Prairie Ridge Health, Inc.
1515 Park Avenue | Columbus, WI 53925

Prairie Ridge HEALTH
Inspired by you

2019

Community Health Needs Assessment

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Message to Our Community

Prairie Ridge Health, formerly Columbus Community Hospital, is a 25-bed acute care hospital providing personalized, high quality healthcare, 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 three years, our journey led us to collaborate with community partners to conduct and implement strategies to combat three top priorities within our community: obesity, physical inactivity and low mammography screenings. Over the last year this same collaborative group of engaged community partners has come together to report the results of those programs, as well as to formulate our next 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
- Heart Disease Death Rate
- Mammography Screenings

During the next three years, Prairie Ridge Health 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

Prairie Ridge Health – *formerly 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 prairieridgehealth.com.

Executive Summary

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Background

Prairie Ridge Health is pleased to present the Fiscal Year 2019-2021 (2018-2020 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, and help guide the hospital in its community benefit planning efforts and the development of an implementation strategy to address the assessed needs. The Prairie Ridge Health Board of Director approved this CHNA on August 22, 2019. Prairie Ridge Health, formerly Columbus Community Hospital, last conducted a CHNA in 2016.

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

Sources of Input

Prairie Ridge Health determined priorities for the 2019-2021 CHNA and strategic implementation plan via the following resources: [1]American Cancer Society and Susan G Komen Foundation; [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; [4]Columbia County, WI Census Data; Community Survey; [5]Community Commons Analytics Platform (CCAP); meetings with key stakeholders, [6]University of WI Population Health Institute; [7]WI Public Health Department, Columbia County Division of Health; [8]WI Department of Health and Human Services, WI Interactive Statics on Health (WISH)

- Obesity: Volunteers of Columbus Community Hospital, local employers, community members who meet a 3 or above on the Prediabetes Risk Assessment, community members who are overweight or obese, and Columbus School District, Fall River School District, Marshall School District, St. Jerome School, and Zion Lutheran School.
- Heart Disease Death Rate: SSM Health Medical Group, local employers, and community members who meet a 3 or above on the Prediabetes Risk Assessment, are overweight or obese, diagnosed with a heart disease, and diagnosed with Prediabetes and/or Diabetes
- Mammography Screenings: Columbus Community Hospital Foundation, Volunteers of Columbus Community Hospital, Cancer Navigation Specialist, and volleyball, football and basketball teams of local schools

Note: While these data sources are the most current public sources available, the data is from 2014-2015.

Goals

Prairie Ridge Health is located in Columbia County while bordering two other counties, Dane and Dodge. Prairie Ridge Health primarily services the southern right sector of Columbia County and adjacent communities. In 2017, this accounted for an estimated population of about 11,299 people or about 20% of the population within Columbia County. Nonetheless, the only data available is by county. Therefore, Prairie Ridge Health and collaborating partners will impact 20% of the overall population for Columbia County in connection with the WI Dept. of Health Services and the trends used to establish the Healthy People 2010 and 2020 Tracker.

Obesity

Reduce the percentage of Columbia County adult residents who are obese from 36.50% in 2019 (2015) to 36.35% by 2021 (2017) (BMI > 30)

Heart Disease Death Rate

Reduce the rate of Columbia County adult residents who die from heart disease from 163.2 per 100,000 in 2019 (2015) to 162.5 by 2021 (2017)

Mammography Screenings

Increase the percentage of mammography screenings in Columbia County for one or more of the following, depending on data set availability:

- From 66.33% in 2019 (2015) to 66.60% by 2021 (2017) for females 67-69 years of age
- From 39% in 2019 (2016) to 39.2% by 2021 (2018) for females 65-74 years of age
- From 53.4% in 2019 (2015) to 54.47% by 2021 (2017) for females 40 years of age and older (40+)

About Prairie Ridge Health

About Prairie Ridge Health

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

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

VALUES: The key values which guide the team and volunteers are:

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

Prairie Ridge Health operates one hospital and three clinics. The hospital is located in Columbus, WI. The clinics are located in Columbus, WI, Beaver Dam, WI, and Marshall, WI, offering Family Medicine, Internal Medicine, General Surgery, Orthopedics, Obstetrics, Obstetrics/Gynecology (OBGYN) and Rheumatology services.

Prairie Ridge Health is affiliated with SSM Health Dean Medical Group. 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, Prairie Ridge Health 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	5,506 People Served	$1,542,587
Community Care	609 People Served	$268,081
Health Education & Community Outreach	1,881 People Served	$134,759
Health Fairs & Community Events	4,112 People Served	$27,618

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

Fiscal Year 2018
Hospital at a Glance

Admissions:	887
Outpatient Visits:	47,929
ER & UC Visits:	11,447
Births:	78
Beds:	25
Employees:	342+
Medical Staff:	155+
Volunteers:	110
Community Benefit:	12,108+
	$1,973,045

About our Community

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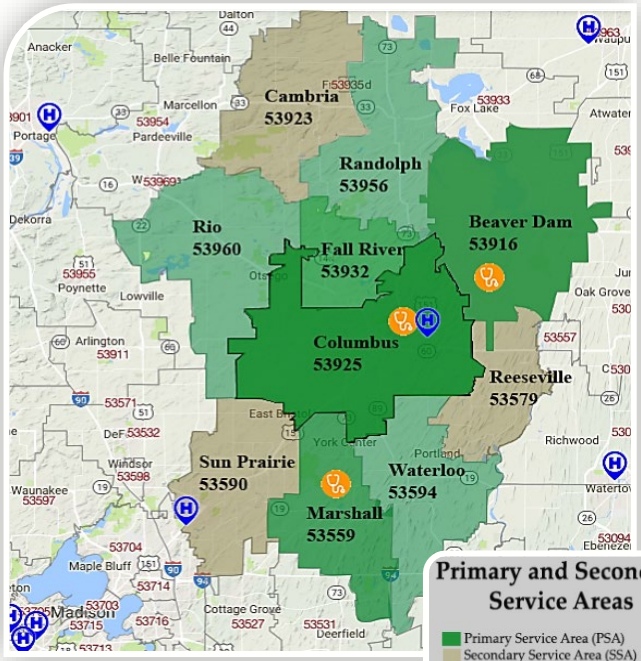
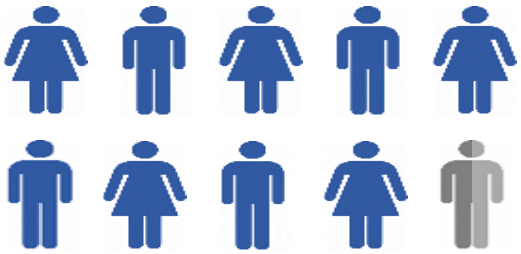
Prairie Ridge Health's service area includes Columbus, Fall River, Cambria, Doylestown, Friesland, Marshall, Randolph, Rio, Waterloo, Beaver Dam, Sun Prairie and other surrounding communities. Prairie Ridge Health borders three counties, Columbia, Dane and Dodge, but primarily defines its community as the southern right sector of Columbia County and adjacent communities. According to the 2016 Census, this service area had an estimated population of 54,068 people. The areas below include demographic and health indicator statistical information specific to this community.



Our community by the numbers

Race/Ethnicity



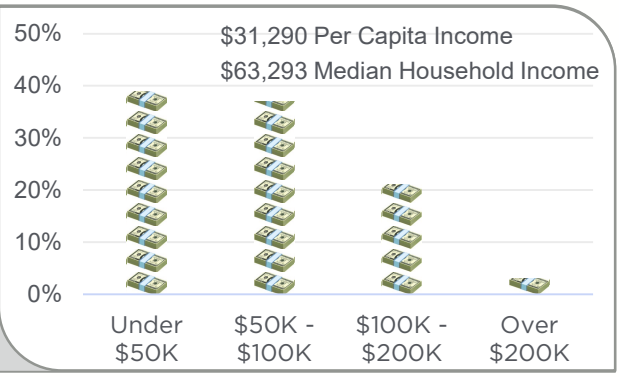
92.7% White/Non-Hispanic
3.4% Hispanic or Latino
3.9% All Others

51.1% Male
48.9% Female

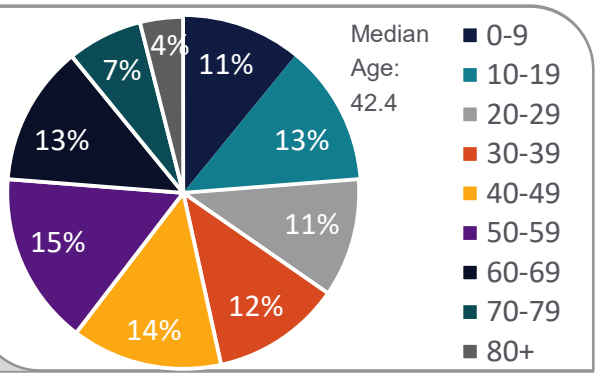
Education Levels

7% No High School Degree
92.8% High School Degree or Greater
15% Bachelor's Degree or Greater

Household Income Levels



Age Groups



The Health of Our Community

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About the data

The data was derived from a variety of sources including the [5]Community Commons Analytics Platform (CCAP) which includes the most publicly available data (it is vital to note, that while these data sources are the most current public sources available, the data is still dated, often using 2014-2016 data), for approximately 100 community indicators from over 20 sources and covering 30 topics in the areas of clinical care, health behaviors and health outcomes. Additional data sources included [8]Wisconsin Department of Health and Human Services, Wisconsin Interactive Statics on Health (WISH) – Columbia County; [3] Columbia County - Wisconsin County Health Rankings and Roadmaps. Below is a statistical overview of both the strengths and weaknesses within the communities served by Prairie Ridge Health that factored into discussions with local stakeholders regarding the priority health needs of the population.

Our community's health by the numbers

Obesity

37% of adults are obese in Columbia County[5, 3, 2]

Alcohol and Drug Abuse

In Columbia County, 31.3% of adults drink heavily and 29.0% binge drink while 23-25% of driving deaths involved alcohol and 265 residents were hospitalized due to opioids. Also, drug poisoning deaths were higher than the state and national averages[5, 8, 3, 2]

Heart Disease Deaths

163.2 per 100,000 Columbia County adult residents die due to heart disease, which is higher than the state average of 157.1[5]

Adults Who Smoke

21.8% of adults smoke in Columbia County. This is higher than the state (18.7) and national (18.1) averages[5]

Mental Health

The suicide death rate is higher than both state (13.84) and national (13.0) averages in Columbia County at 24.7%[5, 2]

Fewer Families in Poverty

8.58% of Columbia County families live below 100% of the Federal Poverty Level. This is below state and national averages.[5] However, this is an increase of 3% since the 2016 CHNA.

Mammography Screenings

Only 66.3% of women aged 67-69 (39% aged 65-74) receive annual mammograms in Columbia County. This is below the state average[5, 3, 2]

Preventable Hospital Event

58.2 per 1,000 ambulatory care sensitive events were preventable. This is higher than both the state and national averages[5, 3]

Physical Environment

75% of Columbia County residents do not have access to exercise opportunities[3]. A rate of only 7.04 recreation and fitness facilities exist in Columbia County per 100,000[5]

Access to Healthy Food

Columbia County has a low density of farmer's markets and grocery stores (9 or 15.84 per 100,000 people) compared to the state (1,028 or 18.08 per 100,000 people)[5, 2]

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High School Graduation

92.5% of students received a high school diploma within 4 years (NCES), this is higher than the state (90.7%) and national averages (75.5%)[3]

Commuting to Work

41% of adults drive more than 30 minutes to commute to work[2]. In addition, only 2.66% of adults walk or bike to work[3]

Physical Inactivity

Fewer adults are physically inactive (23% in 2012 to 19% in 2015), reporting no physical leisure-time activities[2, 3]

Teen Births

15-22.8 babies are born to teens (age of 15-19 years of age, per 1,000 females). This is lower than the state (18-27.5) and national (36.6) averages[3, 5]

Student Proficiency

47.77% of 4th grade students reading skills tested below the "proficient" level in the state standardized test[3]

Uninsured

6-6.31% of adults (16-64 years of age) are without health insurance in Columbia County; this below the national average (12.08)[3, 5]

Health Status

12.6-13% of adults reported feeling their general health status is “poor or fair”; this is lower than the state (15%) and national (15.7%) averages[5, 3, 2]

Flu Vaccinations

51% of fee-for-service (FFS) Medicare enrollees had an annual flu vaccination. This is on par with the state average (52%). 73% of children received the recommended immunizations

Overall Cancer Incidences

Overall, 489 new cancer diagnoses occurred (per 100,000 population) in Columbia County, compared to state average rate of 468 new diagnoses[3, 2]

Fall Fatalities

50 residents, ages 65 and older, died in Columbia County due to a fall. 26% of Columbia County adults in this age category live alone. Columbia County is ranked among the top 10 worst counties in WI for fall fatalities[3]

Transportation

82% of adults drive alone to work[3] and only 0.19% of adults use public transportation to commute to work[5]

Unemployment

Only 2.6-2.9% of Columbia County residents, ages 16 and older, are unemployed but seeking work[3, 5]

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Voice of the community

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

The following issues were identified: obesity, physical inactivity, mammography screenings, breast cancer incidence rate, tobacco use (smoking and smokeless), healthy behaviors ranking, mental health, traffic accidents, adults who drink excessively, alcohol and drug poisoning (including opioids), 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, heart disease death rate, and mammography screenings.

Prairie Ridge Health will continue to collaborate with stakeholders. Additional forums will occur as needed. While the results will be available after approval of this document by Prairie Ridge Health (formerly Columbus Community Hospital) Board of Directors, stakeholders will be considered a part of potential additional collaborative opportunities for the 2019-2021 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. In 2016, DHS also listed breast cancer as one of the top 25 concerns within Wisconsin. The areas of focus selected by the key stakeholders collaborating on this CHNA are in alignment with DHS's priorities, as well as with surrounding health care organizations (Source: University of Wisconsin Population Health Institute[6]):

Dane County[6]
Diet & Exercise:
- Public Health Madison & Dane County
- St. Mary's Hospital (Madison)
- Stoughton Hospital

Chronic Disease
- St. Mary's Hospital (Madison)
- Stoughton Hospital
- University of Wisconsin Hospitals

Dodge County[6]
Diet & Exercise:
- Beaver Dam Community Hospital
- Dodge Cty. Human Services & Health Dept.
- Watertown Regional Medical Center
- Waupun Memorial Hospital

Chronic Disease
- Dodge Cty. Human Services & Health Dept.

Sauk County[6]
Diet & Exercise:
- Reedsburg Area Medical Center
- Sauk County Public Health Dept.
- Sauk Prairie Healthcare
- St. Claire Hospital – SSM

Chronic Disease
- Sauk Prairie Healthcare
- St. Claire Hospital – SSM

Key priorities

Obesity

In addition to being a concern identified in the community and by DHS, Columbia County is one of the top 10 most obese counties in Wisconsin (ranked 7th). Throughout the US, the number of individuals considered obese continues to rise. In addition to being costly for the US health care system, obesity can lead to or complicate other health conditions, including heart disease, stroke, diabetes and certain types of cancer.

Heart Disease Death Rate

About 1 in 4 Americans die every day from Heart Disease[2]. Several medical conditions and lifestyle choices can put people at a higher risk of dying from heart disease, including: diabetes, high blood pressure, high cholesterol, smoking, overweight and obesity, poor diet, physical inactivity and excessive alcohol use. Many forms of heart disease can be prevented or treated with healthy lifestyle choices.

Mammography Screenings

Breast cancer incidents are high in Columbia County; however, deaths due to breast cancer are decreasing by an average of 3.3% per year[1]. This is due to proper and timely testing and screenings that allow for earlier detection and treatment options. While "incidents" are high and deaths are declining, Columbia County is still not at par with the rest of Wisconsin in regard to mammography screenings.

Obesity

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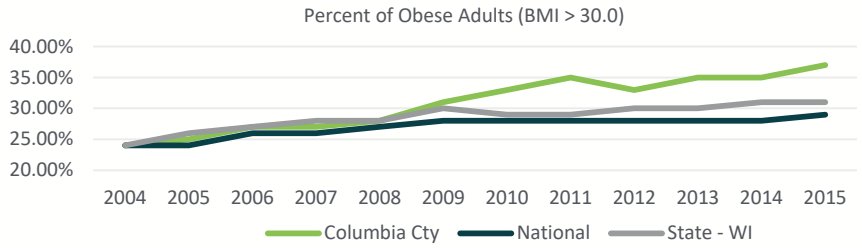
Obesity can be a life-long, progressive, life-threatening, genetically related, and costly disease. This disorder is associated with illnesses directly caused or worsened by significant weight. Adults who are obese have a body mass index (BMI) of 30 or more. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or having a BMI of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight 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. Columbia County is ranked 7th in the top 10 most obese counties in Wisconsin. There are many contributors to obesity such as lack of: physical activity, nutritional knowledge, education, financial resources, and access to healthy foods. Meanwhile, there is an increased demand for convenient meals. The *What Works for Health, WI Department of Health Services* and *The Community Guide*, have identified evidence based practices effective in combating obesity that are rooted in informational and behavioral adaptations, including fostering accountability, forming sustainable lifestyle changes, and support.

Additional facts and figures

- 36.5 - 37% of adults in Columbia County are obese (BMI > 30), compared to the state average of 30.1% and national average of 27.9%



- 23.3% of adults in Columbia County are overweight (BMI > 25 but BMI < 30)
- Health Behavior in Columbia County (obesity is a factor) is ranked 32 of 72
- 2020 Tracker Target of 30.5% has not been met
- 58.06 fast food establishments exist per 100,000 residents and only 15.84 grocery stores exist per 100,000 residents in the area
- 8.58% of families live below 100% of Federal Poverty, rising steadily from 5.5%

Sources: [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; Key Stakeholders meetings, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #1

Do you have a question about obesity?

Visit our website at www.PrairieRidge.Health

Heart Disease Death Rate

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About 1 in 4 Americans die every day from Heart Disease[2]. There are several conditions, behaviors and genetic characteristics that can put individuals at risk for heart disease[2].

- Conditions include: high blood pressure, high cholesterol, diabetes, and obesity
- Behaviors include: an unhealthy diet, physical inactivity, excessive alcohol consumption and smoking/tobacco use
- Genetic Characteristics include: family history of any of the previously mentioned conditions, age, sex, race or ethnicity.

Columbia County has a higher population of adults (5.6%) diagnosed with a heart disease by a medical professional compared to both the state (3.9%) and nation (4.4%). Furthermore, more residents within Columbia County are dying from heart disease related deaths than in the state (165.2 compared to 157.1 respectively).

However, many forms of heart disease can be prevented or treated with healthy lifestyle choices. Through healthy living habits and preventing or treating medical conditions proactively, one can maintain a healthy blood pressure, cholesterol, and blood glucose level which will normalize and lower the risk for heart disease and ultimately death due to heart disease. A healthy lifestyle includes: eating a healthy diet, maintaining a healthy weight range, getting enough physical activity, not smoking or using other forms of tobacco, and limiting alcohol use. To further prevent heart disease death, it is recommended to check cholesterol levels, control blood pressure, manage diabetes, take recommended medications, and talk with a health care team.

Additional facts and figures

- 5.6% of adults in Columbia County have heart disease, higher than the state (3.9%) and national (4.4%) averages
- 165.2 adult deaths per 100,000 residents are due to heart disease, higher than the state average of 157.1
- 24.3% of adults have high blood pressure and 46.12% have high cholesterol, higher than both state (36.21%) and national (38.52%) averages
- 36.5-37% of adults in Columbia County are obese (BMI > 30) and 23.3% of adults in Columbia County are overweight (BMI > 25 but BMI < 30)
- 80.3% of adults consume less than 5 daily servings of fruits and vegetables
- 18.5% of adults are physically inactive - 75% of adults do not have access to exercise opportunities and only 7.04 recreation/fitness facilities exist per 100,000 people
- 7.5% of adults and 22.12% of Medicare adults have diabetes - 91.9% of Medicare adults have had a hemoglobin A1C test within the year

Sources: [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #2

Do you have a question about heart disease?

Visit our website at
www.PrairieRidge.Health

Mammography Screenings

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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 with 90% of women having no family history of 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.

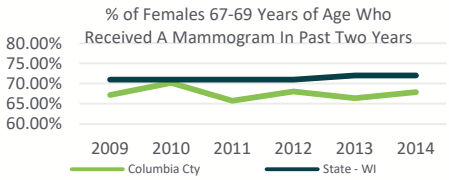
Mammography uses X-rays to create images of the breast called mammograms. Mammography is a screening tool used to find breast cancer in a person who does not have any known problems or symptoms. Mammography can detect cancers at an early stage, when they are small and the chances of survival are highest. 3D mammography (Digital Breast Tomosynthesis -DBT) screenings allow for clearer images, improving breast cancer detection while reducing the need for unnecessary further testing. In addition, 3D screenings allow radiologists to see enhancement in dense breast tissues, leading to a 41% increase in the detection of invasive breast cancers. Mammography screenings are the most effective breast cancer screening tool used today. It is recommended for women[1]:

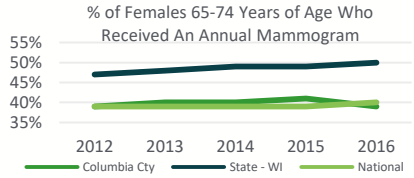
- Ages 40-44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast)
- Ages 45-54 should get an annual mammogram
- Ages 55 and older should have a mammogram every 2 years, or continue yearly
- Screening should continue as long as a woman is in good health

While advancements in technology and early detection have resulted in a steady decline in deaths due to breast cancer in Columbia County, it is still recommended that women perform self examinations on a regular basis, noting how their breasts normally look and feel and reporting any breast changes to a health care provider right away.

Additional facts and figures

- 53.4% of females 40 years of age and older receive an annual mammogram
- 66.3% of females 67-69 years of age and 37% of females 65-74 years of age receive recommended mammograms, compared to the state average of 71.9% and 50% respectively





- 132.6 per 100,000 females have had a breast cancer incident (2011-2015) compared to the state average of 129.7 and national average of 124.7
- Deaths due to breast cancer are decreasing at a trend of 3.3% per year

Sources: [1]American Cancer Society and Susan G Komen Foundation, [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings-2016; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #3

Do you have a question about mammograms?

Visit our website at www.PrairieRidge.Health

Our Progress Since 2016

Prairie Ridge Health conducted its last Community Health Needs Assessment under its previous name, Columbus Community Hospital, in 2016. The assessment and implementation strategy was launched October 1, 2016 with three main initiatives approved as the primary focus: Obesity, Physical Inactivity and Mammography Screenings.

The following results were reported to the Board of Directors on April 5, 2018 at the close of the 2016 CHNA and the beginning of the 2019 community health needs assessment process.

The objective of each 2016 initiative was to impact 20% of the overall population for Columbia County in connection with Wisconsin Department of Health Services, Community Commons, community input, and the Health People 2020 Tracker in the following priorities. It is vital to note, that while data sources are the most current public bases available, the data is dated, often using 2014-2015 data metrics. Thus, the 2016 CHNA was built on 2010-2012 data with reporting using data from 2014-2015. The 2019 CHNA has been formed using 2014-2016 data.

2016 Key priorities

Obesity

- Reduce percentage of Columbia County adult residents who are obese

Physical Inactivity

- Reduce percentage of Columbia County adult residents who are physically inactive

Mammography Screenings

- Increase percentage of mammography screenings in Columbia County
- Decrease death rate due to breast cancer in Columbia County

Expanding on Progress Made

The next few pages outline the successes of all three 2016 initiatives. However, despite positive progress on the Obesity and Mammography Screenings initiatives, Columbia County is still not on par with state averages, national averages, or Healthy People 2020. Therefore, Prairie Ridge Health will continue to focus on two of these initiatives in the 2019 CHNA using lessons learned from the implementation plan and expanding on current successes.

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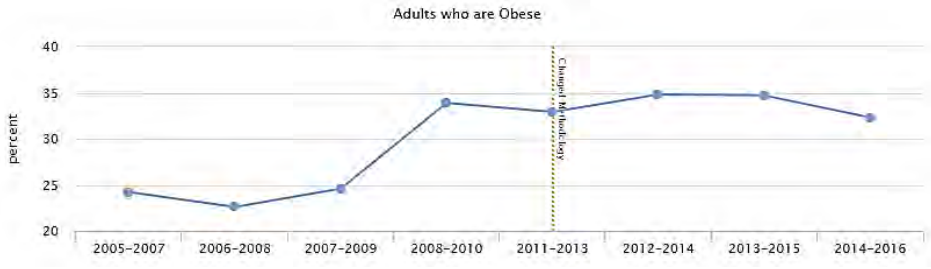
County Data

Goal:
Reduce percentage of Columbia County adult residents who are obese (BMI > 30) from:
- 34.8% in 2015 to
- 34.3% by 2018

Outcome:
32.3% of adults in county are obese



Goal:
Reduce percentage of Columbia County adult residents who are obese/overweight (BMI > 25 but BMI < 30) from:
- 71.8% in 2015 to
- 71.4% by 2018

Outcome:
76.3% of adults in county are obese/overweight

Additional facts and figures

Results	2016 CHNA Original Facts and Figures
32.3 – 35% Avg. 28.5%	• 33-34.8% of adults in Columbia County are obese, compared to the state average of 29% (22-41% range)
76.3%	• 71.8 % of adults in Columbia County are overweight
Ranked 35	• Health Behavior in Columbia County (obesity is a factor) is ranked 35 of 72
Not Met (+ Trend)	• 2020 Healthy People Target of 30.5% has not been met
27.0%	• 27.3% of households are single-parent homes
0.58	• 0.54 restaurants to every 1,000 people are fast food establishments
0.14	• 0.12 farmer's markets per 1,000 people in the area
5.8%	• 5.5% of families live below the poverty level, rising steadily from 4.4%
16.9%	• 20.1% of children have limited/uncertain access to nutritionally adequate foods

Sources: [3]County Health Roadmap Rankings-2016; Community Survey; [5]Community Commons Analytics Platform-2015. Note: most current, publically available data source was used - 2014-2016 data

Priority #1

Action Plan

Strategy #1:
Operation Overhaul 2.0
- E.K. Machine
- Robbins Manufacturing
- American Packaging
- Schumann Printers

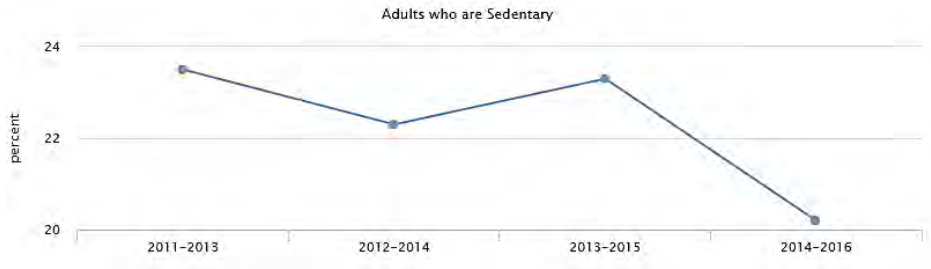
Strategy #2:
Live It! Program
- Columbus
- Fall River
- Zion Lutheran
- St. Jerome
- Marshall

Prairie Ridge HEALTH
Inspired by you

County Data

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

Outcome:
20.2% of adults in county are sedentary physically inactive



Additional facts and figures

Results	2016 CHNA Original Facts and Figures
20.2 – 22% Avg. 20%	• 23% of adults in Columbia County are physically inactive/sedentary, compared to the state average of 22% (range of 15-31%)
62.7 – 63% Avg. 81%	• Only 63% of adults have adequate access to locations for physical activity, compared to the state average of 81% (range of 7-99%)
40%	• 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
61	• Columbia County is ranked 56 of 72 in regard to its environment, including lack of sidewalks / walking paths, driving alone to work, and long commutes
35	• Health Behavior in Columbia County is ranked 35 of 72
Met (+ Trend)	• 2020 Healthy People Target of 32.6% has been met

Priority #2

Action Plan

Strategy #1:
Operation Overhaul 2.0
- E.K. Machine
- Robbins Manufacturing
- American Packaging
- Schumann Printers

Strategy #2:
Live It! Program
- Columbus
- Fall River
- Zion Lutheran
- St. Jerome
- Marshall

Sources: [3]County Health Roadmap Rankings-2016; Community Survey; [5]Community Commons Analytics Platform-2015. Note: most current, publically available data source was used - 2014-2016 data

Prairie Ridge HEALTH
Inspired by you

Internal Program Data

Strategy #1: Operation Overhaul 2.0 – Operation Overhaul 2.0 is a wellness program to reduce obesity and impact certain chronic health conditions tailored to the manufacturing industry (assembly line production). Interventions within the Operation Overhaul 2.0 program include, but are not limited to strategies in the following areas: education, information, behavioral, social, environmental, employer policy, and worksite weight control. These areas include measurable results of change including but not limited to: 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 was also offered.

Team Totals (Lost and Gained)	EK Machine	Robbins Manufacturing	American Packaging	Schumann Printers
Operation Overhaul				
Employee Engagement				
✓ Number of Employees	134	282	389	187
✓ Engagement Rate	29%	20%	16%	16%
✓ Number Started	39	57	64	30
✓ Number Completed	35	46	49	22
✓ Completion Rate	90%	81%	77%	73%
Weight Loss (lbs. lost)	95.4	131.4	41.2	3.60
Waist Circumference (in. lost)	18.75	45.5	55.25	49.0
Body Fat Loss	13.96%	102.4%	8.85%	6.4%
Muscle Mass Gain	20.10%	57.4%	8.8%	0.4%
Fitness				
✓ Planks (sec.)	364	574	802	553
✓ Sit Ups	19	80	72	18
✓ Push Ups	165	128	194	221
✓ Step Test (Heart Rate)	315	360	325	393
Flexibility (in.)	32.5	72.4	47.2	39.3
Improved in the following focus areas: Fitness, Nutrition, Pain, Smoking, Sleep & Stress	16 out of 23	20 out of 23	17 out of 23	14 out of 23
Personal Goal Met	28 (80%)	30 (68%)	34 (76%)	19 (76%)

The initiative involved collaboration between Columbus Community Hospital (now known as Prairie Ridge Health), Robbins Manufacturing, E.K. Machine, American Packaging and Schumann Printers.

Strategy #2: Live It! Real Life Nutrition for Teens - Live It! is a childhood obesity program conducted within school health, science and/or physical education curriculum. The program consists of a curriculum that motivates students to make nutrient-rich food choices while performing physical activity to enhance the wellness of middle school children within the community.

Priorities #1 and #2

Action Plan

Strategy #1:
Operation Overhaul 2.0
- E.K. Machine
- Robbins Manufacturing
- American Packaging
- Schumann Printers

Strategy #2:
Live It! Program
- Columbus
- Fall River
- Zion Lutheran
- St. Jerome
- Marshall

Additional Initiatives:
- Pedal Days
- Healthier Together

Our Progress Since 2016 - Obesity

The initiative involved collaboration between Columbus Community Hospital (now Prairie Ridge Health), the Volunteers of Columbus Community Hospital, Columbus Middle School, Fall River Middle School, St. Jerome Middle School, Zion Lutheran Middle School, and Marshall Middle School* which was added in 2017-2018.

Live It! Real Life Nutrition for Teens									
School Year	**2015 - 2016**			**2016 - 2017**			**2017 - 2018**		
Students Engaged	147			144			174*		
BMI Percentile Shift	***Pre***	***Post***	***Change***	***Pre***	***Post***	***Change***	***Pre***	***Post***	***Change***
Underweight (< 5th %ile)	4%	3%	+ 1%	3%	1%	+ 2%	2%	2%	0%
Normal BMI (5th - 85th %ile)	66%	66%	0%	66%	71%	+ 5%	63%	64%	+ 1%
Overweight or obese (≥ 85th %ile)	30%	31%	- 1%	31%	28%	+ 3%	34%	33%	+ 1%
Obese (≥ 95th %ile)	15%	13%	+ 2%	9%	10%	- 1%	17%	17%	0%
Positive shift toward 50th %ile BMI	49-54%			53-56%			42-59%		

The *State of Obesity - Wisconsin* reported 14.7% of children 2-4 years old, 14.3% of children 10-17 years old and 13.7% of high school aged children are obese (2014). The children within the program are about 12 years old; thus, the schools (17%) tend to have a higher than state average (14.3%) obese child population.

Additional Initiatives: Pedal Days – Columbus Community Hospital (now Prairie Ridge Health) and partners encourage members of the community to perform physical activity together through an annual event called Pedal Days. Community members are invited to bike to a destination each day of the week. The event ends with a Bike Rodeo on Friday. At each destination, participants receive a sticker to put on a supplied passport. Each sticker is redeemable for a door prize ticket.

Pedal Days Participation	2016	2017	2018
Number of Total Participants	355	195	286

Partners include Columbus Senior Center, the Columbus Public Library, the Columbus School District and the City of Columbus Recreation Department.

Additional Initiatives: Healthier Together - Healthier Together (Diabetes Prevention Program) is a year-long program focused on long-term lifestyle changes and results. Weekly check-ins keep participants accountable to stay on track along their journey, and provide a forum for questions, discussion and support.

Healthier Together	2017 Group 1	2018 Group 1
Number of Participants	10	7
Number with Prediabetes	2	2
Number Obese/Overweight	10	7
Total Weight Loss	67 lbs.	30 lbs.
Most Weight Lost by 1 Participant	27 lbs.	22 lbs.
Average Weight Lost Per Participant	6.7 lbs	4.3 lbs.
Physical Activity (Minutes)		
Week 3 – Per Week Per Participant	94	90
Week 10 – Per Week Per Participant	122	150

Sources: Internal Program Data Recorded During Each Implementation

Priorities #1 and #2

Action Plan

Strategy #1:
Operation Overhaul 2.0
- E.K. Machine
- Robbins Manufacturing
- American Packaging
- Schumann Printers

Strategy #2:
Live It! Program
- Columbus
- Fall River
- Zion Lutheran
- St. Jerome
- Marshall

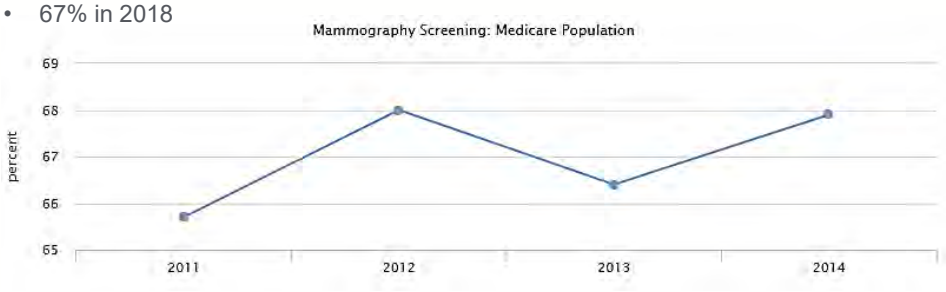
Additional Initiatives:
- Pedal Days
- Healthier Together

Prairie Ridge HEALTH
Inspired by you

County Data

Goal:
Increase percentage of mammography screenings, for those suggested, in Columbia County from:
- 66% in 2015 to
- 67% in 2018

Outcome:
67.9% of females received recommended mammograms



Goal:
Decrease death rate due to breast cancer in Columbia County from:
- 24 per 100,000 in 2015 to
- 23.6 per 100,000 in 2018

Outcome:
21 per 100,000 people died due to breast cancer

Note: *As a result of increased screenings, the incidence rate is expected to increase in Columbia County:*
- *134.8 per 100,000 females*

Outcome:
140.5 per 100,000 females have an incidence of breast cancer

Additional facts and figures

Results	2016 CHNA Original Facts and Figures
67.9-68% **Avg. 71.6%**	• 66% of females receive recommended mammograms, compared to the state average of 71%
21.0 per 100,000 **State Avg. 20.5** **Nat. Avg. 21.2**	• Deaths due to breast cancer are 24 per 100,000 people, the state average is 21 and the national average is 22.2
140.5 per 100,000 **State Avg. 127.9** **Nat. Avg. 123.5**	• 134.8 per 100,000 females have had an incidence of breast cancer, the state average is 124.8 and the national average is 122.7 *As a result of increased screenings, the incidence rate will probably increase*
Not Met **(+ Trend)**	• 2020 Healthy People Target for age adjusted death rate due to breast cancer of 20.7 (per 100,000) was not met

Sources: [3]County Health Roadmap Rankings-2016; Community Survey; [5]Community Commons Analytics Platform-2015. Note: most current, publically available data source was used - 2014-2016 data

Priority #3

Action Plan

Strategy #1:
Expand Program
Strategy #2:
Improve Access
Strategy #3:
Increase Awareness

Strategy Initiatives:
- Community Based Surveys
- Focus Group
- #IGotMine
- Walk-In Wednesday
- Handmade Cards
- Sharing Survivor Stories
- Digital Educational Series

Prairie Ridge HEALTH
Inspired by you

Internal Program Data

In order to effectively identify what **Program Expansions are needed (Strategy #1), Improve Access (Strategy #2) and Increase Awareness (Strategy #3),** a focus group was created. The group identified the top three main reasons for not getting a mammogram:

1. 60% responded "My primary physician did not refer one"
2. 27% responded "I am not at risk and therefore did not need a mammogram because I do not have family history of breast cancer"
3. 7% responded "I didn't know I was supposed to get a mammogram yearly"

In response, six main initiatives were created, monitored and adjusted as needed.

1. The Columbus Community Hospital Foundation, alongside the Cancer Navigation Specialist, grew its ***local high school outreach efforts***:
   - **2016: Total of 9 Teams from 7 Schools**
     - ✓ Volley for a Cause – 7 Schools
     - ✓ Hoops for a Cure – 2 Schools
   - **2017: Total of 14 Teams from 10 Schools**
     - ✓ Volley for a Cause – 8 Schools
     - ✓ Hoops for a Cure – 6 Schools
   - **2018: Total of 21 Teams from 14 Schools**
     - ✓ Volley for a Cause – 9 Schools
     - ✓ Tackle for a Cure – 5 Schools
     - ✓ Hoops for a Cure – 7 Schools

   Schools Included
   Directly: Columbus, Rio, Fall River, Marshall, Pardeeville, Poynette Cambria – Friesland, and Waterloo.
   Indirectly (vs): Johnson's Creek, University Lake, Lodi, Dodgeland, and Lakeside Lutheran.

2. ***Collaboration among providers*** occurred regarding screening barriers, including: who should receive a screening, how often and why, and screening those with hereditary factors, obesity, and alcohol use as these are factors that increase the incidence of breast cancer.

3. ***#IGotMine*** campaign focused on provider education and accountability. Special time slots were reserved for team members to get their mammograms. Everyone who received a mammogram was encouraged to post a photo and challenge three others to get their mammograms on Facebook or other social media. 21 team members participated in the reserved spots.

   Team member engagement in receiving their annual mammograms was vital to the growth in mammograms. The focus group identified that a mammogram "is like a flu shot, if my provider isn't getting one then why should I". The #IGotMine Campaign focused on healthcare team members and providers announcing they received their mammogram and now "you are challenged to get yours."

Note July 1 - June 30	2016	2017	2018
#IGotMine			
Display Ad Impressions	N/A	273,142	N/A
Website Page-Views	N/A	1,535	332
Website Unique Viewers	N/A	656	142
Facebook Participation	N/A	18	N/A
Facebook Reach on Posts	N/A	14,136	N/A

Priority #3

Action Plan

Strategy #1:
Expand Program
Strategy #2:
Improve Access
Strategy #3:
Increase Awareness

Strategy Initiatives:

- Community Based Surveys
- Focus Group
- #IGotMine
- Walk-In Wednesday
- Handmade Cards
- Sharing Survivor Stories
- Digital Educational Series

Our Progress Since 2016 - Mammograms

Prairie Ridge HEALTH
Inspired by you

4. ***Walk-In Wednesdays*** were formed to increase access and occurred once in 2017 and 2018. The program created later afternoon and evening availability to walk-in – no appointment or physician referral needed - and receive a mammogram. Each year, 6-8 week/walk-in blocks were offered. In 2019, two blocks will occur due to the success of the initiative.

Note July 1 - June 30	2016	2017	2018
Walk-In Wednesdays			
Display Ad Impressions	N/A	91,841	357,273
Website Page-Views	N/A	540	1,939
Website Unique Viewers	N/A	229	737
Facebook Reach on Posts	N/A	6,869	13,692
Volumes	N/A	76	110
Baselines	N/A	50	11
New Patient to CCH	N/A	0	6

5. ***Handmade Cards*** were used to increase the program's reach. Patients who had a mammogram performed were asked if they would like a handmade card to send to a friend or family member, reminding her that it is time to get a mammogram. At least 58 cards were distributed.

6. The ability to ***request a mammogram appointment*** was added to the hospital's website. This allows an individual to indicate a desired date and time and for a team member to respond within 24 hours to confirm the appointment or suggest an alternative. Additionally, updates and other interactive features were added to the website to increase education and awareness.

Note July 1 - June 30	2016	2017	2018
Mammogram Webpage(s)			
Website Page-Views	154	2,166	5,452
Website Unique Viewers	24	926	2,206

An underlining theme of all these activities focused on community education regarding the importance of mammography screening, specifically (a) one's chance of breast cancer, (b) self examinations, (c) environmental, genetic and behavioral factors – including education on recent developments regarding obesity, alcohol use and hereditary factors, as these would indicate an earlier screen is warranted.

Overall, these six initiatives were successful in driving an increase in mammography screenings at Columbus Community Hospital (now Prairie Ridge Health).

Note FY Oct 1 - Sept 30	2016	2017	2018
Mammograms			
Overall Volumes	**166**	**227**	**242**
Percent Improvement	**-10%**	**27%**	**6%**

Sources: Internal Program Data Recorded During Each Implementation

Priority #3

Action Plan

Strategy #1:
Expand Program
Strategy #2:
Improve Access
Strategy #3:
Increase Awareness

Strategy Initiatives:

- Community Based Surveys
- Focus Group
- #IGotMine
- Walk-In Wednesday
- Handmade Cards
- Sharing Survivor Stories
- Digital Educational Series

Prairie Ridge HEALTH
Inspired by you

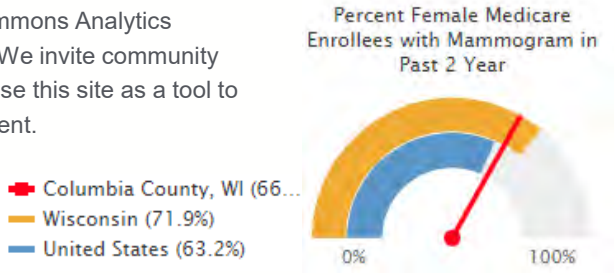
Achieving our Goals, Now and in the Future

Prairie Ridge Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.

SSM Health – Community Commons Analytics Platform

Through Prairie Ridge Health's association with SSM Health, the Community Commons Analytics Platform of 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 https://www.communitycommons.org/CHNA for more information.

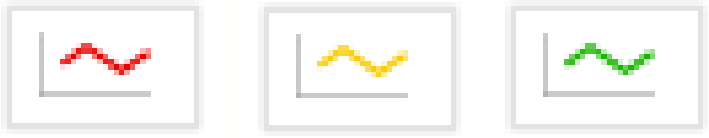


Healthy People 2020 - 2030 Progress Tracker

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. Many of the objectives stated in this report have not yet been met for Healthier Wisconsin 2020. The methodology used to create 2010 and 2020 goals was used in the creation of this CHNA's objectives for each initiative. Prairie Ridge Health will closely monitor for the publication of the Healthy People 2030 to be released– it is currently in progress (13 meetings have occurred).

County Health Rankings and Roadmaps

To aid in building a culture of health, county by county, Prairie Ridge Health 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

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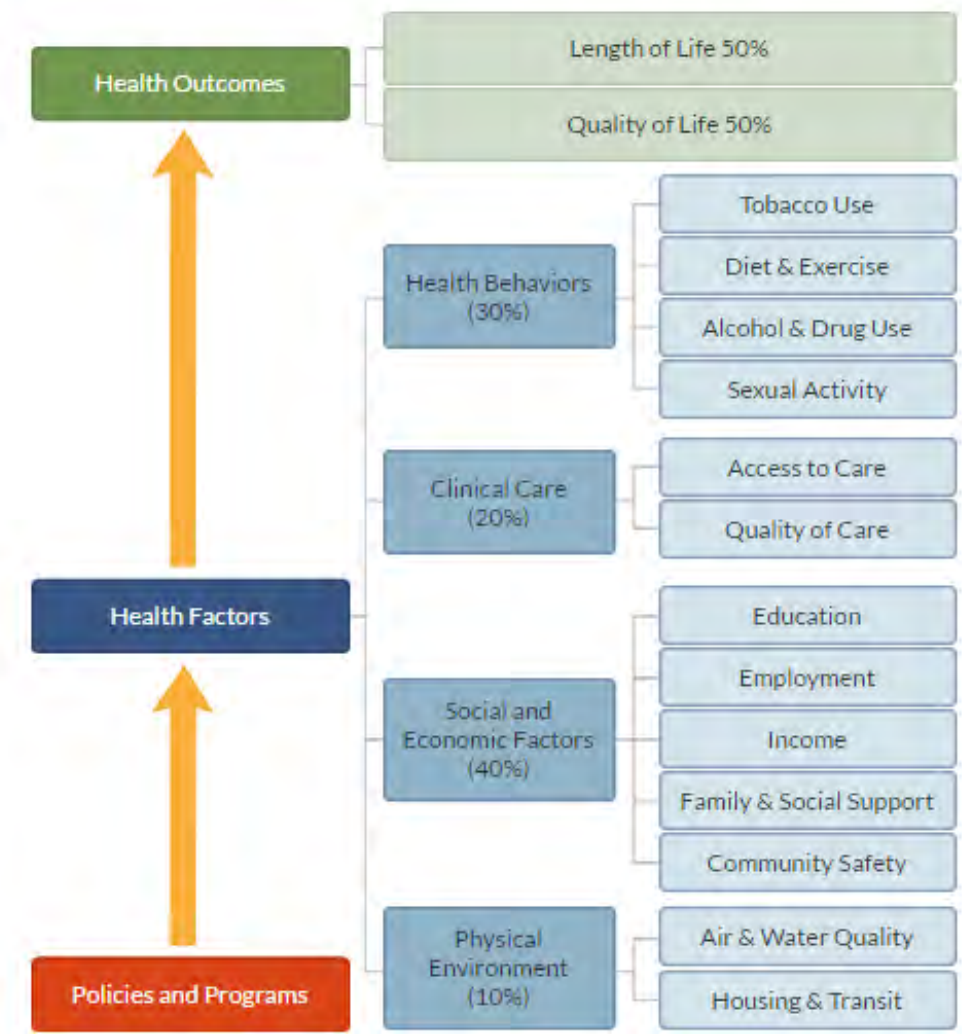
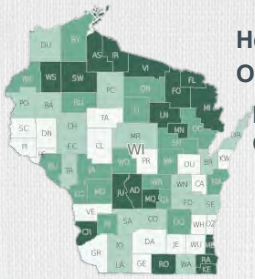
The “Our Approach” model (shown below) is a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

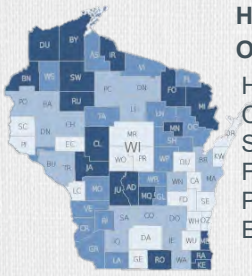
- Health Behaviors include focusing on alcohol and drug use, diet and exercise, sexual activity, tobacco use, and others
- Clinical Care includes focusing on access to care and quality of care
- Social and Economic Factors include focusing on community safety, education, employment, family, social support,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

Prairie Ridge Health selected key health initiatives within three areas of focus: health outcomes (heart disease death rate), health behaviors (obesity), and clinical care (mammography screenings). 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.





Health Outcomes
Overall Ranking: 28
Length of Life: 40
Quality of Life: 8



Health Factors
Overall Ranking: 32
Health Behaviors: 32
Clinical Care: 56
Social & Economic Factors: 16
Physical Environment: 63

Source: CountyHealthRankings-2014

Prairie Ridge Health, Inc.
1515 Park Avenue | Columbus, WI 53925

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2019

CHNA Appendices

Appendix

Additional demographic information for service area

Variable	WI-Columbus 10 Zip Service Area 2018	2023	Change	%Change	WI-Columbia County 2018	2023	Change	%Change	WI-State in Total 2018	2023	Change	%Change
DEMOGRAPHIC CHARACTERISTICS												
Total Population	98,294	101,782	3,488	3.5%	54,068	54,665	597	1.1%	5,797,217	5,873,982	76,765	1.3%
Total Male Population	48,979	50,698	1,719	3.5%	27,403	27,680	277	1.0%	2,881,107	2,920,226	39,119	1.4%
Total Female Population	49,315	51,084	1,769	3.6%	26,665	26,985	320	1.2%	2,916,110	2,953,756	37,646	1.3%
Females, Child Bearing Age (15-44)	18,607	18,866	259	1.4%	9,126	9,206	80	0.9%	1,087,167	1,093,320	6,153	0.6%
Average Household Income	$82,730				$80,004				$78,135			
POPULATION DISTRIBUTION												
Age Distribution												
0-14	19,606	19,549	-57	-0.3%	9,325	8,912	-413	-4.4%	1,053,680	1,031,711	-21,969	-2.1%
15-17	4,133	4,252	119	2.9%	2,180	2,149	-31	-1.4%	225,616	230,118	4,502	2.0%
18-24	8,533	8,510	-23	-0.3%	4,498	4,869	371	8.2%	568,977	567,464	-1,513	-0.3%
25-34	11,915	12,502	587	4.9%	5,883	6,040	157	2.7%	716,747	722,273	5,526	0.8%
35-54	26,478	26,096	-382	-1.4%	14,362	13,180	-1,182	-8.2%	1,449,522	1,392,647	-56,875	-3.9%
55-64	13,055	13,608	553	4.2%	8,206	8,473	267	3.3%	814,428	817,490	3,062	0.4%
65+	14,574	17,265	2,691	18.5%	9,614	11,042	1,428	14.9%	968,247	1,112,279	144,032	14.9%
HOUSEHOLD INCOME DISTRIBUTION												
Total Households	39,069	40,566	1,497	3.8%	21,892	22,280	388	1.8%	2,359,204	2,404,789	45,585	1.9%
2018 Household Income												
<$15K	2,400				1,637				220,317			
$15-25K	2,874				1,590				223,606			
$25-50K	8,647				4,574				553,057			
$50-75K	7,782				4,611				445,865			
$75-100K	6,066				3,562				324,493			
Over $100K	11,300				5,918				591,866			
EDUCATION LEVEL												
Pop Age 25+	66,022				38,065				3,948,944			
2018 Adult Education Level Distribution												
Less than High School	1,574				806				117,520			
Some High School	3,308				1,969				224,444			
High School Degree	20,369				13,403				1,243,119			
Some College/Assoc. Degree	21,237				13,532				1,247,234			
Bachelor's Degree or Greater	19,534				8,355				1,116,627			
RACE/ETHNICITY												
2018 Race/Ethnicity Distribution												
White Non-Hispanic	84,305				50,098				4,699,285			
Black Non-Hispanic	3,062				880				364,994			
Hispanic	5,927				1,715				407,303			
Asian & Pacific Is. Non-Hispanic	2,718				442				169,930			
All Others	2,282				933				155,705			

Source: SSM Health, Truven Health Analytics

Appendix

Prairie Ridge HEALTH
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Community Commons Analytics Platform Scorecard – Columbia County

- Prairie Ridge Health 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 organized by key health initiative and further segmented by key focus area (refer to "Our Approach" mode).
- Indicators are highlighted by green (favorable) and red (unfavorable) comparison between Columbia County and State.
- Updated data can be found online at www.communitycommons.org

COLUMBIA CTY, WI	WISCONSIN	NATIONAL - USA	DATA INDICATOR	INDICATOR ATTRIBUTE
Demographics				
5.75%	1.58%	3.60%	Population	Migration Rate (2000 - 2010)
0.56%	1.62%	4.42%	Population Limited English Households	Percent Linguistically Isolated Population
10.97%	11.86%	12.59%	Population Disability	Percent Population with a Disability
Social & Economic Factors				
[illegible]	4.73%	8.90%	Population	Percentage Commuting More than 60 Minutes
[illegible]	29.03%	30.93%	Education	Percent Population Age 25+ with Bachelor's Degree or Higher
7.23%	8.64%	13.02%	Education	Percent Population Age 25+ with No High School Diploma
8.8	6	7.18	Education	Head Start Programs, Rate (Per 10,000 Children)
47.77	48.05	45.61	Education	Percentage of Students Scoring 'Not Proficient' or Worse in Reading Proficiency (4th Grade)
4.52%	6.90%	8.81%	Households	Percentage of Households with No Motor Vehicle
26.39%	29.68%	32.89%	Households	Percentage of Cost Burdened Households (Over 30% of Income)
0.4	0.44	0.48	Income - Inequality	Gini Index Value
6.26%	7.19%	11.70%	Insurance - Health	Percent Uninsured Population
9.50%	12.90%	13.90%	Poverty	Percent Population Receiving SNAP Benefits
8.30%	12.34%	14.58%	Poverty	Percent Population in Poverty
11.27%	16.69%	20.31%	Poverty	Percent Population Children Under Age 18 in Poverty
35.81%	39.89%	52.61%	Poverty	Percent Children Eligible for Free/Reduced Lunch Price
10.11%	11.90%	14.91%	Poverty	Food Insecurity Rate
22.8	27.5	36.6	Teen Births	Teen Birth Rate (Per 1,000 Population)
2.60%	3.10%	4.00%	Unemployment	Unemployment Rate
160.4	285.2	379.7	Violent Crime	Violent Crime Rate (Per 100,000 Pop.)
4.44%	5.22%	6.96%	Young People Not in School or Working	Percentage of Population Age 16-19 Not in School and Not Employed
11.50%	16.10%	20.70%	Support	Percentage of Population Feel Insufficient Emotional and Social Support (Age Adjusted)
Physical Environment				
0.00%	0.13%	0.10%	Air Quality	Percentage of Days Exceeding Standards, Pop. Adjusted Average - Particulate Matter 2.5
[illegible]	86.70%	92.61%	Built Environment	Access to DL Speeds - Broadband Access > 25MBPS (2016)
7.04	12.19	11.01	Built Environment	Establishments, Rate per 100,000 Population - Recreation and Fitness Facility Access
[illegible]	2.60%	4.70%	Climate & Health	Observations with High Heat Index Values, Percentage
[illegible]	32.26%	45.85%	Climate & Health	Percentage of Weeks in Drought
[illegible]	34.61%	24.70%	Climate & Health	Area Covered by Tree Canopy, Population Weighted Percentage
58.06	63.95	77.06	Food Environment	Fast Food Establishments, Rate per 100,000 Population
[illegible]	18.08	21.18	Food Environment	Grocery Store Establishments, Rate per 100,000 Population
15.22%	21.17%	22.43%	Food Environment	Percent Population with Low Food Access
7.39	7.39	8.25	Food Environment	SNAP-Authorized Retailers, Rate per 10,000 Population
254.08	216.95	190.71	Housing	Loan Originations - Mortgage Lending, Rate per 100,000 Population
1.21%	1.94%	4.32%	Housing	Percentage of Housing Units Overcrowded
25.26%	28.68%	32.99%	Housing	Percent Occupied Housing Units with One or More Substandard Conditions
12.33%	12.81%	12.19%	Housing	Vacant Housing Units, Percent
7.04	12.19	11.01	Access	Recreation and Fitness Facility Establishments, Rate per 100,000 Population
10.56	7.26	11	Access	Liquor Store Establishments , Rate per 100,000 Population
[illegible]	1.90%	5.13%	Access	Use of Public Transportation for Commuting to Work, Percent
Clinical Care				
[illegible]	0.9	2.67	Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
59.77	64	65.6	Access	Dentists, Rate per 100,000 Pop.
[illegible]	25.10%	30.20%	Access	Dental Care Utilization
[illegible]	559.4	493	Access	Mental Health Provider Ratio to Population(1 Provider per x Persons)
[illegible]	90.6	87.8	Access	Primary Care Physicians, Rate per 100,000 Pop.
[illegible]	17.09%	22.07%	Access	Percent of Adults Without Any Regular Doctor
0.00%	36.35%	33.13%	Access	Percent of the Population Living in Healthcare Professional Shortage Area
13	13.9	14.9	30-Day Hospital Readmissions	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
[illegible]	45	49.4	Prevention	Preventable Hospital Events - Ambulatory Care Sensitive Condition Discharge Rate

Prairie Ridge HEALTH
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Community Commons Analytics Platform Scorecard – Columbia County

- Prairie Ridge Health 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 organized by key health initiative and further segmented by key focus area (refer to "Our Approach" mode).
- Indicators are highlighted by green (favorable) and red (unfavorable) comparison between Columbia County and State.
- Updated data can be found online at www.communitycommons.org

COLUMBIA CTY, WI	WISCONSIN	NATIONAL - USA	DATA INDICATOR	INDICATOR ATTRIBUTE
Clinical Care				
[illegible]	71.90%	63.20%	Prevention	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
[illegible]	78.20%	78.50%	Prevention	Percent Female 18 and older with Pap-Test in Past 3 Years
[illegible]	65.90%	61.30%	Prevention	Percent of Adults 50 and older who have ever had a Sigmoidoscopy or Colonoscopy
91.90%	91.00%	85.70%	Prevention	Percent Medicare Enrollees with Diabetes with Annual Exam
16.30%	21.50%	21.70%	Prevention	Percent of Adults Not Taking Medication for High Blood Pressure
[illegible]	71.09%	62.79%	Prevention	Percent of Adults Never Screened for HIV/AIDS
76.40%	70.50%	67.50%	Prevention	Adults Aged 65 and Older Who Have Ever Received a Pneumonia Vaccine
Health Behaviors				
[illegible]	25.30%	16.90%	Alcohol Consumption	Estimated Adults Drinking Excessively(Age-Adjusted Percentage)
[illegible]	76.90%	75.70%	Fruit and Vegetable Consumption	Percent of Adults with Inadequate Fruit/Vegetable Consumption
18.50%	18.80%	21.60%	Physical Inactivity	Percent Population with no Leisure Time Physical Activity
[illegible]	18.70%	18.10%	Tobacco Usage - Current Smokers	Percent Population Smoking Cigarettes(Age-Adjusted)
[illegible]	4.04%	3.37%	Walking or Biking to Work	Percentage of the Population Commutes to work by Walking or Biking
Health Outcomes				
[illegible]	11.50%	13.40%	Asthma Prevalence	Percent Adults with Asthma
[illegible]	129.7	124.7	Cancer Incidence	Breast Cancer Incidence Rate (Per 100,000 Pop.)
[illegible]	37.6	39.2	Cancer Incidence	Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)
[illegible]	60	60.2	Cancer Incidence	Lung cancer Incidence Rate (Per 100,000 Pop.)
106.3	111.6	109	Cancer Incidence	Prostate Cancer Incidence Rate (Per 100,000 Pop.)
14.40%	17.00%	16.70%	Depression	Percent of Medicare Population with Depression
7.50%	8.00%	9.28%	Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
22.12%	22.89%	26.55%	Diabetes	Percent of Medicare Population with Diabetes
[illegible]	3.90%	4.40%	Heart Disease	Percent Adults with Heart Disease
20.16%	22.22%	26.46%	Heart Disease	Percent of Medicare Population with Heart Disease
24.30%	25.20%	28.16%	High Blood Pressure	Percent Adults with High Blood Pressure
46.61%	48.49%	54.99%	High Blood Pressure	Percent of Medicare Population with High Blood Pressure
33.65%	39.46%	44.64%	High Cholesterol	Percent of Medicare Population with High Cholesterol
6.2	6.4	6.5	Infant Mortality	Infant Mortality Rate (Per 1,000 Births)
6.50%	7.00%	8.20%	Low Birth Weight	Low Weight Births, Percent of Total
[illegible]	161.98	160.9	Mortality - Cancer	Age-Adjusted Death Rate (Per 100,000 Pop.)
87.7	91.23	99.6	Mortality - Coronary Heart Disease	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	157.1	168.2	Mortality - Heart Disease	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	15.41	15.6	Mortality - Drug Poisoning	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	38.87	41.3	Mortality - Lung Disease	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	10.33	11.3	Mortality - Motor Vehicle Crash	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	1.7	3.1	Mortality - Pedestrian Motor Vehicle Crash	Average Annual Deaths, Rate per 100,000 Pop.
[illegible]	6049	6701	Mortality - Premature Death	Years of Potential Life Lost, Rate per 100,000 Population
33.6	35.08	36.9	Mortality - Stroke	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	13.84	13	Mortality - Suicide	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	48.67	41.9	Mortality - Unintentional Injury	Age-Adjusted Death Rate (Per 100,000 Pop.)
[illegible]	30.60%	28.30%	Obesity	Percent Adults with BMI > 30.0 (Obese)
23.30%	36.50%	35.80%	Overweight	Percent of Adults with BMI between 25.0 and 30.0 (overweight)
[illegible]	15.20%	15.70%	Poor Dental Health	Percent Adults with Poor Dental Health
[illegible]	11.80%	15.70%	Poor General Health	Age-Adjusted Percentage
245	466	497.3	STI	Chlamydia Infections, Rate (Per 100,000 Pop.)
24.7	112.6	145.8	STI	Gonorrhea Infections, Rate (Per 100,000 Pop.)
54.1	122	362.3	STI	Population with HIV / AIDS, Rate (Per 100,000 Pop.)

Source: Community Commons Analytics Platform (CCAP)

Prairie Ridge HEALTH
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County Health Rankings & Roadmaps – Columbia County, WI

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

- The County Health Rankings and Roadmaps is an online analytics platform that provides national, state and county annual rankings, revealing snapshots of how health is influenced by where we live, learn, work and play. This provides a starting point for change in many communities.
- Updated data can be found online at www.countyhealthrankings.org

County Demographics

		County	State
Population		57,248	5,795,483
% below 18 years of age		21.6%	22.1%
% 65 and older		17.3%	16.5%
% Non-Hispanic African American		1.6%	6.3%
% American Indian and Alaskan Native		0.7%	1.2%
% Asian		0.7%	2.9%
% Native Hawaiian/Other Pacific Islander		0.1%	0.1%
% Hispanic		3.4%	6.9%
% Non-Hispanic white		92.7%	81.3%
% not proficient in English		1%	1%
% Females		48.9%	50.3%
% Rural		60.7%	29.8%
Male population 0-17		6,319	656,000
Male population 18-44		9,610	1,004,204
Male population 45-64		8,631	781,937
Male population 65+		4,668	432,330
Total male population		29,228	2,874,471
Female population 0-17		5,982	626,656
Female population 18-44		8,394	969,103
Female population 45-64		8,215	789,101
Female population 65+		5,309	519,498
Total female population		27,900	2,904,358
Population growth		1%	2%

	Columbia County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Health Outcomes					28
Length of Life					40
Premature death	6,600	5,800-7,300	5,400	6,300	
Quality of Life					3
Poor or fair health	13%	12-13%	12%	15%	
Poor physical health days	3.2	3.0-3.4	3.0	3.6	
Poor mental health days	3.4	3.3-3.6	3.1	3.8	
Low birthweight	6%	5-7%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.0	78.3-79.7	81.0	79.5	
Premature age-adjusted mortality	310	280-330	280	310	
Child mortality	40	20-60	40	50	
Frequent physical distress	9%	9-10%	9%	11%	
Infant mortality			4	6	
Frequent mental distress	10%	10-11%	10%	12%	
Diabetes prevalence	9%	7-12%	9%	9%	
HIV prevalence	54		49	122	
Communicable disease	772			1,033	
Self-inflicted injury hospitalizations	65	50-80		49	
Cancer incidence	489	466-513		468	
Coronary heart disease hospitalizations	4.0			2.8	
Cerebrovascular disease hospitalizations	3.0			2.5	

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	Columbia County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Health Factors					32
Health Behaviors					32
Adult smoking''	15%	14-16%	14%	17%	
Adult obesity	37%	31-43%	26%	31%	
Food environment index	9.0		8.7	8.8	
Physical inactivity	19%	15-25%	19%	20%	
Access to exercise opportunities	75%		91%	86%	
Excessive drinking''	26%	25-27%	13%	26%	
Alcohol-impaired driving deaths	25%	18-33%	13%	36%	
Sexually transmitted infections	245.0		152.8	466.0	
Teen births	15	13-18	14	18	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	9%		9%	11%	
Limited access to healthy foods	1%		2%	5%	
Drug overdose deaths	25	18-33	10	18	
Motor vehicle crash deaths	16	12-20	9	10	
Insufficient sleep	31%	30-32%	27%	32%	
Smoking during pregnancy *	15%			12%	
Drug arrests *	389			29,106	
Opioid hospital visits *	465	409-521		469	
Alcohol-related hospitalizations *	1.7			2.1	
Motor vehicle crash occupancy rate *	53			53	
On-road motor vehicle crash-related ER visits *	595	550-639		696	
Off-road motor vehicle crash-related ER visits *	96	78-114		78	
Clinical Care					56
Uninsured	6%	5-7%	6%	6%	
Primary care physicians	2,030:1		1,050:1	1,250:1	
Dentists	2,600:1		1,260:1	1,470:1	
Mental health providers	880:1		310:1	530:1	
Preventable hospital stays	5,061		2,765	3,971	
Mammography screening	39%		49%	50%	
Flu vaccinations	51%		52%	52%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	6%	5-7%	6%	7%	
Uninsured children	4%	3-6%	3%	4%	
Other primary care providers	1,301:1		726:1	964:1	
Childhood immunizations *	73%			73%	
Social & Economic Factors					16
High school graduation	94%		96%	89%	
Some college	64%	60-68%	73%	69%	
Unemployment	2.9%		2.9%	3.3%	
Children in poverty	10%	7-13%	11%	15%	
Income inequality	3.6	3.4-3.8	3.7	4.3	
Children in single-parent households	25%	22-29%	20%	31%	
Social associations	13.2		21.9	11.6	
Violent crime	145		63	298	
Injury deaths	96	85-108	57	77	

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	Columbia County	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Clinical Care					56
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	4%	2-6%	4%	5%	
Median household income	$65,900	$61,000-70,900	$67,100	$59,300	
Children eligible for free or reduced price lunch	32%		32%	37%	
Residential segregation - black/white	63		23	77	
Residential segregation - non-white/white	36		15	56	
Homicides			2	3	
Firearm fatalities	13	9-18	7	10	
Reading proficiency *	50%			48%	
W-2 enrollment *	23			8,331	
Poverty *	8%	6-9%		11%	
Older adults living alone *	26%			29%	
Hate crimes *				1	
Child abuse *	1			4	
Injury hospitalizations *	626	562-691		457	
Fall fatalities 65+ *	176	127-225		136	
Physical Environment					63
Air pollution - particulate matter **	9.7		6.1	8.6	
Drinking water violations	Yes				
Severe housing problems	12%	11-14%	9%	15%	
Driving alone to work	82%	81-83%	72%	81%	
Long commute - driving alone	41%	39-43%	15%	27%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	74%	73-75%	61%	67%	
Severe housing cost burden	10%	9-12%	7%	13%	
Year structure built *	29%			25%	

Source: County Health Rankings and Roadmaps - 2019

Appendix

Community Survey Results

- A total of 274 surveys were collected. This sample size is statistically significant as it give a confidence level of greater than 90%.
- Prairie Ridge Health advertised the online survey in various online advertisements via the main website and social media sites.
- Those surveyed reside in Columbia County and the 10 zip codes included in Prairie Ridge Health's service area.
- All questions underwent a health literacy review.

Health Challenges

Over 62% of those surveyed feel their community is in poor (2%) to fair (60%) health.

The five biggest health problems identified are: Obesity/Overweight (49.27%), Alcohol Overuse (41.97%), Age Related Health Problems (41.97%), Opioid Addiction (25.55%), and Diabetes (25.18%). Furthermore, the five most risky behaviors identified are directly correlated with the health problems listed above: alcohol abuse and driving under the influence (51.82% and 37.96% respectively); overweight and lack of physical activity (34.67% and 29.93% respectively) and opioid abuse (32.48%).

Health Information

Over 83% of respondents go to a physician's office for routine health care needs. 63.87% received a routine well check within the last year and 24.83% within the last 1-2 years. Only 5.47% reported not receiving routine health care and 80.29% stated they received the medical care needed in the last 12 months. Individuals who did not receive the needed care were either unaware that they should (15.69%), or did not have insurance/were unable to pay co-pays/deductibles (22.55-29.41%).

82.48% of respondents get most of their health information from their doctor/healthcare provider followed by the internet (56.20%), family and friends (35.40%), hospital (34.31%), and worksite (17.52%)

The average community member and family:

On average, families believe the following are the top six preventative screenings needed to keep the family healthy: Dental Screenings (50.00%), Exercise/Physical Activity (43.43%), Routine Well Checkups (40.15%), Blood Pressure (33.94%), Vaccination/Immunizations (28.10%), and Weight Loss Help (26.28%).

Beyond preventative screenings, the top five areas that families believe are needed to improve their health are: Healthier Food Choices (56.20%), Mental Health Screenings (40.51%), Free or Affordable Health Screenings (39.42%), Safe Places to Walk/Bike (28.10%), and Wellness Services (25.18%).

Source: Community Survey Results

Community Survey Results

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- Prairie Ridge Health advertised the online survey in various online advertisements via the main website and social media sites.
- Those surveyed reside in Columbia County and the 10 zip codes included in Prairie Ridge Health's service area.
- All questions underwent a health literacy review.

The average community member and family:

- 43.43% exercise at least 3 times a week and 25.18% eat at least 5 servings of fruits and vegetables each day
- 56.85% receive a yearly flu shot, 64.23% have an annual wellness exam, and 60.58% are up-to-date on preventative screenings
- 29% eat fast food more than once per week
- 2-17% smoke cigarettes or chew tobacco
- 3% use illegal drugs
- 3% abuse prescription drugs
- 2-6% have high blood pressure, cholesterol and/or heart disease that is not controlled
- 5-24% have uncontrolled prediabetes and/or are overweight or obese
- 30% of those eligible for a mammogram did not receive one within the last two years
- 46% of those eligible for a colonoscopy did not receive one within the last five years
- 30% of those eligible for a cholesterol check did not receive one within the last two years

Over 38% believe there are no additional preventative procedures they should have undergone.

For a full review of the survey – please click here.

Source: Community Survey Results

The tax year the hospital last conducted a needs assessment

Prairie Ridge Health last conducted a Community Health Needs Assessment (CHNA) under the name Columbus Community Hospital in 2016 (tax year 2015). The CHNA and CHIP (Community Health Implementation Plan) were made available to the public on October 3, 2016 (FY2017). This CHNA and CHIP will be made available on October 1, 2019 (FY2020 or tax year 2018).

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

Prairie Ridge Health priorities for the 2019-2021 CHNA and strategic implementation plan:

- Obesity: Resources include [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health. Potential and current partners include:
  - Local Employers
  - Community Members who meet a 3 or above on the Prediabetes Risk Assessment
  - Community Members who are overweight or obese
  - School Districts: Columbus, Fall River, St. Jerome, Zion Lutheran and Marshall Schools
  - Volunteers of Prairie Ridge Health – formerly Volunteers of Columbus Community Hospital
- Heart Disease Death Rate: Resources include [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health. Potential and current partners include:
  - SSM Health Dean Medical Group
  - Local Employers
  - Community Members who meet a 3 or above on the Prediabetes Risk Assessment
  - Community Members who are overweight or obese
  - Community Members diagnosed with a heart disease
  - Community Members diagnosed with Prediabetes and/or Diabetes
- Mammography Screenings: [1]American Cancer Society and Susan G Komen Foundation, [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings-2016; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health. Potential and current partners include:
  - Prairie Ridge Health Foundation – formerly Columbus Community Hospital Foundation
  - Volunteers of Prairie Ridge Health – formerly Volunteers of Columbus Community Hospital
  - Prairie Ridge Health Cancer Navigation Specialist
  - Local Volleyball, Football and Basketball Teams

Appendix

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. Prairie Ridge Health acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

It is 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:

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

In addition, Prairie Ridge Health took into consideration the primary health issues listed in the last two CHNAs (2013 and 2016)

Prairie Ridge Health also examined “social determinants of health,” or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was provided by the County Health Rankings Report for Columbia County, the CCAP, and the community awareness survey. Using data from the Wisconsin Public Department of Health, the University of Wisconsin Public Health Institute and the CDC, and input from key stakeholders, the top three identified health needs are obesity, heart disease death rate and mammography screenings. These needs were enforced by community leaders during the key stakeholder meetings.

Appendix

How additional data was obtained

Prairie Ridge Health collected data from multiple sources. In addition to those previously addressed, Prairie Ridge Health conducted a community awareness survey using both an online medium and a mail 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 Prairie Ridge Health's primary and secondary markets: Columbus, Fall River, Cambria, Friesland, Marshall, Randolph, Rio, Waterloo, Beaver Dam and Sun Prairie, as well as smaller outlying communities within Columbia County that are adjacent to Prairie Ridge Health's service area. These include: Doylestown, Fountain Prairie, Pardeeville, Poynette, and Wyocena. It is important to note that Prairie Ridge Health is not the only hospital within Columbia County or within the primary and secondary market includes three counties: Columbia (the majority), Dane and Dodge.

The online and mail surveys were open for 30 days. The survey was comprised of 23 questions with 3 additional optional questions. Topics of the survey included demographics, community health perceptions, health care access, health care use, knowledge of healthcare services, knowledge of health behaviors and risks, etc. Once the survey responses were tabulated, the survey results were evaluated and analyzed for health and demographic trends. The survey results were discussed and included in the analysis of the community needs.

All questions underwent a health literacy review. A total of 274 surveys were collected. This sample size is statistically significant at a confidence level of 90%. Prairie Ridge Health advertised the online survey in various online advertisements through the main website and social media sites.

Additional data was compiled using resources from the Wisconsin County Health Rankings & Roadmaps, Wisconsin Department of Health and Human Resources, Wisconsin Public Health Department, Wisconsin Census Data, CDC Behavioral Risk Factor Surveillance System, Center for Chronic Disease Prevention (CDC) and Health Population, Susan G Komen Breast Cancer Foundation, University of Wisconsin Population Health Institute, and the Wisconsin Behavioral Risk Factor Survey.

Data was also obtained from Community Commons Analytics Platform. The website platform includes the most up-to-date publicly available data (it is vital to note, that while these data sources are the most current public sources available, the data is still dated, often using 2014-2016 data) for approximately 100 community indicators from over 20 sources and covering 30 topics in the areas of clinical care, health behaviors and health outcomes. Additional demographic and health impact factors were collected through Prairie Ridge Health's relationship with SSM Health and its data analytics platforms.

Data obtained from broad interests of the community subsets

Prairie Ridge Health encourages feedback and input from all individuals. Input from persons representing the broad interests of the community, including members of medically underserved, low-income, and minority populations, or individuals/organizations serving or representing the interests of such populations; and written comments received on the most recently conducted CHNA and implementation strategy (there were no written comments regarding the 2016 CHNA). Input was gathered from representations of the previously identified persons through community survey and representation at the key stakeholder meetings.

Appendix

Persons representing the community with whom the hospital consulted

Prairie Ridge Health 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, Prairie Ridge Health benefited from guidance and input from individuals with expertise in public/population health.

DATE	STAKEHOLDER	ORGANIZATION	REPRESENTATIVE	MEMBER TITLE
July 30, 2019	Key Stakeholder	Randolph Health Services	Jo Ann Evans	Administrator
July 30, 2019	Key Stakeholder	Baker Tilly Virchow Krause LLC	Trula Hensler	Senior Marketing Manager
July 30, 2019	Key Stakeholder	Prairie Ridge Health Clinic	Bruce Kraus, MD	Physician, Internal Medicine
July 30, 2019	Key Stakeholder	Prairie Ridge Health Clinic	Gary Galvin, MD	General Surgeon
July 30, 2019	Key Stakeholder	SSM Health	Jan Gentry	Director of Business Development
July 30, 2019	Key Stakeholder	Roberts Manufacturing	Nathan Roberts	Owner
July 30, 2019	Key Stakeholder	Prairie Athletic Club	Pete Simon	Co-Owner/Operator
August 22, 2019	Key Stakeholder	Cultivate Wealth, LLC	Jennifer Homman	CEO, Wealth Advisor
August 22, 2019	Key Stakeholder	Rhodes Bake-N-Serv	Larry Bartruff	General Manager
August 22, 2019	Key Stakeholder	Randolph Health Services	Jo Ann Evans	Administrator
August 22, 2019	Key Stakeholder	Farmers & Merchants Union Bank	Randall Bobholz	President / CEO
August 22, 2019	Key Stakeholder	Prairie Ridge Health Clinic	Matthew Niesen, MD	Orthopedic Surgeon
August 22, 2019	Key Stakeholder	Prairie Ridge Health Clinic	Gary Galvin, MD	General Surgeon
August 22, 2019	Key Stakeholder	SSM Health	Margo Francisco	System VP – Strategy and Business Development
August 28, 2019	Key Stakeholder	Columbus Food Pantry	Collen Watterworth	Director
August 28, 2019	Key Stakeholder	Public Health Dept, Columbia Cty.	Susan Lorenz	Health Officer, RN, MS
August 28, 2019	Key Stakeholder	Columbus School District Rep.	Cori Denke	CMS Assistant Principal & Community Service Director
August 28, 2019	Key Stakeholder	Columbus Fire Department	Bill Kluetzman	Deputy Chief
August 28, 2019	CHNA Team	Columbus Community Hospital	Kaila Klawes	Social Worker
August 28, 2019	CHNA Team	Columbus Community Hospital	Chris Josheff	Patient Financial Counselor
Ongoing	CHNA Team	Columbus Community Hospital	John Russell	President / CEO
Ongoing	CHNA Team	Columbus Community Hospital	Jimmy Fish	VP of Finance/CFO
Ongoing	CHNA Team	Columbus Community Hospital	Jamie Hendrix	VP of Patient Care Services
Ongoing	CHNA Team	Columbus Community Hospital	Ann Roundy	VP of Employee Services
Ongoing	CHNA Team	Columbus Community Hospital	Patti Walker	Community Relations & Volunteer Coordinator
Ongoing	CHNA Team	Columbus Community Hospital	Katy Geiger	Director of Outpatient Services
Ongoing	CHNA Team	Columbus Community Hospital	Cathy Bolan	Cancer Navigation Specialist
Ongoing	CHNA Team	Columbus Community Hospital	Michelle Witthun	Medical Imagining Manager
Ongoing	CHNA Team	Columbus Community Hospital	Joan Couglin	Mammography Technician
Ongoing	CHNA Team	Columbus Community Hospital	Kristi Line	Foundation Director
Ongoing	CHNA Team	Columbus Community Hospital	Emily Briggs	Culinary, Nutrition, & Diabetic Services Manager
Ongoing	CHNA Team	Columbus Community Hospital	Sara Zook	Registered Dietitian
Ongoing	CHNA Team	Columbus Community Hospital	Rachel Selm	Registered Dietitian
Ongoing	CHNA Team	Columbus Community Hospital	Angi Genco	Rehabilitation Manager
Ongoing	CHNA Team	Columbus Community Hospital	Sandy Waugh	RN. Cardiac Rehab
Ongoing	CHNA Team	Columbus Community Hospital	Luanne Gould	Cardiac Rehab, Physical Therapy

Needs the hospital will not address and the reasons why

No hospital facility can address all of the health needs present in its community. Prairie Ridge Health's implementation strategy focuses on the community health needs previously specified and **not** on the following:

- Alcohol abuse and excessive drinking continues to fluctuate and has been since 2003. This is a statewide issue and Prairie Ridge Health is aware of this need in the county. However, at this time, Prairie Ridge Health does not have the staff or resources to properly address this need. 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 (23%), the percentage of adult smokers in Columbia County has decreased (2016 - 15%). In addition, Prairie Ridge Health offers smoking cessation classes.
- Drug abuse, specifically opioid abuse, is currently being addressed by numerous organizations in Columbia County, including Prairie Ridge Health, through Project CLEAN – Community Leaders Eliminating the Abuse of Narcotics and the Columbia County Opioid Task Force. These programs aim at eliminating the abuse of opioids from a prevention focus. In addition, Prairie Ridge Health in a member of the PARCC – Prevention and Recovery Columbia County coalition. A list of resources are available, by county, through the Task Force's webpage. As more specific data becomes available regarding opioid abuse specifically, Columbus Community Hospital may consider this a potential initiative in the 2021 CHNA.
- While it is not a 2019 CHNA initiative, Prairie Ridge Health is already working on the following:
  - Increasing Primary Care Providers
  - Reducing Preventable Hospital Events
  - Improving Physical Environment through making efforts to conserve natural resources (physical environment and asthma) and improve societal wellbeing through its community garden, wellness walkway, installation of high efficiency light and windows, recycling and offering ecofriendly to-go containers in the cafeteria, etc.
- Columbia County experiences high rates of commuting to other cities for work, which contributes to the low amount of residents walking or biking to and from work. While Prairie Ridge Health sits on the City Development Committee for the creation of the 2025 development plans, the direct impact of this metric is beyond Prairie Ridge Health's resource capacity.
- Columbia County has low rates of public transportation use. This is exacerbated by low offerings of available public transportation. Prairie Ridge Health has implemented an Emergency Patient Assistance Fund to aid patients who cannot afford transportation but do not have a reason to stay at the hospital longer. In addition, Prairie Ridge Health promotes community awareness of transportation options through its community resource guide.
- High rates of unintentional injury and traffic accidents (including Motor Vehicle Crashes and Pedestrian Motor Vehicles Crashes) 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.
- Violent Crime in Columbia County is a need being addressed by local law enforcement officials within the hospital's community.
- Columbia County has slightly higher premature deaths than the state average. While it is not a direct focus of Prairie Ridge Health for the 2019 CHNA, it will likely be impacted as a result of improving the main initiatives selected: reduce obesity, reduce heart disease death rate, and increase mammography screenings.

Needs the hospital will not address and the reasons why

- Access to mental and behavioral health services and age adjusted death rate due to suicide are recognized needs resulting in poor mental health status (poor general health). Prairie Ridge Health is aware of this need in the county. Therefore, Prairie Ridge Health currently has a position posted for a Mental Health First Aid Trainer. In addition, 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. Prairie Ridge Health 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, Prairie Ridge Health does not have adequate resources to respond to the recognized need of colorectal cancer.
- The lack of dental care in the county proves to be a large issue, but the hospital cannot directly impact this metric. Many of the focus group participants mentioned a lack of dentists. Many people do not receive the dental care they need because they either cannot make an appointment, do not have the transportation to get to an appointment, do not have insurance and cannot afford dental care, or their insurance is not accepted. This further exacerbates the metric of poor dental health. The hospital will continue to work with local dentists when a patient presents to the Emergency Department or expresses a need.

Appendix

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

Prairie Ridge Health 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. Prairie Ridge Health 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 Prairie Ridge Health's CHNA process

Prairie Ridge Health created this CHNA collaboratively with key stakeholders and guidance from other SSM affiliated facilities.

How **Prairie Ridge Health** makes its needs assessment widely available to the public

The Prairie Ridge Health 2019-2021 CHNA is available online at www.prairieridgehealth.com and upon request from the hospital facility at 920-623-1222. See section on "Going Forward" for more information.

Prairie Ridge Health, Inc.
1515 Park Avenue | Columbus, WI 53925

Prairie Ridge HEALTH
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2019 – 2021

Strategic Implementation Plan

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

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

In addition, Prairie Ridge Health and key stakeholders took into consideration the primary health issues listed in the hospital's last CHNAs (2013 and 2016). Prairie Ridge Health also examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data was provided by the County Health Rankings Report for Columbia County, the Community Commons Analytic Platform, and the community awareness survey. Using data from the Wisconsin Public Department of Health, the University of Wisconsin Public Health Institute and the CDC, as well as input from key stakeholders, the top three identified health needs are obesity, heart disease death rate and mammography screenings. These needs were reinforced by community leaders during the key stakeholder meetings.

It is vital to note, that while these data sources are the most current public sources available, the data is still dated, often using 2014-2016 data. An assumption must be made that in the future the same data gap will occur. Therefore, all priority goals are set using the starting point of 2015 (latest available data in 2019) and forecasted ending analysis of 2017 (this forecasted data will be available in 2021). In addition, Prairie Ridge Health primarily services the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 11,299 people or about 20% of Columbia County. Furthermore, Healthier People 2010 and 2020 used a benchmark of 10% improvement over 10 years. Therefore, Prairie Ridge Health and collaborating partners will utilize this benchmark, assuming the three year data lag combined with an impact of 20% of the overall goals for Columbia County to establish each priority objective.

Priority #1 Obesity

Priority #2 Heart Disease Death Rate

Priority #3 Mammography Screenings

Obesity

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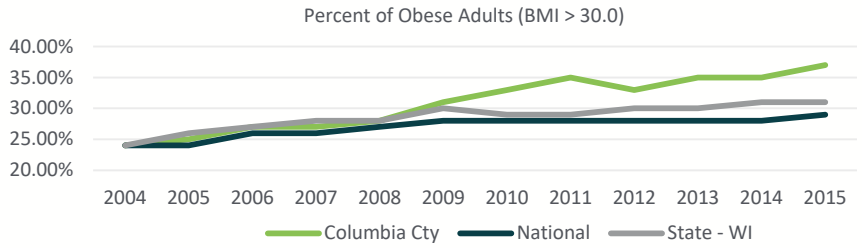
Obesity can be a life-long, progressive, life-threatening, genetically related, and costly disease. This disorder is associated with illnesses directly caused or worsened by significant weight. Adults who are obese have a body mass index (BMI) of 30 or more. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or having a BMI of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight 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 challenge in Columbia County communities. Columbia County is ranked 7th in the top 10 most obese counties in Wisconsin. There are many contributors to obesity such as lack of physical activity, nutritional knowledge, education, financial resources, and access to healthy foods. Meanwhile, there is an increased demand for convenient meals. The *What Works for Health, WI Department of Health Services* and *The Community Guide*, have identified evidence based practices effective in combating obesity that are rooted in informational and behavioral adaptations, including fostering accountability, forming sustainable lifestyle changes, and support.

Additional facts and figures

- 36.5 - 37% of adults in Columbia County are obese (BMI > 30), compared to the state average of 30.1% and national average of 27.9%



- 23.3% of adults in Columbia County are overweight (BMI > 25 but BMI < 30)
- Health Behavior in Columbia County (obesity is a factor) is ranked 32 of 72
- 2020 Tracker Target of 30.5% has not been met
- 58.06 fast food establishments exist per 100,000 residents and only 15.84 grocery stores exist per 100,000 residents in the area
- 8.58% of families live below 100% of Federal Poverty, rising steadily from 5.5%

Sources: [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; Key Stakeholders meetings, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #1

Do you have a question about obesity?

Visit our website at www.PrairieRidge.Health

Strategic Implementation Plan
Obesity

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Goals

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- Reduce the percentage of Columbia County adult residents who are obese from 36.50% in 2019 (2015) to 36.35% by 2021 (2017) (BMI > 30) (CCAP & County Health Rankings)

  The percentage of Columbia County adult residents who are overweight will likely rise as a result of people moving down the weight classification spectrum (obese to overweight to normal weight)

Action plan

Strategy #1: Community and/or Employer Based Programs

- Operation Overhaul 2.0 - Engage employers in wellness based programs with the goal of reducing obesity and impacting 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 body composition), minutes of exercise, percentage of weight gain/loss, waist circumference, endurance, flexibility, and blood pressure. Smoking cessation is offered as well.
- Healthier Together – Engage area residents in a Diabetes Prevention program. The year-long program aims to establish long-term lifestyle changes and results while building accountability and knowledge of participants through weekly check-ins, tracking of their journey, and providing a forum for questions, discussion and support.

Strategy #2: Live It! Real Life Nutrition for Teens - Reaching children (while in the school setting) to address unhealthy behaviors is a proactive approach to combating adult obesity. The curriculum aims to motivate students to make nutrient-rich food choices while performing physical activity to enhance the wellness of middle school children within the community.

Strategy #3: Investigate the potential for Intensive Behavioral Therapy (IBT) focusing on Obesity – Through this treatment, participants will learn how to change their eating and exercise habits to produce measurable changes in BMI. The treatment uses interventions to address poor habits and to maintain new healthy habits. This is an intense program that focuses on accountability and support through frequent one-on-one contact with a trained professional. Participants will learn how to change their lifestyle through potential tools such as: tracking eating, changing the environment to avoid overeating, increasing physical activity levels, creating an exercise plan, and setting realistic goals.

Strategy #4: Increase Knowledge and Awareness of a Healthy Lifestyle – Create an online tool with the goal of acting as a resource for community members to interact, engage and learn from healthcare professionals on a healthy lifestyle. Potentially including but not limited to: food share program (Hunger Care), fitness and exercise resource guide, identification of healthy menu selections and nutritional values, healthy recipes, and motivational tips and resources. All tools used will be open to the public through Prairie Ridge Health's website to encourage community participation.

Community partners and supporting resources

- Prairie Ridge Health
- SSM Health Dean Medical Group
- Other local providers
- Volunteers of Prairie Ridge Health
- Local Schools
  - Columbus Middle School
  - Fall River Middle School
  - St Jerome Middle School
  - Zion Middle School
  - Marshall Elementary School
- Second Harvest
- Local Employers
- Community members who meet a 3 or above on the Prediabetes Risk Assessment and/or are obese

Heart Disease Death Rate

Prairie Ridge HEALTH
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About 1 in 4 Americans die every day from Heart Disease[2]. There are several conditions, behaviors and genetic characteristics that can put an individual at risk for heart disease[2].

- Conditions include: high blood pressure, high cholesterol, diabetes, and obesity
- Behaviors include: an unhealthy diet, physical inactivity, excessive alcohol consumption and smoking/tobacco use
- Genetic Characteristics include: family history of any of the previously mentioned conditions, age, sex, race or ethnicity.

Columbia County has a higher population of adults (5.6%) diagnosed with a heart disease by a medical professional compared to both the state (3.9%) and nation (4.4%). Furthermore, more residents within Columbia County are dying from heart disease related deaths than in the state (165.2 compared to 157.1 respectively).

However, many forms of heart disease can be prevented or treated with healthy lifestyle choices. Through practicing healthy living habits and preventing or treating medical conditions proactively, one can maintain a healthy blood pressure, cholesterol, and blood glucose level which will normalize and lower the risk for heart disease and ultimately death due to heart disease. A healthy lifestyle includes: eating a healthy diet, maintaining a healthy weight range, getting enough physical activity, not smoking or using other forms of tobacco, and limiting alcohol use. To further prevent heart disease death, it is recommended to: check cholesterol levels, control blood pressure, manage diabetes, take recommended medications, and talk with a health care team.

Additional facts and figures

- 5.6% of adults in Columbia County have heart disease, higher than the state (3.9%) and national (4.4%) averages
- 165.2 adult deaths per 100,000 residents are due to heart disease, higher than the state average of 157.1
- 24.3% of adults have high blood pressure and 46.12% have high cholesterol, higher than both state (36.21%) and national (38.52%) averages
- 36.5-37% of adults in Columbia County are obese (BMI > 30) and 23.3% of adults in Columbia County are overweight (BMI > 25 but BMI < 30)
- 80.3% of adults consume less than 5 daily servings of fruits and vegetables
- 18.5% of adults are physically inactive - 75% of adults do not have access to exercise opportunities and only 7.04 recreation/fitness facilities exist per 100,000 people
- 7.5% of adults and 22.12% of Medicare adults have diabetes - 91.9% of Medicare adults have had a hemoglobin A1C test within the year

Sources: [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #2

Do you have a question about heart disease?

Visit our website at
www.PrairieRidge.Health

Strategic Implementation Plan
Heart Disease Death Rate

Prairie Ridge HEALTH
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Goals

Prairie Ridge Health primarily services the southern right sector of Columbia County and adjacent communities, accounting for an estimated population of 11,299 people or about 20% of Columbia County. Meanwhile, Healthier People 2010 and 2020 used a benchmark of 10% improvement over 10 years. Therefore, Prairie Ridge Health and collaborating partners will utilize this benchmark, assuming the three year data lag combined with an impact of 20% of the overall goals for Columbia County.

- Reduce the rate of Columbia County adult residents who die from heart disease from 163.2 per 100,000 in 2019 (2015) to 162.5 by 2021 (2017) (CCAP)

Action plan

Obesity and diabetes are main contributors to heart disease. Therefore, some programs outlined as items to combat obesity will also aid in combating heart disease related deaths.

Strategy #1: Community and/or Employer Based Programs

- Operation Overhaul 2.0 - Engage employers in wellness based programs with the goal of reducing obesity and impacting 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 body composition), minutes of exercise, percentage of weight gain/loss, waist circumference, endurance, flexibility, and blood pressure. Smoking cessation is offered as well.
- Healthier Together – Engage area residents in a Diabetes Prevention program. The year-long program aims to establish long-term lifestyle changes and results while building accountability and knowledge of participants through weekly check-ins, tracking of their journey, and providing a forum for questions, discussion and support.

Strategy #2: Cardiac Rehab – Cardiac rehab is designed for those with heart disease. There are two phases of cardiac rehab, none of which currently integrate one-on-one nutrition consults. Proper nutrition and exercise are key elements to heart strength. It has been identified that there is a gap in nutritional knowledge and intake in those attending the program. A screening tool will be developed to determine who will benefit from nutrition consult(s).

Strategy #3: Investigate the potential for Intensive Behavioral Therapy (IBT) focusing on Cardiovascular Disease – IBT is a therapy program that focuses on nutrition and consists of: screening for high blood pressure in adults age 18 years and older; and intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age and other known risk factors for cardiovascular and diet-related chronic disease. It uses the 2019 ACC/AHA recommendation of non-pharmacological interventions to improve blood pressure and heart health (weight loss, heart healthy eating, sodium reduction, increased physical activity, and limiting alcohol and other unhealthy behaviors).

Strategy #4: Knowledge and Awareness of a Healthy Lifestyle – Create an online tool with the focus of acting as a resource for community members to interact with, engage and learn from healthcare professionals on a healthy lifestyle, specifically a healthy heart. Potentially include but not limited to: food share program (Hunger Care), fitness and exercise resource guide, identification of healthy menu selections and nutritional values, healthy recipes, and motivational tips and resources. All tools used will be open to the public through Prairie Ridge Health's website to encourage community participation.

Strategy #5: Diabetic Education – Provide provider education related to diabetes screening standards, referrals, and screening tools.

Community partners and supporting resources

- Prairie Ridge Health
- SSM Health Dean Medical Group
- Local Employers
- Second Harvest
- Community members who meet a 3 or above on the Prediabetes Risk Assessment
- Community members who are either:
  - Overweight or obese
  - Diagnosed with a heart disease
  - Diagnosed with Prediabetes and/or Diabetes

Mammography Screenings

Prairie Ridge HEALTH
Inspired by you

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 with 90% of women having no family history of 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.

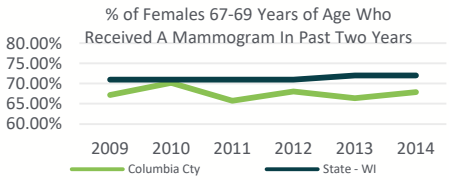
Mammography uses X-rays to create images of the breast called mammograms. Mammography is a screening tool used to find breast cancer in a person who does not have any known problems or symptoms. Mammography can detect cancers at an early stage, when they are small and the chances of survival are highest. 3D mammography (Digital Breast Tomosynthesis -DBT) screenings allow for clearer images, improving breast cancer detection while reducing the need for unnecessary further testing. In addition, 3D screenings allow radiologists to see enhancement in dense breast tissues, leading to a 41% increase in the detection of invasive breast cancers. Mammography screenings are the most effective breast cancer screening tool used today. It is recommended for women[1]:

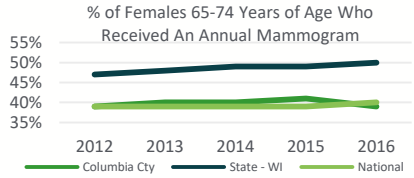
- Ages 40-44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast)
- Ages 45-54 should get an annual mammogram
- Ages 55 and older should have a mammogram every 2 years, or continue yearly
- Screening should continue as long as a woman is in good health

While advancements in technology and early detection have resulted in a steady decline in deaths due to breast cancer in Columbia County, it is still recommended that women perform self examinations on a regular basis, noting how their breasts normally look and feel and reporting any breast changes to a health care provider right away.

Additional facts and figures

- 53.4% of females 40 years of age and older receive an annual mammogram
- 66.3% of females 67-69 years of age and 37% of females 65-74 years of age receive recommended mammograms, compared to the state average of 71.9% and 50% respectively





- 132.6 per 100,000 females have had a breast cancer incident (2011-2015) compared to the state average of 129.7 and national average of 124.7
- Deaths due to breast cancer are decreasing at a trend of 3.3% per year

Sources: [1]American Cancer Society and Susan G Komen Foundation, [2]Centers for Disease Control and Prevention; [3]County Health Roadmap Rankings-2016; Community Survey; [4]Columbia County, WI Census Data, [5]Community Commons Analytics Platform-2015; meetings with key stakeholders, [6]University of WI Population Health Institute; and [7]WI Public Health Department, Columbia County Division of Health

Priority #3

Do you have a question about mammograms?

Visit our website at www.PrairieRidge.Health

Strategic Implementation Plan
Mammography Screenings

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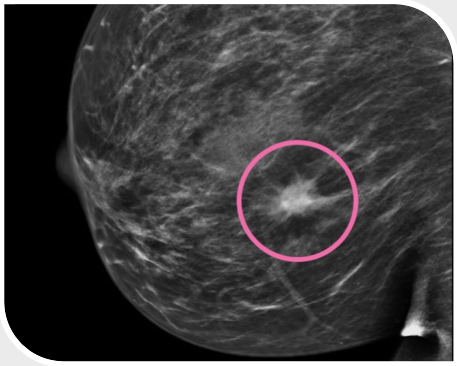
Goals



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Increase the percentage of mammography screenings in Columbia County for one or more of the following, depending on data set availability:

- From 66.33% in 2019 (2015) to 66.60% by 2021 (2017) for females 67-69 years of age
- From 39% in 2019 (2016) to 39.2% by 2021 (2018) for females 65-74 years of age
- From 53.4% in 2019 (2015) to 54.47% by 2021 (2017) for females 40 years of age and older (40+)

The incidence rate of breast cancer in Columbia County is 132.6 per 100,000 females (2015). As a result of increased screenings, the incidence rate will probably increase against the desired trend.

Action plan

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

Prairie Ridge Health currently has a Breast Cancer Navigation program. This program is supported by the Hospital, Prairie Ridge Health Foundation and local high school volleyball, football and basketball teams through Volley for a Cause, Hoops and Tackle events.

Strategy #1: Technology

- Enhance technology to meet community expectations which may also reduce unnecessary callback appointments through 3D Mammography - DBT (national avg. call back rate is 6-12%).

Strategy #2: Access

- Enhance additional times to have a mammogram. This is vital for those that commute longer distances to work and care for a parent. Often transportation for older community members for appointments occurs in early evenings.
- Enhance awareness of “no provider referral needed” and “only takes 15 minutes” – this takes into account the lower income disparity in which they cannot afford to take off of work or see a doctor on a regular basis to obtain a referral. In addition, Prairie Ridge Health will work to schedule other desired appointments in conjunction with a mammogram to remove the barrier of having to take additional days and times off of work.

Strategy #3: Awareness

- Outreach efforts to enhance community awareness regarding self examinations and discussions with 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.
- Collaborate with 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

- Prairie Ridge Health (PRH)
- Prairie Ridge Health Foundation
- Local Senior Centers
- PRH Cancer Navigation Program
- SSM Health Dean Medical Group
- Women’s Day
- Volunteers of Prairie Ridge Health
- Local Clinic Providers
- Local High School Athletic Teams

The Approach

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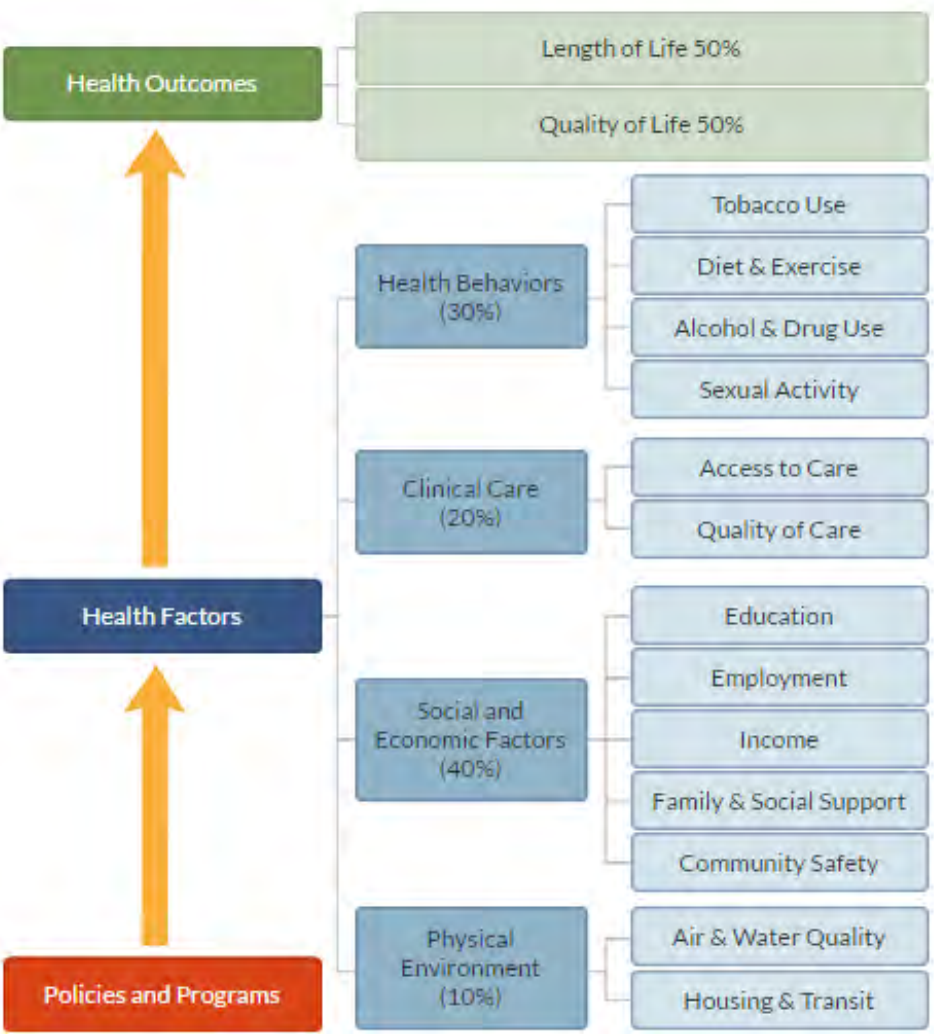
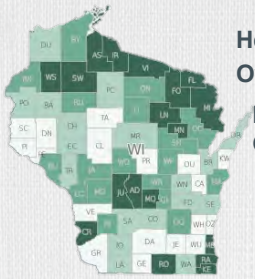
The “Our Approach” model (shown below) is a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

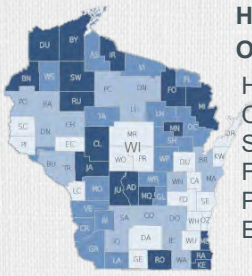
- Health Behaviors include focusing on alcohol and drug use, diet and exercise, sexual activity, tobacco use, and others
- Clinical Care includes focusing on access to care and quality of care
- Social and Economic Factors include focusing on community safety, education, employment, family, social support,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

Prairie Ridge Health selected key health initiatives within three areas of focus: health outcomes (heart disease death rate), health behaviors (obesity), and clinical care (mammography screenings). 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.





Health Outcomes
Overall Ranking: 28
Length of Life: 40
Quality of Life: 8



Health Factors
Overall Ranking: 32
Health Behaviors: 32
Clinical Care: 56
Social & Economic Factors: 16
Physical Environment: 63

Source: CountyHealthRankings-2014