2020 Community Health Needs Assessment Report

Aurora Medical Center in Kenosha

10400 75th Street | Kenosha, WI 54142

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Table of Contents

Executive Summary..... 3-4
Description of Advocate Aurora Health and Aurora Medical Center in Kenosha..... 5

2020 Community Health Needs Assessment

Community Definition..... 6
Community Demographics..... 7-9
Methodology..... 10
Data Sources..... 10-11
Summary of Findings..... 12-27
Prioritization of Health-Related Issues..... 28-29
Approval of Community Health Needs Assessment..... 29
Community Resources and Assets..... 29
Community Feedback Mechanism..... 29

Appendices

Appendix A: Kenosha County Community Health Survey Report..... 30
Appendix B: Kenosha County Health Data Report: A summary of secondary data sources.... 31-32
Appendix C: Kenosha County Health Needs Assessment: A summary of key informant interviews..... 33-38
Appendix D: Kenosha County Community Health Survey Report Summary: 2019..... 39-48
Appendix E: Hanlon Method for Prioritizing Health Problems..... 49-50
Appendix F: Evaluation of Impact..... 51-61
Appendix G: Coronavirus/COVID-19 Pandemic..... 62-63

I. Executive Summary

During 2019 and 2020, Aurora Health Care convened a series of meetings to partner with the local health department, Kenosha County Division of Health, and other health care systems, including Froedtert South 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 Kenosha 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 Medical Center in Kenosha (AMCK) 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, AMCK 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 screening, and the Coverage to Care program. 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, AMCK 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 Medical Center in Kenosha

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 Medical Center in Kenosha (AMCK)

Aurora Medical Center in Kenosha (AMCK) is a patient-centered, family-focused health care facility within Aurora's integrated not-for-profit health care system serving communities in southeastern Wisconsin and northern Illinois. In conjunction with Aurora St. Luke's Medical Center Cardiology in Milwaukee, we offer a local comprehensive heart care program dedicated to prevention, diagnosis and treatment. In addition, our comprehensive obstetric and gynecological care includes private labor, delivery, recovery and postpartum suites, plus a Level II Neonatal Intensive Care Unit (NICU) and lactation services. From primary and specialty care to hospitals, pharmacies, lab and home care, Aurora's model of integrated care improves quality, and makes care more efficient, affordable, and patient-centered.

AMCK by the Numbers (2019)

- 74 hospital beds

More than

- 210,704 outpatient visits
- 5,706 inpatient admissions
- 30,991 emergency department visits
- 8,027 surgical procedures

Distinctions

- Aurora Medical Center in Kenosha is accredited by The Joint Commission
- Primary Stroke Center Certification by The Joint Commission
- Interventional Cardiology Lab accredited by The Joint Commission
- College of American Pathologists (CAP) Laboratory Accredited
- Accredited Breast Care Center by the National Accreditation Program for Breast Centers (NAPBC)
- Certified by the International Board of Lactation Consultant Examiners
- Accredited by the American College of Radiology (ACR)
- Accredited by the American College of Surgeons Commission on Cancer (CoC)
- Cardiac Rehabilitation Program Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
- Sleep Disorders Treatment Program accredited by the American Academy of Sleep Medicine (AASM)
- American Hospital Association (AHA) *Get with the Guidelines* Gold Award for Stroke
- American Hospital Association (AHA) *Get with the Guidelines* Bronze Award for Heart Failure
- NICHE (Nurses Improving Care for Health system Elders) Exemplar Status
- Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign
- American College of Cardiology (ACC) Chest Pain Center
- 2020 five-star rating from CMS
- Fortune/IBM Watson Health Top 100 Hospitals – Small Community Hospitals

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

III. 2020 Community Health Needs Assessment

Community Definition

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

Kenosha County borders the Illinois state line and is located along the western shore of Lake Michigan in the far southeastern corner of Wisconsin. Seceding from Racine County in 1850, Kenosha is derived from the Indian word for "place of the pike."[2] The County has two primary regions separated by Interstate 94 – the developed eastern portion of the County in and around the City of Kenosha and the mostly rural western area. It is located approximately halfway between the cities of Milwaukee and Chicago. Corporate headquarters located in Kenosha County include Jockey International, Uline shipping supplier and Snap-on equipment and hand tools; Amazon distribution center is the largest employer in the county.[3]

Kenosha County is also home to educational institutions including Carthage College, University of Wisconsin Parkside, Gateway Technical College and Campus extensions of Cardinal Stritch University, Concordia University and Herzing University.

Kenosha County includes urban and rural areas

- City of Kenosha
- Towns of Brighton, Paris, Randall, Salem, Somers, Wheatland
- Villages of Bristol, Genoa City, Paddock Lake, Pleasant Prairie, Silver Lake, Twin Lakes
- Unincorporated communities of Bassett, Benet Lake, Berryville, Brighton, Camp Lake, Central Park, Chapin, Fox River, Kellogg's Corners, Klondike, Lake Shangrila, Liberty Corners, Lily Lake, New Munster, Paris, Powers Lake, Salem Oaks, Salem, Somers, Trevor, Voltz Lake, Wilmot

[2] Wisconline: Kenosha County. Available at http://www.wisconline.com/counties/kenosha/, accessed February 10, 2020.
[3] Kenosha Area Business Alliance website. Available at http://www.kaba.org/community/work/business_community.asp, accessed February 10, 2020.

Community Demographics (Source #2)

Total Population - Kenosha County				
		2017		State 2017
	Total Population	167,886		5,763,217
Total Population		N	%	
	White	144,109	85.8%	85.9%
	Black or African American	12,611	7.5%	6.3%
	Asian	2,257	1.3%	2.6%
	American Indian and Alaska Native	645	0.4%	0.9%
	Some Other Race	3,328	2.0%	1.9%
	Two or more races	4,892	2.9%	2.3%
	Hispanic or Latino	21,354	12.7%	6.6%
Total Population				
	Male	83,033	49.5%	49.7%
	Female	84,853	50.5%	50.3%
Total Population				
	0-14	32,672	19.5%	18.6%
	15-44	66,671	39.7%	38.2%
	45-64	47,023	28.0%	27.5%
	65+	21,520	12.8%	15.6%

Demographics - Kenosha County			
		2017	State 2017
Education level of adults 25 years or older			
	Less than high school degree	9.5%	8.3%
	High school degree	32.7%	31.3%
	Some college/associates	32.6%	31.4%
	Bachelors degree or higher	25.1%	29.1%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	7.8%	3.1%
Median HH Income (2017 dollars)			
	Median Income	$57,269	$56,759
Percent of all people below poverty in last 12 months			
	Percent below poverty	14.5%	12.3%
Language spoken at home			
	English	88.7%	91.3%
	Spanish	8.2%	4.6%
	Indo-European	2.1%	1.9%
	Asian and Pacific Island	0.8%	1.8%
	Other Languages	0.2%	0.4%
	Owner Occupied	65.6%	67.0%
	Renter Occupied	34.4%	33.0%

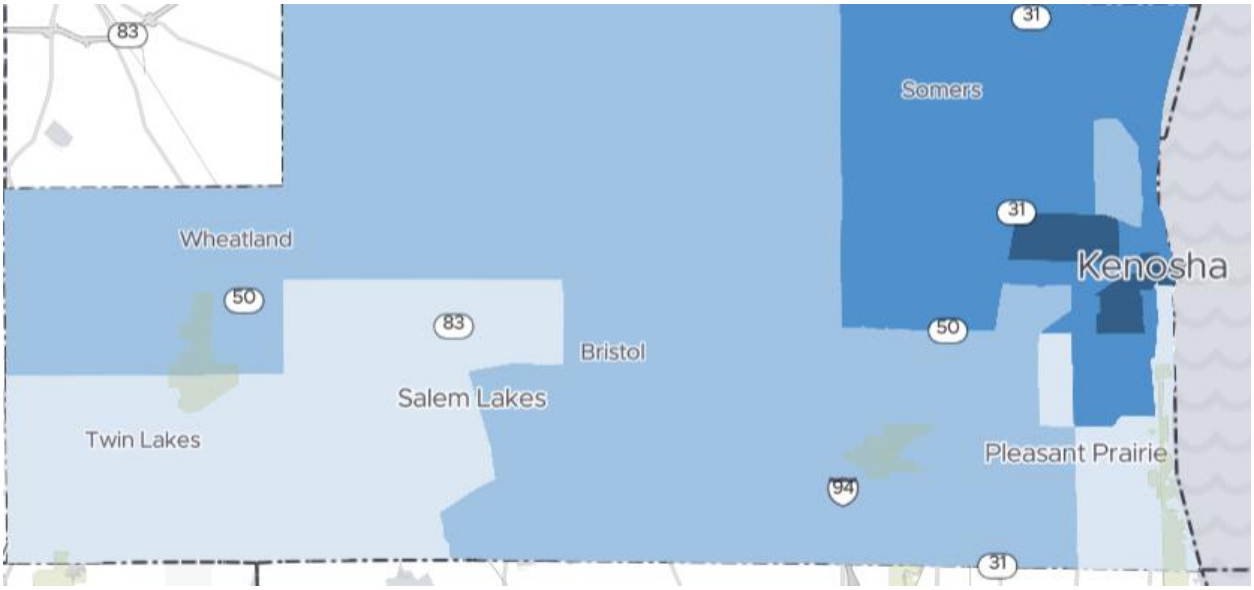
Kenosha County

Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed February 10, 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

Kenosha County



Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed February 26, 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 Kenosha 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, Children's Wisconsin and Froedtert South, and in partnership with the Kenosha County Division of Health, Kenosha Community Health Center and the United Way of Kenosha County. The data collection process is aligned to coordinate with varied fiscal year cycles among the partners. The community health survey is supplemented by additional data collection and analysis from the Center for Urban Population Health, 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 Kenosha County every three years, conducted in partnership with the Kenosha County Division of 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 | Kenosha County Community Health Survey Report
The community health survey is a primary community health data source. The latest telephone survey was completed between July 15, 2019 and October 26, 2019 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 see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Kenosha 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 2019 by the Center for Urban Population Health (CUPH). For further description see Appendix B.

Source #3 | Key Informant Interview Report
Twenty-five individual key informant interviews and two focus groups were conducted between July and September 2019 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 Kenosha 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, AMCK did not receive any comments on the current CHNA Report or Implementation Strategy.*

Additional sources of data and information used to prepare the AMCK 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: 2008, 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 Kenosha County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2019, 21% of the respondents delayed or did not seek medical care due to costs in the past 12 months, the same as in 2016. The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased steadily from 74% in 2008 to 61% in 2019. The number of respondents who reported that someone in their household had an unmet medical need has remained stable from 13% in 2011 to 11% in 2019; those who were in the bottom 40% household income bracket were more likely to report this. Of the households with a child, only 1% reported that a child did not receive the needed medical care in the past 12 months. In addition, 95% of the children have a medical home with a personal health care clinician who knows the child well, exceeding the *Healthy People 2020* target of 94.3% (Source #1). Residents and key informants identified access to health care as a top five community health issue (Sources #1 and #3).

- 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.[4]

Dental services and unmet dental care | In 2019, 18% of respondents reported that someone in their household did not get the dental care they needed sometime in the last 12 months, an increase from 16% in 2016. Less than 1% 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.[5]

[4] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed February 12, 2020.
[5] Healthy People 2020 – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed February 12, 2020.

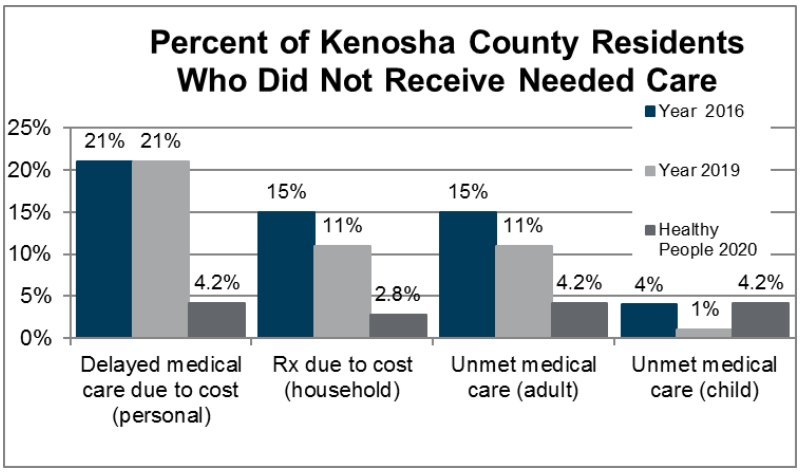
Unmet prescription medications | In 2019, 11% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, statistically similar to 2014 and 2016.

– 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.[6]

Unmet mental health services | The percentage of respondents who reported that someone in their household had an unmet mental health care need in the past year decreased from 6% in 2011 to 4% 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.[7]



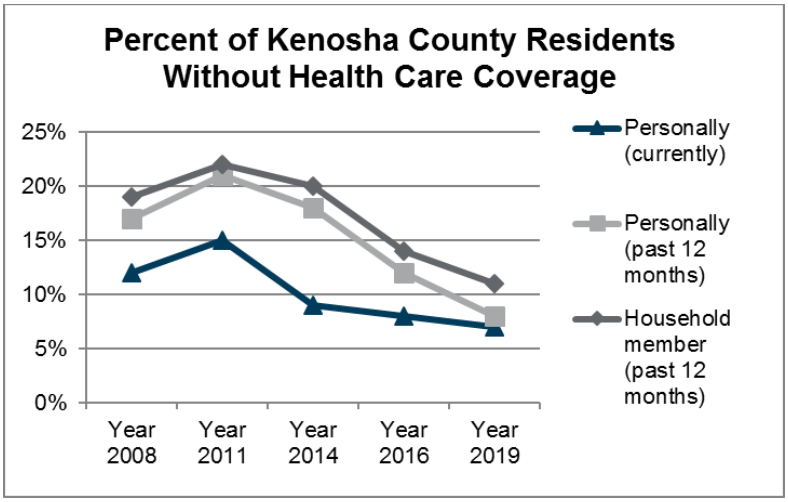
Coverage

Health care coverage | In 2019, 7% of adults reported they personally were not currently covered with health care insurance, a decrease from 2008. Respondents who were 18 to 34 years old, with a high school education or less or in the bottom 40% household income bracket were more likely to report this. Similarly, 8% 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 17% in 2008. Eleven percent of adults reported a household member was not covered at least part of the time in the past year, an improvement from 19% in 2008 (Source #1).

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

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

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.[8, 9]



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

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

Asthma | In 2019, 10% of adults reported asthma (current), a stagnant trend since 2008. This is higher compared to the 9% for the state. Respondents 45 to 54 years old were more likely to report having asthma. In 2019, 4% 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.[11] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

[8] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed February 12, 2020.
[9] Key Facts about the Uninsured Population. Kaiser Family Foundation. Available at https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/. Accessed February 12, 2020.
[10] 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.
[11] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm. Accessed February 12, 2020.

Diabetes | In 2019, 9% of adults reported diabetes in the past three years, similar to 13% in 2008. Respondents 65 and older, in the bottom 40% household income bracket, 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.[12] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes. [13]

Heart disease or heart condition | In 2019, 9% of adults reported heart disease or heart condition in the past three years. Respondents who were 65 and older, with some post high school education or less, in the bottom 40% household income bracket 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.[14]

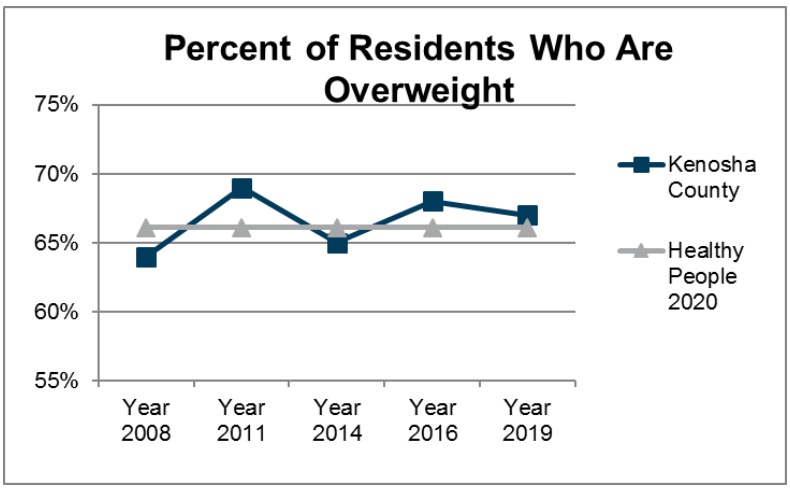
[12] Centers for Disease Control and Prevention. – Diabetes Basics. Available at https://www.cdc.gov/diabetes/basics/index.html. Accessed February 12, 2020.
[13] CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Available at https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Accessed February 12, 2020.
[14] 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, 67% of adults in Kenosha County were classified as being overweight, statistically similar to the baseline of 64% in 2008. Respondents who were 45 to 54 years old or inactive were more likely to report being overweight or obese (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

In the Kenosha 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.[15]



[15] 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 Kenosha County was 489.7 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Kenosha 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.[16]

Cancer	Kenosha	WI
Female Breast Cancer Incidence Rate	129.2	130.3
Cervical Cancer Incidence Rate	7.0	6.9
Male Colorectal Cancer Incidence Rate	44.6	41.9
Female Colorectal Cancer Incidence Rate	36.1	31.7
Male Lung/Bronchus Cancer Incidence Rate	77.2	65.0
Female Lung/Bronchus Cancer Incidence Rate	68.8	53.1
Prostate Cancer Incidence Rate	117.7	109.4
Female Breast Cancer Mortality Rate	19.3	17.3
Cervical Cancer Mortality Rate	2.3	1.3
Male Colorectal Cancer Mortality Rate	17.6	14.2
Female Colorectal Cancer Mortality Rate	12.0	10.8
Male Lung/Bronchus Cancer Mortality Rate	56.2	44.0
Female Lung/Bronchus Cancer Mortality Rate	44.9	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	19.5	20.9

[16] 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.[17]

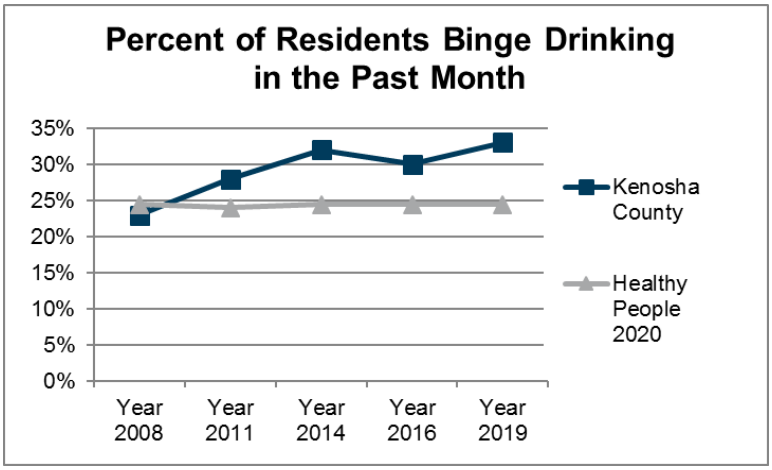
Alcohol use | In 2019, 33% of adults in Kenosha County reported binge drinking in past month, a statistically significant increase from 2008 (23%), and higher than the state (26%). Respondents who are 18 to 34 years old, with some post high school education or in the top 40% household income bracket were more likely to report binge drinking in the past month (Source #1). Also, 2% 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 second most common reason Kenosha County residents sought substance use services in 2018, with 163 residents receiving treatment.[18]

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

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

  Why is this 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.[20]

[17] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed February 12, 2020.
[18] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed February 25, 2020.
[19] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined. Available at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed February 12, 2020.
[20] 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 Kenosha County, the rate of opioid-related mortality was 26.6 per 100,000 population in 2017, higher than Wisconsin rate of 16.7 per 100,000 population (Source #2). Opioid use was the most common reason Kenosha County residents sought substance use services in 2018, with 264 residents receiving treatment.[21] Residents and key informants identified drug misuse as one of the top health issues challenging the community (Sources #1, #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.[22]

[21] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed February 25, 2020.
[22] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed February 17, 2020.

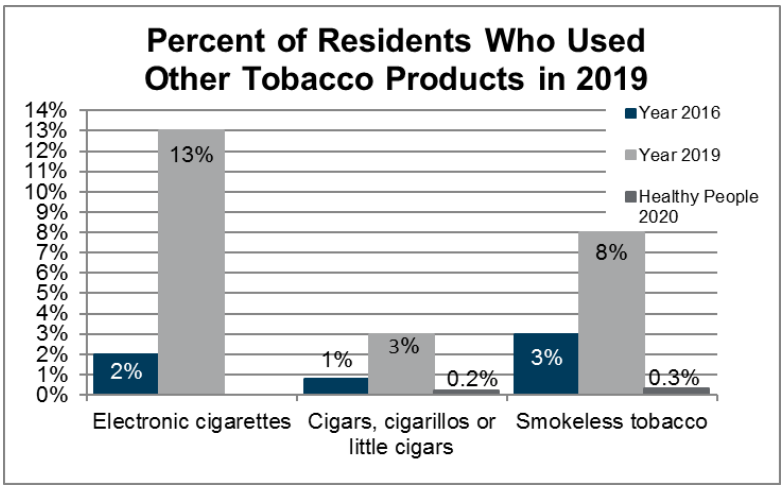
Tobacco Use and Exposure | In 2019, 19% of adults in Kenosha County reported cigarette smoking in the past 30 days (current smoker), a decrease from the 2008 baseline of 26%. Respondents with a high school education or less or in the bottom 40% household income bracket were more likely to report being a current smoker. In addition, 13% of Kenosha 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 14% in 2019 compared to 28% in 2008 (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, 10.3% of Kenosha County mothers indicated smoking during pregnancy, similar to 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. [23]

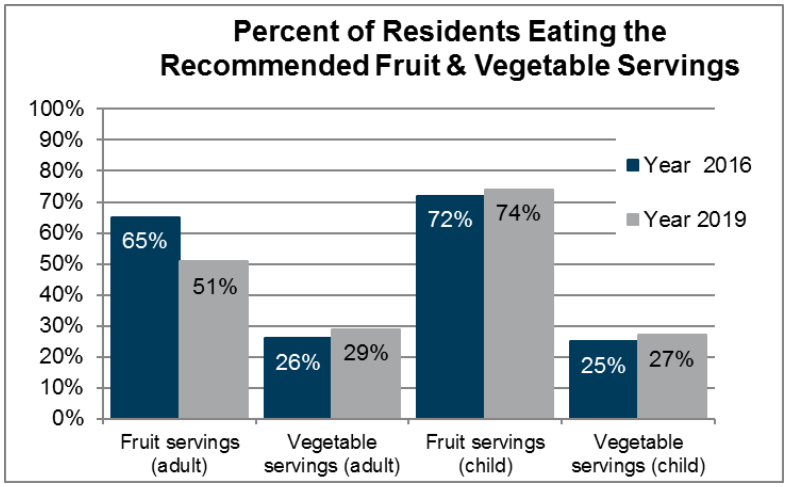


[23] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed February 12, 2020.

Nutrition and physical activity | In 2019, 52% of adults in Kenosha County reported engaging in recommended moderate or vigorous activity, an upward trend since 2008. In 2019, 74% of the children in Kenosha County engaged in physical activity for 60 minutes at least five days out of the week. In 2019, 51% of adults in Kenosha County reported eating the recommended fruit servings while 29% of adults reported eating the recommended vegetable servings. Six percent of respondents reported their household went hungry in the past year because they could not afford food, similar to 7% in 2016 (Source #1). Key informants identified nutrition as a top five health issue (Source #3).

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

  Why is this important? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions.[24] 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. [25]



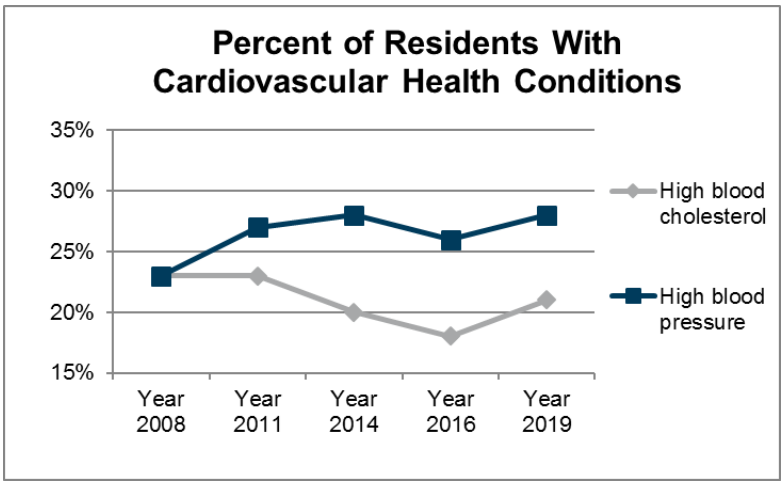
[24] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed February 12, 2020.
[25] Centers for Disease Control and Prevention – 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, 28% of adults reported high blood pressure – a statistically level rate since 2008. Respondents who were aged 65 and over, with a high school education or less, in the bottom 60% household income bracket, who were overweight or inactive were more likely to report having high blood pressure. Also, 21% of adults in 2019 reported high cholesterol in the past three years, a static trend from the 2008 baseline. Respondents who were 55 to 64 years old, overweight or did an insufficient amount of physical activity 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.[26] Likewise, high cholesterol is also a risk factor for heart disease and stroke.[27] Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.[28]



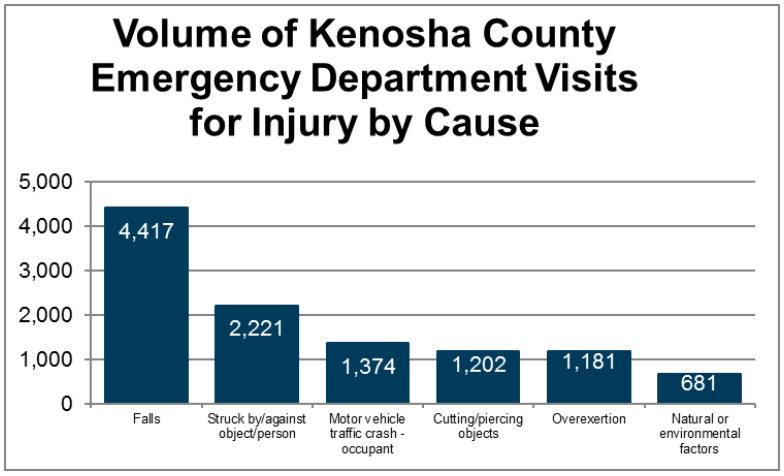
[26] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 12, 2020.
[27] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 12, 2020.
[28] Centers for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

Injury and violence

Injury hospitalization | The 2018 Kenosha County injury-related hospitalizations rate was 428.1 per 100,000, which is higher compared to the state (417.5 per 100,000). Kenosha County residents who are Non-Hispanic White or Non-Hispanic Black had higher rates of injury-related hospitalizations compared to residents who are Hispanic. The injury-related emergency department (ED) visit rate for Kenosha County was 8,698.4 per 100,000, which is higher than the Wisconsin rate (7,251.1 per 100,000) (Source #2). The injury-related death rate in Kenosha County was 89.2 per 100,000 population, slightly 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).

- 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.[29]



[29] 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.

Youth injury | In 2018, the total number of injury hospitalizations among Kenosha County youth aged 0-17 years was 19, which is a rate of 47.4 per 100,000, lower than the state rate of 107.0 per 100,000.[30] Also in 2018, the total number of injury emergency department (ED) visits among Kenosha County youth was 3,584 – a rate of 9,127.1 per 100,000, higher than the state rate of 7,282.2 per 100,000.[31] Of the ED visits by Kenosha County youth, 1,118 resulted from falls.[32]

> **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.[33]

Older adults injury | In 2018, the total number of injury emergency department (ED) visits among Kenosha County adults aged 65 years and older was 1,995, which is a rate of 8,865.9 per 100,000, higher than the state rate of 6,711.3 per 100,000.[34] Of the ED visits by Kenosha County adults aged 65 years and older, 1,152 resulted from falls.[35]

> **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.[36]

Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[37] The rate of rape for Kenosha County was 40.86 reports per 100,000 persons, higher 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.[38]

[30] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020.
[31] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020.
[32] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020
[33] 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, 2019.
[34] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 20, 2020.
[35] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 20, 2020.
[36] 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, 2019.
[37] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 12, 2020.
[38] 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.

Other violence | Kenosha County reported 247 aggravated assault offenses in 2018.[39] In Wisconsin, the rate of Child Protective Services (CPS) reports was 33.1 per 1,000 children in 2017; Kenosha County's rate was lower at 30.0 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.[40]

Reproductive health

Pap test screening | In 2019, 85% of women in Kenosha County reported having a pap test within three years, a slight decrease from 90% in 2008 (Source #1).

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

Births receiving first trimester care | In 2018, the percent of births receiving first trimester care in Kenosha County was 72.2%, lower 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 Kenosha County was 9.0%, 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 Kenosha County was 7.6%, similar 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.[41]

[39] Wisconsin Department of Justice, UCR Offense Data. Available at https://www.doj.state.wi.us/dles/bjia/ucr-offense-data. Accessed February 12, 2020.
[40] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 12, 2020.
[41] Centers for Disease Control and Prevention – Reproductive Health: Preterm Birth. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed February 12, 2020.

Birth rate to teens| In 2018, births among Kenosha County females aged 15-17 years was 4.4 per 1,000 females, lower than the state rate of 5.2 births per 1,000 females. For Kenosha County females aged 15-19 years, the birth rate was 16.2 per 1,000 females, higher 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.[42]

Infant Mortality | In 2018, the rate of infants dying before their first birthday in Kenosha County was 4.5 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, 21% of Kenosha County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, statistically similar to 18% in 2008 (Source #1). Mental health was identified as one of the top health issues in the county by key stakeholders (Source #3).

Mental health is defined as including "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices."[43] 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."[44] Anxiety, depression, and bipolar disorder are examples of mental illness.

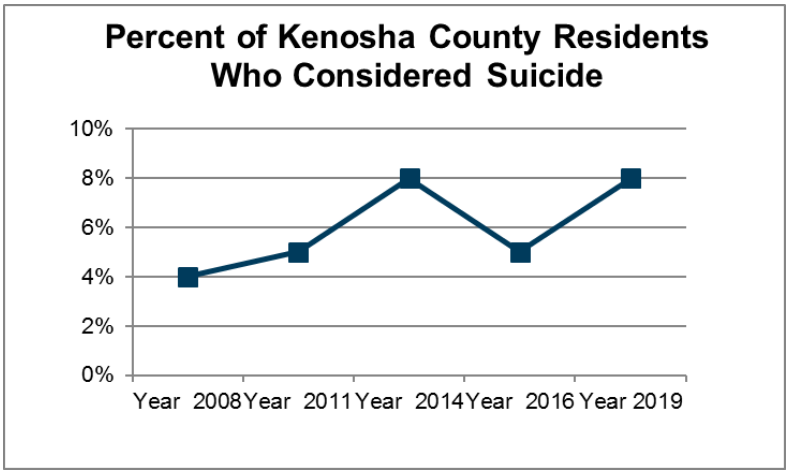
> **Why is this important?** Mental health conditions are related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep, and associated with chronic diseases such as cardiovascular disease, diabetes and obesity.[45]

[42] 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.
[43] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[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.

Suicide | In 2019, 8% of adults in Kenosha 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. Five 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, the Kenosha County suicide rate was 11.3 per 100,000, lower 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.[46]



[46] 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*[47] (see Appendix E for details)

[47] 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 Medical Center in Kenosha 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 AMCK, 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 AMCK’s *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 screening, and the Coverage to Care program. For detailed evaluation of impact, see Appendix F.

IX. Appendices

Appendix A | Kenosha 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 Kenosha 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 July 15 and October 26, 2019. 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 Kenosha 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 1,310 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, Froedtert South and Children's Wisconsin, and in partnership with the Kenosha County Division of Health, Kenosha Community Health Center and the United Way of Kenosha County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

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

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In fall 2019, 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 Kenosha 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, Froedtert South and Children's Wisconsin, and in partnership with the Kenosha County Division of Health, Kenosha Community Health Center and the United Way of Kenosha County. The report was prepared by the Center for Urban Population Health.

Appendix C | Kenosha 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-five individual key informant interviews and two focus groups were conducted between July and September 2019. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Kenosha 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 February, 2020*
Kenosha YMCA	Mission: To put Christian principles into practices through programs that build healthy spirit, mind and body for all.
City of Kenosha Police Department	The Kenosha Police Department preserves peace, order and safety; enforces laws and ordinances; and safeguards constitutional rights.
Kenosha County Sheriff's Department	The Kenosha County Sheriff's Department is the 3rd largest law enforcement agency in the state of Wisconsin and operates the 3rd largest jail facility in the state.
Building Our Future	Building Our Future is a network of community leaders representing all sectors of Kenosha County committed to improving student outcomes.
UMOS	UMOS is a non-profit advocacy organization, provides programs and services which improve the employment, educational, health and housing opportunities of under-served populations.
Shalom Center	The mission of the Shalom Center is to serve the community by providing emergency food, shelter, and support in ways that meet immediate needs and respect human dignity.
Kenosha County Aging and Disability Resource Center	The ADRC is a free, "one-stop shop" for older people, people with disabilities and their families. They provide objective, reliable information and guidance on a wide variety of topics.
Herzing University – Kenosha Campus	Mission: To educate, support and empower all students for success in work, learning and engagement in our communities and global society.

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.
Congregations United to Serve Humanity (CUSH)	CUSH is a non-partisan interfaith nonprofit organization advocates using congregation-based community organizing for social justice in Kenosha, Wisconsin.
Riverview Grade School	Elementary school in Silver Lake, Wisconsin.
Racine Kenosha Community Action Agency	Mission Statement: Improving lives by providing quality programs and innovative solutions for individuals and families.
Urban League of Racine and Kenosha	Non-profit organization in Racine and Kenosha that is empowering communities and changing lives.
Kenosha County Division of Health	Mission: To ensure and implement the delivery of health services to prevent diseases, promote health and wellness, and preserve a healthy environment for all.
Kenosha Unified School District	Mission: To provide excellent, challenging learning opportunities and experiences that prepare each student for success.
Kenosha Community Health Center	A nonprofit organization offering to the underserved citizens of Kenosha County comprehensive healthcare which enables our patients to maintain their well-being by addressing health disparities and providing access for all.
Boys & Girls Club of Kenosha	Mission: To impact the most young people possible, especially those who need us most, to realize their full potential as productive, caring, responsible citizens.
University of Wisconsin - Parkside	The University of Wisconsin-Parkside is committed to high-quality educational programs, creative and scholarly activities, and services responsive to its diverse student population, and its local, national and global communities.
Kenosha County Division of Veterans Services	Mission: To assist veterans and their families with obtaining local, state and federal benefits. Kenosha County Division of Veterans Services specializes in assisting veterans throughout their claim process from start to finish, including assisting with completing numerous other legal documents. Kenosha County Division of Veterans Services is committed to advocating for veterans, but most importantly to provide quality services to our heroes.
American Cancer Society	Mission: To save lives, celebrate lives, and lead the fight for a world without cancer.
American Heart Association	Mission: To be a relentless force for a world of longer, healthier lives.

Kenosha County Board of Health	The purpose of the Kenosha County Board of Health is governing the Kenosha County Health Department, assuring the enforcement of state public health statutes and rules, protecting the health of the citizens of Kenosha County and providing public health services to the citizens of Kenosha County.
United Way of Kenosha County	Mission: To mobilize the caring power of our community to advance the common good.
City of Kenosha Fire Department	The Kenosha Fire Department serves the City of Kenosha through the delivery of Emergency Services. The Department is committed to serving and protecting the citizens and visitors of Kenosha by providing paramedic level medical care and advanced fire suppression techniques. The department also is equipped to handle hazardous material incidents, along with fire prevention education, fire inspections and fire investigations.
Sharing Center, Inc.	The mission of the Sharing Center is to provide basic needs and empower people in their transition to independence.
Village of Pleasant Prairie Fire & Rescue Department	The Village of Pleasant Prairie Fire & Rescue Department personnel are trained to provide the highest skilled response to residents and those visiting the community in a time of need.
NAMI Kenosha County	The National Alliance on Mental Illness (NAMI) of Kenosha County is a non-profit corporation 501 (c) (3) organized in 1983, and an all-volunteer organization working to improve the quality of life through education, support, and advocacy. NAMI promotes recovery and fights stigma associated with mental illness.
Professional Services Group and Community Impact Programs (PSGCIP)	Professional Services Group and Community Impact Programs is a multi-service community-based social services organization that fulfills its mission of helping individuals and families to achieve their greatest potential through dynamic, cost effective and innovative programming responsive to the needs of diverse communities.
Kenosha Achievement Center, Inc. (KAC)	Mission: To create opportunities for the personal growth and success of persons with special needs. Kenosha Achievement Center does this by removing barriers, changing perceptions and building confidence.
Kenosha County Human Services	To develop, coordinate and administer a comprehensive network of services to children, youth, families, the elderly and individuals striving to cope with developmental disabilities, mental illness, and alcohol and drug problems; to preserve and strengthen families, while protecting children from high-risk or abusive situations; to empower individuals and families to become law-abiding and economically self-sufficient; to assure the delivery of public health services necessary to prevent disease; to protect, promote and preserve a healthy citizenry and environment; to advise and assist military veterans; to provide high quality nursing home services to the elderly and medically disabled; to advocate on behalf of these constituencies on the local, state and national level.

Gateway Technical College	Mission: To deliver industry-focused education that is flexible, accessible and affordable for our diverse community.
1HOPE	Mission: Offering hope together so that everyone can succeed.
Froedtert South	Froedtert South is committed to living out the healing ministries of the Judeo-Christian faiths by providing exceptional and compassionate healthcare service that promotes the dignity and well-being of the people we serve.
Kenosha Area Business Alliance (KABA)	Vision: Kenosha County is the premier destination for new investment and talent in the Chicago-Milwaukee corridor.
Carthage College	Mission: Seeking Truth, Building Strength, Inspiring Service—Together

The key informant interviews were conducted by Aurora Health Care, Froedtert South, Kenosha County Division of Health, Kenosha Community Health Center and the United Way of Kenosha County. The interviewers used a standard interview script that included the following elements:

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

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

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

The top five health issues that emerged as key priorities for Kenosha County were: 1) mental health, 2) substance use and abuse, 3) access to health care, 4) adverse childhood experiences, and 5) nutrition.

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

1. **Mental health:** Hospitals should be partnering with community mental health providers, counselors, psychiatrists, community members with personal experiences, young adults, primary care providers, everyone, law enforcement, health centers, walk-in clinics, student health centers, physicians, small and large businesses, insurance, schools, church groups, trauma informed care, community stakeholders, school based mental health, other University of Wisconsin systems, Veterans Affairs partners (Veteran Services/Veterans of Foreign Wars, American Legion), Kenosha County Aging and Disability Resource Center, Kenosha County Division of Health, Professional Service Group, Pleasant Prairie RecPlex, National Alliance on Mental Illness, Kenosha Community Health Center, YMCA, Boys and Girls Club, the Sharing Center, Big Brothers Big Sisters, mentors (Kenosha Unified School District), Kenosha Human Development Services Crisis Prevention Center, West Grove Clinic, nursing services – Kenosha County, Black Nurses Association, Urban League, Birds of a Feather, Dedicated Dads, Impact 2-1-1, and Kenosha Unity Coalition.

2. **Substance use and abuse**: Hospitals should be partnering with providers, service organizations, physician groups, schools and universities, the fire department, Kenosha County Health Department, Kenosha Human Development Services Crisis Prevention Center, Wisconsin drug registry, Kenosha Unified School District, Emergency Medical Services, law enforcement (police and Kenosha County Sheriff Department), Kenosha County Opioid Task Force, Emergency Services Network of Kenosha, Hope Council on Alcohol & Other Drug Abuse Inc., KHDS, Kenosha Health Briefings, Concerned Citizens Coalition for Greater Kenosha, United Way of Kenosha County, Kenosha Community Health Center, Professional Services Group, Kenosha County nurses and the Black Nurses Association.

3. **Access to health care**: Hospitals should be partnering with public health, social service agencies, returning citizens, schools, providers, faith-based organizations, neighborhood associations, Emergency Medical Services, American Cancer Society, college counseling centers (Carthage College, Gateway Technical College, and University of Wisconsin-Parkside), Veterans of Foreign Wars, Kenosha Unified School District, Kenosha Community Health Center, Kenosha Public Library, Professional Services Group, Shalom Center and Dooley & Associates (for marketing).

4. **Adverse childhood experiences**: Hospitals should be partnering with domestic violence centers, children's agencies, psychologists, psychiatrists, pediatricians, school administrators in the west, parents, day care centers/child care centers, all individuals who are mandatory reporters, county protective services, Kenosha Unified School District, Kenosha Community Health Center, Boys and Girls Clubs, YMCA, Department of Public Instruction, Professional Services Group and Kenosha Life course Initiative for Healthy Families.

5. **Nutrition**: Hospitals should be partnering with public transportation, food pantries, community food resources, Kenosha Unified School District, Kenosha Human Development Services, Crisis Prevention Center, Kenosha County Division of Health, University of Wisconsin-Extension, Women, Infants, and Children (WIC) Nutrition Program, Kenosha County, the Sharing Center, Federally Qualified Health Centers, United Way and Garden of Eatin' – Kenosha.

Partners & Contracts: This report was sponsored by Aurora Health Care, Froedtert South and Children's Wisconsin, and in partnership with the Kenosha County Division of Health, Kenosha Community Health Center and the United Way of Kenosha County. The report was prepared by the Center for Urban Population Health.

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

Kenosha County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Kenosha County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children's Wisconsin, Froedtert & Medical College, Kenosha Community Health Center and Kenosha County Public Health Department. Please see the full report for complete data analysis.

	Kenosha					WI	US
Overall Health	2008	2011	2014	2016	2019	*2018*	*2018*
Excellent/Very Good	54%	51%	50%	54%	50%	*52%*	*51%*
Good	31%	30%	29%	28%	30%	*33%*	*32%*
Fair or Poor	15%	19%	21%	18%	20%	*15%*	*17%*
Health Care Coverage	Kenosha					WI	US
Not Covered	2008	2011	2014	2016	2019	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	12%	15%	9%	8%	7%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	14%	17%	11%	9%	8%	*11%*	*13%*
Personally (Past Year, 18 and Older)	17%	21%	18%	12%	8%	*NA*	*NA*
Household Member (Past Year)	19%	22%	20%	14%	11%	*NA*	*NA*
	Kenosha					WI	US
Did Not Receive Care Needed in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	21%	18%	21%	21%	*10%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	13%	13%	15%	11%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]	--	13%	15%	15%	11%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]	--	24%	20%	16%	18%	*NA*	*NA*
Mental Health Care	--	6%	6%	5%	4%	*NA*	*NA*
Health Information	Kenosha					WI	US
Primary Source of Health Information	2008	2011	2014	2016	2019	*2018*	*2018*
Doctor	--	40%	47%	47%	51%	*NA*	*NA*
Internet	--	35%	25%	29%	27%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	5%	7%	11%	7%	*NA*	*NA*
Work	--	2%	2%	0%	4%	*NA*	*NA*
	Kenosha					WI	US
Health Services	2008	2011	2014	2016	2019	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	88%	90%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	74%	69%	68%	69%	61%	*NA*	*NA*
Urgent Care Center	5%	5%	8%	13%	15%	*NA*	*NA*
Hospital Emergency Room	5%	7%	8%	6%	7%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	4%	7%	*NA*	*NA*
Public Health Clinic/Com. Health Center	5%	6%	7%	4%	4%	*NA*	*NA*
Hospital Outpatient	5%	5%	5%	1%	3%	*NA*	*NA*
Worksite Clinic	--	--	--	<1%	2%	*NA*	*NA*
No Usual Place	6%	8%	3%	4%	3%	*NA*	*NA*
Advance Care Plan	34%	33%	34%	34%	36%	*NA*	*NA*
	Kenosha					WI	US
Vaccinations (65 and Older)	2008	2011	2014	2016	2019	*2018*	*2018*
Flu Vaccination (Past Year)	73%	68%	62%	75%	63%	*46%*	*55%*
Pneumonia (Ever) [HP2020 Goal: 90%]	73%	62%	68%	77%	73%	*75%*	*74%*

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

	Kenosha					WI	US
Routine Procedures	2008	2011	2014	2016	2019	2018	2018
Routine Checkup (2 Years Ago or Less)	87%	85%	80%	88%	86%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	72%	76%	74%	75%	77%	83%[1]	86%[1]
Dental Checkup (Past Year) [HP2020 Goal: 49%]	66%	57%	61%	67%	71%	71%	68%
Eye Exam (Past Year)	47%	42%	46%	43%	50%	NA	NA

	Kenosha					WI	US
Mobility	2008	2011	2014	2016	2019	2018	2018
Fallen and Injured Self at Home in Past Year (60 and Older)	--	--	11%	13%	17%	NA	NA

	Kenosha					WI	US
Health Conditions in Past 3 Years	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	23%	27%	28%	26%	28%	NA	NA
Mental Health Condition	18%	18%	25%	18%	22%	NA	NA
High Blood Cholesterol	23%	23%	20%	18%	21%	NA	NA
Heart Disease/Condition	12%	8%	9%	6%	9%	NA	NA
Diabetes	13%	9%	12%	8%	9%	NA	NA
Asthma (Current)	13%	14%	15%	13%	10%	9%	10%

	Kenosha					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	--	90%	91%	95%	96%	NA	NA
Mental Health Condition	--	83%	89%	86%	89%	NA	NA
High Blood Cholesterol	--	78%	90%	83%	83%	NA	NA
Heart Disease/Condition	--	90%	94%	84%	85%	NA	NA
Diabetes	--	92%	89%	94%	97%	NA	NA
Asthma (Current)	--	85%	91%	94%	93%	NA	NA

	Kenosha					WI	US
Physical Activity							
Physical Activity/Week	2008	2011	2014	2016	2019	2009	2009
Moderate Activity (5 Times/30 Min)	34%	34%	39%	40%	40%	NA	NA
Vigorous Activity (3 Times/20 Min)	24%	34%	29%	31%	37%	NA	NA
Recommended Moderate or Vigorous	44%	48%	49%	49%	52%	53%	51%

	Kenosha					WI	US
Body Weight							
Overweight Status	2008	2011	2014	2016	2019	2018	2018
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	64%	69%	65%	68%	67%	67%	66%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	31%	35%	33%	33%	36%	32%	31%

	Kenosha					WI	US
Nutrition and Food Security	2008	2011	2014	2016	2019	2009	2009
Fruit Intake (2+ Servings/Day)	59%	56%	58%	65%	51%	NA	NA
Vegetable Intake (3+ Servings/Day)	26%	29%	29%	26%	29%	NA	NA
At Least 5 Fruit/Vegetables/Day	32%	32%	35%	38%	31%	23%	23%
Find Fresh Fruit/Vegetables in Community Sometimes/Seldom/Never	--	--	--	--	6%	NA	NA
Affordable Fresh Fruit/Vegetables Sometimes/Seldom/Never	--	--	--	--	22%	NA	NA
Household Went Hungry (Past Year)	--	--	--	7%	6%	NA	NA

	Kenosha					WI	US
Colorectal Cancer Screenings (50 and Older)	2008	2011	2014	2016	2019	2018	2018
Blood Stool Test (Within Past Year)	--	14%	15%	19%	16%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	13%	11%	9%	10%	8%	3%	2%
Colonoscopy (Within Past 10 Years)	64%	58%	66%	75%	74%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	67%	65%	69%	80%	79%	75%	70%

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

	Kenosha					WI	US
Women's Health	2008	2011	2014	2016	2019	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	76%	81%	76%	76%	75%	*78%*	*78%*
Bone Density Scan (65 and Older)	71%	74%	80%	91%	82%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	80%	82%	87%	85%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	54%	50%	62%	*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)	--	--	85%	89%	86%	*NA*	*NA*

	Kenosha					WI	US
Tobacco Cigarette Smokers or Vapers	2008	2011	2014	2016	2019	*2018*	*2018*
Current Smokers [HP2020 Goal: 12%]	26%	24%	28%	23%	19%	*17%*	*16%*
Current Vapers (Past Month)	--	--	9%	2%	13%	*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%	60%	55%	55%	65%	*49%*	*56%*
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	72%	91%	64%	82%	77%	*NA*	*NA*

	Kenosha					WI	US
Exposure to Smoke/Vapor	2008	2011	2014	2016	2019	*2018*	*2018*
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	28%	21%	21%	17%	14%	*NA*	*NA*

	Kenosha					WI	US
Other Tobacco Products in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	5%	3%	8%	*4%*	*4%*
Cigars, Cigarillos or Little Cigars	--	--	7%	<1%	3%	*NA*	*NA*

	Kenosha					WI	US
Alcohol Use in Past Month	2008	2011	2014	2016	2019	*2018*	*2018*
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	23%	28%	32%	30%	33%	*26%*	*16%*
Driver/Passenger When Driver Perhaps Had Too Much to Drink	3%	2%	6%	2%	2%	*NA*	*NA*

	Kenosha					WI	US
Household Problems Associated With…	2008	2011	2014	2016	2019	*2018*	*2018*
Alcohol (Past Year)	2%	3%	2%	5%	3%	*NA*	*NA*
Marijuana (Past Year)	--	2%	2%	2%	3%	*NA*	*NA*
Cocaine, Meth or Other Street Drugs (Past Year)	--	--	--	--	1%	*NA*	*NA*
Heroin or Other Opioids (Past Year)	--	--	--	--	<1%	*NA*	*NA*

	Kenosha					WI	US
Personal Safety Issues in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Afraid for Their Safety	5%	5%	4%	4%	5%	*NA*	*NA*
Pushed, Kicked, Slapped, or Hit	2%	3%	5%	2%	4%	*NA*	*NA*
At Least One of the Safety Issues	5%	7%	8%	5%	8%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data.

*In 2008, 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.

	Kenosha					WI	US
Mental Health Status	2008	2011	2014	2016	2019	*2018*	*2018*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	7%	8%	7%	6%	8%	*NA*	*NA*
Considered Suicide (Past Year)	4%	5%	8%	5%	8%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	7%	8%	8%	*NA*	*NA*

	Kenosha					WI	US
Children in Household	2008	2011	2014	2016	2019	*2018*	*2018*
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	89%	89%	98%	95%	*NA*	*NA*
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	95%	91%	85%	91%	*NA*	*NA*
Did Not Receive Care Needed (Past Year)							
Medical Care	--	5%	4%	4%	<1%	*NA*	*NA*
Dental Care	--	6%	6%	7%	<1%	*NA*	*NA*
Specialist	--	2%	2%	4%	1%	*NA*	*NA*
Current Asthma	--	7%	14%	21%	4%	*NA*	*NA*
Safe in Community/Neighborhood Seldom/Never	--	2%	2%	0%	4%	*NA*	*NA*
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	76%	66%	72%	74%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	--	41%	19%	25%	27%	*NA*	*NA*
5+ Fruit/Vegetables per Day	--	45%	46%	31%	35%	*NA*	*NA*
Physical Activity (60 Min./5 or More Days/Week)	--	64%	67%	47%	74%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	1%	9%	8%	5%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)	--	32%	24%	19%	15%	*NA*	*NA*
Verbally Bullied	--	29%	24%	19%	12%	*NA*	*NA*
Physically Bullied	--	7%	3%	9%	6%	*NA*	*NA*
Cyber Bullied	--	1%	3%	0%	2%	*NA*	*NA*

	Kenosha					WI	US
Top County Health Issues	2008	2011	2014	2016	2019	*2018*	*2018*
Illegal Drug Use	--	--	--	27%	42%	*NA*	*NA*
Access to Health Care	--	--	--	23%	23%	*NA*	*NA*
Overweight or Obesity	--	--	--	18%	18%	*NA*	*NA*
Chronic Diseases	--	--	--	15%	15%	*NA*	*NA*
Alcohol Use or Abuse	--	--	--	17%	14%	*NA*	*NA*
Tobacco Use	--	--	--	6%	13%	*NA*	*NA*
Cancer	--	--	--	9%	12%	*NA*	*NA*
Prescription or OTC Drug Abuse	--	--	--	7%	11%	*NA*	*NA*
Mental Health or Depression	--	--	--	10%	11%	*NA*	*NA*
Violence or Crime	--	--	--	8%	10%	*NA*	*NA*
Affordable Health Care	--	--	--	6%	8%	*NA*	*NA*
Infectious Diseases	--	--	--	6%	6%	*NA*	*NA*
Environmental Issues	--	--	--	5%	5%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.
*In 2011, 2014 and 2016, the question was asked for children 8 to 17 years old.

General Health
In 2019, 50% of respondents reported their health as excellent or very good; 20% reported fair or poor. Respondents 55 to 64 years old, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor health. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.*

Health Care Coverage
In 2019, 7% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eight 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 a high school education or less or in the bottom 40 percent household income bracket 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 in the bottom 40 percent household income bracket were more likely to report this. *From 2008 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 2008 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 2008 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, 21% 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 with some post high school education or less were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 60 percent household income bracket were more likely to report this. Eleven 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. Eighteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed. Four percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2011 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, as well as from 2016 to 2019. From 2011 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 or unmet mental health care for a household member in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care for someone in the household in the past year while from 2016 to 2019, there was no statistical change.*

Health Care Information
In 2019, 51% of respondents reported they contact a doctor when looking for health information or clarification while 27% reported they look on the Internet. Seven percent reported they were, or a family member was, in the health care field while 4% reported work. Respondents 65 and older were more likely to report they contact a doctor. Respondents who were female, 18 to 34 years old, with a college education or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health field. Respondents who were male, 45 to 54 years old or unmarried were more likely to report work. *From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported the Internet as their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported work as their source of health information/clarification while from 2016 to 2019, there was a statistical increase.*

Health Care Services
In 2019, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female or 55 and older were more likely to report a primary care physician. Sixty-one 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 15% reported an urgent care center followed by 7% each who reported hospital emergency room or Quickcare clinic. Four percent reported public health clinic/community health center for health services. Respondents 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Respondents with a high school education or less or in the bottom 60 percent household income bracket were more likely to report a hospital emergency room as their primary health care. Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report a public health clinic/community health center as their primary health care. Thirty-six percent of respondents had an advance care plan; respondents who were female, 65 and older or married were more likely to report an advance care plan. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 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 2008 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 while from 2016 to 2019, there was no statistical change. From 2008 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 or a public health clinic/community health center, as well as from 2016 to 2019. From 2008 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 while from 2016 to 2019, there was no statistical change. From 2016 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 Quickcare clinic. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.*

Routine Procedures

In 2019, 86% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-one percent of respondents reported a visit to the dentist in the past year while 50% reported an eye exam in the past year. Respondents who were female or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less, a cholesterol test four years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.*

Vaccinations

In 2019, 41% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the middle 20 percent household income were more likely to report a flu vaccination. Seventy-three percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2008 to 2019, there was no statistical change 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 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.*

Mobility

In 2019, 17% of respondents 60 and older reported in the past year they have fallen and injured themselves at home. *From 2014 to 2019, there was no statistical change in the overall percent of respondents 60 and older who reported they fell and injured themselves at home, 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 (28%) a mental health condition (22%) or high blood cholesterol (21%). Respondents 65 and older, with a high school education or less, in the bottom 60 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Respondents who were 55 to 64 years old, overweight or did an insufficient amount of physical activity were more likely to report high blood cholesterol. Nine percent reported they were treated for, or told they had heart disease/condition in the past

three years. Respondents 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report heart disease/condition. Nine percent of respondents reported diabetes; respondents 65 and older, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report this. Ten percent reported current asthma; respondents 45 to 54 years old were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes and current asthma). Between 80% and 89% of respondents reported the remaining three conditions were controlled. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, a mental health condition, high blood cholesterol, heart disease/condition, diabetes 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 in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life while from 2016 to 2019, there was no statistical change.*

Physical Health

In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-seven percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 52% met the recommended amount of physical activity; respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or who were not overweight were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was no statistical change.*

In 2019, 67% of respondents were classified as at least overweight while 36% were obese. Respondents who were 45 to 54 years old or inactive were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or less, in the middle 20 percent household income bracket or inactive respondents were more likely to be obese. *From 2008 to 2019, there was no statistical change in the overall percent of respondents being at least overweight or being obese, as well as from 2016 to 2019.*

Nutrition and Food Insecurity

In 2019, 51% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report at least two servings of fruit. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-one percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Six percent of respondents reported they sometimes/seldom/never find fresh fruit and vegetables in their community or neighborhood; respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Twenty-two percent of respondents reported when they found fresh fruit and vegetables, they sometimes/seldom/never find the fresh fruit and vegetables affordable; 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. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day, as well as from 2016 to*

2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change 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. Eighty-two percent of female respondents 65 and older had a bone density scan. Eighty-five percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2008 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 2008 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 2008 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, as well as from 2016 to 2019.*

Colorectal Cancer Screening

In 2019, 16% of respondents 50 and older reported a blood stool test within the past year. Eight percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 74% reported a colonoscopy within the past ten years. This results in 79% of respondents meeting the current colorectal cancer screening recommendations. *From 2011 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 2008 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 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2016 to 2019, there was no statistical change.*

Alcohol Use

In 2019, 33% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change 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, as well as from 2016 to 2019.*

Tobacco Use

In 2019, 19% of respondents were current tobacco cigarette smokers; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. Thirteen percent of respondents used electronic cigarettes in the past month. Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Sixty-five percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Seventy-seven 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 2008 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2016 to 2019, there was no statistical change. 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 increase. From 2008 to 2019, there was a statistical increase 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 while from 2016 to 2019, there was no statistical change. From 2008 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, tobacco cessation and health*

professional advised quitting included current smokers and current vapers. In previous years, both questions were asked of current smokers only.

In 2019, 14% of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2008 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, 8% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male or in the top 40 percent household income bracket 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 in the past month while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month while from 2016 to 2019, there was a statistical increase.*

Household Problems

In 2019, 3% 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. Three percent of respondents reported someone in their household experienced some kind of problem with marijuana. One percent of respondents reported a household problem in connection with cocaine/meth/other street drugs while less than one percent reported heroin/other opioids. *From 2008 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, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.*

Personal Safety

In 2019, 5% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old were more likely to report this. A total of 8% reported at least one of these two situations; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety or they were pushed/kicked/slapped/hit in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2016 to 2019.*

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-five percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 91% reporting their child visited their primary doctor or nurse for preventive care during the past year. One percent of respondents reported in the past year their child did not visit a specialist they needed while less than one percent each reported their child did not receive the medical care needed or their child did not receive the dental care needed. Four percent of respondents reported their child currently had asthma. Four percent of respondents reported their child was seldom/never safe in their community. Seventy-four percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Thirty-five percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Seventy-four percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Five 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. Fifteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 6% physical bullying and 2% reported cyber bullying. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse, as well as from 2016 to 2019. From 2011 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, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet medical care need while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical*

decrease in the overall percent of respondents who reported in the past year their child or had an unmet dental care need, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community while from 2016 to 2019, there was a statistical increase. From 2011 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 on an average day, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported their 5 to 17 year old child ate at least three servings of vegetables on an average day while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2016 to 2019. From 2011 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 while from 2016 to 2019, there was a statistical increase. From 2011 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, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was physically bullied or cyber bullied, as well as from 2016 to 2019.

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 (42%), access to health care (23%) or overweight/obesity (18%). Respondents 55 and older or with some post high school education were more likely to report illegal drug use as a top health issue. Respondents who were female or with at least some post high school education were more likely to report access to health care. Respondents 18 to 44 years old, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report overweight or obesity. Fifteen percent of respondents reported chronic diseases as a top issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Fourteen percent of respondents were more likely to report alcohol use or abuse; respondents 18 to 34 years old were more likely to report this. Thirteen percent reported tobacco use as a top issue; respondents 18 to 44 years old or 65 and older were more likely to report this. Twelve percent of respondents reported cancer as a top issue; respondents who were male, with a high school education or less, with a college education, in the top 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported prescription or over-the-counter drug abuse. Eleven percent of respondents reported mental health/depression; respondents who were female, with a college education or in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported violence or crime; respondents with a high school education or less were more likely to report this. Eight percent of respondents reported affordable health care; respondents who were 45 to 54 years old or married were more likely to report this. Six percent of respondents reported infectious diseases as a top issue; female respondents were more likely to report this. Five percent of respondents reported environmental issues; respondents 55 to 64 years old 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, tobacco use or prescription/over-the-counter drug abuse 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 access to health care, overweight/obesity, chronic diseases, alcohol use/abuse, cancer, mental health/depression, violence/crime, affordable health care, infectious diseases or environmental issues 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.

Kenosha Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	Delayed/Did not seek care due to cost	3	10	9	207
2	No flu vaccine in past year (18 and older)	9	5	10	190
3	Mental Health Condition	3	9	9	189
4	Did not get recommended moderate/vigorous activity	8	5	4	172
5	Overweight	5	8	4	
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Fell (60 and older)	2	10	8	176
2	No flu vaccine in past year (65 and older)	6	5	9	160
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No mammogram (50+, within past 2 years)	3	6	9	135
2 (tie)	No bone density scan (65 and older)	2	6	9	126
2 (tie)	No HPV test in past 3 years (18-65)	6	4	9	126

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 KCHC patients

Results

2015

- 525 medical home referrals to Kenosha Community Health Center or Aurora Health Care (AHC) Medical Group clinics

2016

- 138 non-emergent ED visits without a primary care provider saw an AHC primary care provider within 28 days
- 3 patients received free mammogram services

2017

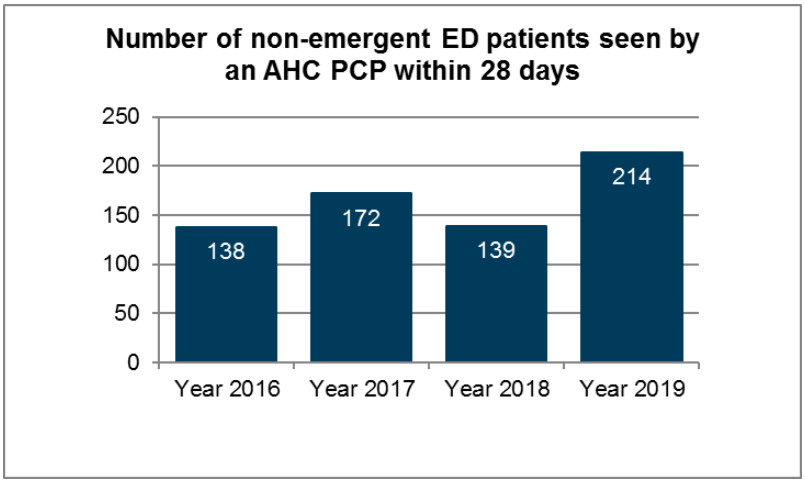
- 172 non-emergent ED visits without a primary care provider saw an AHC primary care provider within 28 days
- 21 ED patients referred to KCHC

2018

- 1217 non-emergent ED visits without a primary care physician; 139 of those saw an AHC primary care provider within 28 days
- 23 ED patients referred to KCHC

2019

- 1,980 non-emergent ED visits without a primary care physician; 214 of those saw an AHC primary care provider within 28 days
- 6 ED patients referred to KCHC
- 7,069 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



Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate care for behavioral health

Results

2018

- 229 ED patients screened by ABHS behavioral health coordinator

2019

- 91 ED patients screened by ABHS behavioral health coordinator
- 125 tele-intake assessments completed

Focus | Infant Mortality

Intended Impact

- Decreased risks to infant health and safety

Results

2016

- Infant mortality rates decreased from 8.7/1,000 live births in 2008 to 6.1/1,000 live births in 2014
- 466 Black mothers received discharge phone calls
- 21 Black mothers were directed to AMCK for care through the Kenosha Community Health Center
- 133 sleep sacks distributed
- 1 crib coupon distributed
- 117 car seat safety tests provided
- 121 follow-up lactation services provided

2017

- 767 mothers delivered at AMCK; all received follow-up appointment scheduling with a pediatrician; all received a post-discharge follow-up call; all were educated on baby care, breastfeeding, safe sleep/Halo sleep-sack, car-seat safety, effects of second-hand smoke; of those,
    - 156 received follow-up lactation services
    - 40 received a car-seat safety test
- 102 mothers directed to AMCK for care through Kenosha Community Health Center
- Classes provided
    - 9 lactation classes; 78 attendees
    - 32 well-baby care classes; 78 attendees
    - 48 prenatal care classes; 153 attendees

2018

- 862 mothers delivered at AMCK; all received follow-up appointment scheduling with a pediatrician; all received a post-discharge follow-up call; all were educated on baby care, breastfeeding, safe sleep/Halo sleep-sack, car-seat safety, effects of second-hand smoke; of those,
    - 142 received follow-up lactation services
    - 66 of received a Halo sleep-sack
    - 46 received a car-seat safety test
- 104 KCHC OB patients served by AHCMG
- Classes provided
    - 12 lactation classes; 87 attendees
    - 12 well-baby care classes; 148 attendees
    - 23 prenatal care classes; 235 attendees
- 135 attended the well-baby fair held at AMCK
- 281 attended the Racine Kenosha Community Action Agency Baby Expo

2019

- 968 mothers delivered at AMCK; all received follow-up appointment scheduling with a pediatrician; all were educated on baby care, breastfeeding, safe sleep/Halo sleep-sack, car-seat safety, effects of second-hand smoke; of those,
    - 143 received follow-up lactation services
    - 53 of received a Halo sleep-sack
    - 33 received a car-seat safety test
    - 716 received a post-discharge follow-up call
- Classes provided
    - 8 lactation classes; 49 attendees
    - 10 well-baby care classes; 85 attendees
    - 17 prenatal care classes; 93 attendees
- 100 attended the well-baby fair held at AMCK

Focus | Chronic disease

Intended Impact

- Increased awareness and control of chronic disease

Results

2015

- 21 participants in the *Healthy Living with Diabetes* program series
- 118 blood pressure screenings at two community sites

2016

- 20 participants in the *Healthy Living with Diabetes* program series; 9 participants attend all class sessions
- 218 older adults received blood pressure screenings at monthly community clinics; 50 were referred for blood pressure
- Provided three community educational events with 60 participants

2017

- Classes provided:
  - 2 *Healthy Living with Diabetes*; 22 attendees
  - 27 community classes hosted; 262 attendees
- Support groups provided:
  - 4 diabetes support groups; 17 attendees; all reported knowledge gain
- 75 free outreach blood pressure screenings served 367 individuals
- 55 blood pressure management referrals provided

2018

- Classes provided:
  - 8 Healthy Living with Diabetes; 29 attendees
  - 22 diabetes education classes; 257 attendees; 255 attendees reported knowledge gain
- 87% of patients with blood pressure in adequate control
- 813 patients were tested for hepatitis C
  - 15 tested positive, 9 had positive confirmatory tests and 8 patients entered treatment
- 20 free outreach blood pressure screenings served 503 individuals
- Support groups provided:
  - 3 diabetes support groups; 8 attendees

2019

- Classes provided:
  - 2 *Healthy Living with Diabetes*; 24 attendees
  - 26 diabetes education classes; 575 attendees; 490 attendees reported knowledge gain
- 86% of patients with blood pressure in adequate control
- 33 free outreach blood pressure screenings served 496 individuals

Focus | Cancer

Intended Impact

- Decreased burden for persons diagnosed with cancer in Kenosha County

Results

2015

- 2 participants in Look Good...Feel Better program
- 40 participants in art therapy
- 167 participants in massage therapy
- 10 participants in reiki therapy

2016

- 7 participants in Look Good...Feel Better program
- 568 participants in art therapy, aroma therapy, and therapeutic massage
- 71 participants in free wig program
- 30 attended Breast Cancer Fair
- 4 cancer prevention and outreach activities conducted
- 574 individuals completed distress screenings
- 70 participants in Movin' and Groovin' program

2017

- 21 participants in Look Good...Feel Better program
- 177 art therapy participants, 5 aroma therapy participants, 745 therapeutic massage participants, 702 acupuncture participants
- 46 patients utilized the Aurora Wig program
- 250 participants attended Community Breast Cancer Fair
- 5 participants in Swab for Life

2018

- 517 patients were served through the Cancer Nurse Navigator program
- 1,996 participants in distress screenings and 76 referrals
- 121 art therapy participants, 25 aroma therapy participants, 927 therapeutic massage participants, 1,367 acupuncture participants
- 60 patients utilized the Aurora Wig program
- 11 Movin' and Groovin' series offered; 24 participants
- 4 Look Good Feel Better classes offered; 7 participants

2019

- 911 patients were served through the Cancer Nurse Navigator program
- 1,889 participants in distress screenings and 120 referrals
- 169 art therapy participants, 91 aroma therapy participants, 809 therapeutic massage participants
- 53 patients utilized the Aurora Wig program
- 7 cancer education and screening events
    - 200 individuals educated on breast cancer
    - 1,182 individuals educated on lung cancer
    - 1,047 individuals educated on overall cancer care
    - 14 individuals screened for breast cancer
    - 17 individuals screened for lung cancer
    - 41 individuals screened for oral cancer
- 190 participants attended community events for breast health

Focus | Senior Care

Intended Impact

- Reduced readmissions and admissions for falls

Results

2015

- 2,549 seniors were served through the Senior Resource Nurse program, including:
    - 22 DNR orders were established
    - 245 Healthcare Powers of Attorney were established
    - 97 home visits conducted
    - 417 hip and knee assessments conducted
    - 504 referrals to BRIDGES program for hospital-to-home support
- 55 individuals participated in Stepping On program

2016

- 2,636 seniors were served through the Senior Resource Nurse program, including:
  - 17 DNR orders were established
  - 246 Healthcare Powers of Attorney were established
  - 181 home visits conducted
  - 81 office visits conducted
  - 544 high-risk hospital discharge phone calls conducted
  - 396 hip and knee pre-surgery phone calls conducted
  - 20 referrals to Aurora at Home
  - 387 referrals to other community services
  - 122 advance directives completed
  - 638 referrals to BRIDGES program for hospital-to-home support
- 37 seniors participated in *Stepping On* program
- 70 seniors participated in Movin' and Groovin' exercise program

2017

- 2,005 seniors were served through the Senior Resource Nurse program
- 214 patients educated on Advance Directives (Power of Attorney); 167 of those completed Advance Directives
- 534 patients educated on family guidance and support services
- 158 patients educated on medication management/safety
- 3 *Stepping On* sessions provided; 38 attendees
- 128 group exercise classes provided at the Kenosha Senior Center; 3,539 participants; 31 new participants

2018

- 2,101 assessments completed by our Senior Resource Nurses
  - 404 PCM referrals
  - 65 home visits
  - 106 clinic visits
  - 32 cognitive screens
  - 26 Aurora at Home referrals
- 314 patients educated on Advance Directives (Power of Attorney); 164 of those completed Advance Directives
- 70 patients educated on family guidance and support services
- 139 patients educated on medication management/safety
- 1,756 fall evaluations completed using Stopping Elderly Accidents, Deaths & Injuries (STEADI) program
- 13 *Stepping On* sessions provided; 168 attendees
- 4 grief support groups led by Senior Resource Nurses
- 262 blood pressure screenings led by Senior Resource Nurses
- 139 group exercise classes provided at the Kenosha Senior Center; 3,532 total participants; 30 new participants

2019

- 1,776 assessments completed by our Senior Resource Nurses
    - 51 home visits
    - 80 clinic visits
    - 43 cognitive screens
    - 17 Aurora at Home referrals
- 12 *Stepping On* sessions provided; 130 attendees
- 2 *Healthy Living with Diabetes* classes led by Senior Resource Nurses
- 117 group exercises classes at the Kenosha Senior Center; 3,227 total participants; 26 new participants
- 93 participants attended the Senior Health Fair

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

- 112 sexual assault victims provided medical care and services
    - 27 Safe Fund applications completed
    - 85 referrals to Crime Victims Compensation
- 40 sexual assault community education and outreach training sessions
- 5,000 attendees at sexual assault community education and outreach training sessions

2016

- 77 sexual assault victims provided medical care and services
    - 11 Safe Fund applications completed
    - 70 referrals to Crime Victims Compensation
- 1,000 participants in the Hope Run Kenosha run/walk to raise awareness about human trafficking
- 35 sexual assault community education and outreach training sessions
- 27,425 attendees at sexual assault community education and outreach training sessions

2017

- 119 sexual assault victims provided with medical care and services
- 65 women and children who are victims of assault were provided with clothing through partnering with Jockey International
- 29 community education/prevention/outreach trainings provided with a total of 31,080 attendees

2018

- 136 sexual assault victims were provided medical care and services
- 96 referrals provided
- 35 community education/prevention/outreach trainings provided with a total of 33,930 attendees
- 31,000 individuals reached with public service announcements at Country Thunder music festival
- 350 participants attended the annual forum on human trafficking
- 2 programs on sexual assault and/or domestic violence at Women and Children's Horizons provided

2019

- 128 sexual assault victims were provided medical care and services
- 86 referrals provided
- 38 community education/prevention/outreach trainings provided with a total of 30,970 attendees
- 29,000 individuals reached with public service announcements at Country Thunder music festival
- 4 programs on sexual assault and/or domestic violence at Women and Children's Horizons provided; 35 attendees

Focus | Social determinants of health

Intended Impact

- Increased opportunity for stable employment, education

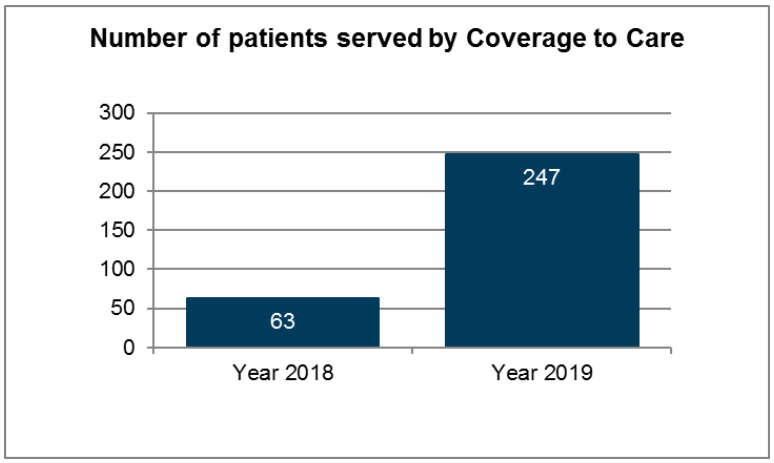
Results

2018

- 63 people served through Coverage to Care

2019

- 247 people served through Coverage to Care
- 1 CNA funded for future employment with AMCK
- 1,390 participants attended healthcare career fairs



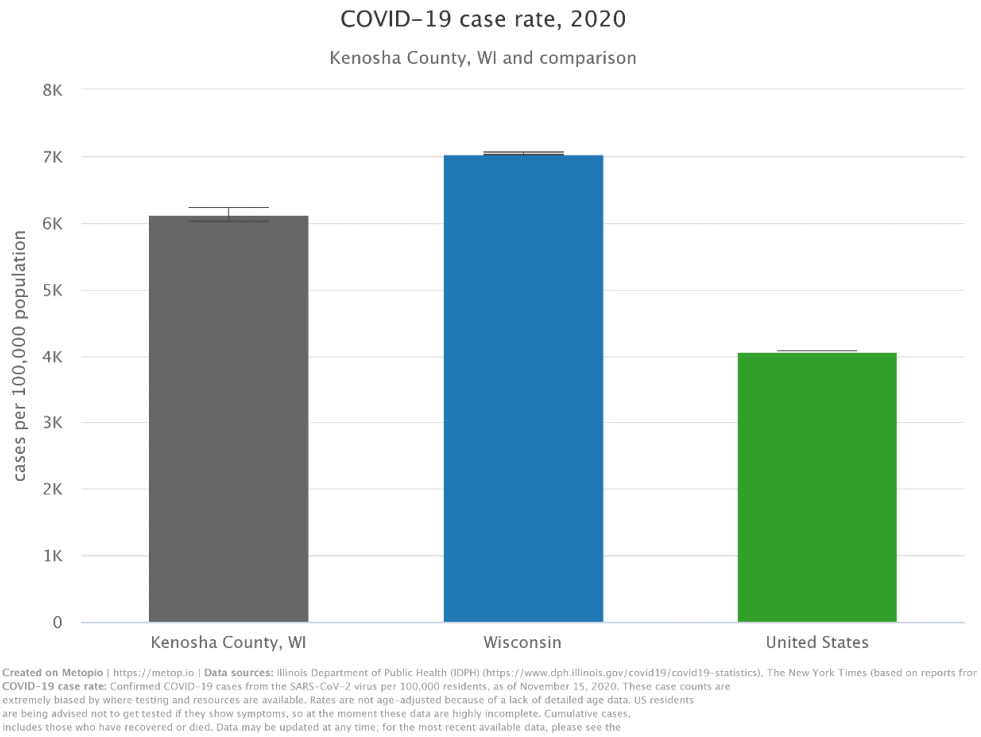
Additionally, in support of emergency preparedness, 150 individuals were trained in Stop the Bleed in 2018 and 365 in 2019. Two Stop the Bleed kits were distributed in 2019.

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 AMCK. Advocate Aurora's response to the pandemic has been added to AMCK'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.[48]

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of November 15, 2020.[49] During that time, the case rate for Kenosha County was 6,119.53 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.



[48] 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.
[49] Metopio COVID-19 case rate, 2020. Available at https://metop.io/i/nWY4/, accessed November 30, 2020.

The chart below shows a summary of cumulative total COVID-19 statistics in Wisconsin, as of November 30, 2020.[50] 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.

[50] 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.