2020 Community Health Needs Assessment Report

Aurora Lakeland Medical Center

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I. Executive Summary

During 2019 and 2020, Aurora Health Care convened a series of meetings to partner with the local health department, Walworth County Division of Public Health, and other health care systems, including Fort HealthCare, Mercy Health System and Children's Wisconsin, 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:

- 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
- Secondary Data Report – prepared by the Center for Urban Population Health, a summary of the demographic and health-related information for Walworth County using publicly available data sources
- 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 C)

In 2020, Aurora Lakeland Medical Center (ALMC) 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 inequities linked with the health issue
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)
- Aligns with Advocate Aurora Health Community Strategy
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[1] (see Appendix E for details)

In addition, ALMC evaluated the impact of the initiatives identified in its *2017 Community Health Needs Assessment Report* / *2018-2020 Implementation Strategy* plan, which was executed with several successes, including providing behavioral health screenings in the ED, safe sleep and baby care education to new mothers, chronic disease education and screenings, and supporting AODA initiatives. For further description see Appendix F.

[1] 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 February 10, 2020.

As a result, ALMC prioritized the following significant health needs to address in our 2021-2023 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health

The completed CHNA report was presented to the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on who approved the report on December 9, 2020.

II. Description of Advocate Aurora Health and Aurora Lakeland Medical Center

Advocate Aurora Health

Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems 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 $2.2 billion in charitable care and services to its communities in 2019. We help people live well.

Aurora Lakeland Medical Center (ALMC)

At Aurora Lakeland Medical Center (ALMC), we support Walworth County by maintaining strong ties with our civic, health and human services partners. Our hospital stays on the forefront of medicine by continually investing in the latest diagnostic and therapeutic equipment to ensure local access to advanced health care services for years to come. In addition, we've brought in hospitalists who specifically treat hospital patients, along with urologists, cardiologists, orthopedists, pulmonologists, sleep medicine physicians and other specialists who bring these important services close to home for residents of Walworth County and beyond. ALMC has been serving community members in Walworth County, Wisconsin since 1917 and is dedicated to their well-being. Walworth County is one of the oldest counties in the state. It is primarily rural and has a rich agricultural heritage. Many county residents are employed in the tourist industry at area resorts and in light industry.

ALMC by the Numbers (2019)

- 75 hospital beds

More than

- 71,202 outpatient visits
- 2,668 inpatient admissions
- 15,216 emergency department visits
- 2,027 surgical procedures

Distinctions

- Accredited Cancer program with commendations
- Accredited Chest Pain Center
- American Stroke Association with the Get With the Guidelines® Gold Plus Quality Achievement Award for Stroke Care
- American Heart Association with the Get With the Guidelines® Gold Plus Quality Achievement Award for Heart Failure Care and Target: Heart Failure Honor Roll
- AORN Go Clear Award
- Baby-Friendly USA Hospital Designation
- CARF accredited (Commission on Accreditation of Rehabilitation Facilities)
- Chest Pain Accreditation by the Society of Cardiovascular Patient Care
- College of American Pathologists Accreditation
- Commission on Cancer – Gold Level Commendation and Outstanding Achievement Award
- Intersocietal Accreditation Commission (IAC) in Echo Transesophageal Adult Stress

Our distinctions (continued):

- International Board Certified Lactation Consultant Care Recognition Award
- Premier Quest Award for High-Value Healthcare: Citation of Merit
- Press Ganey Guardian of Excellence Award – Inpatient Rehabilitation
- Recognized with the Women's Choice Award as one of the Best hospitals for Patient Experience in Emergency Care by Women Certified, Inc.
- Silver Plus Award for Stroke Care
- State Level III Trauma Center
- The Joint Commission Primary Stroke Center
- Top Performer Awards for Acute Myocardial Infarction, Hip and Knee Replacement, Pneumonia, and Surgical Care Improvement
- Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign
- 2020 five-star rating from CMS
- 2019 Patient Safety Excellence Award from Healthgrades

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

III. 2020 Community Health Needs Assessment

Community Definition

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

Walworth County is located in southeastern Wisconsin. The diversified topography has rolling hills, forests, prairies, marshes, meadows, and winding streams. Located within the county boundary are Price Park Conservancy, Natureland Park and White River State Trail. Walworth County is home to the University of Wisconsin-Whitewater and George Williams College of Aurora University.[2]

In addition to agriculture and manufacturing, tourism is a major industry in Walworth County, especially around Lake Geneva. In 2018, tourism visitor spending in Walworth County grossed $569.0 million.[3]

Walworth consists of 29 municipalities, mainly suburban and rural areas[4]:

- 4 cities: Delevan, Elkhorn, Lake Geneva, and Whitewater
- 16 towns: Bloomfield, Darien, Delavan, East Troy, Geneva, Lafayette, LaGrange, Linn, Lyons, Richmond, Sharon, Spring Prairie, Sugar Creek, Troy, Walworth, Whitewater
- 9 villages: Bloomfield, Darien, East Troy, Fontana, Genoa City, Mukwonago, Sharon, Walworth, Williams Bay

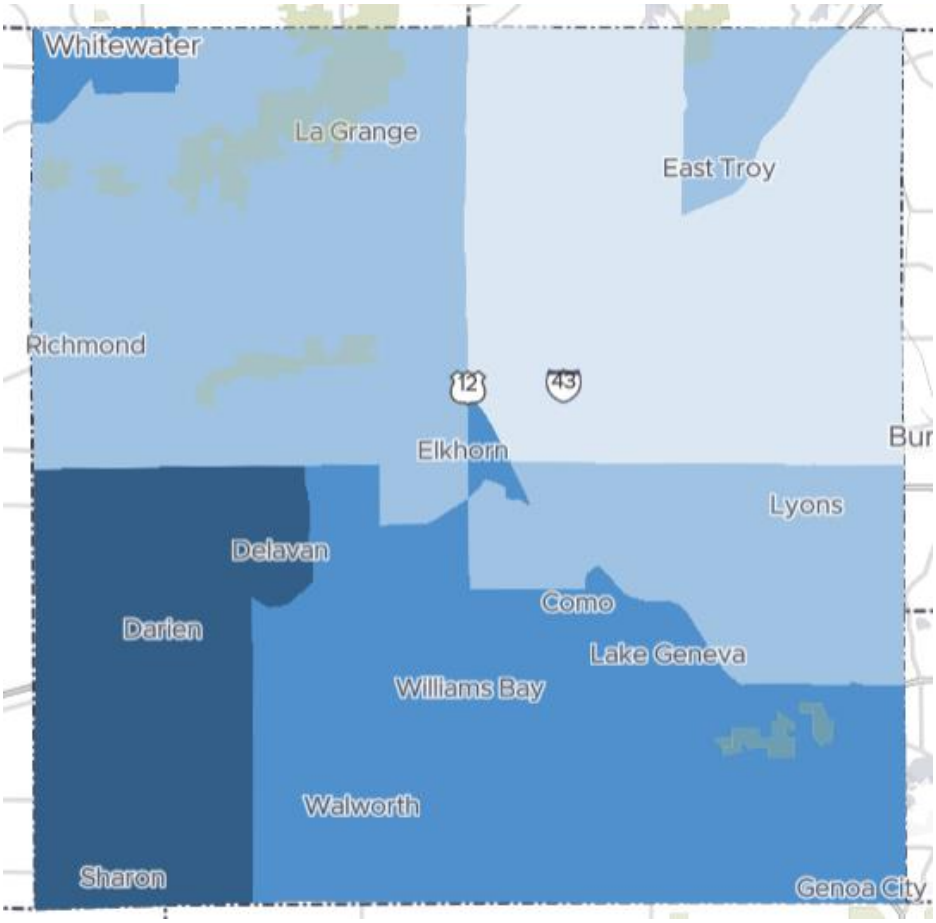
[2] Walworth County Visitor's Bureau. Available at http://www.visitwalworthcounty.com/, accessed March 24, 2020.
[3] Wisconsin Economic Impact Research: County Total Economic Impact. Available at http://industry.travelwisconsin.com/research/economic-impact, accessed March 24, 2020.
[4] Location of Walworth County Municipalities. Available at https://www.co.walworth.wi.us/530/Municipalities, accessed March 24, 2020.

Community Demographics (Source #2)

Total Population - Walworth County				
		2018		State 2018
	Total Population	103,013		5,813,568
Total Population- Race alone or in combination with one or more other races		N	%	
	White	98,515	95.6%	87.6%
	Black or African American	1,770	1.7%	7.6%
	Asian	1,530	1.5%	3.5%
	American Indian and Alaska Native	1,238	1.2%	1.6%
	Native Hawaiian and Other Pacific Islander	105	0.1%	0.1%
	Some Other Race	2,683	2.6%	2.4%
	Hispanic or Latino (of any race)	11,372	11.0%	6.9%
Total Population				
	Male	51,374	49.9%	49.7%
	Female	51,639	50.1%	50.3%
Total Population				
	0-14	17,933	17.4%	18.0%
	15-44	39,669	38.5%	38.2%
	45-64	28,483	27.6%	26.9%
	65+	16,928	16.5%	16.9%

Demographics - Walworth County			
		2018	State 2018
Education level of adults 25 years or older			
	Less than high school degree	9.5%	8.1%
	High school graduate	31.6%	30.9%
	Some college/Associate's degree	30.7%	31.4%
	Bachelor's degree or higher	28.3%	29.5%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	2.8%	2.7%
Median HH Income (2018 dollars)			
	Median Income	$61,106	$59,209
Percent of all people below poverty in last 12 months			
	Percent below poverty	11.7%	11.9%
Language spoken at home			
	English	90.1%	91.3%
	Spanish	7.9%	4.6%
	Other Indo-European Languages	1.4%	1.9%
	Asian and Pacific Islander Languages	0.6%	1.8%
	Other Languages	<0.1%	0.4%
Housing Tenure			
	Owner Occupied	67.7%	66.9%
	Renter Occupied	32.3%	33.1%

Walworth County



Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed March 6, 2020.

Population of Hispanic Origin: Percent by Census Tract
American Community Survey 2014-2018

- Over 20.5
- 7.5 - 20.5
- 2.7 - 7.5
- Under 2.7
- No Data or Data Suppressed

Walworth County

Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed March 6, 2020.

Non-Hispanic Population, Black: Percent by Census Tract
American Community Survey 2014-2018

- Over 14.9
- 4.0 - 14.9
- 0.9 - 4.0
- Under 0.9
- No Data or Data Suppressed

How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment
The inaugural community health needs assessment (CHNA) was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013. In 2019, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Walworth 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 described in this report.

Partnership
The community health survey was sponsored by Aurora Health Care, Mercy Health System and Children's Wisconsin and in partnership with the Walworth County Division of Public Health and Fort HealthCare. 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, cuph.org.

The 2020 CHNA 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 Walworth County every three years, conducted in partnership with the Walworth County Division of Public Health.

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, 2014, 2016) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Source #1 | Walworth County Community Health Survey Report
The community health survey is a primary community health data source. The latest telephone survey was completed between December 16, 2019 and January 22, 2020 and posted in 2020. 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 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 Walworth County (Appendix B). 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 2020 by the Center for Urban Population Health (CUPH). For further description see Appendix B.

Source #3 | Key Informant Interview Report
Twenty-seven key informant interviews were conducted between December 2019 and February 2020 and posted in 2020, 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 3 to 5 major health-related issues for Walworth 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 one-click portal on its website at aurora.org/commbenefits. *Through September 2020, ALMC did not receive any comments on the current CHNA Report or Implementation Strategy.*

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

Summary of Findings

This report focuses on the following data collection years: 2009, 2011, 2014, 2016 and 2019. 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 Walworth County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2019, 13% of the respondents delayed or did not seek medical care due to costs in the past 12 months, similar to 15% in 2016. The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased steadily from 73% in 2009 to 66% in 2019. The number of respondents reported that someone in their household an unmet medical need has decreased 12% in 2016 to 6% in 2019; those who were in the bottom 40% household income bracket were more likely to report this. Of the households with a child, 3% reported that a child did not receive the needed medical care in the past 12 months. In addition, 91% of the children have a medical home with a personal health care clinician who knows the child well, which does not meet 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).

- 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 important? 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 2019, 15% of respondents reported that someone in their household did not get the dental care they needed sometime in the last 12 months, a decrease from 23% in 2016. Four percent 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 important? 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]

[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 12, 2020.
[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 12, 2020.

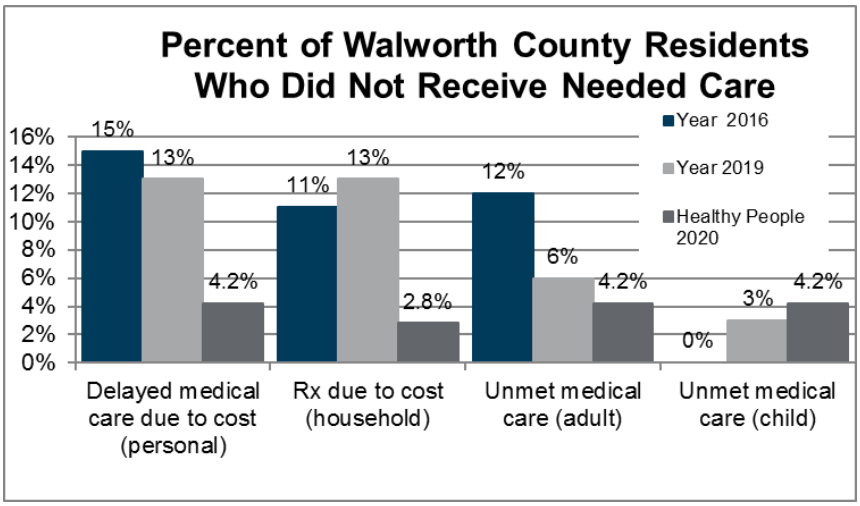
Unmet prescription medications | In 2019, 13% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, statistically similar to 2014 and 2016.

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

  Why is this important? 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 respondents reported that someone in their household had an unmet mental health care need in the past year remained similar from 4% in 2011 to 3% in 2019 (Source #1).

Why is this important? 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]



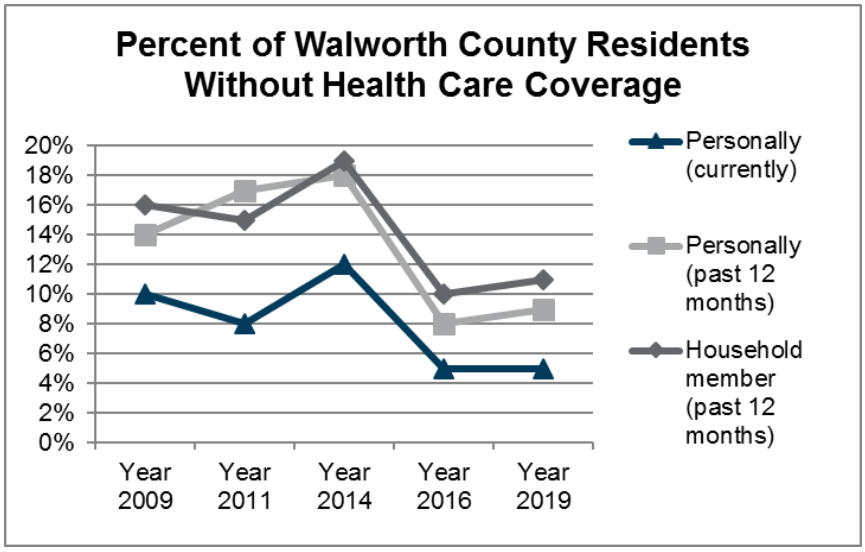
[7] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed February 12, 2020.
[8] Healthy People 2020 – Mental Health and Mental Disorders. U.S. Department of Health and Human Service. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed February 12, 2020.

Coverage

Health care coverage | In 2019, 5% of adults reported they personally were not currently covered with health care insurance, a decrease from 2009. Respondents who were 18 to 34 years old, 55 to 64 years old, with some high school education or in the bottom 60% household income bracket were more likely to report this. Similarly, 9% 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 14% in 2009. Eleven percent of adults reported a household member was not covered at least part of the time in the past year, an improvement from 16% in 2009 (Source #1).

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

Why is this important? 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]



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 residents (Source #1).

[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 12, 2020.
[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 12, 2020.
[11] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed February 12, 2020.

Asthma | In 2019, 10% of adults reported asthma (current), a stagnant trend since 2009. This is higher compared to the 9% for the state. Respondents who were female or with a high school education or less were more likely to report having asthma. In 2019, 13% of the children of the surveyed households currently had asthma (Source #1).

> **Why is this important?** 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.

Diabetes | In 2019, 9% of adults reported diabetes in the past three years, a slight increase from 5% in 2009. Respondents 65 and older, with a high school education or less, who were overweight or inactive were more likely to report having diabetes (Source #1).

> **Why is this important?** Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.[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 2019, 7% of adults reported heart disease or heart condition in the past three years. Respondents who were 65 and older, with a high school education or less or inactive were more likely to report heart disease or heart condition (Source #1).

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

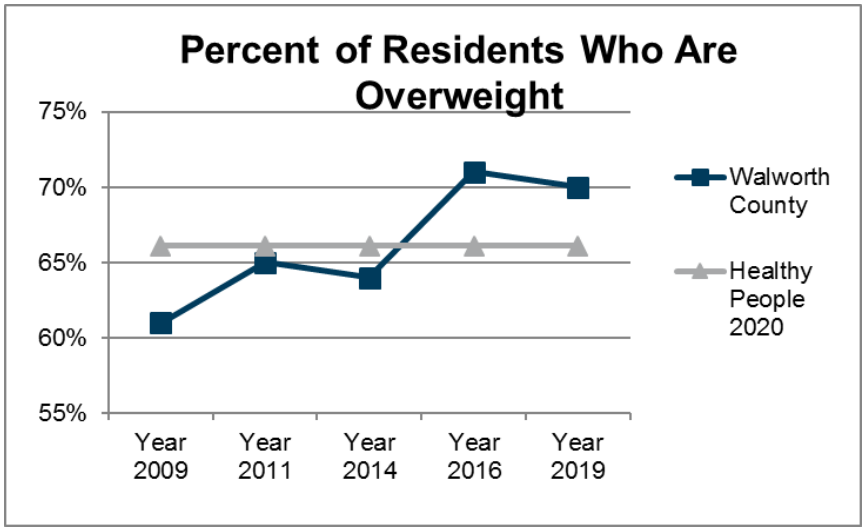
[12] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm. Accessed February 12, 2020.
[13] Centers for Disease Control and Prevention. - Diabetes Basics. Available at https://www.cdc.gov/diabetes/basics/index.html. Accessed February 12, 2020.
[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 12, 2020.
[15] Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed February 12, 2020.

Overweight/Obesity | In 2019, 70% of adults in Walworth County were classified as being overweight, an increase from the baseline of 61% in 2009. Respondents who were 35 to 44 years old, with a college education, in the top 40% household income bracket, who were married or inactive were more likely to report being overweight (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

In the Walworth 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).

– The *Healthy People 2020* goal for healthy weight is 66.1%.

Why is this important? 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 are obese have annual medical costs which average $1,429 higher than those of normal weight.[16]



[16] Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts. Available at https://www.cdc.gov/obesity/data/adult.html. Accessed February 12, 2020.

Cancer | The 2012-2016 cancer age-adjusted incidence rate in Walworth County was 501.3 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Walworth County's age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI) (Source #2).

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

Cancer	Walworth	WI
Female Breast Cancer Incidence Rate	131.9	130.3
Cervical Cancer Incidence Rate	3.1	6.9
Male Colorectal Cancer Incidence Rate	44.1	41.9
Female Colorectal Cancer Incidence Rate	36.0	31.7
Male Lung/Bronchus Cancer Incidence Rate	71.0	65.0
Female Lung/Bronchus Cancer Incidence Rate	51.8	53.1
Prostate Cancer Incidence Rate	112.4	109.4
Female Breast Cancer Mortality Rate	17.8	17.3
Cervical Cancer Mortality Rate	NA	1.3
Male Colorectal Cancer Mortality Rate	15.4	14.2
Female Colorectal Cancer Mortality Rate	10.9	10.8
Male Lung/Bronchus Cancer Mortality Rate	52.8	44.0
Female Lung/Bronchus Cancer Mortality Rate	29.5	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	20.3	20.9

[17] Centers for Disease Control and Prevention – Cancer. Available at https://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed February 12, 2020.

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

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

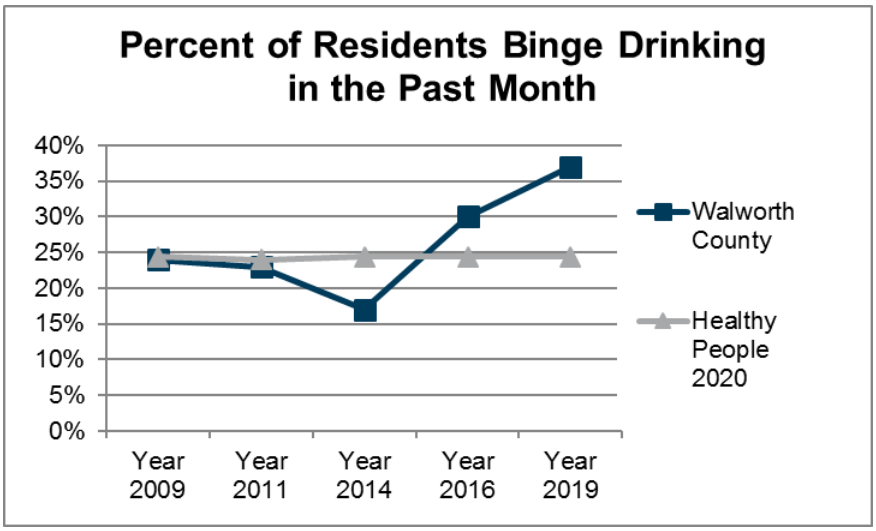
Alcohol use | In 2019, 37% of adults in Walworth County reported binge drinking in past month, a statistically significant increase from 2009 (24%), and higher than the state (26%). Respondents who are 45 to 54 years old or married were more likely to report binge drinking in the past month (Source #1). Less than 1% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1). Alcohol use was the most common reason Walworth County residents sought substance use services in 2019, with 443 residents receiving treatment.[19]

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 five health issues in the county by residents and key stakeholders (Sources #1 and #3).

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

  Why is this important? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drownings), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, poor diabetes control, cancer, mental health problems, and learning and memory issues. Binge drinking is extremely costly to society from losses in productivity, employment, health care, crime and other expenses.[21]

[18] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed February 12, 2020.
[19] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 8, 2020.
[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 12, 2020.
[21] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed February 12, 2020.



Substance use | In Walworth County, the rate of opioid-related mortality was 14.1 per 100,000 population in 2017, lower than Wisconsin rate of 16.7 per 100,000 population (Source #2). Opioid use was the third most common reason Walworth County residents sought substance use services in 2019, with 25 residents receiving treatment.[22] Residents and key informants identified substance use and abuse as one of the top health issues challenging the community (Sources #1 and #3).

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

Why is this important? Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over $600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems such as teenage pregnancy, HIV/AIDS, STIs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide.[23]

[22] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 8, 2020.
[23] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed February 17, 2020.

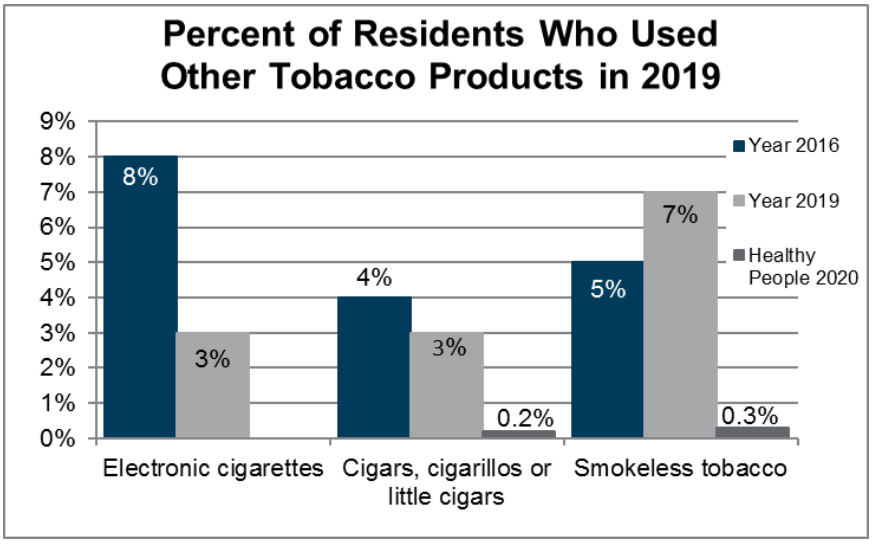
Tobacco Use and Exposure | In 2019, 13% of adults in Walworth County reported cigarette smoking in the past 30 days (current smoker), a decrease from the 2009 baseline of 23%. Respondents with a high school education or less were more likely to report being a current smoker. In addition, 3% of Walworth County adults were current users of electronic cigarettes in 2019 (Source #1). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past seven days declined to 11% in 2019 compared to 29% 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 2018, 8.6% of Walworth County mothers indicated smoking during pregnancy, lower than the state rate of 10.1% (Source #2).

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

  Why is this important? 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]

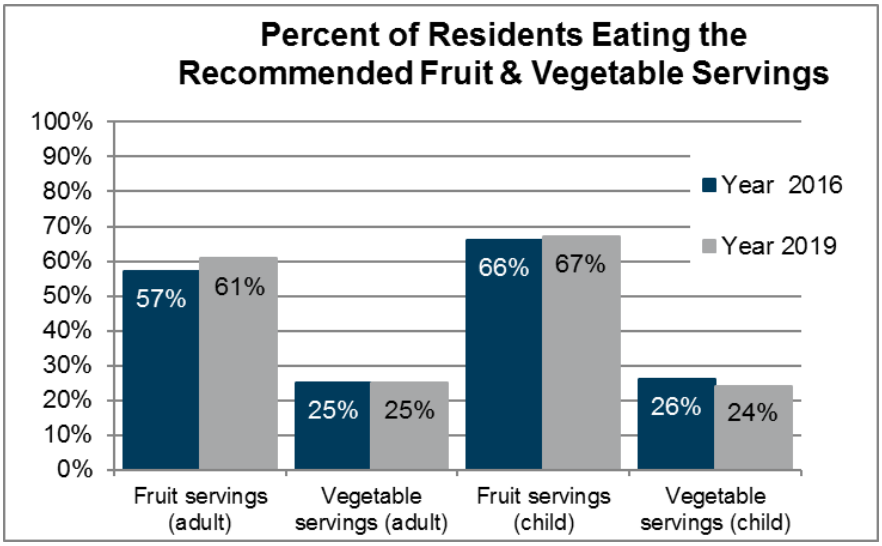


[24] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed February 12, 2020.

Nutrition and physical activity | In 2019, 46% of adults in Walworth County reported engaging in recommended moderate or vigorous activity, a decrease from 57% in 2016. In 2019, 57% of the children in Walworth County engaged in physical activity for 60 minutes at least five days out of the week. In 2019, 61% of adults in Walworth County reported eating the recommended fruit servings while 25% of adults reported eating the recommended vegetable servings. Two percent of respondents reported their household went hungry in the past year because they could not afford food (Source #1).

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



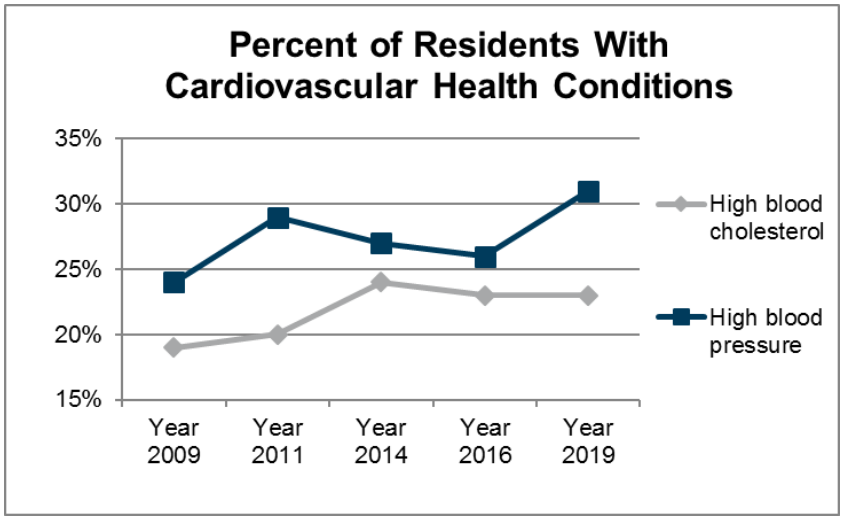
[25] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed February 12, 2020.
[26] Centers for Disease Control and Prevention – Physical Activity and Health. Available at https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm. Accessed February 12, 2020.

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2019, 31% of adults reported high blood pressure – an increase since 2009. Respondents who were aged 65 and over, with a high school education or less, who were overweight or inactive were more likely to report having high blood pressure. Also, 23% of adults in 2019 reported high cholesterol in the past three years, a static trend from the 2009 baseline. Respondents who were aged 65 and over or overweight were more likely to report high blood cholesterol (Source #1).

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

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



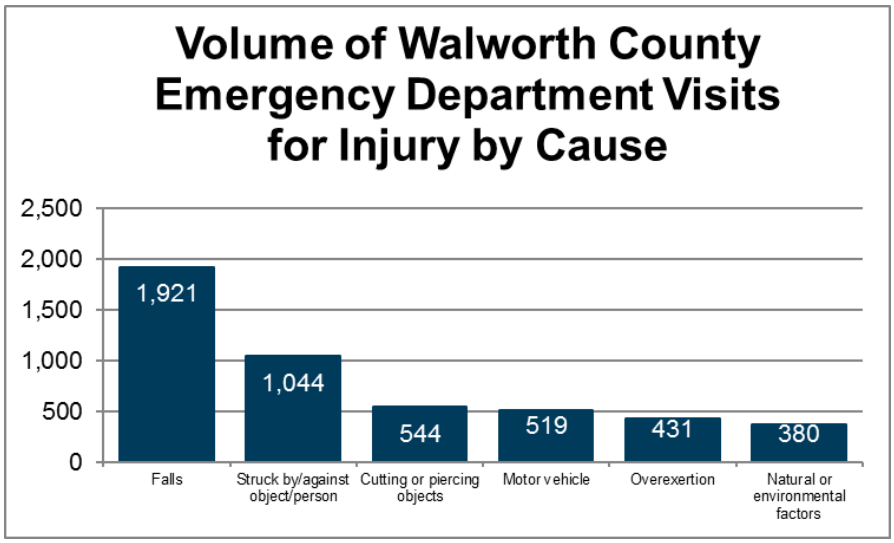
Injury and violence

Injury hospitalization | The 2018 Walworth County injury-related hospitalizations rate was 371.6 per 100,000, which is lower compared to the state (417.5 per 100,000). Walworth County residents who are Hispanic had higher rates of injury-related hospitalizations compared to residents who are Non-Hispanic White. The injury-related emergency department (ED) visit rate for Walworth County was 6,439.2 per 100,000, which is lower than the Wisconsin rate (7,251.1 per 100,000) (Source #2). The injury-related death rate in Walworth County was 91.6 per 100,000 population, higher than the Wisconsin rate of 85.6 per 100,000 population, and 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).

[27] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 12, 2020.
[28] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 12, 2020.
[29] Centers for Disease Control and Prevention – Heart Disease. Available at https://www.cdc.gov/heartdisease/medical_conditions.htm. Accessed February 12, 2020.

- 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 important? 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.[30]



Youth injury | In 2018, the total number of injury hospitalizations among Walworth County youth aged 0-17 years was 19, which is a rate of 102.1 per 100,000, lower than the state rate of 107.0 per 100,000.[31] Also in 2018, the total number of injury emergency department (ED) visits among Walworth County youth was 1,383 – a rate of 6,170.7 per 100,000, lower than the state rate of 7,282.2 per 100,000.[32] Of the ED visits by Walworth County youth, 362 resulted from falls.[33]

Why is this important? The leading cause of medical spending for children is injury treatment at nearly $11.5 billion annually in the United States. Almost nine million children aged 0 to 19 years are seen in EDs for injuries every year.[34]

[30] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at https://www.cdc.gov/injury/wisqars/overview/key_data.html. Accessed February 12, 2020.
[31] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed April 13, 2020.
[32] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed April 13, 2020.
[33] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed April 13, 2020
[34] Centers for Disease Control and Prevention – Protect the Ones You Love: Child Injuries are Preventable. Available at http://www.cdc.gov/safechild/. Accessed March 1, 2020.

Older adults injury | In 2018, the total number of injury emergency department (ED) visits among Walworth County adults aged 65 years and older was 1,120, which is a rate of 6,472.3 per 100,000, lower than the state rate of 6,711.3 per 100,000.[35] Of the ED visits by Walworth County adults aged 65 years and older, 561 resulted from falls.[36]

> **Why is this important?** Of adults aged 65 years or older, one-third experience a fall each year, but less than half inform their healthcare providers about it. Most fractures among older adults are due to falls. Besides fractures, older adults who suffered from a fall have lacerations, traumatic brain injuries and experience a fear of falling, thus limiting their future activities.[37]

Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[38] The rate of rape for Walworth County was 26.40 reports per 100,000 persons, slightly lower than Wisconsin's overall rate of 27.21 per 100,000 in 2018 (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.

> **Why is this important?** 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.[39]

Other violence | Walworth County reported 59 aggravated assault offenses in 2018.[40] In Wisconsin, the rate of Child Protective Services (CPS) reports was 34.2 per 1,000 children in 2018; Walworth County's rate was lower at 18.7 reports per 1,000 children (Source #2).

> **Why is this important?** Violence has a lasting effect throughout one's life. Survivors of violence may suffer from physical, emotional, social and other health problems.[41]

Reproductive health

Pap test screening | In 2019, 82% of women in Walworth County reported having a pap test within three years, similar to 81% in 2009 (Source #1).

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

[35] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed April 13, 2020.
[36] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed April 13, 2020.
[37] Centers for Disease Control and Prevention – Older Adult Falls: Get the Facts. Available at http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Accessed March 1, 2020.
[38] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 12, 2020.
[39] Centers for Disease Control and Prevention – Violence Prevention/Sexual Violence: Consequences. Available at https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed February 12, 2020.
[40] Wisconsin Department of Justice, UCR Offense Data. Available at https://www.doj.state.wi.us/dles/bjia/ucr-offense-data. Accessed February 12, 2020.
[41] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 12, 2020.

Births receiving first trimester care | In 2018, the percent of births receiving first trimester care in Walworth County was 78.7%, higher compared to the state (76.0%)(Source #2).

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

Premature births | In 2018, the percent of mothers with premature births in Walworth County was 8.4%, lower compared to the state (9.9%)(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 2018, the percent of mothers with low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Walworth County was 6.7%, lower compared to the state (7.7%) (Source #2).

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

  Why is this important? Preconception and early prenatal care improve 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.[42]

Birth rate to teens| In 2018, births among Walworth County females aged 15-17 years was 3.6 per 1,000 females, lower than the state rate of 5.2 births per 1,000 females. For Walworth County females aged 15-19 years, the birth rate was 9.3 per 1,000 females, lower than the state rate of 13.2 births per 1,000 females (Source #2).

Why is this important? 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.[43]

Infant Mortality | In 2017, the rate of infants dying before their first birthday in Walworth County was 5.4 deaths per 1,000 live births, lower than the statewide rate of 6.1 deaths per 1,000 live births (Source #2).

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

Mental health

Mental health conditions | In 2019, 24% of Walworth County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, an increase from 10% in 2009 (Source #1). Mental health was identified as one of the top health issues in the county by key stakeholders (Source #3).

[42] Centers for Disease Control and Prevention – Reproductive Health: Preterm Birth. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed February 12, 2020.
[43] Centers for Disease Control and Prevention – Reproductive Health: About Teen Pregnancy. Available at https://www.cdc.gov/teenpregnancy/about/index.htm. Accessed February 12, 2020.

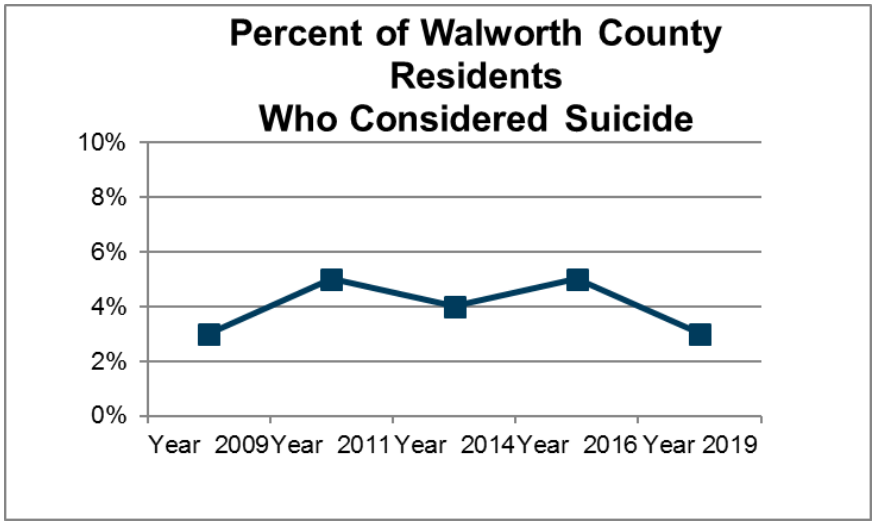
Mental health is defined as including "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices."[44] Indicators of mental health include emotional, social and psychological well-being. 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."[45] Anxiety, depression, and bipolar disorder are examples of mental illness.

> **Why is this important?** 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.[46]

Suicide | In 2019, 3% of adults in Walworth County reported feeling so overwhelmed in the past year that they considered suicide, comparable to 5% in 2016. Note: The survey did not ask how seriously, how often or how recently suicide was considered. Six percent of the households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). Additionally, in 2018, there were 19 suicides in Walworth County at a rate of 18.5 per 100,000, higher than the Wisconsin rate of 15.3 per 100,000 population (Source #2).

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

> **Why is this important?** 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.[47]



[44] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[45] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[46] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[47] Centers for Disease Control and Prevention – Suicide Prevention. Available at https://www.cdc.gov/violenceprevention/suicide/. February 12, 2020.

IV. Prioritization of Health-Related Issues

Priority Setting Process

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 2020, 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)
- Aligns with Advocate Aurora Health Community Strategy
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[48] (see Appendix E for details)

[48] 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 February 10, 2020.

Health Needs Selected

Using these criteria, Aurora Lakeland Medical Center prioritized the significant health needs to address in the 2021-2023 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health

Health Needs Not Selected

The implementation strategy does not include specific strategies and goals for chronic disease as this is part of the standard continuum of clinical care at ALMC, Aurora clinics and other community health care providers. 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.

V. Approval of Community Health Needs Assessment

The completed Community Health Needs Assessment (CHNA) report was adopted by the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on December 9, 2020.

VI. Community Resources and Assets

Available community resources and assets for each top community health issue as noted by interviewed community members are located in Appendix C. The organizations listed as providing key informants for interviews are resources for the community as well. Specific resources leveraged by the hospital are identified in the Implementation Strategy.

VII. Vehicle for Community Feedback

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

VIII. Evaluation of Impact

The impact of the initiatives identified in ALMC’s *2017 Community Health Needs Assessment Report* / *2018-2020 Implementation Strategy* plan, which was executed with several successes, including providing behavioral health screening in the ED, safe sleep and baby care education to new mothers, chronic disease education and screenings, and supporting AODA initiatives. For detailed evaluation of impact, see Appendix F.

IX. Appendices

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

The report is available at 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 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 Walworth 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=200). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=200). At least 8 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 December 16, 2019 and January 22, 2020. 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 Walworth 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 820 adults.

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 cellphone 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 Aurora Health Care, Mercy Health System and Children's Wisconsin, and in partnership with the Walworth County Division of Public Health and Fort HealthCare. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

Appendix B | Walworth County Health Data Report: A summary of secondary data sources (Source #2)

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In spring of 2020, 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 Walworth 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 publicly 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 incidence, are based on case reports. 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*

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 Aurora Health Care, Mercy Health System and Children's Wisconsin, and in partnership with the Walworth County Division of Public Health and Fort HealthCare. The report was prepared by the Center for Urban Population Health.

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

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Twenty-seven key informant interviews were conducted between December 2019 and February 2020. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Walworth County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health inequities 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 March, 2020*
Aging & Disability Resource Center	The purpose of the Walworth County Aging and Disability Resource Center (ADRC) is to provide support and assistance to older adults, adults with disabilities and youth in transition, so they can remain independent in the least restrictive environment.
Advocate Aurora Health	Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems 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.
Bethel House	Bethel House in an ecumenical project helping families facing homelessness in Whitewater. Bethel House provides transitional housing and case management to families in need.
Calvary Community Church	"At Calvary Community Church, we are committed to loving God and passionately reaching into the world with the truth of the Gospel of Jesus Christ, by encouraging one another to know Him and Serve Him."
Child Advocacy Center	The Child Advocacy Center, a service of Children's Hospital of Wisconsin is a special place where children come for help if they've been abused physically or sexually, neglected, or exposed to domestic violence.
UW-Extension Walworth County	"We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities.
Fort HealthCare	Fort HealthCare is a patient-centered hospital and healthcare system serving individuals, businesses and families in Jefferson, Dane, and Walworth Counties.
Geneva Lakes Family YMCA	Mission: To put Christian principles into practices through programs that build healthy spirit, mind and body for all.

Lakeland Health Care Center	Lakeland Health Care Center (LHCC) is a 5-Star post-acute rehabilitation, skilled nursing facility licensed by the state of Wisconsin.
Lakeland School	Lakeland School is an important resource and integral part of Walworth County's Special Education system, working in harmony and cooperation with the independent school districts within the County.
Mercy Health System	For over 125 years, Mercy Health System has touched the lives of millions of individuals throughout southern Wisconsin and Northern Illinois.
New Beginnings	Mission: To provide supportive services and advocacy for adult and child victims of domestic violence, sexual assault, stalking, harassment and human trafficking. We also educate the community about these critical issues.
Open Arms Free Clinic	Open Arms Free Clinic (OAFC) is the first and only free medical and supportive care clinic in Walworth County serving low-income and uninsured residents with primary medical, dental, vision, behavioral health, lab and pharmaceutical assistance.
Rock-Walworth Community Action	Community Action, Inc. (CAI) is a not-for-profit organization offering programs to fight poverty in Rock and Walworth Counties.
Walworth County Department of Health and Human Services	Mission: "Our Department exists to serve as a Resource for persons who need assistance, a Safety Net for individuals and families in crisis, and a Partner for improving quality of life."
Walworth County Food Pantry	Mission: To provide individuals and families nutritional supplemental food, diapers, feminine hygiene and supplies during a time of crisis, in a cheerful, welcoming, nonjudgmental environment without regard to age, race, creed, color, national origin, physical or developmental disability.
Walworth County Medical Examiner	A 'Medical Examiner' is a county official appointed by the County Executive and/or the County Board of Supervisors.
Walworth County Sheriff's Office	Mission: As members of the Walworth County Sheriff's Office, we pledge to preserve and enhance the quality of life within the community through efficient, effective and professional law enforcement services.
Walworth County Board	Administer the functions and operations of city government.

The key informant interviews were conducted by Aurora Health Care, Mercy Health System, Walworth County Division of Public Health and Fort HealthCare. 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 Walworth County and the identified community assets

The top five health issues that emerged as key priorities for Walworth County were: 1) mental health, 2) access to health care, 3) substance use and abuse, 4) oral health, and 5) alcohol abuse.

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

1. **Mental health:** Hospitals should be partnering with mental health services providers, emergency services, schools, local government, non-profit organizations, churches, social organizations, higher education institutions that are training the future behavioral health workforce, local businesses, law enforcement, child care providers, transportation providers, organizations that provide services to seniors and people with disabilities, county Health and Human Services, Open Arms Free Clinic, Conexiones Latinas, the YMCA and National Alliance on Mental Illness Walworth Inc.

2. **Access to Health Care:** Hospitals should be partnering with schools, local chambers of commerce, housing managers, local government, mobility managers for the county, child care providers, churches, the county Department of Health and Human Services, Open Arms Free Clinic, Alzheimer's Association, Multiple Sclerosis Society, Leukemia and Lymphoma Society and Employee Assistance Programs,.

3. **Substance Use and Abuse**: Hospitals should be partnering with business owners, the criminal justice system, law enforcement, emergency medical services, pain management clinics, school districts, parent organizations, youth-serving organizations, substance abuse treatment providers from surrounding areas, churches, the county's Department of Health and Human Services, New Beginnings APFV and the Walworth County Drug and Alcohol Coalition.

4. **Oral Health**: Hospitals should be partnering with local dentists, local schools that train dentists and hygienists, schools, school nurses, municipal councils, mayors, public works departments, Division of Public Health, United Way, and Open Arms Free Clinic.

5. **Alcohol Abuse**: Hospitals should be partnering with law enforcement, substance abuse treatment centers in surrounding areas, the justice system, the local business community, schools, faith communities, Open Arms Free Clinic, New Beginnings APFV, the Tavern League and Conexiones Latinas.

Partners & Contracts: This report was sponsored by Aurora Health Care, Mercy Health System and Children's Wisconsin and in partnership with the Walworth County Division of Public Health and Fort HealthCare. The report was prepared by the Center for Urban Population Health.

Appendix D | Walworth County Community Health Survey Report Summary: 2019

Walworth County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Walworth County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children's Wisconsin, Mercy Health System, the Center for Urban Population Health and Walworth County Division of Public Health. Please see the full report for complete data analysis.

	Walworth					*WI*	*US*
Overall Health	2009	2011	2014	2016	2019	*2018*	*2018*
Excellent/Very Good	61%	49%	46%	53%	58%	*52%*	*51%*
Good	31%	35%	37%	32%	26%	*33%*	*32%*
Fair or Poor	8%	16%	17%	16%	17%	*15%*	*17%*
Health Care Coverage	Walworth					*WI*	*US*
Not Covered	2009	2011	2014	2016	2019	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	10%	8%	12%	5%	5%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	11%	10%	14%	6%	6%	*11%*	*13%*
Personally (Past Year, 18 and Older)	14%	17%	18%	8%	9%	*NA*	*NA*
Household Member (Past Year)	16%	15%	19%	10%	11%	*NA*	*NA*
	Walworth					*WI*	*US*
Did Not Receive Care Needed in Past Year	2009	2011	2014	2016	2019	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	--	--	15%	13%	*10%*	*12%*
Unmet Need/Care in Household[1]							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	--	14%	11%	13%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]	--	7%	11%	12%	6%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]	--	5%	20%	23%	15%	*NA*	*NA*
Mental Health Care	--	4%	--	5%	3%	*NA*	*NA*
Health Information	Walworth					*WI*	*US*
Primary Source of Health Information	2009	2011	2014	2016	2019	*2018*	*2018*
Doctor	--	--	--	55%	54%	*NA*	*NA*
Internet	--	--	--	23%	31%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	--	--	7%	5%	*NA*	*NA*
Other Health Professional	--	--	--	6%	3%	*NA*	*NA*
	Walworth					*WI*	*US*
Caregiver to Family/Friend with Health Problem or Disability	2009	2011	2014	2016	2019	*2018*	*2018*
Past Month	--	--	--	--	23%	*NA*	*NA*
Next Two Years	--	--	--	--	34%	*NA*	*NA*
	Walworth					*WI*	*US*
Health Services	2009	2011	2014	2016	2019	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	90%	85%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	73%	79%	78%	79%	66%	*NA*	*NA*
Urgent Care Center	7%	6%	6%	9%	24%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	1%	3%	*NA*	*NA*
Hospital Emergency Room	1%	3%	5%	4%	2%	*NA*	*NA*
Hospital Outpatient Department	7%	1%	1%	2%	1%	*NA*	*NA*
Public Health Clinic/Com. Health Center	5%	4%	1%	0%	<1%	*NA*	*NA*
Worksite Clinic	--	--	--	<1%	<1%	*NA*	*NA*
No Usual Place	5%	6%	8%	4%	4%	*NA*	*NA*
Advance Care Plan	33%	31%	38%	36%	40%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.

[1]In 2019, the question was asked about any household member. In previous years, the question was asked of respondents only.

	Walworth					WI	US
Vaccinations (65 and Older)	2009	2011	2014	2016	2019	2018	2018
Flu Vaccination (Past Year)	69%	64%	76%	69%	84%	46%	55%
Pneumonia (Ever) [HP2020 Goal: 90%]	69%	68%	79%	81%	78%	75%	74%

	Walworth					WI	US
Routine Procedures	2009	2011	2014	2016	2019	2018	2018
Routine Checkup (2 Years Ago or Less)	82%	82%	78%	85%	85%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	64%	71%	74%	73%	77%	83%[1]	86%[1]
Dental Checkup (Past Year) [HP2020 Goal: 49%]	65%	59%	59%	66%	72%	71%	68%
Eye Exam (Past Year)	48%	50%	41%	42%	42%	NA	NA

	Walworth					WI	US
Health Conditions in Past 3 Years	2009	2011	2014	2016	2019	2018	2018
High Blood Pressure	24%	29%	27%	26%	31%	NA	NA
Mental Health Condition	10%	19%	21%	22%	24%	NA	NA
High Blood Cholesterol	19%	20%	24%	23%	23%	NA	NA
Diabetes	5%	7%	5%	10%	9%	NA	NA
Heart Disease/Condition	7%	6%	7%	7%	7%	NA	NA
Asthma (Current)	7%	6%	11%	12%	10%	9%	10%

	Walworth					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2009	2011	2014	2016	2019	2018	2018
High Blood Pressure	--	--	98%	98%	99%	NA	NA
Mental Health Condition	--	--	95%	72%	93%	NA	NA
High Blood Cholesterol	--	--	88%	93%	96%	NA	NA
Diabetes	--	--	100%	95%	84%	NA	NA
Heart Disease/Condition	--	--	100%	89%	100%	NA	NA
Asthma (Current)	--	--	100%	69%	100%	NA	NA

	Walworth					WI	US
Physical Activity							
Physical Activity/Week	2009	2011	2014	2016	2019	2009	2009
Moderate Activity (5 Times/30 Min)	32%	42%	40%	41%	40%	NA	NA
Vigorous Activity (3 Times/20 Min)	28%	24%	25%	40%	25%	NA	NA
Recommended Moderate or Vigorous	45%	48%	48%	57%	46%	53%	51%

	Walworth					WI	US
Body Weight							
Overweight Status	2009	2011	2014	2016	2019	2018	2018
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	61%	65%	64%	71%	70%	67%	66%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	24%	31%	36%	34%	40%	32%	31%

	Walworth					WI	US
Nutrition and Food Security	2009	2011	2014	2016	2019	2009	2009
Fruit Intake (2+ Servings/Day)	58%	59%	60%	57%	61%	NA	NA
Vegetable Intake (3+ Servings/Day)	24%	28%	23%	25%	25%	NA	NA
At Least 5 Fruit/Vegetables/Day	35%	35%	36%	33%	36%	23%	23%
Household Went Hungry (Past Year)	--	--	--	6%	2%	NA	NA

	Walworth					WI	US
Colorectal Cancer Screenings (50 and Older)	2009	2011	2014	2016	2019	2018	2018
Blood Stool Test (Within Past Year)	--	--	13%	12%	14%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	7%	9%	6%	7%	5%	3%	2%
Colonoscopy (Within Past 10 Years)	65%	65%	68%	66%	70%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	66%	65%	72%	70%	76%	75%	70%

--Not asked. NA-WI and/or US data not available. [1]WI and US data for cholesterol test is from 2017.

	Walworth					WI	US
Women's Health	2009	2011	2014	2016	2019	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	80%	73%	70%	73%	75%	*78%*	*78%*
Bone Density Scan (65 and Older)	74%	77%	87%	82%	76%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	81%	83%	80%	74%	82%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	61%	48%	65%	*NA*	*NA*
Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	82%	77%	89%	*NA*	*NA*

	Walworth					WI	US
Tobacco Cigarette Smokers or Vapers	2009	2011	2014	2016	2019	*2018*	*2018*
Current Smokers [HP2020 Goal: 12%]	23%	27%	25%	24%	13%	*17%*	*16%*
Current Vapers (Past Month)	--	--	3%	8%	3%	*5%*[1]	*4%*
Of Current Smokers/Vapers…						*2005*	*2005*
Quit Smoking/Vaping 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	49%	58%	64%	51%	48%	*40%*	*56%*
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	66%	75%	72%	78%	68%	*NA*	*NA*

	Walworth					WI[2]	US
Exposure to Smoke/Vapor							
Smoking Policy at Home	2009	2011	2014	2016	2019	*'14-15*	*'14-15*
Not Allowed Anywhere	77%	80%	82%	89%	82%	*84%*	*87%*
Allowed in Some Places/At Some Times	8%	9%	6%	4%	8%	*NA*	*NA*
Allowed Anywhere	4%	2%	2%	<1%	<1%	*NA*	*NA*
No Rules Inside Home	11%	9%	10%	5%	9%	*NA*	*NA*
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	29%	18%	20%	15%	11%	*NA*	*NA*

	Walworth					WI	US
Other Tobacco Products in Past Month	2009	2011	2014	2016	2019	*2018*	*2018*
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	6%	5%	7%	*4%*	*4%*
Cigars, Cigarillos or Little Cigars	--	--	4%	4%	3%	*NA*	*NA*

	Walworth					WI	US
Alcohol Use in Past Month	2009	2011	2014	2016	2019	*2018*	*2018*
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	24%	23%	17%	30%	37%	*26%*	*16%*
Driver/Passenger When Driver Perhaps Had Too Much to Drink	4%	4%	1%	1%	<1%	*NA*	*NA*

	Walworth					WI	US
Household Problems in Past Year Associated With…	2009	2011	2014	2016	2019	*2018*	*2018*
Alcohol	6%	6%	1%	2%	4%	*NA*	*NA*
Marijuana	--	--	--	2%	<1%	*NA*	*NA*
Misuse of Prescription or OTC Drugs	--	--	--	1%	<1%	*NA*	*NA*
Cocaine, Heroin or Other Street Drugs	--	--	--	<1%	0%	*NA*	*NA*
Gambling	--	--	--	1%	0%	*NA*	*NA*

	Walworth					WI	US
Working Detectors in Household	2009	2011	2014	2016	2019	*2018*	*2018*
Smoke and Carbon Monoxide Detectors	56%	70%	76%	80%	85%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data. [2]Midwest data.
*In 2009, binge drinking was defined as 5 or more drinks regardless of gender. Since 2011, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Walworth					WI	US
Human Trafficking	2009	2011	2014	2016	2019	2018	2018
Personally Know Someone Who Experienced Human Trafficking	--	--	--	--	2%	NA	NA

	Walworth					WI	US
Personal Safety Issues in Past Year	2009	2011	2014	2016	2019	2018	2018
Afraid for Their Safety	5%	5%	2%	2%	4%	NA	NA
Pushed, Kicked, Slapped, or Hit	5%	5%	<1%	2%	2%	NA	NA
At Least One of the Safety Issues	10%	8%	2%	4%	5%	NA	NA

	Walworth					WI	US
Mental Health Status	2009	2011	2014	2016	2019	2018	2018
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	9%	5%	6%	8%	NA	NA
Considered Suicide (Past Year)	3%	5%	4%	5%	3%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	4%	7%	7%	6%	3%	NA	NA

	Walworth					WI	US
Children in Household	2009	2011	2014	2016	2019	2018	2018
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	--	99%	91%	NA	NA
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	--	--	95%	96%	NA	NA
Did Not Receive Care Needed (Past Year)							
Medical Care	--	--	--	0%	3%	NA	NA
Dental Care	--	--	--	7%	4%	NA	NA
Specialist	--	--	--	0%	<1%	NA	NA
Current Asthma	--	--	--	3%	13%	NA	NA
Safe in Community/Neighborhood Seldom/Never	--	--	--	0%	3%	NA	NA
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	--	--	66%	67%	NA	NA
Vegetable Intake (3+ Servings/Day)	--	--	--	26%	24%	NA	NA
5+ Fruit/Vegetables per Day	--	--	--	30%	39%	NA	NA
Physical Activity (60 Min./5 or More Days/Week)	--	--	--	61%	57%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	--	--	1%	6%	NA	NA
Experienced Some Form of Bullying (Past Year)	--	--	--	14%	22%	NA	NA
Verbally Bullied	--	--	--	13%	20%	NA	NA
Physically Bullied	--	--	--	1%	3%	NA	NA
Cyber Bullied	--	--	--	0%	1%	NA	NA

	Walworth					WI	US
Top County Health Issues	2009	2011	2014	2016	2019	2018	2018
Illegal Drug Use	--	--	--	26%	33%	NA	NA
Access to Health Care	--	--	--	19%	25%	NA	NA
Alcohol Use or Abuse	--	--	--	22%	17%	NA	NA
Chronic Diseases	--	--	--	16%	16%	NA	NA
Overweight or Obesity	--	--	--	15%	14%	NA	NA
Prescription or OTC Drug Abuse	--	--	--	6%	14%	NA	NA
Mental Health or Depression	--	--	--	11%	13%	NA	NA
Affordable Health Care	--	--	--	5%	10%	NA	NA
Tobacco Use	--	--	--	10%	8%	NA	NA
Access to Affordable Healthy Food	--	--	--	5%	8%	NA	NA
Cancer	--	--	--	5%	4%	NA	NA
Infectious Diseases	--	--	--	4%	4%	NA	NA

--Not asked. NA-WI and/or US data not available.
*In 2016, the question was asked for children 8 to 17 years old.

General Health
In 2019, 58% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents 35 to 44 years old, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report fair or poor health. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2016 to 2019, there was no statistical change.*

Health Care Coverage
In 2019, 5% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, 55 to 64 years old, with some post high school education or in the bottom 60 percent household income bracket were more likely to report this. Nine percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2009 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2009 to 2019, 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 year while from 2016 to 2019, there was no statistical change.*

In 2019, 13% 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 year; respondents 35 to 44 years old or with a high school education or less were more likely to report this. Thirteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents with children in the household were more likely to report this. Six percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Fifteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents 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 year someone did not receive the mental health care needed. *From 2016 to 2019, the overall percent statistically remained the same for respondents who reported in the past year 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 medical care. From 2014 to 2019, 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 in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet mental health care for someone in the household in the past year, as well as from 2016 to 2019. Please note: in 2019, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.*

Health Care Information
In 2019, 54% of respondents reported they contact a doctor when looking for health information or clarification while 31% reported they look on the Internet. Five percent reported they were, or a family member was, in the health care field and their source for health information while 3% reported other health professional. Respondents 65 and older, with a high school education or less or unmarried respondents were more likely to report they contact a doctor. Respondents with a college education or married respondents were more likely to report the Internet. Respondents who were female, 18 to 34 years old or in the bottom 60 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported doctor or they were/family member was in the health care field and their source of health information/clarification. From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported the Internet as their source of health information/clarification. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported other health professional as their source of health information/clarification.*

Health Care Services
In 2019, 85% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the top 40 percent household income bracket were more likely to report a primary care physician. Sixty-six 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 24% reported an urgent care center. Two percent reported a hospital emergency room while 1% reported a hospital outpatient department and less than one percent reported a public health clinic/community health 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 who were female, 18 to 44 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Forty 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 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department or a public health clinic/community health center while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2016 to 2019, there was no statistical change.*

In 2019, 23% of respondents reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability in which they are not paid as a caregiver. Respondents who were female, 55 to 64 years old, with a college education or married respondents were more likely to report they were a caregiver. Thirty-four percent of respondents reported in the next two years they expect to be a caregiver; respondents who were female, 18 to 34 years old, 55 to 64 years old or married were more likely to report this.

Routine Procedures
In 2019, 85% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-two percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents 45 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. Respondents 35 to 54 years old, 65 and older or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents 65 and older, with a high school education or less, in the top 40 percent household income bracket or married respondents were more likely to report an eye exam in the past year. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less or an eye exam in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less or a dental checkup in the past year while from 2016 to 2019, there was no statistical change.*

Vaccinations
In 2019, 47% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the top 40 percent household income bracket were more likely to report a flu vaccination. Seventy-eight percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime, as well as from 2016 to 2019.*

Health Conditions
In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%) a mental health condition (24%) or high blood cholesterol (23%). Respondents 65 and older, with a high school education or less, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 35 to 44 years old, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 65 and older or overweight were more likely to report

high blood cholesterol. Nine percent of respondents reported diabetes; respondents 65 and older, with a high school education or less, who were overweight or inactive were more likely to report this. Seven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with a high school education or less or inactive respondents were more likely to report heart disease/condition. Ten percent reported current asthma; respondents who were female or with a high school education or less were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported the condition was controlled through medication, therapy or lifestyle changes except for diabetes (84%). *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported high blood pressure, a mental health condition or diabetes while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease/condition or current asthma, as well as from 2016 to 2019.*

Mental Health Status

In 2019, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life while from 2016 to 2019, there was a statistical decrease.*

Physical Health

In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Twenty-five percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 46% met the recommended amount of physical activity; respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or not overweight were more likely to report this. *From 2009 to 2019, 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 while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was a statistical decrease.*

In 2019, 70% of respondents were classified as at least overweight while 40% were obese. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were married or inactive were more likely to be classified as at least overweight. Respondents who were 35 to 54 years old, married or inactive were more likely to be obese. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2016 to 2019, there was no statistical change.*

Nutrition and Food Insecurity

In 2019, 61% of respondents reported two or more servings of fruit while 25% reported three or more servings of vegetables on an average day. Respondents who were female, 18 to 34 years old, not overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, with a college education, who were married or did at least some physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-six percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 18 to 34 years old, 45 to 54 years old, with a college education or who did an insufficient amount of physical activity were more likely to report this. Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past year. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables, as well as from 2016 to 2019. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health

In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Seventy-six percent of female respondents 65 and older had a bone density scan. Eighty-two percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-five percent of respondents 18 to 65 years old reported an HPV test within the

past five years. Eighty-nine percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). *From 2009 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2016 to 2019, there was a statistical increase.*

Colorectal Cancer Screening

In 2019, 14% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 70% reported a colonoscopy within the past ten years. This results in 76% of respondents meeting the current colorectal cancer screening recommendations; respondents who were in the top 40 percent household income bracket or married were more likely to report this. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2016 to 2019.*

Alcohol Use

In 2019, 37% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were 45 to 54 years old or married were more likely to have binged at least once in the past month. Less than one 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 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2016 to 2019, there was no statistical change.*

Tobacco Use

In 2019, 13% of respondents were current tobacco cigarette smokers; respondents with a high school education or less were more likely to be a smoker. Three percent of respondents used electronic cigarettes in the past month. Forty-eight percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Sixty-eight percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was no statistical change in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, the tobacco cessation and health professional advised quitting questions included current smokers and current vapers. In previous years, both questions were asked of current smokers only.*

In 2019, 82% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket or married were more likely to report smoking is not allowed anywhere inside the home. Eleven percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, with some post high school education or unmarried respondents were more likely to report this. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2019, 7% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male, in the top 40 percent household income bracket or married were more likely to report smokeless tobacco use. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2016 to 2019.*

Household Problems

In 2019, 4% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year; respondents in households with children were more likely to report this. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana or the misuse of prescription drugs/over-the-counter drugs in the past year. Zero percent of respondents each reported a household problem in connection with cocaine/heroin/other street drugs or gambling. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year while from 2016 to 2019, there was a statistical increase. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported a household problem with marijuana or gambling in the past year. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with cocaine/heroin/other street drugs or the misuse of prescription drugs/over-the-counter drugs in the past year.*

Detectors in Household

In 2019, 96% of households had a working smoke detector while 86% had a working carbon monoxide detector. Eighty-five percent of households had both detectors. Respondents in the top 40 percent household income bracket or in households with children were more likely to report both detectors. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector, as well as from 2016 to 2019.*

Human Trafficking

In 2019, 2% of respondents reported they personally know of someone who experienced human trafficking.

Personal Safety

In 2019, 4% of respondents reported someone made them afraid for their personal safety in the past year. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents 35 to 44 years old were more likely to report this. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported they were pushed/kicked/slapped/hit in the past year while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues in the past year while from 2016 to 2019, there was no statistical change.*

Children in Household

In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-one percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 96% reporting their child visited their primary doctor or nurse for preventive care during the past year. Four percent of respondents reported in the past year their child did not receive the dental care needed while 3% reported their child did not receive the medical care needed. Less than one percent of respondents reported there was a time in the past year their child did not visit a specialist they needed. Thirteen percent of respondents reported their child currently had asthma. Three percent of respondents reported their child was seldom/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 average day while 24% reported three or more servings of vegetables. Thirty-nine percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Fifty-seven percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Twenty-two percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 20% reported verbal bullying, 3% physical bullying and 1% reported cyber bullying. *From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their child had a primary doctor or nurse. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child had an unmet medical care need, unmet dental care need or was unable to see a specialist when needed. From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported their child currently had asthma. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child was*

seldom/never safe in their community. From 2016 to 2019, 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, ate at least three servings of vegetables or met the recommendation of at least five servings of fruit/vegetables on an average day. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall as well as verbally bullied, physically bullied or cyber bullied.

Top County Health Issues

In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (33%), access to health care (25%) or alcohol use/abuse (17%). Respondents 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents who were female, 55 to 64 years old, with a college education or married respondents were more likely to report access to health care. Sixteen percent of respondents reported chronic diseases as a top issue; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Fourteen percent of respondents were more likely to report overweight or obesity; respondents who were male, with a college education or married respondents were more likely to report this. Fourteen percent of respondents reported prescription or over-the-counter drug abuse; respondents who were male, 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported mental health/depression; respondents who were female or with a college education were more likely to report this. Ten percent of respondents reported affordable health care; respondents who were female, 45 to 54 years old, with some post high school education or married respondents were more likely to report this. Eight percent reported tobacco use as a top issue; respondents 45 to 54 years old were more likely to report this. Eight percent of respondents reported access to affordable healthy food; respondents with a college education were more likely to report this. Four percent of respondents reported cancer as a top issue. Four percent of respondents reported infectious diseases as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, access to health care, prescription/over-the-counter drug abuse or affordable health care as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported alcohol use/abuse, chronic diseases, overweight/obesity, mental health/depression, tobacco use, access to affordable healthy food, cancer or infectious diseases as one of the top health issues in the county.*

Appendix E | Hanlon Method for Prioritizing Health Problems

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.

Walworth Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	No flu vaccine in past year (18 and older)	9	5	10	190
2	Mental health condition	3	9	9	189
3	Did not eat at least 5 fruits/vegetables per day	9	5	9	171
4	Did not get recommended moderate/vigorous activity	9	5	4	160
5	Overweight	5	8	4	
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	3	7	9	153
2	No pneumonia vaccine ever (65 and older)	3	5	10	130
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No mammogram (50+, within past 2 years)	4	6	9	144
2	No bone density scan (65 and older)	3	6	9	135

Appendix F | Evaluation of Impact

Focus | Access

Intended Impact

- Increased number of Medicaid-eligible and uninsured patients establish a relationship with a primary care provider
- Decreased ED admissions for primary care
- Improved care for OAFC patients

Results

2015

- 50 individuals referred to Open Arms Free Clinic (OAFC)
- Conducted monthly cardiology clinic at OAFC
- Redeemed vouchers for eligible ancillary services and providing specialty follow-up care to patients referred by OAFC

2016

- 71 non-emergent ED visits without a primary care provider (PCP) saw an AHCMG primary care provider within 28 days
- Conducted monthly cardiology clinic at OAFC
- Redeemed vouchers for eligible ancillary services and provided specialty follow-up care to patients referred by OAFC

2017

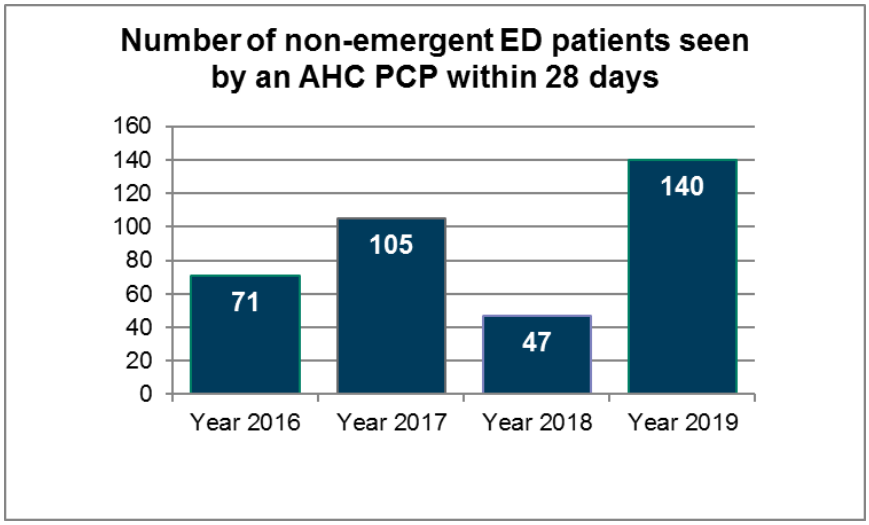
- 795 non-emergent ED visits without a primary care physician; 105 of those saw an AHC primary care provider within 28 days
- 3 ED patients referred to OAFC
- 77 radiology services provided to patients referred by OAFC
- 16 cardiology patients served at OAFC cardiology clinic

2018

- 540 non-emergent ED visits without a primary care physician; 47 of those saw an AHC primary care provider within 28 days
- 15 ED patients referred to OAFC
- 2,009 follow-up calls made to ED patients to assure they understand their discharge instructions, address any questions related to the visit and identify any barriers or obstacles
- 80 radiology services provided to patients referred by OAFC
- 84 specialty services provided to patients referred by OAFC
- 46 cardiology patients served at OAFC cardiology clinic

2019

- 952 non-emergent ED visits without a primary care physician; 140 of those saw an AHC primary care provider within 28 days
- 32 ED patients referred to OAFC
- 5,103 follow-up calls made to ED patients to assure they understand their discharge instructions, address any questions related to the visit and identify any barriers or obstacles
- 74 radiology services provided to patients referred by OAFC
- 60 specialty services provided to patients referred by OAFC
- 62 cardiology patients served at OAFC cardiology clinic



Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate care for behavioral health

Results

2015

- 81 women referred to the Women's AODA Wrap-Around program
- 79 law enforcement officers educated on Narcan

2016

- 6 women referred to the Women's AODA Wrap-Around program
- 2 women enrolled in First Breath program
- 8 law enforcement agency contracts were secured for Narcan administration and oversight
- 69 drug overdose response training session for 1,408 EMS providers

2017

- 22 women referred to the Women's AODA Wrap-Around program
- 4 EMS and first-responder trainings provided on heroin use; 80 individuals educated
- 20 law enforcement agency contracts were secured for Narcan administration and oversight

2018

- 67 ED patients screened for suicide risk; 67 referred
- 62 primary care patients screened for problematic alcohol use; 62 referred
- 28 women referred to alcohol and drug abuse (AODA) Wrap-Around program; 16 women remain engaged
- 7 women referred to First Breath program to reduce smoking during pregnancy
- 20 EMS and first-responder trainings provided on heroin use; 278 individuals educated
- 93 agencies provided with medical oversight and training for Narcan administration

2019

- 143 ED patients screened for mental health, depression, alcohol abuse and drug use; 46 referred
- 48 women referred to alcohol and drug abuse (AODA) Wrap-Around program; 26 women remain engaged
- 2 women referred to First Breath program to reduce smoking during pregnancy
- 16 agencies provided with medical oversight and training for Narcan administration

Focus | Chronic disease

Intended Impact

- Increased awareness and control of chronic disease

Results

2015

- 8 blood pressure community events conducted
- 670 individuals screened for high blood pressure
    - 40 individuals were notified for the first time that they had an elevated blood pressure reading
    - 100% of the individuals received educational materials
- 11 drop-in blood pressure readings were conducted with one person referred for medical management

2016

- 935 individuals screened for high blood pressure at community events
    - 161 individuals had an elevated blood pressure reading
    - 34 individuals were notified for the first time that they had an elevated blood pressure reading
    - 418 individuals were classified as overweight or obese
    - 432 individuals stated that they would change their behavior as a result of the blood pressure reading
    - 935 information packets on healthy weight/weight loss, blood pressure, and cholesterol were distributed
- 12 drop-in blood pressure readings were conducted with five referred for medical management

2017

- 799 individuals screened for high blood pressure at community events
    - 201 individuals had an elevated blood pressure
    - 31 individuals were notified for the first time that they had an elevated blood pressure reading
    - 318 individuals were classified as overweight or obese
    - 784 information packets on healthy weight/weight loss, blood pressure, and cholesterol were distributed

2018

- 84% Care Management score
- 1,736 patients were tested for hepatitis C
    - 30 tested positive, 12 had positive confirmatory tests and 11 patients entered treatment
- 30 free outreach blood pressure screenings served 666 individuals
- 13 free blood pressure screenings at Lake Geneva Clinic served 12 individuals
- 419 individuals educated on a variety of chronic disease-related topics at the Walworth County Fair

2019

- 86% Care Management score
- 3 Healthy Living with Diabetes programs provided; 6 attendees
- 19 free outreach blood pressure screenings served 670 individuals
- 17 free blood pressure screenings at Lake Geneva Clinic served 23 individuals
- 3,000 individuals educated on a variety of chronic disease-related topics at the Walworth County Fair

Focus | Senior Care

Intended Impact

- Reduced readmissions and admissions for falls

Results

2015

- Responded to 1,399 referrals to the Senior Resource Nurse program
- *Stepping On* program conducted for 16 participants
- Healthy Living with Diabetes program conducted for 16 participants

2016

- Responded to 1,862 referrals to the Senior Resource Nurse program, which included the following services:
    - 117 home assessments
    - 215 clinic visits
    - 1,231 hospital discharges
    - 169 for Advance Directives (Power of Attorney)
- Two *Stepping On* programs conducted for 24 participants
- *Healthy Living with Diabetes* program conducted for 7 participants
- Reached 250 individuals who participated in the annual Aging & Disability Resource Center fair

2017

- 1,546 assessments completed by our Senior Resource Nurses
    - 1247 PCM referrals
    - 108 home visits
    - 227 clinic visits
    - 40 cognitive screens
    - 88 Aurora at Home referrals
- 171 patients educated on Advance Directives (Power of Attorney); all of those completed Advance Directives
- 542 patients educated on family guidance and support services
- 84 patients educated on medication management/safety
- 3 *Stepping On* sessions provided; 38 attendees
- 2 *Healthy Living with Diabetes* sessions provided; 5 attendees

2018

- 1,371 assessments completed by our Senior Resource Nurses
    - 912 PCM referrals
    - 100 home visits
    - 243 clinic visits
    - 40 cognitive screens
    - 75 Aurora at Home referrals
- 182 patients educated on Advance Directives (Power of Attorney); 107 of those completed Advance Directives
- 173 patients educated on family guidance and support services
- 34 patients educated on medication management/safety
- 161 patients served through Hospital Elder Life Program© (HELP and HELP at Home) elder care nursing program
- 4 *Stepping On* sessions provided; 32 attendees
- 103 blood pressure screenings led by Senior Resource Nurses

2019

- 1,493 assessments completed by our Senior Resource Nurses
    - 91 home visits
    - 245 clinic visits
    - 56 cognitive screens
    - 98 Aurora at Home referrals
    - 41 transportation referrals
- 222 patients educated on Advance Directives (Power of Attorney); all of those completed Advance Directives
- 271 patients educated on family guidance and support services
- 78 patients educated on medication management/safety
- 3 *Stepping On* sessions provided; 41 attendees
- 10 blood pressure screenings led by Senior Resource Nurses; 63 attendees; 52 positive evaluations

Focus | Infant Mortality

Intended Impact

- Decreased risks to infant health and safety

Results

2015

- 27 referrals for cribs distributed by Walworth County Division of Public Health
- 6 car seat safety inspections were completed
- 753 parents and grandparents received education on car seat safety, safe sleep practices, and second-hand smoke effects

2016

- 22 referrals for cribs distributed by Walworth County Division of Public Health
- 55 individuals participated in infant CPR classes
- 628 of 701 (89.6%) of new mothers were breastfeeding at discharge
- 701 parents and grandparents received education on car seat safety, safe sleep practices, and second-hand smoke effects

2017

- 609 new mothers educated on car seat safety and safe sleep prior to discharge
- 38 portable cribs distributed by Walworth County Public Health Department
- 9 infant CPR classes offered; 43 participants
- 2 babysitting classes offered; 16 attendees; 14 participants completed pre- and post-tests and all of those showed knowledge gain

2018

- 685 new mothers educated on car seat safety and safe sleep prior to discharge
- 21 portable cribs distributed by Walworth County Public Health Department
- 4 Spanish-language childbirth classes provided; 1 attendee
- 19 infant CPR classes offered; 73 attendees
- 2 babysitting classes offered; 31 attendees; all participants completed pre- and post-tests and showed knowledge gain

2019

- 213 outpatient breastfeeding consults provided; 317 telephone breastfeeding consults provided
- 672 new mothers educated on car seat safety and safe sleep prior to discharge
- 11 portable cribs distributed by Walworth County Public Health Department
- 30 childbirth classes provided; 53 attendees
- 10 infant CPR classes offered; 76 attendees
- 4 babysitting classes offered; 54 attendees; all participants completed pre- and post-tests and showed knowledge gain

Focus | Sexual Assault Nurse Examiner (SANE) program

Intended Impact

- Increased access to care for victims of sexual assault and violence in our communities
- Improved community response to sexual assault and violence

Results

2015

- 25 sexual assault victims provided medical care and services

2016

- 25 sexual assault victims provided medical care and services
- 19 community education/prevention/outreach trainings provided with a total 538 attendees

2017

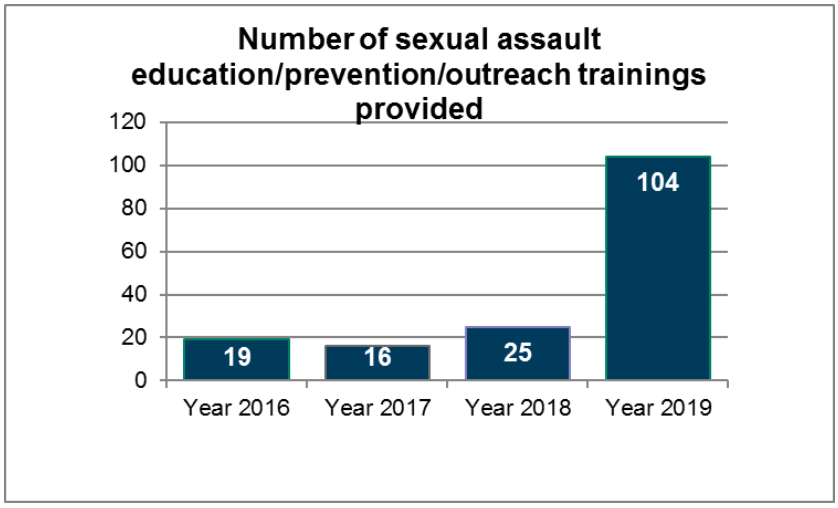
- 25 sexual assault victims provided medical care and services
- 16 community education/prevention/outreach trainings provided with a total of 420 attendees

2018

- 30 sexual assault victims provided medical care and services
- 29 referrals provided
- 25 personal advocacy and liaison services provided
- 8,640 scheduled on-call hours
- 25 community education/prevention/outreach trainings provided with a total of 256 attendees

2019

- 35 sexual assault victims provided medical care and services
- 38 referrals provided
- 34 personal advocacy and liaison services provided
- 8,640 scheduled on-call hours
- 104 community education/prevention/outreach trainings provided with a total of 2,852 attendees
- 11 schools engaged in the Healthy Kids Club program; 9 programs provided; 304 kindergarteners educated

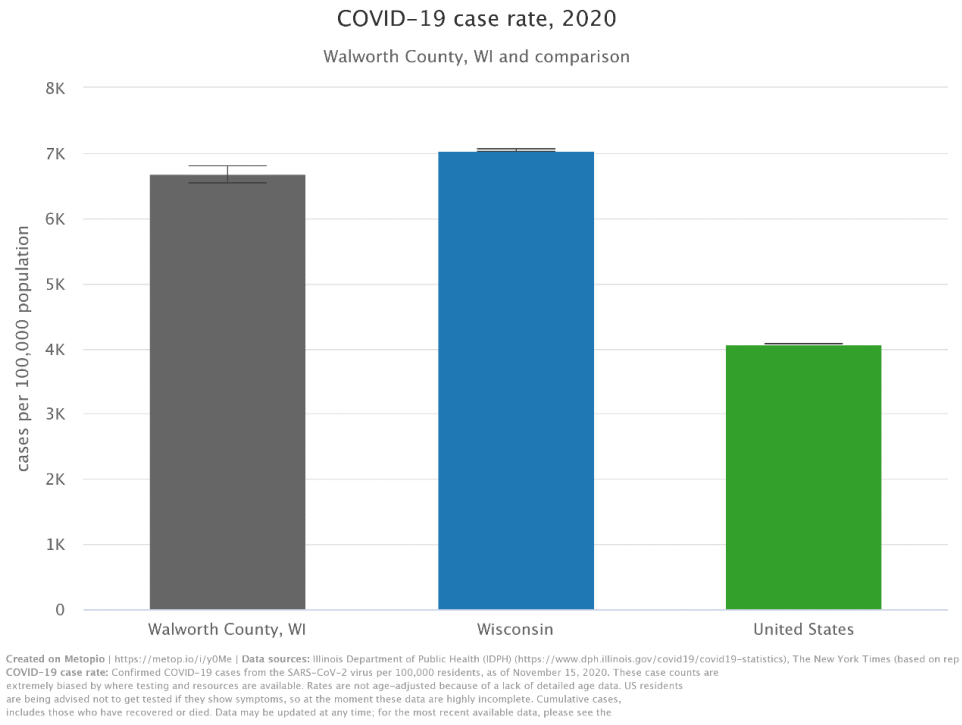

Number of sexual assault education/prevention/outreach trainings provided
120
100
80
60
40
20
0
19
16
25
104
Year 2016
Year 2017
Year 2018
Year 2019

Appendix G | Coronavirus/COVID-19 Pandemic

On April 4, 2020, Governor Tony Evers declared all counties in the State of Wisconsin as a disaster area in response to the outbreak of COVID-19. This occurred after completion of the CHNA analysis for ALMC. Advocate Aurora's response to the pandemic has been added to ALMC's 2021-2023 Implementation Strategy as an additional priority within addressing social determinants of health, and current COVID-19 data is described below.

The pandemic has significantly impacted all populations and communities in the state, but has disproportionately impacted low income communities, magnifying social determinants of health while diminishing social service capacity to address them. Black Americans are more likely to be at higher risk for contracting COVID-19, have lower access to testing, are more likely to experience more severe complications from the infection, and are on average 30 percent more likely to have health conditions that exacerbate the effects of COVID-19.[49]

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of November 15, 2020.[50] During that time, the case rate for Walworth County was 6,672.94 per 100,000 residents, lower than the Wisconsin average of 7,036.20, but higher than the United States average of 4,070.48 per 100,000. These case counts are dependent on where testing and resources are available.



[49] McKinsey & Company COVID-19: Investing in Black Lives and Livelihoods. Available at https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-investing-in-black-lives-and-livelihoods#, accessed November 30, 2020.
[50] Metopio COVID-19 case rate, 2020. Available at https://metop.io/i/y0Me/, accessed November 30, 2020.

The chart below shows a summary of cumulative total COVID-19 statistics in Wisconsin, as of November 30, 2020.[51] There have been 387,235 confirmed cases of COVID-19 reported. 81.4% of those cases have recovered, and 17.8% of those cases are still active. 3,313 confirmed cases of COVID-19 have been reported as having died from COVID-19 and 17,095 have been hospitalized.

Wisconsin COVID-19 Summary Statistics

Cumulative data, Updated: 11/30/2020

Testing*

Total people tested: 2,537,231 (+8,740 from prior day)
Positive (Confirmed Case): 387,235 (+2,534)
Negative: 2,149,996 (+6,206)

Confirmed Case Information

Recovery Status	Deaths	Hospitalizations
Recovered: 315,086 (81.4%)	Deaths: 3,313 (+6)	Ever hospitalized: 17,095 (+96)
Active: 68,774 (17.8%)	Percent who died: 0.9%	Percent ever hospitalized: 4.4%

*Testing data represent the number of people tested by a confirmatory, diagnostic test that detects the virus in the nose or throat (and not a blood test that detects antibodies). No antigen or antibody test results are included in this figure. Multiple tests per person are not included in these summary statistics.

[51] Wisconsin Department of Health Services COVID-10 Wisconsin Summary Data. Available at https://www.dhs.wisconsin.gov/covid-19/data.htm#summary, accessed November 30, 2020.