# 2024
# Community Health Needs Assessment Report



## Aurora BayCare Medical Center

2845 Greenbrier Rd

Green Bay, WI 54311

Aurora BayCare Medical Center®

# TABLE OF CONTENTS

# I. Executive Summary

Aurora BayCare Medical Center (Aurora BayCare), a member of Aurora Health Care, is an active member of the Beyond Health Brown County partnership to improve the health of the Brown County community. In addition to Aurora BayCare, Beyond Health membership includes the Brown County Health Department, the City of De Pere Health Department, Bellin Health System, Hospital Sisters Health Systems' St. Mary's and St. Vincent's Hospitals, N.E.W. Community Clinic, Oneida Nation, Wisconsin Department of Health Services and the Brown County United Way. Beyond Health seeks to improve the health of Brown County residents by conducting periodic community health needs assessments and facilitating efforts to create and implement plans around identified health concerns. In the summer of 2024, the Beyond Health partnership convened to review Brown County community health assessment data, based on the below components:

- Community Survey – a summary of top health issues and additional strategies needed to address the issue from the perspective of community members and community stakeholders who represent the broad interests of the community served
- Door-to-Door Surveying: In late 2023, Brown County Public Health randomly selected 30 clusters of houses to conduct a door-to-door survey using the CDC's CASPER tool to assess the community's emergency preparedness needs and give general insight into the community
- Community Consultants: In an effort to hear the voice of more diverse populations in the community, partner organizations engaged populations less likely to respond to surveys through a two-part focus group with approximately 45 participants

Additionally, the partnership and Aurora BayCare utilized the following secondary data sources:

- Secondary Data – Advocate Aurora Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers the hospitals health, demographic, and hospitalization indicators
- County Health Rankings: Brown County 2024 – a compilation of data using county-level measures from a variety of national and state data sources

In 2024, Aurora BayCare utilized the above data to identify and prioritize significant health needs and develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals, and partnerships. To determine the significant health needs identified through the CHNA, the following criteria was considered:

- 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

In addition, Aurora BayCare evaluated the impact of the initiatives identified in its 2021 Community Health Needs Assessment Report and corresponding 2022-2024 Community Health Implementation Strategy (CHIS), which was accomplished with several successes, including supporting food pantries with approximately $150,000 worth of food donations. For more information on outcomes from the previous CHIS, see Section VII.

As a result, Aurora BayCare prioritized the following significant health needs to address in our 2025-2027 implementation strategy, which continues the momentum from the last cycle:

- Access to Care
- Mental Health and Substance Use Disorders
- Social Drivers of Health: community safety, food security, and workforce development

The current CHNA report was presented to the BayCare Aurora, LLC Board of Directors, who approved the report on December 5, 2024.

# II. Description of Aurora Health Care

## 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 third-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 BayCare Medical Center

Aurora BayCare Medical Center is a 167-bed, full-service hospital serving the Green Bay area and communities throughout northeastern Wisconsin and Michigan's Upper Peninsula. At Aurora BayCare Medical Center, patients will get the highest quality care in a healing environment that emphasizes their comfort and convenience.

**Aurora BayCare Medical Center is a joint venture of Aurora Health Care and BayCare Clinic.**
Aurora Health Care is a Wisconsin health care provider and a nationally recognized leader in efforts to improve the quality of health care.

BayCare Clinic is the largest physician-owned specialty-care clinic in northeast Wisconsin and the Upper Peninsula of Michigan. With more than 100 physicians, BayCare Clinic offers expertise in more than 20 specialties, serving clinical locations in 13 regional communities.

**Mission**
Aurora BayCare Medical Center is committed to providing the highest quality comprehensive healthcare through superior personalized service, the advancement of medical education and research, and the most efficient use of resources.

**Vision**
Aurora BayCare Medical Center will be the recognized leader for quality comprehensive healthcare, medical education and research in Wisconsin and Upper Michigan.

**Values**
Quality: We will provide the highest quality healthcare.
Service: We will exceed the expectations of patients, visitors, and caregivers.
Respect: We will create a healing partnership with our patients, their families and caregivers through privacy, dignity, and collaboration.
Stewardship: We will maximize community and stakeholder benefit through the efficient use of our resources.

To learn more about our hospital, please visit https://www.aurorahealthcare.org/locations/hospital/aurora-baycare-medical-center.

# III. 2024 Community Health Needs Assessment

## A. Community Definition

For the purposes of this assessment, "community" is defined as Brown County. While Aurora BayCare Medical Center serves patients from Brown County and beyond, most public health data is available at the county level, so the focus will be on Brown County.

Brown County is located in the northeastern part of Wisconsin and is considered a Metropolitan, with its county seat in the city of Green Bay (Metopio, 2024). A map of Brown County is displayed in Exhibit 1.

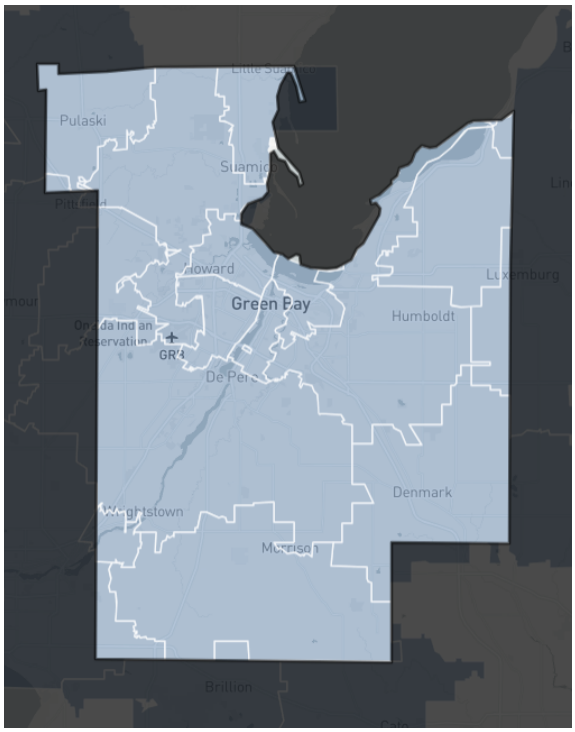


**Exhibit 1: Map of Brown County, the community of Aurora BayCare**
Source: Metopio, Brown County, 2024

1. **Population**
   The total population of Brown County is 271,417, a one percent increase since the last decennial census (United States Census Bureau, Quick Facts, Brown County, Wisconsin, 2024). In Brown County, 16.6 percent of the population lives in a low population density area and is considered rural (County Health Rankings & Roadmaps, Brown County, WI, 2024).

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

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry created the Social Vulnerability Index (SVI) to help public health officials and emergency response planners. The SVI identifies and maps the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

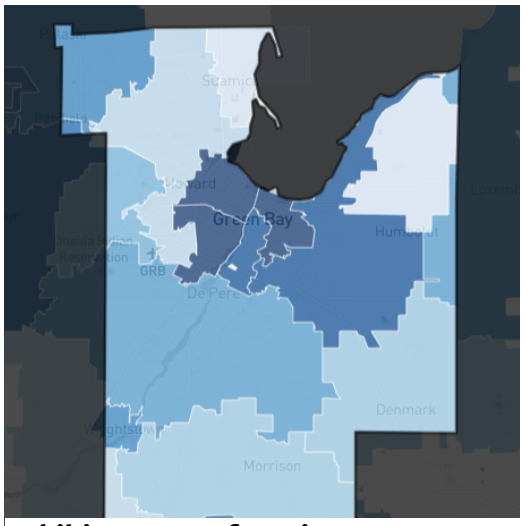


**Exhibit 2: Map of SVI in Brown County**

Source: Metopio, Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, 2022

In the case of Brown County, WI, the SVI stands at 30.07, indicating a relatively lower vulnerability compared to the United States' average of 58.4 and Wisconsin's average of 29.03. This suggests that Brown County is better equipped to withstand and recover from disruptive events, highlighting the resilience and resources within the community. However, the map in Exhibit 2 highlights areas within the County that have higher SVI percentiles. The data reveals that the SVI percentiles for the listed areas range from 4.88 to 79.81, indicating differing levels of social vulnerability within the County. This map shows that parts of Green Bay in particular have higher social vulnerability, emphasizing the importance of targeted support and resources to address the specific needs of different communities. (Metopio, Centers for Disease Control and Prevention, 2022).

Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It 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.

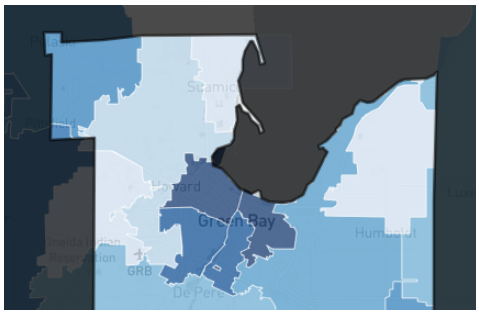


**Exhibit 3: Map of Hardship Index in Brown County**

Source: Metopio, U.S. Census Bureau: American Community Survey, 2018-2022

The Hardship Index data reveals significant disparities in economic hardship across different regions. Brown County, WI has a relatively low hardship index of 34.12, indicating a lower level of economic hardship compared to the state of Wisconsin, which has a hardship index of 35.69, and the overall United States, which has a hardship index of 50.0. This suggests that Brown County is experiencing less economic distress compared to the state and national averages, highlighting potential areas of strength and resilience within the community. This map shows that parts of Green Bay in particular have higher hardship scores. (Metopio, American Community Survey, 2018-2022).

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. Overall, Brown County has an ALICE Index of 34.66 percent, which is similar to the Wisconsin percentage of 35 percent, and lower than the national average of 42.0 percent.

The map in Exhibit 4 reveals that Green Bay, specifically zip codes 54302 and 54303, has the highest percentage of households below the ALICE threshold, with nearly 50 percent of households affected. This indicates a significant impact on the community, highlighting the challenges faced by a substantial portion of the population in meeting their basic needs despite being employed. (Metopio, United Way ALICE Data, 2021).

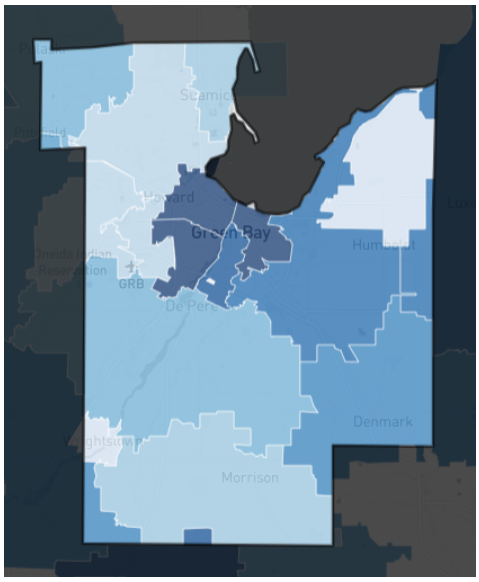


**Exhibit 4: Map of ALICE Index in Brown County**
Source: Metopio, United Way ALICE Data, 2021

## 3. Demographics

Age and Gender

The median age in Brown County is 37.8 years old. The county is comprised of 50.0 percent female and 50.0 percent male. The largest population in Brown County are those ages 40-64 years at 31.5 percent as shown in Exhibit 5 (Metopio, American Community Survey, 2018-2022).

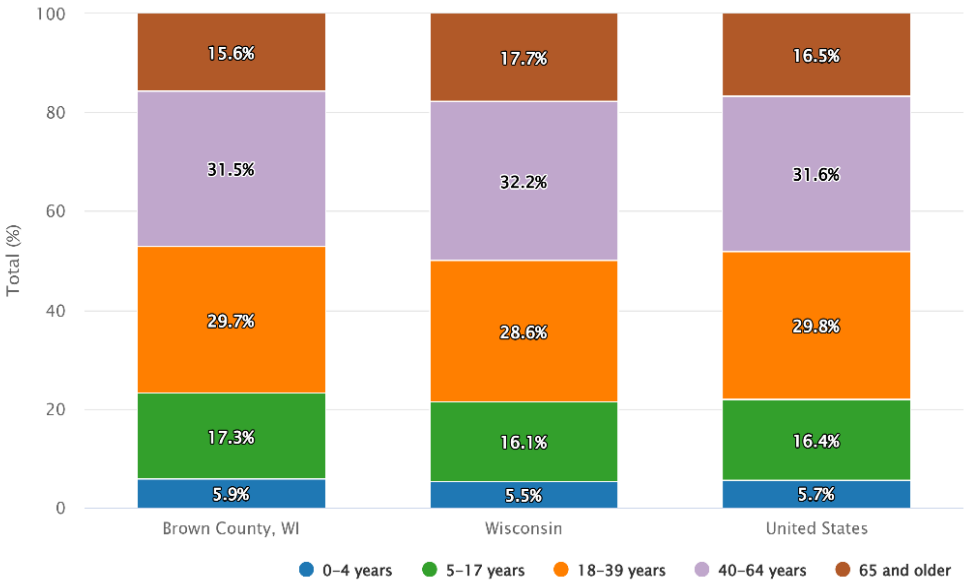


**Exhibit 5: Population Chart by Age in Brown County, WI**
Source: Metopio, American Community Survey, 2018-2022

Race and Ethnicity

Brown County, WI, has a predominantly non-Hispanic White population, making up almost 80 percent of the community. The Hispanic or Latino population is the next largest group, comprising around 9.5 percent of the population. The relatively low representation of other racial and ethnic groups suggests a less diverse demographic makeup. A chart of the population by race and ethnicity can be found in Exhibit 6.

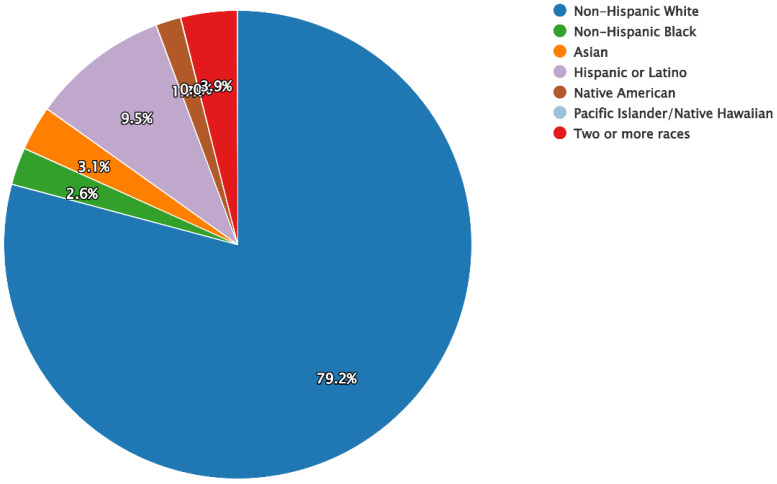


**Exhibit 6: Population Chart by Race/Ethnicity in Brown County, WI**
Source: Metopio, American Community Survey, 2022

When comparing the race/ethnicity composition of Brown County, WI, with Wisconsin and the United States, it is evident that the county has a higher percentage of non-Hispanic White residents compared to both the state and national averages. Conversely, the Hispanic or Latino population is higher in Brown County compared to the state average but lower than the national average. This comparison highlights the unique demographic profile of Brown County and emphasizes the importance of culturally sensitive healthcare services and community engagement initiatives. (Metopio, American Community Survey, 2022).

Language

A total of 6.1 percent of Brown County households have Spanish as their primary language at home. A total of 1.9 percent of households in Brown County have Asian languages like Chinese, Japanese, and Tagalog as the primary spoken language (Metopio, American Community Survey, 2018-2022).

Household/Family

In Brown County, 5.7 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. This is similar to the Wisconsin average of single parent households of 5.6 percent, and lower than the U.S. average of 6.2 percent. Additionally, 30.9 percent of Brown County seniors (age 65 and older) are living alone, which is higher than both the Wisconsin average of 29.3 percent and the U.S. average of 26.4 percent of seniors living alone (Metopio, American Community Survey, 2018-2022).

## 4. Economics

Income

The median household income in Brown County is $67,913, which is slightly higher than the Wisconsin median household income of $66,438. The highest median household income in Brown County is among the Asian population ($83,150). The lowest median household income is among the Non-Hispanic Black population ($34,849) as shown in Exhibit 7 (Metopio, American Community Survey, 2018-2022).

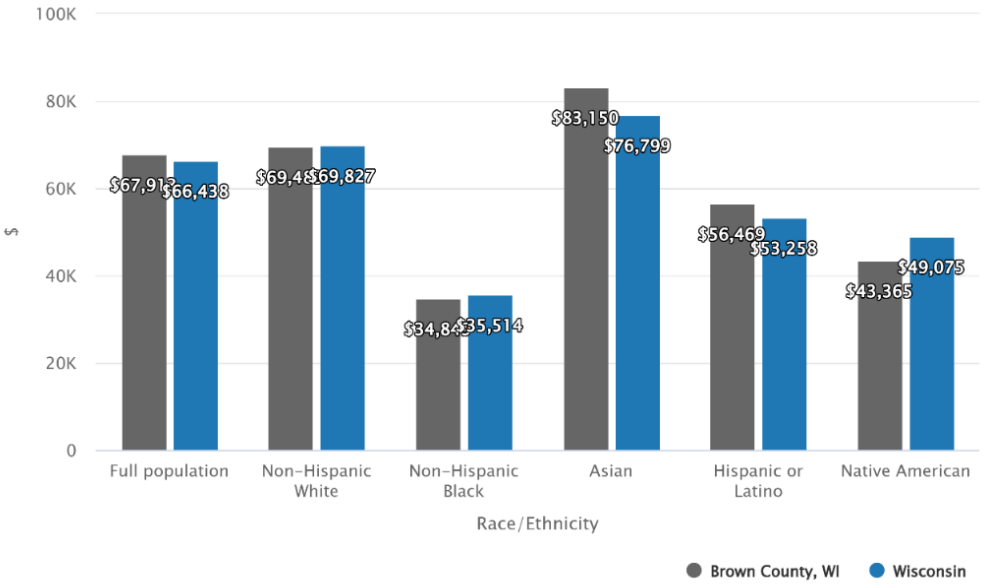


**Exhibit 7: Median Household Income by Race/Ethnicity in Brown County, WI**

Source: Metopio, American Community Survey, 2018-2022

People Living Below the Poverty Level

In Brown County, 9.7 percent of residents in families are living below the federal poverty level, which is lower than the Wisconsin rate of 10.7 percent. For both the County and the state, poverty levels have decreased since 2015.

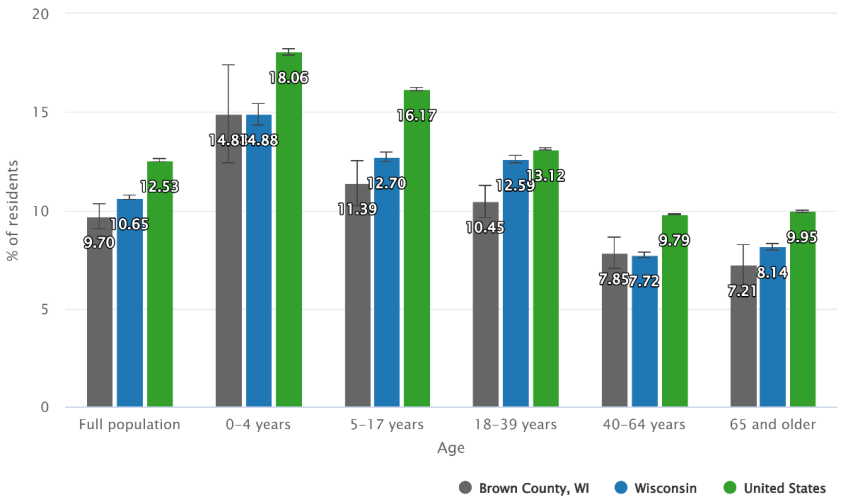


**Exhibit 8: Poverty Rate by Age in Brown County, WI**

Source: Metopio, American Community Survey, 2022

The Brown County breakdown of poverty by age is Infants (0-4 years) at 14.9 percent, Juveniles (5-17 years) at 11.4 percent, Young Adults (18-39 years) at 10.5 percent, Middle-Aged Adults (40-64 years) at 7.9 percent and Seniors (65 and older) at 7.2 percent, as shown in Exhibit 8. The highest rate of poverty in Brown County by race and ethnicity is the Non-Hispanic Black population at 29.0 percent (Metopio, American Community Survey, 2018-2022).

Employment

The unemployment rate among Brown County residents that are 16 years of age and older is 2.9 percent, which is lower than the Wisconsin rate at 3.4 percent. The breakdown of unemployment by race and ethnicity in Brown County is 11.0 percent for Non-Hispanic Black, 2.0 percent for Asian, 3.1 percent for

Hispanic or Latino, 2.6 percent for Non-Hispanic White and 8.3 percent for Native American (Metopio, American Community Survey, 2018-2022).

**5. Education**

Educational Level

Brown 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 Brown County with a high school degree or higher is 92.9 percent, which is slightly lower than the Wisconsin rate of 93.1 percent.

In Brown County, 31.7 percent of residents 25 or older have a four-year college degree or higher, which is slightly lower than Wisconsin at 32.0 percent (Metopio, American Community Survey, 2018-2022).

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

There are several hospitals and other health facilities that serve residents within Brown County. The facility type and location of some of the health care resources located in the County are listed below.

| Name of Facility | Type of Facility | Location |
|---|---|---|
| Aurora BayCare Medical Center | Hospital | 2845 Greenbrier Rd, Green Bay, WI 54311 |
| Aurora BayCare Health Center | Clinic | 2253 W Mason St, Green Bay, WI 54303 |
| Bellin Hospital | Hospital | 744 S Webster Ave, Green Bay, WI 54301 |
| Green Bay ER Hospital | Hospital | 2465 Monroe Rd, Bellevue, WI 54115 |
| Green Bay Rehabilitation Hospital | Hospital | 1110 Kepler Dr, Green Bay, WI 54311 |
| HSHS St. Mary's Hospital Medical Center | Hospital | 1726 Shawano Ave, Green Bay, WI 54303 |
| HSHS St. Vincent Hospital | Hospital | 835 S Van Buren St, Green Bay, WI 54301 |
| N.E.W Community Clinic | Clinic | 610 N Broadway, Green Bay, WI 54303 |

## B. How the CHNA was Conducted

**1. Purpose and Process**

Conducted every three years, a community health needs assessment (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.

**2. Partnership**

Aurora BayCare Medical Center (Aurora BayCare) is an active member of the Beyond Health Brown County partnership to improve the health of the Brown County community. In addition to Aurora BayCare, Beyond Health membership includes the Brown County Health Department, the City of De Pere Health Department, Bellin Health System, Hospital Sisters Health Systems' St. Mary's and St. Vincent's Hospitals, N.E.W. Community Clinic, Oneida Nation, Wisconsin Department of Health Services and the Brown County United Way. Beyond Health seeks to improve the health of Brown County residents by conducting periodic community health needs assessments and facilitating efforts to create and implement plans around identified health concerns. The group strives to collect input from a broad

range of people in the community, including public health department representatives, members of underrepresented populations and feedback from previous assessments.

3. **Data Collection and Analysis**
   In late 2023, the Beyond Health partnership convened to review Brown County community health assessment data, with most of the data originating from the County Health Rankings and community surveys.

4. **Data Sources**
   The Aurora BayCare CHNA relies on the following primary sources of information, gathered through the Beyond Health partnership:
   - **Door-to-Door Surveying:** In late 2023, Brown County Public Health conducted a door-to-door survey using the CDC's CASPER tool to assess the community's emergency preparedness needs. They randomly selected 30 clusters of houses, visiting 490 homes and completing 142 surveys, with support from local health and fire departments. This method gave insight into emergency preparedness.
   - **Community Surveys:** To engage the Brown County community, a brief survey was shared from October and November 2023 with residents and promoted via social media, websites, and community partners. The survey aimed to identify obstacles to health and opportunities for improvement, resulting in nearly 60 responses. A summary of the results was subsequently compiled.
   - **Community Consultants:** An analysis of past community surveys revealed that certain population segments, such as aging individuals, rural residents, and Black, Indigenous, People of Color (BIPOC) individuals, were less likely to participate in online or door-to-door surveys. To gather more diverse feedback, Beyond Health partnered with community organizations to engage these groups through a two-part series from January to June 2024 where consultants shared their health experiences, resulting in approximately 45 participants. This initiative aims to provide a comprehensive view of the community's overall health, particularly regarding the impact of social determinants on daily life.

Additionally, Aurora Health Care analyzes secondary data, or existing information gathered from various sources, to provide valuable insights and context from the following sources:

- **Metopio:** 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.
- **County Health Rankings & Roadmaps - Brown County:** A program of the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation, the County Health Rankings & Roadmaps (CHR&R) provides a snapshot of health for nearly every county in the nation, based on a variety of public health data. CHR&R advocates for an understanding of data and evidence to develop methods to improve health and equity. (County Health Rankings & Roadmaps, About Us, 2024)

## C. Summary of CHNA Findings

### 1. Overall Health Status

Overall, Brown County's health outcomes are comparable to the average county in Wisconsin and exceed those of the average county across the nation (County Health Rankings & Roadmaps, Brown County, WI, 2024).

Mortality

The top three leading causes of death in Brown County are malignant neoplasms, diseases of the heart and accidents (County Health Rankings & Roadmaps, Brown County, WI).

Life Expectancy

The average life expectancy for residents in the County is 79.0, which is higher than the state's average life expectancy of 78.2 and the U.S. at 77.6 (County Health Rankings & Roadmaps, Brown County, WI). However, there are disparities among racial groups within the County. The life expectancy for Non-Hispanic American Indian and Alaskan Native residents is much lower at 68.6, and the life expectancy for Non-Hispanic Black residents is also much lower at 69.0.

**Key Findings: Health Status**

-The leading causes of death in the county are cancers, heart disease and accidents

-The life expectancy in Brown County is 79.0 years, which is higher than the state and the U.S., but the life expectancy for the Non-Hispanic Black population in the County is much lower at 69.0 years

Top Health Concerns

For the CHNA, primary data was gathered and analyzed by the Beyond Health partnership and secondary data was cross analyzed by the Aurora Health Care team to determine the following top health issues in Brown County:

- Chronic Diseases
- Community Safety
- Economic Stability
- Health Care Access and Quality
- Mental Healthcare
- Social Connectedness
- Substance Use Disorders

### 2. Access to Care and Health Care Coverage

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance. Access to care is a critical factor influencing community health, as it directly impacts individuals' ability to obtain necessary healthcare services and medications.

**Key Findings: Health Care Coverage and Access to Care**

-Uninsured rates vary greatly among racial and ethnic groups in the County, with the Native American population having the highest at 20.9 percent, followed by Hispanic or Latino at 16.1 percent, as compared to the White population at 3.6 percent

-There are fewer primary care providers per capita in Brown County than in the state and the U.S., which could impact the community's access to essential healthcare services

Health Care Coverage

**Uninsured Rate**

In Brown County, 5.5 percent of residents are without health insurance, which is the same as Wisconsin, and lower than the U.S. (8.7 percent). The uninsured rate in Brown County has shown a consistent decline over the years since 2008, though disparities in coverage exist among different racial and ethnic groups. The uninsured rate is highest among Native American (20.9 percent), Hispanic or Latino (16.1 percent) and Non-Hispanic Black (11.4 percent) residents. (Metopio, American Community Survey, 2018-2022).

**Persons with Health Insurance**

Private health insurance coverage in Brown County is at 73.1 percent, slightly lower than the state average of 74.3 percent and higher than the national average of 67.6 percent. Brown County has a public health insurance coverage rate of 32.2 percent, slightly lower than the state average of 34.0 percent and the national average of 35.9 percent. (Metopio, American Community Survey, 2018-2022). As a note, residents can be covered by more than one insurance plan.

Access to Care

**Primary Care Provider Rate**

The primary care provider rate includes the number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. This rate includes hospital residents and excludes federal physicians and physicians 75 years or older. The primary care provider rate in Brown County is 77.7 providers per 100,000 residents, which is lower than the Wisconsin rate of 93.8 providers per 100,000 residents and the U.S. rate of 89.6 per 100,000 residents (Metopio, Health Resources and Services Administration, 2021).

**Mental Health Provider Rate**

The mental health provider rate in Brown County is 417.36 mental health providers for every 100,000 residents, which is higher than the state average of 364.1 but lower than the national average of 602.7. This rate includes providers such as psychiatrists, psychologists, specialists in addiction medicine, counseling, therapy, behavioral health, advanced practice nurses and nurse practitioners. (Metopio, Centers for Medicare & Medicaid Services (CMS), 2024).

## Key Findings: Health Risk Behaviors

-In Brown County and the state of Wisconsin, more people drink excessively than the rest of the U.S., which has large health implications for the people drinking at that level, including potential for injuries and over time, chronic diseases

-The emergency department visit rate due to substance use for the Non-Hispanic Black population is significantly higher at 2,093.3 visits per 100,000 compared to the full population at 660.7; this highlights the disproportionate impact substance use has on this community, and emphasizes the need to address the root causes in interventions

3. **Health Risk Behaviors**

Health behaviors are actions and habits that individuals engage in that either promote or compromise their physical, mental, and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, substance use, and preventive screenings and vaccines. 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. Health behaviors are influenced by social drivers of

health (SDOH), which encompass the environmental conditions impacting individuals' well-being across various life domains.

Substance use and abuse

**Tobacco Use**

Cigarette smoking rates for adult residents in Brown County are slightly higher at 16.5 percent compared to the state average of 16.1 percent and the national average of 14.6 percent. This percentage includes resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. (Metopio, Centers for Disease Control and Prevention, 2022).

**Excessive Drinking**

Excessive drinking in Brown County (24.7 percent) and Wisconsin (25.3 percent) is significantly higher than the U.S. (18.1 percent). Brown County is in the highest (worst) 1 percent of all Counties in the country for excessive drinking. Community feedback suggests that drinking is engrained within the Wisconsin culture, and that many activities are focused on alcohol (Beyond Health, Brown County Community Health Assessment, 2024).

**Emergency Department rate due to Alcohol**

Alcohol use emergency department visit rates in Brown County are notably higher at 445.1 compared to the state average of 402.7 and have shown a consistent increase over the past few years. Non-Hispanic Black individuals have the highest rate of emergency department visits related to alcohol use, with 1505.9 visits per 100,000 population. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

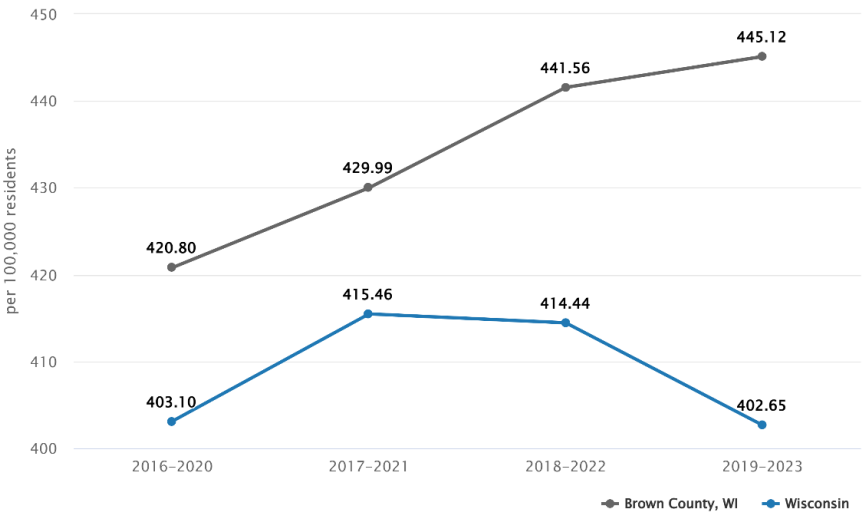


**Exhibit 9: Alcohol Use Emergency Department Visit Rate in Brown County, WI**

Source: Metopio, Wisconsin Health Association Information Center, 2019-2023

**Hospitalization Rate due to Alcohol Abuse**

In Brown County, the hospitalization rate due to alcohol use is 209.9 per 100,000 residents, which is slightly higher than the Wisconsin rate of 206.7 per 100,000 residents. The highest rates in Brown County are among those who are Non-Hispanic Black at 285.0 per 100,000 residents, males at 297.9 per 100,000 residents and Young Adults (18-39 years) at 336.8 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**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. The rate is risk-adjusted by age and sex. In Brown County, the

emergency department rate due to substance use is 660.7 admissions per 100,000 residents, which is higher than Wisconsin (615.0 per 100,000 residents). The County rates are highest among the Non-Hispanic Black population at 2,093.3 per 100,000 residents, males at 872.1 per 100,000 residents and Young Adults (18-39 years) at 1,199.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Hospitalization Rate due to Substance Use**

Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. The rate is risk-adjusted by age and sex. In Brown County, the hospitalization rate due to substance use is 256.6 admissions per 100,000 residents, which is lower than Wisconsin (286.2 per 100,000 residents). The County rates are highest among the Non-Hispanic Black population at 421.3 per 100,000 residents, males at 342.8 per 100,000 residents and Young Adults (18-39 years) at 442.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Drug Overdose Mortality**

While the age-adjusted drug overdose mortality rates are lower in Brown County (17.6 per 100,000 population) than in Wisconsin (26.3 per 100,000) and the U.S. (27.1 per 100,000), the rates have been on the rise in the past two decades. In Brown County, the rates increased from 4.1 per 100,000 population during 1999-2003 to 14.4 per 100,000 population during 2016-2020. This trend is reflective of the broader pattern in Wisconsin and the United States, where the rates have consistently increased over the years. Drug poisoning (such as overdose) include accidental or intentional, and the increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. (Metopio, Centers for Disease Control and Prevention (CDC), 1999-2022).

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

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 Brown County, 21.9 percent of adults reported no exercise in the past month, which is similar to the Wisconsin rate at 21.3 percent (Metopio, BRFSS, Diabetes Atlas, PLACES, 2022).

Weight Status

The percentage of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height) is at 36.6 percent, which is slightly lower than the state average of 37.7, and exceeds the national average of 33.8 percent. Obesity rates have been on the rise in Brown County, as well as in the state of Wisconsin and the United States. (Metopio, BRFSS, Diabetes Atlas, PLACES, 2022).

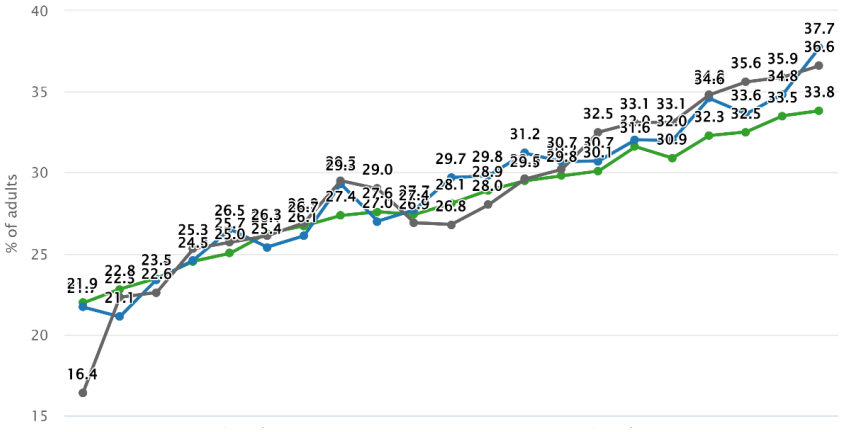


**Exhibit 10: Obesity Rate in Brown County, WI**
Source: Metopio, BRFSS, Diabetes Atlas, PLACES, 2022

## 4. Disease and Chronic Conditions

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

Cancer

Cancer is the leading cause of death under the age of 75 in the County. The five most common types of cancer in Brown County are Breast, Prostate, Lung, Colorectal and Bladder (Beyond Health, Community Health Assessment, 2024).

### Annual Cancer Diagnosis Rate

The annual cancer diagnosis rates for all invasive cancers in Brown County are notably higher at 481.4 per 100,000 population compared to the state average of 466.3 per 100,000 population and the national average of 444.4 per 100,000 population. Non-Hispanic Black individuals have the highest diagnosis rate, with 659.4 cases per 100,000 people in Brown County. (Metopio, Wisconsin Department of Health Services, 2017-2021 and National Cancer Institute (NCI), 2015-2019).

### Key Findings: Disease and Chronic Conditions

-The cancer diagnosis rate and cancer mortality rate is notably higher in Brown County than the state and national rates

-Mental health is one of the biggest concerns for community members in Brown County; suicide and self-injury in particular show concerning trends and disparities, with the highest emergency department visit rates among the Non-Hispanic Black population and Juveniles (5-17 years)

### Cancer Mortality Rate

The cancer mortality rate in the County is higher at 169.4 deaths per 100,000 residents, compared to the state at 148.3 deaths per 100,000 and the nation at 145.6 deaths per 100,000. This suggests a disparity in access to healthcare and preventive services and potentially higher instances of risk factors in Brown County. (Metopio, Wisconsin Department of Health Services, 2017-2021 and National Cancer Institute (NCI), 2015-2019).

Cardiovascular Disease

Heart disease is the second leading cause of death under the age of 75 in the County. Six percent of adults have heart disease. (Beyond Health, Community Health Assessment, 2024).

**Emergency Department Rate due to Heart Failure**

The Brown County emergency department rate due to heart failure is 170.8 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 (659.4 per 100,000 residents) as shown in Exhibit 11, Seniors ages 65 and older (598.6 per 100,000 residents) and males (189.8 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

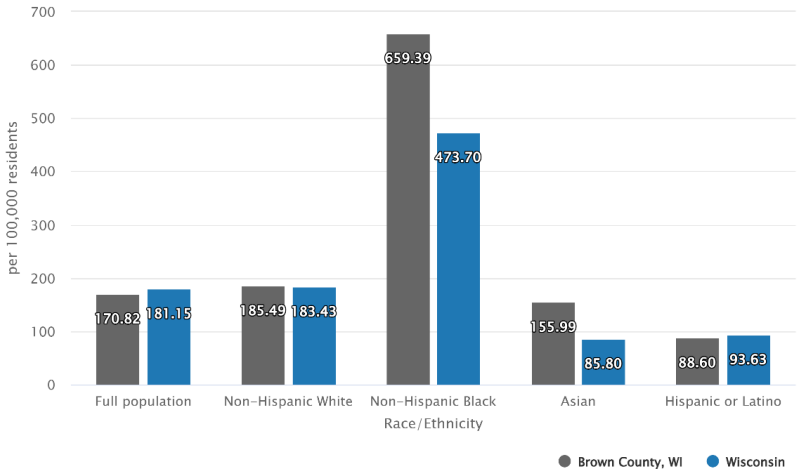


**Exhibit 11: Heart Failure Emergency Department Visit Rate in Brown County, WI**

Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023

**Hospitalization Rate due to Heart Failure**

The hospitalization rate due to heart failure in Brown County is 245.4 per 100,000 residents, which is lower 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 (608.2 per 100,000 residents) and Seniors ages 65 and older (875.3 per 100,000 residents) (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Emergency Department Rate due to Hypertension**

The Brown County emergency department rate due to hypertension is 263.1 per 100,000 residents, which is higher than the Wisconsin rate of 294.9 per 100,000 residents. The highest rates in the County are among the Non-Hispanic Black population at 1,230.3 per 100,000 residents, Females at 313.7 and Seniors (ages 65 and older) at 600.7 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Hospitalization Rate due to Hypertension**

In Brown County, the hospitalization rate due to hypertension is 31.5 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 200.0 per 100,000 residents, Females at 33.0 and Seniors (ages 65 and older) at 71.5 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Diabetes

**Emergency Department Rate due to Diabetes**

The emergency department rate due to diabetes in Brown County is 407.1 per 100,000 residents, which is higher than the Wisconsin rate of 377.5 per 100,000 residents. This is an increasing trend. The highest rates in the County are among the Non-Hispanic Black population at 1,480.2 per 100,000 residents and Seniors (ages 65 and older) at 1,021.2 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Hospitalization Rate due to Diabetes**

In Brown County, the hospitalization rate due to diabetes is 130.0 per 100,000 residents, which is lower 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 542.8 per 100,000 residents, Seniors (ages 65 and older) at 229.8 per 100,000 residents and Males at 163.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Emergency Department Rate due to Uncontrolled Diabetes**

The emergency department rate due to uncontrolled diabetes in Brown County is 211.4 per 100,000 residents, which is higher than the Wisconsin rate of 206.3 per 100,000 residents. The rates are highest among the Non-Hispanic Black population at 1,117.4 per 100,000 residents and Seniors (ages 65 and older) at 280.3 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

**Hospitalization Rate due to Uncontrolled Diabetes**

The hospitalization rate due to uncontrolled diabetes in Brown County is 16.2 per 100,000 residents, which is lower than the Wisconsin rate of 22.3 per 100,000 residents. The rates are highest among the Non-Hispanic Black population at 42.3 per 100,000 residents, Seniors (ages 65 and older) at 35.0 per 100,000 residents and Males at 19.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Mental Health

Mental health includes illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders. It does not include alcohol or substance abuse disorders.

### Emergency Department Rate due to Mental Health

The emergency department rate due to mental health in Brown County is 686.5 per 100,000 residents, which is lower 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 1,932.4 per 100,000 residents, Young Adults (18-39 years) at 1,245.4 per 100,000 residents, and Females at 745.9 per 100,000 residents. The Juvenile (5-17 years) ED rate due to mental health is lower in the County at 586.4 per 100,000 residents compared to the Wisconsin rate at 896.8 per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

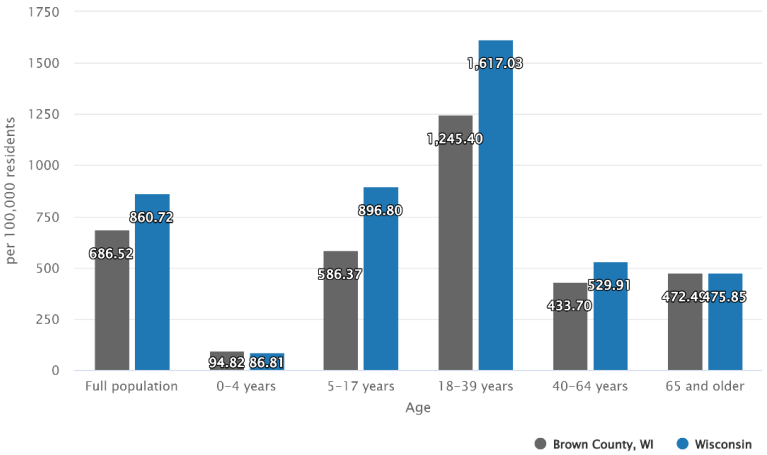


**Exhibit 12: Mental Health Emergency Department Visit Rate in Brown County, WI**
Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023

### Hospitalization Rate due to Mental Health

The hospitalization rate due to mental health in Brown County is 825.8 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 1,971.8 per 100,000 residents, Young Adults (18-39 years) at 1,440.1 per 100,000 residents, Juveniles (5-17 years) at 1,270.7 per 100,000 residents, and Females at 904.9 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

### Emergency Department Rate due to Suicide and Intentional Self-Inflicted Injury

The emergency department rate due to suicide and self-injury is 142.8 visits per 100,000 residents, which is higher than the Wisconsin rate of 122.2 per 100,000 residents. The ED rate due to suicide and self-injury in Brown County is highest among the Non-Hispanic Black population at 469.6 per 100,000 residents, Juveniles (5-17 years) at 284.8 per 100,000 residents, Young Adults (18-39 years) at 262.0 per 100,000 residents, and Females at 180.6 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

### Hospitalization Rate due to Suicide and Intentional Self-Inflicted Injury

In Brown County, the hospitalization rate due to suicide and self-injury is higher (95.9 per 100,000 residents) than the Wisconsin rate (74.6 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 232.2 per 100,000 residents, Juveniles (5-17 years) at 232.0 per 100,000 residents, Young Adults (18-39 years) at 132.3 per 100,000 residents and Females at

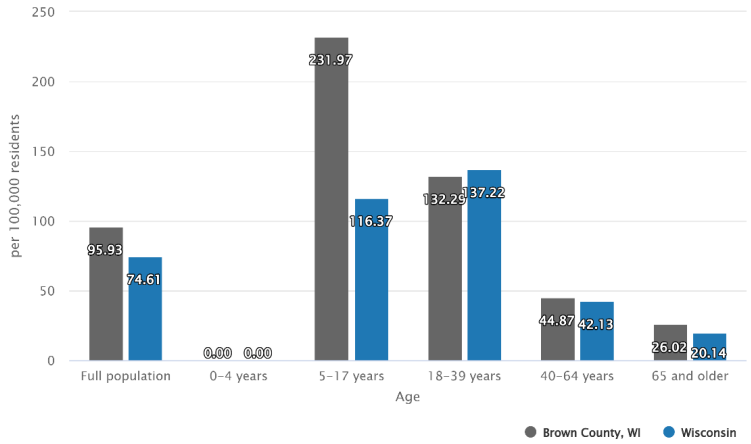


**Exhibit 13: Suicide Hospitalization Rate in Brown County, WI**
Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023

123.4 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023). The Juvenile (5-17 years) hospitalization rate due to suicide and self-injury is significantly higher compared to the same age group for the state, as shown in Exhibit 13.

**Suicide Mortality**

The suicide mortality rate in Brown County is 15.8 deaths per 100,000 residents due to suicide, which is higher than the Wisconsin rate of 14.7 deaths per 100,000 residents and the U.S. rate of 14.0 deaths per 100,000 residents. The highest rates for suicide mortality are for Males at 23.2 deaths per 100,000 residents, compared to Females at 6.0 deaths per 100,000 residents; this disparity exists for both the state and the nation as well. Suicide mortality rates have shown a noticeable increase from 2010 onwards, with a slight decrease in the latest date for 2018-2022. (Metopio, CDC, National Vital Statistics System-Mortality, 2018-2022).

Respiratory Disease

**Emergency Department Rate due to Asthma**

The emergency department rate due to asthma in Brown County is 199.6 per 100,000 residents, which is lower than the Wisconsin rate of 221.9 per 100,000 residents. The highest ED rates due to asthma in Brown County are among the Non-Hispanic Black population at 1,390.4 per 100,000 residents, Young Adults (18-39 years) at 309.2 per 100,000 residents, closely followed by Infants (0-4 years) at 291.8 per 100,000 residents and Females at 224.9 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 Brown County is 21.1 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 147.2 per 100,000 residents, Infants (0-4 years) at 89.9 per 100,000 residents, and Females at 23.5 per 100,000 residents (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

Other Chronic Diseases or Conditions

**Alzheimer's Disease**

The mortality rate due to Alzheimer's Disease is higher in Brown County at 36.3 deaths per 100,000 residents 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. Females have a considerably higher death rate from Alzheimer's disease than Males at 48.0 deaths per 100,000 residents compared to 24.4 deaths per 100,000 residents, respectively. (Metopio, Centers for Disease Control and Prevention (CDC), National Vital Statistics System-Mortality, 2018-2022).

**Emergency Department Rate due to Dental Problems**

The annual emergency department visit rate for dental problems includes any claims stemming from a problem with the teeth. The rates are risk-adjusted by age and sex using data from hospital providers, all payers and based on patient residence. The emergency department visit rate for dental problems in Brown County is 464.2 visits per 100,000 residents which is similar to the Wisconsin rate of 466.1 visits per 100,000 residents. (Metopio, Wisconsin Health Association Information Center (WHAIC), 2019-2023).

## 5. Maternal, Child and Reproductive Health

Prenatal Care

Prenatal care includes medical checkups and screening tests during pregnancy and involves education and counseling around decreasing risk factors. Prenatal care can help keep both mothers and babies healthy. (U.S. Department of Health and Human Services, Office on Women's Health, 2021).

### Key Findings: Maternal, Child and Reproductive Health

-While the infant mortality rate for the full population is lower in Brown County than in the state and nation, there is a vast disparity for the Non-Hispanic Black population at 16.7 deaths per 1,000 live births

-There are also disparities in pre-term births for the Non-Hispanic Black population and the Native American population, which can lead to health complications for the infants

### Average Number of Prenatal Visits

Frequent prenatal care can lead to better maternal and infant health outcomes. In Brown County, the average number of prenatal visits that an expecting mother attends prior to the birth of the child is 13.3 visits, which is higher than both the Wisconsin average of 11.7 and the U.S. average of 11.1. (Metopio, CDC, National Vital Statistics System-Natality, 2016-2022).

### Births with at Least One Maternal Risk Factor

In Brown County, 24.7 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 lower than Wisconsin at 25.1 percent and the U.S at 22.1 percent. The highest rates in Brown County are among the Native American population at 52.5 percent and the two or more races population at 36.4 percent (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

Birth Outcomes

### Infant Mortality

The infant mortality rate for Brown County is 6.2 deaths per 1,000 live births, which is lower than the Wisconsin rate of 6.5 deaths per 1,000 live births but higher than the U.S. rate of 5.7 deaths per 1,000 live births (Metopio, Wisconsin Department of Health Services, CDC – National Vital Statistics System-Natality (NVSS-N), 2021). The infant mortality rate is highest in the county among the Non-Hispanic Black population at 16.7 deaths per 1,000 live births, as shown in Exhibit 14 (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2016-2020).

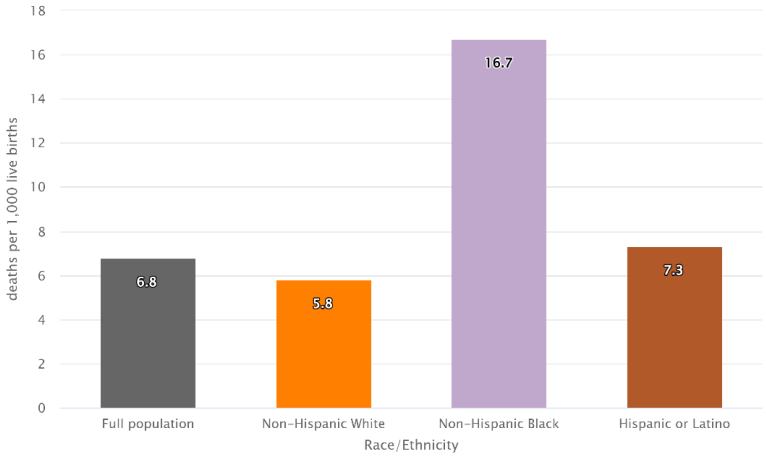


**Exhibit 14: Infant Mortality by Race/Ethnicity in Brown County, WI**

Source: Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2016-2020

### Pre-term Births (Less than 37 Weeks Gestation)

In Brown County, 10.7 percent of live births are pre-term births (less than 37 weeks of gestation). This is similar to the Wisconsin rate at 10.9 percent of live births and lower than the U.S. at 12.0 percent of live

births. The highest rates of pre-term births are among the Non-Hispanic Black population at 16.1 percent, the Native American population at 14.5 percent, and the two or more races population at 11.2 percent (Metopio, CDC – National Vital Statistics System-Natality (NVSS-N), 2018-2022).

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. The Brown County STI rate is 689.9 cases per 100,00 residents, which is lower than the Wisconsin rate of 741.5 cases per 100,000 residents, and much lower than the U.S. rate of 1,113.6 cases per 100,000 residents (Metopio, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021).

**6. Environment**

Many people face challenges and dangers they cannot control – like unsafe neighborhoods, discrimination, or trouble affording basic needs. 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
- Air and water quality
- Language and literacy skills.

## Key Findings: Environment

-Food insecurity affects certain populations more in Brown County, including the Non-Hispanic Black population, the Hispanic or Latino population and children ages 0-17

-While violent crime rates are lower in the County than in the state and the nation, sexual violence in Brown County ranks in the top quartile (worst 75-90 percent) of all Counties

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. Simply promoting healthy choices will not alone eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the condition in people's environments (Healthy People 2030, Healthy People 2030 | Health.gov).

Housing

**Homeownership**

In Brown County, Wisconsin, 64.7 percent of housing units are owner-occupied, which is slightly lower than the Wisconsin percentage of 67.7 percent and the same as the U.S. percentage. There is a significant disparity in homeownership for the Non-Hispanic Black population in the County, with only 10.5 percent of the population owning their housing units. (Metopio, American Community Survey, 2018-2022).

**Rent-Burdened**

In Brown County, 38.2 percent of renter-occupied households spend more than 30 percent of their income on rent and are considered rent-burdened. These costs do not include utilities, insurance or

building fees. The rent-burdened percentage is higher for Wisconsin at 40.6 percent and the U.S. at 46.5 percent. (Metopio, American Community Survey, 2018-2022).

Transportation

**Households without a Vehicle**

A total of 4.9 percent of Brown 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 Brown County is 18.7 minutes, which is slightly lower than Wisconsin at 22.2 minutes and 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 10.4 percent of residents in Brown 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 15 shows the food insecurity disparities in Brown County. The highest food insecurity rates in the County are among the Non-Hispanic Black population at 34.0 percent, the Hispanic or Latino population at 23.0 percent and children ages 0-17 years at 15.1 percent (Metopio, Feeding America, Map the Meal Gap, 2022).

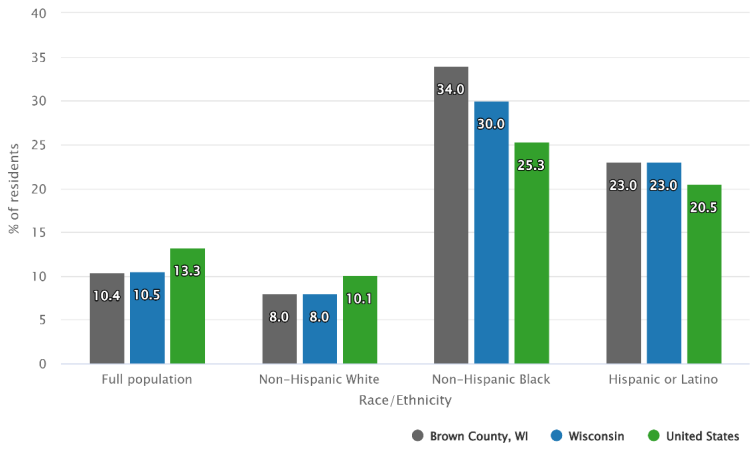


**Exhibit 15: Food Insecurity by Race/Ethnicity in Brown County, WI**

Source: Metopio, Feeding America, Map the Meal Gap, 2022

**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 Brown County, 56.0 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. (Metopio, USDA, 2019).

Social Environment and Community Safety

**Fall Mortality**

Fall mortality is defined as a death occurring due to unintentional falls. In Brown County, the fall mortality rate is 34.2 deaths per 100,000 residents, which is higher than the Wisconsin rate of 23.9 deaths per 100,000 residents and significantly higher

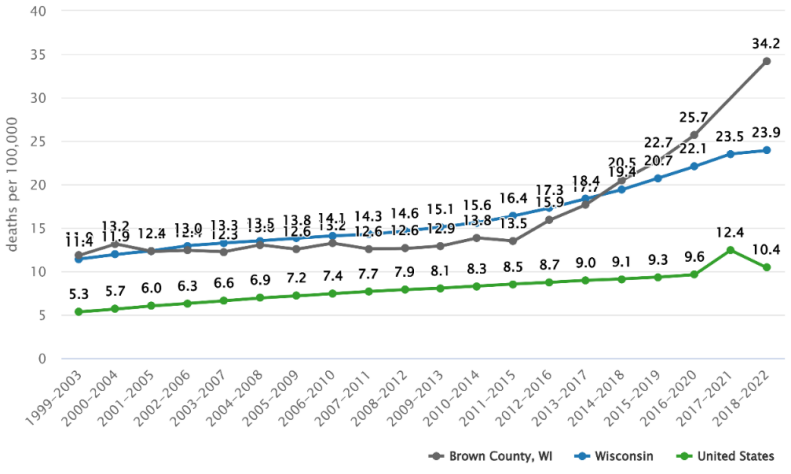


**Exhibit 16: Fall Mortality in Brown County, WI**

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

than the U.S. rate of 10.4 deaths per 100,000 residents. Brown County ranks among the highest (worst) 5 percent of all Counties in the country in fall mortality rates, and the rates have been steadily increasing over time as shown in Exhibit 16 (Metopio, CDC – National Vital Statistics System-Mortality (NVSS-M), 2018-2022).

**Unintentional Injury Mortality**

The unintentional injury mortality rate is the deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries. The Brown County rate is 66.0 deaths per 100,000 residents, which is close to the Wisconsin rate of 69.1 deaths per 100,000; both are considerably higher than the U.S. rate of 58.8 deaths per 100,000 residents. (Metopio, CDC, National Vital Statistics System-Mortality, 2018-2022).

**Sexual Violence**

Forcible rape is the carnal knowledge of a person without their consent, including instances where the victim is incapable of giving consent because of their age or temporary or permanent mental or physical incapacity. Brown County ranks in the top quartile (worst 75-90 percent) of all Counties for forcible rape, at 35.8 crimes per 100,000 residents, compared to 27.9 crimes per 100,000 residents in Wisconsin. (Metopio, Wisconsin Department of Justice, 2019).

**Violent Crime**

Crimes related to violence (yearly rate) includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery. The rate for violent crime in Brown County is 267.7 crimes per 100,000 residents, which is lower than the Wisconsin rate of 305.4 crimes per 100,000 residents and the U.S. rate of 369.0 crimes per 100,000. The violent crime rates show a consistent fluctuation over the years. From 1985 to 2021, the violent crime rate in Brown County started at 129.79 and peaked at 268.93 in 2016-2020, while Wisconsin and the United States followed a similar trend with varying rates (Metopio, FBI Crime Data Explorer, 2017-2021).

**Social Connectedness**

Social connection is based on the size and diversity of a person's social networks and roles, as well as the positive qualities from those relationships. This feeling of belonging and the support it provides is an important protective factor against chronic disease and serious illnesses. Both individual social connections and a community's supportive connections contribute to positive health benefits. (CDC, Social Connection, 2024). In the Beyond Health survey, 14% of respondents said they did not feel like they belong in the community (Beyond Health, Brown County Community Health Assessment, 2024). Additionally, a consistent theme from the consultant sessions was that discrimination played a big role in social connectedness within the community. (Beyond Health, Brown County Community Health Assessment, 2024).

# IV. Prioritization of Health-Related Issues

## D. Priority Setting Process

In fall of 2024, an ad hoc group of leaders from Aurora BayCare Medical Center prioritized significant needs 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

## E. Health Needs Selected

Using these criteria, Aurora BayCare Medical Center prioritized the significant health needs to address in the 2025-2027 implementation strategy:

**Access to Care**:
This need was selected because this was a common theme from the community input that the Beyond Health collaborative collected. The hospital is adequately situated to impact this issue in various ways, including expanding coverage to insurance and improving quality of care.

**Mental Health and Substance Use Disorders**
This need was selected because mental health issues continue to rise in the County, including mental health crises such as suicide and self-harm as well as substance use disorder issues. There are concerning disparities for certain groups for nearly every indicator that was reviewed. The hospital is committed to supporting access to care and community initiatives.

**Social Drivers of Health - Community Safety, Food Security, and Workforce Development**
Social drivers of health impact people's health and their wellbeing. While there are many SDOH that have need of addressing, as told by the data, the Aurora BayCare team has decided to focus efforts on community safety, food security and workforce development. These are areas they have been currently working on and will strive to continue the momentum they currently have to impact outcomes.

## F. Health Needs Not Selected

**Chronic Disease**
Chronic diseases are indeed a large issue, that encompasses numerous types of conditions. As a healthcare facility, this is already being addressed by providers and will continue to be addressed as this is the main role of healthcare.

**Economic Stability**
While this need will be partially addressed through workforce development, this is a larger systemic issue that requires a community-wide, collective response. Aurora BayCare will support efforts within the community as needed. Additionally, providers will refer to community resources for identified needs of

individual patients in our healthcare facilities.

**Social Connectedness**
This is another systemic issue that requires a community-wide, collective response. Aurora BayCare is not currently situated to prioritize this issue based on resources available but will support community efforts to do so. Additionally, providers will refer to community resources for identified needs of individual patients in our healthcare facilities.

## V. Approval of Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) report was adopted by the Bay Care Aurora, LLC board of directors on December 5, 2024.

## VI. Vehicle for 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

**Note: At the time of publication of this report, the final year of the plan was not yet complete. For 2024, the numbers are as of September 2024.*

**Focus | Access**
**Results**

**2022**
- 1,636 non-emergent ED visits without a primary care physician; 283 (17%) of those saw an AHC primary care provider within 28 days
- 2641 pediatric patients provided access to specialty diagnostic and treatment services in partnership with UW Health

- 372 new patients served by bilingual AHCMG pediatrician provided to N.E.W. Community Clinic for children and their families who do not have resources to pay for health services; 1004 medical visits provided
- 871 women screened for risk factors contributing to child abuse and neglect through the Well Baby Project. Of those parents assessed at-risk, 63% of families were successfully referred to community resources such as food and housing support and family and parenting support services.

**2023**

- 769 non-emergent ED visits without a primary care physician; 121 of those saw an AHC primary care provider within 28 days
- 2,788 pediatric patients provided access to specialty diagnostic and treatment services in partnership with UW Health
- 351 new patients served by bilingual AHCMG pediatrician provided to N.E.W. Community Clinic for children and their families who do not have resources to pay for health services; 807 medical visits provided
- 808 women screened for risk factors contributing to child abuse and neglect through the Well Baby Project. Of those parents assessed at-risk, 51% of families were successfully referred to community resources such as food and housing support and family and parenting support services.

**2024**

- 1,846 pediatric patients provided access to specialty diagnostic and treatment services in partnership with UW Health
- 335 new patients served by bilingual AHCMG pediatrician provided to N.E.W. Community Clinic for children and their families who do not have resources to pay for health services; 681 medical visits provided
- 543 women screened for risk factors contributing to child abuse and neglect through the Well Baby Project. Of those parents assessed at-risk, 68% of families were successfully referred to community resources such as food and housing support and family and parenting support services.
- Designated Aurora BayCare team member to serve on the Brown County Oral Health Coalition with other Brown County Health Partners

**Focus | Behavioral health**
**Results**

**2022**

- 91% of internal medicine, family practice, pediatrics and obstetrics/gynecology patients screened for depression
- 143 patients who presented in our ED with a behavioral health complaint discharged to Willow Creek Behavioral Health
- 232 patients treated in suboxone clinic; 190 visits provided
- 123 people supported through a Parkinson's support group; 81 people supported through a stroke support group

**2023**

- 91% of internal medicine, family practice, pediatrics and obstetrics/gynecology patients screened for depression
- 129 patients who present in our ED with a behavioral health complaint discharged to Willow Creek Behavioral Health
- 165 patients treated in suboxone clinic; 323 visits provided
- 159 people attended a Parkinson's support group; 124 people attended a stroke support group; 49 people attended a breast cancer support group

**2024**

- 82% of internal medicine, family practice, pediatrics and obstetrics/gynecology patients screened for depression
- 107 patients who present in our ED with a behavioral health complaint discharged to Willow Creek Behavioral Health
- 257 patients treated in suboxone clinic; 130 visits provided
- 101 people attended a Parkinson's support group; 81 people attended a stroke support group; 40 people attended a breast cancer support group

**Focus | Nutrition and Physical Activity**
**Results**

**2022**
- Offered the Diabetes Prevention Program for patients who are identified as prediabetic or at risk for type 2 diabetes
- 1,202 people were served through personal training to provide a lifestyle change
- Participated in Wello, a community organization focused on co-creating community conditions that are fair and just to drive high levels of health and well-being for all
- Provided approximately $52,000 worth of food donations to local food pantries

**2023**
- Offered the Diabetes Prevention Program for patients who are identified as prediabetic or at risk for type 2 diabetes
- Participated in Wello, a community organization focused on co-creating community conditions that are fair and just to drive high levels of health and well-being for all
- Provided approximately $52,000 worth of food donations to local food pantries

**2024**
- Participated in Wello, a community organization focused on co-creating community conditions that are fair and just to drive high levels of health and well-being for all
- Provided approximately $54,000 worth of food donations to local food pantries

**Focus | Community Safety - Youth Injury Prevention**
**Results**

**2022**
- 805 baseline concussion screenings provided
- 70 student athletes treated for a concussion
- 1,135 free health screenings and injury assessments provided
- 167 free high school physicals provided

**2023**
- 895 baseline concussion screenings provided
- 132 student athletes treated for a concussion
- 1,187 free health screenings and injury assessments provided
- 170 free high school physicals provided

**2024**
- 584 baseline concussion screenings provided
- 89 student athletes treated for a concussion
- 781 free health screenings and injury assessments provided
- 143 free high school physicals provided

**Focus | Workforce development**
**Results**

**2022**

- 17 medical students participated in the Wisconsin Academy for Rural Medicine (WARM) program rotation at Aurora BayCare
- 5 EMT scholarships provided, with 3 of those individuals going on to serve in the surrounding community
- 2 EMS Huddle session provided to increase education on identified needs; 105 attendees

**2023**

- 21 medical students participated in the WARM program rotation at Aurora BayCare
- 12 EMT scholarships provided and 1 advanced EMT scholarship provided, with 7 of those individuals going on to serve in the surrounding community
- 1 EMS Huddle session provided to increase education on identified needs; 68 attendees
- 6 interns hosted through Project SEARCH, which helps prepare young adults with varying abilities for success and help them find jobs

**2024**

- 19 medical students participated in the WARM program rotation at Aurora BayCare
- 4 EMT scholarships provided
- 2 EMS Huddle session provided to increase education on identified needs; 69 attendees
- 6 interns hosted through Project SEARCH, which helps prepare young adults with varying abilities for success and help them find jobs
    - 30 students participated in Youth Apprentice program to provide necessary skills for lifelong learning and career advancement

# VIII. Appendices

## Appendix 1: 2022 Community Health Needs Assessment Data Sources

To view the Beyond Health report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, visit: https://www.browncountywi.gov/departments/public-health/general-information/community-health-assessments-cha/

## Appendix 2: Community Resources Available for Significant Needs

The resources listed under each significant need are not comprehensive. For more community resources, visit: https://advocateauroracommunity.org/

**Chronic Diseases**

| Organization | Website | Contact |
|---|---|---|
| American Cancer Society | cancer.org | 1-800-227-2345 |
| American Heart Association | heart.org | 920-662-2268 |

**Community Safety**

| Organization | Website | Contact |
|---|---|---|
| Brown County United Way | https://www.browncountyunitedway.org/ | 920-432-3393 |
| CASA of Brown County | https://www.casabc.org/ | 920-437-2272 |

**Economic Stability**

| Organization | Website | Contact |
|---|---|---|
| Greater Green Bay Chamber | https://www.greatergbc.org/ | 920-593-3400 |
| Door County Economic Development | https://livedoorcounty.org/ | 920-743-3113 |

**Health Care Access and Quality**

| Organization | Website | Contact |
|---|---|---|
| Aurora BayCare Medical Center | https://www.aurorabaycare.com/find-a-location/aurora-baycare-medical-center/ | 920-288-8000 |
| Aurora BayCare Health Center | https://www.aurorabaycare.com/find-a-location/aurora-baycare-medical-center/ | 920-327-7300 |
| Bellin Hospital | https://bellin.org/locations/bellin-hospital | 920-433-3500 |
| Green Bay ER Hospital | https://greenbayer.com/ | 920-610-1990 |
| Green Bay Rehabilitation Hospital | https://greenbayrehab.com/ | 920-304-9695 |
| HSHS St. Mary's Hospital Medical Center | https://www.hshs.org/st-marys-green-bay | 920-498-4200 |
| HSHS St. Vincent Hospital | https://www.hshs.org/st-vincent | 920-433-0111 |
| N.E.W Community Clinic | https://www.newcc.health/locations/north-broadway-medical-clinic/ | 920-437-7206 |

**Mental Healthcare**

| Organization | Website | Contact |
|---|---|---|
| NEW Behavioral Health Clinic | https://www.newcc.health/ | 920-437-7206 |
| Brown County Coalition for Suicide Prevention | www.bethelightwalk.com | https://bethelightwalk.com/contact/ |

**Social Connectedness**

| Organization | Website | Contact |
|---|---|---|
| Casa Alba Melanie | https://www.casaalba.org/ | 920-445-0104 |
| Brown County Homeless & Housing Coalition | https://bchhcwi.org/ | bchomelesscoalition@gmail.com |

**Substance Use Disorders**

| Organization | Website | Contact |
|---|---|---|
| Jackie Nitschke Center | https://jackienitschkecenter.org/ | 920-435-2093 |
| Brown County Community Treatment Center | https://www.browncountywi.gov/departments/community-treatment-center/general-information/ | 920-391-4700 |

## Appendix 3: Sources

America's Health Rankings, 2021

Brown County Community Health Assessment, 2024. Retrieved from https://www.browncountywi.gov/i/f/files/HHS-Public-Health/Final%202023_2024%20CHA.pdf

County Health Rankings & Roadmaps. Brown County, WI, 2024. Retrieved from https://www.countyhealthrankings.org/health-data/wisconsin/brown?year=2024

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Centers for Disease Control and Prevention. Social Connection, March 27, 2024. Retrieved from https://www.cdc.gov/social-connectedness/about/index.html

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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

United States Census Bureau, Quick Facts, 2024. Retrieved from https://www.census.gov/quickfacts/browncountywisconsin

U.S. Department of Health and Human Services, Office on Women's Health, 2021. Retrieved from Prenatal care and tests