

Community Health Needs Assessment

Prepared for
ST. CLARE HOSPITAL

By
VERITÉ HEALTHCARE
CONSULTING, LLC

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ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments (CHNAs) and develop implementation strategies that address priority needs. The firm also helps health systems, hospital associations and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are required to meet.

The CHNA prepared for St. Clare Hospital was directed by the firm's president and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's president, as well as all senior-level consultants and associates, hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

Verité Healthcare Consulting's work reflects fundamental concerns regarding the health of vulnerable people and the organizations that serve them

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INTRODUCTION

This community health needs assessment (CHNA) was conducted by St. Clare Hospital (St. Clare or the hospital) because the hospital wants to understand better community health needs and to develop an effective implementation strategy to address priority needs. The hospital also has assessed community health needs to respond to regulatory requirements.

Federal regulations require that tax-exempt hospitals provide and report community benefits to demonstrate they merit exemption from taxation. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities or programs seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.¹

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to “conduct a [CHNA] every three years and adopt an implementation strategy to

meet the community health needs identified through such assessment.”²

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of **how** the organization can best use its limited charitable resources to address priority needs will be the subject of a second document, the hospital’s Implementation Strategy.

This CHNA considers multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interests of the community, including those with expertise in public health.

The following topics and data are assessed in this report:

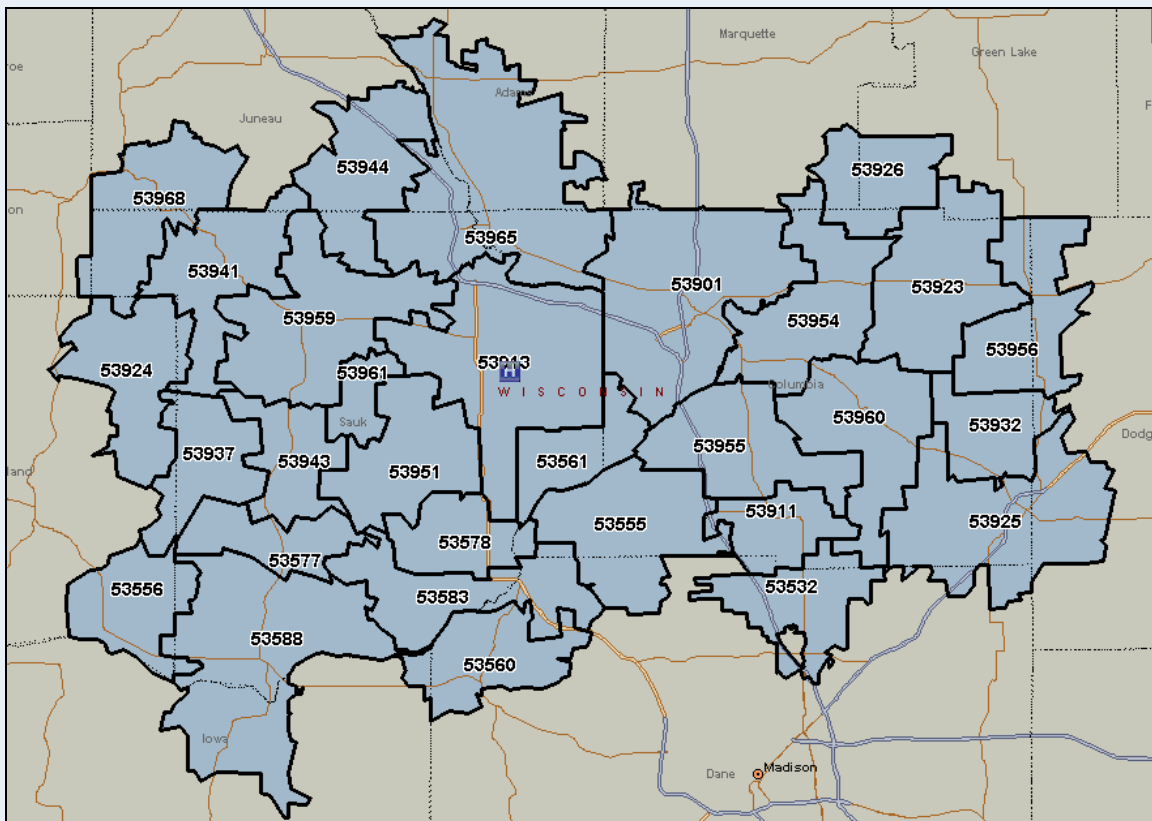
- Demographics, e.g., numbers and locations of vulnerable people;

¹ Instructions for IRS Form 990, Schedule H, 2011.

² Patient Protection and Affordable Care Act.

- Economic issues, e.g., poverty and unemployment rates;
- Community issues, e.g., homelessness, housing, environmental concerns, crime, and availability of social services;
- Health status indicators, e.g. morbidity rates for various diseases and conditions, and mortality rates for leading causes of death;
- Health access indicators, e.g., uninsurance rates and use of emergency departments for non-emergent care;
- Health disparities indicators; and
- Availability of healthcare facilities and resources.

EXECUTIVE SUMMARY



St. Clare Community By the Numbers

- The St. Clare community includes 38 ZIP codes in Columbia and Sauk counties
- Population (2010): 118,809
- 74% of hospital discharges originate from the community
- Population change (2000-2010) of 10.3 percent
- Slightly higher population aged 65+ than Wisconsin as a whole
- Lower per capita and median household income in Sauk County than Wisconsin
- Lower rates of poverty and unemployment than Wisconsin and the U.S.
 - Pockets of poverty throughout Sauk County and parts of Columbia County
- Disparities:
 - Non-white populations more likely to be unemployed and/or living in poverty
- Lower percentage, at 4.9 percent, of non-White residents than Wisconsin, at 13.8 percent, in 2010

While the St. Clare community benchmarks favorably on a variety of health indicators compared to national and Wisconsin averages, this assessment has identified a number of priority problems that impact the health of the community.

Columbia and Sauk counties have been defined as the hospital's community for this assessment. The community has experienced faster population growth than Wisconsin. Currently, the population living in the community is slightly older than Wisconsin. The community also has a higher percentage of White residents than the state average, with only 4.9 percent of residents being non-White.

Poverty and unemployment can create barriers to access (to health services, healthy food, and other necessities) and thus can contribute to poor health. Neither county reports higher poverty nor unemployment rates than the state or national average.

However, health disparities exist for racial and ethnic minorities. These populations are more likely to lack economic and social resources and to be at risk for poor health.

Vulnerable areas in the community appear to be located primarily in Sauk County. However, both counties have been designated as Health Professional Shortage Areas (HPSAs) for mental health and contain high numbers of students who are eligible for free or reduced-cost lunches.

Community-Wide Priority Needs

Poor health status can result from a complex interaction of challenging social, economic, environmental, and behavioral factors combined with a lack of access to care. Addressing these “root” causes is an important way to improve quality of life and to reduce mortality and morbidity.

The table that follows identifies priority community health needs found by this CHNA. The needs are listed by category in alphabetical order.

Access to Providers of Health and Human Services

- **Lack of Affordable and Accessible Care**

Access to care is impeded by insufficient insurance coverage, high deductibles and copays, and a lack of transportation, particularly for the elderly and minority populations. Lack of access is also demonstrated by clinics at capacity, a lack of convenient appointment times, and inappropriate use of the ER. Residents of Columbia County have difficulty affording prescription medications.

- **Lack of Health Education**

Topics of concern include diet and nutrition, drug abuse, and preventive services. Residents are often unaware of community resources.

- **Lack of Physicians and Specialists**

The community lacks a sufficient supply of dentists, psychiatrists, pediatricians, and social workers. Residents report difficulty finding providers who accept Badger Care.

- **Support for Seniors and Their Caregivers**

Seniors' unique health needs include increased case and medication management. Seniors and their caregivers would benefit from increased health education regarding chronic and emerging issues. Columbia County seniors exhibit high rates of Alzheimer's disease.

Dental Health

- **Lack of Access to Dental Care and Poor Dental Health Status**

Affordable dental care services are needed for low-income children and adults to improve dental health outcomes.

Health Behaviors

- **Alcohol Abuse**

Efforts to reduce alcohol misuse are needed due to comparatively high rates of heavy drinking.

- **Drug Abuse**

Interventions are needed to reduce misuse of both illegal substances, especially heroin, and prescription drugs.

- **Smoking/Tobacco Use**

Efforts to reduce tobacco use are needed due to comparatively high rates of smoking and tobacco use in Columbia County and comparatively high rates of mothers who smoke during pregnancy in Columbia and Sauk counties.

Health-Related Disparities

- **Gender Disparities**

Gender disparities are prevalent in the community; men frequently have higher incidence rates and mortality rates, notably for cancer and chronic lower respiratory disease.

- **Racial and Ethnic Disparities**

Issues disproportionately affecting non-white populations across the community include high school graduation rates and births to mothers who did not graduate from high school. In Sauk County, health disparities include comparatively high rates of infant mortality and low birth weight infants.

Mental Health

- **Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status**

Local mental health services are needed to address the needs of children/adolescents, individuals with substance abuse issues, and seniors. Poor mental health in the community results in part from a lack of accessible providers and inadequate insurance coverage.

Morbidity and Mortality

- **Diet and Exercise-Related Issues**

Access to nutritious foods, reduced poor food choices, and increased outlets for physical activity are needed to reduce obesity and related health impacts, such as diabetes and cardiovascular disease.

- **High Rates of Colorectal and Cervical Cancer**

The community exhibits comparatively high rates of colorectal and cervical cancer.

- **High Rates of Communicable Diseases**

Unsafe sex practices, particularly in Sauk County, are leading to high rates of chlamydia in Sauk county. Columbia County exhibits high rates of HIV and chlamydia.

- **High Rates of Unintentional Injury and Accidents**

Interventions are needed to address comparatively high rates of unintentional injuries and motor vehicle accident mortalities in the community.

Physical Environment

- **Violent Crime**

Interventions are needed to reduce the comparatively high rates of violent crime in Columbia County.

Social and Economic Factors

- **Financial Hardship, Unemployment, and Basic Needs Insecurity**

The economic downturn has led to increased unemployment and poverty. A growing number of resident, including seniors, children, and minority populations, are unable to meet basic living needs such as food, shelter, and utilities.

APPENDIX

METHODOLOGY

Analytic Methods

This report begins by identifying the community served by St. Clare Hospital. Findings based on various quantitative analyses regarding health needs in the area are discussed. These analyses included readily available public information and a wide-range of aggregated data provided by Healthy Communities Institute (HCI), a subscription service that provides high-quality data to support efforts such as this assessment. HCI data that identified needs in the community were selected for further evaluation. Additionally, health assessments conducted by other organizations in recent years are reviewed and analyzed.

The assessment then considers information obtained from interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, plus St. Clare-affiliated clinicians, administrators, and staff. Twenty-one interviews were conducted in September 2012. Three focus groups and seven additional personal interviews were conducted between May and July of 2012 by the Central Wisconsin Community Action Council, Inc.

Identifying priority community health needs involves benchmarking and trend analysis. Statistics for health status and health access indicators are analyzed and compared to state-wide and national benchmarks or goals. The assessment considers multiple data sources, including indicators from local, state, and federal agencies. Including multiple data sources and stakeholder views is important when assessing the level of consensus present regarding community health needs. If numerous data sources and interviews support similar conclusions, then confidence is increased regarding the most problematic health needs in a community.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment. Verité listed the identified health issues and assigned to each a severity score based on the extent to which indicators exceeded Wisconsin or U.S. averages. An average severity score was calculated for each category of data (secondary data, previous assessments, interviews, and focus group data) to account for the number of sources that measured each health issue. These averages were assigned a weight: 40 percent, 10 percent, 40 percent, and 10 percent, respectively. A final score was calculated by summing the weighted averages. **Exhibit 1** illustrates this process for three example indicators.

Exhibit 1: Example Prioritization Process by Data Source and Indicator, Sauk County

Data Source	Smoking and Tobacco Use	Stroke	Diabetes Incidence
County Health Rankings	1	-	-
Community Health Status Indicators Project	-	1	-
Healthy Communities Institute	1	-	-
Healthy People 2010	2	1	-
Wisconsin Department of Health	-	2	2
Secondary Data - Weighted Average (40%)	0.4	0.4	0.4
Previous Assessments	2	-	2
Previous Assessments - Weighted Average (10%)	0.2	-	0.2
Interviews	2	-	2
Interviews - Weighted Average (40%)	0.8	-	0.8
Focus Group	1	-	2
Focus Groups - Weighted Average (10%)	0.1	-	0.2
Final Score	1.1	0.4	1.6

Source: Verité Analysis, 2012.

The methodology takes into account both severity scores for each health issue and the number of sources that measure each issue.

Information Gaps

No information gaps have affected St. Clare’s ability to reach reasonable conclusions regarding community health needs.

Collaborating Organizations

For this assessment, St. Clare collaborated with the Central Wisconsin Community Action Council, Inc.

Input also was received from 21 primary interview sessions.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by St. Clare. Verité relied on St. Clare's current service area definition to identify the community to be assessed. The definition was based on the geographic origins of hospital discharges.

St. Clare's community is defined as Columbia and Sauk counties in Wisconsin (**Exhibit 2**). There are 38 ZIP codes in these counties, some of which straddle multiple counties. The hospital is located in Baraboo (ZIP code 53913), with Urgent Care Clinics in Lake Delton (ZIP code 53940) and Wisconsin Dells (ZIP code 53965). In 2010, the St. Clare community had an estimated population of 118,809 persons.

From July of 2011 through June of 2012, 81 percent of the hospital's discharges and 64 percent of its emergency department visits originated from the community; the majority of both originated from Sauk County (**Exhibit 2**). ZIP codes 53913 and 53965 accounted for approximately 67 percent of inpatient discharges and 52 percent of emergency department visits. The inflow of tourists into the community appears to be illustrated in the 36 percent of emergency department visits from patients living outside the community.

Exhibit 2: St. Clare’s Inpatient Discharges and Emergency Department Visits, July 2011- June 2012³

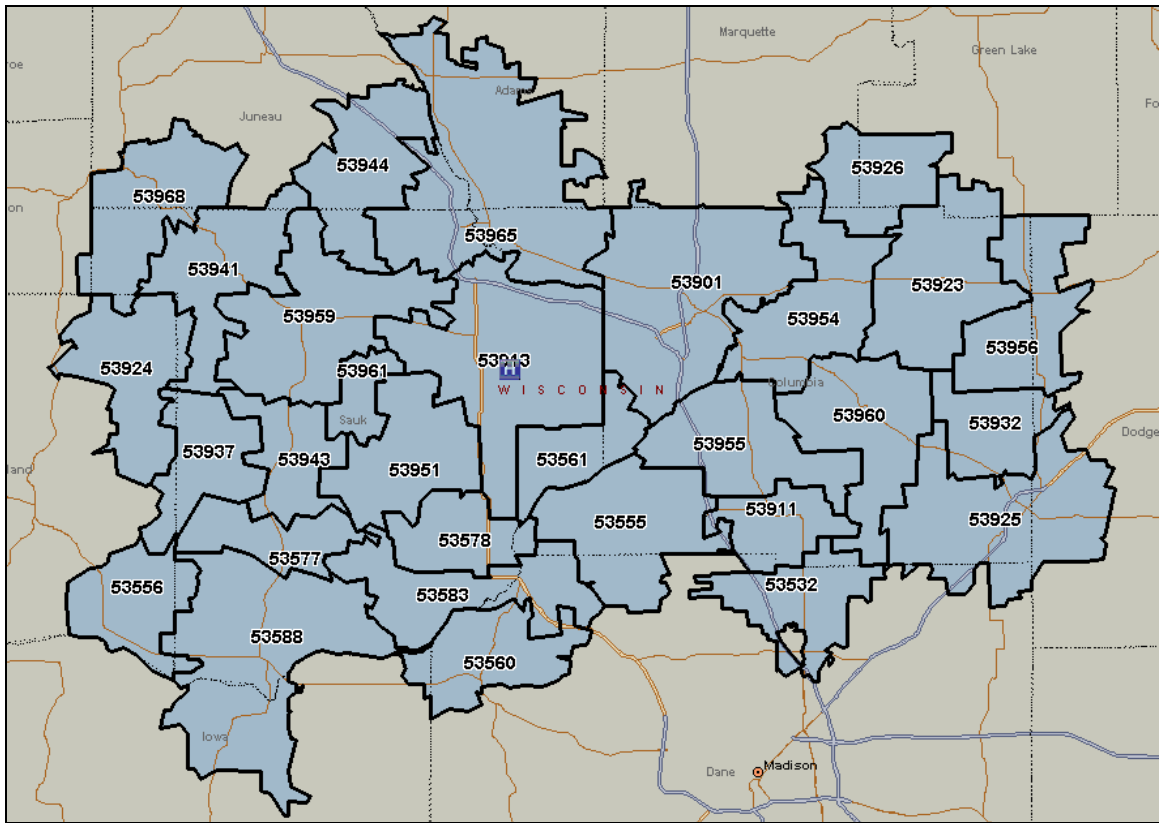
Columbia County			Sauk County		
ZIP Code	Percent of Discharges	Percent of ED Visits	ZIP Code	Percent of Discharges	Percent of ED Visits
53965	6.9%	7.5%	53913	49.7%	38.3%
53901	2.1%	1.9%	53965	10.3%	6.5%
53954	0.3%	0.4%	53959	3.5%	2.9%
53561	0.1%	0.0%	53951	2.8%	2.4%
53955	0.2%	0.1%	53961	1.0%	0.6%
53555	0.1%	0.2%	53940	1.0%	1.5%
53923	0.1%	0.0%	53561	0.8%	0.6%
53932	0.1%	0.0%	53578	0.6%	0.3%
53532	0.0%	0.0%	53583	0.3%	0.3%
53911	0.0%	0.0%	53943	0.3%	0.1%
53925	0.0%	0.0%	53937	0.2%	0.1%
53926	0.0%	0.0%	53941	0.2%	0.2%
53928	0.0%	0.0%	53577	0.2%	0.1%
53935	0.0%	0.0%	53560	0.1%	0.0%
53956	0.0%	0.0%	53588	0.1%	0.1%
53957	0.0%	0.0%	53942	0.1%	0.0%
53960	0.0%	0.0%	53993	0.1%	0.0%
53969	0.0%	0.0%	53556	0.0%	0.0%
Subtotal	9.8%	10.2%	53924	0.0%	0.0%
			53944	0.0%	0.0%
			53958	0.0%	0.0%
			53968	0.0%	0.0%
			Subtotal	71.3%	54.0%
			Community Total	81.1%	64.3%
			Other	25.9%	35.7%
			Total	1,720	25,534

Source: St. Clare Inpatient Data, 2012, and Emergency Department Data, 2012.

Exhibit 3 presents a map that shows the ZIP codes for the community that was assessed.

³ As some ZIP codes cross county borders, the discharges/visits in Exhibit 2 are from individuals that hospital data indicate reside in both the ZIP code and the county. Discharges/visits within a ZIP code may be greater than indicated above as the individual’s discharge may be attributed to another county.

Exhibit 3: Community Map, St. Clare



Sources: Microsoft MapPoint and St. Clare, 2012.

Population 2010: 118,809

...

81% of the hospital's discharges originated from the community; the majority of these originated from Sauk County

SECONDARY DATA ASSESSMENT

This section assesses secondary data regarding health needs in St. Clare’s community.

Demographics

Population characteristics and trends play a determining role in the types of health and social services needed by communities. The population living in the community increased 10.3 percent between 2000 and 2010 (to 118,809 persons) – a rate higher than the state-wide increase of 6.0 percent.

Exhibit 4 indicates that the community has a slightly higher proportion of residents aged 65 and older than Wisconsin as a whole. The population aged 65 and older increased by 13.1 percent between 2000 and 2010 – a rate higher than the 10.3 percent increase experienced by the community as a whole.

Exhibit 4: Percent of Population by Age, 2010

Age Group	Community	Wisconsin
<5	6.2%	6.3%
5-17	17.4%	17.3%
18-64	61.3%	62.7%
65+	14.8%	13.7%
Total	118,809	5,363,675

15% of the community's population in 2010 was 65+

Source: U.S. Census Bureau, 2011.

In 2010, 95.1 percent of the community was White – a percentage that is higher than the state-wide average (**Exhibit 5**).

Exhibit 5: Percent of Population by Race, 2010

Race/Ethnicity	Community	Wisconsin
White	95.1%	86.2%
Hispanic or Latino	3.4%	5.9%
Other	1.8%	2.4%
Two or More Races	1.2%	1.8%
Black	0.9%	6.3%
Asian	0.5%	2.3%
American Indian and Alaska Native	0.5%	1.0%
Total	160,331	5,363,675

95% of the community population in 2010 was White

Source: U.S. Census Bureau, 2011.

Other demographic characteristics are presented in **Exhibit 6**. Key findings include:

- Sauk County had a higher percentage of disabled residents than the Wisconsin average. Almost 11 percent of residents reported having a disability.
- Columbia County had high school graduation rates that were higher than national and state averages; Sauk County had graduation rates higher than the national average.

- Both counties had a lower percentage of linguistically isolated individuals than the national and state averages. Linguistic isolation is defined as the people aged 5 and older who speak a language other than English at home and who speak English less than “very well.”

Exhibit 6: Selected Demographic Indicators, 2010

Demographic Indicators	Columbia County	Sauk County	Wisconsin	U.S.
Total Population With Any Disability	10.6%	10.9%	10.8%	12.0%
Population 0-18 With Any Disability	5.0%	4.9%	4.0%	4.0%
Population 18-64 With Any Disability	8.4%	8.1%	8.7%	10.0%
Population 65+ With Any Disability	30.1%	33.3%	32.9%	37.2%
Residents 25+ Who Did Not Graduate High School	8.9%	10.2%	10.2%	14.7%
Residents 5+ Who Are Linguistically Isolated	1.4%	2.6%	3.2%	8.7%

Source: U.S. Census Bureau, 2011.

Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) unemployment and insurance coverage rates, and (3) household income.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2010, about 14 percent of people in the U.S. and about 12 percent of people in Wisconsin lived in poverty. Sauk and Columbia counties experienced a poverty rate that was lower than the national and Wisconsin averages (**Exhibit 7**).

Exhibit 7: Percent of People in Poverty, Three Year Estimates, 2008-2010

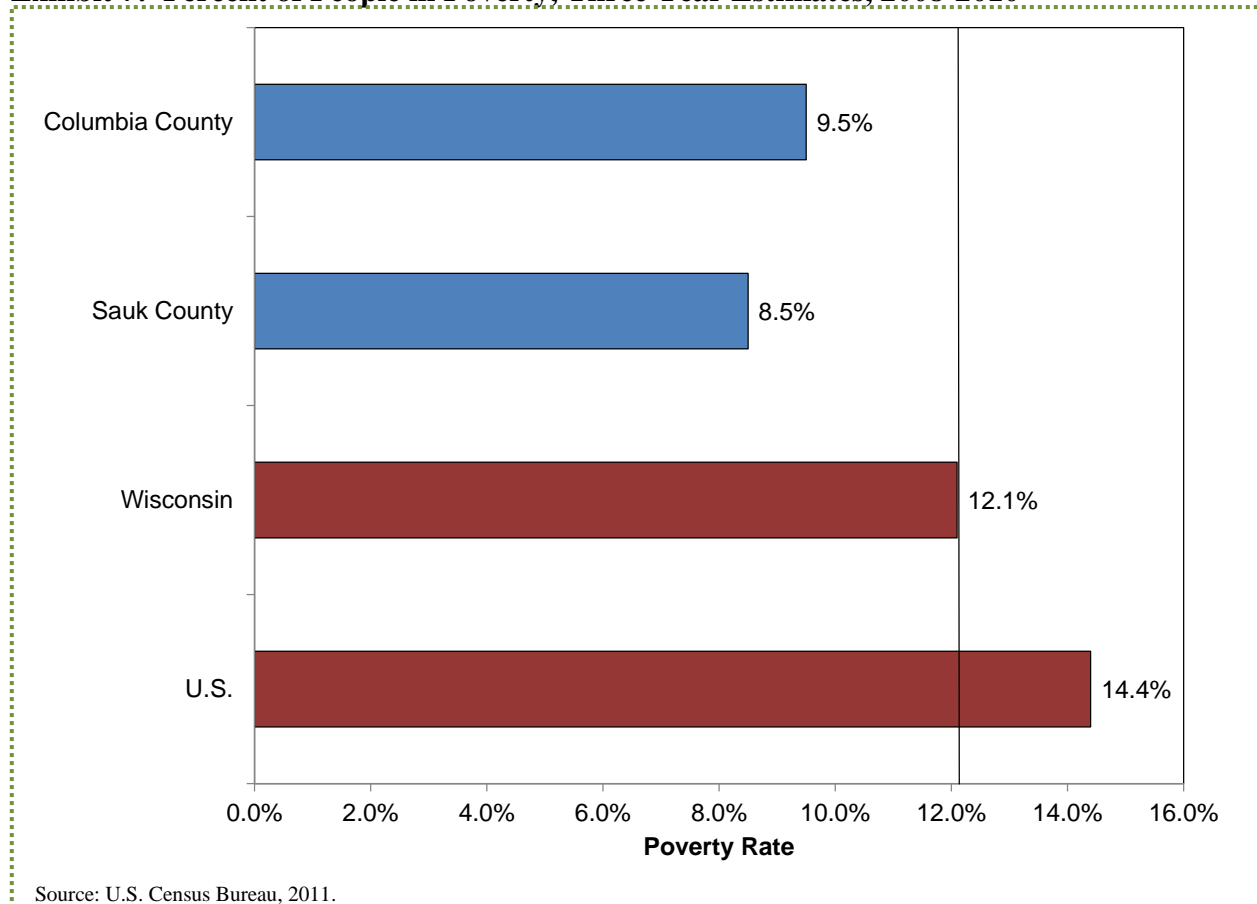
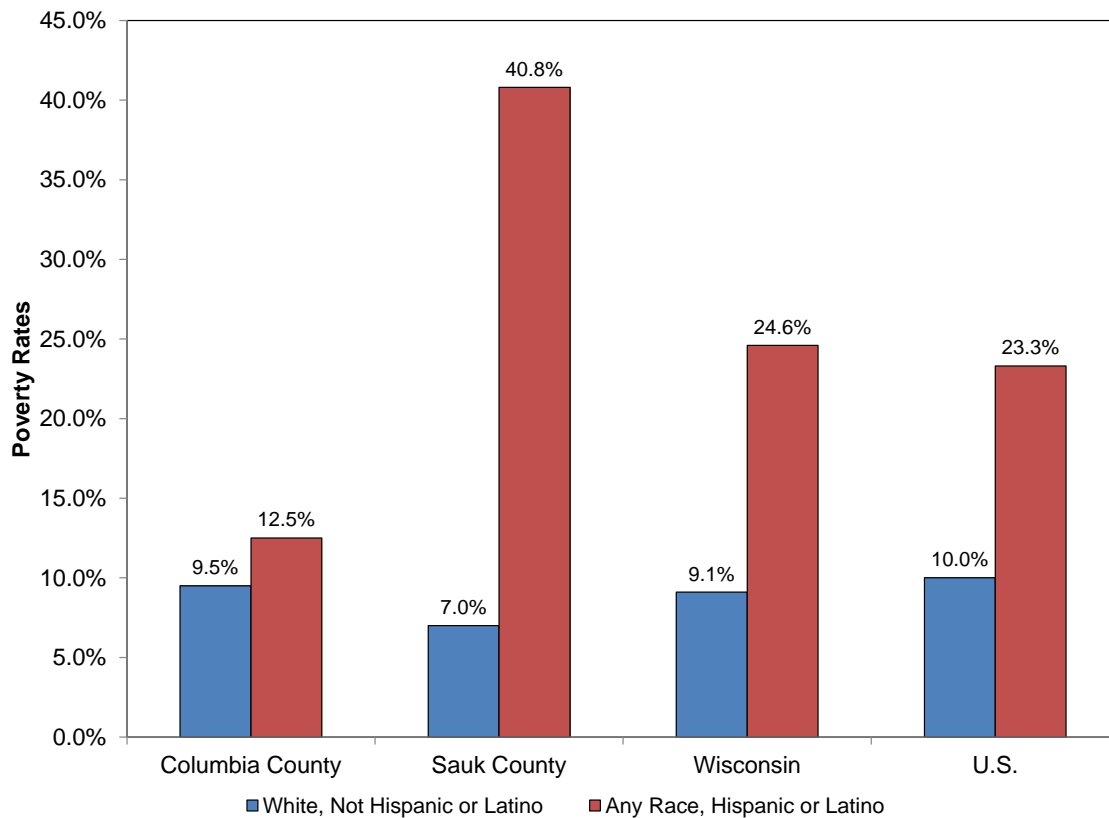


Exhibit 8 presents poverty rates by race/ethnicity. Hispanic or Latino residents of any race reported higher poverty rates in 2010 than White non-Hispanic residents. Hispanic or Latino residents in Sauk County reported higher poverty rates than the national and state averages.

Exhibit 8: Percent of People in Poverty by Ethnicity, Three Year Estimates, 2008-2010

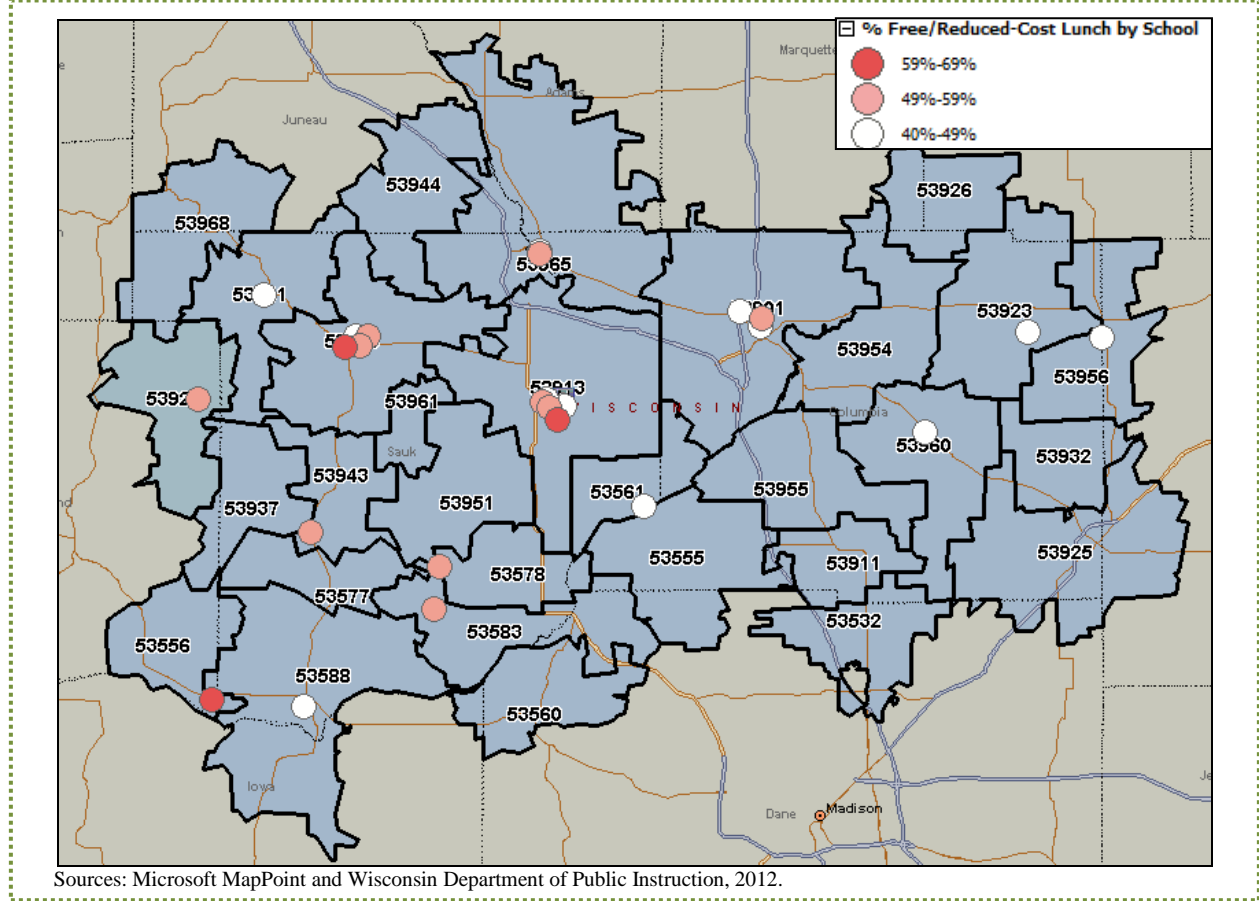


Source: U.S. Census Bureau, 2011.

The percentage of students eligible for free or reduced-cost lunches is another indicator of poverty. Schools participating in the National School Lunch Program are eligible to receive funding from the USDA to provide free or reduced-cost meals to low-income students. Schools with 40 percent or more of their student body receiving free or reduced-cost meals are eligible for school-wide Title I funding to help ensure that students meet grade-level proficiency standards.

Exhibit 9 maps the schools in the St. Clare community in which greater than 40 percent of students are eligible to receive free or reduced-cost lunches. These schools are located primarily in Sauk County, especially near Baraboo (ZIP code 53913), La Valle/Reedsburg (ZIP code 53959), Wisconsin Dells/Lake Delton (ZIP code 53965), and Cazenovia (ZIP code 53924). The school in Lone Rock (ZIP code 53556) also had a particularly high percentage of students receiving reduced-cost lunches. In Columbia County, Portage (ZIP code 53556) and Cambria (ZIP code 53923) contain schools with high percentages of students who receive free or reduced-cost lunches.

Exhibit 9: Public Schools with Over 40 Percent of Students Eligible for Free or Reduced-Cost Lunches, School Year 2011-2012

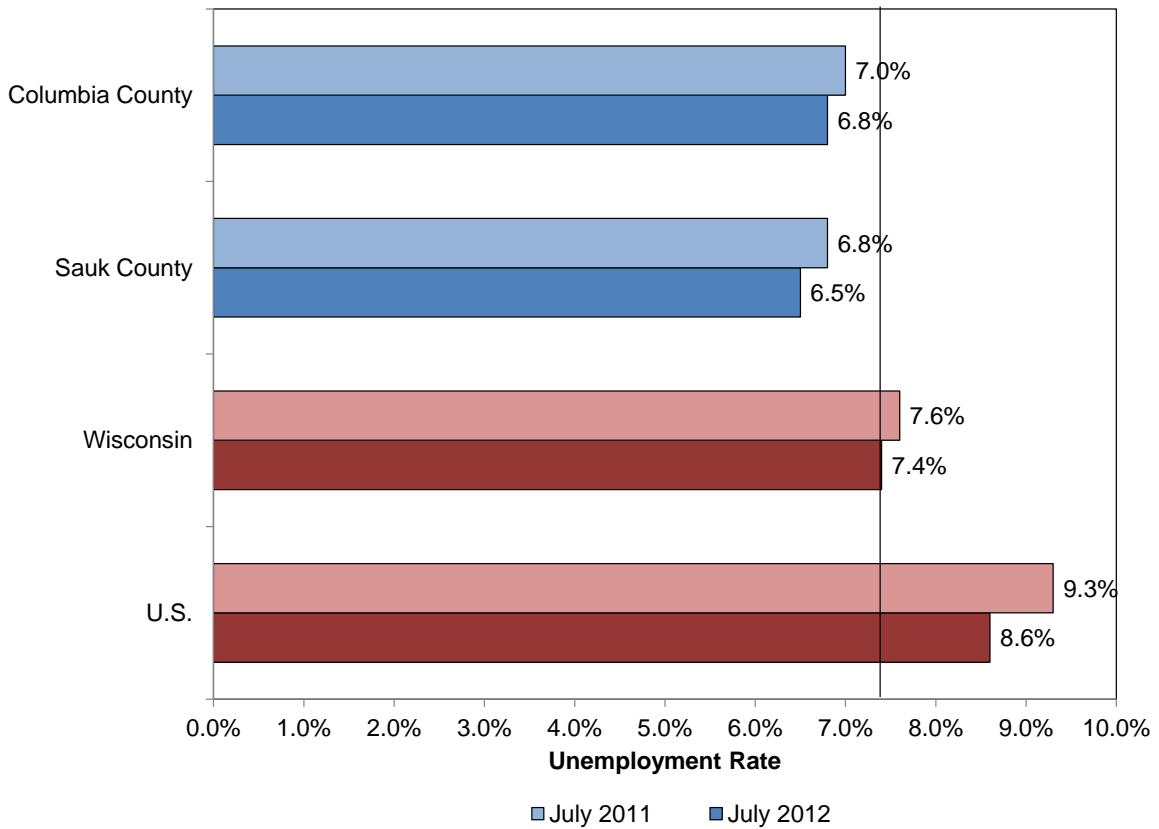


2. Unemployment and Insurance Coverage Rates

Private nonfarm employment increased by 7.6 percent in Columbia County and 15.3 percent in Sauk County between 2000 and 2009 compared to a 2.4 percent decrease in Wisconsin.⁴ Both counties reported lower unemployment rates in 2011 and 2012 than Wisconsin and national averages (**Exhibit 10**). High unemployment rates can increase the number of people without health insurance.

⁴ Healthy Communities Institute, 2012.

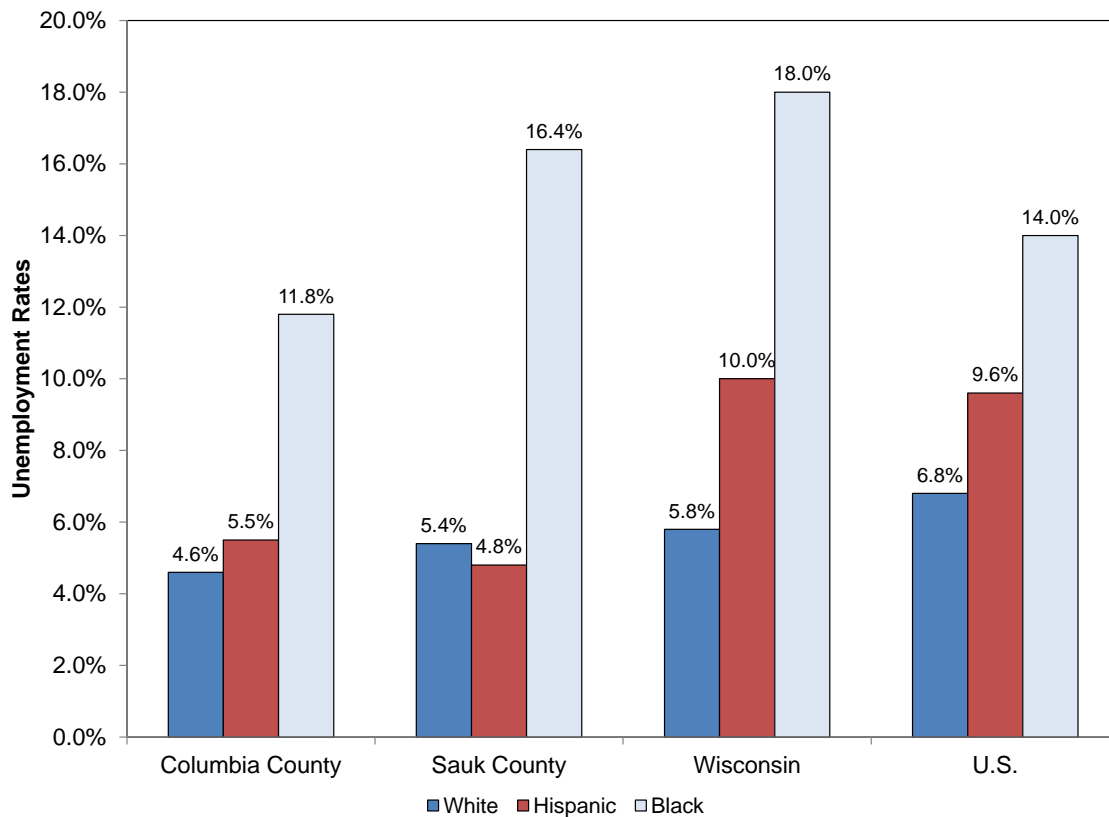
Exhibit 10: Unemployment Rates, 2011-2012



Source: U.S. Bureau of Labor Statistics, 2012.

Black residents in Sauk County had a higher unemployment rate in 2010 than the national average (**Exhibit 11**). Black residents in both counties had higher unemployment rates than other races.

Exhibit 11: Unemployment Rates by Race and Ethnicity, Five Year Estimates, 2006-2010



Source: U.S. Census Bureau, 2011.
 * Unemployment data by race were available only for the years 2006-2010.

Exhibit 12 indicates that Sauk County had a higher percentage of uninsured residents than the Wisconsin average but lower than the national average. The majority of uninsured residents aged 18 to 64 were unemployed.

Exhibit 12: Uninsured Population by Age Cohort and County, Three Year Estimates, 2008-2010

County	Total Population	Population Under 18	Population 18-64		
	Percent Uninsured	Percent Uninsured	Percent Uninsured and Employed	Percent Uninsured and Unemployed	Percent Uninsured not in Labor Force
Columbia County	5.8%	1.7%	7.7%	25.8%	9.0%
Sauk County	9.6%	5.1%	10.6%	44.9%	19.2%
Wisconsin	9.1%	4.9%	10.5%	36.9%	13.6%
U.S.	15.0%	8.7%	17.3%	47.4%	21.8%

Source: U.S. Census Bureau, 2011.

3. Household Income

Average per capita and median household incomes in Sauk County are lower than those in Wisconsin. Household income varies by race/ethnicity; non-White populations have lower incomes than White populations (**Exhibit 13**).

Exhibit 13: Per Capita Income and Median Household Income by Race and Ethnicity, 2010

Indicator	Columbia County	Sauk County	Wisconsin
Per Capita Income	\$26,993	\$25,452	\$26,624
American Indian or Alaska Native	\$16,717	\$19,368	
Asian	\$16,383	\$19,273	
Black	\$7,106	\$17,372	
Hispanic or Latino	\$14,343	\$10,668	
White, non-Hispanic	\$27,734	\$26,290	
Other	\$15,768	\$11,134	
Two or More Races	\$14,561	\$11,220	
Median Household Income	\$55,910	\$50,390	\$51,598
American Indian or Alaska Native	\$42,692	\$49,688	
Asian	\$60,321	\$21,680	
Black	\$35,441	\$45,893	
Hispanic or Latino	\$54,250	\$27,000	
White, non-Hispanic	\$56,502	\$51,091	
Other	\$60,161	\$24,716	
Two or More Races	\$36,106	\$47,292	

Source: U.S. Census Bureau, 2011.

County-Level Health Status and Access Indicators

Data from County Health Rankings, the Community Health Status Indicators Project, and the Wisconsin Department of Health Services were used to examine county-level health status and access indicators in the St. Clare community.

1. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state or State in terms of “health factors” and “health outcomes.” The health outcomes measure is a composite based on mortality and morbidity statistics, and the health factors measure is a composite of several variables known to

affect health outcomes: health behaviors, clinical care,⁵ social and economic factors, and physical environment.⁶

County Health Rankings is updated annually. *County Health Rankings 2012* relies on data from 2002 to 2010, with most data originating in 2006 to 2009. *County Health Rankings 2011* relies on data from 2001 to 2009, with most data originating in 2006 to 2008.

Exhibit 14 provides a summary analysis of the rankings for Columbia and Sauk counties. Rankings for Wisconsin were divided into quarters to indicate how each county ranks versus the 71 other counties in the state. **Exhibit 14** illustrates the quarter into which each county fell by indicator in the 2012 edition, and also illustrates whether a county's ranking worsened or improved from 2011. For example, in the 2012 edition, Columbia County was in the top half of the 72 Wisconsin counties for Employment (26th out of 72 counties); however, its ranking worsened for this indicator compared to the 2011 assessment.

⁵ A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

⁶ A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 14: County Health Rankings in Columbia and Sauk Counties

Indicator	Columbia County	Rank Change 2011 to 2012	Sauk County	Rank Change 2011 to 2012
Health Outcomes	↓	23 to 40	↓	26 to 36
Mortality	↓	25 to 40	↓	32 to 44
Morbidity	↓	19 to 32		21 to 17
Health Factors	↓	17 to 35	↓	22 to 37
Health Behaviors	↓	28 to 59		40 to 40
Tobacco Use	↓	29 to 53		44 to 35
Diet and Exercise*	↓	N/A	↓	N/A
Alcohol Use	↓	57 to 68		48 to 42
Sexual Activity		35 to 24		59 to 59
Clinical Care		25 to 20	↓	17 to 53
Access to Care		35 to 12	↓	11 to 15
Quality of Care ⁷	↓	30 to 35	↓	38 to 68
Social & Economic Factors		20 to 17	↓	30 to 31
Education		41 to 21	↓	26 to 42
Employment	↓	22 to 26	↓	24 to 26
Income		14 to 14		27 to 22
Family and Social Support	↓	15 to 18		52 to 51
Community Safety	↓	49 to 54	↓	48 to 51
Physical Environment	↓	47 to 61		28 to 19
Environmental Quality ⁸		48 to 48		27 to 27
Built Environment* ⁹	↓	N/A		N/A

Source: *County Health Rankings*, 2011 and 2012.

*The 2012 edition of *County Health Rankings* used different data sources for the “Diet and Exercise” and “Built Environment” indicators than the 2011 edition. Therefore, we do not draw comparisons between years for these indicators.

Key	
County Ranking 1-36	
County Ranking 37-54	
County Ranking 55-72	
Ranks Not Comparable Between 2011 and 2012	N/A
Rank Decreased from 2011 to 2012	↓

Both counties ranked worse than 36th out of 72 Wisconsin counties for Mortality, overall Health Behaviors, Diet and Exercise, Alcohol Use, and Community Safety. Additionally, Columbia County ranked in the bottom quartile of counties for overall Physical Environment and Built Environment; Sauk County ranked in the bottom quartile for Sexual Activity and Quality of Care.

⁷ A composite measure which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

⁸ A composite measure that examines the number of air pollution-particulate matter days and air pollution-ozone days.

⁹ A composite measure which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

2. Community Health Status Indicators Project

The *Community Health Status Indicators* (CHSI) Project, provided by the U.S. Department of Health and Human Services, compares many health status and access indicators to both the median rates in the U.S. and to rates in “peer counties” across the U.S.

Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density. **Exhibit 15** highlights the analysis of CHSI health status indicators. Cells in the table are shaded if, on that indicator, a county compared unfavorably both to the U.S. as a whole and to the group of specified peer counties.

Exhibit 15: Unfavorable Health Status Indicators

Indicator	Columbia County	Sauk County
Low Birth Weight Infants		
Very Low Birth Weight Infants		
Premature Births		
No Care in First Trimester		
Births to Women under 18		
Births to Women age 40-54*		
Births to Unmarried Women		
Infant Mortality		
Hispanic Infant Mortality		
White non Hispanic Infant Mortality		
Black non Hispanic Infant Mortality		
Neonatal Infant Mortality		
Post-neonatal Infant Mortality		
Breast Cancer (Female)		
Colon Cancer		
Lung Cancer		
Coronary Heart Disease		
Stroke		
Homicide		
Suicide		
Motor Vehicle Injuries		
Unintentional Injury		

Key	
	Unfavorable

Source: The *Community Health Status Indicators* Project, 2010.

Overall, both counties compared favorably for most health indicators. Suicide and Motor Vehicle Injuries compared unfavorably to U.S. and peer county benchmarks in both counties.

3. Wisconsin Department of Health Services

The Wisconsin Department of Health Services maintains a publicly-available data warehouse that includes indicators regarding a number of health status issues. The department annually publishes a profile for the state, each “public health region”¹⁰, and each county in the state. Data in the 2010 profiles were from 2008 through 2010. **Exhibit 16** illustrates how Sauk and Columbia counties did on each indicator when compared to the Wisconsin averages.

¹⁰ Wisconsin is divided into five public health regions that focus on certain counties in the state. Rock County is part of the Southern Region which includes 15 counties.

Exhibit 16: Comparison of Columbia and Sauk Counties to Wisconsin Averages

Indicator	Columbia	Sauk	Wisconsin	Year
Breast Cancer Incidence*	170.2	104.6	136.4	2008
Cancers Hospitalizations: Total**	4.6	3.5	3.4	2010
Cervical Cancer Incidence	10.9	6.5	5.5	2008
Colorectal Cancer Incidence	62.4	64.3	47.0	2008
Lung and Bronchus Cancer Incidence	94.5	54.4	66.9	2008
Other Sites Cancer Incidence	247.7	214.4	249.0	2008
Prostate Cancer Incidence	115.8	36.6	138.5	2008
Total Cancer Incidence	552.5	407.3	503.1	2008
10+ Prenatal Visits During Pregnancy	79.0%	79.0%	80.0%	2010
1st Prenatal Visit in 1st Trimester	86.0%	84.0%	84.0%	2010
Percent Compliant With Immunizations Grades K-12	94.2%	99.2%	96.6%	2010
Percent of Mothers Who Smoke	16.0%	22.0%	13.0%	2010
Percent of Mothers With High School Diploma or Less	40.0%	43.0%	40.0%	2010
Alcohol-Related Hospitalizations: Total	2.0	2.2	2.0	2010
Drug-Related Hospitalizations: Total	0.7	0.6	0.6	2010
Tobacco Use as Underlying/Contributing Cause of Death	162.0	169.0	142.0	2010
Asthma Hospitalizations: Total	0.8	0.7	0.9	2010
Cerebrovascular Disease Hospitalizations: Total	3.1	2.5	2.4	2010
Chronic Obstructive Pulmonary Disease Hospitalizations: Total	1.8	2.1	1.4	2010
Coronary Heart Disease Hospitalizations: Total	3.5	4.0	3.3	2010
Diabetes Hospitalizations: Total	1.7	1.2	1.2	2010
Injury-Related Hospitalizations: Total	9.5	9.9	8.2	2010
Pneumonia and Influenza Hospitalizations: Total	4.7	4.3	3.0	2010
Preventable Hospitalizations: Total	16.4	14.0	13.0	2010
Psychiatric Hospitalizations: Total	4.6	4.3	6.4	2010
Total Hospitalizations: Total	117.2	109.6	106.9	2010

Source: Wisconsin Department of Health Services, 2010.

*Incidence and death rates are per 100,000 Population

** Hospitalization rates are per 1,000 Population

Key	
Better than Wisconsin	
0-25% Worse Than Wisconsin	
25-50% Worse Than Wisconsin	
>50% Worse than Wisconsin	

Cervical cancer incidence and the rate of pneumonia and influenza hospitalizations in Columbia County and the percent of mothers who smoke in Sauk County are greater than 50 percent worse than Wisconsin. Both counties compare unfavorably for the rate of cancer hospitalizations; colorectal and cervical cancer incidence; the percentage of women who smoke and who received greater than 10 prenatal visits; the rate of deaths related to tobacco use; and hospitalizations for cerebrovascular disease, coronary heart disease, injuries, pneumonia and influenza, and preventable hospitalizations.

ZIP Code and Census Tract Level Indicators

Two data sources, Dignity Health’s Community Needs Index and data from the U.S. Department of Agriculture, were used to examine ZIP code and census tract level indicators in the St. Clare community.

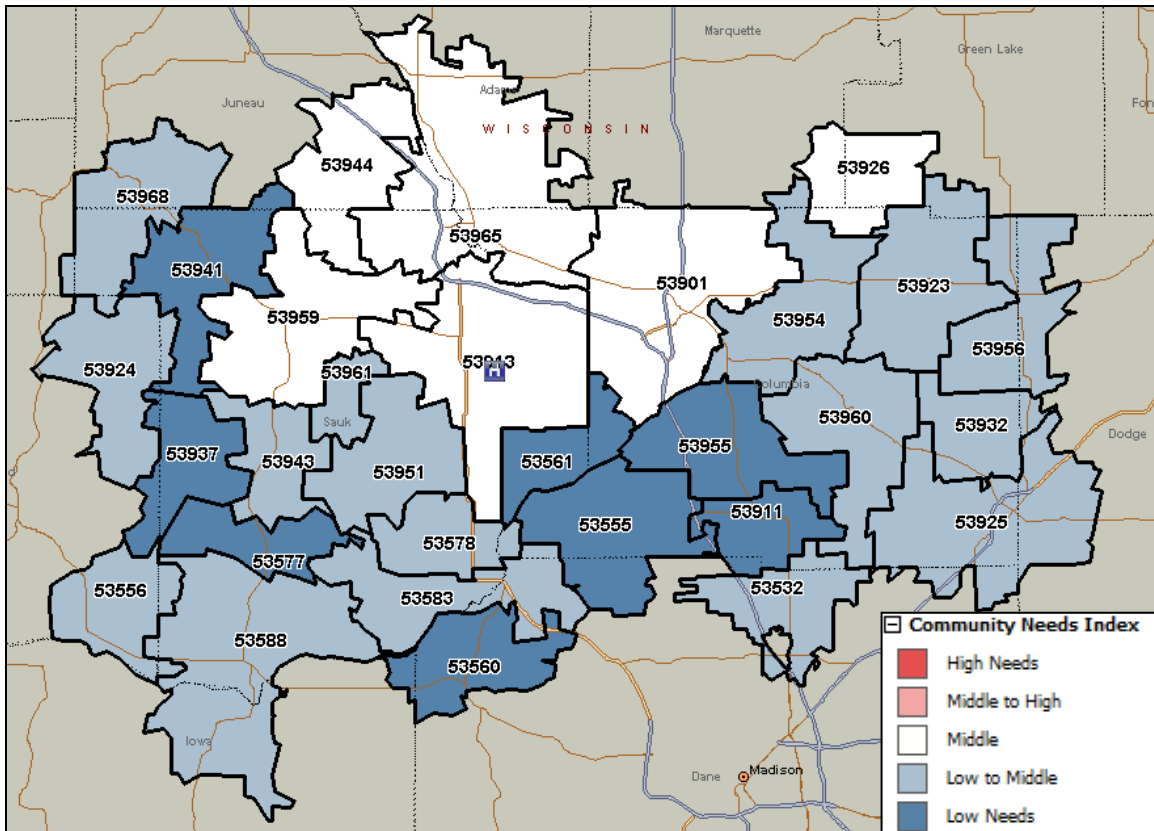
1. Dignity Health’s Community Needs Index

Dignity Health, a hospital system based in California, developed the *Community Needs Index*, a standardized index that measures barriers to healthcare access by county and ZIP code. The index is constructed from five social and economic indicators:

- The percentage of elderly, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without high school diplomas;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Needs Index* represents a score based on these indicators, assigned to each ZIP code. Scores range from “Lowest Need” (1.0-1.7), to “Highest Need” (4.2-5.0). **Exhibit 17** presents the *Community Needs Index* (CNI) score of each ZIP code in the St. Clare community.

Exhibit 17: Community Needs Index Score by ZIP Code*



Source: Microsoft MapPoint and Dignity Health, 2012.

No ZIP codes in the community exhibit middle to high or high needs; the ZIP codes surrounding the hospital and north of it exhibit the highest needs.

2. U.S. Department of Agriculture

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as areas “more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas.”¹¹ Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

The data show no food deserts in the community.

¹¹ U.S. Department of Agriculture. (n.d.). Retrieved 2011, from <http://www.ers.usda.gov/Data/FoodDesert/>

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.¹²

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.

No MUAs or MUPs exist in Columbia or Sauk counties.

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and a resultant, additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹³

Both counties are designated as mental health HPSAs. The town of Woodland (ZIP code 53968) in Sauk County also is a primary medical care HPSA.

¹² U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

¹³ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Description of Other Facilities and Resources within the Community

The St. Clare community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations.

One facility, the House of Wellness Clinic, run by the Ho Chunk Nation, is designated as a primary medical care HPSA in Sauk County. The correctional facility in Columbia County also is designated as a primary medical care and mental health HPSA.

The St. Clare Community contains multiple hospital facilities (**Exhibit 18**).

Exhibit 18: Information on Hospitals in the St. Clare Community, 2011

Location	Facility Name	Beds	ZIP Code
Columbia County	Columbus Community Hospital	25	53935
	Divine Savior Healthcare	73	53901
Sauk County	Reedsburg Area Medical Center	25	53959
	Sauk Prairie Memorial Hospital	36	53578
	St. Clare Hospital	100	53913

Source: The Wisconsin Department of Health Services, 2012.

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

No FQHCs are located in the St. Clare community.

As of 2012, a range of other agencies and organizations are available in each county to assist in meeting health needs, including county health departments and human services departments. Local organizations include, but are not limited to:

- Aging and Disability Resource Center of Columbia County
- Aging and Disability Resource Center of Southwest Wisconsin
- Baraboo Counseling
- Ho-Chunk Nation Department of Social Services
- Midwest Center for Human Services - Domestic Violence Resource Center
- Pathway Clinic
- Sauk County Commission on Aging
- Sauk County Department of Human Services

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2000. Two such assessments have been conducted in the St. Clare area and were publicly available.

1. Columbia County Health Department, 2007

The Department of Health and Human Services contracted with Starfish Consulting to complete a health assessment¹⁴ in 2007 for Columbia County. The report identified high priority goals and objectives for the county.

The objectives were to improve:

- Access to health care:
 - Insurance, preventive care, and a lack of free clinics were identified as health concerns.
 - Major health problems, including breast cancer, diabetes, low birth weight babies, and suicide rates have been linked to access to health care issues.
 - Between 15 and 20 percent of the population surveyed for the assessment viewed access to health as a major issue.
- Total wellness:
 - The health department expressed concern about physical and mental wellness, proper nutrition and obesity, and food insecurity.
 - About 57 percent of WIC households have low food security in the county.
- Addictions, including alcohol, tobacco, and other drugs:
 - Alcohol ranked third in priority out of the eleven areas identified by this assessment.
 - The alcoholic liver disease mortality rate was 3.3 deaths per 100,000 population, slightly lower than the 4.4 death rate for the state of Wisconsin.
 - In 2005, 16 percent of the total motor vehicle crashes in Columbia County were alcohol-related.
- Physical environment:
 - The main challenges for Columbia County's physical environment are the levels of fine particulate matter in the air and nitrate levels in the water.
- Worksite wellness:
 - Approximately 10 percent of residents did not have health insurance between 2001 and 2005; this was comparable to the Southern Region and Wisconsin.

¹⁴ Columbia County Department of Health and Human Services. (2007). Community Health Needs Assessment.

- About 10 percent of all residents did not have coverage between 2001 and 2005 across the county, region and state.

2. Sauk County Health Department, Community Needs Health Assessment, 2011

The Sauk County Health Department completed this needs assessment¹⁵ to prioritize the health needs of the county.

Important goals stated in the needs assessment include:

- Chronic disease:
 - Diabetes had a prevalence of nine percent in the population and was related to 16 percent of hospitalizations.
- Physical activity:
 - Approximately 29 percent of adults were obese compared to 25 percent of adults in Wisconsin.
 - Only 20 percent of the population reported eating the recommended serving of fruits and vegetables.
- Access to dental care:
 - Approximately 25 percent of residents did not have a dental visit in the last year in Sauk County.
- Alcohol and drugs:
 - Approximately 26 percent of the population in the county reported binge drinking compared to 23 percent in the state.

Secondary Data Indicators of Interest

This CHNA considered data regarding community population characteristics; behavioral, economic, environmental, and social factors; prevention and access variables; chronic diseases; communicable diseases; disability; leading causes of death; maternal and child health; mental and behavioral health; and oral health. These categories contain the appropriate breadth and depth of indicators to determine health needs related to the causes and effects of poor health.

The following exhibits illustrate the categories, and associated indicators, which suggest that certain priority health needs are present in the St. Clare community.

¹⁵ Sauk County Health Department. (2011). Community Health Needs Assessment.

1. Behavioral Factors

Health behaviors such as diet, exercise, and substance abuse directly lead to health concerns immediately and/or later in life. By tracking certain negative health behaviors or a lack of positive health behaviors within a community, care providers and policy makers will be able to identify areas for potential programmatic response, treating the root causes of many significant health issues.

a) Smoking and Tobacco Use

Indicator	County	Community Value	Benchmark	Benchmark Definition
Adults who Smoke	Columbia	22.2%	12.0%	Healthy People 2020
Adults who Smoke	Sauk	19.2%	12.0%	Healthy People 2020
Tobacco Use	Columbia	53	72	Number of WI Counties
Tobacco Use as Underlying/Contributing Cause of Death (Deaths per 100,000 Population)	Columbia	162.0	142.0	WI Average
Tobacco Use as Underlying/Contributing Cause of Death (Deaths per 100,000 Population)	Sauk	169.0	142.0	WI Average

Sources: Healthy Communities Institute, 2012, using original source data from 2004-2010; County Health Rankings, 2012, using original source data from 2004-2010; and Wisconsin Department of Health, 2011, using original source data from 2010.

Residents in Columbia and Sauk counties exhibit high rates of smoking and tobacco use compared to the Healthy People 2020 goal, the Wisconsin average, and when compared to other Wisconsin counties.

b) Diet and Exercise

Indicator	County	Community Value	Benchmark	Benchmark Definition
Adults who are Overweight	Columbia	43.7	37.0	WI Average
Adults who are Sedentary	Columbia	27.2	23.9	WI Average
Diet and Exercise	Columbia	58	72	Number of WI Counties
Diet and Exercise	Sauk	40	72	Number of WI Counties

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2009, and County Health Rankings, 2012, using original source data from 2009.

Columbia County compared poorly to other Wisconsin counties and to the state average for a variety of diet and exercise-related issues. Sauk County compared unfavorably to Wisconsin counties for diet and exercise.

c) Alcohol Use

Indicator	County	Community Value	Benchmark	Benchmark Definition
Adults who Drink Excessively	Columbia	29.3%	25.3%	Healthy People 2020
Adults who Drink Excessively	Sauk	26.2%	25.3%	Healthy People 2020
Alcohol Use	Columbia	68.0	72.0	Number of WI Counties
Alcohol Use	Sauk	42.0	72.0	Number of WI Counties
Alcohol-Related Hospitalizations: Total (Hospitalizations per 1,000 Population)	Sauk	2.2	2.2	WI Average

Sources: Healthy Communities Institute, 2012, using original source data from 2004-2010; County Health Rankings, 2012, using original source data from 2002-2010; and Wisconsin Department of Health, 2011, using original source data from 2010.

The St. Clare community exhibited high rates of alcohol use compared to the Healthy People 2020 goal, the Wisconsin average, and when compared to other Wisconsin counties.

d) Unsafe Sex

Indicator	County	Community Value	Benchmark	Benchmark Definition
Unsafe sex	Sauk	59	72	Number of WI Counties

Source: County Health Rankings, 2012, using original source data from 2002-2009.

Sauk County compared unfavorably to other Wisconsin counties for unsafe sex.

2. Social Factors – Community Safety, Violence, and Crime

Social factors that impact a community's health include community safety, educational achievement, single parent households, and social and emotional support. Poor community safety

may lead to untimely deaths or serious injuries. Low levels of education are often linked to poor health. Single parent households often experience financial strain, and have special infant and maternal health needs. The social and emotional support indicator can indirectly assess mental health issues in the community and it can be a measure of the social services available to the community.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Violent Crime Rate (Crimes per 100,000 Population)	Columbia	192.7	115.5	U.S. Average
Violent Crime Rate (Crimes per 100,000 Population)	Sauk	160.3	115.5	U.S. Average

Source: Healthy Communities Institute, 2012, using original source data from 2007-2009.

Compared to the national average, the St. Clare community exhibits high rates of violent crime.

3. Health Status: Chronic Disease – Colorectal and Cervical Cancer Incidence

Chronic diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	Columbia	51.3	38.6	Healthy People 2020
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	Sauk	54.4	38.6	Healthy People 2020
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	Columbia	62.4	47.0	WI Average
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	Sauk	64.3	47.0	WI Average
Cervical Cancer Incidence Rate (Cases per 100,000 Female Population)	Columbia	10.9	5.5	WI Average

Sources: Healthy Communities Institute, 2012, using original source data from 2005-2008, and Wisconsin Department of Health, 2011, using original source data from 2008.

Both counties exhibit rates of colorectal cancer that benchmarked poorly to the Healthy People 2020 goal and the Wisconsin average.

4. Health Status: Communicable Disease – Sexually Transmitted Infections

Communicable diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Chlamydia Incidence Rate (Cases per 100,000 Population)	Columbia	207.0	189.0	WI Average
Chlamydia Incidence Rate (Cases per 100,000 Population)	Sauk	210.0	189.0	WI Average
HIV Incidence Rate (Cases per 100,000 Population)	Columbia	2.8	1.6	WI Average

Source: Healthy Communities Institute, 2012, using original source data from 2007-2011.

The St. Clare community exhibits high rates of communicable diseases compared to other counties in the state. Both counties have high rates of chlamydia and Columbia County also has high rates of HIV.

5. Health Status: Leading Causes of Death – Unintentional Injuries, Motor Vehicle Related Deaths, and Falls

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Age-Adjusted Death Rate Due to Unintentional Injuries (Deaths per 100,000 Population)	Columbia	43.3	36.0	Healthy People 2020
Age-Adjusted Death Rate Due to Unintentional Injuries (Deaths per 100,000 Population)	Sauk	49.1	36.0	Healthy People 2020
Age-Adjusted Death Rate Due to Unintentional Poisonings (Deaths per 100,000 Population)	Sauk	12.9	8.2	WI Average
Injury-Related Hospitalizations: Total (Hospitalizations per 1,000 Population)	Columbia	9.5	8.2	WI Average
Injury-Related Hospitalizations: Total (Hospitalizations per 1,000 Population)	Sauk	9.9	8.2	WI Average
Age-Adjusted Death Rate Due to Motor Vehicle Collisions (Deaths per 100,000 Population)	Sauk	18.0	12.4	Healthy People 2020
Alcohol-Related Motor Vehicle Death Rate (Deaths per 100,000 Population)	Sauk	7.0	5.0	WI Average
Age-Adjusted Death Rate Due to Falls (Deaths per 100,000 Population)	Columbia	12.3	7.0	Healthy People 2020
Age-Adjusted Death Rate Due to Falls (Deaths per 100,000 Population)	Sauk	11.4	7.0	Healthy People 2020

Sources: Healthy Communities Institute, 2012, using original source data from 2008-2010, and Wisconsin Department of Health, 2011, using original source data from 2010.

Residents in the St. Clare community exhibit comparatively high rates of deaths due to unintentional injuries, motor vehicle collisions, and falls.

6. Health Status: Maternal and Child Health – Mothers Who Smoked During Pregnancy

Monitoring indicators such as infant birth and death rates, birth weights, and prenatal care is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Percent of Mothers Who Smoke	Columbia	16.0%	13.0%	WI Average
Percent of Mothers Who Smoke	Sauk	22.0%	13.0%	WI Average

Source: Wisconsin Department of Health, 2011, using original source data from 2010.

Residents of Sauk and Columbia counties exhibit high rates of smoking during pregnancy.

7. Health Status: Mental and Behavioral Health – Suicide

Poor mental and behavioral health can result in a poor quality of life and a wide variety of destructive behaviors. Verité has selected indicators measuring anxiety, poor mental health, and suicide death rates to help assess the mental and behavioral health of a community.

Indicator	County	Community Value	Benchmark	Benchmark Definition
Age-Adjusted Death Rate Due to Suicide (Deaths per 100,000 Population)	Sauk	17.3	10.2	Healthy People 2020

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Sauk County exhibits a rate of suicide that is higher than the Healthy People 2020 goal.

Disparities of Interest – By Race and Ethnicity

This section illustrates health disparities in the St. Clare community based on analysis of secondary data. It can be helpful to consider disparities by race and ethnicity because these factors are often associated with specific health concerns that differ from other populations. All indicators are benchmarked against the county average.

Exhibit 19 indicates that 95.1 percent of the community’s population is White. Just over three percent identify as Hispanic or Latino.

Exhibit 19: Percent of Population by Race, 2010

Race/Ethnicity	Community	Wisconsin
White	95.1%	86.2%
Hispanic or Latino	3.4%	5.9%
Other	1.8%	2.4%
Two or More Races	1.2%	1.8%
Black	0.9%	6.3%
Asian	0.5%	2.3%
American Indian and Alaska Native	0.5%	1.0%
Total	160,331	5,363,675

Source: U.S. Census Bureau, 2011.

*95% of the
community
population in
2010 was White*

The following exhibits illustrate the categories, and associated disparities that suggest that certain priority health needs are present in the St. Clare community.

1. Economic Factors – Poverty

Economic factors play a determining role in the health status of a community. Poverty and unemployment rates, as well as the number of individuals enrolled in assistance programs, provide an indication of the economic status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and are more likely to forego preventive or early care due to cost.

Indicator	County	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian
People Living Below Poverty Level	Sauk	8.5%	7.5%	40.8%	-	-	-	-
Families Living Below Poverty Level	Sauk	7.1%	6.0%	41.0%	48.6%	22.2%	-	21.9%
Median Household Income	Columbia	\$ 55,910	\$ 56,502	\$ 54,250	\$ 60,161	\$ 36,106	\$ 35,441	\$ 60,321
Median Household Income	Sauk	\$50,390	\$ 51,091	\$ 27,000	\$ 24,716	\$ 47,292	\$ 45,893	\$ 21,680
Per Capita Income	Columbia	\$26,993	\$27,734	\$14,343	\$15,768	\$14,561	\$7,106	\$16,383
Per Capita Income	Sauk	\$25,452	\$26,290	\$10,668	\$11,134	\$11,220	\$17,372	\$19,273

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2010, and U.S. Census Bureau, 2011, using original source data from 2008-2010.

Non-White residents in Sauk County are more likely to be living below poverty level than White residents. Non-White residents of Columbia and Sauk counties are more likely to have lower median household and per capita incomes than White residents.

2. Social Factors – Educational Achievement

Social factors that impact a community’s health include community safety, educational achievement, single parent households, and social and emotional support. Poor community safety may lead to untimely deaths or serious injuries. Low levels of education are often linked to poor health. Single parent households often experience financial strain, and have special infant and maternal health needs. The social and emotional support indicator can indirectly assess mental health issues in the community and it can be a measure of the social services available to the community.

Indicator	County	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian
People 25+ with a High School Degree or Higher	Columbia	90.6%	91.2%	76.4%	67.2%	85.6%	73.4%	88.8%
People 25+ with a High School Degree or Higher	Sauk	88.8%	89.4%	66.3%	67.8%	67.1%	97.5%	95.7%

Sources: Healthy Communities Institute, 2012, using original source data from 2006-2010.

Certain non-White residents, exclusive of Asian residents, are less likely to have graduated from high school in both counties.

3. Health Status: Maternal and Child Health

Monitoring indicators such as infant birth and death rates, birth weights, and prenatal care is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families.

a) Infant Risk Factors

Indicator	County	Total Population	White	Hispanic or Latino
Infants Born to Mothers with <12 Years of Education	Columbia	10.2%	8.8%	43.8%
Infants Born to Mothers with <12 Years of Education	Sauk	13.0%	11.1%	38.8%
Mothers who Received Early Prenatal Care	Sauk	83.7%	85.1%	61.2%

Source: Healthy Communities Institute, 2012, using original source data from 2010.

A higher percentage of Hispanic or Latino residents have infants born to mothers with less than 12 years of education in Sauk and Columbia counties. In Sauk County, a lower percentage of Hispanic or Latino mothers received prenatal care in the first trimester.

b) Infant Outcomes

Indicator	County	Total Population	White	Hispanic or Latino
Babies with Low Birth Weight	Sauk	6.6%	6.5%	12.2%
Infant Mortality Rate (Deaths per 1,000 Live Births)	Sauk	7.7	6.2	18.4

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Hispanic or Latino residents in Sauk County have higher percentages of babies born with low birth weight and a higher infant mortality rate than White residents.

Disparities of Interest– By Gender

This section illustrates health disparities in the St. Clare community based on analysis of secondary data. It can be helpful to consider disparities by gender because these factors are often associated with specific health concerns that differ between males and females. All indicators are benchmarked against the county average.

The following exhibits illustrate the categories, and associated disparities, that appeared most unfavorable in the St. Clare community when compared to national, state, or local benchmarks.

1. Economic Factors – Poverty

Economic factors play a determining role in the health status of a community. Poverty and unemployment rates as well as the number of individuals enrolled in assistance programs provide an indication of the economic status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and are more likely to forego preventive or early care due to cost.

Indicator	County	Total Population	Female	Male
Children Living Below Poverty Level	Columbia	12.4%	10.0%	14.9%
People 65+ Living Below Poverty Level	Columbia	7.9%	9.8%	5.4%
People 65+ Living Below Poverty Level	Sauk	7.4%	9.2%	5.1%

Source: Healthy Communities Institute, 2012, using original source data from 2006-2010.

Male children in Columbia County and elderly females in both counties are more likely to live below the poverty level compared to the total population.

2. Health Status: Chronic Disease

Chronic diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

a) Overweight

Indicator	County	Total Population	Female	Male
Adults who are Overweight	Columbia	43.7%	33.9%	49.2%

Source: Healthy Communities Institute, 2012, using original source data from 2009.

Approximately 49 percent of males are overweight compared to 34 percent of females in Columbia County.

b) Colorectal and Lung and Bronchus Cancer Incidence

Indicator	County	Total Population	Female	Male
Colorectal Cancer Incidence Rate (Cases per 100,000 Population)	Columbia	51.3	37.6	67.4
Lung and Bronchus Cancer Incidence Rate (Cases per 100,000 Population)	Columbia	77.7	62.1	100.8
Lung and Bronchus Cancer Incidence Rate (Cases per 100,000 Population)	Sauk	50.9	45.3	58.2

Source: Healthy Communities Institute, 2012, using original source data from 2005-2008.

Men experience higher incidence rates than women of lung and bronchus cancer in Sauk County, and colorectal and lung and bronchus cancer in Columbia county.

3. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

a) Unintentional Injuries, Motor Vehicle Related Deaths, and Poisonings

Indicator	County	Total Population	Female	Male
Age-Adjusted Death Rate due to Unintentional Injuries (Deaths per 100,000 Population)	Columbia	43.3	34.7	53.0
Age-Adjusted Death Rate due to Unintentional Injuries (Deaths per 100,000 Population)	Sauk	49.1	37.0	62.6
Age-Adjusted Death Rate due to Motor Vehicle Collisions (Deaths per 100,000 Population)	Columbia	14.7	7.0	22.7
Age-Adjusted Death Rate due to Motor Vehicle Collisions (Deaths per 100,000 Population)	Sauk	18.0	16.4	20.1
Age-Adjusted Death Rate due to Unintentional Poisonings (Deaths per 100,000 Population)	Sauk	12.9	8.70	16.90

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates than women from unintentional injuries and motor vehicle collisions in Columbia and Sauk counties. In Sauk County, men also have a higher mortality rate than women from unintentional poisonings.

b) Cancer (All Types, Colorectal, and Lung)

Indicator	County	Total Population	Female	Male
Age-Adjusted Death Rate Due to Cancer (Deaths per 100,000 Population)	Columbia	186.9	155.1	236.4
Age-Adjusted Death Rate Due to Cancer (Deaths per 100,000 Population)	Sauk	184.9	154.7	229.1
Age-Adjusted Death Rate Due to Colorectal Cancer (Deaths per 100,000 Population)	Columbia	15.8	11.9	19.5
Age-Adjusted Death Rate Due to Lung Cancer (Deaths per 100,000 Population)	Columbia	51.5	41.3	66.4
Age-Adjusted Death Rate Due to Lung Cancer (Deaths per 100,000 Population)	Sauk	47.3	38.0	59.2

Source: Healthy Communities Institute, 2012, using original source data from 2005-2009.

Men have higher mortality rates than women from all cancers and lung cancer in both counties; men have higher mortality rates from colorectal cancer in Columbia County.

c) Heart Disease

Indicator	County	Total Population	Female	Male
Age-Adjusted Death Rate Due to Heart Disease (Deaths per 100,000 Population)	Columbia	150.8	110.1	204.1
Age-Adjusted Death Rate Due to Heart Disease (Deaths per 100,000 Population)	Sauk	184.8	147.0	229.1

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates from heart disease than women in both counties.

d) Chronic Lower Respiratory Disease

Indicator	County	Total Population	Female	Male
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (Deaths per 100,000 Population)	Columbia	42.1	30.1	60.4
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (Deaths per 100,000 Population)	Sauk	37.2	29.8	48.4

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher mortality rates from chronic lower respiratory diseases than women in both counties.

4. Health Status: Mental and Behavioral Health – Suicide

Poor mental and behavioral health can result in a poor quality of life and a wide variety of destructive behaviors. Verité has selected indicators measuring anxiety, poor mental health, and suicide death rates to help assess the mental and behavioral health of a community.

Indicator	County	Total Population	Female	Male
Age-Adjusted Death Rate due to Suicide (Deaths per 100,000 Population)	Sauk	17.3	4.9	30.4

Source: Healthy Communities Institute, 2012, using original source data from 2008-2010.

Men have higher rates of suicide than women in Sauk County.

Geographic Areas of Interest

Secondary data sources suggest that there are geographic sections within the community that appear to be areas of interest. These sources include Dignity Health’s Community Need Index, a composite ranking system that summarizes indicators into a single “score,” the USDA, which provides statistics on free or reduced-cost meals to low-income students and areas identified as “food deserts,” and HRSA, which identifies areas with insufficient health resources.

Details regarding these indicators can be found in previous sections.

	Geographic Area	Indicator
Columbia County	Columbia County	Mental Health - Health Professional Shortage Area
	Portage and ZIP code 53901	High Percentage of Students Eligible for Free or Reduced-Cost Lunches Middle Needs - Community Needs Index
	Cambria (In ZIP code 53923)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	ZIP Code 53926	Middle Needs - Community Needs Index
	Fall River (In ZIP code 53932)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Pardeeville (In ZIP code 53954)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Randolph (In ZIP code 53956)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Rio (In ZIP code 53960)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
Sauk County	Sauk County	Mental Health - Health Professional Shortage Area
	Lone Rock (In ZIP code 53556)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Merrimac (In ZIP code 53561)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Prairie du Sac (In ZIP code 53578)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Sauk City (In ZIP code 53583)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Spring Green (In ZIP code 53588)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Baraboo and ZIP code 53913	High Percentage of Students Eligible for Free or Reduced-Cost Lunches Middle Needs - Community Needs Index
	Cazenovia (In ZIP code 53924)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	Loganville (In ZIP code 53943)	High Percentage of Students Eligible for Free or Reduced-Cost Lunches
	ZIP Code 53944	Middle Needs - Community Needs Index
	La Valle/Reedsburg and ZIP code 53959	High Percentage of Students Eligible for Free or Reduced-Cost Lunches Middle Needs - Community Needs Index
	Lake Delton/Wisconsin Dells and ZIP code 53965	High Percentage of Students Eligible for Free or Reduced-Cost Lunches Middle Needs - Community Needs Index
	Woodland (ZIP code 53968)	Primary Medical Care - Health Professional Shortage Area

Sources: Dignity Health, U.S. Department of Agriculture, and U.S. Health Resources and Services Administration.

Areas that appear to have the most concentrated need include Portage and ZIP code 53901, Baraboo and ZIP code 53913, La Valle/Reedsburg and ZIP code 53959, and Lake Delton/Wisconsin Dells and ZIP code 53965. Both counties in the St. Clare community appear to have significant mental health needs.

PRIMARY DATA ASSESSMENT

Community input was gathered through interviews. Findings from this primary data are presented below.

Interview Findings

Interviews regarding health needs in the community served by St. Clare were conducted with 21 key informants, including external stakeholders (those not affiliated with St. Clare) and internal St. Clare staff. The interviews provided input on a wide range of community health issues, including barriers to access to health services, changes in community population, prevalence of certain health conditions, social determinants of health, health disparities, and other topics. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss all current and emerging issues affecting community health.

Verité staff summarized all interview comments and assessed the frequency with which community health issues were mentioned and also assessed informant views regarding the severity of each concern. The following issues are considered of greatest concern to community health, based on that assessment. Issues are ordered based on the frequency and intensity of responses:

- **Poor mental health.** Issues relating to poor mental health, notably substance abuse and depression in senior resident and elementary school children are prevalent in the community. A lack of local and affordable mental and behavioral health services and professionals, including psychiatrists and social workers, further intensifies the issue.
- **Substance abuse.** Heroin use is increasing, notably in transient populations. Prescription drug misuse, especially opioid based drugs (e.g., OxyContin,[®] and oxycodone), is widespread throughout the community. A lack of substance abuse services, including detox treatments, contributes to continued abuse.
- **Alcohol abuse.** The impacts of alcohol overconsumption, both for the local resident and visiting tourist populations, are illustrated by the prevalence of motor vehicle accidents and “bar fights.” A lack of substance abuse services, including detox treatments, contributes to continued abuse.
- **Poor dental health.** An insufficient number of dental professionals provide services at no cost or on a sliding-scale, resulting in poor dental health in the community, particularly among the low-income and uninsured populations. Residents frequently seek dental services at emergency rooms which can do no more than treat pain.
- **Diet and exercise-related issues.** High rates of obesity, poor diets, and insufficient exercise are experienced throughout the community among all age groups. These issues are especially evident in low-income and minority populations. Additionally, these issues are exacerbated by environment influences, such as readily available fast-food, and a lack of affordable athletic facilities, especially ones that can be used in winter.
- **Senior needs.** The unique issues of the senior population include a lack of family and social support, insufficient case/care management, and increasing chronic diseases

including Alzheimer's and dementia. These needs are magnified by limited transportation options and insufficient health education, both by the senior and their family members or caregivers.

- **Funding for health care services.** Schools and human service agencies in particular are limited by insufficient funding. Insufficient funding was identified as leading to a “brain drain” as experienced professionals seek retirement or provide services elsewhere.
- **Financial hardship and unemployment.** A growing number of families and individuals, including seniors, children, and minority populations, are unable to meet basic living needs –food, shelter, and utilities –as a result of the economic downturn. Poor health status is compounded by these financial hardships, which limit residents’ access to affordable care and insurance, especially preventive care, mental and dental care, and prescription drugs. Those who are unable to utilize services due to cost often do not conform to a prescription drug regime and suffer from poor disease management (e.g., diabetics are unable to afford test strips and insulin). Increasingly, residents delay care or use the ER inappropriately because of outstanding balances owed to other providers.
- **Insufficient providers.** The community lacks dentists, psychiatrists, pediatricians, and social workers as well as providers who accept Badger Care. Insufficient providers and/or a lack of convenient appointment times were cited as reasons for foregone care and as contributors to inappropriate ER use. Additionally, a lack of locally available services for victims of sexual assault was cited.
- **Chronic disease.** Diabetes, high blood pressure, cardiovascular disease, and chronic obstructive pulmonary disease (COPD), and chronic lower respiratory disease (CLRD) were identified as serious issues. Additionally, diagnoses of autism disorder are reported to be increasing in the community.
- **Maternal, child, and family issues.** Rates of unsafe sex practices and teenage pregnancy are reported to be increasing. Continuing issues include insufficient breastfeeding knowledge, a lack of parenting knowledge, inadequate parental support, and incomplete childhood immunizations.
- **Smoking.** This issue was reported as a significant problem leading to poor health in the community.
- **Environmental issues.** The prevalence of radon, unintentional injury mortality, and access to gambling outlets were cited as negative environmental factors.
- **Organizational issues.** Language barriers, a lack of cultural competence leading to resident mistrust of providers, a lack of collaboration among all human and health services providers, a lack of outreach efforts and facilities, and a lack of services convenient to residents home/work were cited as issues. These organizational issues are exacerbated by residents’ lack of knowledge of available services, especially senior and minority populations, and health care literacy.
- **Transient populations.** The number of the individuals within community fluctuates seasonally as tourists and workers enter and exit the area. These populations place sporadic demand on providers, especially police, EMT, and ER services.

Focus Group Findings

The Central Wisconsin Community Action Council, Inc., in collaboration with St. Clare Hospital, conducted a series of focus groups and interviews with Columbia and Sauk County residents regarding health behaviors, healthcare access, and community health needs. Three focus groups and seven personal interviews with healthcare experts and other community representatives were held from May through July of 2012. Three additional focus groups with members of low-income and minority populations were held in June of 2012.

Key health issues identified by participants are summarized below:

- **Lack of affordable and accessible care.** Increased financial hardship and unemployment has resulted in uninsurance/underinsurance and food, housing, and utilities insecurity, particularly for the low-income and minority populations. Cost and the fear of taking off work to visit a physician have led to delay of care, inappropriate ER use, and medication noncompliance.
- **Support for seniors.** Increased medication management and education regarding age-specific health issues are needed for the senior population.
- **Limited funding.** Services are limited by insufficient funding. Few providers accept Badger Care or Medicaid.
- **Mental and dental care.** Affordable and accessible mental and dental health services are needed in the community, particularly for Badger Care and Medicaid patients and the underinsured. Participants report long wait times, particularly for low-cost providers and free clinics.
- **Lack of specialists.** The area lacks case managers, psychologists, and social workers.
- **Mistrust of providers.** Participants, particularly the low-income and minority populations, report mistrust of providers. Poor patient interactions due to overscheduled providers, misread or inaccurate health records, and discrimination contribute to this mistrust.
- **Health behaviors.** Negative health behaviors identified in the community include alcohol and drug misuse, unhealthy diet and insufficient exercise, and smoking. These issues contribute to the prevalence of diabetes, obesity, and cancer.
- **Transportation.** Insufficient transportation is a barrier to care, particularly for the low-income and elderly population.
- **Knowledge of available resources.** Residents are often unaware of services that are available within the community. Greater outreach, centralization of information, and publications provided in multiple languages are needed.
- **Education and cultural competency.** Increased health education, assistance navigating the health system, and culturally competent providers/translation services are needed.
- **Race/ethnicity barriers.** Discrimination, racial profiling, and fear of legal repercussions prevent some residents from accessing necessary care.

Individuals Providing Community Input

Twenty-one key stakeholders participated in the interview process. The 21 stakeholders were comprised of public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other community members (**Exhibits 20**). Additionally, 32 stakeholders participated in a series of focus groups and interviews (**Exhibit 21**).

Exhibit 20A: Individuals Interviewed – Public Health Experts and Community Leaders and Representatives

Name	Title	Affiliation or Organization
Heather Tiller (Public Health Expert, Community Leader/Representative) ¹⁶	Physician	Madison Emergency Physicians
Cynthia Bodendein, RN, MSN (Public Health Expert) ¹⁷	Health Officer	Sauk County Public Health Department
Amy J. DeLong, MD, MPH (Public Health Expert, Community Leader/Representative) ¹⁸	Physician	House of Wellness Clinic, Ho-Chunk Nation
Susan Lorenz (Public Health Expert) ¹⁹	Health Officer	Columbia County Public Health Department
Crystal Ritzenthaler (Community Leader/Representative) ²⁰	District Administrator	Baraboo School District
Terry Slack (Community Leader/Representative) ²¹	District Administrator	Wisconsin Dells School District
Trish Vandre (Community Leader/Representative) ²²	Director	Sauk County Commission on Aging

¹⁶ Dr. Tiller has special knowledge of the public health of the community through her work with the Madison Emergency Physicians group.

¹⁷ Ms. Bodendein has special knowledge of the public health of the community through her work as Public Health Director of Sauk County.

¹⁸ Ms. DeLong has special knowledge of the public health of the community through her education as a Master of Public Health and through her work with the House of Wellness Clinic. Ms. DeLong is also a representative of the Ho-Chunk Nation.

¹⁹ Ms. Lorenz has special knowledge of the public health of the community through her work with the Columbia County Division of Health.

²⁰ Ms. Ritzenthaler represents the youth population through her work with the Baraboo School District.

²¹ Mr. Slack represents the youth population through his work with the Wisconsin Dells School District.

²² Ms. Vandre represents the senior population through her work with the Sauk County Commission on Aging.

Exhibit 20B: Individuals Interviewed

Name	Title	Affiliation or Organization
Janine Clark	Director	Dells-Delton EMS
Scott Cobbs	Officer	Wisconsin Dells Police Department
Chris Fearing	Executive Director	St. Vincent De Paul Society, Wisconsin Dells
Kevin Fults	Chief Deputy	Sauk County Sheriff's Department
Heather Godemann, RN	Director	ER/Urgent Care Team, St. Clare Hospital
Jayne Hays	Coordinator, Chronic Disease Management	St. Clare Hospital
Lucas Killick	Officer	Lake Delton Police Department
Melanie Mielke	Diabetes Educator	St. Clare Hospital
Janice Peterson	Parish Nurse	St. Joseph's Church
Lori Rudolph	Parish Nurse Coordinator	St. Clare Hospital
Geri Schoenoff, RN	Parish Nurse	First Congregational and United Methodist
Doug Shepherd	Spiritual Care Director	St. Clare Hospital
Rob Sinden	Lieutenant	Baraboo Police Department
Jason Stelzer	Committee Member	United Fund

Exhibit 21A: Focus Group Members

Name	Title	Affiliation or Organization
Lisa Bell (Public Health Expert) ²³	State Public Health Hygienist	State of Wisconsin Oral Health Program
Cynthia Bodendein, RN, MSN (Public Health Expert) ²⁴	Public Health Director/Health Officer	Sauk County
Truxie Boyce	Spanish interpreter	Sauk County Health Department
Kenneth Carlson	Vice President of Planning & Business Development	Sauk Prairie Memorial Hospital and Clinics
Cheryl Closson, MSW (Community Leader/ Representative) ²⁵	BadgerCare Plus Outreach Specialist	UW Medical Foundation
Diana Cone (Community Leader/ Representative) ²⁶	School Nurse	Baraboo School District
Michael Decker	CEO	Divine Savior Healthcare
Christa Frazier, CHES	Coordinator	South Central Wisconsin-Tobacco Free Coalition
Melinda Froehlich (Community Leader/ Representative) ²⁷	Health and Nutrition Coordinator	Renewal Unlimited
Diana Haley (Public Health Expert) ²⁸	Public Health Nurse	Sauk County
Nancy Hoffman, RN, BSN	Vice President of Marketing & Fund Development	Home Health United, Inc.
Valerie Hon, RN, BSN (Community Leader/ Representative) ²⁹	District Nurse	Portage Community Schools
Thea Jesse (Community Leader/ Representative) ³⁰	Case worker with international students in Dells	WI Department of Workforce Development
Regi Licht	Senior Pastor	Bluffview Center of Hope
Susan Lorenz, RN (Public Health Expert) ³¹	Health Officer	Columbia County Division of Health

²³ Ms. Bell has special knowledge of the public health of the community through her work with the State of Wisconsin Oral Health Program.

²⁴ Ms. Bodendein has special knowledge of the public health of the community through her work as Public Health Director of Sauk County.

²⁵ Ms. Closson represents the low-income population through her work as a BadgerCare outreach specialist.

²⁶ Ms. Cone represents the youth population through her work with the Baraboo School District.

²⁷ Ms. Froehlich represents low-income families and youth who seek services at Renewal Unlimited.

²⁸ Ms. Haley has special knowledge of the public health of the community through her work as a public health nurse.

²⁹ Ms. Hon represents the youth population through her work with Portage Community Schools.

³⁰ Ms. Jesse represents the international student population through her work with the Wisconsin Department of Workforce Development.

³¹ Ms. Lorenz has special knowledge of the public health of the community through her work with the Columbia County Division of Health.

Exhibit 21B: Focus Group Members

Name	Title	Affiliation or Organization
Mary Ann Marx (Community Leader/ Representative) ³²	Community Education Director	Sauk Prairie School District
Sue McFarland	Clinic Manager	UW Health- Portage
Carla Mercer	Vice President of Marketing	Reedsburg Medical Center
JoEllen Neefe , RD, CDE	Diabetes Educator	Prairie Clinic
Mary Ann O'Brien, RN (Community Leader/ Representative) ³³	Clinic Director	Good Neighbor Clinic
Keri Olson	Director	St. Clare Health Care Foundation, Inc.
Melanie Platt-Gibson	Marketing and Community Relations	St. Clare Hospital
Jo Anne Preston (Community Leader/ Representative) ³⁴	Workforce & Organizational Development Manager	Rural Wisconsin Health Cooperative
Marla Ruth, RN	Director of Education	Divine Savior Healthcare of Portage
Amy Ryan	Community Relations Manager	Sauk Prairie Memorial Hospital
Sue Schweitzer, RN	Outpatient Services Director	Columbus Community Hospital
Sandra Scola	Rehab Services Director	Sauk Prairie Memorial Hospital
Megan Smith (Community Leader/ Representative) ³⁵	Food Service Manager	Sauk Prairie School District
Vanessa Sovine, LMFT (Community Leader/ Representative) ³⁶	Marriage and Family Therapist	Pathway Clinic
Chelsea Stover (Community Leader/ Representative) ³⁷	Health Educator	Wisconsin Women's Health Foundation
Stacy Tollaksen (Community Leader/ Representative) ³⁸	Works with international students	Intex
Dawn Woodard (Public Health Expert) ³⁹	Director	Columbia County Health and Human Services

³² Ms. Marx represents the youth population through her work with the Sauk Prairie School District.

³³ Ms. O'Brien represents the low-income and uninsured populations that seek services at the Good Neighbor Clinic.

³⁴ Ms. Preston represents residents of rural Wisconsin through her work with the Rural Wisconsin Health Cooperative.

³⁵ Ms. Smith represents the youth population through her work with the Sauk Prairie School District.

³⁶ Ms. Sovine represents residents with mental health issues who seek services at the Pathway Clinic.

³⁷ Ms. Stover represents women in the community through her work with the Wisconsin Women's Health Foundation.

³⁸ Ms. Tollaksen represents international students through her work with Intex.

³⁹ Ms. Woodward has special knowledge of the public health of the community through her work with the Columbia County Health and Human Services Department.

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St. Clare Hospital CHNA Implementation Strategy

Adopted by St. Clare Hospital and the SSM Wisconsin Regional Board on December 5, 2012

This document describes how St. Clare Hospital (the hospital) plans to address needs found in the Community Health Needs Assessment (CHNA) performed by the hospital and published on its website on December 30, 2012. See the CHNA report at stclare.com. The implementation strategy describes the hospital's planned initiatives for 2013 through 2015.

The CHNA was undertaken by the hospital to understand community health needs and in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010. This implementation strategy specifies community health needs that the hospital has determined it is able to meet in whole or in part and that are aligned with its mission.

St. Clare Hospital recognizes that a CHNA and an implementation strategy are required to meet current government regulations. The CHNA and implementation strategy are intended to fulfill this purpose although final guidance has not yet been published and has been provided only on an anticipatory basis.

The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years 2013 through 2015, other organizations in the community may decide to address certain needs leading us to refocus on alternative identified health problems.

The document contains the following information:

1. Hospital Facility Vision Statement
2. Definition of the Community Served
3. Selection of Community Health Priorities
4. Implementation Strategy
5. Needs the Hospital Facility Will Not Address
6. Implementation Strategy Development Collaborators

1. Hospital Facility Vision Statement

St. Clare Hospital is committed to offering a wide range of community benefits and clinical services. The hospital's vision is as follows:

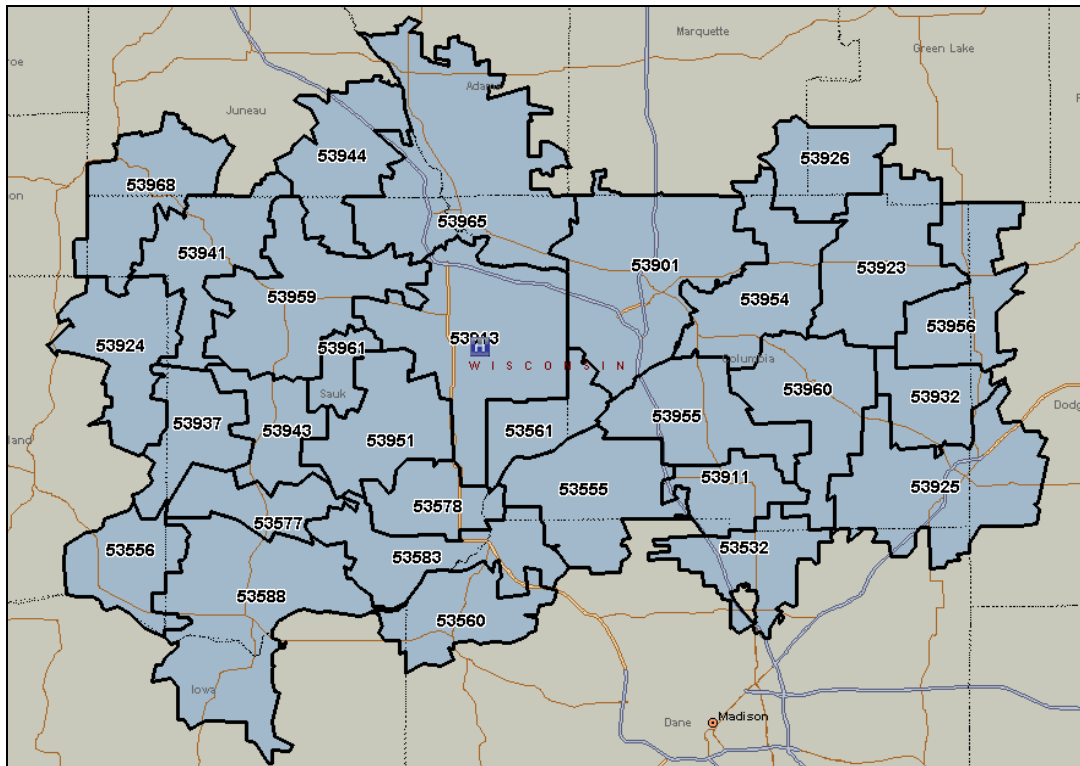
Through our participation in the healing ministry of Jesus Christ, communities, especially those who are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

2. Definition of the Community Served

St. Clare's community is defined as the entirety of Columbia and Sauk counties in Wisconsin. There are 38 ZIP codes in these counties, some of which straddle multiple counties. In 2010, the St. Clare community had an estimated population of 118,809 persons.

The community was defined based on the geographic origins of St. Clare Hospital's inpatients. From July of 2011 through June of 2012, 81 percent of the hospital's discharges and 64 percent of its emergency department visits originated from the community; the majority of discharges and visits originated from Sauk County. ZIP codes 53913 and 53965 accounted for approximately 67 percent of inpatient discharges and 52 percent of emergency department visits. The inflow of tourists into the community appears to be illustrated in the 36 percent of emergency department visits from patients living outside the community.

The figure below portrays the community served by the hospital. The hospital is located in Baraboo (ZIP code 53913), with Urgent Care Clinics in Lake Delton (ZIP code 53940) and Wisconsin Dells (ZIP code 53965).



Sources: Microsoft MapPoint and St. Mary's Janesville, 2012.

Summary information regarding the hospital's community is as follows:

- The population living in the community increased 10 percent between 2000 and 2010 (to 118,809 persons) – a rate higher than the state-wide increase of six percent.
- Private nonfarm employment increased by 7.6 percent in Columbia County and 15.3 percent in Sauk County between 2000 and 2009 compared to a 2.4 percent decrease in Wisconsin. Both counties reported lower unemployment rates in 2011 and 2012 than Wisconsin and national averages.
- Both counties experienced a lower rate of poverty than the state and national averages in 2010. However, Hispanic or Latino residents of any race reported higher poverty rates in 2010 than White non-Hispanic residents and national and state averages.
- The population was 95 percent White in 2010 compared to 86 percent in Wisconsin.

Additional information regarding the community served by the hospital is included in the St. Clare Hospital CHNA report.

3. Selection of Community Health Priorities

The hospital’s CHNA found numerous health status and access issues present in the community.

The table below lists the priority needs identified in the 2012 CHNA and indicates which needs the hospital plans to address.

Access to Providers of Health and Human Services	Plan to Address?
• Lack of Affordable and Accessible Care	Yes
• Lack of Health Education	Yes
• Lack of Physicians and Specialists	Yes
• Support for Seniors and Their Caregivers	Yes
Dental Health	
• Lack of Access to Dental Care and Poor Dental Health Status	Yes
Health Behaviors	
• Alcohol Abuse	No
• Drug Abuse	Yes
• Smoking/Tobacco Use	No
Health-Related Disparities	
• Gender Disparities	No
• Racial and Ethnic Disparities	Yes
Mental Health	
• Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status	No
Morbidity and Mortality	
• Diet and Exercise-Related Issues	Yes
• High Rates of Colorectal and Cervical Cancer	No
• High Rates of Communicable Diseases	No
• High Rates of Unintentional Injury and Accidents	No
Physical Environment	
• Violent Crime – Columbia County	No
Social and Economic Factors	
• Financial Hardship, Unemployment, and Basic Needs Insecurity	No

4. Implementation Strategy

St. Clare Hospital has a tradition of providing significant community benefit to the communities it serves. St. Clare Hospital will continue its commitment to the community by allocating appropriate resources to implement the strategies to meet the health needs, as discussed below.

A. Strategic Initiatives

The hospital’s 2013 through 2015 implementation strategy consists of new and current community benefit programs. New strategic initiatives include:

1. Access to Providers of Health and Human Services:

Access to quality health care impacts overall physical, social, and mental health status; the prevention of disease and disability; the detection and treatment of health conditions; quality of life issues; preventable death; and life expectancy. Any time there are disparities in access to health services, it affects individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include lack of availability, high cost, and lack of insurance coverage. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, the inability to get preventive services and hospitalizations that could have been prevented.

St. Clare has deemed access to health care and health care services as a priority for its communities and will work to improve **access to providers of health and human services** by:

- a. Promoting **access to health care, plus health, and wellness education** via its Health Line newsletter published up to four times per year and mailed to over 57,000 households within the hospital's community service area;
- b. Providing parish nursing support (nurses with specialized knowledge who are called to ministry and affirmed by a faith community to promote health, healing and wholeness via health advocacy, health counseling, health education, and health referral) to the communities it serves with health screenings, as well as **health and wellness education**;
- c. Collaborating with the Native American Ho-Chunk Nation via the Nation's House of Wellness center and its relationships with the hospital's **physicians** to improve **access to affordable care**;
- d. Designing and implementing a plan for improved health care access amongst underserved populations including rural, minority, and aging populations; this initiative will aim to decrease **racial and ethnic disparities** and provide additional support for **seniors and their caregivers**;
- e. Working on a plan for improved service area transportation to and from the hospital's Emergency Department and Urgent Care facilities that will address the access barrier of **inability to get preventive services**;
- f. Working collaboratively with community health agencies to create a plan that will give access to free or reduced cost diabetic supplies for school aged children; this initiative will help treat a **diet and exercise-related issue**; and
- g. Providing translation and health literacy assistance to underserved minority populations to decrease **racial and ethnic disparities**.

2. **Lack of Access to Dental Care and Poor Dental Health Status:**

Oral diseases ranging from dental cavities to oral cancers cause pain and disability for millions of Americans. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases including diabetes, heart disease and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight. These conditions may be prevented in part with regular visits to the dentist and routine oral hygiene.

St. Clare Hospital deems oral health a priority and will help to improve **dental health** by:

- a. Purchasing, packing, and providing oral hygiene sets of toothbrush, tooth paste and dental floss to local food pantries, enabling parents or families to select basic dental supplies for home use leading to routine, daily oral care.

3. **Diet and Exercise-Related Issues:**

The impact of eating a healthful diet and being physically active cannot be understated. Together, a healthful diet and regular physical activity can help people achieve and maintain a healthy weight, reduce the risk of heart disease and stroke, reduce the risk of certain forms of cancer, strengthen muscles, bones and joints, as well as improve mood and energy levels.

St. Clare Hospital will work to reduce the prevalence of **diet and exercise-related issues** by:

- a. Crafting and implementing an area-wide “Healthy Eating” nutrition program in districts schools by linking them with area farmers to ensure youth are eating locally grown fruit and vegetables as part of the school lunch program. St. Clare will further enhance the farm-to-school table concept by creating a program of learning in advanced food courses and cooking classes at the local high schools to allow for the recreation of those good habits at home;
- b. Coordinating and hosting a yearly walk/run titled “Heart & Soles” for the purpose of educating hospital employees, the hospital’s communities, and all “race” enthusiasts about the health benefits of exercise;
- c. Developing efforts to research the features, advantages, and benefits of a Wellness Tourism program that would tap into the robust tourism market within our communities to provide a forum for health improvement and health maintenance leading to the life balance needs of today’s time-starved society;
- d. Supporting the community’s “Biggest Loser” type of programs and contests that give back to the community in improved fitness options; and

- e. Implementing the St. Clare Hospital's Employee Wellness Committee's annual program that encourages healthy eating and exercise among the hospital's employee group with the goal of changing the behaviors of family members at home.

2. Drug Abuse:

Substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted infections (STIs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.

St. Clare Hospital will work with other health care community members to reduce **substance abuse** by:

- a. Collaborating with the Sauk County Health Department, the Columbia County Health Department, and local law enforcement officials to create and distribute information relevant to drug abuse and its effects on pregnant women, infants, children and families.

Additionally, St. Clare Hospital plans to continue three community benefit programs operating in 2012 that address many of the health needs identified in the CHNA. The specific health needs the hospital plans to continue to meet are noted below:

1. Access to Providers of Health and Human Services:

Currently improving **access to providers of health and human services, especially affordable and accessible care**, by:

- a. Providing discounted care, financial assistance, and charity care based on need and ability to pay.

2. Diet and Exercise-Related Issues:

Currently reducing the prevalence of **diet and exercise-related issues** by:

- a. Being an active partner in programs that provide for free cooking demonstrations, nutrition education, and exercise by partnering with area farms and businesses to educate the community on the benefits of healthy eating at locations like health fairs and grocery stores; and
- b. Facilitating outreach to local employers providing nutrition education for healthy living and healthy habits.

St. Clare also plans to discontinue one community benefit program through its St. Clare Health Care Foundation (community benefit programs attached) between 2013 and 2015 that is not addressing identified community health needs.

The above strategy will be implemented as follows:

B. 2013 Initiatives

1. The hospital will continue its current community benefit programs.
2. The hospital will develop specific metrics for each need being met.
3. The hospital will establish the following community benefit programs:
 - a. Implement articles promoting access to health care in the hospital's newsletter;
 - b. Collaborate to provide parish nursing support;
 - c. Dental care packages through community food pantries;
 - d. An annual walk/run;
 - e. Support local weight loss contests and fitness forums;
 - f. Implement an annual hospital-wide employee wellness program; and
 - g. Outreach to local employers and businesses to provide nutrition education.

C. 2014 Initiatives

1. The hospital will continue new programs established in 2013 and will discontinue any non-effective community benefit programs:
2. The hospital will establish the following community benefit programs:
 - a. A collaboration with the Ho-Chunk Nation to provide health care access;
 - b. A collaborative drug abuse information program;
 - c. A wellness tourism program; and
 - d. Healthy eating collaborative to showcase diet and exercise in selection locals.

D. 2015 Initiatives

1. The hospital will continue new programs established in 2013 and 2014 and will discontinue any non-effective community benefit programs.
2. The hospital will establish the following community benefit programs:

- a. Create a plan to address the underserved community populations;
- b. A transportation plan to address the access barrier to preventive services;
- c. Collaborate with local health agencies to provide free or reduced-cost diabetic supplies to school age children; and
- d. Collaboratively craft a plan to address translation and health literacy assistance for the underserved minority populations.

E. Any Planned Collaboration(s) With Other Related or Unrelated Health Care Organizations

The strategies for St. Clare Hospital will be implemented in collaboration with partners including, but not limited to:

- The Ho-Chunk Nation via the House of Wellness to improve access to care;
- Area senior resource centers to provide additional support for seniors and their caregivers; and
- The Central Wisconsin Community Action Council and Baraboo Food Pantry to improve dental care;
- The Sauk County Health Department, the Columbia County Health Department, and local law enforcement to reduce substance abuse;
- Parish nurses via faith-based institutions to promote health, healing and wholeness via health advocacy, health counseling, health education, and health referral;
- Local businesses to improve health and nutritional education;
- Area school districts to improve diet and exercise-related health issues; and
- SSM Health Care Wisconsin to sharing knowledge and resources.

F. Anticipated Impacts on Health Needs

Through implementation of the above strategies, St. Clare Hospital anticipates the following improvements in community health:

- Improved access to providers of health and human services and reduced racial and ethnic disparities;
- Improved dental health;
- Decreased drug abuse; and
- Reduced prevalence of diet and exercise-related issues.

5. Needs the Hospital Facility Will Not Address

No hospital facility can address all of the health needs present in its community. The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits. The hospital's implementation strategy focuses on the specified community health needs, and not on the following needs:

1. Alcohol Abuse is a deep-rooted cultural activity of choice in most of Wisconsin and a specific component of a desired leisure experience by tourism visitors within the hospital's community area. While alcohol abuse has been identified as a priority, and the hospital is able to assist with this need through its St. Clare Center AODA services, it is also an issue being addressed by others who possess more expertise and competencies with which to address it effectively. The hospital will however, continue to explore collaborative opportunities available to effectively impact the need.
2. Smoking/Tobacco Use is being addressed by others, including those health experts at a state level, through the implementation of a statewide smoking ban effective July 2010 and remediation programs that filter down to the community level.
3. Gender Disparities will not be specifically addressed by the hospital due to lack of expertise and competency to address the underlying causes of these disparities.
4. Lack of Access to Mental and Behavioral Health Services and Poor Mental Health Status will not be addressed directly due to insufficient personnel resources including the availability of specialists. The hospital will continue to explore the recruitment of specialists to help mind the gap.
5. High Rates of Colorectal and Cervical Cancers will not be addressed as a priority issue as other needs have been deemed higher priorities. The hospital will continue to advocate for preventive services leading to early detection and treat those with the identified need in an effort to impact future community health and wellness.
6. High Rates of Communicable Diseases will not be an issue addressed directly by the hospital due to insufficient financial and personnel resources. However, the hospital would consider working collaboratively with public health departments to support leadership in this area.
7. High Rates of Unintentional Injury and Accidents is being addressed by others including law enforcement and state level experts through such initiatives as mandatory seat belt laws and speed limit enforcement. As a rural community, farm safety continues to be a priority that the hospital continues to collaborate on through annual events like Farm Safety Days.
8. Violent Crime in Columbia County is a need being addressed by local law enforcement officials within the hospital's community.

9. Financial Hardship, Unemployment, and Basic Needs Insecurity is reflective of the current economic conditions. The hospital is able to link its communities to external existing resources, but does not have the expertise or competencies to address this need effectively.

The hospital's implementation strategy includes its ongoing commitment to the community health needs through its St. Clare Health Care Foundation Healthy Community Partnership Grants. In 2012, the grants will provide up to \$10,000 in funding for projects, programs and activities that advance the health and wellness of those living in the greater Baraboo-Lake Delton-Wisconsin Dells area. As a result, the implementation strategy allows St. Clare Hospital to address the needs found in the CHNA through a combination of hospital-related programs and grants.

6. Implementation Strategy Development Collaborators

The hospital did not collaborate with other entities in developing this Implementation Strategy. However, the hospital was informed through its existing collaborations with the following:

- St. Clare Health Care Foundation
- Central Wisconsin Community Action Council, Inc.
- Sauk County Public Health Department
- Columbia County Division of Health