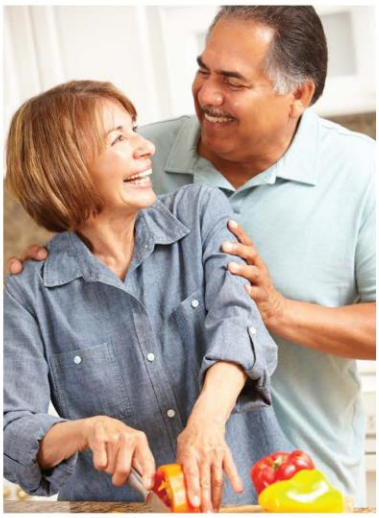
2023
Community Health Needs Assessment Report



Aurora Medical Center – Washington County

1032 E Sumner Street

Hartford, WI 53027

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December 2023

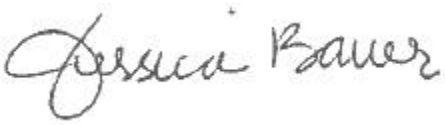
Thank you for taking the time to learn more about the Aurora Medical Center – Washington County Community Health Needs Assessment (CHNA). This CHNA provides a comprehensive picture of the health status of the communities served by Aurora Medical Center - Washington County. Through understanding the health 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 - Washington 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 – Washington 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 Washington 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.



Jessica Bauer
President
Aurora Medical Center - Washington County

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I. Executive Summary

Every three years, Aurora Health Care, Ascension Wisconsin, Froedtert & the Medical College of Wisconsin, and Washington Ozaukee Public Health Department conduct a collaborative Community Health Need Assessment (CHNA) in Washington and Ozaukee Counties. 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 – Washington County defined the community as Washington County.

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

• Community Health Survey (primary data): online and phone surveys conducted June– November 2022, with more than 600 (400 phone and 228 online) Washington 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 23 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 – Washington County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide,
- Alcohol and Substance Use
- Economic Stability and Employment
- Nutrition, Physical Activity and Obesity

The top health issues identified were presented to the Aurora Medical Center – Washington 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 – Washington 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 - Washington 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 - Washington County

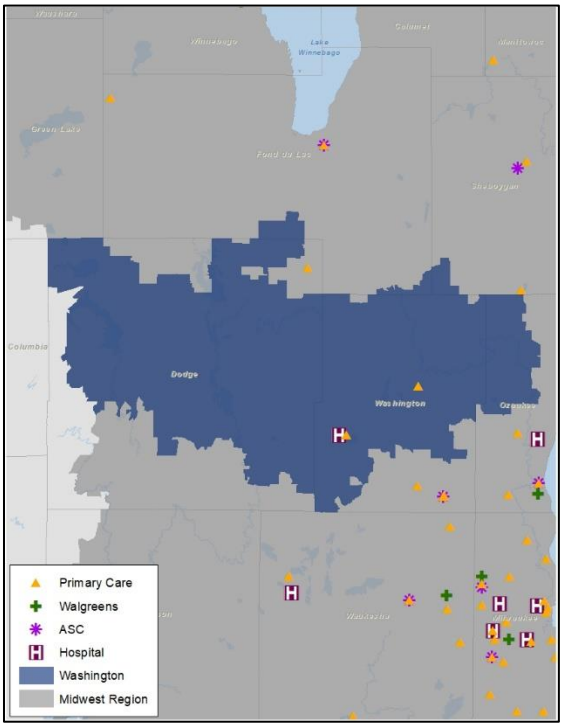
Aurora Medical Center – Washington County (Aurora Washington County) in Hartford, Wisconsin is a full-service community hospital with a commitment to medical excellence, quality outcomes and safety. As a nationally recognized health care provider, Aurora Washington County offers a wide range of medical specialties in a culturally affirming and compassionate way to help all people live well. For more information, see the Aurora Washington County fact sheet.

III. 2023 Community Health Needs Assessment

A. Community Definition

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

Exhibit 1: Aurora Medical Center – Washington County



Source: Aurora Health Care Business Development, 2023

1. Population

The Washington County population is 136,300 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.

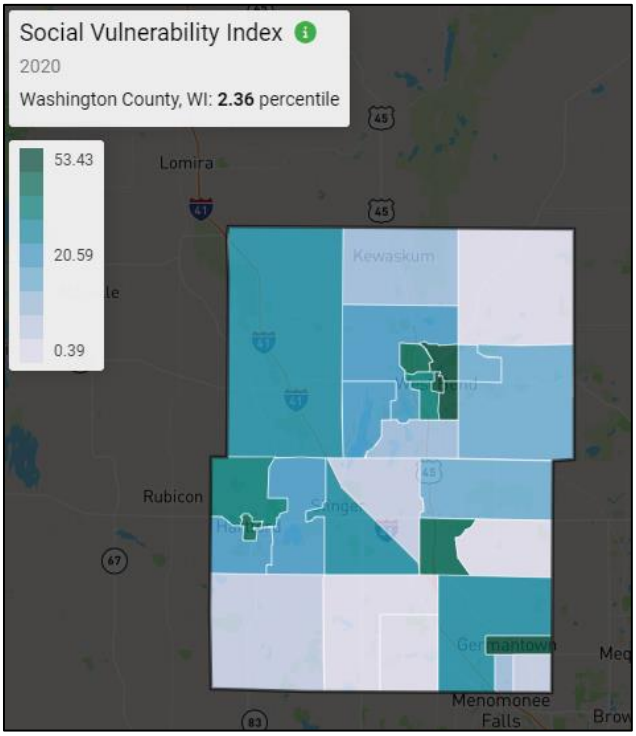
Social Vulnerability Index

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.

Washington County has a social vulnerability index rating of 2.36, which is lower than the rating of Wisconsin (32.1) as shown in Exhibit 2 (Metopio, Centers for Disease Control and Prevention, 2020).

Exhibit 2: Washington County Social Vulnerability Index Map 2020



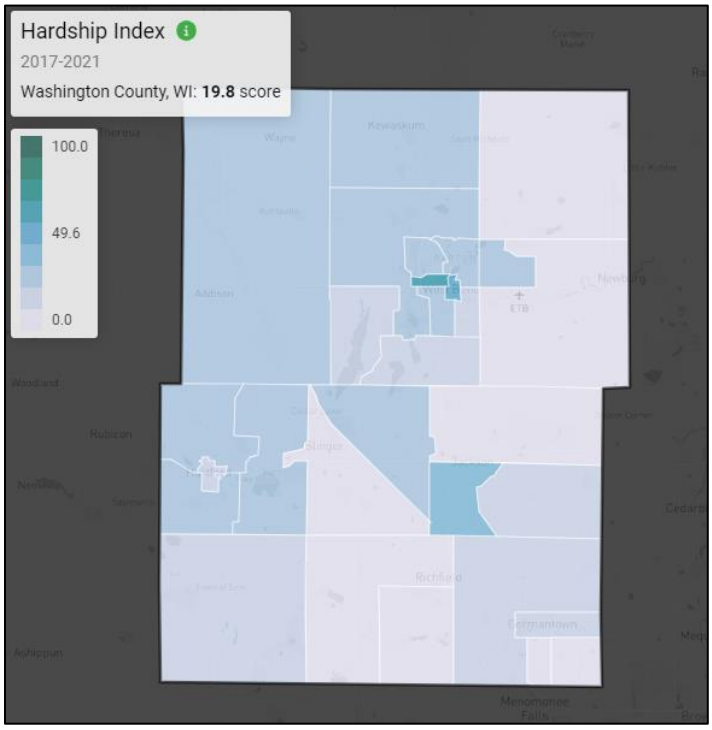
Source: Metopio, American Community Survey, 2023

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.

Washington County has a hardship index of 19.8, which is lower than the score for Wisconsin of 35.6 as shown in Exhibit 3 (Metopio, American Community Survey, 2017-2021).

Exhibit 3: Washington County Hardship Index Map 2017-2021



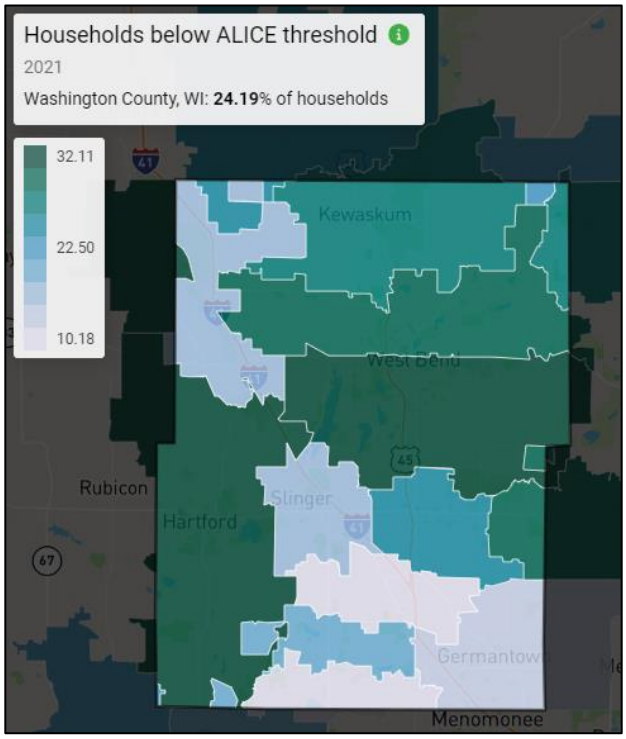
Source: Metopio, American Community Survey, 2023

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 Washington County, 24.2 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).

Exhibit 4: Washington County ALICE Map 2021



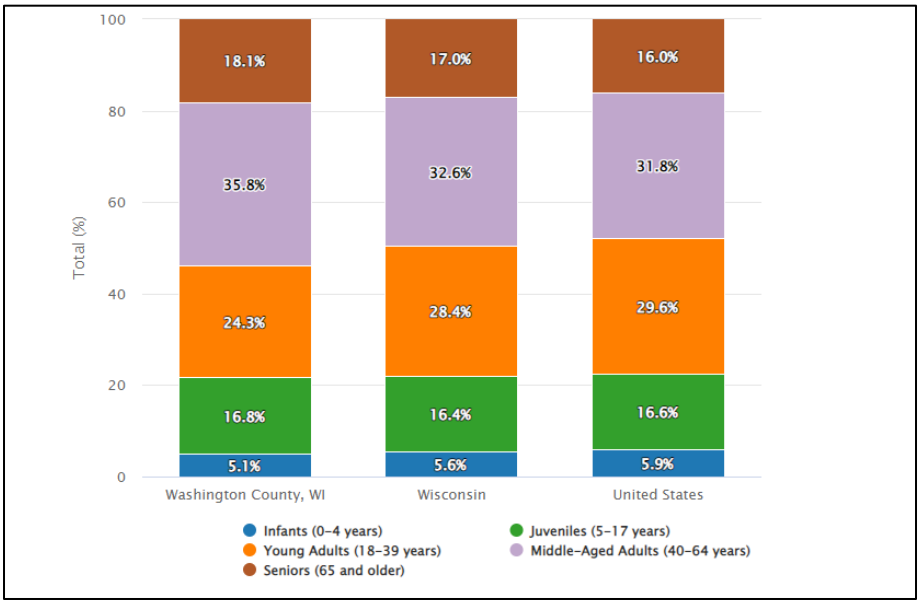
Source: Metopio, United Way ALICE Data, 2023

3. Demographics

Age and Gender

The median age in Washington County is 43.2 years old. The county is comprised of 50.0 percent female and 50.0 percent male. The largest population in Washington County are those ages 40-64 years at 35.8 percent as shown in Exhibit 5 (Metopio, American Community Survey, 2017-2021).

Exhibit 5: Washington County Population by Age 2017-2021



Source: Metopio, American Community Survey, 2023

Race and Ethnicity

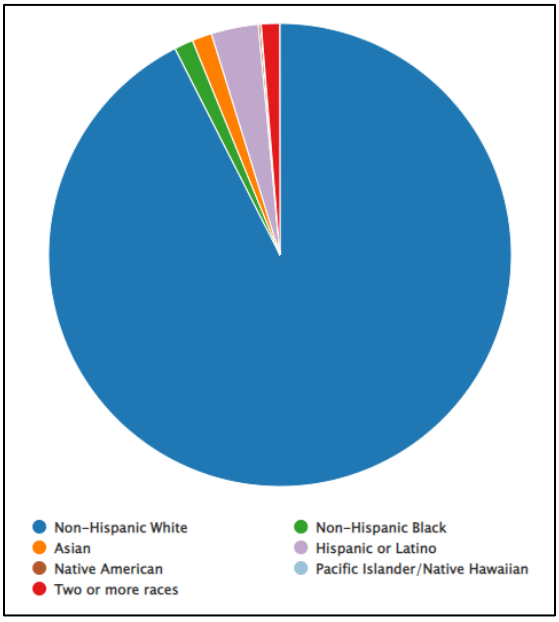
Demographic data shows that Washington County is 92.5 percent Non-Hispanic White, which is the largest racial group followed by Hispanic or Latino population at 3.3 percent, Asian or Pacific Islander at 1.4 percent, two or more races at 1.3 percent, Non-Hispanic Black at 1.3 percent, and Native American at 0.2 percent.

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

Key findings: Community Definition

- The median age of Washington County is 43.2 years old, higher than the Wisconsin average
- The median household income of Washington County is $85,574, higher than the Wisconsin average

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



Source: Metopio, American Community Survey, 2023

A total of 2.0 percent of Washington County residents have Spanish as their primary language at home. A total of 0.9 percent of households in Washington County have Asian languages like Chinese, Japanese, and Tagalog as the primary spoken language (Metopio, American Community Survey, 2017-2021).

Household/Family

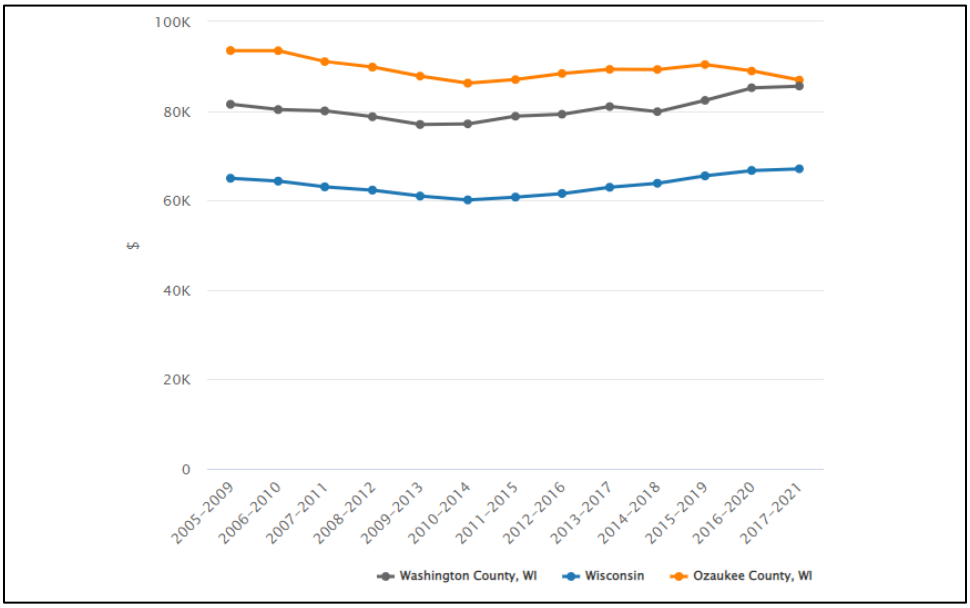
In Washington County, 5.0 percent of households are single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 23.5 percent of Washington County seniors are living alone (Metopio, American Community Survey, 2017-2021).

4. Economics

Income

The median household income in Washington County is $85,574, which is higher than the Wisconsin median household income of $67,080. The graph below shows the change over time in the Washington County household income compared to Ozaukee County and Wisconsin in Exhibit 7 (Metopio, American Community Survey, 2017-2021).

Exhibit 7: Washington County Median Household Income 2005-2021



Source: Metopio, American Community Survey, 2023

Employment

The unemployment rate among Washington County residents that are 16 years of age and older is 2.8 percent, which is lower compared to the state of Wisconsin at 3.6 percent.

5. Education

Educational Level

Washington 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 Washington County with a high school degree or higher is 95.0, which is higher than the Wisconsin average of 92.9 percent.

In Washington County, 33.2 percent of residents 25 or older have a four-year college degree or higher, which is higher 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 – Washington County, below are the other key health care resources within Washington County.

Name of Facility	Type of Facility	Location
Froedtert West Bend Hospital	Hospital	West Bend
Albrecht Free Clinic	Free Clinic	West Bend

B. How the CHNA was Conducted

1. Process and Partnership

Every three years, Aurora Health Care, Ascension Wisconsin, Froedtert & the Medical College of Wisconsin, and Washington Ozaukee Public Health Department conduct a collaborative Community Health Need Assessment (CHNA) in Washington 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 – Washington CHNA relies on three sources of information:

• Community Health Survey (primary data): online and phone surveys conducted June– November 2022, with more than 600 (400 phone and 228 online) Washington 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 23 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 Washington County is 80.0 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 – Washington County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide
- Alcohol and Substance Use
- Economic Stability and Employment
- Nutrition, Physical Activity and Obesity

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.

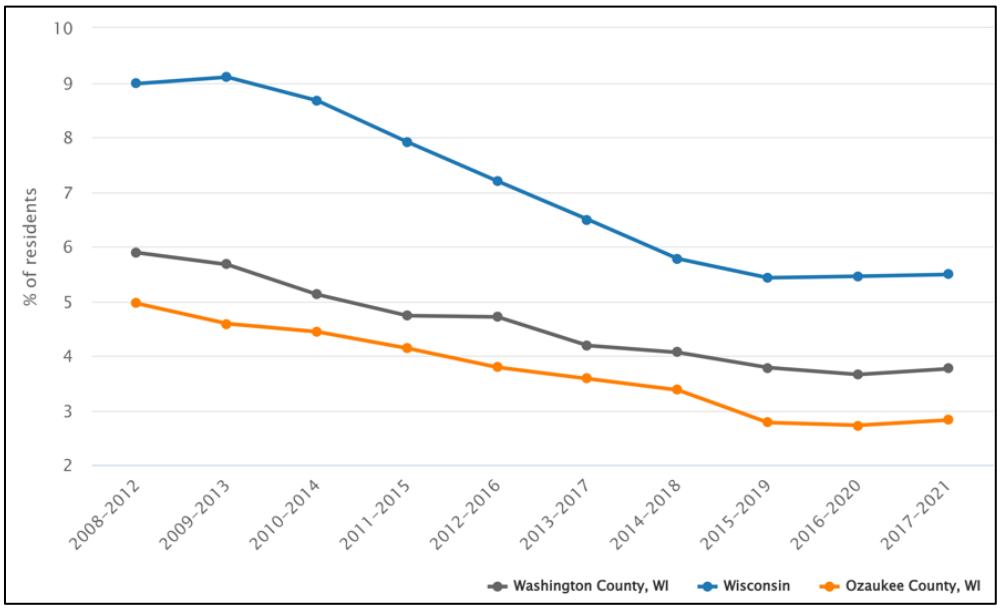
Key findings: Health Care Coverage and Access to Care

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

Health Care Coverage

Uninsured Rate
There are 3.8 percent of residents living in Washington County without health insurance, which is lower than Wisconsin (5.5 percent) and higher than neighboring Ozaukee County (2.8 percent). In Washington County, the highest uninsured rates by race and ethnicity are Hispanic or Latino at 13.0 percent and Non-Hispanic Black at 9.8 percent (Metopio, American Community Survey, 2017-2021). Exhibit 8 shows the overall rate of uninsured residents in Washington County, which has decreased since the baseline in 2008.

Exhibit 8: Washington County Health Uninsured Rate 2008-2021



Source: Metopio, American Community Survey, 2023

Persons with Private Health Insurance
In Washington County, 71.7 percent of residents are covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or Tri Care. The private health insurance rates in Washington County are lower 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 – Washington County has a payer mix based on unique patients which is comprised of:

AURORA MEDICAL CENTER – WASHINGTON COUNTY	Commercial	Medicaid	Medicare	Self-Pay	Other
	44.8%	10.6%	32.5%	1.7%	10.4%

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 Washington County is 56.4 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 Washington County is 146.3 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
Ten percent of respondents of the 2022 Washington County Phone Survey reported an unmet medical care need in the past year, an increase from seven percent in 2019. Fifty-eight percent of Washington County Phone Survey respondents reported using a doctor or nurse practitioner's office as their primary source of health care, a decrease from 81 percent in 2011. Less than one percent of Washington County Phone Survey respondents reported using an Emergency Department as their primary source of healthcare, a decrease from 4 percent in 2019 (JKV Research, LLC., Washington County Community Health Survey, 2022).

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.

Tobacco Use

Adults Who Smoke

In 2021, 13.5 percent of adults in Washington 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 24.6 percent (Metopio, Behavioral Risk Factor Surveillance System (BRFSS), PLACES, Dwyer-Lindgren, Mokdad, et al. 2021).

Adults Who Vape

In 2022, eleven percent of Washington County phone survey respondents reported vaping, which increased from five percent in 2014 (JKV Research, LLC., Washington County Community Health Survey, 2022).

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 2022, 27 percent of Washington County phone survey respondents reported binge drinking, higher than the United States average of 16 percent (JKV Research, LLC., Washington County Community Health Survey, 2022).

Emergency Department Rate due to Alcohol Use

The emergency department (ED) rate due to alcohol use in Washington County is 295.5 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 Washington County are highest among those who are Non-Hispanic Black at 856.8 per 100,000 residents, which is nearly three times higher than the county average. Additionally, there are high rates among Young Adults (18-39 years) at 642.2 per 100,000 residents and males at 566.8 per 100,000 residents as compared to females at 264.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

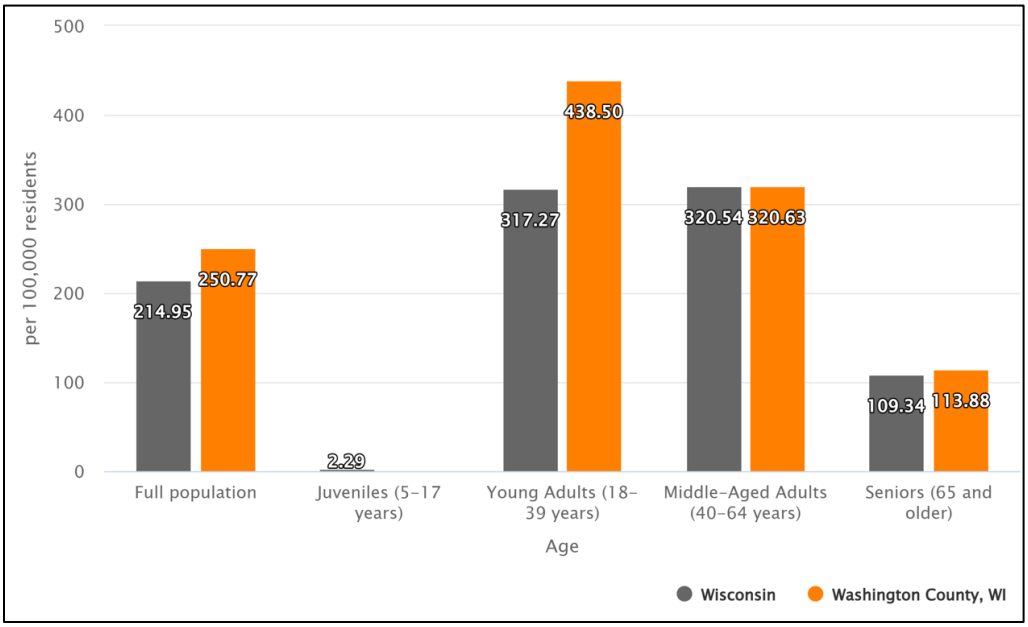
Hospitalization Rate due to Alcohol Use

In Washington County, the hospitalization rate due to alcohol use was 250.8 per 100,000 residents, which is higher than the Wisconsin rate of 215.0 per 100,000 residents. The rate in Washington County is highest among individuals 18-39 years old, at 438.5 per 100,000 residents, which is nearly twice the county average (shown in Exhibit 9). Additionally, the rate is higher among males at 352.8 per 100,000 residents, compared to females at 151.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022)

Key findings: Health Risk Behaviors

- Twenty-seven percent of Washington County phone survey respondents reported binge drinking in the past month
- 1 in 3 Washington County residents are considered obese
- The Washington County drug overdose mortality rate has been increasing over time

Exhibit 9: Washington County Hospitalization Rate for Alcohol Use by Age 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 Washington County, the ED rate due to substance use is 457.5 per 100,000 residents, which is lower than Wisconsin (640.6 per 100,000 residents). The county rate is 1.3 times higher among the Non-Hispanic Black population at 591.5 per 100,000 residents. By age, the rate is highest among individuals 18-39 years at 915.6 per 100,000 residents, which is twice the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

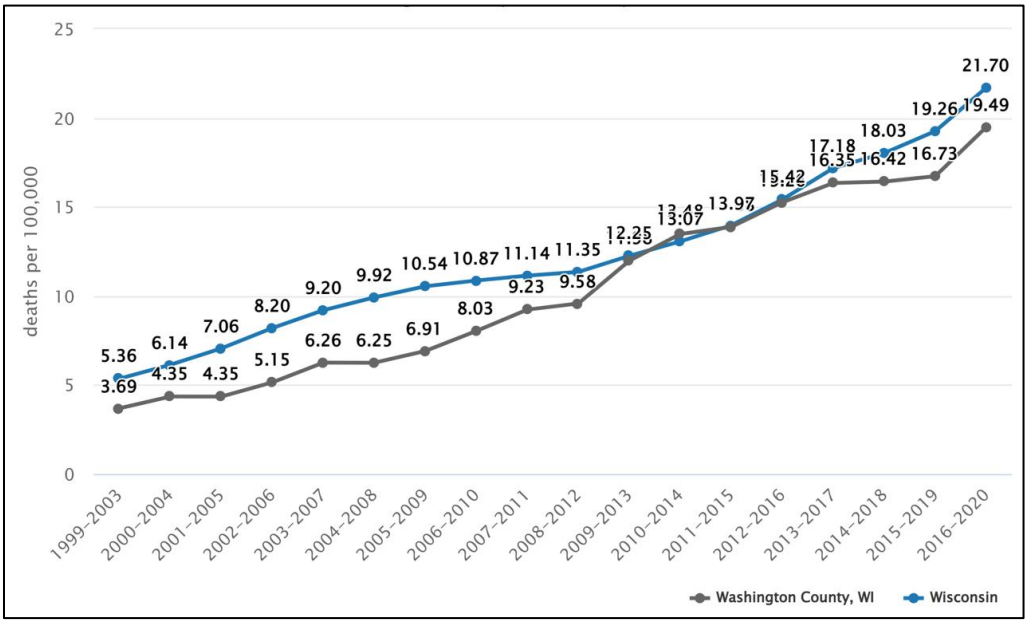
Hospitalization Rate due to Substance Use

The Washington County hospitalization rate due to substance use is 354.7 per 100,000 residents, which is higher than the Wisconsin rate at 305.6 per 100,000 residents. The Washington County rates are higher among the Non-Hispanic Black population at 557.2 per 100,000 residents, which is 1.6 times the county average. The rate is highest among individuals 18-39 years old at 731.8 per 100,000 residents, which is twice 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 Washington County, the rate of drug overdose mortality rate is 19.5 per 100,000 residents, which is lower than the Wisconsin rate of 21.7 per 100,000 residents. However, the Washington 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 Washington County, the ED rate due to opioid use is 166.4 per 100,000 residents, which is lower than the Wisconsin rate of 206.5 per 100,000 residents. The county rates are highest among Young Adults (18-39 years) at 431.7 per 100,000 residents, which is 2.5 times the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Hospitalization Rate due to Opioid Use

In Washington County, the hospitalization rate due to opioid use is 295.7 per 100,000 residents. This rate is higher than Wisconsin at 250.0 per 100,000 residents. The Washington County hospitalization rates for opioid use are higher among the Non-Hispanic Black population at 496.5 per 100,000 residents, which is 1.7 times higher than the county average. Compared to the county average, individuals 18-39 years old are twice as likely to be hospitalized due to opioid use, with a rate of 620.7 per 100,000 residents (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 Washington County, 17.6 percent of adults reported no exercise in the past month, which is lower than Wisconsin at 19.7 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2021).

Weight Status

Adults Who Are Obese

In Washington County, 33.3 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 Washington County is 490.6 cases per 100,000 residents, which is higher than Wisconsin at 470.8 cases per 100,000 residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2015-2019).

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

Exhibit 11: Washington County Cancer Table

Topic	Washington County, WI	Wisconsin	United States
Breast cancer mortality *deaths per 100,000, 2016-2020*	7.5	9.4	10.6
Non-invasive breast cancer diagnosis rate *per 100,000 female residents, 2015-2019*	56.1	33.7	29.4
Mammography use *Females, % of adults, 2020*	76.1	74.3	72.7
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	11.5	12.0	13.4
Colorectal cancer screening *% of adults, 2020*	61.5	61.2	69.1
Pap smear use *Females, Adults (18-64 years), % of adults, 2020*	84.9	83.4	82.3
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	26.0	31.6	31.7
Lung cancer diagnosis rate *per 100,000 residents, 2015-2019*	52.0	58.6	56.3
Oral cancer diagnosis rate *per 100,000 residents, 2015-2019*	12.3	12.5	12.0
Prostate cancer diagnosis rate *per 100,000 male residents, 2015-2019*	136.6	118.3	109.9

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

Cardiovascular Disease

High Cholesterol Prevalence

In Washington County, 30.0 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 Washington County, 25.7 percent of adults ages 18 and older reported having been told by a doctor, nurse or health professional that they have high blood pressure. This rate is lower than Wisconsin (28.3 percent) and the U.S. (30.4 percent) (Metopio, PLACES, BRFSS, 2021).

Coronary Heart Disease

In Washington County, 4.5 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 Washington County, the coronary heart disease mortality rate is 76.8 per 100,000 residents, which is lower than Wisconsin (87.2 per 100,000 residents) and 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 Washington County, the ED rate due to heart failure is 106.6 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 Washington County hospitalization rate due to heart failure is 450.1 per 100,000 residents, which is higher 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 Washington County ED rate due to hypertension is 190.9 per 100,000 residents, which is lower than the Wisconsin rate of 292.1 per 100,000 residents. The highest rates in Washington County are highest among the Non-Hispanic Black population at 735.8 per 100,000 residents, which is nearly four times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Key findings: Disease and Chronic Conditions

- 30 percent of Washington County residents have been diagnosed with high cholesterol, and 25.7 percent have been diagnosed with high blood pressure
- Key stakeholders and community members ranked mental health as a top community issue
- The Washington County Emergency Department visit rate due to suicide and self-injury is highest among the Non-Hispanic Black population and individuals 18-39 years old

Hospitalization Rate due to Hypertension
In Washington County, the hospitalization rate due to hypertension is 35.0 per 100,000 residents, which is lower than the Wisconsin rate of 40.2 per 100,000 residents. The highest rates in Washington County for hospitalization due to hypertension is among the Non-Hispanic Black population at 145.6 per 100,000 residents, which is four times higher than the county average (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate Due to Stroke
In Washington County, the ED rate due to stroke is 108.6 per 100,000 residents (adults ages 18 and older). This rate is lower 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 Washington County is 261.8 per 100,000 residents, which is similar to the Wisconsin rate of 259.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Stroke Mortality
In Washington County, the stroke mortality rate (deaths due to stroke) is 34.9 deaths per 100,000 residents. This rate is similar to the Wisconsin rate of 33.8 deaths per 100,000 residents. (Metopio, National Vital Statistics System-Mortality. 2016-2020).

Diabetes

Diagnosed Diabetes
In Washington County, 6.7 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 Washington County is 258.1 per 100,000 residents, which is lower 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 Washington County, the hospitalization rate due to diabetes is 108.5 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 needed strategies including education and awareness to reduce stigma, more collaboration and resources, school-based mental health screenings, and de-escalation training.

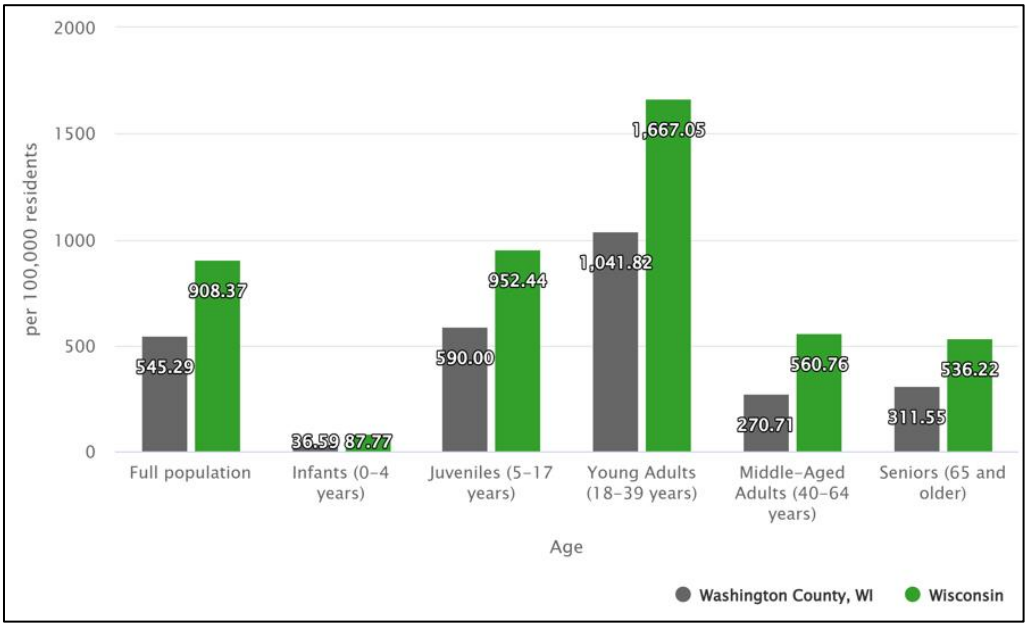
Mental Health Conditions

Twenty percent of Washington County phone survey respondents reported being diagnosed with a mental health condition, higher than the 2011 baseline of eight percent. Eighty percent of these respondents are currently seeing a provider for their condition (JKV Research, LLC., Washington County Community Health Survey, 2022).

Emergency Department Rate due to Mental Health

The ED rate due to mental health in Washington County is 545.3 per 100,000 residents, which is lower than the Wisconsin rate of 908.4 per 100,000 residents. The highest rates in Washington County for ED rates due to mental health are among the Non-Hispanic Black population at 1,821.8 per 100,000 residents, which is three times higher than the county average. Compared to the county average, individuals 18-39 years old are nearly twice as likely to be utilize the ED for mental health, at a rate of 1,041.8 per 100,000 residents (shown in Exhibit 12) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 12: Washington County Mental Health Emergency Department Visit Rate by Age 2018-2022



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

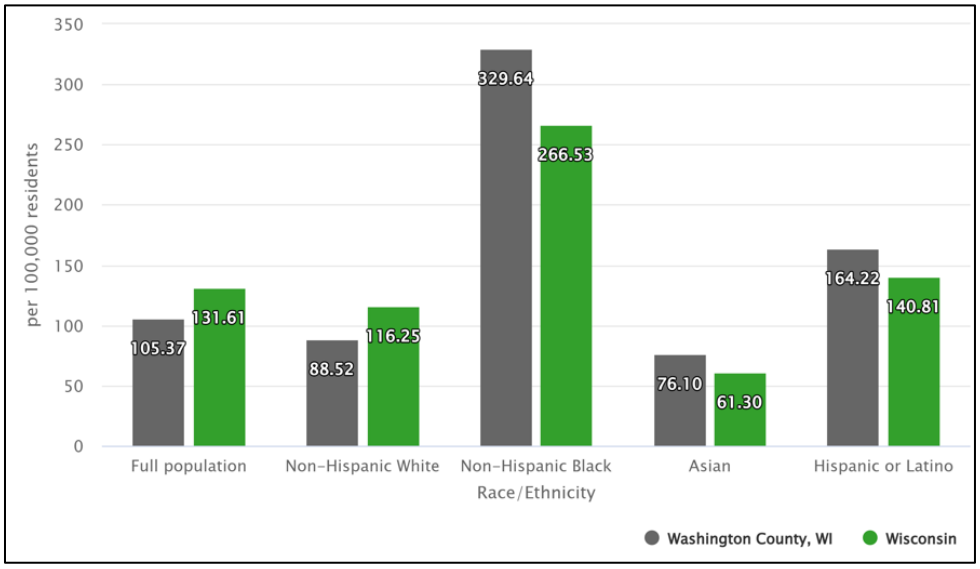
Hospitalization Rate due to Mental Health

The hospitalization rate due to mental health in Washington County is 606.7 per 100,000 residents, which is lower than the Wisconsin rate of 648.0 per 100,000 residents. The hospitalization rate due to mental health is highest among Young Adults (18-39 years) at 1,106.1 per 100,000 residents and Juveniles (5-17 years) at 884.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Emergency Department Rate due to Suicide and Self-Injury

The ED rate due to suicide and self-injury in Washington County is 105.4 per 100,000 residents, which is lower than the Wisconsin rate of 131.6 per 100,000 residents. The ED rate due to suicide and self-injury is highest among the Non-Hispanic Black population at 329.6 per 100,000 residents, which is over three times the county average (shown in Exhibit 13). The highest ED rates by age group are among those Young Adults (18-39 years) at 194.1 per 100,000 residents and Juveniles (5-17 years) at 228.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Exhibit 13: Washington County Emergency Department Rate due to Suicide and Self-Injury by Race and Ethnicity 2018-2022



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

Hospitalization Rate due to Suicide and Self-Injury

In Washington County, the hospitalization rate due to suicide and self-injury is 78.8 per 100,000 residents, which is slightly lower than the Wisconsin rate of 80.2 per 100,000 residents. The hospitalization rate due to suicide and self-injury in Washington County is highest by race and ethnicity among the Non-Hispanic Black population at 290.4 per 100,000 residents, which is 3.7 times higher than the county average. The rate among Young Adults (18-39 years) is 153.3 per 100,000 residents, which is nearly twice 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 Washington County is 14.5 deaths per 100,000 residents, which is similar to Wisconsin at 14.7 deaths per 100,000 residents. In Washington County, males have the highest suicide mortality at 23.7 deaths per 100,000 residents and Middle-Aged Adults (40-64 years) at 23.1 deaths per 100,000 residents (Metopio, National Vital Statistics System-Mortality, 2016-2020).

Respiratory Disease

Adults with Current Asthma

In 2022, 6 percent of Washington County phone survey respondents reported having ever been told by a doctor, nurse or other health professional that they have asthma, and 84 percent of those respondents are currently seeing a doctor, nurse or other health professional for their condition (JKV Research, LLC. Washington County Community Health Survey, 2022).

Emergency Department Rate due to Asthma

The ED rate due to asthma in Washington County is 105.1 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 Washington County, the hospitalization rate due to asthma is 16.0 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 Washington County rate is slightly higher at 258.8 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 Washington County is 245.7 per 100,000 residents, which is lower than the Wisconsin rate of 485.5 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2018-2022).

Falls and Unintentional Injuries
The fall mortality in Washington County is 28.3 deaths per 100,000, which is higher than the Wisconsin average of 24.4 deaths per 100,000 (Metopio, National Vital Statistics System-Mortality 2016-2020).

The unintentional fall hospitalization rate in Washington County is 735.8 per 100,000 residents, which is higher than the Wisconsin average of 624.3 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 Washington County, 9.4 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 Washington County, 0.9 percent of live births are with a birth weight of less than 1,500 grams (3 pounds, 4 ounces). This is lower than 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 Washington County is 3.6 deaths per 1,000 live births, which is lower than the Wisconsin average of 6.0 deaths per 1,000 live births. The infant mortality rate is highest in Washington County among the Non-Hispanic Black population at 34.5 deaths per 1,000 live births (Metopio, National Vital Statistics System-Natality, 2016-2020).

Key findings: Maternal, Child and Reproductive Health

- The Washington County infant mortality rate is lower than the Wisconsin average, but the rate among the Non-Hispanic Black population is higher than the county average
- The Washington County sexually transmitted infection rates are lower than the Wisconsin average

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 Washington County, the STI rate is 265.5 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).

Chlamydia
Chlamydia is a common sexually transmitted disease, especially among young women ages 15-24 years. In Washington County, the prevalence of chlamydia is 177.9 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 Washington County, the gonorrhea prevalence rate is 35.7 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 Washington County, the syphilis prevalence is 5.1 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

- Almost 20 percent of Washington County residents are severely rent-burdened
- Food insecurity rates are higher among Non-Hispanic Black and Hispanic or Latino populations

Housing

Owner Occupied Housing Units
In Washington County, 77.6 percent of housing units were owner occupied, higher than Wisconsin at 67.4 percent (Metopio, American Community Survey, 2017-2021).

Severely Rent-Burdened
A total of 19.6 percent of households in Washington County are spending more than 50 percent of their income on rent and are considered to be severely rent-burdened. This is similar to Wisconsin at 19.2 percent and lower than the U.S. at 22.9 percent (Metopio, American Community Survey, 2017-2021).

Transportation

Households Without a Vehicle
A total of 3.8 percent of Washington 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 4.7 percent of Washington County residents experienced food insecurity at some point, which is lower than Wisconsin at 7.2 percent. Additionally, the highest rates in the county are among the Non-Hispanic Black population at 18.0 percent and Hispanic or Latino at 16.0 percent (Metopio, Feeding America, Map the Meal Gap, 2021).

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 Washington County, 4.6 percent of residents are living in food deserts. This is similar to Wisconsin at 4.3 percent and lower than 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 Washington County is 53.4 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 Washington County is 7.4 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 (12.4 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 four health issues identified in the Aurora Medical Center - Washington County Community Health Needs Assessment were:

- Mental Health, Mental Conditions, Suicide
- Alcohol and Substance Use
- Economic Stability and Employment
- Nutrition, Physical Activity and Obesity

The top health issues identified were presented to the Aurora Medical Center – Washington 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 - Washington 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 coverage and health care utilization is a top concern in Washington County. One in ten Washington County phone survey respondents reported an unmet care need in the past year. Additionally, the Washington County Primary Care Provider and Mental Health Provider rates are both lower than the Wisconsin averages.

Behavioral Health: Mental Health and Substance Use
Mental health and substance use continues to be a top concern in Washington County. Rates of substance use, hospitalization, and mortality continue to increase over time and stakeholders have indicated a need for more education to reduce stigma and resources available to individuals in the county.

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 Needs Not Selected

Physical Activity and Obesity
Physical activity and obesity were not because one of the aims of prioritizing social drivers of health is to address the health risk factors and behaviors that put people at greater risk for conditions including obesity such as food security.

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: Washington County - Community Health Phone Survey Summary

Washington 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 Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington Ozaukee County Public Health Department.

	Washington					WI	US
Overall Health	2011	2014	2016	2019	2022	*2020*	*2020*
Excellent/Very Good	51%	62%	58%	52%	46%	*57%*	*57%*
Good	29%	27%	27%	34%	34%	*30%*	*30%*
Fair or Poor	19%	12%	16%	15%	19%	*13%*	*13%*
Health Care Coverage	Washington					WI	US
Not Covered	2011	2014	2016	2019	2022	*2020*	*2020*
Personally (Currently, 18 Years Old and Older)	10%	5%	5%	6%	<1%	*8%*	*11%*
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	12%	6%	5%	7%	<1%	*9%*	*13%*
Household Member (Past Year)	12%	10%	9%	11%	4%	*NA*	*NA*
Did Not Receive Care Needed in Past Year	Washington					WI	US
Unmet Need/Care in Household	2011	2014	2016	2019	2022	*2020*	*2017*
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	14%	7%	17%	7%	6%	*NA*	*3%*
Medical Care [HP2030 Goal: 3%]*	12%	10%	15%	7%	10%	*NA*	*4%*
Dental Care [HP2030 Goal: 4%]*	19%	9%	15%	12%	10%	*NA*	*5%*
Unmet Need/Care (Respondent Only)							
Mental Health Care Services**	1%	2%	3%	6%	9%	*NA*	*NA*
Alcohol/Substance Abuse Treatment	--	--	--	--	<1%	*NA*	*NA*
	Washington					WI	US
Economic Hardships	2011	2014	2016	2019	2022	*2020*	*2020*
Household Went Hungry (Past Year)	--	--	5%	4%	<1%	*NA*	*NA*
Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)	--	--	--	--	5%	*NA*	*NA*
Issue with Current Housing Situation	--	--	--	--	3%	*NA*	*NA*
Health Information	Washington					WI	US
Primary Source of Health Information	2011	2014	2016	2019	2022	*2020*	*2020*
Doctor or Other Health Professional	50%	49%	53%	49%	70%	*NA*	*NA*
Myself/Family Member in Health Care Field	5%	5%	11%	11%	12%	*NA*	*NA*
Internet	27%	32%	25%	32%	11%	*NA*	*NA*
	Washington					WI	US
Health Services	2011	2014	2016	2019	2022	*2020*	*2020*
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	91%	87%	92%	*83%*	*77%*
Primary Health Services							
Doctor/Nurse Practitioner's Office	81%	84%	84%	74%	58%	*NA*	*NA*
Urgent Care Center	1%	4%	4%	9%	23%	*NA*	*NA*
Quickcare Clinic/Fastcare Clinic	--	--	2%	3%	8%	*NA*	*NA*
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	3%	*NA*	*NA*
Worksite Clinic	--	--	3%	<1%	1%	*NA*	*NA*
Public Health Clinic/Community Health Center	10%	4%	4%	2%	<1%	*NA*	*NA*
Hospital Emergency Room	<1%	2%	2%	4%	<1%	*NA*	*NA*
Hospital Outpatient Department	1%	2%	0%	0%	<1%	*NA*	*NA*
No Usual Place	6%	3%	<1%	7%	6%	*NA*	*NA*

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

	Washington					WI	US
Top Health Conditions or Behaviors Family Faces	2011	2014	2016	2019	2022	2020	2020
Chronic Diseases	--	--	--	--	48%	NA	NA
Mental Health, Mental Conditions and Suicide	--	--	--	--	14%	NA	NA
Chronic Pain, Bad Back, Knee Replacement and Arthritis	--	--	--	--	6%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	5%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	5%	NA	NA
Aging Population	--	--	--	--	4%	NA	NA
Unintentional Injury, Including Falls and Motor Vehicle Accidents	--	--	--	--	4%	NA	NA

	Washington					WI	US
Health Conditions in Past 3 Years	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	28%	27%	26%	24%	35%	NA	NA
High Blood Cholesterol	21%	23%	21%	21%	23%	NA	NA
Mental Health Condition	8%	18%	16%	21%	20%	NA	NA
Heart Disease/Condition	8%	6%	8%	11%	11%	NA	NA
Diabetes	9%	7%	13%	10%	11%	NA	NA
Asthma (Current)	8%	10%	9%	10%	6%	10%	10%

	Washington					WI	US
Regularly Seeing Doctor/Nurse/Other Health Care Provider	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	--	--	--	--	96%	NA	NA
High Blood Cholesterol	--	--	--	--	91%	NA	NA
Mental Health Condition	--	--	--	--	80%	NA	NA
Heart Disease/Condition	--	--	--	--	96%	NA	NA
Diabetes	--	--	--	--	100%	NA	NA
Asthma (Current)	--	--	--	--	84%	NA	NA

Body Weight	Washington					WI	US
Overweight Status	2011	2014	2016	2019	2022	2020	2020
Overweight (BMI 25.0+)	70%	67%	69%	69%	68%	68%	67%
Obese (BMI 30.0+) [HP2030 Goal: 36%]	32%	31%	36%	36%	35%	32%	32%

	Washington					WI	US
Tobacco Product Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Current Smokers [HP2030 Goal: 5%]	17%	20%	18%	16%	15%	16%	16%
Current Vapers	--	5%	8%	9%	11%	4%[1]	4%
Cigars, Cigarillos or Little Cigars Use	--	4%	6%	4%	3%	NA	NA
Smokeless Tobacco Use	--	8%	5%	7%	3%	4%	4%

Exposure to Smoke	Washington					WI[2]	US
Smoking Policy at Home	2011	2014	2016	2019	2022	14-15	14-15
Not Allowed Anywhere [HP2030 Goal: 93%]	80%	83%	83%	90%	89%	84%	87%
Allowed in Some Places/At Some Times	7%	5%	9%	5%	1%	NA	NA
Allowed Anywhere	2%	2%	<1%	<1%	<1%	NA	NA
No Rules Inside Home	12%	10%	7%	5%	9%	NA	NA

	Washington					WI	US
Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Delta-8	--	--	--	--	4%	NA	NA

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

	Washington					WI	US
Alcohol Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Heavy Drinker*	--	--	--	--	11%	*10%*	*7%*
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	33%	39%	34%	39%	27%	*23%*	*16%*

	Washington					WI	US
Mental Health Status	2011	2014	2016	2019	2022	2020	2020
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	3%	6%	5%	4%	6%	*NA*	*NA*
Considered Suicide (Past Year)	2%	4%	3%	8%	7%	*NA*	*NA*
Find Meaning & Purpose in Daily Life Seldom/Never	3%	2%	7%	6%	3%	*NA*	*NA*

	Washington					WI	US
Children in Household	2011	2014	2016	2019	2022	2020	2020
Personal Health Care Provider Who Knows Child Well and Familiar with History	84%	99%	99%	90%	99%	*NA*	*NA*
Visited Personal Health Care Provider for Preventive Care (Past Year)	82%	91%	91%	84%	88%	*NA*	*NA*
Unmet Dental Care (Past Year)	7%	9%	5%	0%	3%	*NA*	*NA*
Mental Health Condition	--	--	--	--	13%	*NA*	*NA*
Overweight or Obese	--	--	--	--	2%	*NA*	*NA*
Asthma	6%	4%	10%	4%	6%	*NA*	*NA*
Diabetes	--	--	--	--	0%	*NA*	*NA*
Children 5 to 17 Years Old							
Safety in Community Seldom/Never	0%	0%	2%	3%	0%	*NA*	*NA*
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)***	3%	2%	4%	6%	8%	*NA*	*NA*
Experienced Some Form of Bullying (Past Year)***	19%	32%	33%	19%	13%	*NA*	*NA*
Verbally Bullied***	18%	30%	30%	19%	11%	*NA*	*NA*
Physically Bullied***	9%	13%	3%	4%	6%	*NA*	*NA*
Cyber Bullied***	6%	0%	5%	9%	5%	*NA*	*NA*

	Washington					WI	US
Top County Social or Economic Issues	2011	2014	2016	2019	2022	2020	2020
Economic Stability and Employment	--	--	--	--	14%	*NA*	*NA*
Food Insecurity	--	--	--	--	14%	*NA*	*NA*
Education Access and Quality	--	--	--	--	13%	*NA*	*NA*
Safe and Affordable Housing	--	--	--	--	11%	*NA*	*NA*
Accessible and Affordable Transportation	--	--	--	--	11%	*NA*	*NA*
Social Connectedness and Belonging	--	--	--	--	10%	*NA*	*NA*
Accessible and Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Community Violence and Crime	--	--	--	--	8%	*NA*	*NA*
Inflation	--	--	--	--	4%	*NA*	*NA*
Racism and Discrimination	--	--	--	--	4%	*NA*	*NA*

	Washington					WI	US
Top County Health or Behavioral Issues	2011	2014	2016	2019	2022	2020	2020
Mental Health, Mental Conditions and Suicide	--	--	--	--	34%	*NA*	*NA*
Alcohol Abuse and Drug/Substance Use	--	--	--	--	26%	*NA*	*NA*
Nutrition, Physical Activity and Obesity	--	--	--	--	21%	*NA*	*NA*
Access to Affordable Health Care	--	--	--	--	8%	*NA*	*NA*
Tobacco and Vaping Products	--	--	--	--	7%	*NA*	*NA*
Communicable Diseases or COVID-19	--	--	--	--	6%	*NA*	*NA*
Chronic Diseases	--	--	--	--	5%	*NA*	*NA*

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

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

**Binge drinking is defined as "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males.

***Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

General Health
In 2022, 46% of respondents reported their health as excellent or very good; 19% reported fair or poor. Respondents who were male, 45 to 54 years old, 65 and older, with a high school education or less or overweight respondents were more likely to report fair or poor health. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage
In 2022, less than one percent of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the middle 20 percent household income bracket or without children in the household were more likely to report this. *From 2011 to 2022, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year, as well as from 2019 to 2022.*

In 2022, 6% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were unmarried or with children in the household were more likely to report this. Ten percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the top 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old or with some post high school education were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking. *From 2011 to 2022, 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 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year, as well as from 2019 to 2022. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.*

Economic Hardships
In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Three percent of respondents reported they had an issue with their current housing situation. *From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.*

Health Information
In 2022, 70% of respondents reported they trust a doctor or other health professional the most for health information while 12% reported they were/family member was in the health care field. Eleven percent reported the Internet as their most trusted source for health information. Respondents who were 55 and older, in the bottom 40 percent household income bracket or married were more likely to report doctor or other health professional. Respondents 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, with a high school education or less or in the middle 20 percent household income bracket were more likely to report the Internet. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.*

Health Services

In 2022, 92% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Fifty-eight percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 23% reported an urgent care center. Eight percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older, in the top 40 percent household income bracket or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents who were female, 18 to 34 years old or unmarried were more likely to report an urgent care center as their primary health care. Respondents 18 to 34 years old, with a college education or in the middle 20 percent household income bracket were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician while from 2019 to 2022, there was a statistical increase. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.*

Top Health Conditions or Behaviors Family Faces

In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (48%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior; married respondents were more likely to report this. Five percent of respondents reported communicable diseases or COVID-19; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Four percent of respondents reported aging population as a top health condition or behavior; respondents without children in the household were more likely to report this. Four percent of respondents reported unintentional injury, including falls and motor vehicle accidents; married respondents were more likely to report this.

Health Conditions

In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (35%), high blood cholesterol (23%) or a mental health condition (20%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Eleven percent of respondents reported diabetes; respondents who were male, 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported current asthma; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease condition, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change.*

Body Weight

In 2022, 68% of respondents were classified as at least overweight while 35% were obese. Respondents 45 to 54 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to be at least overweight. Respondents

with a high school education or less were more likely to be obese. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight or obese, as well as from 2019 to 2022.*

Tobacco Product Use

In 2022, 15% of respondents were current tobacco cigarette smokers; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Eleven percent of respondents used electronic vapor products in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents each used cigars/cigarillos/little cigars or smokeless tobacco in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical increase in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2019 to 2022.*

In 2022, 89% of respondents reported smoking is not allowed anywhere inside the home. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use

In 2022, 4% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were male, 18 to 34 years old, with a college education or married respondents were more likely to report they used Delta-8 in the past month.

Alcohol Use

In 2022, 82% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 27% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to have binged in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

Mental Health Status

In 2022, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, 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 2019 to 2022, there was a statistical decrease.*

Children in Household

In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-nine percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 88% reporting the child visited their personal health care provider for preventive care during the past year. Three percent of respondents reported in the past year the child did not receive the dental care needed. Thirteen percent of respondents reported the child had a diagnosed mental health condition. Two percent of respondents reported the child was overweight or obese. Six percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Eight percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Thirteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying, 6% reported physical bullying and 5% reported cyber bullying. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child had a personal health care*

provider, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community or was always or nearly always unhappy/sad /depressed in the past six months, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall as well as verbally bullied, physically bullied or cyber bullied, as well as from 2019 to 2022.

Top County Social or Economic Issues

In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (14%), food insecurity (14%) or education access and quality (13%). Respondents 35 to 44 years old, 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report economic stability and employment as a top social or economic issue. Respondents with a high school education or less, with a college education or married respondents were more likely to report food insecurity. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or married were more likely to report education access and quality as a top issue. Eleven percent of respondents reported safe and affordable housing; respondents who were female, in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported accessible and affordable transportation as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported social connectedness and belonging; respondents who were male, 35 to 44 years old, with some post high school education or unmarried respondents were more likely to report this. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were 55 to 64 years old or married were more likely to report this. Eight percent of respondents reported community violence and crime; respondents 55 to 64 years old were more likely to report this. Four percent of respondents reported inflation; respondents who were male, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Four percent of respondents reported racism and discrimination as a top issue; respondents 55 and older were more likely to report this.

Top County Health Conditions or Behaviors

In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (34%) or alcohol abuse and drug/substance use (26%). Respondents who were female, 18 to 64 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents with a college education or unmarried respondents were more likely to report alcohol abuse and drug/substance use. Twenty-one percent of respondents reported nutrition, physical activity and obesity; respondents 18 to 34 years old, with a high school education or less, with a college education or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue; male respondents were more likely to report this. Seven percent of respondents reported tobacco and vaping products; respondents who were female, 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents 55 and older or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents reported chronic diseases; respondents 65 and older were more likely to report this.

Appendix 2: Community Health Online Survey Frequencies

2022 Washington County
Online Community Health Survey
Frequencies Report

Methodology
To supplement the Community Health Survey phone survey, an online survey was created by partners: Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington Ozaukee Public Health Department.

An English and Spanish version were entered in to Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the counties. A total of 178 online surveys were completed between July 20 and November 20, 2022. Post-stratification was conducted at the age-group level by sex of the 2019 characteristics of the American Community Survey. The margin of error is ±7 percent. The margin of error for smaller subgroups will be larger than ±7 percent, since fewer respondents are in that category.

The survey was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com. For further information about the survey, contact the Washington Ozaukee Public Health Division at (262) 335-4462.

1. Do you live in Washington or Ozaukee County?

Yes-Washington County	100%
Yes-Ozaukee County	0
No	0

2. Do you work in Washington or Ozaukee County?

Yes	68%
No	32

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

		Yes	No	Not Sure
a.	I have a health care provider where I regularly go for check-ups and when I am sick	96%	4%	0%
b.	I can get an appointment for my health needs quickly	80	15	5
c.	I can easily get to my health care provider or clinic	97	2	1
d.	I am heard, seen and listened to when receiving health care	95	2	3
e.	I am treated differently because of my race or ethnicity when receiving health care	7	86	8
f.	I am treated differently because of my gender when receiving health care	5	86	10
g.	I am treated differently because of my sexual orientation when receiving health care	0	94	6
h.	My family/support people are seen and listened to when I receive health care	90	3	6
i.	I am seen and listened to when my child/children are receiving health care	95	5	0

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

Yes ..... 4% → CONTINUE WITH Q5
No ..... 95 → GO TO Q8
Not sure ..... 1 → GO TO Q8

5. What resource(s) did you seek? (open-ended) [7 Respondents: Multiple Responses Accepted]

Food Assistance/Pantry/Salvation Army/St. Vincent DePaul .....2 respondents
Health Care/Badger Care/Medicaid/Pink Heals/The Crossing/Planned Parenthood .....1 respondent
Aging and Disability Resource Center.....1 respondent
Mental Health or AODA Services/Painting Pathway/CCS .....1 respondent
Human Services/WIC .....1 respondent
Other .....1 respondent

6. How supported did you feel by [Resource] offered to you? Would you say… [7 Respondents Listing 7 Resources]

Not at all supported.....1 respondent
Slightly supported .....0 respondents
Somewhat supported.....2 respondents
Very supported.....1 respondent
Extremely supported .....3 respondents
Not sure.....0 respondents

7. What is the reason or reasons you answered the way you did? [2 Respondents Listing 2 Resources]

Lack of knowledge of where to go	2 respondents
Finances	1 respondent
Stigma related to needing help/disapproval	1 respondent
Poor quality of care	0 respondents
Inconvenient hours	0 respondents
Other, please specify	2 respondents

- Not enough staff. Not able to send a counselor to house. Ended up going to Rodgers.
- Was referred out of county.

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

Yes	4%	→CONTINUE WITH Q9
No	95	→GO TO Q10
Not sure	1	→GO TO Q10

9. What relationship is this person or people to you? Please remember, all your responses are strictly confidential. [7 Respondents: Multiple Responses Accepted]

Spouse	1 respondent
Ex-spouse	1 respondent
Coworker	1 respondent
Stranger	1 respondent
Acquaintance	1 respondent
Separated spouse	0 respondents
Boyfriend or girlfriend	0 respondents
Parent	0 respondents
Brother or sister	0 respondents
Friend	0 respondents
Child	0 respondents
Someone else	3 respondents
Not sure	0 respondents

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

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

		Yes	No	Not Sure
a.	There are quality health care services in my community	94%	2%	5%
b.	There are affordable health care services in my community	63	13	24
c.	Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc	66	5	29
d.	There are enough well-paying jobs available for those who are over 18 years old	52	22	26
e.	There are enough jobs available for those who are under 18 years old	73	5	22
f.	There are job trainings or employment resources for those who need them	49	4	47
g.	There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	31	5	64
h.	Childcare (daycare/pre-school) resources are affordable and available for those who need them	16	37	47
i.	The K-12 schools in my community are well funded and provide good quality education	55	18	26
j.	Our local university/community college provides quality education at an affordable cost	56	10	34
k.	There are affordable places to live in my community	52	22	26
l.	Streets in my community are typically clean and buildings are well maintained	86	11	3
m.	Public transportation is easy to use if I need it	23	52	25

11. In the past 30 days, did you use…

		Yes	No	Not Sure
a.	Marijuana	8%	92%	0%
b.	Cocaine, meth or other street drugs	0	100	0
c.	Heroin or other opioids	0	100	0

12. Have you ever been tested for sexually transmitted infections, including HIV, the virus that causes AIDS? Do not count tests done if you donated blood.

Yes 24%
No 76
Not sure 0

13. Have you ever been treated for sexually transmitted infections, including HIV, the virus that causes AIDS?

Yes 5%
No 95
Not sure 0

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

Safe and affordable housing	22%
Affordable and accessible childcare	21
Accessible and affordable health care (medical, dental, mental health)	20
Community violence and crime	19
Racism and discrimination	16
Economic stability and employment	15
Education access and quality	12
Social connectedness and belonging	10
Environmental health (clean air, safe water, etc)	9
Accessible and affordable transportation	9
Quality of health care	4
Food insecurity	4
Family support	3
Access to social services	2
Not sure	10
Do not want to answer	2
Other, please specify	6

- Affordable local indoor walking area.
- Affordable senior care facility.
- Extreme conservatism in Washington County is out of control which leads to adult bullying and intimidation. Adults need to grow up.
- Help for drug addicts.
- Illegal drug use.
- In-patient mental health care.
- Local jobs that pay comfortable and livable wages.
- Lower our fuel prices so they are in line with surrounding counties, not 30-40 cents more expensive. It drives Washington County residents crazy. Also, preserve our local small Ag and keep investing in road improvements and maintenance.
- Nursing facilities for seniors and access to reproductive care including abortions.
- They need to stop the boosters of a new technology, experimental, untested so-called vaccination for a virus that has mutated to a mild version of its original self.
- Transportation to Rehabs for elderly - too far for a lot of people to drive.
- Washington County is so incredibly political. The deep conservative values are so strong and wrong. The county is NOT open and welcome to come together for the best interest of everyone. It is their way or you are wrong. There is too much hate in this county and adults need to start acting like adults. Our elected officials need to start embracing all residents, not just those with the same beliefs as them. I was happy living here until the last 2-3 years. Long time resident too.
- Women's Healthcare.

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

Mental health, mental conditions and suicide	59%
Alcohol and substance use	54
Nutrition, physical activity and obesity	29
Communicable diseases or Covid-19	10
Chronic diseases	9
Tobacco and vaping products	7
Reproductive and sexual health	4
Maternal, infant, and child health	4
Intimate partner and domestic violence	3
Unintentional injury, including falls and motor vehicle accidents	3
Oral health	0
Not sure	7
Do not want to answer	<1
Other, please specify	1

- Affordable eldercare.
- They must stop pushing the new technology, experimental, untested so-called vaccination for a virus that has mutated to a mild version of its original self. And discontinue the ineffective masks.

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

16. In what zip code do you live? Please enter your five-digit zip code.

53095	25%
53090	15
53027	13
53022	9
53086	7
53040	7
53037	4
53033	3
Other (2% or less)	5
No answer	14

17. What is your age?

18-34	19%
35-44	15
45-54	16
55-64	20
65 and Older	21
No answer	8

18. What is your gender? Which gender identity do you most identify with?

Male	34%
Female	58
Transgender Male	0
Transgender Female	0
Non-binary	0
Or, if you feel comfortable doing so, please list another gender identity you most identify with	0
No answer	9

19. Are you Hispanic or Latino?

Yes	<1%
No	91
No answer	9

20. What is your race?

White	90%
Black, African American	<1
Asian	0
Native Hawaiian or Other Pacific Islander	0
American Indian or Alaska Native	0
Another race (please specify)	0
Multiple races	<1
No answer	10

21. Which of the following best describes your highest level of education completed?

8th grade or less	0%
Some high school	0
High school graduate or GED	7
Some college	11
Technical school graduate	13
College graduate	41
Master's degree or higher	19
No answer	9

22. What is your annual household income before taxes?

Less than $10,000	0%
$10,000 to $20,000	0
$20,001 to $30,000	2
$30,001 to $40,000	2
$40,001 to $50,000	5
$50,001 to $60,000	5
$60,001 to $75,000	9
$75,001 to $90,000	12
$90,001 to $105,000	7
$105,001 to $120,000	15
$120,001 to $135,000	6
Over $135,000	20
Not sure	7
No answer	11

23. How many total adults, including yourself, live in your household?

One	7%
Two	69
Three	12
Four	2
Five	1
Six	0
Seven	0
Eight	0
Nine	0
Ten or more	0
No answer	9

24. Who currently lives in your household, besides yourself?

Spouse/Partner	75%
Parent(s)/In-law(s)	1
Grandparent(s)	<1
Child(ren) Under 18	32
Child(ren) 18 or Older	12
Friend/Roommate(s)	<1
Sibling(s)	0
Extended Family Member(s) Not Listed Above	0
Other (please specify)	0
No answer	9

25. What is your living situation today?

I have a steady place to live	90%
I have a place to live today, but I am worried about losing it in the future	1
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	0
No answer	9

26. Did someone help you complete this survey today?

Yes	0%
No	100

Appendix 3: 2022 Stakeholder Interview List

Organization	Position	Name
4C Family Center of Washington County	Site Manager	Kathy Bruni
ADRC of Washington County	Director, ADRC	Tammy Anderson
Albrecht Free Clinic	Executive Director and Clinical Supervisor/Nurse	Ruth Henkle and Alissa Mosal
Boys and Girls Clubs of Washington County	Director of Operations & Executive Director	Maxwell Roy & Jay Fisher
Casa Guadalupe	Executive Director	Noelle Braun
Elevate	Executive Director	Mary Simon
Germantown School District	District School Nurse	Tammy Mamavek
Interfaith Caregivers of Washington County	Executive Director	Janean Brudvig
Kettle Moraine YMCA	Branch Director for Rivershore and West Washington	Ashley Reynolds
Kewaskum School District	Superintendent	Mark Bazata
Marine Park Technical College	Dean	Peter Rettler
NAMI Washington County	Executive Director	Lisa Krenke
Senior Center Activities	Executive Director & Grant Writer	Paula Hader and Lisa Kitzke
Threshold Incorporated	Executive Hoffman	Mike Hoffman
United Way of Washington County	CEO	Kristin Brandner
UW Madison-Extension	Human Development and Relationships Educator	Carol Bralich
Washington County	County Executive	Josh Shoemann
Washington County Economic Development Corp.	Executive Director	Christian Tscheschlok
Washington County Health and Human Services	Chief Health and Human Services Officer	Julie Driscoll
Washington County Sheriff's Office	Sheriff	Martin R. Schulteis
Washington Ozaukee Public Health Department	Director/Health Officer	Kim Buechler
Washington Ozaukee Waukesha Workforce Development Board	Board Director	Laura Catherman
West Bend School District	West Bend Superintendent	Jennifer Wimmer

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 Aurora Health Care. 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