation's health care system, obesity can also lead to or complicate other health conditions, including heart disease, stroke, diabetes and certain types of cancer.

Obesity continues to be a growing issue in Columbia County communities. There are many contributors to obesity such as lack of physical activity, lack of education, lack of financial resources, lack of accessibility to healthy foods and an increased demand for convenience. *What Works for Health, WI Department of Health Services and The Community Guide*, have identified evidence based practices effective in combating obesity rooted in informational and behavioral adaptations.

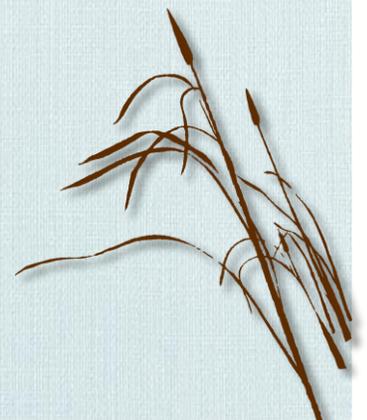
Additional facts and figures

- 33 - 34.8% of adults in Columbia County are obese, compared to the state average of 29% (range of 22-41%)
- 71.8 % of adults in Columbia County are overweight
- Health Behavior in Columbia County (in which obesity is a factor) is ranked 35 of 72
- 2020 Tracker Target of 30.5% has not been met
- Statistics from 2010 – 2014, compared to 2005 – 2009, show:
 - 27.3% of households are single-parent homes, an increase from 26.7%
 - 0.54 restaurants to every 1,000 people are fast food establishments and only 0.12 farmer's markets per 1,000 people in the area
 - 5.5% of families live below the poverty level, rising steadily from 4.4%
 - Child food insecurity rate is also on the rise; 20.1% of children have limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways



Do you have a question about obesity?

Visit our website at
olumbuscommunityhospital.com



Sources: ²Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

Physical Inactivity

Priority #2

Physical inactivity is defined as those reporting no leisure-time physical activity. Regular physical activity is one of the most important things you can do for your health. Regular activity will “help keep your thinking, learning, and judgment skills sharp as you age. It can also reduce your risk of depression and may help you sleep better” (*What Works for Health and The Community Guide*).

Often a misperception occurs regarding what constitutes physical activity. Research has shown doing aerobics or a mix of aerobic and muscle-strengthening activities 3-5 times a week for 30-60 minutes can provide mental health benefits. Being active on a regular basis can control weight; reduce the risk of cardiovascular disease, Type 2 diabetes, metabolic syndrome, and some cancers; strengthen bones and muscles; improve mental health, mood, ability to do daily activities; and prevent falls.

There are numerous root causes for lack of physical activity or being sedentary (addition to lack of knowledge regarding what constitutes physical activity) such as long commute times, poor environmental conditions, etc. The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and farmer's markets, recreation facilities, and the presence of a clean and safe physical environment.

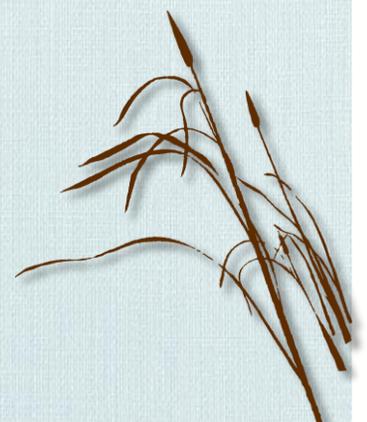


Additional facts and figures

- 23% of adults in Columbia County are physically inactive/sedentary, compared to the state average of 22% (range of 15-31%)
- Only 63% of adults have adequate access to locations for physical activity, compared to the state average of 81% (range of 7-99%)
- 39% of adults in Columbia County commute more than 30 minutes to work, taking at least 1 hour of time to commute to and from work
- Columbia County is ranked 56 poorest of 72 in regards to its environment, including lack of sidewalks or walking paths, driving alone to work, and long commutes while driving alone
- Health Behavior in Columbia County (in which physical inactivity is a factor) is ranked 35 of 72
- 2020 Tracker Target of 32.6% has been exceeded

Do you have a question about physical activity?

Visit our website at
columbuscommunityhospital.com



Sources: ²Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

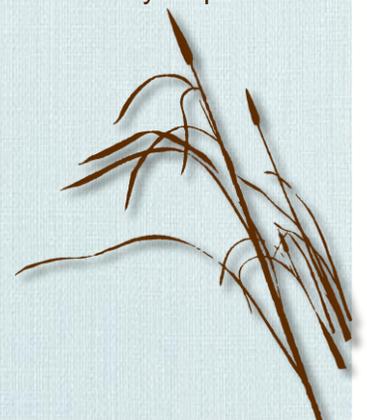
Mammography Screenings

Priority #3



Do you have a question about mammography screenings or breast cancer?

Visit our website at
columbuscommunityhospital.com



Breast cancer is one of the leading causes of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, obesity, alcohol use and hereditary factors. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

Mammography uses X-rays to create images of the breast. These images are called mammograms. Mammography is a screening tool used to find breast cancer in a person who does not have any known problems or symptoms. Mammography can detect cancers at an early stage, when they are small and the chances of survival are highest. Mammography screenings are the most effective breast cancer screening tool used today. Advancements in technology and early detection have resulted in a steady decline in deaths due to breast cancer in Columbia County. Therefore, it is recommended that:

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) ¹
- Women age 45 to 54 should get mammograms every year ¹
- Women 55 and older should have mammograms every 2 years, or continue yearly screening ¹
- Screening should continue as long as a woman is in good health ¹

Women should perform self examinations on a regular basis, noting how their breasts normally look and feel and report any breast changes to a health care provider right away.

Additional facts and figures

- 134.8 per 100,000 females have had an incidence of breast cancer between 2008 – 2012 (age adjusted), the state average is 124.8 and the national average is 122.7
- Deaths due to breast cancer are 24 per 100,000 people, the state average is 21 and the national average is 22.2.
- 66% of females receive recommended mammograms, compared to the state average of 71%
- 2020 Tracker Target for age adjusted death rate due to breast cancer is 20.7 (per 100,000)

Sources: ¹ American Cancer Society; ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

Achieving our Goals, Now and in the Future

Columbus Community Hospital is committed to improving the health of our communities through collaborative efforts to address unmet needs.



SSM Health

Through Columbus Community Hospital's association with SSM Health, this source of reliable, current community health and population data is available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues, and plan strategies for improvement.

Please visit www.columbuscommunityhospital.com for more information.



FIND HEALTH DATA

View more than 100 health, economic, social, and wellbeing indicators



FIND DEMOGRAPHIC DATA

View demographic data on race, gender, ethnicity by zip code



FIND HEALTH DISPARITIES

Identify and learn about health disparities in our community

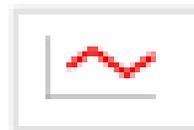
Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.



County Health Rankings and Roadmaps

To aid in building a culture of health, county by county, Columbus Community Hospital is pleased to provide a link to County Health Rankings and Roadmap on its website. This resource provides additional data to aid organizations, educational planners, policy makers, educational institutions and residents in understanding and tracking community health issues.



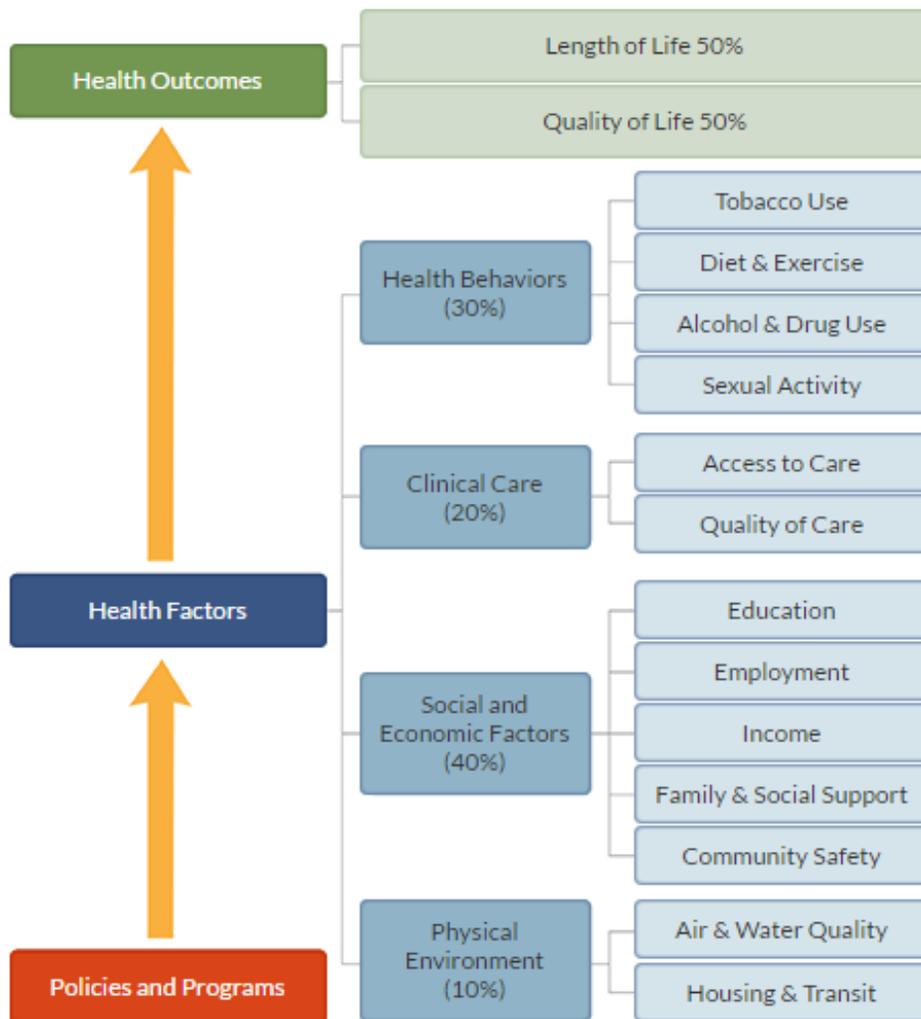
Contact us to learn more at 920-623-2200.

The Approach

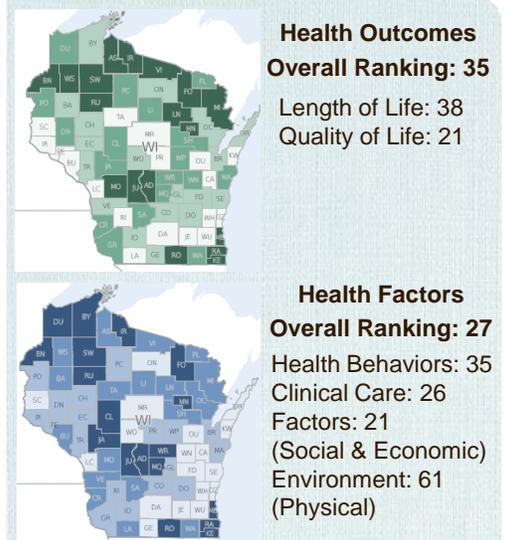
The “Our Approach” model (shown below) is a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

- Health Behaviors include focusing on: alcohol and drug use; diet and exercise; sexual activity; tobacco use and other
- Clinical Care includes focusing on: access to care and quality of care
- Social and Economic Factors include focusing on: community safety, education, employment, family and social support and income
- Physical Environment includes focusing on: air and water quality as well as housing and transit

Columbus Community Hospital selected two key health initiatives within health behaviors and one within clinical care. The implementation of these initiatives will also impact the social factors of many participants. This will impact individuals across a majority of the health factor continuum to improve health outcomes for Columbia County.



County Health Rankings model © 2014 UWPHI



Source: CountyHealthRankings-2014

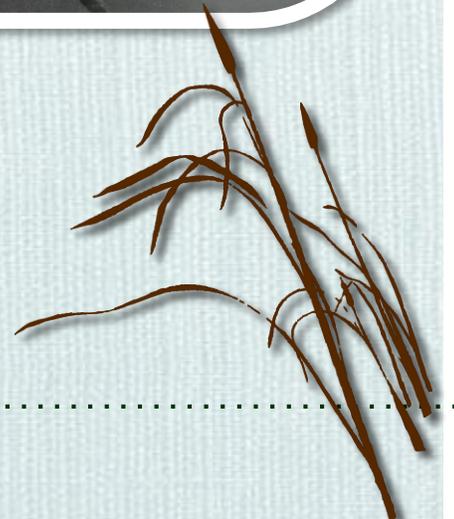
Columbus Community Hospital, Inc.

1515 Park Avenue | Columbus, WI 53925



September 30, 2016

Appendices

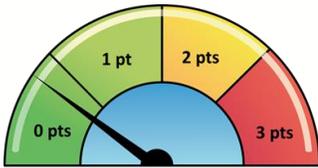


Additional demographic information for service area

Variable	WI - Columbus Hospital 10-Zip Service Area				WI - Columbia County				WI - State of Wisconsin			
	2015	2020	Change	%Change	2015	2020	Change	%Change	2015	2020	Change	%Change
DEMOGRAPHIC CHARACTERISTICS												
Total Population	114,548	117,867	3,319	2.9%	53,611	53,892	281	0.5%	5,767,671	5,857,580	89,909	1.6%
Total Male Population	56,976	58,668	1,692	3.0%	27,298	27,381	83	0.3%	2,864,443	2,910,288	45,845	1.6%
Total Female Population	57,572	59,199	1,627	2.8%	26,313	26,511	198	0.8%	2,903,228	2,947,292	44,064	1.5%
Females, Child Bearing Age (15-44)	21,193	21,356	163	0.8%	8,995	9,017	22	0.2%	1,086,514	1,092,738	6,224	0.6%
Average Household Income	\$72,283				\$73,239				\$68,202			
POPULATION DISTRIBUTION												
Age Distribution												
0-14	23,061	22,751	-310	-1.3%	9,723	9,248	-475	-4.9%	1,078,512	1,060,066	-18,446	-1.7%
15-17	4,789	4,999	210	4.4%	2,198	2,213	15	0.7%	229,987	234,051	4,064	1.8%
18-24	9,284	9,814	530	5.7%	4,301	4,876	575	13.4%	564,850	571,835	6,985	1.2%
25-34	13,713	13,446	-267	-1.9%	5,863	5,678	-185	-3.2%	723,199	720,504	-2,695	-0.4%
35-54	31,886	31,013	-873	-2.7%	14,998	13,548	-1,450	-9.7%	1,502,743	1,424,747	-77,996	-5.2%
55-64	14,989	16,133	1,144	7.6%	7,840	8,334	494	6.3%	782,987	823,925	40,938	5.2%
65+	16,826	19,711	2,885	17.1%	8,688	9,995	1,307	15.0%	885,393	1,022,452	137,059	15.5%
HOUSEHOLD INCOME DISTRIBUTION												
Total Households	45,433	46,866	1,433	3.2%	21,613	21,890	277	1.3%	2,336,786	2,389,389	52,603	2.3%
2015 Household Income												
<\$15K	3,453				1,771				264,911			
\$15-25K	3,858				1,841				253,502			
\$25-50K	11,173				5,275				589,295			
\$50-75K	9,871				4,381				457,949			
\$75-100K	7,012				3,477				310,583			
Over \$100K	10,066				4,868				460,546			
EDUCATION LEVEL												
Pop Age 25+												
77,414					37,389				3,894,322			
2015 Adult Education Level Distribution												
Less than High School	2,429				1,062				131,074			
Some High School	4,071				2,027				235,914			
High School Degree	25,392				13,408				1,269,565			
Some College/Assoc. Degree	25,026				12,951				1,209,412			
Bachelor's Degree or Greater	20,496				7,941				1,048,357			
RACE/ETHNICITY												
2015 Race/Ethnicity Distribution												
White Non-Hispanic	101,213				50,197				4,730,316			
Black Non-Hispanic	2,849				787				360,701			
Hispanic	6,075				1,442				381,950			
Asian & Pacific Is. Non-Hispanic	2,193				365				148,326			
All Others	2,218				820				146,378			

Source: SSM Health, Truven Health Analytics 2015

Healthy Communities Institute scorecard – Columbia County

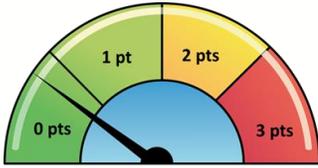


- Columbus Community Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	18.9	14.8	15.9	14.5
2.83	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	27.4	24.3	22.3	21.8
2.83	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	59.5	44.8	39.2	36.4
2.78	Workers Commuting by Public Transportation	percent	0.1	1.8	5	5.5
2.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	18.3	15.6	8.3	7.2
2.75	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	22	13.2	12.5	10.2
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	19.4	9.8	10.7	12.4
2.53	Adults who Drink Excessively	percent	30.6	24.4		25.4
2.5	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	50.4	39	42.1	
2.5	Breast Cancer Incidence Rate	cases/100,000 females	134.4	124.8	122.7	
2.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	13.7	11.3	11.2	
2.36	Adults who Smoke	percent	22.6	18.3		12
2.33	Adults who are Overweight or Obese	percent	69.8		63.3	
2.33	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	51.9	46.8	48.4	45.5
2.28	Adults who are Obese	percent	33.9		27	30.5
2.28	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	24	21	22.2	20.7
2.28	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	16	14.3	13.3	
2.25	Solo Drivers with a Long Commute	percent	40.4	25.6		
2.22	Colorectal Cancer Incidence Rate	cases/100,000 population	46.7	41.8	43.3	38.6
2.19	Mothers who Smoked During Pregnancy	percent	16.9	13.7	8.5	1.4
2.11	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	190.6	174.6	173.8	161.4
2.11	Grocery Store Density	stores/1,000 population	0.1			
2.08	Death Rate due to Drug Poisoning	deaths/100,000 population	13.4	11.3		
2.08	Drinking Water Violations	percent	5.4	4.9		
2.06	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	30.4	23.5	24	
2.06	Mean Travel Time to Work	minutes	26.1	21.7	25.5	
1.94	Liquor Store Density	stores/100,000 population	10.6	7.1	10.4	
1.89	Workers who Drive Alone to Work	percent	82	80.2	76.3	
1.89	Workers who Walk to Work	percent	2.6	3.3	2.8	3.1
1.83	Fast Food Restaurant Density	restaurants/1,000 population	0.7			
1.81	Mothers who Received Early Prenatal Care	percent	72.1	75.6	74.2	77.9
1.75	Dentist Rate	dentists/100,000 population	48	61		
1.75	Health Behaviors Ranking	(blank)	64			
1.75	Physical Environment Ranking	(blank)	56			
1.75	Primary Care Provider Rate	providers/100,000 population	60	82		
1.72	All Cancer Incidence Rate	cases/100,000 population	470	462.1	459.8	
1.72	SNAP Certified Stores	stores/1,000 population	0.6			
1.67	Houses Built Prior to 1950	percent	29.5	26.9	18.9	
1.67	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	71	62.1	64.9	
1.61	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	37.5	36.4	37	34.8
1.58	Non-Physician Primary Care Provider Rate	providers/100,000 population	57	76		
1.53	Annual Ozone Air Quality	(blank)	2			
1.53	Self-Reported General Health Assessment: Poor or Fair	percent	12	11.8		
1.5	People 25+ with a Bachelor's Degree or Higher	percent	21.3	26.8	28.8	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Columbia County (continued)

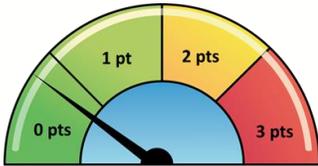


- Columbus Community Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.44	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	97.2	96.6	105.7	103.4
1.44	Single-Parent Households	percent	30.6	30.7	33.3	
1.42	Access to Exercise Opportunities	percent	74.5	82.7		
1.42	Clinical Care Ranking	(blank)	23			
1.42	Mammography Screening: Medicare Population	percent	68	70		
1.42	Morbidity Ranking	(blank)	32			
1.42	Mortality Ranking	(blank)	24			
1.42	Social and Economic Factors Ranking	(blank)	18			
1.42	Student-to-Teacher Ratio	students/teacher	14.3	15.3		
1.39	HIV Diagnosis Rate	cases/100,000 population	1.8	4		
1.39	People 65+ Living Alone	percent	28	29.7	27	
1.31	Diabetic Screening: Medicare Population	percent	89.4	90		
1.28	Unemployed Workers in Civilian Labor Force	percent	5.4	5.4	5.6	
1.25	Adults with Diabetes	percent	8.9	8.8		
1.25	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
1.22	Low-Income Preschool Obesity	percent	12.5			
1.19	High School Graduation	percent	88.8	87.5	80	82.4
1.17	Asthma: Medicare Population	percent	3.4	4.7	4.9	
1.17	PBT Released	pounds	697			
1.17	Recognized Carcinogens Released into Air	pounds	4948			
1.11	Households with Cash Public Assistance Income	percent	1.9	2.2	2.8	
1.11	Renters Spending 30% or More of Household Income on Rent	percent	44.3	48.4	52.3	
1.08	Children Compliant with Immunization Requirements	percent	99.2	97.9		
1.08	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	49	51		
1.08	Social Associations	membership associations/10,000 population	14	11.8		
1.08	Students Eligible for the Free Lunch Program	percent	28.3	35.3		
1.06	Life Expectancy for Females	years	81.5	81.6	80.8	
1.06	Syphilis Incidence Rate	cases/100,000 population	0	1.7	5.5	
1.03	Babies with Low Birth Weight	percent	6.3	7	8	7.8
1.03	Children with Health Insurance	percent	95.3	95.2		100
1	Adults who are Sedentary	percent	23			32.6
1	Child Food Insecurity Rate	percent	20.1	20.4	21.4	
1	Children with Low Access to a Grocery Store	percent	1.3			
1	Homeownership	percent	65.9	59.4	56.9	
1	Households with No Car and Low Access to a Grocery Store	percent	1.3			
1	Low-Income and Low Access to a Grocery Store	percent	1.7			
1	People 65+ with Low Access to a Grocery Store	percent	1			
1	Violent Crime Rate	crimes/100,000 population	156.2	255.5		
0.97	Infants Born to Mothers with <12 Years Education	percent	9.6	11.8	15.9	
0.97	Premature Death	years/100,000 population	5430.4	5881		
0.94	Chlamydia Incidence Rate	cases/100,000 population	212.2	411.6	446.6	
0.92	Alcohol-Impaired Driving Deaths	percent	28.8	38.8		
0.92	Food Environment Index	(blank)	8.7	8		
0.92	Severe Housing Problems	percent	11.8	15.2		

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Columbia County (continued)



- Columbus Community Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.83	Cancer: Medicare Population	percent	6.6	7.4	7.9	
0.83	Chronic Kidney Disease: Medicare Population	percent	10.4	15.8	15.5	
0.83	Life Expectancy for Males	years	77.1	77	76.1	
0.81	Teen Birth Rate	live births/1,000 females aged 15-19	15.9	19.9	26.5	
0.78	Atrial Fibrillation: Medicare Population	percent	7	8	7.8	
0.78	Children Living Below Poverty Level	percent	14.5	18.1	21.6	
0.75	Child Abuse Rate	cases/1,000 children	3.1	3.7	9.1	8.5
0.72	Adults with Health Insurance	percent	89.7	87.2	79.7	100
0.72	Babies with Very Low Birth Weight	percent	1	1.3	1.4	1.4
0.72	COPD: Medicare Population	percent	8.2	8.8	11.3	
0.72	Diabetes: Medicare Population	percent	22.7	23.4	27	
0.72	Per Capita Income	dollars	28273	27523	28155	
0.72	Prostate Cancer Incidence Rate	cases/100,000 males	118.6	139.2	142.3	
0.67	People 25+ with a High School Degree or Higher	percent	91.6	90.4	86	
0.64	Farmers Market Density	markets/1,000 population	0.2		0	
0.64	Poor Physical Health Days	days	2.5	3.2		
0.61	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	14.2	18.4	21.3	
0.61	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	10.5	14.7	15.4	
0.61	Depression: Medicare Population	percent	12.5	15.6	15.4	
0.61	Families Living Below Poverty Level	percent	5.2	8.8	11.3	
0.61	Households without a Vehicle	percent	3.8	7.1	9.1	
0.61	Hyperlipidemia: Medicare Population	percent	33.4	40.8	44.8	
0.61	People Living Below Poverty Level	percent	9.3	13	15.4	
0.61	Young Children Living Below Poverty Level	percent	16	21.6	24.7	
0.58	Poor Mental Health Days	days	2.5	3		
0.58	Preterm Births	percent	7.3	10	11.4	11.4
0.56	Gonorrhea Incidence Rate	cases/100,000 population	8.8	80.3	106.1	
0.56	People Living 200% Above Poverty Level	percent	75.7	69.4	65.8	
0.5	Food Insecurity Rate	percent	10.5	12.4	15.8	
0.5	People 65+ Living Below Poverty Level	percent	6.8	7.8	9.4	
0.5	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	21	26.1	29	
0.5	Stroke: Medicare Population	percent	2.3	2.6	3.8	
0.39	Hypertension: Medicare Population	percent	42.8	48.9	55.5	
0.39	Osteoporosis: Medicare Population	percent	3.8	5.4	6.4	
0.33	Median Household Income	dollars	57922	52413	53046	
0.25	Infant Mortality Rate	deaths/1,000 live births	3.8	5.9	6.1	6
0.17	Alzheimer's Disease or Dementia: Medicare Population	percent	6.8	8.8	9.8	
0.17	Heart Failure: Medicare Population	percent	11.3	13	14.6	
0.17	Ischemic Heart Disease: Medicare Population	percent	20.8	24	28.6	

Source: Healthy Communities Institute

The tax year the hospital last conducted a needs assessment

Columbus Community Hospital last conducted a Community Health Needs Assessment (CHNA) in 2013.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community

Columbus Community Hospital priorities for the 2016-2018 CHNA and strategic implementation plan:

- Obesity: Resources include ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Roadmap Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); ⁶ Wisconsin Public Health Department, Columbia County Division of Health; and
 - Manufacturing Employers: American Packaging, E.K Machine, Robbins Manufacturing, and Schumann's Printing
 - School Districts: Columbus, Fall River, St. Jerome, and Zion Lutheran Schools
 - Volunteers of Columbus Community Hospital
- Physical Inactivity: Resources include ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Roadmap Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); ⁶ Wisconsin Public Health Department, Columbia County Division of Health; and
 - Manufacturing Employers: American Packaging, E.K Machine, Robbins Manufacturing, and Schumann's Printing
 - School Districts: Columbus, Fall River, St. Jerome, and Zion Lutheran Schools
 - Volunteers of Columbus Community Hospital
- Mammography Screenings: Resources include ¹ American Cancer Society; ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Roadmap Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); ⁶ Healthydane.org; ⁷ Wisconsin Public Health Department, Columbia County Division of Health; and
 - Columbus Community Hospital Foundation
 - Columbus Community Hospital Cancer Navigation Specialist
 - Local Volleyball and Basketball Teams

The health needs of the community

Please see “The Health of Our Community” and “The Health Needs of Our Community” sections for analysis of health indicators specific to the health of the community and the identified priorities to be addressed going forward.

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups

To be maximally effective, health programs must meet a tangible need of the community. They must be presented to and accessible by the people who need them most. The previous study of demographics, community health indicators and community feedback is necessary to assist the hospital in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. Columbus Community Hospital and Prairie Ridge Health Clinic acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

It is the hospital’s vision that through building caring relationships with those we serve, especially those that are economically, physically and socially marginalized, we will guide their journey to health and wellness with the resources available.

The process for identifying and prioritizing community health needs and services to meet the community health needs

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a large population of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in Columbia County as compared to the State of Wisconsin, other counties or Healthy People 2020 national health goals
- Health issues for which trends are worsening
- Health issues that are among national and state health priorities or the national targets for the issues are not met identified by the Wisconsin Public Health Department top five initiatives and top 25 issues
- Health issues that are of concern to community residents and leaders

In addition, Columbus Community Hospital took into consideration the primary health issues listed in the hospital’s last CHNA.

Finally, Columbus Community Hospital examined “social determinants of health” or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was derived from the County Health Rankings Report for Columbia County, as well from HCI. In addition, feedback was gathered from community stakeholders. The key stakeholder feedback, the rankings and HCI aided in the identification of the top three health needs: obesity, physical inactivity (sedentary) and mammography screenings. These needs were enforced by community leaders during the key stakeholder meeting.

How additional data was obtained

Columbus Community Hospital collected data from multiple sources. In addition to those previously addressed, Columbus Community Hospital outsourced a community perception survey to Sunseed Research. Sunseed used both an online medium and a phone medium to obtain a significant sample size; both used the same questions for consistency.

The survey was restricted to the 10 zip codes that make up Columbus Community Hospital's primary and secondary markets: Columbus, Fall River, Cambria, Doylestown, Friesland, Marshall, Randolph, Rio, Waterloo, Beaver Dam and Sun Prairie. It is important to note that Columbus Community Hospital is not the only hospital within Columbia County or within the primary and secondary market which make up three counties: Columbia (the majority), Dane and Dodge.

The online survey was open for 60 days while the phone survey only took 3 weeks to complete. The survey was over 40 questions long but used skip logic to only show questions relevant to the survey respondent based on their answers to previous questions. Topics of the survey included demographics, community health perceptions, health care access, health care use, knowledge of healthcare services, etc. Once the survey responses were tabulated, the survey results were evaluated and analyzed for health and demographic trends. The survey results were discussed among the key stakeholders.

All questions underwent a health literacy review. 300 surveys were needed to have a confidence level of 95%. A total of 321 survey responses were collected, 251 by phone and 52 online. Columbus Community Hospital advertised the online survey in various mediums:

- Email blasts to over 50,000 subscribers
- Online advertisements on websites and social media sites
- Press releases
- Internal communications
- Internal posting on all hospital electronic boards
- Local events such as Women's Day

Additional data was compiled using resources from the Wisconsin County Health Rankings & Roadmaps, Community Commons, Wisconsin Department of Health and Human Resources, CDC Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Population and the Wisconsin Behavioral Risk Factor Survey. Data was also obtained from Healthy Communities Institute (HCI). The website platform includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources, covering 20 topics in the areas of health, determinants of health, and quality of life. Additional demographic and health impact factors were collected through Columbus Community Hospitals relationship with SSM Health and its data analytics platforms.

Persons representing the community with whom the hospital consulted

Columbus Community Hospital benefited from input derived through consultation of numerous community leaders representing diverse constituencies. The leaders associated with community feedback are listed with their affiliations below. Additionally, Columbus Community Hospital benefited from guidance and input from individuals with expertise in public/population health.

DATE	STAKEHOLDER	ORGANIZATION	REPRESENTATIVE	MEMBER TITLE
May 24, 2016	Key Stakeholder	Columbus Police Department	Dan Meister	Chief of Police
May 24, 2016	Key Stakeholder	Golden Living Center, Randolph	Jo Ann Evans	Administrator
May 24, 2016	Key Stakeholder	Baker Tilly Virchow Krause LLC	Trula Hensler	Senior Marketing Manager
May 24, 2016	Key Stakeholder	Prairie Ridge Health Clinic	Bruce Kraus, MD	Physician, Internal Medicine
May 24, 2016	Key Stakeholder	SSM Health Care of Wisconsin	Jamie Logsdon	Regional Director of Marketing & Communications
June 2, 2016	Key Stakeholder	BRZ Construction Management	Bruce Zander	President / Owner
June 2, 2016	Key Stakeholder	Investment Centre, LLC	Jennifer Homman	Investment Advisor
June 2, 2016	Key Stakeholder	Farmers & Merchants Union Bank	Randall Bobholz	President / CEO
June 2, 2016	Key Stakeholder	Prairie Ridge Health Clinic	Gary Galvin, MD	Physician, General Surgeon
June 2, 2016	Key Stakeholder	Rhodes Bake-N-Serv	Larry Bartruff	General Manager
June 2, 2016	Key Stakeholder	Prairie Ridge Health Clinic	Bruce Kraus, MD	Physician, Internal Medicine
June 2, 2016	Key Stakeholder	Columbus Police Department	Dan Meister	Chief of Police
June 2, 2016	Key Stakeholder	Dean Clinic	Russell Hermus, MD	Physician, Vice President of Medical Affairs - Dean Clinic
June 2, 2016	Key Stakeholder	SSM Health Care of Wisconsin	Damond Boatwright	Regional President of Hospital Operations
June 2, 2016	Key Stakeholder	SSM Health Care of Wisconsin	Linda Taplin Statz	Regional Vice President of Human Services
June 9, 2016	Key Stakeholder	Columbus Police Department	Daniel Meister	Chief of Police
June 9, 2016	Key Stakeholder	Poser Clinic	Berit Poser	Clinic Manager
June 9, 2016	Key Stakeholder	Public Health Department, Columbia Cty.	Susan Lorenz	Health Officer, RN, MS
June 9, 2016	Key Stakeholder	Columbus School District	Annette Deuman	Administrator
June 9, 2016	CHNA Team	Columbus Community Hospital	Heidi Wallace	Social Worker
June 9, 2016	CHNA Team	Columbus Community Hospital	Chris Josheff	Patient Financial Counselor
On Going	CHNA Team	Columbus Community Hospital	John Russell	President / CEO
On Going	CHNA Team	Columbus Community Hospital	Phil Roberts	CFO
On Going	CHNA Team	Columbus Community Hospital	Jamie Hendrix	VP of Patient Care
On Going	CHNA Team	Columbus Community Hospital	Ann Roundy	VP of Employee Services
On Going	CHNA Team	Columbus Community Hospital	Patti Walker	Community Relations & Volunteer Coordinator

Needs the hospital will not address and the reasons why

No hospital facility can address all of the health needs present in its community. Columbus Community Hospital's implementation strategy focuses on the specified community health needs and not on the following needs:

- Alcohol abuse and drinking excessively is continuing to fluctuate and has been since 2003. This is a statewide issue and Columbus Community Hospital is aware of this need in the county. However, at this time, Columbus Community Hospital does not have the staff or resources to properly address this need. Resources are available at the Pauquette Center in Portage, which is the county seat.
- Smoking/tobacco use is being addressed by health experts at a state level, through the implementation of a statewide smoking ban, effective July 2010, and remediation programs. Since 2012, the percentage of adult smokers in Columbia County has decreased. In addition, Columbus Community Hospital offers smoking cessation classes. As more specific data becomes available regarding tobacco use, Columbus Community Hospital may consider this a potential initiative in the 2019 CHNA.
- Drug abuse, specifically opioid abuse, is currently being addressed by numerous organizations in Columbia County, including Columbus Community Hospital through Project CLEAN – Community Leaders Eliminating the Abuse of Narcotics. This program is aimed at eliminating the abuse of opioids. Resources are available at the Pauquette Center in Portage, which is the county seat. As more specific data becomes available regarding opioid abuse specifically, Columbus Community Hospital may consider this a potential initiative in the 2019 CHNA.
- Age adjusted death rate due to suicide is a recognized issue. At this time, Columbus Community Hospital does not have the staff or resources to properly address this need. Columbus Community Hospital is working with SSM Health to investigate the possibility of Telehealth, specifically Teleneurology and/or Telepsychology.
- High rates of unintentional injury and traffic accidents are being addressed by others, including law enforcement and state level experts through initiatives such as mandatory seat belt laws and speed limit enforcement. As a rural community, farm safety continues to be a priority. The hospital supports safety education through participation in annual events like Safety Fun Night, National Night Out, Bike Safety, Car Seat Safety Checks, etc.
- Access to mental and behavioral health services is a recognized need resulting in poor mental health status. Columbus Community Hospital is aware of this need in the county. However, at this time, CCH does not have the staff or resources to properly address this need. Resources are available at the Pauquette Center in Portage, which is the county seat. A monthly NAMI support group also meets at the Portage Public Library.
- Colorectal cancer is a recognized need in Columbia County. Columbus Community Hospital recently expanded its cancer navigation program to include colon and lung cancer. It is recognized that it will take time to build this resource as a viable opportunity for those in need. However, at this time, Columbus Community Hospital does not have further resources to respond to the recognized need of prostate cancer.
- The lack of dental care in the community proves to be a large issue, but the hospital cannot impact this. Many of the focus group participants mentioned a lack of dentists. Many people do not receive the dental care they need because they either cannot make an appointment, do not have the transportation to get to an appointment or their insurance is not accepted. The hospital will continue to work with local dentists when a patient presents to the Emergency Department or expresses a need.
- Violent Crime in Columbia County is a need being addressed by local law enforcement officials within the hospital's community.



Information gaps that limit the hospital facility's ability to assess all of the community's health needs

Columbus Community Hospital observes that, while some health status indicators for Columbia County are better than average, they may still represent problems that are highly prevalent, place a heavy burden on our population and might be worsening, or fall short of benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups. Columbus Community Hospital continues to work hard to include the diverse population represented within the communities it serves in all forms of representation.

Other hospital facilities participating in Columbus Community Hospital CHNA process

Columbus Community Hospital created this CHNA collaboratively with key stakeholders and guidance from other SSM affiliated facilities.

How Columbus Community Hospital makes its needs assessment widely available to the public

The Columbus Community Hospital 2016-2018 CHNA is available online at www.columbuscommunityhospital.com and upon request from the hospital facility at 920-623-1222. See section on "Going Forward" for more information.

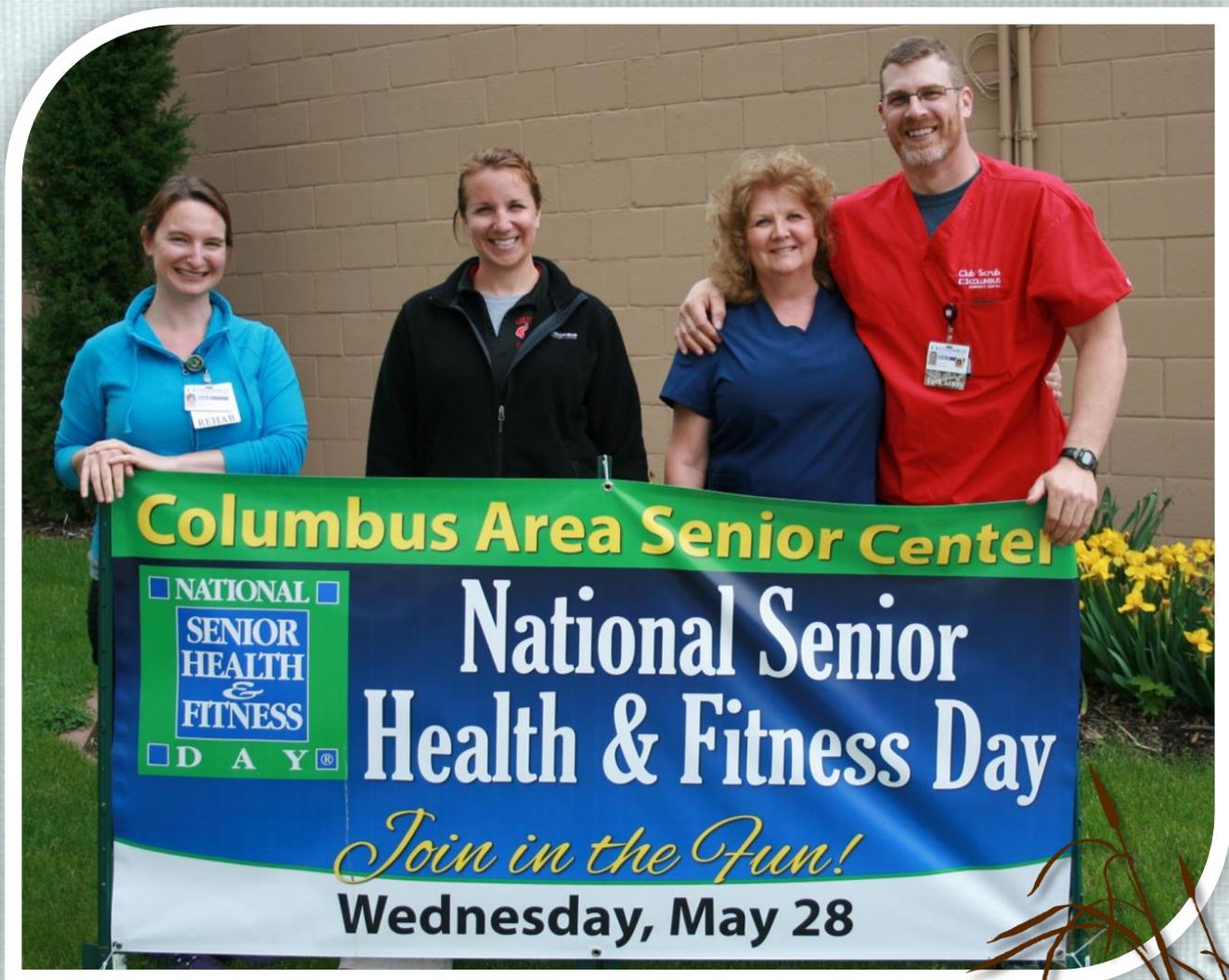
Columbus Community Hospital, Inc.

1515 Park Avenue | Columbus, WI 53925



2017 - 2019

Strategic Implementation Plan



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

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

In addition, Columbus Community Hospital and key stakeholders took into consideration the primary health issues listed in the hospital's last CHNA.

Columbus Community Hospital also examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was provided by the County Health Rankings Report for Columbia County, as well as the HCI and community perception survey. Using these, the Wisconsin Public Department of Health, HCI, The Roadmap, and input from key stakeholders, the top three identified health needs are obesity, physical activity and mammography screenings. These needs were enforced by community leaders during the key stakeholder meetings.

Priority #1 Obesity

Priority #2 Physical Inactivity Sedentary

Priority #3 Mammography Screenings



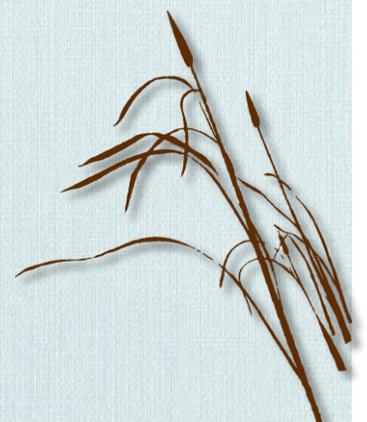
Obesity

Priority #1



Do you have a question about obesity?

Visit our website at
olumbuscommunityhospital.com



Obesity is a life-long, progressive, life-threatening, genetically related, and costly disease. This disorder is associated with illnesses directly caused or worsened by significant weight. Adults who are obese have a body mass index (BMI) of 30 or more. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a BMI of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases, such as diabetes and heart disease.

Throughout the US, the number of individuals considered overweight or obese continues to rise. In addition to being costly for the nation's health care system, obesity can also lead to or complicate other health conditions, including heart disease, stroke, diabetes and certain types of cancer.

Obesity continues to be a growing issue in Columbia County communities. There are many contributors to obesity such as lack of physical activity, lack of education, lack of financial resources, lack of accessibility to healthy foods and an increased demand for convenience. *What Works for Health, WI Department of Health Services and The Community Guide*, have identified evidence based practices effective in combating obesity rooted in informational and behavioral adaptations.

Additional facts and figures

- 33 - 34.8% of adults in Columbia County are obese, compared to the state average of 29% (range of 22-41%)
- 71.8 % of adults in Columbia County are overweight
- Health Behavior in Columbia County (in which obesity is a factor) is ranked 35 of 72
- 2020 Tracker Target of 30.5% has not been met
- Statistics from 2010 – 2014, compared to 2005 – 2009, show:
 - 27.3% of households are single-parent homes, an increase from 26.7%
 - 0.54 restaurants to every 1,000 people are fast food establishments and only 0.12 farmer's markets per 1,000 people in the area
 - 5.5% of families live below the poverty level, rising steadily from 4.4%
 - Child food insecurity rate is also on the rise; 20.1% of children have limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways

Sources: ²Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

Strategic Implementation Plan

Obesity



Goals

CCH primarily services the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 10,848 people or about 19% of the population within Columbia County. Therefore, Columbus Community Hospital and collaborating partners will impact 20% of the overall goals for Columbia County.

- Reduce the percentage of Columbia County adult residents who are obese from 34.8% in 2015 to 34.3% by 2018 (Healthy Communities Institute) BMI > 30
- Reduce the percentage of Columbia County adult residents who are obese or overweight from 71.8% in 2015 to 71.4% by 2018 (Wisconsin Department of Health) 25.0 ≤ BMI < 30



Childhood BMI measures are not available on a county level. However, CCH is recording childhood BMI percentages for those who participate in the program to aid in the building of a local database.

Action plan

Strategy #1: Operation Overhaul 2.0

- Through the formation of Your Better Life Coalition, a wellness program will be developed, tailored to the manufacturing industry (assembly line production), to reduce obesity and impact certain chronic health conditions. Interventions within the Operation Overhaul 2.0 program include, but are not limited to, education and information strategies, behavioral and social strategies, environmental and employer policy strategies, and worksite weight control strategies, including measurable changes of weight (considering height and muscle mass), body fat, minutes of exercise, percentage of weight gain/loss, waist circumference, endurance, flexibility, and blood pressure. Smoking cessation is offered as well.
 - Estimated impact is 380 adults, potential impact is about 1,197 adults
 - Instructors will be CCH's Education Manager, Registered Dietitians, Smoking Cessation Specialist and Occupational Therapists
 - Methods to include family participation to grow the support network of participants
 - Competition between organizations and within organizations in order to improve motivation of participants

Strategy #2: Live It! Real Life Nutrition for Teens

- Reaching children and correcting unhealthy behaviors is a proactive approach to combating adult obesity. The Live It! program, originated from the Oregon Dairy Council and customized by the Food For Thought Coalition, is geared toward 6th graders.
- The program consists of an engaging curriculum that aims to motivate students to make nutrient-rich food choices while performing physical activity to enhance the wellness of middle school children within the community.
 - 16 lesson curriculum: 1 introductory, 11 nutrition, 3 physical activity and 1 wrap up for 7-8 groups of students
 - CCH's Education Manager will instruct physical activity lessons
 - CCH Registered Dietitians, University of Wisconsin Dietetic Students and/or Interns will instruct nutrition lessons
 - Competition between classes where the class accumulating the most points wins a healthy cooking class lead by CCH's Executive Chef to increase motivation and engagement of students

All tools used will be open to the public through CCH's website to encourage community participation.

Community partners and supporting resources

- Columbus Community Hospital
- Columbus Middle School
- Robbins Manufacturing
- Volunteers of Columbus Community Hospital
- Fall River Middle School
- E.K. Machine
- St. Jerome Middle School
- American Packaging
- Zion Lutheran Middle School
- Schumann's Printing

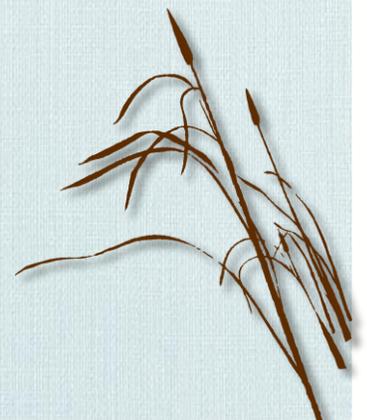
Physical Inactivity

Priority #2



Do you have a question about physical activity?

Visit our website at
columbuscommunityhospital.com



Physical inactivity is defined as those reporting no leisure-time physical activity. Regular physical activity is one of the most important things you can do for your health. Regular activity will “help keep your thinking, learning, and judgment skills sharp as you age. It can also reduce your risk of depression and may help you sleep better” (*What Works for Health and The Community Guide*).

Often a misperception occurs regarding what constitutes physical activity. Research has shown doing aerobics or a mix of aerobic and muscle-strengthening activities 3-5 times a week for 30-60 minutes can provide mental health benefits. Being active on a regular basis can control weight; reduce the risk of cardiovascular disease, Type 2 diabetes, metabolic syndrome, and some cancers; strengthen bones and muscles; improve mental health, mood, ability to do daily activities; and prevent falls.

There are numerous root causes for lack of physical activity or being sedentary (addition to lack of knowledge regarding what constitutes physical activity) such as long commute times, poor environmental conditions, etc. The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and farmer's markets, recreation facilities, and the presence of a clean and safe physical environment.

Additional facts and figures

- 23% of adults in Columbia County are physically inactive/sedentary, compared to the state average of 22% (range of 15-31%)
- Only 63% of adults have adequate access to locations for physical activity, compared to the state average of 81% (range of 7-99%)
- 39% of adults in Columbia County commute more than 30 minutes to work, taking at least 1 hour of time to commute to and from work
- Columbia County is ranked 56 poorest of 72 in regards to its environment, including lack of sidewalks or walking paths, driving alone to work, and long commutes while driving alone
- Health Behavior in Columbia County (in which physical inactivity is a factor) is ranked 35 of 72
- 2020 Tracker Target of 32.6% has been exceeded

Sources: ²Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

Strategic Implementation Plan

Physical Inactivity / Sedentary



Goals

CCH primarily services the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 10,848 people or about 19% of the population within Columbia County. Therefore, Columbus Community Hospital and collaborating partners will impact 20% of the overall goals for Columbia County.

- Reduce the percentage of Columbia County adult residents who are physically inactive from 23.0% in 2015 to 22.7% by 2018 (County Health Rankings & Roadmaps)

Childhood physical activity measures are not available on a county level. However, CCH is recording physical activity pacer tests (performed within the schools) for those who participate in the program to aid in the building of a local database.



Action plan

Strategy #1: Operation Overhaul 2.0

- Through the formation of Your Better Life Coalition, a wellness program will be developed, tailored to the manufacturing industry (assembly line production), to reduce obesity and impact certain chronic health conditions. Interventions within the Operation Overhaul 2.0 program include, but are not limited to, education and information strategies, behavioral and social strategies, environmental and employer policy strategies, and worksite weight control strategies, including measurable changes of weight (considering height and muscle mass), body fat, minutes of exercise, percentage of weight gain/loss, waist circumference, endurance, flexibility, and blood pressure. Smoking cessation is offered as well.
 - Estimated impact is 380 adults, potential impact is about 1,197 adults
 - Instructors will be CCH's Education Manager, Registered Dietitians, Smoking Cessation Specialist and Occupational Therapists
 - Methods to include family participation to grow the support network of participants
 - Competition between organizations and within organizations in order to improve motivation of participants

Strategy #2: Live It! Real Life Nutrition for Teens

- Reaching children and correcting unhealthy behaviors is a proactive approach to combating adult obesity. The Live It! program, originated from the Oregon Dairy Council and customized by the Food For Thought Coalition, is geared toward 6th graders.
- The program consists of an engaging curriculum that aims to motivate students to make nutrient-rich food choices while performing physical activity to enhance the wellness of middle school children within the community.
 - 16 lesson curriculum: 1 introductory, 11 nutrition, 3 physical activity and 1 wrap up for 7-8 groups of students
 - CCH's Education Manager will instruct physical activity lessons
 - CCH Registered Dietitians, University of Wisconsin Dietetic Students and/or Interns will instruct nutrition lessons
 - Competition between classes where the class accumulating the most points wins a healthy cooking class lead by CCH's Executive Chef to increase motivation and engagement of students

All tools used will be open to the public through CCH's website to encourage community participation.

Community partners and supporting resources

- Columbus Community Hospital
- Columbus Middle School
- Robbins Manufacturing
- Volunteers of Columbus Community Hospital
- Fall River Middle School
- E.K. Machine
- St. Jerome Middle School
- American Packaging
- Zion Lutheran Middle School
- Schumann's Printing

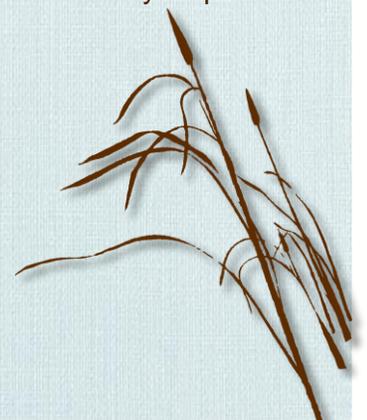
Mammography Screenings

Priority #3



Do you have a question about mammography screenings or breast cancer?

Visit our website at
columbuscommunityhospital.com



Breast cancer is one of the leading causes of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, obesity, alcohol use and hereditary factors. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

Mammography uses X-rays to create images of the breast. These images are called mammograms. Mammography is a screening tool used to find breast cancer in a person who does not have any known problems or symptoms. Mammography can detect cancers at an early stage, when they are small and the chances of survival are highest. Mammography screenings are the most effective breast cancer screening tool used today. Advancements in technology and early detection have resulted in a steady decline in deaths due to breast cancer in Columbia County. Therefore, it is recommended that:

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) ¹
- Women age 45 to 54 should get mammograms every year ¹
- Women 55 and older should have mammograms every 2 years, or continue yearly screening ¹
- Screening should continue as long as a woman is in good health ¹

Women should perform self examinations on a regular basis, noting how their breasts normally look and feel and report any breast changes to a health care provider right away.

Additional facts and figures

- 134.8 per 100,000 females have had an incidence of breast cancer between 2008 – 2012 (age adjusted), the state average is 124.8 and the national average is 122.7
- Deaths due to breast cancer are 24 per 100,000 people, the state average is 21 and the national average is 22.2.
- 66% of females receive recommended mammograms, compared to the state average of 71%
- 2020 Tracker Target for age adjusted death rate due to breast cancer is 20.7 (per 100,000)

Sources: ¹ American Cancer Society; ² Centers for Disease Control and Prevention; ³ Columbia County and Wisconsin County Health Rankings; ⁴ Columbia County, WI Census Data; ⁵ Healthy Communities Institute (HCI); and ⁶ Wisconsin Public Health Department, Columbia County Division of Health

Strategic Implementation Plan

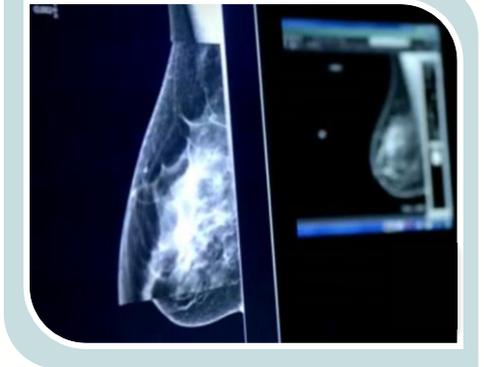
Mammography Screenings



Goals

CCH primarily services the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 10,848 people or about 19% of the population within Columbia County. Therefore, Columbus Community Hospital and collaborating partners will impact 20% of the overall goals for Columbia County.

- Increase the percentage of mammography screenings in Columbia County from 66% in 2015 to 67% in 2018 for those suggested (County Health Rankings & Roadmaps)
- Decrease the death rate due to breast cancer in Columbia County from 24 per 100,000 in 2015 to 23.6 per 100,000 in 2018 as this indicates an increase in early detection (Healthy Communities Institute)



The incidence rate of breast cancer in Columbia County in 2015 was 134.4 per 100,000 females in 2015. As a result of increased screenings, the incidence rate will probably increase against the desired trend (Healthy Communities Institute).

Action plan

By facilitating increased education and awareness with providers and the community at large, Columbus Community Hospital aims to increase the rate of mammography screenings in order to detect breast cancer early; thus, decreasing the death rate due to breast cancer.

Strategy #1: Expand Program To Meet Community Needs

- Columbus Community Hospital currently has a Breast Cancer Navigation program. This program will be expanded upon with help from the Columbus Community Hospital Foundation and local high school volleyball and basketball teams through Volley for a Cause and Hoops for a Cure events.

Strategy #2: Improve Access

- In collaboration with the Columbus Community Hospital Foundation, a program will be established to help those with financial need to obtain mammography screenings regardless of ability to pay. This will decrease the economic disparity gap while increasing the health and wellness of those in need through early dedication.

Strategy #3: Increase Awareness

- Increase outreach efforts to enhance community awareness regarding self examinations and discussions with primary care physicians.
- Educate the community regarding the importance of mammography screenings focused on: chance of having breast cancer, self examinations, environmental, genetic and behavioral factors; specifically educating on recent developments regarding obesity, alcohol use and hereditary factors, as these would indicate an earlier screen is warranted.
- Educate primary care providers to increase mammography screenings, focusing on who should be screened, when, and why, including screening those with hereditary factors, obesity, and alcohol use at an earlier age as these are factors that increase the incidence of breast cancer.

Community partners and supporting resources

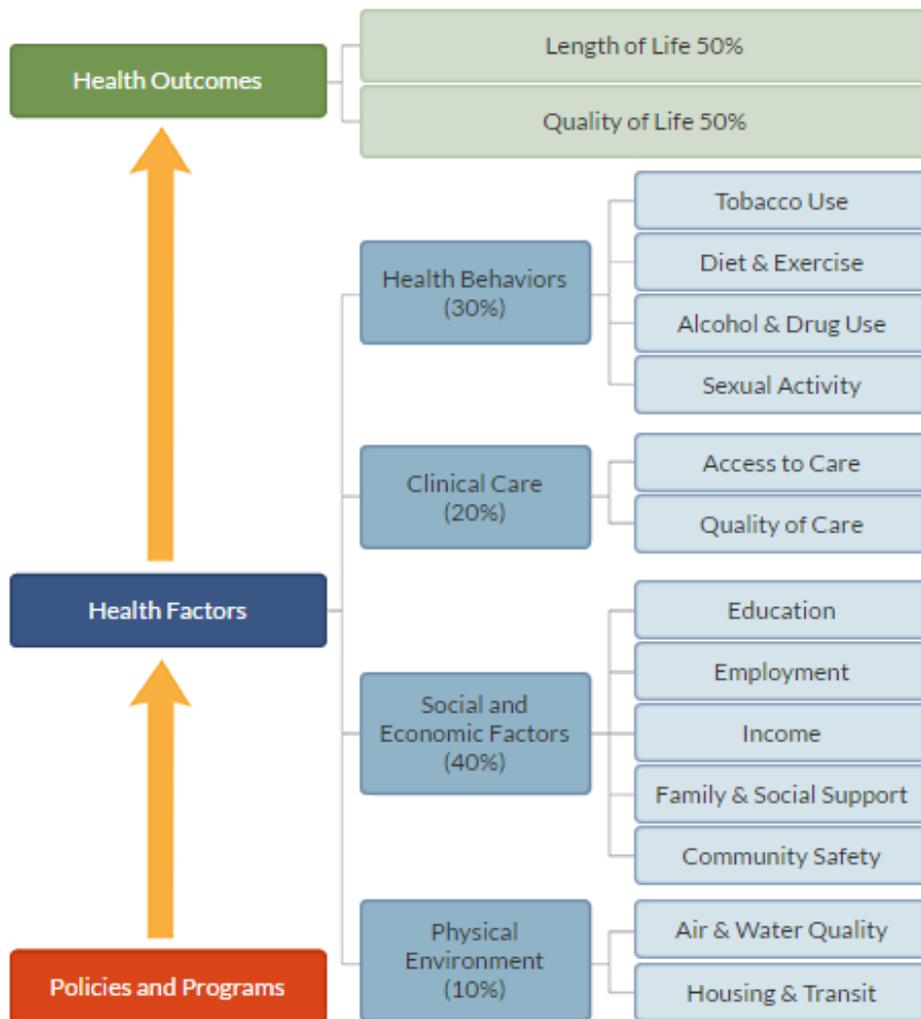
- Columbus Community Hospital
- Local Senior Centers
- Local High School Volleyball Teams
- Volunteers of Columbus Community Hospital
- Women's Day
- Local High School Basketball Teams
- Columbus Community Hospital Foundation

The Approach

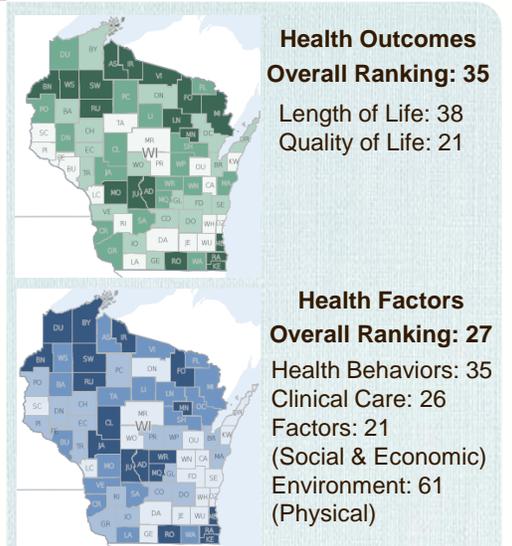
The “Our Approach” model (shown below) is a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

- Health Behaviors include focusing on: alcohol and drug use; diet and exercise; sexual activity; tobacco use and other
- Clinical Care includes focusing on: access to care and quality of care
- Social and Economic Factors include focusing on: community safety, education, employment, family and social support and income
- Physical Environment includes focusing on: air and water quality as well as housing and transit

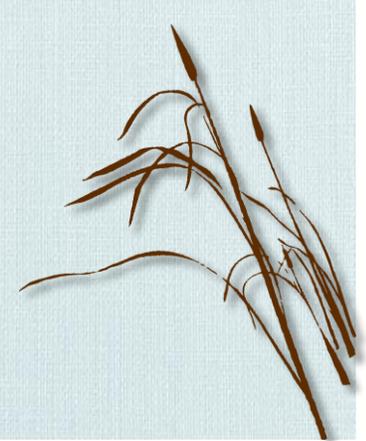
Columbus Community Hospital selected two key health initiatives within health behaviors and one within clinical care. The implementation of these initiatives will also impact the social factors of many participants. This will impact individuals across a majority of the health factor continuum to improve health outcomes for Columbia County.



County Health Rankings model © 2014 UWPHI



Source: CountyHealthRankings-2014



Achieving our Goals, Now and in the Future

Columbus Community Hospital is committed to improving the health of our communities through collaborative efforts to address unmet needs.



SSM Health

Through Columbus Community Hospital's association with SSM Health, this source of reliable, current community health and population data is available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues, and plan strategies for improvement.

Please visit www.columbuscommunityhospital.com for more information.



FIND HEALTH DATA
View more than 100 health, economic, social, and wellbeing indicators



FIND DEMOGRAPHIC DATA
View demographic data on race, gender, ethnicity by zip code



FIND HEALTH DISPARITIES
Identify and learn about health disparities in our community

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.



County Health Rankings and Roadmaps

To aid in building a culture of health, county by county, Columbus Community Hospital is pleased to provide a link to County Health Rankings and Roadmap on its website. This resource provides additional data to aid organizations, educational planners, policy makers, educational institutions and residents in understanding and tracking community health issues.



Contact us to learn more at 920-623-2200.