

2016

**Richland County Area
Community Health
Needs Assessment
(CHNA)**



Purpose

The purpose of the Community Health Needs Assessment is to identify and prioritize the health and wellness needs of individuals in Richland County and the surrounding areas.

- With the passage of the Patient Protection and Affordable Care Act (ACA), IRS Code 501(r)(3) all non-profit hospitals are required to conduct Community Health Needs Assessments
- Wisconsin State Statutes Chapter 251.05 requires local health departments to conduct community health needs assessments. Additional local public health requirements in community health assessment and planning are found in Administrative Rules Chapter DHS 140.04.

In order to better assess the communities we serve, the following organizations partnered to complete the assessment.



Public Health
Prevent. Promote. Protect.

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During the late summer and fall of 2015 Richland County Public Health's Local Health Officer and The Richland Hospital's Director of Marketing began to discuss strategies to partner to conduct a combined community health assessment and improvement plan. In January 2016, **Health Assessment and Wellness Commission (H.A.W.C.)** was established to create and oversee the process of assessing our community's health and wellness needs.

Members of this commission included:

- Chris Drea
Richland Hospital, Director of Marketing
- Marianne Stanek
*Richland County Health and Human Services - Public Health,
County Health Officer*
- Chelsea Wunnicke
UW Extension, Richland County Family Living Agent
- Dr. David May
Richland Hospital, Medical Chief of Staff
- Cindy Chicker
Richland Hospital, Assistant Administrator
- Shawn Tjossem
Richland School District, School Psychologist
- Jarred Burke
Richland School District, District Administrator
- Betsy Roesler
*Richland County Public Health, Richland F.I.T.
(Fitness In Total) Health and Wellness Coordinator*



HAWC Timeline

JANUARY

- Members selected for 2016 **H**ealth **A**ssessment and **W**ellness **C**ommission (H.A.W.C.).
- HAWC meets and approves a timeline and plan to solicit input from persons who represent the broad interests of the community.
 - Mail surveys to a random sample of Richland County residents.
 - Conduct focus groups.
 - Gain a better understanding of survey findings.
 - Ensure respondent gaps identified in the survey were represented.

FEBRUARY

- Promote HAWC to public. (Appendix A)
 - The Richland Hospital, Inc. ran ads in the local newspapers and shoppers.
 - Members of HAWC went on the WRCO (local radio station) Morning Show.
 - The Richland Hospital, Inc. added a slide to their website and posts on their social media sites (Facebook and Twitter) providing more information about HAWC and the upcoming need for public input with regard to the upcoming survey.
- Promote upcoming survey and educate the public about CHNA and what it will be used for.
 - The Richland Hospital, Inc. ran ads in the local newspapers and shoppers.
 - Members of HAWC went on the WRCO (local radio station) Morning Show.
 - UW-Extension, Family Living Agent, Chelsea Wunnicke featured a large display at the Women's Health Fair in Richland Center.
 - The Richland Hospital, Inc. added a slide to their website and posts on their social media sites (Facebook and Twitter) providing information about HAWC and the need for public input with regard to the upcoming survey.

MARCH

- 2016 Community Health Needs Assessment Survey distributed to randomly generated addresses in Richland County. (Appendix B)
 - UW Extension worked to create and translate the survey before mailing.
 - Richland County Public Health made copies of the survey.
 - The Richland Hospital Inc. created a business reply envelope to include with the surveys.
 - Richland Hospital volunteers prepared the mailing.

APRIL – MAY

- Survey responses entered into a database by Richland Hospital staff.
- Survey results analyzed (Appendix C)
- Focus Group event developed to get more information on the data unearthed with the survey.

JUNE

- Focus Groups held.
- HAWC reviewed all data accumulated.

AUGUST – SEPTEMBER

- Draft report with data collected.
- Evaluate secondary data to be added.

OCTOBER

- Results of the assessment presented to the governing bodies.

JANUARY – MARCH 2017

- Create Community Health Improvement Plan based on the needs assessment.
- Begin to work on the plan's objectives.

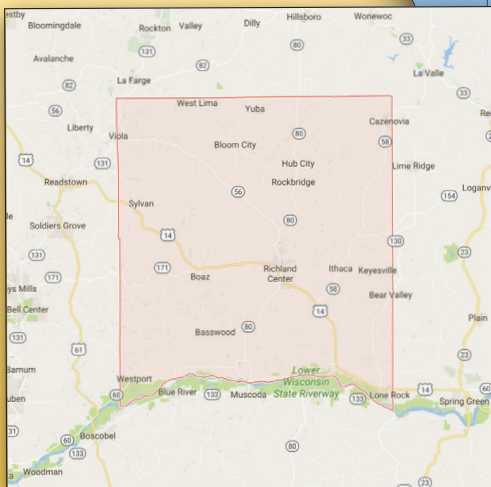
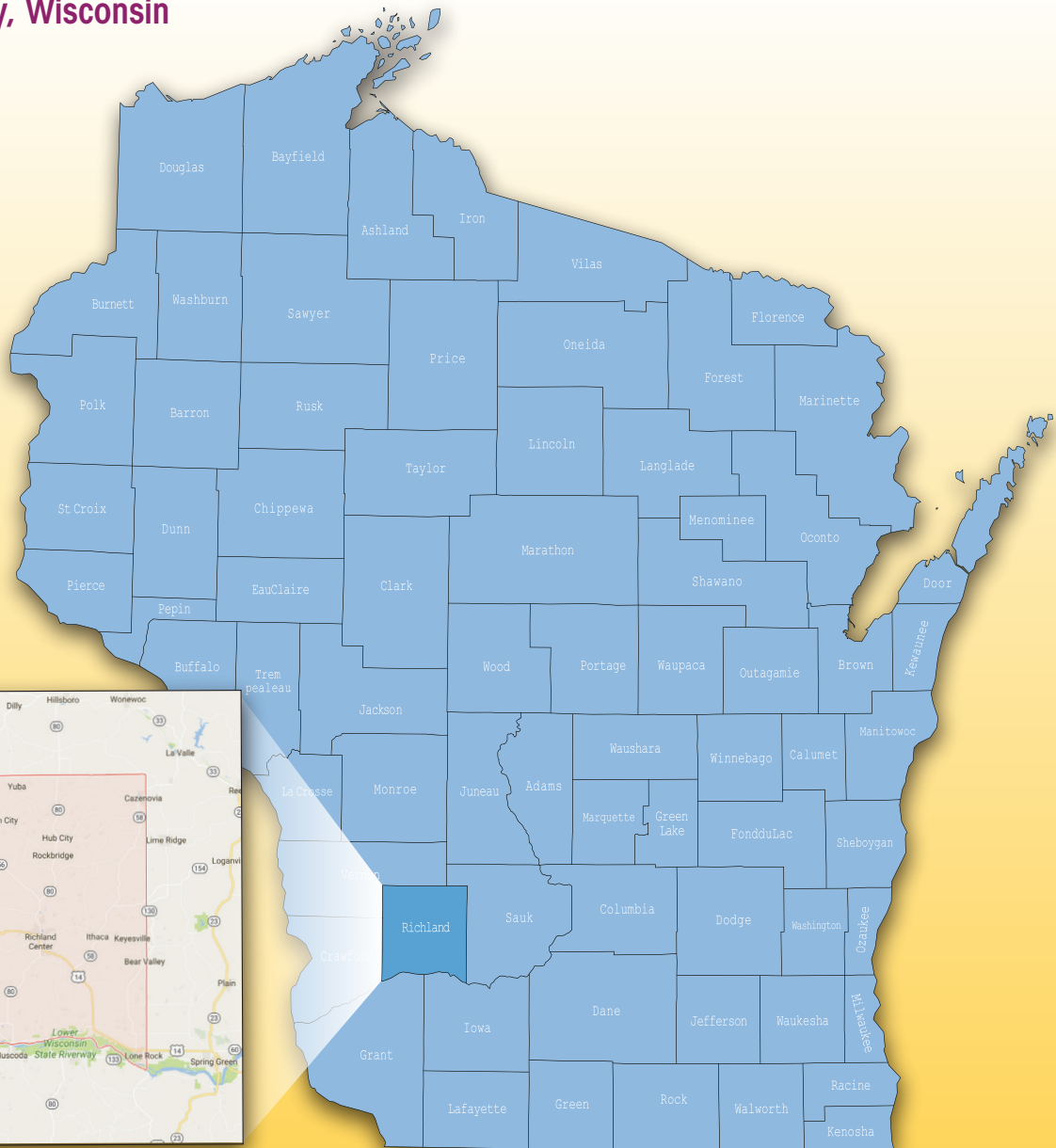


Socio-Demographic Profile

A socio-demographic profile of Richland County is presented in Attachment D. Some things to note related to planning for meeting community health needs includes the following:

- The overall population of Richland County is projected to remain very stable, with negligible (.79%) decline projected over the next five years.
- The residents of the market area are projected to age significantly in the next 5 years.
 - In 2016, residents age 20 - 35 made up 16.5% of the total population. In 2021, the same group is projected to make up 15.1% of the total population.
 - In 2016, people age 60 and older make up 27.2% of the total population. In 2021, the same group is projected to make up 30.3% of the total population.

Richland County, Wisconsin



Richland County Area Asset Analysis – Primary Area Health Resources

The Richland Hospital, Inc. is the only hospital in Richland County. It joins one primary medical clinic, one mental health facility, and Health and Human Services in caring for people in this area. There is a free clinic, but it is not a Federally Qualified Health Center.

Richland Hospital Overview

The Richland Hospital, Inc. is a 25-bed Critical Access hospital in Richland Center, WI (Richland County, WI). It serves persons who are representative of the population of Richland County. A higher percentage of the population served is elderly; this is due to the fact that persons 65 years of age and older are hospitalized at nearly three times the overall rate. The hospital offers: inpatient, outpatient, swing bed, surgery, emergency services, rehabilitation services, medical imaging, pharmacy, laboratory, and specialty services.

The Richland Hospital, Inc., owns and operates two Rural Health Clinics. One is located in Spring Green, WI (Sauk County, WI) and the other is located in Muscoda, WI (Grant County, WI). The clinics provide primary medical care and preventative wellness care.

The Richland Hospital, Inc. defines its primary market area as:

- 53518 Blue River
- 53556 Lone Rock
- 53573 Muscoda
- 53581 Richland Center
- 53588 Spring Green

These areas are designated as the primary market based on the geographic location of the hospital and its two affiliated clinics. According to Intellimed, the Richland Hospital has an overall inpatient market share of 41% and outpatient market share of 30% in these zip codes. No other healthcare provider providing the same services had a market share as high or higher than Richland Hospital. (*Intellimed combines statewide healthcare data from Wisconsin Hospital Association in a web based support engine that allows us to analyze our market.*) Appendix E

It is important to note that residents from this Primary Market Area do seek services in surrounding communities as well as in Madison, WI and LaCrosse, WI. Equally important to note is that residents outside the Primary Area seek healthcare services from the Richland Hospital.



The Richland Hospital, Inc. (top) Muscoda Health Center (lower left) and Spring Green Medical Center (lower right).



Richland County Health & Human Services Overview

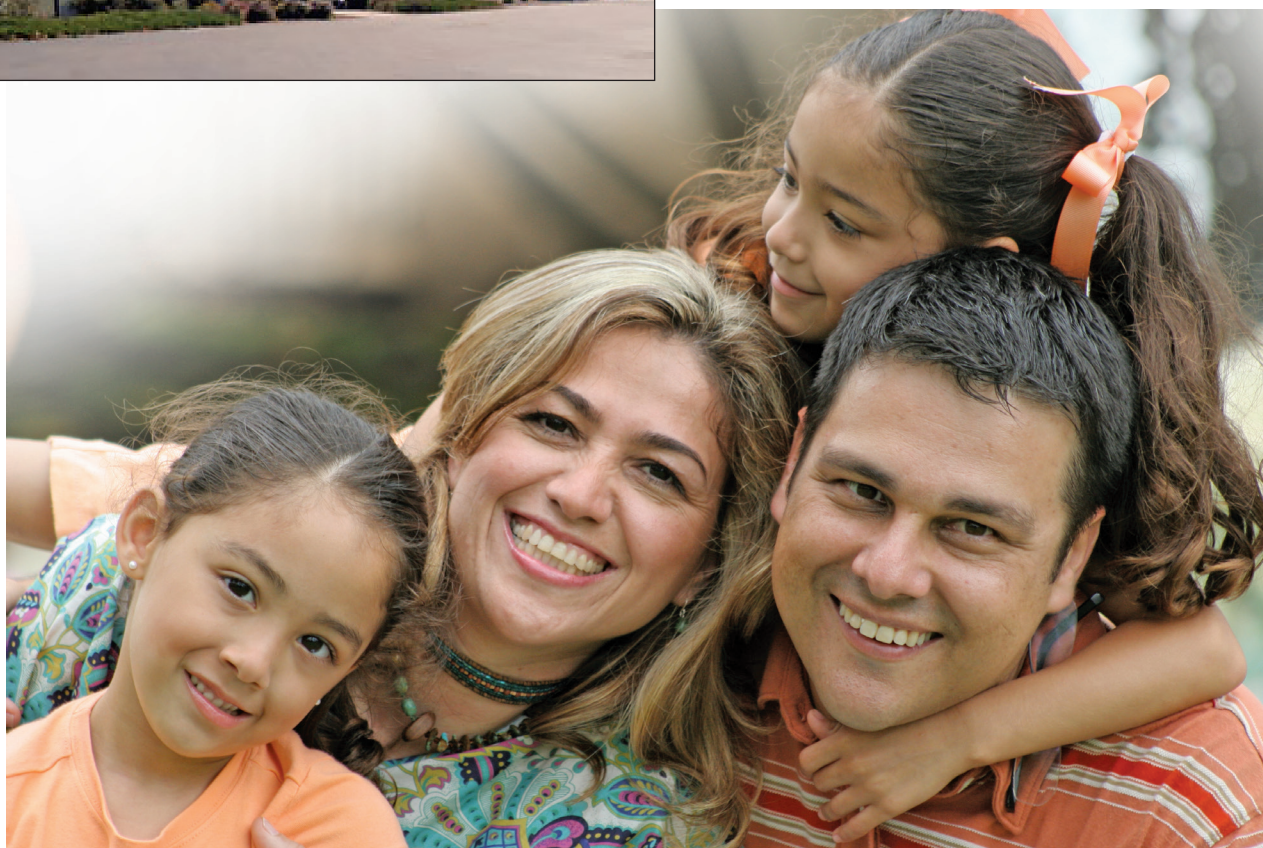
The Public Health Unit of Richland County Health and Human Services provides regularly scheduled immunization and HealthCheck clinics, maternal child health, communicable disease prevention and control, environmental health, and other primary prevention programs and services.

The Clinical Services Unit of Health & Human Services provides outpatient mental health therapy, alcohol and drug counseling, intoxicated driver assessments and psychiatric services for adolescents and adults. In addition, Clinical Services provides mental health case management services for children and adults, coordinated services teams for children and families, follow up for mental health commitments and guardianship cases and provides oversight of adult protective services.

The Economic Support Unit has the responsibility to determine eligibility and case manage financial assistance programs such as FoodShare, Healthcare, Child Care, and Energy Assistance.

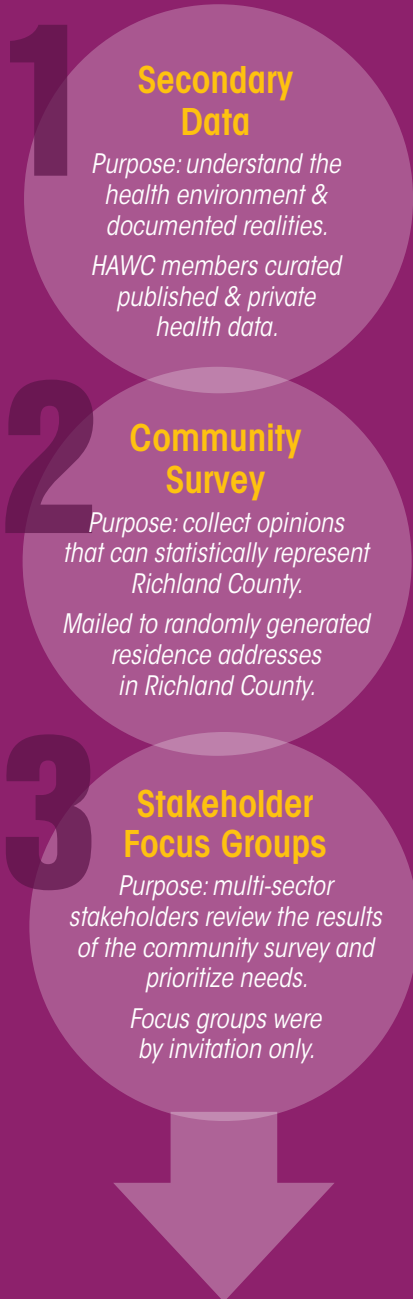
The Children's Services Unit is responsible for Child Protection, Juvenile Justice, Birth to Three, Children's Long Term Support, and Foster Care and Kinship.

Richland County's ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as an access point for publicly-funded long term care.



Data Collection Methodology

At early meetings of the HAWCs it was determined by consensus to collect CHNA data in 3 ways. The commission envisioned this as a 3-legged stool that would support our recommendations of the top health needs.



Richland County's Health Needs

Quantitative Data - Community Survey

(Survey sample: Appendix B) - The strategy of conducting a community survey was agreed upon by the HAWCs from the beginning. The sentiment being, "If we want to know what the greatest health needs of the community are, we should ask them." HAWC member, UW-Extension Family Living Agent, Chelsea Wunnicke took the lead in developing the survey instrument, distribution strategy, and data entry & analysis procedure. She consulted with Dr. David Trechter from UW-River Falls/UW-Extension Survey Center on all aspects of the community survey.

To develop the instrument, the HAWCs reviewed questionnaires used by other CHNA processes in Wisconsin. Revisions and input by all HAWC members were integrated into the final instrument. The desirability of a 1-page survey that would have a Spanish translation option was primary.

The HAWCs also appreciated the ability to collect both strength and needs data in the areas of health and community. The survey instrument was reviewed by Dr. Trechter, along with the distribution plan. It was determined that to be statistically representative of Richland County's adult population, 400 surveys would need to be returned. To facilitate these returns, 2000 surveys were mailed to randomly generated residents of Richland County at their homes.

The Richland Hospital purchased the list of addresses through Marc Publishing. Surveys were printed at Richland County Public Health and the mailing was assembled and paid for by The Richland Hospital utilizing bulk mailing. Self-addressed envelopes with the postage paid permit were included. As surveys were mailed back to The Richland Hospital, they were entered into an online survey software (Qualtrics, managed by UW-Extension) by one hospital staff member.

Upon the deadline for return, the hospital received and entered 294 surveys. This gave a confidence level of 95% with a margin of error of 5.65%. No reminders or follow-up for unreturned surveys was conducted. Wunnicke completed data analysis of the community survey and presented results to the HAWC. (Full Report: Appendix C)

Initial review of the data revealed weak representation by the lower age demographics. 63% of the respondents identified themselves as over age 62. Wunnicke consulted with Dr. Trechter on how to analyze the data given this age skew. He recommended a procedure to weight the results based on the actual percentage of each age bracket in the Richland County adult population. This would allow the responses of the lower age brackets to be weighted higher and the responses of the 62+ age demographic to be weighted less heavily to correct for the age skew.



Quantitative Data - Community Survey *continued*

Before this process, the top Community Health Needs were:

1. Alcohol & drug abuse prevention
2. Obesity/overweight prevention
3. Understanding care & insurance/cost of care
4. Ability to get mental health care
5. Alcohol & drug abuse treatment
6. Ability to get dental care
7. Ability to get emergency and primary health care

After completing the process of re-weighting the results based on age of respondent, the top health needs were:

1. Alcohol & drug abuse prevention
2. Obesity/overweight prevention
3. Alcohol & drug abuse treatment
4. Understanding care & insurance/cost of care
5. Ability to get mental health care
6. Access to affordable healthy food
7. Ability to get dental care

Additionally, the survey asked respondents to measure Top Community Health Strengths, Social Strengths, and Social Issues. Following are the findings from those questions.

- Each respondent was asked to check the 5 top community health strengths. Following are the top 5:
 - Ability to get emergency medical care.
 - Ability to get primary health care.
 - Opportunities to be active.
 - Ability to get dental care.
 - Community resources / support.
- Each respondent was asked to select the 3 greatest social strengths from a list of 9. Following are the top 3:
 - Education.
 - Environment.
 - Public and personal safety.
- Each respondent was asked to select the 3 most pressing social issues from a list of 9. Following are the top 3:
 - Jobs and economy.
 - Household Financial Stability.
 - Housing.

A short demographic section rounded out the survey.



We need

your

feedback!

Community Health Needs Assessment *continued*

Qualitative Data - Focus Groups

After discussing various strategies for completing focus groups, the commission decided to invite stakeholders to a single location for one evening. Multiple focus groups were conducted simultaneously after a large group orientation & complimentary meal.

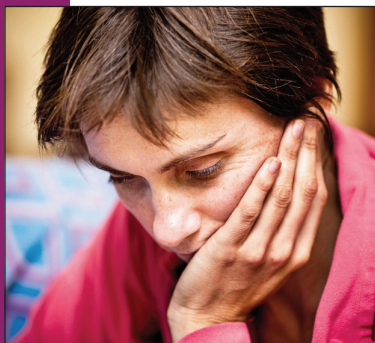
To compose the list of stakeholders to invite, all HAWC members contributed names to a spreadsheet and an email invitation with RSVP was sent. The goal was to get broad coverage of community, business, and health leaders and to cover all demographics. Special care was taken to invite those who could represent voices that may not have been included in the community survey: the younger adult age demographics and Hispanic residents. (Appendix F)

Focus groups were facilitated by HAWC members who reviewed training documents and agreed upon a standard script. Focus groups were asked to respond to the top health needs identified in the Community Survey. Each focus group included approximately 10 stakeholders along with the facilitator and a recorder/note-taker.

The following bullets summarize discussions heard under each issue that stood out :

• Mental Health

- High cost of court ordered placements to the county.
- Untreated mental health issues often result in substance abuse.
- Limited access to local services and treatment, specialty care, and lack of transportation to available services.
- Limited law enforcement training available.
- Lack of acceptance of mental health as a health issue.
- Need for additional, trained foster parents and respite care.
- Lack of understanding about prevention and treatment services available through Health and Human Services.
- Access may be based on insurance coverage or means.
- Lack of resources for at-risk kids.
- Need for peer counseling.



• Alcohol and drug abuse

- Alcohol is a cultural norm. No community mindset for change.
- Puts children at risk.
- Concern about increased use of opioids.
- Transient nature of families affected by drug abuse and lack of resources for children.
- Need for counseling and recognition as a disease.
- Connection back to mental health or an earlier traumatic experience.
- Lacking local data about teen drug and alcohol use.



• Obesity and overweight

- Youth sports are becoming increasingly specialized which limits participation.
- Increased screen time (television, computers, smart phones, tablets, video games) promotes a sedentary lifestyle.
- Motivation.
- Lack of time and busy families result in limited family meals.
- Limited access to healthy food choice vs. easy access to unhealthy, cheaper food.
- Schools no longer provide home economics and cooking skills development.
- Cultural norms (slowly changing). Community efforts are good. Schools could do more to promote physical activity.
- Confusion about what constitutes good nutrition and understanding food labels.





Secondary Data

The **2016 County Health Rankings** report that:

- Richland County's adult obesity rate is higher than the Wisconsin statewide average.
- There are less exercise opportunities in Richland County than the statewide average.
- Richland County's rate of alcohol impaired driving deaths is higher than the statewide average.
- Richland County has less than half the mental health providers per capita than the statewide average.

Richland County is a Federally Designated Mental Health Professional Shortage Area (HPSA) according to the **Wisconsin Department of Health Services Division of Public Health Wisconsin Primary Care Office**. HPSAs have significant shortages of psychiatrists, a significant percent of the population below poverty, and a lack of mental health resources in the surrounding area.

The **Wisconsin Public Health Profiles** reflect data on certain population characteristics, natality, mortality, morbidity, local health departments, long term care, and hospitalizations. According to Richland County's profile there were 24 alcohol related and 11 drug related hospitalizations in Richland County in 2013. In 2014 there were 19 alcohol related and 7 drug related hospitalizations in Richland County.

Richland County's **Public Health Profiles** also includes data from the Wisconsin Department of Transportation Division of Motor Vehicles Traffic Accident Database. Data for Richland County includes 11 alcohol related crashes with 7 citations for operating while intoxicated in 2013 and 7 alcohol related crashes with 6 citations for operating while intoxicated in 2014.

Wisconsin's Epidemiological Profile on Alcohol and Other Drug Use, 2014 presents data on use and misuse of alcohol and other substances. The document's key findings include:

- Many types of injury, death, and criminal behavior have been linked to the use of alcohol and other drugs.
- Since at least 2000, Wisconsin's rate of alcohol abuse and dependence have been higher than in the United States as a whole, and Wisconsin has a consistently higher arrest rate for operating a motor vehicle while intoxicated.
- Wisconsin has more than three times the national rate of arrests of other liquor law violations and the highest rate in the nation of self-reported drinking and driving.
- Nearly on one-quarter of suicide deaths are estimated to be alcohol related, and Wisconsin's suicide rate has increased in recent years and has remains higher than the national rate.
- Wisconsin's age-adjusted rate of drug related deaths increased from 2004 to 2006 and then leveled off, but has been increasing again since 2010. In 2012, the rate was nearly double that of 2004.
- The most prevalent category of drugs mentioned on death certificates in 2012 was "other opioids" by itself or in combination with other drugs.
- As of 2012, Wisconsin adults continue to have the highest rate of binge drinking in the nation and the highest rate of binge drinking among women of childbearing age as well.
- Alcohol consumption patterns among high school students have been improving. Early initiation of the use of alcohol and binge drinking among Wisconsin's teens was below the national average in 2013.
- As a whole, patterns of illicit drug use in Wisconsin mirror what is happening nationally. The use of prescription drugs for non-medical purposes is a serious problem. 15% of high school students reported illicit use of prescription drugs at some point in their lives.

Obesity, Nutrition, and Physical Activity in Wisconsin published in 2008 reports that:

- Wisconsin's obesity rate ranked the 16th highest in the nation in 2006 with nearly 27% of Wisconsin adults considered obese and about 65% considered overweight.
- 46% of the women participating in the Women Infants and Children (WIC) program are either overweight or obese prior to their pregnancy.
- One in four Wisconsin high school students are overweight or obese and 29% of the two-through-four year old children participating in WIC are overweight or obese.

Conclusion

The Health Assessment and Wellness Commission believes that the 2016 CHNA satisfactorily collected the health needs of the Richland County community. The process of analyzing secondary data, gathering input from key informants at focus groups, and conducting a random sample of Richland County residents via the mailed survey was designed to triangulate the actual health needs of the community. The HAWC members brought a diverse set of skills and perspectives to the analysis of these three data sets. Evaluating the results for both the strength of the need and the practicality of a community response, the HAWCs determined that the top health needs to be addressed in the community health improvement plan are:

- Substance abuse prevention & treatment.
- Overweight/obesity prevention & treatment.
- Mental health care.

The process undertaken for the 2016 CHNA has been documented so that it may be reviewed and improved for the CHNAs that will be completed by these organization in the future.

This report was compiled and written by: Chris Drea, Marianne Stanek, and Chelsea Wunnicke




Appendix A: Promotional Pieces

Appendix A: Image 1

Educate and Promote Survey

Richland Hospital

- In color: 7 Facebook posts.
- In black / white: 6 newspaper ads that ran twice each. Newspapers included: Viola Epitaph, Richland Center Shopping News, Richland Observer, Boscobel Dial, Muscoda Progressive, and Reedsburg Independent.







*We need
your
feedback!*

The Richland Hospital, Inc., Richland County Health and Human Services, Richland County UW-Extension, and Richland School District have partnered to collaboratively conduct a Community Health Needs Assessment (CHNA). The purpose is to create a resource that identifies and prioritizes the health and wellness needs of Richland County. Using this CHNA, we will develop an implementation plan that addresses the community needs identified.

The week of March 14, 2016, a random sampling of Richland County residents will be receiving a survey via mail. Your opinion is important to us! **Please take 10 minutes to complete and return the survey in the enclosed postage-paid envelope by March 31, 2016.** Your participation is voluntary, confidential, and greatly appreciated!

H.A.W.C. Health Assessment & Wellness Commission



Appendix A: Promotional Pieces *continued*

Appendix A: Image 2

UW-Extension Display: Richland County Family Living Agent Display at Women's Health Fair March 2016.



*Have you seen
me?*

If you received a survey in the mail with this graphic, please fill it out and return it! Your input matters.

We are the H.A.W.C.s tasked with assessing community health needs and making a plan to improve wellness in Richland County.

H.A.W.C.= Health Assessment and Wellness Commission
All nonprofit hospitals and public health departments are required to conduct periodic health needs assessments. By working together and involving other community groups, we hope to generate the best plan for our community.

Get involved!

- If you received a survey in the mail, complete it and send it back.
- Offer to share your opinion in a focus group.
- Be ready to work on the plan once community health needs are identified.

The H.A.W.C. Plan...

January: 2016 Health Assessment and Wellness Commission members established.


March: 2016 Community Health Needs Survey distributed to randomly generated addresses in Richland County.

April-May: Survey results analyzed and Focus Group topics and locations to be established.

June-July: Focus groups held in Richland County.

October: Results of the needs assessment presented to governing bodies.


January 2017: Create Community Health Improvement Plan based on the needs assessment and begin work on the plan's objectives.





Appendix B: Image 1

Survey Introductory Letter (English)



Public Health
Prevent. Promote. Protect.

THE RICHLAND HOSPITAL, INC.
Serving Since 1924

Richland School District
*Building Futures.....
One Child At A Time*

UW Extension
University of Wisconsin-Extension

Dear Community Member,

You are receiving this survey because ***your opinion is important to us!*** Richland County HAWCs (Health Assessment and Wellness Commission) is an advisory committee comprised of key stake holders in the community. We are tasked with gathering information about Richland County's health needs every 3 years. This survey is an important piece of the picture. Results will be used to make a Health Improvement Plan to address pressing health needs and guide community activities for the coming years.

In order for the results to truly represent Richland County, it is important that each questionnaire be returned. Your participation is voluntary but would be greatly appreciated. Please take 10 minutes to **complete and return the survey** in the enclosed postage-paid envelope by **March 31, 2016**.

Richland County Public Health, Richland County UW-Extension, The Richland School District, and The Richland Hospital are working together to administer this survey. Your response will be treated in a completely confidential manner. We will combine all responses, and the results will be available in summarized form only. Your name will not be associated with your responses to survey questions. Please do not write your name on the questionnaire or return envelope.

Thank you very much for participating in this important community effort!

HAWC members

Marianne Stanek-Richland County Public Health	Chris Drea- The Richland Hospital
David May- The RMC & Richland Hospital	Shelly Anders- The Richland School District
Chelsea Wunnicke-Richland County UW Extension School District	Shaun Tjossem- The Richland
Jarred Burke-The Richland School District	

Appendix B: Sample Cover Letters and Surveys *continued*

Appendix B: Image 2

Survey (English)

Richland County Community Health Survey 2016

Please take a few minutes to complete the survey below. The purpose of this survey is to determine community strengths and weaknesses. The results of this survey will be used to address community needs.

1) Please check Richland County's top five community health strengths (only check 5)

- | | |
|--|--|
| <input type="checkbox"/> Ability to get Dental Care | <input type="checkbox"/> Community Resources/Support |
| <input type="checkbox"/> Ability to get Emergency Medical Care | <input type="checkbox"/> Access to Affordable Healthy Foods |
| <input type="checkbox"/> Ability to get Primary Health Care | <input type="checkbox"/> Opportunities to be Active |
| <input type="checkbox"/> Ability to get Mental Health Care | <input type="checkbox"/> Obesity/Overweight Prevention Resources |
| <input type="checkbox"/> Alcohol & Drug Abuse Prevention | <input type="checkbox"/> Falls Prevention |
| <input type="checkbox"/> Alcohol & Drug Abuse Treatment | <input type="checkbox"/> Dementia Care |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Understanding Care & Insurance/Cost of Care |

2) Please check the five most important health concerns in Richland County (only check 5)

- | | |
|--|--|
| <input type="checkbox"/> Ability to get Dental Care | <input type="checkbox"/> Community Resources/Support |
| <input type="checkbox"/> Ability to get Emergency Medical Care | <input type="checkbox"/> Access to Affordable Healthy Foods |
| <input type="checkbox"/> Ability to get Primary Health Care | <input type="checkbox"/> Opportunities to be Active |
| <input type="checkbox"/> Ability to get Mental Health Care | <input type="checkbox"/> Obesity/Overweight Prevention Resources |
| <input type="checkbox"/> Alcohol & Drug Abuse Prevention | <input type="checkbox"/> Falls Prevention |
| <input type="checkbox"/> Alcohol & Drug Abuse Treatment | <input type="checkbox"/> Dementia Care |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Understanding Care & Insurance/Cost of Care |

3) Please check the three greatest social strengths in Richland County (only check 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food Security | <input type="checkbox"/> Jobs and Economy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Household Financial Stability | <input type="checkbox"/> Community & Social Support |
| <input type="checkbox"/> Public Safety & Personal | <input type="checkbox"/> Environment | <input type="checkbox"/> Transportation |

4) Please check the three most pressing social issues in Richland County (only check 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food Security | <input type="checkbox"/> Jobs and Economy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Household Financial Stability | <input type="checkbox"/> Community & Social Support |
| <input type="checkbox"/> Public & Personal Safety | <input type="checkbox"/> Environment | <input type="checkbox"/> Transportation |

5) Comments or other health problems that should be addressed:

Gender: Female Male

Age: 18-24 25-44 45-62 62 years+

Are there children 18 and younger in your household? Yes No

Household Income: under \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000 and over Household Size: Number of People in Household

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Pacific Islander White Other

Primary Language: English Spanish Other

*****Please return completed survey in the enclosed stamped self addressed envelope*****



Appendix B: Image 3

Survey Introductory Letter (Spanish)



Estimado Miembro de la Comunidad,

¡Usted está recibiendo esta encuesta porque **su opinión es importante para nosotros!** HAWCs (Comisión de Evaluación de Salud y Bienestar) del Condado de Richland Richland es un comité consultor compuesto de participantes de interés principales en la comunidad. Es nuestra tarea conseguir información sobre las necesidades de salud del Condado de Richland cada 3 años. Ésta encuesta es una parte muy importante de nuestra meta. Los resultados serán usados para hacer un Plan de Mejoría de Salud para abordar asuntos urgentes y guiar actividades comunitarias para los años que vienen.

Para que los resultados verdaderamente representan el Condado de Richland, es muy importante que nos devuelva cada encuesta. Su participación es voluntaria pero se lo agradeceríamos mucho. Por favor ocupe 10 minutos para **completar y devolver la encuesta** en el sobre pre-pagado con nuestra dirección adjunto a más tardar el **31 de marzo del 2016**.

Richland County Public Health, Richland County UW-Extension, The Richland School District y The Richland Hospital están trabajando juntos para administrar la encuesta. Su respuesta será tratada de manera completamente confidencial. Combinaremos todas las respuestas y los resultados estarán disponibles por un sumario solamente. Su nombre no será relacionado con sus respuestas a las preguntas de la encuesta. Por favor no escriba su nombre en la encuesta ni el sobre para devolver.

¡Muchas gracias por participar en este esfuerzo comunitario importante!

Miembros de HAWC

Marianne Stanek-Richland County Public Health	Chris Drea- The Richland Hospital
David May- The RMC & Richland Hospital	Shelly Anders- The Richland School District
Chelsea Wunnicke-Richland County UW Extension School District	Shaun Tjossem- The Richland
Jarred Burke-The Richland School District	

Appendix B: Sample Cover Letters and Surveys *continued*

Appendix B: Image 4

Survey (Spanish)

Encuesta de Salud en la Comunidad del Condado de Richland 2016

Por favor ocupe unos minutos para completar la encuesta abajo. El propósito de esta encuesta es determinar los puntos fuertes y debilidades de la comunidad. Los resultados de esta encuesta serán usados para abordar necesidades comunitarias.

1) Por favor marque los mejores cinco puntos fuertes de la salud en la comunidad del condado de Richland (solo marque 5)

- | | |
|---|--|
| <input type="checkbox"/> Facilidad para conseguir Cuidado Dental | <input type="checkbox"/> Apoyo/Recursos Comunitarios |
| <input type="checkbox"/> Facilidad para conseguir Atención Médica de Emergencia | <input type="checkbox"/> Acceso a Comidas Saludables Económicas |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Primaria | <input type="checkbox"/> Oportunidades de ser Activo |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Mental | <input type="checkbox"/> Recursos de Prevención de Obesidad/Sobrepeso |
| <input type="checkbox"/> Prevención del Abuso de Alcohol y Drogas | <input type="checkbox"/> Prevención de Caídas |
| <input type="checkbox"/> Tratamiento de Alcohol y Drogas | <input type="checkbox"/> Cuidado de Demencia |
| <input type="checkbox"/> Prevención de Heridas | <input type="checkbox"/> Comprendiendo el Cuidado & Seguros/Costo de Cuidado |

2) Por favor marque las cinco preocupaciones de salud más importantes en el condado de Richland (solo marque 5)

- | | |
|---|--|
| <input type="checkbox"/> Facilidad para conseguir Cuidado Dental | <input type="checkbox"/> Apoyo/Recursos Comunitarios |
| <input type="checkbox"/> Facilidad para conseguir Atención Médica de Emergencia | <input type="checkbox"/> Acceso a Comidas Saludables Económicas |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Primaria | <input type="checkbox"/> Oportunidades de ser Activo |
| <input type="checkbox"/> Facilidad para conseguir Cuidado de Salud Mental | <input type="checkbox"/> Recursos de Prevención de Obesidad/Sobrepeso |
| <input type="checkbox"/> Prevención del Abuso de Alcohol y Drogas | <input type="checkbox"/> Prevención de Caídas |
| <input type="checkbox"/> Tratamiento de Alcohol y Drogas | <input type="checkbox"/> Cuidado de Demencia |
| <input type="checkbox"/> Prevención de Heridas | <input type="checkbox"/> Comprendiendo el Cuidado & Seguros/Costo de Cuidado |

3) Por favor marque los tres puntos fuertes sociales más importantes en el Condado de Richland (Solo marque 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alojamiento | <input type="checkbox"/> Seguridad de Comida | <input type="checkbox"/> Trabajos y Economía |
| <input type="checkbox"/> Educación | <input type="checkbox"/> Estabilidad Financiera del hogar | <input type="checkbox"/> Apoyo Comunitario y Social |
| <input type="checkbox"/> Seguridad Pública y Personal | <input type="checkbox"/> El Medioambiente | <input type="checkbox"/> Transporte |

4) Por favor marque los tres asuntos sociales más urgentes en el Condado de Richland (solo marque 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alojamiento | <input type="checkbox"/> Seguridad de Comida | <input type="checkbox"/> Trabajos y Economía |
| <input type="checkbox"/> Educación | <input type="checkbox"/> Estabilidad Financiera del hogar | <input type="checkbox"/> Apoyo Comunitario y Social |
| <input type="checkbox"/> Seguridad Pública y Personal | <input type="checkbox"/> El Medioambiente | <input type="checkbox"/> Transporte |

5) Comentarios u otros problemas de salud que deben ser abordados:

Género: Femenina Masculino

Edad: 18-24 25-44 45-62 62 años+

¿Hay niños de edad 18 o menos en su hogar? Sí No

Ingresos del Hogar: menos de \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000 y más

Tamaño del hogar: Número de personas En el Hogar

Etnicidad: Hispano o Latino No Hispano ni Latino

Raza: Indio Americano/Nativo de Alaska Asiático Negro o Afro Americano
 Nativo Hawaiano/De las Islas Pacíficas Blanco Otro

Lenguaje Principal: Inglés Español Otro



Initial Report

Last modified 03/21/2016

1. Richland County's Top 5 Community Health Strengths				
#	Answer		Response	%
1	Ability to get Dental Care		165	59%
2	Ability to get Emergency Medical Care		243	86%
3	Ability to get Primary Health Care		238	85%
4	Ability to get Mental Health Care		46	16%
5	Alcohol & Drug Abuse Prevention		15	5%
6	Alcohol & Drug Abuse Treatment		15	5%
7	Injury Prevention		24	9%
8	Community Resources/Support		129	46%
9	Access to Affordable Healthy Foods		94	33%
10	Opportunities to be Active		169	60%
11	Obesity/Overweight Prevention Resources		21	7%
12	Falls Prevention		22	8%
13	Dementia Care		66	23%
14	Understanding Care & Insurance/Cost of Care		43	15%
Total Responses			281	

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016

2. The 5 Most Important Health Concerns in Richland County

#	Answer	Response	%
1	Ability to get Dental Care	107	38%
2	Ability to get Emergency Medical Care	103	37%
3	Ability to get Primary Health Care	105	37%
4	Ability to get Mental Health Care	114	41%
5	Alcohol & Drug Abuse Prevention	129	46%
6	Alcohol & Drug Abuse Treatment	111	40%
7	Injury Prevention	36	13%
8	Community Resources/Support	80	28%
9	Access to Affordable Healthy Foods	102	36%
10	Opportunities to be Active	49	17%
11	Obesity/Overweight Prevention Resources	120	43%
12	Falls Prevention	35	12%
13	Dementia Care	92	33%
14	Understanding Care & Insurance/Cost of Care	119	42%

Total Responses	281
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3. The 3 Greatest Social Strengths in Richland County

#	Answer		Response	%
1	Housing		76	27%
2	Education		161	58%
3	Public & Personal Safety		139	50%
4	Food Security		64	23%
5	Household Financial Stability		19	7%
6	Environment		142	51%
7	Jobs and Economy		47	17%
8	Community & Social Support		102	37%
9	Transportation		43	16%

Total Responses	277
-----------------	-----

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016




4. The 3 Most Pressing Social Issues in Richland County

#	Answer	Response	%
1	Housing	113	41%
2	Education	62	23%
3	Public & Personal Safety	48	17%
4	Food Security	41	15%
5	Household Financial Stability	158	57%
6	Environment	40	15%
7	Jobs and Economy	213	77%
8	Community & Social Support	49	18%
9	Transportation	81	29%





Total Responses	275
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5. Gender

#	Answer		Response	%
1	Female		143	49%
2	Male		133	46%
3	Did not answer		14	5%
	Total		290	100%

6. Age

#	Answer		Response	%
1	18-24		1	0%
2	25-44		24	9%
3	45-62		75	26%
4	62+		186	63%
5	Did not answer		7	2%
	Total		293	100%

7. Are There Children 18 or Younger in Your Household?

#	Answer		Response	%
1	Yes		27	9%
2	No		230	81%
3	Did not answer		28	10%
	Total		285	100%

Appendix C: Final Survey Report *continued*

Initial Report

Last modified 03/21/2016

8. Household Income

#	Answer		Response	%
1	Under \$25,000		58	20%
2	\$25,000-\$49,999		96	33%
3	\$50,000-\$74,999		57	19%
4	\$75,000-\$99,999		26	9%
5	\$100,000-\$149,999		27	9%
6	\$150,000 and over		6	2%
7	Did not answer		24	8%
	Total		294	100%

9. Household Size: Number of People in Household

No answer = 48 responses
1 = 16 responses
2 = 31 responses
3 = 1 response
4 = 2 responses

10. Ethnicity

#	Answer		Response	%
1	Hispanic or Latino		3	1%
2	Not Hispanic or Latino		237	82%
3	Did not answer		50	17%
	Total		290	100%



11. Race

#	Answer		Response	%
1	American Indian/Alaska Native		0	0%
2	Asian		0	0%
3	Black or African American		0	0%
4	Native Hawaiian/Pacific Islander		1	0%
5	White		283	97%
6	Other		1	0%
7	Did not answer		7	2%
	Total		292	100%

12. Primary Language

#	Answer		Response	%
1	English		288	98%
2	Spanish		0	0%
3	Did not answer		5	2%
	Total		293	100%

Appendix D: Richland County Demographics

10/17/2016
Page 1 of 1
WI State Limited

ESRI Demographic Snapshot
INTELLIMED Demographic Profile System

(County):Richland County, WI

	Area		USA	
	2016	2021	2016	2021
2016 Total Population	15,992	323,578,126		
2021 Total Population	15,865	337,323,192		
% Change 2016 - 2021	-0.8%	4.2%		
2016 Average Household Income	\$58,464	\$76,907		
2021 Average Household Income	\$63,722	\$83,908		
2016 Per Capita Household Income	\$24,377	\$29,471		

Race / Ethnicity	Race / Ethnicity Distribution		
	2016 % of Total	2021 % of Total	% Change
American Indian/Alaska Native	46	51	0.3%
Asian	107	133	0.8%
Black/African American	119	171	1.1%
Hispanic	404	494	3.1%
Other Race	9	10	0.1%
Pacific Islander	2	2	0.0%
Population of 2 or More Races	180	240	1.5%
White	15,125	14,764	-0.2%
Total	15,992	15,865	-0.8%

Age Group	Age Distribution		
	2016 % of Total	2021 % of Total	% Change
Age 0-4	1,011	954	-5.6%
Age 5-9	1,038	1,011	-2.6%
Age 10-14	990	1,063	7.4%
Age 15-19	943	978	3.7%
Age 20-24	889	713	-19.8%
Age 25-29	858	815	-5.0%
Age 30-34	891	874	-1.9%
Age 35-39	838	890	6.2%
Age 40-44	875	862	-1.5%
Age 45-49	934	869	-7.0%
Age 50-54	1,115	918	-17.7%
Age 55-59	1,267	1,112	-12.2%
Age 60-64	1,237	1,225	-1.0%
Age 65-69	980	1,141	16.4%
Age 70-74	666	892	33.9%
Age 75-79	550	588	6.9%
Age 80-84	409	455	11.2%
Age 85+	501	505	0.8%
Total	15,992	15,865	-0.8%

Household Income	# of Households		
	2016 % of Total	2021 % of Total	% Change
< \$15,000	739	725	-1.9%
\$15,000 - \$24,999	811	928	14.4%
\$25,000 - \$34,999	802	590	-26.4%
\$35,000 - \$49,999	1,064	794	-25.4%
\$50,000 - \$99,999	2,374	2,541	8.7%
Over \$100,000	805	986	22.5%
Total	6,595	6,564	-0.5%

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ESRI ©

Appendix E: Richland Hospital Market Share Analysis



Appendix E: Image 1

Richland Hospital Inpatient Market Share Data from Intellimed

Facility	Volume			% of Facility Total			Percentage of Report Total			
	Cases	Days	Charges	Cases	Days	Charges	Cases	Cum.	Days	Charges
The Richland Hospital Inc	882	2,665	10,943,909	100.00%	100.00%	100.00%	40.91%	40.91%	28.96%	16.69%
Uw Hospital and Clinics	404	2,244	24,508,045	100.00%	100.00%	100.00%	18.74%	59.65%	24.38%	37.37%
Mentor Hospital	193	871	9,713,305	100.00%	100.00%	100.00%	8.95%	68.60%	9.46%	14.81%
St Mary's Hospital	190	927	8,184,507	100.00%	100.00%	100.00%	8.81%	77.41%	10.07%	12.48%
Sauk Prairie Memorial Hospital	185	382	3,786,168	100.00%	100.00%	100.00%	8.58%	85.99%	4.15%	5.77%
Gundersen Health System	91	490	3,044,722	100.00%	100.00%	100.00%	4.22%	90.21%	5.32%	4.64%
Upland Hills Health Inc	48	117	571,334	100.00%	100.00%	100.00%	2.23%	92.44%	1.27%	0.87%
Winnebago Mental Health Institute	26	265	296,032	100.00%	100.00%	100.00%	1.21%	93.65%	2.88%	0.45%
Vernon Memorial Healthcare	22	46	473,348	100.00%	100.00%	100.00%	1.02%	94.67%	0.50%	0.72%
Gundersen Boscobel Area Hospital and Clinics	20	53	323,531	100.00%	100.00%	100.00%	0.93%	95.59%	0.58%	0.49%
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	15	68	297,238	100.00%	100.00%	100.00%	0.70%	96.29%	0.74%	0.45%
Southwest Health Center	15	208	440,015	100.00%	100.00%	100.00%	0.70%	96.99%	2.26%	0.67%
Reedsburg Area Medical Center	14	31	191,742	100.00%	100.00%	100.00%	0.65%	97.63%	0.34%	0.29%
Select Specialty Hospital - Madison	9	267	1,477,988	100.00%	100.00%	100.00%	0.42%	98.05%	2.90%	2.25%
Aurora Medical Center in Summit	5	18	82,978	100.00%	100.00%	100.00%	0.23%	98.28%	0.20%	0.13%
St Clare Hospital and Health Services	5	40	119,918	100.00%	100.00%	100.00%	0.23%	98.52%	0.43%	0.18%
Grant Regional Health Center	4	11	26,020	100.00%	100.00%	100.00%	0.19%	98.70%	0.12%	0.04%
Uw Health Rehabilitation Hospital	4	25	82,236	100.00%	100.00%	100.00%	0.19%	98.89%	0.27%	0.13%
Mendota Mental Health Institute	3	350	358,450	100.00%	100.00%	100.00%	0.14%	99.03%	3.80%	0.55%
Gundersen St Joseph's Hospital and Clinics	2	4	66,320	100.00%	100.00%	100.00%	0.09%	99.12%	0.04%	0.10%
Libertas Center	2	29	49,624	100.00%	100.00%	100.00%	0.09%	99.21%	0.32%	0.08%
Lifecare Hospitals of Milwaukee	2	45	150,819	100.00%	100.00%	100.00%	0.09%	99.30%	0.49%	0.23%
Mercy Hospital and Trauma Center	2	6	99,249	100.00%	100.00%	100.00%	0.09%	99.40%	0.07%	0.15%
Rogers Memorial Hospital - Brown Deer	2	9	29,226	100.00%	100.00%	100.00%	0.09%	99.49%	0.10%	0.04%
Aurora St Luke's Medical Center	1	1	29,479	100.00%	100.00%	100.00%	0.05%	99.54%	0.01%	0.04%
Beloit Health System	1	2	48,024	100.00%	100.00%	100.00%	0.05%	99.58%	0.02%	0.07%
Columbus Community Hospital	1	8	56,675	100.00%	100.00%	100.00%	0.05%	99.63%	0.09%	0.09%
Divine Savior Healthcare	1	2	18,831	100.00%	100.00%	100.00%	0.05%	99.68%	0.02%	0.03%

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Appendix E: Richland Hospital Market Share Analysis *continued*

Appendix E: Image 2

Richland Hospital Ambulatory Market Share Data from Intellimed

Facility	Volume			Percentage of Hospital Total			Percentage of Report Total		
	Cases	CPT	Charges	Cases	CPT	Charges	CPT	Cum. Cases	Charges
Uw Hospital and Clinics	1,346	2,209	100.00%	100.00%	31.11%	100.00%	31.11%	31.11%	34.02%
The Richland Hospital Inc	1,291	1,569	100.00%	100.00%	29.84%	100.00%	60.96%	60.96%	24.16%
Sauk Prairie Memorial Hospital	342	438	100.00%	100.00%	7.91%	100.00%	68.86%	68.86%	6.74%
Meriter Hospital	201	359	100.00%	100.00%	4.65%	100.00%	73.51%	73.51%	5.53%
Gundersen Health System	161	242	100.00%	100.00%	3.72%	100.00%	77.23%	77.23%	3.73%
Madison Surgery Center Inc	133	229	100.00%	100.00%	3.07%	100.00%	80.31%	80.31%	3.53%
St Mary's Hospital	121	161	100.00%	100.00%	2.80%	100.00%	83.10%	83.10%	2.48%
Surgery and Care Center	116	197	100.00%	100.00%	2.66%	100.00%	85.78%	85.78%	3.03%
Upland Hills Health Inc	98	107	100.00%	100.00%	2.27%	100.00%	88.05%	88.05%	1.65%
Davis Duehr Surgery Center	94	161	100.00%	100.00%	2.17%	100.00%	90.22%	90.22%	2.48%
Surgicenter of Greater Madison	83	233	100.00%	100.00%	1.92%	100.00%	92.14%	92.14%	3.59%
Novamed Surgery Center of Madison Lip	62	73	100.00%	100.00%	1.43%	100.00%	93.57%	93.57%	1.12%
Gundersen Boscobel Area Hospital and Clinics	61	87	100.00%	100.00%	1.41%	100.00%	94.98%	94.98%	1.34%
Pain Centers of Wisconsin - Sauk Prairie	52	178	100.00%	100.00%	1.20%	100.00%	96.19%	96.19%	2.74%
Vernon Memorial Healthcare	24	49	100.00%	100.00%	0.55%	100.00%	96.74%	96.74%	0.75%
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	21	28	100.00%	100.00%	0.49%	100.00%	97.23%	97.23%	0.43%
Southwest Health Center	21	21	100.00%	100.00%	0.49%	100.00%	97.71%	97.71%	0.32%
Gundersen St Joseph's Hospital and Clinics	15	22	100.00%	100.00%	0.35%	100.00%	98.06%	98.06%	0.34%
Reedsburg Area Medical Center	15	23	100.00%	100.00%	0.35%	100.00%	98.40%	98.40%	0.35%
Uw Health Transformation Surgery Center LLC	10	26	100.00%	100.00%	0.23%	100.00%	98.64%	98.64%	0.40%
Pain Centers of Wisconsin - Fort Atkinson	8	11	100.00%	100.00%	0.18%	100.00%	98.82%	98.82%	0.17%
St Clare Hospital and Health Services	8	10	100.00%	100.00%	0.18%	100.00%	99.01%	99.01%	0.15%
Mid Bluff Medical Center	7	8	100.00%	100.00%	0.16%	100.00%	99.17%	99.17%	0.12%
Grant Regional Health Center	6	9	100.00%	100.00%	0.14%	100.00%	99.31%	99.31%	0.14%

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Appendix F: Focus Group Participants

Allan Abarca	Community Member
Angie Alexander	Pine Valley Healthcare
Dottie Behling	Community Member
Keith Behling	Greater Richland Area Cancer Elimination
Mallory Bender	Richland Medical Center
Dale Bender	Southwest Partners
Mike Breininger	Southwest Partners
Jackie Carley	Schmitt Woodland Hills
Amanda Coorough	Richland County Health and Human Services, Children's Services
Myranda Culver	Richland County Health and Human Services
Kay Cunningham	Richland County Health and Human Services, Public Health
Becky Dahl	Aging and Disability Resource Center / Southwest Partners
Kristin Duhr	Community Member
Dawn Elliott	DNA / Impress to Progress
Patrick Elliott	Wallace, Cooper, and Elliott Insurance
Leonard Fry	Kinship
Rebecca Furbish	Tourism / DNA
Becky Gomez	Neighborhood House Services of Southwest Wisconsin / Multi-Cultural Outreach Program
Susan Hallett	Neighborhood House Services of Southwest Wisconsin
Gretchen Kanable	Richland School District
Chad Kanable	Richland County Sheriff's Department
Dawn Kiefer	Richland Observer
Jeanetta Kirkpatrick	Richland County Board
David Knoche	Agrace Hospice
Kristine Lockwood	AmeriCorps Farm to School
Pedro Gomez Lopez	Multi-Cultural Outreach Program
Robin Lynch	Daycare Provider
Patrick Metz	Richland County Health and Human Services
Kim Mindham	Passages, Inc.
Dr. Jenny Myszkowski	Richland Medical Center
Doug Olsen	Kickapoo Schools
Beverly Pittman Burns	Passages, Inc.
Linda Post	Harlan's Furniture
Susan Price	Kinship
Bill Reinke	Neighborhood House Services of Southwest Wisconsin
Cindy Riley	Richland Hospital
Bruce Roesler	Richland Hospital
Danielle Sander	UW-Extension
Cathryn Scott	Independent Living Services
Donald Seep	Richland County Board
Dr. Robert Smith	Richland Medical Center / Richland Area Geriatric Assessment
Linda Stadler	Richland Hospital / Richland Area Rotary Youth Soccer
Sheila Troxel	Wallace, Cooper, and Elliott Insurance
Meredith Wallace	Ithaca School District
Dr. Kevin Whitney	Richland Medical Center
Melody Wiinamaki	Richland Schools
Emily Zorea	Brewer Public Library

