Introduction

Divine Savior Healthcare ("Divine Savior") is a comprehensive continuum of healthcare services including an acute care 53-bed hospital, an 83-bed extended care facility, 40 room assisted living facility, outpatient services, clinics and a medically integrated fitness center located in Portage, Wisconsin. Divine Savior has been serving the healthcare needs of Portage and the surrounding communities since 1917.

Divine Savior is deeply committed to a process of continuously improving the quality of care and services provided as an integral part of the Church's healing ministry to all persons.

- We believe God is the author of life;
- That every life holds meaning;
- That caring for life is our reason for being;
- That we cannot care for the body without caring for the spirit;
- That the ends of caring are to foster birth and healing, to dignify life and dying;
- That in serving individuals we serve our community by offering purposeful employment, fair wages and a Christian workplace;
- That we must be ready to change with the changing needs of those we serve;
- That we care best for others when we care for ourselves.

Divine Savior has been given a unique opportunity to provide quality care to our surrounding area by the Sisters of Divine Savior. Combining their mission with our medical expertise, Divine Savior puts the care of the patient, mind, body and soul, as the pivotal cornerstone for our service to the community.

The congregation of the Sisters of the Divine Savior, also known as the Salvatorian Sisters, takes its name from the Latin word Salvator, which means Savior. Their international religious community was co-founded by Venerable Francis Mary of the
Cross Jordan and Blessed Mary of the Apostles in Tivoli, Italy in 1888. Today the Salvatorian Sisters minister in 29 countries on 5 continents to make known the goodness and kindness of Jesus, Savior of the world. In addition to their sponsorship of Divine Savior Healthcare, the Sisters of the Divine Savior sponsor Divine Savior Holy Angels High School, St. Anne’s Salvatorian Campus, Hadley Terrace Apartments, SDS Hope House, and serve in numerous other collaborative ministries in the Milwaukee area.

Divine Savior is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. Divine Savior is deeply rooted in community service and continuously focused on meeting the changing health care needs of our community. We sometimes do so in ways that are distinctive for a community hospital, as illustrated by our opening of Tivoli, a new facility focused on the senior care needs of our community, on the Divine Savior campus in late 2010. We also demonstrate this by the opening of our medically integrated fitness center (La Vita) in February of 2016. Our plans for the future focus on our continued calling to serve our mission of Christ’s healing ministry in the community.

Consistent with the requirements of Section 501(r)(3) the Divine Savior Community Health Needs Assessment is organized as follows:

- A description of our community and service area
- The methodology utilized in conduct of the Community Health Needs Assessment
- Identification of persons and organizations who were involved in the Community Health Needs Assessment
- Identification of community health needs which were noted during the assessment process
- Inventory of health care resources currently available in the service area
- Articulation of the Divine Savior plan and Implementation Strategy for addressing the community health needs identified
Community and Service Area Overview

Divine Savior has historically defined its “community” as a primary service area consisting of the city of Portage and eight local zip codes – 53901, 53949, 53952, 53954, 53955, 53964, and 53965. This service area is in Columbia and Marquette counties in Wisconsin. The majority of the inpatient admissions to Divine Savior are individuals who reside in this primary service area. This is the rationale for defining the Divine Savior service area as above.
Divine Savior’s primary service area includes approximately 53,138 individuals. As of 2015, approximately 21.7% of the population was below the age of 20, while 18.4% of the population was over the age of 65. Between 2010 and 2015, the percent of the population of individuals aged 0 to 44 declined while the population of individuals aged 45 and older grew, with the most significant growth in individuals aged 85 and over. These trends are projected to continue through at least 2020.

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<thead>
<tr>
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<td>2,809</td>
<td>6.5%</td>
<td>-1.1%</td>
<td>2,806</td>
<td>6.3%</td>
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<td>44.2%</td>
<td>17,390</td>
<td>40.1%</td>
<td>-0.4%</td>
<td>17,150</td>
<td>38.6%</td>
<td>-0.1%</td>
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<td>45-64</td>
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<td>29.4%</td>
<td>14,406</td>
<td>33.2%</td>
<td>1.8%</td>
<td>14,669</td>
<td>33.0%</td>
<td>0.2%</td>
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<tr>
<td>65-74</td>
<td>6,799</td>
<td>16.5%</td>
<td>7,538</td>
<td>17.4%</td>
<td>1.0%</td>
<td>8,419</td>
<td>18.9%</td>
<td>1.1%</td>
</tr>
<tr>
<td>85+</td>
<td>938</td>
<td>2.3%</td>
<td>1,264</td>
<td>2.9%</td>
<td>3.0%</td>
<td>1,427</td>
<td>3.2%</td>
<td>1.2%</td>
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<tr>
<td>Total</td>
<td>41,099</td>
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<td>43,407</td>
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<td>0.5%</td>
<td>44,471</td>
<td>100.0%</td>
<td>0.2%</td>
</tr>
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</table>

Service Area Population growth: 65+ Age Cohorts:
The Population Health Institute ("PHI") publishes annual health data for every county in the United States. The data is aggregated into health outcomes and health factors. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. In 2015, Columbia County’s health outcomes ranked 35th out of the 72 counties in Wisconsin, while Marquette County ranked 49th. In the same year, Columbia County’s health factors ranked 27th and Marquette County’s ranked 58th. Smoking, obesity, access to exercise and excessive drinking were relevant and notable areas to address for improvement.
HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Wisconsin’s health outcomes, based on an equal weighting of length and quality of life. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
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<td>Florence</td>
<td>40</td>
<td>Marathon</td>
<td>16</td>
<td>Rusk</td>
<td>66</td>
</tr>
<tr>
<td>Ashland</td>
<td>63</td>
<td>Fond du Lac</td>
<td>31</td>
<td>Marinette</td>
<td>57</td>
<td>Sauk</td>
<td>39</td>
</tr>
<tr>
<td>Barron</td>
<td>30</td>
<td>Forest</td>
<td>69</td>
<td>Marquette</td>
<td>49</td>
<td>Sawyer</td>
<td>68</td>
</tr>
<tr>
<td>Bayfield</td>
<td>36</td>
<td>Grant</td>
<td>37</td>
<td>Menominee</td>
<td>72</td>
<td>Shawano</td>
<td>47</td>
</tr>
<tr>
<td>Brown</td>
<td>34</td>
<td>Green</td>
<td>33</td>
<td>Milwaukee</td>
<td>71</td>
<td>Sheboygan</td>
<td>26</td>
</tr>
<tr>
<td>Buffalo</td>
<td>9</td>
<td>Green Lake</td>
<td>25</td>
<td>Monroe</td>
<td>59</td>
<td>St. Croix</td>
<td>3</td>
</tr>
<tr>
<td>Burnett</td>
<td>60</td>
<td>Iowa</td>
<td>19</td>
<td>Oconto</td>
<td>23</td>
<td>Taylor</td>
<td>17</td>
</tr>
<tr>
<td>Calumet</td>
<td>2</td>
<td>Iron</td>
<td>56</td>
<td>Oneida</td>
<td>32</td>
<td>Trempealeau</td>
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<tr>
<td>Chippewa</td>
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<td>Jackson</td>
<td>45</td>
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<td>Vernon</td>
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<tr>
<td>Clark</td>
<td>44</td>
<td>Jefferson</td>
<td>8</td>
<td>Ozaukee</td>
<td>1</td>
<td>Vilas</td>
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<tr>
<td>Columbia</td>
<td>35</td>
<td>Juneau</td>
<td>55</td>
<td>Pepin</td>
<td>5</td>
<td>Walworth</td>
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<td>Pierce</td>
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<td>Polk</td>
<td>46</td>
<td>Washington</td>
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<tr>
<td>Dodge</td>
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<td>La Crosse</td>
<td>15</td>
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<tr>
<td>Door</td>
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<tr>
<td>Dunn</td>
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<td>Lincoln</td>
<td>51</td>
<td>Richland</td>
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<td>Winnebago</td>
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<tr>
<td>Eau Claire</td>
<td>20</td>
<td>Manitowoc</td>
<td>42</td>
<td>Rock</td>
<td>61</td>
<td>Wood</td>
<td>21</td>
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</table>
HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Wisconsin’s summary ranks for health factors, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
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<td>64</td>
<td>Wood</td>
<td>17</td>
</tr>
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</table>
**Columbia County Statistics:**

2010 U.S. Census Data

**Geography: Columbia County, Wisconsin**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
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<tr>
<td>Total population</td>
<td>56,833</td>
<td>100.0</td>
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<tr>
<td>Median age (years)</td>
<td>41.0</td>
<td>(X)</td>
</tr>
<tr>
<td>Male population</td>
<td>28,935</td>
<td>50.9</td>
</tr>
<tr>
<td>Median age (years)</td>
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<tr>
<td>Female population</td>
<td>27,898</td>
<td>49.1</td>
</tr>
<tr>
<td>Median age (years)</td>
<td>42.1</td>
<td>(X)</td>
</tr>
</tbody>
</table>

**RACE**

Race alone or in combination with one or more other races: [4]

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>55,040</td>
<td>96.8</td>
</tr>
<tr>
<td>Black or African American</td>
<td>902</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>495</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td>442</td>
<td>0.8</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>70</td>
<td>0.1</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>512</td>
<td>0.9</td>
</tr>
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</table>

**Exhibit 3: Population by Age, 2010**

## County Health Rankings & Roadmaps

### Columbia (CO)

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Columbia County</th>
<th>Error Margin</th>
<th>Top U.S. Performers*</th>
<th>Wisconsin</th>
<th>Rank (of 72)</th>
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<tr>
<td>Length of Life</td>
<td>8,180</td>
<td>600-5,800</td>
<td>5,000</td>
<td>5,000</td>
<td>35</td>
</tr>
<tr>
<td>Premature death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Poor or fair health**</td>
<td>11%</td>
<td>10-11%</td>
<td>12%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days**</td>
<td>3.0</td>
<td>2.9-3.2</td>
<td>2.9</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days**</td>
<td>3.3</td>
<td>3.1-3.4</td>
<td>2.8</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>6%</td>
<td>5-7%</td>
<td>6%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

### Health Factors

#### Health Behaviors

| Adult smoking**               | 1.6%           | 15-16%       | 14%                  | 17%       |              |
| Adult obesity                 | 33%            | 26-39%       | 25%                  | 29%       |              |
| Food environment index        | 8.6            | 8.3          | 8.9                  | 7.9       |              |
| Physical inactivity           | 23%            | 18-29%       | 20%                  | 22%       |              |
| Access to exercise opportunities | 68%           | 66-71%       | 64%                  | 64%       |              |
| Seat belt usage               | 88%            | 80-95%       | 90%                  | 90%       |              |
| Teen births                   | 22             | 19-24        | 19                   | 28        |              |

#### Clinical Care

| Uninsured                     | 9%             | 8-10%        | 11%                  | 11%       |              |
| Primary care physicians       | 1,570.41       | 1,400.61     | 1,340.41             | 1,320.41  |              |
| Dentists                      | 2,780.74       | 2,300.41     | 2,300.74             | 2,290.41  |              |
| Mental health providers       | 1,280.55       | 1,090.46     | 1,050.46             | 1,060.46  |              |
| Preventable hospital stays    | 5%             | 4-8%         | 5%                   | 5%        |              |
| Diabetes monitoring           | 90%            | 85-95%       | 90%                  | 90%       |              |
| Mammography screening         | 66%            | 50-73%       | 71%                  | 71%       |              |

#### Social & Economic Factors

| High school graduation        | 98%            | 95-100%      | 95%                  | 95%       |              |
| Some college                  | 60%            | 51-68%       | 62%                  | 62%       |              |
| Unemployment                  | 7.3%           | 6.5-8.1%     | 6.5%                 | 6.5%      |              |
| Children in poverty           | 12%            | 9.1-18%      | 13%                  | 13%       |              |
| Income inequality             | 3.5            | 3.3-3.8      | 3%                   | 3%        |              |
| Children in single-parent households | 27%    | 25-31%       | 28%                  | 28%       |              |
| Social assistance             | 13.6           | 22.1         | 11.8                 | 11.8      |              |
| Violent crime                 | 1.6            | 0.9-5.0      | 1.9%                 | 1.9%      |              |
| Injury deaths                 | 77             | 77-87%       | 71%                  | 71%       |              |

### Physical Environment

| Air pollution - particulate matter | 11.9        | 9.5          | 11.5                 | 11.5      |              |
| Drinking water violations       | Yes          | No           |                      |           |              |
| Access to health care           | 14%          | 13-17%       | 14%                  | 14%       |              |
| Driving alone to work           | 82%          | 80-85%       | 81%                  | 81%       |              |
| Long commute - driving alone    | 39%          | 30-41%       | 35%                  | 35%       |              |

*Values may not total 100% due to rounding

**Data should not be compared with prior years due to changes in definition/methods

Note: Blank values reflect unavailable or missing data

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*Data supplied on behalf of state

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*Rankings are based on 2016 data.
Marquette County Statistics:

Geography: Marquette County, Wisconsin

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX AND AGE</strong></td>
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<td></td>
</tr>
<tr>
<td>Total population</td>
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<td>Male population</td>
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<td>Median age (years)</td>
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<td>(X)</td>
</tr>
<tr>
<td>Female population</td>
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<td>Median age (years)</td>
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<td>(X)</td>
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<tr>
<td><strong>RACE</strong></td>
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<td></td>
</tr>
<tr>
<td>Race alone or in combination with one or more other races: [4]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>15,044</td>
<td>97.7</td>
</tr>
<tr>
<td>Black or African American</td>
<td>109</td>
<td>0.7</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>136</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td>85</td>
<td>0.6</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>3</td>
<td>0.0</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>160</td>
<td>1.0</td>
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</table>
## Marquette (MQ)

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Marquette County</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Wisconsin</th>
<th>Rank (of 172)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>7,000</td>
<td>5.42-0.67</td>
<td>5.20</td>
<td>5.000</td>
<td>55</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health†</td>
<td>13%</td>
<td>12.43%</td>
<td>12%</td>
<td>15%</td>
<td>59</td>
</tr>
<tr>
<td>Poor physical health days†</td>
<td>4%</td>
<td>3.2-3.6</td>
<td>3.8</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days**</td>
<td>4%</td>
<td>3.7-3.5</td>
<td>3.8</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>6%</td>
<td>4.9%</td>
<td>6%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td>98</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking†</td>
<td>16%</td>
<td>15.17%</td>
<td>14%</td>
<td>17%</td>
<td>40</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>32%</td>
<td>25.40%</td>
<td>23%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.4</td>
<td>8.3</td>
<td>8.3</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>25%</td>
<td>22.31%</td>
<td>22%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise oppt.</td>
<td>15%</td>
<td>14.76%</td>
<td>14%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Exercise tracking†</td>
<td>22%</td>
<td>21.29%</td>
<td>12%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Alcohol use per driving age</td>
<td>36%</td>
<td>34.46%</td>
<td>14%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infection</td>
<td>111.8</td>
<td>131.4</td>
<td>131.4</td>
<td>411.6</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>27</td>
<td>22.54</td>
<td>19</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>14.14%</td>
<td>11%</td>
<td>14%</td>
<td>64</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>15.18%</td>
<td>14.00%</td>
<td>1.15</td>
<td>22.48%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>5.22%</td>
<td>4.10%</td>
<td>3.40</td>
<td>5.90%</td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1.37%</td>
<td>1.37%</td>
<td>1.37</td>
<td>1.37%</td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stay</td>
<td>50%</td>
<td>40.66%</td>
<td>35%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>7.0%</td>
<td>73.90%</td>
<td>70%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>9.6%</td>
<td>54.76%</td>
<td>7%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>58%</td>
<td>58%</td>
<td>58%</td>
<td>50%</td>
<td>63</td>
</tr>
<tr>
<td>Some college</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>3.2%</td>
<td>3.2%</td>
<td>3.2%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>22%</td>
<td>17.72%</td>
<td>13%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Income inequality</td>
<td>3.7</td>
<td>3.54%</td>
<td>3.7</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>33%</td>
<td>28.52%</td>
<td>24%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Social assistance</td>
<td>10.3</td>
<td>10.30%</td>
<td>10.30</td>
<td>11.5%</td>
<td></td>
</tr>
<tr>
<td>Violent crime</td>
<td>5.6</td>
<td>5.6</td>
<td>5.6</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Injury deaths</td>
<td>97</td>
<td>78.421</td>
<td>51</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>11.8%</td>
<td>9.5</td>
<td>11.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sticking sewer violations</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Severe housing problem</td>
<td>15%</td>
<td>13.45%</td>
<td>9%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>75%</td>
<td>75.8%</td>
<td>75%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>41%</td>
<td>37.44%</td>
<td>13%</td>
<td>38%</td>
<td></td>
</tr>
</tbody>
</table>

* to 50th percentile, i.e., only 50% are better.
† Data supplied on behalf of state.
** Note: Rank values reflect unavailable or missing data.

* Data should not be compared with prior years due to changes in definitions/methods.

Note: Rank values reflect unavailable or missing data.
Methodology

Divine Savior’s Board of Directors determines and approves the Divine Savior Healthcare strategic plan and also oversees the Administration personnel whose charge it is to focus on continually assessing the needs of the community served and implement policies, procedures, resources and programs to address them. The Board of Directors, Sponsorship and Administrative team include:

- Nancy Beasley - Board Member
- Sr. Jeanette Clarke - Board Member & Sponsorship
- Judy Collins – Board Member
- Dave Gerfen – Board Member
- Jack Harkins – Board Member
- Sr. Virginia Honish – Board Member & Sponsorship
- Lou Heitke – Board Member
- Fred Posthuma – Board Member
- Dr. Frank Probst – Board Member & Sponsorship
- Don Schultz – Board Member
- Rob Walz – Board Member
- Judy Warmuth – Board Member
- Mike Decker – President & CEO
- Carol Bank – VP Human Resources
- Jan Bauman – VP Patient Care
- Jennifer Bieno – VP Aging Services
- Craig Telega – VP Physician Services
- Pete Nelson – VP Finance

Divine Savior is currently still operating in and carrying out the five year strategic plan implemented in 2012 that included the work of the following Task Force members:

- John Miller, Chair - Board member and attorney with Miller & Miller LLC
- Laurence Anderson, M.D. - Physician
- Jan Bauman - Chief Nursing Officer and Vice President of Patient Care Services
- Clint Bonebrake, M.D. - Physician
- Judy Collins – District VP US Bank
- Mike Decker - President & CEO
- Sister Beverly Heitke – Board member and Sponsorship Coordinator SDS
- Matthew Lynch, M.D. - Surgeon
- Peter Nelson - Chief Financial Officer
- Frank Probst, Ph.D. - Board member and Sponsorship Coordinator SDS
- Kenneth Rentmeester - Board member and President of Rentmeester and Associates; Health Consultant
The group began the community health needs assessment by reviewing the hospital’s Mission Statement:

Divine Savior is deeply committed to a process of continuously improving the quality of care and services provided as an integral part of the Church's healing ministry to all persons.

Divine Savior then gathered both quantitative and qualitative data about the health needs of the community. Historical quantitative data, including County health studies of community health needs, was collected from the health departments of Columbia and Marquette Counties. Divine Savior also analyzed its own records for patterns in community health needs. Finally, Divine Savior collected historical quantitative data from the following external resources:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Maintaining Organization</th>
<th>Website</th>
<th>Date(s) Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthiest Wisconsin 2020</td>
<td>Wisconsin Department of Health Services</td>
<td><a href="http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf">http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf</a></td>
<td>August 2012</td>
</tr>
<tr>
<td>Columbia County Community Health Needs Assessment 2012</td>
<td>Columbia County Department of Health and Human Services</td>
<td><a href="http://www.co.columbia.wi.us/columbiacounty/Portals/7/Public%20Health/CHNA_Final_063013.pdf">http://www.co.columbia.wi.us/columbiacounty/Portals/7/Public%20Health/CHNA_Final_063013.pdf</a></td>
<td>May 2016</td>
</tr>
<tr>
<td>Marquette County Community Health Assessment 2012</td>
<td>Marquette County Department of Health and Human Services</td>
<td><a href="http://co.marquette.wi.us/Departments/Health/pdf/assesplan/Marquette%20County%20Community%20Health%20Assessment%202012.pdf">http://co.marquette.wi.us/Departments/Health/pdf/assesplan/Marquette%20County%20Community%20Health%20Assessment%202012.pdf</a></td>
<td>August 2012</td>
</tr>
<tr>
<td>Marquette County 2014 Health Department Annual Report</td>
<td>Marquette County Department of Health and Human Services</td>
<td><a href="http://www.co.marquette.wi.us/home/showdocument?id=1438">http://www.co.marquette.wi.us/home/showdocument?id=1438</a></td>
<td>May 2016</td>
</tr>
</tbody>
</table>
A quantitative analysis was also done relative to the community needs for health care providers, especially physicians, across primary care and specialty care providers.

Prior to the 5 year Strategic Plan and the FY2012 Community Health Needs Assessment, Divine Savior gathered qualitative information and perspectives on community health needs through two rounds of one-on-one and small group interviews with key stakeholders, both internal and external to the hospital. The primary goal of these interviews was to ascertain a range of perspectives on the community’s health needs. As required by Section 501(r)(3), Divine Savior gathered information from specified groups within our community. These specified groups are:

- Persons with special knowledge or expertise in public health;
- Federal, tribal, regional, state or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility;

<table>
<thead>
<tr>
<th>Source</th>
<th>Publisher/Developer</th>
<th>Website</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Rankings and Roadmaps</td>
<td>The Population Health Institute</td>
<td><a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a></td>
<td>May 2016</td>
</tr>
<tr>
<td>Hospital Compare</td>
<td>U.S. Department of Health &amp; Human Services</td>
<td><a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a></td>
<td>May 2016</td>
</tr>
<tr>
<td>Wisconsin Medicaid Case Mix Index</td>
<td>Wipfli</td>
<td></td>
<td>September 2011</td>
</tr>
<tr>
<td>Intellimed</td>
<td>Intellimed International Corp.</td>
<td><a href="http://www.intellimed.com">www.intellimed.com</a></td>
<td>May 2016</td>
</tr>
<tr>
<td>Claritas</td>
<td>The Nielsen Group</td>
<td><a href="http://www.claritas.com">www.claritas.com</a></td>
<td>September 2010</td>
</tr>
</tbody>
</table>
• Leaders, representatives or members of medically underserved populations;
• Leaders, representatives or members of low-income populations;
• Leaders, representatives or members of minority populations; and
• Leaders, representatives or members of populations with chronic disease needs.

The following individuals participated in the community health needs assessment process by contributing their perspectives, opinions and observations. Divine Savior thanks them for their past and continued assistance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliations</th>
<th>Qualifications</th>
<th>Participation Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart Taylor, M.D.</td>
<td>Chief of Staff</td>
<td>Divine Savior Healthcare</td>
<td>Physician</td>
<td>10/14/2010</td>
</tr>
<tr>
<td>Douglas Varvil-Weld, Ph.D.</td>
<td>Clinic Director</td>
<td>Paquette Center for Psychological Services</td>
<td>Psychologist</td>
<td>03/15/2012</td>
</tr>
<tr>
<td>Janice Peterson</td>
<td>Parrish Nurse</td>
<td>Parkinson’s Support Group Coordinator, and local church</td>
<td>Nurse</td>
<td>02/27/2012</td>
</tr>
<tr>
<td>Kelly Stringenz</td>
<td>Divine Savior Dietician</td>
<td>Divine Savior Healthcare</td>
<td>Dietician</td>
<td>03/05/2012</td>
</tr>
<tr>
<td>Dawn Woodard</td>
<td>Director</td>
<td>Columbia County Department of Health and Human Services</td>
<td>Public Health Official</td>
<td>02/03/2012</td>
</tr>
<tr>
<td>Susan Lorenz</td>
<td>Department of Health Administrator/ Public Health Officer</td>
<td>Columbia County Department of Health and Human Services</td>
<td>Public Health Official</td>
<td>10/26/2010, 02/02/2012, 02/28/2012</td>
</tr>
<tr>
<td>Nathan Luedke</td>
<td>Director</td>
<td>Marquette County Health Department</td>
<td>Public Health Official</td>
<td>02/27/2012</td>
</tr>
<tr>
<td>Rebecca Hurley</td>
<td>Manager of Orthopedic Clinic</td>
<td>Divine Savior Healthcare</td>
<td>Health Care Administrator</td>
<td>10/15/2010</td>
</tr>
<tr>
<td>Mark Bostwick</td>
<td>Director of Clinical Services</td>
<td>Divine Savior Healthcare</td>
<td>Health Care Administrator</td>
<td>10/14/2010</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Agency Name</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>Michael Decker</td>
<td>President &amp; CEO</td>
<td>Divine Savior Healthcare</td>
<td>10/27/2010</td>
<td></td>
</tr>
<tr>
<td>Peter Nelson</td>
<td>Chief Financial Officer</td>
<td>Divine Savior Healthcare</td>
<td>03/31/2010, 12/10/2010</td>
<td></td>
</tr>
<tr>
<td>Jan Bauman</td>
<td>Chief Nursing Officer &amp; Vice President, Patient Care Services</td>
<td>Divine Savior Healthcare</td>
<td>10/27/2010</td>
<td></td>
</tr>
<tr>
<td>Jennifer Bieno</td>
<td>Vice President of Extended Care</td>
<td>Divine Savior Healthcare</td>
<td>12/10/2010</td>
<td></td>
</tr>
<tr>
<td>Fred Bounds</td>
<td>VP</td>
<td>Divine Savior Healthcare</td>
<td>10/22/2010</td>
<td></td>
</tr>
<tr>
<td>Carol Olson</td>
<td>Local Outreach Specialist</td>
<td>The Alzheimer’s &amp; Dementia Alliance of Wisconsin</td>
<td>02/28/2012</td>
<td></td>
</tr>
</tbody>
</table>

**GOVERNMENT AGENCIES WITH COMMUNITY HEALTH NEEDS INFORMATION**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Name of Individual Representing Agency</th>
<th>Title of Individual Representing Agency</th>
<th>Participation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia County Department of Health and Human Services</td>
<td>Susan Lorenz</td>
<td>Division of Health Administrator / Public Health Officer</td>
<td>10/26/2010, 02/02/2012 and 02/28/2012</td>
</tr>
<tr>
<td>Columbia County Department of Health and Human Services</td>
<td>Dawn Woodard</td>
<td>Director</td>
<td>02/03/2012</td>
</tr>
<tr>
<td>Marquette County Health Department</td>
<td>Nathan Luedke</td>
<td>Director</td>
<td>Early date also 02/27/2012</td>
</tr>
<tr>
<td>Portage Community School District</td>
<td>Charles Poches</td>
<td>District Administrator</td>
<td>10/27/2010 Second round also</td>
</tr>
<tr>
<td>City of Portage, Wisconsin</td>
<td>Ken Jahn</td>
<td>Mayor</td>
<td>10/26/2010 and 02/03/2012</td>
</tr>
<tr>
<td>Name</td>
<td>Participation Date</td>
<td>Low Income</td>
<td>Minority</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Susan Lorenz</td>
<td>10/26/2010, 02/02/2012, 02/28/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Nathan Luedke</td>
<td>02/27/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Ken Jahn</td>
<td>10/26/2010, 02/03/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Ken Manthey</td>
<td>02/28/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Dawn Woodard</td>
<td>02/03/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Charles Poches</td>
<td>10/27/2010, 02/02/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rose Serna</td>
<td>02/28/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Marie McVikers</td>
<td>02/28/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Carol Olson</td>
<td>02/28/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Janice Peterson</td>
<td>02/27/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Kelly Stringenz</td>
<td>03/05/2012</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
**Information Gaps**

Divine Savior faced an “information gap” when we were unable to identify local chapters of several major national health organizations, such as the American Heart Association and the American Diabetes Association.

**Analytical Methods Applied**

Divine Savior applied various analytical methods to the available data. During interviews, we asked participants for their input regarding both health needs and possible solutions to identified health needs. We used physician supply-and-demand analysis, based on normative utilization information adjusted for the demographics of the population. We conducted a priority-setting exercise with our Board Task Force to...
prioritize the identified community health needs. We also analyzed the resources and specialties provided by other healthcare providers in the community. Finally, we developed a financial modeling tool to assess the feasibility of various hospital responses to the identified community health needs.

**Based on our analysis of the available qualitative and quantitative data in 2012 and 2015, Divine Savior determined that access to healthcare resources, especially physicians, remains the greatest need in our community.**

**Process and Criteria for Prioritizing Identified Health Needs**

In 2012 based on the data gathered, Divine Savior’s Board Task Force was presented with a list of identified community health needs. After reviewing the qualitative and quantitative findings related to each identified health need, the Board Task Force conducted a Nominal Group Technique exercise, in which each member of the Board Task Force was asked to identify their top three personal choices for the hospital’s primary responses. After each Board Task Force member provided their initial priorities, a discussion ensued, after which each Task Force member was given the chance to redefine their priorities.

Increased access to healthcare, especially physicians, again emerged as they key priority for Divine Savior. Key determinants in this decision were the quantitative difference between supply and demand for physicians across a range of specialties in the community, and, in particular, the qualitative feedback provided during the stakeholder interviews.

In May 2016, The Board of Directors reviewed the priority list and adopted the same list of priorities for the 2015 Community Health Needs Assessment. Any changes to the priority list will be made at the next strategic planning session in 2017 and will be reflected in the 2018 Community Health Needs Assessment.
Community Health Needs: Key Findings

As described earlier, the key sources for the community health needs findings included public health reports, County-based studies of health needs, physician supply and demand information, and, at a more qualitative local level, themes identified in the course of interviews with stakeholders.

Public Health Reports

In 2010, The Wisconsin Department of Health Services published “Healthiest Wisconsin 2020", a state public health agenda that identifies priority objectives for improving health and quality of life in Wisconsin. The agenda identifies numerous examples of the declining health in our state:

- Wisconsin’s overall health ranking of 12th best in the nation in 2009 marked a drop from seventh best in 1990. In addition, for four of the past 10 years, Wisconsin was ranked lower, at 15th.
- Wisconsin’s state rank for age-adjusted death rates has slipped from 11th to 14th over 10 years.
- Wisconsin ranked 23rd among states in a combined measure of infant health in 2007.
- Wisconsin ranked 28th in a combined measure of elder health in 2007.
- Wisconsin recently ranked worst among states for adult binge drinking, worst for current alcohol use among youth, third in binge drinking among youth, and fourth in the incidence of youth riding with a driver who had been drinking.
- Wisconsin ranked 10th worst (and far below the median) on the percentage of mothers who smoked during pregnancy, compared to 31 states with similar data in 2006.
- Wisconsin was 18th worst among states in the percent of people who use tobacco.
- Wisconsin had the sixth lowest proportion of children exercising regularly in 2007.
In 2010, the two leading causes of death in Wisconsin were diseases of the heart and malignant neoplasms (cancer). Other significant causes were diabetes, hypertension (high blood pressure), cerebrovascular diseases (stroke, aneurysm, etc.), chronic lower respiratory diseases, and nephritis (kidney disease). The list of causes is fairly consistent when analyzed by gender and by race.
Healthiest Wisconsin 2020 encourages 10 “pillar objectives”. While many of these objectives are oriented toward State and local governments and schools, one in particular relates to health care providers:

- Improve Wisconsin’s systems of primary health care; behavioral screening and intervention; services for mental health, alcohol and drug use, oral health, chronic disease management, and reproductive and sexual health; and enable secure, appropriate information exchange to optimize health decisions by providers, patients, public health workers, and policy makers.

**Columbia and Marquette County Health Studies**

Divine Savior’s service area includes significant portions of both Columbia and Marquette Counties, although each county includes areas outside of Divine Savior’s service area. While data about the counties does not align perfectly with Divine Savior’s service area, information about each county’s residents and health issues provides valuable insight into our community.

Wisconsin statutes require each Wisconsin county to conduct a community health needs assessment (“CHNA”) at least once every five years. Columbia County
completed their most recent assessment in 2012. The following information is taken from that report.

On November 27, 2012, Columbia County Health and Human Services held a Public Health Community Forum at the Divine Savior Healthcare campus in Portage to share the needs assessment data with over forty community leaders and partners and involve them in prioritizing health needs. Sara Jesse presented the data she and Lori Haack had collected. This report includes the information shared at the 2012 Public Health Community Forum. Data sources are listed throughout.

After processing the information, attendees of the Public Health Community Forum voted on which health concerns to prioritize. There was a tie for the two highest priorities: 1) reducing alcohol and other drug use, and 2) preventing suicide and increasing access to mental health services. The third priority was increasing physical activity and improving access to healthy foods.

The following information relates to findings by the Columbia County Health & Human Services department:

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*Less Poverty and Higher Graduation Rates*

Columbia County compares favorably to state averages for two important socioeconomic factors that affect health: childhood poverty and high school graduation rates.

*Exhibit 4: Percent of Children In Poverty, 2010*

<table>
<thead>
<tr>
<th></th>
<th>Percent of Children Under the Age of 18 Living in Poverty (in 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia County</td>
<td>14%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>19%</td>
</tr>
<tr>
<td>U.S.</td>
<td>13%</td>
</tr>
</tbody>
</table>

As shown in Exhibit 4, 14% of children in Columbia County live in poverty, compared to 19% in Wisconsin and 13% in the United States.

Source: [http://www.countyhealthrankings.org/#app/wisconsin/2012/columbia/county/1/overall](http://www.countyhealthrankings.org/#app/wisconsin/2012/columbia/county/1/overall)

Source: http://www.countyhealthrankings.org/#app/wisconsin/2012/measures/factors/11/map

Exhibit 8: Hospitalization Rate for Ambulatory-care Sensitive Conditions, 2009

Source: http://www.countyhealthrankings.org/#app/wisconsin/2012/columbia/county/1/overall

Our lower rate of preventable hospital stays is a positive indicator of the strength of our community health care system and services outside the hospital setting. To illustrate: diabetics may be hospitalized for complications if their conditions are not adequately monitored.
**Higher Prevalence of Adult Obesity and Inactivity**

The adult obesity measure represents the percent of the adult population (age twenty and older) that has a body mass index (BMI) greater than or equal to 30 kg/m². As shown in Exhibit 22, 31% of Columbia County adults are obese, compared to 29% in Wisconsin and a national benchmark of 25%.\(^{41}\)

The following information is taken from Marquette County’s 2012 CHNA Report.

From 2000-2009, Marquette County’s leading cause of death was malignant neoplasms (cancer). Other leading causes of death were heart disease, accidents, chronic lower respiratory diseases, cerebrovascular diseases (stroke, aneurysm, etc.), diabetes, influenza and pneumonia, intentional self-harm (suicide), and nephritis and necrosis (kidney disease).

Marquette County’s infant mortality rate rose from 6.89 deaths per 1,000 live births from 1991-1999 to 8.31 deaths per 1,000 live births from 2000-2009. Wisconsin’s infant mortality rate was 6.89 deaths per 1,000 live births from 2000-2009.
In a 2008 Marquette County health needs survey, obesity, mental health and depression and access to care services were consistently identified as a serious or very serious issues for households in the county.
Related to the issues of access and affordability, 12.3% of Marquette County’s residents were without health care coverage in 2009, compared to 10.6% for Wisconsin as a whole. Also, Marquette County is designated as a Health Professional Shortage Area for primary medical care, mental health and dental care. Finally, Marquette County is designated as a medically underserved area by the U.S. Department of Health and Human Services for having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

The prevalence of diabetes in Marquette County exceeds the Wisconsin average for individuals age 45 and over.

Personal health behaviors show several areas in which Marquette County’s population has declining health, including nutrition and physical activity, tobacco use, alcohol consumption, and other drug abuse.
Marquette County ranks in the bottom 10% of Wisconsin’s counties on several measures of nutrition and physical activity. In Marquette County, 34% of adults are obese and 27% of adults are not physically active.

Based on a 2010 survey, adult smoking is more common in Marquette County (29.1%) than in Wisconsin as a whole (19.5%). Smoking during pregnancy is also a significant issue in Marquette County. The county ranked 65th out of the 72 Wisconsin counties in a 2008 ranking, with 23.4% of pregnant mothers smoking, compared to the Wisconsin rate of 14.1%. From 2003-2007, smoking caused 87% of all lung cancer deaths and 15% of all deaths from cardiovascular disease in Marquette County.
Wisconsin leads the country in adult alcohol consumption, binge drinking, and heavy drinking. Marquette County’s alcohol use is fairly similar to the state’s averages. The county has a lower average for adults drinking, a higher average for adult binge drinking and a lower average for adult heavy drinking. Unfortunately, Marquette County shows a higher incidence of arrests for operating while intoxicated (“OWI”) than either the Wisconsin average or the national average. The Wisconsin average showed 26% of adults had driven while under the influence of alcohol within the prior 12 months.
Alcohol consumption among teenagers shows a similar pattern as among the adults. In 2010, approximately one-third of youth in grades 10-12 in Marquette County reported that they had used alcohol in the last month. However, that rate actually showed improvement from a similar 2008 survey, reflecting a decrease in reported alcohol consumption for most grades, especially in grades 10-12.

Illicit drug use is also a serious concern in Marquette County. In 2008, the county ranked 62nd among the 72 Wisconsin counties for drug-related hospitalizations, with 281 hospitalizations per 100,000 individuals. In the same year, Marquette County also ranked 61st in Wisconsin for drug arrests, with 539 arrests per 100,000 individuals.
Based on its findings, Marquette County identified the following health priorities:

- **Access to care**
  - Increase the number of Primary Care Physicians in Marquette County.
  - Increase number of insurers working with local providers.

- **Alcohol, tobacco and other drugs**
  - Improve awareness of high risk behavior and dependency and abuse indicators.
  - Reduce prescription drug abuse in Marquette County.
  - Increase tobacco prevention at younger ages and in family environments.

- **Physical activity and nutrition**
  - Increase the amount of local, fresh foods being consumed in Marquette County.
  - Market existing opportunities for physical activity and support development of new infrastructure and opportunity for physical activity.

- **Behavioral health**
  - Increase access to quality mental and behavioral health services.
  - Reduce the stigma of mental health conditions.

**Stakeholder Interviews**

The stakeholder interviews reinforced many of the findings from the more quantitatively oriented needs analyses reported above, and added some more specifically identified needs. The key themes and more specific references to community health needs are synthesized in the following paragraphs. (Note: In an effort to be comprehensive, needs identified below are reported even though a small number of interviewees may have identified a given need).

**ACCESS:** The single most frequently noted concern relative to community health needs was that of **ACCESS.** This theme has multiple dimensions, as described below.

**Access to Primary Care Providers**

Concern from stakeholders was frequently and consistently expressed over access issues for primary care providers. This was the case for Portage specifically, as well as for communities outside of Portage. The ability to see a primary care physician on a timely basis, whether as a new or returning patient, was a frequently cited community health need.

There was a sense that people are forced to utilize the Emergency Department at Divine Savior more often than would otherwise be necessary as a result of access concerns.
The access needs of older patients with one or more chronic medical conditions was noted in the interviews. This was often translated to a perceived need for more Internal Medicine physicians and more physicians with Geriatrics interests and expertise.

Access to primary care in Marquette County, in the area just north of Portage, was a specific geographic need identified in the interviews.

There was a theme that access to primary care for those without insurance is a community need, with the suggestion that a “Free Medical Clinic” be established analogous to the Free Dental Clinic that has been recently initiated.

Access to Specialty Physician and Hospital Services

Though not as frequent or as focused as the access concerns regarding primary care, commentary was heard relative to access to certain specialty services as well. Examples included:

- Dermatology: A specialty in a shortage position nationally.
- Orthopedics: While Divine Savior has recently expanded Orthopedics, there is need for more services as perceived by some of those interviewed. Access to services for chronic low back and neck pain was frequently discussed.
- Cardiology Services: While Portage is served by cardiologists on an outreach basis, there was some discussion of the need for expansion of services locally.
- Oncology Services: Here again there was some discussion of the need for expansion of services locally.
- Imaging Services and Procedures: Patients were seen as needing to leave the community for imaging studies and radiology procedures that could be delivered locally if the right resources (equipment and staff) were available.

Mental Health and Substance Abuse Services

This was an access need frequently cited by the stakeholders, with several dimensions:

- The need for better mental health access for the medically underserved or those on Medical Assistance was noted in several interviews (as well as the County studies).
- The Pauquette Center is currently able to accept only a limited number of MA patients; no other clinics have psychiatrists willing to accept MA patients, thereby leading to an access issue.
- Access to mental health services for adolescents and youth (school age children) was a need identified in the interviews.
• Heroin use appears to be on the rise in the area, with its medical and social implications.

• The need for better, more local detox/emergency detention services was noted in the stakeholder interviews.

• Access to gero-psychiatric services was indicated in the interviews as being problematic, for patients both in Tivoli (Divine Savior’s long term care facility) and elsewhere in the community.

• The need for a broader range of placement options for those with dementia was noted.

Dental Health

• Although a Dental Clinic for the underserved and poor has recently been established in Portage, it is reported that there is a continuing need in this regard.

Prevention and Wellness Services

Some of the findings from the County Community Health studies were echoed in the stakeholder interviews, in terms of prevention and wellness services. At the same time, the community outreach programs of Divine Savior were acknowledged as being of high value.

Other Miscellaneous Needs Identified

During the course of the stakeholder interviews several other needs were identified:

• Transportation is sometimes a barrier to accessing health care

• Translation services for those who speak only Spanish . . . beyond the current corps of volunteers

• Adult day care

• Respite care for the elderly

• A Divine Savior presence of some sort in downtown Portage

Synthesis of Community Health Needs

The State Public Health Reports, the County Public Health Reports, the provider demand analytics, the stakeholder interviews, and the other information sources indicate a broad range of community health needs in the Divine Savior service area. It
is helpful to categorize or synthesize those needs in order to see the full picture and develop a response in terms of an implementation strategy.

The community health needs from the broad range of sources identified in the Community Health Needs Assessment are categorized below into the four general areas of Access Needs, Disease Based Needs, Prevention/Wellness/Public Health Needs, and Miscellaneous Needs.
Community Health Needs Priorities

1. Access to Healthcare
   a. Primary Care, Internal Medicine
   b. Specialty Care – Dermatology, Orthopedics, Cardiology, Oncology, Imaging
   c. Mental Health Services
   d. Substance Abuse Services
   e. Dental Health
   f. Senior Services
   g. Access for the Uninsured

2. Disease Based Needs
   a. Cancer
   b. Cardiovascular
   c. Cerebrovascular
   d. Diabetes
   e. Pulmonary
   f. Kidney
   g. Mental Health
   h. Chemical Dependency
   i. Alzheimer’s & Dementia
   j. Gero-Psychiatry
   k. Chronic Low Back Pain

3. Prevention & Wellness Services
   a. Obesity
   b. Addictions
   c. Physical Activity
   d. Workplace Wellness

4. Miscellaneous
   a. Transportation
   b. Translation services
   c. Adult day care
   d. Respite care for elderly
   e. Emergency Detox
   f. DSH presence in downtown Portage

*As noted earlier, while some of these miscellaneous needs noted here may have been noted by only one or a small number of sources, they are listed here for purposes of completeness.
Existing Community Resources

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

- Divine Savior Healthcare
  - 2817 New Pinery Road, Portage, WI 53901
  - (608) 742-4131
- Divine Savior Healthcare Pardeeville Clinic
  - 102 Gillette Street, Pardeeville, WI 53954
  - (608) 429-2185
- Divine Savior Healthcare Crossroads Clinic
  - N4390 Crossroads Clinic Rd Oxford, WI 53952
  - 608-589-5333
- La Vita at Divine Savior Healthcare – Medically Integrated Fitness Center
  - 2815 New Pinery Road, Portage WI 5390
  - (608) 745-3800
- UW Health – Portage
  - 2977 County Highway CX, Portage, WI 53901
  - (608) 742-3004
- Dean Clinic - Portage
  - 2825 Hunters Trail, Portage, WI 53901
  - (608) 742-7161
- Free Clinic – Portage
  - 140 East Cook Street, Portage, WI 53901
  - (608) 234-0159
- Poynette Family Practice Center
  - 110 North Main Street, Poynette, WI 53955
  - (608) 635-4343
- Dells Clinic
  - 1310 Broadway Road, Wisconsin Dells, WI 53965
  - (608) 254-1171
- Mile Bluff’s Delton Family Medical Center
  - 28 Commerce Street, Wisconsin Dells, WI 53965
  - (608) 254-5888
- Family Health / La Clinica
  - 400 South Townline Road, Wautoma, WI 54982
  - (920) 787-5514 or (800) 942-5330
- CHN Medical Center
  - 215 Church Street, Montello, WI 53949
  - (608) 297-2626
- Shahada G. Shalash, M.D.
  - 113 East 2nd Street, Westfield, WI 53964
  - (608) 296-3207
Mental Health

- Columbia County Health and Human Services
  - 2652 Murphy Road, P.O. Box 136, Portage, WI 53901
  - (888) 552-6642
- National Suicide Prevention Lifeline
  - (800) 273-8255
- The Paquette Center
  - 2901 Hunter’s Trail, P.O. Box 301, Portage, WI 53901
  - (608) 742-5518
- Aspen Family Counseling
  - 2639 New Pinery Road, Portage, WI 53901
  - (608) 742-5020
- Lutheran Social Services
  - 311 E. Cook Street, Portage, WI 53901
  - (608) 742-4244
- Poynette Counseling
  - 415 North Main Street, Poynette, WI 53901
  - (608) 635-2146 or (800) 261-9297
- Compass Counseling
  - 2910 New Pinery Road, Unit A2, Portage, WI 53901
  - (608) 745-4900
- Transitions Behavioral Health, LLC
  - 317 DeWitt Street, Portage, WI 53901
  - (608) 745-1751

Substance Abuse

- The Paquette Center
  - 2901 Hunter’s Trail, P.O. Box 301, Portage, WI 53901
  - (608) 742-5518
- Aspen Family Counseling
  - 2639 New Pinery Road, Portage, WI 53901
  - (608) 742-5020
- Columbia County Health and Human Services
  - 2652 Murphy Road, P.O. Box 136, Portage, WI 53901
  - (888) 552-6642

Dental Health

- Curran & Seubert Dental Office
  - 260 West Cook Street, Portage, WI 53901
  - (608) 742-2331
- Virginia G. Scott, DDS
  - W7347 Polinske Road, Portage, WI 53901
  - (608) 745-1585
- Hart & Olson Family Dentistry
  - 225 Gunderson Drive, Portage, WI 53901
• Joseph LaBella, DDS
  o 1508 New Pinery Road, Portage, WI 53901
  o (608) 742-4533

• Timothy J. Rosin, DDS
  o 2570 New Pinery Road, Portage, WI 53901
  o (608) 742-5573

• Timothy J. McReath, DDSD
  o 2625 New Pinery Road, Portage, WI 53901
  o (608) 742-4800

• Timothy Fischer, DDS
  o 303 East Wisconsin Street, Portage, WI 53901
  o (608) 742-8311

• Peter G. Hill, DDS
  o 237 West Seward Street, Poynette, WI 53901
  o (608) 635-7070

• Dells Dental
  o 245 West Munroe Avenue, Wisconsin Dells, WI 53965
  o (608) 254-2345

• Sweeney Dental, LLC
  o 910 Iowa Avenue, Wisconsin Dells, WI 53965
  o (608) 253-4701

• Robert E. Crawford, DDS
  o 120 East 2nd Street, Westfield, WI 53964
  o (608) 296-2323

• Govoni Family Dental
  o N4390 Crossroads Clinic Road, Oxford, WI 53952
  o (608) 589-5186

• Fox River Dental Associates
  o 215 Church Street, Montello, WI 53949
  o (608) 297-2181

Care for the Elderly
• Tivoli at Divine Savior Healthcare
  o residential living facility
  o 2805 Hunters Trail, Portage, WI 53901
  o (608) 745-5900

• Aging & Disability Resource Center of Columbia County
  o elderly and disabled services
  o 2652 Murphy Road, Portage, WI 53901
  o (608) 742-9233

• Aging & Disability Resource Center of Adams, Green Lake, Marquette and Waushara Counties
  o elderly and disabled services
  o 428 Underwood Avenue, P.O. Box 405, Montello, WI 53949
- Columbia County Community Options Program
  - elderly and disabled services
  - 2652 Murphy Road, P.O. Box 136, Portage, WI 53901
  - (608) 742-9717
- Marquette County Community Options Program
  - elderly and disabled services
  - 428 Underwood Avenue, P.O. Box 405, Montello, WI 53949
  - (608) 297-3183
- Columbia Health Care Center
  - 323 West Monroe Street, Wyocena, WI 53954
  - (608) 429-2181

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

Cost of Care
- BadgerCare Plus
  - Wisconsin Department of Health Services
  - Assistance with medical expenses
  - (800) 362-3002
- Wisconsin Medicaid
  - Assistance for elderly, blind or disabled
  - Apply through the Columbia County Department of Health & Human Services
    - 2652 Murphy Road, P.O. Box 136, Portage, WI 53901
    - (800) 362-3002
  - Apply through the Marquette County Department of Health & Human Services
    - 428 Underwood Avenue, P.O. Box 405, Montello, WI 53949
    - (608) 297-3183
- Wisconsin ACCESS
http://access.wisconsin.gov/
Programs for health, nutrition and child care

- **Columbia County Economic Support Program** –
  - Assistance with Medical Assistance, BadgerCare, Food Share and Child Care Programs
  - Columbia County Department of Health & Human Services
  - 2652 Murphy Road, P.O. Box 136, Portage, WI 53901
  - (608) 742-9227

- **Marquette County Economic Support Program**
  - Assistance with Medical Assistance, BadgerCare, Food Share and Child Care Programs
  - Marquette County Department of Health & Human Services
  - 480 Underwood Avenue, P.O. Box 99, Montello, WI 53949
  - (608) 297-3167

- **Divine Savior Healthcare Financial Assistance**
  - Assistance with medical expenses
  - 2817 New Pinery Road, Portage, WI 53901
  - (608) 745-5640 or (608) 745-5650

**Resources for Other Health Needs**

- **United Migrant Opportunity Services (“UMOS”)**
  - Hispanic assistance
  - 102 West Franklin Street, Portage, WI 53901
  - (608) 745-0108

- **Hope House, Columbia County**
  - Domestic violence resources
  - 720 Ash Street, Baraboo, WI 53913
  - (800) 584-6790

- **Planned Parenthood of Wisconsin**
  - Pregnancy services
  - 204 East Edgewater Street, Portage, WI 53901
  - (608) 742-1551 or (800) 230-7526

- **Columbia County Crisis Pregnancy Center**
  - Pregnancy services
  - 311 East Wisconsin, Suite 202, Portage, WI 53901
  - (608) 742-0100 or (800) 705-4710

- **Family Resource Center**
  - Youth services
  - 2946 Red Fox Run, Portage, WI 53901
  - (608) 742-8482 or (800) 325-5505

The complement of community health resources include the community health education and prevention/wellness services offered by Divine Savior. Beyond the traditional patient care programs of an acute care health system, Divine Savior is very
committed to community health education, prevention, and wellness. Programs which we sponsor, support, and/or participate in include:

1. Screenings:
   b. Cholesterol - Divine Savior offers cholesterol screenings
   c. Heart Care – Low cost screening includes blood pressure, HDL, LDL, total cholesterol, glucose, and triglycerides.
2. Fitness: La Vita at Divine Savior Healthcare – Medically integrated membership based fitness center complete with a wide array of land and aquatic classes, personal training, transitional programs, pools, strength and cardio equipment and walking track.
3. Support groups: Divine Savior sponsors/hosts multiple patient/family support groups, with a focus on community education and patient/family support:
   a. Brain Injury & Stroke
   b. Breastfeeding
   c. Caregivers
   d. Diabetes
   e. Enduring loss together (loss of an infant)
   f. Grief
   g. Hope House - For past & present survivors of domestic violence and sexual assault.
   h. Living with cancer
   i. Madison Area Amputee
   j. Multiple Sclerosis
   k. Ostomy
   l. Portage area low vision
   m. Suicide Loss
4. Speaking events/Community Education: Divine Savior hosts/supports a set of community workshops and education events focused on important community health needs:
   a. Health Living with Diabetes Program
   b. Breastfeeding workshop
   c. Babysitting basics
   d. ABC’s of Alzheimer’s and Dementia
   e. Heart Health
   f. Relevant health topics
5. CPR and First Aid training: Divine Savior provides more formal education in the critical areas of CPR and First Aid for the community:
   a. Heartsaver CPR for the community
   b. Heartsaver First Aid for the community
   c. Advanced cardiac life support (ACLS) recognition and renewal courses for healthcare personnel
d. Basic cardiac life support for healthcare providers (CPR) recognition and renewal courses

e. Pediatric Advanced Life Support (PALS) recognition and renewal course for healthcare personnel.

6. Corporate Health and Wellness programs: Divine Savior supports community health improvement through its Corporate Health and Wellness Program:

   a. On-site industrial health - Using a Sports Medicine model of care, our focus is on prevention and early intervention to prevent musculoskeletal injuries on the job. Our goal is to reduce OSHA recordables, lost time, lost productivity and workers’ compensation payouts.

   b. On-site wellness services - Our goal is to help organizations create a workforce that engages in healthy lifestyle behaviors that lead to healthier, fuller lives.

7. Other Programs

   a. Be quick, be fast, be strong! - These programs, led by Divine Savior Athletic Trainers, are designed to enhance athleticism by working on power, speed, agility, strengthening, balance and stability. Programs take place in Portage and Poynette for athletes ages 11-18.

   b. Caring for sports injuries - For High School Students and Team Managers Interested in Caring for Sports Injuries.

   c. Childbirth education - This comprehensive five-week course introduces parents-to-be to the fundamentals of childbirth. Topics covered include: pain control options, relaxation techniques, the labor process, C-sections, preparing for your baby and breastfeeding.

   d. Blood drives

   e. Bone Marrow registry drives

   f. Women’s Night Out – An evening of educational programming specifically aimed at women in the community.

   g. Couch to 5k – Running and training program for beginners.

   h. Young at Heart - Kid’s Health Day

   i. Annual Breast Cancer Awareness events

Divine Savior’s Responses to Identified Community Health Needs:
Implementation Strategy

In this section we will outline Divine Savior’s responses and plans for addressing the identified community health needs. We will also indicate those areas where Divine Savior has chosen not to address certain needs, and why that is the case. The chart portraying the synthesis of community health needs found on page 34 will serve as the discussion guideline for the description of Divine Savior’s responses.

Access Needs

Access represents the unifying theme for much of the Divine Savior community health needs assessment and response plan. More specifically:
Primary Care Access

Divine Savior plans to continue to recruit new primary care physicians to the community and to expand the Divine Savior Medical Group as the approach to meeting the community’s needs for better access to primary care providers. Our new Wellness Center has allowed us to move some specialty services out of the existing Divine Savior Clinic which will allow us to continue to grow primary care practices. This physician growth plan includes the addition of new physicians in Family Medicine, Internal Medicine, and Surgery.

Divine Savior also works with the University of Wisconsin assisting in graduate medical education in primary care and specialty care, as a means of enhancing access to current and future physicians for the community.

The above actions represent a significant commitment and investment by Divine Savior. We will be adding multiple new primary care providers over the next several years to address the important community health need for improved access to primary care.

The Crossroads Clinic in Oxford was opened in 2013 in order to better serve the needs of communities in Marquette County. It was first staffed by Nurse Practitioners and a part time physician was added in April 2016 and we will continue to develop resources to better serve Marquette County communities in our service area.

We continue to provide primary care services to the Pardeeville community through Divine Savior’s Pardeeville Clinic, staffed 5 days per week by Nurse Practitioners.

The Wellness Center was completed in 2016 and includes new space for current providers in the area of Podiatry, Physical Medicine, Orthopedics, Rehab Therapies and Audiology. This space allows adequate space for our providers as well as additional space for growth.

Specialty Physician Services

Chronic disease management is an important need in our community; Divine Savior recently recruited an Internal Medicine physician and plans to continue recruiting additional providers in this area as this continues to be a need in the region. We anticipate the addition of several specialty physicians to the Divine Savior Medical Group to address more specific community needs over the next several years. This includes Orthopedics, and General Surgery.

In addition to the above, we will be working to enhance the range of specialty services offered to the community on an “outreach” basis, that is, formal collaborative
relationships between Divine Savior and larger health systems/physician practices located in Madison.

These outreach services include Cardiology, Neurology, ENT, Oncology, and Urology. Divine Savior will also be exploring potential affiliation models with the larger systems which may facilitate improved community access to specialty physician services.

Mental Health and Substance Abuse

Divine Savior does not directly provide inpatient or outpatient mental health or substance abuse services. Other resources are available in the community for these services, as described in the preceding section. Divine Savior certainly accommodates many individuals’ emergency/urgent mental health needs in our Emergency Department. As an organization we have taken a closer look at our prescription medication and pain management protocols and implemented policies in order to reduce the potential for abuse.

As described earlier, there is significant concern in the community with regard to mental health needs and access to mental health services.

At the same time, our community’s primary mental health care provider, Paquette Center for Psychological Services, reports reasonable waiting times for appointments. What becomes clear is that the most focused need for mental health services is with regard to the uninsured and those on Medicaid or related public programs. This is fundamentally both an access issue and a financial issue for the State, Counties, and health care providers.

Divine Savior cannot address the underlying social, financial, and medical issues related to mental health access for the community on its own. Divine Savior will continue work with others in the community to seek to find answers to the many complex issues in this regard. We will join in planning efforts that may be initiated by others, such as the Counties, and will seek to provide leadership where needed to convene the necessary community forums to develop plans for improving mental health access, particularly for the uninsured and Medicaid populations in our community.

Free Dental Care

Others in the community have, in the recent past, organized a Free Dental Clinic to help to address the need for access to dental care for those with financial needs. Divine Savior is appreciative of these efforts.

Senior Services
Divine Savior has a deep commitment to care for seniors and others with long term care needs in our community. As evidence of that commitment, Divine Savior has invested significant resources in the opening of Tivoli approximately five years ago. Tivoli offers Skilled Nursing Care, Assisted Living, and a range of other community based services for seniors. Tivoli is a focal point for Divine Savior’s commitment to create a community of care givers, families and friends to honor and care for our community elders.

Access for the Uninsured

On an annual basis, Divine Savior currently provides approximately $665,000 in charity care for those without health care coverage in our community. Our Emergency Department is often a point of health care access for the uninsured. Divine Savior anticipates continuing to provide charity care at approximately this level.

Divine Savior offers services to assist people in locating health care coverage or assistance programs to help those individuals with access to health care.

Divine Savior will also continue to do its part in being an advocate for public policy and regulatory change directed at improving health care access for the poor and uninsured. Ultimately, of course, the economic component of our community’s and our nation’s access issues is a matter of public policy.

Disease Based Needs

Community Health Needs are defined in part by the frequency and severity of illness, as described in the mortality and other data presented earlier. This section will address Divine Savior’s response plans in this dimension of community health needs.

Cancer

Divine Savior provides a range of cancer related prevention, education, diagnostic, and therapeutic services, and will continue to do so. This includes chemotherapy provided at Divine Savior, cancer care provided by our primary care providers, and care provided by outreach physicians in Oncology.

We do not have the population base to provide Radiation Oncology services; discussions with other smaller communities in the area have led to the conclusion that these services are most effectively delivered in relatively near Madison, Wisconsin.

Divine Savior will continue to look into further an Interventional Radiology program, which will be of assistance to cancer patients who can benefit from some of the interventional imaging and procedure capability of such a program. The needs of the patients with cancer in our community will be a significant determinant in our final decision to proceed with this program, which is intended to increase local access to care.
Cardiovascular and Cerebrovascular

Here again, Divine Savior offers a range of prevention, education, diagnostic, and treatment services and will continue to do so. For these diseases, our Emergency Department, and the Emergency Transport services now operated by Divine Savior on behalf of the community, are often life-saving points of access.

While Divine Savior and our physicians can provide some of the services for Cardiac and Cerebrovascular patients, particularly management of these often chronic diseases, we do not feel it is in the community’s interest from a patient safety perspective to provide cardiac surgery, neurosurgical, or other interventional services at Divine Savior. These services are better provided at the tertiary care centers in Madison.

Diabetes, Pulmonary, and Kidney Disease

These often chronic diseases are cared for extensively by Divine Savior’s primary care providers. We also provide community and patient education services around these diseases, and will continue to do so. The primary care physician growth plan described earlier is directed at creating improved access for patients with diabetes, pulmonary disease, renal disease, and other chronic medical problems.

There is, of course, increasing evidence of the relationship among exercise, diet, obesity, and the presence of many chronic conditions, especially diabetes. This is part of the rationale for the creation of La Vita at the Wellness Center. This medically integrated fitness center helps members, most of whom have never been a member of a fitness club before, become more active and build strength in a safe and supportive environment under the direction of health care professionals. Our plan is to continue to offer these services to the community, with content modified as needed based upon community interest and demand.

Mental Health and Chemical Dependency

Please refer to the commentary provided in the section under Access.

Alzheimer’s, Dementia, and Gero-Psychiatry

As noted earlier, Divine Savior has a long standing, major commitment to the health and care of seniors, including those afflicted with Alzheimer’s and Dementia. This includes the Tivoli facility and programs, as described earlier.

Part of the primary care provider growth plan described earlier will have a focus on recruitment of physicians and mid level providers with interests and expertise in Geriatrics.
Divine Savior will be working with the Paquette Center to enhance access to Geropsychiatry services.

**Chronic Low Back Pain**

Chronic back and neck pain is a high incidence problem which has significant impact on both patients and employers. This was confirmed during the stakeholder interviews.

Divine Savior began offering in 2015 the Spine Clinic Program. The program involves strengthening spinal muscles through a moderately intense exercise approach, primarily using MedX Lumbar and MedX Cervical equipment. The MedX machines are used to precisely determine the degree of spinal weakness in the neck and low back through the patient’s available range of motion. The MedX information plus additional clinic testing helps create a customized strengthening program for each patient.

During this program patients work with a team of specially trained Spine Clinic therapists (physical therapists and athletic trainers) and Physical Medicine Specialist, Dr. Kenneth Oh, who together develop individualized programs geared at bringing back function.

**Wellness/Prevention/Public Health Needs**

Divine Savior offers, and will continue to offer, a broad range of programs directed toward community wellness and prevention. Those include:

- Health Screenings
- Support Groups
- Community Education
- CPR and First Aid Training
- Corporate Health and Wellness
- And Others

Divine Savior is continuously evaluating the need and demand for this kind of activity and makes modifications accordingly.

Based on the community needs assessment, we anticipate placing greater emphasis on offering Workplace Wellness programs, in addition to the community based programs described above.
In 2016 Divine Savior Healthcare embarked on a “New Kind of Care” campaign that is working with local businesses, schools and community facilities, messaging to promote healthy and safe choices in the places people are being faced with making a decision. Examples include respiratory safety messaging at the hardware store by the painting section, encouragement to see the health section at the library and wearing helmets at the local ski hill. We will continue these efforts in the future.

**Miscellaneous Needs**

*Transportation* – Local Taxi service is available for residents of Portage and Marquette and Columbia County does provide service support for medical transportation.

*Translator Services*

Divine Savior is fortunate to have recruited a bi-lingual (Spanish) provider couple who can supplement the existing translator services which Divine Savior provides.

*Adult Day Care*

*Respite Services –*

*Emergency Detox*

Divine Savior will convene a multi-agency forum to generate approaches to this problem. While Divine Savior is impacted by the absence of adequate Emergency Detox facilities in the region, collaboration with others will be needed to produce optimal, feasible solutions.

*Downtown Portage Presence –*

Divine Savior will continue to participate in activities that promote economic growth in all areas of the community.