

# **Community Health Needs Assessment**

## **Divine Savior Healthcare**

### **Portage, Wisconsin**

**July 1, 2012**

#### **Introduction**

Divine Savior Healthcare (“Divine Savior”) is an acute care 73-bed hospital and a 110-bed extended care facility 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. 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**

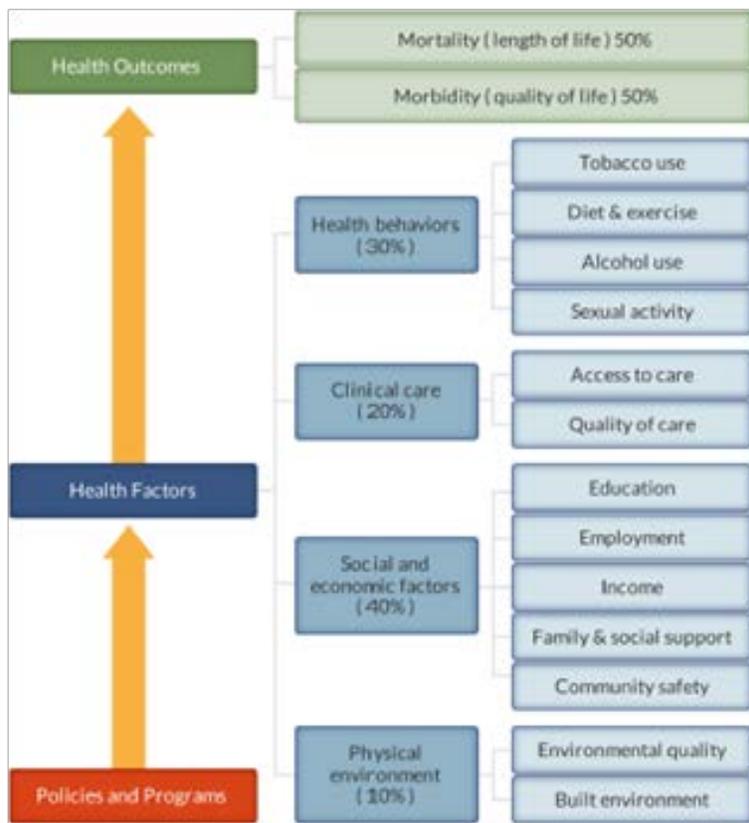
Divine Savior has historically defined its “community” as a primary service area consisting of the city of Portage and eight local zip codes – 53901, 53949, 53952, 53954, 53955, 53964, and 53965. This service area is in Columbia and Marquette counties in Wisconsin. 80 % of the inpatient admissions to 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 41,100 individuals. As of 2010, approximately 6.5% of the population was below the age of 18, while 20.3% of the population was over the age of 65. Between 2000 and 2010, 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 2015.

| Primary Service Area |        |         |        |         |                   |        |         |                   |
|----------------------|--------|---------|--------|---------|-------------------|--------|---------|-------------------|
|                      | 2000   |         | 2010   |         |                   | 2015   |         | CAGR<br>2010-2015 |
|                      | Number | Percent | Number | Percent | CAGR<br>2000-2010 | Number | Percent |                   |
| 0-17                 | 3,124  | 7.6%    | 2,809  | 6.5%    | -1.1%             | 2,806  | 6.3%    | 0.0%              |
| 18-44                | 18,169 | 44.2%   | 17,390 | 40.1%   | -0.4%             | 17,150 | 38.6%   | -0.1%             |
| 45-64                | 12,069 | 29.4%   | 14,406 | 33.2%   | 1.8%              | 14,669 | 33.0%   | 0.2%              |
| 65-74                | 6,799  | 16.5%   | 7,538  | 17.4%   | 1.0%              | 8,419  | 18.9%   | 1.1%              |
| 85+                  | 938    | 2.3%    | 1,264  | 2.9%    | 3.0%              | 1,427  | 3.2%    | 1.2%              |
| Total                | 41,099 | 100.0%  | 43,407 | 100.0%  | 0.5%              | 44,471 | 100.0%  | 0.2%              |

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. In 2012, Columbia County’s health outcomes ranked 40<sup>th</sup> out of the 72 counties in Wisconsin, while Marquette County ranked 71<sup>st</sup>. In the same year, Columbia County’s health factors ranked 35<sup>th</sup> and Marquette County’s ranked 64<sup>th</sup>.









The counties are largely Caucasian and almost exclusively rural. 12.4% of adults are uninsured and 23.2% of children are eligible for free school lunches. The primary employers in the community are Divine Savior and the county governments.

|                              | <b>Wisconsin</b> | <b>Columbia County</b> | <b>Marquette County</b> |
|------------------------------|------------------|------------------------|-------------------------|
| Population                   | 5,654,744        | 55,170                 | 14,727                  |
| Age < 18                     | 23.1%            | 22.6%                  | 20.4%                   |
| Age 65+                      | 13.4%            | 15.0%                  | 20.7%                   |
| Caucasian                    | 85.7%            | 95.6%                  | 96.2%                   |
| African American             | 6.0%             | 1.2%                   | 0.7%                    |
| Native American              | 0.9%             | 0.5%                   | 0.5%                    |
| Asian                        | 2.1%             | 0.5%                   | 0.3%                    |
| Hispanic                     | 5.3%             | 2.2%                   | 2.2%                    |
| Female                       | 50.3%            | 49.3%                  | 49.6%                   |
| Rural                        | 31.7%            | 63.2%                  | 100%                    |
| Median Household Income      | \$48,974         | \$54,304               | \$43,976                |
| Per Capita Health Care Cost  | \$8,153          | \$7,690                | \$6,440                 |
| Uninsured Adults             | 12.8%            | 10.6%                  | 14.3%                   |
| Free Lunch-Eligible Children | 32.1%            | 14.2%                  | 31.8%                   |
| Illiteracy Rate              | 7.3%             | 7.0%                   | 8.8%                    |

## **Methodology**

Divine Savior's Board of Directors appointed a Special Task Force whose charge was to focus on developing a plan to address community health needs over the next five years. The members of this Task Force included the following community leaders from outside Divine Savior and/or from the Divine Savior Board, along with internal administrative and physician leaders:

- 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 Task Force and Board 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.

The Task Force reaffirmed this Mission Statement early in the process.

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:

| <b>Resource</b>  | <b>Maintaining Organization</b>                          | <b>Website</b>  | <b>Date(s) Accessed</b> |
|--|--|---|-------------------------|
| Healthiest Wisconsin 2020  | Wisconsin Department of Health Services                  | <a href="http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf">http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf</a>   | August 2012             |
| 2010 Wisconsin Deaths  | Wisconsin Department of Health Services                  | <a href="http://www.dhs.wisconsin.gov/publications/P4/P45368-10.pdf">http://www.dhs.wisconsin.gov/publications/P4/P45368-10.pdf</a>   | August 2012             |
| Columbia County Community Health Needs Assessment 2007           | Columbia County Department of Health and Human Services  | <a href="http://www.co.columbia.wi.us/ColumbiaCounty/Portals/7/Public%20Health/CHHealthNeedsAssessmentReport2007.pdf">http://www.co.columbia.wi.us/ColumbiaCounty/Portals/7/Public%20Health/CHHealthNeedsAssessmentReport2007.pdf</a>                               | August 2012             |
| Marquette County Community Health Assessment 2012                | Marquette County Department of Health and Human Services | <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> | August 2012             |
| County Health Rankings and Roadmaps                              | The Population Health Institute                          | <a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>  | March 2012              |
| Hospital Consumer Assessment of Healthcare Providers and Systems | Centers for Medicare & Medicaid Services                 | <a href="http://www.hcahpsonline.org">www.hcahpsonline.org</a>  | September 2011          |
| Hospital Compare   | U.S. Department of Health & Human Services               | <a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a>  | September 2011          |
| Customer Survey Data for Divine Savior, July – September 2011    | Press Ganey  | N/A   | September 2011          |
| Wisconsin Medicaid Case Mix Index                                | Wipfli   |   | September 2011          |
| Patient Satisfaction Survey, FY 2007-06/30/2011                  | Press Ganey  | N/A   | August 2011             |

|                            |                                |  |                |
|----------------------------|--------------------------------|--|----------------|
| Intellimed                 | Intellimed International Corp. | <a href="http://www.intellimed.com">www.intellimed.com</a>                 | September 2010 |
| Claritas                   | The Nielson Group              | <a href="http://www.claritas.com">www.claritas.com</a>                     | September 2010 |
| Per Capita Personal Income | U.S. Department of Commerce    | <a href="http://www.bea.gov/regional/reis/">www.bea.gov/regional/reis/</a> | September 2010 |

A quantitative analysis was also done relative to the community needs for health care providers, especially physicians, across primary care and specialty care providers.

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;
- 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.

| <b>PERSONS WITH SPECIFIC KNOWLEDGE OR EXPERTISE OF PUBLIC HEALTH</b> |   |   |                                  |  |
|--|---|---|----------------------------------|--|
| <b>Name</b>  | <b>Title</b>  | <b>Affiliations</b>                                     | <b>Qualifications</b>            | <b>Participation Date(s)</b>             |
| Stewart Taylor, M.D.   | Chief of Staff  | Divine Savior Healthcare                                | Physician                        | 10/14/2010                               |
| Laurence J. Anderson, D.O., M.D.                                     | Emergency Medicine Physician                                  | Divine Savior Healthcare                                | Physician                        | 10/14/2011                               |
| Douglas Varvil-Weld, Ph.D.   | Clinic Director   | Paquette Center for Psychological Services              | Psychologist                     | 03/15/2012                               |
| Janice Peterson  | Parrish Nurse   | Parkinson's Support Group Coordinator, and local church | Nurse                            | 02/27/2012                               |
| Kelly Stringenz  | Divine Savior Dietician                                       | Divine Savior Healthcare                                | Dietician                        | 03/05/2012                               |
| Dawn Woodard   | Director  | Columbia County Department of Health and Human Services | Public Health Official           | 02/03/2012                               |
| Susan Lorenz   | Department of Health Administrator/<br>Public Health Officer  | Columbia County Department of Health and Human Services | Public Health Official           | 10/26/2010,<br>02/02/2012,<br>02/28/2012 |
| Nathan Luedke  | Director  | Marquette County Health Department                      | Public Health Official           | 02/27/2012                               |
| Rebecca Hurley   | Manager of Orthopedic Clinic                                  | Divine Savior Healthcare                                | Health Care Administrator        | 10/15/2010                               |
| Mark Bostwick  | Director of Clinical Services                                 | Divine Savior Healthcare                                | Health Care Administrator        | 10/14/2010                               |
| Michael Decker   | President & CEO   | Divine Savior Healthcare                                | Health Care Administrator        | 10/27/2010                               |
| Peter Nelson   | Chief Financial Officer                                       | Divine Savior Healthcare                                | Health Care Administrator        | 03/31/2010,<br>12/10/2010                |
| Jan Bauman   | Chief Nursing Officer & Vice President, Patient Care Services | Divine Savior Healthcare                                | Nurse, Health Care Administrator | 10/27/2010                               |

|                |                                 |  |                           |            |
|----------------|---------------------------------|--|---------------------------|------------|
| Jennifer Bieno | Vice President of Extended Care | Divine Savior Healthcare                         | Health Care Administrator | 12/10/2010 |
| Fred Bounds    | VP                              | Divine Savior Healthcare                         | Insurance Broker          | 10/22/2010 |
| Carol Olson    | Local Outreach Specialist       | The Alzheimer's & Dementia Alliance of Wisconsin | Agency Official           | 02/28/2012 |

| <b>GOVERNMENT AGENCIES WITH COMMUNITY HEALTH NEEDS INFORMATION</b> |   |  |                                       |
|--|---|--|---------------------------------------|
| <b>Agency Name</b>   | <b>Name of Individual Representing Agency</b> | <b>Title of Individual Representing Agency</b>           | <b>Participation Date</b>             |
| Columbia County Department of Health and Human Services            | Susan Lorenz                                  | Division of Health Administrator / Public Health Officer | 10/26/2010, 02/02/2012 and 02/28/2012 |
| Columbia County Department of Health and Human Services            | Dawn Woodard                                  | Director   | 02/03/2012                            |
| Marquette County Health Department                                 | Nathan Luedke                                 | Director   | Early date also 02/27/2012            |
| Portage Community School District                                  | Charles Poches                                | District Administrator                                   | 10/27/2010<br>Second round also       |
| City of Portage, Wisconsin   | Ken Jahn                                      | Mayor  | 10/26/2010 and 02/03/2012             |
| City of Portage, Wisconsin   | Larry Plaster                                 | City Administrator                                       | 10/27/2010 and 02/03/2012             |
| Portage Police Department  | Ken Manthey                                   | Chief of Police  | 02/28/2012                            |

| Name                       | Participation Date                       | Member, Leader and/or Representative of: |          |                      |                           | Specific Population                    | Qualifications  |
|----------------------------|--|--|----------|----------------------|---------------------------|--|---|
|                            |  | Low Income                               | Minority | Chronically Diseased | Traditionally Underserved |  |   |
| Susan Lorenz               | 10/26/2010,<br>02/02/2012,<br>02/28/2012 | Y  | Y        | Y                    | Y                         | All Community Members                  | Columbia County Department of Health Administrator / Public Health Officer    |
| Nathan Luedke              | 02/27/2012                               | Y  | Y        | Y                    | Y                         | All Community Members                  | Marquette County Health Department Director                                   |
| Ken Jahn                   | 10/26/2010,<br>02/03/2012                | Y  | Y        | Y                    | Y                         | All Community Members                  | Mayor of Portage, Wisconsin   |
| Ken Manthey                | 02/28/2012                               | Y  | Y        | Y                    | Y                         | All Community Members                  | Chief of Police of the Portage Police Department                              |
| Dawn Woodard               | 02/03/2012                               | Y  | Y        | Y                    | Y                         | All Community Members                  | Columbia County Department of Health and Human Services Director              |
| Charles Poches             | 10/27/2010,<br>02/02/2012                | Y  |          |                      | Y                         | Youth                                  | Portage Community School District Administrator                               |
| Rose Serna                 | 02/28/2012                               | Y  | Y        |                      | Y                         | Hispanic                               | Hispanic community member   |
| Marie McVikers             | 02/28/2012                               | Y  | Y        |                      | Y                         | Hispanic                               | Hispanic community member   |
| Carol Olson                | 02/28/2012                               |  |          | Y                    | Y                         | Alzheimer's Disease, Dementia, Elderly | Local Outreach Specialist for the Alzheimers & Dementia Alliance of Wisconsin |
| Janice Peterson            | 02/27/2012                               |  |          | Y                    |                           | Parkinson's Disease                    | Parkinson's Support Group Coordinator   |
| Kelly Stringenz            | 03/05/2012                               |  |          | Y                    |                           | Obesity, Diabetes                      | Dietician   |
| Douglas Varvil-Weld, Ph.D. | 03/15/2012                               | Y  |          | Y                    |                           | Mental Health                          | Clinic Director at the Paquette Center for Psychological Services             |
| Nancy Davis                | 02/28/12                                 | Y  |          | Y                    | Y                         | Elderly and Disabled Services          | ABC Connections   |

| <b>OTHER PARTICIPATING ORGANIZATIONS</b>         |   |  |                           |
|--|---|--|---------------------------|
| <b>Organization Name</b>                         | <b>Name of Individual Representing Organization</b> | <b>Title of Individual Representing Organization</b> | <b>Participation Date</b> |
| Penda Corporation                                | Kathy Cromey  | Human Resources Director                             | 10/14/2010                |
| Cardinal Glass Industries, Inc.                  | Arden Kleinsasser                                   | Human Resources Manager                              | 10/14/2010                |
| Schultz Small Engine                             | Don Schultz   | Owner  | 08/10/2010                |
| Portage Area Chamber of Commerce                 | Marianne Hanson                                     | Executive Director                                   | 10/14/2010                |
| Paquette Center for Psychological Services       | Douglas Varvil-Weld, Ph.D.                          | Clinic Director                                      | 03/15/2012                |
| The Alzheimer's & Dementia Alliance of Wisconsin | Carol Olson   | Local Outreach Specialist                            | 02/28/2012                |

*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, Divine Savior determined that access to healthcare resources, especially physicians, is the greatest need in our community.**

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

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.

### *Contractors and Collaborators*

Divine Savior contracted with CliftonLarsonAllen LLP, one of the nation's top 10 certified public accounting and consulting firms, to assist with the community health needs assessment. CliftonLarsonAllen has developed one of the nation's largest healthcare practices. Over 500 of the firm's health care clients are hospitals and health systems. CliftonLarsonAllen has offices in 25 states and the District of Columbia. A team of CliftonLarsonAllen experts assisted Divine Savior with its community health needs assessment, creating the Community Health Needs Assessment Report, creating the Implementation Strategy, and in making that information widely available to the community.

## **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 14<sup>th</sup> 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.

**Table 10. Summary Categories of Cause of Death, Wisconsin 2010**

|   | Immediate<br>Cause of<br>Death | Underlying<br>Cause of<br>Death | All-Mention<br>Cause of<br>Death |
|---|--------------------------------|---------------------------------|----------------------------------|
| <b>ALL CAUSES</b>                                     | <b>47,212</b>                  | <b>47,212</b>                   | <b>102,592</b>                   |
| Tuberculosis  | 2                              | 5                               | 10                               |
| Syphilis  | ---                            | ---                             | 2                                |
| Human Immunodeficiency Virus (HIV)                    | 21                             | 50                              | 57                               |
| Malignant Neoplasms                                   | 9,619                          | 11,268                          | 12,402                           |
| Diabetes Mellitus                                     | 172                            | 1,154                           | 4,426                            |
| Alzheimer's Disease                                   | 1,265                          | 1,762                           | 2,216                            |
| Diseases of the Heart                                 | 11,946                         | 11,086                          | 18,542                           |
| Essential Hypertension and Hypertensive Renal Disease | 115                            | 399                             | 5,262                            |
| Cerebrovascular Diseases                              | 2,564                          | 2,598                           | 4,180                            |
| Atherosclerosis                                       | 114                            | 115                             | 688                              |
| Other Diseases of Circulatory System                  | 321                            | 466                             | 1,208                            |
| Influenza and Pneumonia                               | 2,073                          | 901                             | 3,321                            |
| Chronic Lower Respiratory Diseases                    | 1,485                          | 2,471                           | 4,912                            |
| Peptic Ulcer  | 26                             | 62                              | 112                              |
| Chronic Liver Disease and Cirrhosis                   | 228                            | 526                             | 721                              |
| Nephritis, Nephrotic Syndrome and Nephrosis           | 1,526                          | 1,163                           | 5,002                            |
| Pregnancy, Childbirth and the Puerperium              | 11                             | 11                              | 27                               |
| Certain Conditions Originating in Perinatal Period    | 199                            | 187                             | 235                              |
| Congenital Malform./Deform./Chromosomal Abnorm.       | 86                             | 170                             | 285                              |
| Sudden Infant Death Syndrome                          | 36                             | 36                              | 36                               |
| Symptoms/Signs/Abnormal Clinical/Lab Findings         | 2,777                          | 176                             | 5,340                            |
| Motor Vehicle Accidents                               | 1                              | 607                             | 615                              |
| All Accidents (except motor vehicle)                  | 15                             | 1,912                           | 3,019                            |
| Intentional Self-Harm (Suicide)                       | 23                             | 792                             | 792                              |
| Assault (Homicide)                                    | 1                              | 159                             | 159                              |
| All Other External Causes                             | 1                              | 83                              | 92                               |
| All Other Diseases                                    | 12,585                         | 9,053                           | 28,931                           |

Source: Office of Health Informatics, Division of Public Health, Department of Health Services.

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 is in the process of conducting its CHNA as of summer 2012. The following information is taken from Columbia County’s 2007 CHNA Report.

In a 2007 survey of 328 Columbia County residents, access to health care, access to dental care, cost of health care, and cost of dental care were most frequently identified as “serious” or “very serious” health-related issues. The same 2007 survey respondents were asked to identify health-related issues that they need help with in the immediate future. They identified diet and exercise, depression, stress management, general well-being, eye care, dental care, migraine headaches, smoking cessation, and access to health care during non-regular business hours.

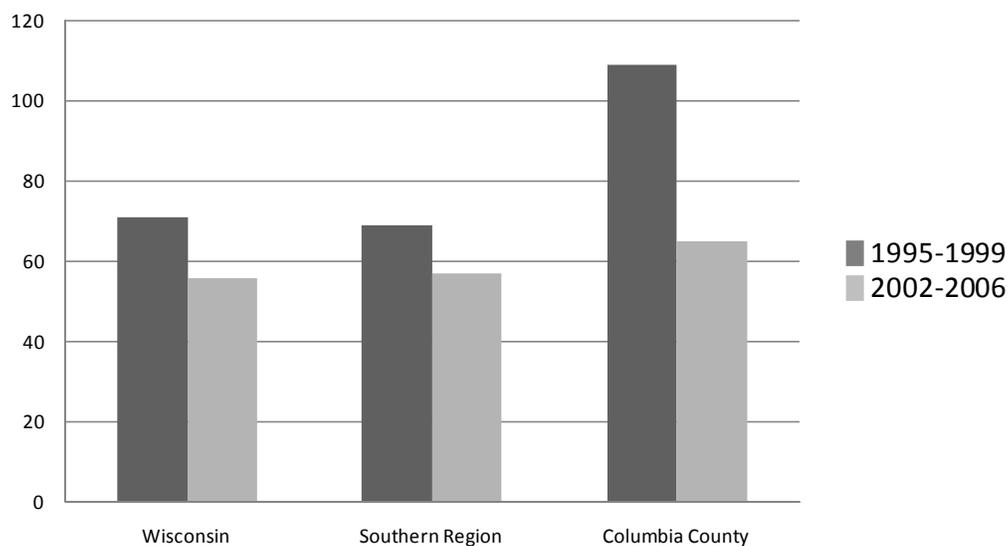
Analysis of historical records provided Columbia County with additional information about the health needs of its residents. In 2006, the two major causes of death in Columbia County were major cardiovascular diseases (diseases of the heart, heart disease and cerebrovascular disease) and malignant neoplasms (cancer).

Death rates due to suicide were higher in Columbia County than for Wisconsin as a whole through 2006. Additionally, in the 2007 survey of residents, 19% of respondents indicated their “mental health was not good” for at least 6 of the prior 30 days, compared to 14% responding similarly for Wisconsin as a whole. In a 2007 survey of approximately 5,000 Columbia County teenagers, 30% reported that they felt sad or depressed in the last 30 days, 27.1% reported that they had tried to hurt themselves, and 9.5% reported that they had tried to kill themselves. All of this data reflects the continuing need for mental health services in our community.

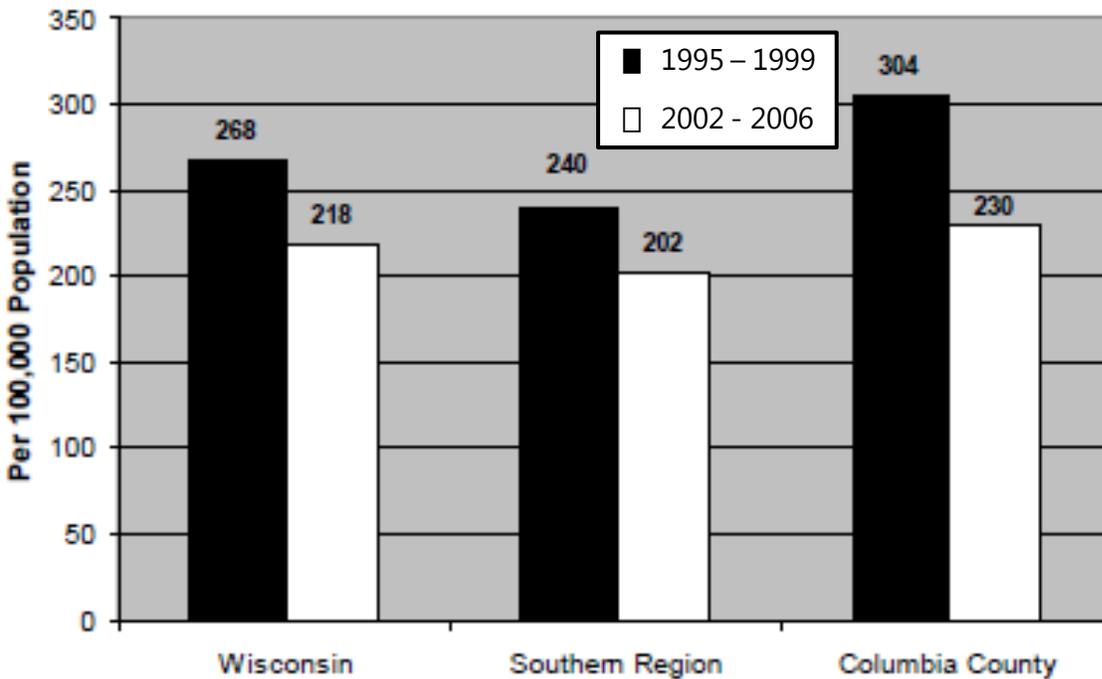
In 2005, Columbia County had an average of 1.6 hospitalizations due to diabetes per 1,000 individuals. As the population ages, however, diabetes death rates increased significantly. For individuals aged 65 and older, there were 4.1 deaths per 1,000 individuals in 2005. Although Columbia County's diabetes death rates decreased between 1995 and 2006, the county's average continued to be higher than the state average. Similarly, Columbia County's annual death rate for strokes dropped from 109 per 100,000 individuals from 1995-1999 to 65 per 100,000 individuals from 2002-2006. However, the county's average death rate continued to be higher than the state average of 56 per 100,000 individuals from 2002-2006.

### Average Mortality Rate for Strokes

per 100,000 Population



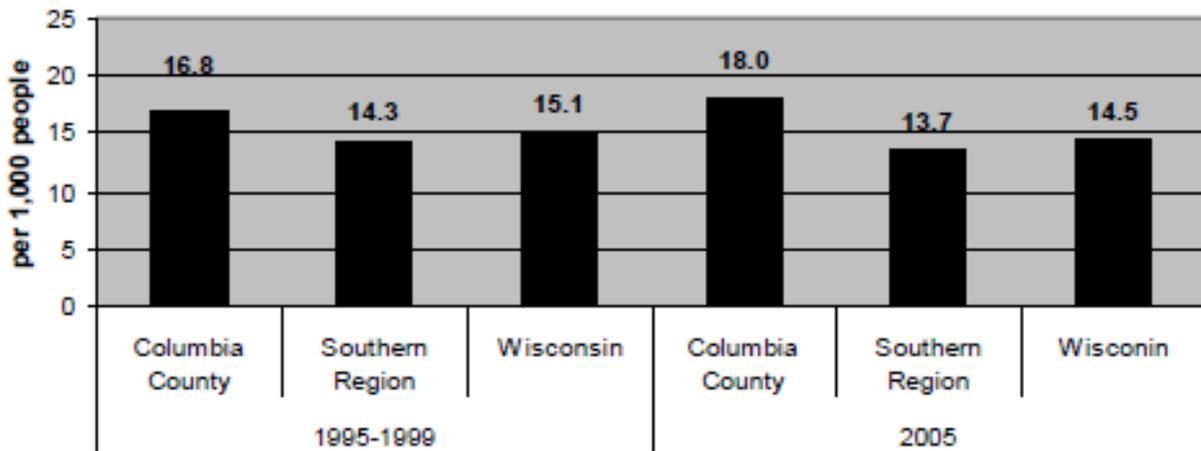
## Average Mortality Rate for Heart Disease



Columbia County's mortality rate for heart disease has also improved, but continues to lag behind the state's average. Columbia County's mortality rate decreased by approximately 24 percent from 304 deaths per 100,000 individuals from 1995-1999 to 230 deaths from 2002-2006. During these same time frames, the average for Wisconsin as a whole decreased approximately 19 percent, from 268 deaths per 100,000 individuals from 1995-1999 to 218 deaths from 2002-2006. With 12 more deaths (230 compared to 218) per 100,000 individuals from 2002-2006, heart disease continues to be a more serious issue in Columbia County than in Wisconsin as a whole.

Columbia County analyzed access to health care through the number of *avoidable or preventable hospitalizations*, defined as “hospitalizations for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization.” In other words, avoidable or preventable hospitalizations indicate that the absence of care early in an illness or injury may have led to the need for hospitalization later. Columbia County’s average preventable hospitalization rate was higher than for Wisconsin as a whole through 2005.

**Preventable Hospitalization Rates**  
(comparison 1995-99 and 2005)



Based on its findings, Columbia County identified the following health priorities:

- Access to health care – insurance, preventative care, free clinics
- Total wellness – physical and mental – nutrition, physical, obesity, food security
- Addictions – alcohol, tobacco, other drugs
- Physical environment – environmental concerns
- Worksite wellness – incentives, insurance

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 65<sup>th</sup> 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 62<sup>nd</sup> among the 72 Wisconsin counties for drug-related hospitalizations, with 281 hospitalizations per 100,000 individuals. In the same year, Marquette County also ranked 61<sup>st</sup> 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 Synthesis

| Access Needs  | Disease Based Needs  |
|---|--|
| <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialty Physician Services</li> <li>• Mental Health</li> <li>• Substance Abuse</li> <li>• Dental (free care)</li> <li>• Senior Services</li> <li>• Access for the Uninsured</li> </ul> | <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Cardiovascular</li> <li>• Cerebrovascular</li> <li>• Diabetes</li> <li>• Pulmonary</li> <li>• Kidney</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Alzheimer’s and Dementia</li> <li>• Gero-Psychiatry</li> <li>• Chronic Low Back Pain</li> </ul> |
| Wellness/Prevention/Public Health Needs   | Miscellaneous Needs *  |
| <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Addictions</li> <li>• Physical Activity</li> <li>• Work Place Wellness</li> </ul>   | <ul style="list-style-type: none"> <li>• Transportation</li> <li>• Translator Services</li> <li>• Adult Day Care</li> <li>• Respite Services</li> <li>• Emergency Detox</li> <li>• Downtown Portage Presence</li> </ul>  |

\*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.

While there is some overlap among the needs identified in the four quadrants of the above chart, this serves as a helpful paradigm for discussion of the Implementation Strategy which follows in a later section.

### Existing Community Resources

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

- Divine Savior Hospital
  - 2817 New Pinery Road, Portage, WI 53901
  - (608) 742-4131
- Divine Savior Healthcare Pardeeville Clinic
  - 102 Gillette Street, Pardeeville, WI 53954
  - (608) 429-2185
- 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 2<sup>nd</sup> 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
  - (608) 742-3272
- Joseph LaBella, DDS
  - 1508 New Pinery Road, Portage, WI 53901
  - (608) 742-4533
- P.Timothy J. Rosin, DDS
  - 2570 New Pinery Road, Portage, WI 53901
  - (608) 742-5573
- Timothy J. McCreath, DDS
  - 2625 New Pinery Road, Portage, WI 53901
  - (608) 742-4800
- Timothy Fischer, DDS
  - 303 East Wisconsin Street, Portage, WI 53901
  - (608) 742-8311
- Peter G. Hill, DDS
  - 237 West Seward Street, Poyette, WI 53901
  - (608) 635-7070
- Dells Dental
  - 245 West Munroe Avenue, Wisconsin Dells, WI 53965
  - (608) 254-2345
- Sweeney Dental, LLC

- 910 Iowa Avenue, Wisconsin Dells, WI 53965
  - (608) 253-4701
- Robert E. Crawford, DDS
  - 120 East 2<sup>nd</sup> Street, Westfield, WI 53964
  - (608) 296-2323
- Govoni Family Dental
  - N4390 Crossroads Clinic Road, Oxford, WI 53952
  - (608) 589-5186
- Fox River Dental Associates
  - 215 Church Street, Montello, WI 53949
  - (608) 297-2181

#### *Care for the Elderly*

- Tivoli at Divine Savior Healthcare
  - residential living facility
  - 2805 Hunters Trail, Portage, WI 53901
  - (608) 745-5900
- ABC Connections
  - elderly and disabled services
  - 309 West Cook Street, Portage, WI 53901
  - (608) 742-4039
- Aging & Disability Resource Center of Columbia County
  - elderly and disabled services
  - 2652 Murphy Road, Portage, WI 53901
  - (608) 742-9233
- Aging & Disability Resource Center of Adams, Green Lake, Marquette and Waushara Counties
  - elderly and disabled services
  - 428 Underwood Avenue, P.O. Box 405, Montello, WI 53949
  - (608) 297-3164
- 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*

- Walgreens Pharmacy
  - 2700 New Pinery Road, Portage 53901
- Walgreens Pharmacy

- 300 Wisconsin 13, Wisconsin Dells 53965
- (608) 254-5760

*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:
  - a. Blood pressure – Hypertension is often referred to as the “silent killer”. Divine Savior offers Blood Pressure screenings . . . . .
  - b. Cholesterol - According to the American Heart Association, high cholesterol is a major controllable risk factor for heart attack, stroke and heart disease. Combined with other risk factors such as high blood pressure or diabetes, high cholesterol greatly raises risk for heart disease. Divine Savior offers cholesterol screenings . . . . .
  - c. Women’s Health – The Wisconsin Well Woman program provides selected preventative health screenings such as mammograms and Pap smear tests to low income, uninsured or underinsured women at no cost. The American Cancer Society recommends an annual mammogram screening for breast cancer starting at the age of 40. They also recommend annual cervical cancer screenings beginning at age 21 with HPV testing beginning at the age of 30. Divine Savior offers these services to the community.
  - d. Heart Care - Screening includes blood pressure, HDL, LDL, total cholesterol, glucose, and triglycerides.
2. Exercise classes: Divine Savior offers a series of exercise classes intended to advance individual and community wellness:
  - a. Cardio sculpt
  - b. Senior Fitness
  - c. Slow flow yoga
  - d. Tai chi
  - e. Yogilates
  - f. Zumba®
  - g. Zumba® Class & Sculpt

3. Support groups: Divine Savior sponsors/hosts multiple patient/family support groups, with a focus on community education and patient/family support:
  - a. Breastfeeding
  - b. Caregivers
  - c. Diabetes
  - d. Enduring loss together (loss of an infant)
  - e. Grief
  - f. Hope House - For past & present survivors of domestic violence and sexual assault.
  - g. Living with cancer
  - h. Multiple Sclerosis
  - i. Parkinson's
  - j. Portage area low vision
4. Speaking events/Community Education: Divine Savior hosts/supports a set of community workshops and education events focused on important community health needs:
  - a. Breastfeeding workshop
  - b. Babysitting basics
  - c. ABC's of Alzheimer's and Dementia
  - d. Heart Health
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
  - d. Basic cardiac life support for healthcare providers (CPR) recognition and renewal courses
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. Wisconsin Well Woman – This program provides selected preventative health screenings such as mammograms and Pap smear tests to low income, uninsured or underinsured women at no cost.

## **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 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. This physician growth plan includes the addition of new physicians in Family Medicine, Internal Medicine, and OB/Gyn. We will also be adding mid level providers, or Advanced Practice Providers (APP’s) at Divine Savior. Our response plan also includes the addition of providers in our Urgent Care program, along with expansion of that program.

Divine Savior is working with the University of Wisconsin and four other community hospitals on a “co-op” for graduate medical education in primary care, as a means of enhancing access to current and future primary care physicians for the community.

The above actions represent a significant commitment and investment by Divine Savior. We will be adding 15 – 18 new primary care providers over the next several years to address the important community health need for improved access to primary care.

We will be evaluating the feasibility of “satellite” primary care clinics, especially the feasibility of a primary care clinic in Marquette County, as the above-described recruitment process proceeds.

#### *Specialty Physician Services*

Chronic disease management is an important need in our community; the Divine Savior recruitment plan includes the recruitment of several Internal Medicine physicians. This is an area of overlap between primary care and specialty care.

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, Occupational Health/Physical Medicine, Radiology and Emergency Medicine.

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, Dermatology, Neurology, ENT, Oncology, Podiatry, Ophthalmology, OB/Gyn (sub-specialty), 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 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 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 two 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*

Divine Savior currently provides approximately \$2.8 Million 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 likely be implementing 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 increased emphasis that Divine Savior has placed on our range of exercise programs, community education efforts, and workplace health initiatives. 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 Gero-Psychiatry 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 currently offers a broad range of Orthopedic services, but does not have a Spine Program. From a patient safety and quality perspective, it is not appropriate that a hospital the size of Divine Savior does Spine Surgery. However, Divine Savior will evaluate non-surgical approaches to the treatment (and prevention) of chronic back and neck pain, with an eye toward implementation of such a program to decrease the community health impacts of this common problem.

### **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
- Exercise Classes
- 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 the following areas, in terms of Divine Savior's community wellness and prevention activities:

Divine Savior will also be placing greater emphasis on offering Workplace Wellness programs, in addition to the community based programs described above.

Finally, the Chronic Low Back Pain program described earlier in intended to have a prevention component, including working with interested employers and their workforces.

### **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 –*