2023
Community Health Needs Assessment Report

Aurora Medical Center - Sheboygan County

3400 Union Avenue

Sheboygan, WI 53081

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December 2023

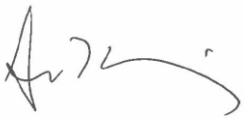
Thank you for taking the time to learn more about the Aurora Medical Center – Sheboygan County Community Health Needs Assessment (CHNA). This CHNA provides a comprehensive picture of the health status of the communities served by Aurora Medical Center - Sheboygan County. Through understanding the health 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 Medical Center - Sheboygan County selected three health priorities for the 2023 CHNA. The priorities selected include the following:

- Access to Innovative Care and Services
- Behavioral Health: Mental Health and Substance Use
- Social Drivers of Health

At Aurora Medical Center – Sheboygan County, 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 Sheboygan 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.



Aric Kinney
President
Aurora Medical Center - Sheboygan County

Table of Contents

I. EXECUTIVE SUMMARY 4

II. DESCRIPTION OF ADVOCATE HEALTH AND AURORA MEDICAL CENTER - SHEBOYGAN COUNTY 5

AURORA HEALTH CARE 5
AURORA MEDICAL CENTER - SHEBOYGAN COUNTY 5

III. 2023 COMMUNITY HEALTH NEEDS ASSESSMENT 5

COMMUNITY DEFINITION 5
1. Population 6
2. Social Drivers of Health 6
3. Demographics 8
4. Economics 10
5. Education 10
6. Health Care Resources in the Defined Community 11

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

SUMMARY OF CHNA FINDINGS 11
1. Overall Health Status 11
2. Health Care Coverage and Access to Care 12
3. Health Risk Behaviors 13
4. Disease and Chronic Conditions 17
5. Maternal, Child and Reproductive Health 23
6. Environment 24

IV. PRIORITIZATION OF HEALTH-RELATED ISSUES 26

PRIORITY SETTING PROCESS 26
HEALTH NEEDS SELECTED 26
HEALTH NEED NOT SELECTED 27

V. APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT 27

VI. VEHICLE FOR COMMUNITY FEEDBACK 27

COMMUNITY FEEDBACK 27

VII. EVALUATION OF IMPACT FROM PREVIOUS CHNA 27

VIII. APPENDICES 28

APPENDIX 1: 2023 COMMUNITY HEALTH PHONE SURVEY SUMMARY 28
APPENDIX 2: 2023 COMMUNITY HEALTH ONLINE SURVEY SUMMARY 35
APPENDIX 3: 2023 STAKEHOLDER INTERVIEW LIST 50
APPENDIX 4: 2023 COMMUNITY HEALTH NEEDS ASSESSMENT DATA SOURCES 52

I. Executive Summary

Every three years, Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Division of Public Health, UW-Extension, and United Way of Sheboygan County conduct a collaborative Community Health Need Assessment (CHNA) in Sheboygan County. The CHNA serves as the foundation from which hospitals and the local health department develop their respective community health improvement strategies. These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.

For purposes of this CHNA process, Aurora Medical Center – Sheboygan County defined the community as Sheboygan County.

The Aurora Medical Center – Sheboygan County CHNA relies on three sources of information:

• Community Health Survey (primary data): online and phone surveys conducted from March through June 2023, with 1,615 (400 phone and 1,215 online) Sheboygan County residents completing questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.

• Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 38 individuals to identify the community's most pressing health issues and effective health improvement strategies.

• 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).

The top health issues identified in the Aurora Medical Center – Sheboygan County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide
- Alcohol and Substance Use
- Accessible and Affordable Health Care
- Adverse Childhood Experiences

The top health issues identified were presented to the Aurora Medical Center – Sheboygan County Steering Council, and members were asked to rank the issues based on criteria including severity of the health issues, effectiveness of available interventions, available resources and ability to effectively address or impact health issues through collaboration.

Using these criteria, Aurora Medical Center – Sheboygan County has prioritized the significant health needs to address in 2024-2026:

- Access to Innovative Care and Services
- Behavioral Health: Mental Health and Substance Use
- Social Drivers of Health

II. Description of Aurora Health Care and Aurora Medical Center - Sheboygan County

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 - Sheboygan County

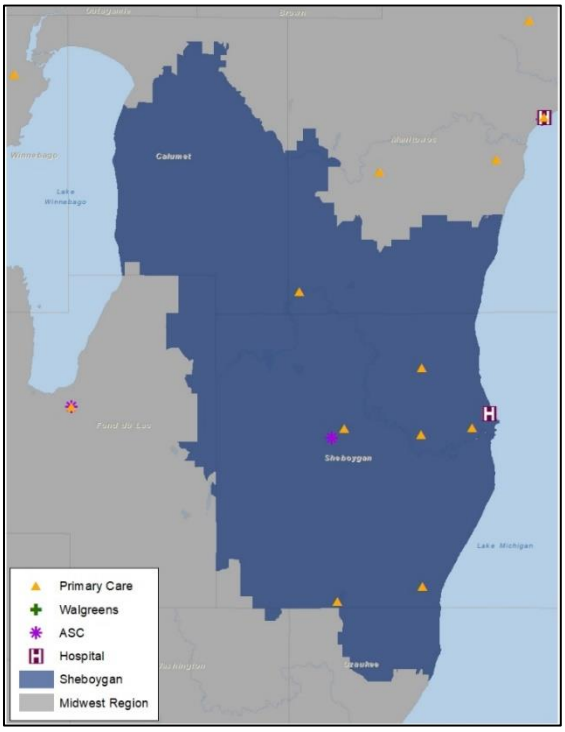
For nearly a century, Aurora Sheboygan Memorial Medical Center provided compassionate care to the community. To better accommodate the needs of this growing region, a new medical center was built to expand access to care for the communities in and around Sheboygan County. The new Aurora Medical Center – Sheboygan County is a state-of-the-art, 113-bed community hospital offering general surgery, behavioral health, back and spine, pulmonology, imaging services, and a lab and pharmacy.

III. 2023 Community Health Needs Assessment

A. Community Definition

For the purposes of this assessment, Aurora Medical Center – Sheboygan County's "community" is defined as Sheboygan County**.** Exhibit 1 shows a map of the defined community.

Exhibit 1: Aurora Medical Center – Sheboygan County



Source: Aurora Health Care Business Development, 2023

1. Population

The Sheboygan County population is 117,528 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.

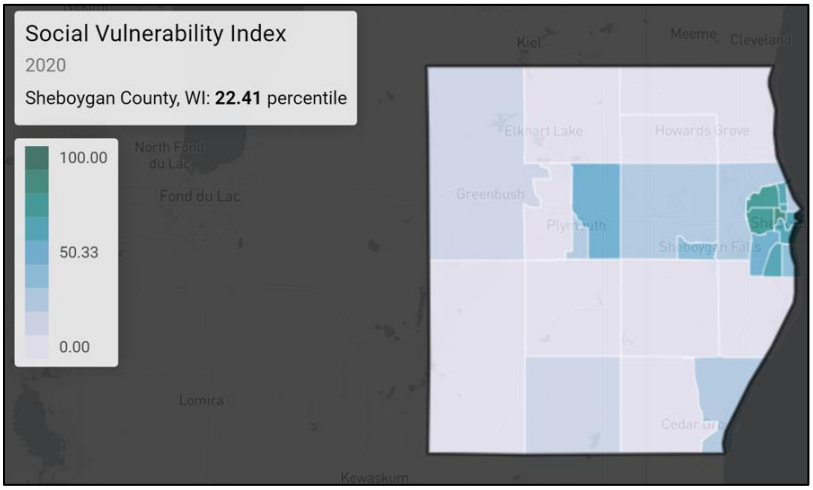
Social Vulnerability Index

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.

Sheboygan County has a social vulnerability index rating of 22.4, which his lower than the rating of Wisconsin (32.1) as shown in Exhibit 2 (Metopio, Centers for Disease Control and Prevention, 2020).

Exhibit 2: Sheboygan County Social Vulnerability Index Map 2020



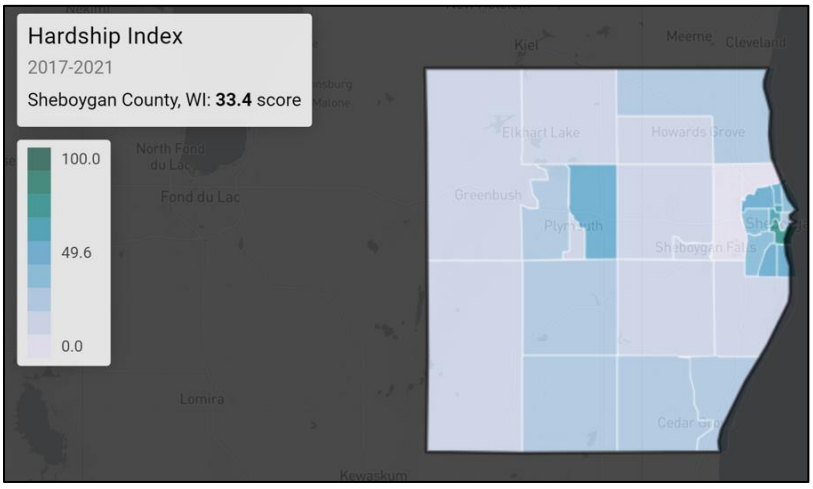
Source: Metopio, American Community Survey, 2023

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.

Sheboygan County has a hardship index of 33.4, which is lower than the score for Wisconsin of 35.6 as shown in Exhibit 3 (Metopio, American Community Survey, 2017-2021).

Exhibit 3: Sheboygan County Hardship Index Map 2017-2021



Source: Metopio, American Community Survey, 2023

ALICE Index

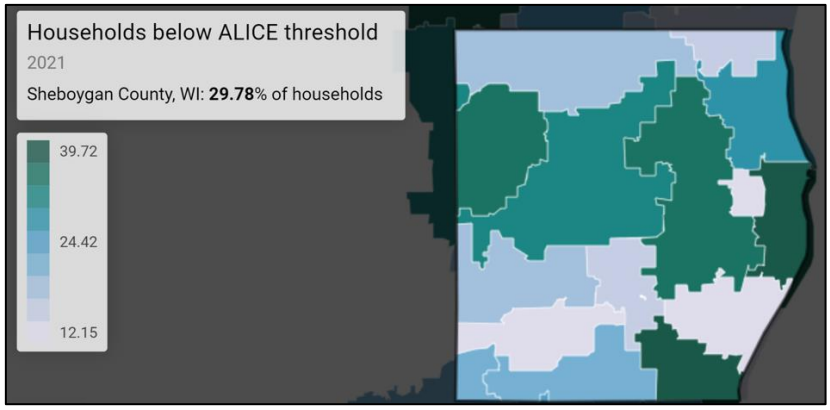
ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents the percentage of households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic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

In Sheboygan County, 29.8 percent of households are below the ALICE threshold, which is lower than Wisconsin at 34.3 percent, as shown in Exhibit 4 (Metopio, United Way ALICE Data, 2021).

Key findings: Community Definition

- The median age of Sheboygan County is 41.3 years old, higher than the Wisconsin average
- The median household income of Sheboygan County is $65,532, slightly lower than the Wisconsin average

Exhibit 4: Sheboygan County ALICE Map 2021



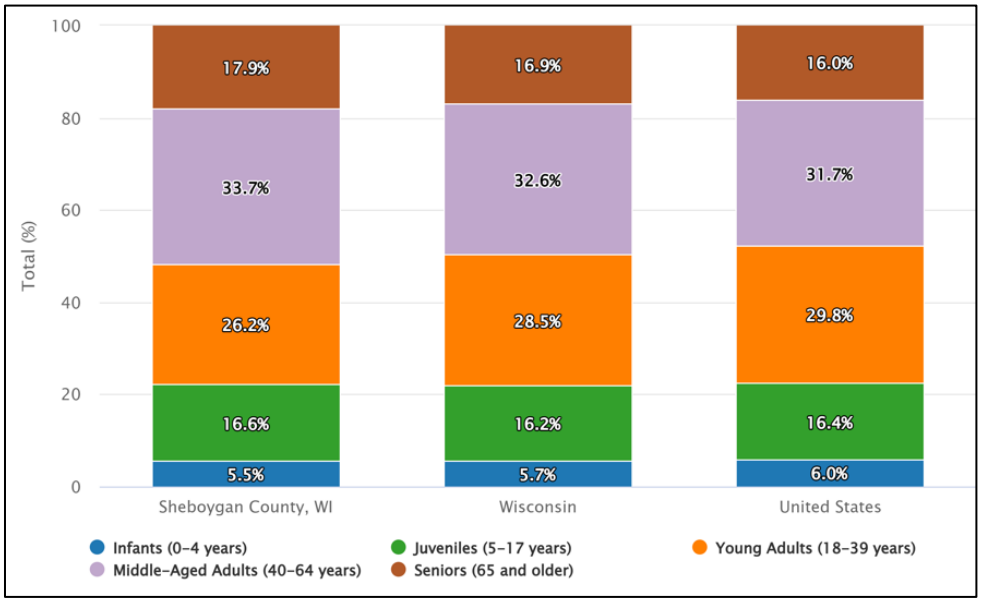
Source: Metopio, United Way ALICE Data, 2023

3. Demographics

Age and Gender

The median age in Sheboygan County is 41.3 years old. The county is comprised of 49.0 percent female and 51.0 percent male. The largest population in Sheboygan County are those ages 40-64 years at 33.7 percent as shown in Exhibit 5 (Metopio, American Community Survey, 2017-2021).

Exhibit 5: Sheboygan County Population by Age 2017-2021



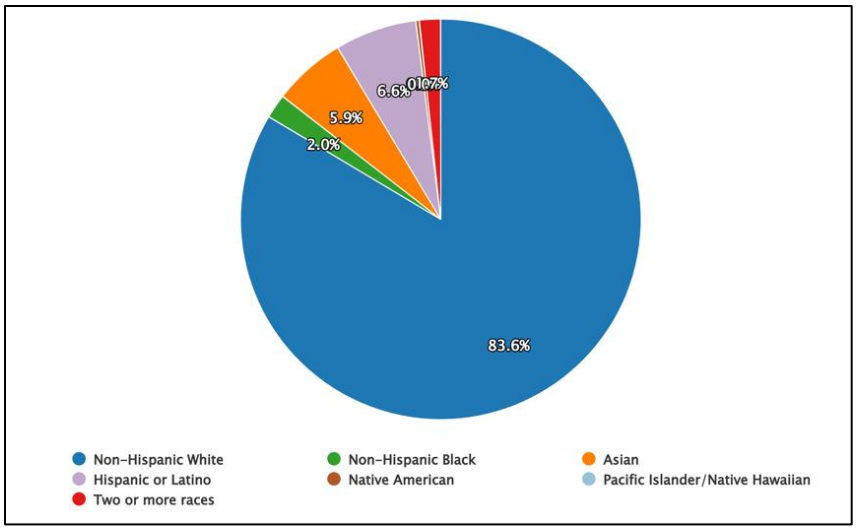
Source: Metopio, American Community Survey, 2023

Race and Ethnicity

Demographic data shows that Sheboygan County is 83.6 percent non-Hispanic White, which is the largest racial group followed by Hispanic or Latino population at 6.6 percent, Asian or Pacific Islander at 5.9 percent, non-Hispanic Black at 2.0 percent and two or more races at 1.7 percent.

A graph showing the racial and ethnic composition of Sheboygan County is displayed in Exhibit 6.

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



Source: Metopio, American Community Survey, 2023

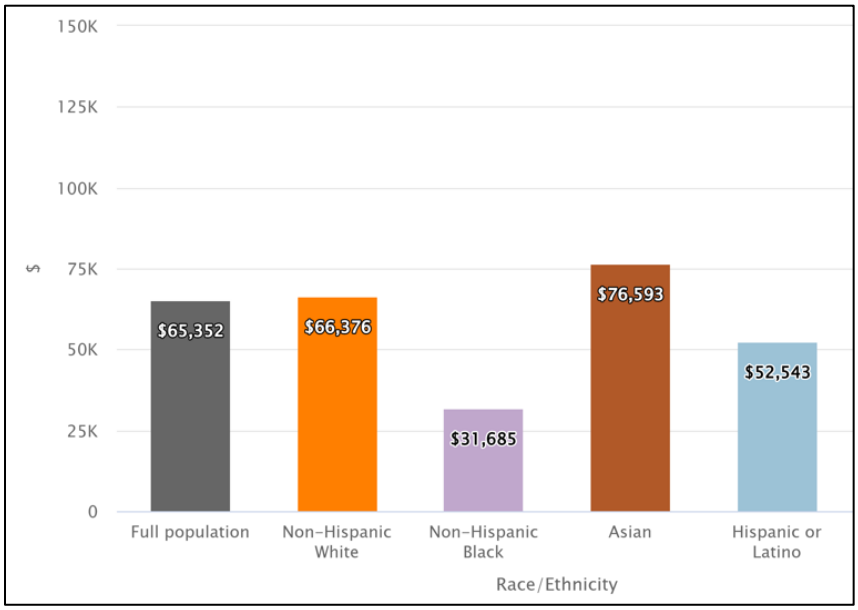
A total of 4.1 percent of Sheboygan County residents have Spanish as their primary language at home. A total of 3.0 percent of households in Sheboygan County have Asian languages like Chinese, Japanese, and Tagalog as the primary spoken language (Metopio, American Community Survey, 2017-2021).

Household/Family
In Sheboygan County, 5.9 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, 30.8 percent of Sheboygan County seniors are living alone (Metopio, American Community Survey, 2017-2021).

4. Economics

Income
The median household income in Sheboygan County is $65,352, which is lower than the Wisconsin median household income of $67,080. The graph below shows the median household income for Sheboygan County by race and ethnicity (Metopio, American Community Survey, 2017-2021).

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



Source: Metopio, American Community Survey, 2023

Employment
The unemployment rate among Sheboygan County residents that are 16 years of age and older is 3.1 percent, which is lower compared to the state of Wisconsin at 3.6 percent.

5. Education

Educational Level
Sheboygan 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 Sheboygan County with a high school degree or higher is 93.7, which is higher than the Wisconsin average of 92.9 percent.

In Sheboygan County, 26.2 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 – Sheboygan County, below are the other key health care resources within Sheboygan County.

Name of Facility	Type of Facility	Location
HSHS St. Nicholas Hospital	Hospital	Sheboygan
Lakeshore Community Health Care	FQHC	Sheboygan

B. How the CHNA was Conducted

1. Process and Partnership

Every three years, Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Division of Public Health, UW-Extension, and United Way of Sheboygan County conduct a collaborative Community Health Need Assessment (CHNA) in Sheboygan County. The CHNA serves as the foundation from which hospitals and the local health department develop their respective community health improvement strategies.

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

2. Data Collection

The Aurora Medical Center – Sheboygan CHNA relies on three sources of information:

• Community Health Survey (primary data): online and phone surveys conducted from March through June 2023, with 1,615 (400 phone and 1,215 online) Sheboygan County residents completing questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.

• Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 38 individuals to identify the community's most pressing health issues and effective health improvement strategies.

• 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).

C. Summary of CHNA Findings

1. Overall Health Status

Life Expectancy

The average life expectancy in Sheboygan County is 79.0 years, higher 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
The top health issues identified in the Aurora Medical Center – Sheboygan County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide
- Alcohol and Substance Use
- Accessible and Affordable Health Care
- Adverse Childhood Experiences

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.

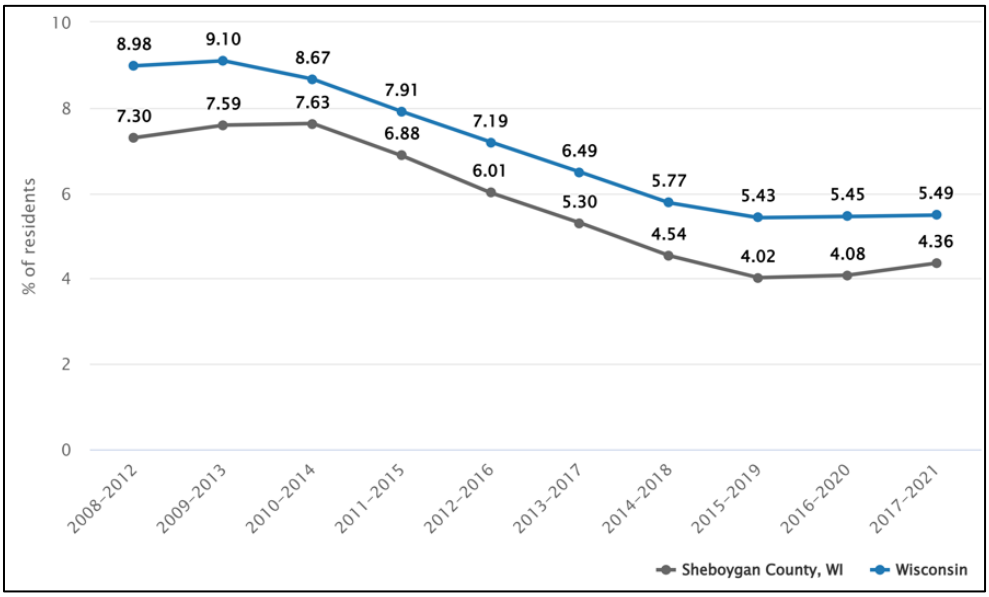
Key findings: Health Care Coverage and Access to Care

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

Health Care Coverage

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

Exhibit 8: Sheboygan County Health Uninsured Rate 2008-2021



Source: Metopio, American Community Survey, 2023

Persons with Private Health Insurance
In Sheboygan County, 77.7 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 Sheboygan County are higher than Wisconsin (74.8 percent) and higher than the U.S. (67.8 percent) (Metopio, American Community Survey, 2017-2021).

Health Insurance Coverage – Payer Mix
Aurora Medical Center – Sheboygan County has a payer mix based on unique patients which is comprised of:

AURORA MEDICAL CENTER – SHEBOYGAN COUNTY	Commercial	Medicaid	Medicare	Self-Pay	Other
	42.4%	18.1%	33.8%	3.7%	1.9%

Source: Aurora Health Care, Business Development, EpicHB, 2023

Access to Care

Primary Care Provider Rate
The 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 Sheboygan County is 64.2 physicians per 100,000 residents, which is 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 Sheboygan County is 179.2 providers per 100,000 residents, which is lower than the Wisconsin average 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
Nine percent of respondents of the 2023 Sheboygan County Phone Survey reported an unmet medical care need in the past year, an increase from seven percent in 2019. Seventy-eight percent of Sheboygan County Phone Survey respondents reported using a doctor or nurse practitioner's office as their primary source of health care, while 11 percent reported using an urgent care center, two percent reported using an Emergency Department, two percent reported using a Quickcare clinic, and four percent had no usual place of care or did not seek care when sick. Additionally, 12% of respondents reporting delaying or not seeking care due to cost (JKV Research, LLC. Sheboygan County Community Health Survey, 2023).

Twenty percent of Sheboygan County Online Survey respondents reported an unmet mental health care need in the past year, with the most common cause being wait time (Sheboygan Health Department, Sheboygan County Community Input Survey, 2023).

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.

Adults Who Smoke
In 2021, 14.8 percent of adults in Sheboygan County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days, a decrease from the 1996 baseline of 25.4 percent (Metopio, Behavioral Risk Factor Surveillance System (BRFSS), PLACES, Dwyer-Lindgren, Mokdad, et al. 2021).

Adults Who Vape
In 2023, eight percent of Sheboygan County phone survey respondents reported vaping, which decreased from 10 percent in 2020 (JKV Research, LLC. Sheboygan County Community Health Survey, 2023).

Alcohol Use

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.
In 2021, 23.5 percent of Sheboygan County residents reported binge drinking, higher than the United States average of 17 percent (Metopio, Behavioral Risk Factor Surveillance System (BRFSS), PLACES, 2021).

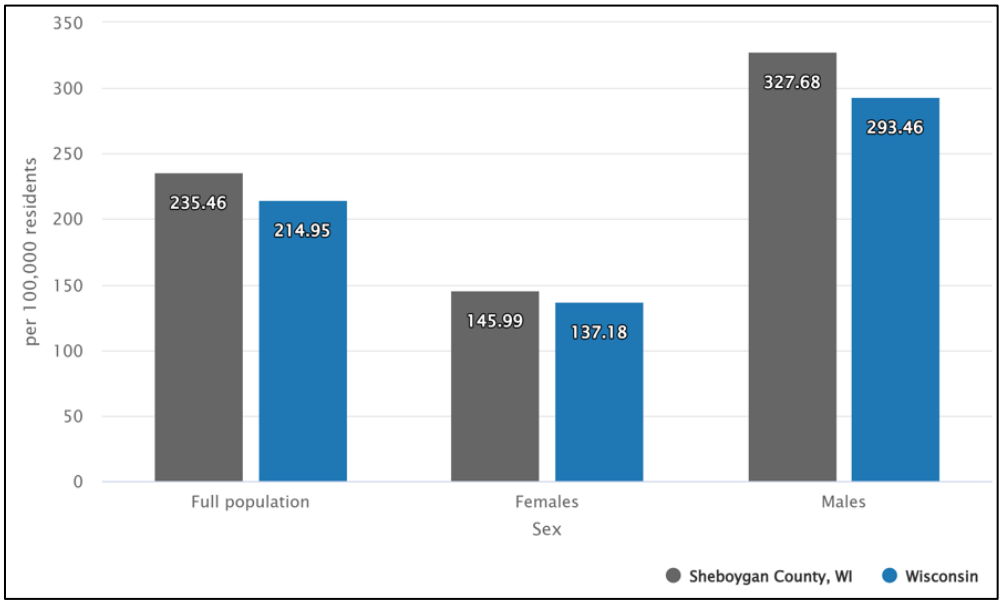
Emergency Department Rate due to Alcohol Use
The emergency department (ED) rate due to alcohol use in Sheboygan County is 367.5 per 100,000 residents, which is lower than the Wisconsin rate of 414.4 per 100,000 residents. By race and ethnicity, the rates in Sheboygan County are highest among those who are Non-Hispanic Black at 1,005.1 per 100,000 residents, which is 2.7 times as high as the county average. Additionally, there are higher rates among individuals 40-64 years old at 550.6 per 100,000 residents, which is 1.5 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Alcohol Use
In Sheboygan County, the hospitalization rate due to alcohol use was 235.5 per 100,000 residents, which is higher than the Wisconsin rate of 215.0 per 100,000 residents. By age, the rates in Sheboygan County are highest among those who are 40-64 at 365.8 per 100,000 residents, which is 1.6 times higher than the county average. Additionally, there are high rates among males at 327.7 per 100,000 residents (shown in Exhibit 9), which is 1.4 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Key findings: Health Risk Behaviors

- 23.5 percent of Sheboygan County residents reported binge drinking in the past month; alcohol hospitalization rates are highest among males and individuals 40-64
- The Sheboygan County drug overdose mortality rate has been increasing over time

Exhibit 9: Sheboygan County Hospitalization Rate for Alcohol Use by Sex 2018-2022



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

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 Sheboygan County, the ED rate due to substance use is 599.4 per 100,000 residents, which is lower than Wisconsin (640.6 per 100,000 residents). By race and ethnicity, the rates are highest among the Non-Hispanic Black population at 1,703.0 per 100,000 residents, which is 2.8 times as high as the county average. The rate among Young Adults (18-39 years) is 1,077.7 per 100,000 residents, which is 1.8 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

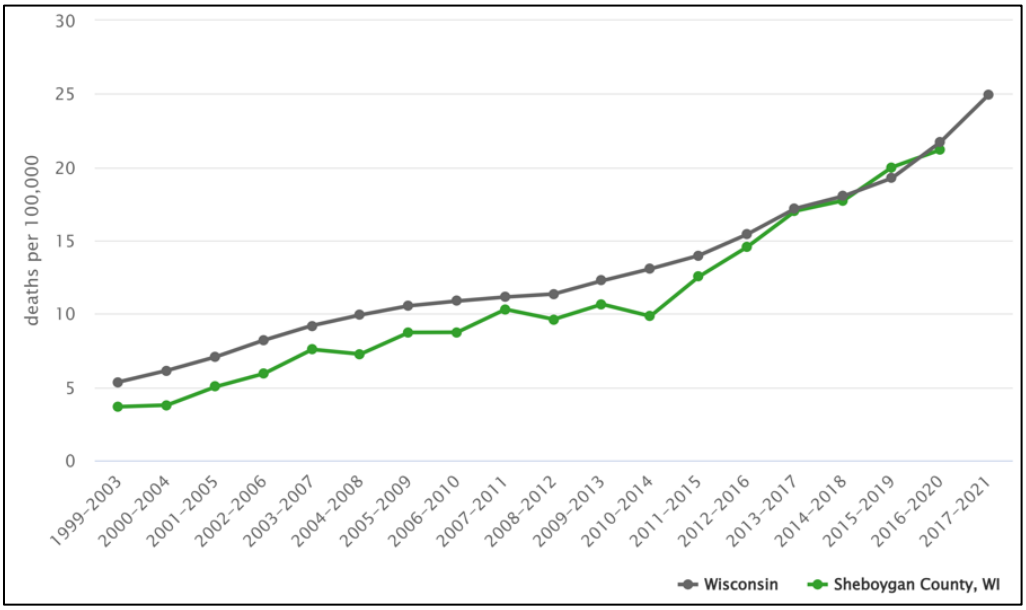
Hospitalization Rate due to Substance Use

The Sheboygan County hospitalization rate due to substance use is 307.0 per 100,000 residents, which is similar to the Wisconsin rate at 305.6 per 100,000 residents. By age, the rates are highest among the 18-39 population at 538.2 per 100,000 residents, which is 1.8 times higher than the county average. The rate among males is 406.1 per 100,000 residents, which is 1.3 times as high as the county average (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 Sheboygan County, the rate of drug overdose mortality rate is 21.1 per 100,000 residents, which is similar to the Wisconsin rate of 21.7 per 100,000 residents. However, the Sheboygan County drug overdose mortality rate has been increasing over time (shown in Exhibit 10) (Metopio, National Vital Statistics System-Mortality, CDC Wonder, 2016-2020).

Exhibit 10: Drug Overdose Mortality Rates Trend Over Time 1999-2020



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

Emergency Department Rate due to Opioid Use

In Sheboygan County, the ED rate due to opioid use is 204.4 per 100,000 residents, which is similar to the Wisconsin rate of 206.5 per 100,000 residents. The county rates are highest among the Non-Hispanic Black population at 792.8 per 100,000 residents, which is 3.9 times higher than the county average. By age, the rate is highest among individuals 18-39 years old, at 498.9 per 100,000 residents, which is 2.4 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Opioid Use

In Sheboygan County, the hospitalization rate due to opioid use is 204.5 per 100,000 residents. This rate is lower than Wisconsin at 250.0 per 100,000 residents. By race and ethnicity, the Sheboygan County hospitalization rates for opioid use are highest among the Non-Hispanic Black population at 566.0 per 100,000 residents, which is 2.8 times higher than the county average. The rate among Young Adults (18-39 years) is 399.0 per 100,000 residents, which is twice as high as the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

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 Sheboygan County, 19.2 percent of adults reported no exercise in the past month, which is similar to Wisconsin at 19.7 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2021).

Weight Status

Adults Who Are Obese

In Sheboygan County, 32.3 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 lower 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 Sheboygan County is 463.1 cases per 100,000 residents, which is lower than Wisconsin at 470.8 cases per 100,000 residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

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

Exhibit 11: Sheboygan County Cancer Table

Topic	Sheboygan County	Wisconsin	United States
Breast cancer mortality *deaths per 100,000, 2016-2020*	9.2	9.4	10.6
Non-invasive breast cancer diagnosis rate *per 100,000 female residents, 2015-2019*	32.1	33.7	29.4
Mammography use *Females, % of adults, 2020*	73.6	74.3	72.7
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	11.1	12.0	13.4
Colorectal cancer screening *% of adults, 2020*	62.4	61.2	69.1
Pap smear use *Females, Adults (18-64 years), % of adults, 2020*	83.6	83.4	82.3
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	32.7	31.6	31.7
Lung cancer diagnosis rate *per 100,000 residents, 2015-2019*	51.3	58.6	56.3
Oral cancer diagnosis rate *per 100,000 residents, 2015-2019*	11.0	12.5	12.0
Prostate cancer diagnosis rate *per 100,000 male residents, 2015-2019*	122.3	118.3	109.9

Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019

Cardiovascular Disease

High Cholesterol Prevalence

In Sheboygan County, 28.8 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 lower than Wisconsin at 30.5 percent and the U.S. at 31.1 percent (Metopio, PLACES, BRFSS, 2021).

High Blood Pressure Prevalence

In Sheboygan County, 27.0 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 lower than Wisconsin (28.3 percent) and the U.S. (30.4 percent) (Metopio, PLACES, BRFSS, 2021).

Coronary Heart Disease

In Sheboygan County, 4.8 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 lower than 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 Sheboygan County, the coronary heart disease mortality rate is 88.6 per 100,000 residents, which is higher than Wisconsin (87.2 per 100,000 residents) and lower than the U.S. (91.5 per 100,000 residents) (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Emergency Department Rate due to Heart Failure

In Sheboygan County, the ED rate due to heart failure is 119.2 per 100,000 residents, which is lower than the Wisconsin rate of 188.6 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Heart Failure

The Sheboygan County hospitalization rate due to heart failure is 290.9 per 100,000 residents, which is lower than the Wisconsin rate of 398.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Hypertension

The Sheboygan County ED rate due to hypertension is 194.6 per 100,000 residents, which is lower than the Wisconsin rate of 292.1 per 100,000 residents. The highest rates in Sheboygan County are among the Non-Hispanic or Latino population at 323.0 per 100,000 residents, which is 1.7 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Key findings: Disease and Chronic Conditions

- Key stakeholders and community members ranked mental health as a top community issue
- The Sheboygan County stroke mortality rate is higher than the state average
- Nine percenter of Sheboygan County phone survey respondents reported feeling sad, blue or depressed always or nearly always in the past month

Hospitalization Rate due to Hypertension
In Sheboygan County, the hospitalization rate due to hypertension is 26.8 per 100,000 residents, which is lower than the Wisconsin rate of 40.2 per 100,000 residents. The highest rates in Sheboygan County for hospitalization due to hypertension is among the Asian population at 85.9 per 100,000 residents, which is 3.2 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate Due to Stroke
In Sheboygan County, the ED rate due to stroke is 133.1 per 100,000 residents (adults ages 18 and older). This rate is higher than the Wisconsin rate of 112.3 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 Sheboygan County is 220.1 per 100,000 residents, which is lower than the Wisconsin rate of 259.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Stroke Mortality
In Sheboygan County, the stroke mortality rate (deaths due to stroke) is 39.6 deaths per 100,000 residents. This rate is higher than the Wisconsin rate of 33.8 deaths per 100,000 residents. (Metopio, National Vital Statistics System-Mortality. 2016-2020).

Diabetes

Diagnosed Diabetes
In Sheboygan County, 7.6 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 lower than Wisconsin at 8.1 percent (Metopio, Diabetes Atlas, PLACES, 2021).

Emergency Department Rate due to Diabetes
The ED rate due to diabetes in Sheboygan County is 432.2 per 100,000 residents, which is higher than the Wisconsin rate of 374.2 per 100,00 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Diabetes
In Sheboygan County, the hospitalization rate due to diabetes is 117.7 per 100,000 residents, which is lower than the Wisconsin rate of 147.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Mental Health

Mental health was identified as a top health issue by community members and key stakeholders. Stakeholders reported lack of mental health professionals, specifically for children and non-English speaking community members, very long wait times to be seen by a provider, and general mental health stigma and shame which prevents individuals from seeking care.

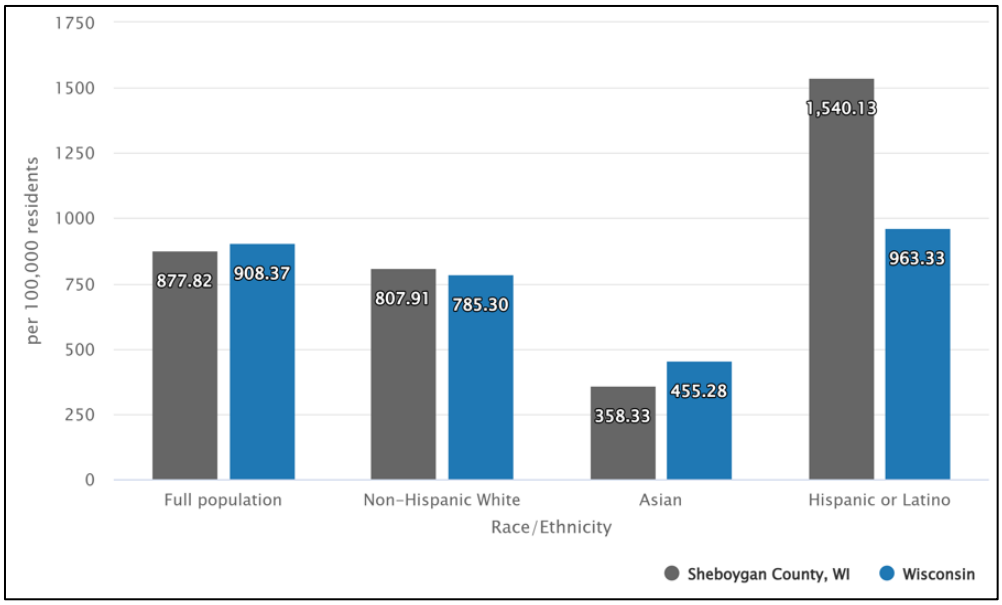
Mental Health Conditions

Twenty-one percent of Sheboygan County phone survey respondents reported being diagnosed with a mental health condition. Additionally, nine percent of Sheboygan County phone survey respondents reported feeling sad, blue, or depressed always or nearly always in the past month, which has increased from six percent in 2020 (JKV Research, LLC. Sheboygan County Community Health Survey, 2023).

Emergency Department Rate due to Mental Health

The ED rate due to mental health in Sheboygan County is 887.8 per 100,000 residents, which is lower than the Wisconsin rate of 908.4 per 100,000 residents. The highest rates in Sheboygan County for ED rates due to mental health are among the Hispanic or Latino population at 1,540.1 per 100,000 residents, which is 1.7 times higher than the county average (shown in Exhibit 12). The rate among Young Adults (18-39 years) is 1,501.0 per 100,000 residents, which is 1.7 times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 12: Sheboygan County Mental Health Emergency Department Visit Rate by Race and Ethnicity 2018-2022



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

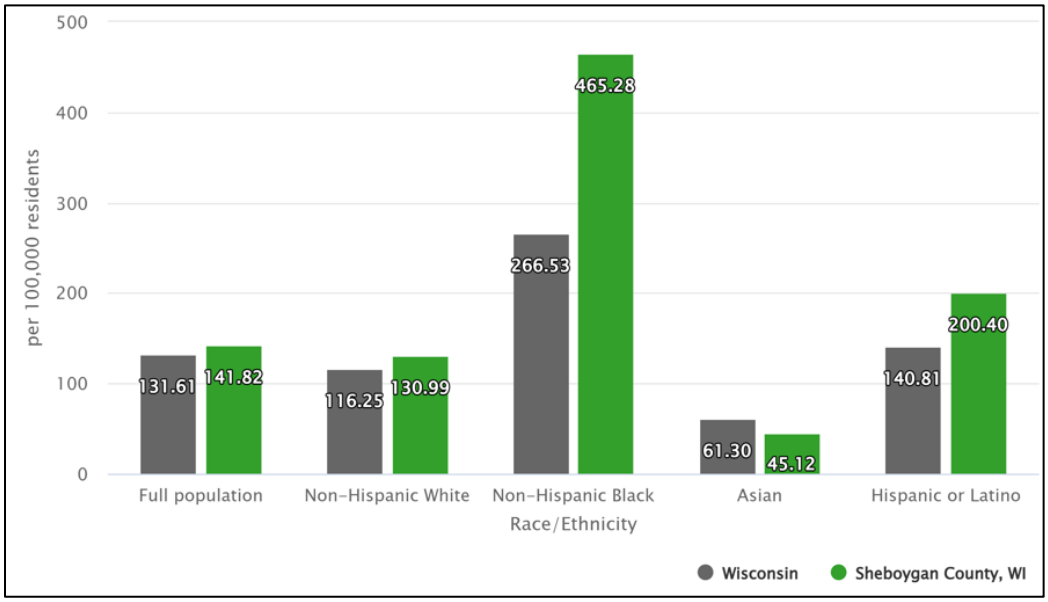
Hospitalization Rate due to Mental Health

The hospitalization rate due to mental health in Sheboygan County is 925.6 per 100,000 residents, which is higher than the Wisconsin rate of 648.0 per 100,000 residents. By race and ethnicity, the hospitalization rate due to mental health is highest among the Non-Hispanic Black population at 3,144.6 per 100,000 residents, which is 3.4 times higher than the county average (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 Sheboygan County is 141.8 per 100,000 residents, which is higher than the Wisconsin rate of 131.6 per 100,000 residents. By age, the ED rate due to suicide and self-injury is highest among Juveniles (5-17 years) at 293.5 per 100,000 residents and Young Adults (18-39 years) at 238.5 per 100,000 residents. By race and ethnicity, the ED rate is highest among the Non-Hispanic Black population at 465.3 per 100,000 residents (shown in Exhibit 13) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 13: Sheboygan 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 Sheboygan County, the hospitalization rate due to suicide and self-injury is 147.6 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 Sheboygan County is highest by race and ethnicity among the Non-Hispanic Black population at 501.0 per 100,000 residents, which is 3.4 time higher than the county average. The rate among Young Adults (18-39 years) is 282.5 per 100,000 residents, which is nearly twice as high as the county average (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 Sheboygan County is 14.2 deaths per 100,000 residents, which is similar to Wisconsin at 14.7 deaths per 100,000 residents. In Sheboygan County, males have the highest suicide mortality at 20.4 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Additionally, nine percent of Sheboygan County online survey respondents reported feeling so overwhelmed they considered suicide (Sheboygan Health Department, Sheboygan County Community Input Survey, 2023).

Respiratory Disease

Adults with Current Asthma

In 2021, 9.9 percent of Sheboygan County residents reported having ever been told by a doctor, nurse or other health professional that they have asthma, which is lower than the Wisconsin average of 10.5 percent (Metopio, PLACES, BRFSS, 2021).

Emergency Department Rate due to Asthma

The ED rate due to asthma in Sheboygan County is 163.1 per 100,000 residents, which is lower than the Wisconsin rate of 232.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Asthma

In Sheboygan County, the hospitalization rate due to asthma is 15.0 per 100,000 residents, which is lower than the Wisconsin rate of 22.7 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 Sheboygan County rate is slightly higher at 277.7 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).

Other Chronic Diseases or Conditions

Emergency Department Rate due to Dental Problems

The ED rate due to dental problems in Sheboygan County is 559.1 per 100,000 residents, which is higher than the Wisconsin rate of 485.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022). Additionally, 23% of Sheboygan County online survey respondents reported delaying dental care, with the most common reason being cost (Sheboygan Health Department, Community Input Survey, 2023).

Falls and Unintentional Injuries
The ED rate due to unintentional falls in Sheboygan County is 2,528.3 per 100,000 residents, which is lower than the Wisconsin average of 2,707.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

5. Maternal, Child and Reproductive Health

Birth Outcomes

Pre-Term Births (Less than 37 Weeks Gestation)
In Sheboygan County, 9.6 percent of live births are considered pre-term births (less than 37 weeks gestation). This is lower than the Wisconsin rate of 10.8 percent of live births (Metopio, National Vital Statistics System-Natality, 2017-2021).

Births with Very Low Birth Weight
In Sheboygan County, 1.2 percent of live births are with a birth weight of less than 1,500 grams (3 pounds, 4 ounces). This the same as the Wisconsin rate of 1.2 percent of live births (Metopio, National Vital Statistics System-Natality, 2017-2021).

Infant Mortality
The infant mortality rate for Sheboygan County is 5.8 deaths per 1,000 live births, which is lower than the Wisconsin average of 6.0 deaths per 1,000 live births (Metopio, National Vital Statistics System-Natality, 2016-2020).

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 Sheboygan County, the STI rate is 471.3 cases per 100,000 residents, which is lower than the Wisconsin rate of 804.9 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Key findings: Maternal, Child and Reproductive Health

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

Chlamydia
Chlamydia is a common sexually transmitted disease, especially among young women ages 15-24 years. In Sheboygan County, the prevalence of chlamydia is 293.9 cases per 100,000 residents, which is lower 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 Sheboygan County, the gonorrhea prevalence rate is 91.7 cases per 100,000 residents, which is lower 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 Sheboygan County, the syphilis prevalence is 17.8 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).

Key findings: Environment

- The percentage of owner-occupied housing in Sheboygan County is higher than the state average
- The violent crime rate in Sheboygan County is significantly lower than the Wisconsin average

Housing

Owner Occupied Housing Units
In Sheboygan County, 71.0 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 20.9 percent (Metopio, American Community Survey, 2017-2021). Thirty-one percent of Sheboygan County online survey respondents reported that rental properties in their community are not well maintained (Sheboygan Health Department, Community Input Survey, 2023).

Severely Rent-Burdened
A total of 14.2 percent of households in Sheboygan County are spending more than 50 percent of their income on rent and are considered to be severely rent-burdened. This is lower than Wisconsin at 19.2 percent and lower than the U.S. at 22.9 percent (Metopio, American Community Survey, 2017-2021). However, 37% of Sheboygan County online survey respondents reported there were not affordable places to live in their community (Sheboygan Health Department, Sheboygan County Community Input Survey, 2023).

Housing Issues
Thirty-four percent of Sheboygan County online survey respondents reported some type of household issue, with the most common issues being utilities, rent is too expensive, and mortgage is too expensive (Sheboygan Health Department, Sheboygan County Community Input Survey, 2023).

Transportation

Households Without a Vehicle
A total of 5.4 percent of Sheboygan County households had no vehicle available, which is lower than Wisconsin at 6.3 percent and the U.S. at 8.4 percent (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 5.8 percent of Sheboygan County residents experienced food insecurity at some point, which is lower than Wisconsin at 7.2 percent. The highest rates in the county are among the Non-Hispanic Black population at 30.0 percent (Metopio, Feeding America, Map the Meal Gap, 2021). Additionally, 14% of Sheboygan County online survey respondetns reported eating less than felt they should because there wasn't enough money for food, and 17% of Sheboygan County online survey respondents reported they are not able to afford healthy food options (Sheboygan Health Department, Sheboygan County Community Input Survey, 2023).

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 Sheboygan County, 2.1 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

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 Sheboygan County is 187.6 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).

Motor Vehicle Traffic Mortality
The death rate due to motor vehicle traffic in Sheboygan County is 6.9 deaths per 100,000 residents, which is lower 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 (9.4 death per 100,000 residents) (Metopio, National Vital Statistics System-Mortality, 2016-2020).

IV. Prioritization of Health-Related Issues

A. Priority Setting Process

The top six health issues identified in the Aurora Medical Center – Sheboygan County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide
- Alcohol and Substance Use
- Accessible and Affordable Health Care
- Adverse Childhood Experiences

The top health issues identified were presented to the Aurora Medical Center – Sheboygan 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

Using these criteria, Aurora Medical Center – Sheboygan County has prioritized the significant health needs to address in the 2024-2026 implementation strategy:

- Access to Innovative Care and Services
- Behavioral Health: Mental Health and Substance Use
- Social Drivers of Health

B. Health Needs Selected

Access to Innovative Care and Services
Data indicates that access to health care access and health care utilization is a top concern in Sheboygan County. Nine percent of Sheboygan County phone survey respondents reported an unmet medical need in the past year, and 12% delayed or did not seek care due to cost.

Behavioral Health: Mental Health and Substance Use
Mental health and substance use continues to be a top concern in Sheboygan County. Stakeholders reported lack of mental health professionals, specifically for children and non-English speaking community members, very long wait times to be seen by a provider, and general mental health stigma and shame which prevents individuals from seeking care.

Social Drivers of Health
The socioeconomic and environmental conditions where people live, work, learn, play and pray have a direct impact on a wide range of health and quality of life outcomes. Social Drivers of Health also contribute to health disparities and inequities.

C. Health Need Not Selected

Adverse Childhood Experiences
Adverse Childhood Experiences was not specifically selected as a priority, however, successfully addressing social drivers of health is likely to reduce the number of Adverse Childhood Experiences that occur in an individual's upbringing.

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: Sheboygan County - Community Health Phone Survey Summary

Sheboygan County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of county residents. This summary was prepared by JKV Research for Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Division of Public Health, UW-Extension and United Way of Sheboygan County.

	Sheboygan					*WI*	*US*
Overall Health	2011	2014	2017	2020	2023	*2021*	*2021*
Excellent/Very Good	52%	53%	50%	49%	36%	*54%*	*53%*
Good	31%	28%	33%	34%	40%	*33%*	*31%*
Fair or Poor	18%	18%	17%	17%	25%	*14%*	*15%*
Healthcare Coverage	Sheboygan					*WI*	*US*
Not Covered	2011	2014	2017	2020	2023	*2021*	*2021*
Personally (Currently, 18 Years Old and Older)	6%	6%	4%	3%	3%	*4%*	*7%*
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	8%	7%	4%	4%	4%	*6%*	*9%*
Household Member (Past Year)	11%	16%	9%	7%	4%	*NA*	*NA*
	Sheboygan					*WI*	*US*
Did Not Receive Care Needed in Past Year	2011	2014	2017	2020	2023	*2021*	*2021*
Delayed/Did Not Seek Care Due to Cost	--	--	16%	12%	12%	*7%*	*9%*
Unmet Need/Care in Household							
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	12%	14%	9%	7%	6%	*NA*	*3%[1]*
Medical Care [HP2030 Goal: 3%]*	8%	15%	12%	6%	9%	*NA*	*4%[1]*
Dental Care [HP2030 Goal: 4%]*	--	16%	17%	16%	15%	*NA*	*5%[1]*
Mental Healthcare*	--	--	4%	3%	9%	*NA*	*NA*
Alcohol/Substance Abuse Treatment	--	--	--	--	2%	*NA*	*NA*
	Sheboygan					*WI*	*US*
Economic Hardships	2011	2014	2017	2020	2023	*2021*	*2021*
Ate Less Because Not Enough Money for Food (Past Year)	--	--	--	--	5%	*NA*	*NA*
Household Received Emergency Food At Least Once (Past Year)	--	--	--	--	8%	*NA*	*NA*
Household Able to Meet Needs with Money and Resources Never/Seldom/Sometimes (Past Month)	--	--	--	--	10%	*NA*	*NA*
Do Not Have a Steady Place to Live	--	--	--	--	2%	*NA*	*NA*
Issue with Current Housing Situation	--	--	--	--	5%	*NA*	*NA*
	Sheboygan					*WI*	*US*
Caregiver to Family/Friend with Health Problem or Disability	2011	2014	2017	2020	2023	*2021*	*2021*
Past Month	--	--	29%	36%	31%	*NA*	*NA*
Expected Next Two Years	--	--	37%	46%	41%	*NA*	*NA*
Health Information	Sheboygan					*WI*	*US*
Primary Source of Health Information	2011	2014	2017	2020	2023	*2021*	*2021*
Healthcare Provider	--	--	--	--	52%	*NA*	*NA*
Myself/Family Member in Healthcare Field	--	--	--	--	17%	*NA*	*NA*
Internet	--	--	--	--	12%	*NA*	*NA*
Work	--	--	--	--	8%	*NA*	*NA*
Family/Friends	--	--	--	--	6%	*NA*	*NA*

--Not asked. NA-WI and/or US data not available.
*Since 2020, the question was asked about any household member. In previous years, the question was asked of the respondent only.
[1]US is 2017 data.

Health Services	Sheboygan					*WI*	*US*
Primary Health Services	2011	2014	2017	2020	2023	*2021*	*2021*
Primary Care Doctor/Nurse Practitioner/Physical Assistant/Primary Clinic	--	--	--	--	78%	*NA*	*NA*
Urgent Care Center	--	--	--	--	11%	*NA*	*NA*
Advance Care Plan	38%	42%	42%	48%	43%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Vaccinations	2011	2014	2017	2020	2023	*2021*	*2021*
No Plan to Get Vaccinated for COVID-19	--	--	--	--	21%	*NA*	*NA*
Household Not Up-to-Date with Vaccines, Excluding COVID-19	--	--	--	12%	8%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Routine Checkup in Past 2 Years	2011	2014	2017	2020	2023	*2021*	*202*
Routine Checkup	77%	80%	87%	88%	82%	*88%*	*89%*

	Sheboygan					*WI*	*US*
Prevalence of Mental Health Condition in Past 2 Years	2011	2014	2017	2020	2023	*2021*	*2021*
Mental Health Condition	--	--	--	--	21%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Physical Activity on a Regular Basis	2011	2014	2017	2020	2023	*2021*	*2021*
Physical Activity	--	--	--	--	85%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Tobacco Product Use in Past Month	2011	2014	2017	2020	2023	*2021*	*2021*
Current Smokers [HP2030 Goal: 5%]	27%	23%	21%	18%	19%	*13%*	*14%*
Current Vapers	--	7%	2%	10%	8%	*6%*	*7%*

	Sheboygan					*WI*	*US*
Mental Health Status	2011	2014	2017	2020	2023	*2021*	*2021*
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	7%	9%	8%	6%	9%	*NA*	*NA*
Considered Suicide (Past Year)	7%	10%	5%	6%	4%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	7%	7%	3%	10%	5%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Personal Support	2011	2014	2017	2020	2023	*2021*	*2021*
No People in Life if Needed for Support in Times of Need	--	--	--	4%	3%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Household Problems in Past Year	2011	2014	2017	2020	2023	*2021*	*2021*
Alcohol	3%	2%	4%	<1%	5%	*NA*	*NA*
Marijuana or THC Products	--	--	<1%	<1%	4%	*NA*	*NA*
Cocaine, Meth or Other Street Drugs	--	--	2%	0%	2%	*NA*	*NA*
Heroin or Other Opioids, Including Prescriptions such as Hydrocodone, Oxycodone or Codeine	--	--	--	--	<1%	*NA*	*NA*

	Sheboygan					*WI*	*US*
Personal Safety Issues in Past Year	2011	2014	2017	2020	2023	*2021*	*2021*
Afraid for Their Safety	3%	9%	2%	6%	2%	*NA*	*NA*
Pushed, Kicked, Slapped or Hit	4%	4%	1%	3%	1%	*NA*	*NA*
At Least One of the Safety Issues	6%	10%	3%	7%	4%	*NA*	*NA*

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

	Sheboygan					WI	US
Children in Household	2011	2014	2017	2020	2023	2021	2021
Not Covered Currently	--	--	--	--	0%	NA	NA
At Least One Health Issue Experienced of 17 Listed (Past Year)	--	--	--	--	49%	NA	NA
Chronic Diseases, Such as Allergies, Asthma or Diabetes	--	--	--	--	20%	NA	NA
Mental or Behavioral Health	--	--	--	--	19%	NA	NA
Hearing and/or Vision Issues	--	--	--	--	15%	NA	NA
Unintentional Injuries, Such as Bicycle Crashes or Poisoning	--	--	--	--	11%	NA	NA
Infectious Diseases, Like Measles or COVID-19	--	--	--	--	9%	NA	NA
Childhood Disabilities or Special Needs	--	--	--	--	7%	NA	NA
Overweight or Underweight	--	--	--	--	7%	NA	NA
At Least One Activity Concern of 6 Listed	--	--	--	--	16%	NA	NA
Nutrition and Eating Habits	--	--	--	--	14%	NA	NA
Physical Activity and Exercise	--	--	--	--	10%	NA	NA
Ate Less Because Not Enough Money for Food	--	--	--	--	0%	NA	NA
Quality of Life Fair/Poor	--	--	--	--	4%	NA	NA
Unmet Medical Care or Other Health Related Services	--	--	--	--	0%	NA	NA

	Sheboygan					WI	US
Top Community Health Issues or Conditions	2011	2014	2017	2020	2023	2021	2021
Mental Health and Conditions	--	--	--	--	55%	NA	NA
Drug Use and Abuse	--	--	--	--	45%	NA	NA
Alcohol Use and Abuse	--	--	--	--	39%	NA	NA
Chronic Diseases	--	--	--	--	26%	NA	NA
Cancer	--	--	--	--	19%	NA	NA
Nutrition and Healthy Eating	--	--	--	--	16%	NA	NA
Vaping, Juuling and E-Cigarette Use	--	--	--	--	12%	NA	NA
Physical Activity and Exercise	--	--	--	--	11%	NA	NA
Dementia, Including Alzheimer's Disease	--	--	--	--	10%	NA	NA
Suicide	--	--	--	--	9%	NA	NA
Cigarette Smoking and Other Tobacco Use	--	--	--	--	6%	NA	NA
Infectious Diseases	--	--	--	--	4%	NA	NA
Unintentional Injuries	--	--	--	--	4%	NA	NA

	Sheboygan					WI	US
Top Community Health Needs	2011	2014	2017	2020	2023	2021	2021
Access to Mental Health Services	--	--	--	--	34%	NA	NA
Access to Affordable Healthcare	--	--	--	--	23%	NA	NA
Access to Affordable Housing	--	--	--	--	21%	NA	NA
Bullying in Schools and Other Youth Settings	--	--	--	--	19%	NA	NA
Access to Affordable Childcare or Day Care	--	--	--	--	18%	NA	NA
Good Paying Jobs and Strong Economy	--	--	--	--	16%	NA	NA
Access to Social Services for People Who are Struggling	--	--	--	--	15%	NA	NA
Support Services for Seniors	--	--	--	--	15%	NA	NA
Human Trafficking	--	--	--	--	13%	NA	NA
Strong and Supportive Families and Relationships	--	--	--	--	12%	NA	NA
Access to Affordable, Nutritious Foods	--	--	--	--	11%	NA	NA
Good Schools and Colleges	--	--	--	--	11%	NA	NA
Child Abuse and Neglect	--	--	--	--	7%	NA	NA
Criminal Justice Reform	--	--	--	--	7%	NA	NA
Gun Violence	--	--	--	--	7%	NA	NA
Community Safety	--	--	--	--	6%	NA	NA
Racism and Discrimination	--	--	--	--	5%	NA	NA
Domestic or Intimate Partner Violence	--	--	--	--	5%	NA	NA

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

General Health
In 2023, 36% of respondents reported their health as excellent or very good; 25% reported fair or poor. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report fair or poor health. *From 2011 to 2023, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2020 to 2023.*

Healthcare Coverage
In 2023, 3% of respondents reported they were not currently covered by healthcare insurance. Four 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 2011 to 2023, the overall percent statistically decreased for respondents 18 and older who reported no current personal healthcare coverage while from 2020 to 2023, there was no statistical change. From 2011 to 2023, the overall percent statistically remained the same for respondents 18 to 64 years old who reported no current personal healthcare coverage, as well as from 2020 to 2023. From 2011 to 2023, 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 2020 to 2023, there was no statistical change.*

In 2023, 12% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents who were female, of color or with a college education were more likely to report this. Six percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Nine percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents in the middle 20 percent household income bracket were more likely to report this. Fifteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year someone in their household did not receive the mental healthcare needed; respondents in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents reported in the past year someone in their household did not receive the alcohol/substance abuse treatment they needed or considered seeking. *From 2017 to 2023, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care, as well as from 2020 to 2023. From 2011 to 2023, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year while from 2020 to 2023, there was no statistical change. From 2011 to 2023, 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 2020 to 2023. From 2014 to 2023, the overall percent statistically remained the same for respondents who reported unmet dental care for a household member in the past year, as well as from 2020 to 2023. From 2017 to 2023, the overall percent statistically increased for respondents who reported unmet mental healthcare for a household member in the past year, as well as from 2020 to 2023. Please note: since 2020, unmet medical, dental and mental healthcare need was asked of the household. In prior years, it was asked of the respondent only.*

Economic Hardships
In 2023, 5% of respondents reported in the past year they ate less than they felt they should because there wasn't enough money for food; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported in the past year someone in their household received emergency food; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten percent of respondents reported in the past month their household never/seldom/sometimes met its needs with the money and resources they have; respondents in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents reported they do not have a steady place to live or are worried about losing the place they live. Five percent of respondents reported they had an issue with their current housing situation.

Caregiver to Family/Friend with Health Problem or Disability
In 2023, 31% of respondents reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability; female respondents were more likely to report this. Forty-one

percent of respondents reported in the next two years they expect to be a caregiver; female respondents were more likely to report this. *From 2017 to 2023, there was no statistical change in the overall percent of respondents who reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability, as well as from 2020 to 2023. From 2017 to 2023, there was no statistical change in the overall percent of respondents who reported in the next two years they expect they will provide regular care or assistance to a friend or family member who has a health problem or disability, as well as from 2020 to 2023.*

Health Information

In 2023, 52% of respondents reported they trust their healthcare provider the most for health information while 17% reported they were/family member was in the healthcare field. Twelve percent reported the Internet while 8% reported work. Six percent reported family/friends as the most trusted source. Respondents 65 and older were more likely to report healthcare provider. Respondents who were 18 to 34 years old, of color, with a high school education or less or in the top 40 percent household income bracket were more likely to report work. Respondents 18 to 34 years old were more likely to report family/friends as their most trusted source for health information.

Health Services

In 2023, 78% of respondents reported they go to a primary care doctor, nurse practitioner, physician assistant or primary care clinic they regularly see for check-ups or when they are sick while 11% reported an urgent care center. Respondents who were 65 and older or white were more likely to report a primary care doctor, nurse practitioner, physician assistant or primary care clinic for regular check-ups or when they are sick. Respondents who were 18 to 34 years old, of color or with a college education were more likely to report an urgent care center. Forty-three percent of respondents had an advance care plan; respondents who were female, 65 and older, white or with a college education were more likely to report an advance care plan. *From 2011 to 2023, there was no statistical change in the overall percent of respondents with an advance care plan, as well as from 2020 to 2023.*

Vaccinations

In 2023, 22% of respondents reported they did not plan to get vaccinated for COVID-19; respondents who were male, 35 to 44 years old or with some post high school education or less were more likely to report this. Excluding the COVID-19 vaccine, 8% of respondents reported someone in their household is not up-to-date with vaccines. Respondents in the middle 20 percent household income bracket were more likely to report someone in their household is not up-to-date with vaccines. *From 2020 to 2023, there was no statistical change in the overall percent of respondents who reported someone in their household is not up-to-date with vaccinated, excluding COVID-19.*

Routine Checkup

In 2023, 82% of respondents reported a routine checkup two years ago or less. Respondents 65 and older were more likely to report a routine checkup two years ago or less. *From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less while from 2020 to 2023, there was a statistical decrease.*

Health Conditions

In 2023, 21% of respondents reported in the past two years they have been treated for, or been told by a doctor, nurse or other healthcare provider that they have a mental health condition; respondents who were female, 18 to 34 years old, 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this.

Physical Activity

In 2023, 85% of respondents reported they were physically active on a regular basis. Respondents who were male or 35 to 44 years old were more likely to report they were physically active on a regular basis.

Tobacco Use

In 2023, 19% of respondents were current tobacco cigarette smokers; respondents who were 45 to 54 years old, white, with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. Eight percent of respondents were current vapers; respondents who were male or 18 to 34 years old were more likely to report this. *From 2011 to 2023, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2020 to 2023, there was no statistical change. From 2014 to 2023,*

there was no statistical change in the overall percent of respondents who were current vapers, as well as from 2020 to 2023.

Mental Health Status

In 2023, 9% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents 18 to 34 years old or with a high school education or less were more likely to report this. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents 18 to 34 years old or with some post high school education or less were more likely to report this. Five percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less were more likely to report this. *From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year, as well as from 2020 to 2023. From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life while from 2020 to 2023, there was a statistical decrease.*

Personal Support

In 2023, 3% of respondents reported they have no one in their life that makes them feel supported or that they can reach out to in times of need. *From 2020 to 2023, there was no statistical change in the overall percent of respondents who reported they have no one in their life that makes them feel supported or that they can reach out to in times of need.*

Household Problems

In 2023, 5% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year. Four percent of respondents reported someone in their household experienced some kind of problem with marijuana or THC products in the past year. Two percent of respondents reported a household problem in connection with cocaine, meth or other street drugs in the past year. Less than one percent of respondents reported a household problem with heroin or other opioids, including prescriptions such as hydrocodone, oxycodone or codeine in the past year. *From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year while from 2020 to 2023, there was a statistical increase. From 2017 to 2023, there was a statistical increase in the overall percent of respondents who reported a household problem with marijuana or THC products in the past year, as well as from 2020 to 2023. From 2017 to 2023, there was no statistical change in the overall percent of respondents who reported a household problem with cocaine, meth or other street drugs in the past year while from 2020 to 2023, there was a statistical increase.*

Personal Safety Issues

In 2023, 2% of respondents reported someone made them afraid for their personal safety in the past year. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations; respondents who were female or in the bottom 40 percent household income bracket were more likely to report this. *From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year while from 2020 to 2023, there was a statistical decrease. From 2011 to 2023, there was a statistical decrease in the overall percent of respondents who reported they were pushed/kicked/slapped/hit in the past year while from 2020 to 2023, there was no statistical change. From 2011 to 2023, there was no statistical change in the overall percent of respondents who reported at least one of the two personal safety issues in the past year while from 2020 to 2023, there was a statistical decrease.*

Children in Household

In 2023, the respondent was asked if they make healthcare decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of the child/children. Zero percent of respondents reported the child/children were not currently covered by any health plan. Out of 17 health issues listed, a total of 49% of respondents reported at least one health issue in the past year. Twenty percent of respondents reported a child experienced chronic disease in the past year while 19% reported mental health/behavioral health or 15% who reported a vision/hearing issue. Out of six activities, a total of 16% of respondents reported at least one activity concern. Fourteen percent of respondents reported they have a concern for a child about nutrition/eating habits while 10% had a concern about physical activity/exercise. Zero percent of respondents reported the child/children ate less than they felt

they should because there wasn't enough money for food in the past year. Four percent of respondents said the child/children's quality of life was fair or poor. Zero percent of respondents reported in the past year the child/children did not receive the needed medical care or other health related services.

Top Community Health Issues and Conditions

In 2023, respondents were asked to select out of a list of 18, the top three most important health issues or conditions in their community. The most often cited were mental health and conditions (55%), drug use and abuse (45%) or alcohol use and abuse (39%). Respondents who were 18 to 34 years old, of color or with some post high school education were more likely to report mental health and conditions as a top community health issue or condition. Respondents who were 18 to 34 years old or white were more likely to report drug use and abuse. Respondents who were male or 18 to 34 years old were more likely to report alcohol use and abuse. Twenty-six percent of respondents reported chronic diseases; respondents 55 and older were more likely to report this. Nineteen percent of respondents reported cancer as a top issue; respondents 65 and older or white were more likely to report this. Sixteen percent of respondents reported nutrition and healthy eating; male respondents were more likely to report this. Twelve percent of respondents reported vaping, Juuling and e-cigarette use as a top health issue or condition; respondents who were 18 to 34 years old, of color or in the top 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported physical activity and exercise as a top issue; respondents of color were more likely to report this. Ten percent of respondents reported dementia; respondents who were female, 65 and older or white were more likely to report this. Nine percent of respondents reported suicide; respondents who were white or in the top 40 percent household income bracket were more likely to report this. Six percent of respondents were more likely to report cigarette smoking and other tobacco use. Four percent of respondents reported infectious diseases; respondents in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported unintentional injuries as a top issue.

Top Community Health Needs

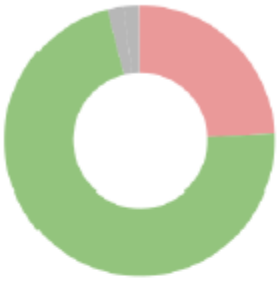
In 2023, respondents were asked to select out of a list of 22, the top three most important community needs that have to be addressed to improve health for everyone in the community. The most often cited were access to mental health services (34%), access to affordable healthcare (23%) or access to affordable housing (21%). Respondents 18 to 34 years old were more likely to report access to mental health services as a top community health need. Respondents with a college education were more likely to report access to affordable healthcare. Respondents in the bottom 40 percent household income bracket were more likely to report access to affordable housing. Nineteen percent of respondents reported bullying in schools and other youth settings; female respondents were more likely to report this. Eighteen percent of respondents reported access to affordable childcare or day care as a top issue; respondents in the top 40 percent household income bracket were more likely to report this. Sixteen percent of respondents reported good paying jobs and strong economy; respondents 35 to 44 years old were more likely to report this. Fifteen percent of respondents reported access to social services for people who are struggling. Fifteen percent of respondents reported support services for seniors as a top issue; respondents who were female or white were more likely to report this. Thirteen percent of respondents reported human trafficking; respondents 18 to 34 years old or with a high school education or less were more likely to report this. Twelve percent of respondents reported strong and supportive families and relationships; respondents of color were more likely to report this. Eleven percent of respondents reported access to affordable, nutritious foods. Eleven percent of respondents reported good schools and colleges. Seven percent of respondents reported child abuse and neglect as a top issue. Seven percent of respondents reported criminal justice reform. Seven percent of respondents reported gun violence; respondents who were female or 65 and older were more likely to report this. Six percent of respondents reported community safety. Five percent of respondents reported racism and discrimination. Five percent of respondents reported domestic or intimate partner violence; respondents of color or in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported clean air. Four percent of respondents reported clean water as a top community health need.

Appendix 2: Community Health Online Survey Frequencies

General Mental Health

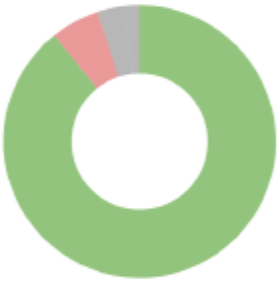
In the past two years, have you been treated for, or been told by a doctor, nurse or other health care provider that you have a mental health condition?

Response	N (%)
Yes	295 (24%)
No	872 (72%)
Not sure	23 (2%)
Prefer not to answer	23 (2%)
Missing	2 (<1%)



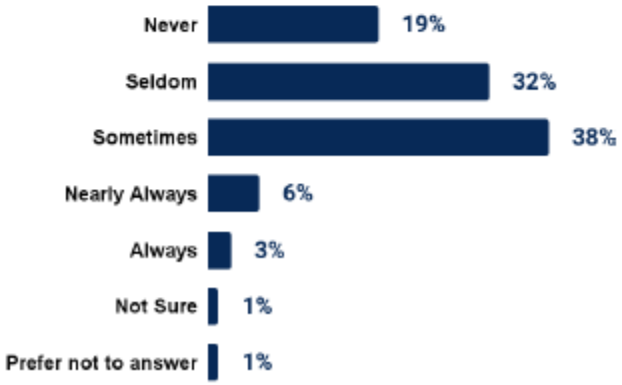
Do you have people in your life that make you feel supported or that you can reach out to in times of need?

Response	N (%)
Yes	1,084 (89%)
No	70 (6%)
Not sure	39 (3%)
Prefer not to answer	22 (2%)
Missing	0 (0%)

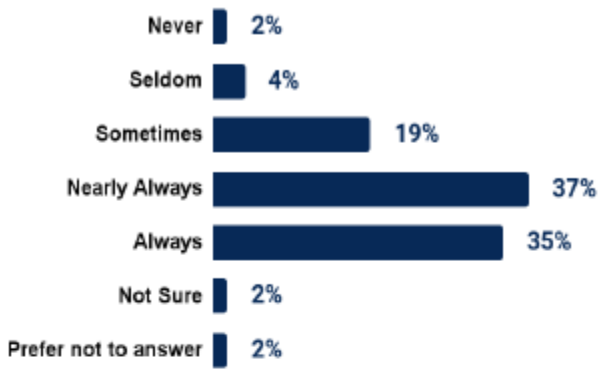


During the past 30 days, about how often would you say you felt sad, blue, or depressed?

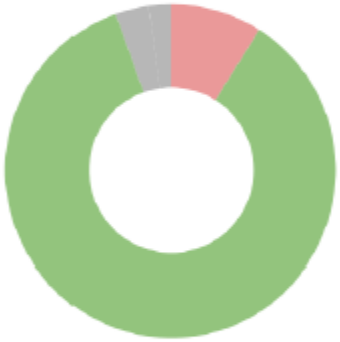
Response	N (%)
Never	233 (19%)
Seldom	384 (32%)
Sometimes	465 (38%)
Nearly Always	71 (6%)
Always	32 (3%)
Not sure	15 (1%)
Prefer not to answer	15 (1%)



How often would you say you find meaning and purpose in your daily life?	
Response	**N (%)**
Never	22 (2%)
Seldom	47 (4%)
Sometimes	230 (19%)
Nearly Always	459 (37%)
Always	423 (35%)
Not sure	22 (2%)
Prefer not to answer	12 (1%)

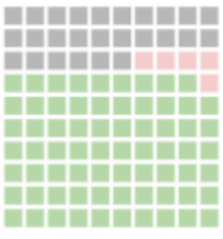


In the past 12 months have you ever felt so overwhelmed that you considered suicide?	
Response	**N (%)**
Yes	109 (9%)
No	1,039 (86%)
Not sure	40 (3%)
Prefer not to answer	27 (2%)
Missing	0 (0%)

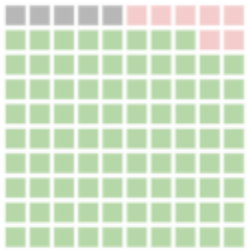


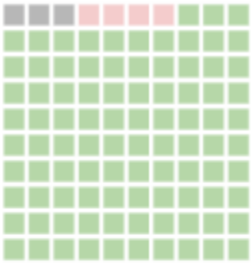
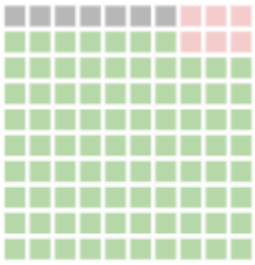
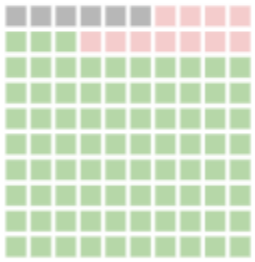
Was there a time during the last 12 months that you or someone in your household did not get the mental health care needed?	
Response	**N (%)**
Yes	244 (20%)
No	860 (71%)
Not sure	82 (7%)
Prefer not to answer	26 (2%)
Missing	3 (<1%)

Social Determinants of Health

SDoH Statement	Response	N (%)	
There are quality health care services in my community.	Yes	901 (74%)	
	No	143 (12%)	
	Not sure	168 (14%)	
	Missing	3 (<1%)	
There are affordable health care services in my community.	Yes	661 (54%)	
	No	282 (23%)	
	Not sure	268 (22%)	
	Missing	4 (<1%)	
Individuals in my community can access health care services regardless of race.	Yes	810 (67%)	
	No	98 (8%)	
	Not sure	303 (25%)	
	Missing	4 (<1%)	
Individuals in my community can access health care services regardless of gender.	Yes	900 (74%)	
	No	71 (6%)	
	Not sure	241 (20%)	
	Missing	3 (<1%)	
Individuals in my community can access health care services regardless of sexual orientation.	Yes	834 (69%)	
	No	66 (5%)	
	Not sure	311 (26%)	
	Missing	4 (<1%)	

SDoH Statement	Response	N (%)	
Individuals in my community can access health care services regardless of immigration status.	Yes	577 (47%)	
	No	120 (10%)	
	Not sure	515 (42%)	
	Missing	3 (<1%)	
There are enough job trainings or employment resources for those who need them.	Yes	548 (45%)	
	No	278 (23%)	
	Not sure	385 (32%)	
	Missing	4 (<1%)	
Childcare (daycare/preschool) resources are affordable for those who need them.	Yes	275 (23%)	
	No	543 (45%)	
	Not sure	392 (32%)	
	Missing	5 (<1%)	
Childcare (daycare/preschool) resources are available for those who need them.	Yes	380 (31%)	
	No	442 (36%)	
	Not sure	387 (32%)	
	Missing	6 (<1%)	
There are affordable places to live in my community.	Yes	526 (43%)	
	No	455 (37%)	
	Not sure	231 (19%)	
	Missing	3 (<1%)	

SDoH Statement	Response	N (%)	
Public transportation is easy to use if I need it.	Yes	597 (49%)	
	No	330 (27%)	
	Not sure	284 (23%)	
	Missing	4 (<1%)	
I feel safe in my own neighborhood.	Yes	1,071 (88%)	
	No	82 (7%)	
	Not sure	57 (5%)	
	Missing	5 (<1%)	
There is a feeling of trust in law enforcement in my community.	Yes	844 (69%)	
	No	184 (15%)	
	Not sure	182 (15%)	
	Missing	5 (<1%)	
I am able to afford healthy food options.	Yes	959 (79%)	
	No	201 (17%)	
	Not sure	51 (4%)	
	Missing	4 (<1%)	

SDoH Statement	Response	N (%)	
I can get to a grocery store when I need food or other household supplies.	Yes	1,127 (93%)	
	No	50 (4%)	
	Not sure	31 (3%)	
	Missing	7 (<1%)	
We have good parks and recreational facilities.	Yes	1,057 (87%)	
	No	77 (6%)	
	Not sure	73 (6%)	
	Missing	8 (<1%)	
There are good sidewalks or trails for walking or biking safely.	Yes	1,003 (83%)	
	No	133 (11%)	
	Not sure	72 (6%)	
	Missing	7 (<1%)	
The K-12 schools in my community are well funded.	Yes	622 (51%)	
	No	252 (21%)	
	Not sure	334 (27%)	
	Missing	7 (<1%)	

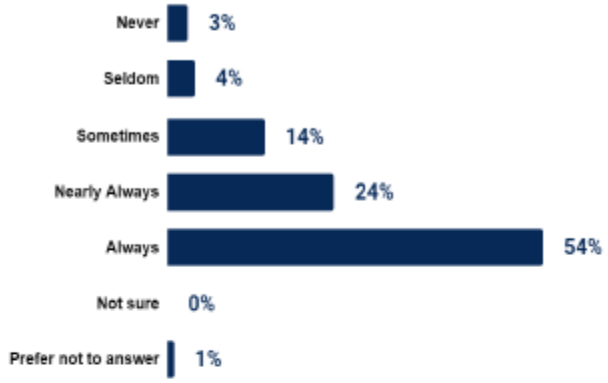
SDoH Statement	Response	N (%)	
The K-12 schools in my community provide good quality education.	Yes	784 (65%)	
	No	154 (13%)	
	Not sure	270 (22%)	
	Missing	7 (<1%)	
Our local university/community college provides quality education.	Yes	806 (66%)	
	No	65 (5%)	
	Not sure	337 (28%)	
	Missing	7 (<1%)	
Our local university/community college is affordable.	Yes	547 (45%)	
	No	215 (18%)	
	Not sure	445 (37%)	
	Missing	8 (<1%)	
Rental properties in my community are well maintained.	Yes	420 (35%)	
	No	382 (31%)	
	Not sure	405 (33%)	
	Missing	8 (<1%)	

SDoH Statement	Response	N (%)	
There are plenty of well-paying jobs available.	Yes	703 (58%)	
	No	256 (21%)	
	Not sure	248 (20%)	
	Missing	8 (<1%)	
It is easy for people to get around regardless of ability.	Yes	478 (39%)	
	No	345 (28%)	
	Not sure	385 (32%)	
	Missing	7 (<1%)	

Household/Housing Questions

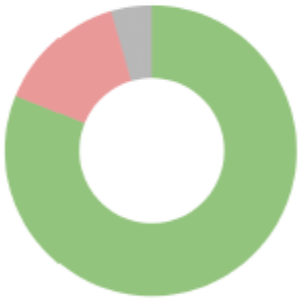
During the past month, how often has your household been able to meet its needs with the money and resources you have.

Response	N (%)
Never	35 (3%)
Seldom	44 (4%)
Sometimes	168 (14%)
Nearly Always	287 (24%)
Always	656 (54%)
Not sure	2 (<1%)
Prefer not to answer/Missing	23 (2%)



In the past 12 months did you ever eat less than you felt you should because there wasn't enough money for food?

Response	N (%)
Yes	173 (14%)
No	982 (81%)
Not sure	30 (2%)
Prefer not to answer/Missing	30 (2%)



What issues, if any, do you have with your current housing situation? (YES or NO)

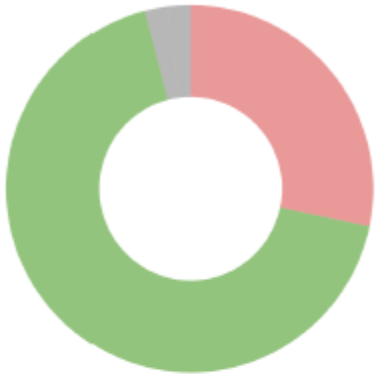
Response	N (%)
Yes	417 (34%)
None of the above (No)	749 (62%)
Prefer not to answer	43 (4%)

What issues, if any, do you have with your current housing situation?		
Response	**N (%)**	
Utilities (water, heat, electric)	167 (40%)	
Rent/facility is too expensive	137 (33%)	
Mortgage is too expensive	120 (29%)	
Current housing is temporary, need permanent housing	62 (15%)	
Too rundown or unhealthy environment (Ex. mold, lead)	53 (13%)	
Too small/crowded, problems with other people	42 (10%)	
Too far from town/services	38 (9%)	
Need supportive and/or assisted living	36 (9%)	
Eviction concerns (prior, current, or potential)	35 (8%)	
Crime	34 (8%)	
Unsafe	30 (7%)	
Other	44 (11%)	

Medical Care

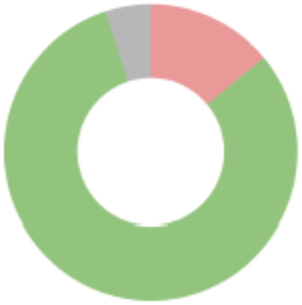
In the past 12 months did you delay or not seek care because of a high deductible, high co-pay, or because you did not have coverage for the medical care?

Response	N (%)
Yes	338 (28%)
No	820 (67%)
Not sure	29 (2%)
Prefer not to answer	22 (2%)
Missing	6 (<1%)



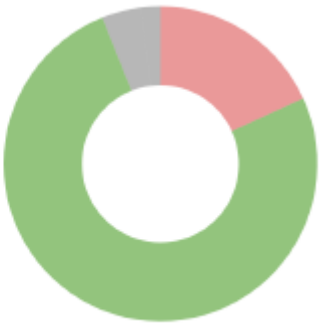
In the past 12 months have you, or anyone in your household, not taken prescribed medication due to prescription costs?

Response	N (%)
Yes	173 (14%)
No	983 (81%)
Not sure	35 (3%)
Prefer not to answer	19 (2%)
Missing	5 (<1%)



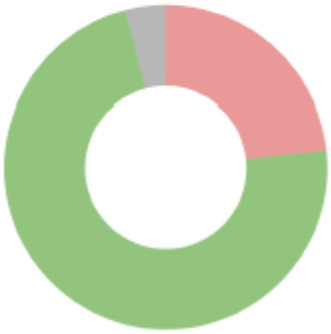
Was there a time during the last 12 months that you or anyone in your household did not get the medical care needed?

Response	N (%)
Yes	219 (18%)
No	911 (75%)
Not sure	54 (4%)
Prefer not to answer	25 (2%)
Missing	6 (<1%)



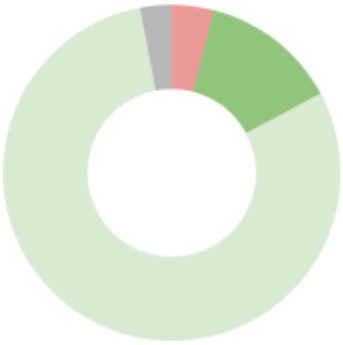
Dental Care

Was there a time during the last 12 months that you or anyone in your household did not get the dental care needed?	
Response	**N (%)**
Yes	284 (23%)
No	873 (72%)
Not sure	37 (3%)
Prefer not to answer	17 (1%)
Missing	4 (<1%)



Substance Abuse Treatment

In the past 12 months, was there a time that you or anyone in your household needed or considered seeking alcohol/substance abuse treatment but did not get services?	
Response	**N (%)**
Yes	47 (4%)
No, I got the services that I needed	158 (13%)
Does not apply, I did not need services in the past 12 months	965 (79%)
Prefer not to answer	39 (3%)
Missing	6 (<1%)



Top 3 Important Health Issues/Conditions

From the following list, what do you think are the three most important health issues/conditions in your community?		
Response	**N (%)**	
Mental health and mental conditions (anxiety, depression)	729 (60%)	
Drug use and abuse (prescription drug misuse and street drug use, including marijuana (cannabis and Delta8) and weed)	576 (47%)	
Alcohol use and abuse (underage use, binge drinking, DWI)	545 (45%)	
Chronic diseases like diabetes and heart disease	334 (27%)	
Cancer	205 (17%)	
Nutrition and healthy eating	174 (14%)	
Cigarette smoking and other tobacco use	159 (13%)	
Suicide	156 (13%)	
Physical activity and exercise	148 (12%)	
Vaping, juuling, and e-cigarette use	128 (11%)	
Dementia, including Alzheimer's Disease	105 (9%)	
Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19)	80 (7%)	
Asthma and other breathing issues	71 (6%)	
Oral health	65 (5%)	
Unintentional injuries (falls, motor vehicle crashes, poisonings)	37 (3%)	

Top 3 Important Community Needs

From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?		
Response	**N (%)**	
Access to mental health services	570 (47%)	
Access to affordable housing	456 (38%)	
Access to affordable healthcare	455 (37%)	
Access to affordable child care/day care	413 (34%)	
Access to affordable, nutritious foods	228 (19%)	
Access to social services/safety net for people who are struggling	203 (17%)	
Good paying jobs and strong economy	157 (13%)	
Bullying in schools and other youth settings	132 (11%)	
Strong and supportive families/relationships	123 (10%)	
Human trafficking	119 (10%)	
Child abuse and neglect	101 (8%)	
Community safety	85 (7%)	

From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?		
Racism and discrimination	79 (7%)	
Gun violence	78 (6%)	
Support services for seniors (meals, transportation, housing, respite support)	78 (6%)	
Domestic violence/Intimate partner violence	54 (4%)	
Criminal justice reform	53 (4%)	
Clean water	45 (4%)	
Good schools and colleges	44 (4%)	
Public transportation	43 (4%)	
Access to community parks and other recreation locations for physical activity	40 (3%)	
Clean air	39 (3%)	
Other	15 (1%)	

Appendix 3: 2023 Stakeholder Interview List

Key Informant	Title	Organization
Alayne Krause	County Administrator	Sheboygan County
Allison Thompson	CEO	Fresh Meals on Wheels of Sheboygan County
Amanda Freiberg / Krysta Berger	Case Manager / Social Services Director	The Salvation Army
Brian Doudna	Executive Director	Sheboygan County Economic Development Corporation
Carolynn Lee	Chair, Founding Member	Sheboygan LGBTQ Alliance
Christina Singh	CEO	Boys and Girls Clubs of Sheboygan County
Christopher Domagalski	Police Chief	City of Sheboygan Police Department
Christopher Nehring	Medical Examiner	Sheboygan County
Cory Roessler	Sheriff	Sheboygan County
David Simon Jr.	Vice President for Campus Life and Dean for Students	Lakeland University
Deidre Martinez	CEO	Sheboygan County Chamber of Commerce
Denise Wittstock	CEO	Big Brothers Big Sisters WI Shoreline, Inc.
Jacky Drewry / Liz Hildrebrandt	CEO / Nurse Manager	Anchor of Hope
Julie Preder	Executive Director	Mental Health America Lakeshore
Karin Kirchmeier	Executive Director	Partners for Community Development
Lisa Stephan	Executive Director	Sheboygan County Interfaith Organization
Lucy Angulo	Behavioral Health Therapist	Catholic Charities
Lyric Glynn	Supportive Housing Program Director	Lakeshore Community Action Program
Matt Strittmater	Department Director	Sheboygan County Department of Health and Human Services

Michelle Boeldt	Service Coordinator	Sheboygan Housing Authority
Patrick Boyle	Executive Director	Sheboygan County Food Bank
Tandra Sbrocco	Executive Director	Love INC of Sheboygan County
Todd Richter	Director	Sheboygan County Veterans Service Office
Trisha Erpelding	Executive Director	Family Resource Center of Sheboygan County
Zoie Hawpetoss	Certified Reproductive Healthcare Assistant	Planned Parenthood of Wisconsin
Dione Knop	Outreach Representative	Rogers Behavioral Health
Theresa Christen-Liebig	Executive Director	Sheboygan Human Rights Association, Inc.
Mike Trimberger	District Administrator	School District of Random Lake
Colleen Steinbruecker	Executive Director	Family Connections, Inc
Gina Covelli	Director of Community Impact	United Way of Sheboygan County
Brant Murray-McKelvey / Amy Sowls	Children and Family Resource Unit Supervisor / Children's Long Term Support and Services Coordinator	Sheboygan County Children and Family Resource Unit and Children's Long Term Support
Jason Ledermann / Lori Hamilton	Student Services and Special Education Director / District Lead School Nurse	Sheboygan Area School District
Donna Wendlandt	President	Sheboygan County YMCA
Cher Lue Yang	Board of Directors, Treasurer	Hmong Mutual Assistance Association
Paul Carlsen	President	Lakeshore Technical College
Charmaine Conrad	Chief Growth Strategy and Development Officer	Sharon S. Richardson Community Hospice
Brittany Freund	Social Worker Case Manager	Lakeshore Community Health Care
Michelle Acevedo	ADRC and Operations Manager	Sheboygan County Aging and Disability Resource Center

Appendix 4: 2023 Community Health Needs Assessment Data Sources

Aurora Health Care Business Development Analytics, 2023

Aurora Health Care – EpicHB 2023

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 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, 2021
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, 2020
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, 2018
National Vital Statistics System-Mortality, 2016-2020, 2017-2021
PLACES, 2015-2019
United Way ALICE Data, 2021
Wisconsin Health Association Information Center, 2018-2022