2024
Community Health Needs Assessment Report



Aurora Medical Center – Mount Pleasant

13250 Washington Avenue
Mount Pleasant, WI 53177

Aurora Health Care®

I. Executive Summary

Aurora Medical Center – Mount Pleasant (Aurora Mount Pleasant) completed a comprehensive Community Health Needs Assessment (CHNA) process in 2024. This CHNA report describes the assessment process and includes demographic, socioeconomic and health status data along with the key findings regarding the health of Racine County residents. For the purposes of this report, Aurora Mount Pleasant defines the community as Racine County. Data collected included primary and secondary, quantitative and qualitative data. The goal of this report is to obtain a comprehensive overview of the health and social needs of the Racine County residents.

Demographic data shows that the Racine County population is 70.2 percent Non-Hispanic White, 14.5 percent Hispanic or Latino, 10.7 percent Non-Hispanic Black, 3.1 percent Two or more races, 1.3 percent Asian, 0.2 percent Native American and 0.1 percent Pacific Islander/Native Hawaiian. Racine County residents are 50.3 percent female and 49.7 percent male. The median age is 40.2 years and the median household income in Racine County is $66,622.

As part of the CHNA process, Community Heath teammates presented extensive community data to the Aurora Eastern Racine/Kenosha Steering Council, which is comprised of hospital staff and community representatives. The Steering Council provided oversight of the 2024 CHNA process through a series of meetings by reviewing and analyzing data. The top nine health issues identified in the Aurora Mount Pleasant CHNA were:

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

The Steering Council prioritized the significant health needs using criteria including severity of the health issues, effectiveness of available interventions, available resources and ability to effectively address or impact health issues through collaboration. Council members selected the top three health issues of food insecurity, mental health, suicide and self-injury and chronic diseases as the priority needs to address in 2025-2027.

To ensure the hospital develops an effective 2025-2027 Community Health Implementation Strategy, the community health department will collaborate with the steering council and additional community partners to create strategies that address the priority health needs identified. Goals, objectives and metrics will be created for each strategy and outcomes will be monitored to track community impact and program effectiveness.

The 2024 CHNA was presented to the Aurora Health Care Metro Board, the authorizing body of the hospital. The board approved the report on December 16, 2024.

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

A. Aurora Health Care

Aurora Health Care is the largest health 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 18 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 more than $6 billion in annual community benefit.

B. Aurora Medical Center - Mount Pleasant

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

III. 2024 Community Health Needs Assessment

C. Community Definition

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

1. Population

The Racine County population is 197,068 residents, a slight decline from the previous year (Metopio, American Community Survey, 2018-2022). Racine County is a metropolitan area connected to the city of Racine and contains neighborhoods that have experienced historic disinvestment. Racine County is considered to be less healthy than the average county in Wisconsin for Health Outcomes and has high disparities for certain populations (County Health Rankings & Roadmaps, 2024).

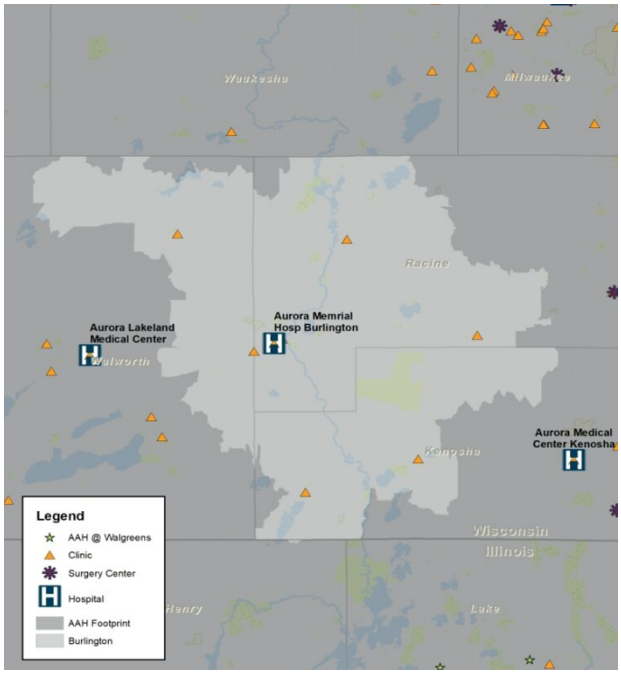


Exhibit 1: Aurora Medical Center - Mount Pleasant

Source: Aurora Health Care Business Development, 2024

Key findings: Community Definition

- The median age of Racine County is 40.2 years old, with the largest population being those ages 40-64 years at 33.1 percent.
- Racine County median household income is $66,622. Non-Hispanic White households have the highest median household income in the county at $73,693 and Non-Hispanic Black households have the lowest median household income at $38,014.
- Racine County has 11.3 percent of residents in families that are living below the federal poverty level, which is higher than the Wisconsin rate of 10.7 percent.

2. Social Determinants 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. Below is a description of three important indices found in Metopio, that analyze social factors. Indices are useful measures that combine multiple indicators to make comparisons within a community to better target interventions.

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.

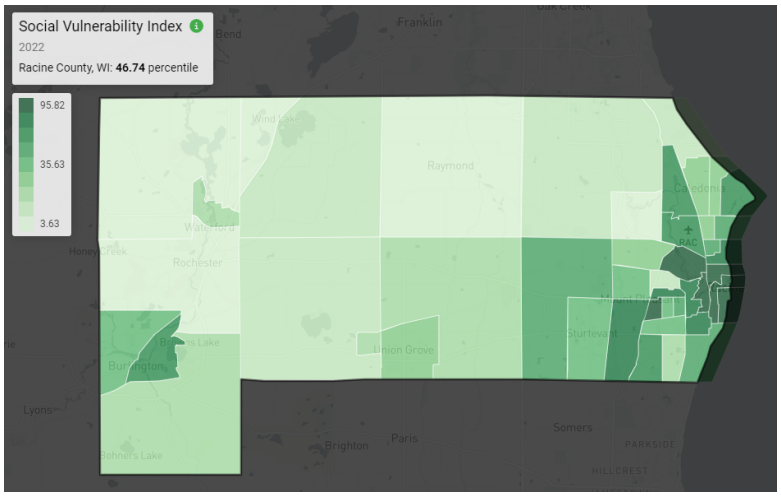


Exhibit 2: Racine County Social Vulnerability Index Map 2022

Source: Metopio, American Community Survey, 2024

Racine County has a social vulnerability index rating of 46.7, which is higher than the rating of Wisconsin (29.0). Additionally, certain regions of the county have a higher SVI as shown in Exhibit 2 highlighting areas in the community that have disparities in social factors such as income and available resources (Metopio, Centers for Disease Control and Prevention, 2022).

Hardship Index

The Hardship Index incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. Higher values indicate greater hardship and correlate higher with poor health outcomes.

Racine County has a hardship index of 40.9, which is higher than the score for Wisconsin of 35.7. Similar to the SVI map above, Exhibit 3 shows areas in the community with disparities in hardship, represented by the darker shades on the map (Metopio, American Community Survey, 2018-2022).

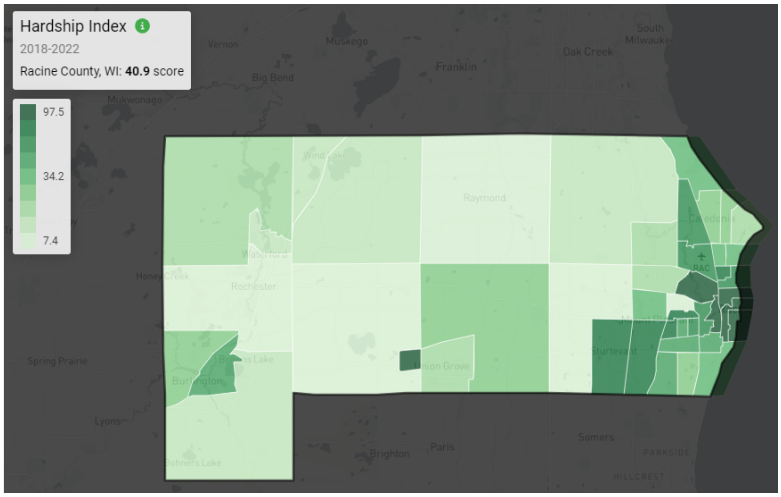


Exhibit 3: Racine County Hardship Index Map 2018-2022
Source: Metopio, American Community Survey, 2024

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 lack of jobs that can support basic necessities and increases in the basic cost of living.

In Racine County, 35.1 percent of households are below the ALICE threshold, which is about the same as Wisconsin at 35.0 percent. Exhibit 4 shows that certain areas in the community, represented in darker shades on the map, have higher rates of ALICE households (Metopio, United Way, ALICE Data, 2022).

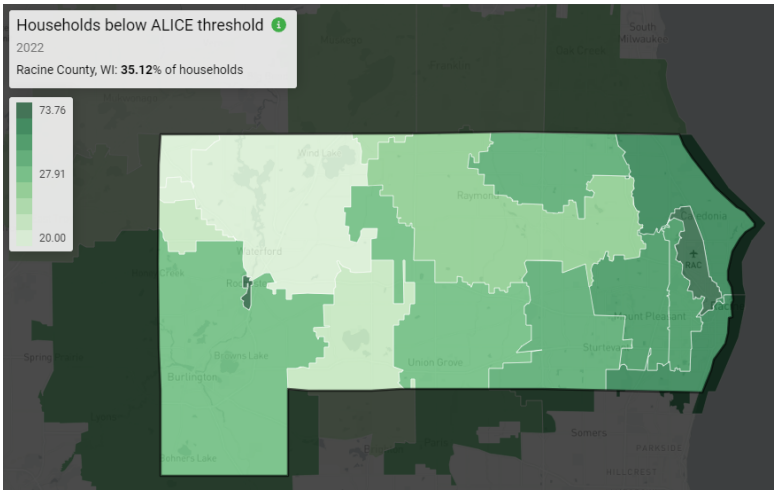


Exhibit 4: Racine County ALICE Map 2022
Source: Metopio, United Way ALICE Data, 2024

3. Demographics

Age and Gender

The median age in Racine County is 40.2 years old. The county is comprised of 50.3 percent female and 49.7 percent male. The largest

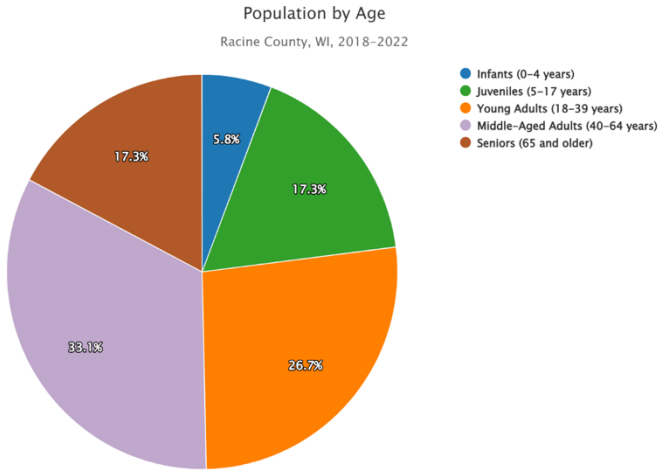


Exhibit 5: Racine County Population by Age 2018-2022
Source: Metopio, American Community Survey, 2024

population in Racine County are those ages 40-64 years at 33.1 percent as shown in Exhibit 5 (Metopio, American Community Survey, 2018-2022).

Race and Ethnicity

Racine County is comprised of 70.2 percent Non-Hispanic White, 14.5 percent Hispanic or Latino, 10.7 percent Non-Hispanic Black, 3.1 percent Two or more races, 1.3 percent Asian, 0.2 percent Native American and 0.1 percent Pacific Islander/Native Hawaiian as shown in Exhibit 6 (Metopio, American Community Survey, 2018-2022).

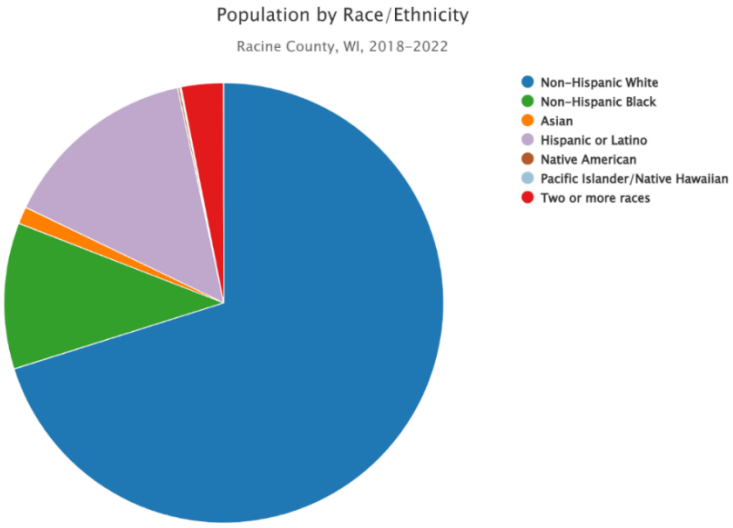


Exhibit 6: Racine County Population by Race and Ethnicity 2018-2022
Source: Metopio, American Community Survey, 2024

A total of 7.6 percent of Racine County households have Spanish as their primary language at home. A total of 0.9 percent of households in Racine County have Asian languages like Chinese, Japanese, and Tagalog as the primary spoken language (Metopio, American Community Survey, 2018-2022).

Household/Family

In Racine County, 7.9 percent of households are single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 30.2 percent of Racine County seniors (age 65 and older) are living alone (Metopio, American Community Survey, 2018-2022).

4. Economics

Income

The median household income in Racine County is $66,622, which is similar to the Wisconsin median household income of $66,438. The highest median household income in Racine County is among the Non-Hispanic White population ($73,693). The lowest median household income is among the Non-Hispanic Black population ($38,014) as shown in Exhibit 7 (Metopio, American Community Survey, 2018-2022).

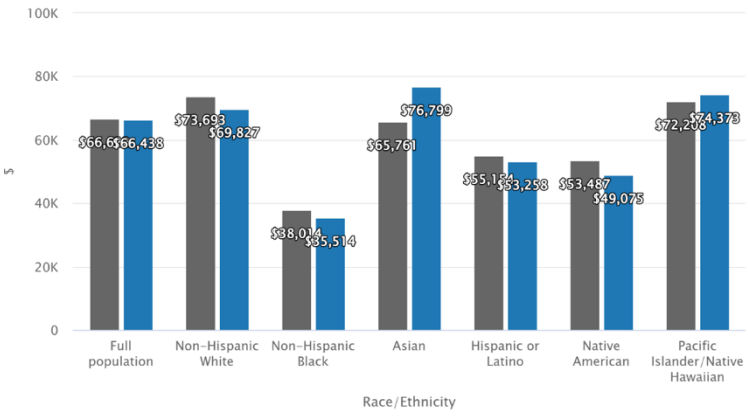


Exhibit 7: Racine County Median Household Income by Race and Ethnicity 2018-2022
Source: Metopio, American Community Survey, 2024

In Racine County, there are 11.3 percent of residents in families that are living below the federal poverty level, which is higher than the Wisconsin rate of 10.7 percent. The Racine County breakdown of poverty by age is Infants (0-4 years) at 19.1 percent, Juveniles (5-17 years) at 14.9 percent, Young Adults (18-39 years) at 12.5 percent, Middle-Aged Adults (40-64 years) at 8.4 percent and Seniors

(65 and older) at 7.7 percent. The highest rate of poverty in Racine County by race and ethnicity is the Non-Hispanic Black population at 26.8 percent (Metopio, American Community Survey, 2018-2022).

Employment

The unemployment rate among Racine County residents that are 16 years of age and older is 4.7 percent, which is higher than the Wisconsin rate at 3.4 percent. The breakdown of unemployment by race and ethnicity in Racine County is 8.4 percent for Non-Hispanic Black, 7.4 percent for Asian, 4.1 percent for Hispanic or Latino, 3.8 percent for Non-Hispanic White and 3.1 percent for Native American (Metopio, American Community Survey, 2018-2022).

5. **Education**

Educational Level

Racine County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county. Educational attainment is one of the social drivers of health. Higher levels of education correlate with better health outcomes. The percentage of individuals in Racine County with a high school degree or higher is 91.2 percent, which is lower than the Wisconsin rate of 93.1 percent.

In Racine County, 28.0 percent of residents 25 or older have a four-year college degree or higher, which is lower than Wisconsin at 32.0 percent (Metopio, American Community Survey, 2018-2022).

6. **Health Care Resources in the Defined Community**

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

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

B. How the CHNA was Conducted

1. **Process and Partnership**

Every three years, Aurora Health Care, Ascension Wisconsin, City of Racine Public Health Department and Racine County Public Health Department conduct a collaborative Community Health Needs Assessment (CHNA) in Racine County. The CHNA serves as the foundation from which the hospitals and local health departments develop their respective community health improvement strategies. These findings are also intended to inform a broader audience – community health centers, government health agencies, public health departments, philanthropists, community-based organizations, and civic leaders - about the top health issues facing our community.

Aurora Health Care Community Health teammates presented extensive data to the Aurora Eastern Racine/Kenosha County Steering Council over two meetings from April through September 2024. Indicators presented included demographic, economic, education, employment, social drivers of health,

and health status and behaviors. In the September 2024 Steering Council meeting, members selected the top three health priorities for the 2025-2027 implementation plan – food insecurity, mental health, suicide and self-injury and chronic diseases. The 2024 CHNA was presented to the Aurora Health Care Metro Board, the authorizing body of the hospital. The board approved the report on December 16, 2024.

2. Data Collection and Analysis

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

- Community Health Survey (primary data): 500 phone surveys conducted from February 5 – March 16, 2024, and 118 online surveys conducted from January 29 – April 16, 2024, where Racine County residents completed 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.
- Key Informant Interviews (primary data): 18 key informant interviews were conducted with community leaders to identify the top social drivers of health and health conditions/behaviors in the community.
- Aurora Health Care Teammate Survey (primary data): 100 teammates who work at an Aurora Health Care site in Racine County completed an online survey from May 6-31, 2024, identifying the top health issues and social factors impacting the patients they serve.
- 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.metopio.io). All data collected through Metopio was quantitative and included data comparisons between County, Wisconsin State and United States data.

3. Data Sources

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

C. Summary of CHNA Findings

1. Overall Health Status

Overall, Racine County's health outcomes are worse than the average county in Wisconsin but better than the average county in the nation (County Health Rankings & Roadmaps, Racine County, WI, 2024).

Vast disparities exist between different populations in nearly every social and health issue, particularly for Black, Indigenous and People of Color (BIPOC) populations, due to barriers within the community. Health inequities are defined as differences in health that are avoidable, systematic, measurable and unjust (AMA, 2021). Racism, both structural and interpersonal, are fundamental causes of health inequities, health disparities and disease (CDC, 2024).

Before exploring the data around the identified health priorities in the following sections, it is important to understand that people's circumstances, including the societal barriers they repeatedly face, shape a person's health, and it is not always the individual choices a person makes. In fact, nearly 70 percent of a community's health is determined by factors beyond health behaviors, such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These factors—often referred to as the social determinants or drivers of health—include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society. Section 6: Environment delves deeper into these social factors that contribute to the unjust disparities in health outcomes.

As you look at the data in the next sections, it is important to remember that these issues are connected to many social and environmental factors that impact people's health.

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

Life Expectancy
The average life expectancy in Racine County is 76.5 years, which is lower than the Wisconsin average of 78.2 years and the U.S. at 77.6 years (County Health Rankings & Roadmaps, National Center for Health Statistics, 2019-2021).

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

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

The top three health priorities identified by the Steering Council for the 2025-2027 implementation plan are food insecurity, mental health, suicide and self-injury and chronic diseases.

Key findings: Health Care Coverage and Access to Care

- The uninsured rate of Racine County residents is highest among the Hispanic or Latino population at 13.7 percent.
- Thirty-seven percent of Racine County residents are covered by Public Health Insurance, which is higher than both Wisconsin and U.S. rates.
- The Racine County Primary Care Provider and Mental Health Provider rates are both significantly lower than the Wisconsin rates.

2. Access to Care and Health Care Coverage
Why is this important?
Adequate and affordable health insurance coverage is a commonly understood factor impacting health care access and improving the health of individuals and our community. However, sometimes

people do not get recommended health care services, like cancer screenings, because they do not have a primary care provider. Other times, it is because they live too far from healthcare providers who offer them. Interventions to increase access to healthcare professionals and improve communication – in person or remotely – can help more people get the care they need.

Health Care Coverage

According to the 2024 Racine County Community Health Survey, 27 percent of online respondents and 11 percent of phone respondents reported that accessible, affordable and quality healthcare was one of the largest social or economic issues in the community that must be addressed. This was also identified as a top social driver of health among key informant interviews (JKV, Research, LLC. Racine County Community Health Survey, 2024). The Aurora Health Care Teammate Survey indicated that accessible and affordable healthcare has the strongest impact on the overall health of the patients served in our community (Aurora Health Care Teammate Survey, 2024).

Uninsured Rate

There are 5.4 percent of residents living in Racine County without health insurance, which is similar to Wisconsin (5.5 percent) and higher than the U.S. (8.7 percent). This rate has shown slight increases since 2015. In Racine County, the highest uninsured rate by race and ethnicity are Hispanic or Latino at 13.7 percent compared to 3.6 percent for Non-Hispanic White as shown in Exhibit 8 (Metopio, American Community Survey, 2018-2022).

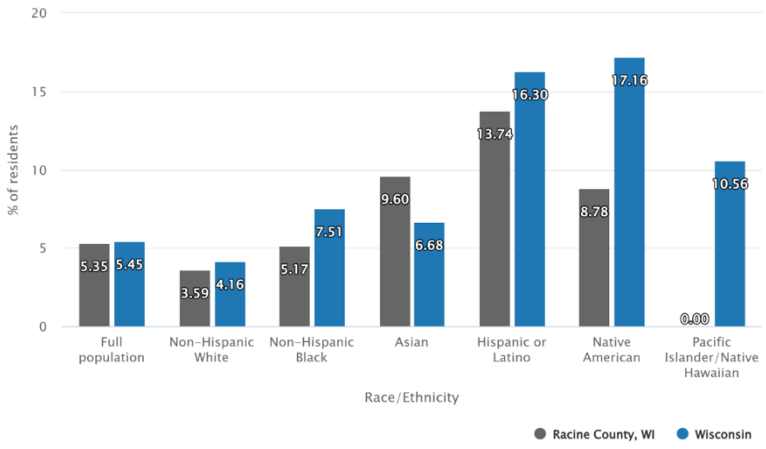


Exhibit 8: Racine County Health Uninsured Rate by Race and Ethnicity, 2018-2022
Source: Metopio, American Community Survey, 2024

Persons with Private Health Insurance

In Racine County, 71.2 percent of residents are covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or Tri-Care. The private health insurance rates in Racine County are lower than Wisconsin (74.3 percent) and higher than the U.S. (67.6 percent) (Metopio, American Community Survey, 2018-2022).

Persons with Public Health Insurance

In Racine County, 37.3 percent of residents are covered by public health insurance such as Medicare, Medicaid, and Veterans Administration Health Care (provided through the Department of Veterans Affairs). This rate is higher than Wisconsin (34.0 percent) and the U.S. (35.9 percent) (Metopio, American Community Survey, 2018-2022).

Medicare Coverage

In Racine County, there are 19.1 percent of residents covered by Medicare, which is about the same as Wisconsin (19.2 percent) and higher than the U.S. (17.9 percent) (Metopio, American Community Survey, 2018-2022).

Medicaid Coverage

In Racine County, there are 20.6 percent of residents covered by Medicaid, which is higher than Wisconsin (17.2 percent) and about the same as the U.S. (20.4 percent) (Metopio, American Community Survey, 2018-2022).

Health Insurance Coverage – Payer Mix

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

AURORA MEDICAL CENTER MOUNT PLEASANT	Commercial	Medicaid	Medicare	Self-Pay	Other
	41.9%	18.3%	30.3%	7.1%	2.5%

Source: Advocate Health, Hospital Billing-Epic, STRATA, 2024

Access to Care

Access to Healthcare Services

According to the 2024 Racine County Community Health Survey, 87 percent of phone survey respondents (and 94 percent of online respondents) reported having a primary care physician they regularly see for check-ups and when they are sick, which is higher than 82 percent of respondents in 2020 (JKV Research, LLC. Racine County Community Health Survey, 2024).

Primary Care Provider Rate

Primary Care Providers include general practice, internal medicine, obstetrics and gynecology or pediatrics. This data excludes federal physicians and physicians ages 75 and older. The Primary Care Physician rate in Racine County is 44.6 physicians per 100,000 residents, which is significantly lower than the Wisconsin rate of 93.8 physicians per 100,000 residents (Metopio, Health Resources and Services Administration, 2021).

Mental Health Provider Rate

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

3. Health Risk Behaviors

Why is this important?

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

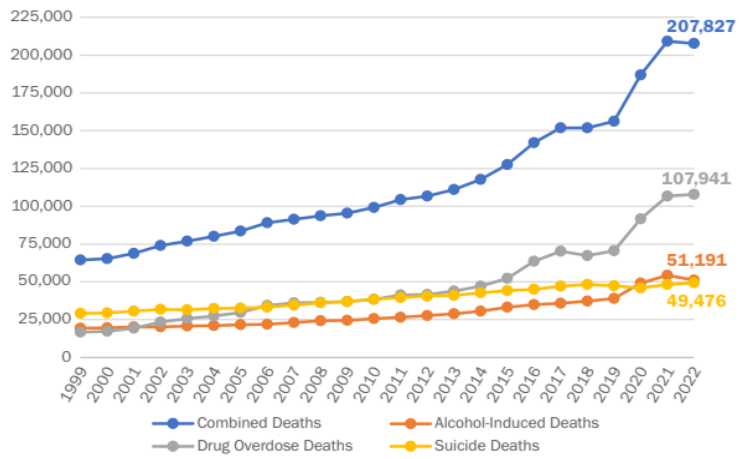
Substance use and abuse

According to the Trust for America's Health, Pain in the Nation: The Epidemics of Alcohol, Drug and Suicide Deaths 2024 report, deaths from alcohol, drugs and suicide in the United States has been

Key findings: Health Risk Behaviors

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

increasing at alarming rates as shown in Exhibit 9. The report includes concerning trends including higher rates of mental health issues (specifically among the youth population), increased loneliness, reduced economic opportunities, dangerous shift in the illegal drug supply and insufficient investments in prevention policies focused on reducing the underlying drivers of poor mental health and substance use (Trust for America's Health, Pain in the Nation: Epidemics of Alcohol, Drug and Suicide Deaths, 2024).



Source: TFAH analysis of National Center for Health Statistics data

Exhibit 9: Annual Deaths from Alcohol, Drugs and Suicide in the United States, All Ages, 1999-2022
Source: Trust for America's Health, 2024

Adults Who Smoke

In 2021, 14.9 percent of adults in Racine County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days. This is a significant decrease and the lowest rate in Racine County from the 1996 baseline of 29.0 percent (Metopio, Behavioral Risk Factor Surveillance System (BRFSS), PLACES, Dwyer-Lindgren, Mokdad, et al., 2021).

According to the 2024 Racine County Community Health Survey (phone), 15 percent of adults reported being current smokers in the past month, which was an increase from 12 percent in 2020 and ten percent reported currently vaping in the past month, which was also an increase from six percent in 2020. Additionally, seven percent of online respondents reported regularly smoking tobacco cigarettes and four percent using electronic vapor products in the past 30 days (JKV Research, LLC., Racine County Community Health Survey, 2024).

A note on differences regarding the increase/decrease in smoking data: This may be due to differences in sampling methods and sizes, as well as time frame variations: Metopio asks about lifetime use and daily smoking, while JKV focuses on smoking in the past month. These factors could explain the differences in the decline or increase of smoking rates.

Teens Who Smoke

According to the 2023 Wisconsin Youth Risk Behavior Survey (WYRBS) Racine County Report, six percent of 9th graders, seven percent of 10th graders, ten percent of 11th graders and eight percent of 12th graders in high school reported having used cigarettes, chew, cigars or cigarillos in the past 30 days. The rates for all grade levels have increased when compared to the 2021 YRBS Racine County report as shown in Exhibit 10 (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine Unified School District, 2021, 2023).

Teens who Vape

As shown in the 2023 YRBS Racine County Report, 12 percent of 9th graders, 14 percent of 10th graders, 20 percent of 11th graders and 16 percent of 12th graders have used vaping products in the past 30 days. Additionally, 27 percent of 9th graders, 30 percent of 10th graders, 39 percent of 11th graders and 38 percent of 12th graders reporting ever having tried vaping. The rates for all grade levels increased when

compared to the 2021 YRBS Racine County report as shown in Exhibit 10 (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine Unified School District, 2021, 2023).

	Racine County, WI							
	2021				2023			
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Vaping								
Students who used vaping products (past 30 days)	10%	12%	13%	16%	**12%**	**14%**	**20%**	16%
Students who ever tried vaping	21%	27%	29%	36%	**27%**	**30%**	**39%**	**38%**
Other Tobacco Products								
Students who have used cigarettes, chew, cigars or cigarillos in the past 30 days	4%	4%	4%	5%	**6%**	**7%**	**10%**	**8%**

Exhibit 10: Wisconsin Youth Risk Behavior Survey, Racine County Results, Tobacco and Vaping Products 2023
Source: Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2024

Alcohol Use

According to the 2024 Racine County Community Health Survey, 32 percent of phone respondents and 30 percent of online respondents and key informant interviews reported one of the top health conditions or behaviors that need to be addressed in the community is alcohol, drug/substance use and tobacco/vaping (JKV Research, LLC. Racine County Community Health Survey, 2024).

Emergency Department Rate due to Alcohol Use

The emergency department (ED) rate due to alcohol use in Racine County is 517.41 per 100,000 residents, which is higher than the Wisconsin rate of 402.65 per 100,000 residents (as shown in Exhibit 11). By race and ethnicity, the rates in Racine County are highest among those who are Non-Hispanic Black at 730.9 per 100,000 residents. Additionally, there are high rates among Young Adults (18-39 years) at 747.9 per 100,000 residents and males at 749.0 per 100,000 residents as compared to females at 294.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

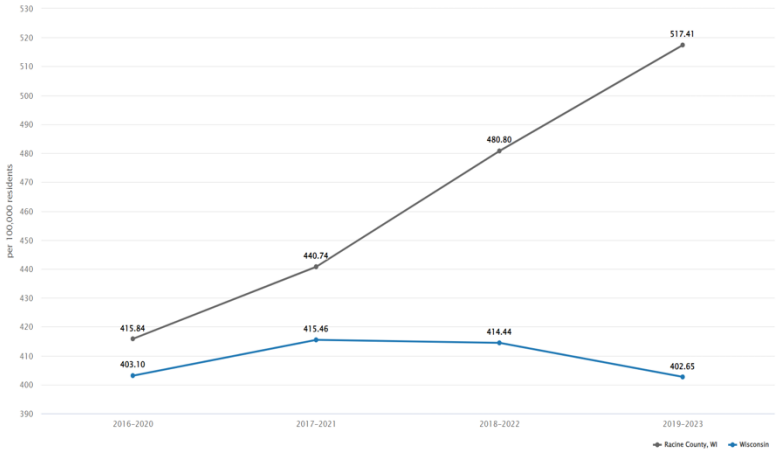


Exhibit 11: Racine County Emergency Department Rate for Alcohol Use 2019-2023
Source: Metopio, Wisconsin Health Association Information Center, 2024

Hospitalization Rate due to Alcohol Use

In Racine County, the hospitalization rate due to alcohol use is 255.6 per 100,000 residents, which is higher than the Wisconsin rate of 206.7 per 100,000 residents. The highest rates in Racine County are among those who are Non-Hispanic White at 284.8 per 100,000 residents, males at 381.4 per 100,000 residents and Middle-Aged Adults (40-64 years) at 393.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Teens Who Use Alcohol

The 2023 WYRBS Racine County Report results show that 16 percent of 9th graders, 21 percent of 10th graders, 28 percent of 11th graders and 38 percent of 12th graders had at least one alcoholic drink in the past 30 days. Additionally, four percent of 9th graders, eight percent of 10th graders, 11 percent of 11th graders and 18 percent of 12th graders reported binge drinking in the past 30 days. These rates have increased in all grade levels when compared to the 2021 WYRBS Racine County Report as shown in Exhibit 12 (Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2021, 2023).

	Racine County, WI							
	2021				2023			
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Alcohol								
Students who had at least one drink (past 30 days)	13%	19%	25%	31%	**16%**	**21%**	**28%**	**38%**
Students who have ever had an alcoholic beverage	33%	43%	48%	57%	**42%**	**44%**	**57%**	**64%**
Students who binge drank in the past 30 days	4%	5%	9%	11%	4%	**8%**	**11%**	**18%**

Exhibit 12: Wisconsin Youth Risk Behavior Survey, Racine County, Alcohol Use and Binge Drinking 2023

Source: Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2024

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 Racine County, 23.3 percent of adults residents reported binge drinking; this is the same as Wisconsin at 23.3 percent and higher than the U.S. rate of 18.6 percent (Metopio, PLACES, BRFSS, 2022).

In 2024, 30 percent of phone survey respondents reporting binge drinking, which is the same when compared to the 2020 survey results and 23 percent of online respondents reported binge drinking two or more days during the past 30 days (JKV Research, LLC. Racine County Community Health Survey, 2024).

Alcohol Impaired Driving Deaths

The County Health Rankings for Racine County indicates that 36 percent of motor vehicle crash deaths involved alcohol. This rate is higher than Wisconsin at 35 percent and the U.S. at 26 percent (2024 County Health Rankings, Fatality Analysis Reporting System, 2017-2021).

Other Substances

Emergency Department Rate due to Substance Use

Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens and other substances. In Racine County, the ED rate due to substance use is 785.8 per 100,000 residents, which is higher than Wisconsin (615.0 per 100,000 residents) as shown in Exhibit 13. The county rates are highest among the Non-Hispanic Black population at 1,273.2 per 100,000 residents, males at 1,087.0 per 100,000 residents and Young Adults (18-39 years) at 1,349.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

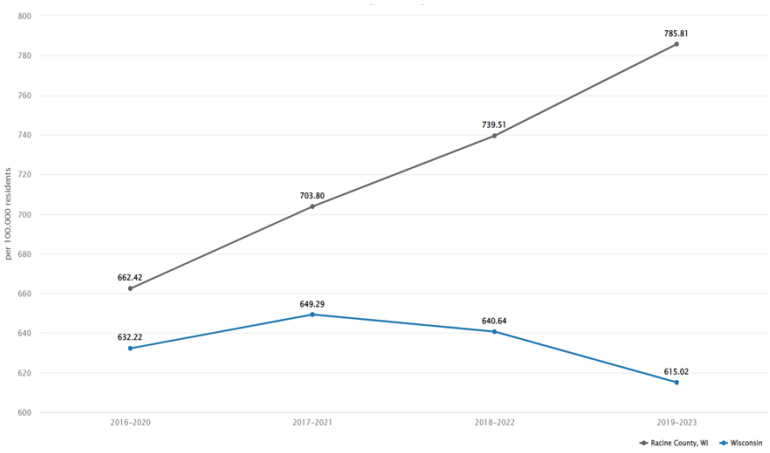


Exhibit 13: Racine County Emergency Department Rate due to Substance Use Trend Over Time 2016-2023
Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2024

Hospitalization Rate due to Substance Use

The Racine County hospitalization rate due to substance use is 344.0 per 100,000 residents, which is higher than the Wisconsin rate of 286.2 per 100,000 residents. The county rates are highest among the Non-Hispanic Black population at 397.5 per 100,000 residents and Young Adults (18-39 years) at 583.1 per 100,000 residents. The county rates are also higher among males at 493.0 per 100,000 residents as compared to females at 200.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Drug Overdose Mortality

The drug overdose mortality rate is the number of deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. In Racine County, the drug overdose mortality rate is 24.4 deaths per 100,000 residents, which is lower than the Wisconsin rate of 26.3 deaths per 100,000 residents. Exhibit 14 shows the steady increase of drug

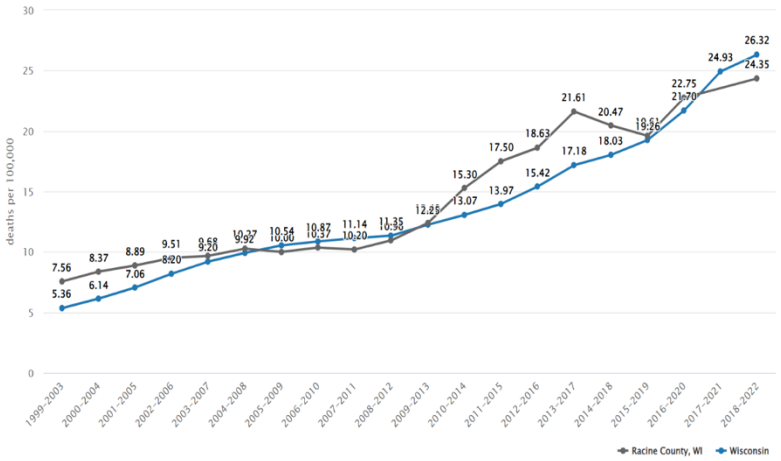


Exhibit 14: Drug Overdose Mortality Rates Trend Over Time 1999-2023
Source: Metopio, National Vital Statistics System-Mortality, CDC, 2024

overdose mortality over time. (Metopio, CDC - National Vital Statistics System-Morality (NVSS-M), 2018-2022).

Adults Who Use Marijuana or Other Substances

In 2024, 12 percent of phone survey respondents (and six percent of online respondents) reported using marijuana or THC-containing products like Delta-9 or Delta-8, which can be consumed in various ways including dabbing or a vape pen, in the past month and less than one percent of respondents reported using cocaine, opioids such as fentanyl, or other street drugs in the past month. (JKV Research, LLC. Racine County Community Health Survey, 2024).

Teens Who Use Marijuana

According to the 2023 WYRBS Racine County Report, 11 percent of 9th graders, 13 percent of 10th graders, 17 percent of 11th graders and 18 percent of 12th graders have used marijuana in the past 30 days. Additionally, it was reported that 19 percent of 9th graders, 23 percent of 10th graders, 31 percent of 11th graders and 38 percent of 12th graders reporting ever having used marijuana. These rates have steadily increased over all grade levels for both questions when compared to the 2021 WYRBS Racine County Report as shown in Exhibit 15 (Center for Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2021, 2023).

	Racine County, WI							
	2021				2023			
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Marijuana								
Students who have used marijuana in the past 30 days	7%	10%	13%	12%	**11%**	**13%**	**17%**	**18%**
Students who have ever used marijuana	13%	20%	22%	28%	**19%**	**23%**	**31%**	**38%**

Exhibit 15: Wisconsin Youth Risk Behavior Survey, Racine County Reports, Marijuana Use 2023

Source: Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2024

Emergency Department Rate due to Opioid Use

In Racine County, the ED rate due to opioid use is 255.5 per 100,000 residents, which is higher than the Wisconsin rate of 186.6 per 100,000 residents. The county rates are highest among the Non-Hispanic Black population at 504.7 per 100,000 residents (as shown in Exhibit 16), Young Adults (18-39 years) at 520.2 per 100,000 residents and males at 296.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

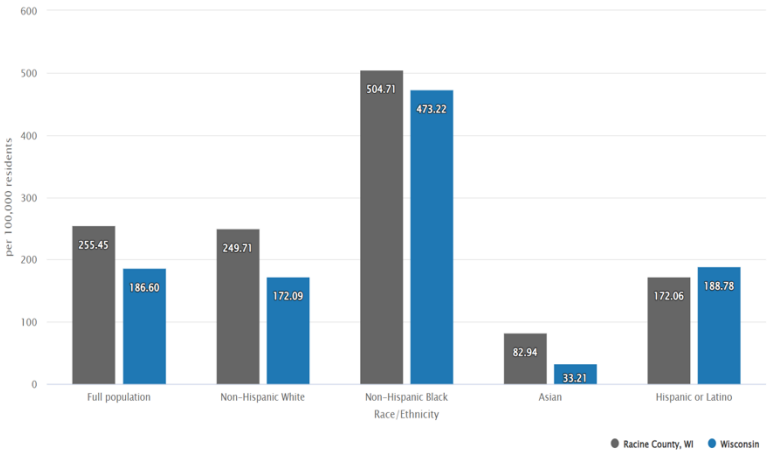


Exhibit 16: Racine County Opioid-related Emergency Department Visit Rate by Race and Ethnicity 2019-2023

Source: Metopio, Wisconsin Health Information Center, 2024

Hospitalization Rate due to Opioid Use
The hospitalization rate due to opioid use in Racine County is 289.8 per 100,000 residents, which is higher than the Wisconsin rate of 222.2 per 100,000 residents. The county rate is highest among the Non-Hispanic Black population at 457.1 per 100,000 residents and Young Adults (18-39 years) at 521.2 per 100,000 residents. Males are more likely than females to be hospitalized for opioid use (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Opioid Dispensing Rate
The opioid dispensing rate of retail opioid prescriptions has been steadily decreasing since 2012 in both Racine County and Wisconsin. The opioid dispensing rate is Racine County is 28.0 prescriptions per 100 people, which is lower than the Wisconsin rate of 35.1 prescriptions per 100 people (Metopio, CDC – U.S. Opioid Dispensing Rate Maps, 2022).

Overdose Deaths
According to the Racine County Public Health Division-Medical Examiner's Office, there were 72 drug overdose deaths in 2023, which is an increase from 46 deaths in 2022. Seven percent of overdose deaths were due to any opioid in 2023, with 75 percent being males and the average age being 44 years old (up from 39 years in 2022). Fentanyl continues to be the drug type most frequently involved in a drug overdose at 75 percent, followed by cocaine at 58 percent, alcohol at 31 percent and heroin at 21 percent (Racine County Public Health Division-Medical Examiner's Office, 2022-2023).

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

Physical Activity and Inactivity
Adults with No Exercise
This indicator is defined as the percent of resident adults ages 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activity activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?". In Racine County, 24.5 percent of adults reported no exercise in the past month, which is higher than Wisconsin at 21.3 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2022).

Teens Who Exercise
According to the 2023 WYRBS Racine County Report, 59 percent of 9th graders, 53 percent of 10th graders, 51 percent of 11th graders and 50 percent of 12th graders reported exercising four to seven days in the past week, which is an increase in almost all grade levels when compared to the 2021 WYRBS Racine County Report. Additionally, 15 percent of 9th graders, 19 percent of 10th graders, 18 percent of 11th graders and 20 percent of 12th graders reported exercising zero days in the past week, which is the same as the previous report as shown in Exhibit 17 (Center for Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2021, 2023).

	Racine County, WI							
	2021				2023			
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Exercise								
Students who exercised **zero days** in the past week	19%	19%	17%	22%	15%	19%	18%	20%
Students who exercised **4-7 days** in the past week	53%	50%	53%	47%	**59%**	**53%**	51%	**50%**

Exhibit 17: Wisconsin Youth Risk Behavior Survey, Racine County Report, Teens who Exercise 2023
Source: Center for Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2024

Weight Status

According to the 2024 State of Obesity Report, long-term trends continue to show increasing rates of adult obesity in the United States as shown below in Exhibit 18. In the 2024 report, a special feature was added to explore the larger food environment and systems in the U.S. that shape daily dietary intake among Americans including the national food supply, variation in local food systems and access by community. Additionally, this report explores the influence of advertising, the effects of policy and regulatory efforts and opportunities for policymakers going forward (Trust for America's Health, The State of Obesity: Better Policies for A Healthier America, 2024).

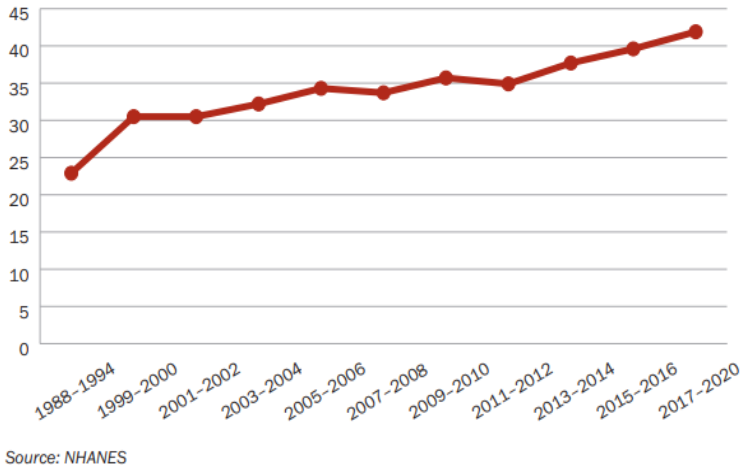


Exhibit 18: Percent of Adults with Obesity, 1988-2020
Source: The State of Obesity Report, NHANES, 2024

Adults Who Are Obese

In Racine County, 40.0 percent of resident adults ages 18 and older are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height), which is higher than the Wisconsin rate of 37.7 percent and the U.S. rate of 33.8 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2022).

According to the 2024 Racine County Community Health Survey, 42 percent of phone respondents and 39 percent of online respondents stated they were obese. Additionally, 74 percent of phone respondents and 31 percent of online respondents stated they were overweight (BMI 25.0+) (JKV Research, LLC. Racine County Community Health Survey, 2024).

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 healthcare costs.

Key findings: Disease and Chronic Conditions

- Annual cancer diagnosis rates are steadily rising over time with the highest being lung, breast and prostate cancer.
- Emergency Department and Hospitalization Rates for all cardiovascular diseases (including stroke) are highest among Non-Hispanic Black Males.
- ED and Hospitalization Rates for Diabetes is steadily increasing over time with the highest rates being among Non-Hispanic Black and Seniors (65 and older).
- Mental Health rates including suicide and self-injury are significantly increasing in Racine County for ED and Hospitalization Rates specifically among Non-Hispanic Black and Young Adults (18-39 years) as well as an increase in Juveniles (5-17 years).

Cancer

The annual cancer diagnosis rate for all invasive cancers in Racine County is 522.0 cases per 100,000 residents, which is higher than the Wisconsin rate of 466.3 cases per 100,000 residents. The cancer diagnosis rate is higher in the county among males at 585.2 cases per 100,000 residents compared to females at 478.6 cases per 100,000 residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2017-2021).

Breast Cancer

Mammography Use

In Racine County, 82.8 percent of resident female adults aged 50-74 years reported having had a mammogram within the previous two years, which is higher than Wisconsin at 79.9 percent and the U.S. at 75.7 percent (Metopio, PLACES, BRFSS, 2022).

Invasive Breast Cancer Diagnosis Rate

The diagnosis rate for invasive breast cancer in women ages 15 and over in Racine County is 141.3 cases per 100,000 female residents. This rate is higher than Wisconsin at 137.0 cases per 100,000 female residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2017-2021).

Breast Cancer Mortality Rate

Breast cancer is the leading cause of death among women in the United States. In Racine County, the breast cancer mortality rate is 12.5 deaths per 100,000 residents, which is higher than the Wisconsin rate of 9.8 deaths per 100,000 residents and the U.S. rate of 10.6 deaths per 100,000 residents (Metopio, CDC - National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Colorectal Cancer

Colorectal Cancer Screening

Colorectal cancer screening is defined as those resident adults ages 50-75 years who report having had (1) a fecal occult blood test (FOBT) within the past year, (2) a sigmoidoscopy within the past five years and a FOBT within the past three years, or (3) a colonoscopy within the past 10 years. In Racine County, 60.6 percent of adult residents ages 50-75 years stated they have completed a colorectal cancer screening. This rate is slightly lower than the Wisconsin rate of 63.5 percent of adult residents (Metopio, PLACES, BRFSS, 2022).

Colorectal Cancer Mortality Rate

In Racine County, the mortality rate due to colorectal cancer is 14.9 deaths per 100,000 residents, which is higher than the Wisconsin rate of 12.0 deaths per 100,000 residents and the U.S. rate of 13.1 deaths per 100,000 residents. Colorectal cancer mortality rates are highest in the county among males at 15.6 deaths per 100,000 residents, Non-Hispanic Black population at 18.2 deaths per 100,000 residents and Seniors (ages 65 and older) at 49.8 deaths per 100,000 residents (Metopio, CDC - National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Cervical Cancer

Cervical Cancer Diagnosis Rate

In Racine County, the cervical cancer diagnosis rate is 6.4 cases per 100,000 female residents, which is higher than the Wisconsin rate of 5.8 cases per 100,000 female residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2017-2021).

Lung Cancer

Lung Cancer Diagnosis Rate

The diagnosis rate due to lung and bronchus cancer for those ages 15 and over in Racine County is 70.0 cases per 100,000 residents, which is higher than the Wisconsin rate of 55.7 cases per 100,000 residents. The lung cancer diagnosis rates in the county are slightly higher among males (78.7 cases per 100,000 residents) than females (63.7 cases per 100,000 residents) (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2017-2021).

Lung, Trachea and Bronchus Cancer Mortality Rate

In Racine County, the mortality rate for lung, trachea and bronchus is 49.3 deaths per 100,000 residents, which is higher than the Wisconsin rate of 32.6 deaths per 100,000 residents and the U.S. rate of 32.3 deaths per 100,000 residents. The highest rates in the county are among Non-Hispanic White population at 60.9 deaths per 100,000 residents and Seniors (ages 65 and older) at 199.1 deaths per 100,000 residents (Metopio, CDC - National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Oral Cavity and Pharynx

Oral Cancer Diagnosis Rate

In Racine County, the oral cancer diagnosis rate is 14.3 cases per 100,000 residents, which is higher than the Wisconsin rate of 12.8 cases per 100,000 residents. The highest rates in the county are among males at 19.8 cases per 100,000 residents compared to females at 9.5 cases per 100,000 residents (Metopio, National Cancer Institute, 2017-2021).

Prostate Cancer

Prostate Cancer Diagnosis Rate

The annual diagnosis rate due to prostate cancer in males ages 15 and older in Racine County is 147.8 cases per 100,000 male residents, which is higher than the Wisconsin rate of 122.2 cases per 100,000 male residents (Metopio, National Cancer Institute, Wisconsin Department of Health Services, 2017-2021).

Cardiovascular Disease

The CDC states heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States. One person dies every 33 seconds from cardiovascular disease and 702,880 people died from heart disease in 2022 which is about one in every five deaths. The cost of heart disease in the U.S. is about $252 billion annually from 2019-2020 and includes the cost of health care services, medications and lost productivity due to death (Center for Disease Control and Prevention, Heart Disease Facts, October 2024).

High Blood Pressure Prevalence

In Racine County, 28.1 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 similar to Wisconsin (28.3 percent) and lower than the U.S. (30.3 percent) (Metopio, PLACES, BRFSS, 2022).

Coronary Heart Disease

In Racine County, 5.7 percent of adults ages 18 and older reported ever being told by a doctor, nurse or health professional that they have angina or coronary heart disease. This rate is similar to Wisconsin (5.6 percent) and the U.S. (5.8 percent) (Metopio, PLACES, BRFSS, 2022).

Coronary Heart Disease Mortality

The coronary heart disease mortality indicator is represented as deaths per 100,000 residents related to coronary heart disease, specifically ischemic heart diseases such as acute myocardial infarction, other acute ischemic heart diseases, and other forms of chronic ischemic heart disease. In Racine County, the coronary heart disease mortality rate is 125.7 deaths per 100,000 residents, which is higher than Wisconsin (88.4 per 100,000 residents) and the U.S. (90.2 per 100,000 residents). Additionally, the rates are highest in Racine County among the Non-Hispanic White population (153.8 per 100,000 residents), Seniors ages 65 and older (349.7 per 100,000 residents) and males (155.9 per 100,000 residents) (Metopio, CDC - National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Emergency Department Rate due to Heart Failure

The Racine County ED rate due to heart failure is 167.7 per 100,000 residents, which is lower than the Wisconsin rate of 181.2 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population (576.7 per 100,000 residents) as shown in Exhibit 19, Seniors ages 65 and older (478.1 per 100,000 residents) and males (192.3 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

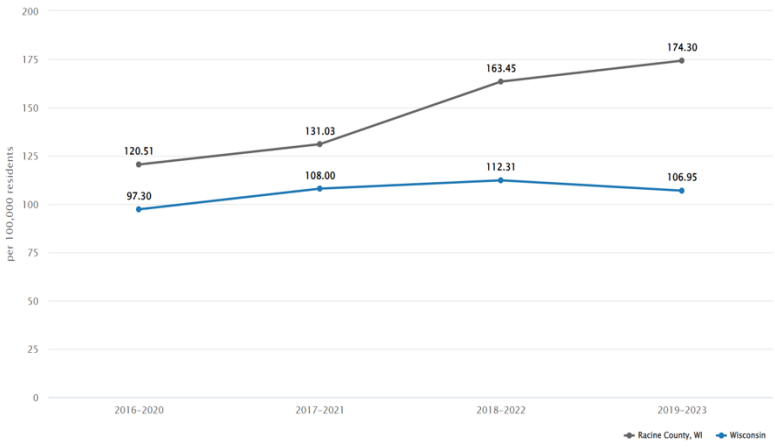


Exhibit 19: Racine County Emergency Department Rates due to Heart Failure by Race and Ethnicity 2019-2023
Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2024

Hospitalization Rate due to Heart Failure

The hospitalization rate due to heart failure in Racine County is 420.9 per 100,000 residents, which is higher than the Wisconsin rate of 382.6 per 100,000 residents. The highest rates in the county for

hospitalizations due to heart failure are among the Non-Hispanic Black population (872.9 per 100,000 residents), males (428.5 per 100,000 residents) and Seniors ages 65 and older (1,441.1 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Hypertension

The Racine County ED rate due to hypertension is 478.4 per 100,000 residents, which is higher than the Wisconsin rate of 294.9 per 100,000 residents. The highest rates in the country are among the Non-Hispanic Black population at 1,422.2 per 100,000 residents and Seniors (ages 65 and older) at 922.8 per 100,000 residents. The highest ED rate due to hypertension is among females at 576.9 per 100,000 residents compared to males at 373.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Hypertension

In Racine County, the hospitalization rate due to hypertension is 65.3 per 100,000 residents, which is higher than the Wisconsin rate of 38.5 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 269.0 per 100,000 residents and Seniors (ages 65 and older) at 120.1 per 100,000 residents. The hospitalization rate due to hypertension is higher among females at 72.7 per 100,000 residents compared to males at 57.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Stroke

In Racine County, the ED rate due to stroke is 174.3 per 100,000 residents, which is higher than the Wisconsin rate of 107.0 per 100,000 residents. This rate has been steadily increasing over time as shown in Exhibit 20. The highest rates in the county are among the Non-Hispanic Black population at 243.0 per 100,000 residents, Seniors (ages 65 and older) at 482.6 per 100,000 residents and females at 179.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

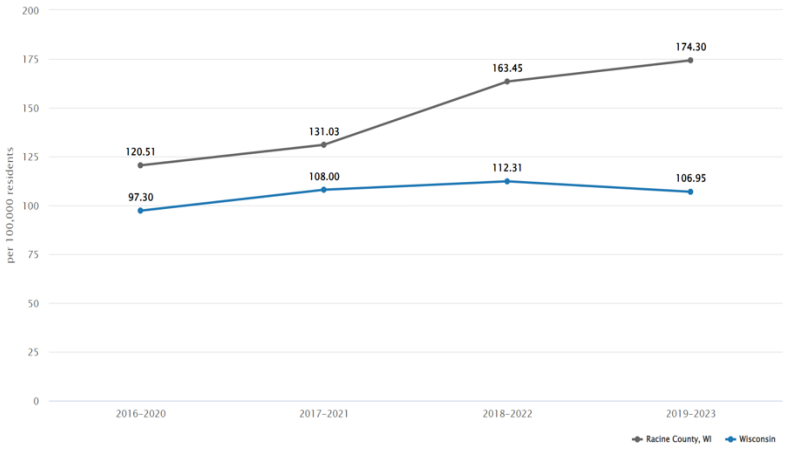


Exhibit 20: Racine County Emergency Department Rate Due to Stroke 2019-2023

Source: Metopio, Wisconsin Health Association Information Center, 2024

Hospitalization Rate due to Stroke

The hospitalization rate due to stroke in Racine County is 314.3 per 100,000 residents, which is higher than the Wisconsin rate of 242.9 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 523.2 per 100,000 residents and Seniors (ages 65 and older) at 969.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Stroke Mortality

In Racine County, the stroke mortality rate (deaths due to stroke) is 54.0 deaths per 100,000 residents. This rate is higher than the Wisconsin rate of 34.6 deaths per 100,000 residents and the U.S. rate of 38.7 deaths per 100,000 residents. The highest death rates due to stroke in Racine County are among the Non-Hispanic White population (65.8 deaths per 100,000 residents) and females (61.1 deaths per 100,000 residents) (Metopio, CDC – National Vital Statistics System-Mortality (MVSS-M), 2018-2022).

Diabetes

Diabetes is a long-lasting health condition that affects how your body turns food into energy. Over time, diabetes can lead to serious health conditions such as heart disease, vision loss and kidney disease. The CDC states that diabetes is the eighth leading cause of death in the United States and is the number one cause of kidney failure, lower-limb amputations and adult blindness. While there is no cure for diabetes, losing weight, eating healthy food and being active can help lead to a healthy lifestyle managing diabetes (Centers for Disease Control and Prevention, Diabetes Basics, October 2024).

Diagnosed Diabetes

In Racine County, 10.2 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). This rate is higher than Wisconsin at 9.1 percent and lower than the U.S. at 10.8 percent (Metopio, Diabetes Atlas, PLACES, 2022).

Emergency Department Rate due to Diabetes

The ED rate due to diabetes in Racine County is 520.7 per 100,000 residents, which is higher than the Wisconsin rate of 377.5 per 100,000 residents. All rates have been trending upward over time since 2016. In Racine County, the highest rates are among the Non-Hispanic Black population at 1,147.4 per 100,000 residents (as shown in Exhibit 21) and Seniors (ages 65 and older) at 1,246.0 per 100,000 residents and males at 550.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

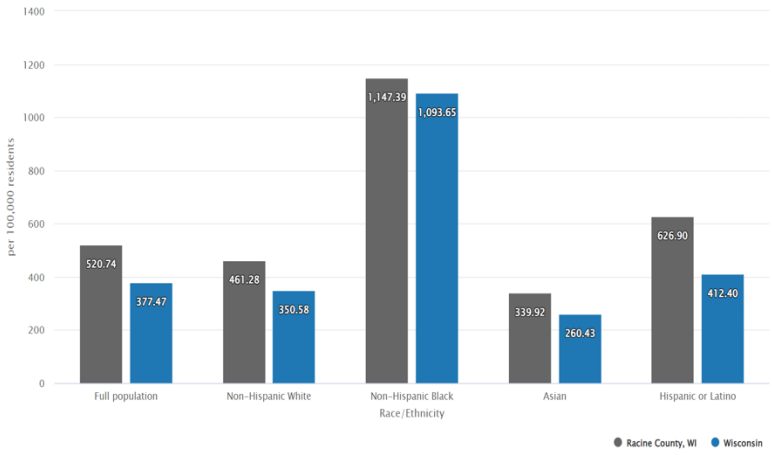


Exhibit 21: Racine County Emergency Department Rate due to Diabetes by Race and Ethnicity 2019-2023
Source: Metopio, Wisconsin Health Association Information Center, 2024

Hospitalization Rate due to Diabetes

In Racine County, the hospitalization rate due to diabetes is 205.1 per 100,000 residents, which is higher than the Wisconsin rate of 143.7 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 471.3 per 100,000 residents, Seniors (ages 65 and older) at 381.0 per 100,000 residents and males at 244.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Uncontrolled Diabetes

In Racine County, the ED rate due to uncontrolled diabetes is 314.5 per 100,000 residents, which is higher than the Wisconsin rate of 206.3 per 100,000 residents. The ED rates are also highest among the

Non-Hispanic Black population at 935.3 per 100,000 residents, Seniors (ages 65 and older) at 394.8 per 100,000 residents and males at 322.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Uncontrolled Diabetes
In Racine County, the hospitalization rate due to uncontrolled diabetes is 32.0 per 100,000 residents, which is higher than the Wisconsin rate of 22.3 per 100,000 residents. The hospitalization rates are also highest among the Non-Hispanic Black population at 94.1 per 100,000 residents, Seniors (ages 65 and older) at 73.0 per 100,000 residents and females at 32.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Short-Term Complications of Diabetes
The ED rate due to short-term complications of diabetes in Racine County is 18.6 per 100,000 residents, which is lower than the Wisconsin rate of 22.9 per 100,000 residents. The ED rates are also highest among the Non-Hispanic Black population at 29.8 per 100,000 residents, Young Adults (18-39 years) at 33.5 per 100,000 residents and females at 20.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Short-Term Complications of Diabetes
The hospitalization rate due to short-term complications of diabetes in Racine County is 101.8 per 100,000 residents, which is higher than the Wisconsin rate of 67.5 per 100,000 residents. The hospitalization rates are also highest among the Non-Hispanic Black population at 312.9 per 100,000 residents, Young Adults (18-39 years) at 170.7 per 100,000 residents and males at 121.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Long-Term Complications of Diabetes
In Racine County, the ED rate due to long-term complications of diabetes is 306.0 per 100,000 residents, which is higher than the Wisconsin rate of 224.5 per 100,000 residents. The highest ED rates are among the Non-Hispanic Black population at 468.3 per 100,000 residents, Seniors (ages 65 and older) at 835.6 per 100,000 residents and males at 345.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Long-Term Complications of Diabetes
In Racine County, the hospitalization rate due to long-term complications of diabetes is 121.1 per 100,000 residents, which is higher than the Wisconsin rate of 84.8 per 100,000 residents. The highest hospitalization rates are among the Non-Hispanic Black population at 192.1 per 100,000 residents, Seniors (ages 65 and older) at 251.1 per 100,000 residents and males at 158.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Mental Health

Mental Health America published The State of Mental Health in America 2024 report, indicating that the state of Wisconsin is ranked 13th in the country for adult and youth measures relating to mental health, indicating lower prevalence of mental illness and higher rates of access to care. It was also reported that nearly 60 million (23 percent) of American adults experienced a mental illness in the past year and 2022 had the highest number of deaths by suicide ever recorded in the United States. One in five youth reported have at least one major depressive episode in the past year, with one-half (nearly three million

youth) not receiving treatment (The State of Mental Health in America 2024, Mental Health America, 2024).

According to the 2024 Racine County Community Health Survey, 55 percent of online respondents and 33 percent of phone respondents and key informant interviews reported that the top health conditions or behavior that needs to be address is mental health, mental conditions and suicide.

In 2024, 25 percent of phone survey respondents (and 34 percent of online respondents) reported in the past three years they have been treated for, or been told by a doctor, nurse or other health care provider that they have a mental health condition which is higher than the 2012 baseline of 15 percent. Sixty-nine percent of these respondents (64 percent of online respondents) reported they were regularly seeing a doctor, nurse or health care provider for their mental health condition. Seven percent of respondents (three percent of online respondents) reported they always or nearly always felt sad, blue or depressed in the past month and seven percent of respondents (five percent of online respondents) felt so overwhelmed that they considered suicide in the past year (JKV Research, LLC. Racine County Community Health Survey, 2024).

Poor Mental Health

In Racine County, 18.0 percent of adults ages 18 and older report 14 or more days during the past 30 days in which their mental health was not good. This is the highest rate reported in Racine County since 2017 (11.1 percent) and a significant increase from 2021 at 14.7 percent. The county rate is higher than Wisconsin at 16.9 percent (Metopio, PLACES, 2022).

Emergency Department Rate due to Mental Health

The ED rate due to mental health in Racine County is 1,017.6 per 100,000 residents, which is higher than the Wisconsin rate of 860.7 per 100,000 residents. The highest rates in the county for ED rates due to mental health are among the Non-Hispanic Black population at 1,812.0 per 100,000 residents, Young Adults (18-39 years) at 1,994.5 per 100,000 residents, Juveniles (5-17 years) at 918.2 per 100,000 residents and females at 1,128.4 per 100,000 residents. The rates by age group are shown in Exhibit 22. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

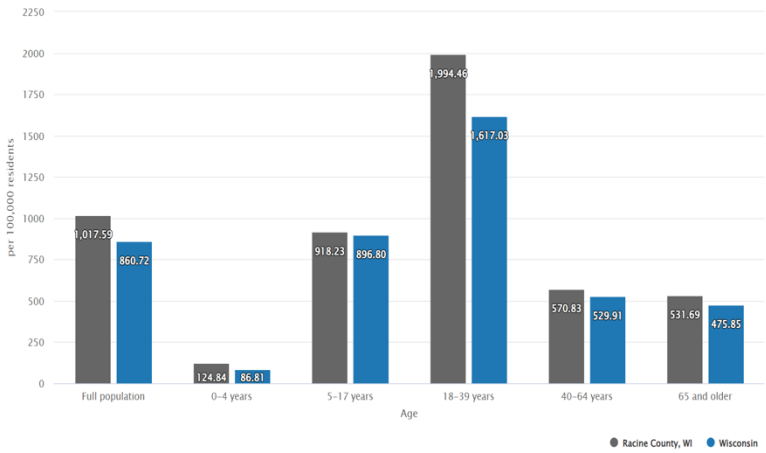


Exhibit 22: Racine County Emergency Department Rate due to Mental Health by Age 2019-2023

Source: Metopio, Wisconsin Health Association Information Center, 2024

Hospitalization Rate due to Mental Health

The hospitalization rate due to mental health in Racine County is 675.3 per 100,000 residents, which is higher than the Wisconsin rate of 601.7 per 100,000 residents. The highest rates in the county for hospitalization rates due to mental health are among the Non-Hispanic Black population at 1,044.2 per 100,000 residents, Young Adults (18-39 years) at 1,244.7 per 100,000 residents, Juveniles (5-17 years) at 906.4 per100,000 residents and females at 761.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Suicide and Self-Injury

In Racine County, the ED rate due to suicide and self-injury is 120.4 per 100,000 residents, which is slightly lower than the Wisconsin rate of 122.2 per 100,000 residents. The ED rate due to suicide and self-injury in Racine County is highest among the Non-Hispanic Black population at 161.6 per 100,000 residents, Young Adults (18-39 years) at 244.4 per 100,000 residents, Juveniles (5-17 years) at 212.7 per 100,000 residents and females at 152.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Suicide and Self-Injury

In Racine County, the hospitalization rate due to suicide and self-injury is 90.5 per 100,000 residents, which is higher than the Wisconsin rate of 74.6 per 100,000 residents. The hospitalization rate due to suicide and self-injury in Racine County is highest among the Non-Hispanic Black population at 105.7 per 100,000 residents, Young Adults (18-39 years) at 186.7 per 100,000 residents, Juveniles (5-17 years) at 110.5 per 100,000 residents and females at 106.9 per 100,000 residents. Differences between age groups are shown in Exhibit 23 (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

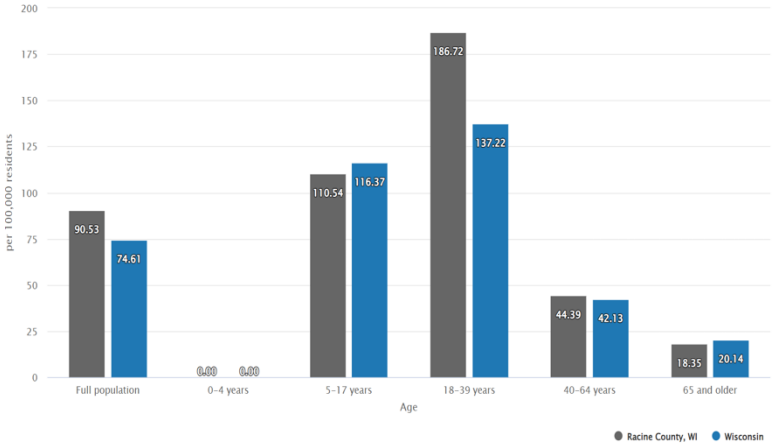


Exhibit 23: Racine County Hospitalization Rate due to Suicide and Self-Injury by Age 2019-2023

Source: Metopio, Wisconsin Health Association Information Center, 2024

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 made by a coroner or medical examiner. Suicide mortality in Racine County is 14.7 deaths per 100,000 residents, which is the same as Wisconsin at 14.7 deaths per 100,000 residents. In Racine County, the highest rates are among Young Adults (18-39 years) at 21.3 deaths per 100,000 residents, Middle-Aged Adults (40-64 years) at 21.1 deaths per 100,000 residents and males at 22.0 deaths per 100,000 residents (Metopio, CDC – National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

According to the Racine County Public Health Division-Medical Examiner’s Office, there were 25 deaths by suicide reported in 2023, which is down from 30 deaths in 2022. The average age being 48 years and 64 percent being males, which is down from 80 percent in 2022. In contrast, there has been an increase in deaths by suicide among females at 36 percent in 2023 compared to 20 percent in 2022. (Racine County Public Health Division-Medical Examiner’s Office, 2022-2023).

Youth Mental Health

Teen Mental Health

According to the 2023 WYRBS Racine County Report, 54 percent of 9th graders, 51 percent of 10th graders, 58 percent of 11th graders and 53 percent of 12th graders self-reported in the past 12 months that they had experienced significant problems with anxiety. Additionally, those students who self-reported in the past 12 months that they made a plan for a suicide attempt was 15 percent of 9th graders, 16 percent of 10th graders, 17 percent of 11th graders and 12 percent of 12th graders as shown in Exhibit 24 (Center for Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2021, 2023).

	Racine County, WI							
	2021				2023			
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Mental Health								
Self-Reported (past 12 months)…								
Students who had experienced significant problems with **anxiety**	49%	55%	50%	53%	**54%**	51%	**58%**	53%
Students who experienced **prolonged, disruptive sadness**	31%	37%	33%	36%	**35%**	35%	**41%**	35%
Students who intentionally **self-harmed** without intending to die	21%	22%	18%	19%	**23%**	21%	**21%**	19%
Students who seriously **considered suicide**	18%	18%	16%	15%	17%	**19%**	**21%**	**17%**
Students who **made a plan for a suicide attempt**	14%	16%	13%	10%	**15%**	16%	**17%**	**12%**

Exhibit 24: Wisconsin Youth Risk Behavior Survey, Racine County Reports, Teen Mental Health 2023
Source: Center for Research and Development, Wisconsin Youth Risk Behavior Survey, Racine County Reports, 2024

Alzheimer's Disease Mortality

The Alzheimer's disease mortality in Racine County is 34.5 deaths per 100,000 residents, which is higher than the Wisconsin rate of 31.8 deaths per 100,000 residents and the U.S. rate of 30.5 deaths per 100,000 residents (Metopio, CDC – National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Respiratory Disease

Adults with Current Asthma

In Racine County, 11.8 percent of adults residents currently have asthma, which is higher than Wisconsin at 10.9 percent of adult residents. Residents with "Current Asthma" are those who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse or health professional that you have asthma?" and "Do you still have asthma?" (Metopio, PLACES, BRFSS, 2022).

Emergency Department Rate due to Asthma

The ED rate due to asthma in Racine County is 416.8 per 100,000 residents, which is higher than the Wisconsin rate of 221.9 per 100,000 residents. The highest ED rates due to asthma in Racine County are

among the Non-Hispanic Black population at 1,750.5 per 100,000 residents, Young Adults (18-39 years) at 710.7 per 100,000 residents and females at 436.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Asthma
The hospitalization rate due to asthma in Racine County is 32.2 per 100,000 residents, which is higher than the Wisconsin rate of 19.9 per 100,000 residents. The highest rates in the county for hospitalization due to asthma is among the Non-Hispanic Black population at 116.3 per 100,000 residents, Infants (0-4 years) at 75.0 per 100,000 residents and females at 42.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Pneumonia/Flu
In Racine County, the ED rate due to pneumonia/flu is 595.0 per 100,000 residents, which is higher than the Wisconsin rate of 476.9 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,364.9 per 100,000 residents, Infants (0-4 years) at 1,960.6 per 100,000 residents and females at 619.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Pneumonia/Flu
In Racine County, the hospitalization rate due to pneumonia/flu is 217.9 per 100,000 residents, which is higher than the Wisconsin rate of 148.3 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 340.2 per 100,000 residents, Seniors (ages 65 and older) at 806.7 per 100,000 residents and females at 232.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to COPD
The ED rate due to Chronic Obstructive Pulmonary Disease (COPD) in Racine County is 709.1 per 100,000 residents, which is higher than the Wisconsin rate of 532.9 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 2,374.3 per 100,000 residents, Seniors (ages 65 and older) at 964.9 per 100,000 residents and females at 798.0 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to COPD
The hospitalization rate due to COPD in Racine County is 238.6 per 100,000 residents, which is higher than the Wisconsin rate of 165.6 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 485.2 per 100,000 residents, Seniors (ages 65 and older) at 401.9 per 100,000 residents and females at 271.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Other Chronic Diseases or Conditions
Emergency Department Rate due to Dental Problems
The ED rate due to dental problems in Racine County is 559.3 per 100, 000 residents, which is higher than the Wisconsin rate of 466.1 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,707.1 per 100,000 residents, Young Adults (18-39 years) at 1,109.7 per 100,000 residents and males at 564.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Dehydration

In Racine County, the ED rate due to dehydration is 178.8 per 100,000 residents, which is higher than the Wisconsin rate of 163.4 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 240.7 per 100,000 residents, Seniors (ages 65 and older) at 373.7 per 100,000 residents and females at 198.2 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Dehydration

In Racine County, the hospitalization rate due to dehydration is 123.5 per 100,000 residents, which is higher than the Wisconsin rate of 96.4 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 198.7 per 100,000 residents and Seniors (ages 65 and older) at 391.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Emergency Department Rate due to Urinary Tract Infections

In Racine County, the ED rate due to Urinary Tract Infections (UTIs) is 1,037.6 per 100,000 residents, which is higher than the Wisconsin rate of 733.7 per 100,000 residents. The highest rates in the county are among the Non-Hispanic Black population at 1,858.3 per 100,000 residents, Seniors (ages 65 and older) at 1,745.3 per 100,000 residents, Young Adults (18-39 years) at 1,206.4 per 100,000 residents and females at 1,668.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Urinary Tract Infections

In Racine County, the hospitalization rate due to UTIs is 107.9 per 100,000 residents, which is higher than the Wisconsin rate of 85.4 per 100,000 residents. The highest rates in the county are among the Non-Hispanic White population at 124.0 per 100,000 residents, Seniors (ages 65 and older) at 400.4 per 100,000 residents and females at 161.1 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

5. Maternal, Child and Reproductive Health

Prenatal Care

Births with at Least one Maternal Risk Factor

In Racine County, 26.3 percent of births were to mothers that had at least one of the following conditions: chronic hypertension, eclampsia, diabetes, tobacco use or pregnancy-associated hypertension. This rate is higher than Wisconsin at 25.1 percent and the U.S at 22.1 percent. The highest rates in Racine County are among the Two or more races population at 30.8 percent (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

Births to Mothers with Obesity

In Racine County, 36.4 percent of births are to mothers who are obese (which means Body Mass Index (BMI) is 30 or above), which is higher than Wisconsin at 32.2 percent and the U.S. at 29.2 percent. When stratified by race and ethnicity, the rate of births to mothers with obesity in Racine County is highest among the Non-Hispanic Black population at 45.5

Key findings: Maternal, Child and Reproductive Health

- Teen birth rates in Racine County have significantly decreased over time and well below both Wisconsin and U.S. rates.
- Infant Morality Rates are highest in Racine County among the Non-Hispanic Black population.
- Sexually Transmitted Infections have been increasing over time in Racine County.

percent and Hispanic or Latino population at 40.2 percent (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

Birth Outcomes

Pre-Term Births (Less than 37 Weeks Gestation)

In Racine County, 12.1 percent of live births are pre-term births (less than 37 weeks gestation). This is higher than Wisconsin at 10.9 percent of live births and the same as the U.S. at 12.0 percent of live births. When stratified by race and ethnicity, the highest rates of pre-term births are among the Non-Hispanic Black population at 18.5 percent, Asian population at 13.0 percent, Two or more races population at 11.9 percent and Hispanic or Latino population at 11.5 percent (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

Births with Very Low Birth Weight

In Racine County, 1.7 percent of live births are with a birth weight of less than 1,500 grams (3 pounds, 4 ounces). This is similar to the Wisconsin rate of 1.2 percent of live births and the U.S. rate at 1.4 percent of live births. When stratified by race and ethnicity, the highest rates in the county are among the Non-Hispanic Black population at 3.1 percent of live births (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

Teen Birth Rate

Teen birth rate is among women ages 15-19 years with a birth in the past year and does not include births to women below age 15. In Racine County, the teen birth rate is 0.62 births per 1,000 women, which is significantly lower than the Wisconsin rate at 6.7 births per 1,000 women and the U.S rate at 9.6 births per 1,000 women as shown in Exhibit 25 (Metopio, American Community Survey, 2018-2022).

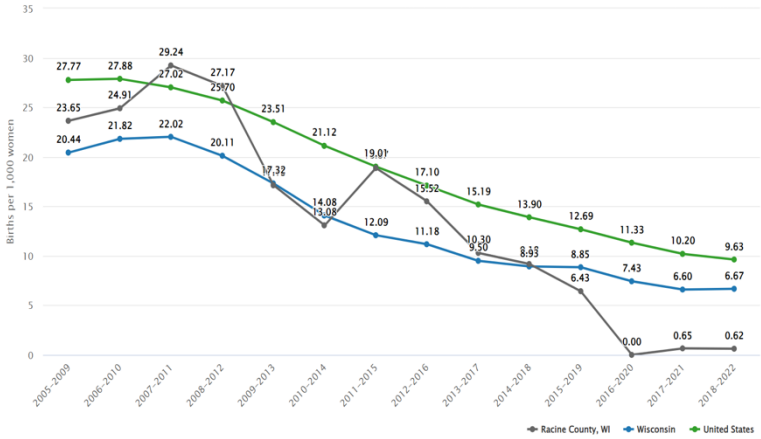


Exhibit 25: Racine County Teen Birth Rate Trend 2005-2022
Source: Metopio, American Community Survey, 2024

Infant Mortality

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

Sexually Transmitted Infections

Sexually transmitted infection (STI) rate includes chlamydia, gonorrhea, syphilis, and HIV/AIDS with more than half of these cases being chlamydia alone. In Racine County, the STI rate is 1,091.2 cases per 100,00 residents, which is higher 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 Racine County, the prevalence rate of chlamydia is 632.3 cases per 100,000 residents, which is higher than the Wisconsin rate of 472.3 cases per 100,000 residents and the U.S. rate of 495.5 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Gonorrhea

Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults. In Racine County, the gonorrhea prevalence rate is 279.3 cases per 100,000 residents, which is higher than the Wisconsin rate of 177.3 cases per 100,000 residents and the U.S. rate of 214.0 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

Syphilis

Syphilis is a sexually transmitted infection that progresses through a series of clinical stages and can cause long-term complications if not treated correctly. In Racine County, the syphilis prevalence rate is 15.2 cases per 100,000 residents, which is lower than the Wisconsin rate of 18.7 cases per 100,000 residents and the U.S. rate of 31.8 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, 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 do not 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 will not eliminate these and other health disparities. Instead, public health

Key findings: Environment

- Almost 12 percent of Racine County households are severe housing-cost burdened (spending more than 50 percent of income in housing).
- In Racine County, 10.7 percent of residents experienced food insecurity, which is a significant increase over time. The highest rates are among the Non-Hispanic Black population.
- ED and Hospitalization Rates for Unintentional Falls (including Fall Mortality Rates) are steadily increasing over time in Racine County and are higher than the Wisconsin rates.

organizations and their partners in sectors like education, transportation and housing need to take action to improve the condition in people's environments (Healthy People 2030, Healthy People 2030 | Health.gov).

According to the 2024 Racine County Community Health Survey, 22 percent of phone survey respondents and 24 percent of online survey respondents reported economic stability, including employment and income was a top social or economic issue in the county, followed by 16 percent on safe and affordable housing. Additionally, the top social drivers of health identified by the key informant interviews were accessible, affordable and quality healthcare, safe and affordable housing and access to social services (JKV Research, LLC. Racine County Community Health Survey, 2024).

Housing

Owner Occupied Housing Units

In Racine County, 70.0 percent of housing units were owner-occupied, which is higher than Wisconsin at 67.7 percent. In the county, the lowest rate of homeownership is among the Non-Hispanic Black population at 29.6 percent (Metopio, American Community Survey, 2018-2022).

Severe Housing Cost-Burdened

Severe housing cost-burdened is defined as households spending more than 50 percent of income in housing. This indicator includes both renters (rent plus utilities and other renter fees) and owners (mortgage and other owner costs). In Racine County, 11.8 percent of occupied housing units are considered to be severe housing cost-burdened, which is higher than Wisconsin at 10.9 percent (Metopio, American Community Survey, 2018-2022).

Severely Rent-Burdened

A total of 20.6 percent of households in Racine County are spending more than 50 percent of their income on rent and are considered to be severely rent-burdened. This is slightly higher than Wisconsin at 19.6 percent and lower than the U.S. at 23.3 percent (Metopio, American Community Survey, 2018-2022).

Transportation

Households Without a Vehicle

A total of 5.9 percent of Racine County households had no vehicle available, which is lower than Wisconsin at 6.3 percent and the U.S. at 8.3 percent (Metopio, American Community Survey, 2018-2022).

Mean Travel Time to Work

The mean travel time to work in Racine County is 23.7 minutes, which is slightly higher than Wisconsin at 22.2 minutes and lower than the U.S. at 26.7 minutes (Metopio, American Community Survey, 2018-2022).

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 10.7 percent of residents in Racine County experienced food insecurity as some point, which is similar to Wisconsin at 10.5 percent and lower than the U.S. at 13.3 percent. Exhibit 26 shows the food insecurity trend in Racine County over time and the significant increase since the last needs assessment survey. Additionally, the highest food

insecurity rates in the county are among the Non-Hispanic Black population at 29.0 percent and children ages 0-17 years at 20.2 percent (Metopio, Feeding America, Map the Meal Gap, 2022).

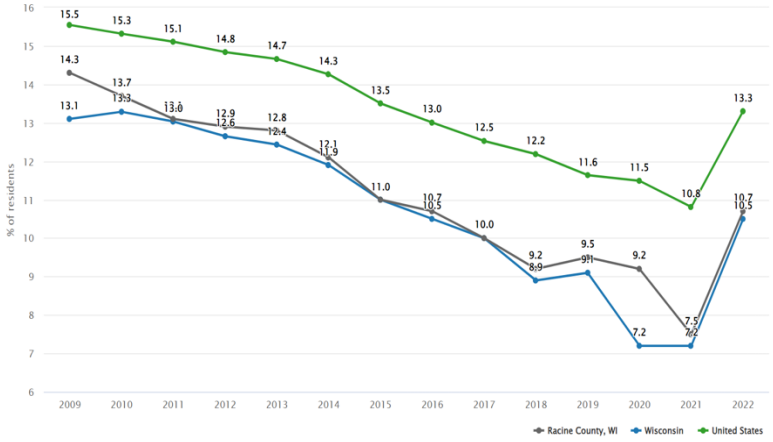


Exhibit 26: Racine County Food Insecurity Rate Trend Over Time 2009-2022
Source: Metopio, Feeding America, Map the Meal Gap, 2024

Low Food Access

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

Living in Food Deserts

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

Social Environment and Community Safety

Emergency Department Rate due to Unintentional Falls

Unintentional falls include those from vehicles, recreational accidents, trips and falls and other unintentional falls for those ages 18 and older. In Racine County, the ED rate due to unintentional falls is 3,247.6 per 100,000 residents, which is higher than the Wisconsin rate of 2,649.6 per 100,000 residents. In the county, the highest rates are among the Non-Hispanic Black population at 4,267.6 per 100,000 residents, Seniors (ages 65 and older) at 6,781.4 per 100,000 residents and females at 3,748.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Hospitalization Rate due to Unintentional Falls

In Racine County, the hospitalization rate due to unintentional falls is 794.9 per 100,000 residents, which is higher than the Wisconsin rate of 620.5 per 100,000 residents. The highest rates in the county are among the Non-Hispanic White population at 968.5 per 100,000 residents, Seniors (ages 65 and older) at 2,749.5 per 100,000 residents and females at 853.7 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Fall Mortality

Fall mortality is defined as a death occurring due to unintentional falls. In Racine County, the fall mortality rate is 16.9 deaths per 100,000 residents, which is lower than the Wisconsin rate of 23.9 deaths per 100,000 residents and higher than the U.S. rate of 10.4 deaths per 100,000 residents. The fall mortality rates for Racine County have been steadily increasing over time and are at their highest rate

since 1999 as shown in Exhibit 27 (Metopio, CDC – National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

Violent Crime Rate

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

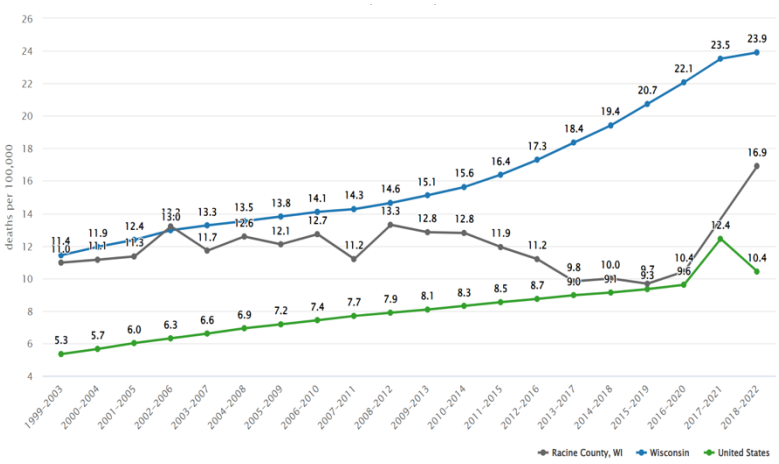


Exhibit 27: Racine County Fall Mortality Trend Over Time 1999-2022

Source: Metopio, National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, 2024

Homicide

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

Motor Vehicle Traffic Mortality

The death rate due to motor vehicle traffic in Racine County is 10.8 deaths per 100,000 residents, which is similar to the Wisconsin rate of 10.0 deaths per 100,000 residents. The highest rates in the county are among Seniors (ages 65 and older) at 21.0 per 100,000 residents and Young Adults (18-39 years) at 19.1 per 100,000 residents. Additionally, the highest rates are among males at 17.0 per 100,000 residents compared to females at 4.7 per 100,000 residents (Metopio, CDC – National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

IV. Prioritization of Health-Related Issues

D. Priority Setting Process

Aurora Health Care Community Health teammates presented extensive community data to the Eastern Racine/Kenosha County Steering Council over two meetings from April through September 2024. Indicators presented included demographic, economic, employment, social drivers of health, and health status and behaviors. In the September 2024 meeting, the steering council members voted using an online ranking poll to select the top three health priorities to focus on in the 2025-2027 Aurora Medical Center Mount Pleasant Implementation Plan. The top nine health issues presented were:

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

The top health issues identified by the Aurora Medical Center Mount Pleasant Community Health Needs Assessment were presented to the Aurora Eastern Racine/Kenosha County Steering Council, and members were asked to rank the issues based on the following criteria:

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

The health issues selected were:

- Food Insecurity
- Mental Health, Suicide and Self-Injury
- Chronic Diseases (Diabetes, Heart Failure, Stroke)

E. Health Needs Selected

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

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

Chronic Diseases (Diabetes, Heart Failure, Stroke)
The Steering Council selected chronic diseases as a health priority for the CHNA based on the data presented. The focus will be specifically on diabetes, heart failure and stroke by investigating opportunities to develop strategies to address these chronic diseases among vulnerable populations in Racine County.

F. Health Needs Not Selected

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

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

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

Nutrition, Physical Activity and Obesity
Although nutrition, physical activity and obesity were not selected for the implementation plan, these health priorities will be included in work currently being done at Aurora Burlington and will continue to promote these initiatives in the community.

Accessible and Affordable Healthcare
While accessible and affordable healthcare was not selected as a health priority for the implementation strategy, it is a critical need in the community and will be addressed locally through collaborative partnerships with community-based organizations.

Housing and Transportation
Housing and transportation are an issue for the community and extensive collaboration is occurring at the county level. Aurora Burlington is a collaborative partner in addressing solutions.

V. Approval of Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) Report was adopted by the Aurora Health Care Metro Board on December 16, 2024.

VI. Vehicle for Community Feedback

Community Feedback
Aurora Health Care welcomes all feedback regarding the 2024 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.

Feedback Link: https://www.aurorahealthcare.org/about-aurora/community-benefits/contact-us/

If you experience any issues with the link to our feedback form or have any other questions, please click below to send an email to us at: AHC-CHNAReportCmtyFeedback@advocatehealth.com

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: https://www.aurorahealthcare.org/about-aurora/community-benefits/

A paper copy of this report may also be requested by contacting the hospital's Community Health Department.

VII. Evaluation of Impact from Previous CHNA

The updates provided from the previous CHNA and corresponding implementation strategy reflect only a partial year of progress due to adjustments in the hospital's planning and reporting cycle. To better align with other area hospitals and health systems, we expedited our cycle to synchronize with Aurora Burlington and other healthcare partners. This adjustment ensures that all hospitals within the region are collecting data and working on community health efforts in a coordinated and efficient manner. At the time of publication of this report, the numbers were available through September 2024.

Mental Health
Implementation of Zero Suicide Initiative to decrease suicide rates in the Emergency Department (ED):

- 14,770 patients ages 12+ years old presented in the Aurora Mount Pleasant ED had the Columbia Suicide Screen completed and charted in their electronic medical record.
- Of these screened, there were 106 patients with a High-Risk Screen with Behavioral Health Consult ordered.

Improve mental health through community collaborations. Increase coordination to and awareness of local community organizations for high need populations by supporting local coalitions and community organizations that address mental health and exploring interventions that address mental health among high need populations:

- Ongoing collaboration and relationship-building with Racine Unified School District, Racine Collaborative for Children's Mental Health – Drug Free Communities Grant coalition, NAMI – Racine County, ASPIRE of Walworth County.
- Implementing referrals process with Trusted Network Partners through findhelp platform on electronic medical record.

Housing and Transportation
Improving awareness of local resources and implementing findhelp closed-loop referrals for housing and transportation.

- Collaborating with findhelp and EPIC for tracking of social drivers of health

Food Security
Increase food security and access to healthy foods by implementing a community garden on site at Aurora Mount Pleasant to introduce and foster relationships between community partners to develop an onsite community garden and expand access to healthy foods for food-insecure residents.

- Working with the Aurora Foundation to secure donors and funding to launch the community garden
    - Currently, some funding dollars have been provided by the Aurora Mount Pleasant Medical Staff. Waiting on approval for funding allocated from President's Fund to allow for construction and completion of the garden in 2025. This will allow the garden to start growing in summer 2025.
- Collaborating with findhelp and EPIC for tracking of social drivers of health

VIII. Appendices

Appendix 1: Racine County - 2024 Community Health Needs Assessment Phone Survey Summary

Racine County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of county residents. This summary was prepared by JKV Research for Ascension Wisconsin, Aurora Health Care, City of Racine Public Health Department, Health Care Network Inc, Racine Community Health Center, Racine County Health Division, and the United Way of Racine County.

	Racine County					*WI*	*US*
Overall Health	2012	2015	2017	2020	2024	*2022*	*2022*
Excellent/Very Good	56%	55%	50%	45%	37%	*52%*	*50%*
Good	29%	26%	32%	39%	39%	*32%*	*33%*
Fair or Poor	15%	19%	18%	16%	23%	*16%*	*17%*
Did Not Receive Care Needed in Past Year	Racine County					*WI*	*US*
Unmet Need/Care in Household	2012	2015	2017	2020	2024	*2022*	*2022*
Prescription Medication Not Taken [HP2030 Goal: 6%]	--	--	--	--	7%	*NA*	*7%*[1]
Medical Care [HP2030 Goal: 6%]*	8%	18%	11%	11%	9%	*8%*	*10%*
Dental Care [HP2030 Goal: 19%]*	15%	18%	13%	25%	11%	*NA*	*20%*[1]
Mental Health Care*	2%	4%	3%	9%	12%	*NA*	*NA*
Alcohol/Substance Abuse Treatment	--	--	--	--	1%	*NA*	*NA*
	Racine County					*WI*	*US*
Economic Hardships in Household	2012	2015	2017	2020	2024	*2022*	*2022*
Times of Distress Looked for Community Resource Support (Past 3 Years)	--	--	18%	--	23%	*NA*	*NA*
Respondents Who Looked for Community Support							
Felt Somewhat/Slightly/Not at All Supported	--	--	53%	--	77%	*NA*	*NA*
Ate Less Because Not Enough Money for Food (Past Year)	--	--	4%	9%	12%	*NA*	*NA*
Issue with Current Housing Situation	--	--	--	--	4%	*NA*	*NA*
Health Information	Racine County					*WI*	*US*
Primary Source of Health Information	2012	2015	2017	2020	2024	*2022*	*2022*
Doctor or Other Health Professional	--	--	--	--	70%	*NA*	*NA*
Internet	--	--	--	--	29%	*NA*	*NA*
Myself/Family Member in Health Care Field	--	--	--	--	4%	*NA*	*NA*
Family/Friends	--	--	--	--	4%	*NA*	*NA*
	Racine County					*WI*	*US*
Health Services	2012	2015	2017	2020	2024	*2022*	*2022*
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	90%	82%	87%	*76%*	*84%*
Primary Health Care Services							
Doctor/Nurse Practitioner's Office	73%	69%	60%	58%	53%	*NA*	*NA*
Urgent Care Center	9%	16%	21%	28%	24%	*NA*	*NA*
Hospital Emergency Room	4%	3%	2%	1%	6%	*NA*	*NA*
Public Health Clinic/Community Health Center	5%	4%	<1%	1%	4%	*NA*	*NA*
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	3%	*NA*	*NA*
Hospital Outpatient Department	2%	4%	2%	0%	1%	*NA*	*NA*
Quickcare Clinic/Fastcare Clinic	--	--	6%	0%	1%	*NA*	*NA*
Worksite Clinic	--	--	2%	3%	<1%	*NA*	*NA*
Alternative Medicine Location	--	--	--	--	<1%	*NA*	*NA*
No Usual Place	6%	4%	3%	7%	4%	*NA*	*NA*
Advance Care Plan	34%	35%	44%	35%	45%	*NA*	*NA*

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

[1]2019 data.

*Since 2020, the question was asked of any household member. In previous years, the question was asked of the respondent only.

	Racine County					WI	US
Vaccinations	2012	2015	2017	2020	2024	2022	2022
Flu Vaccination (18+) (Past Year) [HP2030 Goal: 70%]	38%	41%	48%	--	49%	NA	NA
Flu Vaccination (65+) (Past Year)	64%	72%	74%	--	71%	70%	68%
COVID-19 Vaccination (Past Year)	--	--	--	--	30%	NA	NA
Respondents Who Received COVID-19 Vaccination							
Received COVID-19 Vaccination in Last 4 or 5 Months	--	--	--	--	41%	NA	NA
Pneumonia Vaccination (65+) (Ever)	72%	72%	78%	--	72%	72%	72%
RSV Vaccination (60+) (Past Year)	--	--	--	--	20%	NA	NA

	Racine County					WI	US
Routine Procedures	2012	2015	2017	2020	2024	2022	2022
Routine Checkup (2 Years Ago or Less)	82%	83%	88%	88%	89%	88%	88%
Cholesterol Test (4 Years Ago or Less)	73%	75%	80%	85%	76%	84%[1]	85%[1]
Dental Checkup (Past Year) [HP2030 Goal: 45%]	63%	64%	68%	67%	68%	68%	66%
Eye Exam (Past Year)	43%	42%	54%	44%	41%	NA	NA

	Racine County					WI	US
Mental Health	2012	2015	2017	2020	2024	2022	2022
Mental Health Condition (Past 3 Years)	15%	21%	20%	21%	25%	NA	NA
Respondents with a Mental Health Condition							
Regularly Seeing Doctor/Nurse/Other Health Care Provider	--	--	--	--	69%	NA	NA
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	7%	7%	4%	6%	7%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never*	7%	6%	5%	19%	8%	NA	NA
Felt Lonely or Isolated Always/Nearly Always	--	--	--	--	8%	NA	NA
Considered Suicide (Past Year)	4%	6%	5%	7%	7%	NA	NA

	Racine County					WI	US
Body Weight							
Overweight Status	2012	2015	2017	2020	2024	2022	2022
At Least Overweight (BMI 25.0+)	71%	74%	75%	75%	74%	71%	68%
Obese (BMI 30.0+) [HP2030 Goal: 36%]	34%	42%	35%	39%	42%	33%	34%

	Racine County					WI	US
Alcohol Use in Past Month	2012	2015	2017	2020	2024	2022	2022
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	29%	33%	34%	30%	30%	20%	17%
Driver/Passenger When Driver Perhaps Had Too Much to Drink	4%	1%	2%	--	2%	NA	NA

	Racine County					WI	US
Cigarette Smoking or Electronic Vaping in Past Month	2012	2015	2017	2020	2024	2022	2022
Current Smoker [HP2030 Goal: 6%]	23%	25%	19%	12%	15%	14%	14%
Current Vaper	--	7%	4%	6%	10%	7%	8%

	Racine County					WI	US
Other Tobacco Products in Past Month	2012	2015	2017	2020	2024	2022	2022
Smokeless Tobacco Use	--	4%	2%	<1%	2%	3%	3%
Cigars, Cigarillos or Little Cigars Use	--	6%	4%	3%	2%	NA	NA

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

[1]2021 data.

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

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

	Racine County					WI	US
Other Substance Use in Past Month	2012	2015	2017	2020	2024	2022	2022
Marijuana or THC-Containing Products	--	--	--	--	12%	NA	NA
Cocaine, Opioid or Other Street Drugs	--	--	--	--	<1%	NA	NA

	Racine County					WI	US
Personal Safety Issues in Past Year	2012	2015	2017	2020	2024	2022	2022
Afraid for Their Safety	4%	5%	5%	5%	7%	NA	NA
Pushed, Kicked, Slapped or Hit	4%	3%	2%	1%	4%	NA	NA
At Least One of the Safety Issues	7%	7%	5%	5%	9%	NA	NA

	Racine County					WI	US
Child/Children in Household	2012	2015	2017	2020	2024	2022	2022
At Least One Health Issue Experienced of 17 Listed	--	--	--	--	50%	NA	NA
Chronic Diseases	--	--	--	--	16%	NA	NA
Infectious Diseases	--	--	--	--	13%	NA	NA
Mental or Behavioral Health	--	--	--	--	13%	NA	NA
Oral or Dental Health	--	--	--	--	13%	NA	NA
Childhood Disabilities or Special Needs	--	--	--	--	12%	NA	NA
Hearing and/or Vision Issues	--	--	--	--	10%	NA	NA
At Least One Activity Concern of 6 Listed	--	--	--	--	10%	NA	NA
Physical Activity and Exercise	--	--	--	--	7%	NA	NA
Nutrition and Eating Habits	--	--	--	--	6%	NA	NA
Quality of Life Fair/Poor	--	--	--	--	5%	NA	NA

	Racine County					WI	US
Top County Social or Economic Issues	2012	2015	2017	2020	2024	2022	2022
Economic Stability, Including Employment and Income	--	--	--	--	22%	NA	NA
Safe and Affordable Housing	--	--	--	--	16%	NA	NA
Community Violence and Crime	--	--	--	--	15%	NA	NA
Education Access and Quality	--	--	--	--	13%	NA	NA
Accessible, Affordable and Quality Health Care	--	--	--	--	11%	NA	NA
Access to Social Services	--	--	--	--	8%	NA	NA
Racism and Discrimination	--	--	--	--	7%	NA	NA
Access to Healthy Foods	--	--	--	--	6%	NA	NA
Social Connectedness and Belonging	--	--	--	--	5%	NA	NA
Accessible and Affordable Transportation	--	--	--	--	4%	NA	NA

	Racine County					WI	US
Top County Health Conditions or Behaviors	2012	2015	2017	2020	2024	2022	2022
Mental Health, Mental Conditions and Suicide	--	--	--	--	33%	NA	NA
Alcohol, Drug/Substance Use and Tobacco/Vaping	--	--	--	--	32%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	17%	NA	NA
Access to Affordable Health Care	--	--	--	--	16%	NA	NA
Chronic Diseases	--	--	--	--	9%	NA	NA
Social or Economic Issue	--	--	--	--	5%	NA	NA

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

(Condensed for space considerations)
To view the full reports, please submit a request via: https://www.aurorahealthcare.org/about-aurora/community-benefits/contact-us/

Appendix 2: Racine County - 2024 Community Health Needs Online Survey Summary

Racine County
2024 Online Community Health Survey
Frequencies

Methodology
An online community health survey was commissioned by Ascension Wisconsin, Aurora Health Care, City of Racine Public Health Department, Health Care Network Inc., Racine Community Health Center, Racine County Health Division, and the United Way of Racine County.

The questionnaire was entered into Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the county. A total of 118 online surveys were completed between January 29 and April 16, 2024. This is a convenience sample and is useful to obtain information from harder-to-reach people who are often underrepresented in general population surveys. As a result, this is a good supplemental piece to the general population survey. Post-stratification was conducted at the estimated 5-year-age-group level by sex of the 2022 characteristics of the American Community Survey. The margin of error is ±9 percent. The margin of error for smaller subgroups will be larger than ±9 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 Racine County Public Health Division at (262) 898-4460 or the Racine City Public Health Department at (262) 636-9201.

1. Generally speaking, would you say that your own health is…?

Poor	3%
Fair	9
Good	42
Very good	36
Excellent	8
Not sure	0

2. In the past 12 months, have you or someone in your household not taken prescribed medication?

Yes	18%	→ CONTINUE WITH Q3
No	73	→ GO TO Q4
Not sure	8	→ GO TO Q4

3. What were the reasons you or someone in your household did not take their prescribed medication?
[22 Respondents; Multiple responses accepted]

Cannot afford to pay	32%
Insurance did not cover it	30
Co-payments too high	23
Not enough time	14
Inconvenient hours	5
Unable to get appointment	5
Specialty physician not in area	5
Uninsured	4
Physical barriers	4
Other	13

(Condensed for space considerations)

The next two questions are about issues that our community faces that need to be addressed in order to improve the quality of life of county residents. First, I am going to ask about social or economic issues and then I am going to ask you about health conditions or behaviors.

72. What are the two largest social or economic issues in our community that must be addressed?

Accessible, affordable, and quality health care	27%
Community violence and crime	24
Economic stability including employment and income	24
Safe and affordable housing	18
Access to social services, including welfare programs, housing assistance, etc.)	14
Environmental health (clean air, safe water, etc.)	14
Racism and discrimination	12
Education access and quality	10
Accessible and affordable transportation	9
Affordable childcare	9
Access to healthy foods	4
Social connectedness and belonging	3
Family support	<1
Other	5
Not sure	7
No answer	8

73. What are the two largest health conditions or behaviors that must be addressed in order to improve the health of county residents?

Mental health, mental conditions and suicide	55%
Alcohol, drug/substance use and tobacco/vaping	30
Nutrition, physical activity and obesity	24
Chronic diseases including cancer, diabetes, heart disease	20
Intimate partner and domestic violence	18
Communicable diseases including COVID-19, flu, RSV	8
Unintentional injury, including falls and motor vehicle accidents	7
Reproductive, sexual health, STIs	5
Maternal, infant, and child health	4
Other	<1
Not sure	6
No answer	13

To view the full reports, please submit a request via: https://www.aurorahealthcare.org/about-aurora/community-benefits/contact-us/

Appendix 3: Racine County - 2024 Community Health Needs Key Informant Interview Summary

Introduction

As a supplement to the community health general population telephone survey and convenience sample online survey, key informants who represent the diverse sectors of Racine County were interviewed.

A total of 18 key informants participated between February 15, 2024 and March 25, 2024. See Appendix A for a complete list of participants.

As shown in the table below, a variety of community populations were represented. Two out of five informants selected more than one population served. In addition, several wanted to clarify their served population by specifying an "other."

Table 1. Community/Population Served (More Than One Response Accepted)

	Count
All populations	14
People experiencing low socio-economic status	6
Rural communities	3
Communities of color	3
Youth	3
LGBTQIA+	2
Seniors (65+)	1
Individuals with disabilities	1
Other specific populations	
Higher education students	1
Mental health services	1
Patients with behavioral health and addiction, largely Medicaid	1
Urban and suburban	1

All informants were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from the team interviewed the key informants and entered responses into Survey Monkey for analysis.

The interviews used a standard script that included the following elements:
Social Determinants of Health (SDOH):

- Select top two SDOH in the county.
- What populations in our communities are most affected by this issue? How are they affected?
- What are the existing strategies and stakeholders to address the health issue? What is working well?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
- If your organization works in this space, what is the best way that public health or health care organizations can support you?
- How has COVID-19 impacted this issue?

Health Conditions/Behaviors:

- Select top two health conditions/behaviors in the county.
- What populations in our communities are most affected by this issue? How are they affected?
- How do SDOH impact this health condition/behavior?
- What are the existing strategies and stakeholders to address the health issue? What is working well in the community?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?

- If your organization works in this space, what is the best way that public health or health care organizations can support you?
- How has COVID-19 impacted this issue?

Additional Questions/Comments

- How would you suggest organizations reach out to community members to implement health initiatives?
- Do you have any additional comments you would like to share?

This qualitative data, while useful, has limitations. The sample was developed by team members to represent Racine County. Inadvertent exclusions may have an impact on the results. Use this in conjunction with quantitative research data.

Key Findings

1) The top social determinants of health were accessible, affordable & quality health care; safe & affordable housing; and access to social services. Populations affected varied somewhat, but "everyone", people with low income, with special needs/disabilities, the elderly or people of color crossed several social determinants of health. Critical stakeholders included government agencies, advocates, employers, community leaders and health care systems. Starting or expanding collaborations, more funding, marketing/communication of services to increase awareness, more health care system involvement or supporting other SDOHs were needed strategies to address most issues. COVID-19 exacerbated most issues.
2) The top health conditions/behaviors were mental health, mental conditions & suicide and alcohol, substance use & tobacco/vaping. "Everyone", people with low income or youth were listed most often when asked about populations affected. Critical stakeholders included government agencies, advocates, health care systems and nonprofits. Multiple SDOHs had an impact on each health condition/behavior. Broad approaches across SDOHs, collaborations, expanding services or changing the insurance or health care systems were the best ways organizations could be supported. COVID-19 exacerbated most issues.

A. Social Determinants of Health Rankings

Key informants were asked to select the top *two* social determinants of health in the community they serve. See Table 2 for the selected determinants. The top three social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 2. Top Two Social Determinants of Health

	Count
Accessible, Affordable and Quality Health Care	8
Safe and Affordable Housing	8
Access to Social Services (welfare programs, housing assistance, etc.)	4
Economic Stability (Employment and Income)	3
Social Connectedness and Belonging	3
Accessible and Affordable Transportation	2
Education Access and Quality	2
Community Violence and Crime	2
Family Support	2
Access to Healthy Foods	1
Racism and Discrimination	1
Affordable Childcare	0
Domestic Violence/Intimate Partner Violence	0
Environmental Health (clean air, safe water, etc.)	0
Other Social Determinant	0

B. Health Conditions/Behaviors Rankings

Key informants were asked to select the top *two* health conditions/behaviors in their service area. Table 3 indicates the conditions/behaviors that were selected as well as the number of key informants who selected it as the top condition/behavior. The top two health conditions/behaviors are listed in detail. The remaining conditions/behaviors are limited in the amount of information available.

Table 3. Health Conditions/Behaviors Rankings

	Count
Mental Health, Mental Conditions, Suicide	14
Alcohol, Substance Use, Tobacco/Vaping	10
Unintentional Injury (falls, motor vehicle crashes)	3
Chronic Diseases (cancer, diabetes, heart disease)	2
Nutrition, Physical Activity, and Obesity	2
Other Health Condition/Behavior	2
Communicable Diseases (COVID-19, flu, RSV)	1
Maternal, Infant and Child Health	1
Reproductive Health, Sexual Health, STIs	0

(Condensed for space considerations)

To view the full reports, please submit a request via: https://www.aurorahealthcare.org/about-aurora/community-benefits/contact-us/

Appendix C: Key Informant List

Organization	Position	Name
Racine County Public Health Division	Health Officer	Jeff Langlieb
South Shore Fire Department	Battalion Chief	Michael Wienke
Racine Community Health Center	Operations Manager	Riva Kimmel
City of Burlington	Chief of Police and Fire Chief	Brian Zmudzinski (Police) and Alan Babe (Fire)
LGBT Center of SE WI	Executive Director	Barbara Farrar
Aurora Health Care	Forensic Nurse Manager	Mara Beth Israel-Uebe
City of Racine	Director of Development	Walter Williams
Ascension All Saints	Physician - PBP Behavioral Health Addiction	Dr. David Galbis-Reig
Racine Fire Department	Fire Chief	Steve Hansen
Racine County Food Bank	Executive Director	Dan Taivalkoski
Gateway Technical College	Dean, School of Health	Dr. Michael Randolph
Health Care Network	Dentist	Ned Murphy
Racine Kenosha Community Action Agency, Inc. (RKCAA)	RKCAA Community Services Manager	Zeke Leo
Aging and Disability Services - Behavioral Health Services	Administrator	Jelena Jones
City of Racine	Public Health Administrator	Dottie Kay Bowersox
Racine Unified School District	Interim Superintendent	Soren Gajewski
Burlington Area School District	Director of Health Services - RN	Jill Dreger
Transit	Director	Trevor Jung

Appendix 4: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, visit: https://advocateauroracommunity.org/

Accessible and Affordable Healthcare

Organization	Website	Contact
Health Care Network	https://healthcarenetwork.org	262-632-2400
Racine Community Health Center	https://racinechc.org	262-800-7242
Racine County Public Health Division	https://www.crchd.com/	262-898-4460
City of Racine Heath Department	https://www.cityofracine.org/Health/	262-636-9201

Alcohol and Substance Use

Organization	Website	Contact
Agape Recovery Center		262-767-0441
CleanSlate Centers	https://www.cleanslatecenters.com/racine-wisconsin	262-833-9320
Horizon Healthcare	https://horizonhealthcareinc.com/	414-269-5252
Lakeside Family Therapy Services	https://www.lakesidefamilytherapy.com/	262-637-9984
Racine Comprehensive Treatment Center	https://www.racinectc.com/	844-861-9770
Racine County Crisis Line	https://www.racinecounty.com/departments/human-services/aging-disability-services/behavioral-health-services-of-racine-county/crisis-services	262-638-6741

Chronic Diseases

Organization	Website	Contact
American Diabetes Association	https://www.diabetes.org/	414-778-5500
American Heart Association	https://www.heart.org/	414-271-9999
American Stroke Association	https://www.stroke.org/en	1-888-478-7653

Food Insecurity

Organization	Website	Contact
Racine County Food Bank	https://www.racinecountyfoodbank.org	262-632-2307
Racine Kenosha Community Action Agency, Inc. (RKCAA)	https://rkcaa.org	262-637-8377
Love Inc	https://www.love-inc.net/	262-763-6226

Housing and Transportation

Organization	Website	Contact
HALO (Homeless Assistance Leadership Organization)	https://haloinc.org	262-633-3235
City of Racine – Transit	https://cityofracine.org/RydeRacine	262-637-9000

Racine County – Transportation	https://racinecounty.com	262-833-8732
Racine Kenosha Community Action Agency, Inc. (RKCAA)	https://rkcaa.org	262-637-8377
Housing Authority of Racine County	https://www.rcha.org	262-636-3405
Ktown Transportation	https://ktowntransportation.com/	262-764-0377
Veterans Outreach of WI-Racine	https://vowvillages.com/	262-221-8350

Maternal and Infant Health

Organization	Website	Contact
Wisconsin Well Woman Program	https://cityofracine.org/WWWP/	262-636-9292
Women, Infant and Children		262-637-7750
Racine County Public Health Division – Hello Baby	https://crchd.com/hello-baby	262-898-4460

Mental Health, Suicide and Self-Injury

Organization	Website	Contact
NAMI of Racine County	https://www.namiracinecounty.org	262-637-0582
Aging and Disability Resource Services – Behavioral Health Services	https://adrc.racinecounty.com	262-833-8777

Nutrition, Physical Activity and Obesity

Organization	Website	Contact
Health & Nutrition Service of Racine (HNSR)	https://hnsracine.com/	262-637-7750
Senior Nutrition Program	https://adrc.racinecounty.com/site/457/nutrition_program.aspx	262-833-8766

Unintentional Injuries (Falls)

Organization	Website	Contact
Aging and Disability Resource Services – Behavioral Health Services	https://adrc.racinecounty.com	262-833-8777

Appendix 5: 2024 Community Health Needs Assessment Data Sources

Advocate Aurora Business Development Analytics, 2024

Advocate Health, Hospital Billing – Epic, STRATA, 2023

America's Health Rankings, 2021

Center for Prevention Research and Development, Wisconsin Youth Risk Behavior Survey Report, Racine County Report, 2021, 2023

Centers for Disease Control and Prevention, Diabetes Basics, October 2024

Center for Disease Control and Prevention, Heart Disease Facts, October 2024

County Health Rankings, Fatality Analysis Reporting System, 2017-2021

County Health Rankings, National Center for Health Statistics, 2019-2021

County Health Rankings & Roadmaps, Racine County, 2024

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

American Community Survey, 2018-2022
Behavioral Risk Factor Surveillance System, 2021, 2022
Centers for Disease Control and Prevention, 2022
Centers for Disease Control and Prevention, WONDER, 2022
Centers for Medicare and Medicaid Services, National Provider Identifier, 2021
Diabetes Atlas, 2022
Feeding America, 2022
FBI Crime Data Explorer, 2017-2021
Health Resources and Services Administration, 2021
National Cancer Institute, Wisconsin Department of Health Services, 2017-2021
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021
National Vital Statistics System-Mortality, 2018-2022
National Vital Statistics System-Natality, 2016-2020
PLACES, 2022
United Way ALICE Data, 2022
USDA, 2019
U.S. Opioid Dispensing Rate Maps, 2022
Wisconsin Health Association Information Center, 2019-2023

Racine County Public Health Department, 2022 Community Health Needs Assessment

Racine County, 2024 Community Health Needs Assessment Survey Reports, JKV Research, LLC.

Racine County Public Health Division – Medical Examiner's Office, 2022-2023

The State of Mental Health in America 2024, Mental Health America, 2024

Trust for America's Health, The State of Obesity: Better Policies for A Healthier America, 2024
Trust for America's Health, Pain in the Nation: Epidemics of Alcohol, Drug and Suicide Deaths, 2024).