2021 Community Health Needs Assessment Report

Aurora Medical Center - Summit

36500 Aurora Drive | Summit, WI 53066

Aurora Health Care | We are AdvocateAuroraHealth

Table of Contents

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

2020 Community Health Needs Assessment

Community Definition..... 6
Community Demographics..... 7-11
Methodology..... 12
Data Sources..... 12-13
Summary of Findings..... 14-27
Prioritization of Health-Related Issues..... 28-29
Approval of Community Health Needs Assessment..... 29
Community Resources and Assets..... 29
Community Feedback Mechanism..... 29

Appendices

Appendix A: Waukesha County Community Health Survey Report..... 30
Appendix B: Waukesha County Health Data Report: A summary of secondary data sources. 31-32
Appendix C: Waukesha County Health Needs Assessment: A summary of key informant interviews..... 33-37
Appendix D: Waukesha County Community Health Survey Report Summary: 2020..... 38-48
Appendix E: Hanlon Method for Prioritizing Health Problems..... 49-50
Appendix F: Evaluation of Impact..... 51-54
Appendix G: Coronavirus/COVID-19 Pandemic..... 55-56

I. Executive Summary

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

- Community Health Survey – a comprehensive phone-based survey that gathered specific data on the behavioral and lifestyle habits of the adult population and selected information about child health
- Secondary Data Report – prepared by the Center for Urban Population Health, a summary of the demographic and health-related information for Waukesha 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 - Summit (Aurora Summit) 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 Summit 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 subsidized transportation to our facilities for seniors and persons with disabilities, providing behavioral health screenings in the ED, peer-led trauma support groups, chronic disease education and screening, the Junior Chef Cooking Club program, and EMS education. 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 Summit prioritized the following significant health needs to address in our 2022-2024 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health – food security, community safety, 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 - Summit

Advocate Aurora Health

Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies, and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization contributed $2.5 billion in community benefits during 2020.

Aurora Medical Center - Summit

Aurora Medical Center - Summit (Aurora Summit) is a state-of-the-art regional medical center serving residents throughout Lake Country and Waukesha County.

Constructed in 2010, Aurora Summit provides access to premier clinical services and physician specialists in areas including advanced orthopedics, back and spine pain treatment, cancer care, cardiology, neurological care, and a Level II Trauma Center.

Aurora Summit by the Numbers (2020)	**Distinctions**
• 117 hospital beds • 97,716 outpatient visits • 4,393 inpatient admissions • 14,924 emergency department visits • 5,389 surgical procedures • 520 births	• Chest Pain Accreditation through the American College of Cardiologists • Primary Stroke Center as certified by DNV GL • Breast Center of Excellence • State of Wisconsin – Level II Trauma Center • Accredited by the Commission on Cancer • 2020 American Heart Association Get with the Guidelines Gold Plus for Heart Failure • U.S. News & World Report High Performing Hospital for 2 Procedures/Conditions • Comprehensive Bariatric Center Accreditation through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) • Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign

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

III. 2021 Community Health Needs Assessment

Community Definition

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

Waukesha County is located about 15 miles west of the city of Milwaukee, 60 miles east of the city of Madison, and 100 miles northwest of Chicago, and is one of Wisconsin's fastest growing counties.[2] It has several academic institutions including Carroll University, University of Wisconsin-Waukesha, and Waukesha County Technical College.[3] The County has 77 lakes and is home to the Kettle Moraine State Forest. Several nationally and internationally known companies are located here, including Quad/Graphics Headquarters, Fiserv Headquarters, GE Healthcare Technologies and Kohl's Department Store Headquarters.[4]

Waukesha County includes 37 municipalities with a mix of cities, suburbs and rural landscape:

•Seven cities: Brookfield, Delafield, Muskego, New Berlin, Oconomowoc, Pewaukee, Waukesha

•Eleven towns: Brookfield, Delafield, Eagle, Genesee, Lisbon, Merton, Mukwonago, Oconomowoc, Ottawa, Vernon, Waukesha

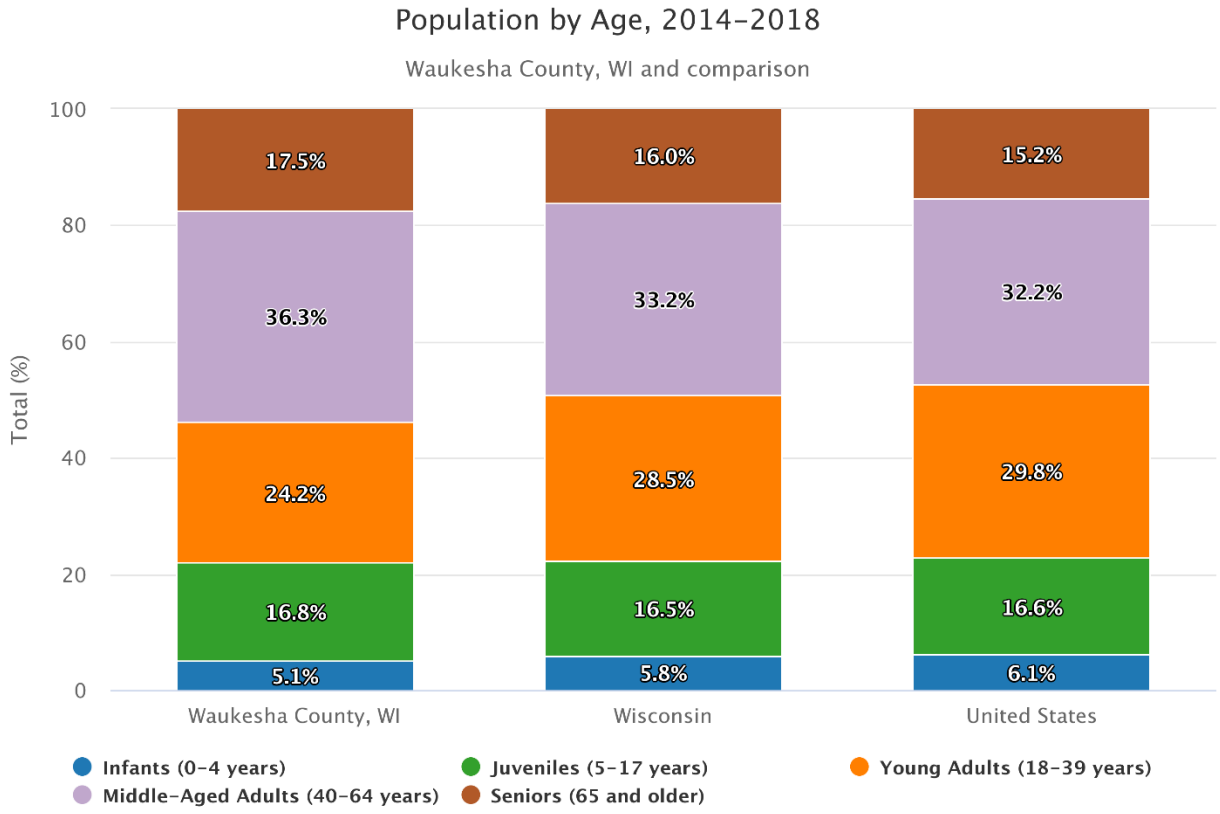
•Nineteen villages: Big Bend, Butler, Chenequa, Dousman, Eagle, Elm Grove, Hartland, Lac La Belle, Lannon, Menomonee Falls, Merton, Mukwonago, Nashotah, North Prairie, Oconomowoc Lake, Pewaukee, Summit, Sussex, Wales

[2] About Waukesha County. Available at https://www.waukeshacounty.gov/about. Accessed December 16, 2020.
[3] Waukesha County: Community Links. Available at https://www.waukeshacounty.gov/about/community-links/. Accessed December 16, 2020.
[4] Choose Milwaukee. Available at https://www.choosemilwaukee.com/index.php?src=gendocs&ref=LeadingIndustries&category=OpenforBusiness&link=LeadingIndustries. Accessed December 16, 2020.

Community Demographics (Source #2)

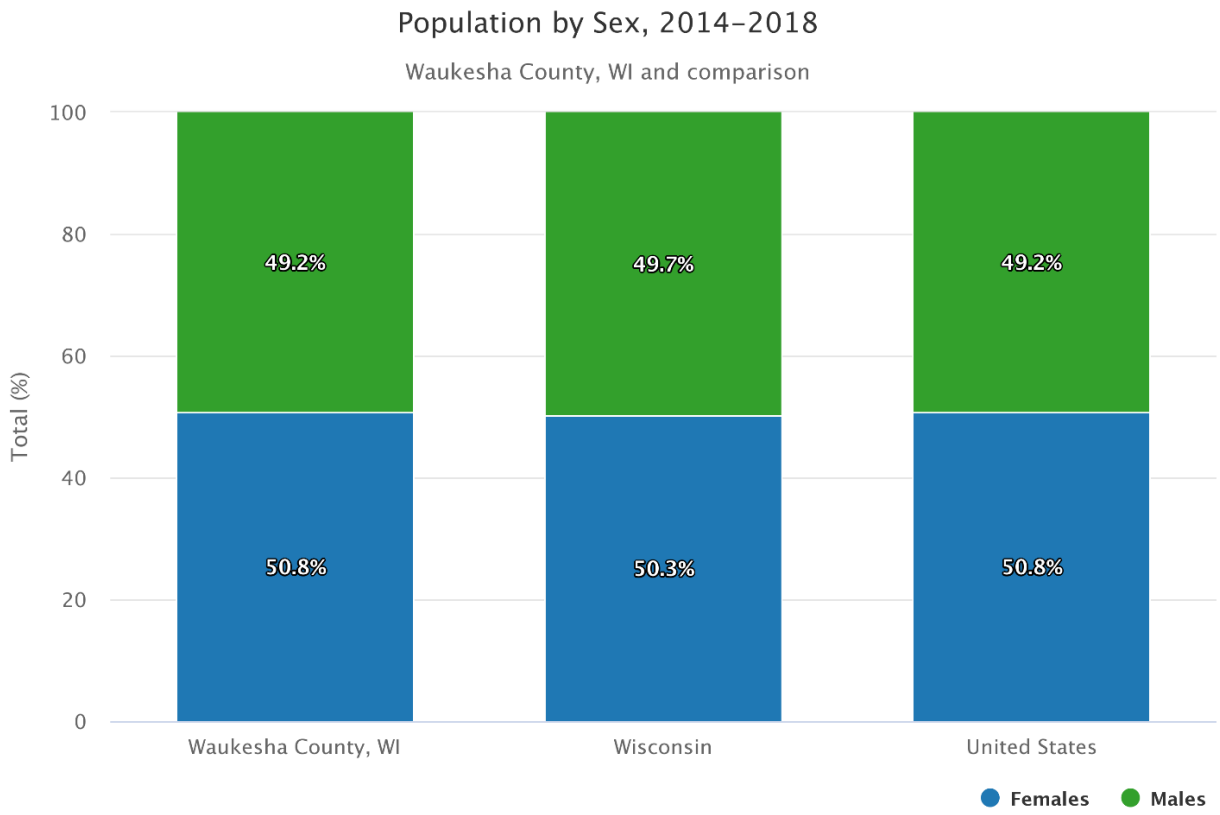
Age

Five percent of the Waukesha population is under 4 years old, 16.8 percent of the population is between the ages of 5 and 17, and 24.2 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 36.3 percent of the population. The third largest group is the senior population (65 years and older) at 17.5 percent. The chart below shows the Waukesha County population by age group, compared to Wisconsin and US averages.



Created on Metopio | https://metop.io/i/5mOe | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

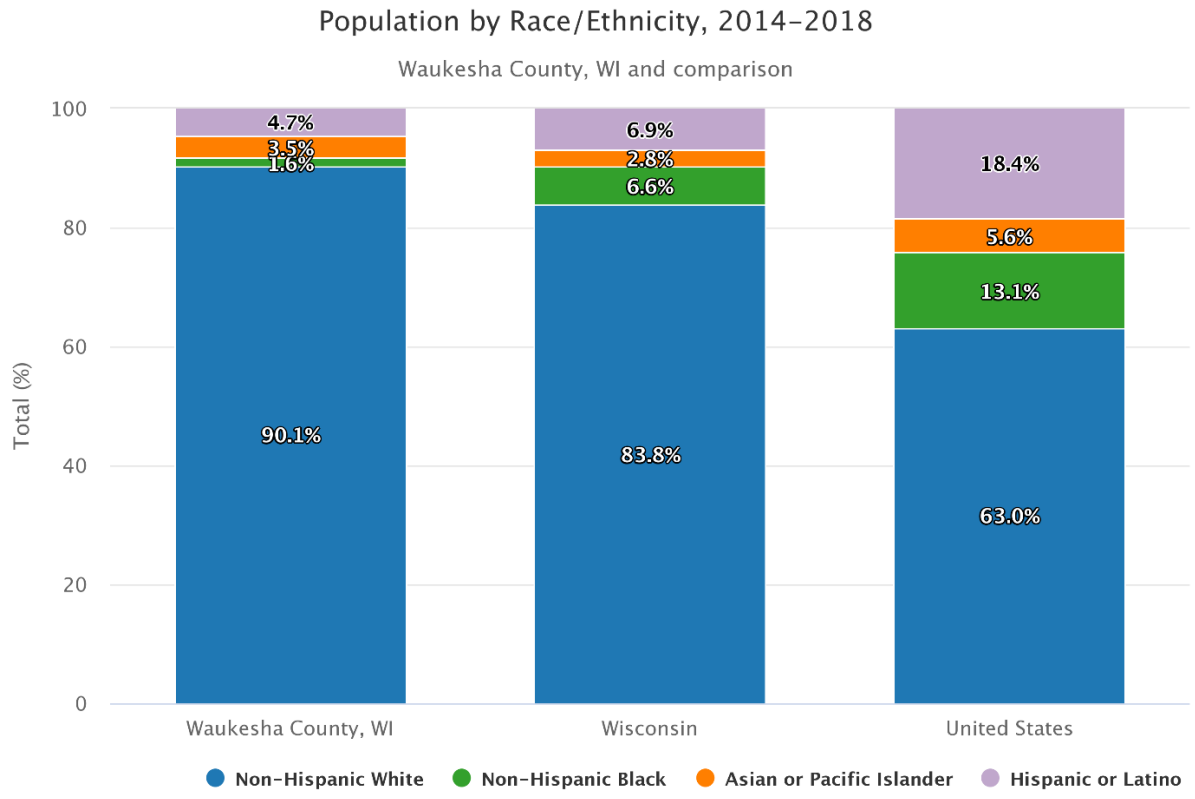
Gender



Created on Metopio | https://metop.io/i/5mOe | **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 Waukesha County is 90.1 percent White, the largest racial group, followed by the Hispanic or Latino population at 4.7 percent, the Asian or Pacific Islander population at 3.5 percent, and Non-Hispanic Black population at 1.6 percent. The table below shows the racial and ethnic composition of Waukesha County, compared to Wisconsin and US averages.

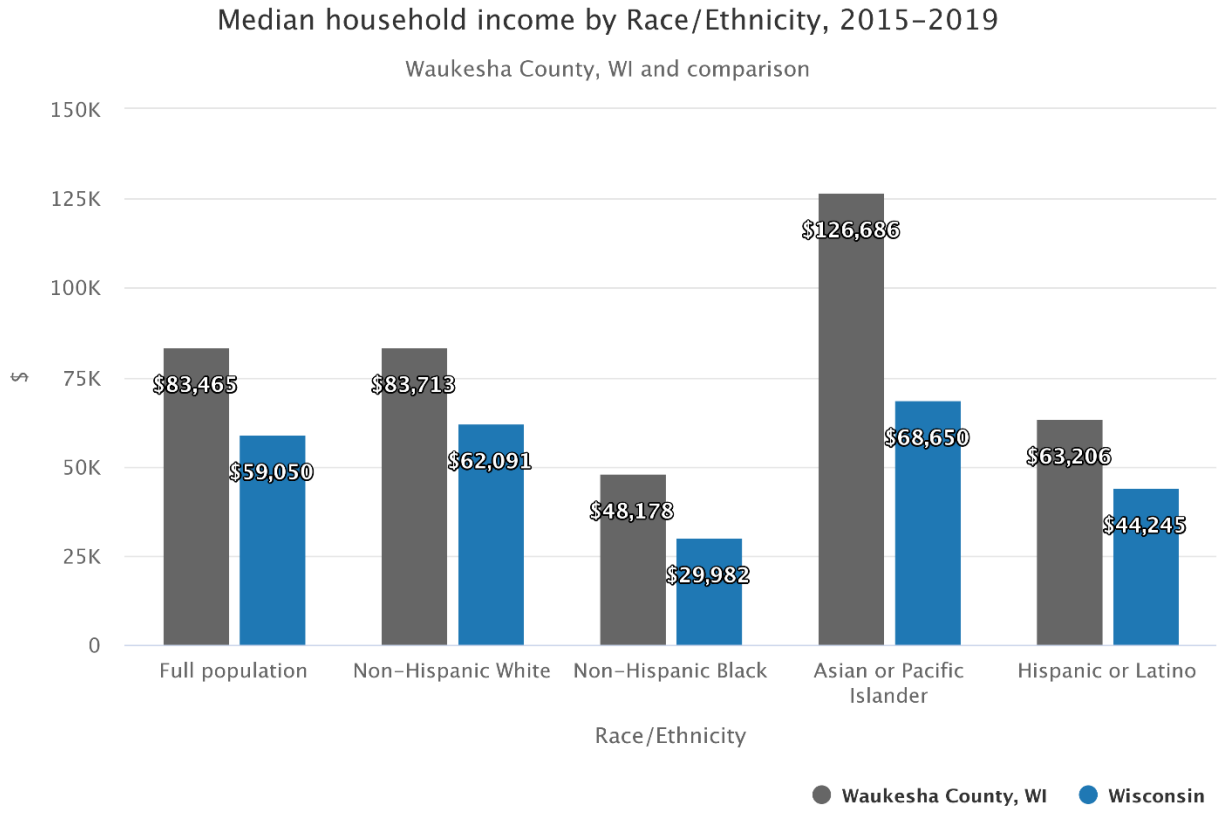


Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Economics (Source #2)

Income

The median household income in Waukesha County is $83,465, which is higher 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 Waukesha 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.

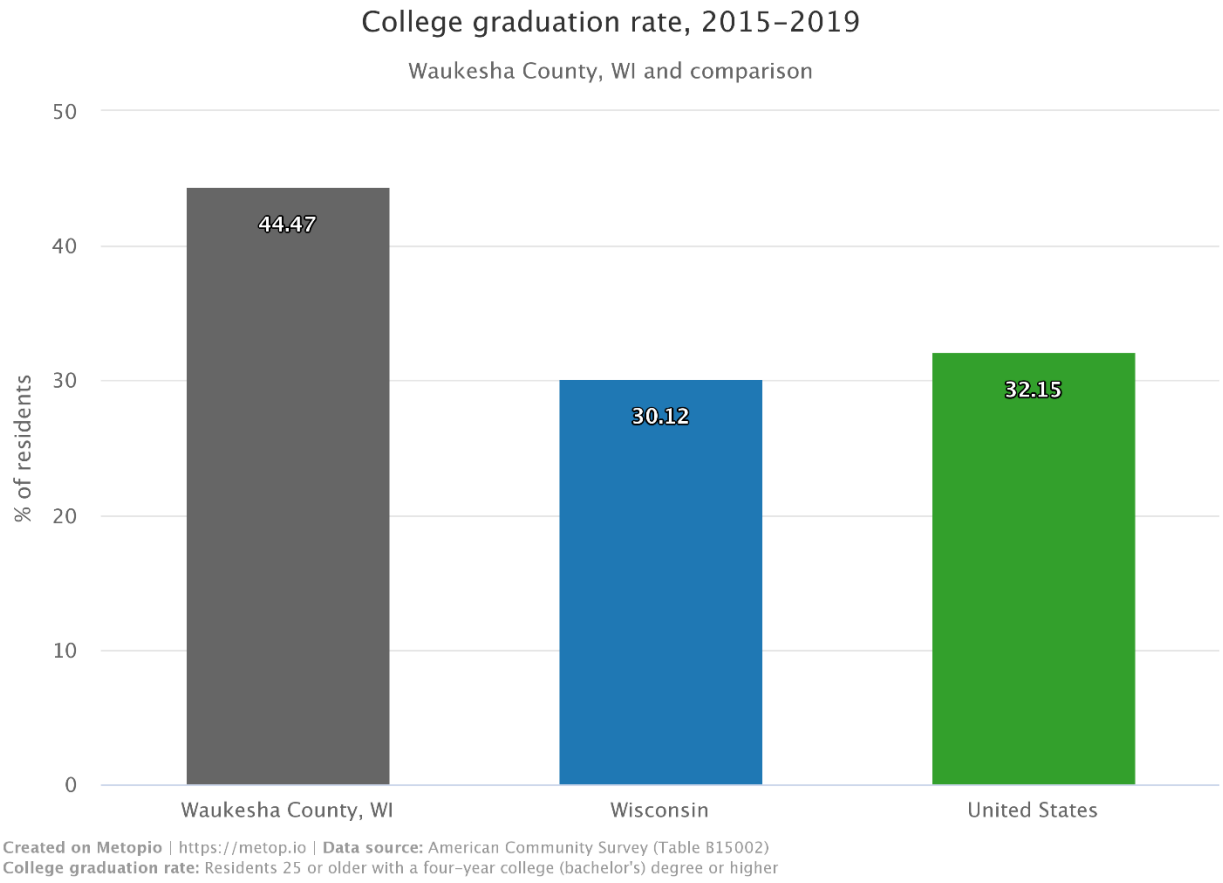
Employment

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

Education (Source #2)

Educational Level

Waukesha 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 Waukesha County with a bachelor's degree or higher is larger compared to the Wisconsin and US averages. The chart below shows college graduation rates among individuals aged 25 and older residing in Waukesha County, compared to Wisconsin and US averages.



How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment
The inaugural community health needs assessment (CHNA) was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013. In 2020, the data collection was initiated and the CHNA was conducted to 1) determine current community health needs in Waukesha 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, Froedtert & the Medical College of Wisconsin, ProHealth Care, and in partnership with the Waukesha County Division of Public Health. 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 Waukesha County every three years, conducted in partnership with the Waukesha County Division of Public Health.

Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals, and therefore the data years (e.g., 2018, 2020) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Source #1 | Waukesha County Community Health Survey Report
The community health survey is a primary community health data source. The latest telephone survey was completed between July 24, 2020 and September 4, 2020 and posted in 2020. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | 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 Waukesha 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
Forty-one key informant interviews were conducted with 47 respondents between June and September 2020 and posted in 2020, 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 Waukesha 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 October 2021, Aurora Summit did not receive any comments on the current CHNA Report or Implementation Strategy, but did receive one request for a paper copy of the CHNA report from a community member.*

Additional sources of data and information used to prepare the Aurora Summit 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 Waukesha County.

Access

Unmet medical care | In 2020, 13% of the respondents delayed or did not seek medical care due to costs in the past 12 months, lower than 17% in 2017. The percentage of adults who receive primary health services through a Medical Doctor or Nurse Practitioner's office has decreased steadily from 86% in 2009 to 64% in 2020. Additionally, the rate is lower for the Non-Hispanic Black and Hispanic or Latino population. The number of respondents who reported that someone in their household had an unmet medical need has increased from 4% in 2012 to 9% in 2020; those who were in the bottom 40% household income bracket or unmarried were more likely to report this. Of the households with a child, 4% reported that a child did not receive the needed medical care in the past 12 months. In addition, 99% of the children have a medical home with a personal health care clinician who knows the child well (Source #1). Key informants identified access to health care as a top five community health issue (Source #3).

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

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

Dental services and unmet dental care | In 2020, 16% of respondents reported that someone in their household did not get the dental care they needed sometime in the last 12 months, an increase from 7% in 2017. Seven percent of the households reported that their child did not receive the needed dental care in the past 12 months (Source #1).

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

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

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

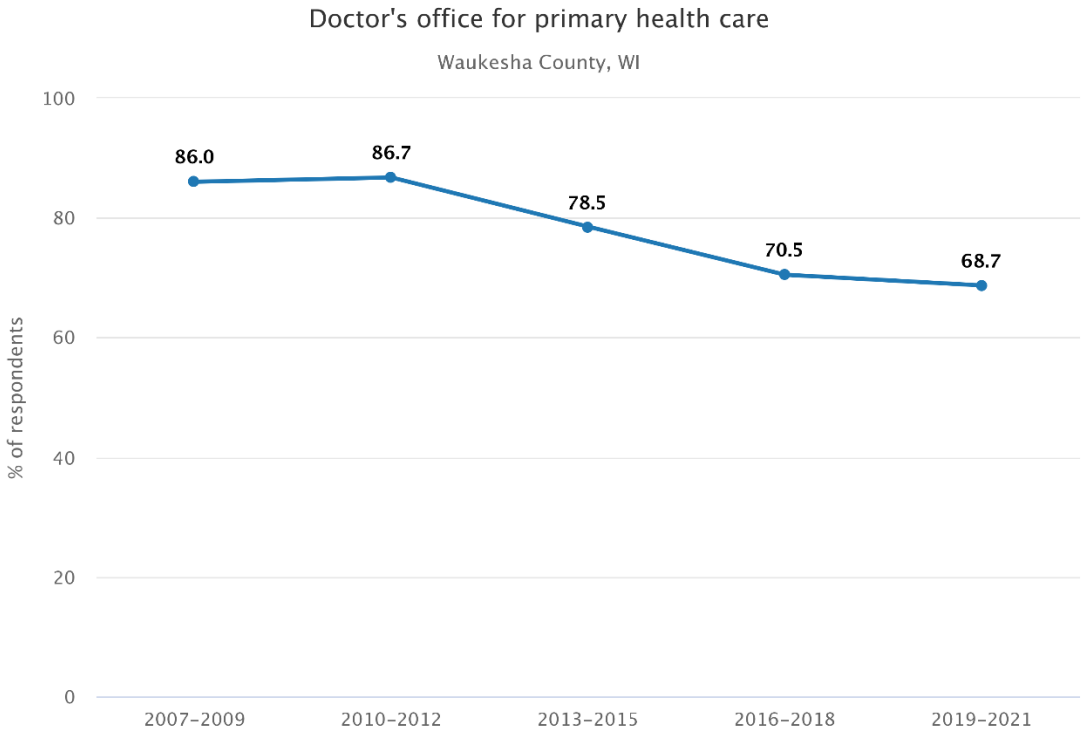
Unmet prescription medications | In 2020, 5% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, a decrease from 11% in 2017.

- 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%.

  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 <1% in 2012 to 6% 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]



[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 18 to 34 years old, 45 to 54 years old, with a high school education or less or in the middle 20% household income bracket were more likely to report this. Similarly, 7% 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 11% in 2009. Nine percent of adults reported a household member was not covered at least part of the time in the past year, an improvement from 12% 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, 9% of adults reported asthma (current), a stagnant trend since 2009. This is similar compared to the 10% for the state. Respondents who were female or with a college education were more likely to report having asthma. In 2020, 9% 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 12% in 2017. Respondents 65 and older or who were overweight 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, 8% of adults reported heart disease or heart condition in the past three years. Respondents who were 65 and older, with some post high school education or less, in the bottom 60% household income bracket or inactive were more likely to report heart disease or heart condition (Source #1).

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

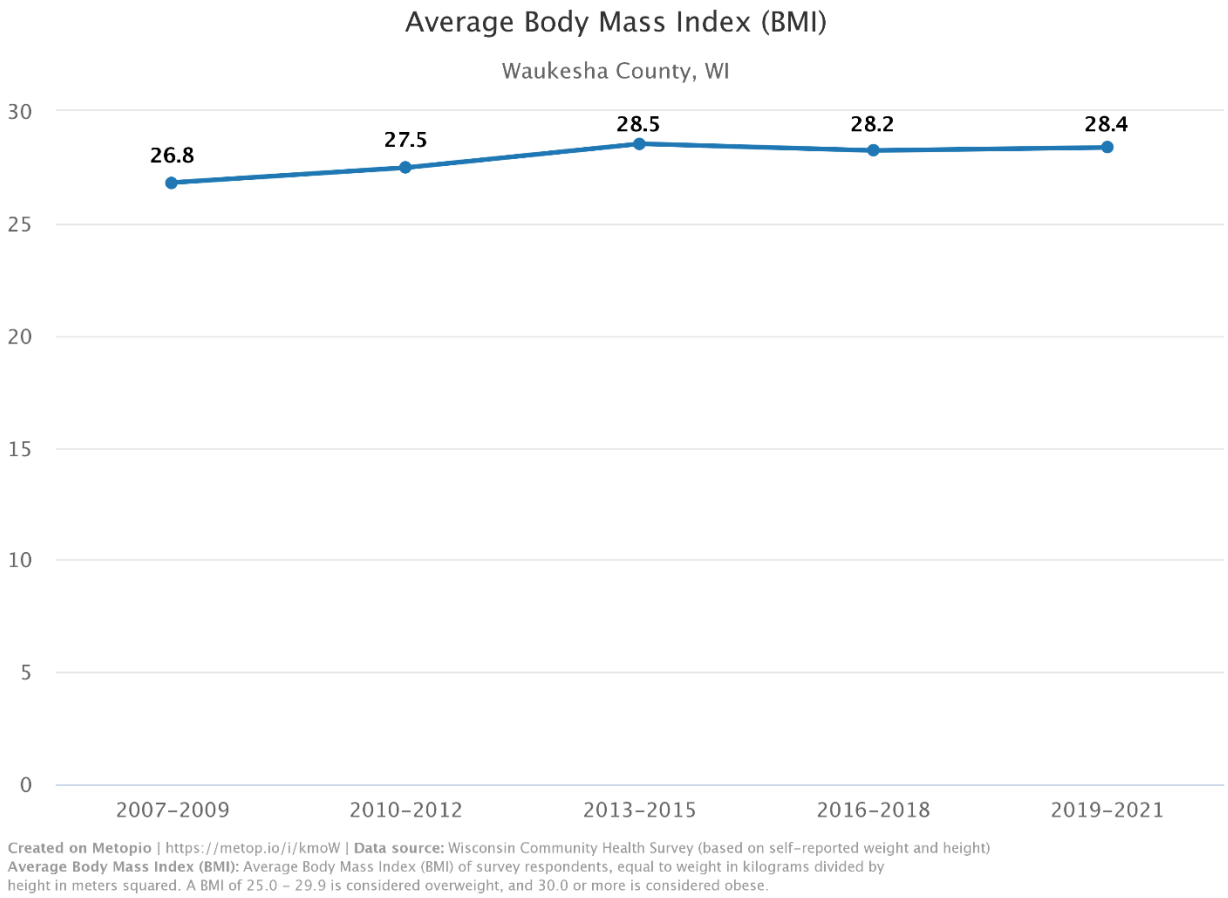
Overweight/Obesity | In 2020, 70% of adults in Waukesha County were classified as being overweight, an increase from the baseline of 63% in 2009. Respondents who were male, 35 to 44 years old, with some post high school education, in the middle 20 percent household income bracket or inactive were more likely to report being overweight or obese (Source #1). Overweight/obesity was identified as a top community health issue by residents (Source #1).

In the Waukesha 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 to have less than 66.1% of the population classified as being overweight or obese.

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 Waukesha County was 478.7 per 100,000 population, higher compared to the state at 458.6 per 100,000. The table below compares Waukesha 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	Waukesha	WI
Female Breast Cancer Incidence Rate	77.8	130.3
Cervical Cancer Incidence Rate	2.5	6.9
Male Colorectal Cancer Incidence Rate	42.3	41.9
Female Colorectal Cancer Incidence Rate	30.7	31.7
Male Lung/Bronchus Cancer Incidence Rate	62.5	65.0
Female Lung/Bronchus Cancer Incidence Rate	47.2	53.1
Prostate Cancer Incidence Rate	119.6	109.4
Female Breast Cancer Mortality Rate	19.2	17.3
Cervical Cancer Mortality Rate	NA	1.3
Male Colorectal Cancer Mortality Rate	12.9	14.2
Female Colorectal Cancer Mortality Rate	8.8	10.8
Male Lung/Bronchus Cancer Mortality Rate	43.4	44.0
Female Lung/Bronchus Cancer Mortality Rate	31.1	32.6
Prostate Cancer Mortality Rate: Age-Adjusted	19.0	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]

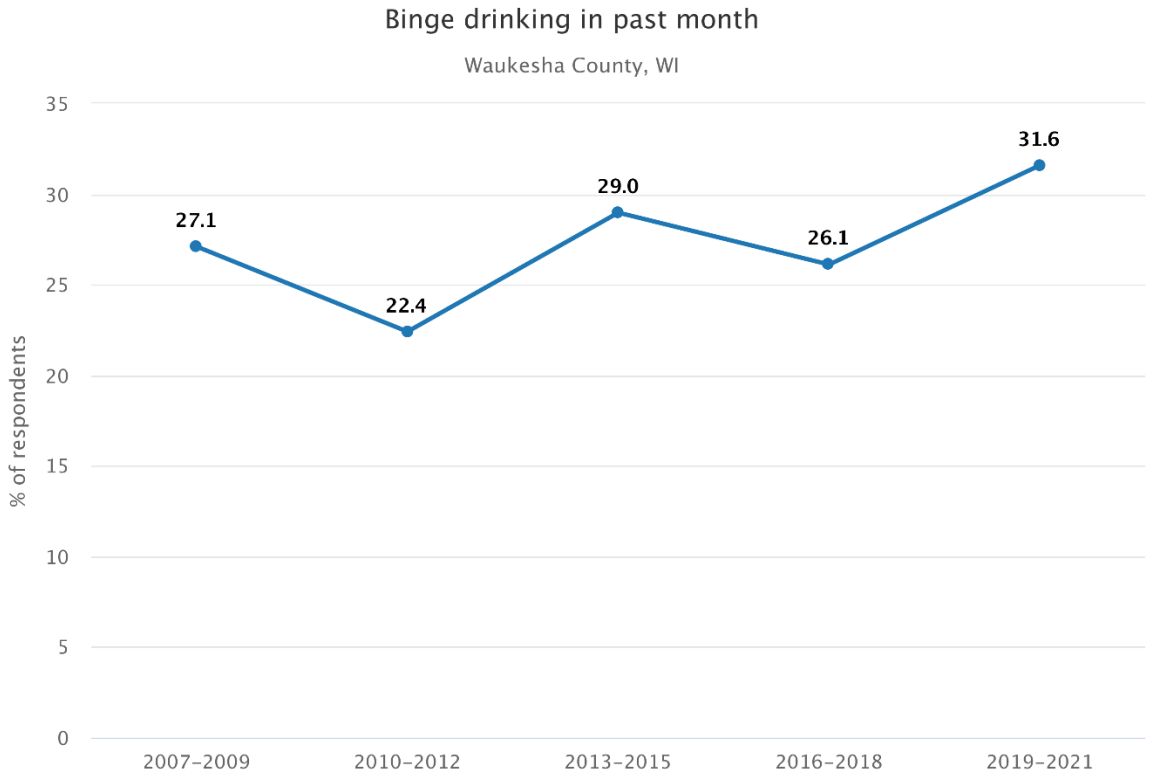
Alcohol use | In 2020, 32% of adults in Waukesha County reported binge drinking in past month, an increase from 2017 (26%), and higher than the state (22%). Respondents who are 35 to 44 years old or in the top 40% household income bracket were more likely to report binge drinking in the past month (Source #1). Also, 2% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1). Alcohol use was the most common reason Waukesha County residents sought substance use services in 2020, with 295 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]



[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.

Substance use | In Waukesha County, the rate of opioid-related mortality was 17.8 per 100,000 population in 2018, higher than Wisconsin rate of 14.5 per 100,000 population (Source #2). Opioid use was the second most common reason Waukesha County residents sought substance use services in 2020, with 196 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]

Tobacco Use and Exposure | In 2020, 11% of adults in Waukesha County reported cigarette smoking in the past 30 days (current smoker), a decrease from the 2009 baseline of 17%. Respondents with a high school education or less were more likely to report being a current smoker. In addition, 4% of Waukesha 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 8% in 2020 compared to 26% 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, 2.9% of Waukesha County mothers indicated smoking during pregnancy, lower than the state rate of 10.1% (Source #2).

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

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

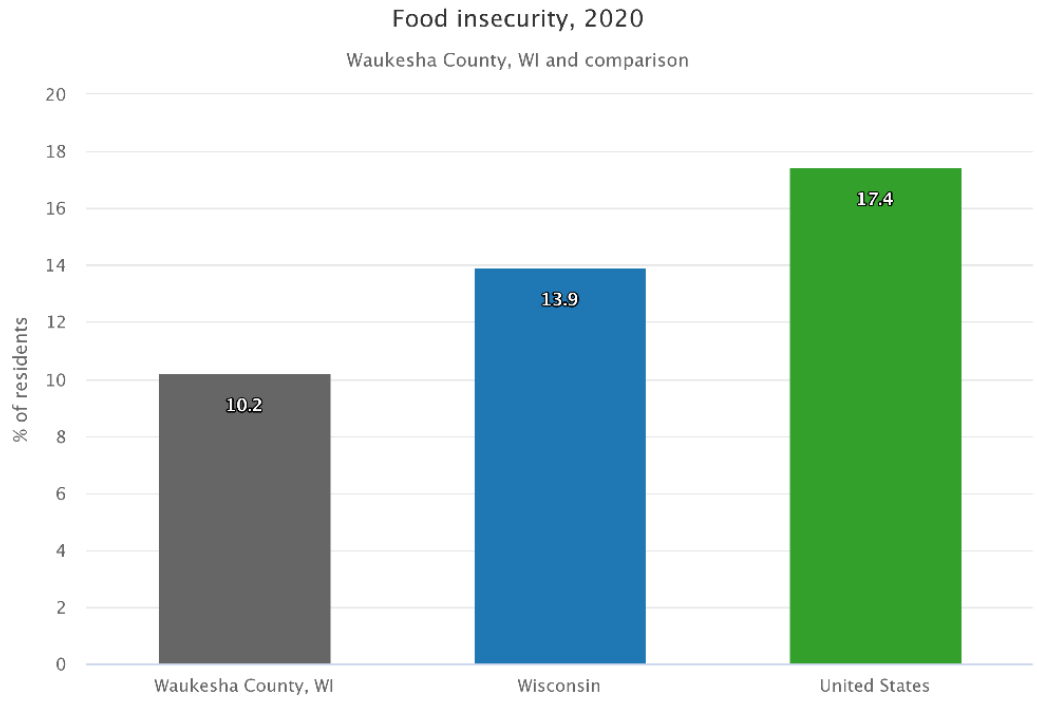
[22] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 1, 2021.
[23] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed March 31, 2021.

[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.

Nutrition and physical activity | In 2020, 57% of adults in Waukesha County reported engaging in recommended moderate or vigorous activity, an increase from 53% in 2009. In 2020, 56% of the children in Waukesha County engaged in physical activity for 60 minutes at least five days out of the week. In 2020, 61% of adults in Waukesha County reported eating the recommended fruit servings while 31% of adults reported eating the recommended vegetable servings. Feeding America estimates 10.2% of Waukesha 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%.

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



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

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2020, 29% of adults reported high blood pressure – an increase from 22% in 2009. Respondents who were aged 65 and over, with some post high school education or who were overweight or inactive were more likely to report having high blood pressure. Also, 22% of adults in 2020 reported high cholesterol in the past three years, a static trend from the 2009 baseline. Respondents who were 55 to 64 and older, with some post high school education, who were overweight or inactive were more likely to report high blood cholesterol (Source #1).

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

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

Injury and violence

Injury hospitalization | The 2019 Waukesha County age-adjusted injury-related hospitalizations rate was 370.9 per 100,000, which is lower than the state (425.8 per 100,000). Waukesha County residents who are Hispanic or Non-Hispanic Black had higher rates of injury-related hospitalizations compared to residents who are White or Asian. The age-adjusted injury-related emergency department (ED) visit rate for Waukesha County was 4,981.7 per 100,000, which is lower than the Wisconsin rate (7,166.8 per 100,000) (Source #2). The injury-related death rate in Waukesha County was 67.3 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, over three times higher than the second ranked cause (Source #2).

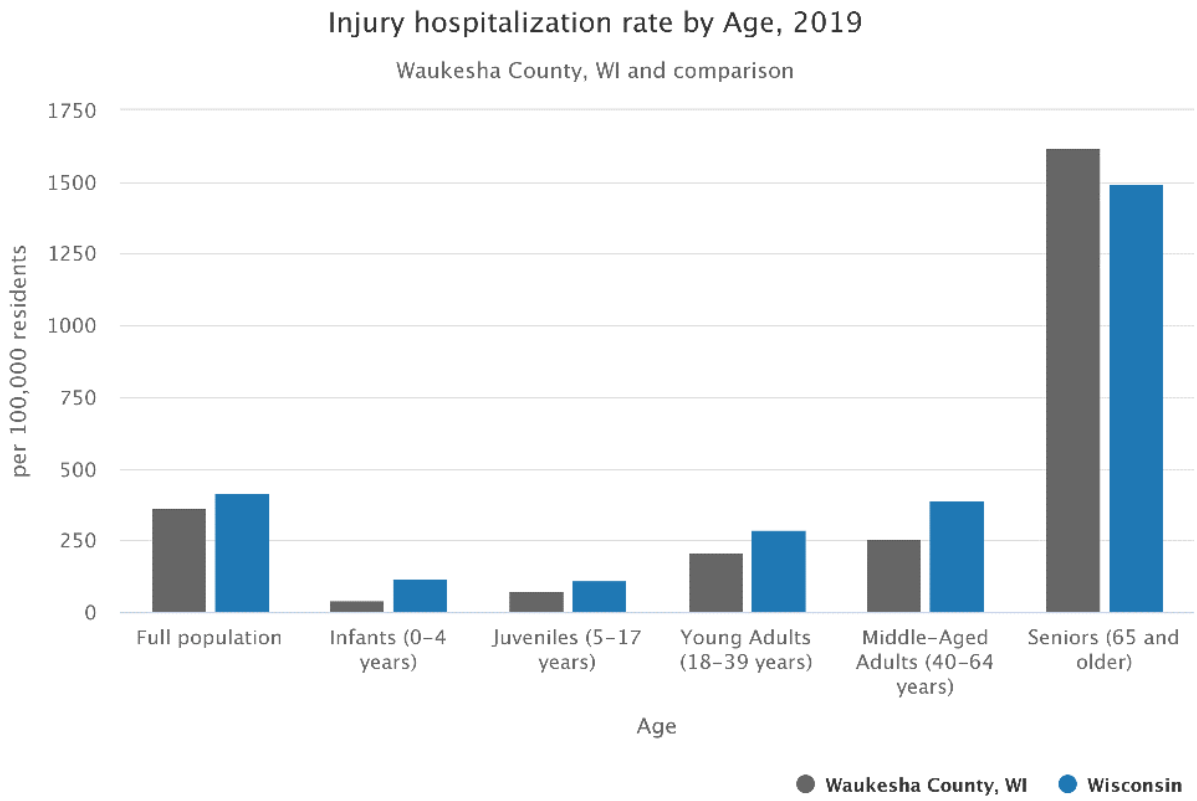
- The *Healthy People 2020* target for injury-related hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000. The target for injury related death rate is 53.3 per 100,000.

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

Older adults injury | In 2019, the injury hospitalization rate among Waukesha County adults aged 65 years and older was 1,619.3 per 100,000, higher than the state rate of 1,490.3 per 100,000 (Source #2).

[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.

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]



Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[32] The rate of rape for Waukesha County was 12.37 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.

[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.
[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.

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]

Other violence | Waukesha County reported aggravated assault/burglary rate of 44.9 per 100,000 residents, an increase from 2015 (Source #2). In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.1 per 1,000 children in 2019; Waukesha County's rate was lower at 7.3 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, 81% of women in Waukesha County reported having a pap test within three years, a decrease from 89% 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 Waukesha County was 86.3%, higher compared to 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 Waukesha County was 9.3%, lower compared to 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 Waukesha County was 6.2%, lower 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]

[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.
[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.

Birth rate to teens| In 2018, births among Waukesha County females aged 15-17 years was 0.7 per 1,000 females, lower than the state rate of 5.2 births per 1,000 females. For Waukesha County females aged 15-19 years, the birth rate was 4.0 per 1,000 females, lower than the state rate of 13.2 births per 1,000 females (Source #2).

> **Why is this important?** Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[36]

Infant Mortality | In 2018, the rate of infants dying before their first birthday in Waukesha County was 5.1 deaths per 1,000 live births, lower than the statewide rate of 6.1 deaths per 1,000 live births (Source #2).

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

Mental health

Mental health conditions | In 2020, 19% of Waukesha 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 | In 2020, 3% of adults in Waukesha County reported feeling so overwhelmed in the past year that they considered suicide, comparable to 5% in 2017. Note: The survey did not ask how seriously, how often or how recently suicide was considered (Source #1). Additionally, the 2018 Waukesha County suicide rate was 15.1 per 100,000, similar to the Wisconsin rate of 15.3 per 100,000 population (Source #2).

---

[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.

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

  Why is this important? A serious public health problem, suicide can have lasting harmful effects on individuals, their families and their communities. While its causes are complex and multifaceted, the aim of suicide prevention is to decrease risk factors and promote resilience.[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 - Summit prioritized the significant health needs to address in the 2022-2024 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health – food security, community safety, workforce development

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 Summit, 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. The implementation strategy also does not include specific strategies and goals for nutrition, exercise, and obesity, as the goal of the Advocate Aurora Health Community Strategy is to increase focus on social factors that impact health, in order to make the most effective use of limited resources. One of these factors Aurora Summit has chosen to address is food insecurity, which is associated with nutrition and obesity.

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 Summit’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, peer-led trauma support groups, chronic disease education and screening, the Junior Chef Cooking Club program, and EMS education. For detailed evaluation of impact, see Appendix F.

IX. Appendices

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

The report is available at aurora.org/commbenefits

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent's household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Waukesha County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=180). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=220). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between July 24 and September 4, 2020. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Waukesha 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 3,180 adults.

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

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

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

The report is available at aurora.org/commbenefits

Data Collection & Analysis: In winter 2020, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Waukesha 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, Froedtert & the Medical College of Wisconsin, ProHealth Care, and in partnership with the Waukesha County Division of Public Health. The report was prepared by the Center for Urban Population Health.

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

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Forty-one key informant interviews were conducted with 47 respondents between June and September 2020. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Waukesha 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 December, 2020*
Addiction Resource Council, Inc.	Addiction Resource Council provides resources and education to empower the fight against addiction within Waukesha County
Community Outreach Health Clinic	Provides free primary outpatient medical and dental needs of uninsured and underinsured people in Milwaukee, Waukesha, and Washington Counties. The clinic serves as a medical/health home
Easterseals Southeast Wisconsin	Easterseals provides exceptional services, education, outreach, and advocacy so that people living with autism and other disabilities can live, learn, work and play in their community
Elmbrook Church	Church with locations in Brookfield and Lake Country
Eras Senior Network	Eras Senior Network is a nonprofit organization whose mission is to engage and support seniors, adults with disabilities, and family caregivers in leading meaningful lives.
Family Service of Waukesha	Family Service is an independent, non-profit counseling center that provides state-of-the-art psychotherapy, education, and advocacy services to anyone needing help across life's continuum – every age, every stage
Hamilton School District	School district serving Sussex, Lannon, Butler, parts of Lisbon, Menomonee Falls and Pewaukee
Hebron Housing Services	The oldest non-profit organization in fully dedicated to providing emergency, short-term shelter and long-term housing solutions to individuals and families
Hope Network	Provides women parenting alone in Milwaukee and the surrounding area with connection, opportunity, and resources to build self-reliance and strong families
Kettle Moraine School District	The mission of the Kettle Moraine School District is to cultivate academic excellence, citizenship, and personal development

Lake Area Free Clinic	The mission of Lake Area Free Clinic is to provide high-quality comprehensive health care to those in need
LindenGrove Communities	LindenGrove Communities offers a continuum of care that includes assisted living, advanced assisted living, memory care, short-term rehabilitation and skilled nursing
Menomonee Falls Area Food Pantry	Gathers and distributes nutritious food to residents in the greater Menomonee Falls area with acute or chronic need
Menomonee Falls Police Department	The mission of the Menomonee Falls Police Department is to preserve the public peace, protect persons and property, and provide services for the betterment of the community
Mukwonago Area School District	The Mukwonago Area School District's vision is, "Students, Staff, and Community-Building Better Schools Together"
Mukwonago Food Pantry	The Mukwonago Food Pantry's mission is to provide food and support to individuals and their families and to facilitate their development
NAMI, Inc.	Provides hope and help to individuals and their loved ones impacted by mental health concerns
New Berlin Food Pantry	Food pantry serving New Berlin, Brookfield, and Elm Grove residents
New Berlin Police Department	The Mission Statement of the New Berlin Police Department is to "protect the lives and property of the people we serve and prevent crime through partnership with the community"
Oconomowoc Area School District	The Oconomowoc Area School District offers a rigorous curriculum, award-winning programs, nationally certified staff, and opportunities for all students to reach their highest potential
Oconomowoc Area Chamber of Commerce	The Oconomowoc Area Chamber of Commerce specializes in supporting local businesses through promotional and marketing tools, advocacy efforts that create a strong business environment, networking opportunities to grow professional connections and educational programming
Pabst Farms YMCA	The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all
School District of Menomonee Falls	The vision of the School District of Menomonee Falls is "the relentless pursuit of excellence, one person at a time"
School District of New Berlin	The School District of New Berlin will prepare all students to succeed in a diverse, change-oriented, global society by fostering a learning environment in which our public schools, families, post-secondary partners, public officials, businesses, community organizations and other citizens work collaboratively
School District of Waukesha	The mission of the School District of Waukesha is "to develop in our students the capacity and skills to be community, college and career ready"
Sixteenth Street	Through full-service bilingual clinics, a behavioral health clinic, a satellite geriatric clinic, and six in-school clinics, Sixteenth Street cares for nearly 43,000 primarily low-income, Latino or diverse individuals each year
Sussex Area Outreach Services	It is the mission of Sussex Outreach Services (SOS), to meet the immediate and long term needs of individuals and families in the Hamilton School District by providing food, informational resources, client advocacy and general assistance

The Women's Center	The mission of The Women's Center is to provide safety, shelter and support to empower all impacted by domestic abuse, sexual violence, child abuse and trafficking
United Way Greater Milwaukee and Waukesha County	United Way fights for the health, education, and financial stability of every person in their local community
UW Extension Waukesha County	Extension is a major outreach effort of the University of Madison, putting university knowledge and research to work in Waukesha County
Waukesha County ARDC	The Aging and Disability Resource Center of Waukesha County (ADRC) provides information, assistance, counseling, and supportive services for older adults age 60 and above; caregivers; adults with physical or developmental disabilities; and adults with mental health or substance use concerns
Waukesha County Business Alliance	The Waukesha County Business Alliance works to strengthen the economy in the county through four pillars: advocate, develop, network, and promote
Waukesha County Community Dental Clinic	The Community Dental Clinic is dedicated to improving the oral health of disadvantaged individuals through clinical services, preventive education, and advocacy because everyone deserves a healthy smile
FOOD Pantry Serving Waukesha County	The FOOD Pantry Serving Waukesha County provides food, hope, and dignity to county residents in need, and advocates to increase awareness of hunger through community partnerships
Waukesha County	Includes interviews with departments such as the County Executive, Department of Health and Human Services, Medical Examiner and the County Board
Waukesha Free Clinic	The Waukesha Free Clinic at Carroll University supports the health and well-being of uninsured, underinsured, and low-income friends and neighbors who reside, work, or attend school in the Waukesha County community

The key informant interviews were conducted by Aurora Health Care, Ascension Wisconsin, Children's Wisconsin, Froedtert & the Medical College of Wisconsin, and ProHealth Care. 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 Waukesha County and the identified community assets

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

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

1. **Mental health:** Hospitals should be partnering with non-profit organizations, county programs, NAMI , County, Aging and Disability Resource Center, public health, school districts, funders, churches and faith-based organizations, YMCA's afterschool programs, law enforcement, Homeless Engagement and Resource Team, homeless shelters and outreach programs, school groups, social service agencies, senior centers, chambers of commerce, criminal justice, public safety, law enforcement, municipalities, food pantries, local colleges and universities who have psychology and mental health or behavioral health-oriented programs, Suicide Awareness Task Force, Children and Family Services Advisory Committee, Hispanic Community Center, The Women's Center, James Place, Salvation Army, Community Action Coalition, La Casa de Esperanza, LSS Clubhouse, Hebron House, and community members with lived experience.

2. **Substance use and abuse**: Hospitals should be partnering with non-profit organizations, county resources, public health, health care providers, law enforcement, emergency services, the justice system, legislators, school districts, churches, shelters, mental health care providers, liquor stores, bars, libraries, parks and recreation departments, Sixteenth Street Community Health Centers, Rogers, Memorial, Narcotics Anonymous, NAMI , The Women's Center, American Lung Association, Your Choice to Live, County Heroin Task Force, Substance Use Advisory Committee, Intoxicated Driver Committee, WisHope Recovery, Comprehensive Treatment Center, Addiction Resource Council, Hope Center, Elevate, and Lutheran Social Services.

3. **Access to health care**: Hospitals should be partnering with Sixteenth Street Community Health Centers and other Federally Qualified Health Centers, free clinics, Wisconsin Association of Free and Charitable Clinics, National Association of Free Clinics, Family Medicine Residency Program, skilled nursing facilities, assisted living facilities, transportation agencies, Aging and Disability Resource Center, Eras,

National Alliance on Mental Illness (NAMI) , school districts, faith-based groups and churches, Sussex Area Outreach Services, community health workers, food pantries, law enforcement, Sussex Community Summit, non-profit organizations, County Health and Human Services, public health, United Way of Greater Milwaukee and County, business community, chambers of commerce, library systems, La Causa, 211, the Salvation Army, Hispanic Resource Center, Hope enter, James Place, The Women's Center, and La Casa de Esperanza.

4. **Chronic disease**: Hospitals should be partnering with insurance companies, state and national free clinic associations, free clinics, Federally Qualified Health Centers, County Public Health, Department of Health and Human Services, the Aging and Disability Resource Center, municipalities, libraries, school districts, faith organizations, UW-Extension, food pantries, senior centers and other groups for elders, the business community, Live Well, parks and recreation departments, Carroll University's student clinic for physical therapy, occupational therapy, and exercise physiology, fitness clubs, and non-profit organizations.

5. **Nutrition**: Hospitals should be partnering with Feeding America, Hunger Task Force, food pantries, senior centers, Meals on Wheels, farmers markets, grocery stores, churches and faith groups, school districts, ADRC, UW-Extension, County Nutrition Coalition, County Public Health, non-profits and community groups focused on this area, and the business community

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 gaps in information about what to do, lack of access to needed care and services during the pandemic, problems with technology and telehealth services, isolation, loneliness, and related coping methods, gaps in testing, lack of PPE and other supplies, families not having their basic needs met, issues related to employment and job loss, and lack of space.

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

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

Waukesha County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Waukesha County residents. This summary was prepared by JKV Research, LLC for Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, Froedtert Health and ProHealth Care in partnership with Waukesha County Public Health Division. 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. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between July 24, 2020 and September 4, 2020.

It is important to keep this data in context of 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. Waukesha County developed Stay Safe to Stay Open, following the federal Guidelines for Opening Up America Again and the Wisconsin Badger Bounce Back plan to safely open up businesses and activities in the county. During the community health survey data collection, non-essential business capacity was at 50%, adult remote options were encouraged and indoor gatherings were limited to 100 people or less with social distancing. As a result, behaviors may be different than in previous years.

Weighting of Data
For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent, if an adult, was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the county.

Margin of Error
With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones 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 ±5 percent, since fewer respondents are in that category (e.g., adults who were asked about a child in the household).

What do the Percentages Mean?
In 2019, the Census Bureau estimated 318,146 adult residents lived in Waukesha County. Thus, in this report, one percentage point equals approximately 3,180 adults. So, when 9% of respondents reported their health was fair or poor, this roughly equals 28,620 residents ±15,900 individuals. Therefore, from 12,720 to 44,520 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2019, the Census Bureau estimated 160,635 occupied housing units in Waukesha 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 1,610 households.

	Waukesha					WI	US
Rating Their Own Health	2009	2012	2015	2017	2020	*2019*	*2019*
Excellent/Very Good	68%	64%	57%	60%	63%	*50%*	*50%*
Good	23%	26%	33%	25%	28%	*34%*	*32%*
Fair or Poor	9%	10%	11%	15%	9%	*16%*	*18%*

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

	Waukesha					WI	US
Unmet Health Care Needed in Past Year	2009	2012	2015	2017	2020	*2019*	*2019*
Delayed/Did Not Seek Care Due to Cost	--	--	17%	17%	13%	*11%*	*12%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	8%	8%	11%	5%	*NA*	*NA*
Medical Care [HP2020 Goal: 4%]*	--	4%	9%	12%	9%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]*	--	9%	12%	7%	16%	*NA*	*NA*
Mental Health Care*	--	<1%	3%	3%	4%	*NA*	*NA*

	Waukesha					WI	US
Health Information							
Primary Source of Health Information	2009	2012	2015	2017	2020	*2019*	*2019*
Doctor	--	40%	47%	49%	51%	*NA*	*NA*
Internet	--	28%	30%	30%	32%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	9%	6%	13%	9%	*NA*	*NA*

	Waukesha					WI	US
Health Care Services	2009	2012	2015	2017	2020	*2019*	*2019*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	86%	89%	*82%*	*76%*
Primary Health Care Services							
Doctor/Nurse Practitioner's Office	86%	86%	78%	68%	64%	*NA*	*NA*
Urgent Care Center	4%	5%	8%	21%	21%	*NA*	*NA*
Quickcare Clinic (Fastcare Clinic)	--	--	--	3%	2%	*NA*	*NA*
Hospital Emergency Room	2%	<1%	3%	<1%	3%	*NA*	*NA*
Public Health Clinic/Community Health Center	3%	5%	4%	<1%	2%	*NA*	*NA*
Virtual Health/Tele-Medicine/Electronic Visits	--	--	--	<1%	<1%	*NA*	*NA*
Worksite Clinic	--	--	--	4%	<1%	*NA*	*NA*
Hospital Outpatient Department	1%	<1%	<1%	0%	0%	*NA*	*NA*
No Usual Place	4%	2%	6%	3%	7%	*NA*	*NA*
Advance Care Plan	40%	39%	40%	46%	46%	*NA*	*NA*

	Waukesha					WI	US
Vaccinations (65 and Older)	2009	2012	2015	2017	2020	*2019*	*2019*
Flu Vaccination (Past Year)	75%	64%	73%	74%	82%	*64%*	*64%*
Pneumonia Vaccination (Ever) [HP2020 Goal: 90%]	74%	75%	73%	79%	84%	*77%*	*73%*

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

	Waukesha					WI	US
Routine Procedures	2009	2012	2015	2017	2020	2019	2019
Routine Checkup (2 Years Ago or Less)	84%	85%	85%	86%	90%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	82%	79%	84%	84%	81%	84%	87%
Dental Checkup (Past Year) [HP2020 Goal: 49%]	74%	75%	76%	82%	76%	71%[1]	68%[1]
Eye Exam (Past Year)	41%	49%	55%	53%	39%	NA	NA

	Waukesha					WI	US
Health Conditions in Past 3 Years	2009	2012	2015	2017	2020	2019	2019
High Blood Pressure	22%	26%	33%	31%	29%	NA	NA
High Blood Cholesterol	24%	25%	26%	26%	22%	NA	NA
Mental Health Condition	13%	12%	11%	18%	19%	NA	NA
Diabetes	6%	7%	9%	12%	10%	NA	NA
Heart Disease/Condition	6%	9%	7%	12%	8%	NA	NA
Asthma (Current)	9%	8%	8%	11%	9%	10%	10%

	Waukesha					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes	2009	2012	2015	2017	2020	2019	2019
High Blood Pressure	--	96%	98%	98%	97%	NA	NA
High Blood Cholesterol	--	93%	81%	77%	92%	NA	NA
Mental Health Condition	--	94%	98%	97%	99%	NA	NA
Diabetes	--	97%	94%	96%	89%	NA	NA
Heart Disease/Condition	--	94%	87%	91%	93%	NA	NA
Asthma (Current)	--	88%	87%	98%	97%	NA	NA

	Waukesha					WI	US
Physical Activity/Usual Week	2009	2012	2015	2017	2020	2009	2009
Moderate Activity (5 Times/30 Min)	41%	33%	31%	44%	43%	NA	NA
Vigorous Activity (3 Times/20 Min)	33%	28%	31%	37%	40%	NA	NA
Recommended Moderate or Vigorous Activity	53%	47%	46%	56%	57%	53%	51%

Body Weight	Waukesha					WI	US
Overweight Status	2009	2012	2015	2017	2020	2019	2019
At Least Overweight (BMI 25.0+) [HP2020 Goal: 66%]	63%	65%	70%	69%	70%	70%	67%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	21%	25%	34%	30%	34%	34%	32%

	Waukesha					WI	US
Nutrition and Food Security	2009	2012	2015	2017	2020	2009	2009
Fruit Intake (2+ Servings/Average Day)	68%	65%	65%	67%	61%	NA	NA
Vegetable Intake (3+ Servings/Average Day)	30%	29%	25%	39%	31%	NA	NA
At Least 5 Fruit/Vegetables/Average Day	42%	37%	33%	45%	35%	23%	23%
Household Went Hungry-Couldn't Afford Enough Food (Past Year)	--	--	--	4%	2%	NA	NA

	Waukesha					WI	US
Colorectal Cancer Screenings (50 and Older)	2009	2012	2015	2017	2020	2018	2018
Blood Stool Test (Within Past Year)	--	14%	12%	9%	10%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	10%	4%	6%	7%	5%	3%	2%
Colonoscopy (Within Past 10 Years)	62%	59%	62%	80%	72%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	66%	60%	65%	83%	75%	75%	70%

--Not asked. NA-WI and/or US data not available. [1]WI and US data for dental visit is from 2018.

	Waukesha					WI	US
Women's Health Screenings	2009	2012	2015	2017	2020	2018	2018
Mammogram (50+; Within Past 2 Years)	76%	77%	78%	73%	84%	78%	78%
Bone Density Scan (65 and Older; Ever)	76%	86%	86%	86%	84%	NA	NA
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	89%	83%	82%	80%	81%	81%	80%
HPV Test (18 – 65; Within Past 5 Years)	--	--	55%	47%	51%	NA	NA
Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	88%	84%	88%	NA	NA

	Waukesha					WI	US
Cigarette Smokers or Vapers	2009	2012	2015	2017	2020	2019	2019
Current Smokers [HP2020 Goal: 12%]	17%	17%	13%	14%	11%	15%	16%
Current Electronic Vapers (Past Month)	--	--	4%	4%	4%	4%[1]	5%[1]
Of Current Smokers/Vapers…						2005	2005
Quit Smoking/Vaping 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]*	58%	45%	55%	67%	55%	49%	56%
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping*	72%	69%	67%	76%	69%	NA	NA

	Waukesha					WI[2]	US
Exposure to Smoke or Electronic Vapor							
Smoking Policy at Home	2009	2012	2015	2017	2020	'14-15	'14-15
Not Allowed Anywhere	85%	82%	86%	88%	88%	84%	87%
Allowed in Some Places/At Some Times	7%	8%	6%	3%	3%	NA	NA
Allowed Anywhere	2%	2%	<1%	<1%	2%	NA	NA
No Rules Inside Home	6%	7%	8%	9%	7%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days* [HP2020 Goal Nonsmokers: 34%]	26%	10%	8%	7%	8%	NA	NA

	Waukesha					WI	US
Other Tobacco Products in Past Month	2009	2012	2015	2017	2020	2019	2019
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	2%	4%	7%	3%	4%
Cigars, Cigarillos or Little Cigars	--	--	3%	4%	3%	NA	NA

	Waukesha					WI	US
Alcohol Use in Past Month	2009	2012	2015	2017	2020	2019	2019
Binge Drinker** [HP2020 Goal 5+ Drinks: 24%]	27%	22%	29%	26%	32%	22%	17%
Driver/Passenger When Driver Perhaps Had Too Much to Drink	2%	3%	<1%	2%	2%	NA	NA

	Waukesha					WI	US
Other Drug Use in Past Year	2009	2012	2015	2017	2020	2019	2019
Cocaine or Other Street Drugs	--	--	--	<1%	2%	NA	NA
Misuse of Prescription Pain Relievers	--	--	--	<1%	<1%	NA	NA
Heroin	--	--	--	0%	0%	NA	NA

	Waukesha					WI	US
Household Problems in Past Year Associated With…	2009	2012	2015	2017	2020	2019	2019
Alcohol	3%	3%	6%	1%	2%	NA	NA
Cocaine, Heroin or Other Street Drugs	--	2%	<1%	2%	1%	NA	NA
Marijuana or THC-Containing Products	--	1%	2%	1%	<1%	NA	NA
Misuse of Prescription Drugs or Over-the-Counter Drugs	--	1%	1%	1%	<1%	NA	NA

--Not asked. NA-WI and/or US data not available. [1]Wisconsin and US current vapers is 2017 data. [2]Midwest data.
*In 2020, tobacco cessation, health professional advised quitting and exposure included current smokers and current vapers. In previous years, both questions were asked of current smokers 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.

	Waukesha					WI	US
Community and Personal Support	2009	2012	2015	2017	2020	2019	2019
Times of Distress and Looked for Community Resource Support (Past 3 Years)	--	--	--	18%	13%	NA	NA
Respondents Who Looked for Community Support							
Felt Somewhat/Slightly/Not at All Supported	--	--	--	43%	48%	NA	NA

	Waukesha					WI	US
Mental Health Status	2009	2012	2015	2017	2020	2019	2019
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	5%	5%	4%	3%	4%	NA	NA
Considered Suicide (Past Year)	4%	2%	4%	4%	3%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	3%	4%	4%	4%	6%	NA	NA

	Waukesha					WI	US
Personal Safety Issues in Past Year	2009	2012	2015	2017	2020	2019	2019
Afraid for Their Safety	5%	4%	4%	4%	6%	NA	NA
Pushed, Kicked, Slapped or Hit	4%	1%	3%	5%	2%	NA	NA
At Least One of the Safety Issues	8%	4%	5%	7%	7%	NA	NA

	Waukesha					WI	US
Children in Household	2009	2012	2015	2017	2020	2019	2019
Primary Doctor/Nurse Who Knows Child Well and Familiar with History	--	86%	89%	97%	99%	NA	NA
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	93%	95%	89%	97%	NA	NA
Did Not Receive Care Needed (Past Year)							
Medical Care	--	3%	4%	2%	4%	NA	NA
Dental Care	--	3%	6%	2%	7%	NA	NA
Specialist	--	3%	1%	<1%	6%	NA	NA
Current Asthma	--	3%	7%	3%	9%	NA	NA
Children 5 to 17 Years Old							
Fruit Intake (2+ Servings/Average Day)	--	75%	86%	67%	79%	NA	NA
Vegetable Intake (3+ Servings/Average Day)	--	30%	26%	27%	26%	NA	NA
5+ Fruit/Vegetables per Average Day	--	36%	48%	47%	47%	NA	NA
Physical Activity (60 Min./5 or More Days/Week)	--	70%	57%	60%	56%	NA	NA
Experienced Some Form of Bullying (Past Year)*	--	18%	14%	14%	10%	NA	NA
Verbally Bullied*	--	18%	14%	14%	9%	NA	NA
Physically Bullied*	--	5%	2%	4%	<1%	NA	NA
Cyber Bullied*	--	3%	4%	1%	3%	NA	NA

	Waukesha					WI	US
Top County Health Issues	2009	2012	2015	2017	2020	2019	2019
Coronavirus/COVID-19	--	--	--	--	48%	NA	NA
Illegal Drug Use	--	--	--	41%	31%	NA	NA
Overweight or Obesity	--	--	--	18%	22%	NA	NA
Chronic Diseases	--	--	--	17%	20%	NA	NA
Mental Health or Depression	--	--	--	10%	18%	NA	NA
Access to Health Care	--	--	--	21%	18%	NA	NA
Alcohol Use or Abuse	--	--	--	15%	11%	NA	NA
Cancer	--	--	--	11%	10%	NA	NA
Prescription or OTC Drug Abuse	--	--	--	17%	9%	NA	NA
Violence or Crime	--	--	--	5%	8%	NA	NA
Tobacco Use	--	--	--	5%	7%	NA	NA
Infectious Diseases	--	--	--	3%	5%	NA	NA
Access to Affordable Healthy Food	--	--	--	4%	5%	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, 63% of respondents reported their health as excellent or very good; 9% reported fair or poor. Respondents who were 65 and older, unmarried, inactive or smokers were more likely to report fair or poor health. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported their health as fair or poor while from 2017 to 2020, there was a statistical decrease.*

Health Care Coverage

In 2020, 4% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, 45 to 54 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Seven percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Nine percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 60 percent household income bracket, unmarried or with children in the household 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 remained the same 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 a statistical increase. From 2009 to 2020, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2017 to 2020.*

In 2020, 13% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents 35 to 44 years old or with some post high school education were more likely to report this. Five percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Nine percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Sixteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Four percent of respondents reported there was a time in the past year someone did not receive the mental health care needed; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. *From 2015 to 2020, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2017 to 2020. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet medical care or unmet mental health care in the past year while from 2017 to 2020, there was no statistical change. From 2012 to 2020, the overall percent statistically increased for respondents who reported unmet dental care 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 Information

In 2020, 51% of respondents reported they contact a doctor when looking for health information while 32% reported they look on the Internet. Nine percent reported they were, or a family member was, in the health care field and their source for health information. Respondents 65 and older, with some post high school education or less or in the middle 20 percent household income bracket were more likely to report they contact a doctor. Respondents 18 to 44 years old or with a college education were more likely to report the Internet. Respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report themselves or a family member in the health care field and their source for health information. *From 2012 to 2020, there was a statistical increase in the overall percent of respondents who reported doctor as their source of health information while from 2017 to 2020, there was no statistical change. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the Internet as their source of health information, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information while from 2017 to 2020, there was a statistical decrease.*

Health Care Services

In 2020, 89% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 to 54 years old, 65 and older or with some post high school education were more likely to report a primary care physician. Sixty-four 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 21% reported an urgent care center. Respondents 65 and older or with some post high school education were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old, with a high school education or less, with a college education or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Forty-six percent of respondents had an advance care plan; respondents who were female, 65 and older, with a college education or married respondents were more likely to report an advance care plan. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who reported their primary place for health care 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 care services when they are sick was an urgent care center 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, as well as from 2017 to 2020.*

Routine Procedures

In 2020, 90% of respondents reported a routine medical checkup two years ago or less while 81% reported a cholesterol test four years ago or less. Seventy-six percent of respondents reported a visit to the dentist in the past year while 39% reported an eye exam in the past year. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were female, 45 to 54 years old, 65 and older, with some post high school education or married respondents were more likely to report a cholesterol test four years ago or less. Respondents 45 to 64 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents 65 and older, with a college education, in the top 60 percent household income bracket or married respondents 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 no statistical change 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 or an eye exam in the past year while from 2017 to 2020, there was a statistical decrease.*

Vaccinations

In 2020, 56% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Eighty-four percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination 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 65 and older who reported a flu vaccination 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 65 and older who had a pneumonia vaccination in their lifetime, as well as from 2017 to 2020.*

Prevalence of Health Conditions

In 2020, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (29%), high blood cholesterol (22%) or a mental health condition (19%). Respondents 65 and older, with some post high school education, who were overweight or inactive were more likely to report high blood pressure. Respondents 55 and older, with some post high school education, who were overweight or inactive were more likely to report high blood cholesterol. Respondents 35 to 44 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report a mental health condition. Ten percent of respondents reported diabetes in the past three years; respondents who were 65 and older or overweight were more likely to report this. Eight percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with some post high school education or less, in the bottom 60 percent household income bracket or inactive respondents were more likely to report heart disease/condition. Nine percent reported current asthma; respondents who were female or with a college education were more likely to report this. Of respondents who reported these health conditions, at least 89% reported the condition was controlled through medication, therapy or lifestyle changes. *From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported high blood pressure or a mental health condition 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 high blood cholesterol, diabetes or current asthma, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported heart disease/condition while from 2017 to 2020, there was a statistical decrease.

Physical Health

In 2020, 43% of respondents did moderate physical activity five times in a usual week for 30 minutes. Forty percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 57% met the recommended amount of physical activity; respondents who were 18 to 34 years old 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 a week for at least 30 minutes, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2017 to 2020, there was no statistical change. From 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, as well as from 2017 to 2020.*

In 2020, 70% of respondents were classified as at least overweight while 34% were obese. Respondents who were male, 35 to 44 years old, with some post high school education, in the middle 20 percent household income bracket or who did not meet the recommended amount of physical activity were more likely to be at least overweight. Respondents 35 to 44 years old, 55 to 64 years old, with some post high school education or inactive respondents 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, 61% of respondents reported two or more servings of fruit while 31% reported three or more servings of vegetables on an average day. Respondents who were 35 to 44 years old, overweight, inactive or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 18 to 34 years old, 55 to 64 years old or with a college education were more likely to report at least three servings of vegetables on an average day. Thirty-five percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education, in the middle 20 percent household income bracket or who met the recommended amount of physical activity were more likely to report this. Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past year. *From 2009 to 2020, there was no statistical change 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 decrease in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health

In 2020, 84% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Eighty-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-one percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-eight 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 no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2017 to 2020. From 2015 to 2020, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame, as well as from 2017 to 2020.*

Colorectal Cancer Screening

In 2020, 10% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 72% reported a colonoscopy within the past ten years. This results in 75% 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, as well as from 2017 to 2020. 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.*

Alcohol Use

In 2020, 32% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent of respondents reported they had been a driver or passenger when the driver perhaps had too much to drink in the past month. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink, as well as from 2017 to 2020.*

Tobacco Use

In 2020, 11% of respondents were current tobacco cigarette smokers; respondents with a high school education or less were more likely to be a smoker. Four percent of respondents used electronic vapor products in the past month; respondents who were female, 18 to 34 years old or unmarried were more likely to report this. Fifty-five percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Sixty-nine percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2009 to 2020, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2017 to 2020, there was no statistical change. From 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 no statistical change in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking/vaping for at least one day in the past year because they were trying to quit, as well as from 2017 to 2020. From 2009 to 2020, there was no statistical change in the overall percent of current smokers/vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2017 to 2020. Please note: in 2020, the tobacco cessation and health professional advised quitting questions included current smokers and current vapers. In previous years, both questions were asked of current smokers only.*

In 2020, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents with children in the household were more likely to report smoking is not allowed anywhere inside the home. Eight percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents 18 to 44 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2017 to 2020. 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 second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2020, 7% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 54 years old, with some post high school education or less or in the top 40 percent household income bracket were more likely to report smokeless tobacco use. *From 2015 to 2020, there was a statistical increase in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2017 to 2020. 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.*

Other Drug Use
In 2020, less than one percent of respondents reported within the past year they used prescription pain relievers for nonmedical reasons while 6% reported more than one year ago. Zero percent of respondents reported within the past year they used heroin while 3% reported more than one year ago. Two percent reported they used cocaine or other street drugs within the past year while 8% reported more than one year ago. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported it has been within the past year since they last used cocaine/other street drugs, used prescription pain relievers for nonmedical reasons or used heroin.*

Household Problems
In 2020, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year. One percent of respondents reported someone in their household experienced some kind of problem with cocaine, heroin or other street drugs in the past year. Less than one percent of respondents each reported a household problem in connection with marijuana/THC-containing products or the misuse of prescription drugs/over-the-counter drugs. *From 2009 to 2020, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year, as well as from 2017 to 2020. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported a household problem with marijuana/THC-containing products, cocaine/heroin/other street drugs or misuse of prescription drugs/over-the-counter drugs, as well as from 2017 to 2020.*

Community and Personal Support
In 2020, 13% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Forty-eight percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported. *From 2017 to 2020, there was no statistical change in the overall percent of respondents who reported in the past three years someone in their household experienced times of distress where they looked for community resource support. From 2017 to 2020, there was no statistical change in the overall percent of respondents who looked for community resource support and reported they felt somewhat, slightly or not at all supported by the resource.*

Mental Health Status
In 2020, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were 35 to 44 years old, 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 or they considered suicide in the past year, 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 seldom or never find meaning and purpose in daily life while from 2017 to 2020, there was no statistical change.*

Personal Safety Issues
In 2020, 6% of respondents reported someone made them afraid for their personal safety in the past year; respondents 18 to 44 years old or in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 7% reported at least one of these two situations; respondents 18 to 34 years old, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents 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 or they were pushed/kicked/slapped/hit 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 at least one of the two personal safety issues in the past year, as well as from 2017 to 2020.*

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-nine percent of respondents reported they have one or more persons they think of as the child's primary doctor or nurse, with 97% reporting the child visited their primary doctor or nurse for preventive care during the past year. Seven percent of respondents reported in the past year the child did not receive the dental care needed while 6% reported the child did not visit a specialist they needed.

Four percent of respondents reported there was a time in the past year the child did not receive the medical care needed. Nine percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child was seldom/never safe in their community. Seventy-nine percent of respondents reported the 5 to 17 year old child ate at least two servings of fruit on an average day while 26% reported three or more servings of vegetables. Forty-seven percent of respondents reported the child ate five or more servings of fruit/vegetables on an average day. Fifty-six percent of respondents reported the 5 to 17 year old child was physically active for 60 minutes five times a week. Two 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. Ten percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 9% reported verbal bullying, 3% cyber bullying and less than one percent 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 while from 2017 to 2020, there was no statistical change. From 2012 to 2020, there was no statistical change in the overall percent of respondents who reported the child visited their primary doctor/nurse in the past year for preventive care 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 in the past year the child had an unmet medical care need, as well as from 2017 to 2020. From 2012 to 2020, there no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need or was unable to see a specialist when needed while from 2017 to 2020, there was a statistical increase. From 2012 to 2020, there was a statistical increase 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 no statistical change 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 no statistical change in the overall percent of respondents who reported the 5 to 17 year old child ate at least two servings of fruit 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 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 while from 2017 to 2020, there was no statistical change. 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, physically bullied or cyber 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 verbally bullied while from 2017 to 2020, there was no statistical change.*

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 (48%), illegal drug use (31%) or overweight/obesity (22%). Married respondents were more likely to report coronavirus/COVID-19 as a top health issue. Respondents who were male or in the top 40 percent household income bracket were more likely to report illegal drug use. Twenty percent of respondents reported chronic diseases as a top issue; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported mental health/depression; respondents 35 to 44 years old were more likely to report this. Eighteen percent of respondents reported access to health care; respondents 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Eleven percent of respondents reported alcohol use or abuse; unmarried respondents were more likely to report this. Ten percent of respondents reported cancer as a top issue. Nine percent of respondents reported prescription or over-the-counter drug abuse. Eight percent of respondents reported violence or crime; respondents who were male or with a high school education or less were more likely to report this. Seven percent of respondents reported tobacco use. Five percent of respondents reported infectious diseases; respondents with a high school education or less were more likely to report this. Five percent of respondents reported access to affordable healthy food; respondents 45 to 54 years old or with a college education were more likely to report this. *From 2017 to 2020, there was a statistical decrease in the overall percent of respondents who reported illegal drug use or prescription/over-the-counter drug abuse 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, chronic diseases, access to health care, alcohol use/abuse, cancer, violence/crime, tobacco use, infectious diseases or access to affordable healthy food as one of the top health issues in the county. From 2017 to 2020, there was a statistical increase in the overall percent of respondents who reported mental health/depression 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	2	9	9	180
2	Did not eat at least 5 fruits/vegetables per day	9	5	9	171
3	Did not get recommended moderate/vigorous activity	5	5	4	160
4	Overweight	9	8	4	
5	Binge Drinking	5	8	4	84
Ranking	**Older Adults Subset**	**A**	**B**	**C**	**D**
1	Did not meet current colorectal cancer screening recommendations (50 and older)	4	7	9	162
2 (tie)	No flu vaccine in past year (65 and older)	2	5	10	120
2 (tie)	No pneumonia vaccine ever (65 and older)	2	5	10	120
Ranking	**Women's Health Subset**	**A**	**B**	**C**	**D**
1	No HPV test in past 3 years	9	5	9	171
2	No mammogram	4	6	9	144
3	No pap smear in past 3 years	4	5	9	126

Appendix F | Evaluation of Impact

Focus | Access

Intended Impact

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

Results

2019

- 709 non-emergent ED visits without a primary care physician; 127 of those saw an AHC primary care provider within 28 days
- 22 ED patients referred to Lake Area Free Clinic or St. Joseph's Medical Clinic
- 2,252 Silver Streak transports for seniors and persons with disabilities subsidized
- 763 Lake Country Cares cab rides for seniors and persons with disabilities subsidized
- 70 vouchers provided through referral voucher program, which provides free diagnostics and specialty care to patients referred from Lake Area Free Clinic and St. Joseph's Medical Clinic

2020

- 659 non-emergent ED visits without a primary care physician; 115 of those saw an AHC primary care provider within 28 days
- 13 ED patients referred to Lake Area Free Clinic or St. Joseph's Medical Clinic
- 1,429 Silver Streak transports for seniors and persons with disabilities subsidized
- 560 Lake Country Cares cab rides for seniors and persons with disabilities subsidized
- 15 vouchers provided through referral voucher program, which provides free diagnostics and specialty care to patients referred from Lake Area Free Clinic and St. Joseph's Medical Clinic

Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate care for behavioral health

Results

2019

- 411 ED patients screened by ABHS behavioral health coordinator

- 330 post-traumatic stress disorder (PTSD) screening calls made to trauma patients; 119 referrals to mental health providers made
- 8 trauma support groups provided to 28 attendees
- 2 chronic pain self-management programs provided to 23 attendees
- 1 Living Alone without Being Lonely presentation provided to 46 individuals; 22 reported knowledge gain
- 1 Powerful Tools for the Caregiver presentation provided to 13 individuals; 13 reported knowledge gain
- 1 Autism presentation provided to 19 individuals; 7 reported knowledge gain
- 1 ADHD presentation provided to 27 individuals; 13 reported knowledge gain
- 1 Helping your parents as they Age presentation provided to 28 individuals; 15 reported knowledge gain
- 1 Understanding the Aging Process presentation provided to 30 individuals; 28 reported knowledge gain

2020

- 199 ED patients screened by ABHS behavioral health coordinator
- 272 post-traumatic stress disorder (PTSD) screening calls made to trauma patients; 133 referrals to mental health providers made
- 2 trauma support groups provided to 12 attendees

Focus | Chronic disease

Intended Impact

- Increased opportunity for prevention and management of chronic disease

Results

2019

- 745 new patients served through Cancer Nurse Navigator
- 571 individuals screened for lung cancer; 97 referred for follow-up
- 383 therapeutic massage sessions provided free to cancer patients
- 1,056 cancer patients completing distress tool, 208 referred for follow-up
- 80 patients and 20 caregivers attended annual cancer survivorship event
- 29 community education classes provided to 4,033 attendees
- 2 Healthy Living with Diabetes sessions held for 17 individuals
- 4 diabetes support groups held for 10 attendees
- 3 blood pressure outreach events held: 147 individuals screened
- 30 individuals screened for skin cancer
- 36 individuals screened for oral, head and neck cancers
- 2 Habit Heroes sessions offered to an average of 11 attendees per session

2020

- 611 new patients served through Cancer Nurse Navigator
- 424 individuals screened for lung cancer; 57 referred for follow-up
- 200 therapeutic massage sessions provided free to cancer patients
- 603 cancer patients completing distress tool, 106 referred for follow-up
- 2 community education classes provided to 42 attendees
- 1 Healthy Living with Diabetes sessions held for 9 individuals
- 1 diabetes support groups held for 8 attendees
- 1 blood pressure outreach events held; 11 individuals screened
- 2 Junior Chef Cooking Club sessions offered to 26 individuals

Focus | Senior Care

Intended Impact

- Increase awareness of health issues among seniors

Results

2019

- 11 Senior Breakfast Club events held for 475 attendees; 308 attendees completed evaluations; 191 reported knowledge gained
- 2 Stepping On sessions provided for 16 participants
- 2 Boost Your Brain and Memory sessions held for 38 participants
- 2 Smart Driver courses held for 9 participants
- 5 Advanced Directives classes held for 185 attendees; 87 Advanced Directives completed

2020

- 2 Senior Breakfast Club events held for 178 attendees; 130 attendees completed evaluations; 79 reported knowledge gained
- 1 Advanced Directives classes held for 52 attendees; 31 Advanced Directives completed

Focus | Workforce development

Intended Impact

- Increased access to educational opportunities for EMS providers

Results

2019

- 62 EMS educational sessions provided to 1,267 attendees
- 109 Paramedic clinical experiences provided to 50 attendees
- 6 ACLS classes provided to 60 attendees
- 26 Sim Man/Sim Baby trainings provided to 485 paramedic students

2020

- 36 EMS educational sessions provided to 572 attendees
- 18 Paramedic clinical experiences provided to 10 attendees
- 2 ACLS classes provided to 15 attendees
- 13 Sim Man/Sim Baby trainings provided to 164 paramedic students

Focus | Social determinants of health

Intended Impact

- Increased opportunity for stable employment

Results

2019

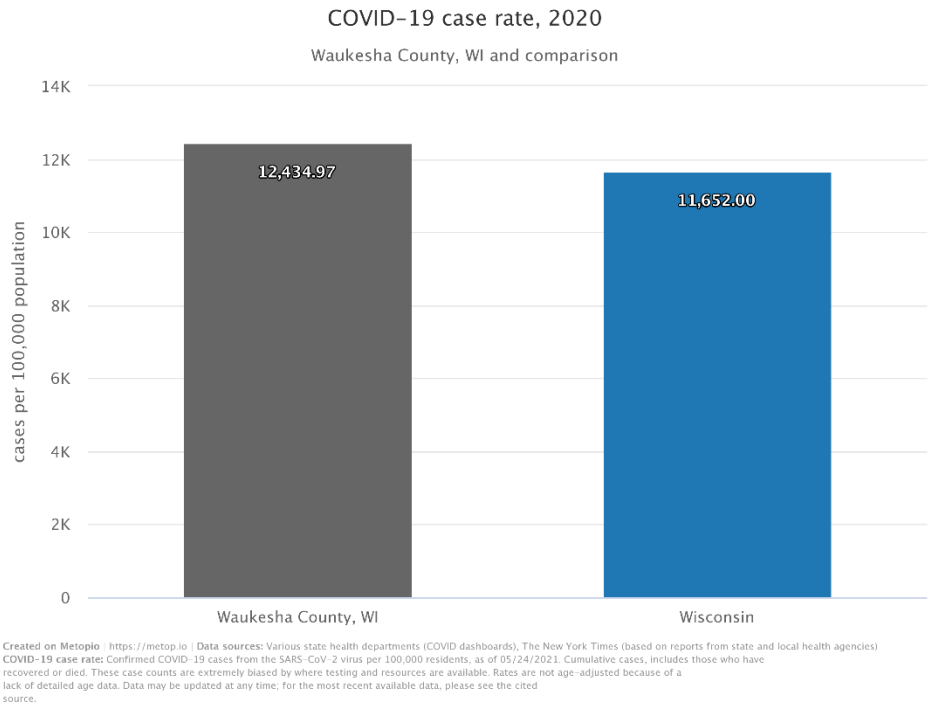
- 12 Charter School educational sessions provided at Aurora Summit to 27 students
- 8 shadowing experiences provided for students of Pewaukee INSIGHT
- 2 individuals system-wide provided with internships through the Temporary Work Experience program

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 Summit. Advocate Aurora's response to the pandemic has been added to Aurora Summit'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 Waukesha County was 12,434.97 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.



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

[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.
[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.

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.