2023
Community Health Needs Assessment Report

Aurora Medical Center - Mount Pleasant

13250 Washington Avenue

Mt. Pleasant, WI 53177

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December 2023

Thank you for taking the time to learn more about the Aurora Medical Center – Mount Pleasant (Aurora Mount Pleasant) Community Health Needs Assessment (CHNA). This is the first CHNA for Aurora Mount Pleasant since opening the facility in February 2022 and provides a comprehensive picture of the health status of the communities served. Through understanding the health and social needs of our communities, our hospital can provide safe, high-quality care with compassion and dignity.

Based upon comprehensive community data and feedback, Aurora Mount Pleasant selected three health priorities for the 2023 CHNA. The priorities selected include the following:

- Mental Health, Suicide and Self-Injury
- Housing and Transportation
- Food Security

At Aurora Mount Pleasant, 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 of health. 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 Racine 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.

Lisa Just
President
Aurora Medical Center - Mount Pleasant

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I. Executive Summary

In 2023, Aurora Medical Center – Mount Pleasant (Aurora Mount Pleasant) completed the first Community Health Needs Assessment (CHNA) since opening the facility in February 2022. This CHNA report describes the assessment process and includes demographic, socioeconomic and health status data along with the key findings regarding the health of Racine County residents. For the purposes of this report, Aurora Mount Pleasant defines the community as Racine County. Data collected included primary and secondary, quantitative and qualitative data. The goal of this report is to obtain a comprehensive overview of the health and social needs of the Racine County residents.

Demographic data shows that the Racine County population is 70.3 percent Non-Hispanic White, 14.2 percent Hispanic of Latino, 11.3 percent Non-Hispanic Black, 2.6 percent Two or more races, 1.2 percent Asian, 0.3 percent Native American and 0.1 percent Pacific Islander/Native Hawaiian. Racine County residents are 49.8 percent female and 50.2 percent male. The median household income in Racine County is $67,224.

As part of the CHNA process, Community Health teammates presented extensive community data to the Aurora Eastern Racine/Kenosha County Steering Council, which is comprised of hospital and community representatives. The Steering Council provided oversight of the 2023 CHNA process through a series of meetings by reviewing and analyzing data. The top nine health issues identified in the Aurora Mount Pleasant Community Health Needs Assessment were:

- Mental Health, Suicide and Self-Injury
- Alcohol and Substance Use
- Accessible and Affordable Health Care
- Nutrition, Physical Activity and Obesity
- Chronic Diseases (Diabetes, Heart Failure, Stroke)
- Food Insecurity
- Maternal and Infant Health
- Housing and Transportation
- Falls (Unintentional Injuries)

The Steering Council prioritized the significant health needs using criteria including severity of the health issues, effectiveness of available interventions, available resources and ability to effectively address or impact health issues through collaboration. Council members selected the top three health issues of mental health, suicide and self-injury, housing and transportation, and food security as the priority needs to address in 2024-2026.

To ensure the hospital develops an effective 2024-2026 Community Health Implementation Strategy, the community health department will collaborate with the steering council and additional community partners to create strategies that address the priority health needs identified. Goals, objectives and metrics will be created for each strategy and outcomes will be monitored to track community impact and program effectiveness.

II. Description of Aurora Health Care and Aurora Medical Center - Mount Pleasant

A. Aurora Health Care

Aurora Health Care is the largest system in Wisconsin and a national leader in clinical innovation, health outcomes, consumer experience and value-based care. The state's largest private employer, the system serves patients across 17 hospitals, more than 70 pharmacies and more than 150 sites of care. Aurora Health Care, in addition to Advocate Health Care in Illinois and Atrium Health in the Carolinas, Georgia and Alabama, is now part of Advocate Health, the fifth-largest nonprofit, integrated health system in the United States. Committed to providing equitable care for all, Advocate Health provides nearly $5 billion in annual community benefits.

B. Aurora Medical Center - Mount Pleasant

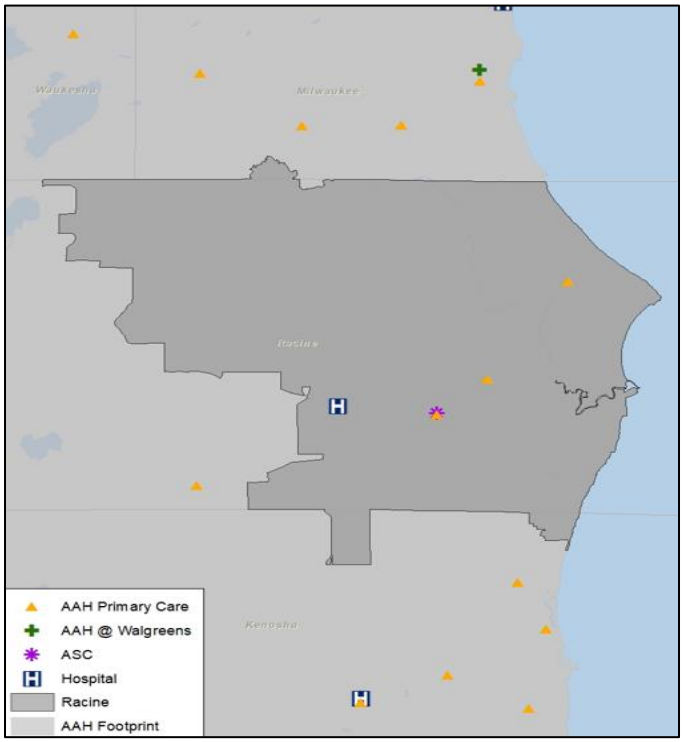
Aurora Medical Center – Mount Pleasant (Aurora Mount Pleasant) offers safe, equitable, patient-centered health care for Racine County and surrounding communities. Since 2022, the medical center and adjacent medical office building offer inpatient and outpatient care, emergency care, surgical services, and ancillary services including orthopedic and rehab services, sports health, advanced imaging, lab and pharmacy. Inside our LEED-Silver certified facility, you'll find high-tech medical and communication throughout from virtual check-in at office visits to in-room digital whiteboards displaying information, and patient-controlled room features for your hospital stay. You'll experience the compassionate, quality care of our dedicated teams. At Aurora, you are part of an integrated health care system where your doctors and health records follow you across the Advocate Health system for a smooth transition in care. Wherever you are on your health care journey environment and care practices are designed for optimal health and healing.

III. 2023 Community Health Needs Assessment

A. Community Definition

For the purposes of this assessment, Aurora Mount Pleasant's "community" is defined as Racine County**.** Exhibit 1 shows a map of the defined community.

Exhibit 1: Aurora Medical Center - Mount Pleasant



Source: Aurora Health Care Business Development, 2023

1. Population

The Racine County population is 197,379 residents (Metopio, American Community Survey, 2017-2021).

2. Social Drivers of Health

Aurora Health Care purchased access to Metopio, a software and services company that is grounded in the philosophy that communities are connected through places and people. Metopio's tools and visualizations use data to reveal valuable, interconnected factors that influence health outcomes in different locations. Metopio offers data, tailored to support all Aurora Health Care hospitals with identifying health inequities in communities. Metopio uses the most current data sources and creates tools and indices that focus on the communities within the service areas. The data can be used to focus on specific regions, communities, and hospital service areas.

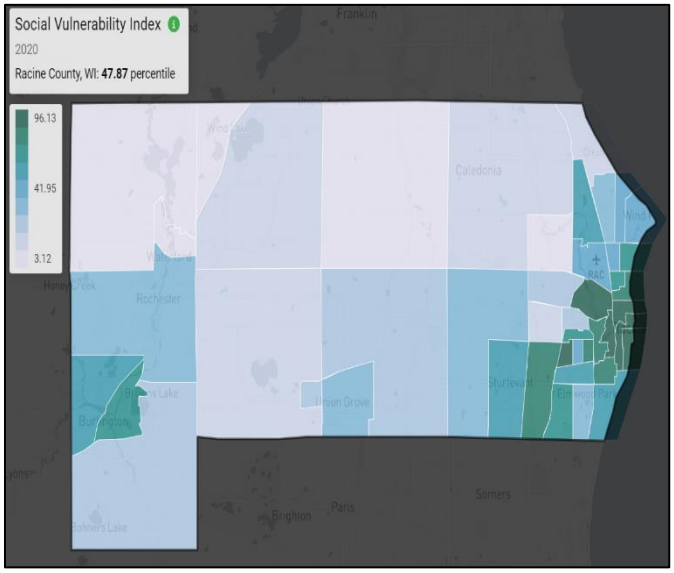
Social Vulnerability Index

Social Vulnerability Index (SVI) was created by the Centers for Disease Control and Prevention (CDC) 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 that can be divided into four categories: socioeconomic, household composition and disability, minority status and language, and housing type and transportation. The original score is on a scale from 0-1, but it is multiplied by 100 for readability on Metopio. A higher score represents a community more vulnerable to a hazardous event.

Racine County has a social vulnerability index rating of 47.9, which his higher than the rating of Wisconsin (32.1) as shown in Exhibit 2 (Metopio, Centers for Disease Control and Prevention, 2020).

Exhibit 2: Racine County Social Vulnerability Index Map 2020



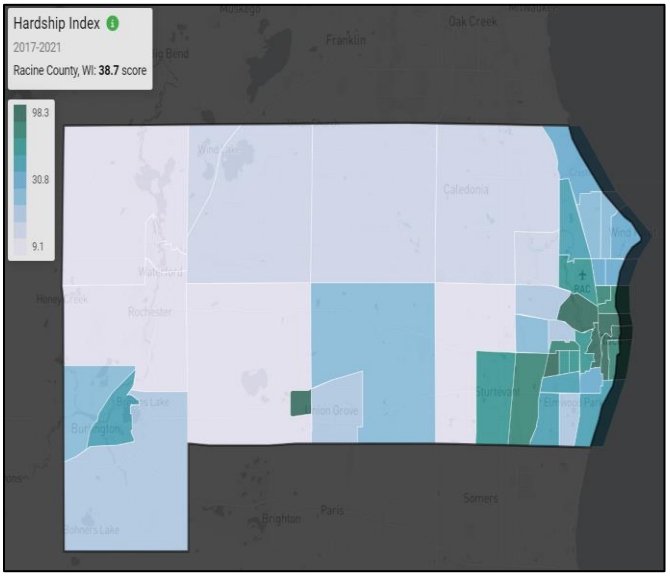
Source: Metopio, American Community Survey, 2023

Hardship Index

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. Higher values indicate greater hardship and correlate higher with poor health outcomes.

Racine County has a hardship index of 38.7, which is higher than the score for Wisconsin of 35.6 as shown in Exhibit 3 (Metopio, American Community Survey, 2017-2021).

Exhibit 3: Racine County Hardship Index Map 2017-2021



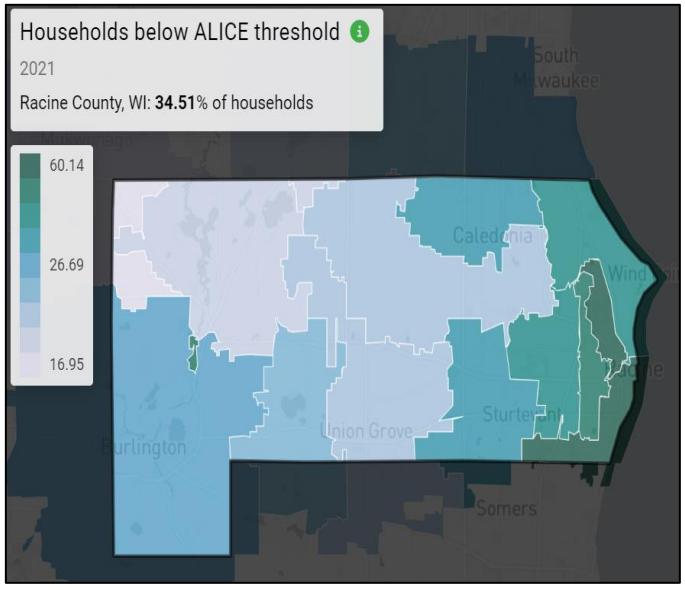
Source: Metopio, American Community Survey, 2023

ALICE Index

ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents the percentage of 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.

In Racine County, 34.5 percent of households are below the ALICE threshold, which is the same as Wisconsin at 34.3 percent, as shown in Exhibit 4 (Metopio, United Way ALICE Data, 2021).

Exhibit 4: Racine County ALICE Map 2021



Source: Metopio, United Way ALICE Data, 2023

Key findings: Community Definition

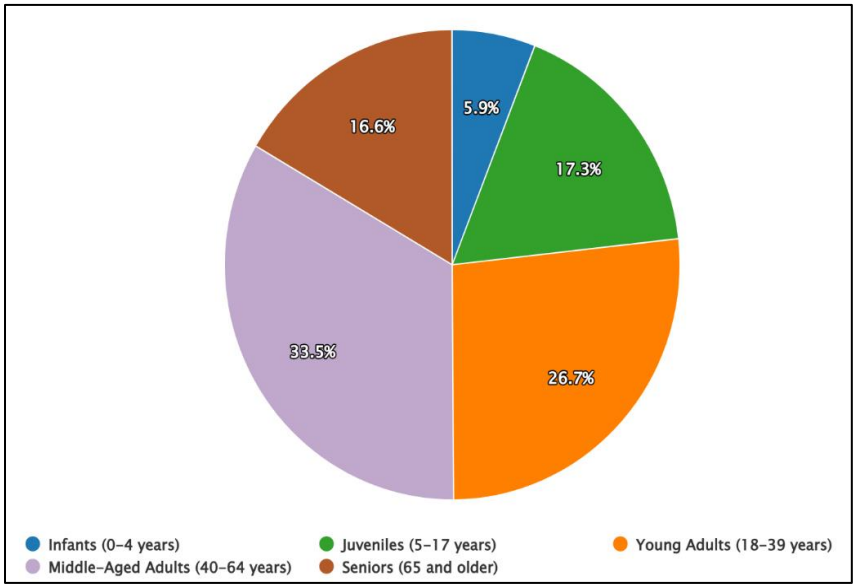
- The median age of Racine County is 40.1 years old, with the largest population being those ages 40-64 years at 33.5 percent.
- Racine County median household income is $67,224. Asian households have the highest median household income in the county at $90,139 and Non-Hispanic Black households have the lowest median household income at $34,3450.
- Racine County has 11.7 percent of residents in families that are living below the federal poverty level, which is higher than the Wisconsin rate of 10.7 percent.

3. Demographics

Age and Gender

The median age in Racine County is 40.1 years old. The county is comprised of 49.8 percent female and 50.2 percent male. The largest population in Racine County are those ages 40-64 years at 33.5 percent as shown in Exhibit 5 (Metopio, American Community Survey, 2017-2021).

Exhibit 5: Racine County Population by Age 2017-2021

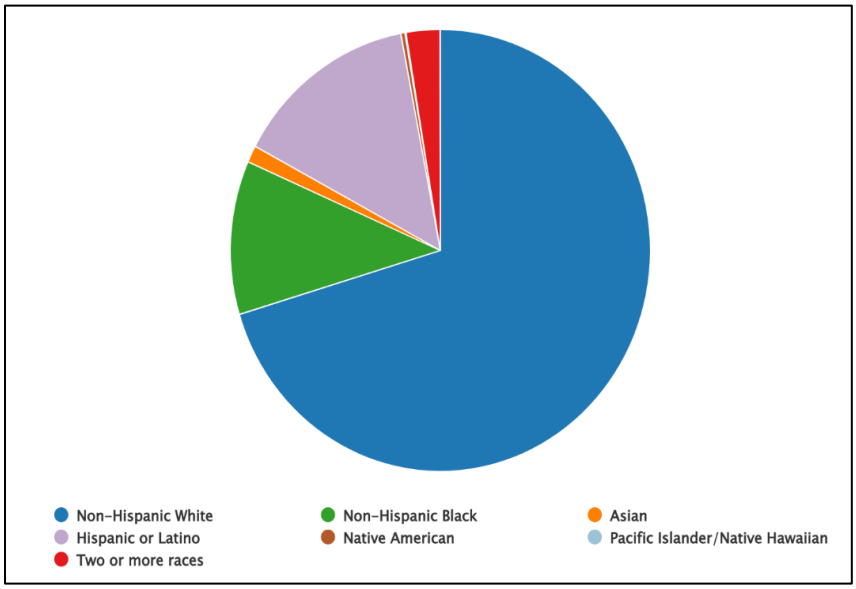


Source: Metopio, American Community Survey, 2023

Race and Ethnicity

Racine County is comprised of 70.3 percent Non-Hispanic White, 14.2 percent Hispanic of Latino, 11.3 percent Non-Hispanic Black, 2.6 percent Two or more races, 1.2 percent Asian, 0.3 percent Native American and 0.1 percent Pacific Islander/Native Hawaiian as shown in exhibit 6 (Metoio, American Community Survey, 2017-2021).

Exhibit 6: Racine County Population by Race and Ethnicity 2017-2021



Source: Metopio, American Community Survey, 2023

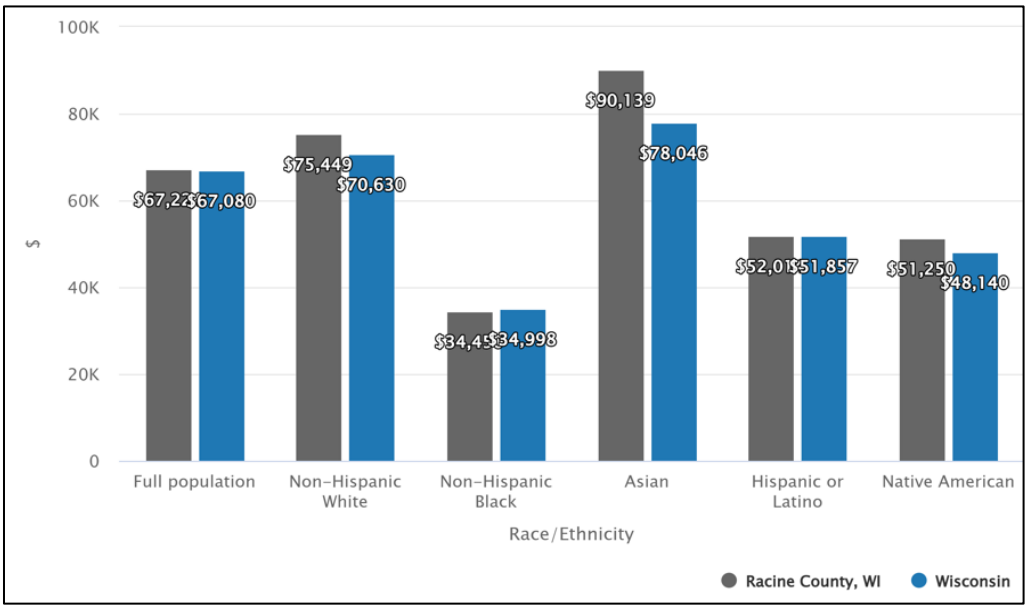
A total of 7.5 percent of Racine County residents have Spanish as their primary language at home. A total of 0.8 percent of households in Racine County have Asian languages like Chinese, Japanese, and Tagalog as the primary spoken language (Metopio, American Community Survey, 2017-2021).

Household/Family
In Racine County, 8.8 percent of households are single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 29.9 percent of Racine County seniors are living alone (Metopio, American Community Survey, 2017-2021).

4. Economics

Income
The median household income in Racine County is $67,224, which is similar to the Wisconsin median household income of $67,080. The highest median household income in Racine County is among the Asian population ($90,139). The lowest median household income is among the Non-Hispanic Black population ($34,450) as shown in exhibit 7 (Metopio, American Community Survey, 2017-2021).

Exhibit 7: Racine County Median Household Income by Race and Ethnicity 2017-2021



Source: Metopio, American Community Survey, 2023

In Racine County, there are 11.7 percent of residents in families that are living below the federal poverty level, which is higher than the Wisconsin rate of 10.7 percent. The Racine County breakdown of poverty by age is Infants (0-4 years) at 22.5 percent, Juveniles (5-17 years) at 15.9 percent, Young Adults (18-39 years) at 13.0 percent, Middle-Aged Adults (40-64 years) at 7.8 percent and Seniors (65 and older) at 7.1 percent. The highest rate of poverty in Racine County by race and ethnicity is the Non-Hispanic Black population at 27.9 percent and the Native American population at 23.7 percent (Metopio, American Community Survey, 2017-2021).

Employment
The unemployment rate among Racine County residents that are 16 years of age and older is 3.9 percent, which is slightly higher compared to the state of Wisconsin at 3.5 percent. The breakdown of unemployment rates by race and ethnicity in Racine County is 7.6 percent for Non-Hispanic Black, 5.4 percent for Asian, 4.5 percent for Hispanic or Latino, 3.3 for Non-Hispanic White, and 3.2 for Native American (Metopio, American Community Survey, 2017-2021).

In Racine County, an estimated 14.1 percent of low-income jobs (<$40,000 salary) were lost due to COVID-19 which is higher than Wisconsin at 13.9 percent (Metopio, Urban Institute, 2020).

5. Education

Educational Level
Racine County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county. Educational attainment is one of the social drivers of health. Higher levels of education correlate with better health outcomes. The percent of individuals in Racine County with a high school degree or higher is 91.7, which is lower than the Wisconsin average of 92.9 percent.

In Racine County, 26.8 percent of residents 25 or older have a four-year college degree or higher, which is lower than Wisconsin at 31.5 percent (Metopio, American Community Survey, 2017-2021).

6. Health Care Resources in the Defined Community

In addition to Aurora Medical Center – Mount Pleasant, below are the other key health care resources within Racine County.

Name of Facility	Type of Facility	Location
Health Care Network	Clinic	Racine, Waterford
Ascension - All Saints	Hospital	Racine
Racine Community Health Center	Clinic	Racine
Union Grove VA Clinic Wallace Hall	Clinic	Union Grove

B. How the CHNA was Conducted

1. Process and Partnership

Every three years, Aurora Health Care, Ascension Wisconsin, Children's Wisconsin, City of Racine Public Health Department and the Racine County Public Health Department conduct a collaborative Community Health Needs Assessment (CHNA) in Racine County. The CHNA serves as the foundation from which the hospitals and local health departments 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, philanthropists, community-based organizations, and civic leaders, about the top health issues facing our community.

Aurora Health Care Community Health teammates presented extensive data to the Eastern Racine/Kenosha County Steering Council over two meetings from April through September 2023. Indicators presented included demographic, economic, education, employment, social drivers of health, and health status and behaviors. In the September 2023 Steering Council meeting, members selected the top three health priorities for the 2024-2026 implementation plan – mental health, suicide and self-injury, housing and transportation, and food security. The 2023 CHNA was presented to the Steering Council in November 2023 and the Aurora Health Care Board approved the report on December 14, 2023.

2. Data Collection and Analysis

The Aurora Mount Pleasant CHNA relies on three sources of information:

• Community Health Survey (primary data): a comprehensive mail-based survey, with an online option, that gathered specific data on the behavioral and lifestyle habits of the adult population and selected information about child health.

• Hospital Steering Council Interviews (primary data): a summary of the top 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 members of the Aurora Eastern Racine/Kenosha Steering Council.

• Metopio (secondary data): Aurora Health Care 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). All data collected through Metopio was quantitative and included data comparisons between County, Wisconsin State and United States data.

3. Data Sources

Aurora Mount Pleasant collaborated with many partners to collect county-level data, as indicated above. Data was pulled from national, state, and local community source documents. Some of the primary sources reviewed and analyzed include the Centers for Disease Control and Prevention, America's Health Rankings, County Health Rankings, Wisconsin Youth Risk Behavior Survey, Racine County Community Health Assessment, Hospital Steering Council Interviews and Metopio.

C. Summary of CHNA Findings

1. Overall Health Status

Mortality – Leading Causes of Death
The top three leading causes of death under age 75 in Racine County are malignant neoplasms, diseases of the heart and accidents (Racine County Community Health Assessment, CDC WONDER, 2022).

Life Expectancy
The average life expectancy in Racine County is 77.5 years, lower than the Wisconsin average of 78.9 years and the U.S. at 78.5 years (County Health Rankings, National Center for Health Statistics, 2018-2020).

Top Health Concerns
For this CHNA, primary and secondary data was gathered and analyzed for the following top health issues in the Aurora Mount Pleasant service area:

- Mental Health, Suicide and Self-Injury
- Alcohol and Substance Use
- Access / Affordable Healthcare
- Chronic Diseases (Diabetes, Heart Failure, Stroke)
- Nutrition, Physical Activity & Obesity
- Food Insecurity
- Maternal & Infant Health
- Housing & Transportation
- Falls (unintentional Injuries)

The top three health priorities identified by the Steering Council for the 2024-2026 implementation plan are mental health, suicide and self-injury, housing and transportation, and food security.

Key findings: Health Care Coverage and Access to Care

- The uninsured rate of Racine County residents is highest among the Hispanic or Latino population at 12.7 percent.
- Almost 37 percent of Racine County residents are covered by Public Health Insurance, which is higher than both Wisconsin and U.S. rates.
- The Racine County Primary Care Provider and Mental Health Provider rates are both significantly lower than the Wisconsin rates.

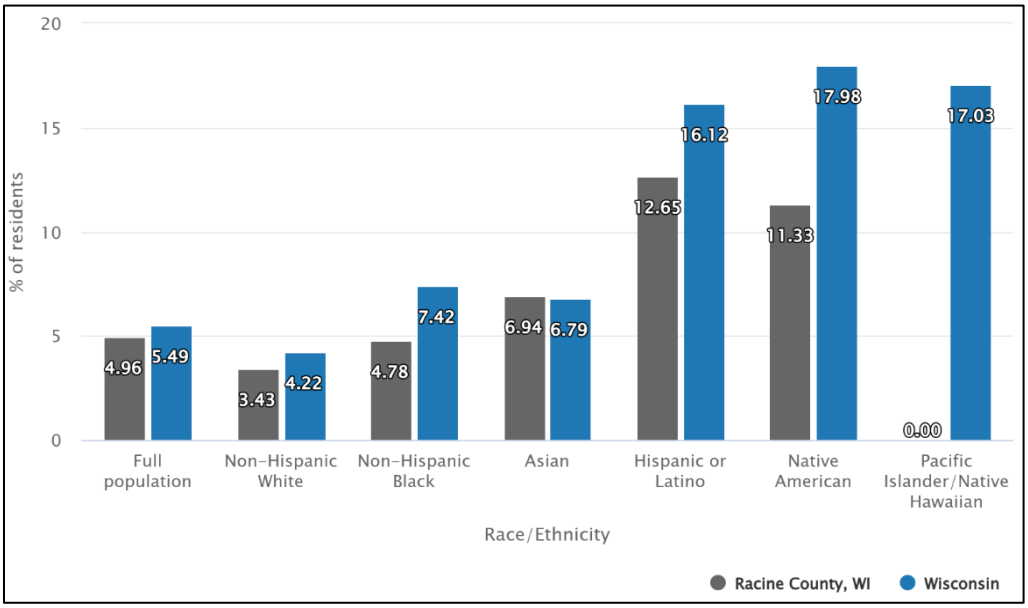
2. Access to Care and Health Care Coverage

Why is this important?
Adequate and affordable health insurance coverage is a commonly understood factor impacting health care access and improving the health of individuals and our community. However, 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.

Health Care Coverage

Uninsured Rate
There are 5.0 percent of residents living in Racine County without health insurance, which is lower than Wisconsin (5.5 percent) and the U.S (8.8 percent). In Racine County, the highest uninsured rate by race and ethnicity are Hispanic or Latino at 12.7 percent compared to 3.4 percent for Non-Hispanic White as shown in exhibit 8.

Exhibit 8: Racine County Health Uninsured Rate by Race and Ethnicity, 2017-2021



Source: Metopio, American Community Survey, 2023

Persons with Private Health Insurance

In Racine County, 71.7 percent of residents are covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or Tri Care. The private health insurance rates in Racine County are lower than Wisconsin (74.8 percent) and higher than the U.S. (67.8 percent) (Metopio, American Community Survey, 2017-2021).

Persons with Public Health Insurance

In Racine County, 36.6 percent of residents are covered by public health insurance such as Medicare, Medicaid, and Veterans Administration Health Care (provided through the Department of Veterans Affairs). This rate is higher than Wisconsin (33.2 percent) and the U.S. (35.4 percent) (Metopio, American Community Survey, 2017-2021).

Medicare Coverage

In Racine County, there are 18.5 percent of residents covered by Medicare, which is similar to Wisconsin (18.6 percent) and higher than the U.S. (17.6 percent) (Metopio, American Community Survey, 2017-2021).

Medicaid Coverage

In Racine County, there are 20.3 percent of residents covered by Medicaid, which is higher than Wisconsin (16.9 percent) and the same as the U.S. (20.2 percent) (Metopio, American Community Survey, 2017-2021).

Health Insurance Coverage – Payer Mix

Aurora Medical Center - Mount Pleasant has a payer mix based on unique patients which is comprised of:

AURORA MEDICAL CENTER MOUNT PLEASANT	Commercial	Medicaid	Medicare	Self-Pay	Other
	43.2%	17.2%	30.9%	6.3%	2.3%

Source: Advocate Health, Business Development, EpicHB, 2023

Access to Care

Primary Care Provider Rate

Primary Care Providers include general practice, internal medicine, obstetrics and gynecology or pediatrics. This data excludes federal physicians and physicians ages 75 and older. The Primary Care Provider rate in Racine County is 45.2 physicians per 100,000 residents, which is significantly lower than the Wisconsin average of 91.8 physicians per 100,000 residents (Metopio, Health Resources and Services Administration, 2020).

Mental Health Provider Rate

The Mental Health Provider rate in Racine County is 170.8 providers per 100,000 residents, which is significantly lower than the Wisconsin rate of 272.2 providers per 100,000 residents (Metopio, Centers for Medicare and Medicaid Services (CMS): National Provider Identifier Files (NPI), 2021).

Access to Healthcare Services

According to the 2022 Racine County Community Health Assessment, 58 percent of respondents reported going to a doctor or nurse practitioner office as their primary source of health services, followed by 28 percent reporting going to urgent care or walk in clinic (JKV Research, LLC. Racine County Community Health Survey Reports, 2020).

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

Adults Who Smoke

In 2020, 18.3 percent of adults in Racine County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days. This is a decrease from the 1996 baseline of 29.0 percent (Metopio, Behavioral Risk Factor Surveillance System (BRFSS), PLACES, Dwyer-Lindgren, Mokdad, et al.2020).

Teens Who Smoke

According to the 2021 Wisconsin Youth Risk Behavior Survey (YRBS) Racine County Report, four percent of 9th graders, four percent of 10th graders, four percent of 11th graders and five percent of 12th graders in high school had used cigarettes, chew, cigars or cigarillos in the past 30 days (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Key findings: Health Risk Behaviors

- Adults and teens who smoke cigarettes in Racine County is significantly decreasing over time and teen vaping is increasing.
- Emergency Department rates are highest among the Non-Hispanic Black population and Young Adults (18-39 years) for alcohol use, substance use and opioid use.
- Drug overdose mortality rates are significantly increasing over time, with the highest death rates among Males and Young Adults (18-39 years).

The 2021 YRBS Racine County Report also shows that 21 percent of 9th graders, 27 percent of 10th graders, 29 percent of 11th graders and 36 percent of 12th graders had ever tried vaping. Additionally, 10 percent of 9th graders, 12 percent of 10th graders, 13 percent of 11th graders and 16 percent of 12th graders have used vaping products in the past 30 days (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Alcohol Use

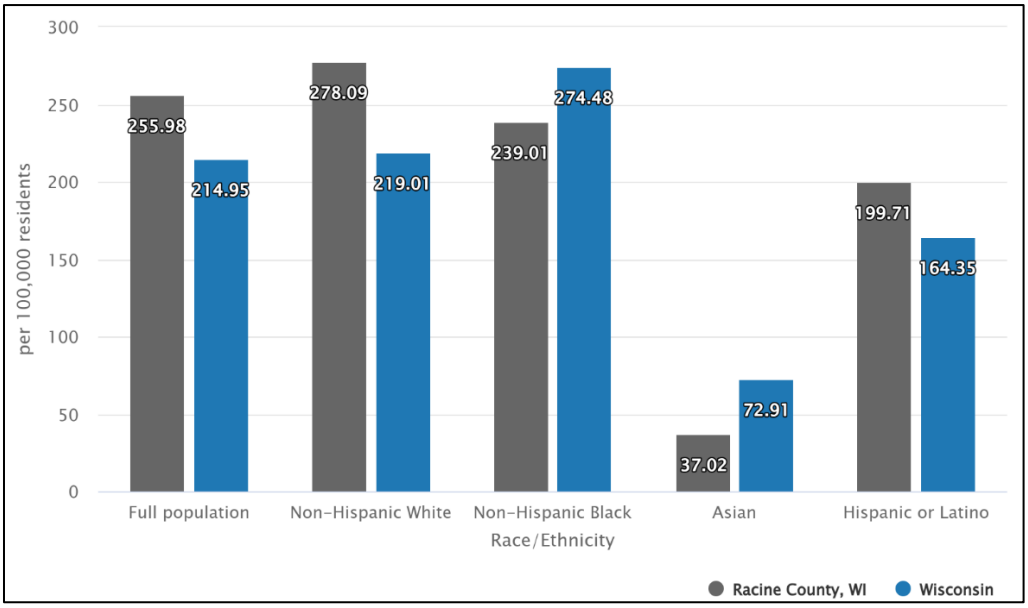
Emergency Department Rate due to Alcohol Use

The emergency department (ED) rate due to alcohol use in Racine County is 480.1 per 100,000 residents, which is higher than the Wisconsin rate of 414.4 per 100,000 residents. By race and ethnicity, the rates in Racine County are highest among those who are Non-Hispanic Black at 739.1 per 100,000 residents. Additionally, there are high rates among Young Adults (18-39 years) at 714.8 per 100,000 residents and males at 694.8 per 100,000 residents as compared to females at 273.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Alcohol Use

In Racine County, the hospitalization rate due to alcohol use was 255.9 per 100,000 residents, which is higher than the Wisconsin rate of 215.0 per 100,000 residents. The highest rates in Racine County are among those who are Non-Hispanic White at 278.1 per 100,000 residents (as shown in Exhibit 9), males at 383.0 per 100,000 residents and Middle-Aged Adults (40-64 years) at 402.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 9: Racine County Hospitalization Rate for Alcohol Use by Race and Ethnicity 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Teens Who Use Alcohol

The 2021 Wisconsin YRBS Racine County Report results show that 13 percent of 9th graders, 19 percent of 10th graders, 25 percent of 11th graders and 31 percent of 12th graders had at least one drink in the past 30 days. Also reported was four percent (9th graders), five percent (10th graders), nine percent (11th graders) and 11 percent (12th graders) reported binge drinking in the past 30 days as shown in Exhibit 10 (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Exhibit 10: Wisconsin Youth Risk Behavior Survey Racine County Report 2021

	Racine County, WI Youth Risk Behavior Survey Results			
	2021			
	High School			
	9th Grade	10th Grade	11th Grade	12th Grade
Alcohol				
Students who had at least one drink (past 30 days)	13%	19%	25%	31%
Students who have ever had an alcoholic beverage	33%	43%	48%	57%
Students who binge drank in the past 30 days	4%	5%	9%	11%

Source: Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2023

Binge Drinking

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. Twenty-five percent of Racine County residents reported binge drinking, which is similar to Wisconsin at 25.2 percent and higher than the United States average of 17.2 percent (Metopio, PLACES, BRFSS, 2020).

Alcohol Impaired Driving Deaths

The County Health Rankings for Racine County indicates that 33 percent of motor vehicle crash deaths involved alcohol. This rate is lower than Wisconsin at 36 percent and higher than the U.S. at 27 percent (2023 County Health Rankings, Fatality Analysis Reporting System, 2016-2020).

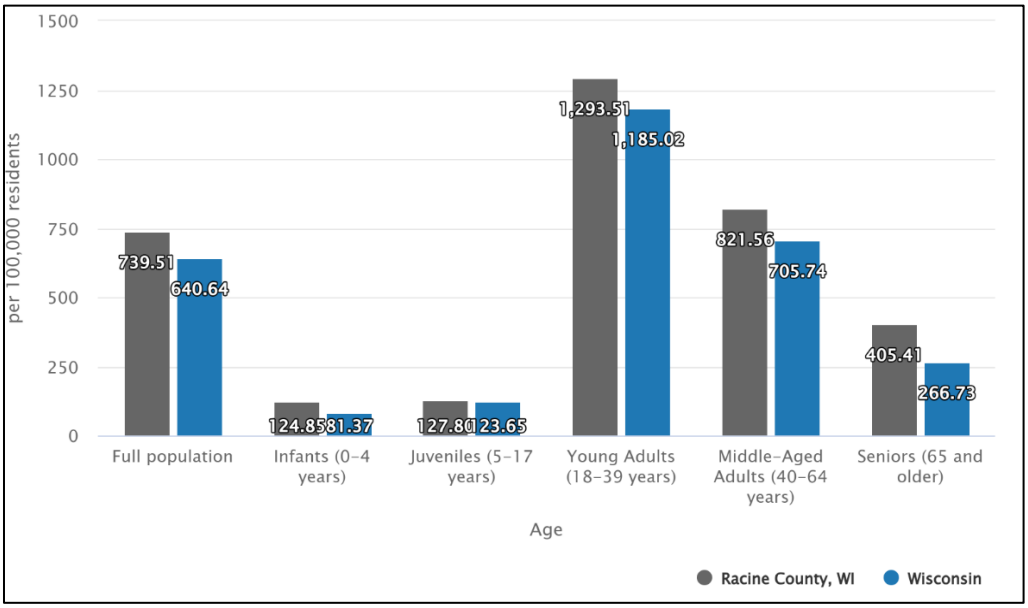
Other Substances

Emergency Department Rate due to Substance Use

Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. In Racine County, the ED rate due to substance use is 739.5 per 100,000 residents, which is higher than Wisconsin (640.6 per 100,000 residents).

The county rates are highest among the Non-Hispanic Black population at 1,261.5 per 100,000 residents, males at 1,007.3 per 100,000 residents, and Young Adults (18-39 years) at 1,293.5 per 100,000 residents (as shown in Exhibit 11) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 11: Racine County Emergency Department Rate due to Substance Use by Age 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

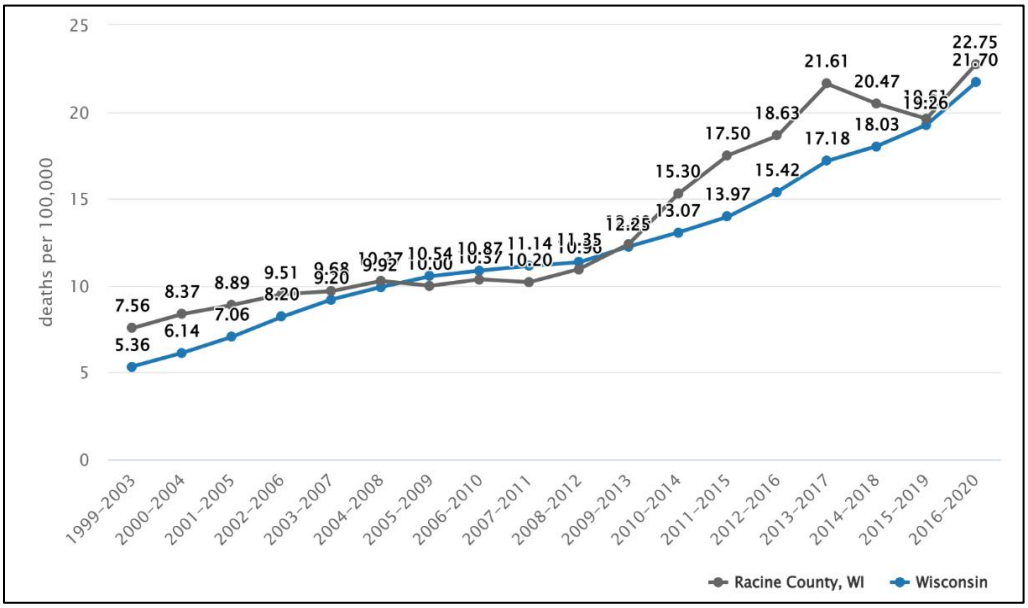
Hospitalization Rate due to Substance Use

The Racine County hospitalization rate due to substance use is 352.8 per 100,000 residents, which is higher than the Wisconsin rate at 305.6 per 100,000 residents. The Racine County rates are highest among the Non-Hispanic Black population at 433.5 per 100,000 residents and Young Adults (18-39 years) at 574.1 per 100,000 residents. The county rates are higher among males at 501.3 per 100,000 residents than females at 208.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Drug Overdose Mortality

The drug overdose mortality rate is the number of deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. In Racine County, the rate of drug overdose mortality rate is 22.8 per 100,000 residents, which is higher than the Wisconsin rate of 21.7 per 100,000 residents. Exhibit 12 shows the steady increase of drug overdose mortality over time. The increase during the 2010s is largely due to the opioid overdose epidemic, however other drugs are also included in this data set. In Racine County, the populations with the highest death rates are among Males and Young Adults (18-39 years) (Metopio, National Vital Statistics System-Mortality, CDC Wonder, 2016-2020).

Exhibit 12: Drug Overdose Mortality Rates Trend Over Time 1999-2020



Source: Metopio, National Vital Statistics System-Mortality, CDC Wonder, 2023

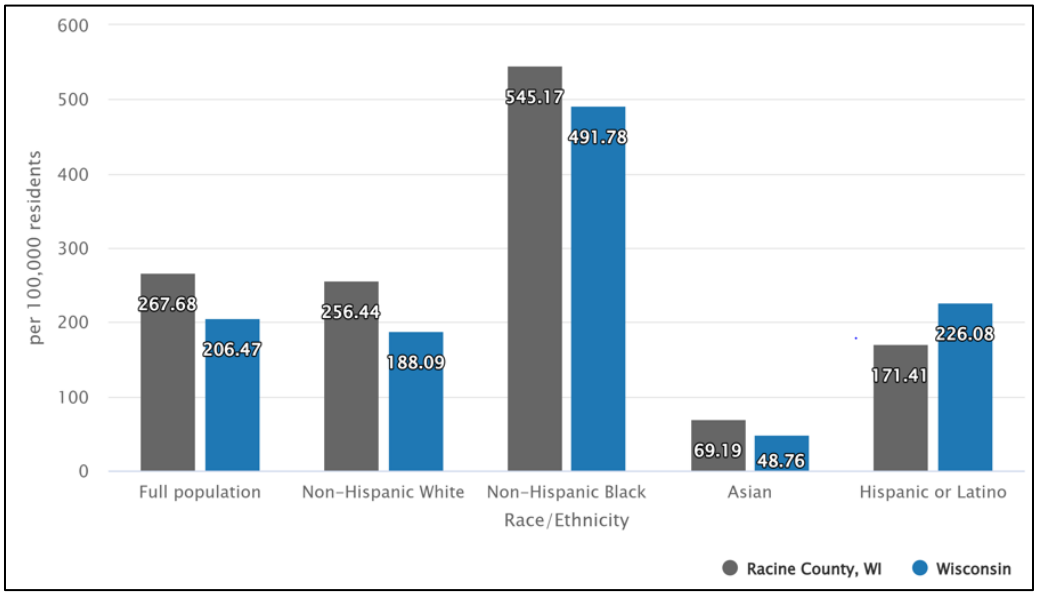
Teens who Use Marijuana

The 2021 Wisconsin YRBS Racine County Report results show that 13 percent of 9th graders, 20 percent of 10th graders, 22 percent of 11th graders and 18 percent of 12th graders have ever used marijuana. Also reported was seven percent (9th graders), 10 percent (10th graders), 13 percent (11th graders) and 12 percent (12th graders) reporting having used marijuana in the past 30 days (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Emergency Department Rate due to Opioid Use

In Racine County, the ED rate due to opioid use is 267.7 per 100,000 residents, which is higher than the Wisconsin rate of 206.5 per 100,000 residents. The county rates are highest among the Non-Hispanic Black population at 545.2 per 100,000 residents, Young Adults (18-39 years) at 554.2 per 100,000 residents (as shown in Exhibit 13) and males at 299.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 13: Racine County Opioid-related Emergency Department Visit Rate by Age 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Hospitalization Rate due to Opioid Use

In Racine County, the hospitalization rate due to opioid use is 302.8 per 100,000 residents. This rate is higher than Wisconsin at 250.0 per 100,000 residents. The Racine County hospitalization rates for opioid use are highest among the Non-Hispanic Black population at 514.0 per 100,000 residents and Young Adults (18-39 years) at 525.4 per 100,000 residents. Males are more likely than females to be hospitalized for opioid use (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Opioid Dispensing Rate

The opioid dispensing rate of retail opioid prescriptions has been decreasing since 2012 in both Racine County and Wisconsin. The opioid dispensing rate in Racine County is 35.4 prescriptions per 100 people, which is lower than the Wisconsin rate of 39.6 prescriptions per 100 people (Metopio, CDC – U.S. Opioid Dispensing Rate Maps, 2020).

Nutrition

According to America's Health Rankings, in Wisconsin, the percentage of adults who reported consuming two or more fruits and three of more vegetables daily is 6.3 precent, which is lower than the U.S. rate of 7.4 percent. This rate has been steadily declining in Wisconsin over time. The highest percentage of fruit and vegetable consumption in Wisconsin is among adults ages 18-44 years at 6.9 percent and females at 8.5 percent (America's Health Rankings, CDC, BRFSS, 2021).

Physical Activity and Inactivity

Adults with No Exercise

This indicator is defined as the percent of resident adults ages 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?". In Racine County, 22.2 percent of adults reported no exercise in the past month, which is higher than Wisconsin at 19.7 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2021).

Teens with No Exercise

According to the 2021 Wisconsin YRBS Racine County Report results show that 19 percent of 9th graders, 19 percent of 10th graders, 17 percent of 11th graders and 22 percent of 12th graders who exercised zero days in the past week (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Weight Status

Adults Who Are Obese

In Racine County, 35.9 percent of resident adults aged 18 and older are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height), which is higher than the Wisconsin rate of 34.8 percent. This excludes those with abnormal height or weight and pregnant women (Metopio, BRFSS, Diabetes Atlas, PLACES, 2021).

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

The annual cancer diagnosis rate for all invasive cancers in Racine County is 514.2 cases per 100,000 residents, which is higher than Wisconsin at 470.8 cases per 100,000 residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

Breast Cancer

Mammography Use

In Racine County, 75.9 percent of resident female adults aged 50-74 years reported having had a mammogram within the previous two years, which is the higher than Wisconsin at 74.3 percent of female adults (Metopio PLACES, BRFSS, 2020).

Invasive Breast Cancer Diagnosis Rate

The diagnosis rate for invasive breast cancer in women ages 15 and over in Racine County is 140.5 cases per 100,000 female residents. This rate is higher than Wisconsin at 135.1 cases per 100,000 female residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

Breast Cancer Mortality Rate

Breast cancer is the leading cause of death among women in the United States. In Racine County, the breast cancer mortality rate is 10.8 deaths per 100,000 residents, which is the same as the Wisconsin rate of 10.0 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Colorectal Cancer

Colorectal Cancer Screening

Colorectal cancer screening is defined as those resident adults ages 50-75 years who report having had (1) a fecal occult blood test (FOBT) within the past year, (2) a sigmoidoscopy within the past five years and a FOBT within the past three years, or (3) a colonoscopy within the past 10 years. In Racine County, 62.5 percent of adult residents ages 50-75 years stated they have competed colorectal cancer screening. This rate is slightly higher than the Wisconsin rate at 61.2 percent of adult residents (Metopio, PLACES, BRFSS, 2020).

Colorectal Cancer Mortality Rate

In Racine County, the mortality rate due to colorectal cancer is 12.9 deaths per 100,000 residents, which is the same as Wisconsin at 12.4 deaths per 100,000 residents. Colorectal cancer mortality rates are highest among males at 14.1 deaths per 100,000 residents compared to females at 12.1 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Cervical Cancer

Pap Test Use

In Racine County, the percentage of resident female adults ages 21-65 years who report having had a Papanicolaou (Pap) smear within the previous three years for detection of cervical cancer is 83.7 percent. This rate is similar to that of Wisconsin at 83.4 percent (Metopio, PLACES, BRFSS, 2020).

Cervical Cancer Diagnosis Rate

In Racine County, the cervical cancer diagnosis rate is 6.6 cases per 100,000 female residents, which is the same as Wisconsin at 6.5 cases per 100,000 female residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

Lung Cancer

Lung Cancer Diagnosis Rate

The diagnosis rate due to lung and bronchus cancer for those ages 15 and over in Racine County is 73.0 cases per 100,000 residents, which is higher than Wisconsin at 58.6 cases per 100,000 residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

Lung, Trachea and Bronchus Cancer Mortality Rate

In Racine County, the mortality rate for lung, trachea and bronchus is 40.7 deaths per 100,000 residents, which is higher than Wisconsin at 35.5 deaths per 100,000 residents. The mortality rate is also highest among males at 48.5 deaths per 100,000 residents compared to females at 34.7 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Oral Cavity and Pharynx

Oral Cancer Diagnosis Rate

In Racine County, the diagnosis rate due to oral cancer is 13.6 cases per 100,000 residents, which is higher than Wisconsin at 12.5 cases per 100,000 residents (Metopio, National Cancer Institute, 2015-2019).

Prostate Cancer

Prostate Cancer Diagnosis Rate

The annual diagnosis rate due to prostate cancer in Racine County is 134.9 cases per 100,000 male residents. This rate is higher than Wisconsin at 118.3 cases per 100,000 male residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

Cardiovascular Disease

High Cholesterol Prevalence

In Racine County, 32.7 percent of adults ages 18 and older reported having been told by a doctor, nurse or health professional that they have high cholesterol. This rate is higher than Wisconsin at 30.5 percent and the U.S. at 31.1 percent (Metopio, PLACES, BRFSS, 2021).

High Blood Pressure Prevalence

In Racine County, 28.7 percent of adults ages 18 and older reported having been told by a doctor, nurse or health professional that they have high blood pressure. This rate is higher than Wisconsin (28.3 percent) and lower than the U.S. (30.4 percent) (Metopio, PLACES, BRFSS, 2021).

Coronary Heart Disease

In Racine County, 5.2 percent of adults ages 18 and older reported ever being told by a doctor, nurse or health professional that they have angina or coronary heart disease. This rate is similar to Wisconsin (5.0 percent) and the U.S. (5.2 percent) (Metopio, PLACES, BRFSS, 2021).

Coronary Heart Disease Mortality

The coronary heart disease mortality indicator is represented as deaths per 100,000 residents related to coronary heart disease, specifically ischemic heart diseases such as acute myocardial infarction, other acute ischemic heart diseases, and other forms of chronic ischemic heart disease. In Racine County, the coronary heart disease mortality rate is 91.8 per 100,000 residents, which is similar to Wisconsin (87.2 per 100,000 residents) and the U.S. (91.5 per 100,000 residents). Additionally, the rates in Racine County are highest among the Non-Hispanic Black population (127.9 per 100,000 residents), males (129.7 per 100,000 residents) and Seniors ages 65 and older (354.3 per 100,000 residents) (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Key findings: Disease and Chronic Conditions

- Annual cancer diagnosis rates are steadily increasing over time with the highest being prostate and lung cancer.
- Emergency Department and Hospitalization Rates for all cardiovascular diseases (including Stroke) are trending up over time, with the highest areas of concern among Non-Hispanic Black Males.
- ED and Hospitalization Rates for Diabetes is increasing over time with the highest rates being among Non-Hispanic Black and Seniors (65 and older).
- Mental Health rates including suicide and self-injury are significantly increasing in Racine County for ED and Hospitalization Rates specifically among Non-Hispanic Black population and Young Adults (18-39 years).

Emergency Department Rate due to Heart Failure

In Racine County, the ED rate due to heart failure is 160.8 per 100,000 residents, which is lower than the Wisconsin rate of 188.6 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population (540.9 per 100,000 residents), males (186.4 per 100,000 residents) and Seniors ages 65 and older (476.3 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

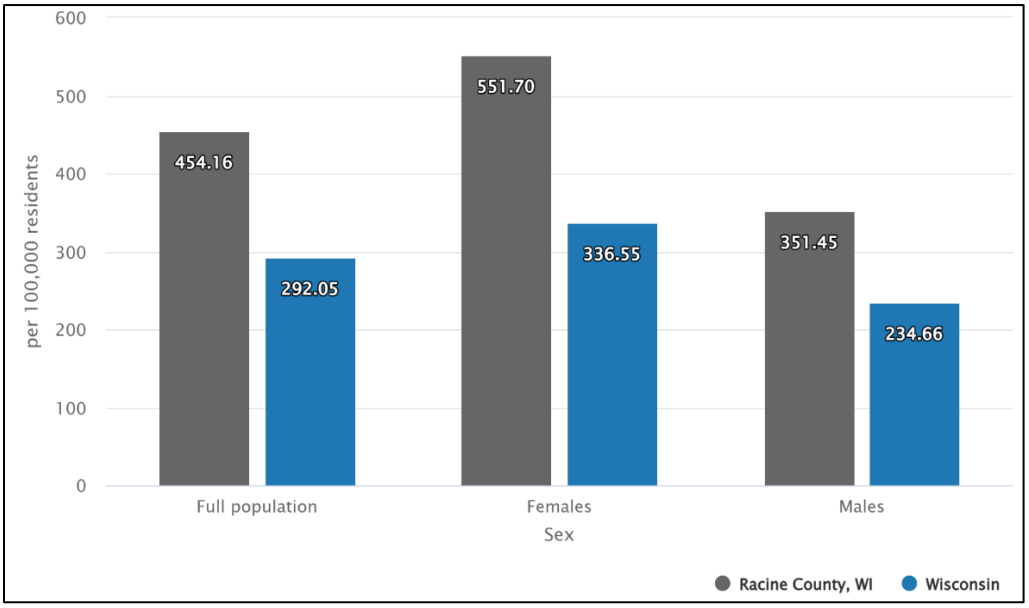
Hospitalization Rate due to Heart Failure

The Racine County hospitalization rate due to heart failure is 427.8 per 100,000 residents, which is higher than the Wisconsin rate of 398.1 per 100,000 residents. The highest rates for hospitalization due to heart failure in Racine County is among the Non-Hispanic Black population at 908.7 per 100,000 residents and Seniors (65 and older) at 1,533.5 per 100,000 residents. Males (441.0 per 100,000) are slightly higher than females (415.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Hypertension

The Racine County ED rate due to hypertension is 454.2 per 100,000 residents, which is higher than the Wisconsin rate of 292.1 per 100,000 residents. The highest rates in Racine County are among the Non-Hispanic Black population at 1,470.8 per 100,000 residents and Seniors (65 and older) at 931.3 per 100,000 residents. The highest ED rate due to hypertension is among females at 551.7 per 100,000 residents compared to males at 351.5 per 100,000 residents as shown in Exhibit 14 (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 14: Racine County Emergency Department Rate due to Hypertension by Sex 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Hospitalization Rate due to Hypertension
In Racine County, the hospitalization rate due to hypertension is 68.0 per 100,000 residents, which is higher than the Wisconsin rate of 40.2 per 100,000 residents. The highest rates in Racine County for hospitalization due to hypertension is among the Non-Hispanic Black population at 293.8 per 100,000 residents, females at 75.9 per 100,000 residents and Seniors (65 and older) at 137.6 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate Due to Stroke
In Racine County, the ED rate due to stroke is 163.5 per 100,000 residents (adults ages 18 and older). This rate is higher than the Wisconsin rate of 112.3 per 100,000 residents. The highest rate in Racine County for ED rate due to stroke is among the Non-Hispanic Black population at 226.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate Due to Stroke
The hospitalization rate due to stroke in Racine County is 342.9 per 100,000 residents, which is higher than the Wisconsin rate of 259.1 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 561.6 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Stroke Mortality
In Racine County, the stroke mortality rate (deaths due to stroke) is 39.1 deaths per 100,000 residents. This rate is higher than the Wisconsin rate of 33.8 deaths per 100,000 residents. The highest death rates due to stroke in Racine County are among the Non-Hispanic Black population (52.0 deaths per 100,000 residents) and males (42.0 deaths per 100,000 residents) (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Diabetes

Diagnosed Diabetes
In Racine County, 8.9 percent of adults (ages 18 and older) reported ever being told by a doctor, nurse or health professional that they have diabetes (other than during pregnancy), which is similar to Wisconsin at 8.1 percent (Metopio, Diabetes Atlas, PLACES, 2021).

Emergency Department Rate due to Diabetes
The ED rate due to diabetes in Racine County is 512.6 per 100,000 residents, which is higher than the Wisconsin rate of 374.2 per 100,00 residents. All rates are trending upward over time. In Racine County, the highest rates are among the Non-Hispanic Black population at 1,255.8 per 100,000 residents and Seniors (65 and older) at 1,282.0 per 100,000 residents. Males have slightly higher rates than females (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Diabetes
In Racine County, the hospitalization rate due to diabetes is 201.5 per 100,000 residents, which is higher than the Wisconsin rate of 147.7 per 100,000 residents. The highest rates in the county for hospitalization due to diabetes is among the Non-Hispanic Black population at 506.0 per 100,000 residents, Seniors (65 and older) at 385.6 per 100,000 residents and males at 236.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

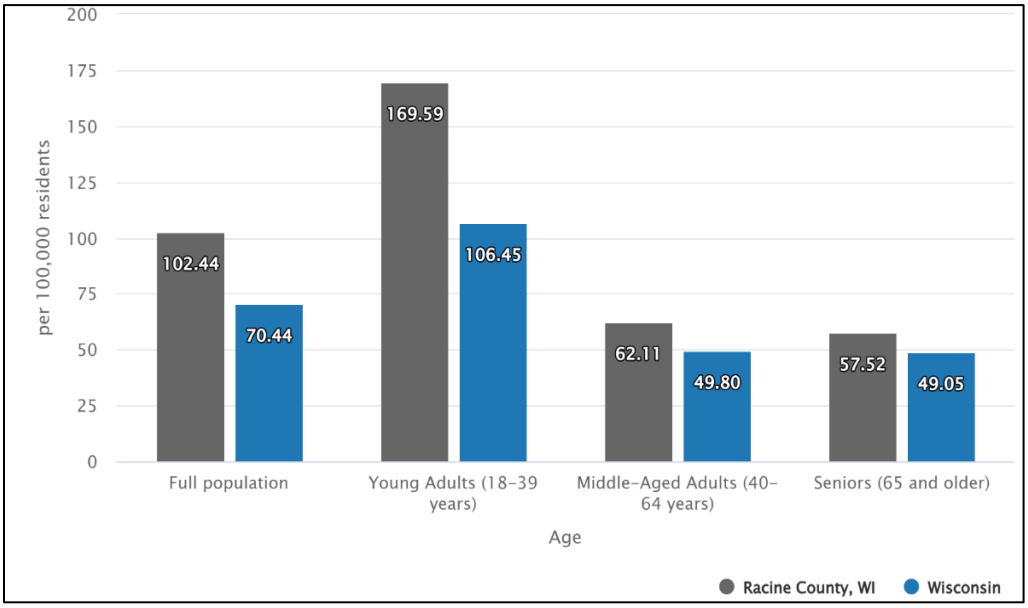
Emergency Department Rate due to Uncontrolled Diabetes
The ED date due to uncontrolled diabetes is 318.6 per 100,000 residents, which is higher than the Wisconsin rate of 212.1 per 100,000 residents. The ED rates are also highest among the Non-Hispanic Black population at 1,005.9 per 100,000 residents, females at 322.0 per 100,000 residents and Seniors (65 and older) at 424.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Uncontrolled Diabetes
The hospitalization rate due to uncontrolled diabetes in Racine County is 35.3 per 100,000 residents, which is higher than the Wisconsin rate of 24.5 per 100,000 residents. The hospitalization rates are also highest among the Non-Hispanic Black population at 120.6 per 100,000 residents, females at 36.2 per 100,000 residents and Seniors (65 and older) at 82.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Short-Term Complications of Diabetes
The ED rate due to short-term complications of diabetes in Racine County is 15.7 per 100,000 residents, which is lower than the Wisconsin rate of 22.9 per 100,000 residents. The ED rates are highest among the Young Adults (18-39 years) at 26.5 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Short-Term Complications of Diabetes
In Racine County, the hospitalization rate due to short-term complications of diabetes is 102.4 per 100,000 residents, which is higher than the Wisconsin rate of 70.4 per 100,000 residents. The Racine County rates are also highest among the Non-Hispanic Black population at 343.4 per 100,000 residents, males at 113.8 per 100,000 residents and Young Adults (18-39 years) at 169.6 per 100,000 residents as shown in Exhibit 15 (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 15: Racine County Hospitalization Rate due to Short-Term Complications of Diabetes by Age 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Emergency Department Rate due to Long-Term Complications of Diabetes
In Racine County, the ED rate due to long-term complications of diabetes is 296.3 per 100,000 residents, which is higher than the Wisconsin rate of 214.4 per 100,000 residents. The highest ED rates are also among the Non-Hispanic Black population (506.9 per 100,000 residents), Hispanic or Latino (372.9 per 100,000 residents), males (338.5 per 100,000 residents) and Seniors ages 65 and older (841.5 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

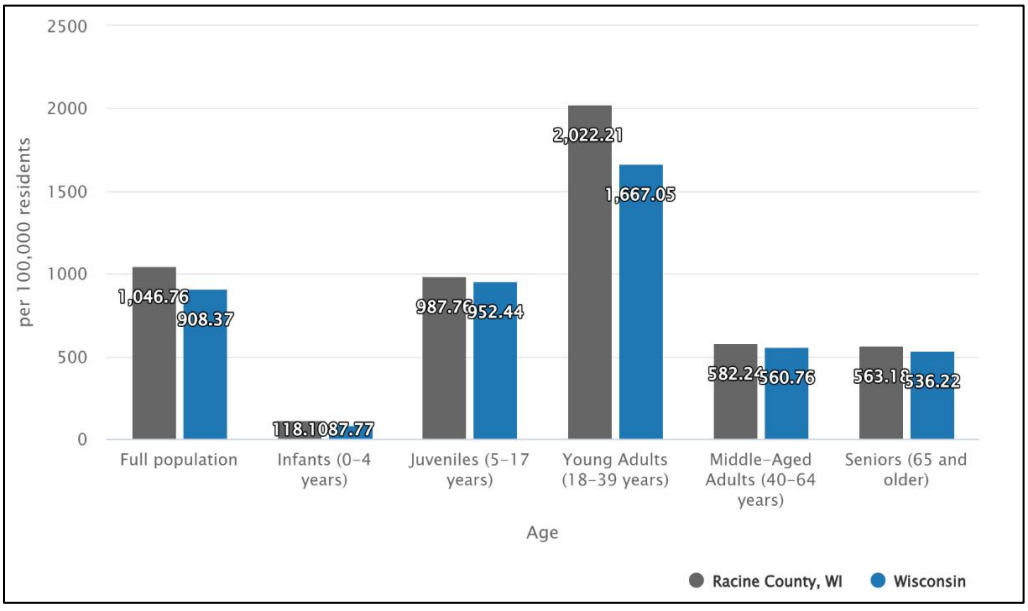
Hospitalization Rate due to Long-Term Complications of Diabetes
In Racine County, the hospitalization rate due to long-term complications of diabetes is 114.2 per 100,000 residents, which is higher than the Wisconsin rate of 84.5 per 100,000 residents. The county rates are highest among the Non-Hispanic Black population (189.7 per 100,000 residents), males (153.1 per 100,000 residents) and Seniors ages 65 and older 244.6 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Mental Health

Poor Mental Health
In Racine County, 14.7 percent of adults ages 18 and older report 14 or more days during the past 30 days in which their mental health was not good. This is the same rate as Wisconsin at 14.5 percent (Metopio, PLACES, 2021).

Emergency Department Rate due to Mental Health
The ED rate due to mental health in Racine County is 1,046.8 per 100,000 residents, which is higher than the Wisconsin rate of 908.4 per 100,000 residents. The highest rates in Racine County for ED rates due to mental health are among the Non-Hispanic Black population at 1,907.9 per 100,000 residents, females at 1,172.9 per 100,000 residents and Young Adults (18-39 years) at 2,022.2 per 100,000 residents as shown in Exhibit 16 (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 16: Racine County Mental Health Emergency Department Visit Rate by Race and Ethnicity 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

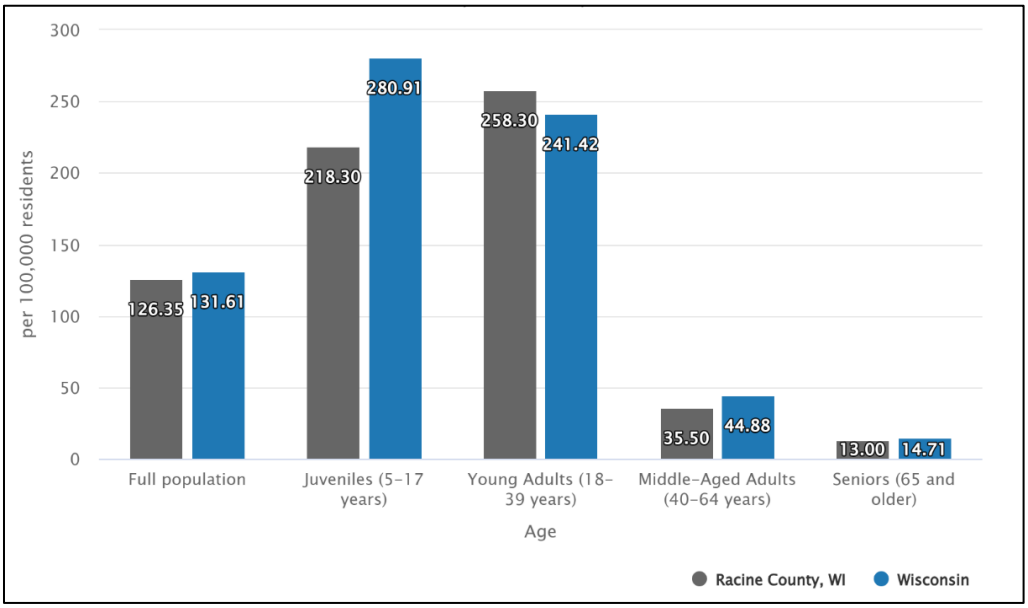
Hospitalization Rate due to Mental Health

The hospitalization rate due to mental health in Racine County is 685.4 per 100,000 residents, which is slightly higher than the Wisconsin rate of 648.0 per 100,000 residents. The hospitalization rate due to mental health is highest in Racine County among the Non-Hispanic Black population at 1,095.0 per 100,000 residents and females at 787.6 per 100,000 residents. Additionally, rates are highest among Young Adults (18-39 years) at 1,224.4 per 100,000 residents and Juveniles (5-17 years) at 954.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Suicide and Self-Injury

The ED rate due to suicide and self-injury in Racine County is 126.4 per 100,000 residents, which is lower than the Wisconsin rate of 131.6 per 100,000 residents. Th ED rate due to suicide and self-injury is highest among the Non-Hispanic Black population at 160.2 per 100,000 residents and females at 159.9 per 100,000 residents. The highest ED rates by age group are among those Young Adults (18-39 years) at 258.3 per 100,000 residents and Juveniles (5-17 years) at 218.3 per 100,000 residents as shown in Exhibit 17 (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 17: Racine County Emergency Department Rate due to Suicide and Self-Injury by Age 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Hospitalization Rate due to Suicide and Self-Injury

In Racine County, the hospitalization rate due to suicide and self-injury is 95.1 per 100,000 residents, which is higher than the Wisconsin rate of 80.2 per 100,000 residents. The hospitalization rate due to suicide and self-injury in Racine County is highest by race and ethnicity among the Non-Hispanic Black population at 107.2 per 100,000 residents and the Non-Hispanic White population at 97.3 per 100,000 residents. Additionally, rates are highest in Racine County among females at 117.0 per 100,000 residents and Young Adults (18-39 years) at 191.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Suicide Mortality

The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself". In the United States, decisions about whether deaths are listed as suicides on death certificates are usually make by a coroner or medical examiner. Suicide mortality in Racine County is 15.3 deaths per 100,000 residents, which is similar to Wisconsin at 14.7 deaths per 100,000 residents. In Racine County, males have the highest suicide mortality at 22.9 deaths per 100,000 residents and Young Adults (18-39 years) at 22.3 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Youth Mental Health

According to the 2021 Wisconsin YRBS Racine County Report results, a significant amount of middle school and high schoolers reported having experienced significant problems with anxiety and prolonged, disruptive sadness. Also reported were students who intentionally self-harmed without intending to die, those who seriously considered suicide and those who made a plan for a suicide attempt (as shown in Exhibit 18) (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2021).

Exhibit 18: Wisconsin Youth Risk Behavior Survey Racine County Report 2021

	Racine County, WI **Youth Risk Behavior Survey Results**			
	2021			
	High School			
	9th Grade	10th Grade	11th Grade	12th Grade
Mental Health				
Self-Reported (past 12 months)…				
Students who had experienced significant problems with **anxiety**	49%	55%	50%	53%
Students who experienced **prolonged, disruptive sadness**	31%	37%	33%	36%
Students who intentionally **self-harmed** without intending to die	21%	22%	18%	19%
Students who seriously **considered suicide**	18%	18%	16%	15%
Students who **made a plan for a suicide attempt**	14%	16%	13%	10%

Source: Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Report, 2023

Alzheimer's Disease Mortality

The Alzheimer's disease mortality in Racine County is 27.1 deaths per 100,000, which is lower than the Wisconsin rate of 31.3 per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Respiratory Disease

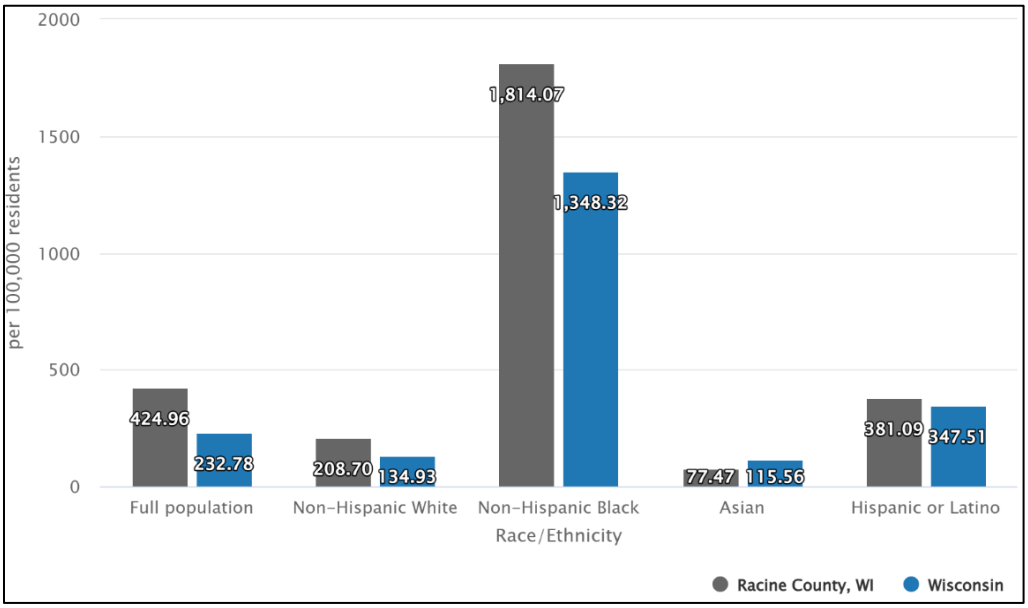
Adults with Current Asthma

In Racine County, 10.6 percent of adult residents currently have asthma, which is similar to Wisconsin at 10.5 percent of adult residents. Residents with "Current Asthma" are those who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or health professional that you have asthma?" and "Do you still have asthma?" (Metopio, PLACES, BRFSS, 2021).

Emergency Department Rate due to Asthma

The ED rate due to asthma in Racine County is 425.0 per 100,000 residents, which is higher than the Wisconsin rate of 232.8 per 100,000 residents. The highest ED rates due to asthma in Racine County are among the Non-Hispanic Black population at 1,814.1 per 100,000 residents as shown in Exhibit 19. Additionally, ED rates due to asthma are highest in Racine County among females at 452.0 per 100,000 residents and Young Adults (18-39 years) at 711.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 19: Racine County Emergency Department Rate due to Asthma by Race and Ethnicity 2018-2022



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2023

Hospitalization Rate due to Asthma

In Racine County, the hospitalization rate due to asthma is 36.7 per 100,000 residents, which is higher than the Wisconsin rate of 22.7 per 100,000 residents. The highest rates in the county for hospitalization due to asthma are among the Non-Hispanic Black population at 135.7 per 100,000 residents, females at 50.3 per 100,000 residents and Infants (0-4 years) at 70.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Pneumonia/Flu
In Racine County, the ED rate due to pneumonia/flu is 625.2 per 100,000 residents, which is higher than the Wisconsin rate of 540.8 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,448.5 per 100,000 residents, females at 653.6 per 100,000 residents and Infants (0-4 years) at 2,141.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Pneumonia/Flu
In Racine County, the hospitalization rate due to pneumonia/flu is 243.0 per 100,000 residents, which is higher than the Wisconsin rate of 175.2 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 385.7 per 100,000 residents, females at 258.2 per 100,000 residents and Seniors (65 and older) at 932.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to COPD
The ED rate due to Chronic Obstructive Pulmonary Disease (COPD) in Racine County is 734.7 per 100,000 residents, which is higher than the Wisconsin rate of 567.6 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 3,131.0 per 100,000 residents, females at 829.9 per 100,000 residents and Seniors (ages 65 and older) at 989.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to COPD
The hospitalization rate due to COPD in Racine County is 289.0 per 100,000 residents, which is higher than the Wisconsin rate of 208.8 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 781.5 per 100,000 residents, females at 330.8 per 100,000 residents and Seniors (ages 65 and older) at 491.6 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

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 Death Rate
Confirmed deaths in Wisconsin from the SARS-CoV-2 virus that causes COVID-19 is 251.3 deaths per 100,000 residents. The Racine County rate is higher at 354.0 deaths per 100,000 residents. These only include cases where the underlying or contributing cause of death was the virus, meaning that the patient had to have a confirmed test result for the virus. The true number of deaths from the virus is higher by an unknown amount. These case counts are extremely biased by where testing and resources are available. Some patients expire at home and are never tested for SARS-CoV-2 (Metopio, Various state health departments, 2020-2021).

COVID-19 Emergency Department Rate
In Racine County, the ED rate due to COVID-19 is 738.7 per 100,000 residents, which is higher than the Wisconsin rate of 602.2 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,664.0 per 100,000 residents, females at 834.3 per 100,000 residents and Young Adults (18-39 years) at 1,094.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2020-2022).

COVID-19 Hospitalization Rate
In Racine County, the hospitalization rate due to COVID-19 is 228.1 per 100,000 residents, which is slightly higher than the Wisconsin rate at 207.8 per 100,000 residents. The highest rates in the county for hospitalization rate due to COVID-19 is among the Non-Hispanic Black population at 326.7 per 100,000 residents, males at 233.1 per 100,000 residents and Seniors (ages 65 and older) at 890.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2020-2022).

Other Chronic Diseases or Conditions

Emergency Department Rate due to Dental Problems
The ED rate due to dental problems in Racine County is 595.5 per 100,000 residents, which is higher than the Wisconsin rate of 485.5 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,830.4 per 100,000 residents, females at 606.3 per 100,000 residents and Young Adults (18-39 years) at 1,179.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Dehydration
In Racine County, the ED rate due to dehydration is 178.0 per 100,000 residents, which is the same as the Wisconsin rate of 178.2 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 266.3 per 100,000 residents, females at 197.0 per 100,000 residents and Seniors (ages 65 and older) at 398.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Dehydration
In Racine County, the hospitalization rate due to dehydration is 134.1 per 100,000 residents, which is higher than the Wisconsin rate of 105.0 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 2167.0 per 100,000 residents, females at 137.1 per 100,000 residents and Seniors (ages 65 and older) at 437.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Urinary Tract Infections
In Racine County, the ED rate due to Urinary Tract Infections (UTIs) is 1,021.5 per 100,000 residents, which is higher than the Wisconsin rate of 739.0 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,955.7 per 100,000 residents, females at 1,664.2 per 100,000 residents and Seniors (ages 65 and older) at 1,742.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Urinary Tract Infections
In Racine County, the hospitalization rate due to UTIs is 118.5 per 100,000 residents, which is higher than the Wisconsin rate of 93.3 per 100,000 residents. The highest rates in the county are among the Non-Hispanic White population at 135.1 per 100,000 residents, females at 172.4 per 100,000 residents and Seniors (ages 65 and older) at 461.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Chronic Kidney Disease
In Racine County, 2.8 percent of adults aged 18 and older reported having been told by a doctor, nurse, or health professional that they have kidney disease. This rate is the same as the Wisconsin rate of 2.7 percent (Metopio, PLACES, BRFSS, 2021).

5. Maternal, Child and Reproductive Health

Prenatal Care

Births with at Least One Maternal Risk Factor
In Racine County, 26.4 percent of births were to mothers where the mother has at least one of the following conditions: chronic hypertension, eclampsia, diabetes, tobacco use, or pregnancy-associate hypertension. This rate is lower when compared to Wisconsin at 25.0 percent of births. The highest rates in Racine County are among the Two or more races population at 31.9 percent (Metopio, National Vital Statistics System-Natality, 2017-2021).

Births to Mothers with Obesity
In Racine County, 35.6 percent of births are to mothers who are obese (which means Body Mass Index (BMI) is 30 or above), which is slightly higher than the Wisconsin rate of 31.7 percent of births. When stratified by race and ethnicity, the rate of births to mothers with obesity in Racine County is highest among the Non-Hispanic Black population at 45.3 percent and Hispanic or Latino population at 40.2 percent (Metopio, National Vital Statistics System-Natality, 2017-2021).

Key findings: Maternal, Child and Reproductive Health

- Teen birth rates in Racine County have significantly decreased over time.
- Infant Mortality Rates are highest in Racine County among the Non-Hispanic Black population.
- Sexually Transmitted Infections have been increasing over time in Racine County.

Birth Outcomes

Pre-Term Births (Less than 37 Weeks Gestation)

In Racine County, 12.5 percent of live births are considered pre-term births (less than 37 weeks gestation). This is higher than the Wisconsin rate of 10.8 percent of live births. When stratified by race and ethnicity, the highest rate of pre-term births is among the Non-Hispanic Black population at 18.6 percent, Hispanic or Latino population at 13.5 percent and Two or more races at 13.2 percent (Metopio, National Vital Statistics System-Natality, 2017-2021).

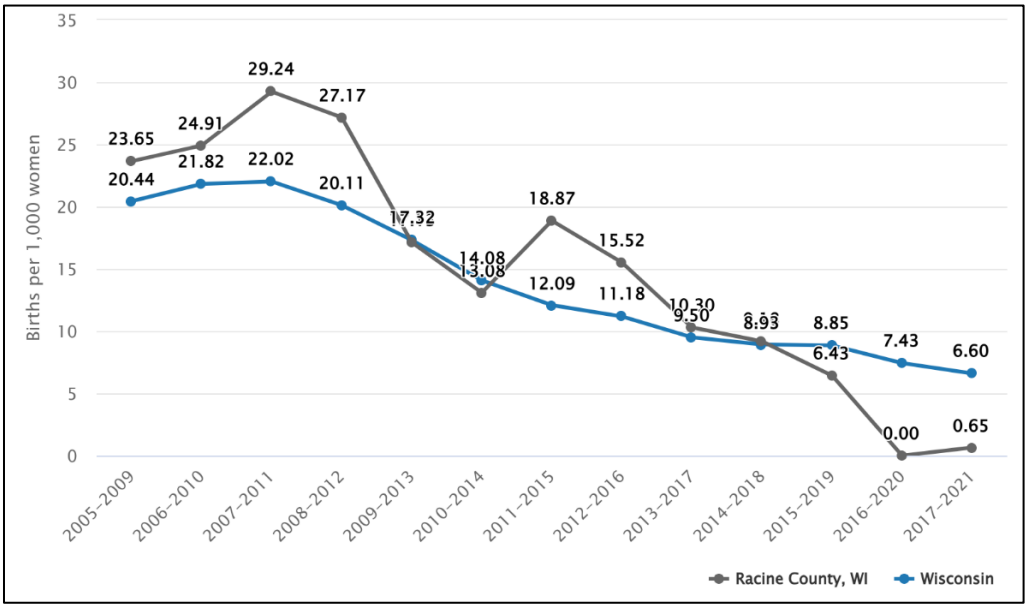
Births with Very Low Birth Weight

In Racine County, 1.8 percent of live births are with a birth weight of less than 1,500 grams (3 pounds, 4 ounces). This is similar to the Wisconsin rate of 1.2 percent of live births. Also, the highest rates in the county are among the Non-Hispanic Black population at 2.9 percent and the Hispanic or Latino population at 1.4 percent of live births (Metopio, National Vital Statistics System-Natality, 2017-2021).

Teen Birth Rate

Teen birth rate is among women ages 15-19 years with a birth in the past year and does not include births to women below age 15. In Racine County, the teen birth rate is 0.65 births per 1,000 women, which is significantly lower than the Wisconsin rate of 6.6 births per 1,000 women as shown in Exhibit 20 (Metopio, American Community Survey, 2017-2021).

Exhibit 20: Racine County Teen Birth Rate Trend 2005-2021

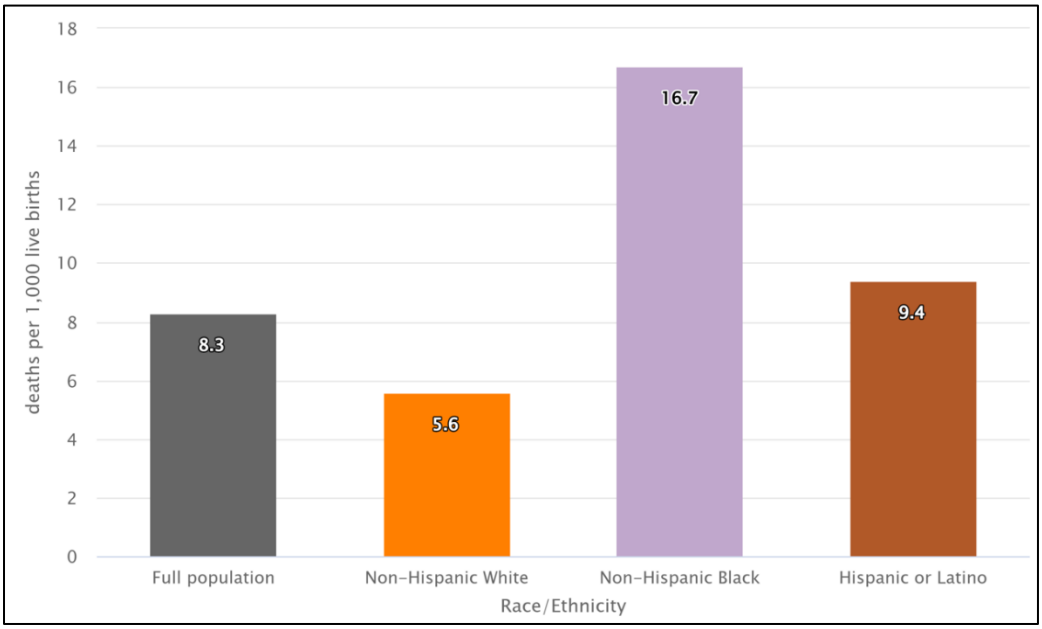


Source: Metopio, American Community Survey, 2023

Infant Mortality

The infant mortality rate for Racine County is 8.3 deaths per 1,000 live births, which is higher than the Wisconsin average of 6.0 deaths per 1,000 live births. The infant mortality rate is highest in Racine County among the Non-Hispanic Black population at 16.7 deaths per 1,000 live births as shown in Exhibit 21 (Metopio, National Vital Statistics System-Natality, 2016-2020).

Exhibit 21: Racine County Infant Mortality Rate by Race and Ethnicity 2016-2020



Source: Metopio, National Vital Statistics System-Natality, 2023

Sexually Transmitted Infections

Sexually transmitted infection (STI) rate includes chlamydia, gonorrhea, syphilis, and HIV/AIDS with more than half of these cases being chlamydia. In Racine County, the STI rate is 1,091.2 cases per 100,000 residents, which is higher than the Wisconsin average of 804.9 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Chlamydia

Chlamydia is a common sexually transmitted disease, especially among young women ages 15-24 years. In Racine County, the prevalence of chlamydia is 632.3 cases per 100,000 residents, which is higher than the Wisconsin rate of 472.3 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Gonorrhea

Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults. In Racine County, the gonorrhea prevalence rate is 279.3 cases per 100,000 residents, which is higher than the Wisconsin rate of 177.3 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Syphilis

Syphilis is a sexually transmitted infections that progresses through a series of clinical stages and can cause long-term complications if not treated correctly. In Racine County, the syphilis prevalence is 15.2 cases per 100,000 residents, which is lower than the Wisconsin rate of 18.7 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

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. This is commonly referred to as the Social Drivers of Health (SDOH) which are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. Social drivers of health (SDOH) have a major impact on people's health and well-being. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills.

SDOH also contribute to health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. Reduced consumption of healthy foods can raise their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments (Healthy People 2030, Healthy People 2030 | health.gov).

According to the Aurora Eastern Racine/Kenosha Steering Council Stakeholder Interviews, two major themes were among housing and transportation as a barrier in every health topic.

Housing

Owner Occupied Housing Units
In Racine County, 69.1 percent of housing units were owner occupied, higher than Wisconsin at 67.4 percent. In the county, the lowest rate of ownership is among the Non-Hispanic Black population at 25.8 percent (Metopio, American Community Survey, 2017-2021).

Severely Rent-Burdened
A total of 21.8 percent of households in Racine County are spending more than 50 percent of their income on rent and are considered to be severely rent-burdened. This is slightly higher than Wisconsin at 19.2 percent and lower than the U.S. at 22.9 percent (Metopio, American Community Survey, 2017-2021).

Key findings: Environment

- Almost 22 percent of Racine County residents are severely rent-burdened (spending more than 50 percent of their income on rent).
- In Racine County, 7.5 percent of residents experienced food insecurity with the highest rates among the Non-Hispanic Black population.
- ED and Hospitalization Rates for Unintentional Falls (including Fall Mortality Rates) are steadily increasing over time in Racine County.

Transportation

Households Without a Vehicle

A total of 6.2 percent of Racine County households had no vehicle available, which is similar to Wisconsin at 6.3 percent and the U.S. at 8.4 percent (Metopio, American Community Survey, 2017-2021).

Mean Travel Time to Work

The mean travel time to work in Racine County is 24.0 minutes, which is slightly higher than Wisconsin at 22.2 minutes and the U.S. at 26.8 minutes (Metopio, American Community Survey, 2017-2021).

Food security and Access to Healthy Foods

Food Insecurity Rate

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. A total of 7.5 percent of Racine County residents experienced food insecurity at some point, which is similar to Wisconsin at 7.2 percent. Additionally, the highest rates in the county are among the Non-Hispanic Black population at 25.0 percent and children ages 0-17 years at 15.0 percent (Metopio, Feeding America, Map the Meal Gap, 2021).

Low Food Access

Low food access is defined solely by distance: further than ½ mile from the nearest supermarket in an urban area or further than ten miles in a rural area. In Racine County, 60.2 percent of residents are considered to have low access to food. This rate is higher than Wisconsin at 47.3 percent and the U.S. at 50.2 percent. Additionally, rates are slightly higher in Racine County among the Non-Hispanic White population at 61.3 percent (as compared to all race and ethnicity groups) and Seniors (65 and older) at 60.8 percent (Metopio, USDA, 2019).

Living in Food Deserts

A food desert is defined as being low-income and further than one mile from a supermarket in urban areas or 20 miles in a rural area. In Racine County, 3.8 percent of residents are living in food deserts. This is lower than Wisconsin at 4.3 percent and the U.S. at 10.2 percent (Metopio, USDA, 2019).

Social Environment and Community Safety

Emergency Department Rate due to Unintentional Falls

Unintentional falls include those from vehicles, recreational accidents, trips and falls and other unintentional falls for those ages 18 and older. In Racine County, the ED rate due to unintentional falls is 3,244.5 per 100,000 residents, which is higher than the Wisconsin rate of 2,707.1 per 100,000 residents. In the county, the highest rates are among the Non-Hispanic Black population at 4,550.2 per 100,000 residents, females at 3,741.4 per 100,000 residents and Seniors (65 and older) at 6,897.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Unintentional Falls
In Racine County, the hospitalization rate due to unintentional falls is 784.6 per 100,000 residents, which is higher than the Wisconsin rate of 624.3 per 100,000 residents. The highest rates in the county are among the Non-Hispanic White population at 927.2 per 100,000 residents, females at 854.3 per 100,000 residents and Seniors (65 and older) at 2,798.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Fall Mortality
Fall mortality is defined as a death occurring due to unintentional falls. In Racine County, the fall mortality rate is 10.4 deaths per 100,000, which is lower than the Wisconsin rate of 22.1 deaths per 100,000 residents. These rates are trending upward (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Violent Crime Rate
Crimes related to violence (yearly rate) includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery. The rate for violent crime in Racine County is 264.7 crimes per 100,000 residents, which is lower than Wisconsin rate of 305.4 crimes per 100,000 residents (Metopio, FBI Crime Data Explorer, 2017-2021).

Homicide
Homicide crimes (yearly rate) are defined as first- or second-degree murder: the killing of one human being by another. The homicide rate in Racine County is 3.0 crimes per 100,000 residents, which is lower than the Wisconsin rate of 4.0 crimes per 100,000 residents (Metopio, FBI Crime Data Explorer, 2017-2021).

Motor Vehicle Traffic Mortality
The death rate due to motor vehicle traffic in Racine County is 11.9 deaths per 100,000 residents, which is higher than the Wisconsin rate 10.0 deaths per 100,000 residents and the U.S. rate at 11.5 deaths per 100,000 residents. Additionally, the rates are higher among males (17.4 death per 100,000 residents) than females (6.4 deaths per 100,000 residents) (Metopio, National Vital Statistics System-Mortality, 2016-2020).

IV. Prioritization of Health-Related Issues

A. Priority Setting Process

Aurora Health Care Community Health teammates presented extensive community data to the Aurora Eastern Racine/Kenosha County Steering Council over two meetings from April through September 2023. Indicators presented included demographic, economic, employment, social drivers of health, and health status and behaviors. In the September 2023 meeting, the steering council members voted using an online ranking pole to select the top three health priorities to focus on in the 2024-2026 Aurora Mount Pleasant Implementation Plan. The top nine health issues presented were:

- Mental Health, Suicide and Self-Injury
- Alcohol and Substance Use
- Accessible and Affordable Health Care
- Nutrition, Physical Activity and Obesity
- Chronic Diseases (Diabetes, Heart Failure, Stroke)
- Food Insecurity
- Maternal and Infant Health
- Housing and Transportation
- Falls (Unintentional Injuries)

The top health issues identified by the Aurora Mount Pleasant Community Health Needs Assessment were presented to the Aurora Eastern Racine/Kenosha County 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

The health issues selected were:

- Mental Health, Suicide and Self-Injury
- Housing and Transportation
- Food Security

B. Health Needs Selected

Mental Health, Suicide and Self-Injury
Mental health, suicide and self-injury was selected as the first health priority for the CHNA based on the data presented at the Steering Council meetings. The rates of mental health, suicide and self-injury continues to increase over time in Racine County indicating that more work needs to be done to address the ever-growing need for additional services, access to programs and support services in our communities.

Housing and Transportation
Housing and transportation were selected as the second health priority for the CHNA. Access to affordable housing and transportation were major themes in both qualitative and quantitative data presented to the Steering Council.

Food Security
Food security was selected as the third health priority for the CHNA based on the data presented to the Steering Council. While positive progress is being made in Racine County to increase food security, there is still more work that needs to be done around vulnerable populations that are disproportionately affected.

C. Health Needs Not Selected

Alcohol and Substance Use
Alcohol and substance use was not selected as a health priority but will be included under the mental health priority as these issues are often interrelated.

Accessible and Affordable Health Care
Access to affordable health care is a critical need in the community and will be addressed locally through collaborative partnerships with community-based organizations.

Nutrition, Physical Activity and Obesity
Although nutrition, physical activity and obesity were not selected for the implementation plan, these health priorities will be included in the interventions focused on food security in the county. Additionally, there is currently work being done at Aurora Mount Pleasant and will continue to promote these initiatives in the community.

Chronic Diseases (Diabetes, Heart Failure, Stroke)
Chronic diseases were not selected for the implementation plan as a health priority but will be incorporated into other priority areas as these issues are often interrelated. There is currently work being done at Aurora Mount Pleasant to address chronic diseases such as diabetes, stroke and heart disease and will continue these efforts going forward.

Maternal and Infant Health
Maternal, child and reproductive health was not selected as a health priority based on the data presented in the CHNA. Aurora Mount Pleasant works collaboratively with the local health departments, federally qualified health centers and free clinics focusing on maternal and infant health in the community. Based on these efforts, the Steering Council did not feel that this health need was a priority for this CHNA cycle.

Falls (Unintentional Injuries)
The Steering Council thought that falls (unintentional injuries) is more of an issue with education on the importance of safety, rather than a health priority. There are already organizations in the community who offer education to senior populations. Additionally, there are already programs in place at Aurora Mount Pleasant that is focusing on falls in Racine County.

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 Health Board of Directors on December 14th, 2023.

VI. Vehicle for Community Feedback

Community Feedback

Aurora Health Care welcomes all feedback regarding the 2023 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 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 on-site 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: Racine County - Community Health Phone Survey Summary

Racine County Community Health Survey Summary

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

Data Collection

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

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

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

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

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

Margin of Error

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

What do the Percentages Mean?

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

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

	Racine					WI	US
Rating Their Own Health	2009	2012	2015	2017	2020	*2019*	*2019*
Excellent/Very Good	56%	56%	55%	50%	45%	*50%*	*50%*
Good	31%	29%	26%	32%	39%	*34%*	*32%*
Fair or Poor	12%	15%	19%	18%	16%	*16%*	*18%*
Health Care Coverage			Racine			WI	US
Not Covered	2009	2012	2015	2017	2020	*2019*	*2019*
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	10%	10%	7%	2%	4%	*9%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	12%	12%	8%	3%	4%	*11%*	*14%*
Personally (Past Year, 18 and Older)	15%	14%	15%	5%	6%	*NA*	*NA*
Household Member (Past Year)	17%	18%	17%	6%	10%	*NA*	*NA*
			Racine			WI	US
Household Member Did Not Receive Care Needed in Past Year	2009	2012	2015	2017	2020	*2019*	*2019*
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	12%	14%	13%	10%	13%	*NA*	*NA*
Unmet Need/Care							
Medical Care [HP2020 Goal: 4%]*	--	8%	18%	11%	11%	*NA*	*NA*
Dental Care [HP2020 Goal: 5%]*	--	15%	18%	13%	25%	*NA*	*NA*
Mental Health Care*	--	2%	4%	3%	9%	*NA*	*NA*
			Racine			WI	US
Health Care Services	2009	2012	2015	2017	2020	*2019*	*2019*
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	90%	82%	*82%*	*76%*
Primary Health Care Services							
Doctor/Nurse Practitioner's Office	75%	73%	69%	60%	58%	*NA*	*NA*
Urgent Care Center, Walk-in Care, QuickCare or FastCare	7%	9%	16%	27%	28%	*NA*	*NA*
Employee Clinic/Worksite Clinic	--	--	--	2%	3%	*NA*	*NA*
Public Health Clinic	5%	5%	4%	<1%	1%	*NA*	*NA*
Hospital Emergency Room	3%	4%	3%	2%	1%	*NA*	*NA*
No Usual Place	6%	6%	4%	3%	7%	*NA*	*NA*
Advance Care Plan	35%	34%	35%	44%	35%	*NA*	*NA*
COVID-19 Vaccination			Racine			WI	US
If Vaccine Available Today…	2009	2012	2015	2017	2020	*9/20*	*9/20*
Definitely/Probably Get Vaccine	--	--	--	--	56%	*NA*	*51%*
Definitely/Probably Not Get Vaccine	--	--	--	--	28%	*NA*	*49%*
Not Sure	--	--	--	--	17%	*NA*	*NA*
			Racine			WI	US
Routine Procedures	2009	2012	2015	2017	2020	*2019*	*2019*
Routine Checkup (2 Years Ago or Less)	80%	82%	83%	88%	88%	*87%*	*89%*
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	71%	73%	75%	80%	85%	*84%*	*87%*
Dental Checkup (Past Year) [HP2020 Goal: 49%]	63%	63%	64%	68%	67%	*71%*[1]	*68%*[1]
Eye Exam (Past Year)	41%	43%	42%	54%	44%	*NA*	*NA*

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

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

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

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

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

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

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

	Racine					WI	US
Women's Health Screenings	2009	2012	2015	2017	2020	*2018*	*2018*
Mammogram (50+; Within Past 2 Years)	79%	76%	79%	77%	75%	*78%*	*78%*
Bone Density Scan (65 and Older; Ever)	79%	82%	89%	88%	92%	*NA*	*NA*
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	90%	83%	75%	80%	83%	*81%*	*80%*
HPV Test (18 – 65; Within Past 5 Years)	--	--	53%	54%	75%	*NA*	*NA*
Cervical Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	79%	83%	86%	*NA*	*NA*

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

	Racine					WI	US
Electronic Vaping or Cigarette Smoking	2009	2012	2015	2017	2020	*2019*	*2019*
Current Electronic Vapers (Past Month)	--	--	7%	4%	6%	*4%[1]*	*5%[1]*
Current Smokers (Past Month) [HP2020 Goal: 12%]	26%	23%	25%	19%	12%	*15%*	*16%*
Of Current Smokers…						*2005*	*2005*
Quit Smoking 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	52%	44%	54%	44%	47%	*49%*	*56%*

	Racine					WI	US
Exposure to Cigarette Smoke/Electronic Vapor							
Smoking/Vaping Policy at Home*	2009	2012	2015	2017	2020	*2019*	*2019*
Not Allowed Anywhere	71%	74%	76%	82%	83%	*NA*	*NA*
Allowed in Some Places/At Some Times	14%	11%	11%	6%	3%	*NA*	*NA*
Allowed Anywhere	4%	2%	1%	2%	3%	*NA*	*NA*
No Rules Inside Home	11%	13%	12%	10%	8%	*NA*	*NA*
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke in Past 7 Days**	30%	21%	16%	19%	18%	*NA*	*NA*

	Racine					WI	US
Other Tobacco Products in Past Month	2009	2012	2015	2017	2020	*2019*	*2019*
Cigars, Cigarillos or Little Cigars	--	--	6%	4%	3%	*NA*	*NA*
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	4%	2%	<1%	*3%*	*4%*

	Racine					WI	US
Alcohol Use in Past Month	2009	2012	2015	2017	2020	*2019*	*2019*
Drank Alcohol	--	--	--	--	73%	*65%*	*54%*
Binge Drinking*** [HP2020 Goal 5+ Drinks: 24%]	23%	29%	33%	34%	30%	*22%*	*17%*

	Racine					WI	US
Other Substance Use in Past Month	2009	2012	2015	2017	2020	*2019*	*2019*
Marijuana, Cocaine, Heroin or Other Street Drugs	--	--	--	--	5%	*NA*	*NA*
Prescription Drug Misuse/Abuse	--	--	--	--	3%	*NA*	*NA*

	Racine					WI	US
Mental Health	2009	2012	2015	2017	2020	*2019*	*2019*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	5%	7%	7%	4%	6%	*NA*	*NA*
Considered Suicide (Past Year)	3%	4%	6%	5%	7%	*NA*	*NA*
Find Meaning & Purpose in Life Seldom/Never (Past Month)****	4%	7%	6%	5%	19%	*NA*	*NA*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COVID-19 Vaccination

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

Prevalence of Select Health Conditions

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

Physical Health

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

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

Nutrition and Food Insecurity

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

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

Women's Health Screenings

In 2020, 75% of female respondents 50 and older reported a mammogram within the past two years. Ninety-two percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Seventy-five percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-six percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cervical cancer screen within the recommended time frame. *From 2009 to 2020, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2017 to 2020. From 2009 to 2020, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2017 to 2020, there was no statistical change. From 2009 to 2020, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2017 to 2020, there was no statistical change. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years, as well as from 2017 to 2020. From 2015 to 2020, there was a statistical increase in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2017 to 2020, there was no statistical change.*

Colorectal Cancer Screening

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

Tobacco Use

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

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

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

Alcohol Use

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

Other Substance Use

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

Mental Health

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

Personal Safety Issues

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

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

Community and Personal Support

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

Children in Household

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

Top County Health Issues

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

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

Appendix 2: 2023 Community Health Needs Assessment Data Sources

Advocate Aurora Business Development Analytics, 2023
Advocate Health – EpicHB 2023

Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey Report, Racine County Report, 2021

County Health Rankings, Fatality Analysis Reporting System, 2016-2020

County Health Rankings, National Center for Health Statistics, 2018-2020

Metopio. Accessed via a contract with Advocate Aurora Health. Website is unavailable to the public. The following data sources were accessed through the portal:

American Community Survey, 2017-2021
Behavioral Risk Factor Surveillance System, 2020
Centers for Disease Control and Prevention, 2020
Centers for Disease Control and Prevention WONDER, 2016-2020
Centers for Medicare and Medicaid Services, National Provider Identifier, 2021
Diabetes Atlas, 2021
Feeding America, 2021
FBI Crime Data Explorer, 2017-2021
Health Resources and Services Administration, 2020
National Cancer Institute, Wisconsin Department of Health Services, 2015-2019
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021
National Vital Statistics System-Mortality, 2016-2020, 2017-2021
PLACES, 2021
United Way ALICE Data, 2021
Wisconsin Health Association Information Center, 2018-2022

Racine County Public Health Department, 2022 Community Health Needs Assessment