# Table of Contents

**Introduction** | Aurora Health Care ................................................................. 3

**Part I** | Aurora Memorial Hospital of Burlington .............................................. 3 – 4

**Part II** | 2013 Aurora Memorial Hospital of Burlington Community Health Needs Assessment (CHNA) Report ................................................................. 5 – 22

- **Section 1** | Community served: western Racine County ........................................ 5 – 7
- **Section 2** | How the Community Health Needs Assessment (CHNA) was conducted 8 – 10
- **Section 3** | Significant health needs of the community identified through the CHNA 11 – 20
- **Section 4** | Prioritized significant health needs (and reasons for not addressing significant health needs) ................................................................. 21 – 22

**Part III** | 2014 Aurora Memorial Hospital of Burlington Implementation Strategy ........ 23 – 31

- **Introduction** .................................................................................... 23
- **Priority 1** | Access ......................................................................................... 24 – 25
- **Priority 2** | Community Health Improvement .......................................................... 26 – 27
- **Priority 3** | Community Benefit Hospital Focus ...................................................... 28 – 31

**Appendix A** | Western Racine County Community Health Survey Report (Source #1 description) ........................................................................................................... 32

**Appendix B** | Racine County Health Data Report: A summary of secondary data sources (2012) (Source #2 description) ................................................................. 33

**Appendix C** | Racine County Health Needs Assessment: A summary of key informant interviews (2012) (Source #3 description) ................................................................. 34 – 37

**Appendix D** | Western Racine County Community Health Survey Summary ..................... 38 – 43
Introduction | Aurora Health Care

Aurora Health Care, a not-for-profit, integrated health 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 care 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 Memorial Hospital of Burlington (AMHB)

Who we are. What we do
For more than 85 years, the staff at Aurora Memorial Hospital of Burlington has remained committed to providing high-quality health care in a patient-focused environment. Opened in 1924 as a 22-bed hospital staffed by 14 people, today the hospital is a fully accredited, general acute care hospital offering 24-hour care and extensive diagnostic and surgical services. Our hospital is staffed by over 500 employees and 100 physicians whose purpose remains constant: to provide Burlington and surrounding communities with the best health care possible.

Aurora Memorial Hospital of Burlington offers emergency services, cardiac services, diagnostic imaging, inpatient and outpatient surgery, an intensive care unit, stereotactic breast biopsy, GI services, orthopedics, urology services, a hospitalist program, Aurora Wellness/Fitness Center, wound care, ACE (Acute Care for the Elderly) and a women’s care center.

Who we serve
Aurora Memorial Hospital of Burlington (AMHB) is a 65-bed facility with a service area covering western Racine County. It includes the city of Burlington; the towns of Burlington, Dover, Norway, Raymond, Waterford and Yorkville; and the villages of Rochester, Union Grove and Waterford.

Since 1984 the Western Racine County Health Department has been a department of Aurora Memorial Hospital of Burlington, and the hospital has employed the health department staff. The health department is a free-standing facility.

<table>
<thead>
<tr>
<th>Aurora Memorial Hospital of Burlington by the Numbers (2012)</th>
<th>Our facilities include</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 65 hospital beds</td>
<td>• Aurora Medical Group</td>
</tr>
<tr>
<td>More than</td>
<td>– Sports Medicine</td>
</tr>
<tr>
<td>• 55,500 outpatient visits</td>
<td>• Aurora Occupational Health Program</td>
</tr>
<tr>
<td>• 11,500 emergency department visits</td>
<td>• Aurora Pharmacies</td>
</tr>
<tr>
<td>• 260 newborn deliveries</td>
<td>• Aurora Wellness Center</td>
</tr>
<tr>
<td>• 3,550 surgical cases (inpatient and outpatient)</td>
<td>• Outpatient Rehabilitation Center</td>
</tr>
<tr>
<td></td>
<td>• Western Racine County Health Department</td>
</tr>
</tbody>
</table>
Our distinctions include

- 2011 Accredited Cancer Program
- Silver Plus Award for Stroke Care
- Top Performer Award, Joint Commission, for acute myocardial infarction, hip and knee replacement, pneumonia and surgical care improvement 2010
- Top Performer Award, Joint Commission, for pneumonia and surgical care 2011
- St. Luke’s Cardiology
- Accredited Breast Center
- Accredited Vascular Lab

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

**Economic impact study - Racine 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 Racine County, ranking at number four with 1,366 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 2,082 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 3.1 percent of all employment and 3.5 percent of total payroll in Racine County (pg. 26).

- Aurora’s business output/input revenue for Racine County has a total impact of $248.64 million (pg. 24).

- As an anchor institution, in 2012 Aurora Memorial Hospital of Burlington provided the following:
  - Community Benefits: $539,801
  - Uncompensated Care: $8,497,000

  Community Benefit Report 2012 Aurora Memorial Hospital of Burlington

**Assessing community health status - an ongoing commitment**

Since 2003, Aurora Health Care has underwritten a community health assessment of city of Racine, central Racine County and western Racine County approximately every three years, conducted in partnership with the municipal health departments. This helps the health departments focus their 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](http://www.aurora.org/commbenefits).

---

Aurora Memorial Hospital of Burlington (AMHB) is a community hospital located in western Racine County, which is comprised of mainly rural communities.

As noted earlier, our hospital has a close partnership with the Western Racine County Health Department. Since 1984 the Western Racine Health Department has been housed at Aurora Memorial Hospital of Burlington, and the hospital has employed the health department staff. The health department is a free-standing facility.

The eastern portion of Racine County is served by another health system.

Racine County is located in southeastern Wisconsin, with Milwaukee and Waukesha Counties to the north, Kenosha County to the south, Lake Michigan to the east, and Walworth County to the west.

Western Racine County is largely rural and consists of small towns and villages. The City of Burlington is the most populated municipality within western Racine County. Western Racine County includes:

- City of Burlington
- Towns of Burlington, Dover, Norway, Raymond, Waterford and Yorkville
- Villages of Rochester, Union Grove and Waterford

**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, Racine County ranked number 64 out of 72 in health outcomes. The rankings help counties understand the many factors that influence health.²

---

### Demographic Characteristics of western Racine County and Wisconsin

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>10,464</td>
<td>6,502</td>
<td>4,051</td>
<td>7,948</td>
<td>3,870</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>38.6</td>
<td>43.0</td>
<td>44.3</td>
<td>43.1</td>
<td>44.2</td>
</tr>
</tbody>
</table>

#### Race*

<table>
<thead>
<tr>
<th>Race*</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>92.8%</td>
<td>97.1%</td>
<td>93.7%</td>
<td>96.9%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>0.9%</td>
<td>0.3%</td>
<td>3.3%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.1%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.4%</td>
<td>0.3%</td>
<td>1.0%</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Some other race</td>
<td>3.4%</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>8.6%</td>
<td>3.7%</td>
<td>3.6%</td>
<td>2.5%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

#### Age*

<table>
<thead>
<tr>
<th>Age*</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>20.5%</td>
<td>18.2%</td>
<td>14.8%</td>
<td>19.0%</td>
<td>18.8%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>38.3%</td>
<td>35.1%</td>
<td>36.7%</td>
<td>34.8%</td>
<td>32.8%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>26.2%</td>
<td>32.8%</td>
<td>34.7%</td>
<td>35.3%</td>
<td>34.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>15.0%</td>
<td>14.0%</td>
<td>13.8%</td>
<td>10.8%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

#### Education level of adults 25 years and older**

<table>
<thead>
<tr>
<th>Education level of adults 25 years and older**</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school degree</td>
<td>8.9%</td>
<td>12.7%</td>
<td>18.5%</td>
<td>5.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>High school degree</td>
<td>33.9%</td>
<td>34.8%</td>
<td>34.8%</td>
<td>30.7%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>36.0%</td>
<td>31.9%</td>
<td>28.8%</td>
<td>39.4%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>21.1%</td>
<td>20.6%</td>
<td>17.8%</td>
<td>24.1%</td>
<td>25.3%</td>
</tr>
</tbody>
</table>

#### Unemployment rate (estimate)***

<table>
<thead>
<tr>
<th>Unemployment rate (estimate)***</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3%</td>
<td>7.7%</td>
<td>7.9%</td>
<td>5.3%</td>
<td>7.1%</td>
<td></td>
</tr>
</tbody>
</table>

#### Median household income (estimate)**** (2011 inflation-adjusted dollars)

<table>
<thead>
<tr>
<th>Median household income (estimate)**** (2011 inflation-adjusted dollars)</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>$54,100</td>
<td>$58,650</td>
<td>$63,527</td>
<td>$87,558</td>
<td>$69,792</td>
<td></td>
</tr>
</tbody>
</table>

#### Percent below poverty in the last 12 months (estimate)****

<table>
<thead>
<tr>
<th>Percent below poverty in the last 12 months (estimate)****</th>
<th>City of Burlington</th>
<th>Town of Burlington</th>
<th>Town of Dover</th>
<th>Town of Norway</th>
<th>Town of Raymond</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3%</td>
<td>10.0%</td>
<td>8.4%</td>
<td>2.9%</td>
<td>1.8%</td>
<td></td>
</tr>
</tbody>
</table>

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

* U.S. Census Bureau 2010 Demographic Data, DP-1
** American Community Survey, 2007-2011 5-year Estimates, DP02
*** American Community Survey, 2007-2011 5-year Estimates, DP03
**** American Community Survey, 2007-2011 5-year Estimates, S2301

Note: Data is not available for the Village of Rochester
## Demographic Characteristics of western Racine County and Wisconsin

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>6,344</td>
<td>3,071</td>
<td>4,915</td>
<td>5,368</td>
<td>195,408</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>42.7</td>
<td>44.7</td>
<td>37.4</td>
<td>39.6</td>
<td>39.0</td>
<td>38.5</td>
</tr>
</tbody>
</table>

### Race*

<table>
<thead>
<tr>
<th>Race</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>98.0%</td>
<td>96.9%</td>
<td>96.6%</td>
<td>97.0%</td>
<td>79.7%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>0.2%</td>
<td>0.7%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>11.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>1.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>5.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>2.1%</td>
<td>3.1%</td>
<td>3.2%</td>
<td>3.0%</td>
<td>11.5%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

### Age*

<table>
<thead>
<tr>
<th>Age</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>20.5%</td>
<td>17.9%</td>
<td>21.2%</td>
<td>22.4%</td>
<td>20.5%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>34.2%</td>
<td>32.5%</td>
<td>39.5%</td>
<td>36.9%</td>
<td>37.9%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>35.9%</td>
<td>35.9%</td>
<td>27.3%</td>
<td>25.6%</td>
<td>28.5%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>9.4%</td>
<td>13.7%</td>
<td>12.1%</td>
<td>15.0%</td>
<td>13.2%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

### Education level of adults 25 years and older**

<table>
<thead>
<tr>
<th>Education level</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school degree</td>
<td>3.9%</td>
<td>9.9%</td>
<td>11.2%</td>
<td>7.1%</td>
<td>12.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>High school degree</td>
<td>35.1%</td>
<td>38.0%</td>
<td>41.2%</td>
<td>38.1%</td>
<td>34.4%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>29.6%</td>
<td>26.9%</td>
<td>26.3%</td>
<td>32.8%</td>
<td>30.8%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>31.4%</td>
<td>25.3%</td>
<td>21.3%</td>
<td>22.0%</td>
<td>22.4%</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

### Unemployment Rate (estimate)***

<table>
<thead>
<tr>
<th>Unemployment Rate (estimate)</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1%</td>
<td>5.2%</td>
<td>7.6%</td>
<td>12.8%</td>
<td>8.7%</td>
<td>7.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Median household income (estimate) ****

<table>
<thead>
<tr>
<th>Median household income (estimate) ****</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>$76,349</td>
<td>$70,560</td>
<td>$53,934</td>
<td>$60,114</td>
<td>$54,356</td>
<td>$52,374</td>
<td></td>
</tr>
</tbody>
</table>

### Percent below poverty in the last 12 months estimate****

<table>
<thead>
<tr>
<th>Percent below poverty in the last 12 months estimate****</th>
<th>Town of Waterford</th>
<th>Town of Yorkville</th>
<th>Village of Union Grove</th>
<th>Village of Waterford</th>
<th>Racine County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2%</td>
<td>4.1%</td>
<td>6.0%</td>
<td>9.2%</td>
<td>11.7%</td>
<td>12.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

* U.S. Census Bureau 2010 Demographic Data, DP-1
** American Community Survey. 2007-2011 5-year Estimates, DP02
*** American Community Survey. 2007-2011 5-year Estimates, DP03
**** American Community Survey. 2007-2011 5-year Estimates, S2301

Note: Data is not available for the Village of Rochester
Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

**Partnership**

The western Racine County Community Health Survey was commissioned by Aurora Health Care, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare, in partnership with the Western Racine County Health Department. The community health survey was supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2012 CHNA 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 the city of Racine, central Racine County and western Racine County approximately every three years, conducted in partnership with the municipal health departments.

**Purpose and process of the shared Community Health Needs Assessment**

In 2012, a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in western Racine County, 2) gather input from persons who represent the broad interests of the community and 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.

---

3 Aurora Health Care, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare are headquartered in Milwaukee, Wisconsin and are members of the Milwaukee Health Care Partnership.
Data collection and analysis
Quantitative data was collected through a primary source (western Racine County) and secondary sources (Racine County), and was supplemented with qualitative data gathered through key informant interviews and focus groups. This community health needs assessment includes data for Racine County, since it provides some pertinent information for assessing the community health needs for western Racine County. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2012) 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 | Western Racine County Community Health Survey Report**
The community health survey is a source of primary community health data. The latest telephone survey was completed between February 21 and April 10, 2012, and analyzed and posted in 2013. 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 measurements. Conducted approximately 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 Racine 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. Note: This report compiles data for Racine County, rather than exclusively for western Racine County. The report was prepared in 2012 by the Center for Urban Population Health. For further description see Appendix B.

**Qualitative data source**
**Source #3 | Key Informant Interview Report**
Twenty-eight 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 Racine 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.

The key informants include leaders and local experts from education, government agencies and services, public health, local health systems and community organization in western Racine County and Racine County. 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. Note: The key informants include community leaders and experts throughout Racine County, rather than exclusively western Racine County. For further description see Appendix C.

The Key Informant Interview Report presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by the key informants and additional health issues. Moreover, the Key Informant Interview Report compiles a listing of community assets and potential resources and partnerships identified 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 Memorial Hospital of Burlington CHNA and considered when identifying significant community health needs:

Source #4 | Wisconsin Cancer Facts & Figures (2011)

Source #5 | Sexual Assaults in Wisconsin 2010
The report was prepared by the Wisconsin Office of Justice Assistance, Wisconsin Statistical Analysis Center. The project was supported by Grant No. 2010-DJ-BX-0051 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. The report is available at http://oja.wi.gov/sites/default/files/2010%20Sexual%20Assaults%20in%20Wisconsin.pdf

Source #6 | Western Racine County Health Department 2012 Annual Report
The report was prepared by the Western Racine County Health Department Director/Health Officer. The report is available at http://www.wrchd.org/
Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for western Racine 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 *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 a major 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*

<table>
<thead>
<tr>
<th>Municipal Health Department Community Health Improvement Plan (CHIP)</th>
<th>“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). <a href="http://www.dhs.wisconsin.gov/chip/">http://www.dhs.wisconsin.gov/chip/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthiest Wisconsin 2020</strong></td>
<td>“<em>Healthiest Wisconsin 2020</em> 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. <a href="http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf">http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf</a></td>
</tr>
</tbody>
</table>
| **Healthy People 2020** | “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:

- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities” [http://www.healthypeople.gov/2020/about/default.aspx](http://www.healthypeople.gov/2020/about/default.aspx) |
Summary of the significant health needs identified through the CHNA for western Racine County

The Community Health Survey (Source #1) is limited to western Racine County. The secondary data (Source #2) and the key informant interview reports (Source #3) provide an overview of the community health issues in Racine County. When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access

Questions about unmet medical and dental care were added to the community health survey (source #1) in 2012.

Unmet medical care | In 2012, 6% of adults reported they did not get the medical care they needed sometime in the last 12 months. Respondents who were 55 to 64 years old or unmarried were more likely to report they did not get the medical care they needed (Source #1).

- 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 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.4

Unmet dental care | Based on the key informant findings, oral health emerged as one of the top five health issues for Racine County (ranked number five and tied with physical activity and tobacco use) (Source #3).

In 2012, 11% of adults reported they did not get the dental care they needed sometime in the last 12 months. Respondents with a high school education or less or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report they did not get the dental care they needed (Source #1).

- 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 dental care to 5.0%

**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.5

Unmet prescription medication | In 2012, 8% of adults reported someone in their household had not taken their prescribed medication due to cost in the last 12 months, a slight increase from 2009 (7%). Respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this (Source #1).

- 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.6

---


**Coverage**

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

In 2012, 6% of adults reported they personally were not currently covered, a slight decrease from 2003 (7%). Respondents with a high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report they personally were not currently covered (Source #1).

In 2012, 11% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a slight decrease from 2009 (12%). Respondents who were 18 to 34 years old and 45 to 54 years old, with a high school education or less, in the bottom 60 percent household income bracket 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, 16% of adults reported a household member was not covered at least part of the time in the past year, a slight decrease from 2003 (18%). 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.7

---

Chronic disease: diabetes, heart disease and cancer

Chronic disease was one of the top three community health issues reported by adults for western Racine County (Source #1). Based on the key informant interview findings, chronic disease emerged as one of the top five health issues for Racine County (ranked number three) (Source #3). Chronic conditions such as diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.¹⁸

![Western Racine County Community Health Survey Health Conditions in Past 3 Years](chart.png)

**Diabetes** | In 2012, 8% of adults reported diabetes in the past three years, up from 5% in 2003. Respondents who were 65 and older, overweight or inactive 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.⁹

**Heart disease or heart condition** | In 2012, 9% of adults reported heart disease or heart conditions in the past three years, up from 7% in 2003. Respondents who were 65 and older, inactive or smokers were more likely to report heart disease/condition (Source #1).

*Why is this significant?* In 2010, heart disease was a leading cause of death for Racine County.¹⁰ 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 risk factors for heart disease.¹¹

---


2013 Community Health Needs Assessment Report

Cancer | The 2004-2008 Racine County cancer incidence rate was 497.4 per 100,000, lower when 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 Racine County was 5,068 (all sites). There were 757 cases of female breast cancer, 750 cases of prostate cancer, 694 cases of lung and bronchus cancer, and 504 cases of colon and rectum cancer (Source #4).

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.\(^{12}\) In 2010, cancer was a leading cause of death in Racine County.\(^{13}\)

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 use, tobacco use, poor nutrition and lack of physical activity.\(^{14}\)

![Western Racine County Community Health Survey - Health Risk Behaviors](image)

Alcohol use | Alcohol and drug use was one of the top three community health issues reported by adults in western Racine County (Source #1). Based on the key informant findings, alcohol and drug use emerged as one of the top five health issues for Racine County (ranked number one) (Source #3).

Binge drinking has increased considerably. In 2012, 33% of adults reported binge drinking in the past month, two times higher when compared to 2003 (16%), and higher when compared to the state (22%) and the United States (15%). Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month.

- The Healthy People 2020 goal for adult binge drinking is 24%\(^{12}\)

---


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).

**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), 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.15

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

In 2012, 18% of adults reported cigarette smoking in the past 30 days (current smoker), a considerable decrease from 2003 (30%). Respondents with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to be a smoker (Source #1).

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

Additionally, in 2010, 13.8% of Racine 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).16 In 2010, cancer was a leading cause of death in Racine County.17 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.18

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

In 2012, 50% of adults reported engaging in recommended moderate or vigorous activity, up from 38% in 2009. 66% of adults reported eating the recommended fruit servings, while 27% of adults reported eating the recommended vegetable servings (Source #1).

**Why is this significant?** Inactive adults have a higher risk for coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. Good nutrition plays a vital role in maintaining weight and decreases the risk for high blood pressure and chronic diseases, such as diabetes and certain cancers.19

---

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

High blood pressure and high blood cholesterol | In 2012, 27% of adults reported high blood pressure and 23% of adults reported high cholesterol in the past three years, an increase from 2003 (18% and 19%, respectively). Respondents who were 65 and older, overweight or inactive were more likely to report high blood pressure. Respondents 65 and older 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 high blood pressure meets the Healthy People 2020 goal, this remains a significant health issue, as it has increased since 2003 (18%). High blood pressure can increase the risk of heart disease and stroke and efforts are needed to prevent future increases.

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. In 2010, heart disease was a leading cause of death in Racine County.

---

Overweight/Obesity | In 2012, 69% of adults were classified as being overweight, up from 63% in 2003. Respondents who were male, 45 to 54 years old or did an insufficient amount of physical activity were more likely to be classified as overweight (Source #1). Since 69% of adults were classified as overweight, this means 31% of adults were classified as a healthy weight.

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

In the Western Racine 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 than or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter$^2$ (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.  

Injury

**Injury hospitalization and emergency department visits |** The 2010 Racine County injury hospitalizations rate was 981.5 per 100,000, higher compared to the state (914.9 per 100,000). The average patient age was 55.6 years old, average length of hospital stay was 5.8 days, and average hospital charge was $32,191 (Source #2).

- The Healthy People 2020 target for injury hospitalization is 555.8 per 100,000

The 2010 Racine County rate for emergency department visits for injuries was 8,218.2 per 100,000, which is considerably higher compared to the state (7,380.8 per 100,000) (Source #2).

- The Healthy People 2020 target for emergency department visits for injury is 7,533.4 per 100,000

**Why is this significant?** Injuries are a leading cause of death for people ages 1 – 44 in the United States. Each year, millions of people are injured and survive. They are faced with life-long mental, physical and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.  

---


Mental health

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

In 2012, 12% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a slight increase from 2009 (10%) (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 2012, 3% of adults reported feeling so overwhelmed in the past year that they considered suicide, a slight increase from 2009 (1%). This means approximately 1,260 adults in western Racine County may have considered suicide in the past year (Source #1).

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 26 suicides in Racine County (13.3 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 promote resilience. 25

Sexual assault

Sexual assault | In 2010, the sexual assault rate for Racine County was 63.0 per 100,000. For the same year, the Wisconsin’s sexual assault rate was 85.9 per 100,000 (Source #5).

- Note: Sexual assault is underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source. Despite these reporting differences, estimates indicate sexual assault is a substantial health concern and continues to be a major community health issue.

Why is this significant? Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities. 26

Senior health

As noted earlier, older populations are at greater risk for high blood pressure, high blood cholesterol, diabetes, heart disease/condition and injuries (Source #1 and #2).

**Why is this significant?** Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently and incur fewer health-related costs. An essential component to keeping older adults healthy is preventing chronic diseases and reducing associated complications. About 80% of older adults have one chronic condition and 50% have at least two. 27

Each year, one in every three adults age 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, there are prevention strategies to reduce are falls and related injuries. 28

---

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 Memorial Hospital of Burlington has prioritized the significant health needs to address in its implementation strategy:
- Access and coverage
- Alcohol and drug use
- Health risk factors - high blood pressure, high blood cholesterol, overweight/obesity
- Sexual assault
- Senior health, including chronic disease
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, nutrition, physical activity and injury prevention since these are part of the standard continuum of clinical care at Aurora Memorial Hospital of Burlington (AMHB) and Aurora Medical Group clinics. Additionally, 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 health complications and disease.

Clinical patient assessments are in place to identify and expediently refer persons with mental health needs seen within our clinic settings, and resources are available through Racine County Human Services Department, therefore this is not addressed in the AMHB implementation strategy as. Racine County Crisis Services (RCCS) provides a single point of contact for access to Racine County Mental and Addiction (AODA) treatment information and services. RCCS is comprised of the Crisis Service Unit, Mental Health Mobile Response and the S.A.I.L Program (Stabilization, Assessment, Information and Linkage). The Crisis Services Unit responds to questions from callers who are experiencing a mental health crisis or who are seeking information about services or other behavioral health issues.

Although dental care is a significant health issue, our hospital does not have the resources to directly address this community health issue. The Health Care Network and the Racine Community Health Center provide dental services to children and adults without insurance or those who have limited access to dental care.

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 Memorial Hospital of Burlington 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 western Racine 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.

It is not surprising that we are asked to support a wide array of community activities and events in our community. 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1: Access and Coverage</td>
<td>• Access for persons in our community with disproportionate unmet health needs</td>
</tr>
<tr>
<td>Priority #2: Community Health Improvement Plan</td>
<td>• Build links between our clinical services and local health department community health improvement plan (CHIP)</td>
</tr>
<tr>
<td>Priority #3: Hospital focus</td>
<td>• Address the underlying causes of persistent health problems</td>
</tr>
</tbody>
</table>

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.
Access

In 2012, 11% of adults reported unmet dental care, 8% of adults reported someone in their household had not taken their prescribed medication due to cost, and 6% of adults reported unmet medical care in the last 12 months (CHNA Source #1).

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

Principal partners
- Aurora Medical Group (AMG)
- Western Racine County Health Department

Community partners
- Health Care Network (HCN) - A non-profit agency providing free or low-cost medical care and pharmaceutical assistance to residents of Racine County who are medically uninsured and have a limited income. Services are provided at the HCN office and throughout the County by health care professionals who volunteer their time, offices and skills.

Target population
- Low-income individuals who are uninsured and ineligible for health insurance coverage (e.g., Medicaid)

What we will do

To ensure appropriate follow-up services for low-income, uninsured patients using our hospital Emergency Department (ED) to receive primary care, we will:
- Strengthen our linkage and referral system between our hospital ED and the Health Care Network (HCN)
- Ensure access (navigation and care coordination) to HCN and Aurora Medical Group (AMG) and understanding of benefits of primary and preventive care by establishing a “health home” with HCN or an AMG physician
- Ensure literature about HCN is available in our ED, walk-in clinics and distributed to local churches

The Healthy People 2020 target for health care coverage is 100%
• Accept HCN vouchers for eligible diagnostic lab and radiology services for HCN-referred patients
• Refer HCN patients needing specialty care to AMG physicians
• Establish a branch site for HCN at our Western Racine County Health Department (near hospital campus)

To increase capacity of HCN to serve low-income, uninsured populations, we will:
• Support our hospital physicians and caregivers who provide in-kind services to HCN patients
• Support development efforts that expand the capacity of HCN

To improve coverage for low-income, uninsured patients using our ED for primary and dental care, we will:
• 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
• Actively screen uninsured patients for financial assistance programs, including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assist with application processes

Intended impact
• A demonstrable increase in “health home” capacity and utilization by underserved populations (low-income individuals who are uninsured and ineligible for health care coverage, such as Medicaid)
• Low-income, uninsured persons seeking primary and dental health care and all persons seeking mental health services in our ED will
  – Understand the benefits of obtaining primary care services in a “health home”
  – Successfully transition to HCN and AMG for primary care
  – Receive referrals for dental and behavioral health services
  – Obtain affordable health insurance coverage
• Health Care Network branch at the Western Racine County Health Department is established

Measures to evaluate impact
• Tracking methodology and protocol developed
• Number of patients referred from our hospital ED to primary care provider (HCN and AMG)
  – Number of primary care appointments scheduled
  – Number of uninsured patients seen by AMG physicians
• Number of HCN vouchers returned to our hospital
• Number of uninsured patients screened and enrolled in financial assistance programs (e.g., Aurora’s Helping Hand Patient Financial Assistance program) or the Marketplace (the health insurance exchange)
Focus | Alcohol and drug use in our community and workforce development

Principal partners
- Aurora Behavioral Health Services
- Aurora Medical Group
- Aurora Pharmacy
- Western Racine County Health Department
- Aurora Medical Group

Community partners
- Area schools
- Emergency Medical Services (EMS) providers
- Racine County Youth Coalition

Target population
- Teens in western Racine County school systems
- Western Racine County residents

What we will do
To increase awareness and decrease injuries resulting from alcohol and drug use, we will:
- Partner with Racine County Youth Coalition to offer alcohol and drug awareness programming and assist with program development
- Support the training of local EMS providers and first responders to current novel drugs to facilitate appropriate early response, in partnership with our full-timeEMS coordinator
- Work with community partners to implement medication collection boxes at conveniently accessible sites in our community to enable residents to dispose of unused, unneeded or expired prescription medications and over-the-counter drugs (or other substances)
- Promote the Take Back events by posting electronic signs by our hospital lobby, near the Aurora pharmacy and all Aurora pharmacies in our service area
- Participate in the national Take Back event scheduled twice a year

Intended impact
- Awareness of alcohol and drug use and abuse in western Racine County schools is raised
- Local residents more readily dispose of unused prescription medications and other drugs to prevent misuse
- Knowledge among EMS providers about appropriate response for novel drug use is improved

Measures to evaluate impact
- Number of programs held in western Racine County on alcohol and drug awareness
- Number of EMS providers attending training session(s)
- Number of medication collection sites established and poundage of medication collected at the Take Back events
Based on the western Racine County Community Health Survey (Source #1), in 2012

- 27% of adults reported high blood pressure and 23% of adults reported high cholesterol levels in the past three years
- 69% of adults were classified as being overweight or obese

Focus | Health risk factors - blood pressure, cholesterol and overweight/obesity

Principal partners
- Aurora Medical Group clinics
- Aurora Wellness Center
- Western Racine County Health Department

Target population
- Western Racine County residents

What we will do
To raise awareness about high blood pressure, high blood cholesterol, and/or being overweight and the link to chronic diseases, we will:
- Offer free screenings for blood pressure, cholesterol and Body Mass Index (BMI) at well-attended community events
- Provide educational information on blood pressure, cholesterol and overweight/obesity at a variety of community events and locations
- Provide free drop-in blood pressure screenings offered twice per month at Aurora Medical Group clinics and daily at the Western Racine County Health Department
- Post free blood pressure screening dates and locations on health department website

Intended impact
- Improved knowledge of blood pressure and cholesterol levels and Body Mass Index (BMI)
- Linkage to information and referrals to lose or maintain weight, lower or maintain blood pressure and cholesterol levels

Measures to evaluate intended impact
- Number of individuals screened at community events
  - Percent with high blood pressure
  - Percent with high cholesterol levels
  - Percent with both high blood pressure and high cholesterol
  - Percent of individuals classified as overweight or obese
  - Percent of individuals first learning they have high blood pressure and/or cholesterol
- Number of free drop-in blood pressure screenings
  - Percent with high blood pressure
  - Number of referrals to provider for high blood pressure management
- Number of information packets distributed on healthy weight/weight loss, blood pressure and cholesterol
In 2011, respondents 65 years and older in western Racine County were more likely to report high blood pressure, diabetes and heart disease or a heart condition (CHNA Source #1).

Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently, and incur fewer health-related costs.  

Advance Directives provide the opportunity to give family members peace of mind that they will know what to do on behalf of their loved one, should the need arise, and also helps the patient’s health care team make treatment decisions that reflect the patient’s preference and values.

Focus | Senior care and chronic disease
Aurora’s Senior Resource Nurse program is a NICHE-designated (http://www.nicheprogram.org) non-billable, geriatric nurse-driven program to help our hospital improve the care of older adults treated within our system and also frail elderly persons referred from within our community. It was implemented in our service area in 2007. In addition to Aurora Memorial Hospital of Burlington, this program operates at three other Aurora health facilities.

Principal partners
- Aurora Medical Group (AMG) Senior Resource Nurse (SRN) program
- Aurora’s Acute Care for the Elderly ACE Tracker – A daily snapshot (accurate as of the midnight census from the previous day) of current Aurora inpatients and observation patients aged 65 and older occupying beds at Aurora hospitals. This snapshot is compiled from data available within Smart Chart (our EMR) and used by our patient care managers, case managers, Senior Resource Nurse and interdisciplinary teams to identify those geriatric patients who are at highest risk for functional decline during hospitalization.

Community partners
- Local skilled nursing facilities

Target population
- Frail older adults with multiple health conditions, challenges

What we will do
To ensure a continuum of patient-centered, community based care for our older adult population with multiple chronic conditions, we will:
- Assure that frail elderly persons referred to our Senior Resource Nurse are assessed for:
  - Behavioral health needs
  - Cognitive skills (using MoCA -- Montreal Cognitive Assessment)
  - Family and social support
  - Home visits when possible
  - Nutrition needs
  - Pharmaceutical assistance program
  - Safe-At-Home or appropriate supportive placements
  - Transportation needs for follow-up care

• Provide patient education and support for:
  - Advance Directives (Power of Attorney)
  - Family guidance and support services
  - Medication management, safety

• Expand community awareness of special needs of frail elderly through outreach services including:
  - Community health screenings and education for early detection and intervention
  - Senior Resource Nurse health professions education
  - Professional education to community based agencies and law enforcement

Intended impact
• A reduction in unnecessary and traumatic hospital re-admissions for at-risk frail older adults with chronic conditions, co-morbidities
• Frail older adult patients with chronic conditions at-risk for hospital admission/re-admission are connected to resources to achieve better outcomes and optimal lifestyle independence

Measures to evaluate impact
To continually monitor the impact of the SRN program, the following data will be tracked on a monthly basis:
• Number of seniors served
• Number of successfully-avoided re-admissions for pneumonia, heart failure, MI, stroke, COPD, dementia, diabetes, hip and knee replacements
• Total referrals (by category – e.g. home assessments, office visits; hospital discharges)
• Number of Advance Directives (Power of Attorney) on file
• Reduction in hospital re-admissions for frail elderly individuals 65 and older
In 2010, the sexual assault rate for Racine County was 63.0 per 100,000. For the same year, the Wisconsin’s sexual assault rate was 85.9 per 100,000 (CHNA Source #4).

Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.31

Focus I Sexual assault

Aurora’s Sexual Assault Nurse Examiner (SANE) program offers trauma-informed and victim-sensitive services to people of all ages who have been affected. Our SANE nurses complete specialized training and receive certification to be a sexual assault nurse examiner and provide 24/7 coverage for three Aurora hospitals (ours and one each in neighboring counties).

Principal partner
- Aurora Medical Group (AMG) physicians, nurse practitioners and care providers

Community partners
- Local law enforcement
- Sexual Assault Services of Racine
- State and local agencies including the Association of Prevention of Family Violence, Women’s Resource Center and the Statewide Attorney General’s Sexual Assault Response Team (SART)
- Jockey International

Target population
- Individuals who have been sexually assaulted

What we will do
To support victims of sexual assault and violence, we will:
- Provide 24/7, trauma-informed coverage to victims through our Sexual Assault Nurse Examiner program
- Provide sensitive, effective forensic evidence collection
- Refer victims of sexual assault to AMG or Health Care Network providers for needed follow-up clinical and medical services

To advance knowledge and the capacity of the broader community to respond to issues related to sexual assault and personal violence, our Sexual Assault Nurse Examiners (SANE) will continue to:
- Partner with area high schools to provide resources for prevention of sexual assault
- Serve as faculty for the Wisconsin Coalition Against Sexual Assault and Sexual Assault Nurse Examiner Training
- Provide specialized health education to AMG and hospital staff, high schools, law enforcement and community agencies, and education on sexual assault
- Serve on local, county and state coalitions and Sexual Assault Response Teams

Intended impact
- Awareness of, and access to, services, resources and advocacy for those who have been sexually assaulted

Measures to evaluate impact

- Number of people provided with services and medical care related to sexual assault
- Number of community education/prevention/outreach trainings and attendance
- Number of scheduled on-call hours
Appendix A | Western Racine County Community Health Survey Report (Source #1)
The report is available at 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 approximately 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 Western Racine 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.

A total of 400 telephone interviews were completed between February 21, 2012 and April 10, 2012. 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 western Racine County. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

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 420 adults.

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, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare, and in partnership with the Western Racine County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B | Racine County Health Data Report: A summary of secondary data sources (2012) (Source #2)
The report is available at 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 Racine County. Note: This report compiles data for Racine County rather than exclusively for western Racine County.

Publicly available data sources used for the Secondary Data Report

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American FactFinder and American Community Survey</td>
<td>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 of how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. Source: United States Department of Commerce, US Census Bureau</td>
</tr>
<tr>
<td>Wisconsin Interactive Statistics on Health (WISH)</td>
<td>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, and violent death. Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics</td>
</tr>
<tr>
<td>County Health Rankings &amp; Roadmaps</td>
<td>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). Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute</td>
</tr>
</tbody>
</table>

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: This report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare, and in partnership with the Western Racine County Health Department. The report was prepared by the Center for Urban Population Health.
Data Collection and Analysis: Twenty-eight individual interviews were conducted between August and December 2012. Note: The key informant interview includes individuals who represent the broad interest of Racine County and not exclusively for western Racine County.

The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in western Racine County and Racine 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

The key informants include leaders and local experts from education, government agencies and services, public health, local health systems and community organizations in western Racine County and Racine County. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of the community, including medically underserved, low-income and/or minority populations.

### Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora Burlington Clinic</td>
<td>“The mission of Aurora Health Care, as a 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 people’s individual and family medical needs.”</td>
</tr>
<tr>
<td>Burlington Area Chamber of Commerce</td>
<td>“The Burlington Area Chamber of Commerce exists to serve its members, Business, Agricultural and Industrial communities, as the catalyst for stimulating economic progress, fostering regional tourism, enhancing the area’s quality of life, supporting historic preservation efforts, and promoting sound government.”</td>
</tr>
<tr>
<td>Burlington Rescue Squad</td>
<td>“The Burlington Area Rescue Squad was created in 1945 by the Burlington Rotary Club. This Rescue Squad, in which became operational in 1946, was organized to aid people in distress, not only in the city, but also in the surrounding areas.” “The squad is solely funded by the Burlington Rotary Club. The members of the Burlington Rescue Squad are a group of true volunteers that donate their time and efforts to the Burlington community. The only reward these people get is the satisfaction of knowing that they are helping their fellow mankind in a state of emergency.”</td>
</tr>
<tr>
<td>Burlington Area School District (Western Racine)</td>
<td>“Our mission is to develop the intellectual, physical, vocational, creative, cultural and social capabilities of our students. Our primary commitment is to develop young people who have a lifelong quest for learning. We recognize that a quality staff with high morale is the key to providing excellent education. We are dedicated to the development of professional skills and the full human potential of all staff members and to working in partnership with adults in our community to meet our mission.”</td>
</tr>
<tr>
<td>Catholic Central High School</td>
<td>“Catholic Central High School is dedicated to providing a Catholic education through the teachings of Jesus Christ, while offering respect to all faiths. With a student-centered approach to learning, we develop each person’s abilities and creative talents. We are a passionate and committed college preparatory institution.”</td>
</tr>
<tr>
<td>Chestnut Club (Western Racine)</td>
<td>“At Lincoln Lutheran, we Honor God by Serving People. We are privileged to serve older adults in Southeastern Wisconsin by providing housing, memory care, short-term rehabilitation and assisted living.” Burlington’s Chestnut Club is one of two Adult Day Services programs run by Lincoln Lutheran.</td>
</tr>
<tr>
<td>City of Burlington Fire Department</td>
<td>The Burlington Fire Department is a full service combination Fire Department utilizing full-time and volunteer firefighters to staff and respond annually to approximately 1600 calls for service. The Burlington Fire Department provides fire, rescue, and emergency medical services for the City of Burlington directly, and for the surrounding unincorporated Skagit County Fire District #6 by contract. The entire service area includes more than 16,000 residents in an area of approximately 32 square miles. The Fire Department structures it public services to meet the daily demands of 45,000-60,000 citizens and visitors. “We, the members of the Burlington Fire Department, are a team of dedicated individuals working together to...”</td>
</tr>
<tr>
<td><strong>Zimmerman Dental Practice</strong></td>
<td>Private dental practice located in Burlington, Wisconsin.</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Edstrom Industries</strong></td>
<td>“Founded on quality and a strong commitment to the customer, our mission is to design, manufacture and deliver the best products and services for critical environments worldwide. Guided by our core principles, we achieve this mission by offering integrated solutions that exceed the expectations of our customers. We are dedicated to building long-term shareholder value and creating a workplace that respects and values all employees.”</td>
</tr>
<tr>
<td><strong>Gateway Technical Institute (Western Racine)</strong></td>
<td>“Gateway Technical College, serving more than 25,000 students in the Southeastern Wisconsin counties of Kenosha, Racine and Walworth, continues to lead the country with its innovative approach to career and technical education.” “We collaborate to ensure economic growth and viability by providing education, training, leadership, and technological resources to meet the changing needs of students, employers, and communities.”</td>
</tr>
<tr>
<td><strong>Health Care Network, Inc.</strong></td>
<td>“Health Care Network, Inc. is a non-profit agency providing free or low cost health care to residents of Racine County who are medically uninsured and have a limited income. Services are provided at the Health Care Network office and throughout the County by health care professionals who volunteer their time, offices and skills.”</td>
</tr>
<tr>
<td><strong>HyPro, Inc.</strong></td>
<td>“HyPro Inc., headquartered in Waterford, Wisconsin, has provided engineering and manufacturing services to the worldwide commercial marketplace for over 30 years. A specialist in contract machining, the company has a total of 400,000 square feet of manufacturing space in six plants to service its large customer base. Committed to providing value to its customers, HyPro’s mission is to provide high quality, precision-machined components and assemblies using technologically advanced processes.”</td>
</tr>
<tr>
<td><strong>Love, Inc.</strong></td>
<td>Love, Inc. is a 501c(3) non-profit organization with over 40 different programs dedicated to helping families and individuals live better, more productive lives. “Love, Inc. is a network of churches and individuals working together with the community to identify, assess and provide for the needs of families and individuals and direct them to the appropriate resources. Our goal is to help families and individuals help themselves.”</td>
</tr>
<tr>
<td><strong>Professional Women’s Network for Services, Inc.</strong></td>
<td>“Professional Women’s Network for Service, Inc., is a non-profit corporation, instituted March 2004 in Racine, Wisconsin, by eight dedicated volunteers who have strength of character and who embody life, hope, inspiration, creativity, and a unifying spirit. These eight women wanted to create an organization designed to promote educational empowerment, the arts and cultural awareness, national issues, and global initiatives that will enrich the lives of women and children. Professional Women’s Network for Service, Inc., promotes volunteerism in improving the community through the effective action and leadership of trained volunteers. Our organization reaches out to all races, religions, and national origins that demonstrate an interest and a commitment to volunteerism. Professional Women’s Network for Service will be recognized for focused efforts on projects that enhance the well-being of women and children.”</td>
</tr>
<tr>
<td><strong>Racine County Human Services (Western Racine)</strong></td>
<td>“The Mission of the Racine County Human Services Department is to foster healthy, self-reliant individuals and families. In order to accomplish our Mission, the Human Services Department provides a host of prevention and treatment programs in addition to services for employers and job seekers. These programs strive to make available the most cost-effective services which will help attain a healthy and self-sufficient life. Many programs are geared toward specific populations such as adults, abused/neglected children or persons with disabilities. Some are court-ordered services and others are more inclusive, supporting individuals’ goals for educational or vocational achievement.”</td>
</tr>
<tr>
<td><strong>Racine County Medical Examiner’s Office</strong></td>
<td>“The mission of the Office of the Medical Examiner is to promote and maintain the highest professional standards in the field of death investigation. The Office of the Medical Examiner is charged with investigating and determining the cause, circumstances and manner in each case of sudden, unexpected or unusual death.”</td>
</tr>
<tr>
<td><strong>Racine County UW-Extension</strong></td>
<td>“The Racine County UW-Extension office is a partnership between Racine County, the University of Wisconsin-Extension (Cooperative Extension) and the US Department of Agriculture (USDA). The mission is to plan, develop, and deliver research-based education, which enhances the quality of life for all Racine County residents. Racine County provides 40% of the faculty salaries for this department and UW-Extension, using some USDA funding, contributes the remaining 60%. In addition, the County provides operating expenses and support staff. Seven University faculty and staff supervise, train and support up to 15 additional educators and summer staff, who are funded by the University and other contracts and grants. Educational programs are also enhanced by the efforts of over 475 volunteers. Educational efforts...”</td>
</tr>
<tr>
<td><strong>Burlington Rotary Club (Western Racine)</strong></td>
<td>“Rotary is a worldwide organization of more than 1.2 million people. Members of Rotary provide humanitarian service and help build goodwill and peace in the world.” “The Burlington Rotary Club has been in existence for over 90 years and has a proud legacy of being a relevant community organization.”</td>
</tr>
<tr>
<td><strong>St. Charles Parish School</strong></td>
<td>“Saint Charles Parish School is a vibrant, Catholic community dedicated to guiding the spiritual, academic, moral, and physical development of our students.” “We teach the child that the Christian message is not just a concept to be learned, but a reality to be lived. We infuse Gospel values that develop moral conscience.”</td>
</tr>
<tr>
<td><strong>United Way of Racine County</strong></td>
<td>“At United Way, we work to improve lives and create lasting community change in partnership with local organizations. Through a well-organized, volunteer-driven allocation process, we make effective investments in more than 60 programs in Racine County. Our focus is on education, income, and health because they are the building blocks for a successful life. We all benefit when a child succeeds in school, when individuals and families are financially stable, and when people are healthy.”</td>
</tr>
<tr>
<td><strong>Village of Bristol Fire Department; City of Burlington Fire Department</strong></td>
<td>“It is the mission of the Bristol Fire Department to utilize the cooperative efforts of supervisory and line personnel to protect the lives and property of our citizens and those who visit our community.” “The Burlington Fire Department is a full service combination Fire Department utilizing full-time and volunteer firefighters to staff and respond annually to approximately 1600 calls for service. The Burlington Fire Department provides fire, rescue, and emergency medical services for the City of Burlington directly, and for the surrounding unincorporated Skagit County Fire District #6 by contract. The entire service area includes more than 16,000 residents in an area of approximately 32 square miles. The Fire Department structures it public services to meet the daily demands of 45,000-60,000 citizens and visitors. “We, the members of the Burlington Fire Department, are a team of dedicated individuals working together to protect lives and property. Our essential mission and number one priority is to deliver the best possible service to our community.”</td>
</tr>
<tr>
<td><strong>Lions Club of Waterford</strong></td>
<td>The Lions Club of Waterford Wisconsin was organized on November 6, 1960 with a charter membership of thirty-six Lions. “Whenever a Lions club gets together, problems get smaller. And communities get better. That’s because we help where help is needed – in our own communities and around the world – with unmatched integrity and energy. Our 46,000 clubs and 1.35 million members make us the world’s largest service club organization. We’re also one of the most effective. Our members do whatever is needed to help their local communities. Everywhere we work, we make friends. With children who need eyeglasses, with seniors who don’t have enough to eat and with people we may never meet.” “In 1917, Melvin Jones, a 38-year-old Chicago business leader, told members of his local business club they should reach beyond business issues and address the betterment of their communities and the world. Jones’ group, the Business Circle of Chicago, agreed. After contacting similar groups around the United States, an organizational meeting was held on June 6, 1917, in Chicago, Illinois, USA. The new group took the name of one of the invited groups, the “Association of Lions Clubs,” and a national convention was held in Dallas, Texas, USA in October of that year. A constitution, by-laws, objects and a code of ethics were approved. Within three years, Lions became an international organization. Since then, we’ve earned high marks for both integrity and transparency. We’re a well-run organization with a steady vision, a clear mission, and a long – and proud – history.”</td>
</tr>
<tr>
<td><strong>Wisconsin Veteran’s Home</strong></td>
<td>Wisconsin Veterans Homes “Caring for America’s heroes.” “Meeting the long-term care needs of elderly and disabled veterans.”</td>
</tr>
<tr>
<td><strong>Racine Family YMCA</strong></td>
<td>“The Racine Family YMCA is a leading non-profit human service organization, serving all of Racine County. For more than 136 years, the Racine Family YMCA has provided safe and caring environments, positive role models, creative activities and opportunities to serve the needs of others. These are the essential building blocks for strong kids, strong families and strong communities.” “The RACINE FAMILY YMCA is committed to developing strong character in individuals through activities that promote its four core values: caring, honesty, respect and responsibility.” “The mission of the RACINE FAMILY YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.”</td>
</tr>
</tbody>
</table>
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 Racine 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, summaries of top five health issues, summaries for additional health issue are also reported, and 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 Racine County**

<table>
<thead>
<tr>
<th>The top five health issues that emerged as key priorities for Racine County were 1) alcohol and drugs, 2) mental health, 3) chronic disease, 4) nutrition, and 5) tie among oral health, physical activity and tobacco.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key community partners to address health issues:</strong></td>
</tr>
<tr>
<td>1. <strong>Alcohol and drugs:</strong> Hospitals should be partnering with human services, schools, law enforcement, occupational health, physical therapy and faith-based organizations. Specifically, informants mentioned Love, Inc. and Alcoholics Anonymous.</td>
</tr>
<tr>
<td>2. <strong>Mental health:</strong> Hospitals should be partnering with county board members, the school system, United Way, NAMI and Family Services of Racine. Faith-based organizations, behavioral health clinics, support groups and the media are other suggested partners.</td>
</tr>
<tr>
<td>3. <strong>Chronic disease:</strong> Hospitals should be partnering with Aurora Wellness Center, churches, schools, child care and insurance companies. Trusted community leaders also have an important role to play in this issue.</td>
</tr>
<tr>
<td>4. <strong>Nutrition:</strong> Hospitals should be partnering with schools, the health department, local media and fitness centers.</td>
</tr>
<tr>
<td>5. <strong>Oral health, physical activity and tobacco (tie)</strong></td>
</tr>
<tr>
<td>- <strong>Oral health:</strong> Hospitals should be partnering with the health department, Racine County Dental Society, government officials and local dentists. Effective efforts will also require changes in legislation.</td>
</tr>
<tr>
<td>- <strong>Physical activity:</strong> Hospitals should be partnering with the YMCA, the Racine Unified School District, Aurora Wellness Center and programs for older adults.</td>
</tr>
<tr>
<td>- <strong>Tobacco:</strong> Hospitals should be partnering with schools and physicians in the community. The American Heart Association and UW-Extension were named as other potential partners.</td>
</tr>
</tbody>
</table>

**Partners & Contracts:** This report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare, and in partnership with the Western Racine County Health Department. The report was prepared by the Center for Urban Population Health.
### Western Racine County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Western Racine County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children’s Hospital of Wisconsin and Wheaton Franciscan Healthcare in partnership with the Western Racine County Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org, www.chw.org and www.mywheaton.org.

#### Health Care Coverage

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Covered (Currently)</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Personally (past 12 months)</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Householder (past 12 months)</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Other Residents (2010)</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

#### Health Conditions in Past 3 Years

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>12%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>High Blood Cholesterol</td>
<td>19%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Mental Health Condition</td>
<td>10%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Heart Disease/Condition</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

#### Vaccinations

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccination (last year)</td>
<td>69%</td>
<td>43%</td>
<td>63%</td>
<td>82%</td>
</tr>
<tr>
<td>Pneumonia (over)</td>
<td>63%</td>
<td>64%</td>
<td>69%</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Health Information and Services

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health Services</td>
<td>Western Racine County</td>
<td>2003</td>
<td>2005</td>
</tr>
<tr>
<td>Doctor</td>
<td>38%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Internet Access</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Advance Care Plan</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Primary Source of Health Advice/Service</td>
<td>64%</td>
<td>79%</td>
<td>71%</td>
</tr>
<tr>
<td>Doctor/nurse practitioner or nurse</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Public Health/Community Health Center</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Not listed</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

#### Routine Procedures

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Cholesterol (age 2 yrs or less)</td>
<td>84%</td>
<td>83%</td>
<td>88%</td>
</tr>
<tr>
<td>Cholesterol Test (6 yrs or less)</td>
<td>77%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Dental Cholesterol test (past year)</td>
<td>73%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Eye Exam (past year)</td>
<td>67%</td>
<td>43%</td>
<td>43%</td>
</tr>
</tbody>
</table>

#### Women's Health

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Density Scan (65 or older)</td>
<td>64%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>Pap Smear (30-65; within last 2 years)</td>
<td>87%</td>
<td>90%</td>
<td>87%</td>
</tr>
</tbody>
</table>

#### Other Research

<table>
<thead>
<tr>
<th>Western Racine County</th>
<th>2003</th>
<th>2005</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram (40+; within last 2 years)</td>
<td>72%</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>Pap Smear (18+; within last 2 years)</td>
<td>81%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Men’s Health (40 and Older)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within Past 2 Years</td>
<td>50%</td>
<td>63%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screenings (50 and Older)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Streak Test (within past year)</td>
<td>31%</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Stool Test (within past 5 years)</td>
<td>11%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy (within past 10 years)</td>
<td>67%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Sustaining in Recommended Time Frame</td>
<td>75%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td><strong>Cigarette Use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Smokers (past 30 days)</td>
<td>30%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Other Tobacco Products (past 30 days)</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children in Household</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Because Trying to Quit</td>
<td>43%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Saw a Health Care Professional Part Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>And Advised to Quit Smoking</td>
<td>68%</td>
<td>82%</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Other Research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Smokers (2010)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Past (2003)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exposure to Smoke</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Racine County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not allowed anywhere</td>
<td>79%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Allowed in some places or at some times</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>4%</td>
<td>&lt;1%</td>
<td></td>
</tr>
<tr>
<td>No rales inside home</td>
<td>7%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Nonsmoker’s Second Hand Smoke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to Past Seven Days</td>
<td>23%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td><strong>Other Research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Prescribed at Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Racine County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling Sad, Blue or Depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always/Nearly Always (past 30 days)</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Find Meaning and Purpose in Daily Life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness/Never</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Considered Suicide (past year)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Safety in Past Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Racine County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afraid for Their Safety</td>
<td>2%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Stood, Kicked, Slapped, or Hit</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>At Least One of the Safety Issues</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Not asked in 2003*
Overall Health and Health Care Key Findings

In 2012, 49% of respondents reported their health as excellent or very good; 13% reported fair or poor. Respondents with a high school education or less, who were unmarried, inactive or smokers were more likely to report fair or poor conditions. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2012, 6% of respondents reported they were not currently covered by health care insurance, respondents with a high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Eleven 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 18 to 34 years old, 15 to 54 years old, with a high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Sixteen 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. From 2003 to 2012, 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 2009 to 2012, the overall percent statistically remained the same for respondents who reported no personal health care insurance at least part of the time in the past 12 months. From 2003 to 2012, the overall percent statistically remained the same for respondents who reported someone in their household was not covered at least part of the time in the past 12 months.

In 2012, 8% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported that they did not get dental care they needed sometime in the last 12 months; respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Six percent of respondents reported that they did not get the medical care they needed sometime in the last 12 months; respondents who were 55 to 64 years old or unmarried were more likely to report this. Less than one percent of respondents reported that they did not get the mental health care they needed sometime in the last 12 months. From 2009 to 2012, there was no statistical change in the overall percent of respondents reporting someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months.

In 2012, 38% of respondents reported they receive most of their health information from a doctor followed by 31% who reported the internet. Seventy-one percent of respondents reported their primary place for health services was from a doctor’s or nurse-practitioner’s office; respondents who were female, 55 and older, with a college education, who were in the middle 20 percent household income bracket or married were more likely to report this. Thirty-five percent of respondents had an advance care plan; respondents who were 65 and older, with a college education or who were married were more likely to report an advance care plan. From 2005 to 2012, 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 2012, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2012, 84% of respondents reported a routine medical checkup two years ago or less while 76% reported a cholesterol test four years ago or less. Seventy 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 55 and older, 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 55 to 64 years old, 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 65 and older with at least some post high school education or in the top 40 percent household income bracket were more likely to report an eye exam in the past year. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less, a cholesterol test four years ago or less, a dental checkup in the past year or an eye exam in the past year.
In 2012, 38% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or with a college education were more likely to report a flu vaccination. Seventy-one percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2009 to 2012, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2009 to 2012, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2012, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination.

### Health Risk Factors Key Findings

In 2012, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (27% and 23%, respectively). Respondents who were 65 and older, overweight or inactive were more likely to report high blood pressure. Respondents 65 and older were more likely to report high blood cholesterol. Respondents who were 65 and older, inactive or smokers were more likely to report heart disease/condition. Respondents who were 65 and older, overweight or inactive were more likely to report diabetes. Unmarried respondents were more likely to report current asthma. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported high blood pressure. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease/condition, diabetes, current asthma or stroke. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer.

In 2012, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days, respondents who were 65 to 64 years old, 55 to 64 years old, with a high school education or less or who were unmarried were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Five percent reported meaning and purpose in daily life, but some past high school education were more likely to report this. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they seldom/rever find meaning and purpose in daily life. From 2009 to 2012, there was a statistical increase in the overall percent of respondents who reported they considered suicide.

### Behavioral Risk Factors Key Findings

In 2012, 40% of respondents did moderate physical activity five times a week for 30 minutes while 29% did vigorous activity three times a week for 20 minutes. Combined, 30% met the recommended amount of physical activity. Respondents who were 18 to 34 years old or not overweight were more likely to report this. Sixty-nine percent of respondents were classified as overweight. Respondents who were male, 45 to 54 years old or did an insufficient amount of physical activity were more likely to be classified as overweight. From 2003 to 2012, 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 2009 to 2012, there was a statistical increase in the overall percent of respondents who reported moderate physical activity three times a week for at least 20 minutes. From 2009 to 2012, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity. From 2009 to 2012, there was no statistical change in the overall percent of respondents being overweight.

In 2012, 60% of respondents reported two or more servings of fruit, while 27% reported three or more servings of vegetables on an average day. Female respondents were more likely to report at least two servings of fruit. Respondents who were female, with a college education, who were in the top 40% household income bracket, married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. From 2003 to 2012, 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 2012, 72% of female respondents 40 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Eighty-six percent of female respondents 18 to 65 years old.
reported a pap smear within the past three years; married respondents were more likely to report this. From 2003 to 2012, 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 2012, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2012, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2012, 67% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a prostate-specific antigen (PSA) test. From 2003 to 2012, there was a statistical increase in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years.

In 2012, 14% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 70% reported a colonoscopy within the past ten years. This results in 74% of respondents meeting current colorectal cancer screening recommendations. Respondents in the top 40 percent household income bracket or married respondents were more likely to meet the recommendation. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2000 to 2012, 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 2009 to 2012, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2012, 18% of respondents were current smokers; respondents with a high school education or less, who were in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. Six percent reported other tobacco use such as cigars, pipes, chewing tobacco or snuff in the past 30 days; respondents who were 18 to 34 years old or with some post high school education or less were more likely to report this. In the past 12 months, 39% of current smokers quit smoking for one day or longer because they were trying to quit. Eighty percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who were current smokers. From 2003 to 2012, 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 2012, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2012, 83% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were 18 to 34 years old, with a high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. From 2000 to 2012, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2000 to 2012, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2012, 33% of respondents were binge drinkers in the past month. Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month. Two percent reported they had been a driver or a passenger in the past month when the driver perhaps had too much to drink. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in the past month when the driver perhaps had too much to drink.

In 2012, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking in the past year. One percent of respondents reported someone in their household experienced a problem with marijuana. Less than one percent of respondents each reported someone in their household experienced a problem in connection with cocaine/heroin/other street drugs, the misuse of prescription drugs/over-the-
counter drugs or gambling. From 2005 to 2012, 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 2012, 4% of respondents reported someone made them afraid for their personal safety in the past year. Three percent of respondents reported they were pushed, kicked, slapped or hit in the past year. A total of 6% reported at least one of these two situations; respondents who were 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. From 2005 to 2012, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2005 to 2012, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.

Children in Household

In 2012, a random child was selected for the respondent to talk about the child’s health issues. Ninety-eight percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 79% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Four percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed while 1% reported their child did not receive the medical care needed. Zero percent reported their child did not visit a specialist they needed to see. Seventy-four percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 25% reported three or more servings of vegetables. Seventy-six percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Nine percent of respondents reported their child currently had asthma. Five percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Less than one percent of respondents reported their child was seldom or never safe in their community or neighborhood. Twenty-three percent reported their 8 to 17 year old child experienced some form of bullying. Twenty-three percent reported verbal bullying, 3% reported physical bullying and 1% reported cyber bullying.

Community Health Issues

In 2012, respondents were asked to pick the top three health issues in the area out of eight listed. The most often cited were alcohol or drug use (57%), chronic diseases (64%) and violence or teen pregnancy (29% each). Female respondents were more likely to select alcohol or drug use as a top health issue. Respondents in the top 40 percent household income bracket were more likely to report chronic diseases. Unmarried respondents were more likely to report teen pregnancy. Male respondents were more likely to report infectious diseases as one of the top health issues.