2020 Community Health Needs Assessment Report

Aurora Medical Center in Washington County

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Aurora Health Care | We are AdvocateAuroraHealth

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I. Executive Summary

During 2019 and 2020, Aurora Health Care convened a series of meetings to partner with the local health department, Washington Ozaukee Public Health Department, and other health care systems, including Froedtert & the Medical College of Wisconsin and Children's Wisconsin, for the purpose of collecting community health data for the health department's Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA). A review of the data was vetted among the partners during the final data-collection meeting. The data-collection was process comprised of three main components:

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

In 2020, Aurora Medical Center in Washington County (AMCWC) 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, AMCWC evaluated the impact of the initiatives identified in its *2017 Community Health Needs Assessment Report* / *2018-2020 Implementation Strategy* plan, which was executed with several successes, including providing behavioral health screenings in the ED, chronic disease education, and support to youth injury prevention. 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, AMCWC prioritized the following significant health needs to address in our 2021-2023 implementation strategy:

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

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

II. Description of Advocate Aurora Health and Aurora Medical Center in Washington County

Advocate Aurora Health

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

Aurora Medical Center in Washington County (AMCWC)

Founded in 1916, Aurora Medical Center in Washington County (Hartford, Wisconsin) is a 71 bed, general, acute care hospital serving Dodge, Washington and northern Waukesha counties. Our caregivers are committed to helping patients *live well*, incorporating families into the healing process. Featured specialty medical services of our hospital include: 24/7 emergency care, Aurora eICU care, cardiac care, diagnostic and surgical services, orthopedics, pain management, rehabilitation and sports health, sleep center, telemedicine, women's health and gynecology, and wound and hyperbaric treatments. Additionally, AMCWC helps people live well in Washington County by maintaining strong ties with our civic, health and human services partners. Area facilities and service partners include: Aurora Health Care Medical Group, ACL Laboratories, Aurora Medical Center Adult Day Care, Aurora Cancer Care, Aurora Pharmacy, Aurora at Home, Aurora Rehabilitation, Aurora Sports Health and an onsite Fitness Center.

AMCWC by the Numbers (2019)

- 71 hospital beds

More than

- 87,881 outpatient visits
- 1,495 inpatient admissions
- 8,540 emergency department visits
- 3,272 surgical procedures
- 2,024 GI procedures
- 2,124 pain procedures

Distinctions

- American Academy of Sleep Medicine
- State of Wisconsin – Level III Trauma Center
- DNV-GL Healthcare
  - Acute Stroke Ready Certification
  - Hospital Accreditation
  - Joint Replacement Certification – Total Knee
  - Joint Replacement Certification – Total Hip
- Undersea and Hyperbaric Medical Society – Accreditation with distinction
- Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign
- 2020 five-star rating from CMS
- Magnet designation from the American Nursing Credentialing Center

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

III. 2020 Community Health Needs Assessment

Community Definition

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

Washington County is located in southeast Wisconsin, a few minutes north of Milwaukee County and 100 miles south of Green Bay. The county has major manufacturing industries driving its economy, including metal fabrication, pharmaceutical distribution, printing, machine tooling, photo finishing and trucking. Carved by the glaciers, Washington County is home to the historic Holy Hill landmark as well as the Ice Age National Service Trail. Washington County provides additional educational opportunities with the University of Wisconsin-Washington County and Moraine Park Technical College.[2]

Washington County includes urban and rural areas

- City of Hartford (most), West Bend
- Towns of Addison, Barton, Erin, Farmington, Germantown, Hartford, Jackson, Kewaskum, Polk, Trenton, Wayne, West Bend
- Villages of Germantown, Jackson, Kewaskum (most), Newburg (most), Richfield, Slinger
- 30 unincorporated communities

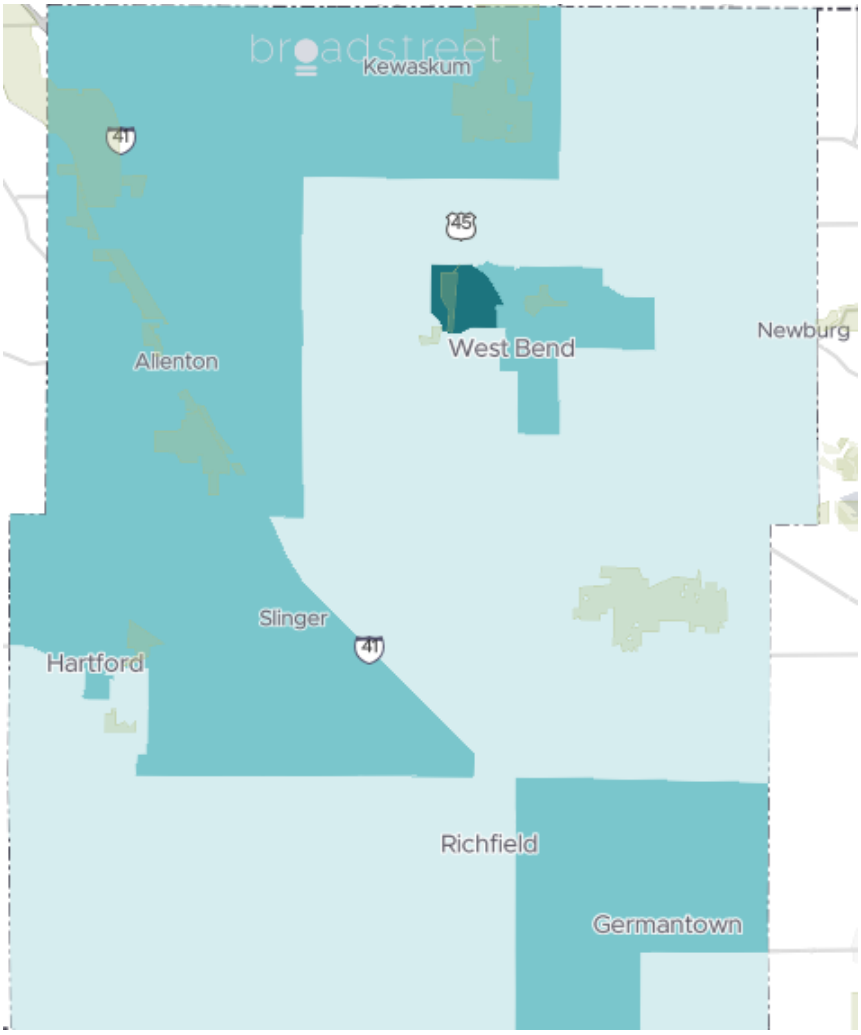
[2] Washington County. Available at http://www.co.washington.wi.us/, accessed May 18, 2020.

Community Demographics (Source #2)

Total Population - Washington County				
		2017		State 2017
	Total Population	133,967		5,763,217
Total Population		N	%	
	White	127,937	95.5%	85.9%
	Black or African American	1,514	1.1%	6.3%
	Asian	1,571	1.2%	2.6%
	American Indian and Alaska Native	234	0.2%	0.9%
	Some Other Race	701	0.5%	1.9%
	Two or more races	1,994	1.5%	2.3%
	Hispanic or Latino	4,127	3.1%	6.6%
Total Population				
	Male	66,558	49.7%	49.7%
	Female	67,409	50.3%	50.3%
Total Population				
	0-14	24,840	18.5%	18.6%
	15-44	46,115	34.4%	38.2%
	45-64	41,235	30.8%	27.5%
	65+	21,777	16.3%	15.6%

Demographics - Washington County			
		2017	State 2017
Education level of adults 25 years or older			
	Less than high school degree	5.6%	8.3%
	High school degree	30.2%	31.3%
	Some college/associates	34.5%	31.4%
	Bachelors degree or higher	29.7%	29.1%
Percent of those ages 16 or older who are unemployed			
	Unemployment rate	2.4%	3.1%
Median HH Income (2017 dollars)			
	Median Income	$73,021	$56,759
Percent of all people below poverty in last 12 months			
	Percent below poverty	5.5%	12.3%
Language spoken at home			
	English	96.1%	91.3%
	Spanish	1.8%	4.6%
	Indo-European	1.3%	1.9%
	Asian and Pacific Island	0.6%	1.8%
	Other Languages	0.1%	0.4%
	Owner Occupied	77.5%	67.0%
	Renter Occupied	22.5%	33.0%

Washington County

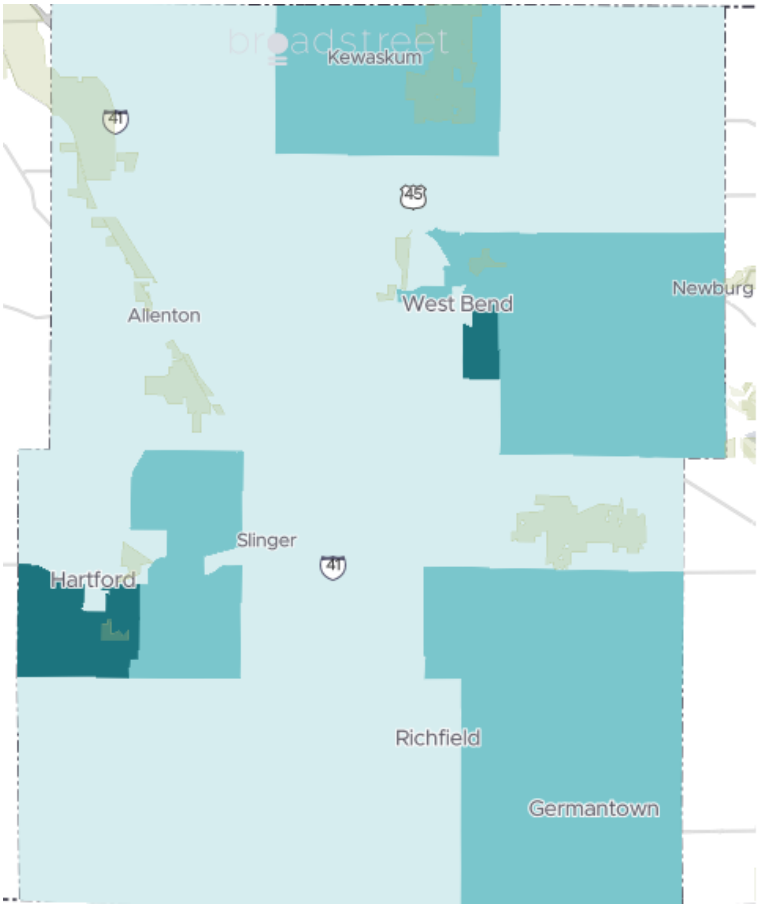


Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed May 18, 2020.

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

Washington County



Data mapping from the Community Commons BroadStreet website, available at https://www.broadstreet.io/map, accessed May 18, 2020.

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

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

How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment
The inaugural community health needs assessment (CHNA) was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013. In 2019, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Washington County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is described in this report.

Partnership
The community health survey was sponsored by Aurora Health Care, Children's Wisconsin and Froedtert & the Medical College of Wisconsin, and in partnership with the Washington Ozaukee Public Health Department. 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 Washington County every three years, conducted in partnership with the Washington Ozaukee Public Health Department.

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

Data Sources

Source #1 | Washington County Community Health Survey Report
The community health survey is a primary community health data source. The latest telephone survey was completed between July 15, 2019 and September 25, 2019 and posted in 2020. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Washington County (Appendix B). Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared in 2019 by the Center for Urban Population Health (CUPH). For further description see Appendix B.

Source #3 | Key Informant Interview Report
Twenty-two key informant interviews were conducted between July and September 2019 and posted in 2020, taking into account input from persons who represent the broad interests of the community served. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Washington 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, AMCWC did not receive any comments on the current CHNA Report or Implementation Strategy.*

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

Summary of Findings

This report focuses on the following data collection years: 2008, 2011, 2014, 2016 and 2019. The Community Health Survey (Source #1), the secondary data (Source #2) and the key informant interview reports (Source #3), provide an overview of the community health issues in Washington County. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Access

Unmet medical care | In 2019, 15% of the respondents delayed or did not seek medical care due to costs in the past 12 months, a decrease from 23% in 2016. The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased from 87% in 2008 to 74% in 2019. The number of respondents who reported that someone in their household had an unmet medical need has decreased from 12% in 2011 to 7% in 2019; those who were in the bottom 40 percent household income bracket were more likely to report this. Of the households with a child, only 1% reported that a child did not receive the needed medical care in the past 12 months. However, 90% 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). Key informants identified access to health care as a top five community health issue (Source #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.[3]

Dental services and unmet dental care | In 2019, 12% percent of respondents reported that someone in their household did not get the dental care they needed sometime in the last 12 months, a decrease from 19% in 2011. Zero 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.[4]

[3] 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.
[4] Healthy People 2020 – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed February 12, 2020.

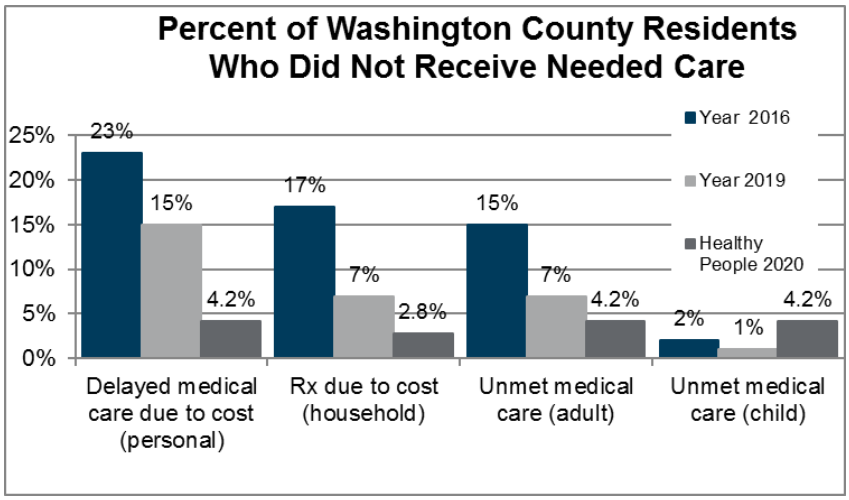
Unmet prescription medications | In 2019, 7% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, a decrease from 17% in 2016.

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

  Why is this important? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.[5]

Unmet mental health services | The percentage of respondents who reported that someone in their household had an unmet mental health care need in the past year increased from 1% in 2011 to 6% in 2019 (Source #1).

Why is this important? Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future costs; the burden of mental illness and unwellness is among the highest of all diseases. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[6]



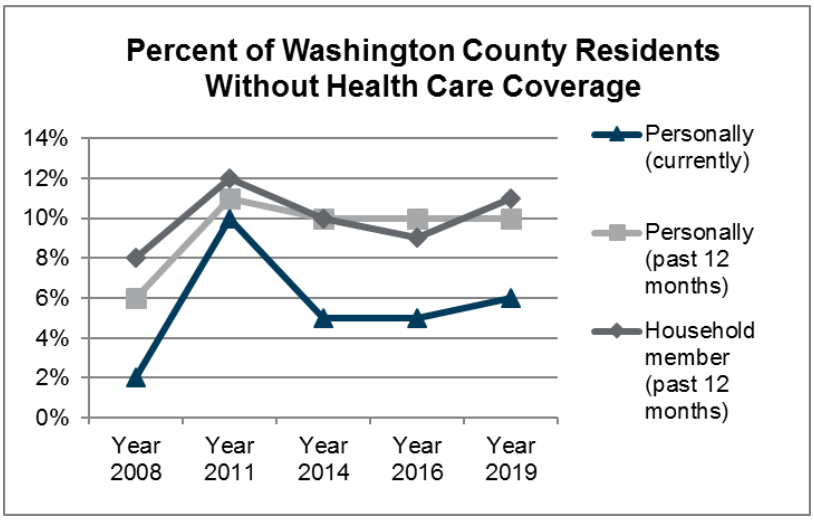
[5] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed February 12, 2020.
[6] Healthy People 2020 – Mental Health and Mental Disorders. U.S. Department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

Coverage

Health care coverage | In 2019, 6% of adults reported they personally were not currently covered with health care insurance, an increase from 2008. Respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Ten percent of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, similar to 6% in 2008. Eleven percent of adults reported a household member was not covered at least part of the time in the past year, similar to 8% in 2008 (Source #1).

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

Why is this important? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[7, 8]



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

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.[9] Chronic diseases were identified as one of the top five health issues in the community by residents (Source #1).

Asthma | In 2019, 10% of adults reported asthma (current), a stagnant trend since 2008. This is higher compared to the 9% for the state. Respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report having asthma. In 2019, 4% of the children of the surveyed households currently had asthma (Source #1).

> **Why is this important?** Without proper management, asthma can lead to increased health care usage and decreased quality of life.[10] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

Diabetes | In 2019, 10% of adults reported diabetes in the past three years, similar to 8% in 2008. Respondents 55 to 64 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.[11] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes. [12]

Heart disease or heart condition | In 2019, 11% of adults reported heart disease or heart condition in the past three years, similar to 10% in 2008 (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.[13]

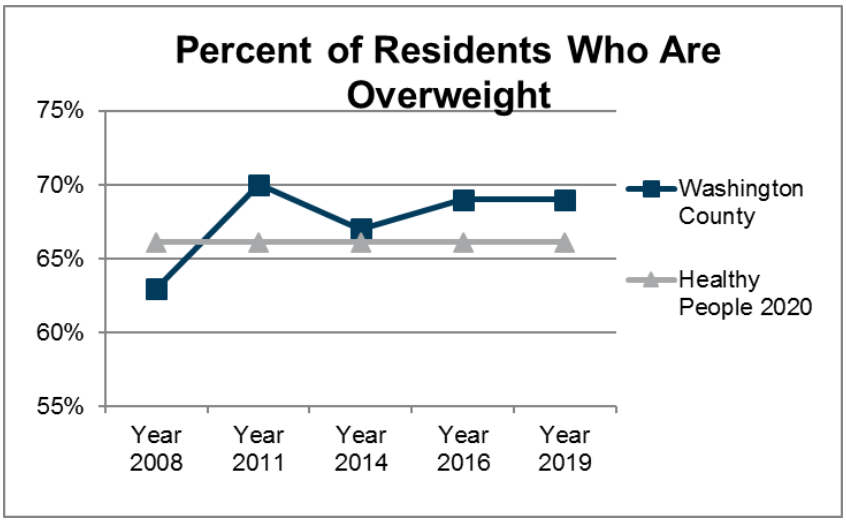
[9] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed February 12, 2020.
[10] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at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

Overweight/Obesity | In 2019, 69% of adults in Washington County were classified as being overweight, statistically similar to the baseline of 63% in 2008. Respondents who were male, 55 to 64 years old, with some post high school education, in the top 60 percent household income bracket or who did not meet the recommended amount of physical activity were more likely to report being overweight or obese (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

In the Washington 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.[14]



[14] 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 Washington County was 478.5 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Washington 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.[15]

Cancer	Washington	WI
Female Breast Cancer Incidence Rate	138.6	130.3
Cervical Cancer Incidence Rate	3.8	6.9
Male Colorectal Cancer Incidence Rate	44.4	41.9
Female Colorectal Cancer Incidence Rate	32.7	31.7
Male Lung/Bronchus Cancer Incidence Rate	65.2	65.0
Female Lung/Bronchus Cancer Incidence Rate	54.6	53.1
Prostate Cancer Incidence Rate	131.6	109.4
Female Breast Cancer Mortality Rate	13.6	17.3
Cervical Cancer Mortality Rate	NA	1.3
Male Colorectal Cancer Mortality Rate	13.2	14.2
Female Colorectal Cancer Mortality Rate	10.9	10.8
Male Lung/Bronchus Cancer Mortality Rate	42.9	44.0
Female Lung/Bronchus Cancer Mortality Rate	29.1	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	18.4	20.9

[15] 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.[16]

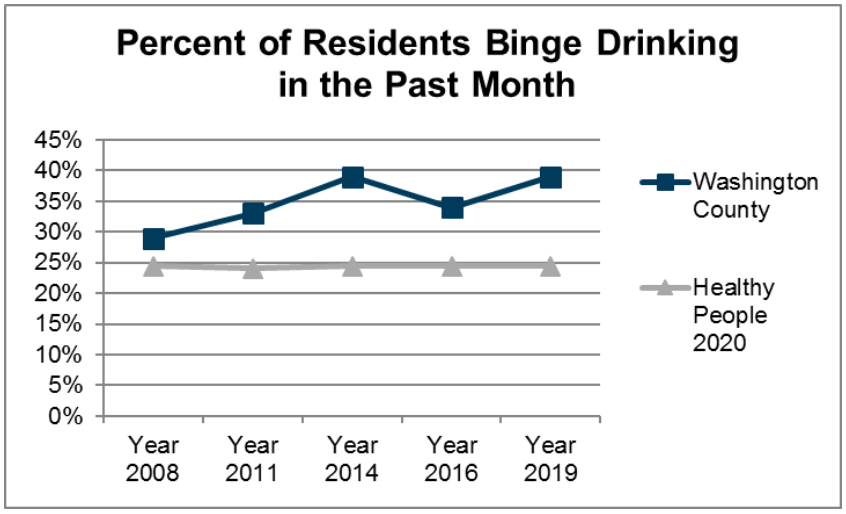
Alcohol use | In 2019, 39% of adults in Washington County reported binge drinking in past month, a statistically significant increase from 2008 (23%), and higher than the state (26%). Respondents who are male or 18 to 34 years old were more likely to report binge drinking in the past month (Source #1). Also, 5% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1). Alcohol use was the most common reason Washington County residents sought substance use services in 2019, with 520 residents receiving treatment.[17]

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.[18] Alcohol was identified as one of the top five health issues in the county by residents and key stakeholders (Sources #1, #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.[19]

[16] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed February 12, 2020.
[17] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed May 22, 2020.
[18] 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.
[19] 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 Washington County, the rate of opioid-related mortality was 16.6 per 100,000 population in 2017, slightly lower than Wisconsin rate of 16.7 per 100,000 population (Source #2). Opioid use was the third most common reason Washington County residents sought substance use services in 2019, with 131 residents receiving treatment.[20] 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.[21]

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

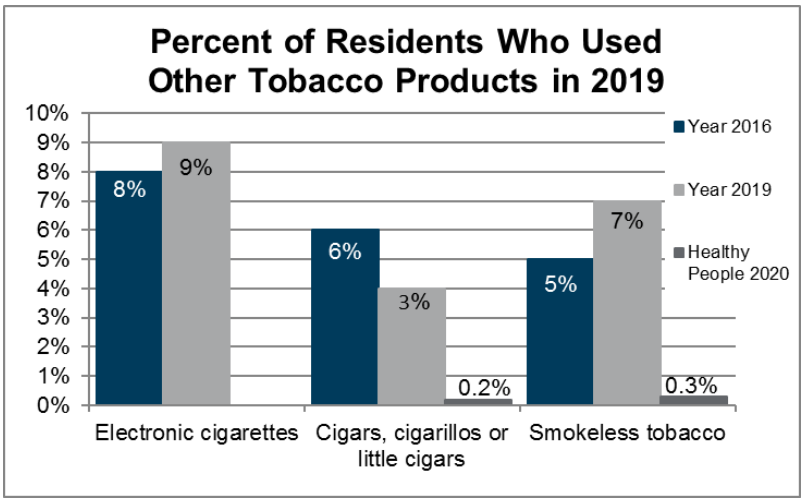
Tobacco Use and Exposure | In 2019, 16% of adults in Washington County reported cigarette smoking in the past 30 days (current smoker), similar to the 2008 baseline of 17%. Respondents 18 to 34 years old or 45 to 54 years old were more likely to report being a current smoker. In addition, 9% of Washington County adults were current users of electronic cigarettes in 2019 (Source #1). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past seven days declined to 14% in 2019 compared to 28% in 2008 (Source #1).

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

Additionally, in 2018, 8.3% of Washington County mothers indicated smoking during pregnancy, lower than the state rate of 10.1% (Source #2).

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

  Why is this important? In the United States, cigarette smoking is the leading cause of preventable death. Smoking harms nearly every organ in the body, leading to disease and disability, including increasing the risk of coronary heart disease, stroke and several types of cancer. In addition, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth. [22]

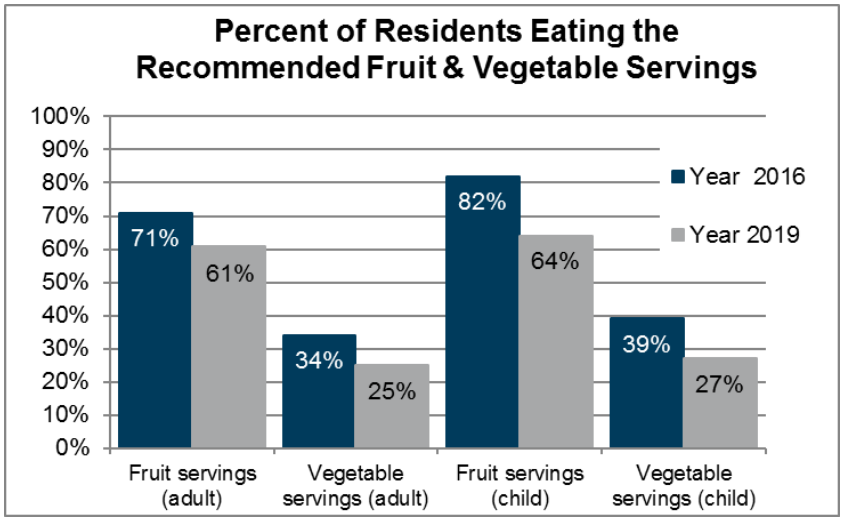


[22] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed February 12, 2020.

Nutrition and physical activity | In 2019, 49% of adults in Washington County reported engaging in recommended moderate or vigorous activity, similar to 52% in 2008. In 2019, 63% of the children in Washington County engaged in physical activity for 60 minutes at least five days out of the week. In 2019, 61% of adults in Washington County reported eating the recommended fruit servings while 25% of adults reported eating the recommended vegetable servings. Four percent of respondents reported their household went hungry in the past year because they could not afford food, similar to 5% in 2016 (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.[23] 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. [24]



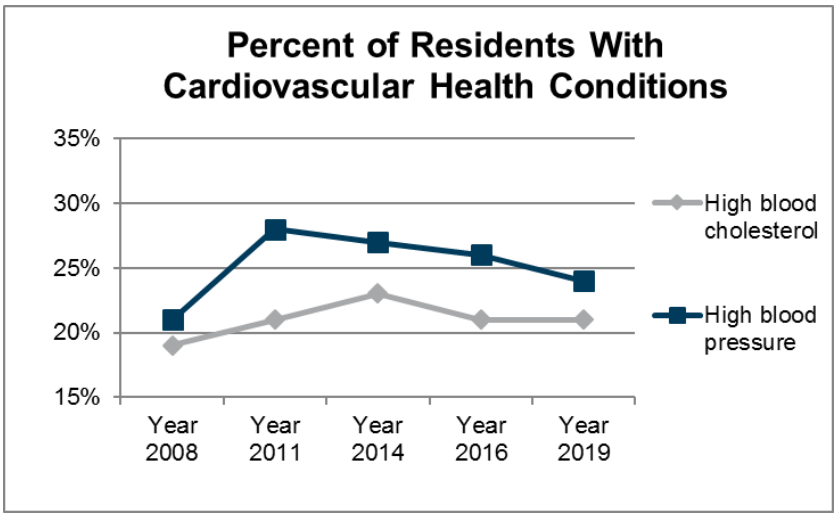
[23] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed February 12, 2020.
[24] Centers for Disease Control and Prevention –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

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2019, 24% of adults reported high blood pressure – a statistically level rate since 2008. Respondents who were aged 65 and over, with a high school education or less, in the bottom 40 percent household income bracket or who were overweight were more likely to report having high blood pressure. Also, 21% of adults in 2019 reported high cholesterol in the past three years, a static trend from the 2008 baseline. Respondents who were 55 to 64 years old or overweight were more likely to report high blood cholesterol (Source #1).

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

Why is this important? High blood pressure, the "silent killer" because it often lacks symptoms or warnings signs, increases the risk for heart disease and stroke.[25] Likewise, high cholesterol is also a risk factor for heart disease and stroke.[26] Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.[27]



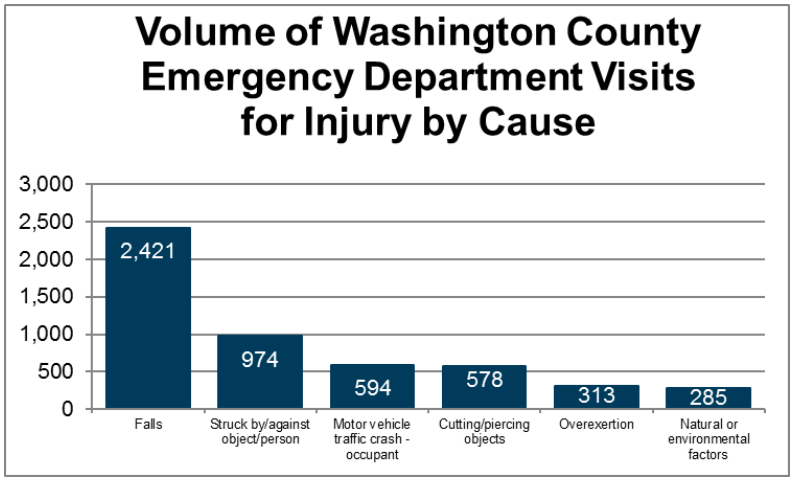
[25] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed February 12, 2020.
[26] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed February 12, 2020.
[27] Centers for 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 Washington County injury-related hospitalizations rate was 409.4 per 100,000, which is lower compared to the state (417.5 per 100,000). Washington County residents who are White had higher rates of injury-related hospitalizations compared to residents who are Black or Hispanic. The injury-related emergency department (ED) visit rate for Washington County was 4,882.6 per 100,000, which is lower than the Wisconsin rate (7,251.1 per 100,000) (Source #2). The injury-related death rate in Washington County was 82.5 per 100,000 population, slightly lower than the Wisconsin rate of 85.6 per 100,000 population, but much higher than the Healthy People 2020 goal of 53.3 per 100,000 population. The top ranked cause of injury-related ED visits was falls, 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.[28]



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

Youth injury | In 2018, the total number of injury hospitalizations among Washington County youth aged 0-17 years was 14, which is a rate of 46.9 per 100,000, lower than the state rate of 107.0 per 100,000.[29] Also in 2018, the total number of injury emergency department (ED) visits among Washington County youth was 1,393 – a rate of 4,704.0 per 100,000, higher than the state rate of 7,282.2 per 100,000.[30] Of the ED visits by Washington County youth, 481 resulted from falls.[31]

> **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.[32]

Older adults injury | In 2018, the total number of injury emergency department (ED) visits among Washington County adults aged 65 years and older was 1,299, which is a rate of 5,601.6 per 100,000, lower than the state rate of 6,711.3 per 100,000.[33] Of the ED visits by Washington County adults aged 65 years and older, 822 resulted from falls.[34]

> **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.[35]

Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[36] The rate of rape for Washington County was 14.75 reports per 100,000 persons, lower than Wisconsin's overall rate of 27.21 per 100,000 in 2018 (Source #2). However, sexual assault and rape are underreported, and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.

> **Why is this important?** Sexual violence can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to victims, families and communities.[37]

[29] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020.
[30] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020.
[31] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 18, 2020
[32] 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.
[33] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 20, 2020.
[34] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 20, 2020.
[35] 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.
[36] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed February 12, 2020.
[37] 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 | Washington County reported 84 aggravated assault offenses in 2019.[38] In Wisconsin, the rate of Child Protective Services (CPS) reports was 33.1 per 1,000 children in 2017; Washington County's rate was lower at 8.8 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.[39]

Reproductive health

Pap test screening | In 2019, 77% of women in Washington County reported having a pap test within three years, a decrease from 90% in 2008 (Source #1).

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

Births receiving first trimester care | In 2018, the percent of births receiving first trimester care in Washington County was 87.7%, higher compared to the state (76.0%)(Source #2).

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

Premature births | In 2018, the percent of mothers with premature births in Washington County was 10.6%, slightly higher 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 Washington County was 6.6%, lower than 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.[40]

[38] Wisconsin Department of Justice, UCR Offense Data, 2016. Available at https://www.doj.state.wi.us/dles/bjia/ucr-offense-data. Accessed May 26, 2020.
[39] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed February 12, 2020.
[40] 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 Washington County females aged 15-17 years was 0.4 per 1,000 females, lower than the state rate of 5.2 births per 1,000 females. For Washington County females aged 15-19 years, the birth rate was 4.8 per 1,000 females, lower than the state rate of 13.2 births per 1,000 females (Source #2).

> **Why is this important?** Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[41]

Infant Mortality | In 2018, the rate of infants dying before their first birthday in Washington County was 3.8 deaths per 1,000 live births, lower than the statewide rate of 6.1 deaths per 1,000 live births (Source #2).

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

Mental health

Mental health conditions | In 2019, 21% of Washington County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, higher than 11% 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."[42] 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."[43] Anxiety, depression, and bipolar disorder are examples of mental illness.

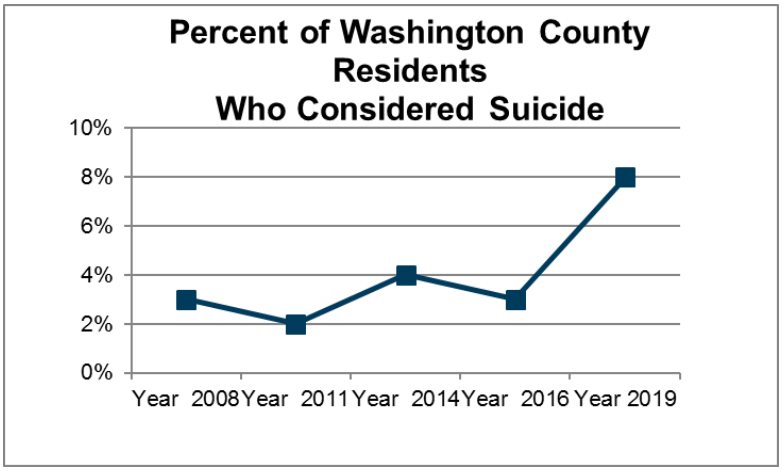
> **Why is this important?** Mental health conditions are related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep, and associated with chronic diseases such as cardiovascular disease, diabetes and obesity.[44]

[41] 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.
[42] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[43] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.
[44] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed February 12, 2020.

Suicide | In 2019, 8% of adults in Washington County reported feeling so overwhelmed in the past year that they considered suicide, an increase from 3% in 2008. Note: The survey did not ask how seriously, how often or how recently suicide was considered. Six percent of the households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). Additionally, in 2018, there were 18 suicides in Washington County at a rate of 13.4 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.[45]



[45] 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*[46] (see Appendix E for details)

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

Health Needs Selected

Using these criteria, Aurora Medical Center in Washington County 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 is part of the standard continuum of clinical care at AMCWC, 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 AMCWC’s *2017 Community Health Needs Assessment Report* / *2018-2020 Implementation Strategy* plan, was executed with several successes, including providing behavioral health screenings in the ED, chronic disease education, and support to youth injury prevention. For detailed evaluation of impact, see Appendix F.

IX. Appendices

Appendix A | Washington 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 Washington 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=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between July 15 and September 25, 2019. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Washington County. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 1,060 adults.

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

Partners & Contracts: This report was sponsored by Aurora Health Care, Froedtert & the Medical College of Wisconsin and Children's Wisconsin, and in partnership with the Washington Ozaukee Public Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

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

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In fall 2019, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Washington County.

Publicly available data sources used for the Secondary Data Report

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

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

Partners & Contracts: This report was sponsored by Aurora Health Care, Froedtert & the Medical College of Wisconsin and Children's Wisconsin, and in partnership with the Washington Ozaukee Public Health Department. The report was prepared by the Center for Urban Population Health.

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

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Twenty-two key informant interviews were conducted between July and September 2019. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Washington 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 May, 2020*
Senior Citizens Activities, Inc.	Senior Citizens Activities, Inc. was founded in 1967, when senior citizens around the community came up with the idea to create a place for seniors to socialize, have fun, participate in fitness activities, and offer their helpful services to others.
Aging and Disability Resource Center of Washington County	The Aging & Disability Resource Center (ADRC) is a place where information, assistance, and access to services and community resources is in one central place for seniors and adults with physical and developmental disabilities.
Extension Washington County	Purpose: We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities.
United Way of Washington County	Mission: To improve lives and community conditions in measurable and lasting ways.
Casa Guadalupe Education Center, Inc.	Through a combination of education and social services, Casa Guadalupe Education Center works to empower low-income, native-born and Spanish-speaking Latino families to live independent, successful lives, to build strong families and establish meaningful connections within their community.
Waukesha-Ozaukee-Washington Workforce Development Board	The Waukesha-Ozaukee-Washington (WOW) Workforce Development Board is one of Wisconsin's eleven regional Boards originally established by the Workforce Investment Act of 1998 (WIA) to address local economic workforce issues in Waukesha, Ozaukee, and Washington Counties.
4C for Children	4C For Children provides training for existing and new child care providers, helps parents navigate through the myriad of child care options available,

Family Center of Washington County	works closely with the State of Wisconsin Youngstar, and is recognized as a thought leader in the field of early education.
Washington County – Human Services Department	Washington County Human Services Department will, with dignity and respect, offer responsive and effective community programs to individuals and families challenged by disability, economic hardship and safety concerns.
Washington County – Medical Examiner	The Washington County Medical Examiner office is responsible for the investigation of deaths in Washington County.
West Bend Area Chamber	The mission of the West Bend Area Chamber of Commerce is to serve as the business advocate for our members and the West Bend Area.
Hartford Area Chamber of Commerce	The Chamber is a member driven organization consisting of businesses and individuals who are committed to enhancing and growing a community they truly love and are proud to call home.
Albrecht Free Clinic	The Albrecht Free Clinic provides free medical and dental care to uninsured and under-insured residents of Washington County, Wisconsin.
Germantown School District	Mission: Empower and inspire every student to success.
Hartford Area Development Corporation	The Hartford Area Development Corporation was formed in 1977 in cooperation with the City of Hartford government who wanted to create a non-political entity to spur industrial and economic growth in the community.
Washington County Sheriff's Department	The Washington County Sheriff's Department operates the County Jail, attends to the Circuit Court, operates a 911 Dispatch Center and provides law enforcement programs throughout the county.
FRIENDS Inc.	Mission: To empower those affected by domestic violence and sexual assault by offering safety, support, and community awareness.
Cedar Community	Cedar Community is a not-for-profit senior living community where residents enjoy, explore, and embrace their best life.
Moraine Park Technical College	Moraine Park Technical College offers more than 100 career areas to help prepare students for their futures.
Kettle Moraine YMCA	The Y is a powerful association of men, women, and children from all walks of life joined together by a shared passion: to strengthen the foundations of community.
Slinger School District	The Slinger School District mission is to successfully educate all children and, thereby, to graduate high quality, lifelong learners who are college and career ready.
Elevate Inc.	Elevate's mission is to provide services to support and empower individuals and families experiencing challenges with substance use and mental health disorders.
Economic Development Washington County	Economic Development Washington County (EDWC) fuels growth companies for the creation of quality jobs and economic prosperity.

The key informant interviews were conducted by Aurora Health Care, Froedtert & the Medical College of Wisconsin, Children's Wisconsin and the Washington Ozaukee Public Health Department. 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 Washington County and the identified community assets

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

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

1. **Mental health:** Hospitals should be partnering with county health services, employers, employer associations, chambers of commerce, the health department, law enforcement, churches and faith-based organizations, community groups and non-profits, social workers, schools, libraries, economic development councils, state government, mental health agencies, juvenile justice system, psychology organizations and groups, youth groups, free clinics, United Way, the Society for Human Resource Management, National Alliance on Mental Illness, Washington County government, County Human Services, Boys and Girls Clubs, Girls Y Group, Aging and Disability Resource Center, Elevate, Life of Hope, MRA (an employer association focused on human resources), Affiliated Clinical Services, Kettle Moraine Counseling, Rogers, Youth and Family Project programs, Journeys program, Think Well, Community Support Coalition, West Bend Counseling LLC, and MOWA (art therapy).

2. **Substance use and abuse**: Hospitals should be partnering with private sector businesses, senior centers, shelters, child protective services, chambers of commerce, first responders, jails/prisons, employers, clergy, schools, health providers, insurers, law enforcement, school counselors, probation/parole, the health department, Washington County and municipalities, Centers for Medicare and Medicaid Services, Head Start, District Attorney's Office, community support networks such as Alcoholics Anonymous, National Alliance on Mental Illness, Human Services, University of Wisconsin-Extension, Medical Examiner's Office, Heroin Task Force, Acute Care Services, Elevate, Hartford Area Development Corporation, Kettle Moraine Counseling, Life of Hope and Albrecht Free Clinic.

3. **Access to health care**: Hospitals should be partnering with schools, client-based services, probation, youth treatment centers, libraries, organizations that refurbish old electronics to increase computer access, law enforcement, county nurses, experts on community campaigns, non-profit community, senior living facilities, cities/municipalities, County Human Services, the Public Health Department, Head Start, Judicial Court System, Washington County, Impact 2-1-1, Aging and Disability Resource Center, Interfaith Caregivers of Washington County and Albrecht Free Clinic.

4. **Alcohol Abuse**: Hospitals should be partnering with law enforcement, the health department, Alcoholics Anonymous, Human Services, Aging and Disability Resource Center, Washington County, National Alliance on Mental Illness, Acute Care Services, Elevate, Rogers, Affiliated Clinical Services and Life of Hope.

5. **Physical Activity**: Hospitals should be partnering with fitness centers, community hospital dieticians and nutritional services, schools, daycares, large employers, the Parks and Recreation Department, the YMCA, Boys and Girls Clubs, legislators, the County Board, the Common Council, Moraine Park/nursing programs and the Senior Center.

Partners & Contracts: This report was sponsored by Aurora Health Care, Froedtert & the Medical College of Wisconsin, and Children's Wisconsin, and in partnership with the Washington Ozaukee Public Health Department. The report was prepared by the Center for Urban Population Health.

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

Washington County Community Health Survey Summary

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

	Washington					WI	US
Overall Health	2008	2011	2014	2016	2019	*2018*	*2018*
Excellent/Very Good	67%	51%	62%	58%	52%	*52%*	*51%*
Good	22%	29%	27%	27%	34%	*33%*	*32%*
Fair or Poor	12%	19%	12%	16%	15%	*15%*	*17%*
Health Care Coverage	Washington					WI	US
Not Covered	2008	2011	2014	2016	2019	*2018*	*2018*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	2%	10%	5%	5%	6%	*10%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	3%	12%	6%	5%	7%	*11%*	*13%*
Personally (Past Year, 18 and Older)	6%	11%	10%	10%	10%	*NA*	*NA*
Household Member (Past Year)	8%	12%	10%	9%	11%	*NA*	*NA*
	Washington					WI	US
Did Not Receive Care Needed in Past Year	2008	2011	2014	2016	2019	*2018*	*2018*
Delayed/Did Not Seek Care Due to Cost	--	15%	16%	23%	15%	*10%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	14%	7%	17%	7%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]	--	12%	10%	15%	7%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]	--	19%	9%	15%	12%	*NA*	*NA*
Mental Health Care	--	1%	2%	3%	6%	*NA*	*NA*
Health Information	Washington					WI	US
Primary Source of Health Information	2008	2011	2014	2016	2019	*2018*	*2018*
Doctor	--	44%	44%	49%	47%	*NA*	*NA*
Internet	--	27%	32%	25%	32%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	5%	5%	11%	11%	*NA*	*NA*
Family/Friends	--	4%	2%	<1%	4%	*NA*	*NA*
Other Health Professional	--	7%	6%	5%	3%	*NA*	*NA*
	Washington					WI	US
Health Services	2008	2011	2014	2016	2019	*2018*	*2018*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	91%	87%	*81%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	87%	81%	84%	84%	74%	*NA*	*NA*
Urgent Care Center	1%	1%	4%	4%	9%	*NA*	*NA*
Hospital Emergency Room	2%	<1%	2%	2%	4%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	2%	3%	*NA*	*NA*
Public Health Clinic/Com. Health Center	6%	10%	4%	4%	2%	*NA*	*NA*
Worksite Clinic	--	--	--	3%	<1%	*NA*	*NA*
Hospital Outpatient	2%	1%	2%	0%	0%	*NA*	*NA*
No Usual Place	2%	6%	3%	<1%	7%	*NA*	*NA*
Advance Care Plan	43%	38%	43%	46%	42%	*NA*	*NA*
	Washington					WI	US
Vaccinations (65 and Older)	2008	2011	2014	2016	2019	*2018*	*2018*
Flu Vaccination (Past Year)	67%	66%	62%	72%	65%	*46%*	*55%*
Pneumonia (Ever) [HP2020 Goal: 90%]	68%	73%	79%	75%	79%	*75%*	*74%*

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

	Washington					WI	US
Routine Procedures	2008	2011	2014	2016	2019	2018	2018
Routine Checkup (2 Years Ago or Less)	86%	80%	91%	83%	83%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	81%	74%	84%	80%	75%	83%[1]	86%[1]
Dental Checkup (Past Year) [HP2020 Goal: 49%]	78%	71%	72%	72%	74%	71%	68%
Eye Exam (Past Year)	49%	42%	49%	42%	53%	NA	NA

	Washington					WI	US
Tested for a Sexually Transmitted Infection in Lifetime	2008	2011	2014	2016	2019	2018	2018
Tested for a Sexually Transmitted Infection, including HIV	--	--	--	--	37%	NA	NA

	Washington					WI	US
Health Conditions in Past 3 Years	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	21%	28%	27%	26%	24%	NA	NA
High Blood Cholesterol	19%	21%	23%	21%	21%	NA	NA
Mental Health Condition	11%	8%	18%	16%	21%	NA	NA
Heart Disease/Condition	10%	8%	6%	8%	11%	NA	NA
Diabetes	8%	9%	7%	13%	10%	NA	NA
Asthma (Current)	9%	8%	10%	9%	10%	9%	10%

	Washington					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2008	2011	2014	2016	2019	2018	2018
High Blood Pressure	--	97%	98%	94%	95%	NA	NA
High Blood Cholesterol	--	88%	91%	89%	90%	NA	NA
Mental Health Condition	--	100%	96%	89%	99%	NA	NA
Heart Disease/Condition	--	97%	75%	91%	93%	NA	NA
Diabetes	--	69%	96%	96%	90%	NA	NA
Asthma (Current)	--	88%	93%	91%	100%	NA	NA

	Washington					WI	US
Physical Activity							
Physical Activity/Week	2008	2011	2014	2016	2019	2009	2009
Moderate Activity (5 Times/30 Min)	42%	30%	35%	36%	41%	NA	NA
Vigorous Activity (3 Times/20 Min)	28%	26%	26%	28%	31%	NA	NA
Recommended Moderate or Vigorous	52%	40%	46%	45%	49%	53%	51%

	Washington					WI	US
Body Weight							
Overweight Status	2008	2011	2014	2016	2019	2018	2018
At Least Overweight (BMI 25.0+) [HP2020 Goal: 66%]	63%	70%	67%	69%	69%	67%	66%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	26%	32%	31%	36%	36%	32%	31%

	Washington					WI	US
Nutrition and Food Security	2008	2011	2014	2016	2019	2009	2009
Fruit Intake (2+ Servings/Day)	64%	58%	66%	71%	61%	NA	NA
Vegetable Intake (3+ Servings/Day)	28%	22%	29%	34%	25%	NA	NA
At Least 5 Fruit/Vegetables/Day	37%	30%	40%	44%	33%	23%	23%
Often Read Food Label/Nutritional Information for First Time Purchase	--	--	--	55%	53%	NA	NA
Household Went Hungry (Past Year)	--	--	--	5%	4%	NA	NA

	Washington					WI	US
Colorectal Cancer Screenings (50 and Older)	2008	2011	2014	2016	2019	2018	2018
Blood Stool Test (Within Past Year)	--	15%	9%	10%	13%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	15%	10%	9%	6%	7%	3%	2%
Colonoscopy (Within Past 10 Years)	64%	69%	72%	72%	67%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	69%	74%	74%	75%	73%	75%	70%

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

[1]WI and US data for cholesterol test is from 2017.

	Washington					WI	US
Women's Health	2008	2011	2014	2016	2019	2018	2018
Mammogram (50+; Within Past 2 Years)	88%	77%	84%	82%	75%	78%	78%
Bone Density Scan (65 and Older)	78%	78%	88%	88%	85%	NA	NA
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	83%	92%	89%	77%	81%	80%
HPV Test (18 – 65; Within Past 5 Years)	--	--	57%	55%	56%	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)	--	--	95%	89%	86%	NA	NA

	Washington					WI	US
Tobacco Cigarette Smokers or Vapers	2008	2011	2014	2016	2019	2018	2018
Current Smokers [HP2020 Goal: 12%]	17%	17%	20%	18%	16%	17%	16%
Current Vapers (Past Month)	--	--	5%	8%	9%	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%]	62%	62%	50%	46%	44%	49%	56%
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	67%	77%	78%	62%	65%	NA	NA

	Washington					WI[2]	US
Exposure to Smoke/Vapor							
Smoking Policy at Home	2008	2011	2014	2016	2019	'14-15	'14-15
Not Allowed Anywhere	81%	80%	83%	83%	90%	84%	87%
Allowed in Some Places/At Some Times	8%	7%	5%	9%	5%	NA	NA
Allowed Anywhere	2%	2%	2%	<1%	<1%	NA	NA
No Rules Inside Home	9%	12%	10%	7%	5%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	28%	16%	9%	10%	14%	NA	NA

	Washington					WI	US
Other Tobacco Products in Past Month	2008	2011	2014	2016	2019	2018	2018
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	8%	5%	7%	4%	4%
Cigars, Cigarillos or Little Cigars	--	--	4%	6%	4%	NA	NA

	Washington					WI	US
Alcohol Use in Past Month	2008	2011	2014	2016	2019	2018	2018
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	29%	33%	39%	34%	39%	26%	16%
Driver/Passenger When Driver Perhaps Had Too Much to Drink	3%	3%	3%	2%	5%	NA	NA

	Washington					WI	US
Household Problems Associated With…	2008	2011	2014	2016	2019	2018	2018
Alcohol	3%	1%	1%	2%	4%	NA	NA
Marijuana	--	2%	2%	<1%	2%	NA	NA
Cocaine, Meth or Other Street Drugs	--	--	--	--	<1%	NA	NA
Heroin or Other Opioids	--	--	--	--	<1%	NA	NA

	Washington					WI	US
Personal Safety Issue in Past Year	2008	2011	2014	2016	2019	2018	2018
Afraid for Their Safety	4%	4%	7%	2%	8%	NA	NA
Pushed, Kicked, Slapped, or Hit	3%	3%	2%	3%	4%	NA	NA
At Least One of the Safety Issues	7%	6%	8%	4%	11%	NA	NA

--Not asked. NA-WI and/or US data not available. [1]Wisconsin current vapers is 2017 data. [2]Midwest data.
*In 2008, binge drinking was defined as 5 or more drinks regardless of gender. Since 2011, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Washington					WI	US
Times of Distress in Past Three Years	2008	2011	2014	2016	2019	*2018*	*2018*
Times of Distress and Someone in HH Looked for Community Support	--	--	--	19%	19%	*NA*	*NA*
Of Respondents Who Looked for Support							
Felt Somewhat/Slightly or Not at All Supported	--	--	--	40%	52%	*NA*	*NA*

	Washington					WI	US
Mental Health Status	2008	2011	2014	2016	2019	*2018*	*2018*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	3%	6%	5%	4%	*NA*	*NA*
Considered Suicide (Past Year)	3%	2%	4%	3%	8%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	3%	2%	7%	6%	*NA*	*NA*

	Washington					WI	US
Children in Household	2008	2011	2014	2016	2019	*2018*	*2018*
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	84%	99%	99%	90%	*NA*	*NA*
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	82%	91%	91%	84%	*NA*	*NA*
Did Not Receive Care Needed (Past Year)							
Medical Care	--	<1%	<1%	2%	1%	*NA*	*NA*
Dental Care	--	7%	9%	5%	0%	*NA*	*NA*
Specialist	--	0%	2%	2%	1%	*NA*	*NA*
Current Asthma	--	6%	4%	10%	4%	*NA*	*NA*
Safe in Community/Neighborhood Seldom/Never	--	0%	0%	1%	2%	*NA*	*NA*
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	71%	73%	82%	64%	*NA*	*NA*
Vegetable Intake (3+ Servings/Day)	--	21%	30%	39%	27%	*NA*	*NA*
5+ Fruit/Vegetables per Day	--	26%	38%	50%	28%	*NA*	*NA*
Physical Activity (60 Min./5 or More Days/Week)	--	63%	80%	61%	63%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Months)	--	3%	2%	4%	6%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)	--	19%	32%	33%	19%	*NA*	*NA*
Verbally Bullied	--	18%	30%	30%	19%	*NA*	*NA*
Physically Bullied	--	9%	13%	3%	4%	*NA*	*NA*
Cyber Bullied	--	6%	0%	5%	9%	*NA*	*NA*

	Washington					WI	US
Top County Health Issues	2008	2011	2014	2016	2019	*2018*	*2018*
Illegal Drug Use	--	--	--	51%	51%	*NA*	*NA*
Alcohol Use or Abuse	--	--	--	22%	26%	*NA*	*NA*
Prescription or OTC Drug Abuse	--	--	--	9%	24%	*NA*	*NA*
Mental Health or Depression	--	--	--	8%	16%	*NA*	*NA*
Chronic Diseases	--	--	--	14%	15%	*NA*	*NA*
Overweight or Obesity	--	--	--	18%	15%	*NA*	*NA*
Access to Health Care	--	--	--	18%	15%	*NA*	*NA*
Tobacco Use	--	--	--	4%	11%	*NA*	*NA*
Violence or Crime	--	--	--	4%	6%	*NA*	*NA*
Cancer	--	--	--	12%	6%	*NA*	*NA*
Access to Affordable Healthy Food	--	--	--	5%	5%	*NA*	*NA*
Driving Problems/Aggressive Driving/Drunk Driving	--	--	--	5%	4%	*NA*	*NA*
Infectious Diseases	--	--	--	1%	4%	*NA*	*NA*

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

General Health
In 2019, 52% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor health. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2016 to 2019.*

Health Care Coverage
In 2019, 6% of respondents reported they were not currently covered by health care insurance; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 35 to 54 years old or in the middle 20 percent household income bracket were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, the overall percent statistically increased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2008 to 2019, the overall percent statistically remained the same for respondents who reported no personal health care insurance at least part of the time in the past year, as well as from 2016 to 2019. From 2008 to 2019, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2016 to 2019.*

In 2019, 15% 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 18 to 34 years old or with a college education 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 who were in the bottom 40 percent household income bracket or married were more likely to report this. Seven percent of respondents reported there was a time in the past year someone in the household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Twelve percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2011 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, 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, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet medical care in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically decreased for respondents who reported unmet dental care in the past year while from 2016 to 2019, there was no statistical change. From 2011 to 2019, the overall percent statistically increased for respondents who reported unmet mental health care in the past year while from 2016 to 2019, there was no statistical change.*

Health Care Information
In 2019, 47% of respondents reported they contact a doctor when looking for health information or clarification while 32% reported they look on the Internet. Eleven percent reported they were, or a family member was, in the health care field. Four percent reported family/friends while 3% reported other health professional. Respondents 65 and older were more likely to report they contact a doctor. Respondents who were male or 35 to 44 years old were more likely to report the Internet as their source for health information. Respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field. Respondents who were female, 18 to 34 years old or with a high school education or less were more likely to report family/friends. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported doctor as their source of health information/clarification, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported the Internet or family/friends as their source of health information/clarification while from 2016 to 2019, there was a statistical increase. From 2011 to 2019, there was a statistical increase in the overall percent of respondents who reported they were, or family member was in the health care field and their source of health information/clarification while from 2016 to 2019, there was no statistical change. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported other health professional as their source of health information/clarification while from 2016 to 2019, there was no statistical change.*

Health Care Services
In 2019, 87% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a primary care physician. Seventy-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 9% reported an urgent care center followed by 4% who reported hospital emergency room. Two percent reported public health clinic/community health center for health services. Respondents who were 65 and older or unmarried were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old or with at least some post high school education were more likely to report an urgent care center as their primary health care. Forty-two percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2016 to 2019.*

Routine Procedures
In 2019, 83% of respondents reported a routine medical checkup two years ago or less while 75% reported a cholesterol test four years ago or less. Seventy-four percent of respondents reported a visit to the dentist in the past year while 53% reported an eye exam in the past year. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or unmarried 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 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less or a dental checkup in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported a cholesterol test four years ago or less while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2016 to 2019, there was a statistical increase.*

Vaccinations
In 2019, 38% of respondents had a flu vaccination in the past year. Respondents 55 and older, with a college education, in the bottom 40 percent household income or in the top 40 percent household income bracket were more likely to report a flu vaccination. Seventy-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2008 to 2019, there was no statistical change in the overall percent of respondents 18 and older who reported a flu vaccination in the past year while from 2016 to 2019, there was a statistical decrease. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination, as well as from 2016 to 2019.*

Tested for a Sexually Transmitted Infection
In 2019, 37% of respondents reported in their lifetime they had been tested for a sexually transmitted infection, including HIV, the virus that causes AIDS; respondents 35 to 44 years old were more likely to report this.

Health Conditions
In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (24%) or high blood cholesterol or a mental health condition (21% each). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or who were overweight were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were female, with some post high school education or in the bottom 40 percent household income bracket were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart

disease/condition in the past three years. Respondents who were male, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight, inactive or nonsmokers were more likely to report heart disease/condition. Ten percent of respondents reported diabetes; respondents 55 to 64 years old were more likely to report this. Ten percent reported current asthma; respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported the condition was controlled through medication, therapy or lifestyle changes. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition, diabetes or current asthma, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2016 to 2019, there was no statistical change.*

Times of Distress

In 2019, 19% 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 were more likely to report this. Fifty-two percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported someone in their household experienced times of distress in the past three years or they felt somewhat, slightly or not at all supported by the community resources.*

Mental Health Status

In 2019, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old or in the bottom 60 percent household income bracket were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents 45 to 54 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they seldom or never find meaning and purpose in daily life, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2016 to 2019.*

Physical Health

In 2019, 41% of respondents did moderate physical activity five times a week for 30 minutes. Thirty-one percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 49% met the recommended amount of physical activity; respondents who were not overweight were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity, as well as from 2016 to 2019.*

In 2019, 69% of respondents were classified as at least overweight while 36% were obese. Respondents who were male, 55 to 64 years old, with some post high school education, in the top 60 percent household income bracket or who did not meet the recommended amount of physical activity were more likely to be classified as at least overweight. Respondents who were male, 55 to 64 years old or did an insufficient amount of physical activity were more likely to be obese. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who were at least overweight, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical increase in the overall percent of respondents who were obese while from 2016 to 2019, there was no statistical change.*

Nutrition and Food Insecurity

In 2019, 61% of respondents reported two or more servings of fruit while 25% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or married respondents were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, with a college education, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-three 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, who were not overweight or met the recommended amount of physical activity were more likely to report this. Fifty-three percent of respondents reported when they buy a food

product for the first time, they often read the food label or nutrition information; respondents 18 to 44 years old, with a college education, who were married or met the recommended amount of physical activity were more likely to report this. Four percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day while from 2016 to 2019, there was a statistical decrease. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported when they buy a food product for the first time, they often read the food label or nutrition information. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health

In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Eighty-five percent of female respondents 65 and older had a bone density scan. Seventy-seven percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-six percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2008 to 2019, there was a statistical decrease in the overall percent of respondents 50 and older who reported a mammogram within the past two years while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2016 to 2019. From 2014 to 2019, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2016 to 2019, there was no statistical change.*

Colorectal Cancer Screening

In 2019, 13% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 67% reported a colonoscopy within the past ten years. This results in 73% of respondents meeting the current colorectal cancer screening recommendations. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2016 to 2019.*

Alcohol Use

In 2019, 39% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month. Five 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; respondents with at least some post high school education were more likely to report this. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2016 to 2019, there was a statistical increase.*

Tobacco Use

In 2019, 16% of respondents were current tobacco cigarette smokers; respondents 18 to 34 years old or 45 to 54 years old were more likely to be a smoker. Nine percent of respondents used electronic cigarettes in the past month. Respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Forty-four percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Sixty-five percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2008 to 2019, there was no*

statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2016 to 2019. From 2014 to 2019, there was a statistical increase in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was a statistical decrease in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit while from 2016 to 2019, there was no statistical change. From 2008 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, the tobacco cessation and health professional advised quitting questions included current vapers. In previous years, both questions were asked of current smokers only.

In 2019, 90% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the middle 20 percent household income bracket or in households with children were more likely to report smoking is not allowed anywhere inside the home. Fourteen 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 with some post high school education or less were more likely to report this. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2016 to 2019. From 2008 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included vaping exposure.*

In 2019, 7% of respondents used smokeless tobacco in the past month while 4% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 44 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report smokeless tobacco use. Married respondents were more likely to report they used cigars, cigarillos or little cigars. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2016 to 2019.*

Household Problems

In 2019, 4% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year; married respondents were more likely to report this. Two percent of respondents reported someone in their household experienced some kind of problem with marijuana. Less than one percent of respondents each reported a household problem in connection with cocaine/meth/other street drugs or heroin/other opioids. *From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana in the past year, as well as from 2016 to 2019.*

Personal Safety

In 2019, 8% of respondents reported someone made them afraid for their personal safety 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. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 35 to 44 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report this. A total of 11% reported at least one of these two situations; respondents 35 to 44 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report this. *From 2008 to 2019, there was a statistical increase in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2016 to 2019. From 2008 to 2019, 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 2016 to 2019. From 2008 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year while from 2016 to 2019, there was a statistical increase.*

Children in Household

In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 84% reporting their child visited their primary doctor or nurse for preventive care during the past year. One percent of respondents each reported in the past year their child did not receive the medical care needed or their child did not visit a specialist they needed while 0% reported their child did not receive the dental care needed. Four percent of respondents reported their child currently had asthma. Two percent of respondents reported their child was seldom/never safe in their community. Sixty-four percent of respondents reported their 5 to

17 year old child ate at least two servings of fruit on an average day while 27% reported three or more servings of vegetables. Twenty-eight percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-three percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Nineteen percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 19% reported verbal bullying, 9% cyber bullying and 4% reported physical bullying. *From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child had a primary doctor or nurse, while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child had an unmet medical care need or was unable to see a specialist when needed, as well as from 2016 to 2019. From 2011 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past year their child had an unmet dental care need, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child currently had asthma, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported on an average day their 5 to 17 year old child ate at least two servings of fruit, ate at least three servings of vegetables or met the recommendation of at least five servings of fruit/vegetables while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past six months their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed, as well as from 2016 to 2019. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was verbally bullied while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was cyber bullied or physically bullied, as well as from 2016 to 2019.*

Top County Health Issues

In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (51%), alcohol use/abuse (26%) or prescription/over-the-counter drug abuse (24%). Respondents who were male, 45 to 54 years old, with some post high school education, in the top 60 percent household income bracket or married respondents were more likely to report illegal drug use as a top health issue. Respondents 45 to 54 years old or with a college education were more likely to report alcohol use or abuse. Respondents with a college education or in the top 40 percent household income bracket were more likely to report prescription or over-the-counter drug abuse. Sixteen percent of respondents reported mental health/depression; respondents 45 to 54 years old were more likely to report this. Fifteen percent of respondents reported chronic diseases as a top issue; respondents with a high school education or less were more likely to report this. Fifteen percent of respondents reported overweight or obesity; respondents who were male or in the top 40 percent household income bracket were more likely to report this. Fifteen percent of respondents were more likely to report access to health care; respondents who were female or married were more likely to report this. Eleven percent reported tobacco use as a top issue; respondents 35 to 44 years old or with a high school education or less were more likely to report this. Six percent of respondents reported violence or crime; respondents 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Six percent of respondents reported cancer as a top issue; respondents 65 and older were more likely to report this. Five percent of respondents reported access to affordable healthy food; respondents in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported driving problems/aggressive driving/drunk driving; respondents 18 to 34 years old, with some post high school education or in the middle 20 percent household income bracket were more likely to report this. Four percent of respondents reported infectious diseases as a top issue. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported illegal drug use, alcohol use/abuse, chronic diseases, overweight/obesity, access to health care, violence/crime, access to affordable healthy food or driving problems/aggressive driving/driving drunk as one of the top health issues in the county. From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported prescription/over-the-counter drug abuse, mental health/depression, tobacco use or infectious diseases as one of the top health issues in the county. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported cancer 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.

Washington Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	Delayed/Did not seek care due to cost	2	10	9	198
2	No flu vaccine in past year (18 and older)	9	5	10	190
3	Mental Health Condition	3	9	9	189
4	Did not get recommended moderate/vigorous activity	9	5	4	176
5	Overweight	9	8	4	
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	No flu vaccine in past year (65 and older)	8	5	10	180
2	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 (tie)	No mammogram (50+, within past 2 years)	4	6	9	144
1 (tie)	No HPV test in past 3 years (18-65)	8	4	9	144
2	No bone density scan (65 and older)	2	6	9	126

Appendix F | Evaluation of Impact

Focus | Access

Intended Impact

- Increased access to care

Results

2015

- Provided cumulative visibility of access and coverage to over 500 parishioners via the parish nurse
- Provided 12% of Albrecht Free Clinic physician time
- Provided 60% of Albrecht Free Clinic nurse practitioner time
- 15 staff completed Screening, Brief Intervention, and Referral to Treatment (SBIRT) program and were certified in motivational interviewing

2016

- Provided 16.8% of Albrecht Free Clinic physician time
- Provided 23.3% of Albrecht Free Clinic nurse practitioner time
- 88 non-emergent ED visits without a primary care provider (PCP) saw an AHC PCP within 28 days

2017

- 63 non-emergent ED visits without a primary care provider (PCP) saw an AHC PCP within 28 days

2018

- Accepted $49,576 in vouchers from Albrecht Free Clinic for ancillary services
- Provided $581.25 in transportation vouchers for elderly and underserved patients

2019

- 62 non-emergent ED visits without a primary care provider (PCP) saw an AHC primary care provider within 28 days
- Accepted $47,779.56 in vouchers from Albrecht Free Clinic for ancillary services
- Provided $569.75 in transportation vouchers for elderly and underserved patients

Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate care for behavioral health

Results

2015

- Offered 4 mental health programs at Stillwaters Church

2016

- Provided 3 mental health education sessions to 52 attendees

Focus | Chronic disease

Intended Impact

- Increased awareness and control of chronic disease

Results

2015

- Provided nutrition education for Hispanic diabetes community group
- 51 individuals participated in the *Living Well with Diabetes* program

2016

- 23 individuals participated in the *Healthy Living with Diabetes* program

2017

- 38 individuals participated in the *Healthy Living with Diabetes* program

2018

- 26 individuals participated in the *Healthy Living with Diabetes* program
- Classes provided through partnership with Casa Guadalupe:
    - 1 heart health; 17 attendees
    - 4 family nutrition; 53 attendees

2019

- 6 individuals participated in the Diabetes Grapevine Project educational event
- Chronic disease education classes, facilitated by community outreach educator
    - 1 aromatherapy for stress management; 27 attendees
    - 2 memory care and aging; 73 attendees
    - 1 vision and aging; 62 attendees
    - 1 sleep and aging; 19 attendees
    - 1 *Stepping On* fall prevention; 13 attendees
    - 1 Healthy Bones, Healthy You Grapevine Project; 31 attendees
    - 1 Caregiver Day of Rest; 6 attendees

Focus | Physical activity and nutrition

Intended Impact

- Increased rates of physical activity and good nutrition habits

Results

2015

- Provided wellness resources to Kewaskum students and teachers
- Provided masters gardeners' workshop at Hustisford Elementary School

2016

- Conducted 2 school-based programs educating 19 students on nutrition and physical activity

2017

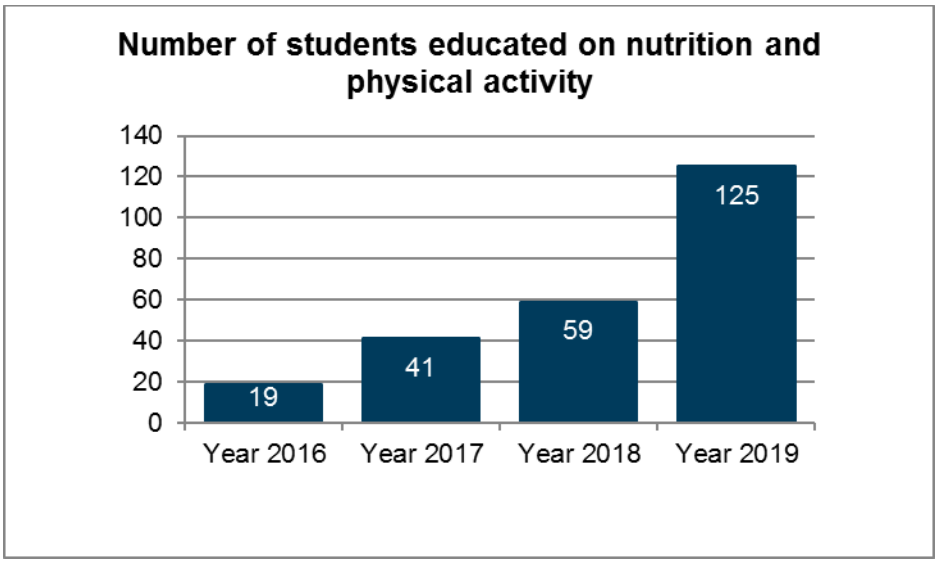
- Conducted 1 school-based program educating 41 students on nutrition and physical activity

2018

- Conducted 1 school-based program educating 59 students on nutrition and physical activity

2019

- Conducted 7 school-based programs educating 125 students on nutrition and physical activity
- Provided 16 exercise programs to 1,101 individuals with chronic diseases



Focus | Youth injury prevention

Intended Impact

- Improved youth concussion prevention, identification, and intervention

Results

2015

- 175 student-athletes were assessed for concussions with algorithm applied and used to administer initial treatment
- Provided 1,514 students with first aid or emergency care for athletic injuries

2016

- 135 student-athletes were assessed for concussions with algorithm applied and used to administer initial treatment
- Provided 1,069 students with first aid or emergency care for athletic injuries

2017

- 567 student-athletes were assessed for concussions with algorithm applied and used to administer initial treatment
- Provided 67 students with rehab and reconditioning services

2018

- 965 student-athletes were assessed for concussions with algorithm applied and used to administer initial treatment
- 124 student-athletes treated for a concussion
- 629 athletic events supported
- Provided 8 concussion education classes; 35 attendees

2019

- 275 student-athletes were assessed for concussions with algorithm applied and used to administer initial treatment
- 98 student-athletes treated for a concussion
- 564 athletic events supported
- Provided 21 injury prevention and safety education classes; 300 attendees
- Provided 5 fitness and training assistance education classes; 240 attendees

Focus | Sexual assault

Intended Impact

- Increased access to care for sexual assault

Results

2015

- Provided 3 individuals with services and medical care related to sexual assault

2017

- Provided 12 individuals with services and medical care related to sexual assault

2018

- Provided 21 individuals with services and medical care related to sexual assault
- 4 community education/prevention/outreach trainings provided with a total of 375 attendees
- 2 bystander intervention trainings provided with a total of 250 attendees

2019

- Provided 10 individuals with services and medical care related to sexual assault
- 6 community education/prevention/outreach trainings provided with a total of 104 attendees
- 2 bystander intervention trainings provided with a total of 260 attendees

Focus | Social determinants of health - employment

Intended Impact

- Increased opportunity for stable employment

Results

2018

- 1 CNA Apprenticeship Program position provided
- 11 job shadow opportunities provided for local high school students
- 12 scholarships provided to area high school seniors who are seeking careers in health care

2019

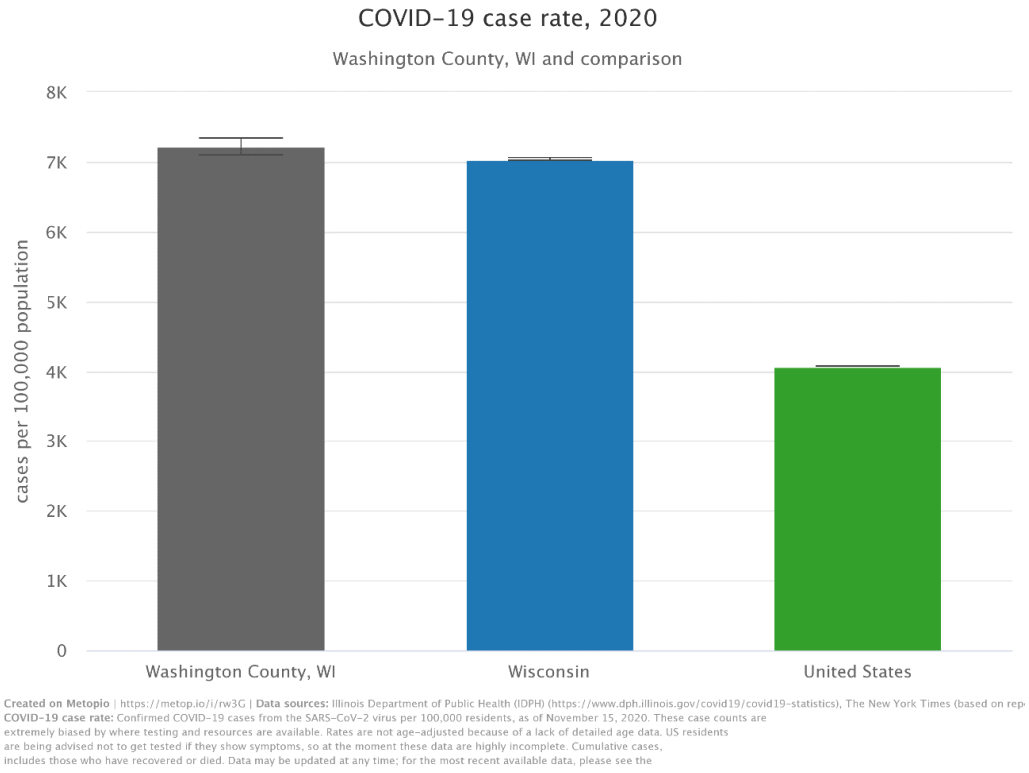
- 20 job shadow opportunities provided for local high school students
- 11 scholarships provided to area high school seniors who are seeking careers in health care

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 AMCWC. Advocate Aurora's response to the pandemic has been added to AMCWC'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.[47]

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of November 15, 2020.[48] During that time, the case rate for Washington County was 7,223.40 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.



[47] 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.
[48] Metopio COVID-19 case rate, 2020. Available at https://metop.io/i/rw3G/, accessed November 30, 2020.

The chart below shows a summary of cumulative total COVID-19 statistics in Wisconsin, as of November 30, 2020.[49] 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.

[49] 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.