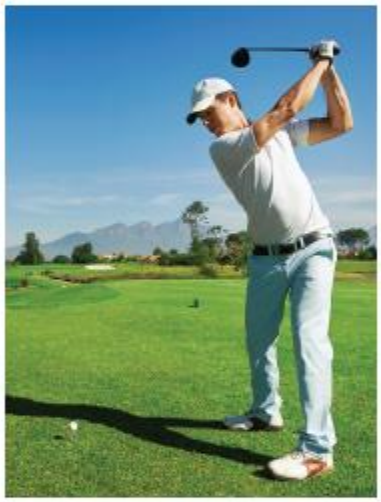
2022
Community Health Needs Assessment Report



Aurora Medical Center – Manitowoc County

5000 Memorial Drive
Two Rivers, WI 54241

Aurora Health Care

December 2022

Thank you for taking the time to learn more about the Advocate Aurora Health Manitowoc County Community Health Needs Assessment (CHNA). This CHNA provides a comprehensive picture of the health status of the communities served by Aurora Medical Center – Manitowoc County. Through understanding the health and social needs of our communities, the hospitals can provide safe, high-quality care with compassion and dignity.

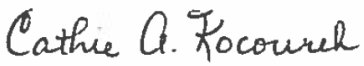
Collaboration and partnership are crucial components of a hospital's CHNA process. Every three years, Aurora Health Care, Holy Family Memorial—Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department, and United Way of Manitowoc County conduct a collaborative Community Health Need Assessment (CHNA) in Manitowoc County.

Based upon comprehensive community data and feedback, Aurora Medical Center – Manitowoc County selected 3 health priorities for the 2022 CHNA. The priorities selected include the following:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Hospital specific priorities addressing one or more social drivers of health

At Advocate Aurora Health, we are committed to helping people live well by understanding the needs of the community and implementing culturally appropriate interventions that address the root causes. We also understand that creating and sustaining community partnerships to implement evidence-based programs is critical in addressing our communities' health needs.

We welcome and encourage community feedback regarding the health needs of our community and the CHNA process. A link at the end of the CHNA report will provide you with an opportunity to leave any feedback, comments or ideas. We also encourage you to review the report and provide recommendations regarding community programs or strategies that aim to address the identified priority health needs. Our Manitowoc County hospital has the honor of working with community partners and leaders to improve the health and wellness of diverse communities across our service area. With a comprehensive and thorough understanding of our communities' health needs, the hospital will be well positioned to help people live well and improve the quality of life among individuals, children, and families in the communities we serve.



Cathie Kocourek
President
Aurora Medical Center – Manitowoc County

Table of Contents

I. EXECUTIVE SUMMARY 4

II. DESCRIPTION OF ADVOCATE AURORA HEALTH AND AURORA MEDICAL CENTER – MANITOWOC COUNTY 5

ADVOCATE AURORA HEALTH 5
AURORA MEDICAL CENTER – MANITOWOC COUNTY 5

III. 2022 COMMUNITY HEALTH NEEDS ASSESSMENT 5

COMMUNITY DEFINITION 5
1. Population 6
2. Social Drivers of Health 6
3. Demographics 7
4. Economics 9
5. Education 9
6. Health Care Resources in the Defined Community 10

HOW THE CHNA WAS CONDUCTED 10
1. Purpose and Process 10
2. Partnership 10
3. Data Collection and Analysis 11
4. Data Sources 11

SUMMARY OF CHNA FINDINGS 11
1. Overall Health Status 11
2. Health Care Coverage and Access to Care 12
3. Health Risk Behaviors 13
4. Disease and Chronic Conditions 15
5. Maternal, Child and Reproductive Health 18
6. Environment 19

IV. PRIORITIZATION OF HEALTH-RELATED ISSUES 20

PRIORITY SETTING PROCESS 22
HEALTH NEEDS SELECTED 21
HEALTH NEED NOT SELECTED 21

V. APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT 21

VI. VEHICLE FOR COMMUNITY FEEDBACK 22

COMMUNITY FEEDBACK 22

VII. EVALUATION OF IMPACT FROM PREVIOUS CHNA 22

VIII. APPENDICES 23

APPENDIX 1: 2022 COMMUNITY HEALTH PHONE SURVEY SUMMARY 23
APPENDIX 2: 2022 COMMUNITY HEALTH ONLINE SURVEY SUMMARY 30

I. Executive Summary

Every three years, Aurora Health Care, Holy Family Memorial—Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department, and United Way of Manitowoc County conduct a collaborative Community Health Need Assessment (CHNA) in Manitowoc County. The CHNA serves as the foundation from which hospitals and the local health department develop their respective community health improvement strategies.

These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.

The Manitowoc County CHNA relies on three sources of information:

• Community Health Survey (primary data): online and phone surveys conducted January – June 2022, with more than 1,300 (400 phone and 958 online) Manitowoc County residents completing questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.

• Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 35 individuals representing 32 organizations to identify the community's most pressing health issues and effective health improvement strategies.

• Metopio (secondary data): Advocate Aurora Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: https://public.metop.io).

The top six health issues identified in the Manitowoc Community Health Needs Assessment were:
• Substance Abuse
• Mental Health
• Nutrition, Physical Activity, and Obesity
• Housing
• Affordable Childcare
• Economic Stability and Employment

The top six health issues identified by the Manitowoc Community Health Needs Assessment were presented to the Aurora Manitowoc Steering Council, and members were asked to rank the issues based on the following criteria:

- Size/Seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- Health care system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

Using these criteria, Aurora Medical Center – Manitowoc County has prioritized the significant health needs to address in the 2023-2025 implementation strategy:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Food security

II. Description of Advocate Aurora Health and Aurora Medical Center – Manitowoc County

A. Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. 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 over $2.5 billion in charitable care and services to its communities in 2020. To learn more about Advocate Aurora Health's contributions to the community and how we help people live well, visit Community Benefits | Aurora Health Care.

B. Aurora Medical Center – Manitowoc County

Located along the shores of Lake Michigan, Aurora Medical Center - Manitowoc County features state-of-the-art facilities and patient rooms with views of the surrounding gardens or lake.

Our cancer and cardiac care programs have received national recognition for their best practices and quality of care. And our birthing center welcomes more than 400 babies each year.

You can also count on Aurora Health Center, located on the same campus, to offer convenient care in conjunction with the hospital. Specialists in a variety of fields see patients right next door to the hospital and offer in-hospital consultations.

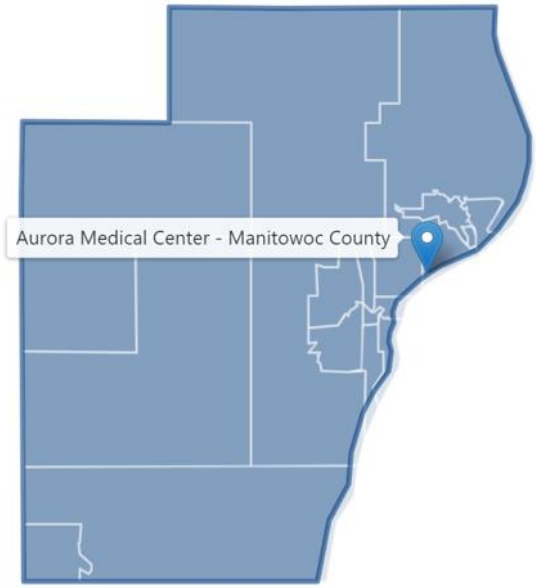
For convenient, world-class care in a welcoming environment, turn to Aurora Manitowoc County.

III. 2022 Community Health Needs Assessment

A. Community Definition

For the purposes of this assessment, "community" is defined as Manitowoc County. Exhibit 1 shows a map of the defined community.

Exhibit 1: Aurora Medical Center – Manitowoc County Community



Source: Metopio, 2022

1. Population

The 2020 Manitowoc County population was 81,359.

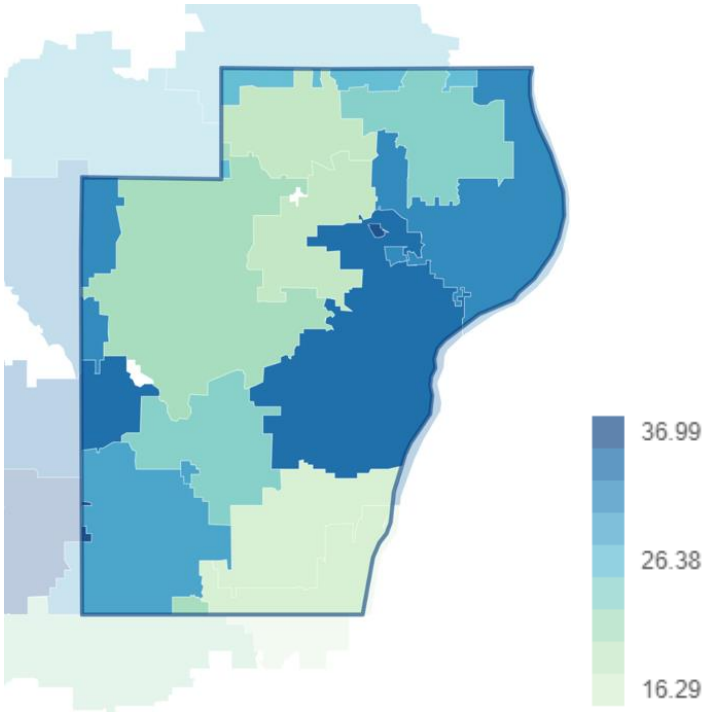
2. Social Drivers of Health

In 2018, Manitowoc County was in the 16.2 percentile for Social Vulnerability Index. The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

In 2015-2019, Manitowoc County had a Hardship Index of 35.5, similar to the Wisconsin average of 36.5. The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). The Hardship Index incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes.

The exhibit below shows a graph of the ALICE index in Manitowoc County. ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Exhibit 2: Manitowoc County ALICE Map 2018



Key findings: Community Definition

- The median age of Manitowoc County is 44.9 years old, higher than the Wisconsin average
- The median household income of Manitowoc County is $61,616, lower than the Wisconsin average

Source: Metopio, United Way ALICE Data, 2022

3. Demographics

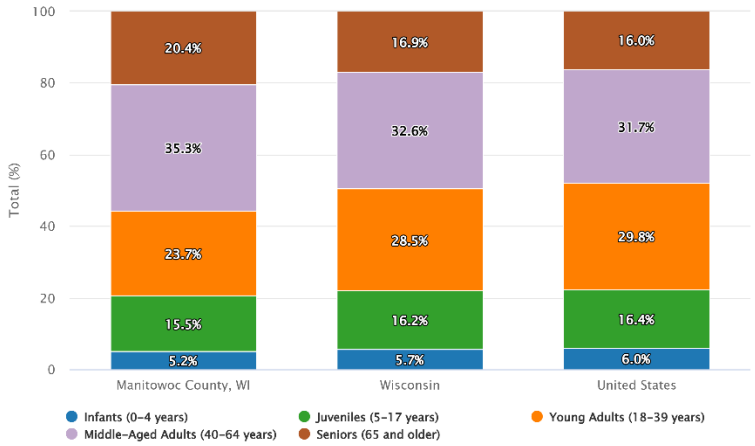
Age and Gender

In 2016-2020, the median age in Manitowoc County was 44.9 years old higher than the Wisconsin median age of 39.6.

In 2016-2020, 50.1 percent of the Manitowoc County population was female, and 50.1 percent was male, compared to 50.2 percent female and 49.8 percent male in Wisconsin overall.

Out of the total Manitowoc County population, 5.2 percent is under 5 years old, 15.5 percent of the population is between the ages of 5 and 17, and 23.7 percent of the population is between the ages of 18 and 39, 35.3 percent of the population is between the ages of 40 and 64 and 20.4 percent of the population is 65 years or older. Exhibit 3 shows the Manitowoc County population by age group, compared to Wisconsin and United States averages.

Exhibit 3: Manitowoc County Population by Age 2016-2020



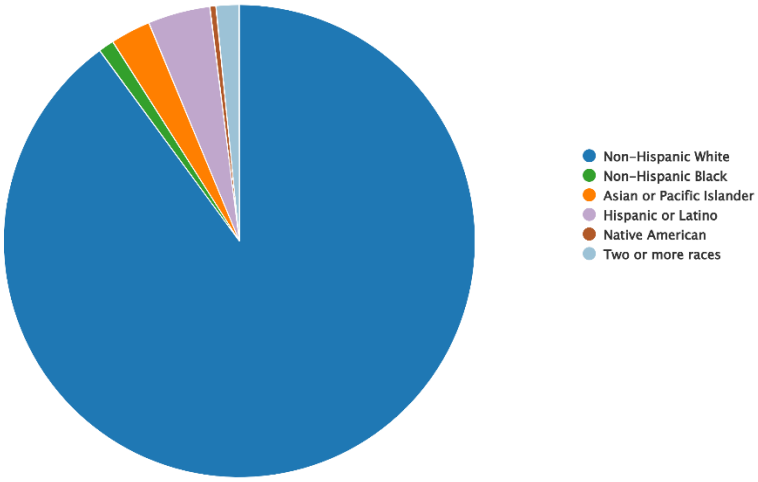
Source: Metopio, American Community Survey, 2022

Race and Ethnicity

Demographic data shows that Manitowoc County is 89.9 percent non-Hispanic White, which is the largest racial group followed by Hispanic of Latino population at 4.3 percent, Asian or Pacific Islander at 2.7 percent, two or more races at 1.6 percent, non-Hispanic Black at 1.1 percent, and Native American at 0.4 percent.

A graph showing the racial and ethnic composition of Manitowoc County is displayed in Exhibit 4.

Exhibit 4: Manitowoc County Population by Race/Ethnicity 2016-2020



Source: Metopio, American Community Survey, 2022

In 2016-2020, 3.0 percent of Manitowoc County residents spoke Spanish as their primary language at home.

Household/Family

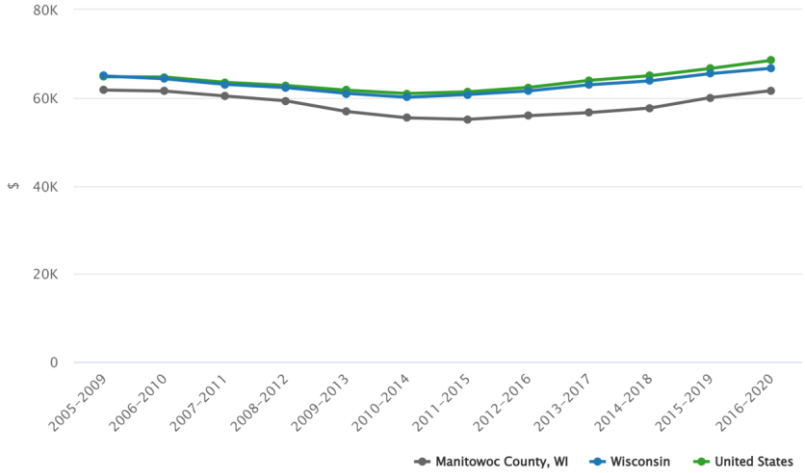
In 2016-2020, 4.9 percent of Manitowoc County households were single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 29.7 percent of Manitowoc County seniors live alone (2016-2020).

4. Economics

Income

The median household income in Manitowoc County is $61,616, which is lower than the Wisconsin median household income of $66,706. The graph below shows the change over time in the Manitowoc County household income compared to Wisconsin in Exhibit 5.

Exhibit 5: Manitowoc County Median Household Income 2005-2020



Source: Metopio, American Community Survey, 2022

Employment

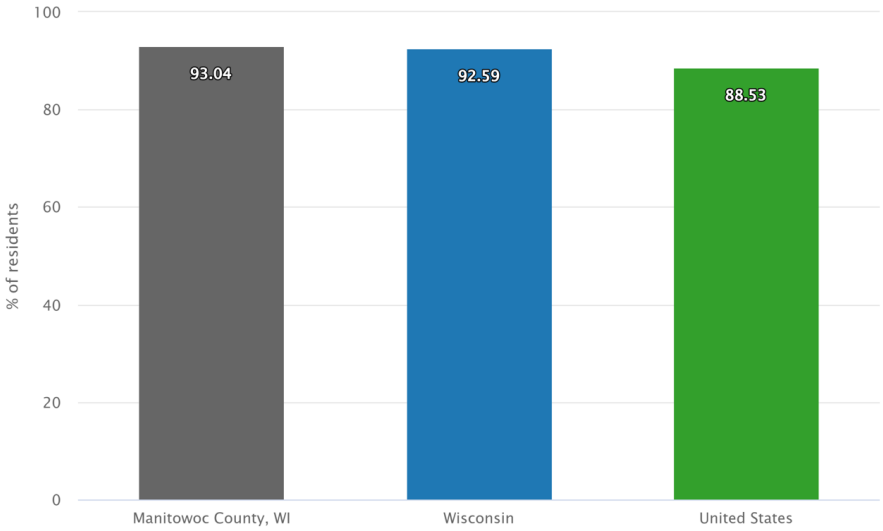
The unemployment rate among Manitowoc County residents that are 16 years of age and older is 2.4 percent, which is lower compared to the state of Wisconsin at 3.6 percent.

5. Education

Educational Level

Manitowoc 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 drivers of health. Higher levels of education correlate with better health outcomes. The percent of individuals in Manitowoc County with a high school degree or higher is higher compared to the Wisconsin average. Exhibit 6 (next page) shows high school graduation rates among individuals aged 25 and older residing in Manitowoc County, compared to Wisconsin United States averages.

Exhibit 6: Manitowoc County High School Graduation Rate 2016-2020



Source: Metopio, American Community Survey, 2022

6. Health Care Resources in the Defined Community

Available community resources and assets for each top community health issue were discussed by interviewed community members. The organizations listed as providing key stakeholders for interviews are resources for the community as well. Specific resources leveraged by the hospital are identified in the Implementation Strategy. To view the full Key Stakeholder Interview Report, go to Health Data | Community Benefits | Aurora Health Care.

B. How the CHNA was Conducted

1. Process and Partnership

Every three years, Aurora Health Care, Holy Family Memorial—Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department, and United Way of Manitowoc County conduct a collaborative Community Health Need Assessment (CHNA) in Manitowoc County. The CHNA serves as the foundation from which hospitals and the local health department develop their respective community health improvement strategies.

These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.

2. Data Collection

The Manitowoc County CHNA relies on three sources of information:

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C. Summary of CHNA Findings

1. Overall Health Status

Life expectancy is a projection of expected years of life to be lived. Overall life expectancy is 79.6 years for the general population in Manitowoc County, similar to the Wisconsin average of 79.3. According to the 2022 Manitowoc County Community Health Survey, 34 percent of phone survey respondents reported their overall health as excellent or very good, a decrease from 45 percent in 2019, and 57 percent in 2010. Forty-one percent of respondents reported their health as good, which increased from 36 percent in 2019. Twenty-five percent of respondents reported their health as fair or poor which increased from 19 percent in 2019.

The top six health issues identified in the Manitowoc Community Health Needs Assessment were:
• Substance Abuse
• Mental Health
• Nutrition, Physical Activity, and Obesity
• Housing
• Affordable Childcare
• Economic Stability and Employment

2. Access to Care and Health Care Coverage

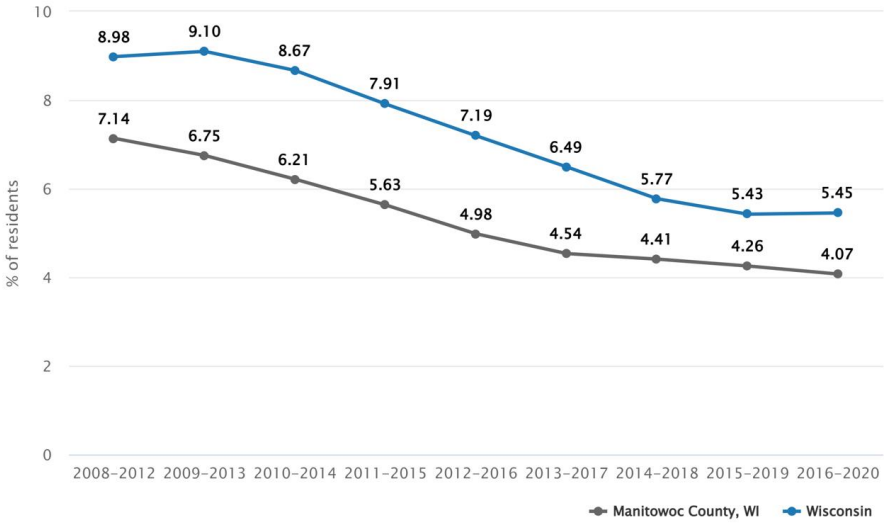
Why is this important?

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far from health care providers who offer them. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need. Adequate and affordable health insurance coverage is important for health care access and improving the health of individuals and our community.

Health Care Coverage

The exhibit below shows the overall rate of uninsured residents in Manitowoc County, which has decreased since the baseline of 2008-2012.

Exhibit 7: Manitowoc County Health Uninsured Rate 2008-2020



Source: Metopio, American Community Survey, 2022

Key findings: Health Care Coverage and Access to Care

- The uninsured rate of Manitowoc County residents has decreased since 2008-2012
- One in ten Manitowoc County phone survey respondents reported an unmet care need in the past year
- The Manitowoc County Primary Care Provider and Mental Health Provider rates are both lower than the Wisconsin averages

Unmet Care Needs

Ten percent of respondents of the 2022 Manitowoc County Phone Survey reported an unmet medical care need in the past year, an increase from seven percent in 2019. Three percent of Manitowoc County Phone Survey respondents reported using an Emergency Department as their primary source of healthcare, similar to the 2010 baseline of two percent in 2010.

Exhibit 8: Manitowoc County Access Table

Perceptions of community health care access	Yes	No	Not Sure
There are **quality** health care services	81%	9%	10%
There are **affordable** health care services	59%	21%	20%
Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc.	63%	5%	32%

Access to Care

The Primary Care Provider rate in Manitowoc County is 49.7 physicians per 100,000 residents, which is lower than the Wisconsin average of 89.7 physicians per 100,000 residents. The Mental Health Provider rate in Manitowoc County is 125.7 providers per 100,000 residents, which is lower than the Wisconsin average of 272.2 providers per 100,000 residents.

3. Health Risk Behaviors

Why is this important?

Many chronic diseases are caused by a short list of risk behaviors: tobacco use and exposure to secondhand smoke, poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats, lack of physical activity, and excessive alcohol use.

Substance use and abuse

In 2019, 18.4 percent of adults in Manitowoc County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days, a decrease from the 1996 baseline of 25.5 percent. In 2022, eight percent of Manitowoc County phone survey respondents reported vaping, an increase from four percent in 2016.

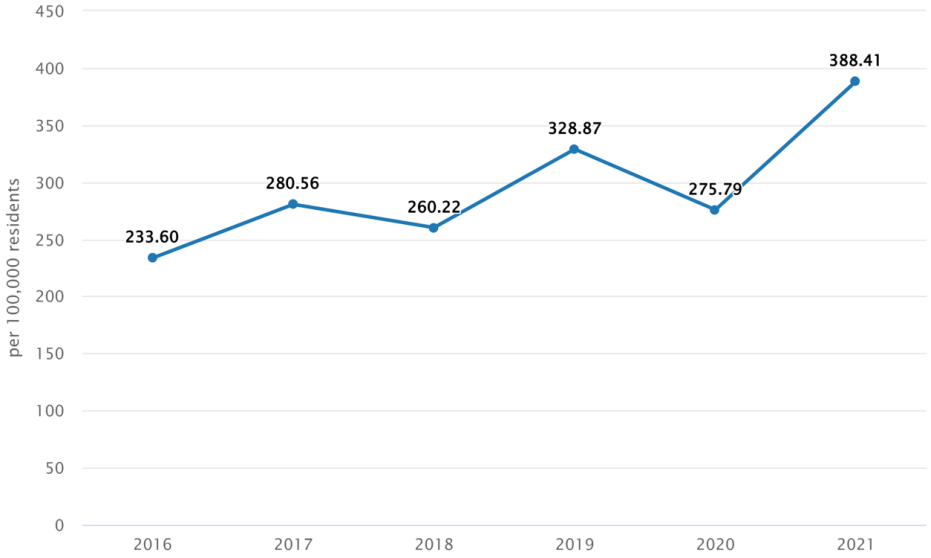
In 2022, nine percent of Manitowoc County phone survey respondents reported heavy drinking, which is defined as 61 or more drinks for males and 31 or more drinks for females in the past month. Additionally, 22 percent of Manitowoc County phone survey respondents reported binge drinking, higher than the United States average of 16 percent.

Key findings: Health Risk Behaviors

- Twenty-two percent of Manitowoc County phone survey respondents reported binge drinking in the past month
- In 2019, 32.6 percent of Manitowoc County residents were obese
- The Manitowoc County opioid-related Emergency Department visit rate was higher among the Non-Hispanic Black population

Binge drinking reflects the percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.
As shown in Exhibit 9 below, from 2016 through 2021, the Manitowoc County alcohol use emergency department visit rate increased from 233.6 visits per 100,000 residents to 388.4 visits per 100,000 residents.

Exhibit 9: Manitowoc County Alcohol Use Emergency Department Visit Rate 2016-2021

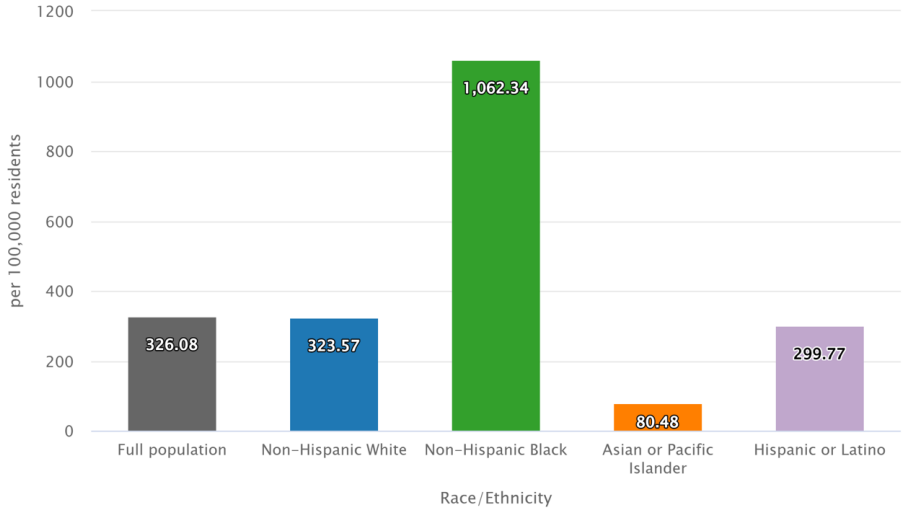


Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

The 2021 Manitowoc County alcohol use hospitalization rate was 226.8 admissions per 100,000 residents, higher than the Wisconsin average of 218.7 visits per 100,000 residents.

In Manitowoc County, the rate of drug overdose mortality was 19.1 per 100,000 population in 2016-2020, lower than Wisconsin rate of 21.7 per 100,000 population. As shown in Exhibit 10 the Manitowoc County opioid-related emergency department visit rate from 2017-2021 was higher among the non-Hispanic Black population, than the full population average.

Exhibit 10: Manitowoc County Opioid-Related Emergency Department Visit Rate by Race/Ethnicity 2017-2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

In 2021, the Manitowoc County substance use hospitalization rate was 341.9 admissions per 100,000 residents, higher than the Wisconsin average of 308.0 visits per 100,000 residents.

Physical Activity and Inactivity

In 2019, 26.6 percent of adults in Manitowoc County reported no exercise in the past month, higher than the Wisconsin average (23.3 percent).

Weight Status

In 2019, 32.5 percent of adults in Manitowoc County were obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height), lower than the Wisconsin average of 34.6 percent.

4. Disease and Chronic Conditions

Why is this important?
Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.

Cancer

Exhibit 11 (next page) shows the mortality, incidence, and screening rates for various types of cancer in Manitowoc County, compared to the Wisconsin and United States averages.

Exhibit 11: Manitowoc County Cancer Table

Topic	Manitowoc County, WI	Wisconsin	United States
Breast cancer mortality *deaths per 100,000, 2016-2020*	11.8	10.0	10.8
Non-invasive breast cancer diagnosis rate *per 100,000 female residents, 2014-2018*	29.4	33.5	29.4
Mammography use *Females % of adults, 2018*	69.7	72.9	77.8
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	11.0	12.4	13.4
Colorectal cancer screening *% of adults, 2018*	69.0	69.8	65.0
Cervical cancer diagnosis rate *per 100,000 female residents, 2014-2018*	5.9	6.6	7.7
Pap smear use *Females, Adults (18-64 years) % of adults, 2018*	84.3	85.3	84.6
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	41.3	35.5	36.7
Lung cancer diagnosis rate *per 100,000 residents, 2014-2018*	61.8	58.8	57.3
Oral cancer diagnosis rate *per 100,000 residents, 2014-2018*	11.2	12.4	11.9
Prostate cancer diagnosis rate *per 100,000 male residents, 2014-2018*	112.4	112.5	106.2

Source: Metopio, 2022

Key findings: Disease and Chronic Conditions

- Thirty-two percent of Manitowoc County phone survey respondents reported ever having been told by a doctor they have high blood pressure
- Key stakeholders and community members ranked mental health as a top community issue
- The Manitowoc County mental health Emergency Department visit rate is higher among the Non-Hispanic Black population

Cardiovascular Disease

The 2021 heart failure hospitalization rate in Manitowoc County was 372.6 admissions per 100,000 residents, lower than the Wisconsin average of 396.8 per 100,000. The 2021 heart failure emergency department visit rate was 172.3 visits per 100,000 residents, lower than the Wisconsin average of 206.2. The 2021 hypertension hospitalization rate in Manitowoc County was 32.3 admissions per 100,000 residents, lower than the Wisconsin average of 38.5. The 2021 hypertension emergency department visit rate was 261.6 visits per 100,000 residents, lower than the Wisconsin average of 299.5.

In 2022, 29.0 percent of Manitowoc County phone survey respondents reported ever having been told by a doctor, nurse or other health professional they have high cholesterol, the same as the 2010 baseline. Additionally, 32 percent of phone survey respondents reported ever having been told by a doctor, nurse or other health professional they have high blood pressure, higher than the 2010 baseline of 26 percent.

Diabetes

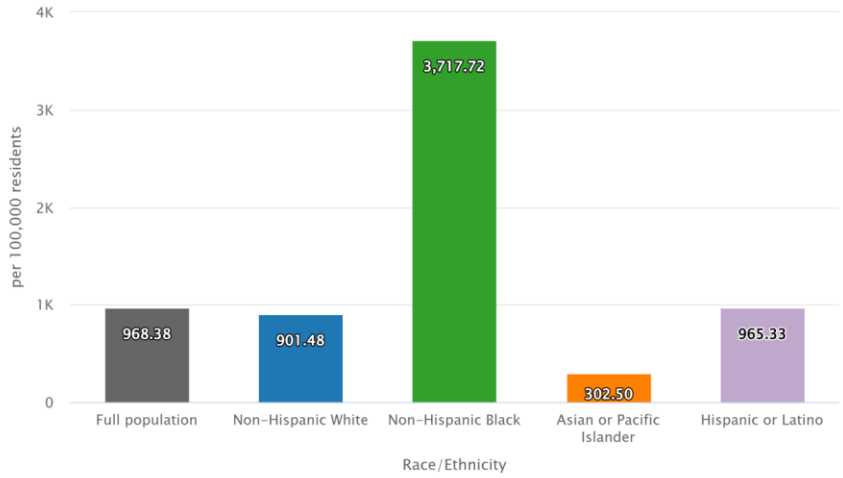
The 2021 uncontrolled diabetes hospitalization rate in Manitowoc County was 21.0 admissions per 100,000 residents, lower than the Wisconsin average of 23.6 per 100,000. The 2021 uncontrolled diabetes emergency department visit rate was 179.4 visits per 100,000 residents, lower than the Wisconsin average of 215.0.

Mental Health

Mental health was identified as a top health issue by community members and key stakeholders. Stakeholders reported needed strategies including support for existing strategies, funding and staffing, inpatient facilities and treatment options, more collaboration, trauma informed care training and QPR (question, persuade, refer) training. Twenty-five percent of Manitowoc County phone survey respondents reported being diagnosed with a mental health condition, higher than the 2010 baseline of 10 percent. Eighty-two of these respondents are currently seeing a provider for their condition.

The 2021 mental health hospitalization rate in Manitowoc County was 668.4 admissions per 100,000 residents, higher than the Wisconsin average of 650.8 per 100,000. The 2021 mental health emergency department visit rate was 953.5 visits per 100,000 residents, higher than the Wisconsin average of 919.8. The 2017-2021 mental health Emergency Department visit rate for non-Hispanic Black residents was 2.8 times higher than the county average, shown in Exhibit 12.

Exhibit 12: Manitowoc County Mental Health Emergency Department Visit Rate by Race/Ethnicity 2017-2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

The 2021 suicide and self-injury hospitalization rate in Manitowoc County was 98.8 admissions per 100,000 residents, higher than the Wisconsin average of 77.4 per 100,000. The 2021 suicide and self-injury emergency department visit rate was 150.7 visits per 100,000 residents, higher than the Wisconsin average of 132.7.

Respiratory Disease

The 2021 asthma hospitalization rate in Manitowoc County was 22.6 admissions per 100,000 residents, higher than the Wisconsin average of 18.4 per 100,000. The 2021 asthma emergency department visit rate was 203.0 visits per 100,000 residents, lower than the Wisconsin average of 218.0.

In 2022, 13.0 percent of Manitowoc County phone survey respondents reported having ever been told by a doctor, nurse or other health professional that they have asthma, and 89 percent of those respondents are currently seeing a doctor, nurse or other health professional for their condition.

Impact of COVID-19

The COVID-19 pandemic brought profound changes to the way people work, communicate, learn, play, eat, socialize and receive health care. COVID-19 raced across the American landscape bringing illness, suffering, economic struggle and death to people across all racial, ethnic and socioeconomic groups. COVID-19 shined an even brighter light on the health inequities experienced by low-income communities and communities of color. Notably, communities of color were disproportionately affected by the disease, its many difficult side effects, and higher death rates. COVID-19 continues to be a priority and as a health care system, we are proactively working with public health professionals and clinical experts to educate and improve health outcomes in our communities.

- COVID-19 case rate (2020) in Manitowoc County, Wisconsin: 11,164.8 cumulative cases per 100,000 population

Other Chronic Diseases or Conditions

The 2016-2020 Alzheimer's disease mortality in Manitowoc County was 27.7 deaths per 100,000, lower than the Wisconsin average of 31.3.

The 2016-2020 fall mortality in Manitowoc County was 16.3 deaths per 100,000, lower than the Wisconsin average of 22.1.

The 2021 dental problem emergency department visit rate in Manitowoc County was 658.2 visits per 100,000 residents, higher than the Wisconsin average of 459.7 per 100,000.

Key findings: Maternal, Child and Reproductive Health

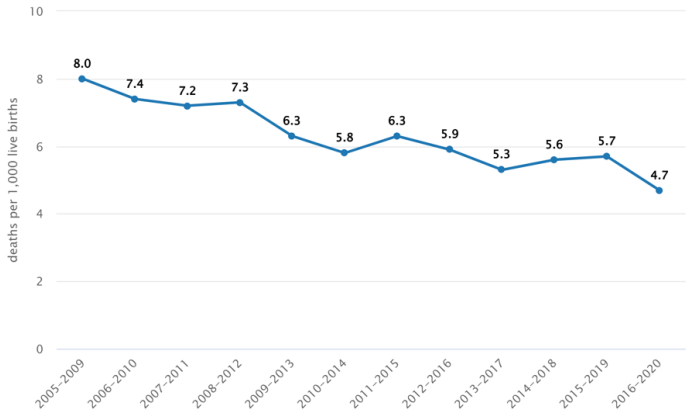
- The Manitowoc County infant mortality rate is lower than the Wisconsin average
- The Manitowoc County sexually transmitted infection rates are lower than the Wisconsin average

5. Maternal, Child and Reproductive Health

Birth Outcomes

The 2016-2020 infant mortality rate for Manitowoc County, shown in Exhibit 13, was 4.7 deaths per 1,000 live births, lower than the Wisconsin average of 6.0 deaths per 1,000 live births. The 2018 low birth weight rate in Manitowoc County was 8.0 percent of live births, similar to the Wisconsin average of 7.6 percent.

Exhibit 13: Manitowoc County Infant Mortality Rate by Race/Ethnicity 2016-2020



Source: Metopio, National Vital Statistics System-Natality, 2022

The 2016-2020 teen birth rate among females 17 and younger was 13.9 births per 1,000 women, higher than the Wisconsin average of 7.4 births per 1,000 women.

Sexually Transmitted Infections

The 2018 sexually transmitted infection rate in Manitowoc County was 351.2 new cases per 100,000 residents, lower than the Wisconsin average of 629.7.

6. Environment

Why is this important?

Many people face challenges and dangers they can't control – like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life.

Key findings: Environment

- Almost 13 percent of Manitowoc County residents are rent-burdened
- Almost seven percent of Manitowoc County households have no vehicle available

Housing

From 2016-2020, 75.9 percent of Manitowoc County housing units were owner occupied, higher than the Wisconsin average of 67.1 percent. Additionally, 12.6 percent of Manitowoc County renter occupied housing units are rent-burdened, meaning renters are spending more than 50 percent of their income on rent. Twenty-one percent of Manitowoc County online survey respondents reported there were not affordable places to live in their community.

Transportation

From 2016-2020, 6.5 percent of Manitowoc County households had no vehicle available, similar to the Wisconsin average of 6.6 percent.

The mean travel time to work in Manitowoc County is 19.3 minutes, similar to the Wisconsin average of 22.2 minutes.

Food security and access to healthy foods

In 2020, 13.3 percent of Manitowoc County residents experienced food insecurity, meaning the household has experienced limited or uncertain access to food, an increase from 8.4 percent in 2018.

Social Environment and Community Safety

The 2016-2020 age-adjusted death rate due to motor vehicle collisions in Manitowoc County was 11.7 deaths per 100,000 population, higher than the Wisconsin average of 10.0 deaths per 100,000 population.

IV. Prioritization of Health-Related Issues

A. Priority Setting Process

The top six health issues identified in the Manitowoc Community Health Needs Assessment were:
• Substance Abuse
• Mental Health
• Nutrition, Physical Activity, and Obesity
• Housing
• Affordable Childcare
• Economic Stability and Employment

The top six health issues identified by the Manitowoc Community Health Needs Assessment were presented to the Aurora Manitowoc Steering Council, and members were asked to rank the issues based on the following criteria:

- Size/Seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- Health care system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

Using these criteria, Aurora Medical Center – Manitowoc County has prioritized the significant health needs to address in the 2023-2025 implementation strategy:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Food security

B. Health Needs Selected

Access to Innovative Care and Services

Data indicates that access to health care coverage and health care utilization is a top concern in Manitowoc County. The overall rate of uninsured residents in Manitowoc County is 4.1 percent, which is slightly less than the Wisconsin unsured rate of 5.5%. The highest rate of uninsured residents is among the Hispanic or Latino population (13.2 percent) and the Asian or Pacific Islander population (13.0 percent). From 2017-2021, the rate of preventable emergency department visits for Manitowoc County was 2,091.1 visits per 100,000 residents, but the rate was higher for the non-Hispanic Black population at 9,613.8 visits per 100,000 residents.

Behavioral Health: Mental Health and Substance Abuse

Behavioral health, which includes treatment and services for mental health conditions and substance use disorder is a growing public health concern and was identified as a top health issue in the Aurora Medical Center – Manitowoc County Community Health Needs Assessment. The 2017-2021 mental health emergency department rate in Manitowoc County was 968.4 admissions per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 3,717.7 visits per 100,000 residents.

From 2017-2021, the Manitowoc County opioid-related emergency department visit rate was 326.1 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 1,062.3 visits per 100,000 residents.

Living Well: Food Security

The socioeconomic and environmental conditions where people live, work, learn, play and pray have a direct impact on a wide range of health and quality of life outcomes. Living well ls the aspirational goal we have when communities address targeted, yet critical community health needs. In the Aurora Medical Center Manitowoc County Community Health Needs Assessment, the community identified food security as a condition that needs to be addressed to achieve living well.

In 2020, 13.3 percent of Manitowoc County residents experienced food insecurity, meaning the household has experienced limited or uncertain access to food, an increase from 8.4 percent in 2018.

C. Health Need Not Selected

Social Drivers of Health: Housing, Childcare, and Economic Stability

The implementation strategy does not include specific strategies and goals for select social drivers of health (housing, childcare, and economic stability), due to resource constraints. The Aurora Manitowoc County Community Benefit team will assess current activities in the community that address these factors and support those initiatives when appropriate for a health system to do so. Additionally, Aurora Manitowoc County aims to incorporate addressing social factors in their current priorities, including transportation and access to social services.

V. Approval of Community Health Needs Assessment

This 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 12th, 2022.

VI. Vehicle for Community Feedback

Community Feedback

Advocate Aurora Health welcomes all feedback regarding the 2022 Community Health Needs Assessment. Any member of the community wishing to comment on this report, can click on the link below to complete a CHNA feedback form, or go to aurora.org/commbenefits and select "Contact Us." Questions will be addressed and will also be considered during the next CHNA cycle.

SCAN ME

Feedback Link: Advocate Aurora Health Community Health Needs Assessment: Feedback Form (office.com)

If you experience any issues with the link to our feedback form or have any other questions, please email WIAHC-WICommunityHealth@aah.org. This report can be viewed online at Aurora Health Care's Community Health Needs Assessment Report webpage via the following link: Community Benefits | Aurora Health Care. A paper copy of this report may also be requested by contacting the hospital's Community Health Department or going to aurora.org/commbenefits and selecting "Contact Us."

VII. Evaluation of Impact from Previous CHNA

To view the complete Community Benefit Progress reports for Aurora Health Care Hospitals, please go to Community Benefits | Aurora Health Care.

VIII. Appendices

Appendix 1: Community Health Phone Survey Summary

Manitowoc County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of county residents. This summary was prepared by JKV Research for Aurora Health Care, Holy Family Memorial—Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department and United Way of Manitowoc County.

	Manitowoc					*WI*	*US*
Overall Health	2010	2013	2016	2019	2022	*2020*	*2020*
Excellent/Very Good	57%	52%	51%	45%	34%	*57%*	*57%*
Good	30%	32%	31%	36%	41%	*30%*	*30%*
Fair or Poor	14%	16%	17%	19%	25%	*13%*	*13%*
Health Care Coverage	Manitowoc					*WI*	*US*
Not Covered	2010	2013	2016	2019	2022	*2020*	*2020*
Personally (Currently, 18 Years Old and Older)	15%	6%	2%	3%	2%	*8%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	19%	7%	3%	4%	3%	*9%*	*13%*
Household Member (Past Year)	23%	13%	6%	8%	6%	*NA*	*NA*
Did Not Receive Care Needed in Past Year	Manitowoc					*WI*	*US*
Unmet Need/Care in Household	2010	2013	2016	2019	2022	*2020*	*2017*
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	--	10%	12%	9%	7%	*NA*	*3%*
Medical Care [HP2030 Goal: 3%]*	--	11%	10%	7%	10%	*NA*	*4%*
Dental Care [HP2030 Goal: 4%]*	--	11%	11%	16%	17%	*NA*	*5%*
Mental Health Care Services or Alcohol/Substance Abuse Treatment	--	--	--	--	9%	*NA*	*NA*
	Manitowoc					*WI*	*US*
Economic Hardships	2010	2013	2016	2019	2022	*2020*	*2020*
Household Went Hungry (Past Year)	--	1%	2%	4%	5%	*NA*	*NA*
Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)	--	--	--	--	8%	*NA*	*NA*
Issue with Current Housing Situation	--	--	--	--	3%	*NA*	*NA*
Health Information	Manitowoc					*WI*	*US*
Primary Source of Health Information	2010	2013	2016	2019	2022	*2020*	*2020*
Doctor or Other Health Professional	--	--	62%	65%	73%	*NA*	*NA*
Internet	--	--	18%	20%	10%	*NA*	*NA*
Family/Friends	--	--	1%	6%	5%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	--	8%	4%	5%	*NA*	*NA*
	Manitowoc					*WI*	*US*
Health Services	2010	2013	2016	2019	2022	*2020*	*2020*
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	88%	90%	88%	*83%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	77%	78%	63%	65%	63%	*NA*	*NA*
Urgent Care Center	3%	9%	20%	18%	19%	*NA*	*NA*
Quickcare Clinic/Fastcare Clinic	--	--	--	--	7%	*NA*	*NA*
Public Health Clinic/Community Health Center	8%	6%	4%	5%	2%	*NA*	*NA*
Hospital Emergency Room	2%	1%	4%	2%	3%	*NA*	*NA*
Hospital Outpatient Department	3%	1%	<1%	3%	<1%	*NA*	*NA*
No Usual Place	5%	4%	8%	7%	4%	*NA*	*NA*
Advance Care Plan	33%	38%	47%	43%	43%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.
*Since 2019, the question was asked about any household member. In previous years, the question was asked of the respondent only.

Vaccinations	Manitowoc					*WI*	*US*
COVID-19 Vaccine	2010	2013	2016	2019	2022	*2020*	*2020*
Fully Vaccinated and Boostered	--	--	--	--	52%	*NA*	*NA*
Fully Vaccinated and No Booster	--	--	--	--	19%	*NA*	*NA*
Not Vaccinated	--	--	--	--	29%	*NA*	*NA*
Household Not Up-to-Date with Vaccines, Excluding COVID-19	--	--	--	--	7%	*NA*	*NA*

Fallen/Injury Limited Activities in Past 3 Months (55 and Older)	Manitowoc					*WI*	*US*
	2010	2013	2016	2019	2022	*2020*	*2020*
Fallen	--	--	--	--	17%	*NA*	*NA*
Respondents Who Fell							
Fall Caused Injury that Limited Activities/Saw Doctor	--	--	--	--	21%	*NA*	*NA*

Health Conditions in Past 3 Years	Manitowoc					*WI*	*US*
	2010	2013	2016	2019	2022	*2020*	*2020*
High Blood Pressure	26%	30%	31%	31%	32%	*NA*	*NA*
High Blood Cholesterol	29%	26%	16%	24%	29%	*NA*	*NA*
Mental Health Condition	12%	16%	15%	19%	25%	*NA*	*NA*
Diabetes	6%	11%	9%	13%	15%	*NA*	*NA*
Heart Disease/Condition	9%	11%	10%	8%	11%	*NA*	*NA*
Asthma (Current)	7%	8%	13%	14%	13%	*10%*	*10%*

Regularly Seeing Doctor/Nurse/Other Health Care Provider	Manitowoc					*WI*	*US*
	2010	2013	2016	2019	2022	*2020*	*2020*
High Blood Pressure	--	--	--	--	94%	*NA*	*NA*
High Blood Cholesterol	--	--	--	--	88%	*NA*	*NA*
Mental Health Condition	--	--	--	--	82%	*NA*	*NA*
Diabetes	--	--	--	--	98%	*NA*	*NA*
Heart Disease/Condition	--	--	--	--	91%	*NA*	*NA*
Asthma (Current)	--	--	--	--	89%	*NA*	*NA*

Body Weight	Manitowoc					*WI*	*US*
Overweight Status	2010	2013	2016	2019	2022	*2020*	*2020*
Overweight (BMI 25.0+)	66%	73%	71%	76%	79%	*68%*	*67%*
Obese (BMI 30.0+) [HP2030 Goal: 36%]	28%	34%	42%	43%	41%	*32%*	*32%*

Women's Health	Manitowoc					*WI*	*US*
	2010	2013	2016	2019	2022	*2020*	*2020*
Pap Smear (18 – 65; Within Past 3 Years)	81%	83%	81%	89%	77%	*78%*	*78%*

Tobacco Product Use in Past Month	Manitowoc					*WI*	*US*
	2010	2013	2016	2019	2022	*2020*	*2020*
Current Smokers [HP2030 Goal: 5%]	25%	19%	21%	16%	15%	*16%*	*16%*
Current Vapers	--	--	4%	3%	8%	*4%*[1]	*4%*
Smokeless Tobacco Use	--	--	3%	5%	5%	*4%*	*4%*
Cigars, Cigarillos or Little Cigars Use	--	--	2%	3%	2%	*NA*	*NA*

Exposure to Smoke	Manitowoc					*WI*[2]	*US*
Smoking Policy at Home	2010	2013	2016	2019	2022	*14-15*	*14-15*
Not Allowed Anywhere [HP2030 Goal: 93%]	70%	78%	85%	83%	81%	*84%*	*87%*
Allowed in Some Places/At Some Times	7%	9%	5%	10%	6%	*NA*	*NA*
Allowed Anywhere	4%	2%	3%	1%	2%	*NA*	*NA*
No Rules Inside Home	19%	11%	8%	7%	11%	*NA*	*NA*

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

	Manitowoc					WI	US
Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	2010	2013	2016	2019	2022	*2020*	*2020*
Delta-8	--	--	--	--	2%	*NA*	*NA*

	Manitowoc					WI	US
Alcohol Use in Past Month	2010	2013	2016	2019	2022	*2020*	*2020*
Heavy Drinker*	9%	5%	--	--	9%	*10%*	*7%*
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	23%	20%	40%	30%	22%	*23%*	*16%*

	Manitowoc					WI	US
Mental Health Status	2010	2013	2016	2019	2022	*2020*	*2020*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	6%	5%	5%	8%	*NA*	*NA*
Considered Suicide (Past Year)	4%	3%	2%	7%	5%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	4%	6%	6%	*NA*	*NA*

	Manitowoc					WI	US
Children in Household	2010	2013	2016	2019	2022	*2020*	*2020*
Personal Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	96%	88%	96%	*NA*	*NA*
Visited Personal Doctor/Nurse for Preventive Care (Past Year)	--	--	84%	94%	94%	*NA*	*NA*
COVID-19 Vaccine Status (Children 5 to 17 Years Old)	--	--	--	--	47%	*NA*	*NA*
Mental Health Condition	--	--	--	--	26%	*NA*	*NA*
Overweight or Obese	--	--	--	--	15%	*NA*	*NA*
Current Asthma	--	--	4%	4%	13%	*NA*	*NA*
Diabetes	--	--	--	--	0%	*NA*	*NA*
Safety in Community (Children 5 to 17 Years Old)	--	--	0%	4%	0%	*NA*	*NA*

	Manitowoc					WI	US
Top County Social or Economic Issues	2010	2013	2016	2019	2022	*2020*	*2020*
Economic Stability and Employment	--	--	--	--	34%	*NA*	*NA*
Education Access and Quality	--	--	--	--	9%	*NA*	*NA*
Safe and Affordable Housing	--	--	--	--	8%	*NA*	*NA*
Accessible and Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Racism and Discrimination	--	--	--	--	8%	*NA*	*NA*
Community Violence and Crime	--	--	--	--	7%	*NA*	*NA*
Food Insecurity	--	--	--	--	6%	*NA*	*NA*
Social Connectedness and Belonging	--	--	--	--	6%	*NA*	*NA*
Family Support	--	--	--	--	5%	*NA*	*NA*
Politics/Government	--	--	--	--	4%	*NA*	*NA*
Accessible and Affordable Transportation	--	--	--	--	4%	*NA*	*NA*

	Manitowoc					WI	US
Top County Health or Behavioral Issues	2010	2013	2016	2019	2022	*2020*	*2020*
Alcohol and Substance Use	--	--	--	--	40%	*NA*	*NA*
Mental Health, Mental Conditions and Suicide	--	--	--	--	26%	*NA*	*NA*
Nutrition, Physical Activity and Obesity	--	--	--	--	17%	*NA*	*NA*
Communicable Diseases or COVID-19	--	--	--	--	12%	*NA*	*NA*
Chronic Diseases	--	--	--	--	7%	*NA*	*NA*
Tobacco and Vaping Products	--	--	--	--	5%	*NA*	*NA*
Access to Affordable Health Care	--	--	--	--	4%	*NA*	*NA*

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

*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

**Since 2013, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2010, "5 or more drinks on an occasion" was used for both males and females.

General Health
In 2022, 34% of respondents reported their health as excellent or very good; 25% reported fair or poor. Respondents in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor health. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage
In 2022, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, 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 2019 to 2022, there was no statistical change. From 2010 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.*

In 2022, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking; respondents 18 to 34 years old or with a college education were more likely to report this. *From 2013 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only.*

Economic Hardships
In 2022, 5% of respondents reported their household went hungry because they didn't have enough food in the past year; respondents who were in the bottom 60 percent household income bracket, unmarried or without children were more likely to report this. Eight percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents in the bottom 40 percent household income bracket were more likely to disagree overall their household was able to meet its needs. Three percent of respondents reported they had an issue with their current housing situation. *From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year while from 2019 to 2022, there was no statistical change.*

Health Information
In 2022, 73% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported the Internet. Five percent each reported family/friends as the most trusted source or they were/family member was in the health care field and their source for health information. Respondents 45 to 54 years were more likely to report the Internet. Respondents with a high school education or less were more likely to report family/friends. Respondents with some post high school education were more likely to report themselves or a family member in the health care field and their most trusted source for health information. *From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most as their source of health information while from 2019 to 2022, there was no statistical change. From 2016 to 2022, 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, as well as from 2019 to 2022.*

Health Services
In 2022, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 19% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic while 2% reported a public health clinic/community health center. Respondents who were female, 55 and older, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with a college education were more likely to report an urgent care center as their primary health care. Forty-three percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2019 to 2022, there was no statistical change.*

Vaccinations
In 2022, 29% of respondents reported they were not vaccinated against COVID-19; respondents 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Personal choice was the most often listed reason for not being vaccinated. Excluding the COVID-19 vaccine, 7% of respondents reported someone in their household was not up-to-date with vaccines.

Fallen/Injury Limited Activities
In 2022, 17% of respondents 55 and older reported in the past three months they have fallen at least once; male respondents were more likely to report this. Of the respondents who had fallen in the past three months, 21% reported at least one of the falls caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

Health Conditions
In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (32%), high blood cholesterol (29%) or a mental health condition (25%). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents 65 and older were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Fifteen percent of respondents reported diabetes; respondents who were 55 and older, in the bottom 40 percent household income bracket, overweight or smokers were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents who were female, with some post high school education, in the bottom 40 percent household income bracket or married respondents were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or heart disease condition, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition, diabetes or current asthma while from 2019 to 2022, there was no statistical change.*

Physical Health
In 2022, 79% of respondents were classified as at least overweight while 41% were obese. Respondents who were male or in the top 60 percent household income bracket were more likely to be at least overweight. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.*

Women's Health
In 2022, 77% of female respondents 18 to 65 years old reported a pap smear within the past three years; married respondents were more likely to report this. *From 2010 to 2022, 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 while from 2019 to 2022, there was a statistical decrease.*

Tobacco Use
In 2022, 15% of respondents were current tobacco cigarette smokers; respondents who were male, 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to be a smoker. Eight percent of respondents used electronic vapor products in the past month; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Five percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 34 years old, in the top 60 percent household income bracket or unmarried were more likely to report smokeless tobacco use. *From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022.*

In 2022, 81% 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. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use
In 2022, 2% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month.

Alcohol Use
In 2022, 67% of respondents had an alcoholic drink in the past month. Nine percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 22% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents 18 to 34 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heavy drinking in the past month. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

Mental Health Status
In 2022, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 34 years old or unmarried were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.*

Children in Household
In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse, with 94% reporting the child visited their primary doctor or nurse for preventive care during the past year. Forty-seven percent of respondents reported the 5 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine. Twenty-six percent of respondents reported the child had a diagnosed mental health condition. Fifteen percent of respondents reported the child is overweight or obese. Thirteen percent of respondents reported

the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the child was seldom/never safe in their community. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal doctor or nurse while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2016 to 2022, 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 2019 to 2022.*

Top County Social or Economic Issues

In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (34%) or education access and quality (9%). Respondents with a college education were more likely to report economic stability and employment as a top social or economic issue. Respondents who were 35 to 44 years old or married were more likely to report education access and quality. Eight percent of respondents reported safe and affordable housing. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were female, 18 to 34 years old or married were more likely to report this. Eight percent of respondents reported racism and discrimination. Seven percent of respondents reported community violence and crime. Six percent of respondents reported food insecurity as a top issue; respondents 55 to 64 years old were more likely to report this. Six percent of respondents reported social connectedness and belonging; respondents with a high school education or less were more likely to report this. Five percent of respondents reported family support; respondents with a college education were more likely to report this. Four percent of respondents reported politics/government; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported accessible and affordable transportation as a top issue; respondents 55 and older were more likely to report this.

Top County Health Conditions or Behaviors

In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were alcohol and substance use (40%) or mental health, mental conditions and suicide (26%). Respondents 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report alcohol and substance use as a top health or behavioral issue. Respondents 55 to 64 years old or with a college education were more likely to report mental health, mental conditions and suicide. Seventeen percent of respondents reported nutrition, physical activity and obesity; respondents who were male, 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. Twelve percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents with a high school education or less were more likely to report this. Seven percent of respondents reported chronic diseases. Five percent of respondents reported tobacco and vaping products. Four percent of respondents reported access to affordable health care as a top issue; married respondents were more likely to report this.

Appendix 2: Community Health Online Survey Frequencies

2022 Manitowoc County
Online Community Health Survey
Frequencies Report

Methodology
To supplement the Community Health Survey phone survey, an online survey was created by partners: Aurora Health Care, Holy Family Memorial in association with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department and the United Way of Manitowoc County.

An English, Hmong and Spanish version were entered in to Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the county. A total of 958 online surveys were completed between April 8 and June 1, 2022. Post-stratification was conducted at the age-group level by sex of the 2019 characteristics of the American Community Survey. The margin of error is ±3 percent. The margin of error for smaller subgroups will be larger than ±3 percent, since fewer respondents are in that category.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Manitowoc County Public Health Division at (920) 683-4155.

1. Do you live in Manitowoc County?

Yes	96%
No	4

2. Do you work in Manitowoc County?

Yes	74%	
No	26	→ AND Q1=No. "I'm sorry, you are not eligible for this survey. We are looking to collect data from those who live or work in Manitowoc. Thank you for your time."

3. Below are some statements about health care services and providers (doctors, nurse practitioners, physician assistants or primary care clinics) in Manitowoc County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.]

		Yes	No	Not Sure
a.	I have a health care provider where I regularly go for check-ups and when I am sick	84%	14%	2%
b.	I can get an appointment for my health needs quickly	76	15	9
c.	I can easily get to my health care provider or clinic	93	5	2
d.	I am heard, seen and listened to when receiving health care	85	7	7
e.	I am treated differently because of my race or ethnicity when receiving health care	4	88	8
f.	I am treated differently because of my gender when receiving health care	6	83	12
g.	I am treated differently because of my sexual orientation when receiving health care	1	91	7
h.	My family/support people are seen and listened to when I receive health care	82	7	11
i.	I am seen and listened to when my child/children are receiving health care	88	9	3

4. In the past year, did you seek community resource support from an organization in Manitowoc County? Examples include food pantries, support groups, energy assistance, pregnancy resources or housing assistance.

Yes	10%	→ CONTINUE WITH Q5
No	89	→ GO TO Q8
Not sure	1	→ GO TO Q8

5. What resource(s) did you seek? (open-ended) [93 Respondent: Multiple Responses Accepted]

Food Assistance/Pantry/Salvation Army/St. Vincent DePaul	44%
Energy/Heat/Utility Assistance	32
Health Care/Badger Care/Medicaid/Pink Heals/The Crossing/Planned Parenthood	26
Aging and Disability Resource Center	17
Rental/Housing Assistance/CAP	14
Food Stamps	4
Vaccinations/Immunizations/COVID-19 Vaccines	5
Mental Health or AODA Services/Painting Pathway/CCS	6
Human Services/WIC	3
211	3
Other (2% or less)	3

6. How supported did you feel by [Resource] offered to you? Would you say… [93 Respondents Listing 149 Resources]

Not at all supported	11%
Slightly supported	4
Somewhat supported	23
Very supported	57
Extremely supported	64
Not sure	2

7. What is the reason or reasons you answered the way you did? [29 Respondents Listing 35 Resources]

Finances	34%
Stigma related to needing help/disapproval	22
Lack of knowledge of where to go	20
Poor quality of care	9
Inconvenient hours	7
Other, please specify	75

- Availability.
- Caregiving issues.
- Got turned away.
- Medicaid recipients' quality of care suffers because of the low pay scale offered to physicians who take part in the program. Dentists, physicians, etc. can't afford to accept Medicaid people, much less provide the higher quality of care offered to private pay individuals.
- Never got a response back. Maybe they didn't get me emails.
- No one was available when needed.
- Not lots of options.
- They were unable to provide assistance.
- Felt limited in options.
- It seems more of an inconvenience that you are there for help/immunizations, etc. I've had to wait for almost an hour on more than one occasion. I could understand if I had just shown up and expected them to drop everything and take care of me, but that wasn't the case. I had made appointments well in advance. It's tiring that somehow being poor equals less than.
- No help was given, had to pay for all remodeling of bathroom out of my own savings. A hardship!
- Not enough gluten-free options – allergy related of course.
- Waiting on response.
- They were unable to provide assistance.
- The heartless comment I received in a snide tone was "Your breast cancer's just not bad enough." (I assure you, breast cancer has destroyed my life.)

8. During the past year has anyone made you afraid for your personal safety?

Yes	11%	→CONTINUE WITH Q9
No	88	→GO TO Q10
Not sure	<1	→GO TO Q10

9. What relationship is this person or people to you? Please remember, all your responses are strictly confidential. [103 Respondents: Multiple Responses Accepted]

Stranger	33%
Acquaintance	15
Ex-spouse	7
Friend	7
Child	6
Coworker	5
Brother or sister	4
Boyfriend or girlfriend	3
Parent	2
Spouse	<1
Separated spouse	0
Someone else	40
Not sure	<1

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to https://211wisconsin.communityos.org.

10. Below are some statements about Manitowoc County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.]

		Yes	No	Not Sure
a.	There are quality health care services in my community	81%	9%	10%
b.	There are affordable health care services in my community	59	21	20
c.	Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc	63	5	32
d.	There are enough well-paying jobs available for those who are over 18 years old	62	20	18
e.	There are enough jobs available for those who are under 18 years old	63	9	28
f.	There are job trainings or employment resources for those who need them	60	6	34
g.	There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	33	10	57
h.	Childcare (daycare/pre-school) resources are affordable and available for those who need them	12	49	39
i.	The K-12 schools in my community are well funded and provide good quality education	40	34	27
j.	Our local university/community college provides quality education at an affordable cost	53	13	34
k.	There are affordable places to live in my community	57	22	21
l.	Streets in my community are typically clean and buildings are well maintained	64	28	8
m.	Public transportation is easy to use if I need it	48	15	37

11. What are the **two** largest social or economic issues in our community that must be addressed in order to improve the quality of life of county residents? (Check up to two responses.)

Accessible and affordable health care (medical, dental, mental health)	28%
Community violence and crime	26
Affordable and accessible childcare	23
Safe and affordable housing	18
Education access and quality	14
Economic stability and employment	14
Social connectedness and belonging	9
Racism and discrimination	9
Environmental health (clean air, safe water, etc)	8
Family support	8
Quality of health care	7
Access to social services	5
Food insecurity	5
Accessible and affordable transportation	2
Other, please specify	5
Not sure	6
Do not want to answer	2

12. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of county residents? (Check up to two responses.)

Alcohol and substance use	72%
Mental health, mental conditions and suicide	55
Nutrition, physical activity and obesity	20
Tobacco and vaping products	11
Intimate partner and domestic violence	8
Communicable diseases or Covid-19	5
Chronic diseases	5
Oral health	3
Reproductive and sexual health	2
Maternal, infant, and child health	2
Unintentional injury, including falls and motor vehicle accidents	1
Other, please specify	2
Not sure	3
Do not want to answer	1

Finally, a few questions about you to make sure we have a good representation of the people in Manitowoc County.

13. In what zip code do you live? Please enter your five-digit zip code. [812 Respondents]

54220	68%
54241	11
54230	4
54228	3
54214	2
54247	2
53015	2
Other (1% or less)	7

14. What is your age? [891 Respondents]

18-34	23%
35-44	15
45-54	17
55-64	21
65 and Older	25

15. What is your gender? Which gender identity do you most identify with? [880 Respondents]

Male	49%
Female	50
Transgender Male	0
Transgender Female	0
Non-binary	<1
Or, if you feel comfortable doing so, please list another gender identity you most identify with	0

16. Are you Hispanic or Latino? [885 Respondents]

Yes	3%
No	97

17. What is your race? [871 Respondents]

White	94%
Black, African American	<1
Asian	2
Native Hawaiian or Other Pacific Islander	0
American Indian or Alaska Native	<1
Another race (please specify)	<1
Multiple races	2

18. Which of the following best describes your highest level of education completed? [891 Respondents]

8th grade or less	<1%
Some high school	<1
High school graduate or GED	13
Some college	14
Technical school graduate	14
College graduate	39
Master's degree or higher	20

19. What is your annual household income before taxes? [878 Respondents]

Less than $10,000	1%
$10,000 to $20,000	3
$20,001 to $30,000	7
$30,001 to $40,000	9
$40,001 to $50,000	11
$50,001 to $60,000	10
$60,001 to $75,000	8
$75,001 to $90,000	11
$90,001 to $105,000	8
$105,001 to $120,000	8
$120,001 to $135,000	5
Over $135,000	11
Not sure	9

20. How many total adults, including yourself, live in your household? [873 Respondents]

One	18%
Two	66
Three	11
Four	3
Five	<1
Six	0
Seven	0
Eight	<1
Nine	0
Ten or more	<1

21. Who currently lives in your household, besides yourself? [876 Respondents]

Spouse/Partner	72%
Parent(s)/In-law(s)	3
Grandparent(s)	<1
Child(ren) Under 18	29
Child(ren) 18 or Older	13
Friend/Roommate(s)	2
Sibling(s)	2
Extended Family Member(s) Not Listed Above	2
Other (please specify)	<1

22. What is your living situation today? [876 Respondents]

I have a steady place to live	95%
I have a place to live today, but I am worried about losing it in the future	4
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	<1

23. Did someone help you complete this survey today? [879 Respondents]

Yes	<1%
No	100