2021 Community Health Needs Assessment Report

Aurora Medical Center - Burlington

252 McHenry Street | Burlington, WI 53105

Aurora Health Care | We are AdvocateAuroraHealth

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I. Executive Summary

During 2020 and 2021, Aurora Health Care convened a series of meetings to partner with the local health departments, the Central Racine County Health Department and the City of Racine Public Health Department, and other health care systems, including Ascension 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 mail-based survey, with an online option, 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 Racine 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 2021, Aurora Medical Center - Burlington (Aurora Burlington) 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, Aurora Burlington evaluated the impact of the initiatives identified in its *2018 Community Health Needs Assessment Report* / *2019-2021 Implementation Strategy* plan, which was executed with several successes, including providing behavioral health screenings in the ED, chronic disease education and screening, and education and referrals through the Senior Resource Nurse program. For further description see Appendix F.

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

As a result, Aurora Burlington prioritized the following significant health needs to address in our 2022-2024 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health (including community safety and workforce development)

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 14, 2021.

II. Description of Advocate Aurora Health and Aurora Medical Center - Burlington

Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 employees, 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. The organization contributed $2.5 billion in community benefits during 2020.

Aurora Medical Center - Burlington

Aurora Medical Center - Burlington (Aurora Burlington) is a fully accredited, general acute care hospital serving western and central Racine County, including the city of Burlington and surrounding towns and villages.

Opened in 1924, Aurora Burlington offers high-quality care in areas of specialty including Aurora eICU care, a Level III Trauma Center, cancer care, orthopedics, hyperbaric and wound care, and heart and vascular care, including an interventional radiology lab, diagnostic catheterization lab and electrophysiology lab. Also located in Racine County, Aurora Health Center – Southern Lakes, provides services including ambulatory day surgery, sports health, women's comprehensive imaging services, and Aurora Cancer Care.

Aurora Burlington by the Numbers (2020)	**Distinctions**

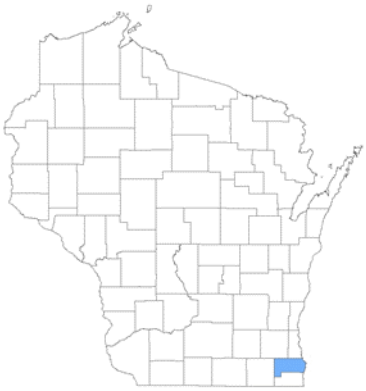
• 123 hospital beds
• 83,427 outpatient visits
• 2,039 inpatient admissions
• 13,127 emergency department visits
• 3,883 surgical procedures
	• American College of Surgeons, Commission on Cancer Accreditation (CoC)
	• National Accreditation for Breast Centers; Comprehensive Breast Center
	• College of American Pathologists-Laboratory Medicine Accreditation
	• DNV-Accredited Hospital
	• DNV Acute Stroke Ready - Accredited with Telestroke
	• State Trauma Level III
	• AHC-Southern Lakes-American College of Radiology; Certified Mammography Facility
	• American College of Emergency Physicians – Geriatric ED Accredited
	• 2020 Practice Greenhealth Partner for Change Award
	• 2020 American Heart Association Get with the Guidelines Gold Plus Stroke
	• Aurora Senior Resource Nurse Program
	  ○ "Committed to Care Excellence" for Age Friendly Health System by IHI in 2020
	  ○ Certified by NICHE as Geriatric Resource Nurses
	  ○ Celebrating 20 years of providing service to primary care team and older adults
	• Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign
	• Partners in Safety – Flight for Life

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

III. 2021 Community Health Needs Assessment

Community Definition

Although Aurora Medical Center - Burlington provides healthcare services in Racine County and beyond, for the purpose of the community health needs assessment, the community served is defined as Racine County.



Racine County is located in southeastern Wisconsin, with Milwaukee and Waukesha Counties to the north, Kenosha County to the south, Lake Michigan to the east, and Walworth County to the west.

Racine County includes urban, suburban, and rural areas

Racine County includes 17 municipalities, with a mix of cities, suburbs and rural landscapes:[2]

- Two cities: Burlington, Racine
- Four towns: Burlington, Dover, Norway, and Waterford
- Eleven villages: Caledonia, Elmwood Park, Mount Pleasant, North Bay, Raymond, Rochester, Sturtevant, Union Grove, Waterford, Wind Point and Yorkville

Dubbed “America’s Kringle Capital,” the County is the home of several significant industries, including SC Johnson, InSinkErator, and Nestlé.[3]

Racine County offers several recreational venues and cultural attractions, from hiking and canoeing along the Root River to fishing at Horlick Dam or Quarry Lake Park.

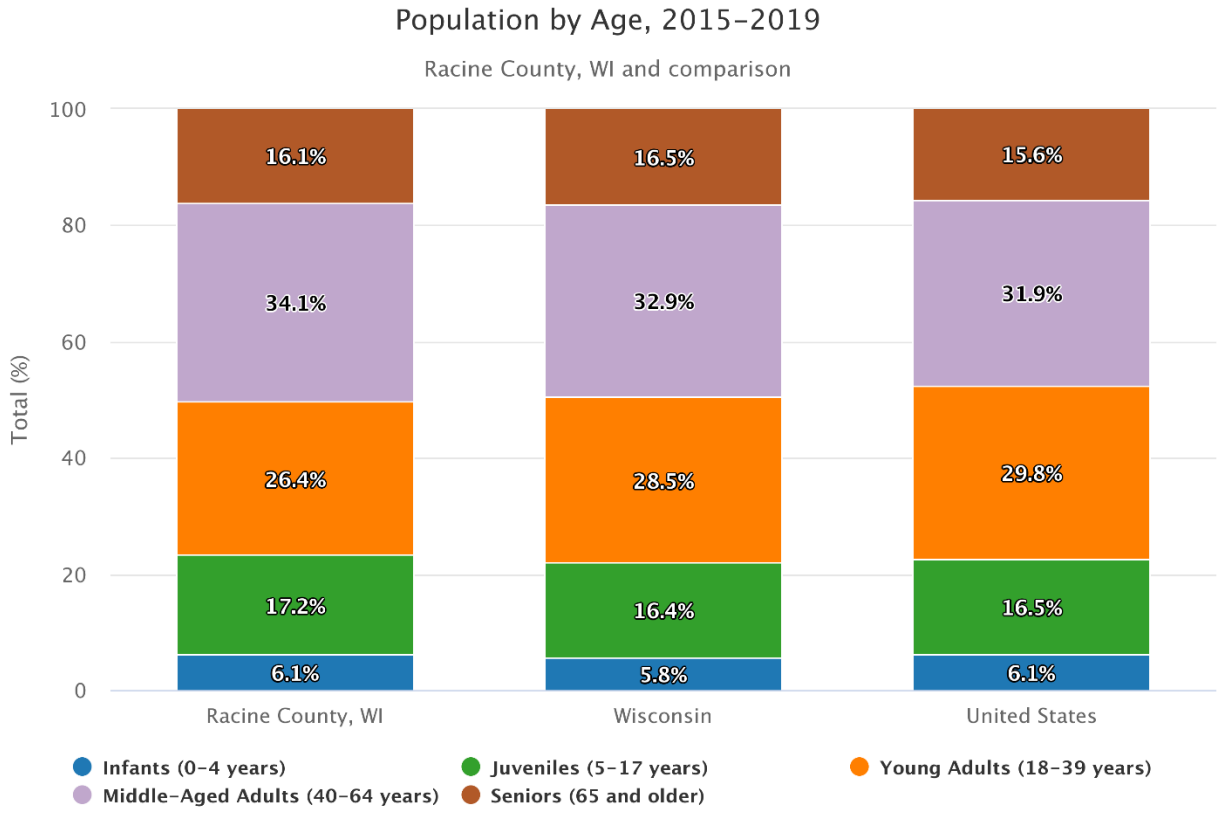
Central Racine County, the focus of this CHNA Report, encompasses all the above municipalities with the exceptions of the City of Racine and Village of Elmwood Park and Wind Point.[4]

[2] Racine County: 2020 Official Directory. Available at http://racinecounty.com/home/showdocument?id=13660. Accessed April 29, 2021.
[3] Racine County Economic Development Corp. Available at https://rcedc.org/why-racine/business-community/. Accessed April 29, 2021.
[4] Central Racine County Health Department. Available at https://crchd.com/. Accessed April 29, 2021.

Community Demographics (Source #2)

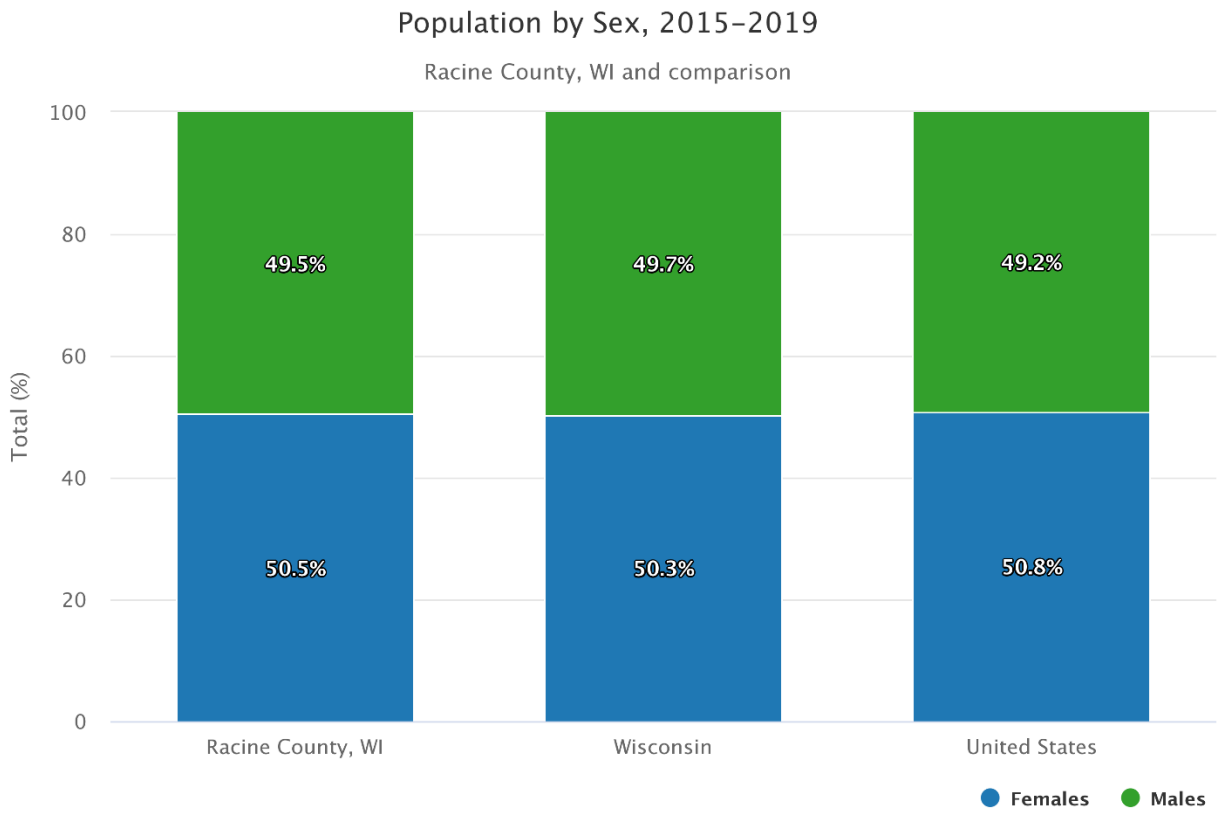
Age

Six percent of the Racine population is under 4 years old, 17.2 percent of the population is between the ages of 5 and 17, and 26.4 percent of the population is between the ages of 18 and 39. The largest age group in the county is the 40-64 year old age group with a population of 34.1 percent of the population. Sixteen percent of the Racine population is 65 years or older. The chart below shows the Racine County population by age group, compared to Wisconsin and US averages.



Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

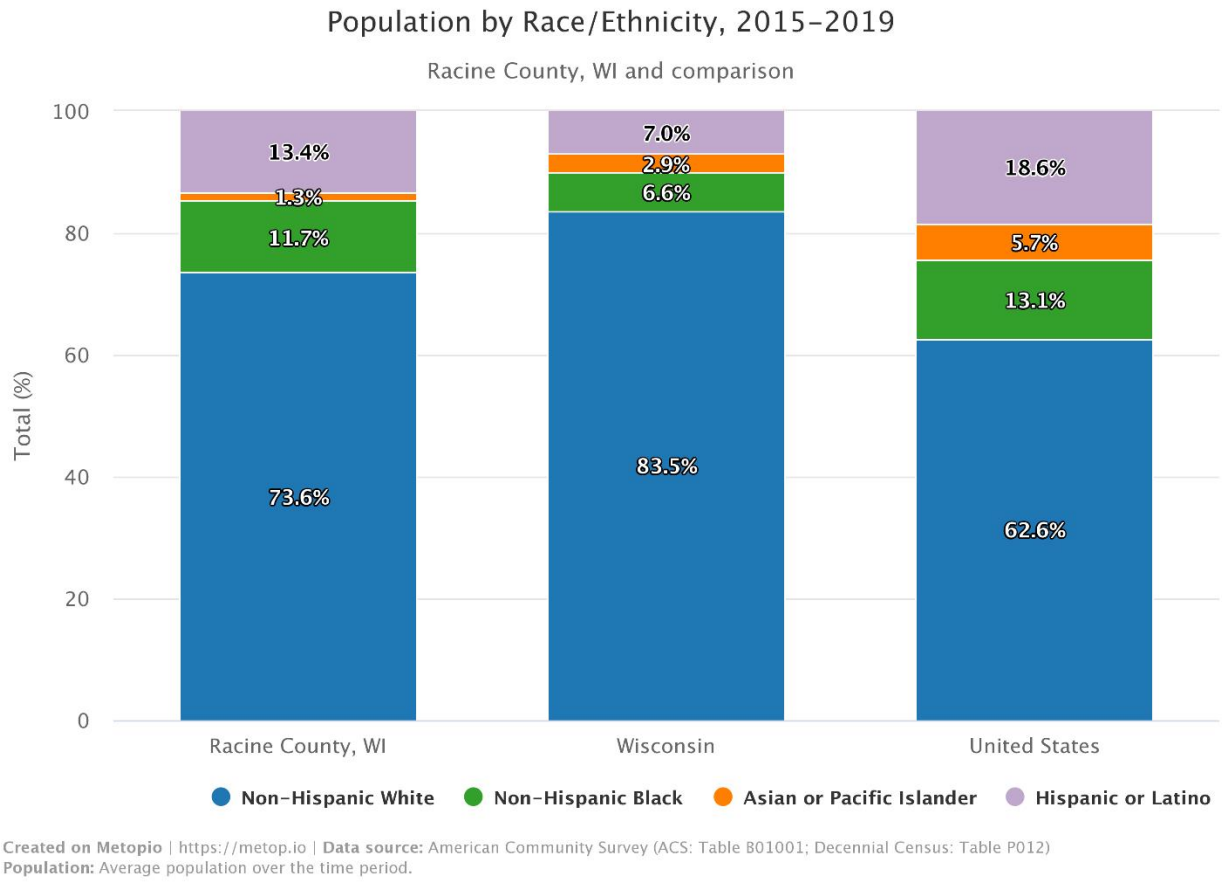
Gender



Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

Demographic data shows that Racine County is 73.6 percent White, the largest racial group, followed by the Hispanic or Latino population at 13.4 percent, Non-Hispanic Black population at 11.7 percent and the Asian or Pacific Islander population at 1.3 percent. The table below shows the racial and ethnic composition of Racine County, compared to Wisconsin and US averages.

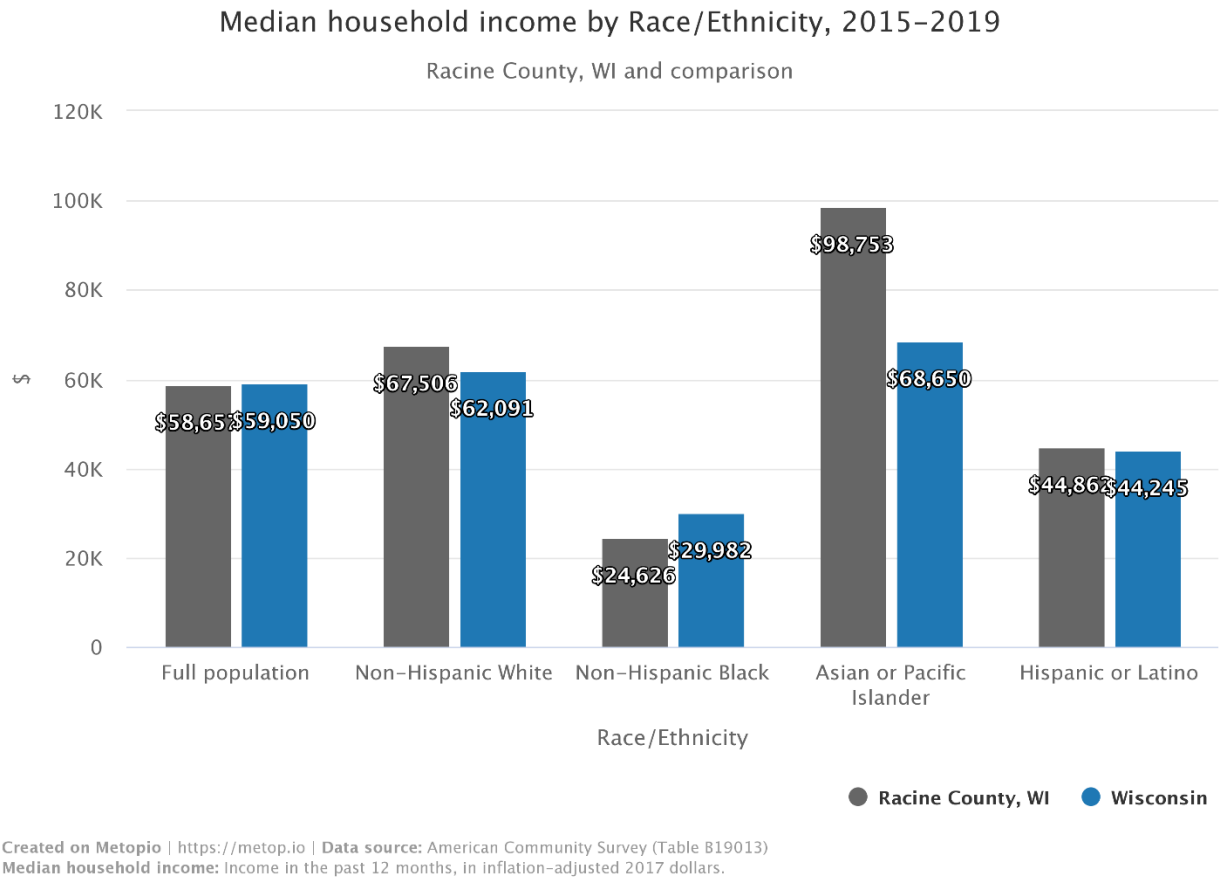


Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Economics (Source #2)

Income

The median household income in Racine County is $58,657, which is lower than the state's median household income of $59,050. There is a large racial disparity in the median household income with the Non-Hispanic White and Asian or Pacific Islander populations having the highest household incomes and the Non-Hispanic Black and Hispanic or Latino populations having the lowest median household incomes. The chart below shows the Racine County median household income by race/ethnicity compared to Wisconsin.



Created on Metopio | https://metop.io | **Data source:** American Community Survey (Table B19013)
Median household income: Income in the past 12 months, in inflation-adjusted 2017 dollars.

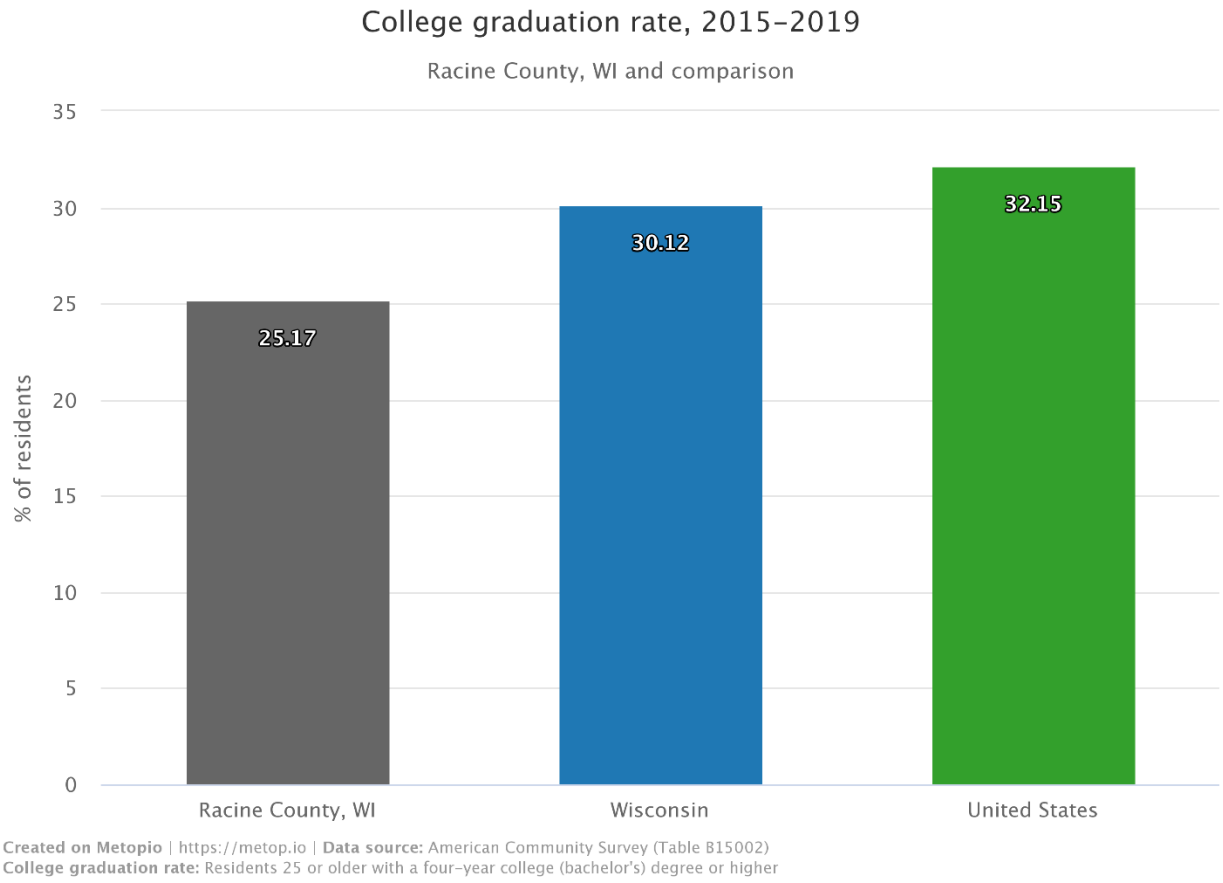
Employment

The unemployment rate among Racine County residents that are 16 years of age and older is 4.29 percent, which is higher compared to the state of Wisconsin at 3.61 percent.

Education (Source #2)

Educational Level

Racine County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county. Educational attainment is one of the social determinants of health. Higher levels of education correlate with better health outcomes. The percent of individuals in Racine County with a bachelor's degree or higher is lower compared to the Wisconsin and US averages. The chart below shows college graduation rates among individuals aged 25 and older residing in Racine County, compared to Wisconsin and US averages.



How the Community Health Needs Assessment 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 2020, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Racine 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, Ascension Wisconsin, Children's Wisconsin, and in partnership with the Central Racine County Health Department and the City of Racine 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 2021 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 Racine County every three years, conducted in partnership with the Central Racine County Health Department and the City of Racine 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., 2018, 2020) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Source #1 | Racine County Community Health Survey Report
The community health survey is a primary community health data source. The latest survey was completed between October 23, 2020 and January 30, 2021 and posted in 2021. This comprehensive 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 | Metopio
Advocate Aurora Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers the hospitals health, demographic, and hospitalization indicators. Additionally, the Center for Urban Population Health (CUPH), compiled a secondary data report for community partners, which summarizes the demographic and health-related information for Racine County (Appendix B). Data used in the report came from publicly available data sources, and the Metopio data platform. 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. For further description see Appendix B.

Source #3 | Key Informant Interview Report
Sixteen key informant interviews were conducted between October and December 2020 and posted in 2021, considering 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 Racine 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 May 2021, Aurora Burlington did not receive any comments on the current CHNA Report or Implementation Strategy.*

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

Summary of Findings

This report focuses on the following data collection years: 2009, 2012, 2015, 2017 and 2020. The Community Health Survey (Source #1), the secondary data (Source #2) and the key informant interview reports (Source #3), provide an overview of the community health issues in Racine County.

Access

Unmet medical care | The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased steadily from 75% in 2009 to 58% in 2020. The number of respondents who reported that someone in their household had an unmet medical need has increased from 8% in 2012 to 11% in 2020; those who were in the middle 20% household income bracket or without children in the household were more likely to report this. Of the households with a child, 9% reported that a child did not receive the needed medical care in the past 12 months. In addition, 96% of the children have a medical home with a personal health care clinician who knows the child well (Source #1). Community members identified affordable health care as a top five community health issue (Source #1).

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

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

Dental services and unmet dental care | In 2020, 25% of respondents reported that someone in their household did not get the dental care they needed sometime in the last 12 months, an increase from 13% in 2017. Twelve percent of the households reported that their child did not receive the needed dental care in the past 12 months (Source #1).

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

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

Unmet prescription medications | In 2020, 13% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, an increase from 10% in 2017.

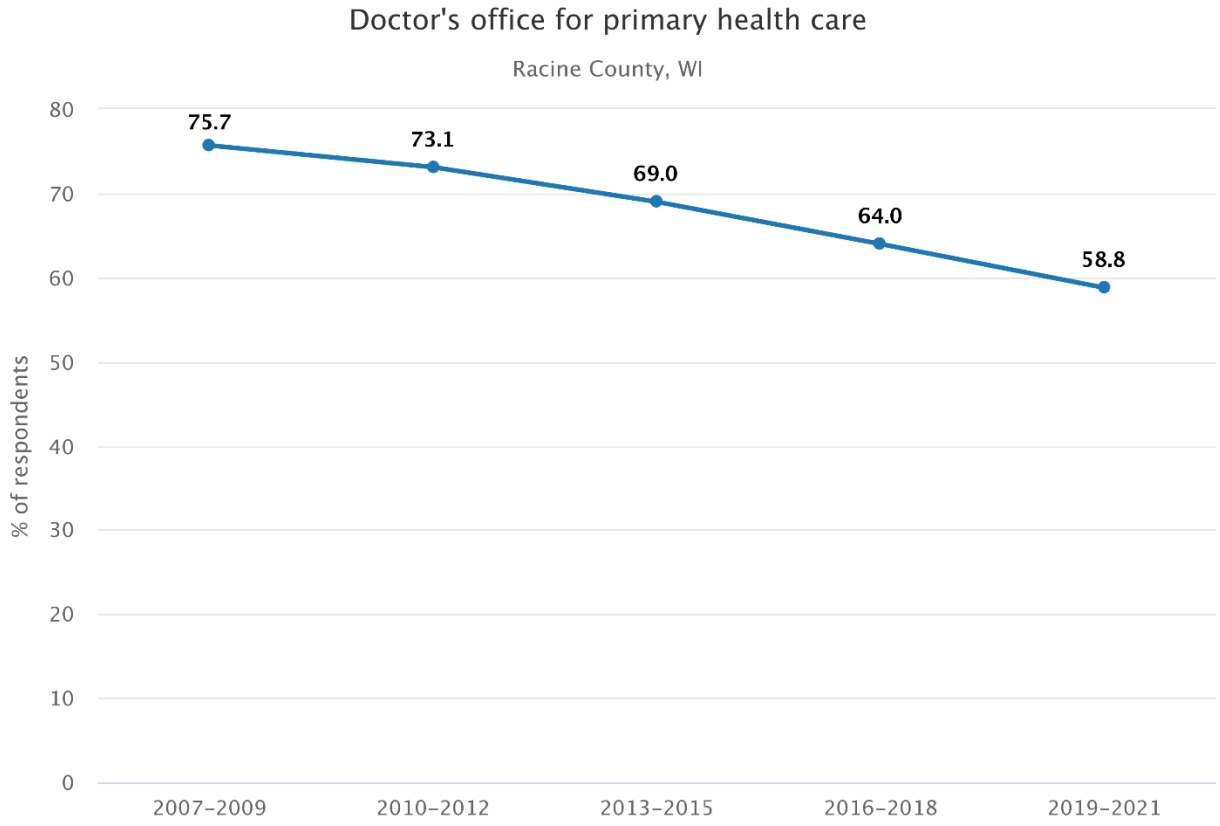
- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

[5] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed March 31, 2021.
[6] Healthy People 2020 – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed March 31, 2021.

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

Unmet mental health services | The percentage of respondents who reported that someone in their household had an unmet mental health care need in the past year increased from 2% in 2012 to 9% in 2020 (Source #1).

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



Created on Metopio | https://metop.io/i/8Rjy | **Data source:** Wisconsin Community Health Survey
Doctor's office for primary health care: Percentage of respondents reporting that they usually go to their doctor's office when they feel sick, rather than to an emergency room, public health clinic, urgent care center, or other alternative.

[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 March 31, 2021.
[8] Healthy People 2020 – Mental Health and Mental Disorders. U.S. Department of Health and Human Service. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed March 31, 2021.

Coverage

Health care coverage | In 2020, 4% of adults reported they personally were not currently covered with health care insurance, a decrease from 2009. Respondents who were 35 to 44 years old were more likely to report this. Similarly, 6% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 15% in 2009. Ten percent of adults reported a household member was not covered at least part of the time in the past year, an improvement from 17% in 2009 (Source #1).

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

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

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

Chronic conditions such as asthma, diabetes, heart disease and cancer can result in health complications, compromised quality of life and burgeoning health care costs. As the most common and preventable of all health issues, chronic diseases account for 86% of health care costs nationwide.[11] Chronic diseases were identified as one of the top five health issues in the community by residents and key informants (Sources #1, #3).

Asthma | In 2020, 14% of adults reported asthma (current), an increase from 8% in 2009. Respondents 35 to 44 years old, with a college education or City of Racine respondents were more likely to report having asthma. In 2020, 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.[12] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

Diabetes | In 2020, 10% of adults reported diabetes in the past three years, similar to 8% in 2009. Respondents 55 and older, with some post high school education or less, in the middle 20 percent household income bracket, who were unmarried, overweight or inactive were more likely to report having diabetes (Source #1).

[9] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed March 31, 2021.
[10] Key Facts about the Uninsured Population. Kaiser Family Foundation. Available at https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/. Accessed March 31, 2021.
[11] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed March 31, 2021.
[12] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm. Accessed March 31, 2021.

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

Heart disease or heart condition | In 2020, 10% of adults reported heart disease or heart condition in the past three years. Respondents who were 65 and older, with a high school education or less, in the bottom 60% household income bracket were more likely to report heart disease or heart condition (Source #1).

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

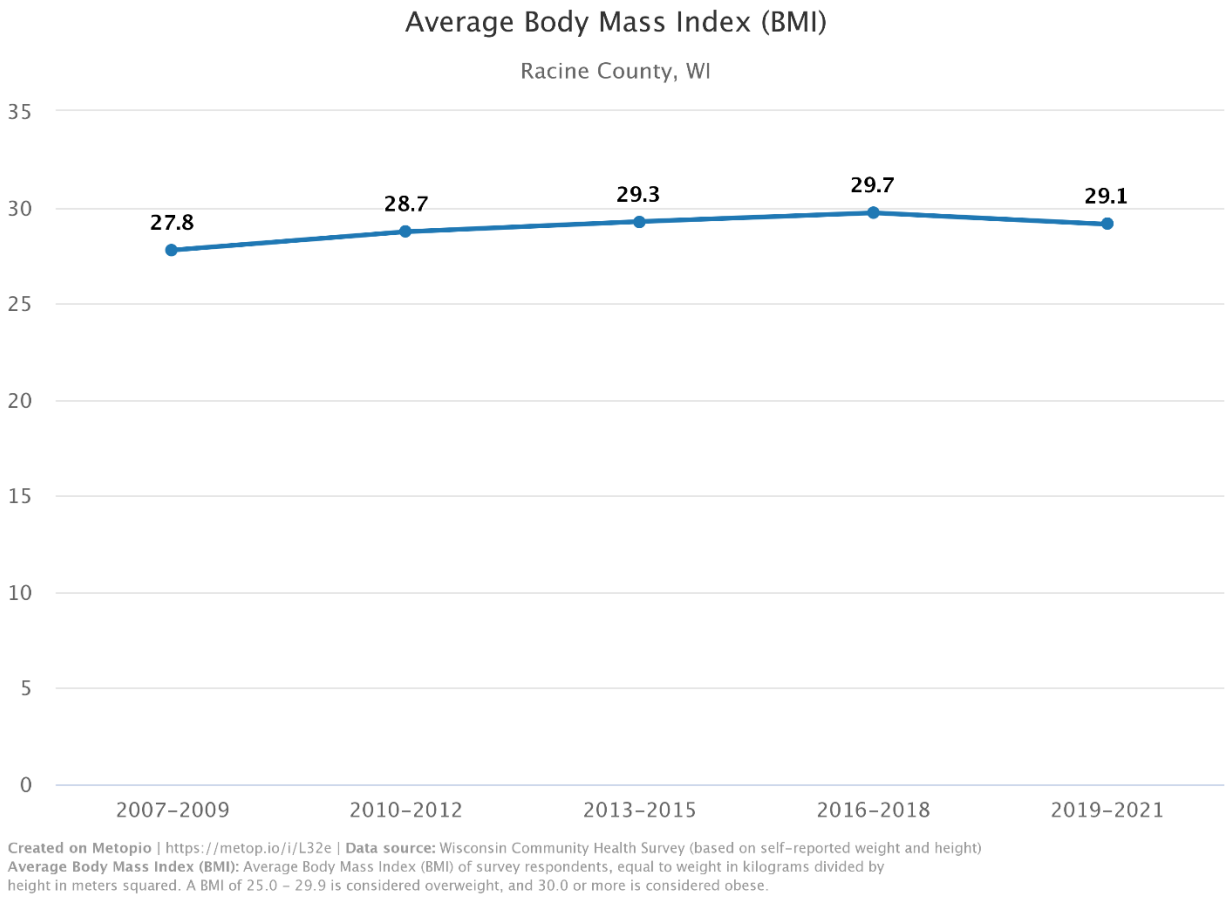
Overweight/Obesity | In 2020, 75% of adults in Racine County were classified as being overweight, an increase from the baseline of 64% in 2009. Respondents who were male or did not meet the recommended amount of physical activity were more likely to report being overweight or obese (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

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

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

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

[13] Centers for Disease Control and Prevention. – Diabetes Basics. Available at https://www.cdc.gov/diabetes/basics/index.html. Accessed March 31, 2021.
[14] CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Available at https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Accessed March 31, 2021.
[15] Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed March 31, 2021.
[16] Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts. Available at https://www.cdc.gov/obesity/data/adult.html. Accessed March 31, 2021.



Cancer | The 2012-2016 cancer age-adjusted incidence rate in Racine County was 508.9 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Racine County's age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI) (Source #2).

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

[17] Centers for Disease Control and Prevention – Cancer. Available at https://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed March 31, 2021.

Cancer	Racine	WI
Female Breast Cancer Incidence Rate	132.6	130.3
Cervical Cancer Incidence Rate	8.0	6.9
Male Colorectal Cancer Incidence Rate	44.4	41.9
Female Colorectal Cancer Incidence Rate	32.5	31.7
Male Lung/Bronchus Cancer Incidence Rate	72.5	65.0
Female Lung/Bronchus Cancer Incidence Rate	66.3	53.1
Prostate Cancer Incidence Rate	126.9	109.4
Female Breast Cancer Mortality Rate	20.5	17.3
Cervical Cancer Mortality Rate	1.9	1.3
Male Colorectal Cancer Mortality Rate	14.9	14.2
Female Colorectal Cancer Mortality Rate	10.6	10.8
Male Lung/Bronchus Cancer Mortality Rate	56.3	44.0
Female Lung/Bronchus Cancer Mortality Rate	37.5	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	20.7	20.9

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

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

Alcohol use | In 2020, 30% of adults in Racine County reported binge drinking in past month, a decrease from 2017 (34%), but higher than the state (22%). Respondents who are male, 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County residents were more likely to report binge drinking in the past month (Source #1). Alcohol use was the most common reason Racine County residents sought substance use services in 2020, with 389 residents receiving treatment.[19]

[18] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed March 31, 2021.
[19] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 1, 2021.

Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[20] Alcohol was identified as one of the top five health issues in the county by key stakeholders (Source #3).

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

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

Substance use | In Racine County, the rate of opioid-related mortality was 12.4 per 100,000 population in 2019, lower than Wisconsin rate of 16.2 per 100,000 population (Source #2). Opioid use was the fourth most common reason Racine County residents sought substance use services in 2020, with 145 residents receiving treatment.[22] Residents and key informants identified drug misuse as one of the top health issues challenging the community (Sources #1, #3).

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

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

[20] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined. Available at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed March 31, 2021.
[21] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed March 31, 2021.
[22] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 1, 2021.
[23] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed March 31, 2021.

Tobacco Use and Exposure | In 2020, 12% of adults in Racine County reported cigarette smoking in the past 30 days (current smoker), a decrease from the 2009 baseline of 26%. Respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were unmarried or City of Racine respondents were more likely to be a smoker. In addition, 6% of Racine County adults were current users of electronic cigarettes in 2020 (Source #1). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past seven days declined to 18% in 2020 compared to 30% in 2009 (Source #1).

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

Additionally, in 2018, 9.9% of Racine County mothers indicated smoking during pregnancy, slightly lower than the state rate of 10.1% (Source #2).

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

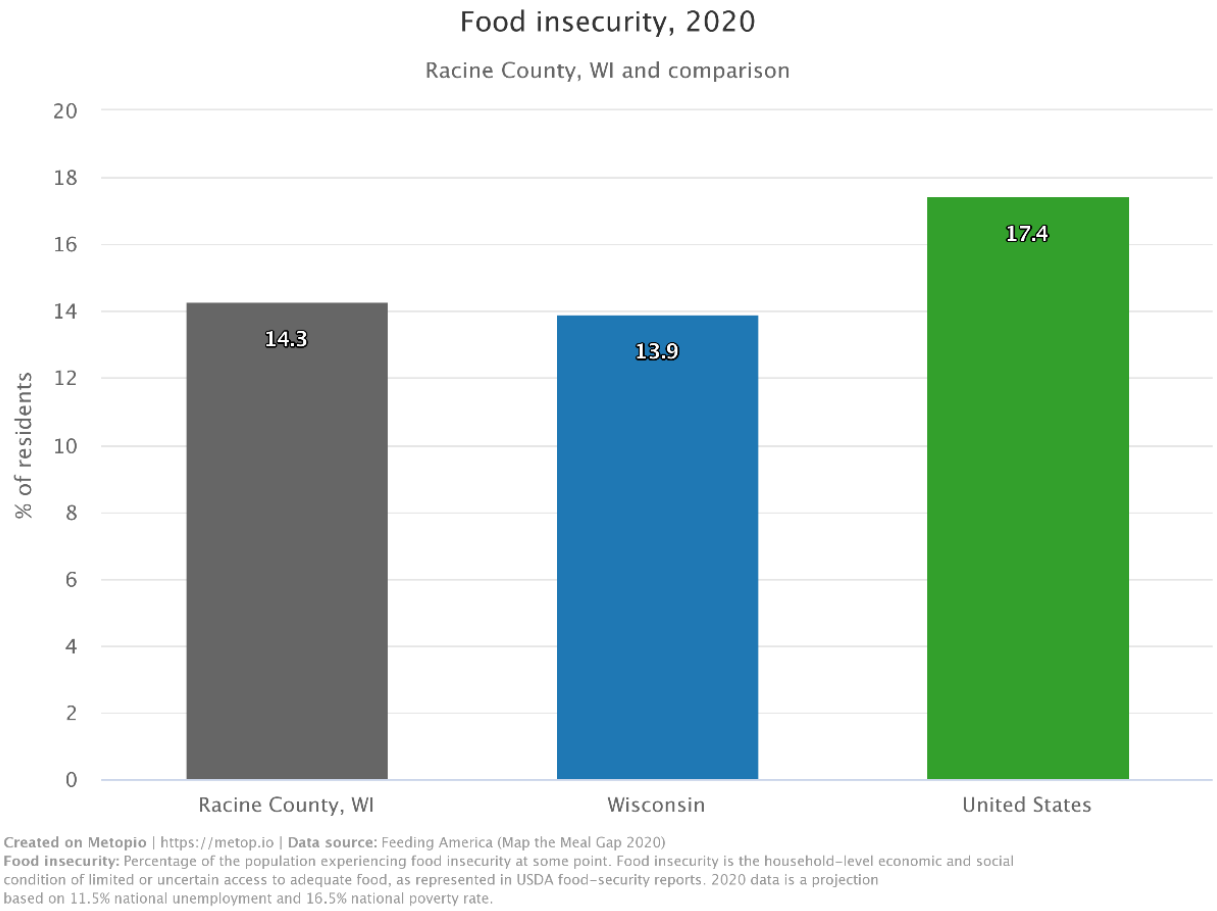
  Why is this important? In the United States, cigarette smoking is the leading cause of preventable death. Smoking harms nearly every organ in the body, leading to disease and disability, including increasing the risk of coronary heart disease, stroke and several types of cancer. In addition, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth. [24]

Nutrition and physical activity | In 2020, 43% of adults in Racine County reported engaging in recommended moderate or vigorous activity, the same rate as 2009. In 2020, 25% of the children in Racine County engaged in physical activity for 60 minutes at least five days out of the week, a decrease from 69% in 2012. In 2020, 46% of adults in Racine County reported eating the recommended fruit servings while 23% of adults reported eating the recommended vegetable servings (Source #1). Feeding America estimates 14.3% of Racine County residents experienced limited or uncertain access to adequate food at some point during 2020 (Source #2). Key informants identified nutrition as a top five health issue (Source #3).

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

[24] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed March 31, 2021.

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



Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2020, 28% of adults reported high blood pressure – an increase from 23% in 2017. Respondents who were aged 65 and over, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report having high blood pressure. Also, 26% of adults in 2020 reported high cholesterol in the past three years, an increase from 22% in 2009. Respondents who were 55 to 64 years old, overweight, inactive or Central Racine County respondents were more likely to report high blood cholesterol (Source #1).

[25] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed March 31, 2021.
[26] Centers for Disease Control and Prevention – Physical Activity and Health. Available at https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm. Accessed March 31, 2021.

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

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

Injury and violence

Injury hospitalization | The 2019 Racine County age-adjusted injury-related hospitalizations rate was 531.6 per 100,000, which is higher compared to the state (425.8 per 100,000). Racine County residents who are Hispanic had higher rates of injury-related hospitalizations compared to residents who are White. The age-adjusted injury-related emergency department (ED) visit rate for Racine County was 9,095.9 per 100,000, which is higher than the Wisconsin rate (7,166.8 per 100,000) (Source #2). The injury-related death rate in Racine County was 69.3 per 100,000 population, lower than the Wisconsin rate of 81.1 per 100,000 population, but higher than the Healthy People 2020 goal of 53.3 per 100,000 population. The top ranked cause of injury-related ED visits was falls (Source #2).

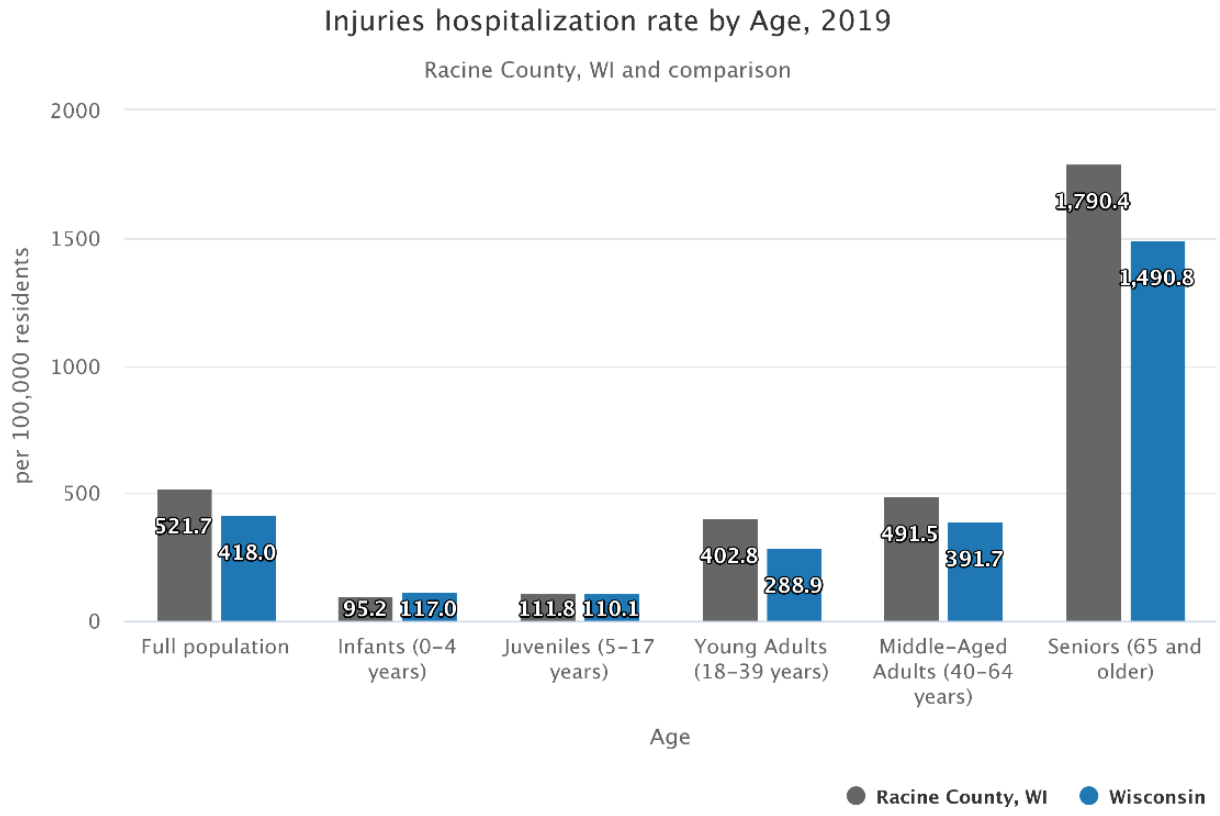
- The *Healthy People 2020* target for injury-related hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000. The target for injury related death rate is 53.3 per 100,000.

  Why is this important? Injuries are a leading cause of death for people ages 1-44 in the United States. In 2013 alone, injuries cost the nation 671 billion dollars in lost productivity and medical care. Injuries can be prevented, and their consequences reduced for infants, children and adults.[30]

Older adults injury | In 2019, the injury hospitalization rate among Racine County adults aged 65 years and older was 1,790.4 per 100,000, higher than the state rate of 1,490.3 per 100,000 (Source #2).

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.[31]

[27] Centers for Disease Control and Prevention – High Blood Pressure. Available at https://www.cdc.gov/bloodpressure/. Accessed March 31, 2021.
[28] Centers for Disease Control and Prevention – Cholesterol. Available at https://www.cdc.gov/cholesterol/. Accessed March 31, 2021.
[29] Centers for Disease Control and Prevention – Heart Disease. Available at https://www.cdc.gov/heartdisease/medical_conditions.htm. Accessed March 31, 2021.
[30] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at https://www.cdc.gov/injury/wisqars/overview/key_data.html. Accessed March 31, 2021.
[31] 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, 2021.



Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[32] The rate of rape for Racine County was 23.41 reports per 100,000 persons, lower than Wisconsin's overall rate of 27.91 per 100,000 in 2019 (Source #2). However, sexual assault and rape are underreported, and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.

> **Why is this important?** Sexual violence can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to victims, families and communities.[33]

[32] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed March 31, 2021.
[33] Centers for Disease Control and Prevention – Violence Prevention/Sexual Violence: Consequences. Available at https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed March 31, 2021.

Other violence | Racine County reported an aggravated assault/burglary rate of 138.5 per 100,000 residents, an increase from 2015 (Source #2). Violence or crime was identified as one of the top health issues in the county by community members (Source #1). In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.1 per 1,000 children in 2019; Racine County's rate was lower at 28.8 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.[34]

Reproductive health

Pap test screening | In 2020, 83% of women in Racine County reported having a pap test within three years, a decrease from 90% in 2009 (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 Racine County was 70.3%, lower than the state rate of 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 Racine County was 10.7%, higher than the state rate of 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 Racine County was 8.7%, higher than the state rate of 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.[35]

Birth rate to teens| In 2018, births among Racine County females aged 15-17 years was 9.7 per 1,000 females, higher than the state rate of 5.2 births per 1,000 females. For Racine County females aged 15-19 years, the birth rate was 22.3 per 1,000 females, higher than the state rate of 13.2 births per 1,000 females (Source #2).

[34] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed March 31, 2021.
[35] Centers for Disease Control and Prevention – Reproductive Health: Preterm Birth. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed March 31, 2021.

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.[36]

Infant Mortality | In 2018, the rate of infants dying before their first birthday in Racine County was 8.3 deaths per 1,000 live births, lower than the statewide rate of 6.1 deaths per 1,000 live births (Source #2).

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

Mental health

Mental health conditions | In 2020, 21% of Racine County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, higher than 13% in 2009 (Source #1). Mental health was identified as one of the top health issues in the county by 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."[37] 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."[38] 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.[39]

Suicide | The 2018 Racine County suicide rate was 11.3 per 100,000, lower than the Wisconsin rate of 15.3 per 100,000 population (Source #2). However, in 2020, 6% of adults in Racine County reported feeling so overwhelmed in the past year that they considered suicide. Note: The survey did not ask how seriously, how often or how recently suicide was considered (Source #1). Nineteen percent of residents reported they seldom or never found meaning and purpose in life, an increase from 5% in 2017 (Source #1).

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

[36] Centers for Disease Control and Prevention – Reproductive Health: About Teen Pregnancy. Available at https://www.cdc.gov/teenpregnancy/about/index.htm. Accessed March 31, 2021.
[37] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.
[38] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.
[39] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.

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.[40]

[40] Centers for Disease Control and Prevention – Suicide Prevention. Available at https://www.cdc.gov/violenceprevention/suicide/. March 31, 2021.

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 2021, 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*[41] (see Appendix E for details)

[41] 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 - Burlington prioritized the significant health needs to address in the 2022-2024 implementation strategy:

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

Health Needs Not Selected

The implementation strategy does not include specific strategies and goals for chronic disease as this is part of the standard continuum of clinical care at Aurora Burlington, 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 14, 2021.

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 Aurora Burlington’s *2018 Community Health Needs Assessment Report* / *2019-2021 Implementation Strategy* plan, which was executed with several successes, including providing behavioral health screenings in the ED, chronic disease education and screening, and education and referrals through the Senior Resource Nurse program. For detailed evaluation of impact, see Appendix F.

IX. Appendices

Appendix A | Racine 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 mail-based (with an online option) 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 Racine County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. A random sample of 3,000 addresses in Racine County was provided by Marketing Systems Group. A three-step approach was conducted.

1) A pre-notification postcard was sent on October 23 from the health department announcing the upcoming paper survey packet. It also provided a QR code and web address if they wanted to complete the survey online. A Spanish link was also provided.
2) On November 30, the questionnaire packet was mailed to addresses who had not completed the online survey. It included a letter from the health department, the 12-page survey and a JKV Research postage-paid return envelope. The respondent with the next birthday was asked to complete the survey. A Spanish paper version was offered as well.
3) A reminder postcard was mailed on January 11, 2021 providing the links and offering to send a new survey if it was misplaced.

A total of 566 telephone interviews were completed between October 23, 2020 and January 30, 2021. With a sample size of 566, 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 Racine 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 1,510 adults.

The margin of error for smaller subgroups will be larger (e.g., adults who were asked if their high blood pressure was under control). 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, Ascension Wisconsin and Children's Wisconsin, and in partnership with the Central Racine County Health Department and the City of Racine Public Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

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

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In spring 2021, 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 Racine 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, Ascension Wisconsin, Children's Wisconsin, and in partnership with the Central Racine County Health Department and the City of Racine Public Health Department. The report was prepared by the Center for Urban Population Health.

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

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Sixteen key informant interviews were conducted between October and December 2020. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Racine 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 April, 2021*
City of Racine Public Health Department	Public health department serving City of Racine, Village of Elmwood Park and Village of Wind Point
Racine County Communications Center	Public Safety Answering Point (PSAP) that serves as a link for residents in Racine County to access Police, Fire and/or Rescue assistance
The LGBT Center of SE Wisconsin	Mission: Empowering SE Wisconsin to create a safe and inclusive home for LGBTQ+ communities
Central Racine County Health Department	Public health department serving Caledonia, Dover, Mt. Pleasant, North Bay, Norway, Raymond, Rochester, Sturtevant, Union Grove, Yorkville, City and Town of Burlington, and Village and Town of Waterford Wisconsin
Racine County Human Services Department/ Behavioral Health Services/ Aging and Disability Resource Center	Racine County Human Services assists thousands of families each year to help improve their lives and the lives of their families and loved ones
Racine Unified School District	Located in southeastern Wisconsin, Racine Unified School District (RUSD) is the fifth largest school district in the state, serving nearly 17,000 students
Town of Waterford Police Department	Police department serving the Town of Waterford, Wisconsin

Racine Area Manufacturers and Commerce	Racine Area Manufacturers and Commerce (RAMAC) is Racine's Business Champion serving as a voice representing the common interests of every organization in Racine – small and large, industrial and retail, for profit and nonprofit
Racine County	Racine County Cultivates Innovative, Sustainable, And Valued Opportunities for Community And Economic Growth
Burlington School District	School district serving Burlington and the surrounding area
Racine Family YMCA	At the Racine Family YMCA, children and teens learn values and positive behaviors, and can explore their unique talents and interests, helping them realize their potential
Racine County Foodbank	Mission: The Food Bank efficiently and effectively obtains resources and facilitates distribution of food and necessities to Racine County individuals and families in need, through a network of direct service providers
Homeless Assistance Leadership Organization (HALO, Inc.)	HALO offers each person an opportunity to begin their journey from dependency towards self-sufficiency
South Shore Fire Department	The South Shore Consolidated Fire/EMS Department was established January 1, 2009 as a consolidation of the Mount Pleasant and Sturtevant Fire Departments
Hispanic Round Table	The Mission of the Hispanic Roundtable is to strengthen the Latino community through partnerships, education, community building and cultural representation
Racine Fire Department	The City of Racine Fire Department is a dedicated team of fire service professionals serving the citizens of Racine

The key informant interviews were conducted by Aurora Health Care, Ascension Wisconsin, Children's Wisconsin, Central Racine County Health Department, and Health Care Network of Racine. 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
3) To be responsive to the current conditions during the COVID-19 pandemic, the following additional questions were added to the interview guide:
    a. What community needs or gaps have developed since the coronavirus pandemic?
    b. How can health care organizations support the community during this pandemic?
    c. What methods of communication and outreach have been successful to reach partners and community members during the pandemic?
    d. How would you suggest health care organizations outreach to community partners and members to implement health initiatives?

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 Racine County and the identified community assets

The top five health issues that emerged as key priorities for Racine County were: 1) mental health, 2) substance use and abuse, 3) alcohol abuse, 4) Adverse Childhood Experiences (ACEs), and 5) nutrition.

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

1. **Mental health:** Hospitals should be partnering with local, state, and federal governments, public health, human services, non-profit organizations, faith communities, businesses, school systems, school nurses, homeless shelters, Racine Friendship Clubhouse, Family Service of Racine, NAMI- Racine County, fire and police departments, emergency medical services, Racine County Behavioral Health, YMCA, Big Brothers Big Sisters, Health Care Network, Child Protective Services, LGBT Center of SE Wisconsin, and C2MH.

2. **Substance use and abuse**: Hospitals should be partnering with government, public health, social services, Child Protective Services, law enforcement, emergency medical services, the Medical Examiner's office, non-profit organizations, faith communities, businesses, school systems and higher education, private citizens, first responders, support groups, Focus on Community, and health departments.

3. **Alcohol abuse**: Hospitals should be partnering with state and federal government (needed to increase Medicaid reimbursement rates), public health and human services, social services, non-profit organizations, emergency medical services, the Medical Examiner's office, support groups, Alcoholics Anonymous, HALO, Racine County Child Protective Services, treatment service providers, schools, and the communities most affected.

4. **Adverse Childhood Experiences (ACEs**): Hospitals should be partnering with government, public health, human services, non-profit organizations, faith communities, businesses, public and private school systems, private citizens, the LGBT Center, the YMCA, Big Brothers Big Sisters, and human trafficking organizations.

5. **Nutrition**: Hospitals should be partnering with UW-Extension, Love, Inc., 211, faith-based organizations, community COP houses, restaurants, school systems, non-profit organizations, grocery stores, insurance companies, farmers markets, and agencies that provide Supplemental Nutrition Assistance Program benefits.

COVID-19 Community Needs or Gaps that have Developed since the Coronavirus Pandemic: The key themes that emerged from the responses have to do with lack of funding to meet residents' basic needs before the pandemic has only made conditions worse during the pandemic, policy issues related to safety, gaps in medical care and treatment, unemployment, emerging mental health needs, access to testing and PPE, and moving to virtual settings.

Partners & Contracts: This report was sponsored by Aurora Health Care, Ascension Wisconsin, and Children's Wisconsin. The report was prepared by the Center for Urban Population Health.

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

Racine County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Racine County residents. This summary was prepared by JKV Research, LLC for Ascension Wisconsin, Aurora Health Care, Central Racine County Health Department, City of Racine Public Health Department and Children's Wisconsin in partnership with Health Care Network. Please see the full report for complete data analysis.

Data Collection
Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. A random sample of 3,000 addresses in Racine County was provided by Marketing Systems Group. A three-step approach was conducted.

1) A pre-notification postcard was sent on October 23 from the health department announcing the upcoming paper survey packet. It also provided a QR code and web address if they wanted to complete the survey online. A Spanish link was also provided.
2) On November 30, the questionnaire packet was mailed to addresses who had not completed the online survey. It included a letter from the health department, the 12-page survey and a JKV Research postage-paid return envelope. The respondent with the next birthday was asked to complete the survey. A Spanish paper version was offered as well.
3) A reminder postcard was mailed on January 11, 2021 providing the links and offering to send a new survey if it was misplaced.

It is important to keep this data in context of the coronavirus/COVID-19. On March 25, 2020, a public health emergency, Safer at Home, was declared in Wisconsin where all non-essential businesses were closed for approximately ten weeks. Following the federal Guidelines for Opening Up America Again and Wisconsin Badger Bounce Back plan, the City of Racine and the Central Racine County Health Departments developed Safer Racine and Reopening Our Community, respectively, to safely open up businesses and activities. As a result, some behaviors may differ from previous years.

A) Safer Racine (City of Racine) was based on several metrics including percent of positive cases, 5-day rolling average of positive cases, percent of hospitals not in crisis care, percent of health care worker positive cases, PPE availability, contract tracing and community spread. At the time of the pre-notification postcard, the City of Racine was in Phase 3, with non-essential businesses at 50% capacity, adult remote options were encouraged and indoor gatherings were limited to 100 people or less with social distancing. Schools were encouraged to be virtual unless a reopening plan was reviewed by the health department. On November 27, the city had to go back to more limitations with non-essential businesses at 25% capacity and indoor activities limited to 50 people. Schools were closed until January 15. On January 18, phase requirements expanded back to Phase 3 strategies.
B) Reopening Our Community (Central Racine County) was based on burden (case rate) over 14 days to plot risk category. Throughout data collection, Central Racine County was in High Risk, with non-essential businesses at 25% capacity, adult remote options were encouraged and indoor gatherings were limited to 10% capacity with social distancing. Schools were virtual only.

A total of 566 completed questionnaires were returned by January 30. One hundred eighty mailings were returned as undeliverable due to vacant lots or the address was not in the county. Therefore, the adjusted sample size was 2,820, resulting in a response rate of 20%. Post-stratification was done by gender and age to reflect the 2010 census proportion.

Margin of Error
With a sample size of 566, we can be 95% sure that the sample percentage reported would not vary by more than ±4 percent from what would have been obtained by interviewing all persons 18 and older with addresses in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ±4 percent, since fewer respondents are in that category (e.g., adults who were asked if their high blood pressure was under control).

What do the Percentages Mean?
In 2019, the Census Bureau estimated 151,229 residents lived in Racine County. Thus, in this report, one percentage point equals approximately 1,510 adults. So, when 16% of respondents reported their health was fair or poor, this roughly equals 24,160 residents ±6,040 individuals. Therefore, from 18,120 to 30,200 residents likely have fair or poor health. Because the margin of error is ±4%, events or health risks that are small will include zero.

In 2019, the Census Bureau estimated 78,905 occupied housing units in Racine County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2019 household estimate, each percentage point for household-level data represents approximately 790 households.

	Racine					WI	US
Rating Their Own Health	2009	2012	2015	2017	2020	*2019*	*2019*
Excellent/Very Good	56%	56%	55%	50%	45%	*50%*	*50%*
Good	31%	29%	26%	32%	39%	*34%*	*32%*
Fair or Poor	12%	15%	19%	18%	16%	*16%*	*18%*

	Racine					WI	US
Health Care Coverage							
Not Covered	2009	2012	2015	2017	2020	*2019*	*2019*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	10%	10%	7%	2%	4%	*9%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	12%	12%	8%	3%	4%	*11%*	*14%*
Personally (Past Year, 18 and Older)	15%	14%	15%	5%	6%	*NA*	*NA*
Household Member (Past Year)	17%	18%	17%	6%	10%	*NA*	*NA*

	Racine					WI	US
Household Member Did Not Receive Care Needed in Past Year	2009	2012	2015	2017	2020	*2019*	*2019*
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	12%	14%	13%	10%	13%	*NA*	*NA*
Unmet Need/Care							
Medical Care [HP2020 Goal: 4%]*	--	8%	18%	11%	11%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]*	--	15%	18%	13%	25%	*NA*	*NA*
Mental Health Care*	--	2%	4%	3%	9%	*NA*	*NA*

	Racine					WI	US
Health Care Services	2009	2012	2015	2017	2020	*2019*	*2019*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	90%	82%	*82%*	*76%*
Primary Health Care Services							
Doctor/Nurse Practitioner's Office	75%	73%	69%	60%	58%	*NA*	*NA*
Urgent Care Center, Walk-in Care, QuickCare or FastCare	7%	9%	16%	27%	28%	*NA*	*NA*
Employee Clinic/Worksite Clinic	--	--	--	2%	3%	*NA*	*NA*
Public Health Clinic	5%	5%	4%	<1%	1%	*NA*	*NA*
Hospital Emergency Room	3%	4%	3%	2%	1%	*NA*	*NA*
No Usual Place	6%	6%	4%	3%	7%	*NA*	*NA*
Advance Care Plan	35%	34%	35%	44%	35%	*NA*	*NA*

	Racine					WI	US
COVID-19 Vaccination							
If Vaccine Available Today…	2009	2012	2015	2017	2020	*9/20*	*9/20*
Definitely/Probably Get Vaccine	--	--	--	--	56%	*NA*	*51%*
Definitely/Probably Not Get Vaccine	--	--	--	--	28%	*NA*	*49%*
Not Sure	--	--	--	--	17%	*NA*	*NA*

	Racine					WI	US
Routine Procedures	2009	2012	2015	2017	2020	*2019*	*2019*
Routine Checkup (2 Years Ago or Less)	80%	82%	83%	88%	88%	*87%*	*89%*
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	71%	73%	75%	80%	85%	*84%*	*87%*
Dental Checkup (Past Year) [HP2020 Goal: 49%]	63%	63%	64%	68%	67%	*71%*[1]	*68%*[1]
Eye Exam (Past Year)	41%	43%	42%	54%	44%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available. [1]WI and US data for dental checkup is from 2018.
*In 2020, the question was asked about any household member. In previous years, the question was asked of respondents only.

	Racine					WI	US
Health Conditions in Past 3 Years	2009	2012	2015	2017	2020	*2019*	*2019*
High Blood Pressure	27%	30%	31%	23%	28%	*NA*	*NA*
High Blood Cholesterol	22%	22%	24%	20%	26%	*NA*	*NA*
Mental Health Condition	13%	15%	21%	20%	21%	*NA*	*NA*
Diabetes	8%	9%	9%	7%	10%	*NA*	*NA*
Heart Disease/Condition	8%	8%	7%	8%	10%	*NA*	*NA*
Asthma (Current)	8%	10%	9%	11%	14%	*10%*	*10%*

	Racine					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2009	2012	2015	2017	2020	*2019*	*2019*
High Blood Pressure	--	94%	93%	95%	91%	*NA*	*NA*
High Blood Cholesterol	--	88%	91%	84%	88%	*NA*	*NA*
Mental Health Condition	--	91%	89%	85%	82%	*NA*	*NA*
Diabetes	--	94%	90%	91%	94%	*NA*	*NA*
Heart Disease/Condition	--	93%	98%	92%	81%	*NA*	*NA*
Asthma (Current)	--	95%	92%	97%	96%	*NA*	*NA*

	Racine					WI	US
Physical Activity in Usual Week	2009	2012	2015	2017	2020	*2009*	*2009*
Moderate Physical Activity (5 Times/30 Min)	31%	35%	32%	47%	34%	*NA*	*NA*
Vigorous Physical Activity (3 Times/20 Min)	24%	25%	25%	28%	28%	*NA*	*NA*
Recommended Moderate or Vigorous Physical Activity	43%	47%	41%	54%	43%	*53%*	*51%*

Body Weight	Racine					WI	US
Overweight Status	2009	2012	2015	2017	2020	*2019*	*2019*
At Least Overweight (BMI 25.0+) [HP2020 Goal: 66%]	64%	71%	74%	75%	75%	*70%*	*67%*
Obese (BMI 30.0+) [HP2020 Goal: 31%]	30%	34%	42%	35%	39%	*34%*	*32%*

	Racine					WI	US
Nutrition and Food Security	2009	2012	2015	2017	2020	*2009*	*2009*
Fruit Intake (2+ Servings/Average Day)	59%	63%	61%	57%	46%	*NA*	*NA*
Vegetable Intake (3+ Servings/Average Day)	26%	22%	32%	31%	23%	*NA*	*NA*
At Least 5 Fruit/Vegetables/Average Day	36%	34%	39%	35%	27%	*23%*	*23%*
Household Went Hungry Because They Couldn't Afford Enough Food (Past Year)	--	--	--	4%	9%	*NA*	*NA*

	Racine					WI	US
Colorectal Cancer Screenings (50 and Older)	2009	2012	2015	2017	2020	*2018*	*2018*
Blood Stool Test (Within Past Year)	--	14%	13%	16%	16%	*7%*	*9%*
Sigmoidoscopy (Within Past 5 Years)	11%	11%	9%	7%	17%	*3%*	*2%*
Colonoscopy (Within Past 10 Years)	59%	62%	69%	71%	71%	*71%*	*64%*
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	63%	67%	72%	74%	73%	*75%*	*70%*

	Racine					WI	US
Women's Health Screenings	2009	2012	2015	2017	2020	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	79%	76%	79%	77%	75%	*78%*	*78%*
Bone Density Scan (65 and Older; Ever)	79%	82%	89%	88%	92%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	83%	75%	80%	83%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	53%	54%	75%	*NA*	*NA*
Cervical 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)	--	--	79%	83%	86%	*NA*	*NA*

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

	Racine					WI	US
Electronic Vaping or Cigarette Smoking	2009	2012	2015	2017	2020	2019	2019
Current Electronic Vapers (Past Month)	--	--	7%	4%	6%	4%[1]	5%[1]
Current Smokers (Past Month) [HP2020 Goal: 12%]	26%	23%	25%	19%	12%	15%	16%
Of Current Smokers…						2005	2005
Quit Smoking 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	52%	44%	54%	44%	47%	49%	56%
Exposure to Cigarette Smoke/Electronic Vapor			Racine			WI	US
Smoking/Vaping Policy at Home*	2009	2012	2015	2017	2020	2019	2019
Not Allowed Anywhere	71%	74%	76%	82%	83%	NA	NA
Allowed in Some Places/At Some Times	14%	11%	11%	6%	3%	NA	NA
Allowed Anywhere	4%	2%	1%	2%	3%	NA	NA
No Rules Inside Home	11%	13%	12%	10%	8%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke in Past 7 Days**	30%	21%	16%	19%	18%	NA	NA
			Racine			WI	US
Other Tobacco Products in Past Month	2009	2012	2015	2017	2020	2019	2019
Cigars, Cigarillos or Little Cigars	--	--	6%	4%	3%	NA	NA
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	4%	2%	<1%	3%	4%
			Racine			WI	US
Alcohol Use in Past Month	2009	2012	2015	2017	2020	2019	2019
Drank Alcohol	--	--	--	--	73%	65%	54%
Binge Drinking*** [HP2020 Goal 5+ Drinks: 24%]	23%	29%	33%	34%	30%	22%	17%
			Racine			WI	US
Other Substance Use in Past Month	2009	2012	2015	2017	2020	2019	2019
Marijuana, Cocaine, Heroin or Other Street Drugs	--	--	--	--	5%	NA	NA
Prescription Drug Misuse/Abuse	--	--	--	--	3%	NA	NA
			Racine			WI	US
Mental Health	2009	2012	2015	2017	2020	2019	2019
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	5%	7%	7%	4%	6%	NA	NA
Considered Suicide (Past Year)	3%	4%	6%	5%	7%	NA	NA
Find Meaning & Purpose in Life Seldom/Never (Past Month)****	4%	7%	6%	5%	19%	NA	NA
			Racine			WI	US
Personal Safety Issues in Past Year	2009	2012	2015	2017	2020	2019	2019
Afraid for Their Safety	4%	4%	5%	5%	5%	NA	NA
Pushed, Kicked, Slapped or Hit	3%	4%	3%	2%	1%	NA	NA
At Least One of the Safety Issues	6%	7%	7%	5%	5%	NA	NA

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

*In 2020, the question included vaping. In all other years, the question was asked of smoking only.

**In 2020, the question included nonvapers being exposed to vapors. In all other years, the question was asked of nonsmokers only.

***In 2009, binge drinking was defined as 5 or more drinks regardless of gender. Since 2012, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

****In 2020, the question asked about finding meaning and purpose in life in the past month. In all other years, the question did not include a timeframe but included "daily life."

	Racine					WI	US
Children in Household	2009	2012	2015	2017	2020	*2019*	*2019*
Primary Doctor/Nurse Who Knows Child Well and Familiar with History	--	90%	90%	87%	96%	*NA*	*NA*
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	85%	84%	89%	98%	*NA*	*NA*
Did Not Receive Care Needed (Past Year)							
Medical Care	--	2%	4%	<1%	9%	*NA*	*NA*
Dental Care	--	7%	9%	4%	12%	*NA*	*NA*
Specialist	--	<1%	3%	0%	9%	*NA*	*NA*
Current Asthma	--	7%	7%	3%	4%	*NA*	*NA*
Safe in Community/Neighborhood Seldom/Never	--	3%	2%	<1%	9%	*NA*	*NA*
Children 5 to 17 Years Old							
Fruit Intake (2+ Servings/Average Day)	--	74%	75%	73%	87%	*NA*	*NA*
Vegetable Intake (3+ Servings/Average Day)	--	25%	25%	30%	34%	*NA*	*NA*
5+ Fruit/Vegetables per Average Day	--	37%	42%	38%	40%	*NA*	*NA*
Physical Activity (60 Min./5 or More Days/Past Week)	--	69%	60%	62%	25%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Months)*	--	6%	3%	2%	6%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)*	--	22%	33%	17%	15%	*NA*	*NA*
Verbally Bullied*	--	19%	22%	12%	15%	*NA*	*NA*
Physically Bullied*	--	3%	14%	7%	0%	*NA*	*NA*
Cyber Bullied*	--	2%	3%	0%	4%	*NA*	*NA*

	Racine					WI	US
Community and Personal Support	2009	2012	2015	2017	2020	*2019*	*2019*
Felt Slightly/Not at All Supported by Community Resources	--	--	--	--	17%	*NA*	*NA*

	Racine					WI	US
Top County Health Issues	2009	2012	2015	2017	2020	*2019*	*2019*
Coronavirus/COVID-19	--	--	--	--	43%	*NA*	*NA*
Affordable Health Care	--	--	--	9%	33%	*NA*	*NA*
Violence or Crime	--	--	--	6%	26%	*NA*	*NA*
Overweight or Obesity	--	--	--	16%	20%	*NA*	*NA*
Illegal Drug Use	--	--	--	24%	19%	*NA*	*NA*
Mental Health or Depression	--	--	--	10%	19%	*NA*	*NA*
Access to Health Care	--	--	--	24%	18%	*NA*	*NA*
Access to Affordable Healthy Food	--	--	--	6%	14%	*NA*	*NA*
Chronic Diseases	--	--	--	17%	10%	*NA*	*NA*
Driving Problems/Aggressive Driving/Drunk Driving	--	--	--	3%	9%	*NA*	*NA*
Lack of Physical Activity	--	--	--	3%	8%	*NA*	*NA*
Alcohol Use or Abuse	--	--	--	10%	6%	*NA*	*NA*
Prescription or Over-the-Counter Drug Abuse	--	--	--	7%	6%	*NA*	*NA*
Aging or Aging Population	--	--	--	2%	5%	*NA*	*NA*
Cancer	--	--	--	10%	5%	*NA*	*NA*
Environmental Issues	--	--	--	5%	4%	*NA*	*NA*

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

*In 2020, the question was asked for children 5 to 17 years old. In previous years it was asked for children 8 to 17 years old.

Rating Their Own Health
In 2020, 45% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents with some post high school education, in the bottom 60 percent household income bracket, who were unmarried, overweight, inactive, smokers or City of Racine respondents were more likely to report fair or poor health. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2017 to 2020, there was no statistical change.*

Health Care Coverage
In 2020, 4% of respondents reported they were not currently covered by health care insurance; respondents 35 to 44 years old were more likely to report this. Six percent of respondents reported they personally did not have health care insurance at least part of the time in the past year. Ten percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. *From 2009 to 2020, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2017 to 2020, there was a statistical increase.*

In 2020, 13% 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 middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed. Twenty-five 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 middle 20 percent household income bracket or without children in the household were more likely to report this. Nine percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were unmarried or without children in the household were more likely to report this. *From 2009 to 2020, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet dental care or unmet mental health care for a household member in the past year, as well as from 2017 to 2020. Please note: in 2020, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.*

Health Care Services
In 2020, 82% 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, with some post high school education or in the middle 20 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health care services when they are sick was from a doctor's or nurse practitioner's office while 28% reported an urgent care center or walk-in care. Respondents who were female or 65 and older were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 44 years old were more likely to report an urgent care center/walk-in care as their primary health care. Thirty-five percent of respondents had an advance care plan; respondents who were 65 and older, married or Central Racine County respondents were more likely to report an advance care plan. *From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center/walk-in care while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents with an advance care plan while from 2017 to 2020, there was a statistical decrease.*

Routine Procedures
In 2020, 88% of respondents reported a routine medical checkup two years ago or less while 85% reported a cholesterol test four years ago or less. Sixty-seven percent of respondents reported a visit to the dentist in the past year while 44% reported an eye exam in the past year. Respondents who were female, 65 and older or with some post high school education were more likely to report a routine checkup two years ago or less. Respondents 55 to 64 years old, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report a cholesterol test four

years ago or less. Respondents with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report a dental checkup in the past year. Respondents who were female, 45 to 54 years old, with at least some post high school education or in the top 60 percent household income bracket were more likely to report an eye exam in the past year. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a routine checkup two years ago or less while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a dental checkup in the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year while from 2017 to 2020, there was a statistical decrease.*

COVID-19 Vaccination

In 2020, 56% of respondents reported if a vaccine to prevent COVID-19 was available today they definitely/probably would get the vaccine while 28% of respondents reported they definitely/probably would not get the vaccine. Respondents who were male, 65 and older or with a college education were more likely to report they definitely/probably would get the vaccine.

Prevalence of Select Health Conditions

In 2020, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (28%), high blood cholesterol (26%) or a mental health condition (21%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight, inactive or Central Racine County respondents were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report a mental health condition. Ten percent of respondents reported diabetes in the past three years; respondents 55 and older, with some post high school education or less, in the middle 20 percent household income bracket, who were unmarried, overweight or inactive were more likely to report this. Ten percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with a high school education or less or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Fourteen percent reported current asthma; respondents 35 to 44 years old, with a college education or City of Racine respondents were more likely to report this. Of respondents who reported these health conditions, at least 90% reported three conditions were controlled through medication, therapy or lifestyle changes (high blood pressure, diabetes or current asthma). Between 80% and 89% of respondents reported three conditions were controlled (high blood cholesterol, mental health condition or heart disease/condition). *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or diabetes while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a mental health condition or current asthma while from 2017 to 2020, there was no statistical change.*

Physical Health

In 2020, 34% of respondents did moderate physical activity five times in a usual week for 30 minutes. Twenty-eight percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 43% met the recommended amount of physical activity; respondents who were 35 to 44 years old, 65 and older or not overweight were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times in a usual week for at least 30 minutes while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times in a usual week for at least 20 minutes, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity in a usual week while from 2017 to 2020, there was a statistical decrease.*

In 2020, 75% of respondents were classified as at least overweight while 39% were obese. Respondents who were male or did not meet the recommended amount of physical activity were more likely to be at least overweight. Respondents who were unmarried or inactive were more likely to be obese. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2017 to 2020, there was no statistical change.*

Nutrition and Food Insecurity

In 2020, 46% of respondents reported two or more servings of fruit while 23% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, in the top 60 percent household income bracket or

who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, in the top 40 percent household income bracket, 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. Twenty-seven percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Nine percent of respondents reported their household went hungry because they couldn't afford enough food in the past year; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. *From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day while from 2017 to 2020, there was a statistical decrease. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2017 to 2020, there was a statistical increase 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 Screenings

In 2020, 75% of female respondents 50 and older reported a mammogram within the past two years. Ninety-two percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Seventy-five 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, in the top 40 percent household income bracket or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2017 to 2020, there was no statistical change. From 2009 to 2020, 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 while from 2017 to 2020, there was no statistical change. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2017 to 2020, there was no statistical change.*

Colorectal Cancer Screening

In 2020, 16% of respondents 50 and older reported a blood stool test within the past year. Seventeen percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 71% reported a colonoscopy within the past ten years. This results in 73% of respondents meeting the current colorectal cancer screening recommendations. *From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years while from 2017 to 2020, there was a statistical increase. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame while from 2017 to 2020, there was no statistical change.*

Tobacco Use

In 2020, 6% of respondents used electronic vapor products in the past month; respondents 18 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Twelve percent of respondents were current tobacco cigarette smokers; respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were unmarried or City of Racine respondents were more likely to be a smoker. Forty-seven percent of current smokers quit for one day or longer because they were trying to quit in the past year. *From 2015 to 2020, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020.*

In 2020, 83% of respondents reported smoking/vaping is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, without children in the household or Central Racine County respondents were more likely to report smoking/vaping is not allowed anywhere inside the home. Eighteen percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents 18 to 34 years old, with some post high school education or less, in the bottom 60 percent household income bracket or City of Racine respondents were more likely to report this. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported smoking or vaping is not allowed anywhere inside the home while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2017 to 2020, there was no statistical change. Please note: in 2020, the rules about smoking in the household included vaping while in previous years the question included smoking only. Also in 2020, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2020, 3% of respondents used cigars, cigarillos or little cigars in the past month while less than one percent of respondents used smokeless tobacco. Respondents who were male, 45 to 54 years old or unmarried were more likely to report they used cigars, cigarillos or little cigars. *From 2015 to 2020, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2017 to 2020.*

Alcohol Use

In 2020, 73% of respondents had an alcoholic drink in the past month; respondents who were male, 18 to 34 years old, with at least some post high school education, in the top 40 percent household income bracket, who were married or Central Racine County respondents were more likely to report this. Thirty percent of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were male, 45 to 54 years old, in the top 40 percent household income bracket or married were more likely to have binged at least once in the past month. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2017 to 2020, there was no statistical change.*

Other Substance Use

In 2020, 5% of respondents reported they used marijuana, cocaine, heroin or other street drugs in the past month while 3% reported they used prescription drugs that were not theirs or taken more than prescribed. 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 report they used marijuana, cocaine, heroin or other street drugs. Respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket, unmarried respondents or Central Racine County respondents were more likely to report they misused/abused prescription drugs.

Mental Health

In 2020, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 35 to 54 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Nineteen percent of respondents reported they seldom or never find meaning and purpose in life in the past month; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported they seldom or never find meaning and purpose in life, as well as from 2017 to 2020. Please note: in 2020, finding meaning and purpose in life was asked in the past month. In previous years it was asked of daily life.*

Personal Safety Issues

In 2020, 5% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were male or in the middle 20 percent household income bracket were more likely to report this. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in*

the past year, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported or they were pushed/kicked/slapped/hit in the past year while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year, as well as from 2017 to 2020.

Community and Personal Support

In 2020, 17% of respondents reported they felt slightly or not at all supported by community resources; respondents who were in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this.

Children in Household

In 2020, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's primary doctor or nurse, with 98% reporting the child visited their primary doctor or nurse for preventive care during the past year. Twelve percent of respondents reported in the past year the child did not receive the dental care needed while 9% reported the child did not receive the medical care needed or did not visit a specialist they needed. Four percent of respondents reported the child currently had asthma. Nine percent of respondents reported the child was seldom/never safe in their community. Eighty-seven percent of respondents reported the 5 to 17 year old child ate at least two servings of fruit on an average day while 34% reported three or more servings of vegetables. Forty percent of respondents reported the child ate five or more servings of fruit/vegetables on an average day. Twenty-five percent of respondents reported the 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fifteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 15% reported verbal bullying, 4% cyber bullying and 0% reported physical bullying. *From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child had a primary doctor or nurse, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care, as well as from 2017 to 2020. From 2012 to 2020, there a statistical increase in the overall percent of respondents who reported in the past year the child had an unmet medical care need or was unable to see a specialist when needed, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need while from 2017 to 2020, there was a statistical increase. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child ate at least two servings of fruit on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child ate at least three servings of vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child met the recommendation of at least five servings of fruit/vegetables on an average day, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported the 5 to 17 year old child was physically active for at least 60 minutes five times a week, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was bullied overall or verbally bullied, as well as from 2017 to 2020. From 2012 to 2020, there was a statistical decrease in the overall percent of respondents who reported in the past year the child was physically bullied, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported in the past year the child was cyber bullied while from 2017 to 2020, there was a statistical increase.*

Top County Health Issues

In 2020, respondents were asked to list the top three health issues in the county. The most often cited were coronavirus/COVID-19 (43%), affordable health care (33%) or violence/crime (26%). Respondents who were 65 and older or married were more likely to report coronavirus/COVID-19 as a top health issue. Respondents who were male, in the middle 20 percent house household income bracket or married were more likely to report affordable health care. Respondents 45 to 54 years old were more likely to report violence or crime. Twenty percent of respondents reported overweight/obesity as a top health issue; respondents who were male, with a college education, in the top 40 percent household income bracket or Central Racine County respondents were more likely to report this. Nineteen percent of respondents reported illegal drug use as a top health issue; respondents who were in the middle 20 percent household income bracket or unmarried were more likely to

report this. Nineteen percent of respondents reported mental health/depression; respondents 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Eighteen percent of respondents reported access to health care; respondents who were 18 to 34 years old or unmarried were more likely to report this. Fourteen percent of respondents reported access to affordable healthy food; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported chronic diseases as a top issue; married respondents were more likely to report this. Nine percent of respondents were more likely to report driving problems/aggressive driving/drunk driving. Eight percent of respondents reported lack of physical activity; respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Six percent of respondents reported alcohol use or abuse; Central Racine County respondents were more likely to report this. Six percent of respondents reported prescription or over-the-counter drug abuse; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket, unmarried or City of Racine respondents were more likely to report this. Five percent of respondents reported aging or the aging population as a top health issue; respondents 55 and older were more likely to report this. Five percent of respondents reported cancer as a top issue; respondents who were male, 45 to 54 years old or with some post high school education or less were more likely to report this. Four percent of respondents reported environmental issues; female respondents were more likely to report this. *From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported affordable health care, violence/crime, mental health/depression, access to affordable healthy food, driving problems/aggressive driving/drunk driving, lack of physical activity or aging/aging population. From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported access to health care, chronic diseases, alcohol use/abuse or cancer as one of the top health issues in the county. From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported overweight/obesity, illegal drug use, prescription/over-the-counter drug abuse or environmental issues as one of the top health issues in the county.*

Appendix E | Hanlon Method for Prioritizing Health Problems

To prioritize health issues, we recommend use of the Hanlon Method. Developed by J.J. Hanlon, the *Hanlon Method for Prioritizing Health Problems* is a well-respected technique which quantitatively and objectively ranks specific health problems based on the criteria of seriousness, magnitude, and effectiveness. Below is a description of this method. *Scales have been customized for Aurora's CHNA purposes.*

Step #1: Give each health problem a numerical rating on a scale of 0-10 for each of the three criteria shown in the columns.

Rating	Size of Health Problem (% of population) A	Seriousness of Health Problem B	Effectiveness of Interventions C
9 or 10	>50%	Very Serious	46% - 100% effective
7 or 8	40% - 49.9%	Relatively Serious	36% - 45% effective
5 or 6	30% - 39.9%	Serious	26% - 35% effective
3 or 4	20% - 29.9%	Moderately Serious	16% - 25% effective
1 or 2	10% - 19%	Relatively Not Serious	5% - 15% effective
0	<10%	Not Serious	<5% effective
Guiding considerations when ranking health issues against the three criteria	Size of the health problem should be based on data collected from the individual community	Does it require immediate attention? Is there public demand? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate? Does it affect other health issues?	Determine upper and lower measures for effectiveness and rate health issues relative to those limits.

Step #2: Apply the 'PEARL' Test – Once health problems have been rated for all criteria, use the 'PEARL' Test to screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem suitable?

Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available or potentially available for a program?

Legality – Do current laws allow program activities to be implemented?

Step #3: Calculate priority scores – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

D = [A + (2 x B)] x C

Where: D = Priority Score

A = Size of health problem ranking

B = Seriousness of health problem ranking

C = Effectiveness of intervention ranking

Step #4: Rank the health problems– Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	Mental Health Condition	4	9	9	198
2	Did not eat at least 5 fruits/vegetables per day	9	5	9	171
3	Did not get recommended moderate/vigorous activity	9	5	4	152
4	Overweight	4	8	4	
5	Do not have Primary Care Provider	2	7	9	144
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	4	7	9	162
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No HPV test in past 3 years	3	5	9	117
3	No pap smear in past 3 years	2	5	9	108

Appendix F | Evaluation of Impact

Focus | Access

Intended Impact

- Increased access to care

Results

2019

- 687 non-emergent ED visits without a primary care physician; 122 of those saw an AHC primary care provider within 28 days
- 1 patient referred to Health Care Network
- 129 vouchers accepted from Health Care Network for eligible diagnostic lab and radiology services

2020

- 552 non-emergent ED visits without a primary care physician; 81 of those saw an AHC primary care provider within 28 days
- 2 patients referred to Health Care Network
- 118 vouchers accepted from Health Care Network for eligible diagnostic lab and radiology services

Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate care for behavioral health

Results

2019

- 78 ED patients screened by ABHS nurse; 38 patients referred for additional care
- 96 EMS trainings provided; 1200 individuals trained
- 8 contracts established with local law enforcement for Narcan administration oversight
- 1 local drug Take-Back initiative; 225.4 pounds of drugs collected

2020

- 110 ED patients screened by ABHS nurse
- 167 ED patients assessed to behavioral health services; 74 of those referred for additional care

- 25 EMS trainings provided; 495 individuals trained; 2002 online CEU's granted

Focus | Chronic disease

Intended Impact

- Increased opportunity for prevention and management of chronic disease

Results

2019

- 86% of clinic population with hypertension in compliance with Care Management strategies to address high blood pressure
- 74 patients in Health Management Resources Phase 1, an intensive medically supervised weight-loss and lifestyle-change program designed to help participants lose weight and build healthy routines; 162 patients in Phase 2
- 51 community-based blood pressure screenings; 557 individuals screened; 40 individuals referred for follow-up
- 475 educational information packets distributed on blood pressure, cholesterol, stroke, chest pain, DASH diet and overweight/obesity
- 54 free drop-in blood pressure screenings provided at AHCMG clinics; 844 participants; 140 referrals to provider for high blood pressure management
- 12 Walk with a Doc sessions provided; 12 physicians participated; 260 community members participated

2020

- 85% of clinic population with hypertension in compliance with Care Management strategies to address high blood pressure
- 94 patients in Health Management Resources Phase 1, an intensive medically supervised weight-loss and lifestyle-change program designed to help participants lose weight and build healthy routines; 178 patients in Phase 2
- 11 community-based blood pressure screenings; 62 individuals screened; 4 individuals referred for follow-up
- 360 educational information packets distributed on blood pressure, cholesterol, stroke, chest pain, DASH diet and overweight/obesity
- 51 free drop-in blood pressure screenings provided at AHCMG clinics; 429 participants; 76 referrals to provider for high blood pressure management
- 2 Walk with a Doc sessions provided; 4 physicians participated; 10 community members participated

Focus | Senior Health

Intended Impact

- Increase awareness and management of health issues among seniors

Results

2019

- 1829 seniors served through Senior Resource Nurses
- 281 seniors received education on Advance Directives (Power of Attorney); all of those completed Advance Directives; 358 seniors educated on family guidance and support services; 41 seniors educated on medication management/safety
- 2 Stepping on sessions provided; 14 attendees
- 131 Strong Bodies sessions provided; 108 attendees; 70 completed pre- and post-tests; 54 of those showed improvement
- 1 Chronic Pain Self-Management sessions provided; 11 attendees
- 1 Powerful Tools for Caregivers session provided; 8 attendees

2020

- 1664 seniors served through Senior Resource Nurses
- 818 seniors received education on Advance Directives (Power of Attorney); 170 of those completed Advance Directives; 1082 seniors educated on family guidance and support services; 34 seniors educated on medication management/safety
- 40 Strong Bodies sessions provided; 33 attendees; 30 completed pre- and post-tests; 26 of those showed improvement
- 2 Chronic Pain Self-Management sessions provided; 18 attendees

Focus | Sexual Assault

Intended Impact

- Increased access to care for sexual assault

Results

2019

- 25 individuals provided with SANE services; 8 referrals to medical services; 24 referrals to advocacy services; 8640 scheduled on-call hours
- 28 ED nurses educated on the signs of strangulation and human trafficking, increasing their ability to identify victims

- 93 community education/prevention/outreach trainings provided on sexual assault; 2620 attendees
- 10 schools participated in the Healthy Kids Club, an interactive health education program for students that teaches about healthy habits, personal safety around strangers, safe touches, and appreciating the differences in individuals; 506 kindergarteners educated

2020

- 29 individuals provided with SANE services; 16 referrals to medical services; 26 referrals to advocacy services; 8640 scheduled on-call hours
- 44 ED nurses educated on the signs of strangulation and human trafficking, increasing their ability to identify victims
- 54 community education/prevention/outreach trainings provided on sexual assault; 968 attendees
- 1 school participated in the Healthy Kids Club, an interactive health education program for students that teaches about healthy habits, personal safety around strangers, safe touches, and appreciating the differences in individuals; 38 kindergarteners educated

Focus | Newborns

Intended Impact

- Increased knowledge about birth and childcare

Results

2019

- 4 childbirth classes provided in both English and Spanish
- 4 babysitting classes offered to area teens, with education on babysitting as a business, baby development, baby safety with CPR and choking, baby care, and including a video by the American Safety & Health Institute; 54 participants; 54 participants completed both pre- and post-tests; 53 of those showed knowledge gain

2020

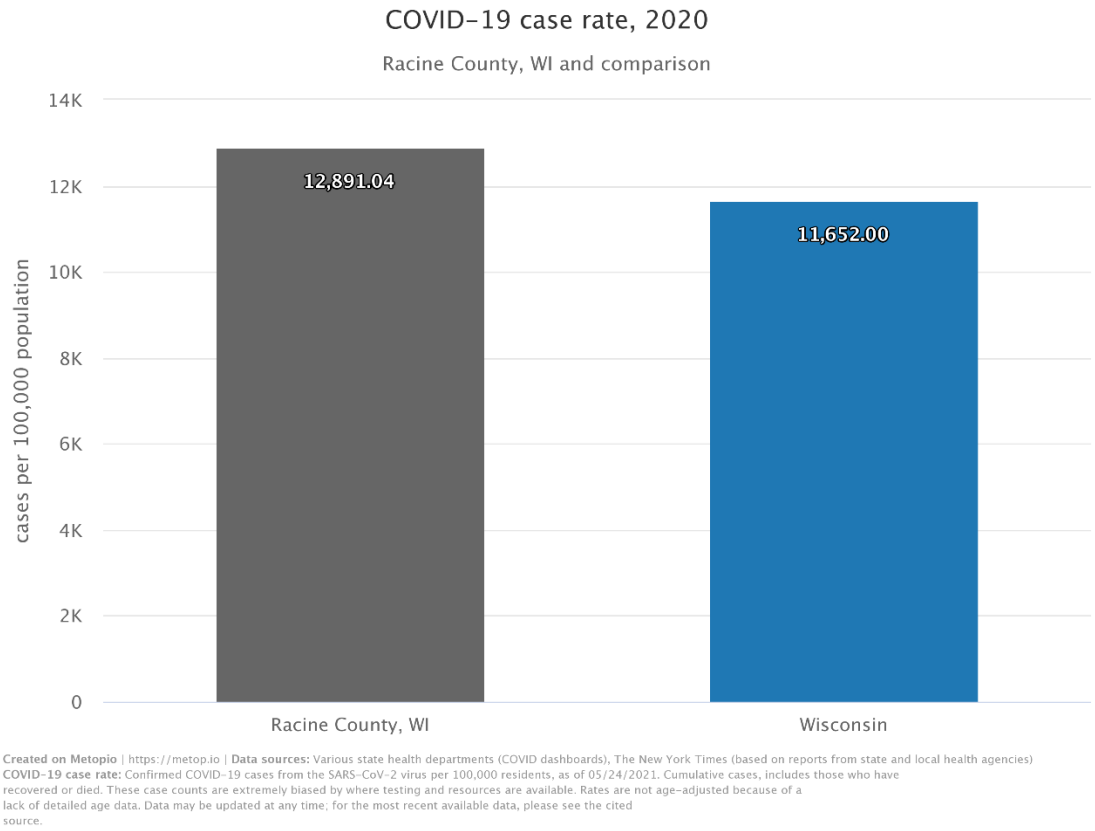
- 2 babysitting classes offered to area teens, with education on babysitting as a business, baby development, baby safety with CPR and choking, baby care, and including a video by the American Safety & Health Institute

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. The COVID-19 pandemic was occurring during the CHNA data collection and analysis for Aurora Burlington. Advocate Aurora's response to the pandemic has been added to Aurora Burlington's 2022-2024 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.[42]

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of May 24, 2021.[43] During that time, the case rate for Racine County was 12,891.04 per 100,000 residents, higher than the Wisconsin average of 11,652.00. These case counts are dependent on where testing and resources are available.



[42] 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.
[43] Metopio COVID-19 case rate, 2020. Available at https://metop.io/i/nWY4/, accessed May 24, 2021.

The chart below shows a summary of cumulative total COVID-19 statistics in Wisconsin, as of May 25, 2021.[44] There have been 608,959 confirmed cases of COVID-19 reported. 97.9% of those cases have recovered, and 0.9% of those cases are still active. 6,998 confirmed cases of COVID-19 have been reported as having died from COVID-19 and 30,742 have been hospitalized.

Wisconsin COVID-19 Summary Statistics

Cumulative data, Updated: 5/25/2021

Testing*

Total people tested: 3,541,176 (+2,775 from prior day)
- Positive (Confirmed Case): 608,959 (+376)
- Negative: 2,932,217 (+2,399)

Confirmed Case Information

Recovery Status	Deaths	Hospitalizations
Recovered: 595,882 (97.9%)	Deaths: 6,998 (+8)	Ever hospitalized: 30,742 (+75)
Active: 5,781 (0.9%)	Percent who died: 1.1%	Percent ever hospitalized: 5.0%

*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.

[44] Wisconsin Department of Health Services COVID-10 Wisconsin Summary Data. Available at https://www.dhs.wisconsin.gov/covid-19/data.htm#summary, accessed May 24, 2021.