2018 Community Health Needs Assessment **Report**

Aurora Medical Center®

Aurora Medical Center in Burlington
252 McHenry Street
Burlington, WI 53105

Table of Contents

Executive Summary | Aurora Medical Center Burlington 3

Introduction | Advocate Aurora Health..... 4

Part I | Aurora Medical Center Burlington ..... 4 – 5

Part II | Aurora Medical Center Burlington 2018 Community Health Needs Assessment (CHNA) Report ..... 6 – 31

Section 1 | Community Served: Central Racine County ..... 6 – 12

Section 2 | How the Community Health Needs Assessment (CHNA) was conducted .... 13 – 15

Section 3 | Significant health needs of the community identified through the CHNA .... 16 – 32

Section 4 | Prioritized significant health needs (and reasons for not addressing significant health needs) 33

Section 5 | Community resources and assets 34

Section 6 | Evaluation of impact 34

Appendix A | Central Racine County Community Health Survey Report (Source #1 description)..... 35

Appendix B | Racine County Health Data Report: A summary of secondary data sources (2017) (Source #2 description) 36

Appendix C | Racine County Health Needs Assessment: A summary of key informant (2017) (Source #3 description)..... 37 – 39

Appendix D | Central Racine County Community Health Survey Summary (2017)..... 40 – 46

Appendix E | Hanlon Method for Prioritizing Health Problems ..... 47 – 48

Appendix F | AMCB Evaluation of Impact of Implementation Strategy ..... 49 – 51

Executive Summary | Aurora Medical Center Burlington (AMCB)

During 2017 and 2018, Aurora Health Care convened a series of meetings to partner with the local health department, Central Racine County Health Department, and other health care systems and non-profit organizations, including Ascension Health, Children's Hospital of Wisconsin, City of Racine Health Department, Health Care Network, Racine County Human Services Department and United Way of Racine County, for the purpose of collecting community health data for the health department's Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA). A review of the data was vetted among the partners during the final data collection meeting. The data collection process was comprised of three main components:

1) Community Health Survey – a comprehensive phone-based survey that gathered specific data on the behavioral and lifestyle habits of the adult population and selected information about child health
2) Secondary Data Report – prepared by the Center for Urban Population Health, a summary of the demographic and health-related information for Racine County using publicly available data sources
3) Key Informant Interview Report – a summary of the top five health issues, additional health issues, existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed to address the issue from the perspective of the key informants, individuals who represent the broad interests of the community served

In 2018, AMCB utilized the above data and other data sources to identify and prioritize significant health needs, and develop implementation strategies for addressing the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. To determine the significant health needs identified through the CHNA, the following criteria was considered:

- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)

A Hanlon Ranking further confirmed the prioritization process.

In addition, AMCB evaluated the impact of the initiatives identified its *2015 Community Health Needs Assessment Report / 2016-2018 Implementation Strategy,* a plan that was executed with some successes, including providing free medical service through the Health Care Network voucher program, telepsychiatric services, EMS training and oversight, chronic disease education and screening, and sexual assault advocacy and medical services. For further description see Appendix F.

As a result, AMCB prioritized the following significant health needs to address in our 2019-2021 implementation strategy:

- Access and coverage
- Behavioral health
- Chronic Disease
- Senior health
- Sexual assault
- Newborn health and safety

AMCB leadership presented the completed CHNA report to the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors, who approved the report on November 19, 2018.

Introduction | About Advocate Aurora Health

Advocate Aurora Health is the 10th largest not-for-profit, integrated health system in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies, and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization contributed $2 billion in charitable care and services to its communities in 2016. To learn more, visit aah.org.

Part I | Aurora Medical Center Burlington (AMCB)

Who we are. What we do

For more than 90 years, the staff at Aurora Medical Center in Burlington has remained committed to providing high-quality health care in a patient-focused environment. Opened in 1924 as a 22-bed hospital staffed by 14 people, today the hospital is a fully accredited, general acute care hospital offering 24-hour care and extensive diagnostic and surgical services. Our hospital is staffed by over 500 employees and 376 physicians whose purpose remains constant: to provide Burlington and surrounding communities with the best health care possible.

Aurora Medical Center in Burlington offers 24-hour emergency services, an accredited breast and women's care center, ACL laboratory, inpatient and outpatient cardiac services, diabetes education and nutrition services, inpatient dialysis, a hospitalist program, imaging (including Interventional radiology, x-ray, CT nuclear medicine, ultrasound, MRI and PET), an intensive care unit with eICU care, electrophysiology, GI services, medical surgical, neurology, orthopedics, outpatient Infusions and Treatment Center, pain management, palliative care, pulmonology, Sexual Assault Nurse Examiner (SANE) program, inpatient and outpatient surgery, Vince Lombardi Cancer Clinic, wound care and ostomy services.

Who we serve

Aurora Medical Center in Burlington (AMCB) is a 40 staffed-bed facility with a service area focusing on western Racine County and extending to central Racine County. This includes the city of Burlington; the towns of Burlington, Dover, Norway, Raymond, Waterford and Yorkville; and the villages of Caledonia, Mount Pleasant, North Bay, Rochester, Sturtevant, Union Grove and Waterford.

AMCB by the Numbers (2017)

- 40 staffed beds
- 91,426 outpatients visits
- 1,437 inpatient admissions
- 15,264 emergency department visits
- 4,130 surgical cases (inpatient and outpatient)
- 6,080 GI procedures
- 2,633 pain procedures

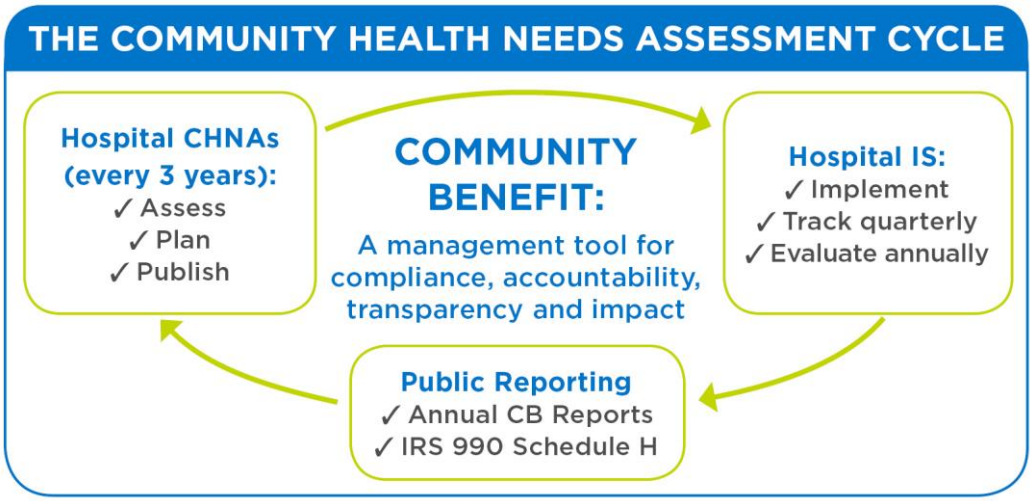
Our distinctions include

- College of American Pathologists
- The Joint Commission
- The Joint Commission Primary Stroke Center
- National Accreditation Program for Breast Centers
- State Trauma Level III
- The Commission on Cancer Survey for the American College of Surgeons
- American Heart Association with the Gold Plus Quality Achievement Award for heart failure care and target: Heart Failure Honor Roll
- Recognized by the American Stroke Association with the Gold Plus Quality Achievement Award for stroke care

To learn more about our hospital, please see https://ahc.aurorahealthcare.org/aboutus/community-benefits/hospitals/burlington.asp.

Assessing community health status – an ongoing commitment

Since 2003, Aurora Health Care has underwritten a community health survey of Central Racine County approximately every three years, conducted in partnership with the Central Racine County Health Department. This helps the health department focus its resources on community health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. To view the community health surveys dating back to 2003, visit http://www.aurora.org/commresearch.



Part II | Aurora Medical Center in Burlington (AMCB)
2018 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: Central Racine County

Aurora Medical Center Burlington (AMCB) is a community hospital located in western Racine County, which is comprised of mainly rural communities. Although AMCB provides healthcare services in western Racine County and beyond, for the purpose of the community health needs assessment, the community includes both western and central Racine County, or "Central Racine County."

Racine County is located in southeastern Wisconsin, with Milwaukee and Waukesha Counties to the north, Kenosha County to the south, Lake Michigan to the east, and Walworth County to the west.

Racine County includes urban, suburban and rural areas
Racine County includes 18 municipalities, with a mix of cities, suburbs and rural landscapes:[1]

- Two cities: Burlington, Racine
- Six towns: Burlington, Dover, Norway, Raymond, Waterford and Yorkville
- Seven villages: Caledonia, Elmwood Park, Mount Pleasant, North Bay, Rochester, Sturtevant, Union Grove, Waterford and Wind Point

Dubbed "America's Kringle Capital," the County is the home of several significant industries, including SC Johnson (formerly Johnson Wax), Dremel Tools, the future site of FoxConn and Nestlé. Thanks to the chocolate factory, the city of Burlington is nicknamed "Chocolate City."[2]

Racine County offers several recreational venues and cultural attractions, from hiking and canoeing along the Root River to fishing at Horlick Dam or Quarry Lake Park.

Central Racine County, the focus of this CHNA Report, encompasses all of the above municipalities with the exceptions of the City of Racine and Village of Elmwood Park and Wind Point.[3]

[1] Racine County: 2017 Official Directory. Available at http://racinecounty.com/home/showdocument?id=13660. Accessed February 20, 2018.
[2] Racine County History. Available at http://www.realracine.com/. Accessed February 20, 2018.
[3] Central Racine County Health Department. Available at https://crchd.com/. Accessed February 20, 2018.

Demographic Characteristics of Central Racine County and Wisconsin, 2016

Characteristics	City of Burlington	Town of Burlington	Town of Dover	Town of Norway	Town of Raymond
Total Population*	10,571	6,496	4,071	8,044	3,911
Median Age (years)*	40.2	45.5	48.1	44.6	47.5
Race*					
White (non-Hispanic)	91.0%	98.7%	92.7%	97.5%	98.4%
Black or African American (non-Hispanic)	1.2%	0.6%	4.3%	0.3%	0.4%
Asian	0.3%	0.3%	0.5%	0.6%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.4%	0.5%	0.1%
Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.2%	0.0%	0.0%
Some other race alone	3.6%	0.2%	0.7%	0.1%	0.2%
Two or more races	3.9%	0.2%	1.1%	1.2%	0.8%
Hispanic or Latino (of any race)	9.8%	0.3%	2.1%	2.2%	4.6%
Age*					
0-14 years	20.7%	18.8%	141.6%	17.8%	17.1%
15-44 years	36.3%	30.0%	32.9%	33.1%	29.8%
45-64 years	28.6%	32.8%	38.5%	35.6%	36.2%
65 years and older	14.4%	18.3%	16.9%	13.5%	16.9%
Education level of adults 25 years and older*					
Less than high school degree	6.4%	11.0%	9.4%	5.7%	6.8%
High school degree	36.7%	35.9%	34.4%	32.7%	35.2%
Some college/associates	35.2%	29.4%	33.1%	34.9%	35.8%
Bachelor degree or higher	21.7%	23.7%	23.1%	26.8%	22.2%
Unemployment rate (estimate)*	15.3%	3.3%	5.9%	4.6%	5.8%
Median household income (estimate)* (2013 inflation-adjusted dollars)	$53,861	$66,250	$72,419	$85,096	$69,440
Percent below poverty in the last 12 months (estimate)*	10.5%	2.9%	4.8%	5.1%	4.8%

Note: Some totals may be more or less than 100% due to rounding or response category distribution
* American Community Survey. 2012-2016 5-year Estimates, accessed February 9, 2018.

Demographic Characteristics of Racine County and Wisconsin

Characteristics	Town of Waterford	Town of Yorkville	Village of Caledonia	Village of Mt Pleasant	Village of North Bay	Village of Rochester
Total Population*	6,407	3,009	24,767	26,237	204	3,682
Median Age (years)*	45.5	46.1	45.3	45.5	51.8	42.0
Race*						
White (non-Hispanic)	94.1%	97.7%	92.4%	85.1%	92.3%	97.8%
Black or African American (non-Hispanic)	0.1%	0.1%	3.4%	6.9%	0.0%	0.2%
Asian	0.5%	0.6%	0.8%	3.0%	0.0%	0.5%
American Indian and Alaska Native	0.1%	0.5%	1.0%	0.6%	3.9%	0.3%
Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%
Some other race alone	2.6%	0.2%	0.6%	2.3%	1.0%	0.5%
Two or more races	2.6%	0.9%	1.7%	1.9%	2.9%	0.6%
Hispanic or Latino (of any race)	5.2%	4.0%	4.8%	7.9%	6.3%	2.8%
Age*						
0-14 years	15.8%	16.3%	16.0%	17.0%	14.0%	19.7%
15-44 years	33.0%	32.0%	33.3%	32.4%	20.8%	34.7%
45-64 years	37.0%	35.1%	32.8%	30.2%	48.3%	34.9%
65 years and older	14.1%	16.8%	17.8%	20.5%	16.8%	10.5%
Education level of adults 25 years and older*						
Less than high school degree	5.5%	8.2%	6.7%	6.0%	8.3%	8.0%
High school degree	27.6%	33.1%	30.8%	28.2%	16.0%	37.3%
Some college/associates	32.5%	33.4%	33.5%	33.0%	17.4%	30.0%
Bachelor degree or higher	34.3%	25.3%	28.9%	32.7%	58.3%	24.6%
Unemployment Rate (estimate)*	6.5%	6.1%	7.2%	5.0%	0.8%	2.7%
Median household income (estimate)* (2016 inflation-adjusted dollars)	$85,633	$73,017	$69,500	$63,799	$95,000	$57,941
Percent below poverty in the last 12 months estimate*	4.3%	3.0%	4.8%	6.5%	1.9%	7.6%

Note: Some totals may be more or less than 100% due to rounding or response category distribution
* American Community Survey. 2012-2016 5-year Estimates, accessed February 9, 2018.

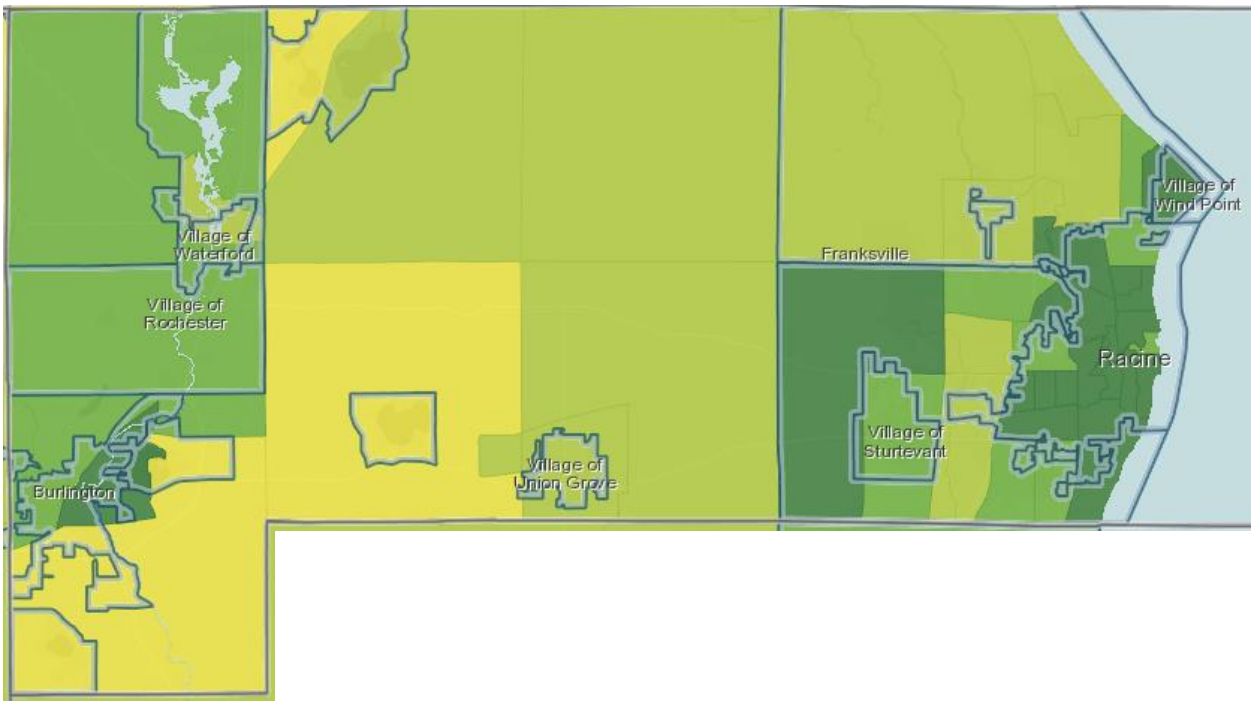
Demographic Characteristics of Racine County and Wisconsin

Characteristics	Village of Sturtevant	Village of Union Grove	Village of Waterford	Racine County	Wisconsin
Total Population*	6,901	4,897	5,344	194,873	5,754,798
Median Age (years)*	39.2	38.0	35.9	39.9	39.1
Race*					
White (non-Hispanic)	78.9%	89.9%	94.1%	80.1%	86.2%
Black or African American (non-Hispanic)	13.4%	1.1%	0.6%	11.0%	6.3%
Asian	1.7%	2.1%	1.6%	1.2%	2.6%
American Indian and Alaska Native	1.3%	1.9%	0.0%	0.6%	0.9%
Native Hawaiian/Other Pacific Islander	0.2%	0.0%	0.1%	0.0%	0.0%
Some other race alone	1.7%	2.9%	1.7%	3.8%	1.8%
Two or more races	2.8%	2.2%	1.8%	3.2%	2.2%
Hispanic or Latino (of any race)	7.6%	7.7%	2.9%	12.5%	6.5%
Age*					
0-14 years	14.4%	17.6%	25.8%	19.7%	18.6%
15-44 years	45.6%	38.8%	33.6%	36.6%	38.4%
45-64 years	29.5%	28.9%	24.0%	28.8%	27.8%
65 years and older	10.6%	14.8%	16.6%	14.7%	15.2%
Education level of adults 25 years and older*					
Less than high school degree	12.4%	10.8%	6.0%	11.2%	8.7%
High school degree	35.5%	32.4%	32.3%	31.4%	31.7%
Some college/associates	34.1%	40.8%	32.3%	33.4%	31.3%
Bachelor degree or higher	18.0%	16.1%	29.4%	24.0%	28.3%
Unemployment rate (estimate)*	3.7%	6.8%	3.6%	7.5%	5.5%
Median household income (estimate)* (2013 inflation-adjusted dollars)	$63,196	$62,979	$71,895	$56,359	$54,610
Percent below poverty in the last 12 months (estimate)*	8.1%	15.7%	4.3%	12.5%	12.7%

Note: Some totals may be more or less than 100% due to rounding or response category distribution

* American Community Survey. 2012-2016 5-year Estimates, accessed February 9, 2018.

Racine County

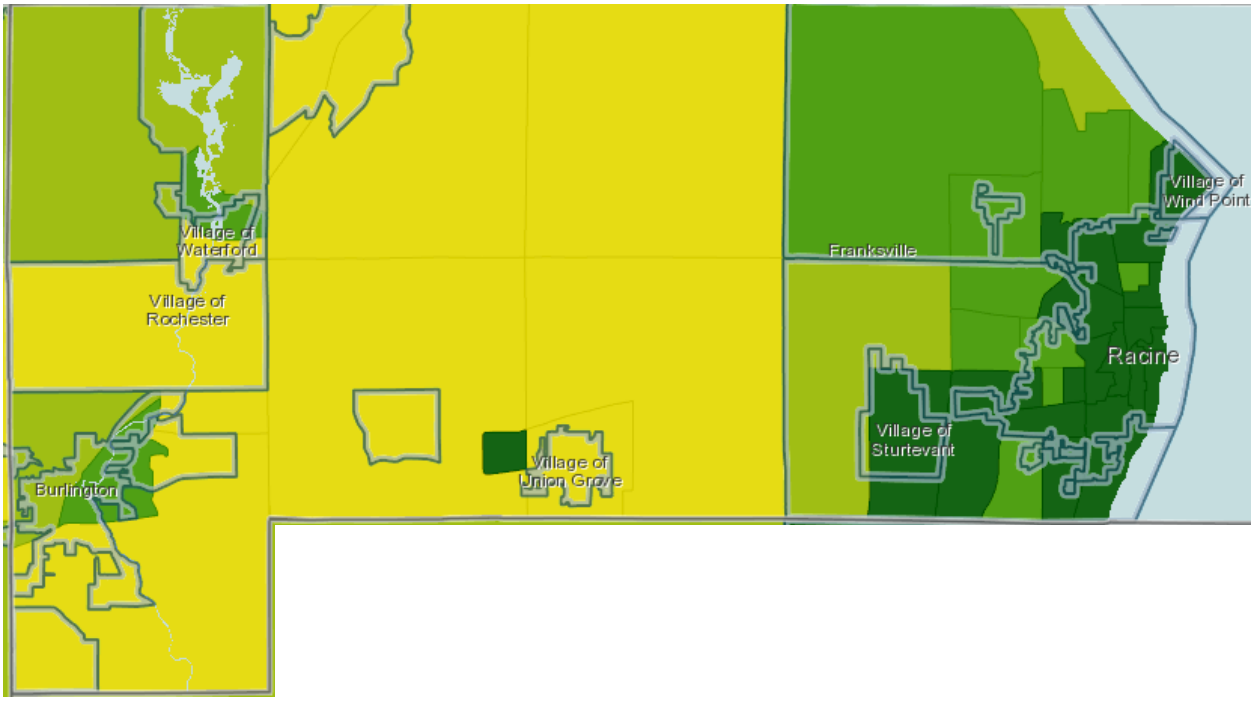


Data mapping from the Community Commons website, available at https://www.communitycommons.org/maps-data/, accessed February 14, 2018.

Population of Hispanic Origin: Percent by Census Tract
American Community Survey 2011-2015

- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Data or Data Suppressed

Racine County

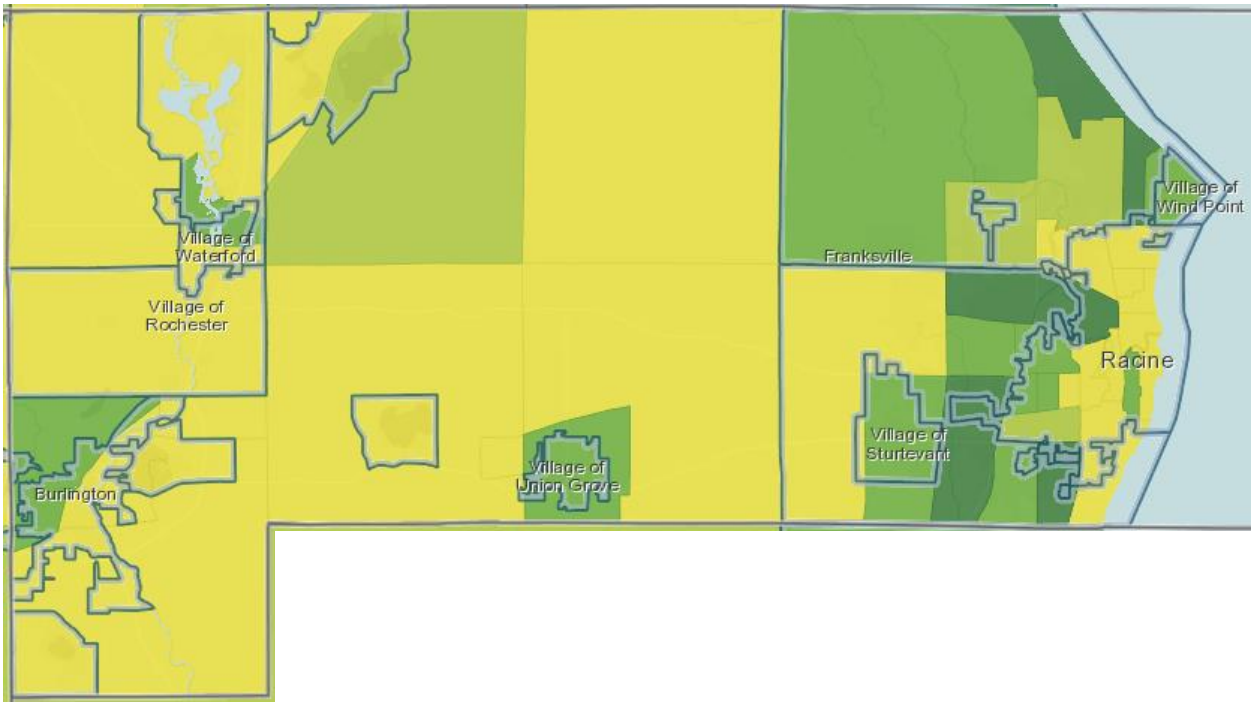


Data mapping from the Community Commons website, available at https://www.communitycommons.org/maps-data/, accessed February 14, 2018.

Non-Hispanic Population, Black: Percent by Census Tract
American Community Survey 2011-2015

- Over 10.0%
- 2.1 - 10.0%
- 0.6 - 2.0%
- Under 0.6%
- No Data or Data Suppressed

Racine County



Data mapping from the Community Commons website, available at https://www.communitycommons.org/maps-data/, accessed February 14, 2018.

Population of Asian: Percent by Census Tract
American Community Survey 2011-2015

- Over 2.0%
- 1.1 - 2.0%
- 0.6 - 1.0%
- Under 0.6%
- No Asian Population Reported
- No Data or Data Suppressed

Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment

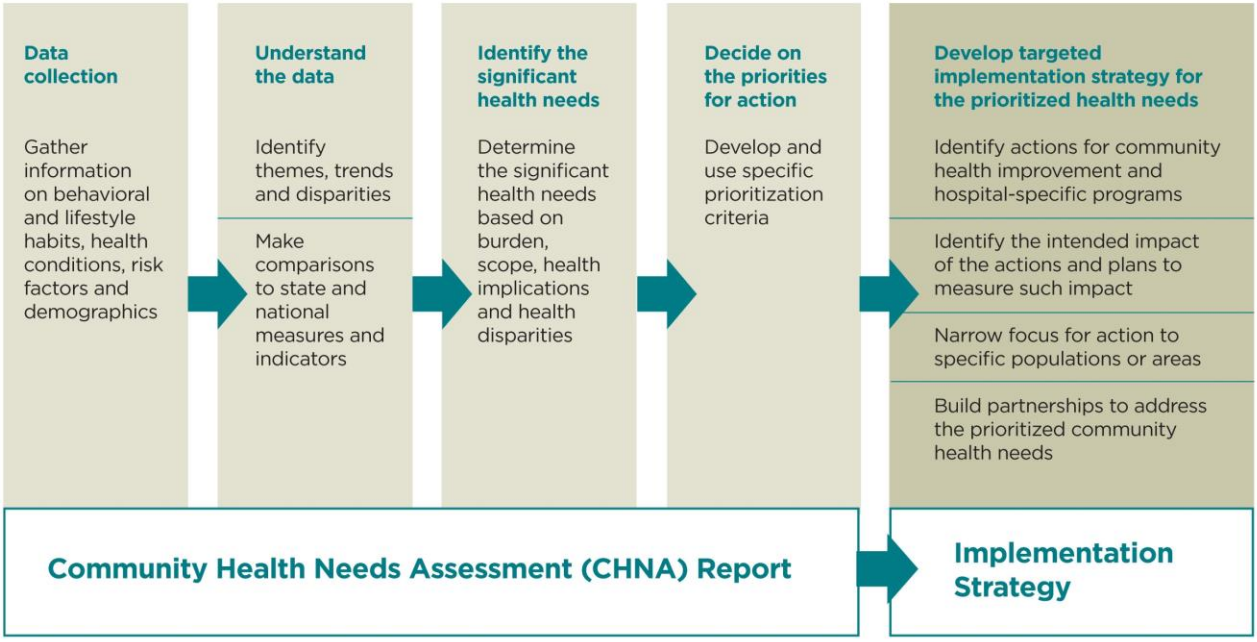
The inaugural community health needs assessment (CHNA) was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on November 22, 2013, and a second was conducted in 2015 and approved by the same Social Responsibility Committee on November 17, 2015.

In 2018, a CHNA was again conducted to 1) determine current community health needs in Central Racine County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report.

Partnership

The collaborative community health survey was sponsored by Ascension Health, Aurora Health Care and Children's Hospital of Wisconsin in partnership with Central Racine County Health Department, Health Care Network, Racine County Human Services Department and United Way of Racine County. The data collection process is aligned to coordinate with varied fiscal year cycles among the partners. The community health survey is supplemented by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2018 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs. Since 2003, Aurora Health Care has underwritten a community health survey of Western Racine County (previous years) and Central Racine County approximately every three years, conducted in partnership with the Central Racine County Health Department.



Data collection and analysis

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals, and therefore the data years (e.g., 2012, 2015, 2017) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources

Source #1 | Central Racine County Community Health Survey Report

The community health survey is a source of primary community health data. The latest telephone survey was completed between June 5 and July 29, 2017, and analyzed and posted in 2018. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted approximately every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary Appendix D.

Source #2 | Secondary Data Report

This report summarizes the demographic and health-related information for Racine County. Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared in 2017 by the Center for Urban Population Health (CUPH). For further description see Appendix B.

Qualitative data source

Source #3 | Key Informant Interview Report

Twenty-four key informants in 22 interviews were conducted in late summer of 2017, taking into account input from persons who represent the broad interests of the community served. Each key informant was asked to rank order the top three to five major health-related issues for Racine County, based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020*. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, key partners in the community that hospitals should collaborate with to improve community health and targeted groups to address health disparities. Among the key informants were leaders from public health, education and community organizations. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations.

The *Key Informant Interview Report* presents cross-cutting themes and summaries of the top five health issues and additional health issues, as reported by community stakeholders, including those individuals who have public health expertise. Additionally, the Key Informant Interview Report compiles a listing of potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by CUPH.

Source #4 | Written Comments on the Current CHNA Report and Implementation Strategy
Aurora Health Care invites the community to provide written comments on its current CHNA Reports and Implementation Strategies via a one-click portal on its website at http://www.aurora.org/commbenefits. *Through October 2018, AMCB received one comment on the current CHNA Report or Implementation Strategy suggesting reaching out to the community on natural family planning methods through barbershops or hair salons.*

Additional sources of data and information used to prepare the AMCB CHNA Report were considered when identifying significant community health needs and are cited within the report.

Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Central Racine County

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, *Healthy Wisconsin*, as well as the nation as outlined in the *Healthy People 2020*, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and in particular specific areas within the community (such as neighborhoods or populations experiencing health disparities).

To determine the significant health needs identified through the CHNA, the following criteria was considered:

- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)
- Hanlon Rankings (see page 47)

The *Healthy People 2020* definition of a health disparity:

> If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual's ability to achieve good health.

Summary of municipal health department community health improvement plan (CHIP), *Healthy Wisconsin* and *Healthy People 2020*

Local Health Department *Community Health Improvement Plan (CHIP)*	"Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents." This process has been referred to as the Community Health Improvement Plan (CHIP). http://www.dhs.wisconsin.gov/chip/
Healthy Wisconsin	*"Healthiest Wisconsin 2020 (HW2020)* identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area." The 23 focus area profiles of *HW2020* were grouped into three categories: crosscutting, health, and infrastructure. http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf Updated in 2017, *HW2020* was rebranded to *Healthy Wisconsin* to prioritize and narrow the focus areas to alcohol, nutrition & physical activity, opioids, suicide and tobacco along with addressing ACEs or adverse childhood experiences. https://healthy.wisconsin.gov/
Healthy People 2020	"*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to: • Encourage collaborations across communities and sectors • Empower individuals toward making informed health decisions • Measure the impact of prevention activities"

	http://www.healthypeople.gov/2020/about/default.aspx

Summary of the significant health needs identified through the CHNA for Central Racine County

This report focuses on the following data collection years: 2005, 2009, 2012, 2015 and 2017. The Community Health Survey (Source #1), the secondary data (Source #2) and the key informant interview reports (Source #3) provide an overview of the community health issues in Central Racine County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2017, 14% of the respondents delayed or did not seek medical care due to costs in the past 12 months, similar to 16% in 2015. The percentage of adults who receive primary health services through a medical home have decreased steadily from 84% in 2005 to 64% in 2017. In addition, the number of individuals with an unmet medical need remained relatively the same at 9%. Of the households with a child, only 1% reported that a child did not receive the needed medical care in the past 12 months. In addition, 89% of the children have a medical home with a personal health care clinician who knows the child well, falling short of the *Healthy People 2020* target of 94.3% (Source #1). Residents and key informants identified access to health care as a top five community health issue (Sources #1 and #3).

Top Health Issue

- The *Healthy People 2020* targets are to reduce the proportion of persons who are without health care coverage to 0% and who are unable to obtain or delay in receiving necessary medical care to 4.2%.

  Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.[4]

Dental services and unmet dental care | In 2017, 14% percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months. In addition, 3% of the households reported that their child did not receive the needed dental care in the past 12 months (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary dental care to 5.0%.

  Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancers and reduce dental care costs.[5]

Unmet prescription medications | In 2017, 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs.

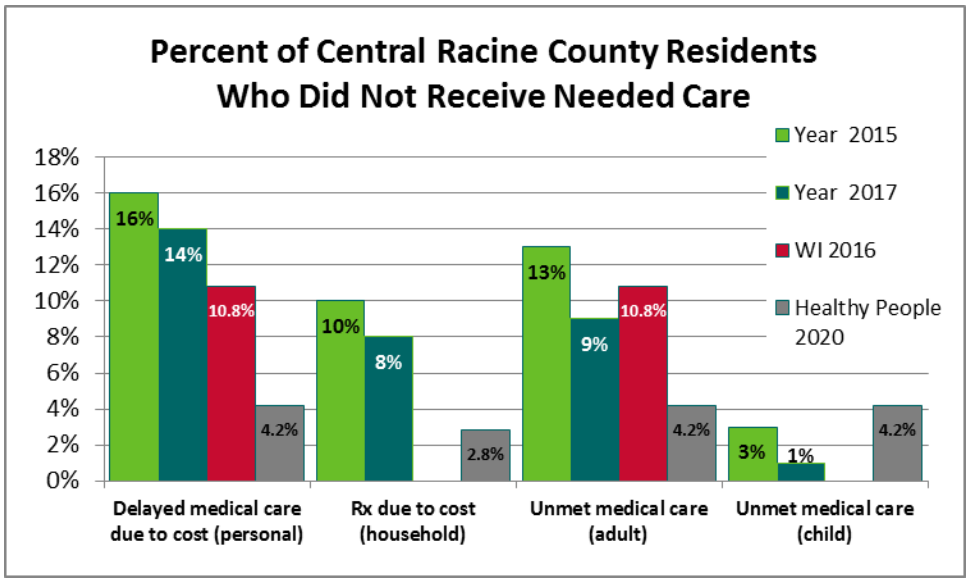
- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

  Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.[6]

[4] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed February 5, 2018.
[5] Healthy People 2020 – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed February 5, 2018.
[6] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed February 5, 2018.

Unmet mental health services | The percentage of respondents with an unmet mental health care need in the past year increased from less than 1% in 2012 to 3% in 2017 (Source #1).

Why is this significant? Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future costs; the burden of mental illness and unwellness is among the highest of all diseases. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[7]



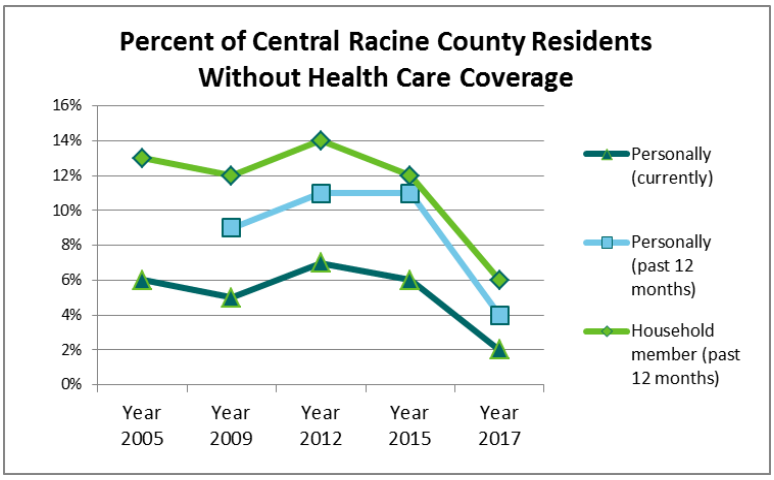
Coverage

Health care coverage | In 2017, 2% of adults reported they personally were not currently covered with health care insurance, an improvement since 2005. In addition, 4% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 9% in 2009 and 11% in 2015. Six percent of adults reported a household member was not covered at least part of the time in the past year, a significant decrease from 13% and 12% in 2005 and 2015 respectively (Source #1).

- The *Healthy People 2020* target for health care coverage is 100%.

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[8, 9]

[7] Healthy People 2020 – Mental Health and Mental Disorders. U.S. Department of Health and Human Service. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed February 5, 2018.
[8] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed February 5, 2018.
[9] Key Facts about the Uninsured Population. Kaiser Family Foundation. Available at https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/. Accessed February 5, 2018.



Chronic disease: asthma, diabetes, heart disease, overweight/obesity and cancer

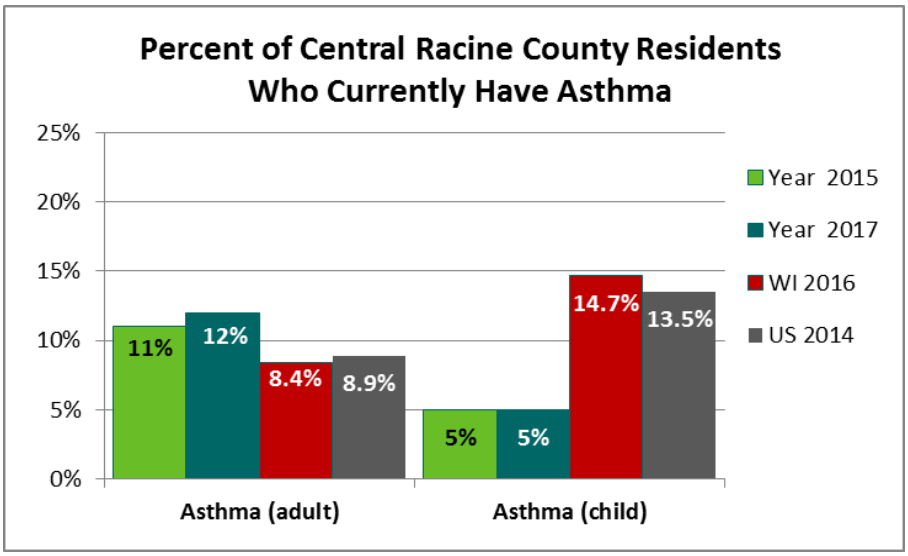
Chronic conditions such as asthma, diabetes, heart disease and cancer can result in health complications, compromised quality of life and burgeoning health care costs. As the most common and preventable of all health issues, chronic diseases account for 86% of health care costs nationwide.[10] Chronic diseases were identified as one of the top five health issues in the community by the residents (Source #1) and key informants (Source #3).

Top Health Issue

Asthma | In 2017, 12% of adults reported asthma (current), up from 11% in 2015. This is higher than the 8.4% for the state and 8.9% for the United States. Residents who were female or in the bottom 40 percent household bracket were more likely to report having asthma. In 2017, 5% of the children of the surveyed households currently had asthma, which is below the national level of 13.5% (Source #1).

> **Why is this significant?** Without proper management, asthma can lead to increased health care usage and decreased quality of life.[11] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

[10] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed February 5, 2018.
[11] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm. Accessed February 5, 2018.



Diabetes | In 2017, 7% of adults reported diabetes in the past three years, a consistent trend since 2005 but lower than the state (8.6%) and national (10.5%) rates. Respondents who were male or in the bottom 40 percent household income bracket were more likely to report having diabetes (Source #1).

Top Health Issue

Why is this significant? Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations; it is the seventh leading cause of death in the US.[12] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes [13]

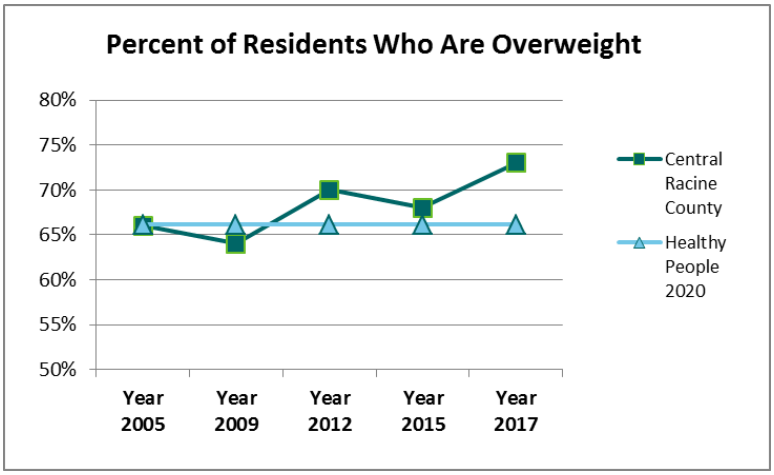
Heart disease or heart condition| In 2017, 10% of adults reported heart disease or heart condition in the past three years, lower than the U.S. rate of 11.6%.[14] Respondents who were 65 and older or male were more likely to report heart disease or heart condition (Source #1).

Why is this significant? The term "heart disease" refers to several types of heart conditions, such as coronary artery disease, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease. Heart disease is the leading cause of death among both males and females in the United States.[15]

Overweight/Obesity |In 2017, 73% of adults in Central Racine County were classified as being overweight, a statistical increase from the baseline of 66% in 2005. Since 73% of adults in Central Racine County in 2017 were classified as overweight, this means 27% of adults were classified as a healthy weight. Male residents were more likely to report being overweight or obese (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

In the Central Racine County Community Health Survey, the category "overweight" includes overweight and obese respondents. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using weight in kilograms/height in meters^2 (Source #1).

[12] Centers for Disease Control and Prevention. - Diabetes Public Health Resources. Available at http://www.cdc.gov/basics/diabetes.html. Accessed February 5, 2018.
[13] CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Available at https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Accessed February 5, 2018.
[14] CDC Health, United States, 2016, https://www.cdc.gov/nchs/data/hus/hus16.pdf. Accessed February 5, 2018.
[15] Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed February 5, 2018.



Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers, low quality of life and other health conditions. People who have obesity have annual medical costs which average $1,429 higher than those of normal weight.[16]

Cancer | The 2010-2014 cancer age-adjusted incidence rate in Racine County was 505.1 per 100,000 population, higher compared to the state at 459.0 per 100,000. The table below compares Racine County's age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI), national (US), and *Healthy People 2020* objectives *(HP2020)* (Source #2).

Why is this significant? A person's cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care and screenings, getting vaccinated, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight and being physically active.[17]

Cancer	Racine County	WI	US	*HP2020*	Status
Female Breast Cancer Incidence Rate	133.2	127.9	123.6		
Cervical Cancer Incidence Rate	7.8	6.7			
Male Colorectal Cancer Incidence Rate	49.1	42.2	45.8		
Female Colorectal Cancer Incidence Rate	35.6	31.9	34.8		
Male Lung/Bronchus Cancer Incidence Rate	72.4	64.8	72.7		
Female Lung/Bronchus Cancer Incidence Rate	62.2	52.9	52.6		
Prostate Cancer Incidence Rate	130.3	99.8	114.9		
Female Breast Cancer Mortality Rate	18.1	18.6	21.2	20.7	●
Cervical Cancer Mortality Rate		2.1		2.2	
Male Colorectal Cancer Mortality Rate	13.9	15.6	17.7	14.5	●
Female Colorectal Cancer Mortality Rate	9.7	10.1	12.4	14.5	●

[16] Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts. Available at https://www.cdc.gov/obesity/data/adult.html. Accessed February 5, 2018.
[17] Centers for Disease Control and Prevention – Cancer. Available at https://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed February 5, 2018.

Male Lung/Bronchus Cancer Mortality Rate	54.3	48.8	55.9	45.5	■
Female Lung/Bronchus Cancer Mortality Rate	39.7	33.3	36.3	45.5	●
Prostate Cancer Mortality Rate: Age-Adjusted	16.6	20.7	20.1	21.8	●

*If Racine County's rate meets or exceeds the HP2020 benchmark, then a green circle (●) is shown under "Status". Conversely, if the community falls below the 2020 goal, then a red square (■) is shown. If no information is available under HP2020 data, then the box is grayed out.

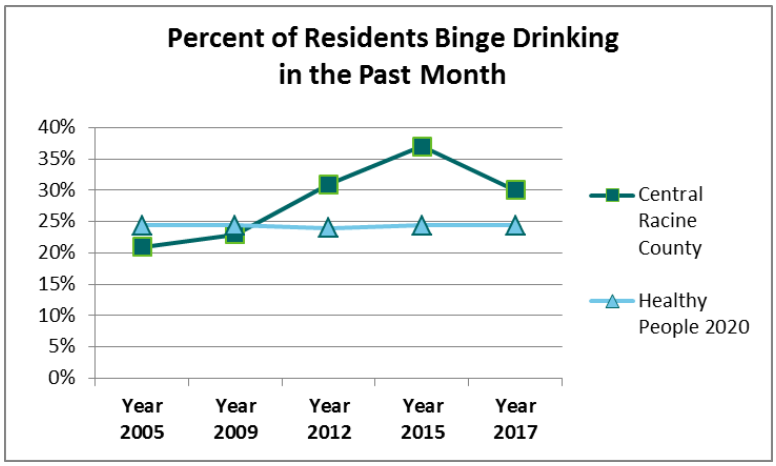
Health risk behaviors: alcohol use, substance use, tobacco use, nutrition and physical activity

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol consumption, tobacco use and exposure, poor nutrition and lack of physical activity.[18]

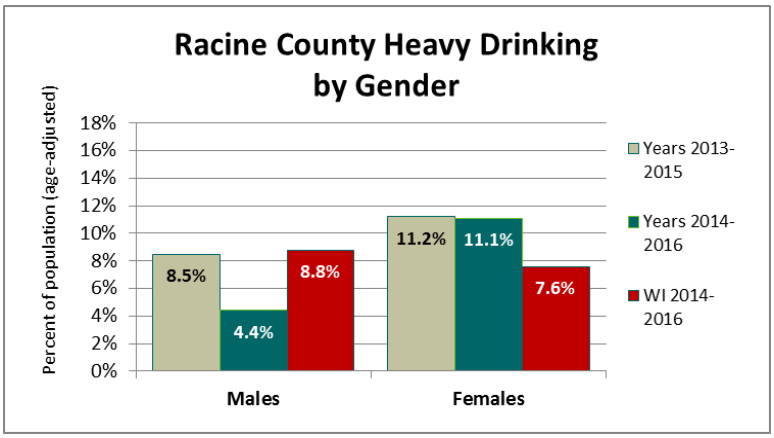
Alcohol use | In 2017, 30% of adults in Central Racine County reported binge drinking in past month, a statistically significant increase from 2005 (21%), and higher compared to the state (26.2%) and the United States (16.9%). Respondents who are male were more likely to report binge drinking in the past month (Source #1). However, female residents of Racine County reported heavy drinking at a higher rate (11.1%) than the state rate (7.6%) and higher than Racine County males (4.4%) (Source #2). In addition, 2.0% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1).

Top Health Issue

Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[19] Alcohol was identified as one of the top health issues in the county by the residents (Source #1) and key stakeholders (Source #3).



[18] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/resources/infographic/nccdphp.htm. Accessed February 5, 2018.
[19] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined. Available at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed February 6, 2018.



Why is this significant? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drownings), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, poor diabetes control, cancer, mental health problems, and learning and memory issues. Binge drinking is extremely costly to society from losses in productivity, employment, health care, crime and other expenses.[20]

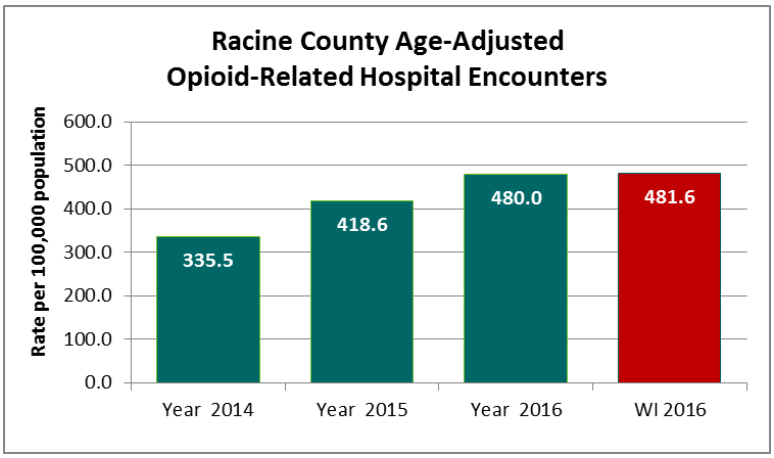
Substance use | Drug misuse, specifically opioids, is escalating statewide. In Racine County the rate of opioid-related hospital encounters was 480.0 per 100,000 population in 2016, slightly lower than Wisconsin rate of 481.6 per 100,000 population. Racine County residents who identified as White, non-Hispanic or as Black, non-Hispanic had higher opioid-related hospital encounter rates than other races or ethnicities (Source #2). According to the CDC, the rate of dispensed opioid prescriptions peaked in 2012 and has since decreased steadily. However, the rate of opioid prescriptions dispensed was higher in Racine County at 78.4 prescriptions per 100 population than the state or U.S. rate (62.2/100 population and 66.5/100 population respectively).[21] Residents and key informants identified drug misuse as one of the top health issues challenging the community (Sources #1, #3).

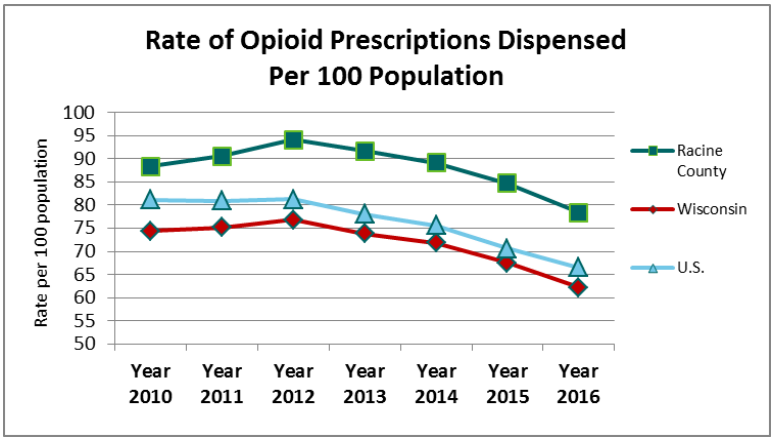
Top Health Issue

– The *Healthy People 2020* goal for drug-induced deaths is 12.6 deaths per 100,000 population.

Why is this significant? Nationally, the amount of pain medicines prescribed and sold have increased since 1999. Every day in the U.S., 115 people die due to an overdose of prescription opioids. The overprescribing of opiates and other pain medicines leads to medicinal abuse and overdose deaths.[22]

[20] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed February 6, 2018.
[21] Centers for Disease Control and Prevention – Opioid Overdose: U.S. County Prescribing Rates. Available at https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html. Accessed February 16, 2018.
[22] Centers for Disease Control and Prevention – Opioid Overdose. Available at https://www.cdc.gov/drugoverdose/index.html. Accessed February 8, 2018.

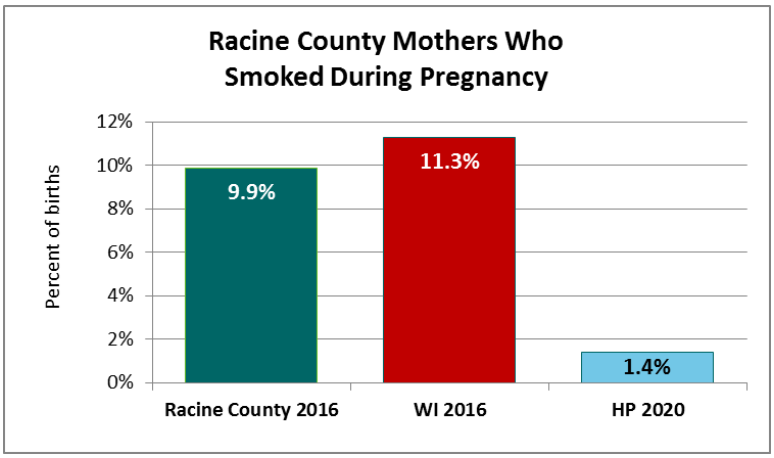




Tobacco Use and Exposure | In 2017, 11% of adults in Central Racine County reported cigarette smoking in the past 30 days (current smoker), a significant improvement from the 2005 baseline of 20%. Respondents who were in the top 40 percent household income bracket were more likely to report being a current smoker (Source #1). In addition, 1% of Central Racine County adults were current users of electronic cigarettes, 3% were users of cigars/cigarillos, and 2% were users of smokeless tobacco in 2017 (Source #1). In 2017, 85% of the households prohibited smoking within the home, which is higher than the state and national levels (75.0% and 79.0%, respectively). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past seven days declined to 16% in 2017 compared to 30% in 2009 (Source #1).

- The *Healthy People 2020* target is to reduce cigarette smoking by adults to 12.0% and adolescents to 16.0% and increase the percentage of current smokers to quit smoking in the past year to 80.0%. Also, it aims to increase the prohibition of smoking within the homes to 87.0% and to reduce the percentage of non-smokers exposed to secondhand smoke in the past seven days to 33.8%.

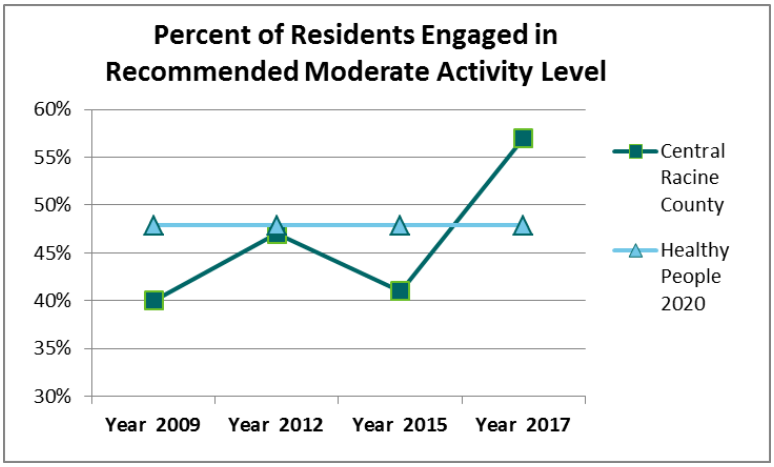
Additionally, in 2016, 9.9% of Central Racine County mothers indicated smoking during pregnancy, lower than the state rate of 11.3% (Source #2).



– The *Healthy People 2020* target is no greater than 1.4%.

Why is this significant? In the United States, cigarette smoking is the leading cause of preventable death. Smoking harms nearly every organ in the body, leading to disease and disability, including increasing the risk of coronary heart disease, stroke and several types of cancer. In addition, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth. [23]

Nutrition and physical activity | In 2017, 57% of adults in Central Racine County reported engaging in recommended moderate or vigorous activity, a upward trend since 2005. In 2017, 61% of the children in Central Racine County engaged in physical activity for 60 minutes at least five days out of the week. In 2017, 58% of adults in Central Racine County reported eating the recommended fruit servings while 33% of adults reported eating the recommended vegetable servings; Central Racine County adults' fruit consumption steadily decreased while the and vegetable consumption improved since 2005 (Source #1). Based on the *2017 County Health Rankings* for Racine County, 8% of the population had limited access to healthy foods.[24] This was higher than the state (5.0%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (Source #2).



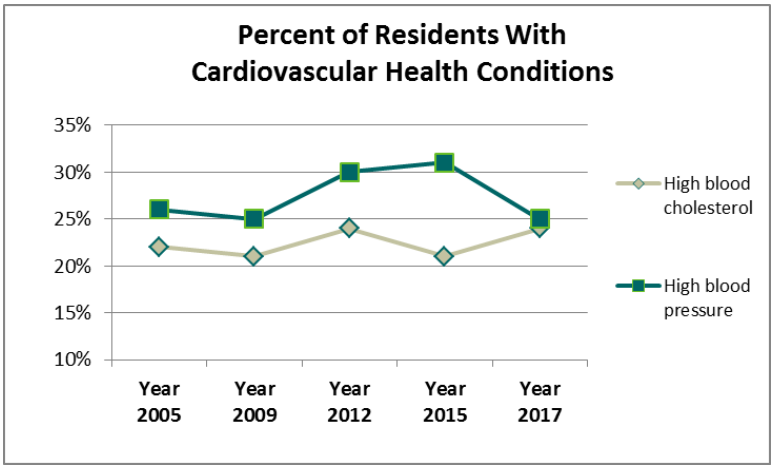
[23] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed February 8, 2018.
[24] Note: Limited access to healthy foods captures the percentage of the population who are low income and do not live close to a grocery store. In rural areas, living close to a grocery store means living less than 10 miles from a grocery store whereas in non-rural areas it is less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size. Available at http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/133/description. Accessed February 8, 2018.

– The *Healthy People 2020* target is to increase the percentage of adults engaged in the recommended moderate or vigorous physical activity to 47.9% and to reduce the percentage of students playing videos or using the computer for non-school work three or more hours on an average school day to 17.4%.

Why is this significant? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions.[25] A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. An energy imbalance, or eating more calories than one expends through physical activity, can increase one's risk for overweight and obesity. [26]

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2017, 25% of adults reported high blood pressure – a statistically level rate since 2005. Respondents who were aged 65 and over, or in the bottom 40 percent household income bracket, were more likely to report high blood pressure. Also, 24% of adults in 2017 reported high cholesterol in the past three years, a static trend from the 2005 baseline. Respondents who were 65 and older or in the bottom 40 percent household income bracket were more likely to report high blood pressure and high blood cholesterol (Source #1).



– The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%.

Why is this significant? High blood pressure, the "silent killer" because it often lacks symptoms or warnings signs, increases the risk for heart disease and stroke.[27] Likewise, high cholesterol is also a risk factor for heart disease and stroke.[28] Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.[29]

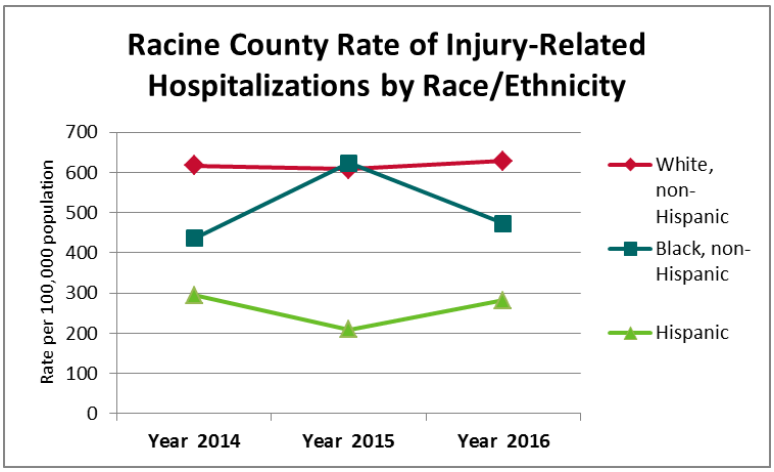
[25] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed February 8, 2018.
[26] Centers for Disease Control and Prevention – Physical Activity and Health. Available at https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm. Accessed February 8, 2018.
[27] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 8, 2018.
[28] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 8, 2018.
[29] Centers for Disease Control and Prevention – Heart Disease. Available at https://www.cdc.gov/heartdisease/medical_conditions.htm. Accessed February 8, 2018.

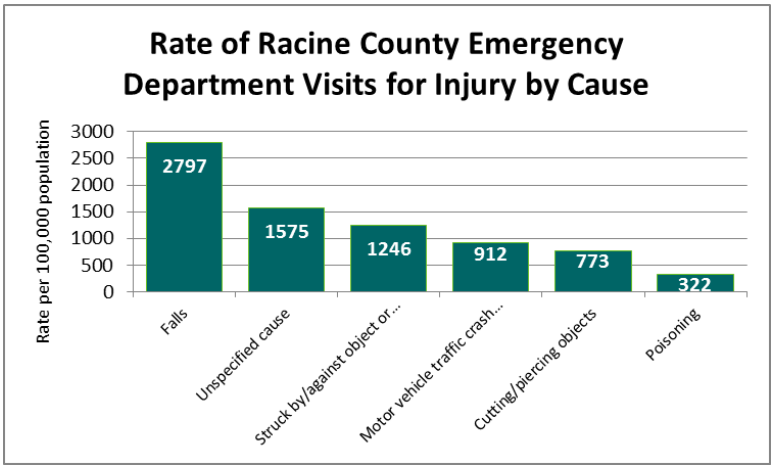
Injury and Violence

Injury hospitalization | The 2016 Central Racine County injury-related hospitalizations rate was 564.3 per 100,000, which is higher compared to the state (500 per 100,000) and exceeds the *Healthy People 2020* target. Central Racine County residents who are White or Black had higher rates of injury-related hospitalizations compared to Hispanics. The injury-related emergency department (ED) visit rate for Central Racine County was 8,883.5 per 100,000, which is higher than the Wisconsin rate (7,392.4 per 100,000).[30] The injury-related death rate in Central Racine County was 61.5 per 100,000 population, lower than the Wisconsin rate of 81.2 per 100,000 population, but higher than the Healthy People 2020 goal 53.3 per 100,000 population. The top ranked cause of injury-related ED visits was falls, almost two times higher than the second ranked cause (Source #2).

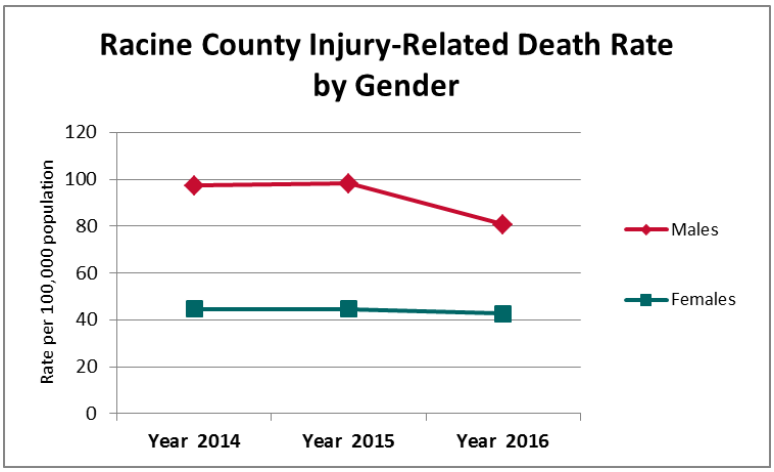
- The *Healthy People 2020* target for injury-related hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000. The target for injury related death rate is 53.3 per 100,000.

  Why is this significant? Injuries are a leading cause of death for people ages 1-44 in the United States. In 2013 alone, injuries cost the nation 671 billion dollars in lost productivity and medical care. Injuries can be prevented and their consequences reduced for infants, children and adults.[31]

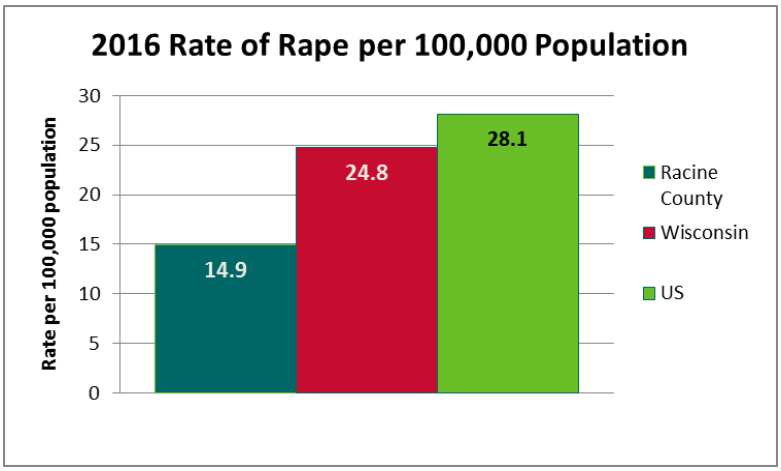




[30] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 13, 2018
[31] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at https://www.cdc.gov/injury/wisqars/overview/key_data.html. Accessed February 8, 2018.



Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[32] The rate of rape for Racine County was 14.9 reports per 100,000 persons, lower than Wisconsin's overall rate of 24.8 per 100,000 in 2016.[33] However, sexual assault and rape are underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.



Why is this significant? Sexual violence can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to victims, families and communities.[34]

Other violence | The rate of aggravated assault for Racine County in 2016 was 123.9 reports per 100,000 persons, lower than Wisconsin's overall rate of 186.9 per 100,000.[35] In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.8 per 1,000 children in 2015; Racine County's rate was higher at 37.1 reports per 1,000 children (Source #2).

[32] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 8, 2018.
[33] Wisconsin Department of Justice, UCR Offense Data, 2016. Available at https://www.doj.state.wi.us/dles/bjia/ucr-sex-offense-data. Accessed September 12, 2018.
[34] Centers for Disease Control and Prevention – Violence Prevention/Sexual Violence: Consequences. Available at https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed February 8, 2018.
[35] Wisconsin Department of Justice, UCR Offense Data, 2016. Available at https://www.doj.state.wi.us/dles/bjia/ucr-offense-data. Accessed June 29, 2017.

Why is this significant? Violence has a lasting effect throughout one's life. Survivors of violence may suffer from physical, emotional, social and other health problems.[36]

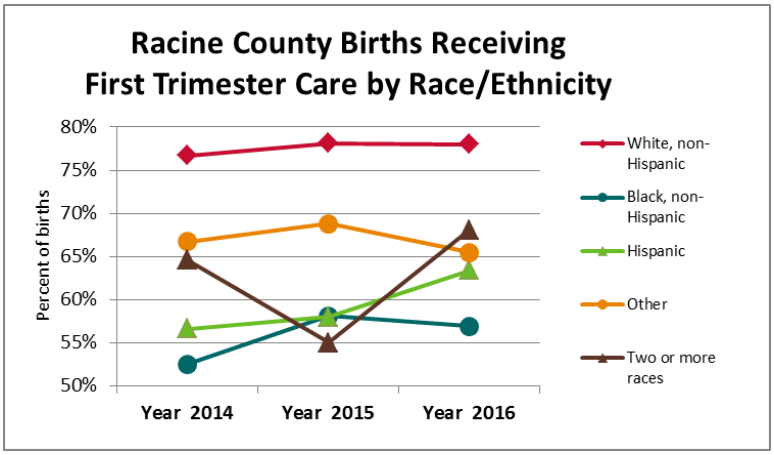
Reproductive Health

Pap test screening | In 2017, 85% of women in Central Racine County reported having a pap test within three years, a level rate since 2005 (Source #1).

- The *Healthy People 2020* target for women having a pap test within three years is 93.0%.

Births receiving first trimester care | From 2008 to 2017, the percent of births receiving first trimester care in Racine County decreased from 80.0% to 70.7%, and was lower compared to the state (76.4%). Women who were White experienced consistently higher rates while women who were Hispanic/Latina or Black/African American had the lowest rates in 2016 (Source #2).

- The *Healthy People 2020* target for births receiving first trimester care is 77.9%.



Premature births | From 2008 to 2015, the percent of premature births (before 37 weeks) in Racine County improved from 12.9% to 11.1%, but it has remained higher than the state rate of 9.6% (Source #2).

- The *Healthy People 2020* target for premature births is 11.4%.

Low birth weight | From 2008 to 2015, the percent of low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Racine County was statistically the same at 8.1% in 2016, and it remained higher compared to the state (7.4%) (Source #2).

- The *Healthy People 2020* target for low birth-weight births is 7.8%.

Why is this significant? Preconception and early prenatal care improves mother and infant outcomes. Babies born prematurely (three weeks or earlier than their due date) or with a low birth weight (less than 2,500 grams or about 5.5 pounds) experience a greater risk for an adverse outcomes including a serious disability or death. In 2015, preterm birth and low birth weight accounted for about 17% of infant deaths.[37]

[36] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 8, 2018.
[37] Centers for Disease Control and Prevention – Reproductive Health: Preterm Birth. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed February 8, 2018.

Birth rate to teens| In 2015, births among Racine County females aged 15-17 years was 12.1 per 1,000 females, much higher than the state rate of 6.6 births per 1,000 females. For Racine County females aged 15-19 years, the birth rate was 25.3 per 1,000 females, significantly higher than the state rate of 16.4 births per 1,000 females (Source #2).

> **Why is this significant?** Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. [38]

Infant Mortality | From 2008 to 2016, the rate of infants dying before their first birthday in Racine County increased from 7.2 deaths per 1,000 live births to 9.6 deaths per 1,000 live births, significantly higher than the statewide rate of 5.7 deaths per 1,000 live births (Source #2).

- The *Healthy People 2020* target for rate of infant deaths (within one year) is 6.0 per 1,000 live births.

Mental health

Mental health conditions| According to the *2016 County Health Rankings*, Racine County adults reported an average of 3.5 mentally unhealthy days in the past 30 days, the same as the state average of 3.5 days (Source #2).

Top Health Issue

In 2017, 17% of Central Racine County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, comparable to 2015 (21%) but a significant increase from 12% in 2005 (Source #1). Mental health was identified as one of the top health issues in the county by key stakeholders (Source #3).

Mental health is defined as including "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices."[39] Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness, which is classified as "conditions that affect a person's thinking, feeling, mood or behavior," which "may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day."[40] Anxiety, depression, and bipolar disorder are examples of mental illness.

> **Why is this significant?** Mental health conditions are related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep, and associated with chronic diseases such as cardiovascular disease, diabetes and obesity.[41]

Suicide | In 2016, 5% of adults in Central Racine County reported feeling so overwhelmed in the past year that they considered suicide, comparable to 2015 and 2005 (4% and 3% respectively). This means approximately 4,500 adults in Central Racine County may have considered suicide in the past year. Note: The survey did not ask how seriously, how often or how recently suicide was considered. Four percent of the households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months. This means approximately 1,800 households in Central Racine County reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). Additionally, in 2015, there were 37 suicides in Racine County at a rate of 18.9 per 100,000, higher than the Wisconsin rate of 15.2 per 100,000 population (Source #2).

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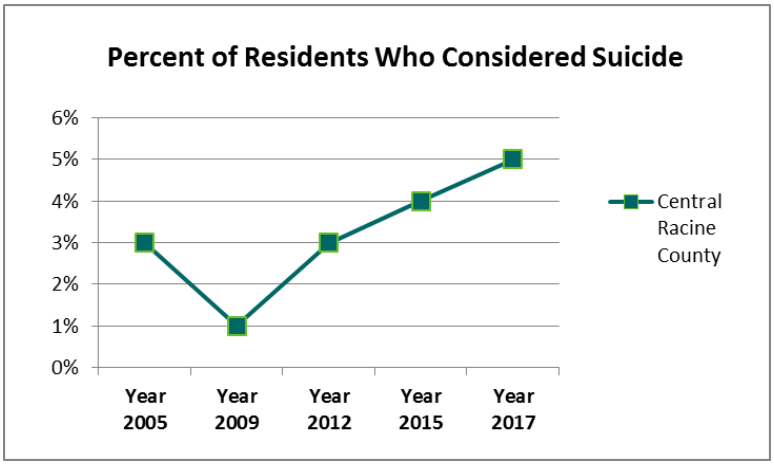
[38] Centers for Disease Control and Prevention – Reproductive Health: About Teen Pregnancy. Available at https://www.cdc.gov/teenpregnancy/about/index.htm. Accessed February 8, 2018.
[39] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 8, 2018.
[40] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 8, 2018.
[41] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 8, 2018.



- The *Healthy People 2020* target is 10.2 suicides per 100,000.

  Why is this significant? A serious public health problem, suicide can have lasting harmful effects on individuals, their families and their communities. While its causes are complex and multifaceted, the aim of suicide prevention is to decrease risk factors and promote resilience.[42]

[42] Centers for Disease Control and Prevention – Suicide Prevention. Available at https://www.cdc.gov/violenceprevention/suicide/. February 8, 2018.

Section 4 | Prioritized significant health needs

Criteria for prioritizing significant health need

During 2012, an ad hoc committee of the Aurora Health Care Board of Directors' Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a "signature community benefit focus" for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in "health home" capacity and utilization by underserved populations across Aurora's footprint (Medicaid-eligible and uninsured)

During 2018, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[43] (see Appendix E for details)

Using this criteria, Aurora Medical Center in Burlington has prioritized the significant health needs to address in our 2019-2021 implementation strategy:

- Access and coverage
- Behavioral health
- Chronic disease
- Senior health
- Sexual assault
- Newborn health and safety

Significant health needs not being addressed in the implementation strategy and the reason:

The implementation strategy does not include specific strategies and goals for asthma, as these are part of the standard continuum of clinical care at AMCB and Aurora clinics. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put people at greater risk for health complications and disease.

[43] National Association of County & City Health Officials (NACCHO) – First Things First: Prioritizing Health Problems. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf, accessed August 23, 2017.

Section 5 | Community resources and assets

The assessment identified a multitude of community resources and assets from AMCB plus the other hospital and their community benefit programs, primary and specialty health care providers and dentists, municipal governments and their departments, public and private schools and many religious organizations. The *Racine County Health Needs Assessment: A Summary of Key Informant Interviews Report 2017* describes available community health resources and assets under each health issue as noted by the interviewed community members. The organizations listed as providing key informants for interviews are assets and resources for the community as well. Specific resources leveraged by AMCB are identified in the Implementation Strategy. For details, see Appendix C.

Section 6 | Evaluation of impact: AMCB's 2015 CHNA Report / 2016-2018 Implementation Strategy

The impact of the initiatives identified in AMCB's *2015 Community Health Needs Assessment Report / 2016-2018 Implementation Strategy* plan was executed with some successes. Successes at AMCB included providing free medical service through the Health Care Network voucher program, telepsychiatric services, EMS training and oversight, chronic disease education and screening, and sexual assault advocacy and medical services. For detailed evaluation of impact, see Appendix F.

This Community Health Needs Assessment (CHNA) Report was adopted by the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on November 19, 2018.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, go to www.aurora.org/commbenefits.

Appendix A | Central Racine County Community Health Survey Report (Source #1)

The report is available at www.aurora.org/commbenefits

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent's household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted approximately every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Central Racine County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least eight attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between June 5 and July 29, 2017. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Central Racine County. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 900 adults or 450 households.

The margin of error for smaller subgroups will be larger. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Partners & Contracts: This report was sponsored by Ascension Health, Aurora Health Care and Children's Hospital of Wisconsin in partnership with Central Racine County Health Department, Health Care Network, Racine County Human Services Department and United Way of Racine County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

Appendix B| Racine County Health Data Report: A summary of secondary data sources (2017) (Source #2)
The report is available at www.aurora.org/commresearch

Data Collection & Analysis: In fall of 2017, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Racine County.

Publicly available data sources used for the Secondary Data Report

Source	Description
American Community Survey	*American Community Survey* provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information of how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. *Source: United States Department of Commerce, US Census Bureau*
County Health Rankings	Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publically available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). *Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute*
Wisconsin Department of Health Services – Data & Statistics	All reportable communicable disease case counts, including sexually transmitted diseases (STD) and HIV incidences, are based on case reports for 2015 or later. Reports are available for Wisconsin statewide, the five DPH regions, and the 72 Wisconsin counties. *Source: Wisconsin Department of Health Services*
Wisconsin Interactive Statistics on Health (WISH)	WISH uses protected databases containing Wisconsin data from a variety of sources and provides information about health indicators (measure of health). Select topics include Behavioral Risk Factor Survey, birth counts, fertility, infant mortality, low birth weight, prenatal care, teen births, cancer, injury emergency department visits, injury hospitalizations, injury mortality, mortality and violent death. *Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics*
Wisconsin Uniform Crime Reporting Data Dashboard Center	The dashboards were developed and are maintained by the Bureau of Justice Information and Analysis (BJIA) of the WI Department of Justice. *Source: Wisconsin Department of Justice*

Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. In other cases, the data were available but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year to year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset. When applicable, *Healthy People 2020* objectives are presented for each indictor. The objectives were not included unless the indicator directly matched with a *Healthy People 2020* objective.

Partners & Contracts: This report was sponsored by Ascension Health, Aurora Health Care and Children's Hospital of Wisconsin in partnership with Central Racine County Health Department, Health Care Network, Racine County Human Services Department and United Way of Racine County. The report was prepared by the Center for Urban Population Health.

Appendix C | Racine County Health Needs Assessment: A summary of key informant interviews (2017) (Source #3)

The report is available at www.aurora.org/commresearch

Data Collection and Analysis: Twenty-four interviews representing twenty-two organizations were conducted between July and August 2017. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Racine County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low income and/or minority populations

Key informant interviews were conducted with leaders with broad representation from public health, education and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

Organization	Description of the organizations *The description is based on information provided on the organization's website, accessed February 20, 2018.*
Ascension Wisconsin All Saints Addiction Services	"We provide patients and families with a multidisciplinary approach to recovery. From psychiatrists and psychologists to clinical therapists, drug and alcohol counselors, nurse practitioners, registered nurses, chaplains, occupational and activity therapists, dietitians and pharmacists, our team members help individuals attain a healthy and productive level of functioning."
Ascension Wisconsin All Saints Emergency Dept.	"Our Emergency Department is open 24/7. The All Saints ECC is staffed by board certified emergency medicine physicians, physician assistants, nurse practitioners, registered nurses with advanced training, and emergency care technicians."
Aurora Health Care Sexual Assault Nurse Examiner Services	"As a comprehensive sexual assault treatment center, Aurora offers more of the support and services survivors need in one program. We invite any sexual assault or domestic violence survivor to contact us – even if the incident occurred years ago. From collecting evidence to providing court testimony, we are by your side when it matters most."
Aurora Medical Center Burlington	"For over 85 years, the staff at Aurora Medical Center in Burlington has been committed to expert care and compassionate treatment of a wide range of health care concerns. From comprehensive emergency treatments to specialized care for the elderly, we are committed not only to medical excellence, but also to ensuring your comfort."
Aurora Wellness Center	"Aurora Wellness Center supports your health with a variety of fitness programs and equipment, as well as a team of health care professionals. You'll find approachable and knowledgeable certified athletic trainers to help you along your fitness journey."
Burlington Area Chamber of Commerce	Missions Statement: "We are a catalyst to nurture growth, development and the quality of life by promoting our membership and our community."
Burlington Area School District	"A professional community of learners committed to continuous improvement. As previously indicated, the target is college and career readiness for all graduates."
City of Burlington Rescue	"The squad is solely funded by the Burlington Rotary Club. The members of the Burlington Rescue Squad are a group of true volunteers that donate their time and efforts to the Burlington community."
City of Racine Public Health Dept.	"The City of Racine Public Health Department offers residents of the City of Racine and the Villages of Wind Point and Elmwood Park a wide range of services and information. The City of Racine Public Health Department is prepared to assist you with administrative, laboratory, and community and environmental health programs/services."

Gateway Technical College	"Gateway Technical College prepares students for rewarding careers through more than 65 education programs for health, business, manufacturing, engineering, and service careers."
Health & Nutrition Service of Racine, Inc.	"This WIC office, Health And Nutrition Service Of Racine, is located in Racine Wisconsin. WIC provides nutrition education, breastfeeding education and support, supplemental nutritious foods, and referrals to other healthy and nutrition services."
Homeless Assistance Leadership Organization, Inc.	"The mission of the Homeless Assistance Leadership Organization (HALO) is to provide a pathway to self-sufficiency for those experiencing homelessness in Racine County. HALO is one of few homeless shelters in Wisconsin offering *Intensive Case Management* paired with a comprehensive network of supportive services from 90+ area agencies, available for new intakes 24/7."
Racine County Human Services Dept.	"Our Department assists thousands of families each year to help improve their lives and the lives of their families and loved ones. We host a variety of programs and services aimed at assisting families on the path of self-sufficiency and improving the well-being of our most vulnerable residents."
Racine County Medical Examiner Office	"The Medical Examiner is responsible for the investigation of all sudden, unexpected or unusual deaths in order to provide timely accurate and legally defensible determinations as to the manner and cause of death."
Racine County Veterans Services	"The County Veterans Service Office assists Veterans and their dependents in applying for a wide array of State and Federal benefits."
Racine Family YMCA	"The RACINE FAMILY YMCA offers affordable, quality activities and services designed to benefit people of all incomes and backgrounds."
Racine Interfaith Coalition	"The Racine Interfaith Coalition is an organization of congregations committed to promoting social justice through training and empowerment of people of faith."
Racine Police Dept.	"The Racine Police Department serves the City of Racine in Southeastern Wisconsin with a population of over 81,000 people. Our Mission is to deliver the best law enforcement and safety services to the citizens of Racine."
Racine Unified School District	"Located in southeastern Wisconsin, Racine Unified School District (RUSD) is the fifth largest school district in the state, serving nearly 20,000 students. Our culturally diverse schools prepare our students to thrive in a global community."
Spring Dental Group	"Providing quality dental care to Racine and Kenosha and all surrounding Wisconsin areas. We participate in many charitable Dental Programs: Give Back a Smile (for adults), Give Kids a Smile (for children), Donated Dental Services, WDA Mission of Mercy and Racine's Health Care Network."
Waterford Police Dept.	"Mission: Building relationships, solving problems, making a difference. Your Waterford Police Department."
Wisconsin Veterans Home at Union Grove	"The Wisconsin Veterans Home at Union Grove includes modern and affordable residences, a variety of social opportunities and comprehensive, skilled nursing services on its conveniently located southeastern Wisconsin campus."

The key informant interviews were conducted by Ascension Health, Aurora Health Care, Central Racine County Health Department, Children's Hospital of Wisconsin, City of Racine Health Department, Health Care Network and United Way of Racine County. The interviewers used a standard interview script that included the following elements:

1) Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County; and
2) For those five public health issues:
    a. Existing strategies to address the issue
    b. Barriers/challenges to addressing the issue
    c. Additional strategies needed
    d. Key groups in the community that hospitals should partner with to improve community health

The report summarized the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. Also, the report describes the themes that presented across the top ranked health topics along with a summary of the strategies, barriers and partners described by the participants.

Top five issues that emerged as key health priorities for Racine County and the identified community assets

The top five health issues that emerged as key priorities for Racine County were: 1) mental health, 2) substance use, 3) chronic diseases, 4) alcohol and 5) access to health services.

Key community partners, resources and assets to address health issues:

1. **Mental health:** Hospitals should be partnering with churches, schools, Racine County Department of Human Services, Aurora Wellness Center, police, fire, rescue, public services, community centers, Higher Expectations, Adult Protective Services, the VA, Journal Times, Racine County Behavioral Health Services, Ascension All Saints Hospital and Medical Groups, City of Racine Health Department, State Department of Health Services, NAMI, Love, Inc., Central Racine County Health Department, local colleges, Health Care Network and group homes.

2. **Substance use**: Hospitals should be partnering with law enforcement, health care providers and medical systems, legislators, schools, rehab facilities, the Medical Examiner, community support groups, emergency medical services, counseling centers, City of Racine Health Department, Racine Behavioral Health Services, suboxone providers, Racine County Human Services, churches, community centers, student advocacy groups, employers, Senior Citizen groups and Drug/Substance Abuse courts.

3. **Chronic diseases**: Hospitals should be partnering with schools, fitness centers, churches, farmers markets, health departments, grocery stores, pharmacies, libraries, Racine County, health care systems and providers, charity organizations that could offer prescription assistance, home health agencies, food pantries, businesses, local government and community service organizations.

4. **Alcohol**: Hospitals should be partnering with bars and restaurants, churches, medical rehab facilities, medical systems, health care providers, City of Racine Health Department, Central Racine County Health Department, nonprofit organizations, AA groups, HALO, Inc. and employers in the county.

5. **Access to health services:** Hospitals should be partnering with health care systems and providers, dental providers, counselors, clinics, fire departments, police departments, emergency medical services, local government, policy makers, transportation providers, local businesses, health departments and churches.

Partners & Contracts: This report was sponsored by Ascension Health, Aurora Health Care and Children's Hospital of Wisconsin in partnership with Central Racine County Health Department, Health Care Network, Racine County Human Services Department and United Way of Racine County. The report was prepared by the Center for Urban Population Health.

Central Racine County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of area residents. This summary was prepared by JKV Research for Ascension, Aurora Health Care, Children's Hospital of Wisconsin, and Central Racine County Health Department in partnership with Health Care Network, Racine County Human Services Department, and United Way of Racine County. Additional data is available at www.ahc.aurorahealthcare.org/aboutus/community-benefits and www.chw.org.

Overall Health					
Central Racine County	2005	2009	2012	2015	2017
Excellent	26%	23%	20%	13%	22%
Very Good	33%	41%	41%	42%	34%
Fair or Poor	12%	10%	13%	18%	15%
Other Research: (2016)				*WI*	*U.S.*
Fair or Poor				*16%*	*16%*

Health Care Coverage					
Central Racine County	2005	2009	2012	2015	2017
Not Covered					
Personally (currently)	6%	5%	7%	6%	2%
Personally (past 12 months)		9%	11%	11%	4%
Household Member (past 12 months)	13%	12%	14%	12%	6%
Other Research: (2016)				*WI*	*U.S.*
Personally Not Covered (currently)				*9%*	*10%*

Did Not Receive Care Needed in Past 12 Months					
Central Racine County		2009	2012	2015	2017
Delayed/Did Not Seek Care Due to Cost				16%	14%
Prescript. Meds Not Taken Due to					
Cost (Household)		7%	8%	10%	8%
Unmet Care in Past 12 Months					
Medical Care			6%	13%	9%
Dental Care			11%	17%	14%
Mental Health Care			<1%	4%	3%

Health Information and Services					
Central Racine County	2005	2009	2012	2015	2017
Primary Source of Health Information					
Doctor			40%	43%	42%
Internet			30%	31%	31%
Myself/Family Member in Health Field			7%	7%	9%
Family/Friends			4%	5%	4%
Have a Primary Care Physician					90%
Primary Health Services					
Doctor/nurse practitioner's office	84%	78%	75%	68%	64%
Urgent care center	2%	7%	9%	17%	17%
Worksite clinic	--	--	--	--	1%
Quickcare clinic/fastcare clinic	--	--	--	--	6%
Public health clinic/com. health center	3%	4%	5%	4%	<1%
Hospital emergency room	1%	2%	3%	3%	2%
Virtual health/tele-medicine/e-visits	--	--	--	--	0%
Hospital outpatient	2%	3%	<1%	3%	2%
No usual place	4%	4%	7%	5%	6%
Advance Care Plan	39%	38%	38%	39%	49%

Vaccinations (65 and Older)					
Central Racine County	2005	2009	2012	2015	2017
Flu Vaccination (past year)	44%	61%	67%	75%	76%
Pneumonia (ever)	66%	72%	73%	79%	80%
Other Research: (2016)				*WI*	*U.S.*
Flu Vaccination (past year)				*50%*	*59%*
Pneumonia (ever)				*79%*	*73%*

Health Conditions in Past 3 Years					
Central Racine County	2005	2009	2012	2015	2017
High Blood Pressure	26%	25%	30%	31%	25%
High Blood Cholesterol	22%	21%	24%	21%	24%
Mental Health Condition		12%	11%	21%	17%
Heart Disease/Condition	8%	7%	8%	7%	10%
Diabetes	6%	8%	8%	9%	7%
Asthma (Current)	8%	7%	7%	11%	12%

Condition Controlled Through Meds, Therapy or Lifestyle Changes			2012	2015	2017
High Blood Pressure			94%	92%	93%
High Blood Cholesterol			91%	91%	77%
Mental Health Condition			93%	86%	92%
Heart Disease/Condition			89%	100%	98%
Diabetes			97%	83%	81%
Asthma (Current)			98%	84%	98%

Routine Procedures					
Central Racine County	2005	2009	2012	2015	2017
Routine Checkup (2 yrs. ago or less)	83%	81%	83%	82%	87%
Cholesterol Test (4 years ago or less)	79%	76%	77%	75%	84%
Dental Checkup (past year)	73%	73%	71%	72%	73%
Eye Exam (past year)	45%	45%	45%	43%	55%
Other Research:				*WI*	*U.S.*
Routine Checkup (≤2 years; 2016)				*84%*	*84%*
Cholesterol Test (≤5 years; 2015)				*78%*	*78%*
Dental Checkup (past year; 2016)				*73%*	*66%*

Physical Health and Nutrition					
Central Racine County	2005	2009	2012	2015	2017
Physical Activity/Week					
Moderate Activity (5 times/30 min)	35%	29%	36%	33%	49%
Vigorous Activity (3 times/20 min)		23%	27%	29%	34%
Recommended Moderate or Vigorous		40%	47%	41%	57%
Overweight Status					
Overweight (BMI 25.0+)	66%	64%	70%	68%	73%
Obese (BMI 30.0+)	28%	27%	32%	34%	31%
Fruit Intake (2+ servings/day)	67%	62%	66%	64%	58%
Vegetable Intake (3+ servings/day)	23%	29%	25%	31%	33%
At Least 5 Fruit/Vegetables/Day	38%	36%	37%	39%	38%
Household Went Hungry in Past Year					1%
Other Research: (2016)				*WI*	*U.S.*
Overweight (BMI 25.0+)				*67%*	*65%*
Obese (BMI 30.0+)				*31%*	*30%*

Colorectal Cancer Screenings (50 and Older)					
Central Racine County	2005	2009	2012	2015	2017
Blood Stool Test (within past year)	27%	--	13%	14%	15%
Sigmoidoscopy (within past 5 years)		13%	7%	8%	7%
Colonoscopy (within past 10 years)		65%	68%	74%	72%
Screening in Recommended Time Frame		68%	69%	78%	74%
Other Research: (2016)				*WI*	*U.S.*
Screening in Recommended Time Frame				*74%*	*68%*

Women's Health					
Central Racine County	2005	2009	2012	2015	2017
Mammogram (50+; within past 2 years)	82%	84%	78%	87%	78%
Bone Density Scan (65 and older)	70%	86%	87%	90%	90%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 years)	89%	90%	88%	84%	85%
HPV Test (18 – 65; within past 5 years)				53%	57%
Screening in Recommended Time Frame					
(18-29: Pap every 3 years; 30 to 65: Pap and HPV					
every 5 years or Pap only every 3 years)				85%	87%
Other Research: (2016)				*WI*	*U.S.*
Mammogram (50 - 74; within past 2 years)				*80%*	*78%*
Pap Smear (21- 65; within past 3 years)				*84%*	*80%*
Tobacco Cigarette Use					
Central Racine County	2005	2009	2012	2015	2017
Current Smokers (past 30 days)	20%	21%	17%	26%	11%
Of Current Smokers…					
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	49%	47%	36%	55%	36%
Saw a Health Care Professional in Past					
Year and Advised to Quit Smoking	72%	81%	78%	80%	77%
Other Research: (2016)				*WI*	*U.S.*
Current Smokers				*17%*	*17%*
Exposure to Smoke					
Central Racine County		2009	2012	2015	2017
Smoking Policy at Home					
Not allowed anywhere		76%	83%	82%	85%
Allowed in some places/at some times		12%	7%	7%	4%
Allowed anywhere		5%	<1%	<1%	1%
No rules inside home		7%	9%	11%	10%
Nonsmokers Exposed to Second-Hand					
Smoke in Past Seven Days		30%	14%	14%	16%
Other Tobacco Products in Past Month					
Central Racine County				2015	2017
Cigars, Cigarillos or Little Cigars				2%	3%
Smokeless Tobacco				4%	2%
Electronic Cigarettes				8%	1%
Other Research: (2016)				*WI*	*U.S.*
Electronic Cigarettes				*5%*	*5%*
Smokeless Tobacco				*4%*	*4%*
Top Health Issues					
Central Racine County					2017
Illegal Drug Use					30%
Access to Health Care					23%
Overweight or Obesity					18%
Chronic Diseases					15%
Alcohol Use or Abuse					12%
Mental Health or Depression					10%
Tobacco Use					10%
Prescription or OTC Drug Abuse					9%
Cancer					8%
Violence or Crime					6%
Access to Affordable Healthy Food					6%
Environmental Issues					6%
Affordable Health Care					6%
Lack of Physical Activity					4%

Alcohol Use in Past Month					
Central Racine County	2005	2009	2012	2015	2017
Binge Drinker	21%	23%	31%	37%	30%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	2%	2%	2%	2%
Other Research: (2016)				*WI*	*U.S.*
Binge Drinker				*25%*	*17%*
Household Problems Associated With…					
Central Racine County	2005	2009	2012	2015	2017
Alcohol	4%	4%	2%	<1%	3%
Gambling			<1%	1%	1%
Marijuana			1%	1%	<1%
Cocaine, Heroin or Other Street Drugs			<1%	1%	<1%
Misuse of Prescription or OTC Drugs			<1%	<1%	<1%
Times of Distress in Past Three Years					
Central Racine County					2017
Time of Distress and Someone in HH Looked					
for Community Support					15%
Of Respondents Who Looked for Support					
Felt Somewhat/Slightly or Not At All Supported					65%
Mental Health Status					
Central Racine County	2005	2009	2012	2015	2017
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	4%	2%	5%	10%	4%
Find Meaning & Purpose in Daily Life					
Seldom/Never	3%	4%	4%	6%	6%
Considered Suicide (past year)	3%	1%	3%	4%	5%
Children in Household					
Central Racine County			2012	2015	2017
Personal Health Doctor/Nurse Who					
Knows Child Well and Familiar with History			93%	98%	89%
Visited Personal Doctor/Nurse for					
Preventive Care (past 12 months)			84%	80%	89%
Did Not Receive Care Needed (past 12 months)					
Medical Care			2%	3%	1%
Dental Care			5%	11%	3%
Specialist			0%	0%	0%
Current Asthma			8%	5%	5%
Safe in Community/Neighborhood (seldom/never)			1%	0%	0%
Children 5 to 17 Years Old					
Fruit Intake (2+ servings/day)			68%	77%	78%
Vegetable Intake (3+ servings/day)			22%	20%	38%
5+ Fruit/Vegetables per Day			34%	41%	46%
Physical Activity (60 min./5 or more days/week)			71%	50%	61%
Children 8 to 17 Years Old					
Unhappy, Sad or Depressed in Past 6 Months					
Always/Nearly Always			6%	0%	4%
Experienced Some Form of Bullying (past 12 months)			24%	22%	18%
Verbally Bullied			23%	22%	14%
Physically Bullied			3%	2%	6%
Cyber Bullied			1%	6%	0%
Personal Safety in Past Year					
Central Racine County	2005	2009	2012	2015	2017
Afraid for Their Safety	5%	3%	3%	3%	7%
Pushed, Kicked, Slapped, or Hit	3%	2%	2%	2%	4%
At Least One of the Safety Issues	7%	4%	5%	4%	8%

Overall Health and Health Care Key Findings

In 2017, 56% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 18 to 34 years old, 55 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or overweight were more likely to report fair or poor health. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2015 to 2017.*

In 2017, 2% of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents 35 to 44 years old or with some post high school education were more likely to report this. Six percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents in the bottom 60 percent household income bracket were more likely to report this. *From 2005 to 2017, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2015 to 2017. From 2009 to 2017, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2015 to 2017. From 2005 to 2017, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2015 to 2017.*

In 2017, 14% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 45 to 64 years old were more likely to report this. Eight percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Nine percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed. Fourteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents with a high school education or less were more likely to report this. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. *From 2009 to 2017, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs, as well as from 2015 to 2017. From 2012 to 2017, the overall percent statistically increased for respondents who reported they did not receive the medical care needed or they did not receive the mental health care needed while from 2015 to 2017, the overall percent statistically remained the same. From 2012 to 2017, the overall percent statistically remained the same for respondents who reported unmet dental care, as well as from 2015 to 2017. From 2015 to 2017, the overall percent statistically remained the same for respondents who reported they delayed or did not seek medical care due to cost.*

In 2017, 42% of respondents reported they contact a doctor when they need health information or clarification while 31% reported they go to the Internet. Nine percent reported themselves or a family member is in the health care field and their source of information followed by 4% reporting family/friends. Respondents who were female, 65 and older or with a high school education or less were more likely to report they contact a doctor. Respondents 45 to 54 years old, with a college education or married respondents were more likely to report the Internet as their source for health information/clarification. Respondents in the top 60 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. Respondents who were male or 35 to 44 years old were more likely to report family/friends as their source for health information/ clarification. Ninety percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Sixty-four percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 17% reported urgent care center. Respondents who were female, 55 and older or in the middle 20 percent household income bracket were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report urgent care as their primary health care. Forty-nine percent of respondents had an advance care plan; respondents who were female or 65 and older were more likely to report an advance care plan. *From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a doctor, the Internet, they were/family member was in the health care field or family/friends as their source of health information, as well as from 2015 to 2017. From 2005 to 2017, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was a statistical increase in the overall percent of respondents reporting their primary place for health services when they are sick was an urgent care center while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was a statistical increase in the overall percent of respondents having an advance care plan, as well as from 2015 to 2017.*

In 2017, 87% of respondents reported a routine medical checkup two years ago or less while 84% reported a cholesterol test four years ago or less. Seventy-three percent of respondents reported a visit to the dentist in the past year while 55% reported an eye exam in the past year. Respondents who were female, 18 to 34 years old or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were female, 55 to 64 years old, with a college education or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, in the top 60 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents 18 to 34 years old were more likely to report an eye exam in the past year. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup or a cholesterol test while from 2015 to 2017, there was a statistical increase. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup, as well as from 2015 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents reporting an eye exam, as well as from 2015 to 2017.*

In 2017, 46% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report a flu vaccination. Eighty percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: in the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination while from 2015 to 2017, there was no statistical change.*

Health Risk Factors Key Findings

In 2017, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (25%) or high blood cholesterol (24%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or overweight were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or inactive were more likely to report high blood cholesterol. Seventeen percent reported a mental health condition; respondents who were female, 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Ten percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were male, 65 and older or inactive were more likely to report this. Seven percent of respondents reported diabetes. Respondents who were male, 65 and older, in the bottom 40 percent household income bracket, unmarried, overweight or inactive were more likely to report diabetes. Twelve percent reported current asthma; respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure while from 2015 to 2017, there was a statistical decrease. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease/condition or diabetes, as well as from 2015 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported current asthma while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2015 to 2017, there was no statistical change.*

In 2017, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were female, 55 to 64 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed while from 2015 to 2017, there was a statistical decrease. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom or never find meaning and purpose in daily life, as well as from 2015 to 2017.*

Behavioral Risk Factors Key Findings

In 2017, 49% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-four percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 57% met the recommended amount of physical activity; respondents who were not overweight were more likely to report this. *From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported vigorous*

physical activity three times a week for at least 20 minutes while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2015 to 2017.

In 2017, 73% of respondents were classified as at least overweight while 31% were obese. Respondents who were male, with a high school education or less, married or inactive were more likely to be classified as at least overweight. Respondents 55 to 64 years old, with some post high school education, in the bottom 40 percent household income bracket or who did an insufficient amount of physical activity were more likely to be obese. *From 2005 to 2017, there was a statistical increase in the overall percent of respondents being at least overweight while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents being obese, as well as from 2015 to 2017.*

In 2017, 58% of respondents reported two or more servings of fruit while 33% reported three or more servings of vegetables on an average day. Respondents who were female, 45 to 54 years old, with a college education, who were married or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 18 to 34 years old, with a college education, who were married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-eight percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, who were married or met the recommended amount of physical activity were more likely to report this. One percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables, as well as from 2015 to 2017.*

In 2017, 78% of female respondents 50 and older reported a mammogram within the past two years. Ninety percent of female respondents 65 and older had a bone density scan. Eighty-five percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-seven percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-seven percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). *From 2005 to 2017, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years or respondents 18 to 65 years old who reported having a pap smear within the past three years, as well as from 2015 to 2017. From 2005 to 2017, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2015 to 2017, there was no statistical change. From 2015 to 2017, there was no statistical change in the overall percent of respondents 18 to 65 years old reporting an HPV test within the past five years or reporting they had a cervical cancer screen within the recommended time frame.*
In 2017, 15% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 72% reported a colonoscopy within the past ten years. This results in 74% of respondents meeting the current colorectal cancer screening recommendations; female respondents were more likely to report this. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years or a colonoscopy within the past ten years, as well as from 2015 to 2017. From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported they had at least one of these tests in the recommended time frame, as well as from 2015 to 2017.*

In 2017, 11% of respondents were current tobacco cigarette smokers; respondents who were 35 to 54 years old, in the top 40 percent household income bracket or married were more likely to be a smoker. In the past 12 months, 36% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-seven percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2005 to 2017, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit while from 2015 to 2017, there was a statistical decrease. From 2005 to 2017, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking, as well as from 2015 to 2017.*

In 2017, 85% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Sixteen percent of nonsmoking respondents reported they were exposed to second-hand

smoke in the past seven days; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2015 to 2017, there was no statistical change. From 2009 to 2017, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days while from 2015 to 2017, there was no statistical change.*

In 2017, 3% of respondents used cigars, cigarillos or little cigars in the past month. Two percent of respondents used smokeless tobacco in the past month. One percent of respondents used electronic cigarettes in the past month. *From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past month they used cigars/cigarillos/little cigars or smokeless tobacco. From 2015 to 2017, there was a statistical decrease in the overall percent of respondents who reported in the past month they used electronic cigarettes.*

In 2017, 30% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, or with a college education were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2005 to 2017, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2015 to 2017, there was no statistical change. From 2005 to 2017, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2015 to 2017.*

In 2017, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. One percent of respondents reported someone in their household experienced a problem with gambling. Less than one percent of respondents each reported a household problem in connection with marijuana, cocaine/heroin/other street drugs or with the misuse of prescription drugs/over-the-counter drugs. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem in connection with drinking alcohol while from 2015 to 2017, there was a statistical increase. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, with the misuse of prescription drugs/over-the-counter drugs or gambling, as well as from 2015 to 2017.*

In 2017, 15% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Of respondents who looked for community support, 40% reported personal medical issues as their reason for distress, 32% reported mental health issues, 30% reported economic hardship and 27% reported providing regular care/assistance to a friend or family member who has a health problem/disability. Sixty-five percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2017, 7% of respondents reported someone made them afraid for their personal safety in the past year; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 35 to 64 years old, with a high school education or less or unmarried respondents were more likely to report this. A total of 8% reported at least one of these two situations; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety while from 2015 to 2017, there was a statistical increase. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit, as well as from 2015 to 2017. From 2005 to 2017, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues while from 2015 to 2017, there was a statistical increase.*

Children in Household Key Findings

In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Eighty-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 89% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Three percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 1% reported their child did not receive the medical care needed. Zero percent reported their child was not able to visit a specialist they needed to see. Five percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Seventy-eight percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 38% reported three or more servings of vegetables. Forty-six percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-one percent of respondents reported their 5 to 17

year old child was physically active five times a week for 60 minutes. Four percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Eighteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 6% physical bullying and 0% reported cyber bullying. *From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor or nurse while from 2015 to 2017, there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child visited their personal doctor/nurse for preventive care while from 2015 to 2017, there was a statistical increase. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet dental need while from 2015 to 2017, there was statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need or was unable to see a specialist when needed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit, as well as from 2015 to 2017. From 2012 to 2017, there was a statistical increase in the overall percent of respondents who reported their child ate at least three servings of vegetables, as well as from 2015 to 2017. From 2012 to 2017, there was a statistical increase in the overall percent of respondents who reported their child ate at least five servings of fruits/vegetables while from 2015 to 2017, there was no statistical change. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was physically active five times a week for at least 60 minutes, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy/sad/depressed, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was bullied overall, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was verbally or physically bullied, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child was cyber bullied while from 2015 to 2017, there was a statistical decrease.*

Area Health Issues Key Findings

In 2017, respondents were asked to list the top three health issues in Central Racine County. The most often cited was illegal drug use (30%). Respondents 18 to 34 years old or 55 and older were more likely to report illegal drug use as a top health issue. Twenty-three percent reported access to health care; respondents who were female or 35 to 44 years old were more likely to report this. Eighteen percent reported overweight or obesity as a top health issue. Respondents 35 to 64 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report overweight or obesity. Fifteen percent reported chronic diseases. Twelve percent of respondents reported alcohol use or abuse as a top health issue; respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported mental health or depression; respondents 18 to 34 years old were more likely to report this. Ten percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Nine percent of respondents reported prescription or over-the-counter drug abuse; respondents 65 and older were more likely to report this. Eight percent of respondents reported cancer; respondents 55 to 64 years old were more likely to report this. Six percent of respondents reported violence or crime. Six percent of respondents reported access to affordable healthy food as a top health issue. Respondents 45 to 54 years old, with a high school education or less or with a college education were more likely to report access to affordable healthy food. Six percent of respondents reported environmental issues as a top health issue. Respondents who were male or in the bottom 40 percent household income bracket were more likely to report environmental issues. Six percent of respondents reported affordable health care; female respondents were more likely to report this. Four percent of respondents were more likely to report lack of physical activity as a top health issue. Respondents 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to report lack of physical activity.

Appendix E | Hanlon Method for Prioritizing Health Problems

In order to prioritize health issues, we recommend use of the Hanlon Method. Developed by J.J. Hanlon, the *Hanlon Method for Prioritizing Health Problems* is a well-respected technique which quantitatively and objectively ranks specific health problems based on the criteria of seriousness, magnitude, and effectiveness. Below is a description of this method. *Scales have been customized for Aurora's CHNA purposes.*

Step #1: Give each health problem a numerical rating on a scale of 0-10 for each of the three criteria shown in the columns.

Rating	Size of Health Problem (% of population) A	Seriousness of Health Problem B	Effectiveness of Interventions C
9 or 10	>50%	Very Serious	46% - 100% effective
7 or 8	40% - 49.9%	Relatively Serious	36% - 45% effective
5 or 6	30% - 39.9%	Serious	26% - 35% effective
3 or 4	20% - 29.9%	Moderately Serious	16% - 25% effective
1 or 2	10% - 19%	Relatively Not Serious	5% - 15% effective
0	<10%	Not Serious	<5% effective
Guiding considerations when ranking health issues against the three criteria	Size of the health problem should be based on data collected from the individual community	Does it require immediate attention? Is there public demand? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate? Does it affect other health issues?	Determine upper and lower measures for effectiveness and rate health issues relative to those limits.

Step #2: Apply the 'PEARL' Test – Once health problems have been rated for all criteria, use the 'PEARL' Test to screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem suitable?

Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available or potentially available for a program?

Legality – Do current laws allow program activities to be implemented?

Step #3: Calculate priority scores – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

D = [A + (2 x B)] x C

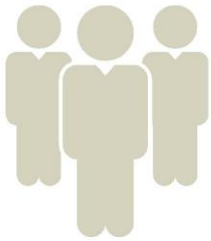
Where: D = Priority Score
A = Size of health problem ranking
B = Seriousness of health problem ranking
C = Effectiveness of intervention ranking

Step #4: Rank the health problems– Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

Aurora Medical Center Burlington					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	**Mental health condition**	**2**	**9**	**9**	**180**
2	**Did not get recommended moderate/vigorous activity**	**7**	**5**	**4**	**168**
	Overweight	**9**	**8**	**4**	
3	**Binge drinking**	**5**	**8**	**4**	**84**
4	**High blood cholesterol**	**3**	**6**	**5**	**75**
5	**High blood pressure**	**3**	**6**	**4**	**60**
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	4	7	9	162
2	No flu vaccine in past year (65 and older)	3	5	10	130
3	No pneumonia vaccine ever (65 and older)	3	5	10	130
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No HPV test in past 5 years	7	5	9	153
2	No mammogram	3	6	9	135

Appendix F | Evaluation of Impact

Focus | Access



Intended Impact

- An increase in medical home capacity and utilization by underserved populations (low-income individuals who are uninsured)
- Low-income, uninsured individuals seeking primary and dental health care and all persons seeking mental health services in our emergency department (ED) will:
  - Understand the benefits of obtaining primary care services in a medical home
  - Successfully transition to HCN and AHCMG providers for primary care
  - Receive appropriate referrals for behavioral health services and dental health care
  - Obtain affordable health insurance coverage

Results

2016

- 363 non-emergent ED visits without a primary care physician
- 64 patients referred from our hospital ED to primary care provider or Health Care Network (HCN) for medical care
- 83 accepted vouchers from HCN for eligible diagnostic lab and radiology services

2017

- 646 non-emergent ED visits without a primary care physician
- 135 accepted vouchers from HCN for eligible diagnostic lab and radiology services
- 17 individuals provided with telepsychiatry services in the ED*
- 5 inpatients provided with telepsychiatry consultations*

** New activity in 2017*

Focus | Alcohol and drug use in our community

Intended Impact

- Raised awareness of alcohol and drug use, misuse and abuse in central Racine County
- Improved knowledge among law enforcement and EMS agencies about appropriate response for heroin use

Results

2016

- 21 training sessions for AMCB medical control and EMS agencies with 1,049 attendees
- 1,024 quarterly continuing education packets provided to EMS staff with 100% passing the post-educational quiz
- 4 contracts with local Law Enforcement for Narcan administration oversight
- 334 pounds of drugs collected through the Take-Back initiative

2017

- 56 training sessions for EMS agencies with 1,490 individuals trained
- 4 contracts with local Law Enforcement for Narcan administration oversight
  - 3 law enforcement trainings on Narcan administration provided with 90 individuals trained
- 423 pounds of drugs collected through the Take-Back initiative

Focus | High blood pressure and obesity and the link to chronic disease; cancer

Intended Impact

- Community members at risk for chronic diseases are identified, screened and, when indicated, referred and entered into treatment protocols

Results

2016

- 31 blood pressure screenings held with 519 individuals screened for blood pressure
  - 17 individuals identified with high blood pressure reading for the first time
  - 101 individuals identified as overweight or obese

2017

- 27 blood pressure screenings held with 300 individuals screened for blood pressure
  - 11 individuals identified with high blood pressure reading for the first time
  - 140 individuals identified as overweight or obese
- 274 educational informational packets distributed*
- 26 free drop-in blood pressure screenings at AHCMG clinics with 429 participants*
  - 18 referrals made to providers for high blood pressure management
- As part of the Burlington & Walworth service area, 1,967 patients were tested for hepatitis C with 45 testing positive of which 15 had positive confirmatory tests resulting in 13 patients entering treatment*

** New activity in 2017*

Focus | Senior care: chronic disease and fall prevention

Intended Impact

- A reduction in unnecessary and traumatic hospital re-admissions for at-risk frail older adults with chronic conditions, co-morbidities
- Frail older adult patients with chronic conditions at risk for hospital admission/re-admission are connected to resources to achieve better outcomes and optimal lifestyle independence
- AHCMG physicians are supported in the continuum of care for their at-risk older adult patients

Results

2016

- 2,018 seniors served
- 779 Advance Directives (Power of Attorney) on file
- 3 Stepping On classes held with 27 participants

- one Healthy Living with Diabetes classes held with 13 participants
- 2 Powerful Tools for Caregivers classes held with 3 participants
- 63 Strong Women classes held averaging 17 participants per class

2017

- 2,357 seniors served
- 1,016 Advance Directives (Power of Attorney) outreach provided with 544 completed
- 2 Stepping On classes held with 19 participants
- 2 Healthy Living with Diabetes classes held with 7 participants

Focus | Sexual assault

Intended Impact

- Awareness of, and increased access to, services, resources and advocacy for victims of sexual assault
- Increased community knowledge of available resources
- Increased awareness in the community about sexual assault and domestic violence

Results

2016

- 22 individuals provided with services and medical care related to sexual assault
- 22 personal advocacy and liaison services with the Sensitive Crimes Unit, District Attorney's Office
- 22 referrals to counseling and social service agencies
- 7 community education/prevention/outreach trainings with 67 attendees
- 6,576 scheduled on-call hours

2017

- 16 individuals provided with services related to sexual assault
- 16 personal advocacy and liaison services
- 16 referrals to counseling and social service agencies
- 13 community education/prevention/outreach trainings with 500 attendees
- 8,640 scheduled on-call hours

Focus | Newborn health and safety*

2017 Results

- 5 babysitting classes offered with 98.5% of the 65 participants reporting knowledge gained

** New activity in 2017*