

Community Health Needs Assessment Report

Beaver Dam Community Hospital Beaver Dam, Wisconsin

Published June 30, 2016

Introduction

Beaver Dam Community Hospitals, Inc. (BDCH) is a non-profit health system that offers a comprehensive continuum of services that include primary and specialty care, obstetric and inpatient acute care, outpatient surgery and oncology services, rehabilitation, home care, hospice, long-term care, and day care for children. The system's 60-bed acute care hospital, accredited by the Joint Commission, combines advanced medicine and technology with a state-of-the-art facility to create a healing environment of care for patients and their families. The BDCH service area extends across the greater Dodge, Columbia and Fond du Lac County region.

In 1972, BDCH became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new Beaver Dam Community Hospital opened for service. Much more than a community hospital, today BDCH provides award-winning care and a full continuum of services that range from clinics to child care to senior living apartments.



Our mission is to deliver excellence across a continuum of services.

Our vision is to be the regional destination for health care by delivering unprecedented quality, safety and service at a competitive price.

BDCH offers clinical technology and a range of services that are atypical for a community hospital. We do this so patients across the region can receive most of their care close to home without the hassles of travel and trying to find parking when they should be focusing on healing. Advanced technical offerings include:

- Breast tomosynthesis, the next generation of digital mammography. State-of-the-art three-dimensional imaging provides clearer images, increasing cancer detection rates and decreasing false positives. Tomosynthesis has been shown to detect lethal cancers 41 percent better than standard mammography, while reducing recall rates by 15 percent.

- A 64-slice CT scanner that allows patients to spend less time in the scanner and provide physicians with more diagnostic options. Quicker scans mean reduced exposure to radiation, while advanced image quality means improved diagnosis accuracy.
- Telestroke, which offers immediate access to a stroke neurologist in order to begin the best treatment quickly and to minimize harm at the onset of stroke.
- Operating room video technology that provides surgeons with the latest technology and instruments to enable patients to undergo surgery and recover closer to home.
- An innovative alternative treatment for carpal tunnel syndrome that achieves the same results as traditional surgical procedures, but with reduced pain, cost and recovery time.

BDCH provides a full continuum of services – medical clinics, outpatient care including outpatient surgery, cancer care, inpatient hospital care, rehabilitation services, home care and hospice. The health system offers a range of senior services including a nursing home, assisted living, dementia care and senior living apartments. BDCH also has HealthWORKS, a complete employee health service for business, and Kids Care, a full-service child care and accredited 4K program. Our list of services includes:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Cancer treatment • Cardiovascular <ul style="list-style-type: none"> ○ Cardiac Rehab • Diabetes management • Emergency Services • ENT • Hospitalist Program • Massage & Wellness • Medical Imaging • Occupational Health • Ophthalmology • Orthopedics <ul style="list-style-type: none"> ○ Joint Replacement • Pain Management • Pharmacy | <ul style="list-style-type: none"> • Rehabilitation <ul style="list-style-type: none"> ○ Therapy Services ○ Sports Fitness Center • Sleep Center • Surgery Center <ul style="list-style-type: none"> ○ General Surgery ○ Aesthetic Laser Surgery ○ Orthopedics ○ ENT ○ Ophthalmology • Urology • Women’s Health <ul style="list-style-type: none"> ○ Obstetrics ○ Gynecology ○ Breast Health • Wound Care |
|--|--|

In addition to the hospital, BDCH includes: BDCH Medical Clinics

- Family Medicine
- Orthopedics & Sports Medicine
- Surgical Specialists
- Rheumatology
- OB/GYN
- Occupational Health (HealthWORKS)
- Urology
- Eagles Wings Community Based Residential Facility
- Remembrance Home Dementia-Specific Community Based Residential Facility
- Stone Terrace Residential Apartment Complex

- Hillside Manor Nursing Home and Transitional Care Unit
- Hillside Home Care and Hospice
- BDCH Pharmacy
- BDCH Sleep Center
- Kids Care Child Care Center
- Pain Center of Wisconsin - Beaver Dam, a joint venture with Advanced Pain Management

Our commitment to excellence means that while we offer more than you might expect from a rural health system, it is exactly what our patients deserve. This is what we mean when we say: “Excellence. Delivered. You have our Word on it.”

BDCH’s commitment to delivering excellence has been recognized by numerous organizations. Here is a list of the most recent honors:

- **May 2016** – BDCH earns the Alliance Health Transformation Award for its commitment to population health and to safe, quality patient care.
- **February 2016** – BDCH is recognized as a Platinum-Level Fit-Friendly Worksite by the American Heart Association for helping employees eat better and move more.
- **December 2015** - BDCH receives the Top Rural Hospital Award from The Leapfrog Group for the second consecutive year for demonstrating excellence in hospital safety and quality. BDCH is still the first and only Wisconsin hospital to earn this award.
- **November 2015** – BDCH earns its third consecutive A for patient safety from The Leapfrog Group (2015, 2014, 2013).
- **November 2015** – Remembrance Home earns the national Excellence in Action Award from the National Research Corp. for the third consecutive year.
- **November 2015** – Hillside Home marks its ninth HomeCare Elite Award in 10 years.
- **August 2015** – BDCH Rehab and Wellness Department is honored with the Outcomes Excellence Award by Focus on Therapeutic Outcomes (FOTO) for exceeding national benchmarks for expected improvement in functional performance for four consecutive quarters.
- **August 2015** – Hillside Home Care earns a 4.5 Star rating from Medicare.
- **May 2015** – Dr. Sharon L. Haase of the BDCH medical staff is honored as a Master of the American College of Physicians. She is the first physician selected from a rural hospital.
- **February 2015** – BDCH President & CEO Kim Miller, FACHE, is named to the list of "50 Rural Hospital CEOs to Know" by *Becker's Hospital Review*.



Beaver Dam Community Hospital is pleased to submit this Community Health Needs Assessment Report. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an

opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

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

- Our Community
- Review of Previous Community Health Needs Assessments
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

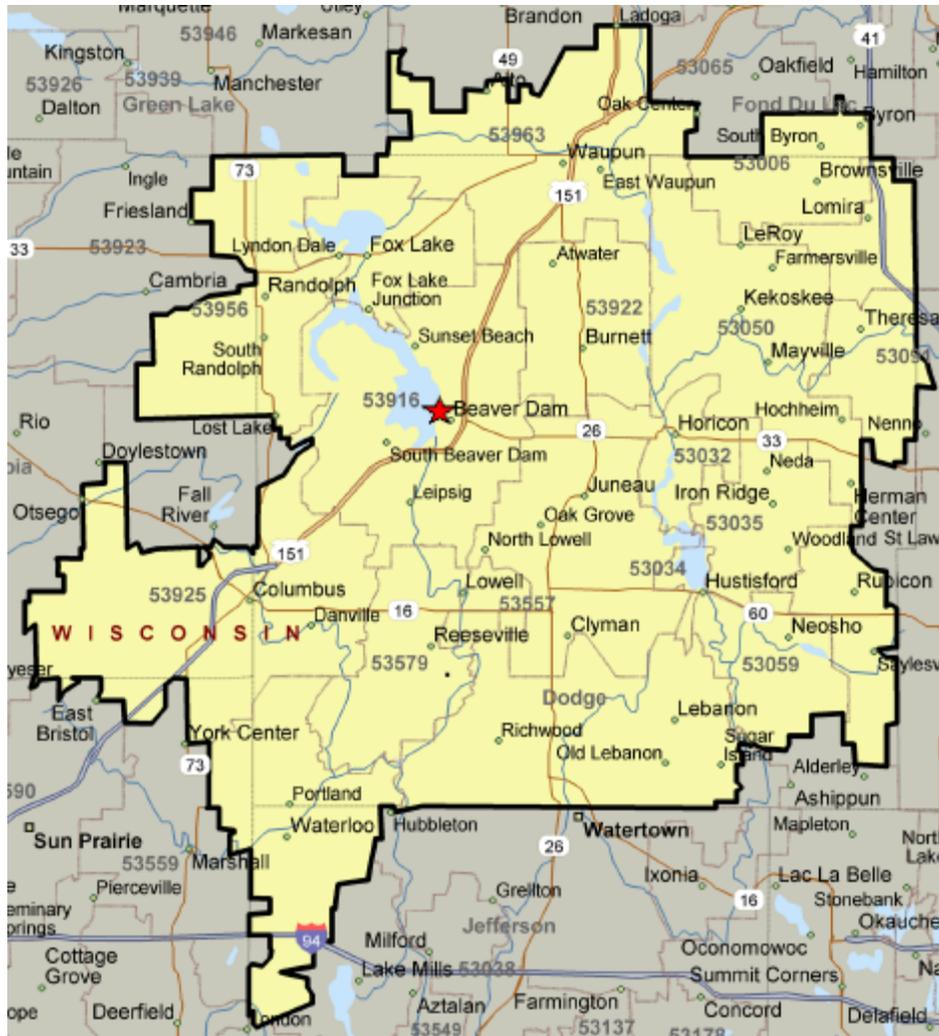
Our Community

Beaver Dam Community Hospital is located in Beaver Dam, Dodge County, Wisconsin. We have historically defined our “community” as a much broader regional service area that includes portions of Columbia, Fond du Lac, Jefferson, Green Lake and Dane Counties.

To more accurately identify the individuals who access BDCH for medical care, we analyzed our inpatient and outpatient volume by zip code for the fiscal year ended January 31, 2016. Based on that analysis, we define our community as Dodge County, Wisconsin, including individuals who reside in the following zip codes:

- | | | |
|---------|---------|---------|
| • 53916 | • 53925 | • 53034 |
| • 53032 | • 53922 | • 53091 |
| • 53039 | • 53035 | • 53593 |
| • 53956 | • 53579 | • 53059 |
| • 53933 | • 53557 | • 53098 |
| • 53963 | • 53006 | • 53078 |
| • 53050 | • 53048 | |

This area captures approximately 90% of the inpatient and outpatient volume at the hospital during that fiscal year.



Although we recognize that our community extends beyond Dodge County’s borders, we have chosen to focus on Dodge County for input in the community health needs assessment process. We do this for two reasons. First, our primary service area lies entirely within Dodge County. Second, we believe the information received from participants in other counties would be consistent with information we received from Dodge County participants.

In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by county. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. U.S. census data is primarily from the 2010 census, with some figures being estimated based on that census and others being actual data from subsequent years. Population Health Institute data is as of April 2016.

	Dodge 2014	Dodge 2010	Dodge Change	Wisconsin 2014	Wisconsin 2010	Wisconsin Change
Population	88,502	88,661	-0.3%	5,771,337	5,711,767	1.5%
Age < 18	20.7%	21.7%	-1.0%	22.6%	23.2%	-0.6%
Age 65+	16.3%	15.1%	1.2%	15.2%	13.9%	1.3%
Female	47.3%	47.3%	0.0%	50.3%	50.3%	0.0%
Caucasian	94.9%	91.4%	3.8%	87.8%	83.1%	4.7%
African American	3.1%	2.7%	0.4%	6.6%	6.2%	0.4%
American Indian	0.5%	0.5%	0.0%	1.1%	1.1%	0.0%
Asian	0.6%	0.6%	0.0%	2.6%	2.4%	0.2%
Hispanic	4.6%	4.0%	0.6%	6.5%	6.1%	0.4%
Rural	48.6%	48.6%	0.0%	29.8%	29.8%	0.0%
Median Household Income	\$53,189	\$52,130	2.0%	\$52,738	\$50,401	4.6%
Per Capita Health Care Cost	\$7,618	\$7,396	3.0%	\$8,322	\$8,081	3.0%
Uninsured Adults	10.9%	10.6%	0.3%	12.8%	13.1%	-0.3%
Uninsured Children	4.2%	N/A	N/A	4.8%	N/A	N/A
Free Lunch- Eligible Children	32.2%	30.0%	2.2%	35.3%	33.2%	2.1%

Dodge County is primarily Caucasian, with every minority population comprising a smaller portion of the community than in Wisconsin as a whole. Between 2010 and 2014, the prevalence of Caucasians increased in both the county and the state, although the rate of increase was lower in Dodge County. During this same period, the African American and Hispanic populations also had significant growth.

Dodge County has a larger-than-average proportion of elderly individuals and a lower-than-average proportion of children. Between 2010 and 2014, both the state and the county experienced an increase in the percentage of elderly individuals and a decrease in the percentage of youth, which mirrors the national trend of an aging population.

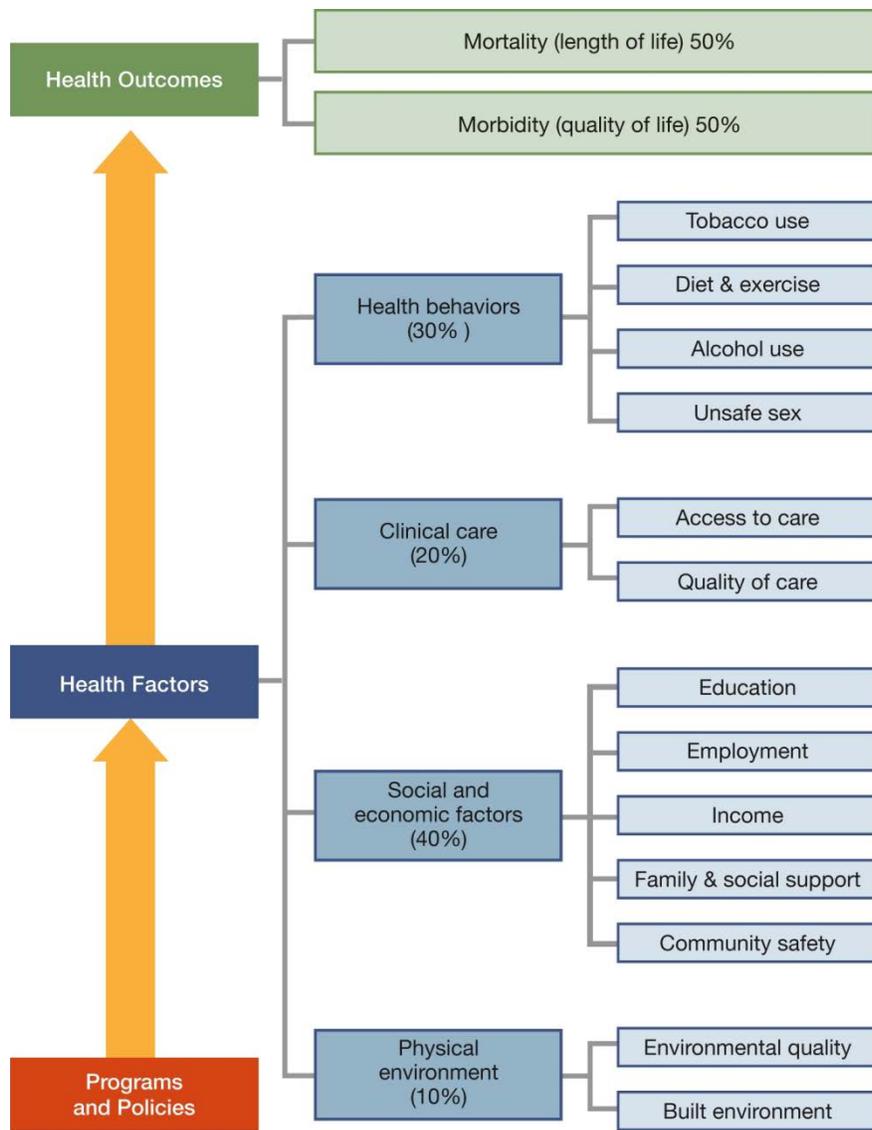
Dodge County has a median household income greater than the state average, although the growth in median household income between 2010 and 2014 was slower in Dodge County than in the state as a whole. Dodge County also has per capita health care costs below the state average. Combining these two facts, health care costs were 15.8% of median household income in Wisconsin while they were 14.3% Dodge County. This indicates that health care is relatively more affordable in Dodge County than in Wisconsin as a whole. Similarly, the counties in our community have a lower percentage of uninsured adults, uninsured children, and children that are eligible for free lunch at school, all of which corroborates that we have a smaller low-income percentage than other areas in the state. With the Affordable Care Act of 2010 providing increased access to health insurance across the nation, it is somewhat surprising that our

community experienced a slight increase in the percentage of uninsured adults between 2010 and 2014.

While the Hispanic population in our community is relatively small, we provided special consideration to this minority group for two reasons. First, the Hispanic community consists of both documented and undocumented individuals who frequently have communications challenges. Second, demographic growth estimates indicate that the Hispanic population is likely to grow more rapidly than any other group in our community in the next ten years. Each of these factors requires special consideration by Beaver Dam Community Hospital in how to best provide for the health needs of this group.

An Amish community lives in Columbia County, Wisconsin, on the border of BDCH's community. This community is widespread over several townships and consists of small to medium-sized Amish farmsteads and individual homes. Generally, all of the Amish in our community are Old Order Amish, with no tractors or fields, few telephones, hook-and-eye closures on clothing instead of buttons, and small one-room schoolhouses. Most of the roads in the area were constructed using routes in existence in the 1700's and 1800's and follow the "lay of the land".

The Population Health Institute ("PHI") publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.



Source: University of Wisconsin Population Health Institute

In 2013, Dodge County’s overall health factors ranked 37 out of 72 counties while its overall health outcomes ranked 50 out of 72 counties. In 2016, both rankings have improved. Dodge County is now ranked 32 out of 72 counties in overall health factors and 22 out of 72 counties in overall health outcomes. Because today’s health factors lead to tomorrow’s health outcomes, these rankings indicate that Dodge County’s individuals are currently experiencing a relatively shorter length of life because of poor conditions in the past. However, the trend of relatively strong health factors indicates that individuals should experience relatively longer lives in the future because of better conditions today. The significant improvement in the county’s mortality ranking, from 55 to 22, emphasizes this trend.

Wisconsin County Health Rankings (Out of 72 Counties)		
	2016	2013
Mortality	20	37
Morbidity	40	57
Overall Health Outcomes	22	50
Health Behaviors	33	60
Clinical Care	25	22
Social & Economic Factors	26	27
Physical Environment	63	36
Overall Health Factors	32	37

In 2013, clinical care and social & environmental factors were Dodge County’s strongest health factors while physical environment was average and health behaviors were an area for potential improvement. By 2016, our community’s health behaviors experienced great improvement relative to the state, with the county’s ranking jumping from 60 to 33 out of the 72 counties. Clinical care and social & economic factors remained stable during that time. Unfortunately, the county’s physical environment decreased significantly, dropping from 36 to 63 out of the 72 counties.

Review of Previous Community Health Needs Assessments

BDCH conducted a community health needs assessment in 2013 and published the related report in June 2013. In that assessment, the following needs were identified:

- Primary Needs: nutrition and physical activity
- Secondary Needs: substance abuse and mental health
- Tertiary Needs: dental health, elder care, and Hispanic resources

As part of the 2013 assessment, BDCH participated in the Dodge Jefferson Healthier Community Partnership, which also published a report. Both of these reports are available on BDCH’s website at <https://www.bdch.com/About-Us/Our-Mission.aspx>.

Based on the 2013 community health needs assessment, BDCH has worked diligently to bring community stakeholders together in an effort to develop initiatives and strategies to help people live healthier, happier lives. In 2014, BDCH formed the Healthy Communities, Healthy Lives initiative as the first step in our regional wellness journey. In 2015, BDCH contracted with Healthways to conduct a Blue Zones Project® assessment of our community.

Blue Zones are longevity hot spots in which people live to age 100 at rates 10 times greater than the rest of the world. Research identified five such hotspots: Sardinia, Italy; Okinawa, Japan; Loma Linda, California; Nicoya, Costa Rica; and Ikaria, Greece. These Blue Zones were studied closely and nine common traits, now known as the “Power 9”, were identified. The Blue Zones organization decided to see if they could leverage this information in a way that would help communities across the United States maximize their own health and wellness. Instead of focusing on the individual, Blue Zones Project focuses on the culture, community and

environment, developing support systems and implementation evidence-based strategies that help make the healthy choices the easy choices.

The Blue Zones Project included an assessment of four local communities within Dodge County to ascertain the interest, need, readiness, and opportunities for success and value in undertaking a Blue Zones Project community transformation initiative across Dodge County. Beaver Dam, Horicon, Juneau, and Mayville were selected to participate in the assessment process to determine the region's readiness.

In late 2015, the Blue Zones Project team conducted background research and met with many organizations and key leaders from Beaver Dam, Horicon, Juneau, and Mayville to learn about the community's institutions and economy as well as the major health issues facing the community and initiatives underway to address these issues. Further information about the Blue Zones Project, including a 20-minute TED talk by the lead researcher, is available online at <http://wisconsin.bluezonesproject.com>. The Blue Zones Project assessment was the beginning of BDCH's 2016 community health needs assessment.

Community Health Needs Assessment Methodology

As mentioned above, BDCH began the health needs assessment process by contracting with Healthways to conduct a Blue Zones Project analysis. That analysis consisted primarily of interviews with a significant number of organizations in our community. BDCH then contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct additional community interviews and a community forum, and to assist in preparing this Community Health Needs Assessment Report and the hospital's Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. These interviews were conducted between the summer of 2015 and the spring of 2016. The primary goal of these interviews was to ascertain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives or members of medically underserved populations
- Leaders, representatives or members of low-income populations

The following agencies, organizations and businesses participated in the BDCH community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

Government Entities, Agencies and Departments

- Dodge County Human Services and Health Department
- Dodge County Board of Trustees
- City of Beaver Dam
- City of Horicon
- City of Juneau
- City of Mayville

Health Care Organizations

- Beaver Dam Community Hospital
- Church Health Services
- Fort Health Care
- UW Health
- Horicon Family Chiropractic
- Beaver Dam Women's Health
- Clearview LTC & Rehab
- Hillside Manor

Schools

- Beaver Dam School District
- Horicon School District
- School District of Mayville
- Mayville School District
- Dodgeland School District
- Beaver Dam Unified School District
- Beaver Dam High School
- Horicon High School
- Community Care Preschool
- Moraine Park Technical College
- Wayland Academy
- St. John's Lutheran School
- Mayville Middle School
- St. Stephen's School

Religious Organizations

- Grace Presbyterian
- St. Katharine Drexel Church
- Badgerland Youth for Christ
- First Lutheran Church
- Zion Lutheran
- United Methodist
- Trinity Church
- St. Mary – Mayville
- Shared Covenant Ministries
- Sacred Heart Church

Other Businesses and Tax-Exempt Organizations

- Alltech
- American National Bank
- Apache Stainless Steel
- Beaver Dam Chamber of Commerce
- Beaver Dam Community Theater
- Countryside Auto
- Edwin Brix Vineyard
- Entrees by Chef Chanse
- Food Pride
- GAI Consultants
- Glasfloss Industries
- Horicon Bank
- Horicon Chamber of Commerce
- Horicon Phoenix Program
- Inter-Quest Corp
- John Deere
- Koepsell Funeral
- Lidtke Motors
- Main Street Mayville
- Mayville Chamber of Commerce
- Mayville Engineering ("MEC")
- Marlin Technologies
- Marsibilios
- Mayville Savings Bank
- MetalCraft of Mayville
- Modern Woodmen
- Neuman Pools
- No Knots
- NOLA North Grille
- Old Hickory Golf Course

- Open Door Coffee House
- Piggly Wiggly
- QBS Law
- R&R Insurance
- Richards Agency
- Rock River Tap
- TAG Center
- YMCA of Dodge County

Community Forum

In addition to the interviews above, BDCH wanted to gain a better understanding of the Hispanic community's special circumstances and health needs. Because the Hispanic community does not have a single organization or employer that generally represents its interests, BDCH decided to hold a community forum that was open to all individuals in the Hispanic community. The Hispanic community forum was held on April 5, 2016, at Lupita's Market in Beaver Dam and was attended by approximately 24 Hispanic individuals.

Quantitative Data

The community health needs assessment included consideration and analysis of the following publicly available data

- Kaiser Family Foundation's 2015 Employer Health Benefits Survey
 - <http://kff.org/report-section/ehbs-2015-section-seven-employee-cost-sharing/>
- Health Resources and Services Administration Data Warehouse
 - <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>
- Health Resources and Services Administration Shortage Designation
 - <http://www.hrsa.gov/shortage/>
- National Bureau of Economic Research's "Do 'Consumer-Directed' Health Plans Bend the Cost Curve Over Time?"
 - <http://www.nber.org/papers/w21031>
- Population Health Institute's county health rankings
 - www.countyhealthrankings.org
- U.S. Census Bureau's 2010 census
 - <http://www.census.gov/quickfacts/table/PST045215/55027>
- Wisconsin Alcohol Laws FAQ
 - <https://servingalcohol.com/blog/wisconsin-alcohol-news/>
- Wisconsin Council on Children & Families' Wisconsin's Uninsured Rates
 - <http://www.wccf.org/assets/WI-and-National-Uninsured-Data-4-2-15.pdf>
- Wisconsin Department of Health Services' Healthiest Wisconsin 2020
 - <http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf>
- Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014
 - <https://www.dhs.wisconsin.gov/publications/p4/p45718-14.pdf>
- Wisconsin's Heroin Epidemic: Strategies and Solutions
 - [Undefined](#)
- University of Wisconsin School of Medicine and Public Health's Obesity Facts and Numbers
 - <http://www.med.wisc.edu/wisconsin-partnership-program/obesity-facts-and-numbers/44759>

Information Gaps

BDCH considered the health needs of the Hispanic community through the community forum and through interviews with various organizations that regularly interact with them. BDCH considered the health needs of the Amish community through interviews with healthcare organizations that regularly interact with them. BDCH considered the health needs of low-income and other medically underserved individuals, including elderly, children, and rural individuals, through interviews with organizations that regularly interact with them.

Although we are unable to identify any specific information gaps, we recognize that members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input.

Request for Feedback

BDCH was willing to consider written comments related to its last Community Health Needs Assessment Report and Implementation Strategy, but received no such input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Attention: Administration/CFO
RE: Community Health Needs Assessment
Beaver Dam Community Hospital
707 South University Avenue
Beaver Dam, WI 53916

Determination of Significance

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed *significant* by BDCH. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants as a whole. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by a diverse team of individuals from BDCH who were involved throughout the community health needs assessment process.

Prioritization of Significant Community Health Needs

The significant community health needs were then prioritized by BDCH based on various factors including the number of people impacted, the impact of that health need on quality of life and length of life, BDCH's ability to respond effectively to the health need, and the estimated effectiveness of feasible interventions. This decision was made by the same team of individuals from BDCH who were involved throughout the community health needs assessment process.

Prioritized Community Health Needs

Through the community health needs assessment, BDCH identified the following significant community health needs and prioritized them in the given order:

1. Access to health care services
2. Nutrition and physical activity
3. Substance abuse and mental health

Access to Health Care Services

Individuals in our community expressed a broad array of concerns that relate to an individual's ability to access appropriate health care. These concerns can generally be categorized as a need for more consistency among family practice physicians, dental care opportunities for individuals who receive government assistance, transportation options for the elderly and disabled, and the cost of care for the middle class.

Individuals generally prefer to receive their health care from a single physician, which can lead to an increased understanding and trust between the doctor and patient as they interact over time. Community members expressed concern over frequent turnover in family practice physicians that limit their ability to build these kinds of relationships.

While dental care is generally viewed as important and necessary for a person's long-term health, lower-income individuals in our community are struggling to receive that care. Few dentists in our area are willing to treat individuals who receive government assistance (e.g.: BadgerCare, Medicaid). The large number of individuals who use these programs, combined with the relatively small number of providers who are willing to care for them, means that these individuals have longer wait-times and shorter appointments. The situation is worse for children and the elderly, for whom sufficient, appropriate dental care is even more important. Both of these groups tend to rely on others (parents of children, children and friends of the elderly) to make appointments, receive transportation, and receive other assistance with their dental care.

Community participants expressed concern regarding the ability of elderly and disabled community members effectively care for themselves because of limited transportation options. Individuals who live in assisted living and nursing home facilities are able to receive much of their care without transportation. For those who live in their own home, family and friends are able to transport some individuals, taxi services are available for those who can afford them, and the Aging & Disability Resource Center offers a needs-based transportation service.

Perhaps the most significant access-related concern in our community is the general affordability of health care. As previously discussed, health care services are generally more affordable in Dodge County than in the rest of Wisconsin. The Affordable Care Act of 2010 was designed to make health insurance more affordable for lower-income individuals and appears to have succeeded in that goal. As of February 2015, approximately 207,000 Wisconsin residents receiving healthcare from 15 issuers in the health insurance exchange. However, approximately 63,000 people lost access to BadgerCare when the state scaled back its availability in 2014.

With an increasing amount of the country covered by insurance of some kind, the focus has shifted from having insurance to being able to afford health care while insured. The average annual deductible for single coverage increased 255% from 2006 to 2015, from \$303 to \$1,077. Between 2010 and 2015, the percentage of covered workers with an annual deductible greater than \$1,000 increased from 27% to 46%. In 2015, 19% of covered workers had a deductible greater than \$2,000. These problems are more pronounced for small-company employees (those with fewer than 200 employees), with 63% having a deductible greater than \$1,000 and 36% having a deductible greater than \$2,000.

Related to this trend is the prevalence of high-deductible health plans (“HDHPs”). In 2009, 8% of U.S. employees were covered by an HDHP, but 24% were covered by them in 2015. HDHPs have been effectively used by employers to manage their health care costs, but this occurs by transferring more of those costs to the individual to be paid out-of-pocket in the forms of deductibles, co-payments and co-insurance. This has caused a similar pattern in which individuals are delaying or avoiding health care services, especially preventative health care, because of increased costs. If individuals continue to receive less preventative health care, we will eventually see an increased demand for avoidable emergency and chronic health care.

Community participants indicated difficulties among the Hispanic population in receiving effective healthcare. Many Hispanic individuals and households can be classified as low-income, which tends to limit their health prevention and treatment options. Similarly, individuals who are not legal U.S. citizens may have even fewer options for healthcare. Access is further limited by long workdays that don’t align well with hospital and clinic hours. Because many of our Hispanic community members speak limited English, communication can also be a problem when receiving healthcare. Although each hospital and clinic offers some form of interpretive service, community members expressed a dislike for many of those services. First, medical terms and ideas can be more difficult to interpret effectively, which naturally makes medical interpretation more difficult than other interpretive services. Second, some interpretive services occur by phone, and interpreting naturally works better when the individuals can see each other.

Hispanic community members who participated in the assessment process expressed a strong need and desire for health education. Interestingly, while the United States is moving to an internet-based world, our Hispanic community indicated that they don’t regularly access the internet. That means our educational methods should be focused outside of the internet, potentially including pamphlets, brochures, posters and in-person opportunities like classes and group meetings.

Nutrition and Physical Activity

Obesity, resulting from both poor nutrition and lack of physical activity, is a major problem in Wisconsin. This was identified as one of the significant community health needs in the 2013 assessment and the community is still concerned with the situation in 2016. In 2013, 29.3% of Wisconsin adults were obese while 36.0% of Dodge County adults were obese. Between then and 2016, the rate for Wisconsin adults has stayed fairly consistent, increasing to 29.4% of adults. However, the story is very different in Dodge County where the rate has dropped by over 8% to 27.7% of adults. Despite these improvements, our community still has a long way to go.

One in four Dodge County adults is obese and Dodge County's rates for physical inactivity, poor diet, high blood pressure, high cholesterol, and obesity are all greater than the national average.

Obesity has been linked to more than 60 chronic diseases, including some of the most significant illnesses our nation faces: coronary heart disease, hypertension, stroke, type 2 diabetes, high cholesterol, liver and gallbladder disease, sleep apnea, osteoarthritis, depression, and several types of cancer. In 1987, per-capita health care spending for obese adults exceeded spending for adults of normal weight by about 8%. By 2007, that number had increased to 38%. The U.S. Department of Agriculture estimates that over \$71 billion is lost per year in medical costs, lost productivity and lost lives because of unhealthy diets. In Wisconsin, if current obesity rates continue, more than 56% of adults would be obese and obesity-related health care costs could increase by 14.7% by 2030. If body mass index ("BMI") measures were lowered by an average of 5% per person, Wisconsin could save approximately \$12 billion by 2030.

Nutrition is one of the leading factors for obesity. Unfortunately, nutritional choices are a significant issue in our community. While approximately 1% of individuals in our nation have limited access to healthy food outlets, the rate in Wisconsin is almost 5% and the rate in Dodge County is over 2%. Those rates have not changed since the 2013 assessment.

Much of our community includes smaller towns and rural areas. In those locations, the only available grocery source may be gas stations or convenience stores, which tend to provide smaller varieties of healthy foods and charge higher prices. These factors, in combination, indicate the difficulty that some individuals may face in choosing a healthy eating lifestyle. These problems become more severe for low-income individuals. Some healthier foods are more expensive, such as fruits, vegetables and healthy meats compared to the costs of grains and starches. Similarly, healthy meals may take longer to prepare than highly processed "quick" meals, which can be a problem for individuals working longer hours or more jobs. While an in-depth analysis of these last two sentences may indicate their inaccuracy, the perception of their accuracy is common. Because people in our community believe those statements to be true, they may be less likely to try to buy healthy foods and to prepare healthy meals.

Even for those individuals who are able to access healthy foods, many voluntarily choose less healthy options. When asked about this, most community participants echoed the common description of our local culture by saying something similar to "This is Wisconsin. We eat cheese, drink beer and fry everything." Related to this, our community is based on a heritage of industrial, manufacturing and other blue-collar occupations that required more food for sustenance. In the last 40 to 50 years, along with the rest of the nation, our community has transitioned to more sedentary occupations. However, we have not effectively changed our eating habits, decreasing consumption, to match this change in lifestyle.

Between 2013 and 2016, the percentage of adults who are physical inactive has decreased in both Wisconsin and Dodge County. For Wisconsin, the percentage of physically inactive adults has decreased from 22.6% to 21.7%. For Dodge County, the percentage has decreased from 24.4% to 23.1%. Unfortunately, these results mean more than one in five Dodge County adults are still physically inactive. The rates are similarly alarming in Wisconsin's high school students. In

2014, 12.6% of the state’s high school students engaged in no physical activity and only 24% met the aerobic exercise recommendations.

Physical activity is another major factor that either leads to or prevents obesity. According to “Healthiest Wisconsin 2020”, Wisconsin ranked 45th among states in the proportion of children that exercised regularly in 2007. Community participants indicated that many cities and towns in our area are not effectively designed or utilized for recreational activities and walking.

The physical activity issues in our community can generally be described as either “a lack of opportunities” or “personal choice to not participate”. The larger cities and towns in our area generally have more opportunities for physical activities, including fitness facilities and organized sports, than in the outlying rural communities. However, community members expressed concerns regarding the cost of many physical activities, especially for low-income community members.

As indicated above, our local culture also appears to encourage physical inactivity. Social events tend to revolve around food, including restaurants and bars, rather than activities. Community members feel that we, as a community, have adopted a culture of inactivity in all we do.

All of these factors indicate that our community needs additional and better education on how to live an affordable, time-effective healthy lifestyle. The educational opportunities include the importance of smart shopping, food preparation, exercise and natural movement, and managing other areas of life (smoking, alcohol, stress, etc.), as well as practical methods to accomplish each.

Substance Abuse and Mental Health

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs and illicit drugs. Each of these is a health need in our state and community, although alcohol, heroin and opiate (e.g. Vicodin and Oxycodone) abuse are considered the most significant.

Wisconsin “leads” the country in adult alcohol consumption, binge drinking, and heavy drinking. According to “Healthiest Wisconsin 2020”, Wisconsin recently ranked worst among states for adult binge drinking. Binge drinking is even more severe in our community, although the trend is improving in both Wisconsin as a whole and in Dodge County. In 2010, 24.2% of Wisconsin adults reported excessive drinking within the last 30 days, but that rate decreased to 23.2% in 2014. Similarly, in 2010, 27.4% of Dodge County adults reported excessive drinking with the last 30 days, but that rate decreased to 25.8% in 2013. The situation appears to be similar or worse among youth. Wisconsin ranks 50th for alcohol use among youth, 48th in binge drinking among youth, and 47th in the incidence of youth riding with a driver who had been drinking.

Alcohol-related diseases and conditions include liver disease, pancreatic diseases, heart disease, stroke, depression, suicide, hypertension and motor vehicle accidents. Each year in our community, alcohol causes dozens of deaths and hundreds of hospitalizations and arrests.

The alcohol consumption in our community is caused by many factors, a few of which we will mention here. First, our close proximity to Milwaukee means that we share its heritage of beer production and corresponding consumption. Second, the “alcohol lobby” is a powerful influence in Wisconsin state politics, including passage of laws. For example, we have relatively light drinking-and-driving laws, it is still legal in our state for anybody to enter a bar at any age, and it is legal for bars and restaurants to serve alcohol to a minor as long as they are accompanied by a parent or guardian. Because bars are common in all communities and because children may enter, bars are popular community centers and social locations. Finally, adults in our area teach children the acceptability of alcohol abuse and binge drinking, largely through the example they set, which encourages another generation of alcohol abuse.

Abuse of illicit drugs, especially heroin, is also a concern in our community. In the late 1990s and early 2000s, the federal and state governments fought the rise of methamphetamine (“meth”) by limiting access to the necessary ingredients for its production. Those efforts appear to have been effective because our community’s use of meth seems to be in decline. Unfortunately, the decline of meth was accompanied by an increase in heroin abuse. The common explanation by community participants was that meth production became expensive and risky enough that drug manufacturers turned to heroin as a less-costly alternative.

Heroin can cause damage to various organs, including the heart, lungs, liver and kidneys. It can also cause breathing problems, collapsed veins, and poses special problems related to the transmission of HIV, Hepatitis C, and other diseases that can occur with sharing needles. The recent resurgence of opiate-related problems in the United States has increased emergency room visits, crime, homicides, high school drop-outs, and loss of employment.

In a 2014 survey, 4.3% of Wisconsin adults (approximately 163,000 people) reported using heroin or another opiate for non-medical purposes in the last year. In the same survey, the rate was over 11% in young adults, age 18-25. In 2013, the Wisconsin State Council on Alcohol and Other Drug Abuse reported,

“Between 2006 and 2011, Wisconsin experienced a 350% increase in heroin samples submitted to the Wisconsin State Crime Laboratory by law enforcement. In addition, according to the 2011 Milwaukee High Intensity Drug Trafficking Area, Drug Trafficking Trends Survey of law enforcement agencies across the state, many agencies reported that heroin is an increasing problem in their jurisdiction, or in many instances, ‘the number one drug problem in their jurisdiction’.”

Fortunately, Dodge County’s heroin overdose rate is relatively low compared to other Wisconsin counties, but several of its neighboring counties have rates that among the highest in the state. Marijuana use is common in our community, especially among Hispanic individuals.

Similar to illicit drugs, prescription drug abuse is a major concern in our community. Non-medical use of prescription drugs continues to be a problem in Wisconsin. Nationally, emergency department visits involving non-medical use of prescription drugs more than doubled from 2004 to 2008 and emergency department visits for misuse of prescription and over-the-

counter drugs are now as common as visits for use of illicit drugs. This trend is most alarming in youth and young adults. In 2013, 15% of Wisconsin high school students reported using prescription drugs for non-medical purposes at some point in their life.

With the rise in certain types of substance abuse, treatment facilities in our area have seen a matching rise in demand, outpacing their ability care for needy individuals. The two greatest needs expressed by community participants are for additional inpatient and transitional care facilities, although the availability of care depends on a person's financial position. Insurance companies have various positions on whether substance abuse treatment is eligible for coverage and, if so, which facilities may be used. As the distance to an allowed facility increases, the problems naturally increase for lower-income individuals. Closer for-profit and non-profit facilities are available, although their availability is based on a person's ability to pay. The facilities, providers, and programs that are willing to serve low-income, uninsured and underinsured individuals are generally overwhelmed by the number of people in need of their care.

Mental health problems, including depression and anxiety among all age groups and dementia among the elderly, occur about as often in our community as in other communities, which is to say that they occur fairly frequently. Stress from the economic depression, including unemployment and underemployment, has added to the normal mental health problems, especially in low-income and Hispanic households. In 2014, 11.2% of Wisconsin adults reported suffering from frequent mental distress. The rate is slightly better in Dodge County at 9.6%, although that means one in ten adults in our community suffer from frequent mental distress.

While the occurrence of mental health problems is not especially high, the lack of accessibility in obtaining diagnoses and effective treatment is a problem. Individuals in our community feel we are lacking psychiatrists, geriatric psychiatrists, pediatric psychiatrists, and other professionals capable of prescribing psychiatric medications. Additionally, our community's resources that are available to low-income individuals face excessive demand; low-income individuals may have to wait six months to meet with a psychiatrist. In our 2013 community health needs assessment, the wait was three to four months. These beliefs are supported by the U.S. Department of Health, which identifies Dodge County as a mental health professional shortage area, although several of our neighboring counties are not. This designation is given to an area when the psychiatrist-to-population ratio is worse than 1:30,000 (there are more than 30,000 people per psychiatrist). This problem is not specific to Dodge County or Wisconsin. The U.S. Department of Health estimates that our country should have approximately 2,800 additional psychiatrists to serve the national demand.

Although it is partially a mental health concern and partially an access concern, our community sees a need for additional services for people suffering from dementia. BDCH operates an assisted living facility, Remembrance Home, but that is the only one in the immediate area. In-home services are also insufficient. While personal assistance services, such as light cleaning and cooking, are available on a part-time basis, options are limited for individuals who wish to stay in their home but need more continuous health care, including medication management and post-acute care. Community members expressed a desire to have a dementia specialist in the area, for all health care providers to be better trained in gerontology and dementia issues, and for

increased education for the community so that friends and family can better help individuals with dementia.

Conclusion

BDCH conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by BDCH's board of directors no later than November 15, 2016, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

The following pages include a list of resources currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 12 of this report.

Health Resources

The following resources are available in our community to address the significant health needs that were identified in this community health needs assessment.

The Dodge County Human Services and Health Department provides support to our community members in numerous ways, including nutrition, physical activity, mental health, substance abuse, violence prevention, and financial support. We recommend that you visit your county's health department to obtain further information about the services and programs it offers.

- Dodge County Human Services and Health Department
 - 199 County Road DF, Juneau
 - (920) 386-3500
 - <http://www.co.dodge.wi.us/index.aspx?page=57>
- Columbia County Department of Health and Human Services Department
 - 2652 Murphy Road, Portage
 - (608) 742-9227
 - <http://www.co.columbia.wi.us/columbiacounty/hhs/Healthamp;HumanServicesHomePage/tabid/299/Default.aspx>
- Jefferson County Health Department
 - 1541 Annex Road, Jefferson
 - (920) 674-7275
 - http://www.jeffersoncountywi.gov/departments/departments_for/departments/health_department.php
- Jefferson County Human Services Department
 - 1541 Annex Road, Jefferson
 - (920) 674-3105
 - http://www.jeffersoncountywi.gov/departments/departments_for/departments/human_services.php
- Fond du Lac County Health Department
 - 160 South Macy Street, Fond du Lac
 - (920) 929-3085
 - <http://www.fdlco.wi.gov/departments/departments-f-m/health-department>
- Fond du Lac County Social Services Department
 - 87 Vincent Street, Fond du Lac
 - (920) 929-3400
 - <http://www.fdlco.wi.gov/departments/departments-n-z/social-services>

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

Hospitals

- Beaver Dam Community Hospitals
 - 707 South University Avenue, Beaver Dam
 - (920) 887-7181
 - www.bdch.com

- Columbus Community Hospital
 - 1515 Park Avenue, Columbus
 - (920) 623-2200
 - www.cch-inc.com
- Fort HealthCare
 - 611 East Sherman Avenue, Fort Atkinson
 - (920) 568-5000
 - www.forthhealthcare.com
- Ripon Medical Center
 - 845 Parkside Street, Ripon
 - (920) 748-3101
 - www.agnesian.com
- Watertown Regional Medical Center
 - 125 Hospital Drive, Watertown
 - (92) 261-4210
 - www.watertownregional.com
- Waupun Memorial Hospital
 - 620 West Brown Street, Waupun
 - (920) 324-5581
 - www.agnesian.com

Medical Clinics

- BDCH Medical Clinic – 148 Warren Street, Beaver Dam
- BDCH OB/GYN Medical Clinic, 130 Warren Street, Beaver Dam
- BDCH Orthopedic and Sports Medicine Clinic, 705 S. University Avenue, Beaver Dam
- BDCH Surgical Specialists, 705 S. University Avenue, Beaver Dam
- BDCH Urology Clinic, 130 Warren Street, Beaver Dam
- Beaver Dam Women’s Health – 705 S. University Avenue, Beaver Dam
- Church Health Services – 115 North Center Street, Beaver Dam
- Dean Clinic – 705 S. University Avenue, Beaver Dam
- Prairie Ridge Health Clinic – 118 West Maple Avenue, Beaver Dam
- Pregnancy Support Center of Dodge County – 108 Parallel Street, #2, Beaver Dam
- UW Health – 705 S. University Avenue, Beaver Dam
- VA Beaver Dam Clinic – 215 Corporate Drive, #B, Beaver Dam
- Vita Park Eye Associates – 705 S. University Avenue, Beaver Dam
- BDCH Medical Clinic – 1580 West James Street, Columbus
- Dean Clinic – 1513 Park Avenue, Columbus
- Poser Clinic – 635 Park Avenue, #1, Columbus
- UW Health – 1511 Park Avenue, #D, Columbus
- BDCH Medical Clinic – 610 Washington Street, Horicon
- BDCH Medical Clinic – 420 West North Street, Juneau
- Watertown Regional Medical Center Juneau Clinic – 334 Western Avenue, Juneau
- Fond du Lac Regional Clinic Mayville – 360 South Mountain Drive, Mayville
- Randolph Community Clinic – 504 South High Street, Randolph
- Dean Clinic – 105 Highland Terrace, Waterloo

- Watertown Regional Medical Center Waterloo Clinic – 111 Anna Street, Waterloo
- Aurora Wilkenson Medical Clinic – 1532 Utah Street, Watertown
- Meade Medical Clinic – 134 Hospital Drive, Watertown
- Watertown Area Cares Clinic – 415 South 8th Street, Watertown
- BDCH Medical Clinic – 180 Gateway Drive, Waupun
- Agnesian EZ Care Waupun – 904 West Main Street, Waupun
- Fond du Lac Regional Clinic – 608 West Brown Street, Waupun

Behavioral Health

-
- Rogers Memorial Hospital – 34700 Valley Road, Oconomowoc
- Clearview Behavioral Health – 198 County DF, Juneau
- Dodge County Mental Health Center – 199 County DF, Juneau
- Affiliated Counseling Center – 108 North Lincoln Avenue, Beaver Dam
- Anchor Christian Counseling – N7165 Lake Hills Drive, Beaver Dam
- Christian Counseling Ministries – 125 Dodge Drive, Suite D, Beaver Dam
- Community Psychological Services of Waupun – 1208 South Watertown Street, Waupun
- Family Resources Associates – 1315 West Main Street, Watertown
- Psychiatric Associates – 200 Front Street, Suite 3D, Beaver Dam
- River City Psychological Services – 218 South 1st Street, Watertown

Fitness Centers

- Anytime Fitness – 1626 North Spring Street, Beaver Dam
- Anytime Fitness – 201 Industrial Drive, Columbus
- Anytime Fitness – 804 West Street, Watertown
- Anytime Fitness – 309 Barstow Street, Horicon
- Anytime Fitness – 912 W. Main, Waupun
- Aspire Boot Camp – 805 Park Avenue, Beaver Dam
- BDCH Sports Fitness Center – 707 S. University Avenue, Beaver Dam
- Curves for Women – 200 West Main Street, Watertown
- Fuller’s Strength Training – 10 Fond du Lac Street, Waupun
- Get Fit Health Club – 1227 Madison Street, Beaver Dam
- Health & Wellness Center of Watertown – 415 South 8th Street, Watertown
- Snap Fitness – 1307 Memorial Drive, Watertown
- TAG Center – 1700 Breckenridge Street, Mayville
- Watertown Fitness – 1648 South Church Street, Watertown
- YMCA of Dodge County – 220 Corporate Drive, Beaver Dam
 - Offers youth and adult recreation leagues