2018 Community Health Needs Assessment **Report**

Aurora Medical Center®

Aurora Medical Center in Summit
36500 Aurora Drive
Summit, WI 53066

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Executive Summary | Aurora Medical Center in Summit

During 2017 and 2018, Aurora Health Care convened a series of meetings to partner with the local health department, Waukesha County Division of Public Health, and other health care systems, including Ascension Health, Children's Hospital of Wisconsin, Froedtert & the Medical College, and ProHealth Care, 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 was process 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 Waukesha 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 issues, barriers or challenges to addressing the issues, additional strategies needed to address the issues, from the perspective of the key informants, individuals who represent the broad interests of the community served. (See appendix)

In 2018, Aurora Medical Center Summit (AMCS) utilized the above data and other data sources to identify and prioritize significant health needs and develop implementation strategies to address 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, AMCS evaluated the impact of the initiatives identified in its *2015 Community Health Needs Assessment Report* / *2016-2018 Implementation Strategy* plan which was executed with some successes, including providing subsidized transportation, telepsychiatric services, behavioral health screening in the ED, chronic disease education and screenings, education for current and aspiring health professionals, and supporting AODA initiatives. For further description see Appendix F.

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

- Access and coverage
- Behavioral health
- Chronic disease
- Senior health
- Workforce development
- Social determinants of health

AMCS 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 in Summit (AMCS)

Who we are. What we do

Constructed in 2010, Aurora Medical Center Summit was built to be and operates as a patient-centered health care facility within Aurora's integrated not-for-profit health care system. Our hospital is a state-of-the-art regional medical center providing the most advanced medical technology to address a full range of health care needs, including a Trauma II Emergency Department. Aurora Medical Center provides access to premier clinical services and physician specialists in a comforting atmosphere designed to promote healing and better outcomes. In emergency situations, our board-certified emergency medicine physicians stand ready to treat life-threatening conditions with the highest level of trauma staffing in Waukesha County.

Who we serve

Located in Summit just off Interstate 94 at Highway 67, Aurora Medical Center Summit is easily accessible to serve residents throughout Lake Country and Waukesha County.

AMCS by the Numbers (2017)

- 110 licensed hospital beds
- 101,724 outpatients visits
- 3,928 inpatient admissions
- 14,691 emergency department visits
- 5,825 surgical cases
- 494 births

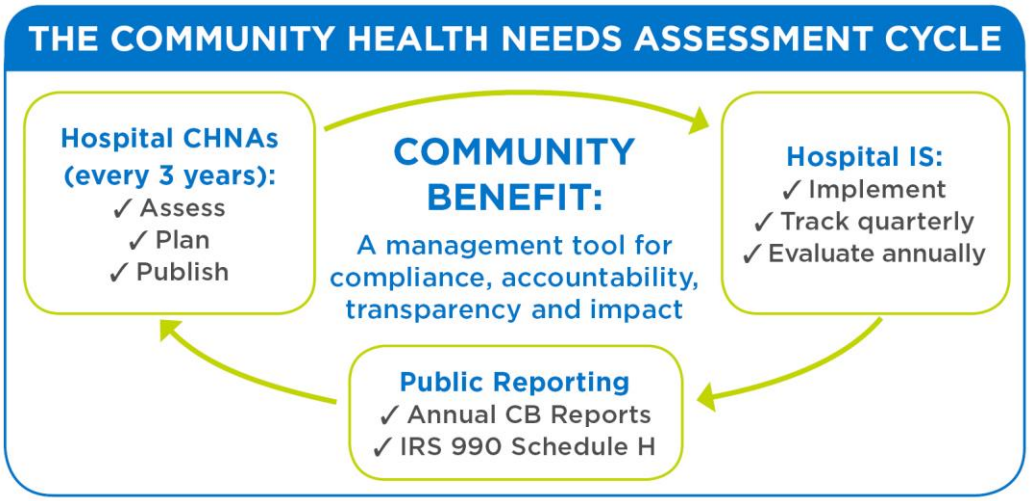
Our distinctions include

- Comprehensive Bariatric Center Accreditation through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- Chest Pain Accreditation through the American College of Cardiology
- National Accreditation Program for Breast Centers through the American College of Surgeons
- Accredited by Healthcare Facilities Accreditation Program (HFAP)
- State of Wisconsin – Level II Trauma Center

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

Assessing community health status – an ongoing commitment

Since 2003, Aurora Health Care has underwritten a community health survey of Waukesha County approximately every three years, conducted in partnership with the Waukesha County Public Health Division. This helps the health department focus its resources on community health issues and enables our hospital 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 Summit (AMCS)
2018 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: Waukesha County

Although Aurora Medical Center Summit serves patients from Waukesha and Jefferson Counties and beyond, for the purpose of the community health needs assessment the community served is defined as Waukesha County.

Waukesha County is located in southeastern Wisconsin and is the third largest in population among 72 Wisconsin counties, trailing only Milwaukee and Dane counties.

Waukesha County is located about 15 miles west of the city of Milwaukee, 60 miles east of the city of Madison, and 100 miles northwest of Chicago.[1] It has several academic institutions including Carroll University, University of Wisconsin-Waukesha, and Waukesha County Technical College.[2] The County has 77 lakes and is home to the Kettle Moraine State Forest. Several nationally and internationally known companies are located here, including Quad/Graphics Headquarters, Fiserv Headquarters, GE Healthcare Technologies and Kohl's Department Store Headquarters.[3]

Waukesha County includes 37 municipalities with a mix of cities, suburbs and rural landscape:[4]

- Seven cities: Brookfield, Delafield, Muskego, New Berlin, Oconomowoc, Pewaukee, Waukesha
- Eleven towns: Brookfield, Delafield, Eagle, Genesee, Lisbon, Merton, Mukwonago, Oconomowoc, Ottawa, Vernon, Waukesha
- Nineteen villages: Big Bend, Butler, Chenequa, Dousman, Eagle, Elm Grove, Hartland, Lac La Belle, Lannon, Menomonee Falls, Merton, Mukwonago, Nashotah, North Prairie, Oconomowoc Lake, Pewaukee, Summit, Sussex, Wales

[1] Waukesha County: About. Available at hhttps://www.waukeshacounty.gov/About, accessed February 14, 2018.
[2] Waukesha County: Community Links. Available at https://www.waukeshacounty.gov/about/community-links/, accessed February 14, 2018.
[3] CHOOSE MILWAUKEE – Waukesha County. Available at http://www.choosemilwaukee.com/index.php?src=gendocs&ref=LeadingIndustries&category=OpenforBusiness, accessed February 14, 2018.
[4] Waukesha County: About. Available at hhttps://www.waukeshacounty.gov/About, accessed February 14, 2018.

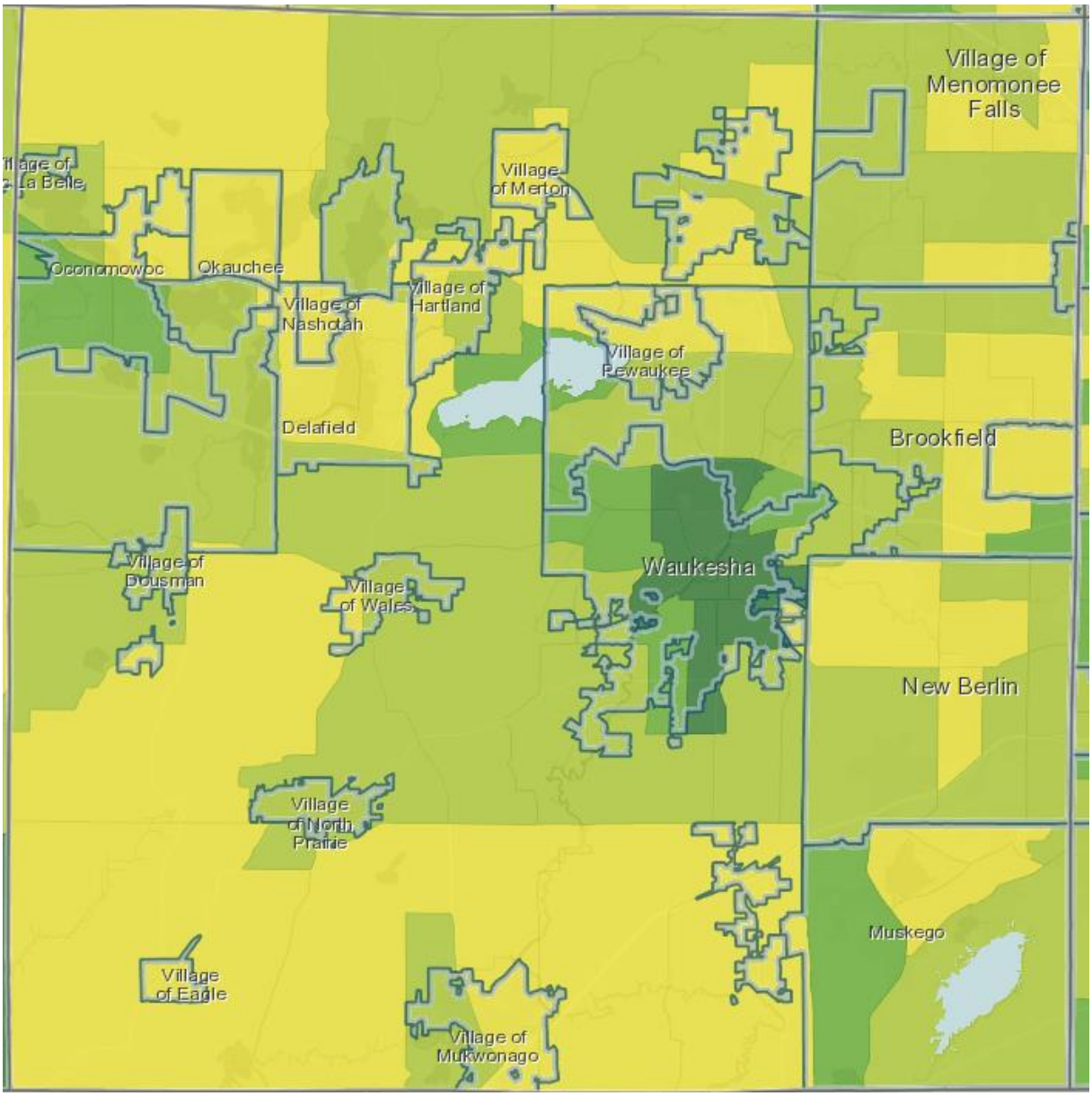
Demographic Characteristics of Waukesha County and Wisconsin, 2016

Characteristics	Waukesha County	Wisconsin
Total Population*	395,377	5,754,798
Median Age (years)*	43.0	39.1
Race*		
White	92.7%	86.2%
Black or African American	1.4%	6.3%
Asian	3.1%	2.6%
American Indian and Alaska Native	0.2%	0.9%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	1.0%	1.8%
Two or more races	1.4%	2.2%
Hispanic or Latino (of any race)	4.5%	6.5%
Age*		
0-14 years	19.1%	18.6%
15-44 years	34.8%	38.4%
45-64 years	30.9%	27.8%
65 years and older	15.0%	15.2%
Education level of adults 25 years and older**		
Less than high school degree	4.1%	8.7%
High school degree	24.2%	31.7%
Some college/associates	30.1%	31.3%
Bachelor degree or higher	41.7%	28.3%
Unemployment Rate (estimate)**		
Percent of those ages 16 or older who are unemployed (estimate)	3.7%	5.5%
Median household income (estimate) (2016 inflation-adjusted dollars)	$78,268	$54,610
Percent below poverty in the last 12 months (estimate)	5.2%	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.

Waukesha County

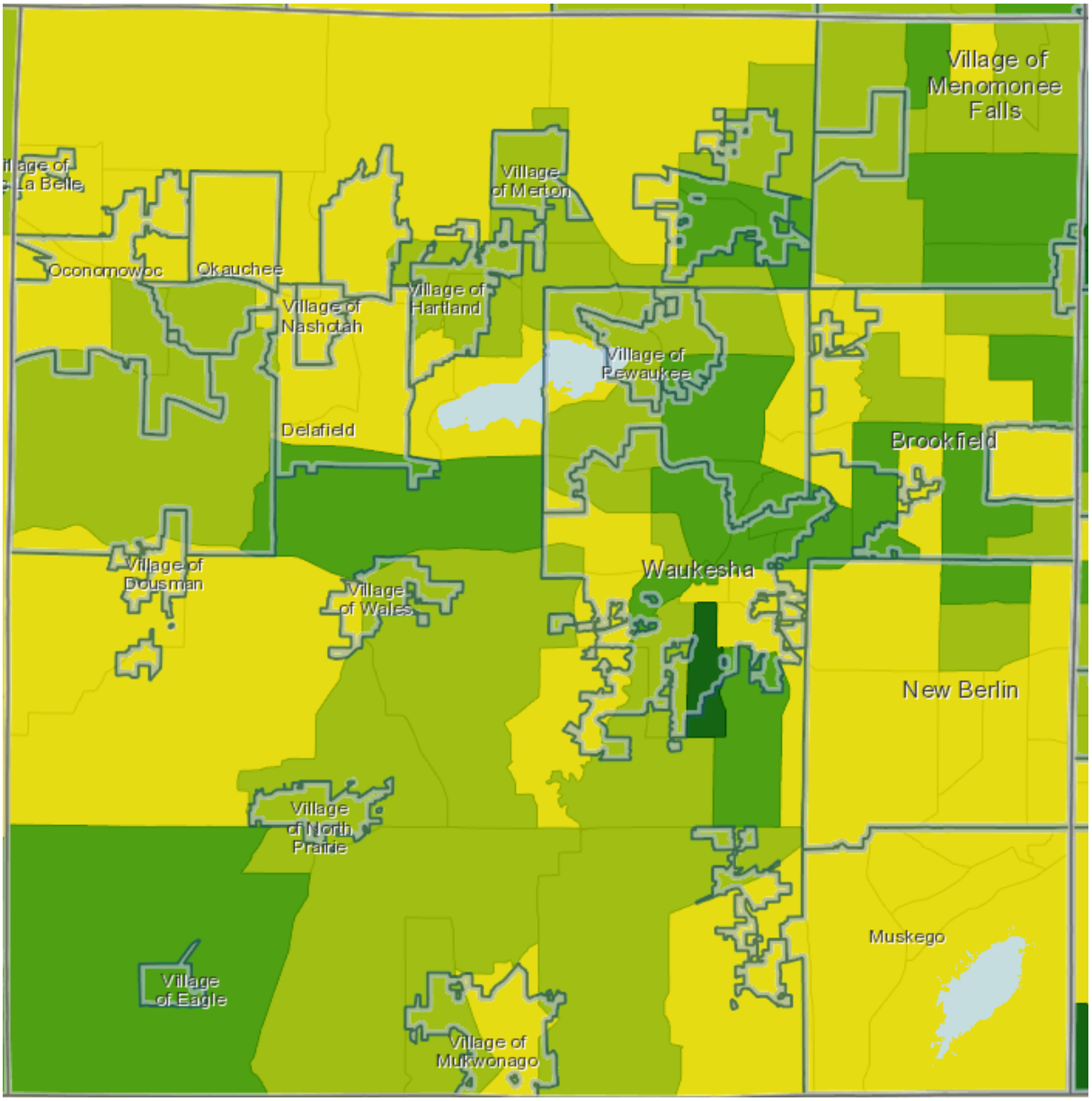


Data mapping from the Community Commons website, available at https://www.communitycommons.org/maps-data/, accessed February 14, 2018.

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

Waukesha County

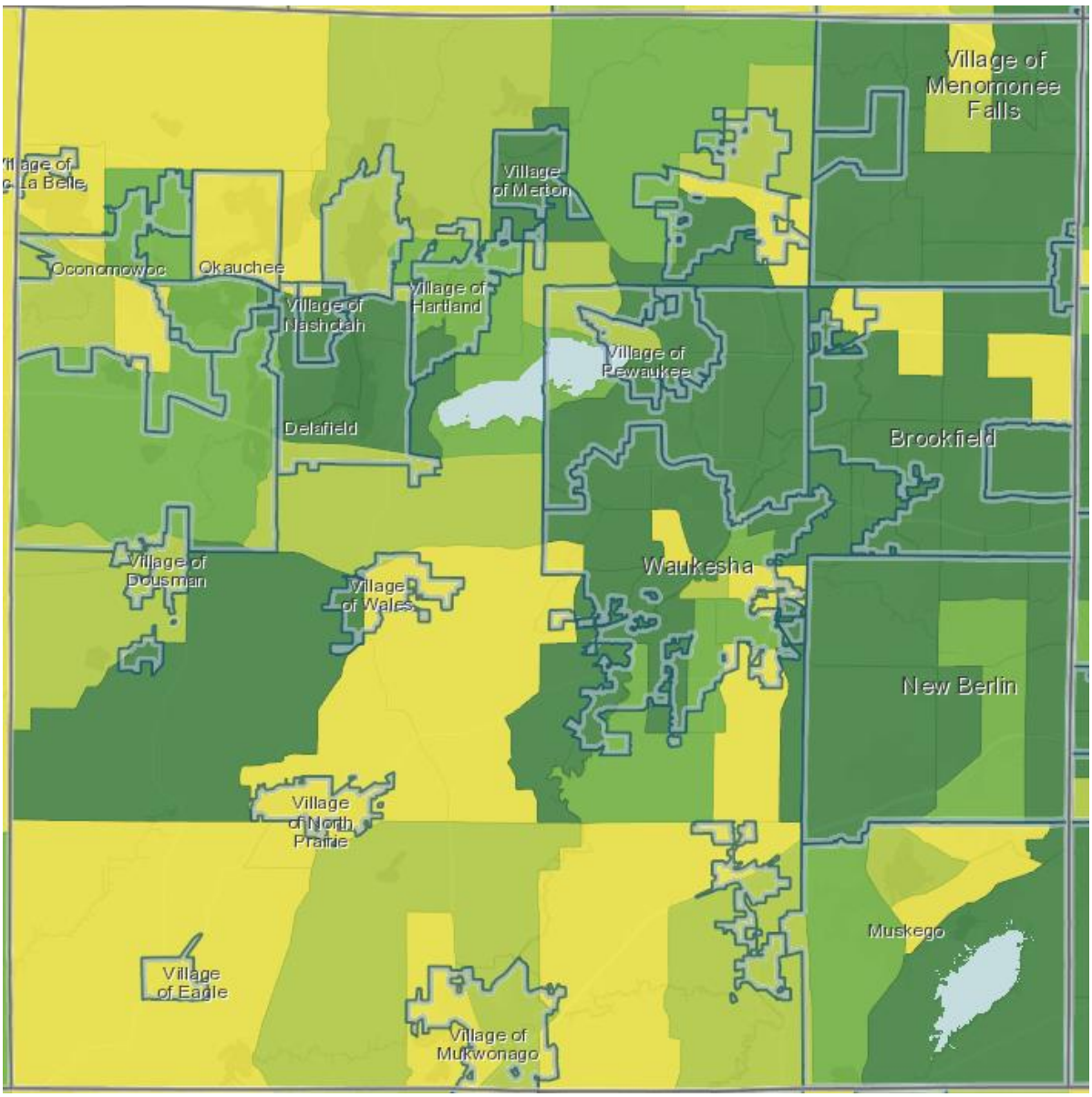


Data mapping from the Community Commons website, available at https://www.communitycommons.org/maps-data/, accessed February 14, 2018.

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

Waukesha 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

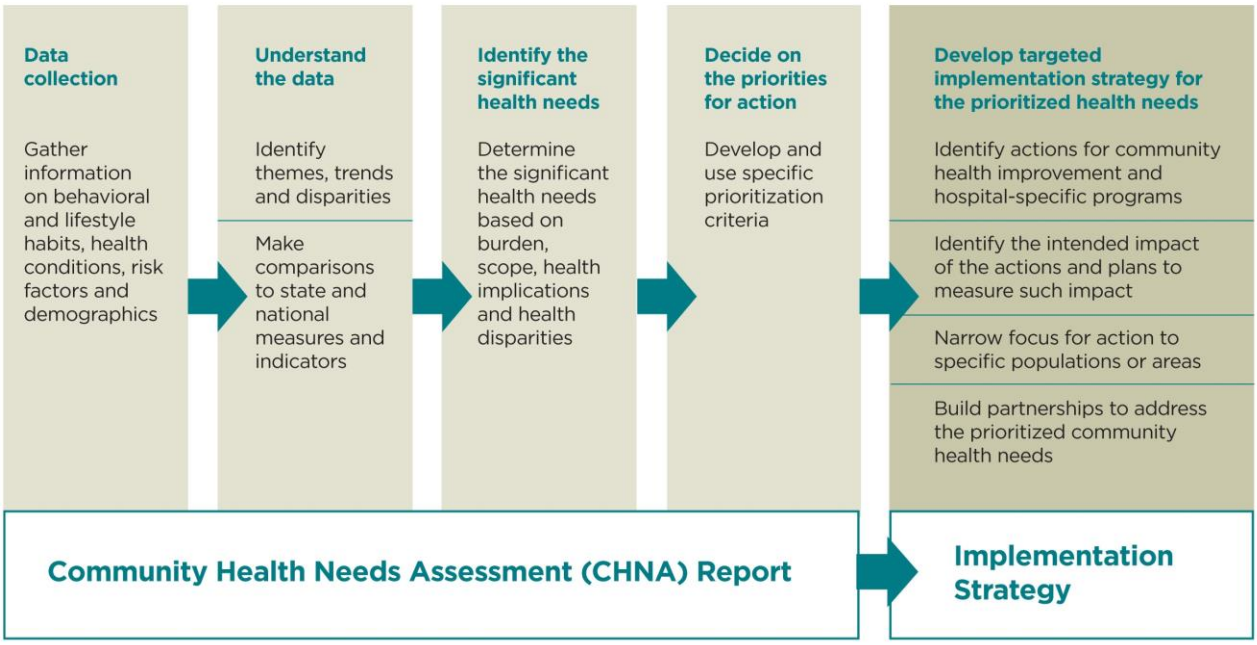
Purpose and process of the shared Community Health Needs Assessment

The inaugural AMCS 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 December 19, 2013. In 2018, a CHNA was conducted to 1) determine current community health needs in Waukesha 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 community health survey was sponsored by Ascension Health, Aurora Health Care, Children's Hospital of Wisconsin, Froedtert & the Medical College and ProHealth Care in partnership with Waukesha County Public Health Division. 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 Waukesha County approximately every three years, conducted in partnership with the Waukesha County Public Health Division.



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 | Waukesha 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 9, 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 Waukesha 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

Forty-seven key informant interviews with 71 respondents were conducted from June to September 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 Waukesha 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 the results, including cross-cutting themes and summaries of the top five health issues and additional health issues. Moreover, 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 portal on its website at http://www.aurora.org/commbenefits. *Through October 2018, AMCS did not receive any comments on the current CHNA Report or Implementation Strategy.*

Additional sources of data and information used to prepare the AMCS 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 Waukesha 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 *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 46)

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 Waukesha County

This report focuses on the following data collection years: 2006, 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 Waukesha County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2017, 17% of the respondents delayed or did not seek medical care due to costs in the past 12 months, the same as in 2015. The percentage of adults who receive primary health services through a medical home have decreased steadily from 87% in 2006 to 68% in 2017. In addition, the number of individuals with an unmet medical need increased significantly from 4% in 2012 to 12% in 2017; those who were in the bottom 40 percent household income bracket were more likely to report this. Of the households with a child, only 2% reported that a child did not receive the needed medical care in the past 12 months. In addition, 97% of the children have a medical home with a personal health care clinician who knows the child well, exceeding 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.[5]

Dental services and unmet dental care | In 2017, 7% percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months, a decrease from 12% in 2015; those who were in the bottom 40 percent household income bracket were more likely to report this. In addition, 2% 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.[6]

Unmet prescription medications | In 2017, 11% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, statistically similar to 2012 and 2015.

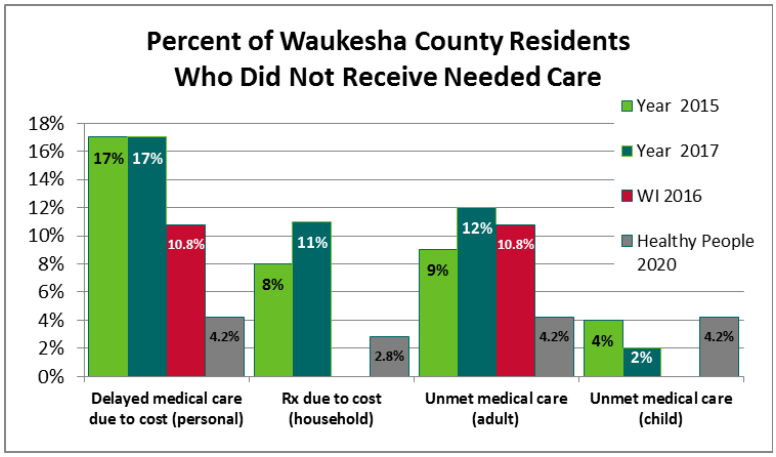
- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

[5] 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.
[6] 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.

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.[7]

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.[8]



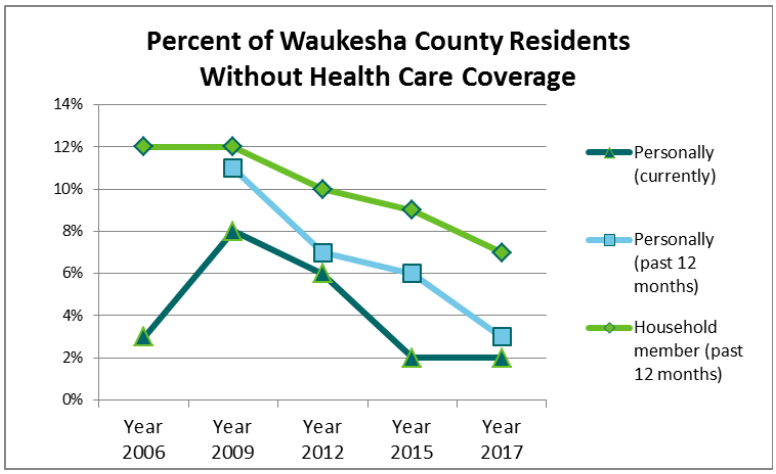
Coverage

Health care coverage | In 2017, 2% of adults reported they personally were not currently covered with health care insurance, a stagnant trend since 2006. Respondents who were in the bottom 40 percent household income bracket were more likely to report this. However, 3% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a significant decrease from 11% in 2009. Seven percent of adults reported a household member was not covered at least part of the time in the past year, a slight improvement from 12% in 2006 (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.[9, 10]

[7] 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.
[8] 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.
[9] 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.
[10] 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.



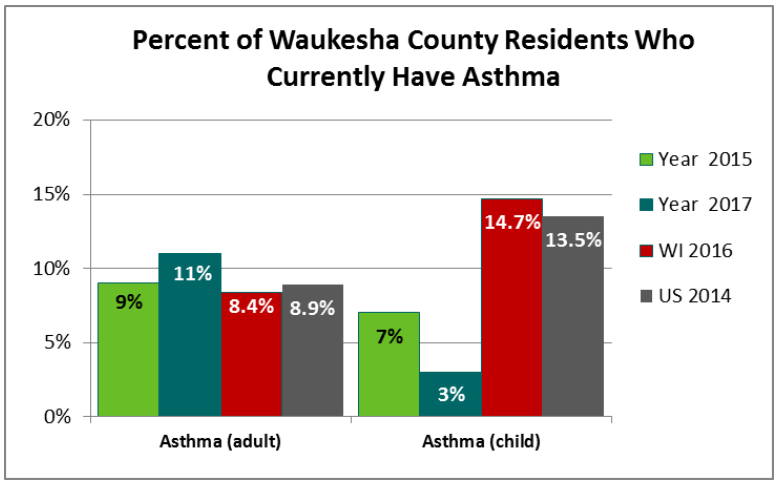
Chronic disease: asthma, diabetes, heart disease, overweight/obesity and cancer

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.[11] 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, 11% of adults reported asthma (current), a stagnant trend since 2006. This is higher compared to the 8.4% for the state and 8.9% for the United States. Females were more likely to report having asthma. In 2017, 3% of the children of the surveyed households currently had asthma, which is well below the state and national levels of 14.7 and 13.5% respectively (Source #1).

Why is this significant? Without proper management, asthma can lead to increased health care usage and decreased quality of life.[12] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.



[11] 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.
[12] 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, 12% of adults reported diabetes in the past three years, a statistical increase from 6% in 2006 and higher 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).

> **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.[13] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes. [14]

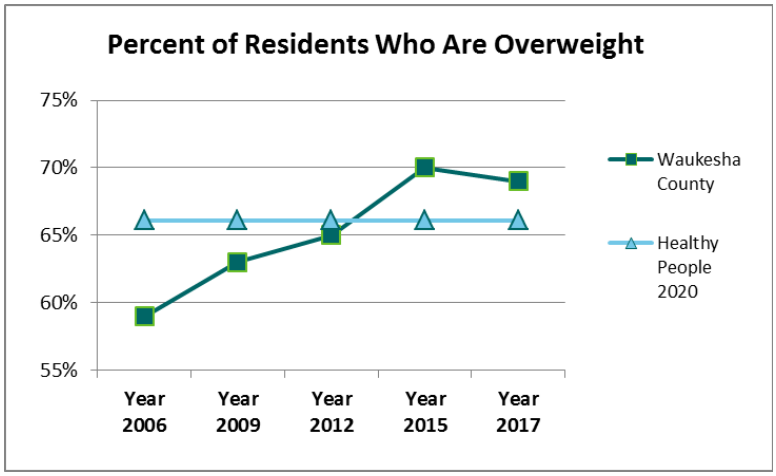
Heart disease or heart condition| In 2017, 12% of adults reported heart disease or heart condition in the past three years, higher than the U.S. rate of 11.6%.[15] Respondents who were 65 and older were more likely to report heart disease or heart condition (Source #1).

> **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.[16]

Overweight/Obesity |In 2017, 69% of adults in Waukesha County were classified as being overweight, a statistical increase from the baseline of 59% in 2006. Since 69% of adults in Waukesha County in 2017 were classified as overweight, this means 31% of adults were classified as a healthy weight. Male residents or respondents who were in the bottom 40 percent household income bracket 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).

Top Health Issue

In the Waukesha 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).



[13] Centers for Disease Control and Prevention. - Diabetes Public Health Resources. Available at http://www.cdc.gov/basics/diabetes.html. Accessed February 5, 2018.
[14] 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.
15 CDC Health, United States, 2016, https://www.cdc.gov/nchs/data/hus/hus16.pdf. Accessed February 5, 2018.
16 Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed February 5, 2018.

– The *Healthy People 2020* goal for healthy weight is 33.9%.

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.[17]

Cancer | The 2010-2014 cancer age-adjusted incidence rate in Waukesha County was 482.8 per 100,000 population, higher compared to the state at 459.0 per 100,000. The table below compares Waukesha 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.[18]

Cancer	Waukesha	WI	US	*HP2020*	Status
Female Breast Cancer Incidence Rate	147.9	127.9	123.6		
Cervical Cancer Incidence Rate	4.5	6.7			
Male Colorectal Cancer Incidence Rate	41.8	42.2	45.8		
Female Colorectal Cancer Incidence Rate	34.9	31.9	34.8		
Male Lung/Bronchus Cancer Incidence Rate	62.5	64.8	72.7		
Female Lung/Bronchus Cancer Incidence Rate	49.0	52.9	52.6		
Prostate Cancer Incidence Rate	120.8	99.8	114.9		
Female Breast Cancer Mortality Rate	19.7	18.6	21.2	20.7	●
Cervical Cancer Mortality Rate	0.7	2.1		2.2	
Male Colorectal Cancer Mortality Rate	11.4	15.6	17.7	14.5	●
Female Colorectal Cancer Mortality Rate	10.5	10.1	12.4	14.5	●
Male Lung/Bronchus Cancer Mortality Rate	46.1	48.8	55.9	45.5	■
Female Lung/Bronchus Cancer Mortality Rate	32.5	33.3	36.3	45.5	●
Prostate Cancer Mortality Rate: Age-Adjusted	19.1	20.7	20.1	21.8	●

*If Waukesha 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

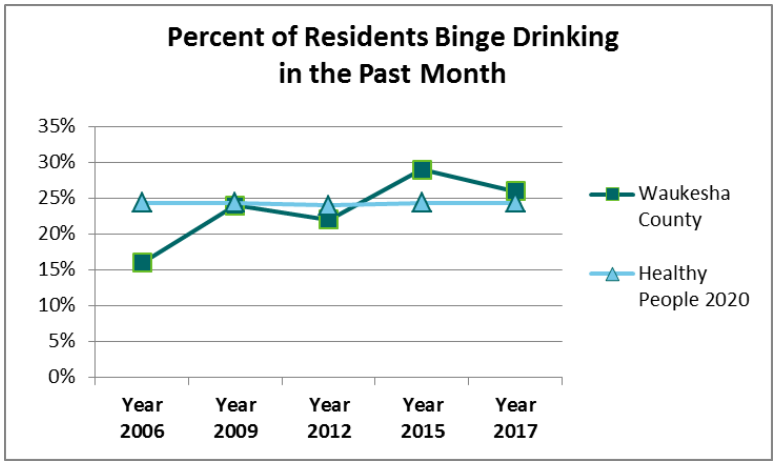
Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol consumption, tobacco use and exposure, poor nutrition and lack of physical activity.[19]

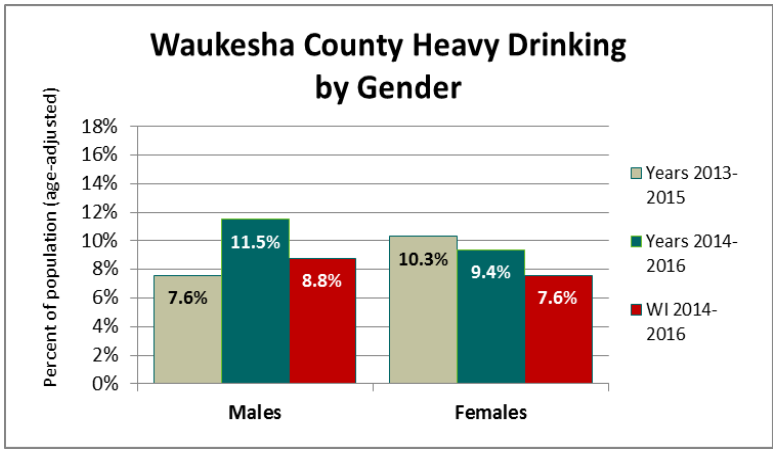
[17] Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts. Available at https://www.cdc.gov/obesity/data/adult.html. Accessed February 5, 2018.
[18] Centers for Disease Control and Prevention – Cancer. Available at https://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed February 5, 2018.
[19] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/resources/infographic/nccdphp.htm. Accessed February 5, 2018.

Alcohol use | In 2017, 26% of adults in Waukesha County reported binge drinking in past month, a statistically significant increase from 2006 (16%), and comparable to the state (26.2%). Respondents who are male were more likely to report binge drinking in the past month (Source #1). In addition, male (11.5%) and female (9.4%) Waukesha County residents reported heavy drinking at a higher rate than the state at 8.7% and 8.2% respectively (Source #2). Also, 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.[20] Alcohol was identified as one of the top three health issues in the county by key stakeholders (Source #3).





– The *Healthy People 2020* goal for binge drinking among adults is 24.4%.

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,

[20] 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.

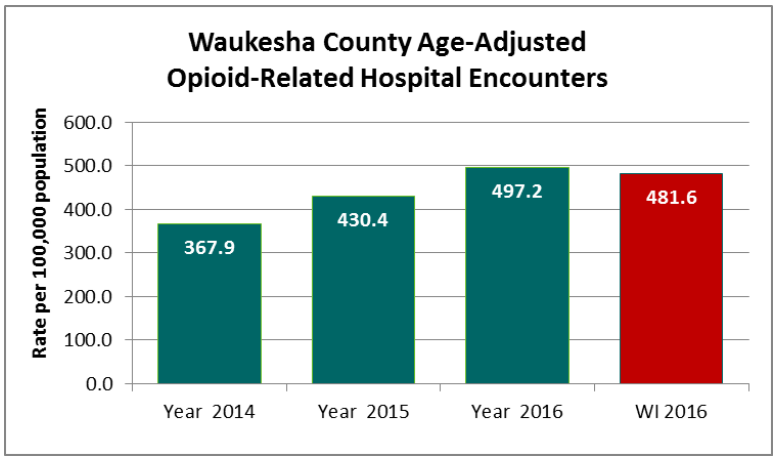
unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, poor diabetes control, cancer, mental health problems, and learning and memory issues. Binge drinking is extremely costly to society from losses in productivity, employment, health care, crime and other expenses.[21]

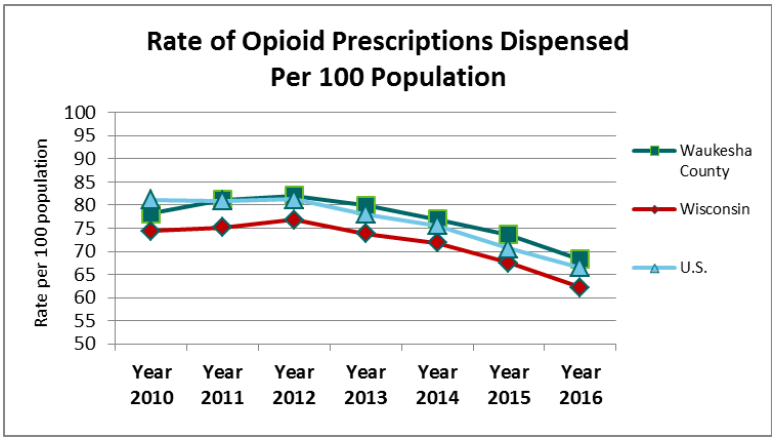
Substance use | Drug misuse, specifically opioids, is escalating statewide. In Waukesha County, the rate of opioid-related hospital encounters was 497.2 per 100,000 population in 2016, higher than Wisconsin rate of 481.6 per 100,000 population. Waukesha County residents who identified as White, non-Hispanic or as 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 Waukesha County at 68.3 prescriptions per 100 population than the state or U.S. rate (62.2/100 population and 66.5/100 population respectively).[22] 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 amounts 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.[23]



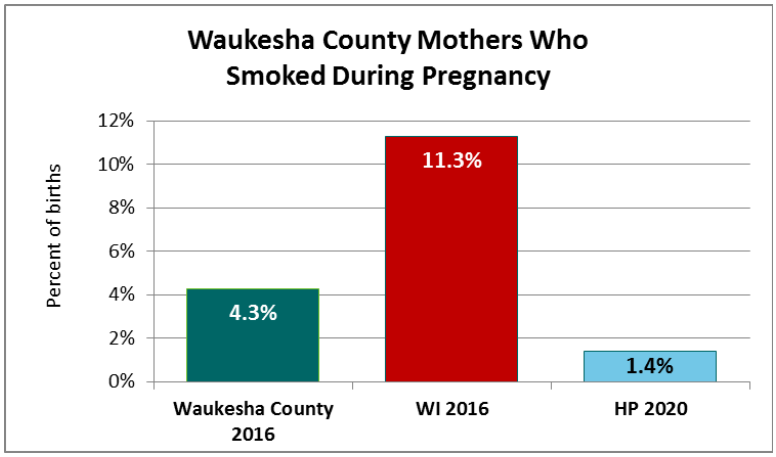


[21] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed February 6, 2018.
[22] Centers for Disease Control and Prevention – Opioid Overdose: U.S. County Prescribing Rates. Available at https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html. Accessed February 16, 2018.
[23] 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, 14% of adults in Waukesha County reported cigarette smoking in the past 30 days (current smoker), a level trend from the 2006 baseline of 16%. Respondents who were female or in the bottom 40 percent household income bracket were more likely to report being a current smoker. In addition, 4% of Waukesha County adults were current users of electronic cigarettes, cigars/cigarillos, and/or smokeless tobacco in 2017 (Source #1). In 2017, 88% 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 7% in 2017 compared to 26% 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, 4.3% of Waukesha 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%.

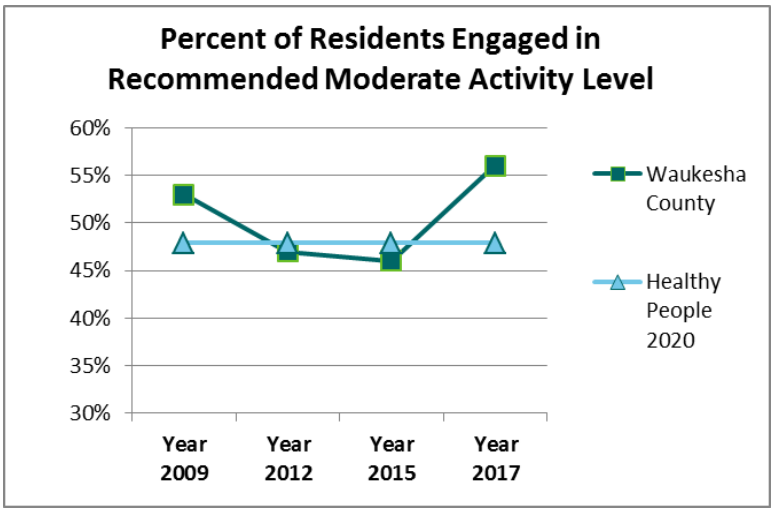
Why is this significant? In the United States, cigarette smoking is the leading cause of preventable death. Smoking harms nearly every organ in the body, leading to disease and disability, including increasing the risk of coronary heart disease, stroke and several types of cancer. In addition, research 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. [24]

Nutrition and physical activity | In 2017, 56% of adults in Waukesha County reported engaging in recommended moderate or vigorous activity, an upward trend since 2009. In 2017, 60% of the children in Waukesha County engaged in physical activity for 60 minutes at least five days out of the week. In 2017, 67% of adults in Waukesha County reported eating the recommended fruit servings while 39% of adults reported eating the recommended vegetable servings; Waukesha County adults' vegetable consumption improved since 2006 (Source #1). Based on the *2017 County Health Rankings* for Waukesha County, 5% of the population had limited access to healthy foods.[25] This

Top Health Issue

[24] 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.
[25] 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.

was the same as the state (5.0%), and higher than the national benchmark (0% of the population had limited access to healthy foods). Key informants identified nutrition as a top five health issue (Source #3).



– 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 video games 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.[26] 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. [27]

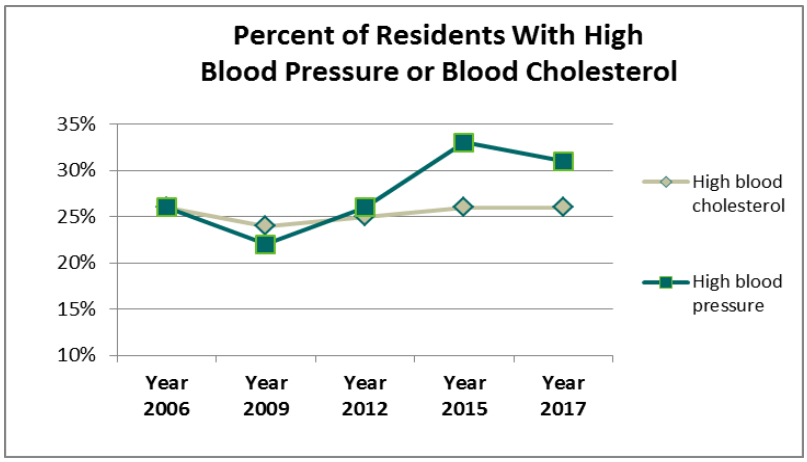
Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2017, 31% of adults reported high blood pressure – a statistically level rate since 2006. Respondents who were aged 55 and over or in the bottom 40 percent household income bracket were more likely to report having high blood pressure. Also, 26% of adults in 2017 reported high cholesterol in the past three years, a static trend from the 2006 baseline. Respondents who were 65 and older or in the bottom 40 percent household income bracket were more likely to report high blood cholesterol (Source #1).

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.

[26] 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.

[27] 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.



- 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.[28] Likewise, high cholesterol is also a risk factor for heart disease and stroke.[29] Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.[30]

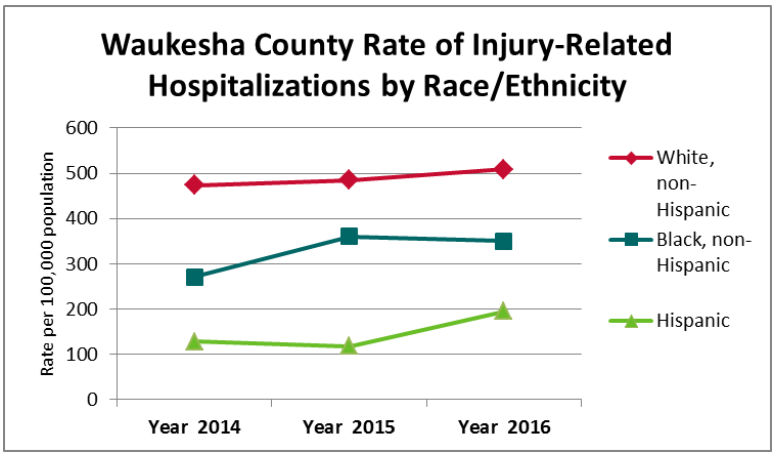
Injury and Violence

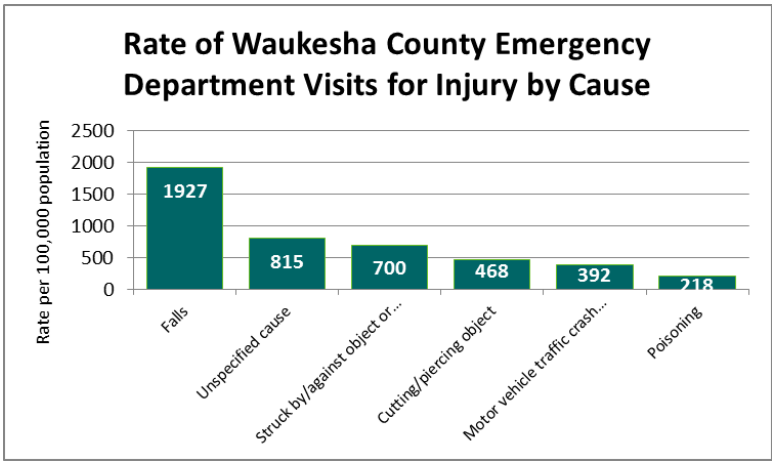
Injury hospitalization | The 2016 Waukesha County injury-related hospitalizations rate was 485.1 per 100,000, which is lower compared to the state (500 per 100,000). Waukesha County residents who are White or Black had higher rates of injury-related hospitalizations compared to Hispanics. The injury-related emergency department (ED) visit rate for Waukesha County was 5,209.6 per 100,000, which is lower than the Wisconsin rate (7,392.4 per 100,000).[31] The injury-related death rate in Waukesha County was 80.1 per 100,000 population, slightly lower than the Wisconsin rate of 81.2 per 100,000 population, but much higher than the Healthy People 2020 goal of 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).

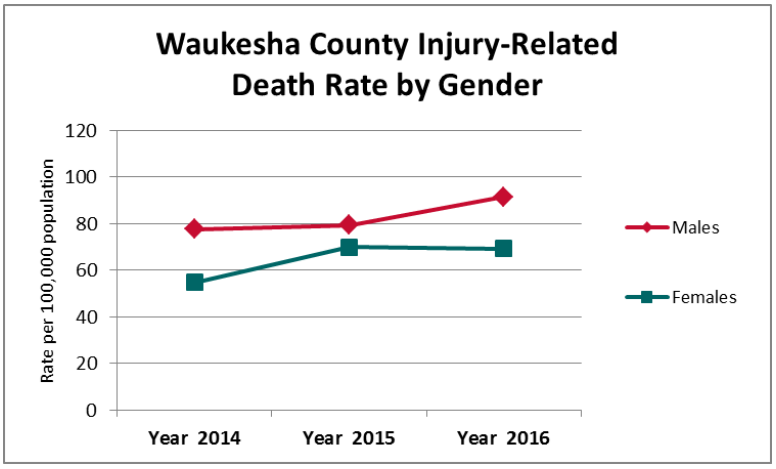
- The *Healthy People 2020* target for injury-related hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000. The target for injury related death rate is 53.3 per 100,000.

  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.[32]

[28] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 8, 2018.
[29] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 8, 2018.
[30] Centers for Disease Control and Prevention – Heart Disease. Available at https://www.cdc.gov/heartdisease/medical_conditions.htm. Accessed February 8, 2018.
[31] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 13,2018
[32] 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.

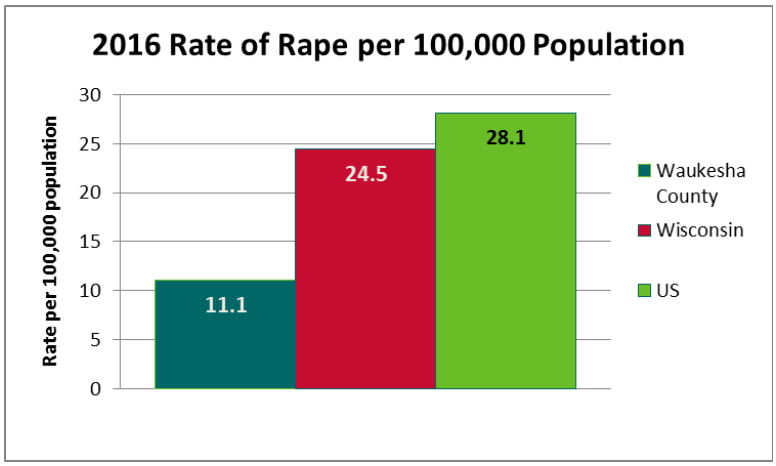






Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[33] The rate of rape for Waukesha County was 11.1 reports per 100,000 persons, lower than Wisconsin's overall rate of 24.5 per 100,000 in 2016 (Source #2). However, sexual assault and rape are underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.

[33] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 8, 2018.



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 Waukesha County in 2016 was 43.6 reports per 100,000 persons, lower than Wisconsin's overall rate of 186.3 per 100,000.[35] In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.8 per 1,000 children in 2015; Waukesha County's rate was lower at 8.0 reports per 1,000 children (Source #2).

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

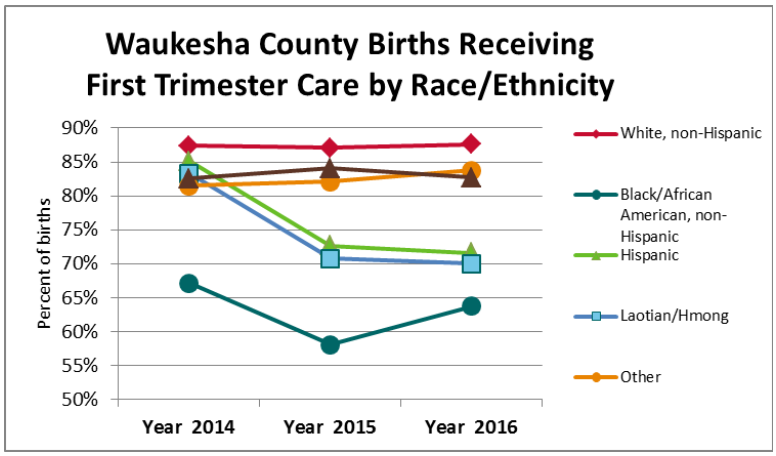
Pap test screening | In 2017, 80% of women in Waukesha County reported having a pap test within three years, down significantly from 94% in 2006 (Source #1).

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

Births receiving first trimester care | In 2016, the percent of births receiving first trimester care in Waukesha County was 85.8%, higher compared to the state (76.4%). Women who were White experienced consistently higher rates than other races while women who were Black/African American had the lowest rates (Source #2).

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

[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.
[36] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 8, 2018.



Premature births | In 2016, the percent of mothers with premature births in Waukesha County was 9.3%, lower compared to the state (9.6%)(Source #2). Premature birth is defined as births occurring before 37 weeks gestation.

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

Low birth weight | In 2016, the percent of mothers with low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Waukesha County was statistically the same at 6.3% and was lower 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 outcome including a serious disability or death. In 2015, preterm birth and low birth weight accounted for about 17% of infant deaths.[37]

Birth rate to teens| In 2016, births among Waukesha County females aged 15-17 years was 0.6 per 1,000 females, lower than the state rate of 6.6 births per 1,000 females. For Waukesha County females aged 15-19 years, the birth rate was 4.8 per 1,000 females, significantly lower 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 | In 2015, the rate of infants dying before their first birthday in Waukesha County was 3.8 deaths per 1,000 live births, lower 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.

[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.
[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.

Mental health

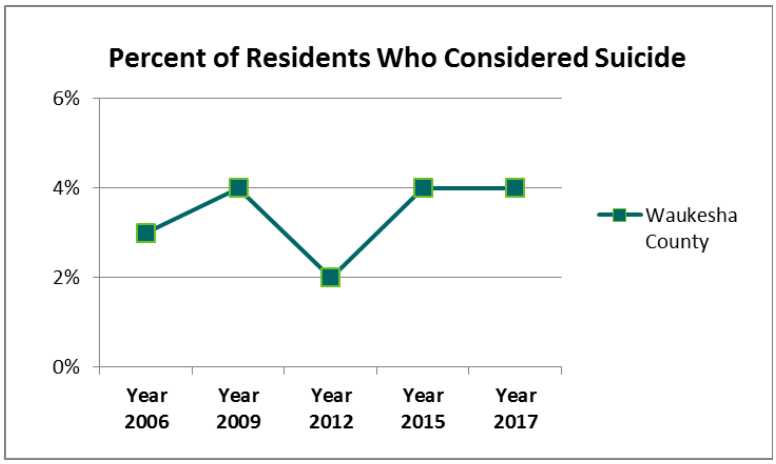
Mental health conditions| According to the *2016 County Health Rankings*, Waukesha County adults reported an average of 3.1 mentally unhealthy days in the past 30 days, less than the state average of 3.5 days (Source #2). In 2017, 18% of Waukesha County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a significant increase from 11% in 2015 (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 2017, 4% of adults in Waukesha County reported feeling so overwhelmed in the past year that they considered suicide, comparable to 2015 and 2006 (4% and 3% respectively). This means approximately 12,360 adults in Waukesha 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. One 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 3,090 households in Waukesha 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 58 suicides in Waukesha County at a rate of 14.7 per 100,000, lower than the Wisconsin rate of 15.2 per 100,000 population (Source #2).

Top Health Issue



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

[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.

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 to be: 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 Summit has prioritized the significant health needs to address in our 2019-2021 implementation strategy:

- Access and coverage
- Behavioral health
- Chronic diseases
- Senior health
- Workforce development
- Social determinants of health - employment

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 AMCS 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 AMCS plus the other hospitals 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 *Waukesha 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 AMCS are identified in the Implementation Strategy. For details, see Appendix C.

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

The impact of the initiatives identified in AMCS's *2015 Community Health Needs Assessment Report* / *2016-2018 Implementation Strategy* plan was executed with some successes. Successes at AMCS included providing subsidized transportation, telepsychiatric services, behavioral health screening in the ED, chronic disease education and screenings, education for current and aspiring health professionals, and supporting AODA initiatives. 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 | Waukesha 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 Waukesha 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 9, 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 Waukesha 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 3,090 adults or 1,570 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, Children's Hospital of Wisconsin, Froedtert & the Medical College and ProHealth Care in partnership with Waukesha County Public Health Division. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

Appendix B| Waukesha 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 Waukesha 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, Children's Hospital of Wisconsin, Froedtert & the Medical College and ProHealth Care in partnership with Waukesha County Public Health Division. The report was prepared by the Center for Urban Population Health.

Appendix C | Waukesha 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: Forty-seven key informant interviews with 71 respondents were conducted from June to September 2017. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Waukesha 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 14-15, 2018.*
Addiction Resource Council, Inc	"We are committed to serving residents of Waukesha County by providing alcohol and other drug prevention education, intervention, assessment, referral services, and leadership for collaboration among institutions, organizations and community-based agencies."
Aging and Disability Resource Center of Waukesha County	"The Aging and Disability Resource Center of Waukesha County (ADRC) is a single access point for publicly funded long term care in Waukesha County. The ADRC provides information, assistance, counseling and supportive services for older adults age 60 and above; caregivers; adults with physical or developmental disabilities; and adults with mental health or substance abuse concerns."
Arrowhead Union High School District	"Comprised of eleven municipalities… the mission of Arrowhead High School is to provide a comprehensive public education that changes individuals to reach their full potential."
City of New Berlin Fire Department	"The New Berlin Fire Department is a combination department utilizing both full-time and part-time professionals to provide firefighting / paramedic services. The goal of the department is to provide a timely response and effective emergency management for fire suppression, emergency medical incidents, hazardous materials incidents, and natural or man-made disasters."
City of Waukesha Police Department	"The mission of the Waukesha Police Department is: A pledge to serve with Integrity, Honor, and Courage. Safety will always be our number one priority."
Community Outreach Health Clinic	"The Community Outreach Health Clinic serves the uninsured and underinsured residents of Community Memorial Hospital's service area. The clinic provides quality, limited medical care with dignity and confidentiality, using the services of volunteer professional staff."
Dryhootch Waukesha County	"Dryhootch is a nonprofit 501(c)(3) organization formed by combat Veterans to help Veterans in their return home. It is a place where Veterans can gather informally in a coffee house; a safe, comfortable, drug-and-alcohol-free environment."
Easterseals	"Easterseals serves 1.4 million children and adults with disabilities and their families, offering a wide range of services at 74 affiliates nationwide. We change the way the world defines and views disability by making profound, positive differences in people's lives every day, helping our clients build the skills and access the resources they need to live, learn, work and play."

Elmbrook Church James Place	"Through James Place, a community resource of Elmbrook Church, we are able to go beyond our walls and into our cities to join God in His work of changing lives, one individual at a time. At each site, the James Place staff and volunteers provide services unique to the differing needs of their clients."
ERAs Senior Network, Inc	"ERAs Senior Network is a nonprofit organization whose mission is to engage and support Waukesha County seniors in leading meaningful lives. ERAs helps individuals 55 and older stay engaged in their community through a variety of meaningful volunteer opportunities."
Falls Area Food Pantry	"Our mission is to gather and distribute food to residents in the greater Menomonee Falls area with acute or chronic need."
Family Service of Waukesha	"Family Service is an independent, non-profit counseling center that provides state-of-the-art psychotherapy, education, and advocacy services to anyone needing help at any age or stage of life."
Food Pantry of Waukesha County, Inc.	"The Food Pantry of Waukesha County is a nonprofit community organization dedicated to providing food to the many Waukesha County residents who go hungry every day and eventually eliminating hunger from the county."
Hamilton School District	"It is the mission of the Hamilton School District, a child-centered, progressive, pro-active organization, to ensure maximum achievement for each student through a respectful and active learning environment; a rigorous, relevant curriculum; and a highly qualified, caring staff in concert with our diverse community."
Hebron House of Hospitality	"Hebron House of Hospitality provides shelter and services to help individuals and families overcome their homelessness."
HOPE Network, Inc	"HOPE Network for Single Mothers is a volunteer-based grass roots support system. It provides emotional and material support to single mothers and their children."
Kettle Moraine School District	"The KMSD school board is dedicated to governing for student achievement. Mission: To cultivate academic excellence, citizenship, and personal development. Vision: Learning Without Boundaries."
La Casa de Esperanza	"Established in 1966, La Casa de Esperanza is a community-based organization committed to providing opportunities for those within our community to achieve full social and economic participation in society, with an emphasis on the Hispanic population."
Lake Area Free Clinic	"Since the doors opened in July, 2001, the Lake Area Free Clinic has welcomed individuals and families who lack health insurance and whose income is below 250% of the federal poverty level. "
LindenGrove Communities	"LindenGrove Communities is a local, nonprofit healthcare organization in Waukesha County offering short-term rehabilitation, skilled nursing facilities/nursing homes, assisted living apartments, and small-scale memory care homes."
Mukwonago Area School District	"The Mukwonago Area School District is located in the southwest corner of beautiful Waukesha County. We have approximately 30,000 people residing within our district and proudly serve 4,700 students in six elementary schools, one middle school, and one comprehensive high school."
Mukwonago Food Pantry	"The Mukwonago Food Pantry's mission is to provide food and support to individuals and their families and to facilitate their development."
National Alliance on Mental Illness (NAMI) Waukesha, Inc.	"Since 1982, NAMI Waukesha has worked to improve the understanding of mental health conditions and share the hope of recovery by offering information, support, education and advocacy services. We strive to enlighten the public with the goal of erasing the stigma, guilt, shame, fear, ignorance and discrimination that negatively impacts the lives of people affected by mental health conditions."
New Berlin Food Pantry	"The Community Center is also the home of the New Berlin Senior Center and the New Berlin Food Pantry. For three decades, the food pantry has been here for needy residents of New Berlin and nearby communities."
Oconomowoc Area Chamber of Commerce	"The Area Chamber of Commerce specializes in supporting local businesses through promotional and marketing tools, advocacy efforts that create a strong business environment, networking opportunities to grow professional connections and educational programming."

Oconomowoc Area School District	"The OASD offers a rigorous curriculum, award-winning programs, nationally certified staff, and opportunities for all students to reach their highest potential."
School District of Menomonee Falls	"Our schools are celebrated for rigorous coursework, college & career readiness, culture-building programs and positive behavior interventions."
School District of New Berlin	"We have four strategic goals which focus on improving student achievement to ensure all students are college and career ready; recruiting, retaining and recognizing our high quality staff; being fiscally responsible to honor the investment of our community members; and creating mutually beneficial partnerships to help our students succeed."
School District of Waukesha	"With our focus on personalized learning and innovative programs, as well as charter schools, magnet schools and academies, our district offers multiple opportunities to connect with every student, whether it is in a traditional classroom setting or a specialized program."
Sixteenth Street Community Health Centers	"Since 1969, Sixteenth Street Community Health Centers has provided high quality health care, health education and social services for residents of the multi-cultural neighborhoods. Sixteenth Street Community Health Centers, Waukesha Location, provides quality primary medical care for people of all ages in Waukesha and the surrounding communities."
St. Joseph's Medical Clinic	"St. Joseph's Medical Clinic is an independent 501(c)(3) non-profit free clinic. Our mission is to support the health and well-being of uninsured, underinsured and low-income friends and neighbors who reside, work, or attend school in the Waukesha County community."
Stillwaters Cancer Support Center	"The center provides cancer-specific professional counseling and emotional support for those affected by any stage of cancer." The organization closed in October 2017.
Sussex Outreach Services	"Sussex Outreach Services is the social ministry arm of the Cooperating Churches of Sussex (CCOS) and serving 383 family units this year, that are seeking food, clothing, counseling, educational training, preventive health programming and referrals."
The Women's Center	"The mission of The Women's Center is to provide safety, shelter, and support to women and their families affected by domestic violence, sexual assault and abuse, and to facilitate their development."
United Way of Greater Milwaukee & Waukesha County	"United Way of Greater Milwaukee & Waukesha County impacts individuals and families by investing in 220-plus programs at over 110 agency program partners. United Way brings together partners from business, education, government, faith-based, and nonprofit organizations to work toward common goals, resulting in a better quality of life for all."
University of WI-Extension Waukesha County	"We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities."
Village of Menomonee Falls Police & Fire Department	"The mission of the Menomonee Falls Police Department is to preserve the public peace, protect persons and provide services for the betterment of the community… The mission of the Menomonee Falls Fire Department is the protection of life and property through the prevention and extinguishment of fires; through rescue and salvage work in the event of public emergencies; to provide emergency medical services; and to mitigate technical rescue incidents."
Waukesha County Board of Supervisors	"Supervisors set policy by establishing plans, approving ordinances, resolutions and reviewing the annual budgets. There are 25 members of the Waukesha County Board of Supervisors, elected to two year terms in even numbered years from separate geographic districts with a population of approximately 15,596 per district."
Waukesha County Business Alliance	"As a private, member-driven organization, the Waukesha County Business Alliance has been the voice of business since 1918. We work to strengthen the economy in the county through four pillars: advocate, develop, network and promote."
Waukesha County Circuit Court	"The Judges, Clerk of Circuit Court, and staff in the Waukesha County court system are committed to providing a fair and efficient system of justice that is worthy of the trust and confidence of the public."

Waukesha County Community Dental Clinic	"The Waukesha County Community Dental Clinic, Inc. (WCCDC) is a full time safety net dental clinic in Waukesha County for individuals who live in Waukesha County. The main goal of the dental clinic is to increase access to dental care for low income children and adults with special health needs."
Waukesha County Executive Office	"The Executive is responsible for coordinating and directing all administrative and management functions of the County which are not vested in other elected officials."
Waukesha County Health and Human Services	"Waukesha County's mission is to promote the health, safety and quality of life of citizens while fostering an economically vibrant community."
Waukesha County Medical Examiner	"The Waukesha County Medical Examiner's Office investigates deaths in Waukesha County as mandated by Wisconsin State Statute 979.01 to ensure the safety, health and welfare of the community. The office provides investigation, documentation, and medical evaluation of reportable cases."
Waukesha County Mental Health Services	"The Department of Health and Human Services provides confidential, comprehensive mental health services to County residents of all ages."
Waukesha County Public Health Division	"The Public Health Division is committed to preventing disease and promoting health for all citizens in Waukesha County. The core functions of public health are to assess and monitor the health status of the entire county, develop public health policy, and assure access to quality health care."
YMCA at Pabst Farms	"Our community turns to our Y for programs that nurture the potential of children and teens, improve health and well-being and enable people to give back and support neighbors."
YMCA of Greater Waukesha County	"Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn, grow, and thrive."

The key informant interviews were conducted by Ascension Health, Aurora Health Care, Children's Hospital of Wisconsin, Froedtert & the Medical College and ProHealth Care. 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 Waukesha County and the identified community assets

The top five health issues that emerged as key priorities for Waukesha County were:

1) mental health
2) alcohol and other drug use
3) chronic diseases
4) access to health services
5) nutrition

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

1. **Mental health:** Hospitals should be partnering with mental health care providers, health care systems, Sixteenth Street Community Health Centers, Catholic Charities, churches and faith communities, business leaders, Waukesha County Health and Human Services, law enforcement, elected officials, first responders, Waukesha Hispanic Collaborative Network, NAMI of Waukesha County, pharmacists, pharmaceutical companies, insurance companies, the state, the Aging and Disability Resource Center of Waukesha County, Zero Suicide Network, foundations, Family Care, hospital social workers, schools, Mental Health Advisory Committee, food pantries, housing coalition, Hebron House, Jeremy House, Salvation Army, Impact 211, the Women's Center, Family Promise, Waukesha County Mental Health, ERAs, the nonprofit community more broadly, Wisconsin Department of Health Services, SAMHSA, Waukesha County Public Health Division, workforce development agencies, Waukesha County Community Health Improvement Plan and Process, Wisconsin Department of Public Instruction. Wisconsin School Counselor Association, support groups, parent outreach groups, Waukesha County Business Alliance and local chambers of commerce.

2. **Alcohol and other drug use**: Hospitals should be partnering with Waukesha County, Sixteenth Street Community Health Centers, Addiction Resource Council, law enforcement, Drug Free Communities, Your Choice, Heroin Task Force Pillars, Waukesha County Health and Human Services, schools, UW-Extension, Center for Urban Population Health, Sussex Outreach Services, nonprofit organizations whose missions are AODA related, local providers of treatment services, churches and faith communities, Your Choices, Inc., Tavern League, court system, parents, United Way, the business community, veterans groups, Waukesha County Community Health Improvement Plan and Process, Housing Action Coalition, veterans groups, civic groups, colleges and universities, Salvation Army, Hebron House, La Casa de Esperanza, Head Start program, YMCA and Thriving Waukesha County.

3. **Chronic diseases**: Hospitals should be partnering with the nonprofit sector, food pantries, the Women's Center, providers of alternative and integrative therapies, pharmacies, pharmacists, prescription drug companies, Office of the Commissioner of Insurance, County Veterans Services Office, pain management clinics, Sixteenth Street Community Health Centers, Salvation Army, faith communities, Department of Health and Human Services, Public Health Division, business leadership, elected officials, legislators, Aging and Disability Resource Center, 4-H, schools, media outlets, Wisconsin Association of Free and Charitable Clinics, Inc., Sussex Outreach Services, Meals on Wheels and Waukesha County Technical College.

4. **Access to health services**: Hospitals should be partnering with health care providers, major hospital and health systems, local clinics, EPIC and other electronic medical record vendors, schools, libraries, the business community, law enforcement, bus and cab companies, the Aging and Disability Resource Center, ERAs Senior Network, insurance companies, food pantries, recreation departments, faith communities, hospital discharge planners, the Public Health Division, clinical students, local non-profits, Easterseals' Safe Babies Healthy Families, organizations who serve pregnant moms, civic organizations, county government, social services in the community, United Way and Thriving Waukesha County.

5. **Nutrition:** Hospitals should be partnering with schools, food pantries, health care systems, libraries, community gardens, UW-Extension, current and retired farmers, 4H, Future Farmers of America, Waukesha County Health and Human Services, business community, foundations who can fund initiatives or programs, grocery stores, faith based groups, child care providers, cooking classes, nonprofits, Waukesha County Business Alliance, Public Health Division, Waukesha County Health Improvement Plan and Process, children and family service committee, and the Rotary and other civic groups.

Partners & Contracts: This report was sponsored Ascension Health, Aurora Health Care, Children's Hospital of Wisconsin, Froedtert & the Medical College and ProHealth Care in partnership with the Waukesha County Public Health Division. The report was prepared by the Center for Urban Population Health.

Waukesha 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 Aurora Health Care, Children's Hospital of Wisconsin, Froedtert & the Medical College of Wisconsin, ProHealth Care and Wheaton Franciscan Healthcare in partnership with the Center for Urban Population Health and the Waukesha County Public Health Division. Additional data is available at www.ahc.aurorahealthcare.org/aboutus/community-benefits, www.chw.org, www.froedtert.com/community-engagement, www.prohealthcare.org/about-us-community-benefit.aspx, www.mywheaton.org and www.waukeshacounty.gov/HealthAndHumanServices/PublicHealth/StatisticsAndResources.

Overall Health						**Health Conditions in Past 3 Years**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Excellent	22%	23%	19%	21%	24%	High Blood Pressure	26%	22%	26%	33%	31%
Very Good	42%	45%	45%	36%	36%	High Blood Cholesterol	26%	24%	25%	26%	26%
Fair or Poor	9%	9%	10%	11%	15%	Mental Health Condition		13%	12%	11%	18%
						Heart Disease/Condition	7%	6%	9%	7%	12%
Other Research: (2016)				WI	U.S.	Diabetes	6%	6%	7%	9%	12%
Fair or Poor				16%	16%	Asthma (Current)	8%	9%	8%	8%	11%
Health Care Coverage						**Condition Controlled Through Meds, Therapy or Lifestyle Changes**					
Waukesha County	2006	2009	2012	2015	2017						
Not Covered						High Blood Pressure			96%	98%	98%
Personally (currently)	3%	8%	6%	2%	2%	High Blood Cholesterol			93%	81%	77%
Personally (past 12 months)		11%	7%	6%	3%	Mental Health Condition			94%	98%	97%
Household Member (past 12 months)	12%	12%	10%	9%	7%	Heart Disease/Condition			94%	87%	91%
						Diabetes			97%	94%	96%
Other Research: (2016)				WI	U.S.	Asthma (Current)			88%	87%	98%
Personally Not Covered (currently)				9%	10%						
						Routine Procedures					
Did Not Receive Care Needed in Past 12 Months						Waukesha County	2006	2009	2012	2015	2017
Waukesha County			2012	2015	2017	Routine Checkup (2 yrs. ago or less)	86%	84%	85%	85%	86%
Delayed/Did Not Seek Care Due to Cost				17%	17%	Cholesterol Test (4 years ago or less)	83%	82%	79%	84%	84%
Prescript. Meds Not Taken Due to						Dental Checkup (past year)	77%	74%	75%	76%	82%
Cost (Household)			8%	8%	11%	Eye Exam (past year)	47%	41%	49%	55%	53%
Unmet Care in Past 12 Months											
Medical Care			4%	9%	12%	Other Research:				WI	U.S.
Dental Care			9%	12%	7%	*Routine Checkup (≤2 years;* 2016)				84%	84%
Mental Health Care			<1%	3%	3%	*Cholesterol Test (≤5 years;* 2015)				78%	78%
						Dental Checkup (past year; 2016)				73%	66%
Health Information and Services											
Waukesha County	2006	2009	2012	2015	2017	**Physical Health and Nutrition**					
Primary Source of Health Information						Waukesha County	2006	2009	2012	2015	2017
Doctor			40%	47%	49%	Physical Activity/Week					
Internet			28%	30%	30%	Moderate Activity (5 times/30 min)	35%	41%	33%	31%	44%
Myself/Family Member in Health Field			9%	6%	13%	Vigorous Activity (3 times/20 min)	29%	33%	28%	31%	37%
Have a Primary Care Physician					86%	Recommended Moderate or Vigorous	48%	53%	47%	46%	56%
Primary Health Services						Overweight Status					
Doctor/nurse practitioner's office	87%	86%	86%	78%	68%	Overweight (BMI 25.0+)	59%	63%	65%	70%	69%
Urgent care center	5%	4%	5%	8%	21%	Obese (BMI 30.0+)	20%	21%	25%	34%	30%
Worksite clinic	--	--	--	--	4%	Fruit Intake (2+ servings/day)	68%	68%	65%	65%	67%
Quickcare clinic/fastcare clinic	--	--	--	--	3%	Vegetable Intake (3+ servings/day)	28%	30%	29%	25%	39%
Public health clinic/com. health center	3%	3%	5%	4%	<1%	At Least 5 Fruit/Vegetables/Day	39%	42%	37%	33%	45%
Hospital emergency room	<1%	2%	<1%	3%	<1%	Household Went Hungry in Past Year					4%
Virtual health/tele-med/e-visits	--	--	--	--	<1%						
Hospital outpatient	1%	1%	<1%	<1%	0%	Other Research (2016):				WI	U.S.
No usual place	3%	4%	2%	6%	3%	Overweight (BMI 25.0+)				67%	65%
Advance Care Plan	44%	40%	39%	40%	46%	Obese (BMI 30.0+)				31%	30%
Vaccinations (65 and Older)						**Colorectal Cancer Screenings (50 and Older)**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Flu Vaccination (past year)	74%	75%	64%	73%	74%	Blood Stool Test (within past year)	20%	--	14%	12%	9%
Pneumonia (ever)	66%	74%	75%	73%	79%	Sigmoidoscopy (within past 5 years)		10%	4%	6%	7%
						Colonoscopy (within past 10 years)		62%	59%	62%	80%
Other Research: (2016)				WI	U.S.	Screening in Recommended Time Frame		66%	60%	65%	83%
Flu Vaccination (past year)				50%	59%						
Pneumonia (ever)				79%	73%	Other Research: (2016)				WI	U.S.
						Screening in Recommended Time Frame				74%	68%

Women's Health						**Alcohol Use in Past Month**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Mammogram (50+; within past 2 years)	89%	76%	77%	78%	73%	Binge Drinker	16%	27%	22%	29%	26%
Bone Density Scan (65 and older)	68%	76%	86%	86%	86%	Driver/Passenger When Driver					
Cervical Cancer Screening						Perhaps Had Too Much to Drink	2%	2%	3%	<1%	2%
Pap Smear (18 – 65; within past 3 years)	94%	89%	83%	82%	80%						
HPV Test (18 – 65; within past 5 years)				55%	47%	Other Research: (2016)				WI	U.S.
Screening in Recommended Time Frame						Binge Drinker				25%	17%
(18-29: Pap every 3 years; 30 to 65: Pap and HPV											
every 5 years or Pap only every 3 years)				88%	84%	**Other Drug Use Within Past 12 Months**					
						Waukesha County					2017
Other Research: (2016)				WI	U.S.	Misuse of Prescription Pain Relievers					<1%
Mammogram (50 - 74; within past 2 years)				80%	78%	Heroin					0%
Pap Smear (21- 65; within past 3 years)				84%	80%	Cocaine or Other Street Drugs					<1%
Tobacco Cigarette Use						**Household Problems Associated With…**					
Waukesha County	2006	2009	2012	2015	2017	Waukesha County	2006	2009	2012	2015	2017
Current Smokers (past 30 days)	16%	17%	17%	13%	14%	Alcohol	2%	3%	3%	6%	1%
Of Current Smokers…						Misuse of Prescription or OTC Drugs			1%	1%	1%
Quit Smoking 1 Day or More in Past						Cocaine, Heroin or Other Street Drugs			2%	<1%	2%
Year Because Trying to Quit	32%	58%	45%	55%	67%	Marijuana			1%	2%	1%
Saw a Health Care Professional in Past											
Year and Advised to Quit Smoking	64%	72%	69%	67%	76%	**Times of Distress in Past Three Years**					
						Waukesha County					2017
Other Research: (2016)				WI	U.S.	Time of Distress and Someone in HH Looked					
Current Smokers				17%	17%	for Community Support					18%
						Of Respondents Who Looked for Support					
Exposure to Smoke						Felt Somewhat/Slightly or Not At All Supported					43%
Waukesha County		2009	2012	2015	2017						
Smoking Policy at Home						**Mental Health Status**					
Not allowed anywhere		85%	82%	86%	88%	Waukesha County	2006	2009	2012	2015	2017
Allowed in some places/at some times		7%	8%	6%	3%	Felt Sad, Blue or Depressed					
Allowed anywhere		2%	2%	<1%	<1%	Always/Nearly Always (past 30 days)	3%	5%	5%	4%	3%
No rules inside home		6%	7%	8%	9%	Find Meaning & Purpose in Daily Life					
Nonsmokers Exposed to Second-Hand						Seldom/Never	5%	3%	4%	4%	4%
Smoke in Past Seven Days		26%	10%	8%	7%	Considered Suicide (past year)	3%	4%	2%	4%	4%
Other Tobacco Products in Past Month						**Children in Household**					
Waukesha County				2015	2017	Waukesha County			2012	2015	2017
Smokeless Tobacco				2%	4%	Personal Health Doctor/Nurse Who					
Cigars, Cigarillos or Little Cigars				3%	4%	Knows Child Well and Familiar with History			86%	89%	97%
Electronic Cigarettes				4%	4%	Visited Personal Doctor/Nurse for					
						Preventive Care (past 12 months)			93%	95%	89%
Other Research: (2016)				WI	U.S.	Did Not Receive Care Needed (past 12 months)					
Electronic Cigarettes				5%	5%	Medical Care			3%	4%	2%
Smokeless Tobacco				4%	4%	Dental Care			3%	6%	2%
						Specialist			3%	1%	<1%
Top County Health Issues						Current Asthma			3%	7%	3%
Waukesha County					2017	Safe in Community/Neighborhood (seldom/never)			1%	0%	<1%
Illegal Drug Use					41%	Children 5 to 17 Years Old					
Access to Health Care					21%	Fruit Intake (2+ servings/day)			75%	86%	67%
Overweight or Obesity					18%	Vegetable Intake (3+ servings/day)			30%	26%	27%
Chronic Diseases					17%	5+ Fruit/Vegetables per Day			36%	48%	47%
Prescription or OTC Drug Abuse					17%	Physical Activity (60 min./5 or more days/week)			70%	57%	60%
Alcohol Use or Abuse					15%	Children 8 to 17 Years Old					
Cancer					11%	Unhappy, Sad or Depressed in Past 6 Months					
Mental Health or Depression					10%	Always/Nearly Always			4%	0%	1%
						Experienced Some Form of Bullying (past 12 months)			18%	14%	14%
Personal Safety in Past Year						Verbally Bullied			18%	14%	14%
Waukesha County	2006	2009	2012	2015	2017	Physically Bullied			5%	2%	4%
Afraid for Their Safety	5%	5%	4%	4%	4%	Cyber Bullied			3%	4%	
Pushed, Kicked, Slapped, or Hit	2%	4%	1%	3%	5%						1%
At Least One of the Safety Issues	6%	8%	4%	5%	7%						

Overall Health and Health Care Key Findings

In 2017, 60% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 55 to 64 years old, with a high school education or less or inactive respondents were more likely to report fair or poor health. *From 2006 to 2017, there was a statistical increase 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. Three percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. Seven percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2006 to 2017, the overall percent statistically remained the same 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 insurance at least part of the time in the past 12 months, as well as from 2015 to 2017. From 2006 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 while from 2015 to 2017, there was no statistical change.*

In 2017, 17% 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 35 to 44 years old, with a college education or married respondents were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this. Seven percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents 55 to 64 years old or in the bottom 40 percent household income bracket 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 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. From 2012 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 while from 2015 to 2017, the overall percent statistically decreased.*

In 2017, 49% of respondents reported they contact a doctor when they need health information or clarification while 30% reported they go to the Internet. Thirteen percent reported themselves or a family member is in the health care field and their source of information. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report they contact a doctor. Respondents who were 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to report the Internet as their source for health information/clarification. Respondents who were female, 35 to 44 years old, with a college education or in the middle 20 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. Eighty-six 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, 35 to 44 years old, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. Sixty-eight 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 21% reported urgent care center. Respondents who were female, 65 and older or with a high school education or less 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 with some post high school education were more likely to report urgent care as their primary health care. Forty-six percent of respondents had an advance care plan; respondents 65 and older, with a college education or married respondents were more likely to report an advance care plan. *From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting a doctor as their source of health information 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 reporting the Internet as their source of health information, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting they were, or a family member was in the health care field and their source of health information while from 2015 to 2017, there was a statistical increase. From 2006 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, as well as from 2015 to 2017. From 2006 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, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2015 to 2017.*

In 2017, 86% of respondents reported a routine medical checkup two years ago or less while 84% reported a cholesterol test four years ago or less. Eighty-two percent of respondents reported a visit to the dentist in the past year while 53% reported an eye exam in the past year. Respondents 35 and older, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents 45 to 64 years old, with a college education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education or in the middle 20 percent household income bracket were more likely to report a dental checkup 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 an eye exam in the past year. *From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a routine checkup, a cholesterol test or an eye exam, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting a dental checkup while from 2015 to 2017, there was a statistical increase.*

In 2017, 60% of respondents had a flu vaccination in the past year. Respondents 65 and older, with a high school education or less or with a college education were more likely to report a flu vaccination. Seventy-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination or pneumonia vaccination, as well as from 2015 to 2017.*

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 (31%) or high blood cholesterol (26%). Respondents 55 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol. Eighteen percent reported a mental health condition; respondents with a high school education or less or unmarried respondents were more likely to report this. Twelve percent reported they were treated for, or told they had heart disease/condition in the past three years; respondents who were 65 and older or inactive were more likely to report this. Twelve percent of respondents reported diabetes. Respondents with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight or smokers were more likely to report diabetes. Eleven percent reported current asthma; female respondents were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or current asthma, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2015 to 2017. From 2006 to 2017, there was a noted increase in the overall percent of respondents who reported diabetes 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 mental health condition while from 2015 to 2017, there was a statistical increase.*

In 2017, 3% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were female, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male or unmarried were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/ depressed, they considered suicide 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, 44% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 56% met the recommended amount of physical activity; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. *From 2006 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 or who met the recommended amount of physical activity, as well as from 2015 to 2017. From 2006 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.*

In 2017, 69% of respondents were classified as at least overweight while 30% were obese. Respondents who were male, with a college education, in the bottom 40 percent household income bracket or married were more likely to be classified as at least overweight. Respondents with a high school education or less, in the bottom 40 percent household income bracket or married

respondents were more likely to be obese. *From 2006 to 2017, there was a statistical increase in the overall percent of respondents being at least overweight or being obese while from 2015 to 2017, there was no statistical change.*

In 2017, 67% of respondents reported two or more servings of fruit while 39% reported three or more servings of vegetables on an average day. Respondents who were female, 55 to 64 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Forty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or who did the recommended amount of physical activity were more likely to report this. Four percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket, unmarried or in households with children were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents who reported at least three servings of vegetables, as well as from 2015 to 2017. From 2006 to 2017, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2015 to 2017, there was a statistical increase.*

In 2017, 73% of female respondents 50 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan. Eighty percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-seven percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-four 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). Respondents with a college education or married respondents were more likely to meet the cervical cancer recommendation. *From 2006 to 2017, there was a statistical decrease 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 while from 2015 to 2017, there was no statistical change. From 2006 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, 9% 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 80% reported a colonoscopy within the past ten years. This results in 83% of respondents meeting the current colorectal cancer screening recommendations; male respondents were more likely to meet the recommendation. *From 2006 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, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2015 to 2017. From 2009 to 2017, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2015 to 2017.*

In 2017, 14% of respondents were current tobacco cigarette smokers; respondents who were female, 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 67% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-six percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2006 to 2017, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase 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 no statistical change. From 2006 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, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Seven percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents with a high school education or less or unmarried respondents were more likely to report this. *From 2009 to 2017, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2015 to 2017. 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, 4% of respondents used smokeless tobacco in the past month; respondents 18 to 34 years old or with some post high school education were more likely to use smokeless tobacco. Four percent of respondents used cigars, cigarillos or little cigars in the past 30 days. Four percent of respondents used electronic cigarettes in the past month; respondents with some post high school education or unmarried respondents were more likely to report this. *From 2015 to 2017, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco, cigars/cigarillos/little cigars or electronic cigarettes.*

In 2017, 26% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school education or in the middle 20 percent household income bracket 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 2006 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 2006 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, less than one percent of respondents reported within the past 12 months they used prescription pain relievers for nonmedical reasons while another less than one percent reported more than 12 months ago. Zero percent of respondents reported within the past 12 months they used heroin within the past 12 months while 2% reported more than 12 months ago. Less than one percent reported they used cocaine or other street drugs within the past 12 months while 6% reported more than 12 months ago.

In 2017, 1% 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. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents each reported a household problem in connection with marijuana or with the misuse of prescription drugs/over-the-counter drugs. *From 2006 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 decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting a household problem with cocaine/heroin/other street drugs 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 or with the misuse of prescription drugs/over-the-counter drugs, as well as from 2015 to 2017.*

In 2017, 18% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support. Of respondents who looked for community support, 39% reported mental health issues as their reason for household distress, 30% reported economic hardship and 26% reported personal medical issues. Respondents in the top 40 percent household income bracket were more likely to report mental health issues as their reason for distress. Respondents in the bottom 60 percent household income bracket were more likely to report economic hardship or personal medical issues. Forty-three percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported; married respondents were more likely to report this.

In 2017, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents with a college education were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 45 to 54 years old or with a college education were more likely to report this. A total of 7% reported at least one of these two situations; respondents 35 to 54 years old or with a college education were more likely to report this. *From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety, as well as from 2015 to 2017. From 2006 to 2017, there was a statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2015 to 2017, there was no statistical change. From 2006 to 2017, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues, as well as from 2015 to 2017.*

Children in Household Key Findings

In 2017, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-seven 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. Two percent of respondents each reported there was a time in the past 12 months their child did not receive the medical care needed or dental care needed while le than one percent reported their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. Less than one percent of respondents reported their child was seldom or never safe in their community. Sixty-seven percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an avera day while 27% reported three or more servings of vegetables. Forty-seven percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. One 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. Fourteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% physical bullying and 1% reported cyber bullying. *From 2012 to 2017, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall perce of respondents reporting their child visited their personal doctor/nurse for preventive care, as well as from 2015 to 2017. From 2012 to 2017, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, an unmet dental 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 while from 2015 to 201 there was a statistical decrease. From 2012 to 2017, there was no statistical change in the overall percent of respondents who reported their child ate at least three servings of vegetables or ate at least five servings of fruits/vegetables, as well as from 201 to 2017. 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 percen of respondents who reported their 8 to 17 year old child was bullied or in the type of bullying, as well as from 2015 to 2017.*

County Health Issues Key Findings

In 2017, respondents were asked to list the top three health issues in the county. The most often cited was illegal drug use (41%) Respondents in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Twenty-one percent reported access to health care; respondents who were female, 35 to 44 years old, 55 to 64 years old or with a college education were more likely to report this. Eighteen percent reported overweight or obesity as a top county health issue. Respondents who were female or 18 to 34 years old were more likely to report overweight or obesity. Seventeen percent reporte chronic diseases; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likel to report this. Seventeen percent of respondents reported prescription or over-the-counter drug abuse; respondents who were female, 18 to 34 years old or with some post high school education were more likely to report this. Fifteen percent of respondent reported alcohol use or abuse as a top health issue; respondents 18 to 34 years old, with some post high school education or in th top 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported cancer; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Ten percent of respondents reported mental health or depression; respondents with a college education or in the middle 20 percent household income bracket were more likely to report this. Seven percent of respondents reported environmental issues as a top county health issue. Respondents who were in the top 40 percent household income brack or married were more likely to report environmental issues. Seven percent of respondents reported affordable health care; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. Five percent of respondents reported tobacco use as a top health issue; respondents who were male, 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Five percent of respondents reported violence crime; respondents 65 and older were more likely to report this. Four percent of respondents reported access to affordable health food as a top county health issue.

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

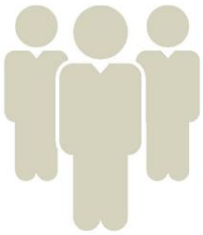
Where: D = Priority Score
A = Size of health problem ranking
B = Seriousness of health problem ranking
C = Effectiveness of intervention ranking

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 in Summit Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	**Delayed/did not seek care due to cost**	**2**	**10**	**9**	**198**
2	**Mental health condition**	**2**	**9**	**9**	**180**
3	**Did not get recommended moderate/vigorous activity**	**7**	**5**	**4**	**168**
	Overweight	**9**	**8**	**4**	
4	**Binge drinking**	**4**	**8**	**4**	**80**
5	**High blood cholesterol**	**4**	**6**	**5**	**80**
6	High blood pressure	5	6	4	68
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	2	7	9	144
2	No flu vaccine in past year (65 and older)	4	5	10	140
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	9	5	9	171
2	No mammogram	4	6	9	144
3	No pap smear in past 3 years	3	5	9	117

Appendix F | Evaluation of Impact

Focus | Access



Intended Impact

- A decrease in the number of patients presenting to the ED without a primary care provider identified
- Uninsured and Medicaid-eligible persons seeking primary care in our ED will:
  - Understand the benefits of obtaining routine primary care services
  - Successfully transition to LAFC Clinic, SJMC or AHCMG clinics for primary care
  - Receive appropriate referrals for behavioral health services
  - Transition into the Marketplace (to obtain coverage through the health insurance exchange) or Medicaid, if eligible

Results

2016

- 53 ED patients (total Medicaid-eligible and uninsured) referred to a primary care provider Lake Area Free Clinic (LAFC), St. Joseph's Medical Clinic (SJMC) or Aurora Health Care Medical Group (AHCMG) for follow-up care
- 2,707 Silver Streak transports subsidized
- 65 Imaging vouchers provided to Lake Area Free Clinic patients

2017

- 11 ED patients referred to LAFC or SJMC
- 2,069 Silver Streak transports subsidized
- 592 Lake Country Cares cab rides subsidized*
- 357 Behavioral health assessments provided by social worker in ED*
- 28 individuals provided with telepsychiatry services in the ED*
- 2 inpatients provided with telepsychiatry consultations*

**New initiative or activity in 2017*

Focus | Chronic disease prevention and management

Intended Impact

- Children Increased community awareness of the link between obesity and chronic diseases
- Increased understanding of the role of healthy nutrition and recommended physical activity as an obesity prevention strategy among intermediate school students
- Improved health status of persons and patients attending our diabetes support groups and workshops
- Decreased deaths and hospitalizations from prescription painkillers abuse and overdose
- Early detection of Hepatitis C within our patient population

Results

2016

- 7 diabetes support group meetings offered with 64 attendees
- 2 pregnant women referred for substance use treatment programs

2017

- 7 diabetes support group meetings offered with 45 attendees
- 563 individuals screened for chronic disease risk factors during 15 events*
- Increased awareness and provided information to the public about the dangers of misusing prescription pain medicines in support of the Dose of Reality and Stairway to Heroin campaigns*
- As part of the Waukesha & Jefferson service area, 1,067 patients were tested for hepatitis C with 22 testing positive of which 10 had positive confirmatory tests resulting in 9 patients entering treatment*

**New initiative or activity in 2017*

Focus | Cancer

Intended Impact

- Improve screening rates for female breast and colorectal cancers and male lung/bronchus cancers

Results

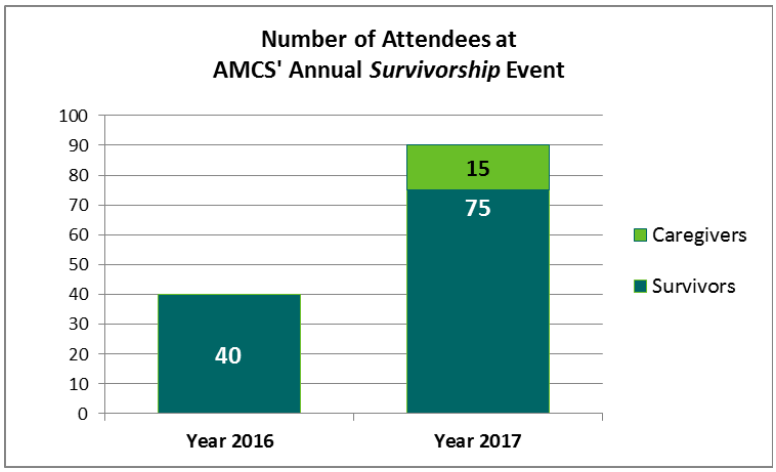
2016

- 40 individuals attended the annual Survivorship event
- 15 cancer education/screening events or activities
  - 233 individuals educated and/or screened for breast cancer
  - 55 individuals educated for colorectal cancer
  - 1,068 individuals educated and/or screened for lung cancer
  - 44 individuals screened for skin cancer
- 13 local businesses engaged in promoting cancer education/screening events

2017

- 75 individuals plus 15 caregivers attended the annual Survivorship event
- 10 cancer education/screening events or activities
  - 1,410 individuals educated for breast cancer
  - 45 individuals educated for oral, head, and neck cancer*
  - 320 individuals educated for lung cancer
  - 63 individuals screened for skin cancer
- 310 individuals provided with low dose CT screenings if at risk for lung cancer*

**New initiative or activity in 2017*



Focus | Injury, trauma and health professions education

Intended Impact

- Decrease in number of preventable ED admissions/readmissions and secondary diagnoses related to falls in target population
- Increase in high-school students' exposure to opportunities in health professions

Results

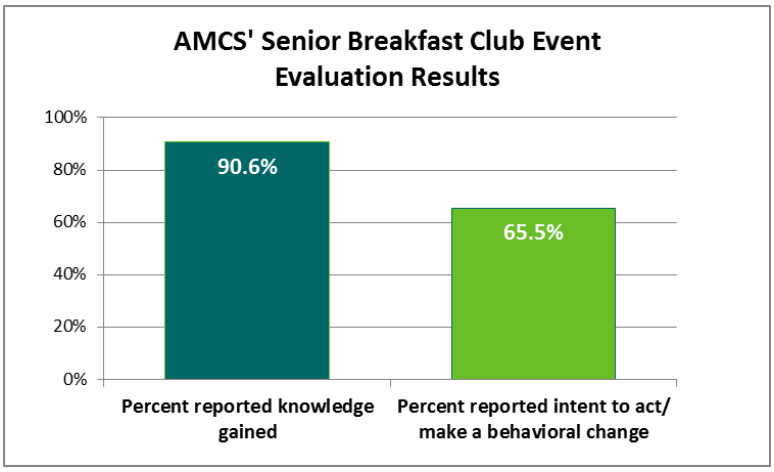
2016

- 47 EMS student/provider experiences provided with 329 attendees
- 2 Advanced Cardiac Life Support (ACLS) classes provided with 23 attendees
- 26 Sim Man/Sim Baby trainings provided with 265 attendees
- 480 students enrolled in the Health Care Charter High School
- 25 Medical Charter school educational sessions provided at AMCS
- 14 Medical Explorers educational sessions provided at AMCS with 120 students
- 648 students participating in educational sessions at AMCS
- 2 Stepping On sessions provided with 10 attendees

2017

- 42 educational sessions for EMS with speakers on evidence-based best practices with 649 attendees
- 38 paramedic clinical experiences provided with 70 attendees
- 3 Advanced Cardiac Life Support (ACLS) classes provided with 47 attendees
- 49 Sim Man/Sim Baby trainings provided with 899 attendees
- 55 Health Care Charter school educational sessions provided at AMCS with 62 enrolled students attending
- 11 Medical Explorers educational sessions provided at AMCS with 113 students
- 2 Stepping On sessions provided with 20 attendees
- 10 Summit Senior Breakfast Club events held with 424 attendees; of the attendees completing evaluations*
  - 90.6% reported knowledge gained
  - 65.5% reported intent to act/make a behavioral change

**New initiative or activity in 2017*


AMCS' Senior Breakfast Club Event Evaluation Results
100%
80%
60%
40%
20%
0%
90.6%
65.5%
Percent reported knowledge gained
Percent reported intent to act/ make a behavioral change