



2013 *Community Health Needs Assessment* **Report**

2014 *Implementation* **Strategy**

 **Aurora Sheboygan Memorial
Medical Center®**

*Aurora Sheboygan
Memorial Medical Center*
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Introduction | Aurora Health Care

Aurora Health Care, a not-for-profit, integrated health care system, is Wisconsin's most comprehensive health care provider and the state's largest private employer. As caregivers, we serve more than 1.2 million patients every year. Our patients enjoy care that is coordinated across an integrated network of facilities, services and providers. Aurora's 15 hospitals are bringing the latest technologies to communities across eastern Wisconsin and northern Illinois. Primary care clinics offer a wide array of primary and specialty physicians, diagnostic services and wellness programs. Home care, which includes nursing, durable medical equipment, hospice and therapy services, is coordinated through the Aurora Visiting Nurse Association. Our pharmacies, behavioral health services and labs all work together to provide a vital link in the continuum of care.

Part I | Aurora Sheboygan Memorial Medical Center (ASMMC)

Who we are. What we do

Aurora Sheboygan Memorial Medical Center (ASMMC) was built to be a patient-centered health care facility within Aurora's integrated not-for-profit health care system. ASMMC has been named one of America's Top 100 Hospitals five of the past six years by Thomson Reuters. With over 150 physicians and providers, Aurora Sheboygan Memorial offers more than 25 specialties to serve the overall health needs of Sheboygan County, including the birth of more than 900 babies each year. Aurora Sheboygan Memorial also provides the only inpatient behavioral health unit in Sheboygan and surrounding counties.

Who we serve

Our primary service area extends from Lake Michigan west to Plymouth. In addition to Sheboygan, this primary service area includes the communities of Howards Grove, Kohler, Oostburg, Plymouth and Sheboygan Falls. We also serve the Greater Sheboygan County area, including Adell, Cascade, Cedar Grove, Glenbeulah, Greenbush, Elkhart Lake, Random Lake and Waldo, as well as the neighboring communities of Kiel and New Holstein.

Aurora Sheboygan Memorial Medical Center by the Numbers (2012)

- 130 hospital beds
- More than 73,500 outpatient visits
- More than 15,200 emergency department visits
- More than 900 newborn deliveries
- More than 6,700 surgical cases (inpatient and outpatient)

Area facilities

- Aurora Sheboygan Memorial Medical Center
- Aurora Surgery Center (*Plymouth*)
- Aurora Sheboygan Clinic (*two locations*)
- Community-based clinics (*seven sites, located in Cedar Grove, Howards Grove, Kiel, New Holstein, Plymouth, Random Lake, Sheboygan Falls*)
- Aurora Pharmacy (*five sites, some within community clinics*)

Ancillary service partners ACL Laboratories

- Aurora QuickCare
- Aurora Vision Center
- Aurora Visiting Nurse Association of Wisconsin
- Davita Dialysis
- Total Health and Wellness
- Vince Lombardi Cancer Clinic

Aurora Sheboygan Memorial Medical Center Distinctions

- **The Joint Commission**
 - Joint Replacement Certification (*Hip and Knee*)
 - Primary Stroke Center Gold Seal of Approval
 - Spine Center of Excellence certificate
- **Thomson Reuters**
 - Top 100 Hospitals (*five of the past six years*)

To learn more about our hospital, please [click here](#).

Economic impact study – Sheboygan County

A report by the University of Wisconsin-Milwaukee found that Aurora Health Care's economic impact is substantial in every county in which its hospitals, clinics and other ambulatory facilities operate.¹

- Aurora's combined operations rank among the top five employers in Sheboygan County, at number three with 1,728 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora's operations on other business, the number grows to 2,630 jobs (pg. 25).
- When all multiplier effects are calculated, Aurora's economic impact accounts for an estimated 5.3 percent of all employment and 7.4 percent of total payroll in Sheboygan County (pg. 26).
- Aurora's business output/input revenue for Sheboygan County has a total impact of \$341.87 million (pg. 24).
- As an anchor institution, in 2012 Aurora Sheboygan Memorial Medical Center provided the following:
 - Community Benefits: \$1,209,874
 - Uncompensated Care: \$8,534,000*Community Benefit Report 2012 Aurora Sheboygan Memorial Medical Center*

Assessing community health status – an ongoing commitment

Since 2003, Aurora Health Care has underwritten a community health survey of Sheboygan County every three years, conducted in partnership with the Sheboygan County Division of Public Health. This helps the health department focus its resources on population health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. To view community health surveys dating back to 2003, visit <http://www.aurora.org/commbenefits>.

¹ Levine, M.V. (2013). The Economic Impact of Aurora Health Care in Wisconsin. *University of Wisconsin-Milwaukee Center for Economic Development* (<http://www.ced.uwm.edu>). Report available at <http://www.aurora.org/commbenefits>

Part II | Aurora Sheboygan Memorial Medical Center (ASMMC) 2013 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: Sheboygan County



Although Aurora Sheboygan Memorial Medical Center serves patients from Sheboygan County and beyond, for the purpose of the community health needs assessment the community served is defined as Sheboygan County.



Sheboygan County is located between Milwaukee and Green Bay along Lake Michigan. Sheboygan County is home to a wide variety of global brands, from companies like Johnsonville and Bemis to Kohler and Sargento. The County has several academic centers including Lakeshore Technical College, Lakeland College, University of Wisconsin-Sheboygan and the Marquette-Kohler MBA Program.²

Sheboygan County is made up of suburban, rural and lakefront communities:³

- Cities of Plymouth, Sheboygan, Sheboygan Falls
- Villages of Adell, Cascade, Cedar Grove, Elkhart Lake, Glenbeulah, Howards Grove, Kohler, Oostburg, Random Lake, Waldo
- Towns of Greenbush, Herman, Holland, Lima, Lyndon, Mitchell, Mosel, Plymouth, Rhine, Russell, Scott, Sheboygan, Sheboygan Falls, Sherman, Wilson
- Unincorporated communities of Ada, Batavia, Beechwood, Cranberry Marsh, Edwards, Franklin, German Corners, Gibbsville, Gooseville, Greenbush, Haven, Hayen, Hingham, Hulls Crossing, Idlewood Beach, Johnsonville, Mosel, New Paris, Ourtown, Parnell, Rhine Center, St. Anna (partial), Silver Creek

County health ranking

According to the 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Sheboygan County ranked number 19 in health outcomes and 14 out of 72 counties in health factors for Wisconsin's healthiest counties.⁴

² Sheboygan County Chamber of Commerce. Available at <http://www.villageprofile.com/wisconsin/sheboygancounty>. Accessed July 19, 2013

³ Sheboygan County Chamber of Commerce. Available at <http://www.villageprofile.com/wisconsin/sheboygancounty>. Accessed July 19, 2013

⁴ University of Wisconsin Population Health Institute. County Health Rankings (2013). Available at <http://www.countyhealthrankings.org>

2013 Community Health Needs Assessment Report

Demographic Characteristics of Sheboygan County and Wisconsin, 2010

Characteristics	Sheboygan County	Wisconsin
Total Population*	115,507	5,686,986
Median Age (years)	40.3	38.5
Race*		
White (non-Hispanic)	91.4%	86.2%
Black or African American (non-Hispanic)	1.5%	6.3%
Asian	4.6%	2.3%
American Indian and Alaska Native	0.4%	1.0%
Some other race	2.0%	2.4%
Hispanic or Latino (of any race)	5.5%	5.9%
Age*		
0-14 years	19.6%	19.4%
15-44 years	37.0%	39.2%
45-64 years	28.8%	27.7%
65 years and older	14.6%	13.2%
Education level of adults 25 years and older**		
Less than high school degree	10.5%	9.9%
High school degree	38.7%	31.6%
Some college/associates	30.2%	33.3%
Bachelor degree or higher	14.7%	24.0%
Unemployment rate (estimate)**		
Percent of those ages 16 or older who are unemployed	4.0%	8.9%
Median household income (estimate)** (2010 inflation-adjusted dollars)		
	\$51,127	\$49,001
Percent below poverty in the last 12 months (estimate)**		
	8.4%	15.3%

Note: Some totals may be more or less than 100% due to rounding or response category distribution

*U.S. Census Bureau (2012). American Fact Finder. Retrieved on August 22, 2012

** Data from American Community Survey 2010 estimates. Accessed at <http://americanfactfinder.com> on August 22, 2012

Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

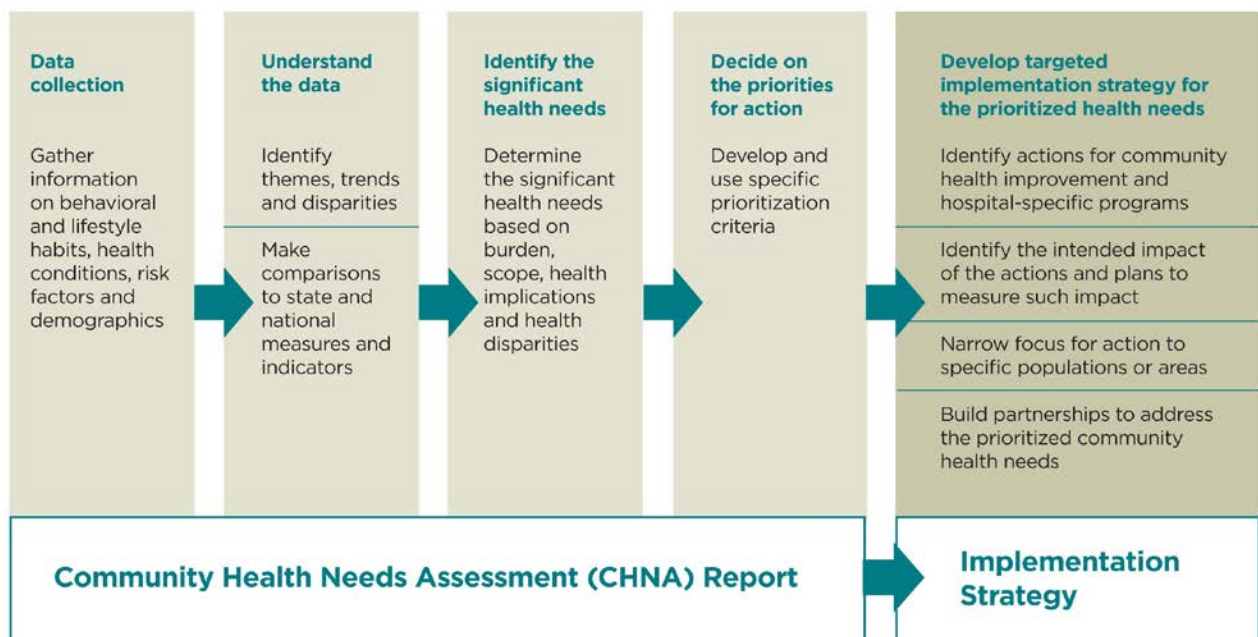
Partnership

Aurora Health Care commissioned the community health survey, in partnership with the Sheboygan County Division of Public Health. The community health survey is supplemented by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2011-2012 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs. Since 2003, Aurora Health Care has underwritten a community health survey of Sheboygan County every three years, conducted in partnership with the Sheboygan County Division of Public Health.

Purpose and process of the Community Health Needs Assessment

From 2011 – 2012 a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in Sheboygan County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report.



Data collection and analysis

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2011) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources

Source #1 | Sheboygan County Community Health Survey Report

The community health survey is a source of primary community health data. The latest telephone survey was completed between September 26, 2011 and October 4, 2011, and analyzed and posted in 2012. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | Secondary Data Report

The report summarizes the demographic and health-related information for Sheboygan County (Appendix B). Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source

Source #3 | Key Informant Interview Report

Sixteen individual key informant interviews were conducted between August and December 2012. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Sheboygan County, based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020*. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed and key groups in the community that hospitals should partner with to improve community health. Key informants included leaders with broad representation from public health, other government agencies, education, local health care systems, human services, health centers and community organizations. These key informants focus on a range of public health issues and represent the broad interest of the community served, including medically underserved, low income and minority populations. For further description see Appendix C.

The Key Informant Interview Report presents the results, including summaries of the top five health issues as well as additional identified health issues. Moreover, the Key Informant Interview Report compiles a listing of community assets and potential resources and partnerships to address community health issues (Appendix C). The report was prepared by the Center for Urban Population Health.

Additional sources of data and information used to prepare the Aurora Sheboygan Memorial Medical Center CHNA and considered when identifying significant community health needs:

Source #4 | Sheboygan County Community Health Improvement Plan

The Sheboygan County Community Health Improvement Plan (CHIP) is part of the ongoing effort of the *Healthy Sheboygan County 2020*, a coalition of committed public health system partners, and the Sheboygan County Division of Public Health. The current CHIP received grant support from the Centers for Disease Control and Prevention's Public Health Infrastructure Grant. The CHIP is available at <http://www.healthysheboygancounty.org/resources/chipfinal2012.pdf>

Source #5 | Wisconsin Cancer Facts & Figures (2011)

The report was prepared by the American Cancer Society, with contribution and assistance from the Wisconsin Cancer Reporting System, Wisconsin Office of Health Informatics, Wisconsin Comprehensive Cancer Control Program, and the Wisconsin Well Women Program. The report is available at http://action.acscan.org/site/DocServer/WI_FactsFigures_2010_120710_L9.pdf?docID=19025

Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Sheboygan County

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, *Healthiest Wisconsin 2020*, as well as the nation as outlined in the *Healthy People 2020*, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and in particular specific areas within the community (such as neighborhoods or populations experiencing health disparities).

To determine the significant health needs identified through the CHNA, the following criteria was considered:

- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)

The *Healthy People 2020* definition of a health disparity:

If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual's ability to achieve good health.

Summary of municipal health department Community Health Improvement Plan (CHIP), *Healthiest Wisconsin 2020* and *Healthy People 2020*

Municipal Health Department Community Health Improvement Plan (CHIP)	<p>"Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents." This process has been referred to as the Community Health Improvement Plan (CHIP).</p> <p>http://www.dhs.wisconsin.gov/chip/</p>
<i>Healthiest Wisconsin 2020</i>	<p>"<i>Healthiest Wisconsin 2020</i> identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area." The 23 focus area profiles of HW2020 can be grouped into three categories: crosscutting, health and infrastructure.</p> <p>http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf</p>
<i>Healthy People 2020</i>	<p>"Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:</p> <ul style="list-style-type: none"> • Encourage collaborations across communities and sectors • Empower individuals toward making informed health decisions • Measure the impact of prevention activities" <p>http://www.healthypeople.gov/2020/about/default.aspx</p>

Summary of the significant health needs identified through the CHNA for Sheboygan County

When available and applicable, *Healthy People 2020* objectives are listed for the health topics. This report is focused on the following data collection years: 2003, 2005, 2008 and 2011. Note: for some health topics data was collected in 1996 (Appendix D).

Access

Unmet medical care | In 2011, 8% of adults reported unmet medical care in the past 12 months, a slight decrease from 2008 (9%). Unmarried respondents were more likely to report they did not receive the medical care needed (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or delay in receiving necessary medical care to 4.2%

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.⁵

Oral health care | Based on the key informant interview findings, oral health emerged as one of the top five health issues for Sheboygan County (ranked number two and tied with alcohol and drugs and physical activity). Key informants identified a wide range of community clinics, dentists and hygienists who provide dental care and teach children how to properly brush and floss. Despite these resources, key informants felt Medicaid and uninsured clients experienced difficulties accessing dental services, and the lack of awareness of existing resources is a challenge (Source #3).

According to the Sheboygan County Community Health Improvement Plan, 379 persons sought emergency department care at local hospitals for dental problems in 2008. During 2008, only 19.52% of Sheboygan County children enrolled in Medicaid visited the dentist or dental clinic within the previous 12 months (Source #4).

Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs.⁶

Unmet prescription medication | In 2011, 12% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months. Note: this question was added in 2011. Respondents who were in the bottom 40 percent household income bracket (less than \$40,001), unmarried or with children in the household were more likely to report someone in their household had not taken their prescribed medication due to prescription costs.

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%

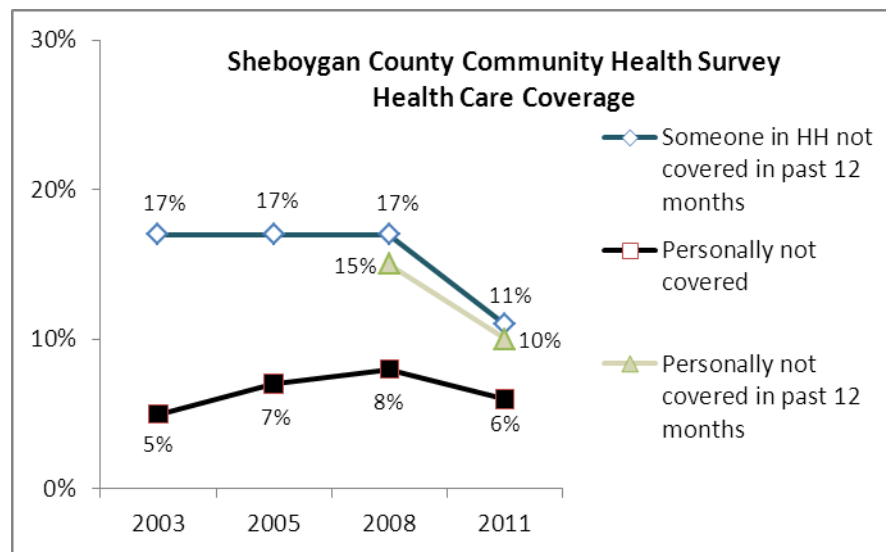
Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.⁷

⁵ Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>. Accessed August 23, 2013.

⁶ Centers for Disease Control and Prevention – Chronic Disease Prevention and Health: Preventing Cavities, Gum Diseases, Tooth Loss, and Oral Cancers At A Glance 2011. Available at <http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm>. Accessed August 23, 2013.

⁷ Centers for Disease Control and Prevention – Primary Care & Public Health Initiative: Medication Adherence. Available at <http://www.cdc.gov/primarycare/materials/medication/>. Accessed August 23, 2013

Coverage



The *Healthy People 2020* target for health care coverage is 100%

In 2011, 6% of adults reported they personally were not currently covered, a slight increase from 2003 (5%). Respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket (less than \$40,001) or unmarried were more likely to report they were not currently covered by health care insurance (Source #1).

In 2011, 10% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 2008 (15%). Respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket (less than \$40,001) or unmarried were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

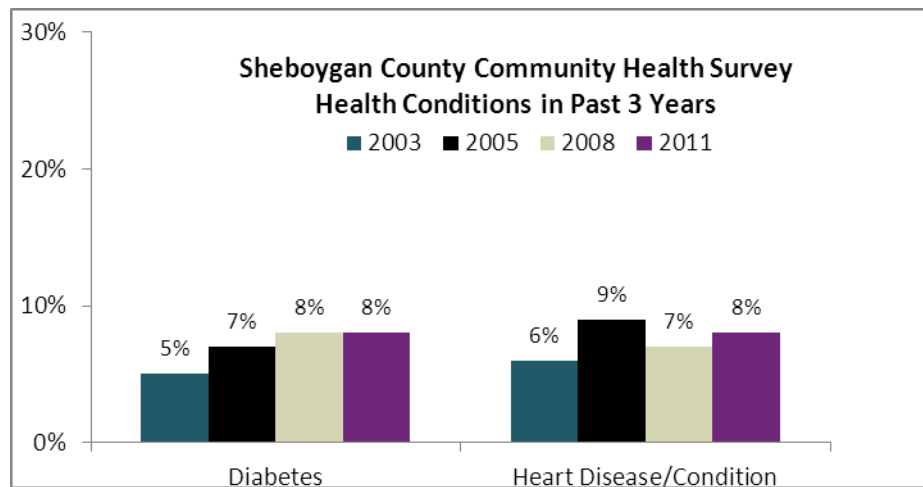
In 2012, 11% of adults reported a household member was not covered at least part of the time in the past year, a decrease from 2003 (17%). Respondents who were in the bottom 40 percent household income bracket (less than \$40,001) or unmarried were more likely to report this (Source #1).

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.⁸

⁸ Centers for Disease Control and Prevention. Vital Signs – Access to Health Care. Available at <http://www.cdc.gov/vitalsigns/healthcareaccess/>. Accessed July 19, 2013

Chronic disease: diabetes, heart disease and cancer

Chronic conditions such as diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.⁹



Diabetes | In 2011, 8% of adults reported diabetes in the past three years, up from 5% in 2003. Respondents who were 65 and older or overweight were more likely to report diabetes (Source #1).

Why is this significant? Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.¹⁰

Heart disease or heart condition | In 2011, 8% of adults reported heart disease or heart condition in the past three years, up from 6% in 2003. Respondents who were 65 and older, overweight or inactive were more likely to report heart disease/condition (Source #1).

Why is this significant? The term “heart disease” refers to several types of heart conditions, such as coronary heart disease, which can lead to heart attack, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease.¹¹ In 2010, heart disease was a leading cause of death in Sheboygan County.¹²

Cancer | The 2004-2008 Sheboygan County cancer incidence rate was 591.5 per 100,000, higher compared to the state (516.0 per 100,000) (Source #2).

Based on the *2011 Wisconsin Cancer Facts & Figures*, the 2003-2007 total number of cancer cases for Sheboygan County was 3,321 (all sites). There were 511 cases of prostate cancer, 417 cases of female breast cancer, 399 cases of colon and rectum cancer, and 356 cases of lung and bronchus cancer (Source #5).

⁹ Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at <http://www.cdc.gov/chronicdisease/index.htm>. Accessed July 19, 2013

¹⁰ Centers for Disease Control and Prevention. - Diabetes Public Health Resources. Available at <http://www.cdc.gov/diabetes/>. Accessed July 13, 2013

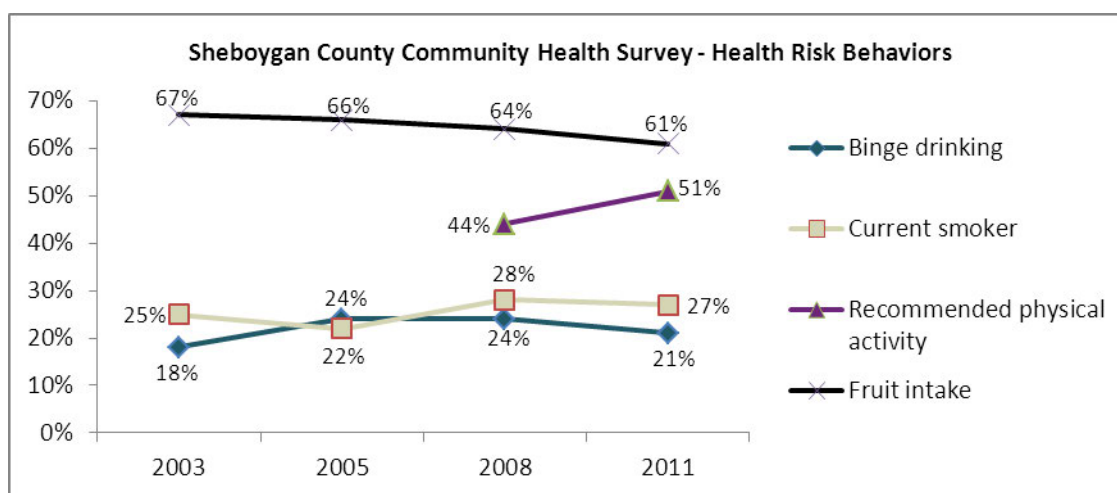
¹¹ Centers for Disease Control and Prevention - Heart Disease. Available at <http://www.cdc.gov/heartdisease/>. Accessed July 19, 2013

¹² Wisconsin Department of Health Services. Sheboygan County Public Health Profile (2010). Available at <http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/sheboygan10.pdf>. Accessed July 19, 2013.

Why is this significant? A person's cancer risk can be reduced in a number of ways, including but not limited to, receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight and being physically active.¹³ In 2010, cancer was a leading cause of death in Sheboygan County.¹⁴

Health risk behaviors: alcohol use, tobacco use, nutrition and physical activity

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol, tobacco use, lack of physical activity and poor nutrition.¹⁵



Alcohol use | Based on the key informant interview findings, alcohol and drugs emerged as one of the top five health issues for Sheboygan County (ranked number two and tied with oral health and physical activity) (Source #3).

In 2011, 21% of adults reported binge drinking in past month, an increase from 2003 (18%), this is similar when compared to the state (22%) and higher when compared to the United States (15%). Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket (at least \$60,001) were more likely to report binge drinking at least once in the past month (Source #1).

- The *Healthy People 2020* goal for adult binge drinking is 24%

Although this meets the *Healthy People 2020* goal, binge drinking remains a significant health issues since it has increased from 2003 (18%), is associated with an array of health issues and efforts need to be in place to prevent future increases.

Binge drinking is defined as five or more drinks on one occasion for males and four or more for females. Note: the comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System (Source #1).

¹³ Centers for Disease Control and Prevention – Cancer. Available at <http://www.cdc.gov/cancer/dcpc/prevention/>. Accessed July 19, 2013

¹⁴ Wisconsin Department of Health Services. Sheboygan County Public Health Profile (2010). Available at <http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/sheboygan10.pdf>. Accessed July 19, 2013.

¹⁵ Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at <http://www.cdc.gov/chronicdisease/index.htm>. Accessed July 19, 2013

Why is this significant? Binge drinking is associated with an array of health problems, including but not limited to unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society from losses in productivity, health care, crime and other expenses.¹⁶

Smoking | Based on the key informant interview findings, tobacco emerged as one of the top five health issues for Sheboygan County (ranked number five and tied with nutrition) (Source #3).

In 2011, 27% of adults reported cigarette smoking in the past 30 days (current smoker), up from 25% in 2003. Respondents who were male, 18 to 44 years old, with some post high school education or less or unmarried respondents were more likely to report being a current smoker (Source #1).

- The *Healthy People 2020* target is to reduce cigarette smoking by adults to 12.0%

Additionally, in 2010, 15.4% of Sheboygan County mothers indicated smoking during pregnancy (Source #2).

- The *Healthy People 2020* target is no greater than 1.4%

Why is this significant? Smoking increases the risk of coronary heart disease, stroke and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach).¹⁷ In 2010, cancer was a leading cause of death in Sheboygan County.¹⁸ 90% of all deaths from chronic obstructive lung disease are caused by smoking. Additionally, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.¹⁹

Nutrition and physical activity | Based on the key informant interview findings, physical activity and nutrition emerged as one of the top five health issues for Sheboygan County. Physical activity ranked two and tied with alcohol and drugs and oral health, and nutrition ranked number five and tied with tobacco (Source #3).

In 2011, 51% of adults reported engaging in recommended moderate or vigorous activity, up from 44% in 2008. In 2011, 61% of adults reported eating the recommended fruit servings while 23% of adults reported eating the recommended vegetable servings (Source #1).

Why is this significant? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one's risk for overweight and obesity. Healthy eating helps reduce one's risk for developing osteoporosis, iron deficiency and dental cavities.²⁰

¹⁶ Centers for Disease Control and Prevention – Alcohol. Available at <http://www.cdc.gov/alcohol/>. Accessed July 19, 2013

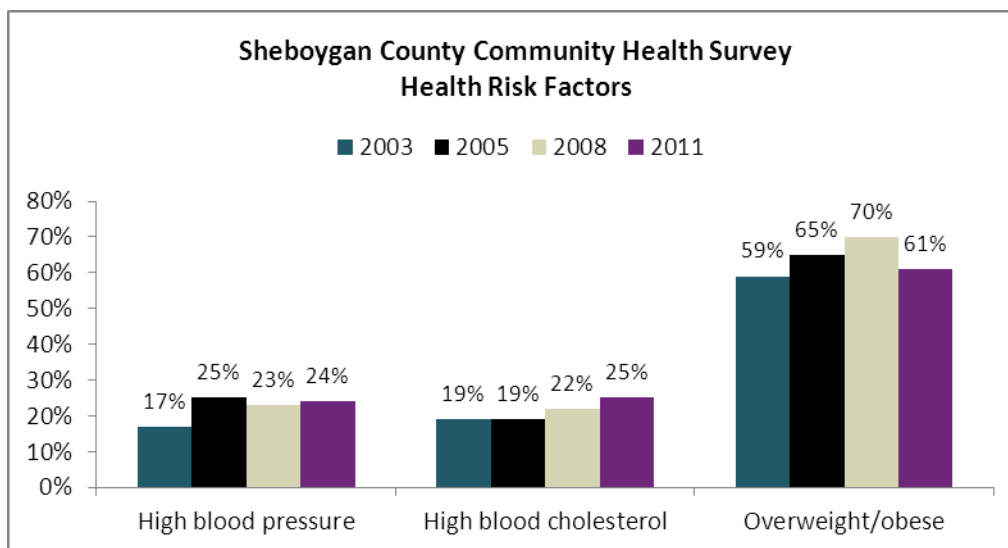
¹⁷ Centers for Disease Control and Prevention – Smoking Tobacco Use. Available at <http://www.cdc.gov/tobacco/>. Accessed July 19, 2013

¹⁸ Wisconsin Department of Health Services. Sheboygan County Public Health Profile (2010). Available at <http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/sheboygan10.pdf>. Access July 19, 2013.

¹⁹ Centers for Disease Control and Prevention – Smoking Tobacco Use. Available at <http://www.cdc.gov/tobacco/>. Accessed July 19, 2013

²⁰ Centers for Disease Control and Prevention – Adolescent and School Health: Nutrition Facts. Available at <http://www.cdc.gov/healthyyouth/nutrition/facts.htm>. Accessed August 23, 2013

Health risk factors: high blood pressure, high blood cholesterol and overweight/obesity



High blood pressure and high blood cholesterol | In 2011, 24% of adults reported high blood pressure and 25% of adults reported high cholesterol in the past three years, an increase from 2003 (17% and 19%, respectively). Respondents who were 65 and older, in the bottom 40 percent household income bracket (less than \$40,001), overweight, physically inactive or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older or overweight were more likely to report high blood cholesterol (Source #1).

- The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%

Although the 2011 high blood pressure percent meets the Healthy People 2020 target, this remains a significant health issue since it increased from 2003 (17%), in 2011 about one in four (24%) respondents reported high blood pressure in the past three years and this is a risk factor for heart disease and stroke.

Why is this significant? High blood pressure increases the risk for heart disease and stroke. Likewise, high cholesterol is a risk factor for heart disease. Fortunately, there are ways to prevent high blood pressure and cholesterol or treat it if it is already high.²¹ In 2010, heart disease was a leading cause of death in Sheboygan County.²²

²¹ Centers for Disease Control and Prevention – High Blood Pressure and High Cholesterol. Available at <http://www.cdc.gov/bloodpressure/> and <http://www.cdc.gov/cholesterol/>. Accessed July 19, 2013

²² Wisconsin Department of Health Services. Sheboygan County Public Health Profile (2010). Available at <http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/sheboygan10.pdf>. Accessed July 19, 2013.

Overweight/Obesity | In 2011, 61% of adults were classified as being overweight, an increase from 2003 (59%). Respondents who were male, 35 to 44 years old, 65 and older or inactive respondents were more likely to be classified as overweight. Since 61% of adults in 2011 were classified as overweight, this means 39% of adults were classified as a healthy weight (Source #1).

- The *Healthy People 2020* goal for healthy weight is 34%

Although the 2011 healthy weight meets the *Healthy People 2020* target, this remains a significant health issue since overweight/obesity increased from 2003 (59%). In 2011 over half adults were classified as overweight or obese and, since overweight/obesity is a risk factor for an array of health issues and conditions, efforts need to be in place to prevent future increases.

In the Sheboygan County Community Health Survey, the category “overweight” includes overweight and obese respondents. One nationally used definition of overweight status developed by the CDC is when a person’s body mass index (BMI) is greater or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter² (Source #1).

Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.²³

²³ Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity and Obesity. Available at <http://www.cdc.gov/nccdphp/dnpao/>. Accessed July 19, 2013

Mental Health

Mental health conditions | Based on the key informant interview findings, mental health emerged as one of the top five health issues for Sheboygan County (ranked number one) (Source #3).

In 2011, 14% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a slight decrease from 2008 (15%). Respondents who were female, 18 to 44 years old, in the bottom 40 percent household income bracket (less than \$40,001) or unmarried were more likely to report a mental health condition (Source #1).

Why is this significant? Mental health conditions are extremely costly to society, due to diminished personal, social and occupational functioning. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking and excessive drinking.²⁴

Suicide | In 2011, 7% of adults reported feeling so overwhelmed in the past year that they considered suicide, up from 4% in 2003. This means approximately 6,160 Sheboygan County adults may have considered suicide in the past year. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1).

Additionally, in 2010, there were 13 suicides in Sheboygan County (11.3 per 100,000) (Source #2).

- The *Healthy People 2020* target is 10.2 per 100,000.

Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.²⁵

²⁴ Centers for Disease Control and Prevention – Mental Health. Available at <http://www.cdc.gov/mentalhealth/>. Accessed July 19, 2013

²⁵ Centers for Disease Control and Prevention – Suicide Prevention. Available at <http://www.cdc.gov/violenceprevention/suicide/>. Accessed July 19, 2013

Section 4 | Prioritized significant health needs

During 2012 an ad hoc committee of the Aurora Health Care Board of Directors' Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a "signature community benefit focus" for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in "health home" capacity and utilization by underserved populations across Aurora's footprint (Medicaid-eligible and uninsured)

During 2013, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)

Using this criteria, Aurora Sheboygan Memorial Medical Center has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage
- Nutrition, physical activity and overweight/obesity
- Alcohol and drugs
- Mental health
- High blood pressure and high cholesterol
- Cancer

In collaboration with the *Healthy Sheboygan County 2020* and the Sheboygan County Division of Public Health, ASMMC will be addressing health literacy as a prioritized community need.

2013 *Community Health Needs Assessment* Report

Significant health needs not being addressed in the implementation strategy and the reason:

The implementation strategy does not include specific strategies and goals for tobacco use, asthma and heart disease as these are part of the standard continuum of clinical care at ASMMC and Aurora Medical Group clinics. As outlined in the implementation strategy, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put individuals at greater risk for chronic disease.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, [click here](#).

Part III | Aurora Sheboygan Memorial Center Implementation Strategy

Introduction

Responsible stewardship of limited charitable resources: Our not-for-profit role in the community

As an affiliate of Aurora Health Care Inc., the leading not-for-profit healthcare provider in eastern Wisconsin, our purpose is to help people live well. We recognize our role in addressing concerns about the accessibility and affordability of health care in Sheboygan County. Further, we recognize that we are accountable to our patients and communities, and that our initiatives to support our communities must fit our role as a not-for-profit community hospital.

As a primary health care provider, we are asked to support a wide array of community activities and events in Sheboygan County. However, today's community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives.

The implementation strategies presented here are the result of our process for assessing community health needs, obtaining input from community members and public health representatives, prioritizing needs and consulting with our hospital staff and physician partners. Our strategies are organized into three main categories in alignment with three core principles of community benefit as shown below.

Category	Community Benefit Core Principle
Priority #1: Access and Coverage	<ul style="list-style-type: none"> Access for persons in our community with disproportionate unmet health needs
Priority #2: Community Health Improvement Plan	<ul style="list-style-type: none"> Build links between our clinical services and local health department community health improvement plan (CHIP)
Priority #3: Hospital focus	<ul style="list-style-type: none"> Address the underlying causes of persistent health problems

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. A full accounting of our community benefits are reported each year and can be found by visiting <http://www.aurora.org/commbenefits>.

Principal community health improvement tool: Community Partnerships

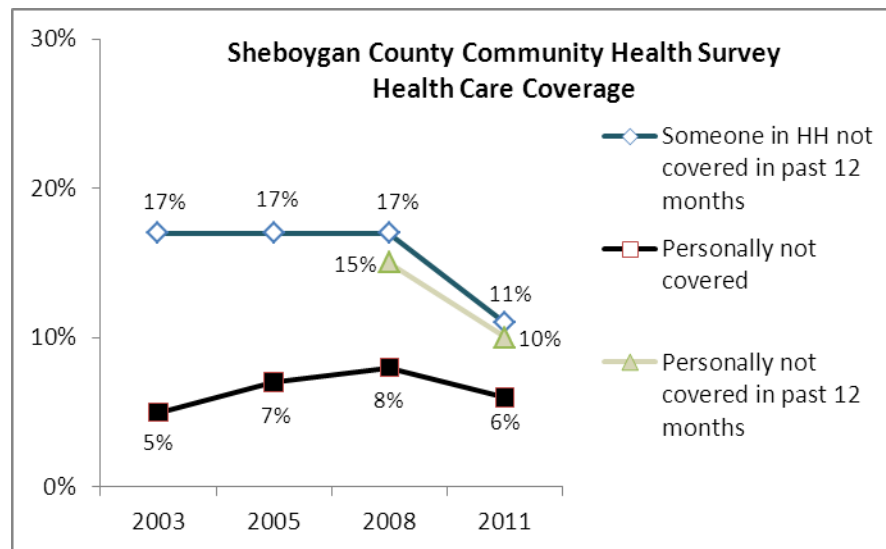
For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity-building to address unmet community health needs.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.



In 2011, 12% of adults reported someone in their household had not taken their prescribed medication due to cost and 8% of adults reported unmet medical care in the last 12 months (CHNA Source #1).

According to the Sheboygan County Community Health Improvement Plan, 379 persons sought emergency department care at local hospitals for dental problems in 2008. During 2008, only 19.52% of Sheboygan County children enrolled in Medicaid visited the dentist or dental clinic within the previous 12 months (CHNA Source #4).



The Healthy People 2020 target for health care coverage is 100%

Focus | Access is an Aurora Health Care signature community benefit focus

Principal partners

- Aurora Consolidated Labs
- Aurora Family Service *Public Benefits Connection*²⁶
- Aurora Medical Group (AMG) at Aurora Sheboygan Clinic
- Aurora Pharmacy
- Aurora Radiology

Community partners

- Lakeshore Community Health Center (LCHC) – Initial efforts are under way to establish LCHC as a fully operating Federally Qualified Health Center to serve patients regardless of insurance status or ability to pay. Opened in 2012 and currently providing dental health services, the intent is to expand and provide primary care and behavioral health services in 2014
- Salvation Army Red Shield Free Clinic (SARSFC) – Opened in 1992 to provide medical, dental and optometric care to qualified uninsured Sheboygan County residents, staffed by area physicians, nurses and support personnel on a volunteer basis

²⁶ Note: Aurora Family Service Public Benefits Connection works closely with Aurora Financial Counselors to assist families with accessing public health insurance benefits targeted for eligible low income families, infants and disabled patients.

- East Central Income Maintenance Partnership/Partners for Community Development – Two federal grants were awarded in 2013 for the sole purpose of assisting low income, underinsured or uninsured individuals and families by providing resources for education and enrollment in the ACA Marketplace
- Sheboygan County Affordable Care Act Task Force
- United Way of Sheboygan County
- Mental Health America

Target population

- Uninsured and Medicaid-eligible patients using our hospital emergency department (ED) for primary care and frequent ED users using our ED for non-emergent conditions

What we will do

For Access | *To ensure appropriate follow-up services for uninsured and Medicaid-eligible persons and frequent users of our hospital ED to receive primary and dental care, we will:*

- Provide patients with information on the benefits of receiving routine primary, dental and preventive care in a “health home” and assist patients with referral and navigation to Salvation Army Red Shield Free Clinic (SARSFC) for medical care and Lakeshore Community Health Center (LCHC) for dental care
- Continue to support Aurora Medical Group physicians who volunteer at SARSFC and provide necessary ancillary services including lab, radiology and pharmacy
- Increase the capacity of LCHC to serve uninsured and underserved populations by collaborating with St. Nicholas Hospital/Prevea Health to provide necessary ancillary services including lab, radiology and pharmacy services once medical services are added
- Continue to provide operating costs to maintain reliable transportation services for patients in Plymouth
- Develop protocol and methodology to track the show and no-show rates for ED patients who require a follow-up visit to community clinics to help ensure follow-through with scheduled appointments, and to contact those who did not keep scheduled appointments to provide assistance with navigation and follow-through

To reduce the number of older adult patients who frequently use and return to our ED, we will:

- Hire a full-time social worker or senior resource nurse to address the frequent use and return to our ED (October 2014)

In 2013, Sheboygan County experienced a significant tuberculosis (TB) outbreak that required collaboration with Sheboygan County Health and Human Services, Public Health, Aurora Visiting Nurse Association and competing health systems to address education and language barriers and to provide care for which there was no reimbursement.

- During 2014 we will continue to provide support and care to those patients and families affected by TB in our community, regardless of their ability to pay

For Coverage | *To ensure coverage for uninsured and Medicaid-eligible patients using our ED for primary and dental care, we will:*

- Actively screen uninsured patients seen in the ED for financial assistance programs, including Aurora’s *Helping Hand Patient Financial Assistance* program, and assist with application processes
- Collaborate with Aurora Family Service and the Sheboygan County Affordable Care Act Task Force to provide space within our facilities to assist with educating and enrolling individuals into the Marketplace (the health insurance exchange)
- Through our specially trained financial advocates, inform and educate all uninsured patients about the benefits of securing coverage through the Marketplace (the health insurance exchange) and assist those who need help

Intended impact

- A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured) in Sheboygan County
- Uninsured and Medicaid eligible patients currently relying on our hospital ED for primary and dental care services, chronic disease management and dental care will successfully transition to a “health home”
- Uninsured and Medicaid eligible patients will successfully transition to affordable health insurance plans

Measures to evaluate impact

- Number of patients referred from our hospital ED to primary care or dental health provider (LCHC, SARSFC or AMG); of these patients percent uninsured, Medicaid-eligible and frequent users of the ED
- Tracking method for monitoring follow through/completed visits at LCHC, SARSFC or AMG is developed and implemented
- Number of uninsured screened and enrolled in financial assistance programs (e.g., *Aurora Helping Hand*, health insurance plans, etc.) or the Marketplace (the health insurance exchange)



Based on the key informant interview findings, alcohol and drugs and mental health emerged among the top five health issues for Sheboygan County (CHNA Source #3).

Among the top five issues in the *Sheboygan County Community Health Improvement Plan (CHIP)* are alcohol and other drug abuse and mental health.

Focus | Alcohol and other drug abuse and mental health – Healthy Sheboygan 2020 AODA Committee

Principal partners

- Aurora Medical Group and its Leadership Council
- Aurora Pharmacies

Community partners

- Acuity
- Advanced Pain Management
- CSM/Marsho Medical Group
- Law enforcement - County and local
- Mental Health America
- Sheboygan County Division of Public Health
- Sheboygan Heroin Task Force
 - ACUITY has contributed \$100,000 in support of efforts in the Sheboygan County area to tackle the growing heroin problem.
 - ACUITY's donation will be administered by a task force under the direction of the Sheboygan Police Department Captain. The task force includes the police department, the Sheboygan County Health and Human Services Department, Aurora Sheboygan Memorial Medical Center, St. Nicholas Hospital, Healthy Sheboygan County 2020, the district attorney's office, and the Sheboygan Area School District.
- St. Nicholas Hospital/Prevea

Target population

- Sheboygan County residents with mental health and/or addiction issues

What we will do

To support the Healthy Sheboygan County 2020 AODA Committee Action Plan and the Sheboygan Heroin Task Force efforts to reduce substance abuse among youth and eventually adults in Sheboygan County, we will:

- Dedicate one Aurora caregiver to actively serve on the *Healthy Sheboygan County 2020 AODA Committee*
- Dedicate one Aurora caregiver to actively serve on the Sheboygan Heroin Task Force
- Provide professional education on medication misuse to physicians, pharmacists and dentists in our community (build upon efforts completed in 2013)
- Fully implement our updated Opiate Guidelines at all Aurora facilities in the market (by the end of 2014)
- Provide outreach and education to local community members on the problem of medication misuse and abuse

To address mental health needs in Sheboygan County we will:

- Fill the gap for mid-level mental health services through the expansion of our partial-inpatient hospital behavioral health program opened during second quarter 2013

- Administer a survey to assess the process, gaps, overlap, potential partnerships and strategies to address behavioral health issues, such as mental health and alcohol and drug abuse in Sheboygan County, and share findings with the community
- Coordinate and host a community summit in Sheboygan County with community members to determine service gaps or duplication of services and collaborate on a coordinated continuum of care

Intended impact

- Improved access to appropriate level of mental health services is increased in our community by our partial-inpatient hospital behavioral health program
- *Healthy Sheboygan County 2020* goals to reduce substance abuse are achieved through community-wide behavioral health plan
- Service gaps will be closed, access to care will be improved through realignment of existing resources

Measures to evaluate impact

- Behavioral health plan is developed (by December, 2014)
- Number of people served by the partial-inpatient hospital behavioral health program; conversely, number of individuals referred to Appleton for mental health services due to full capacity at ASMMC
- Number of physicians, pharmacists and dentists trained on medication misuse
- In collaboration with community partners, the development of new programs to support gaps of service outlined during the Behavioral Health Care Summit



Among the top five issues in the *Sheboygan County Community Health Improvement Plan (CHIP)* is health literacy.

The *National Action Plan to Improve Health Literacy* states “limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups. It affects people’s ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts.”²⁷

Focus | Health literacy – Healthy Sheboygan 2020 Health Literacy Committee

Principal partners

- Aurora Central Billing Office
- Aurora Medical Group
- Aurora Pharmacies
- Aurora Visiting Nurse Association

Community partners

- Aging Disability Resource Center (ADRC)
- Area Health Education Council
- *Healthy Sheboygan 2020* Health Literacy Committee
- Lakeshore Technical College
- St. Nicholas/Prevea
- UW Sheboygan Extension

Target population

- All Sheboygan County residents

What we will do

To fulfill our role in supporting the Healthy Sheboygan County 2020 Health Literacy Committee, we will:

- Dedicate an Aurora caregiver to actively serve on the committee
- Review and revise patient education information to ensure plain language is used
- Ensure patient education materials are available in multiple languages and easily accessible
- Ensure patients have the ability to read and understand their billing statements

Intended impact

- Improved patient comprehension of health and financial wellbeing over time (Hmong and Hispanic populations specifically)

Measures to evaluate impact

- Patient education information available in multiple languages
- Findings of the health needs assessment and focus groups sponsored by the *Healthy Sheboygan County 2020* Health Literacy Committee of the diverse population outlined above conducted in 2014

²⁷ National Action Plan to Improve Health Literacy. U.S. Department of Health and Human Services. Available at <http://www.health.gov/communication/hlactionplan/>



One goal of the *Healthy Sheboygan County 2020* Sheboygan County Community Health Plan (CHIP) is to reduce the incidence of obesity in Sheboygan County through strategies emphasizing healthy eating and exercise.

Focus | Nutrition, physical activity & overweight/obesity

Principal partner

- Aurora Medical Group (AMG)

Community partner

- The YMCA *KidShape 2.0* program, an eight week community-based program for students who are overweight or obese and their families, which includes instruction and activities related to healthy eating, physical activity and behavior modification.

Target population

- Students who are overweight or obese and their families
- AMG pediatric patients

What we will do

To do our part in supporting the Healthy Sheboygan County 2020 CHIP goal to reduce the incidence of obesity in Sheboygan County, we will:

- Provide hospital caregivers to serve as content experts on the *Healthy Sheboygan County 2020* committee on nutrition, physical activity and overweight/obesity
- Provide clinical staff to participate on planning committees to implement the *KidShape 2.0* program
- Assist with staff training for the *KidShape 2.0* program, and participate as expert presenter for healthy eating components
- Provide sponsorship funds for families referred by our AMG physician partners who cannot afford the program fee

Intended impact

- Children in the program achieve a reduction in body mass index (BMI) and live healthier lifestyles with their families

Measures to evaluate impact

- Number of children and families enrolled (per 8-week session)
- Percent of children and families who complete the entire session
- BMI/weight before and after 8-week session
- Behavior modification assessment before and after 8-week session



In 2011, 24% of adults reported high blood pressure and 25% of adults reported high cholesterol in the past three years, an increase from 2003 (17% and 19%, respectively) (CHNA Source #1).

- The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%

Although the 2011 high blood pressure measure meets the *Healthy People 2020* target, this remains a significant health issue as one in four (24%) respondents reported high blood pressure in the past three years. High blood pressure is a risk factor for heart disease and stroke.

Focus | Health risk factors - blood pressure and cholesterol

Principal partner

- Aurora Medical Group (AMG)

Community partners

- Emergency Medical Service Providers
- Sheboygan County School Districts
- Women's Heart – National Organization

Target population

- Employees at worksite locations across Sheboygan County
- Aurora Sheboygan Memorial Medical Center emergency department patients arriving with uncontrolled blood pressure or high cholesterol levels or non-complaint with treatment
- Sheboygan County residents

What we will do

To address unmanaged high blood pressure and cholesterol and prevent future increases in high blood pressure, we will:

- Work with employer partners to ensure opportunities to complete screening tests
 - Use claims data to identify those who have not completed the necessary screenings
 - Develop a plan to have specific screening days for these employers
- Identify past and current hospital and Aurora Sheboygan Clinic patients not in control or non-compliant with recommended blood pressure and blood cholesterol levels
 - Continue to provide free, drop-in blood pressure and body weight checks at any AMG clinic in our service area
 - Implement community outreach strategies to reach, educate and provide screenings
 - Secure a centrally located community-based site within the county, such as a sports facility, for hosting a screening
- Develop a protocol for emergency department staff to identify and refer patients with high blood pressure/high cholesterol (not controlled or non-compliant) to primary care provider or community clinic
- Provide educational materials for women on how to control blood pressure, cholesterol and heart disease

Intended impact

- Individuals with high blood or high cholesterol will improve linkage to a provider for management and treatment

Measures to evaluate impact

- Community outreach plan developed and implemented
- Number of employers involved with the screening tests
- Number of persons with uncontrolled or non-compliant high blood pressure or cholesterol identified in the emergency room; number referred to primary care provider or specialist



Based on the 2011 Wisconsin Cancer Facts & Figures, the 2003-2007 total number of cancer cases for Sheboygan County was 3,321 (all sites). There were 511 cases of prostate cancer, 417 cases of female breast cancer, and 399 cases of colon and rectum cancer (CHNA Source #5).

Focus | Cancer

Principal partners

- Aurora Medical Group
- Vince Lombardi Cancer Clinic

Community partners

- Local employers
- Sheboygan YMCA – Livestrong program
- Lakeshore Community Health Center
- Sheboygan County Cancer Care Fund

Target population

- Employees at worksite locations across Sheboygan County
- Women that are at high risk for breast cancer
- Community members who do not have access to routine screenings for colon cancer
- Individuals who do not have access to screenings for monetary reasons

What we will do

To help our community understand and identify their risk factors for cancer and take preventive measures to offset those risk factors, we will:

- Maintain our current Breast Center of Excellence accreditation
- Continue to promote our high-risk breast clinic to capture potential high-risk candidates
- Identify opportunities to streamline the process from the time a mammogram is performed and results are read and delivered to the patient
- Hold a focus group discussion for women who have utilized our services to determine how we can improve access and report results/findings
- Provide education and awareness activities to the community on breast and prostate cancer screenings, as well as other prevention screenings
- Provide Fecal Occult Blood Test (FOBT) kits to patients who are unwilling to have a colonoscopy to ensure that they do not have indicators of cancer
 - Note: there is no charge to process the FOBT and the patient selects the physician to receive the results

Intended impact

- Improved access to resources for Individuals at high risk for breast cancer and not clear on their options
- Improved access to resources for individuals not willing to be seen for preventive prostate screenings
- Increased screenings for patients at high-risk for breast cancer
- Increased participation in FOBT testing
- Increased screening options for those who do not have access to screenings for monetary reasons

Measures to evaluate impact

- Number of cancer education activities implemented
- Number of high-risk screenings completed
- Number of high-risk patients identified and continued with treatment
- Number of individuals screened who previously did not have access to screenings
- Number of FOBT kits distributed and patients who follow through upon positive findings



Based on the Wisconsin's Health Care Workforce 2012 Report, Wisconsin is an aging state. In the future hospitals will experience shortages of key health care personnel at the same time the number of residents requiring care will increase. In 2010, 12-15% of Sheboygan County population was 65 years or older and is projected to increase to 21-24% in 2035.

To address potential health care professional shortages and prepare the next generation of health care providers, workforce development is an opportunity to recruit and train individuals in the medical field. With changes in the nation's demographic composition, there is an opportunity for health care professionals to review and modify efforts to actively implement strategies that will result in a more culturally competent workforce that is able to provide quality care to all patients.²⁸

Focus | Health workforce development

Principal partner

- Aurora Medical Group

Community partners

- Inspire program
- Lakeshore Technical College
- Oostburg School District
- RCS Empowers, Inc.
- Sheboygan Falls School District
- Sheboygan North and South High School

Target population

- High school students in Sheboygan County

What we will do

To increase racial and ethnic diversity of our health care workforce, we will:

- Assess the healthcare workforce in Sheboygan County
- Develop a comprehensive outreach plan for workforce development in health careers
- Engage Aurora's caregivers to be subject-matter experts for students with an interest in the health field
- Streamline the process to encourage students to volunteer if they have completed a job shadow within our facilities
- Explore a possible partnership with the Inspire program
- Identify and promote work placement opportunities within the hospital
- Continue to provide internship and job shadowing programs

Intended impact

- Local high school students demonstrate increased interest in health careers

Measures to evaluate impact

- Number of job shadows provided at our locations
- Number of interns and individuals participating in job shadowing (by racial/ethnic group)
- Number of outreach activities our caregivers provide on health career education at the local high schools

²⁸ Mitchell, D.A., & Lassiter, S.L. (2006). Addressing Health Care Disparities and Increasing Workforce Diversity: The Next Step for Dental, Medical, and Public Health Professionals. American Journal of Public Health, 96(12): 2093-2097. [10.2105/AJPH.2005.082818](https://doi.org/10.2105/AJPH.2005.082818)

Appendix A | Sheboygan County Community Health Survey Report (Source#1)

The report is available at <http://www.aurora.org/commbenefits>

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent's household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Sheboygan County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 880 adults.

A total of 400 telephone interviews were completed between September 26, 2011 and October 4, 2011. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ± 5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Sheboygan County. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

The margin of error for smaller subgroups will be larger. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Partners & Contracts: This report is sponsored by Aurora Health Care and in collaboration with the Sheboygan County Division of Public Health. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

Appendix B | Sheboygan County health Data Report: A summary of secondary data sources (2012) (Source #2)

The report is available at <http://www.aurora.org/commbenefits>

Data Collection & Analysis: In spring 2012, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Sheboygan County.

Publicly available data sources used for the Secondary Data Report

Source	Description
American FactFinder and American Community Survey	American FactFinder provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. <i>Source: United States Department of Commerce, US Census Bureau</i>
Wisconsin Interactive Statistics on Health (WISH)	WISH uses protected databases containing Wisconsin data from a variety of sources and provides information about health indicators (measure of health). Select topics include Behavioral Risk Factor Survey, birth counts, fertility, infant mortality, low birth weight, prenatal care teen births, cancer, injury emergency department visits, injury hospitalizations, injury mortality, mortality, and violent death. <i>Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics</i>
County Health Rankings & Roadmaps	Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publically available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). <i>Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.</i>

Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. When applicable, *Healthy People 2020* objectives are presented for each indicator. The objectives were not included unless the indicator directly matched with a *Healthy People 2020* objective.

Partners & Contracts: The secondary data report is sponsored by Aurora Health Care and in collaboration with the Sheboygan County Division of Public Health. The report was prepared by the Center for Urban Population Health.

Appendix C | Sheboygan County Health Needs Assessment: A summary of key informant (2012)
(Source #3)

The report is available at <http://www.aurora.org/commbenefits>

Data Collection and Analysis: Sixteen individual interviews were conducted between August and December 2012.

The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Sheboygan County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low income and/or minority populations

Key informant interviews were conducted with leaders with broad representation from public health, other government agencies, local health care systems, health centers, human service agencies and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

Organization	Description of the organizations <i>The description is based on information provided on the organization's website, accessed August 20, 2013</i>
Sharon S. Richardson Community Hospice	"FULFILLING THE PROMISE –Providing end-of-life care regardless of ability to pay." "Our commitment is to improve the quality of life for patients and their caregivers by supporting their end-of-life choices with dignity and compassion. The Sharon S. Richardson Hospice specializes in providing hospice and palliative care services including grief support and advanced care planning in your home, our Center, or any other location."
Sheboygan County Department of Health and Human Services	The mission of the Sheboygan County Health and Human Services Department is to: "Improve the quality of life and self-sufficiency of Sheboygan County residents." "The Sheboygan County Health and Human Services Department is the County's comprehensive health and human services planning and delivery agency organized under Chapter 46 of the Wisconsin Statutes. It provides information and assistance to persons facing economic crisis, health risk, challenges to child, family and community wellness, life changes associated with aging, and other needs. In collaboration with its contracted partners, under the guidance of the County's Health and Human Services Committee, and with the support of its Administrative Services staff, the Department serves a diverse consumer base through its Economic Support, Public Health, Social Services, and Community Programs operating division."
Sheboygan Area School District	"The mission of the Sheboygan Area School District is to equip all students with a foundation of knowledge and skills through quality instruction, opportunities, and a positive learning environment, in an active partnership with the family and community, reinforcing values which will inspire them to access the opportunities of this society, strive for excellence in their endeavors and contribute as responsible citizens." "The Sheboygan Area School District is a ten-time winner of the "What Parents Want Award" for having the qualities parents most often look for in a school system. The district has also consistently been ranked highly in the nation by Expansion Management magazine, a monthly business magazine for executives of companies that are actively looking for a place to expand or relocate. The district is governed by a nine-member school board who adopts educational and fiscal policies, approves the annual budget and levies school taxes."

Prevea Health	“Prevea Health’s mission is to take care of people with passion, pride, and respect. Founded in 1996, Prevea Health partners with St. Mary’s and St. Vincent Hospitals in Green Bay, and St. Nicholas Hospital in Sheboygan to provide access to more than 200 providers in over 50 specialty areas. Prevea’s 23 locations are throughout the greater Green Bay area and in Kewaunee, Luxemburg, Marinette, Oconto, Plymouth, Pulaski, Seymour, Sheboygan and Sturgeon Bay.”
Plymouth Care Center	“At Plymouth Care Center our facility is committed to the community we live in, the residents we serve and the staff we employ.” “Designed to meet the needs of our residents who can no longer live independently due to memory loss, physical impairments and safety concerns, Plymouth Care Center provides a flexible and supportive care program that accommodates our resident’s physical, emotional, social & spiritual needs.”
Plymouth High School	“Plymouth schools commit to doing whatever it takes to maximize academic and social achievement of every individual as measured by state and community standards.”
Aurora Sheboygan Clinic	“The mission of Aurora Health Care, as a community-owned, not-for-profit Wisconsin health care system, is to promote health, prevent illness, and provide state-of-the-art diagnosis and treatment whenever and wherever we can best meet peoples individual and family needs.” “Aurora Health Care is an integrated <u>not-for-profit</u> health care provider serving communities throughout eastern Wisconsin and northern Illinois.” “At Aurora, we believe that coordinated care is better care. Our patients enjoy a comprehensive array of health care resources and access points depending on their individual needs. From <u>primary</u> and specialty care to <u>hospitals</u> , <u>pharmacies</u> , <u>lab</u> and <u>home care</u> , we've developed a model of care that improves <u>quality</u> , makes care more efficient and <u>affordable</u> , and enhances every patient's health care experience.”
Aurora Sheboygan Memorial Medical Center	“Aurora Sheboygan Memorial Medical Center serves the people in our community by improving the health and well-being of those who live here. The medical center has earned the distinction of being named one of America’s Top 100 Hospitals for the fourth straight year by Thomson Reuters, the nation’s leading information resource for the health care industry. The Top 100 distinction is based on our patients’ perceptions of care, patient outcomes, patient safety, financial efficiency and treatment standards. In addition, our hospital has also earned the Everest Award as a result of our consistent five-year improvement rates on performance measures in clinical quality. Our 150 physicians and providers offer services in more than in 25 specialties to serve the overall health needs in Sheboygan County, including serving as the birthplace of more than 1,000 babies each year who begin their lives here. Community residents also count on our emergency services with specialists on call 24/7 to respond quickly to life-threatening health conditions.”

City of Sheboygan	<p>"The City of Sheboygan Human Resources Department is responsible for recruitment of qualified applicants, employee orientation, maintenance of personnel records, administration of employee benefits, retirement processing, compensation administration, job classification & labor market research, employee relations, labor negotiations, health & wellness administration, and regulatory compliance. The City of Sheboygan's Human Resources Department is committed to providing city employees, retirees, and the General Public with timely, high-quality service that integrates kindness, communication, teamwork, respect, understanding, trust, confidentiality, sensitivity, and individualized attention. It is our belief that every person who walks in the door or who calls on the phone is important and should be treated as such."</p>
The Volunteer Center of Sheboygan County	<p>"The Volunteer Center of Sheboygan County's mission is to mobilize people and resources to help improve the quality of life for people within Sheboygan County. We assist nonprofit organizations throughout Sheboygan County and help them carry out their respective charters/missions. By matching quality volunteers with our partner agencies, the Volunteer Center helps ensure that local nonprofit organizations receive the support they need to effectively enrich the lives of the people in Sheboygan County."</p>
Sargento Foods Inc.	<p>"Sargento Foods Inc. is a family-owned company comprising four business divisions: Consumer Products, Food Service, Food Ingredients and Culinary Solutions. The company employs more than 1,500 people at four Wisconsin facilities: Plymouth, Kiel, Hilbert and Elkhart Lake, as well as facilities in Bellingham WA and North Sioux City SD." "Sargento is a family-owned cheese company dedicated to enhancing long-term stakeholder value. Sustained by an insatiable winning spirit, we are guided by our faith in God. Our central purpose is to be the best at responding to customer and consumer needs for cheese, cheese-based, and other culinary solutions. We will achieve this goal by exceeding expectations for innovation, service, quality, value, taste, and convenience. We share the results of our success with those that contribute to that success."</p>
Family Resource Centers of Sheboygan County	<p>"The Family Resource Center of Sheboygan County's mission is to build strong families and strong communities." "The Family Resource Center has two locations in Sheboygan County, one in Plymouth and the other in Sheboygan. We provide parenting programs, parent and child activities, support groups, lending library resources, a playroom where families can play, and information and referral resources for anyone walking in, calling or e-mailing us. We have five major projects that serve specific needs of the community. Our Literacy Council Project provides Adult One to One Tutoring for individuals seeking literacy and language support; the Partners in Reading program provides reading mentors for elementary schools. The Military Families Connect Project provides ongoing support to families that have a family member deployed or involved in any branch of the military. The Drug Free Community Project coordinates prevention and intervention strategies to mobilize the community on the issue of drug and alcohol abuse. Our Parents as Teachers home visiting project is designed for first time parents and their babies from birth to three years of age and provides developmental information and resources for the families. Our Healthy Relationships project helps build positive relationship skills for unmarried parents that are either pregnant or have a child under 3 months of age."</p>

The interviewers used a standard interview script that included the following elements:

- 1) Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, which is based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020*.
- 2) For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Healthiest Wisconsin 2020 focus areas include alcohol and drug, chronic disease, communicable disease, environmental and occupational health, growth and development, mental health, nutrition, oral health, physical activity, reproductive & sexual health, tobacco, access, and injury and violence.

Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results of this process, including cross-cutting themes, summaries of top five health issues, and additional summaries of each health issue are also reported, as well as potential resources and partnerships to address each of the community health issues.

Community assets, potential resources and partnerships identified through the CHNA (key informants) for the top five issues that emerged as key health priorities for Sheboygan County

The top five health issues that emerged as key priorities for Sheboygan County were 1) mental health, 2-4) alcohol and drug, oral health and physical activity (tie), and 5) nutrition and tobacco (tie).

Key community partners:

- **Mental health:** Hospitals should be partnering with community providers, Healthy Sheboygan County 2020, and home visitation programs. Respondents also suggested working with many community agencies and initiatives, including Mental Health America, Alzheimer's Association, American Red Cross, Hmong Mutual Association, Rainbow Kids, Sheboygan County Interfaith Organization, Salvation Army, United Way and Team Blue Ribbon
- **Alcohol and drugs:** Hospitals should be partnering with families, teachers, medical professionals, law enforcement, and other local organizations that are working to address this issue in the community. Two individuals were also named as experts: Dr. Richard Brown (SBIRT) and Sandy Albinger
- **Oral health:** Hospitals should be partnering with community clinics, dental associations, individual dentists and hygienists, Lakeshore Health Center, and the Salvation Army
- **Physical activity:** Hospitals should be partnering with gyms, personal trainers, nursing homes, 4-H Sheboygan County, and the YMCA. A wide range of other youth-oriented programs
- **Nutrition:** Hospitals should be partnering with Sheboygan County Interfaith Organization, Salvation Army, American Red Cross, Meals on Wheels, Hmong Mutual Assistance Association, grocers and other businesses, dietitians, and fitness centers
- **Tobacco:** Hospitals should be partnering with schools (including parent associations), factories, community coalitions and the Healthy Sheboygan County 2020

Partners & Contracts: The key informant interview report is sponsored by the Aurora Health Care and in collaboration with the Sheboygan County Division of Public Health. The report was prepared by the Center for Urban Population Health.

Appendix D | Sheboygan County Community Health Survey Report Summary

Sheboygan County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Sheboygan County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care in partnership with the Sheboygan County Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org and www.co.sheboygan.wi.us/html/d_hhs_pblchth.html.

Overall Health						Health Conditions in Past 3 Years					
Sheboygan County	1996	2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Excellent	20%	21%	17%	24%	17%	High Blood Cholesterol	19%	19%	22%	25%	
Very Good	42%	35%	38%	34%	34%	High Blood Pressure	17%	25%	23%	24%	
Fair or Poor	9%	12%	15%	15%	18%	Mental Health Condition			15%	14%	
<i>Other Research: (2010)</i>						Diabetes	5%	7%	8%	8%	
<i>Fair or Poor</i>						Heart Disease/Condition	6%	9%	7%	8%	
						Asthma (Current)	6%	6%	7%	7%	
						Cancer			5%	5%	
						Stroke	1%	1%	1%	2%	
Health Care Coverage						Physical Health					
Sheboygan County	1996	2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Not Covered						Physical Activity/Week					
Personally (currently)	6%	5%	7%	8%	6%	Moderate Activity (5 times/30 min)	25%	33%	32%	42%	
Personally (past 12 months)				15%	10%	Vigorous Activity (3 times/20 min)			24%	21%	
Household Member (past 12 months)		17%	17%	17%	11%	Recommended Moderate or Vigorous			44%	51%	
Advance Care Plan		36%	40%	41%	38%	Overweight	59%	65%	70%	61%	
Primary Source of Health Advice						Fruit Intake (2+ servings/day)	67%	66%	64%	61%	
Doctor/nurse practitioner's office			84%	78%	72%	Vegetable Intake (3+ servings/day)	25%	21%	23%	23%	
Public hltl clinic/comm. hltl center			7%	8%	8%	<i>Other Research:</i>					
Urgent care center			2%	6%	7%	<i>Overweight (2010)</i>					
<i>Other Research: (2010)</i>						<i>Recommended Mod. or Vig. Activity (2009)</i>					
<i>Personally Not Covered (currently)</i>											
Routine Procedures						Women's Health					
Sheboygan County	1996	2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Routine Checkup (2 yrs. ago or less)	82%	84%	83%	78%	77%	Mammogram (40+; within past 2 years)	70%	66%	82%	80%	
Cholesterol Test (4 years ago or less)	69%	75%	74%	71%		Bone Density Scan (65 and older)		53%	66%	66%	
Dental Checkup (past year)	69%	76%	68%	70%	62%	Pap Smear (18 - 65; within past 3 years)	89%	87%	91%	78%	
Eye Exam (past year)	45%	52%	42%	42%	42%	<i>Other Research: (2010)</i>					
<i>Other Research:</i>						<i>Mammogram (40+; within past 2 years)</i>					
<i>Routine Checkup (1E years; 2000)</i>						<i>Pap Smear (18+; within past 3 years)</i>					
<i>Cholesterol Test (1E years; 2010)</i>											
<i>Dental Checkup (past year; 2010)</i>											
Vaccinations						Men's Health					
Sheboygan County		2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Flu Vaccination (past year—65 and older)	64%	45%	58%	57%		PSA Test (40+; within past 2 years)		51%	48%	50%	
Pneumonia (ever—65 and older)	45%	73%	73%	69%		Digital Rectal Exam (40+; within past year)	38%	34%	46%	30%	
<i>Other Research: (2010)</i>						<i>Other Research: (2010)</i>					
<i>Flu Vaccination (past year—65 and older)</i>						<i>PSA Test (40+; within past 2 years)</i>					
<i>Pneumonia (ever—65 and older)</i>											
Complementary/Alternative Treatments in Past 3 Years						Other Tests					
Sheboygan County		2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Chiropractic Care	24%	28%	30%	28%		Sigmoidoscopy (50+; within past 5 years)			9%	5%	
Massage Therapy	12%	15%	14%	22%		Colonoscopy (50+; within past 10 years)			59%	64%	
Aroma Therapy	3%	4%	4%	5%		Sig./Colonoscopy (50+; lifetime)	56%	48%	62%	71%	
Acupuncture	2%	1%	1%	2%		<i>Other Research: (2010)</i>					
						<i>Sig./Colonoscopy (50+; lifetime)</i>					

Safety						Mental Health Status					
Sheboygan County	1996	2003	2005	2008	2011	Sheboygan County	2003	2005	2008	2011	
Seat Belt (always/nearly always)	79%	85%	87%	87%	91%	Felt Sad, Blue or Depressed					
Helmet Use of Those Who Ride Bike/						Always/Nearly Always (past 30 days)	6%	5%	5%	7%	
In-Line Skate (always/nearly always)		32%	26%	32%	32%	Find Meaning and Purpose in Daily Life					
Detectors in Household						Seldom/Never	8%	4%	3%	7%	
Smoke Detector		97%	95%	94%	96%	Considered Suicide (past year)	4%	3%	4%	7%	
Carbon Monoxide Detector		49%	50%	56%	72%						
Both Detectors		49%	49%	55%	72%						
Neither Detector		3%	4%	5%	3%						
<i>Other Research: (2002)</i>						Alcohol Use					
<i>Seat Belt (always/nearly always)</i>						Sheboygan County	1996	2003	2005	2008	2011
				WI	U.S.	Of all Respondents in Past Month...					
				82%	88%	Heavy Drinker	5%	5%	7%	6%	7%
						Binge Drinker	23%	18%	24%	24%	21%
Cigarette Use						Driver/Passenger in Vehicle When Driver					
Sheboygan County	1996	2003	2005	2008	2011	Perhaps Had Too Much to Drink	3%	3%	3%	3%	
Current Smokers	25%	25%	22%	28%	27%	HH Problem Associated with Alcohol		4%	2%	3%	
Of Current Smokers...											
Quit Smoking 1 Day or More in Past						<i>Other Research: (2010)</i>				WI	U.S.
Year Because Trying to Quit	51%	46%	37%	56%	51%	Heavy Drinker				6%	5%
Saw a Health Care Professional Past Yr.						Binge Drinker				22%	15%
...Advised to Quit Smoking			75%	82%	69%						
<i>Other Research:</i>				WI	U.S.	Personal Safety in Past Year					
<i>Current Smokers (2010)</i>				19%	17%	Sheboygan County	2003	2005	2008	2011	
<i>Tried to Quit (2005)</i>				49%	56%	Afraid for Their Safety	4%	3%	5%	3%	
						Pushed, Kicked, Slapped, or Hit	3%	4%	3%	4%	
						At Least One of the Safety Issues	6%	6%	8%	6%	
Smoking Policies											
Sheboygan County				2008	2011	Firearms in Household					
Smoking Policy at Home						Sheboygan County	1996	2003	2005	2008	2011
Not allowed anywhere				73%	76%	Of all Households...					
Allowed in some places or at some times				10%	8%	Have a Firearm	42%	34%	40%	39%	37%
Allowed anywhere				5%	2%	Handgun	16%	--	--	15%	17%
No rules inside home				13%	15%	Rifle or shotgun	38%	--	--	35%	34%
Work's Official Indoor Smoking Policy						Have a Loaded Firearm		3%	4%	2%	3%
Not allowed anywhere				70%	77%	Have a Loaded Firearm Unlocked		1%	1%	1%	2%
Allowed in some areas				21%	16%						
Allowed in all areas				3%	<1%	<i>Other Research: (2002)</i>					
No official policy				4%	4%	Of all Households...				WI	U.S.
Second-Hand Smoke Exposure in Past						Have a Firearm				44%	33%
Seven Days of Nonsmokers						Have a Loaded Firearm				3%	8%
0 days				75%	83%	Have a Loaded Firearm Unlocked				2%	4%
1 to 3 days				21%	10%						
4 to 7 days				4%	7%	Additional Questions					
<i>Other Research: (WI: 2003; US: 2006-2007)</i>				WI	U.S.	Sheboygan County				2008	2011
<i>Smoking Prohibited at Home</i>				75%	79%	Did Not Receive Medical Care Needed (past year)				9%	8%
<i>Smoke-Free Policy at Indoor Worksite</i>				75%	75%	Prescribed Medications Not Taken Due to Cost					12%
						Very/Somewhat Difficult Understanding					
						Verbal/ Written Explanations					10%
						Source for Health Information or Clarification					
						Internet					56%
						Doctor					46%
						Other Health Professional					16%
						Family or Friends					10%
						Health Information Books					7%
						Myself or Family Member in Health Field					6%
						Looked for Air Quality Notices/Advisories (past 6 months)					11%
						Family Prepared for Natural/Man-Made Disaster					24%

Overall Health and Health Care Key Findings

In 2011, 51% of respondents reported their health as excellent or very good; 18% reported fair or poor. Respondents who were 35 to 44 years old, 55 and older, with a high school education or less, who were in the bottom 40 percent household income bracket, unmarried, overweight, inactive or smokers were more likely to report fair or poor conditions. *From 1996 to 2011, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2011, 6% of respondents reported they were not currently covered by health care insurance; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seventy-two percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female, 65 and older, with a college education, who were in the top 40 percent household income bracket or married were more likely to report this. Thirty-eight percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. *From 1996 to 2011, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2008 to 2011, the overall percent statistically decreased for respondents who reported no current personal health care insurance at least part of the time in the past 12 months. From 2003 to 2011, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months. From 2005 to 2011, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2011, there was no statistical change in the overall percent of respondents having an advance care plan.*

In 2011, 77% of respondents reported a routine medical checkup two years ago or less while 71% reported a cholesterol test four years ago or less. Sixty-two percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older, with a college education or married respondents were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a college education, who were in the middle 20 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents with a college education, who were in the top 40 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. *From 1996 to 2011, there was a statistical decrease in the overall percent of respondents who reported a routine checkup two years ago or less or a dental checkup in the past year. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less. From 1996 to 2011, there was no statistical change in the overall percent of respondents who reported an eye exam in the past year.*

In 2011, 32% of respondents had a flu vaccination in the past year. Respondents 65 and older were more likely to report a flu vaccination. Sixty-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2011, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2011, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2011, out of eight health conditions listed, the two most often mentioned in the past three years were high blood cholesterol or high blood pressure (25% and 24%, respectively). Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight, physically inactive or nonsmokers were more likely to report high blood

pressure. Respondents who were 65 and older or overweight were more likely to report high blood cholesterol. Respondents who were 65 and older, overweight or inactive were more likely to report heart disease/condition. Respondents who were female, 18 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 65 and older or overweight were more likely to report diabetes. *From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported high blood pressure or high blood cholesterol. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported heart disease/condition, diabetes, current asthma or stroke. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer.*

In 2011, 7% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 35 to 44 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report they considered suicide. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents with a high school education or less, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, they considered suicide or they seldom/never find meaning and purpose in daily life.*

Behavioral Risk Factors Key Findings

In 2011, out of four complementary/alternative treatments listed, chiropractic care was the most often used in the past three years (28%). Married respondents were more likely to report chiropractic care. Respondents who were female or in the middle 20 percent household income bracket were more likely to report massage therapy. Female respondents were more likely to report aroma therapy. *From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting chiropractic care, aroma therapy or acupuncture. From 2003 to 2011, there was a statistical increase in the overall percent of respondents reporting massage therapy.*

In 2011, 42% of respondents did moderate physical activity five times a week for 30 minutes while 21% did vigorous activity three times a week for 20 minutes. Combined, 51% met the recommended amount of physical activity; respondents who were female, with a college education, who were unmarried or not overweight were more likely to report this. Sixty-one percent of respondents were classified as overweight. Respondents who were male, 35 to 44 years old, 65 and older or inactive respondents were more likely to be classified as overweight. *From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes or who met the recommended amount of physical activity. From 2003 to 2011, there was no statistical change in the overall percent of respondents being overweight.*

In 2011, 61% of respondents reported two or more servings of fruit while 23% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or who met the recommended amount of physical activity were more likely to report at least two servings of fruit or at least three servings of vegetables on an average day. *From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day.*

In 2011, 80% of female respondents 40 and older reported a mammogram within the past two years. Sixty-six percent of female respondents 65 and older had a bone density scan. Seventy-eight percent of female respondents 18 to 65 years old reported a pap smear within the past three years; respondents with a college education or married respondents were more likely to report this. *From 2003 to 2011, there was no statistical change in the overall percent of respondents 40 and older who reported having a mammogram within the past two years. From 2005 to 2011, there was no statistical change*

in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2011, 50% of male respondents 40 and older had a prostate-specific antigen test within the past two years. Thirty percent of male respondents 40 and older had a digital rectal exam in the past year. *From 2005 to 2011, there was no statistical change in the overall percent of male respondents 40 and older who reported a PSA test within the past two years. From 2003 to 2011, there was no statistical change in the overall percent of male respondents 40 and older who reported a digital rectal exam within the past year.*

In 2011, 5% of respondents 50 and older reported a sigmoidoscopy within the past five years while 64% reported a colonoscopy within the past ten years. Respondents with a college education were more likely to report a colonoscopy within the past ten years. Seventy-one percent of respondents 50 and older reported a sigmoidoscopy or colonoscopy in their lifetime; respondents with a college education or in the top 40 percent household income bracket were more likely to report this. *From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported a sigmoidoscopy or colonoscopy in their lifetime. Part of this increase may be the result of changing the survey question from a combined question to separate exam questions.*

In 2011, 91% of respondents wore seat belts always or nearly always; respondents 45 and older or with a college education were more likely to report this. Of respondents who rode a bike, used in-line skates or rode a scooter, 32% reported they always or nearly always wore a helmet; respondents who were female, 45 and older or with a college education were more likely to report this. *From 1996 to 2011, there was a statistical increase in the overall percent of respondents who reported they always or nearly always wore a seat belt. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always wore a helmet.*

In 2011, 27% of respondents were current smokers. Respondents who were male, 18 to 44 years old, with some post high school education or less or unmarried respondents were more likely to be a smoker. In the past 12 months, 51% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-nine percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 1996 to 2011, there was no statistical change in the overall percent of respondents who were current smokers. From 1996 to 2011, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2005 to 2011, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2011, 76% of respondents reported smoking is not allowed anywhere inside the home while 77% reported smoking is not allowed in any area at work. Respondents in the middle 20 percent household income bracket, who were married or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Respondents with a college education, who were in the top 60 percent household income bracket or nonsmokers were more likely to report smoking is not allowed in any area at work. Seven percent of nonsmoking respondents reported they were exposed to second-hand smoke at least four out of the past seven days; respondents who were 18 to 44 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. *From 2008 to 2011, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed in any area at work. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home or in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke on at least four of the past seven days.*

In 2011, 64% of respondents had an alcoholic drink in the past 30 days. In the past month, 7% were heavy drinkers while 21% were binge drinkers. Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Three percent reported they had been a

driver or a passenger when the driver perhaps had too much to drink. Three percent of respondents reported someone in their household experienced a problem in connection with drinking in the past year. From 1996 to 2011, there was no statistical change in the overall percent of respondents who reported heavy drinking or binge drinking in the past month. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month. From 2005 to 2011, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking in the past year.

In 2011, 96% of households had a working smoke detector while 72% had a working carbon monoxide detector. Seventy-two percent of households had both detectors. Respondents in the middle 20 percent household income bracket were more likely to report both detectors. *From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector.*

In 2011, 37% of households had a firearm in or around the home; respondents who were in the top 40 percent household income bracket or married were more likely to report this. Of all households, 17% had a handgun while 34% had a rifle or shotgun. Respondents who were in the top 60 percent household income bracket or married were more likely to report a rifle/shotgun. Of all households, 3% had a loaded firearm. Two percent of all households had a firearm loaded and unlocked. *From 1996 to 2011, there was no statistical change in the overall percent of respondents who reported having a firearm in or around their home. From 1996 to 2011, there was no statistical change in the overall percent of respondents who reported a handgun or rifle/shotgun in the household. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported having a loaded firearm or a loaded firearm which was also unlocked.*

In 2011, 3% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were female, 35 to 44 years old, with a high school education or less, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. A total of 6% reported at least one of these two situations; respondents who were female, 35 to 44 years old or unmarried were more likely to report this. *From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.*

Additional Questions Key Findings

In 2011, 8% of respondents reported in the past year they did not receive the medical care needed. Unmarried respondents were more likely to report they did not receive the medical care needed. *From 2008 to 2011, there was no statistical change in the overall percent of respondents who felt they did not receive the medical care needed in the past year.*

In 2011, 12% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs; respondents who were in the bottom 40 percent household income bracket, unmarried or with children in the household were more likely to report this.

In 2011, 10% of respondents reported it is very or somewhat difficult to understand everything that is explained verbally and in writing when they see their healthcare provider; respondents with a high school education or less were more likely to report this.

In 2011, 56% of respondents reported they look for health information or clarification on the Internet while 46% reported they contact a doctor. Respondents who were 18 to 34 years old, with a college education, who were in the top 40 percent household income bracket or married were more likely to report the Internet as a source on health information

or clarification. Respondents in the bottom 60 percent household income bracket were more likely to report a doctor for health information/clarification. Respondents with a high school education or less were more likely to report family or friends as a source. Respondents who were female, 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report health information books. Respondents 65 and older were more likely to report they were, or a family member was, in the health field.

In 2011, 11% of respondents reported in the past six months they looked for information on air quality notices or advisories in order to take special precautions on those days; respondents in the middle 20 percent household income bracket were more likely to report this.

In 2011, 24% of respondents reported someone in their family had taken steps to prepare for a natural or man-made disaster; married respondents were more likely to report this.