2020 Community Health Needs Assessment Report

Aurora Sheboygan Memorial Medical Center

2929 N. 7th Street | Sheboygan, WI 53083

Aurora Health Care | We are AdvocateAuroraHealth

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I. Executive Summary

During 2019 and 2020, the local health department, Sheboygan County Health and Human Services-Division of Public Health, convened a series of meetings to partner with Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care and the United Way of Sheboygan County, for the purpose of collecting community health data for the health department's Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA). A review of the data was vetted among the partners during the final data-collection meeting. The data-collection 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 Sheboygan 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 Sheboygan Memorial Medical Center (ASMMC) 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, ASMMC 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 transportation and hospital tours to vulnerable populations, chronic disease support groups, safe sleep and baby care education to new mothers, and meals to vulnerable congestive heart failure patients. 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, ASMMC 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 Sheboygan Memorial Medical Center

Advocate Aurora Health

Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies, and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization contributed $2.2 billion in charitable care and services to its communities in 2019. We help people live well.

Aurora Sheboygan Memorial Medical Center (ASMMC)

At Aurora Sheboygan Memorial Medical Center (ASMMC), we are dedicated to improving the health and well-being of those who live in our community. Our commitment to medical excellence, innovation and safety has helped us to be named one of America's Top 100 Hospitals by Truven Health Analytics, the nation's leading source of independent and objective hospital performance benchmark data, five of the last seven years. You can expect not only state-of-the-art treatment at ASMMC, but also the highest level of patient centered care. We are proud to note that we perform in the upper quartile of all hospitals, according to data maintained in the Press Ganey database, for patient satisfaction.

ASMMC by the Numbers (2019)	**Distinctions**
• 135 hospital beds More than • 101,191 outpatient visits • 5,098 inpatient admissions • 23,167 emergency department visits • 896 newborn deliveries • 6,217 surgical procedures	• Designation as a Center of Excellence by the Joint Commission for: -Stroke -Total Hip and Total Knee Joint Replacement -Spine -Perinatal Care • State of Wisconsin – Level III Trauma Center • American College of Emergency Physicians – Level III Geriatric Emergency Department • DNV-GL Health Care -Hip and Knee Replacement -Spine Surgery -Stroke Center • American Hospital Association (AHA) *Get with the Guidelines* Silver Award for Heart Failure • American Hospital Association (AHA) *Get with the Guidelines* Honor Roll-Elite Plus Award for Stroke • High Performing and Excellence in Hip Replacement Surgery by US News & world Report • Certified by the American College of Surgeon's Commission on Cancer • Patient Safety Excellence Award by Health Grades • Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign • Received the Partner for Change award from Practice Greenhealth for leadership on environmental sustainability

To learn more about our hospital, please see https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/sheboygan#Overview.

III. 2020 Community Health Needs Assessment

Community Definition

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

Settled in 1635 by Jean Nicolet, Sheboygan County was organized as a county in 1838.[2] It is located between Milwaukee and Green Bay along Lake Michigan. Sheboygan is the largest city in the county, while the second largest city, Plymouth, is centrally located within the county.[3] Sheboygan County is home to a wide variety of global brands, from companies such as Johnsonville Sausage and Bemis Mtg to Kohler Co. and Sargento Foods.[4] The County has several academic centers including Lakeshore Technical College, Lakeland College, University of Wisconsin-Sheboygan and the Marquette-Kohler MBA Program.

Sheboygan County includes suburban, rural and lakefront communities:

- Cities of Plymouth, Sheboygan, Sheboygan Falls
- Villages of Adell, Cascade, Cedar Grove, Elkhart Lake, Glenbeulah, Howards Grove, Kohler, Oostburg, Random Lake, Waldo
- Towns of Greenbush, Herman, Holland, Lima, Lyndon, Mitchell, Mosel, Plymouth, Rhine, Russell, Scott, Sheboygan, Sheboygan Falls, Sherman, Wilson

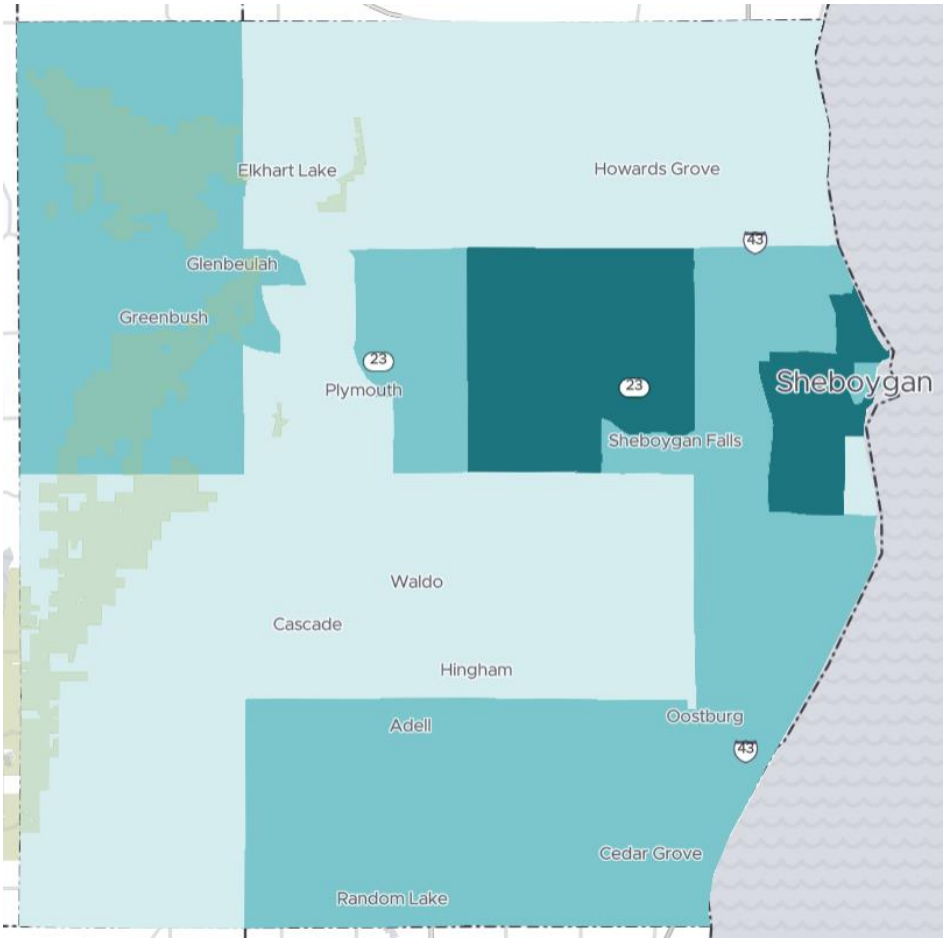
[2] Sheboygan County Wisconsin. Available at https://www.sheboygancounty.com/government/about-the-county/history. Accessed July 10, 2020.
[3] Sheboygan County Wisconsin. Available at https://www.sheboygancounty.com/government/municipalities. Accessed July 10, 2020.
[4] Sheboygan County Economic Development Corporation. Available at http://www.sheboygancountyedc.com/market-info/top-employers/. Accessed July 10, 2020.

Community Demographics (Source #2)

Total Population - Sheboygan County				
		2018		State 2018
	Total Population	115,205		5,813,568
Total Population- Race alone or in combination with one or more other races		N	%	
	White	105,160	91.3%	87.6%
	Black or African American	3,121	2.7%	7.6%
	Asian	6,884	6.0%	3.5%
	American Indian and Alaska Native	1,066	0.9%	1.6%
	Native Hawaiian and Other Pacific Islander	66	0.1%	0.1%
	Some Other Race	1,413	1.2%	2.4%
	Hispanic or Latino (of any race)	7,168	6.2%	6.9%
Total Population				
	Male	57,922	50.3%	49.7%
	Female	57,283	49.7%	50.3%
Total Population				
	0-14	21,168	18.4%	18.0%
	15-44	41,526	36.0%	38.2%
	45-64	32,952	28.6%	26.9%
	65+	19,559	17.0%	16.9%

Demographics - Sheboygan County			
		2018	State 2018
Education level of adults 25 years or older			
	Less than high school degree	7.3%	8.1%
	High school graduate	36.3%	30.9%
	Some college/Associate's degree	32.5%	31.4%
	Bachelor's degree or higher	23.9%	29.5%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	2.4%	2.7%
Median HH Income (2018 dollars)			
	Median Income	$58,943	$59,209
Percent of all people below poverty in last 12 months			
	Percent below poverty	7.6%	11.9%
Language spoken at home			
	English	90.3%	91.3%
	Spanish	3.5%	4.6%
	Other Indo-European Languages	1.5%	1.9%
	Asian and Pacific Islander Languages	4.6%	1.8%
	Other Languages	0.2%	0.4%
Housing Tenure			
	Owner Occupied	70.2%	66.9%
	Renter Occupied	29.8%	33.1%

Sheboygan County

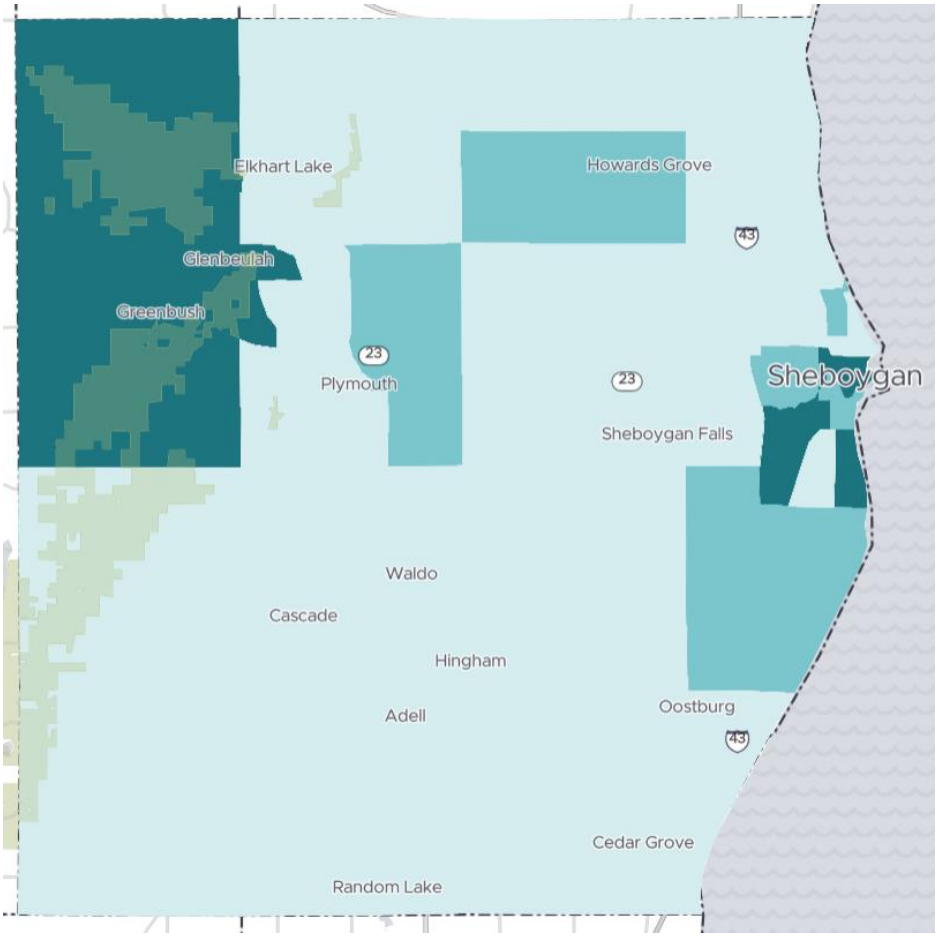


Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed July 10, 2020.

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

Sheboygan County



Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed July 10, 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 November 22, 2013. In 2019, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Sheboygan 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, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan 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 Sheboygan County every three years, conducted in partnership with the Sheboygan County of Health and Human Services-Division of Public Health.

Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals, and therefore the data years (e.g., 2012, 2014, 2016) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Source #1 | Sheboygan County Community Health Survey Report
The community health survey is a primary community health data source. The latest telephone survey was completed between January 17, 2020 and March 12, 2020 and posted in 2020. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Sheboygan 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
Thirty key informant interviews were conducted between February and May 2020 and posted in 2020, taking into account input from persons who represent the broad interests of the community served. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Sheboygan 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, ASMMC did not receive any comments on the current CHNA Report or Implementation Strategy.*

Additional sources of data and information used to prepare the ASMMC 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, 2017 and 2020. 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 Sheboygan County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2020, 12% of the respondents delayed or did not seek medical care due to costs in the past 12 months, similar to 16% in 2017. The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased steadily from 78% in 2008 to 64% in 2020. The number of respondents who reported that someone in their household had an unmet medical need has decreased from 12% in 2017 to 6% in 2020. Of the households with a child, less than 1% reported that a child did not receive the needed medical care in the past 12 months. However, 91% of the children have a medical home with a personal health care clinician who knows the child well, which does not meet the *Healthy People 2020* target of 94.3% (Source #1). Residents and key informants identified access to health care as a top five community health issue (Sources #1 and #3).

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

  Why is this important? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.[5]

Dental services and unmet dental care | In 2020, 16% 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 7% in 2008. Three percent of the households reported that their child did not receive the needed dental care in the past 12 months (Source #1).

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

  Why is this important? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancers and reduce dental care costs.[6]

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

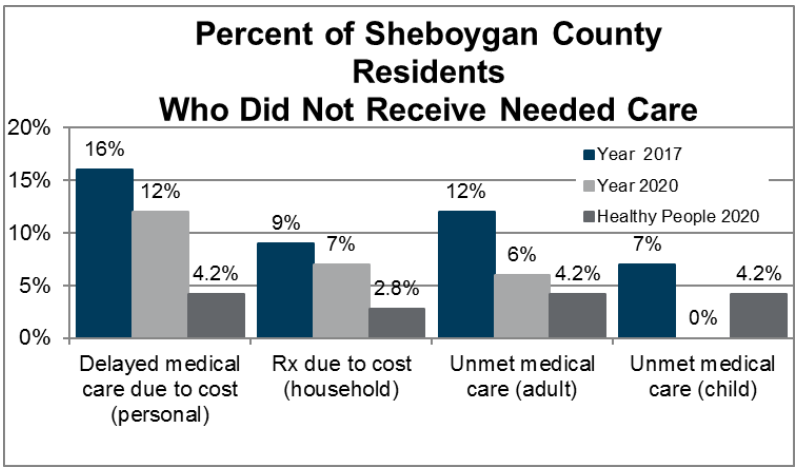
Unmet prescription medications | In 2020, 7% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, a decrease from 12% in 2011.

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

  Why is this important? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.[7]

Unmet mental health services | In 2020, 3% of respondents reported that someone in their household did not get the mental health care they needed sometime in the last 12 months, similar to 4% in 2017 (Source #1).

Why is this important? Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future costs; the burden of mental illness and unwellness is among the highest of all diseases. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[8]



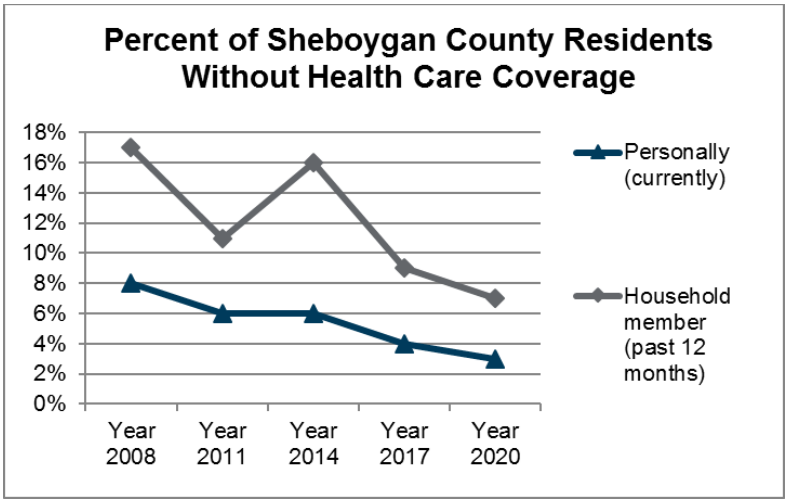
Coverage

Health care coverage | In 2020, 3% of adults reported they personally were not currently covered with health care insurance, a decrease from 2008. Seven percent of adults reported a household member was not covered at least part of the time in the past year, an improvement from 17% in 2008. Respondents who were in the bottom 40% household income bracket, unmarried or with children in the household were more likely to report this (Source #1).

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

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

Why is this important? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[9, 10]



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

Chronic conditions such as asthma, diabetes, heart disease and cancer can result in health complications, compromised quality of life and burgeoning health care costs. As the most common and preventable of all health issues, chronic diseases account for 86% of health care costs nationwide.[11]

Asthma | In 2020, 10% of adults reported asthma (current), a stagnant trend since 2008. This is higher compared to the 9% for the state. Respondents 35 to 44 years old were more likely to report having asthma. In 2020, 5% of the children of the surveyed households currently had asthma (Source #1).

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

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

Diabetes | In 2020, 14% of adults reported diabetes in the past three years, an increase from 8% in 2008. Respondents who were female, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, inactive or smokers were more likely to report having diabetes (Source #1).

> **Why is this important?** Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.[13] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes. [14]

Heart disease or heart condition | In 2020, 7% of adults reported heart disease or heart condition in the past three years. Respondents who were 65 and older or overweight were more likely to report heart disease or heart condition (Source #1).

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

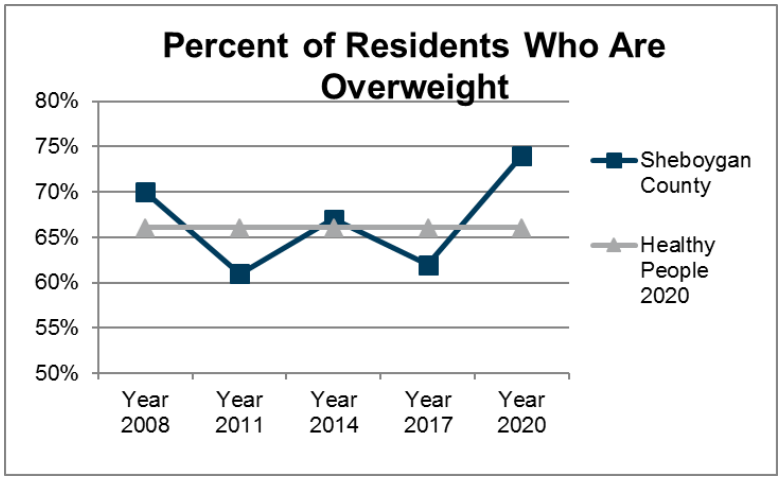
[13] Centers for Disease Control and Prevention. – Diabetes Basics. Available at https://www.cdc.gov/diabetes/basics/index.html. Accessed February 12, 2020.
[14] CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Available at https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Accessed February 12, 2020.
[15] Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed February 12, 2020.

Overweight/Obesity | In 2020, 74% of adults in Sheboygan County were classified as being overweight, an increase from 62% in 2017. Respondents who were in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to be at least overweight (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

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

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

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



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

Cancer | The 2012-2016 cancer age-adjusted incidence rate in Sheboygan County was 473.4 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Sheboygan County's age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI) (Source #2).

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

Cancer	Sheboygan	WI
Female Breast Cancer Incidence Rate	135.5	130.3
Cervical Cancer Incidence Rate	6.4	6.9
Male Colorectal Cancer Incidence Rate	44.8	41.9
Female Colorectal Cancer Incidence Rate	26.6	31.7
Male Lung/Bronchus Cancer Incidence Rate	64.7	65.0
Female Lung/Bronchus Cancer Incidence Rate	43.9	53.1
Prostate Cancer Incidence Rate	112.3	109.4
Female Breast Cancer Mortality Rate	15.2	17.3
Cervical Cancer Mortality Rate	NA	1.3
Male Colorectal Cancer Mortality Rate	15.1	14.2
Female Colorectal Cancer Mortality Rate	12.0	10.8
Male Lung/Bronchus Cancer Mortality Rate	48.5	44.0
Female Lung/Bronchus Cancer Mortality Rate	31.1	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	21.4	20.9

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

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

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

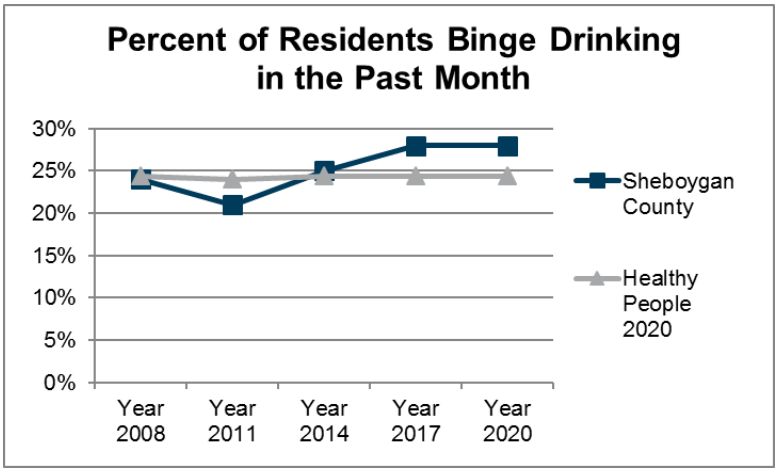
Alcohol use | In 2020, 28% of adults in Sheboygan County reported binge drinking in past month, similar to 24% in 2008. Respondents who were male, 18 to 44 years old or in the middle 20% household income bracket were more likely to report binge drinking in the past month (Source #1). Less than 1% of the population stated that they drove or rode in a vehicle when the driver had too much to drink, a decrease from 4% in 2017 (Source #1). Alcohol use was the most common reason Sheboygan County residents sought substance use services in 2019, with 100 residents receiving treatment.[19] Residents and key informants identified alcohol abuse as one of the top health issues challenging the community (Sources #1, #3).

Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[20] Alcohol was identified as one of the top five health issues in the county by 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.[21]

[18] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed February 12, 2020.
[19] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed July 13, 2020.
[20] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined. Available at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed February 12, 2020.
[21] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed February 12, 2020.



Substance use | In Sheboygan County, the rate of opioid-related mortality was 12.0 per 100,000 population in 2018, lower than Wisconsin rate of 15.3 per 100,000 population (Source #2). Opioid use was the third most common reason Sheboygan County residents sought substance use services in 2019, with 66 residents receiving treatment.[22] 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.[23]

[22] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed July 13, 2020.
[23] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed February 17, 2020.

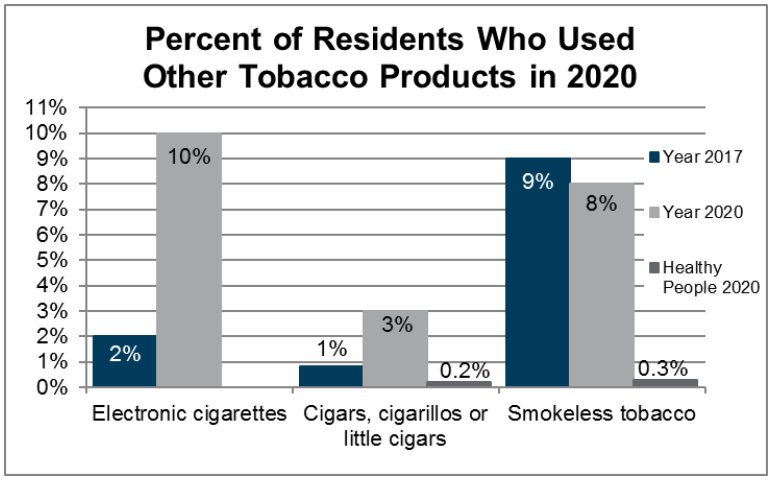
Tobacco Use and Exposure | In 2020, 18% of adults in Sheboygan County reported cigarette smoking in the past 30 days (current smoker), a decrease from the 2008 baseline of 28%. Respondents with a high school education or less, in the bottom 40% household income bracket or unmarried were more likely to report being a current smoker. In addition, 10% of Sheboygan County adults were current users of electronic cigarettes in 2020. Respondents who were male, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this (Source #1). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past seven days declined to 15% in 2020 compared to 25% 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, 10.7% of Sheboygan 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. [24]

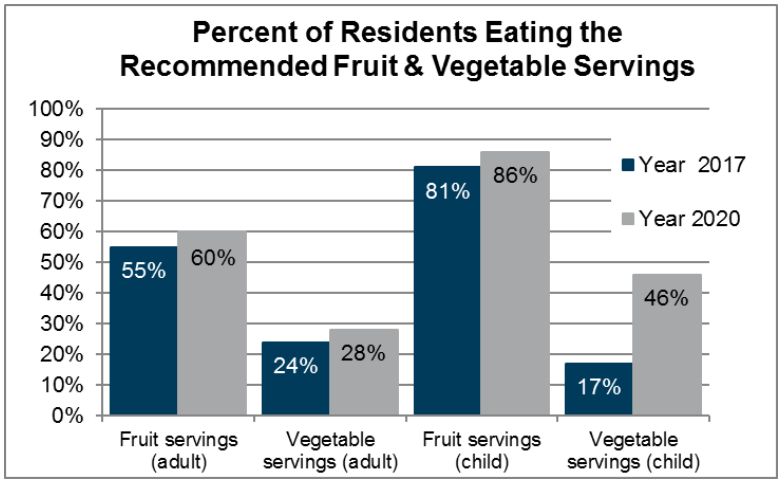


[24] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed February 12, 2020.

Nutrition and physical activity | In 2020, 54% of adults in Sheboygan County reported engaging in recommended moderate or vigorous activity, an upward trend since 2008. In 2019, 62% of the children in Sheboygan County engaged in physical activity for 60 minutes at least five days out of the week. In 2020, 60% of adults in Sheboygan County reported eating the recommended fruit servings while 28% of adults reported eating the recommended vegetable servings. Less than one percent of respondents reported their household went hungry in the past year because they could not afford food, a decrease from 6% in 2017 (Source #1).

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

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



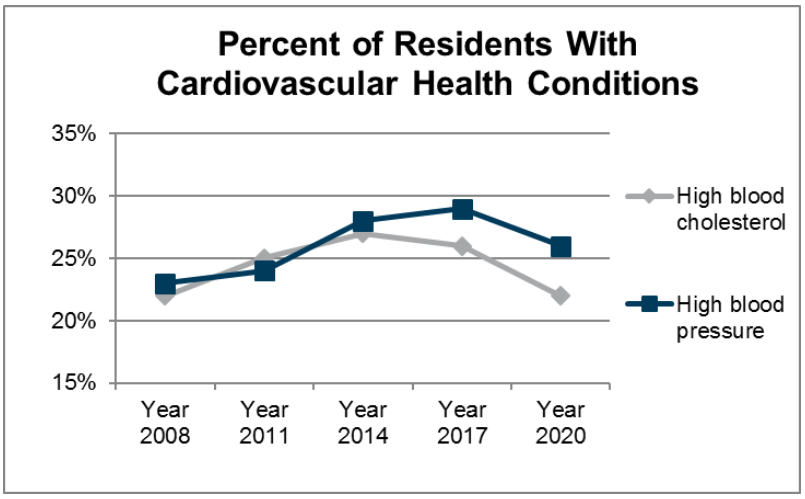
[25] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed February 12, 2020.
[26] Centers for Disease Control and Prevention –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

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2020, 26% of adults reported high blood pressure similar to 29% in 2017. Respondents who were aged 65 and over, with a high school education or less, in the bottom 40% household income bracket, who were overweight or inactive were more likely to report having high blood pressure. Also, 22% of adults in 2020 reported high cholesterol in the past three years, a static trend from the 2008 baseline. Respondents who were 65 and over, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol (Source #1).

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

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



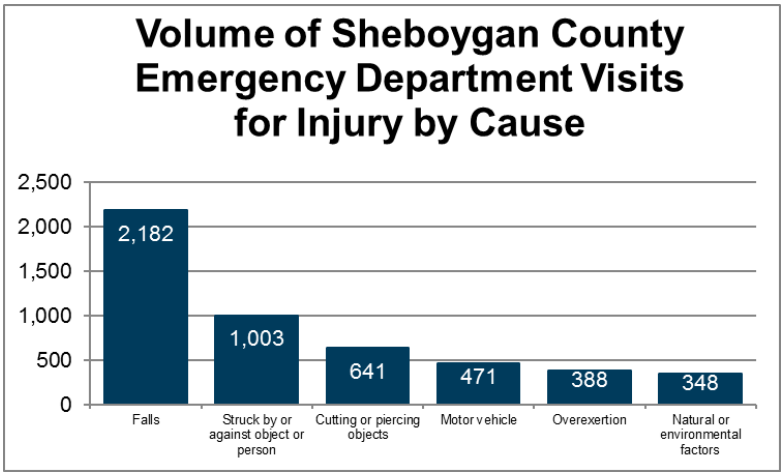
[27] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 12, 2020.
[28] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 12, 2020.
[29] Centers for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

Injury and violence

Injury hospitalization | The 2018 Sheboygan County injury-related hospitalizations rate was 363.6 per 100,000, which is lower compared to the state (417.5 per 100,000). Sheboygan County residents who are Non-Hispanic White or Non-Hispanic Black had higher rates of injury-related hospitalizations compared to residents who are Hispanic or Asian. The injury-related emergency department (ED) visit rate for Sheboygan County was 6,530.2 per 100,000, which lower higher than the Wisconsin rate (7,251.1 per 100,000) (Source #2). The injury-related death rate in Sheboygan County was 70.7 per 100,000 population, lower than the Wisconsin rate of 85.6 per 100,000 population, but 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, over 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.[30]



[30] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at https://www.cdc.gov/injury/wisqars/overview/key_data.html. Accessed February 12, 2020.

Youth injury | In 2019, the total number of injury hospitalizations among Sheboygan County youth aged 0-17 years was 24, which is a rate of 95.5 per 100,000, lower than the state rate of 110.5 per 100,000.[31] Also in 2019, the total number of injury emergency department (ED) visits among Sheboygan County youth was 1,642 – a rate of 6,594.7 per 100,000, slightly lower than the state rate of 7,071.7 per 100,000.[32] Of the ED visits by Sheboygan County youth, 513 resulted from falls.[33]

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

Older adults injury | In 2019, the total number of injury emergency department (ED) visits among Sheboygan County adults aged 65 years and older was 1,108, which is a rate of 5,415.8 per 100,000, lower than the state rate of 7,096.9 per 100,000.[35] Of the ED visits by Sheboygan County adults aged 65 years and older, 714 resulted from falls.[36]

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

Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[38] The rate of rape for Sheboygan County was 30.35 reports per 100,000 persons, higher than Wisconsin's overall rate of 27.91 per 100,000 in 2019 (Source #2). However, sexual assault and rape are underreported, and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.

> **Why is this important?** Sexual violence can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to victims, families and communities.[39]

[31] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 22, 2020.
[32] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 22, 2020.
[33] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 22, 2020
[34] Centers for Disease Control and Prevention – Protect the Ones You Love: Child Injuries are Preventable. Available at http://www.cdc.gov/safechild/. Accessed March 1, 2019.
[35] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 22, 2020.
[36] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed July 22, 2020.
[37] Centers for Disease Control and Prevention – Older Adult Falls: Get the Facts. Available at http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Accessed March 1, 2019.
[38] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 12, 2020.
[39] Centers for Disease Control and Prevention – Violence Prevention/Sexual Violence: Consequences. Available at https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed February 12, 2020.

Other violence | Sheboygan County reported 2,202 aggravated assault offenses in 2019.[40] In Wisconsin, the rate of Child Protective Services (CPS) reports was 34.2 per 1,000 children in 2018; Sheboygan County's rate was lower at 25.7 reports per 1,000 children (Source #2).

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

Reproductive health

Pap test screening | In 2020, 87% of women in Sheboygan County reported having a pap test within three years, similar to 82% in 2017 (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 Sheboygan County was 82.2%, higher compared to the state (76.0%)(Source #2).

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

Premature births | In 2018, the percent of mothers with premature births in Sheboygan County was 8.3%, 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 Sheboygan County was 7.2%, 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.[42]

[40] Wisconsin Department of Justice, UCR Offense Data. Available at https://www.doj.state.wi.us/dles/bjia/ucr-offense-data. Accessed July 22, 2020.
[41] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 12, 2020.
[42] Centers for Disease Control and Prevention – Reproductive Health: Preterm Birth. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed February 12, 2020.

Birth rate to teens| In 2018, births among Sheboygan County females aged 15-17 years was 6.6 per 1,000 females, higher than the state rate of 5.2 births per 1,000 females. For Sheboygan County females aged 15-19 years, the birth rate was 15.0 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.[43]

Infant Mortality | In 2018, the rate of infants dying before their first birthday in Sheboygan County was 3.1 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 2020, 25% of Sheboygan County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, an increase from 15% in 2008 (Source #1). Mental health was identified as one of the top health issues in the county by residents and key stakeholders (Sources #1, #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."[44] Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness, which is classified as "conditions that affect a person's thinking, feeling, mood or behavior," which "may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day."[45] Anxiety, depression, and bipolar disorder are examples of mental illness.

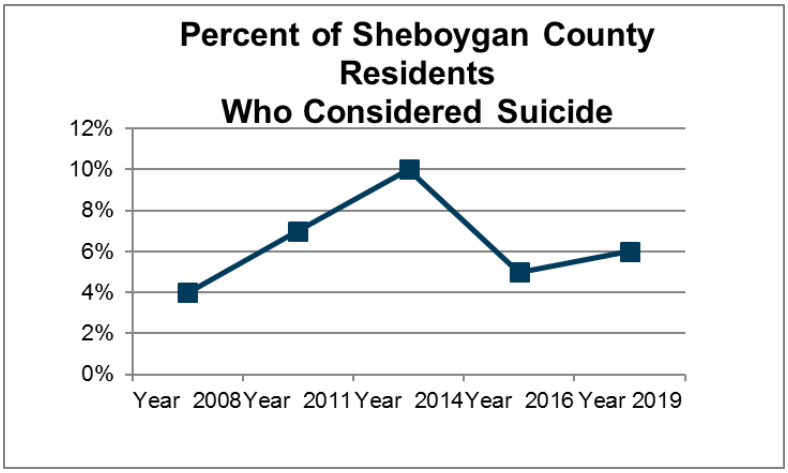
> **Why is this important?** Mental health conditions are related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep, and associated with chronic diseases such as cardiovascular disease, diabetes and obesity.[46]

[43] Centers for Disease Control and Prevention – Reproductive Health: About Teen Pregnancy. Available at https://www.cdc.gov/teenpregnancy/about/index.htm. Accessed February 12, 2020.
[44] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[45] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[46] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.

Suicide | In 2020, 6% of adults in Sheboygan County reported feeling so overwhelmed in the past year that they considered suicide, comparable to 5% in 2017. Note: The survey did not ask how seriously, how often or how recently suicide was considered. Zero 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 Sheboygan County suicide rate was 14.0 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.[47]



[47] Centers for Disease Control and Prevention – Suicide Prevention. Available at https://www.cdc.gov/violenceprevention/suicide/. February 12, 2020.

IV. Prioritization of Health-Related Issues

Priority Setting Process

During 2012, an ad hoc committee of the Aurora Health Care Board of Directors' Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a "signature community benefit focus" for all Aurora Health Care hospital facilities was determined to be: A demonstrable increase in "health home" capacity and utilization by underserved populations across Aurora's footprint (Medicaid-eligible and uninsured).

During 2020, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)
- Aligns with Advocate Aurora Health Community Strategy
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[48] (see Appendix E for details)

[48] National Association of County & City Health Officials (NACCHO) – First Things First: Prioritizing Health Problems. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf, accessed February 10, 2020.

Health Needs Selected

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

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

Health Needs Not Selected

The implementation strategy does not include specific strategies and goals for chronic disease and reproductive health as these are part of the standard continuum of clinical care at ASMMC, 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 ASMMC’s *2017 Community Health Needs Assessment Report* / *2018-2020 Implementation Strategy* plan, which was executed with several successes, including providing transportation and hospital tours to vulnerable populations, chronic disease support groups, safe sleep and baby care education to new mothers, and meals to vulnerable congestive heart failure patients. For detailed evaluation of impact, see Appendix F.

IX. Appendices

Appendix A | Sheboygan 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 Sheboygan 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 January 17, 2020 and March 12, 2020. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Sheboygan County. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

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

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, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

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

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In spring of 2020, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Sheboygan 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, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County. The report was prepared by the Center for Urban Population Health.

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

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Thirty individual key informant interviews and two focus groups were conducted between February and May 2020. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Sheboygan 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 July, 2020*
ADRC of Sheboygan County	The Mission of the Aging and Disability Resource Center (ADRC) of Sheboygan County is to empower and support seniors, people with disabilities, and their families to ask for help, find a way to live with dignity and security, and achieve maximum independence and quality of life.
Ascension Wisconsin	Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.
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.
Big Brothers Big Sisters of Sheboygan County	Mission: Create and support one-to-one mentoring relationships that ignite the power and promise of youth.
Catholic Charities	Catholic Charities serves people of all faiths throughout the ten counties of Southeastern Wisconsin.
Sheboygan County Sheriff	Mission Statement: To protect and serve the citizens of our community by reducing fear, crime and disorder.
Embrace Care Management	Embrace is committed to providing compassionate, dignified and ethical care ensuring peace of mind for seniors and their families.

Family Connections	Family Connections supports and educates families and early childhood professionals to promote healthy child development and strengthen communities.
Housing Authority	The Sheboygan Housing Authority has been primarily involved as a developer/owner/manager of apartments for people of low and moderate income.
HSHS St. Nicholas Hospital	Mission: To reveal and embody Christ's healing love for all people through high quality Franciscan health care ministry.
Labor Council	The Sheboygan County Labor Council is a democratically elected body dedicated to representing the interests of working people at the state and local level.
Lakeshore CAP	Mission: To help individuals and families achieve economic self-sufficiency and well-being through results-based programming in Manitowoc, Door, Sheboygan and Kewaunee counties.
Lakeshore Community Health Care	Lakeshore Community Health Care provides comprehensive health care services to people who struggle to find a doctor, dentist or a counselor.
Lakeshore Technical College	Lakeshore Technical College is a leading provider of technical education offering over 100 career programs, customized training for business and industry, continuing education for personal and professional enrichment, and basic skills education.
Love Inc. of Sheboygan	The purpose of Love Inc. is to mobilize local Christian Churches to transform lives and communities through relationships, in the Name of Christ.
Sheboygan County Medical Examiner's Office	It is the mission of the Sheboygan County Medical Examiner's Office to provide professional death investigation into the deaths reportable to the Sheboygan County Medical Examiner's Office as it is applicable to the Wisconsin State Statutes and make a determination into the cause and manner of death.
Mental Health America Sheboygan	Mental Health America in Sheboygan County (MHA) is a nonprofit mental health resource center serving Sheboygan County for over 50 years since 1963 and positively changing lives.
Oostburg School District	Mission: To ensure all students learn at high levels so they can become positive and productive contributors to society and the world.
Safe Harbor	Safe Harbor of Sheboygan County, Inc. is the only agency in Sheboygan County that serves individuals and families affected by domestic and sexual violence.
Sheboygan County Food Bank	Mission: Lead Sheboygan County's efforts to increase the food security of its residents by distributing healthy emergency food and fostering innovative partnerships.
Sharon S Richardson Community Hospice	Sharon S. Richardson Community Hospice is dedicated to providing high-quality, compassionate end-of-life care to all who are in need.
Sheboygan County Board	Mission: Provide courteous, responsive, efficient and effective services to those we serve.

Sheboygan County Health and Human Services	Mission Statement: Partnering with the residents of Sheboygan County to improve health and quality of life through education, building community connections and empowering all to be their best selves.
Sheboygan Fire Department	The Sheboygan Fire Department is dedicated to serving all who live, visit, work, and invest in the City of Sheboygan through excellence in fire protection, rescue, emergency, and non-emergency medical services, code enforcement, and education, at the highest professional level in a compassionate, ethical, and cost effective manner
Sheboygan YMCA	YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.
United Way of Sheboygan County	United Way of Sheboygan County (UWSC) identifies issues, develops partnerships, implements solutions, and measures results.
UW-Madison Extension	Purpose: We commit, teach, learn, lead and serve, connecting people with the University of Wisconsin, and engage with them in transforming lives and communities.
WIRCO	WIRCO seeks to establish and sustain a Recovery Community Organization and Center that embraces all pathways to recovery and support all individuals impacted by the disease of addiction through education and coaching, programming, referrals, and advocacy.

The key informant interviews were conducted by Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan 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 Sheboygan County and the identified community assets

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

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

1. **Mental health:** Hospitals should be partnering with independent counselors and therapists, faith communities, court system, all facilities in the health care continuum of care, local service organizations, support groups, school systems, employers, Sheboygan County Health and Human Services, Mental Health America, University of Wisconsin-Extension, Providing Access to Healing Program, Rainbow Kids, Sharon S. Richardson Hospice, Community Partnership for Children and Lakeshore Community Health Care.

2. **Substance use and abuse**: Hospitals should be partnering with school counselors and nurses, first responders, treatment and recovery organizations, schools, social groups, local government, faith communities, housing organizations, translators to different cultural groups, higher education, youth-serving organizations, family support organizations law enforcement, Narcotics Anonymous and other support organizations, AODA counselors, Department of Corrections, Department of Health and Human Services, United Way, the District Attorney's Office, the Aging and Disability Resource Center, Mental Health America and Lakeshore Community Health Care.

3. **Access to health care**: Hospitals should be partnering with health care case managers, emergency medical services, law enforcement, non-profit organizations, long-term care facilities, caregivers, local government, community centers, the county's Aging and Disability Resource Center, Labor Council, Mental Health America, United Way, Division of Public Health, Food Bank, Boys and Girls Club, Big Brothers Big Sisters, Impact 2-1-1, Medical Transportation Management, Medicare and Lakeshore Community Health Care.

4. **Adverse childhood experiences**: Hospitals should be partnering with school districts, teachers youth serving organizations and services, youth programming, social service organizations, law enforcement, criminal justice, pediatricians and other health care providers, emergency medical services, community members, social workers, childcare providers, and Sheboygan County Health and Human Services, Lakeshore Community Health Care and Sheboygan Community Partnership for Children.

5. **Alcohol abuse**: Hospitals should be partnering with treatment providers such as support groups, inpatient behavioral health units, detox centers, media outlets, families, sites of higher education, churches and faith communities, transportation companies, law enforcement, schools, school nurses, translators to reach non-English speaking groups, the Tavern League, Sheboygan County Health and Human Services, Alcoholics Anonymous, recovery counselors, Wisconsin Recovery Community Organization, Samaritan's Hands and Pathways to a Better Life.

Partners & Contracts: This report was sponsored by Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County. The report was prepared by the Center for Urban Population Health.

Appendix D | Sheboygan County Community Health Survey Report Summary: 2020

Sheboygan County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Sheboygan County residents. This summary was prepared by JKV Research for Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services-Division of Public Health and the United Way of Sheboygan County.

	Sheboygan					WI	US
Overall Health	2008	2011	2014	2017	2020	*2018*	*2018*
Excellent/Very Good	57%	52%	53%	50%	49%	*52%*	*51%*
Good	28%	31%	28%	33%	34%	*33%*	*32%*
Fair or Poor	15%	18%	18%	17%	17%	*15%*	*17%*

	Sheboygan					WI	US
Health Care Coverage							
Not Covered	2008	2011	2014	2017	2020	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	8%	6%	6%	4%	3%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	9%	8%	7%	4%	4%	*11%*	*13%*
Household Member (Past Year)	17%	11%	16%	9%	7%	*NA*	*NA*

	Sheboygan					WI	US
Did Not Receive Care Needed in Past Year	2008	2011	2014	2017	2020	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	--	--	16%	12%	*10%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	12%	14%	9%	7%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]*	9%	8%	15%	12%	6%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]*	7%	--	16%	17%	16%	*NA*	*NA*
Mental Health Care*	--	--	--	4%	3%	*NA*	*NA*

	Sheboygan					WI	US
Caregiver to Family/Friend with Health Problem or Disability	2008	2011	2014	2017	2020	*2018*	*2018*
Past Month	--	--	--	29%	36%	*NA*	*NA*
Next Two Years	--	--	--	37%	46%	*NA*	*NA*

	Sheboygan					WI	US
Health Information							
Primary Source of Health Information	2008	2011	2014	2017	2020	*2018*	*2018*
Doctor	--	--	--	51%	54%	*NA*	*NA*
Internet	--	--	--	22%	27%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	--	--	6%	4%	*NA*	*NA*
Other Health Professional	--	--	--	9%	2%	*NA*	*NA*

	Sheboygan					WI	US
Health Services	2008	2011	2014	2017	2020	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	87%	88%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	78%	72%	70%	58%	64%	*NA*	*NA*
Urgent Care Center	6%	7%	9%	5%	17%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	11%	6%	*NA*	*NA*
Hospital Emergency Room	2%	2%	3%	3%	3%	*NA*	*NA*
Public Health Clinic/Community Health Center	8%	8%	10%	6%	3%	*NA*	*NA*
Worksite Clinic	--	--	--	6%	2%	*NA*	*NA*
No Usual Place	3%	9%	6%	8%	5%	*NA*	*NA*
Advance Care Plan	41%	38%	42%	42%	48%	*NA*	*NA*

	Sheboygan					WI	US
Vaccines	2008	2011	2014	2017	2020	*2018*	*2018*
Household Not Up-to-Date with Vaccines	--	--	--	--	12%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. *In 2020, the question was asked about any household member. In previous years, the question was asked of respondents only.

	Sheboygan					WI	US
Routine Procedures	2008	2011	2014	2017	2020	*2018*	*2018*
Routine Checkup (2 Years Ago or Less)	78%	77%	80%	87%	88%	*87%*	*88%*
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	74%	71%	76%	83%	83%	*83%*[1]	*86%*[1]
Dental Checkup (Past Year) [HP2020 Goal: 49%]	70%	62%	66%	68%	69%	*71%*	*68%*
Eye Exam (Past Year)	42%	42%	53%	45%	56%	*NA*	*NA*

	Sheboygan					WI	US
Health Conditions in Past 3 Years	2008	2011	2014	2017	2020	*2018*	*2018*
High Blood Pressure	23%	24%	28%	29%	26%	*NA*	*NA*
Mental Health Condition	15%	14%	20%	19%	25%	*NA*	*NA*
High Blood Cholesterol	22%	25%	27%	26%	22%	*NA*	*NA*
Diabetes	8%	8%	12%	13%	14%	*NA*	*NA*
Heart Disease/Condition	7%	8%	12%	11%	7%	*NA*	*NA*
Asthma (Current)	7%	7%	9%	13%	10%	*9%*	*10%*

	Sheboygan					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2008	2011	2014	2017	2020	*2018*	*2018*
High Blood Pressure	--	--	94%	91%	94%	*NA*	*NA*
Mental Health Condition	--	--	84%	93%	97%	*NA*	*NA*
High Blood Cholesterol	--	--	83%	84%	91%	*NA*	*NA*
Diabetes	--	--	100%	98%	93%	*NA*	*NA*
Heart Disease/Condition	--	--	90%	93%	96%	*NA*	*NA*
Asthma (Current)	--	--	97%	76%	95%	*NA*	*NA*

Physical Activity	Sheboygan					WI	US
Physical Activity/Week	2008	2011	2014	2017	2020	*2009*	*2009*
Moderate Activity (5 Times/30 Min)	32%	42%	43%	40%	39%	*NA*	*NA*
Vigorous Activity (3 Times/20 Min)	24%	21%	29%	38%	37%	*NA*	*NA*
Recommended Moderate or Vigorous	44%	51%	53%	50%	54%	*53%*	*51%*
Main Reason Did Not Meet Recommended Amount of Moderate or Vigorous Physical Activity							
Lack of Time	--	--	--	--	30%	*NA*	*NA*
Illness/Age	--	--	--	--	19%	*NA*	*NA*
Don't Like to Exercise	--	--	--	--	12%	*NA*	*NA*
Fear of Injury/Injured Right Now	--	--	--	--	12%	*NA*	*NA*

Body Weight	Sheboygan					WI	US
Overweight Status	2008	2011	2014	2017	2020	*2018*	*2018*
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	70%	61%	67%	62%	74%	*67%*	*66%*
Obese (BMI 30.0+) [HP2020 Goal: 31%]	36%	28%	35%	32%	42%	*32%*	*31%*

	Sheboygan					WI	US
Nutrition and Food Security	2008	2011	2014	2017	2020	*2009*	*2009*
Fruit Intake (2+ Servings/Day)	64%	61%	59%	55%	60%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	23%	23%	24%	24%	28%	*NA*	*NA*
At Least 5 Fruit/Vegetables/Day	32%	30%	33%	35%	36%	*23%*	*23%*
Main Reason Did Not Eat Five or More Servings of Fruit/Vegetables/Day							
Lack of Time/Convenience	--	--	--	--	28%	*NA*	*NA*
Don't Like Fruit or Vegetables	--	--	--	--	17%	*NA*	*NA*
Don't Feel It is Important	--	--	--	--	12%	*NA*	*NA*
Not Sure	--	--	--	--	18%	*NA*	*NA*
Household Went Hungry (Past Year)	--	--	--	6%	<1%	*NA*	*NA*

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

	Sheboygan					WI	US
Women's Health	2008	2011	2014	2017	2020	2018	2018
Mammogram (50+; Within Past 2 Years)	81%	84%	74%	72%	78%	78%	78%
Bone Density Scan (65 and Older)	66%	66%	84%	77%	81%	NA	NA
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	91%	78%	82%	82%	87%	81%	80%
HPV Test (18 – 65; Within Past 5 Years)	--	--	44%	58%	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)	--	--	84%	86%	89%	NA	NA

	Sheboygan					WI	US
Colorectal Cancer Screenings (50 and Older)	2008	2011	2014	2017	2020	2018	2018
Blood Stool Test (Within Past Year)	--	--	10%	13%	13%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	9%	5%	8%	5%	9%	3%	2%
Colonoscopy (Within Past 10 Years)	59%	64%	69%	76%	69%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	60%	65%	72%	80%	74%	75%	70%

	Sheboygan					WI	US
Cigarette Smokers or Vapers	2008	2011	2014	2017	2020	2018	2018
Current Smokers [HP2020 Goal: 12%]	28%	27%	23%	21%	18%	17%	16%
Current Vapers (Past Month)	--	--	7%	2%	10%	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%]*	56%	51%	46%	63%	53%	49%	56%
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping*	82%	69%	90%	77%	81%	NA	NA

	Sheboygan					WI[2]	US
Exposure to Smoke/Vapor							
Smoking Policy at Home	2008	2011	2014	2017	2020	'14-15	'14-15
Not Allowed Anywhere	73%	76%	79%	87%	80%	84%	87%
Allowed in Some Places/At Some Times	10%	8%	7%	5%	9%	NA	NA
Allowed Anywhere	5%	2%	3%	2%	2%	NA	NA
No Rules Inside Home	13%	15%	11%	7%	9%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	25%	16%	13%	11%	15%	NA	NA

	Sheboygan					WI	US
Other Tobacco Products in Past Month	2008	2011	2014	2017	2020	2018	2018
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	5%	9%	8%	4%	4%
Cigars, Cigarillos or Little Cigars	--	--	4%	1%	3%	NA	NA

	Sheboygan					WI	US
Alcohol Use in Past Month	2008	2011	2014	2017	2020	2018	2018
Binge Drinker** [HP2020 Goal 5+ Drinks: 24%]	24%	21%	25%	28%	28%	26%	16%
Driver/Passenger When Driver Perhaps Had Too Much to Drink	3%	3%	3%	4%	<1%	NA	NA

	Sheboygan					WI	US
Household Problems in Past Year Associated With…	2008	2011	2014	2017	2020	2018	2018
Alcohol	2%	3%	2%	4%	<1%	NA	NA
Marijuana or THC Products	--	--	--	<1%	<1%	NA	NA
Heroin or Other Opioids	--	--	--	--	<1%	NA	NA
Cocaine, Meth or Other Street Drugs	--	--	--	2%	0%	NA	NA

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data. [2]Midwest data.

*In 2020, 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 2008 and 2011, binge drinking was defined as 5 or more drinks regardless of gender. Since 2014, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Sheboygan					WI	US
Community and Personal Support	2008	2011	2014	2017	2020	2018	2018
Times of Distress and Looked for Community Resource Support (Past 3 Years)	--	--	--	26%	20%	NA	NA
Respondents Who Looked for Community Support							
Felt Somewhat/Slightly or Not at All Supported	--	--	--	49%	41%	NA	NA
No People in Life if Needed for Support in Times of Need	--	--	--	--	4%	NA	NA

	Sheboygan					WI	US
Mental Health Status	2008	2011	2014	2017	2020	2018	2018
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	5%	7%	9%	8%	6%	NA	NA
Considered Suicide (Past Year)	4%	7%	10%	5%	6%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	3%	7%	7%	3%	10%	NA	NA

	Sheboygan					WI	US
Personal Safety Issues in Past Year	2008	2011	2014	2017	2020	2018	2018
Afraid for Their Safety	5%	3%	9%	2%	6%	NA	NA
Pushed, Kicked, Slapped or Hit	3%	4%	4%	1%	3%	NA	NA
At Least One of the Safety Issues	8%	6%	10%	3%	7%	NA	NA

	Sheboygan					WI	US
Children in Household	2008	2011	2014	2017	2020	2018	2018
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	--	91%	91%	NA	NA
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	--	--	94%	88%	NA	NA
Did Not Receive Care Needed (Past Year)							
Medical Care	--	--	--	7%	<1%	NA	NA
Dental Care	--	--	--	8%	3%	NA	NA
Current Asthma	--	--	--	7%	5%	NA	NA
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	--	--	81%	86%	NA	NA
Vegetable Intake (3+ Servings/Day)	--	--	--	17%	46%	NA	NA
5+ Fruit/Vegetables per Day	--	--	--	48%	59%	NA	NA
Physical Activity (60 Min./5 or More Days/Week)	--	--	--	68%	62%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	--	--	3%	0%	NA	NA
Experienced Some Form of Bullying (Past Year)	--	--	--	23%	16%	NA	NA
Verbally Bullied	--	--	--	23%	16%	NA	NA
Physically Bullied	--	--	--	1%	<1%	NA	NA
Cyber Bullied	--	--	--	1%	<1%	NA	NA

	Sheboygan					WI	US
Top County Health Issues	2008	2011	2014	2017	2020	2018	2018
Illegal Drug Use	--	--	--	48%	52%	NA	NA
Access to Health Care	--	--	--	20%	23%	NA	NA
Alcohol Use or Abuse	--	--	--	28%	22%	NA	NA
Mental Health or Depression	--	--	--	12%	15%	NA	NA
Overweight or Obesity	--	--	--	23%	14%	NA	NA
Prescription or OTC Drug Abuse	--	--	--	12%	11%	NA	NA
Violence or Crime	--	--	--	3%	9%	NA	NA
Chronic Diseases	--	--	--	18%	7%	NA	NA
Infectious Diseases	--	--	--	3%	7%	NA	NA
Environmental Issues	--	--	--	1%	5%	NA	NA
Affordable Health Care	--	--	--	7%	5%	NA	NA
Cancer	--	--	--	13%	5%	NA	NA
Access to Affordable Healthy Food	--	--	--	5%	4%	NA	NA

--Not asked. NA-WI and/or US data not available. *In 2017, the question was asked for children 8 to 17 years old.

General Health
In 2020, 49% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, inactive or smokers were more likely to report fair or poor health. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2017 to 2020.*

Health Care Coverage
In 2020, 3% of respondents reported they were not currently covered by health care insurance. Seven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket, unmarried or with children in the household were more likely to report this. *From 2008 to 2020, 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 2017 to 2020, there was no statistical change. From 2008 to 2020, 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 2017 to 2020, there was no statistical change.*

In 2020, 12% 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 who were female, with some post high school education, in the bottom 40 percent household income bracket or married respondents were more likely to report this. Seven 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 40 percent household income bracket or without children in the household were more likely to report this. Six percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed. Sixteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents who were in the bottom 40 percent household income bracket or married were more likely to report this. Three percent of respondents reported there was a time in the past year someone did not receive the mental health care needed. *From 2017 to 2020, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care. From 2011 to 2020, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year while from 2017 to 2020, there was no statistical change. From 2008 to 2020, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year while from 2017 to 2020, there was a statistical decrease. From 2008 to 2020, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2017 to 2020, there was no statistical change. From 2017 to 2020, the overall percent statistically remained the same for respondents who reported unmet mental health care for someone in the household in the past year. Please note: in 2020, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.*

Health Care Information
In 2020, 54% of respondents reported they contact a doctor when looking for health information while 27% reported they look on the Internet. Four percent reported they were, or a family member was, in the health care field and their source for health information while 2% reported other health professional. Respondents who were 55 to 64 years old or married were more likely to report they contact a doctor. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or unmarried were more likely to report the Internet. Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported doctor, the Internet or they were/family member was in the health care field and their source of health information. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported other health professional as their source of health information.*

Health Care Services
In 2020, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 65 and older, with at least some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report a primary care physician. Sixty-four percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 17% reported an urgent care center. Six percent reported a Quickcare clinic while 3% reported a public health clinic/community health center or hospital emergency room and 2% reported a worksite clinic. Respondents who were female, 65 and older or married 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 were more likely to report an urgent care center as their primary health care. Respondents in the bottom 40 percent

household income bracket were more likely to report a Quickcare clinic as their primary health care. Forty-eight percent of respondents had an advance care plan; respondents who were female, 65 and older, in the top 40 percent household income bracket or married were more likely to report an advance care plan. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2020, 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 while from 2017 to 2020, there was no statistical change. From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2017 to 2020. From 2008 to 2020, 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 public health clinic/community health center, as well as from 2017 to 2020. From 2017 to 2020, 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 Quickcare clinic or a worksite clinic. From 2008 to 2020, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2017 to 2020, there was no statistical change.*

In 2020, 36% of respondents reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability. Forty-six percent of respondents reported in the next two years they expect to be a caregiver; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported in the next two years they expect they will provide regular care or assistance to a friend or family member who has a health problem or disability.*

Routine Procedures

In 2020, 88% of respondents reported a routine medical checkup two years ago or less while 83% reported a cholesterol test four years ago or less. Sixty-nine percent of respondents reported a visit to the dentist in the past year while 56% reported an eye exam in the past year. Respondents who were female, 65 and older, with at least some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report a routine checkup two years ago or less. Respondents 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents 35 to 54 years old, with some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents 65 and older or in the top 40 percent household income bracket were more likely to report an eye exam in the past year. *From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less or a cholesterol test four years ago or less while from 2017 to 2020, there was no statistical change. From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year, as well as from 2017 to 2020. From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported an eye exam in the past year, as well as from 2017 to 2020.*

Vaccines

In 2020, 12% of respondents reported everyone in their household is not up-to-date with vaccines. Respondents in the middle 20 percent household income bracket or without children in the household were more likely to report everyone in their household is not up-to-date with vaccines.

Health Conditions

In 2020, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%) a mental health condition (25%) or high blood cholesterol (22%). Respondents 65 and older, with a high school education or less, in the bottom 40 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, 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report a mental health condition. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood cholesterol. Fourteen percent of respondents reported diabetes; respondents who were female, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, inactive or smokers were more likely to report this. Seven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were 65 and older or overweight were more likely to report heart disease/condition. Ten percent reported current asthma; respondents 35 to 44 years old were more likely to report this. Of respondents who reported these health conditions, at least 90% reported the condition was controlled through medication, therapy or lifestyle changes. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease condition or current asthma as well as from 2017 to 2020. From 2008 to 2020, there was a statistical increase in the overall percent of*

respondents who reported a mental health condition, as well as from 2017 to 2020. From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported diabetes while from 2017 to 2020, there was no statistical change.

Physical Health

In 2020, 39% 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, 54% met the recommended amount of physical activity; respondents who were male, with a college education or in the middle 20 percent household income bracket were more likely to report this. Of respondents who did not do the recommended amount of moderate or vigorous physical activity, 30% reported lack of time as the main reason while 19% reported illness/age. Twelve percent each reported they don't like to exercise or they fear an injury/injured right now. Respondents who were male, 18 to 44 years old, with at least some post high school education, in the top 40 percent household income bracket or married respondents were more likely to report lack of time. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report illness/age. Female respondents were more likely to report they don't like to exercise. Respondents 35 to 44 years old or with a college education were more likely to report a fear of injury/injured right now. *From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2017 to 2020, there was no statistical change. From 2008 to 2020, 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 2017 to 2020, there was no statistical change. From 2008 to 2020, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity while from 2017 to 2020, there was no statistical change.*

In 2020, 74% of respondents were classified as at least overweight while 42% were obese. Respondents who were in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to be at least overweight. Respondents who were female, in the bottom 40 percent household income bracket, unmarried or inactive were more likely to be obese. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who were at least overweight or obese while from 2017 to 2020, there was a statistical increase.*

Nutrition and Food Insecurity

In 2020, 60% of respondents reported two or more servings of fruit while 28% reported three or more servings of vegetables on an average day. Respondents 35 to 44 years old, with a college education, in the middle 20 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report at least three servings of vegetables on an average day. Thirty-six percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 35 to 44 years old, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report this. Of the respondents who did not eat the recommended amount of fruit/vegetables on an average day, 28% reported lack of time/convenience as the main reason for eating fewer servings while 17% reported they don't like fruit or vegetables. Twelve percent reported they don't feel it is important. Eighteen percent of respondents reported they were not sure of the main reason for eating fewer servings of fruit/vegetables on an average day. Respondents who were 18 to 44 years old, in the top 40 percent household income bracket or unmarried were more likely to report lack of time/convenience. Overweight respondents were more likely to report they don't like fruit or vegetables. Respondents who were 55 and older, married or not overweight were more likely to report they don't feel it is important to eat the recommended amount of fruit/vegetables. Respondents 18 to 34 years old, with a high school education or less, with a college education or in the bottom 40 percent household income bracket were more likely to report they were not sure of the main reason for eating fewer servings of fruit/vegetables than recommended. Less than one percent of respondents reported their household went hungry because they couldn't afford enough food in the past year. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2017 to 2020. From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/ vegetables on an average day, as well as from 2017 to 2020. From 2017 to 2020, there was a statistical <u>decrease</u> 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 2020, 78% of female respondents 50 and older reported a mammogram within the past two years. Eighty-one percent of female respondents 65 and older had a bone density scan. Eighty-seven 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-nine percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Married respondents were more likely to report a cervical cancer screen

within the recommended time frame. *From 2008 to 2020, 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 2017 to 2020. From 2008 to 2020, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2017 to 2020. From 2008 to 2020, 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 2017 to 2020. From 2014 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2017 to 2020, there was no statistical change. From 2014 to 2020, 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 2017 to 2020.*

Colorectal Cancer Screening

In 2020, 13% of respondents 50 and older reported a blood stool test within the past year. Nine percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 69% reported a colonoscopy within the past ten years. This results in 74% of respondents meeting the current colorectal cancer screening recommendations. *From 2014 to 2020, 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 2017 to 2020. From 2008 to 2020, 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 2017 to 2020. From 2008 to 2020, 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 2017 to 2020, there was no statistical change.*

Alcohol Use

In 2020, 28% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were male, 18 to 44 years old or in the middle 20 percent household income bracket were more likely to have binged at least once in the past month. Less than one percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month, as well as from 2017 to 2020. From 2008 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2017 to 2020.*

Tobacco Use

In 2020, 18% of respondents were current tobacco cigarette smokers; respondents with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Ten percent of respondents used electronic vapor products in the past month; respondents who were male, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Fifty-three percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Eighty-one 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 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2017 to 2020, there was no statistical change. From 2014 to 2020, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2017 to 2020, there was a statistical increase. From 2008 to 2020, there was no statistical change in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking/vaping for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020. From 2008 to 2020, there was no statistical change in the overall percent of current smokers/vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2017 to 2020. Please note: in 2020, the tobacco cessation and health professional advised quitting questions included current smokers and current vapers. In previous years, both questions were asked of current smokers only.*

In 2020, 80% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or with children in the household were more likely to report smoking is not allowed anywhere inside the home. Fifteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2017 to 2020, there was a statistical decrease. From 2008 to 2020, 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 2017 to 2020, there was no statistical change. Please note: in 2020, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2020, 8% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 34 years old, with a high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report smokeless tobacco use. *From 2014 to 2020, there was a statistical increase in the overall percent of respondents who used smokeless tobacco in the past month while from 2017 to 2020, there was no statistical change. From 2014 to 2020, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2017 to 2020.*

Household Problems

In 2020, less than one percent 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. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana/THC products or heroin/other opioids in the past year. Zero percent of respondents reported a household problem in connection with cocaine, meth or other street drugs. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year while from 2017 to 2020, there was a statistical decrease. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana/THC products in the past year. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported a household problem with cocaine, meth or other street drugs in the past year.*

Community and Personal Support

In 2020, 20% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents in the bottom 40 percent household income bracket or with children in the household were more likely to report this. Forty-one percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. Four percent reported they have no one in their life that makes them feel supported or that they can reach out to in times of need; 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 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past three years someone in their household experienced times of distress and looked for community resource support. From 2017 to 2020, there was no statistical change in the overall percent of respondents who looked for community resource support and reported they felt somewhat, slightly or not at all supported by the resource.*

Mental Health Status

In 2020, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. *From 2008 to 2020, 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 or they considered suicide in the past year, as well as from 2017 to 2020. From 2008 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life, as well as from 2017 to 2020.*

Personal Safety

In 2020, 6% of respondents reported someone made them afraid for their personal safety in the past year; respondents 18 to 34 years old, with some post high school education or less or unmarried respondents were more likely to report this. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 7% reported at least one of these two situations; respondents 18 to 34 years old, with some post high school education or less or unmarried respondents were more likely to report this. *From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year while from 2017 to 2020, there was a statistical increase. From 2008 to 2020, there was no statistical change in the overall percent of respondents who reported they were pushed/kicked/slapped/hit in the past year, as well as from 2017 to 2020. From 2008 to 2020, 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 while from 2017 to 2020, there was a statistical increase.*

Children in Household

In 2020, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-one percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 88% reporting their child visited their primary doctor or nurse for preventive care during the past year. Three percent of respondents reported in the past year their child did not receive the dental care needed while 1% reported their child did not visit a specialist they needed. Less than one percent of respondents reported there was a time in the past year their child did not receive the medical care needed. Five percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom/never safe in their community. Eighty-six percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 46% reported three or more servings of vegetables. Fifty-nine percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-two percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Zero 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. Sixteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 16% reported verbal bullying while less than one percent each reported physical bullying or cyber bullying. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care. From 2017 to 2020, 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. From 2017 to 2020, there no statistical change in the overall percent of respondents who reported in the past year their child had an unmet dental care need or was unable to see a specialist when needed. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their child currently had asthma. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community. From 2017 to 2020, 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. From 2017 to 2020, there was a noted increase 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. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child met the recommendation of at least five servings of fruit/vegetables on an average day. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall as well as verbally bullied, physically bullied or cyber bullied.*

Top County Health Issues

In 2020, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (52%), access to health care (23%) or alcohol use/abuse (22%). Unmarried respondents were more likely to report illegal drug use as a top health issue. Respondents who were 55 to 64 years old, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married were more likely to report access to health care. Respondents 18 to 34 years old or with some post high school education were more likely to report alcohol use or abuse. Fifteen percent of respondents reported mental health/depression; respondents 35 to 44 years old or with some post high school education were more likely to report this. Fourteen percent of respondents reported overweight or obesity as a top issue; respondents 35 to 44 years old or with a college education were more likely to report this. Eleven percent of respondents reported prescription or over-the-counter drug abuse; respondents with some post high school education were more likely to report this. Nine percent of respondents reported violence or crime; respondents 65 and older were more likely to report this. Seven percent of respondents reported chronic diseases as a top issue; respondents 35 to 44 years old were more likely to report this. Seven percent of respondents reported infectious diseases; respondents 55 and older were more likely to report this. Five percent of respondents reported environmental issues; respondents 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Five percent of respondents reported affordable health care; respondents who were female, 45 to 64 years old or married were more likely to report this. Five percent of respondents reported cancer as a top issue; respondents 35 to 44 years old or 65 and older were more likely to report this. Four percent of respondents reported access to affordable healthy food; female respondents were more likely to report this. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported illegal drug use, access to health care, mental health/depression, prescription/over-the-counter drug abuse, affordable health care or access to affordable healthy food as one of the top health issues in the county. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported alcohol use/abuse, overweight/obesity, chronic diseases or cancer as one of the top health issues in the county. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported violence/crime, 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.

Sheboygan Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	Mental health condition	4	9	9	198
2	Did not get recommended moderate/vigorous activity	8	5	4	172
3	Overweight	9	8	4	
4	Did not eat at least 5 fruits/vegetables per day	9	5	9	171
5	No Advance Care Plan	9	0	9	81
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	4	7	9	162
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No mammogram (50+, within past 2 years)	3	6	9	135
2	No HPV test in past 3 years (18-65)	6	4	9	126

Appendix F | Evaluation of Impact

Focus | Access

Intended Impact

- Increase access to care

Results

2015

- 1.1% of seniors admitted to the Emergency Department returned within 72 hours
- Increased hospice care days from 17 days to 21.7 days
- 110 patients were followed by the palliative care team
- Provided $5.7 million in medications free of cost
- Provided free laboratory services for about six Salvation Army Free Clinic patients per month
- Awarded Better Together Fund to increase access to our FQHC and therapy services for victims of domestic violence and sexual assault

2016

- 1.2% of seniors admitted to the Emergency Department returned within 72 hours
- Increased hospice care days from 21.7 days to 48.0 days
- 631 patients were followed by the palliative care team
- 314 non-emergent ED visits without a primary care provider (PCP) saw an Aurora Health Care PCP within 28 days
- 40 individuals were provided with services and medical care by the Domestic Abuse Response Team
- 40 individuals were provided with services and medical care by the Sexual Abuse Response Team
- 19 children were provided services and medical care by Sexual Assault Nurse Examiner
- 23 victims of other abuse crimes were provided services and medical care by Sexual Assault Nurse Examiner
- Supported a local FQHC in the implementation of an electronic medical record system
- Expanded access for a new refugee population

2017

- 303 non-emergent ED visits without a primary care provider saw an AHC primary care provider within 28 days
- 92 ED patients referred to Lakeshore Community Health Care
- 940 rides provided for patients in Plymouth
- 7 patients provided with telepsychiatry consultations
- Provided $13,532 in support for Anchor of Hope Health Center
- Provided a hospital tour to 32 recent refugees/English as a second language individuals

2018

- 1,033 non-emergent ED visits without a primary care physician; 232 of those saw an AHC primary care provider within 28 days
- 59 ED patients referred to Lakeshore Community Health Care
- 949 rides provided for patients in Plymouth
- 217 rides home provided for ED patients with no support
- Provided $22,958 in support for Anchor of Hope Health Center
- Provided a hospital tour to 32 recent refugees/English as a second language individuals

2019

- 1,458 non-emergent ED visits without a primary care physician; 267 of those saw an AHC primary care provider within 28 days
- 64 ED patients referred to Lakeshore Community Health Care
- 896 rides provided for patients in Plymouth
- 354 rides home provided for ED patients with no support
- 160 lab tests provided for Anchor of Hope Health Center
- Provided 5 hospital tours to 41 individuals from vulnerable populations with anticipated challenges navigating the healthcare system

Focus | Behavioral health

Intended Impact

- Increase linkages to appropriate care for behavioral health

Results

2015

- Hired behavioral health staff to provide triage coverage in the Emergency Department
- 61 admissions to partial-inpatient or intensive outpatient behavioral health programs; 59 were assessed
- Participated in Healthy Sheboygan 2020 committees for anti-stigma, heroin and Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Opened an Intensive Outpatient Program (IOP)

2016

- Provided 123 hours weekly of behavioral health triage coverage in the Emergency Department
- 137 admissions to partial-inpatient and 75 intensive outpatient behavioral health programs; 134 were assessed in the emergency department
- 82 professionals were trained in trauma-informed techniques
- Two educational trainings were provided to 579 students
- Opened new behavioral health center providing 137 partial hospitalization admissions and 75 IOP admissions

2017

- Initiated community adoption of SBIRT (Screening, Brief Intervention, & Referral to Treatment) for 8 community partners
- Provided professional education on medication misuse to 268 physicians, pharmacists and dentists in our community
- 3 outreach/education sessions provided to 37 attendees on the problem of medication misuse and abuse

2018

- Provided intensive outpatient (IOP) care for 132 patients with alcohol and other drug abuse (AODA) disorders
- Provided partial hospitalization for 1,423 behavioral health patients
- Provided 18,601 suicide screenings and 1,278 follow-up calls as part of the county-wide Zero Suicide initiative
- 470 individuals received Medication-Assisted Treatment (MAT)
- 38 individuals trained as hospital based recovery coaches in our ED with 33 patients served
- 886 pounds of drugs collected through 3 take-back days
- 8 Behavioral Health interns placed in ASMMC
- 750 students reached in 6 Teaming Together for a Brighter Tomorrow sessions to address binge drinking in Kiel and New Holstein school districts
- 31 attendees in “There is Hope” walk for suicide awareness and prevention
- Provided Behavioral Health intake process for 1,667 patients

2019

- Provided Behavioral Health intake process for 1,407 patients
- Provided intensive outpatient (IOP) care and partial-hospital (PHP) care for 279 patients with alcohol and other drug abuse (AODA) disorders
- Provided partial hospitalization for 1,117 behavioral health patients
- Provided 12,665 suicide screenings and 928 follow-up calls as part of the county-wide Zero Suicide initiative
- 97 individuals received Medication-Assisted Treatment (MAT)
- 87 patients connected to a hospital based recovery coach
- 1,574 pounds of drugs collected through 2 take-back days
- 2 Behavioral Health interns placed in ASMMC
- 2,290 students reached in 18 Teaming Together for a Brighter Tomorrow sessions to address binge drinking in Kiel and New Holstein school districts
- 33 attendees in “There is Hope” walk for suicide awareness and prevention
- Support Mental Health America AODA Resource Fair for 78 attendees

Focus | Chronic disease

Intended Impact

- Increased awareness and management of chronic disease

Results

2015

- Distributed stroke education materials to all Sheboygan school students to share with their families
- 3 stroke awareness events were conducted for employees of 29 area businesses
- 30 individuals were screened for high blood pressure
- 750 people received stroke education materials
- 16 patients participated in high-risk breast clinic appointments
- 1,664 people reached through education and screening events
- 2,390 people supported and referred to our community partners for additional services such as complementary medicine

2016

- 2 health promotional events were held with 57 adults participating
- Conducted stroke screening event with two individuals identified at high-risk for stroke
- Provided stroke information materials in 500 customer grocery bags at a local grocery store
- 17 stroke patients presented via EMS and 15 stroke patients presented on their own
- 16 cancer education activities were implemented
- 683 high-risk breast cancer patients were identified
- 88 high-risk lung cancer patients were identified

2017

- 269 stroke screenings and education provided, 222 individuals reported knowledge gain
- 258 CT lung screening scans performed
- 32 melanoma education evens with 119 individuals educated
- 536 high-risk breast cancer patients were identified
- 10 high-risk lung cancer patients were identified

2018

- 3,779 individuals screened using ISAR
- 923 palliative care and advance care planning home visits provided
- 441 CT lung screening scans performed
- 168 individuals educated on stroke
- 112 individuals screened for high blood pressure
- Partnered with 40 businesses to include stroke education materials in 500 shopping bags
- Advance Care Planning and completion support provided to 95 individuals
- 1 memorial service education session provided to 15 individuals

- 10 grief support sessions provided to 12 individuals
- 8 Look Good Feel Better program provided to 15 individuals
- 6 prostate cancer support groups provided to 125 individuals
- 12 Touched by Cancer/I Love Someone with Cancer support groups provided to 40 individuals
- 12 breast cancer support groups provided to 74 individuals

2019

- 4,218 individuals screened using ISAR
- 400 individuals attended trainings sessions to prevent and/or de-escalate dementia crisis incidents
- 259 palliative care and advance planning home visits provided
- 152 individuals screened for high blood pressure
- Advance Care Planning and completion support provided to 212 individuals
- 3 grief support sessions provided to 24 individuals
- 6 prostate cancer support groups provided to 114 individuals
- 3 Touched by Cancer/I love Someone with Cancer support groups provided to 44 individuals
- 9 breast cancer support groups provided to 68 individuals

Focus | Women and children's health

Intended Impact

- Increase the health and safety of women and children including: referrals to needed services and increased rates of physical activity and good nutrition habits

Results

2015

- 16 families with 32 individuals participated in KidShape 2.0

2017

- 42 families participated in KidShape in the Classroom

2018

- 389 Welcome Baby assessments completed
- 14 Labor, Birth & Beyond classes provided to 139 individuals
- 11 Bringing Home Baby classes provided to 77 individuals
- 5 Big Kid New Baby classes provided to 33 individuals
- 2 Teenage Pregnancy classes provided to 9 individuals
- 12 Breastfeeding classes provided to 132 individuals
- 725 Post-partum Depression emails sent
- Hosted Footprints on our Heart program with 93 attendees
- 168 car seat checks provided
- 364 bike helmets sized
- 4 KidShape in the Classroom sessions offered to 79 families

2019

- 441 Welcome Baby assessments completed
- 12 Labor, Birth & Beyond classes provided to 147 individuals
- 12 Bringing Home Baby classes provided to 105 individuals
- 6 Big Kid New Baby classes provided to 26 individuals
- 2 Teenage Pregnancy classes provided to 3 individuals
- 12 Breastfeeding classes provided to 121 individuals
- 852 Post-partum Depression emails sent
- Hosted Footprints on our Heart program with 96 attendees
- 109 car seat checks provided
- 131 bike helmets sized
- 3 KidShape in the Classroom sessions offered to 68 families

Focus | Sexual assault

Intended Impact

- Increased access to care for sexual assault

Results

2017

- 168 sexual assault victims provided medical care and services
- 22 community education/prevention/outreach trainings provided to 413 attendees

2018

- 197 sexual assault victims provided medical care and services
- 136 medical, clinical and counseling referrals provided
- 16 community education/prevention/outreach trainings provided to 115 attendees
- 3 women served through Safe Mom Safe Baby program
- Support the Tri-county Child Advocacy Center in Saukville with 253 children served

2019

- 205 sexual assault victims provided medical care and services
- 406 medical, clinical and counseling referrals provided
- 4 community education/prevention/outreach trainings provided to 85 attendees
- 2 women served through Safe Mom Safe Baby program
- Support the Tri-county Child Advocacy Center in Saukville with 429 children served

Focus | Social determinants of health

Intended Impact

- Increased opportunity for stable employment, nutritious food

Results

2018

- 587 meals provided to 47 vulnerable congestive heart failure patients
- Provided Career Experience session to 13 local high school students
- Provided 114 job-shadowing experiences to high school students
- $23,000 in scholarships provided to students pursuing degrees related to healthcare
- Provided clinical site experiences for 156 local technical schools and universities
- Participated in the science, technology, engineering and math (STEM) conference for 24 attendees at UW-Sheboygan
- 4,863 meals provided to Salvation Army day care

2019

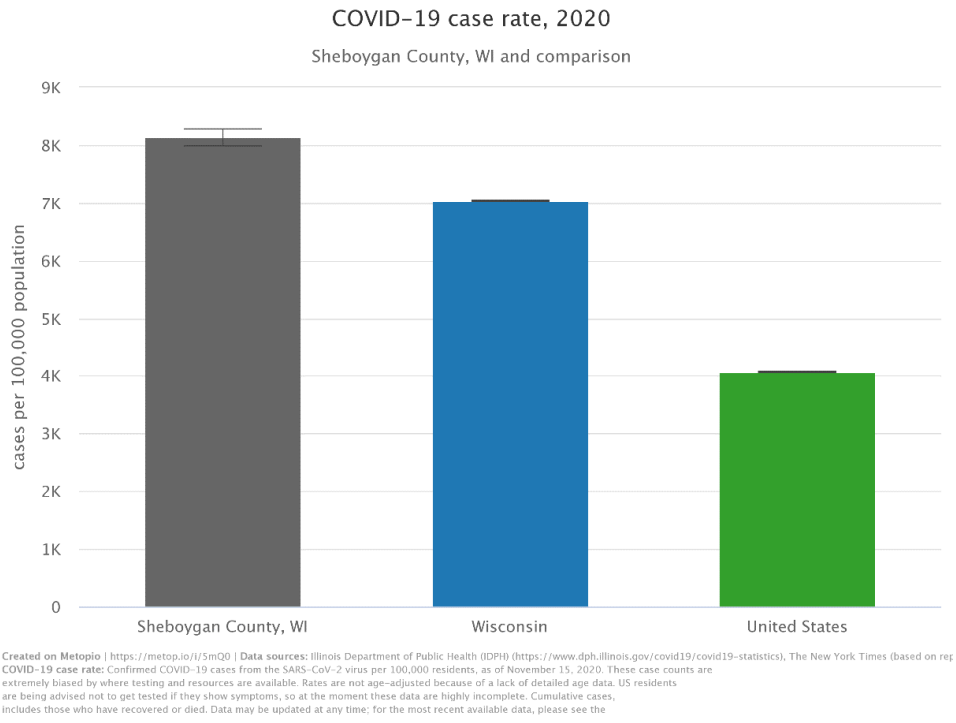
- 572 meals provided to 34 vulnerable congestive heart failure patients
- Provided Career Experience session to 40 local high school students
- Provided 102 job-shadowing experiences to high school students
- $20,000 in scholarships provided to students pursuing degrees related to healthcare
- 1,576 students attended Explore Your Future workshops
- Provided clinical site experiences for 146 local technical schools and universities
- Participated in the science, technology, engineering and math (STEM) conference for 97 attendees at UW-Sheboygan
- 6,852 meals provided to Salvation Army day care

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 ASMMC. Advocate Aurora's response to the pandemic has been added to ASMMC's 2021-2023 Implementation Strategy as an additional priority within addressing social determinants of health, and current COVID-19 data is described below.

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

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of November 15, 2020.[50] During that time, the case rate for Sheboygan County was 8,135.06 per 100,000 residents, higher than the Wisconsin average of 7,036.20 and the United States average of 4,070.48 per 100,000. These case counts are dependent on where testing and resources are available.



[49] McKinsey & Company COVID-19: Investing in Black Lives and Livelihoods. Available at https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-investing-in-black-lives-and-livelihoods#, accessed November 30, 2020.
[50] Metopio COVID-19 case rate, 2020. Available at https://metop.io/i/5mQ0/, accessed November 30, 2020.

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

Wisconsin COVID-19 Summary Statistics

Cumulative data, Updated: 11/30/2020

Testing*

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

Confirmed Case Information

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

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

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