2013 Community Health Needs Assessment Report

2014 Implementation Strategy

Aurora Medical Center
in Grafton
975 Port Washington Road
Grafton, WI 53024
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Introduction | Aurora Health Care

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

Part I | Aurora Medical Center Grafton (AMCG)

Who we are. What we do
Opened November 2010, AMCG is a state-of-the-art regional medical center providing the most advanced medical technology to address a full range of health care needs. As the first “green” hospital in Wisconsin, Aurora Medical Center in Grafton is designed to emphasize healing, confidence and comfort. Our 800 caregivers are committed to helping patients live well, incorporating families into the healing process. Featured specialty medical services of our hospital include: 24/7 emergency care, Aurora eICU care, cancer care, cardiology, orthopedics, neurology and women’s health, rehabilitation, Sports Medicine, diagnostic and surgical services.

Who we serve
Located just off I-43 in Grafton, Aurora Medical Center is easily accessible to serve residents of Ozaukee and neighboring counties. AMCG is the newest hospital in the Aurora Health Care system and proud to care for a community that shares the same beliefs in promoting an organic quality of life and a sustainable look to the future.

<table>
<thead>
<tr>
<th>Aurora Medical Center Grafton by the Numbers (2012)</th>
<th>Area facilities and service partners include</th>
<th>Distinctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 125 hospital beds</td>
<td>• Aurora Medical Center</td>
<td>The Joint Commission</td>
</tr>
<tr>
<td>More than</td>
<td>• Aurora Advanced Healthcare</td>
<td>• Hospital Accreditation</td>
</tr>
<tr>
<td>• 62,100 outpatient visits</td>
<td>• Aurora Advanced Orthopedic Center</td>
<td>• Primary Stroke Center</td>
</tr>
<tr>
<td>• 8,400 emergency department visits</td>
<td>• Aurora Cancer Care</td>
<td>Leadership in Energy and Environmental Design (LEED)</td>
</tr>
<tr>
<td>• 700 newborn deliveries</td>
<td>• Aurora Pharmacy</td>
<td>• Silver Certified</td>
</tr>
<tr>
<td>• 6,800 surgical cases (inpatient and outpatient)</td>
<td>• Aurora Rehabilitation Center/Aurora Sports Medicine Institute</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Zero Penalty Distinction for heart attack, heart failure and pneumonia Medicare patient readmission rates</td>
</tr>
</tbody>
</table>

To learn more about our hospital, please [click here](#).
Economic impact study – Ozaukee 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 Ozaukee County, ranking at number four with 1,327 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 1,983 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 6.0 percent of all employment and 6.2 percent of total payroll in Ozaukee County (pg. 26).

- Aurora’s impact on business output/input revenue for Ozaukee County has a total impact of $257.85 million (pg. 24).

- As an anchor institution, in 2012 Aurora Medical Center Grafton provided the following:
  - Community Benefits: $717,333
  - Uncompensated Care: $4,779,000

  Community Benefit Report 2012 Aurora Medical Center Grafton

Assessing Community Health Status – an ongoing commitment

Improving the health of our communities is a communitywide effort and begins with assessing community health status. Since 2003, Aurora Health Care has underwritten a community health survey of Ozaukee County every three years, conducted in partnership with the Ozaukee County Health Department. This helps the health department focus its resources on population health issues and enables us to align our charitable resources and expertise to respond to the identified community health priorities. To view community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

Although Aurora Medical Center Grafton serves Ozaukee County and beyond, for the purpose of the community health needs assessment the community served is defined as Ozaukee County.

Ozaukee County is the smallest land area County in the State of Wisconsin, covering 235 square miles of land area. Located on 25 miles of the western shores of Lake Michigan, the County encompasses approximately 900 square miles of Lake Michigan waters. Ozaukee County has a large manufacturing sector, with a concentration in metal fabrication, component and appliance production, and plastics and paper manufacturing. These industries are significant at both a state and national level. In addition, Ozaukee county is home to two academic centers including Concordia University and Milwaukee Area Technical College – Mequon Campus.2

Ozaukee County includes suburban and rural areas:3
- Cities of Cedarburg, Mequon, Port Washington
- Towns of Belgium, Cedarburg, Fredonia, Grafton, Port Washington, Saukville
- Villages of Bayside (part), Belgium, Fredonia, Grafton, Newburg (part), Saukville, Thiensville
- Unincorporated communities of Dacada (partial), Decker, Decker Corner, Hamilton, Holy Cross, Horns Corners, Knellsville, Lake Church, Lakefield, Little Kohler, Ulao, Sauk Trail Beach, Waubeka

**Wisconsin’s healthiest county**
According to the 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Ozaukee is Wisconsin’s healthiest county. The rankings help counties understand the many factors that influence health4

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<table>
<thead>
<tr>
<th>Demographic Characteristics of Ozaukee County and Wisconsin, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>Total Population*</td>
</tr>
<tr>
<td>Median Age (years)*</td>
</tr>
<tr>
<td><strong>Race</strong>*</td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
</tr>
<tr>
<td>Some other race</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
</tr>
<tr>
<td><strong>Age</strong>*</td>
</tr>
<tr>
<td>0-14 years</td>
</tr>
<tr>
<td>15-44 years</td>
</tr>
<tr>
<td>45-64 years</td>
</tr>
<tr>
<td>65 years and older</td>
</tr>
<tr>
<td><strong>Education level of adults 25 years and older</strong>*</td>
</tr>
<tr>
<td>Less than high school degree</td>
</tr>
<tr>
<td>High school degree</td>
</tr>
<tr>
<td>Some college/associates</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
</tr>
<tr>
<td><strong>Unemployment Rate Estimate</strong>*</td>
</tr>
<tr>
<td>Percent of those ages 16 or older who are unemployed (estimate)</td>
</tr>
<tr>
<td><strong>Median household income (estimate)</strong>***</td>
</tr>
<tr>
<td>(2011 inflation-adjusted dollars)</td>
</tr>
<tr>
<td><strong>Percent below poverty in the last 12 months (estimate)</strong>***</td>
</tr>
</tbody>
</table>

Note: Some totals may be more or less than 100% due to rounding or response category distribution.
Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

Partnership
The Community Health Needs Assessment was commissioned by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s and Froedert & the Medical College of Wisconsin, in partnership with the Ozaukee County Public Health. The community health survey is supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org. The health systems listed above are part of the Milwaukee Health Care Partnership and aligned resources to conduct the Ozaukee County community health needs assessment.

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

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

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews and focus groups. 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 | Ozaukee County Community Health Survey Report
The community health survey is a source of primary community health data. The latest telephone survey was completed between November 29, 2011 and January 3, 2012, and analyzed and posted in 2012. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. This report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Ozaukee 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. As a note, the reported utilized the most current data. The report was prepared by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source

Source #3 | Key Informant Interview Report
Six individual key informant interviews were conducted between August and December 2012 (Appendix C). Each key informant was asked to rank order the top 3 to 5 major health-related issues for Ozaukee 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. Among the key informants was the health officer for the North Shore Health Department, the director for the Ozaukee County Health Department, and leaders from education, social service and community organizations. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations.

The Key Informant Interview Report presents the results, including cross-cutting themes and summaries of the top five health issues and additional health issues. Moreover, the Key Informant Interview Report compiles a listing of 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 Medical Center Grafton CHNA and considered when identifying significant community health needs:

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

Source #5 | The Burden of Injury in Wisconsin (Released Fall 2011)
This report was developed through a partnership between the Injury Research Center at the Medical College of Wisconsin, Children’s Health Alliance of Wisconsin and The Wisconsin Department of Health Services’ Injury and Violence Prevention Program. This effort was funded in part by U.S. Centers for Disease Control and Prevention grant R49/CE001175 and Cooperative Agreement Award Number U17/CE524815. The report is available at http://www.dhs.wisconsin.gov/publications/P0/P00283.pdf
Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Ozaukee County

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

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

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

The Healthy People 2020 definition of a health disparity:

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

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

<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>Healthiest Wisconsin 2020</td>
<td>“Healthiest Wisconsin 2020 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>
<tr>
<td>Healthy People 2020</td>
<td>“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” <a href="http://www.healthypeople.gov/2020/about/default.aspx">http://www.healthypeople.gov/2020/about/default.aspx</a></td>
</tr>
</tbody>
</table>
Summary of the significant health needs in Ozaukee County
When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access
Questions about unmet medical, dental and mental health care, and prescription medication were added to the community health survey (Source #1) in 2011.

Unmet medical care | In 2011, 16% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months. Respondents who were 45 to 54 years old or in the middle 20 percent household income bracket ($40,001 - $60,000) were more likely to report this (Source #1).

In 2011, 8% of adults reported they did not get the medical care they needed sometime in the past 12 months. Respondents who were male, 18 to 34 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 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.  

Unmet dental care | In 2011, 12% of adults reported they did not get the dental care they needed sometime in the past 12 months, up from 10% in 2008. Respondents who were female or 18 to 34 years old 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 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.

Unmet prescription medication | In 2011, 9% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months. Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report someone in their household had not taken their prescribed medication due to prescription costs (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.

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Unmet mental health care | In 2011, 2% of adults reported they did not get the mental health care they needed sometime in the past 12 months (Source #1).

Why is this significant? Unmet mental health care can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system."}

Coverage

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

In 2011, 6% of respondents reported they were not currently covered by health care insurance, up from 2% in 2003. Respondents 18 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they were not currently covered by health insurance (Source #1).

In 2011, 8% percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 2008 (11%). Respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they personally did not have health care coverage at least part of the time in the past 12 months (Source #1).

In 2011, 11% of adults reported a household member was not covered within the past year, the same as 2003. 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.

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Chronic disease: asthma, diabetes, heart disease and cancer

Chronic conditions such as diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs. Chronic disease was among the top five community health issues reported by adults (Source #1).

<table>
<thead>
<tr>
<th>Condition</th>
<th>2011 Percentage</th>
<th>2003 Percentage</th>
<th>Why is this significant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>10%</td>
<td>7%</td>
<td>Asthma attacks can be mild, moderate, or serious – and even life threatening. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential. Without proper management, asthma can lead to high health care costs.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>7%</td>
<td>Diabetes can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.</td>
</tr>
<tr>
<td>Heart disease or heart condition</td>
<td>5%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>


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

Cancer | The 2004-2008 Ozaukee County cancer incidence rate was 595.9 per 100,000, higher 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 Ozaukee County was 2,431 (all sites). There were 412 cases of female breast cancer, 378 cases of prostate cancer, 255 cases of lung and bronchus cancer, and 222 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. In 2010, cancer was a leading cause of death in Ozaukee County.

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 consumption, tobacco use, poor nutrition and lack of physical activity.

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Alcohol Use | Alcohol and drug use was one of the top five community health issues reported by adults (Source #1). Based on key informant interviews, alcohol and drug use was among the top five health issues for Ozaukee County (Source #3).

In 2011, 29% of adults reported binge drinking, almost two times higher when compared to 2003 (15%), and higher when compared to the state (22%) and the United States (15%). Respondents who were male, 18 to 34 years old, with some post high school education or less or who were unmarried were more likely to have binged at least once in the past month.

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).

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

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

Smoking | In 2011, 16% of adults reported cigarette smoking in the past 30 days (current smoker), same as in 2003. Respondents who were 35 to 54 years old, with a high school education or less, who were in the middle 20 percent household income bracket or unmarried were more likely to report being a current smoker (Source #1).

- The Healthy People 2020 tobacco use target is 12%

Additionally, in 2010, 6.3% of Ozaukee County mothers indicated smoking during pregnancy (Source #2).

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

Why is this significant? 90% of all deaths from chronic obstructive lung disease are caused by smoking. Smoking increases the risk of coronary heart disease, stroke, and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach).17 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 interviews, nutrition and physical activity emerged as one of the top five health issues for Ozaukee County (Source #3).

In 2011, 49% of adults reported engaging in recommended moderate or vigorous activity, down from 52% in 2008. 60% of adults reported eating the recommended fruit servings while 29% of adults reported eating the recommended vegetable servings (Source #1).
**Why is this significant?** Inactive adults have a higher risk for coronary health disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one’s risk for overweight and obesity. Healthy eating helps reduce one’s risk for developing obesity, osteoporosis, iron deficiency and dental cavities.  

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

High blood pressure and high blood cholesterol | In 2011, 25% of adults reported high blood pressure and high cholesterol in the past three years, an increase from 2003 (21% and 22%, respectively). Respondents who were 65 and older, overweight, inactive or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, married, overweight or inactive 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 target this remains a significant health issue since it increased from 2003 (21%), one in four (25%) of respondents reported high blood pressure in the past three years and high blood pressure is a risk factor for heart disease and stroke.

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

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Overweight/Obesity | In 2011, 59% of adults were classified as overweight, same as in 2003. Respondents who were male, 45 to 64 years old or inactive were more likely to be classified as overweight. Since 59% of adults in 2011 were classified as overweight, this means 41% of adults were classified as a healthy weight (Source #1).

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

Although the healthy weight surpasses the Healthy People 2020 target, it remains a significant health issue since over half of adults were classified as being overweight or obese and efforts are needed to prevent increases in the future.

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

Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high blood cholesterol, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions. ²²

Injury

Injury hospitalizations | The 2010 Ozaukee County injury hospitalizations rate was 750.0 per 100,000, lower compared to the state (914.9 per 100,000). The average patient age was 63.2 years old, average length of hospital stay was 4.93 days, and average hospital charge was $31,785 (Source #2).

- The Healthy People 2020 target for injury hospitalization is 555.8 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. ²³

Youth Injury | During 2007-2009, there were 111 injury-related hospitalizations and 4,667 injury-related emergency department visits for children and adolescents (0-17 years) in Ozaukee County (Source #5).

During 2007-09, there were 1,089 injury-related emergency department visits for children or adolescents (0-17 years) being struck (by/against), with an annual rate of 1,782 per 100,000. The category of being “struck by/against” includes injuries resulting from being struck by or striking against objects or persons (Source #5).

Why is this significant? Injuries, such as burns, falls, drowning, and sport injuries, are the leading cause of death for U.S. children ages 19 or younger. ²⁴ Sport injuries include concussions, which is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Recognition and proper response to concussions when they first occur can help prevent further injury or even death. ²⁵

Mental health

Mental health or depression was one of the top three community health issues reported by adults (Source #1). Based on the key informant interview, mental health emerged as one of the top five health issues for Ozaukee County (Source #3).

Mental health conditions | In 2011, 13% of adults reported a mental health condition (such as depression, anxiety disorder, post-traumatic stress disorder) in the past three years, a slight increase from 2008 (11%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report a mental health condition (Source #1).

  Why is this significant? Mental health conditions are extremely costly to society, due to diminished personal, social and occupational functioning. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking and excessive drinking.26

Suicide | In 2011, 3% of adults reported feeling so overwhelmed in the past year that they considered suicide. This means approximately 1,980 adults in Ozaukee County may have considered suicide in the past year. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1).

Additionally, in 2010, there were 9 suicides in Ozaukee County (10.42 per 100,000) (Source #2).

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

Although this meets the Healthy People 2020 target, suicide remains a significant health issue and efforts need to be in place to ensure the rate does not increase in the future.

  Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.27

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 Medical Center Grafton has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage
- Health risk factors – blood pressure, cholesterol and overweight/obesity
- Mental health
- Health risk behaviors – tobacco use and youth alcohol use and abuse
- Cardiac Awareness
- Injury prevention
2014 Implementation Strategy

Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies and goals for health risk behaviors (nutrition and physical activity) and chronic disease (asthma and diabetes) since these are part of the standard continuum of clinical care at Aurora Medical Center Grafton and Aurora Advanced Healthcare clinics. One of the aims of increasing access to health care, specifically primary care, is to address the health risk behaviors, such as nutrition and physical activity, which can place individuals at greater risk for health complications and disease, and improve chronic disease management.

While dental care is a significant health issue our hospital does not have the resources to directly address this community health issue. The Wisconsin Dental Association leads efforts to provide Ozaukee residents dental care through Donated Dental Services. This program is available to Ozaukee residents who are unable to afford treatment because of limited income that is linked to a permanent disability, chronic ill or advanced age (65 years and older).

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 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 Medical Center Grafton 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 Ozaukee 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 December 19, 2013.
Focus | Access is a signature community benefit focus

In 2013, our hospital developed and launched a comprehensive communications plan designed to increase visibility and awareness of five agencies with Ozaukee County and vital community services offered.

Principal partners
- Aurora Advanced Healthcare (AAH) physician partners
- Aurora Medical Group (AMG) physician partners

Community partners
- United Way of Northern Ozaukee County and member agencies

Target population
- Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care
What we will do

To improve access to appropriate services for uninsured and Medicaid-eligible patients using our ED for primary and dental care we will:

- Provide patient information on the benefits of receiving routine primary care in a “health home” with AAH and AMG providers
- Through our partnership with United Way of Northern Ozaukee County and its member agencies, provide linkages within a four-county area to help patient establish a primary care connections
- Assist with navigation to result in the use of AAH as a “health home” for follow-up primary and preventive care
- Provide in-kind imaging and lab services for uninsured patients referred to AAH health home
- Coordinate obstetric and neonatal follow-up care for both moms and their newborns seen in our ED with AAH physicians and pediatricians
- Develop a tracking methodology for patients referred by our ED to medical homes
- Promote financial support for the United Way of Northern Ozaukee County and its member agencies through Aurora’s annual employee-giving campaign

To improve coverage for uninsured and Medicaid-eligible patients using our ED for primary care we will:

- Actively screen all 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
- Through our specially trained financial advocates, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (the health insurance exchange) and provide assistance as needed

Intended impact

- A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured) in Ozaukee County
- Uninsured and Medicaid-eligible persons seeking primary 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 AAH physicians for primary care
  - Be screened for and receive appropriate referrals for behavioral health services

Measures to evaluate impact

- Baseline data on the number of patients (specifically Medicaid-eligible and uninsured) using ED for primary care; of these patients percent uninsured, Medicaid-eligible and frequent users of the ED
- Number of referrals to a primary care provider (AAH) for follow-up care
- Number of mental health referrals
- Number of uninsured screened and enrolled in financial assistance programs (e.g., Aurora Helping Hand Patient Financial Assistance program) or the Marketplace (the health insurance exchange)
INVEST Healthy People Ozaukee County Coalition was formed in January 2011 to target, assess and address the health behaviors and the social determinants of health of the broader community.

- Four INVEST health initiatives were chosen by the coalition for further coordinated efforts, these include overweight/obesity, mental health, alcohol use and smoking.

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

Principal partners
- Aurora Advanced Healthcare
- Aurora Medical Group

Community partners
- INVEST Coalition partners
  - Cedarburg Parks and Recreation
  - Grafton Parks and Recreation
  - Local Harvest
  - Mequon, Port Washington-Saukville and Grafton Schools
  - YMCA

Target population
- Ozaukee County residents

What we will do
To fulfill our role in supporting the INVEST committee on obesity, we will:
- Increase hands-on, interactive health education and learning opportunities at major public events to raise awareness about how food choices and activity levels affect health
- At the Ozaukee County Fair in the summer, hospital staff will provide BMI screenings and additional BMI informational materials to community members
At Celebrate Grafton events hospital staff will provide BMI screenings and additional BMI informational materials to community members. Pursue other opportunities to offer screenings and informational materials for BMI, cholesterol and blood pressure.

**Intended impact**
- Ozaukee County residents will learn/know their numbers:
  - BMI
  - Cholesterol
  - Blood pressure

**Measures to evaluate impact**
- Number of blood pressure, cholesterol and BMI screenings at the community events
- Number with high blood pressure and referred to Aurora or other providers
- Number with high cholesterol levels and referred to Aurora or other providers
- Number classified as overweight or obese and referred to Aurora or other providers
- Number who attend our health fair

**Focus | Mental health**
Mental health or depression was one of the top three community health issues reported by adults (CHNA Source #1). Based on the key informant interviews, mental health emerged as one of the top five health issues for Ozaukee County (CHNA Source #3).

**Principal partners**
- Aurora Advanced Healthcare physician partners
- Aurora Medical Group physician partners
- Aurora Behavioral Health Services

**Community partners**
- Community resources within a tri-county area

**Target population**
- Residents of Ozaukee County
- Our patient population

**What we will do**
*To fulfill our role in supporting the INVEST sub-committee on mental health, we will:*
- Continue to be actively engaged on the mental health sub-committee
- Refer patients to our newly enhanced outpatient Behavioral Health Services

**Intended impact**
- Assure community members with mental health issues are able to find appropriate resources for their needs
- Improved access to local behavioral health services for residents of Ozaukee County

**Measures to evaluate impact**
- Data produced by INVEST
Based on the Ozaukee County Community Health Survey (Source #1), in 2011
- 29% of adults reported binge drinking, almost two times higher when compared to 2003 (15%)
  - Binge drinking is defined as five or more drinks on one occasion for males and four or more for females
  - The Healthy People 2020 goal for adult binge drinking is 24%.
- 16% of adults reported cigarette smoking (current smoker), same as in 2003
  - The Healthy People 2020 tobacco use target is 12%

The INVEST alcohol team is working to reduce binge drinking in Ozaukee County, including addressing underage drinking.

Focus | Youth alcohol use and abuse
Educate the community about underage drinking and alcohol abuse.

Principal partners
- Aurora Advanced Healthcare physician partners
- Aurora Medical Group physician partners
- Aurora Behavioral Health Services

Community partners
- INVEST Coalition partners

Target population
- High school students and the adults who have regular contact with them (educators, parents, etc.)

What we will do
To fulfill our role in supporting the INVEST Committee for underage drinking, we will:
- Participate in educating school counselors, teachers and parents about the signs of underage drinking and alcohol abuse

Intended impact
- Increase the likelihood that adults will
  - be able to identify youth at risk for abusing alcohol
  - seek and secure help
- Decrease in the number of at-risk youth using or abusing alcohol over time as tracked by the INVEST alcohol team

Measures to evaluate impact
- Data produced by INVEST
Focus | Tobacco use
Educate the community about tobacco use risks and cessation options

Principal partners
- Aurora Advanced Healthcare physician partners
- Aurora Medical Group physician partners

Community partner
- INVEST Coalition

Target population
- Community members who use tobacco products

What we will do
To fulfill our role in supporting the INVEST subcommittee for tobacco cessation, we will:
- Support the INVEST initiatives to decrease tobacco use in Ozaukee County
- Provide educational materials on the risks of tobacco use and cessation options (where to get help)

Intended impact
- Ozaukee County residents will be better informed about tobacco use risks and how to access cessation programs

Measures to evaluate impact
- Data produced by INVEST
Focus | Area youth safety and health careers education

As identified by the Wisconsin Interscholastic Athletic Association and now, Wisconsin law, the risk and prevalence of concussion and head trauma in student sports is significant, and the role of health care professionals to address injury prevention/detection efforts has become a priority within each community.

Principal partners
- Aurora Advanced Healthcare
- Aurora Sports Medicine Institute (ASMI)

Community partners
- Ozaukee County school districts
- Concordia University

Target population
- Student athletes in Ozaukee County

What we will do
To support and protect student athletes in Ozaukee County, we will
- Provide ASMI licensed athletic trainers (LATs) for on-site training, injury prevention and coverage of athletic events at local high schools
  - LATs can address problems at site of injury
  - LATs are certified in automated external defibrillator/cardiopulmonary resuscitation and basic life support
- Provide reduced-cost (or free) sports physicals and baseline concussion screenings with AAH physicians for every student who wishes to take part
- Partner with AAH to apply a post-concussion protocol injury in which students are held back from sports activities for five-to-six days following the concussion
- Partner with Concordia University to offer a performance program at area high schools in which physical therapy specialists conduct tests on team members to determine the types of tailored exercises appropriate to reduce injury of team members

Provide American Heart Association *HeartSaver* Basic Life Support (CPR/BLS) training and certification classes at Grafton High School to incoming freshman and junior classes, by contributing:
- Instructors from Aurora Medical Center Grafton, three per class (nurses/nurse educators)
- Adult manikins
- Automated external defibrillators
- Books and tip sheets
- Evaluations

**Intended impact**
- Fewer student athletes are referred to hospital ED
- Increased education and training for CPR/BLS

**Measures to evaluate impact**
- Number of students athletes screened
- Number of sports physicals completed
- Number of concussion screenings and number of follow-up referrals
- Number of sports-related injuries
- Number of hours licensed athletic trainers devote to these activities
- Number of teachers trained in BLS

**Focus | Health careers education**

**Principal partners**
- Aurora Advanced Health Care

**Community partners**
- Local agencies, including but not limited to:
  - Ozaukee County school district
  - Portal Industries
  - Scout troops

**Target population**
- High school students

**What we will do**
- Provide job shadowing opportunities and tours
- Provide content experts for educational outreach

**Intended impact**
- Area high school students pursue career opportunities in health care

**Measures to evaluate impact**
- Number of students who tour and/or job shadow on our campus during 2014 and complete evaluations
The 2004-2008 Ozaukee County cancer incidence rate was 595.9 per 100,000, higher when compared to the state (516.0 per 100,000) (CHNA Source #2)
The 2003-2007 total number of cancer cases for Ozaukee County was 2,431 (all sites). There were 412 cases of female breast cancer, 378 cases of prostate cancer, 255 cases of lung and bronchus cancer, and 222 cases of colon and rectum cancer (Source #4).

Focus | Cancer

Principal partners
- Aurora Cancer Services
- Aurora Advanced Healthcare

Community partners
- American Cancer Society
- Leukemia Lymphoma Society
- Wisconsin Well Women Wisconsin
- Stillwaters Cancer Support Services
- YMCA Livestrong
- Clear Channel FM106

Target population
- Cancer patients
- Community members

What we will do
To raise public awareness about the importance of cancer screenings, we will:
- Host annual Checkup for Chicks Mammogram Party for women who cannot afford mammograms
  - Candidates are nominated by our physician-champion and cancer nurse navigator
  - FM106 provides extensive on-air promotion to raise awareness of the important of regular screenings
- Host the annual Women’s Healthy Living event to reach a wide audience for promoting smoking cessation, lung-cancer prevention and breast health

To improve outcomes of our newly diagnosed cancer patients, we will
- Administer our distress tool to measure each patient’s level of distress
- For a score of 4 or higher on a scale of 1-10 we will refer the patient as appropriate to our principal and community partners (ACS, Stillwaters, Leukemia Lymphoma Society, YMCA Livestrong, etc.)

To emphasize survivorship and improve overall wellbeing for cancer patients, we will
- Partner with Stillwaters Cancer Support Services to:
  - Provide medical and clinical staff from our Cancer Care Center to facilitate sessions within the Cancer Transitions six-week educational series specific to cancer survivorship
  - Refer our patients for stress management, support groups and emotional support
- Host Expressive Arts Studio in our Cancer Care Center to aid cancer survivors in self-expression, relaxation and personal growth for community members with cancer (open to all)
- Host the American Cancer Society Look Good Feel Better program on a quarterly basis for community members with cancer
- Pilot a Reiki therapy program for cancer patients
Intended impact

- Increased awareness about the importance of mammograms and breast health
- Increased awareness about smoking cessation and lung cancer
- Improved survivorship outcomes for cancer patients

Measures to evaluate impact

- Patient distress tool results and referrals are tracked in EPIC
- Numbers of patients referred to our community partners
Appendix A | Ozaukee County Community Health Survey Report (Source#1)
The report is available at [www.aurora.org/commbenefits](http://www.aurora.org/commbenefits)

**Data collection and analysis:** The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent’s household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Ozaukee 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 November 29, 2011 and January 3, 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 Ozaukee 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 660 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 shared report is sponsored by Aurora Health Care Aurora Health Care, and Children’s Hospital of Wisconsin, Columbia St. Mary’s and Froedert & the Medical College of Wisconsin, in partnership with the Ozaukee County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B | Ozaukee 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 Ozaukee 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 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, 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: The secondary data report is sponsored by Aurora Health Care Aurora Health Care, and Children’s Hospital of Wisconsin, Columbia St. Mary’s and Froedert & the Medical College of Wisconsin, in partnership with the Ozaukee County Health Department. The report was prepared by the Center for Urban Population Health.
Appendix C | Ozaukee County Health Needs Assessment: A summary of key informant interviews (2012) (Source #3)
The report is available at www.aurora.org/commbenefits

Data Collection and Analysis: Six individual interviews were conducted between August and December 2012. The key informants in Ozaukee County were identified by the Milwaukee Health Care Partnership. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Ozaukee 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 criterion listed above was determined by the Milwaukee Health Care Partnership. Key informants included the health officer for the North Shore Health and director for the Ozaukee County Health Department, and leaders from education, social service and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Shore Health Department</td>
<td>“With our newly integrated resources and knowledgeable staff, we are continuing our mission to improve our residents' health, prevent disease, and safeguard the environment through an organized, collaborative effort. The North Shore Health Department works with a Board of Health, comprised of a licensed medical adviser and members appointed for a two-year term by village presidents or the mayor of each community.” “Serving the Communities of Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood &amp; Whitefish Bay.”</td>
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<tr>
<td>Ozaukee Family Services</td>
<td>“Ozaukee Family Services meets the needs of children, families and seniors through dedicated, compassionate, and caring staff and volunteers. We serve those in need by offering programs in family education and prevention, as well as counseling and senior services.” “Ozaukee Family Services offers a variety of programs and services to help families succeed. Through the generosity of Individuals, Businesses, Foundations, Government Grants and United Way we are able to offer help to anyone who needs it, regardless of ability to pay. Many Parent Education or support programs are offered free or at a nominal fee.”</td>
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<tr>
<td>Milwaukee Area Technical College Mequon; Mequon Thiensville Sunrise Rotary</td>
<td>“Milwaukee Area Technical College (MATC) strives to maintain a community which values academic excellence, institutional integrity, justice, equity, and diversity. Such an environment is essential in fostering the intellectual growth and personal development of all students.” “The Mequon-Thiensville Sunrise Rotary Club was chartered by Rotary International in 1990. As a volunteer organization of business and professional leaders, we strive to serve our community, both local and global, with a balanced program of projects and scholarships that address today's challenges, while encouraging high ethical standards in all vocations. Our members work to combat illiteracy, disease, poverty, and abuse, as well as to advance restoration, beautification, and accessibility projects that enhance the quality of life. We are active with Rotary International projects aimed at the eradication of Polio, support medical missions and scholarships in Guatemala, and have active projects to promote clean water and improved sanitation in Africa.”</td>
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</tbody>
</table>
The key informant interviews 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 Ozaukee County, which is based on the focus areas presented in Wisconsin’s State Health Plan, *Healthiest Wisconsin 2020*.

2) For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Healthiest Wisconsin 2020 focus areas include alcohol and drug, chronic disease, communicable disease, environmental and occupational health, growth and development, mental health, nutrition, oral health, physical activity, reproductive & sexual health, tobacco, access, and injury and violence.

Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results of this process, including cross-cutting themes, summaries of top five health issues and additional 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 Ozaukee County

Based on the key informant interviews, the top five health issues that emerged as key priorities for Ozaukee County were:

(1) Mental health  
(2) Alcohol and drugs  
(3) Environment and occupational health  
(4) Nutrition  
(5) Physical activity

Key community partners:

- **Mental health**: Homelessness and lack of insurance, cultural differences, financial restrictions, stigma, avoiding the issue in the hopes that it will go away, and access to reliable transportation all can be considered as barriers to adequate care.

- **Alcohol and drug**: Respondents suggested hospitals should be partnering with a wide range of partners, including police, schools, social workers, policy makers, non-profits (Starting Point), local government, and the County’s Human Services to improve community health around alcohol and drug issues.

- **Environmental and occupational**: Hospitals should be partnering with police officials, employers, schools, disease specific organizations, UW/Ozaukee County Extension, and Ozaukee Land Trust.

- **Nutrition**: Potential partners included school groups, parent groups, and grocery stores and restaurants. Opportunities to bring healthcare providers into the community to engage on nutrition topics were noted several times.

- **Physical activity**: Schools, parent groups, hospitals, the Logemann Community Center and city governments were named as key partners.

**Partners & Contracts**: This shared key informant interview report is sponsored by Aurora Health Care, and Children’s Hospital of Wisconsin, Columbia St. Mary’s and Froedert & the Medical College of Wisconsin, in partnership with the Ozaukee County Health Department. The report was prepared by the Center for Urban Population Health.
# Ozaukee County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Ozaukee County residents. This summary was prepared by XJV Research, LLC for Aurora Health Care, Children’s Hospital of Wisconsin, and Columbia St. Mary’s Health System in partnership with the Ozaukee County Health Department and Center for Urban Population Health. Additional data is available at www.aurora.org, www.chw.org, www.columbia-sm.org/Service_Our_Community, and www.co.ozaukee.wi.us/PublicHealthIndex.html.

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Vaccinations (65 and Older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>25%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>3%</td>
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<tr>
<td>Other Research (2010)</td>
<td>94%</td>
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<tbody>
<tr>
<td>Not Covered</td>
<td>9%</td>
<td>5%</td>
<td>7%</td>
<td>5%</td>
<td>6%</td>
<td>High Blood Pressure</td>
<td>28%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>10%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>Other Research (2010)</td>
<td>55%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>Mental Health Condition</td>
<td>11%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>Asthma (Current)</td>
<td>8%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Diabetes</td>
<td>9%</td>
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<tr>
<th>Health Information and Services</th>
<th>Ozaukee County</th>
<th>2002</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
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<tr>
<td>Health Information Source</td>
<td>43%</td>
<td>42%</td>
<td>42%</td>
<td>42%</td>
<td>42%</td>
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<tr>
<td>Advance Care Plan</td>
<td>34%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
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<tr>
<td>Primary Source of Health Advice</td>
<td>91%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
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</tr>
<tr>
<td>Public Health District/Community Health</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Urgent care center</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Hospital emergency room</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td></td>
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<tr>
<td>No usual place</td>
<td>1%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
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</tr>
</thead>
<tbody>
<tr>
<td>Routine Checkup (2 yrs ago or less)</td>
<td>89%</td>
<td>88%</td>
<td>88%</td>
<td>89%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Cholesterol Test (1 year ago or less)</td>
<td>83%</td>
<td>82%</td>
<td>82%</td>
<td>83%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Diabetes Checkup past year</td>
<td>79%</td>
<td>77%</td>
<td>77%</td>
<td>77%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Eye Exam (past year)</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>87%</td>
<td>92%</td>
<td>86%</td>
<td>83%</td>
<td>87%</td>
<td></td>
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<table>
<thead>
<tr>
<th>Women's Health</th>
<th>Ozaukee County</th>
<th>2002</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Density Scan (65 and older)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Pap Smear (18 - 65, within past 3 years)</td>
<td>93%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

| Other Research (2010) | 87%  | 92%  | 86%  | 83%  | 87%  |

| Menstrual History within past 2 years | 79%  | 79%  | 79%  | 79%  | 79%  |
| Pap Smear (18+ within past 3 years) | 85%  | 85%  | 85%  | 85%  | 85%  |
### Mental Health Status

<table>
<thead>
<tr>
<th>Measure</th>
<th>Oconto County</th>
<th>2002</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Feel Sad, Blue or Depressed</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Always Nearly Always (past 30 days)</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Considered Suicide (past year)</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Personal Safety in Past Year</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<td></td>
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<tr>
<td>Alcohol Use in Past Month</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Binge Drinker</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Drug/Alcohol Use</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Household Problems Associated With Alcohol Use</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Cigarette Use</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Current Smokers (past 30 days)</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Other Tobacco Products (past 30 days)</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Children in Household</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<tr>
<td>Exposure to Smoke</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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<td></td>
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</tr>
<tr>
<td>Smoking Status</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
</tr>
<tr>
<td>Smoking Excluded at Home</td>
<td>Oconto County</td>
<td>2002</td>
<td>2003</td>
<td>2005</td>
<td>2008</td>
<td>2011</td>
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</tbody>
</table>
### Not asked in 2004
Overall Health and Health Care Key Findings

In 2011, 64% of respondents reported their health as excellent or very good, 11% reported fair or poor. Respondents who were male, 65 and older, with some post high school education or less, who were unmarried or inactive were more likely to report fair or poor conditions. From 2002 to 2011, there was no statistical change in the overall percent of respondents who reported their health as fair or poor.

In 2011, 8% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, some post high school education, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eight percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents 18 to 34 years old, some post high school education, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months, respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. From 2002 to 2011, the overall percent statistically remained the same for respondents 18 to 64 years old who reported no current personal health care insurance. From 2008 to 2011, the overall percent statistically remained the same for respondents who reported no current personal health care insurance at least part of the time in the past 12 months. From 2008 to 2011, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.

In 2011, 16% of respondents reported they delayed or did not seek medical care because of a high deductible, high copay or because they did not have coverage for the care in the past 12 months; respondents who were 45 to 64 years old or in the middle 25 percent household income bracket were more likely to report this. Nine percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twelve percent of respondents reported they did not get the dental care they needed sometime in the last 12 months; respondents who were female or 18 to 34 years old were more likely to report this. Eight percent of respondents reported they did not get the medical care they needed sometime in the last 12 months; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Two percent of respondents reported they did not get the mental health care they needed sometime in the last 12 months. From 2008 to 2011, there was no statistical change in the overall percent of respondents reporting there was a time in the last 12 months they did not receive the dental care needed.

In 2011, 42% of respondents reported they receive most of their health information from a doctor followed by 29% who reported the Internet. Respondents 65 and older were more likely to report a doctor as their main source of health information. Respondents who were 18 to 34 years old, 45 to 64 years old or with a college education were more likely to report the Internet. Eighty-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, 65 to 64 years old, with some post high school education, who were in the top 40 percent household income bracket or married were more likely to report this. Forty-three percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan. From 2003 to 2011, there was a statistical increase in the overall percent of respondents reporting their primary place for health services was from a doctor’s or nurse practitioner’s office. From 2003 to 2011, there was a statistical increase in the overall percent of respondents having an advance care plan.

In 2011, 89% of respondents reported a routine medical checkup two years ago or less while 78% reported a cholesterol test four years ago or less. Seventy-four percent of respondents reported a visit to the dentist in the past year while 47% reported an eye exam in the past year. Respondents who were female, 65 and older, with a high school education or less, a college education or who were married were more likely to report a routine checkup two years ago or less. Respondents 55 to 64 years old, with a college education or who were married were more likely to report a cholesterol test four years ago or less. Respondents with a college education, who were in the top 40 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. From 2002 to 2011, 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 2011, 52% of respondents had a flu vaccination in the past year. Respondents 65 and older, with a college education, who were in the top 60 percent household income bracket or married were more likely to report a flu vaccination. Seventy-six percent of respondents 65 and older had a pneumococcal vaccination in their lifetime. From 2002 to 2011, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2002 to 2011, 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 2002 to 2011, there was no statistical change in the overall percent of respondents 65 and older who had a pneumococcal vaccination.

**Health Risk Factors Key Findings**

In 2011, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (25% each). Respondents who were 65 and older, overweight, inactive or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, married, overweight or inactive were more likely to report high blood cholesterol. Respondents who were male, 65 and older or inactive were more likely to report heart disease/condition. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents 65 and older, with a high school education or less, who were in the bottom 40 percent household income bracket or inactive were more likely to report diabetes. Female respondents were more likely to report current asthma. From 2002 to 2011, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition, diabetes or stroke. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported current asthma.

In 2011, 48% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Respondents who were male or 35 to 44 years old were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. From 2002 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they considered suicide. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life.

**Behavioral Risk Factors Key Findings**

In 2011, 31% of respondents did moderate physical activity five times a week for 30 minutes while 36% did vigorous activity three times a week for 20 minutes. Combined, 48% met the recommended amount of physical activity. Respondents 18 to 34 years old, with some post high school education, who were in the middle 20 percent household income bracket, married or not overweight were more likely to report this. Fifty-nine percent of respondents were classified as overweight. Respondents who were male, 45 to 64 years old or inactive were more likely to be classified as overweight. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2008 to 2011, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity. From 2002 to 2011, there was no statistical change in the overall percent of respondents being overweight.

In 2011, 68% of respondents reported two or more servings of fruit while 28% reported three or more servings of vegetables on an average day. Respondents who were female, 18 to 34 years old, with at least some post high school education or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, with a college education or not overweight were more likely to report at least three servings of vegetables on an average day. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day.
In 2011, 73% of female respondents 40 and older reported a mammogram within the past two years. Seventy-six percent of female respondents 65 and older had a bone density scan. Eighty-nine percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Respondents who were 35 to 44 years old or married were more likely to report this. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents 40 and older who reported having a mammogram within the past two years. From 2005 to 2011, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2011, there was a statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2011, 63% 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 2005 to 2011, there was no statistical change in the overall percent of male respondents 40 and older who reported a prostate cancer screening test within the past two years.

In 2011, 21% of respondents 50 and older reported a blood stool test within the past year. Fifteen percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 69% reported a colonoscopy within the past ten years. This results in 74% of respondents meeting current colorectal cancer screening recommendations. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended timeframe.

In 2011, 16% of respondents were current smokers, respondents who were 35 to 54 years old, with a high school education or less, who were in the middle 20% household income bracket or unemployed were more likely to be a smoker. Four percent reported using tobacco products such as cigarettes, pipes, chewing tobacco or snuff in the past 30 days. Respondents who were male or with some post high school education were more likely to report this. In the past 12 months, 44% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-eight percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2002 to 2011, there was no statistical change in the overall percent of respondents who were current smokers. From 2003 to 2011, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2005 to 2011, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2011, 79% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40% household income bracket, married or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. From 2006 to 2011, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2005 to 2011, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2011, 28% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school education or less or who were unmarried were more likely to have binge at least once in the past month. One percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. From 2002 to 2011, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.

In 2011, 4% 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 reported someone in their household experienced a problem in connection with cocaine, heroin or other street drugs, with the misuse of prescription drugs or over-the-counter drugs or with gambling. From 2003 to 2011, there was no statistical change in the overall percent.
of respondents reporting they, or someone in their household, experienced some kind of problem in connection with drinking alcohol in the past year.

In 2011, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were female, 18 to 34 years old or 45 to 54 years old were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents who were female, 18 to 34 years old or 45 to 54 years old were more likely to report this. From 2002 to 2011, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety. From 2002 to 2011, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2002 to 2011, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues.

Children in Household

In 2011, a random child was selected for the respondent to talk about the child’s health issues. Ninety percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 92% 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 medical care needed while 9% reported their child did not receive the dental care needed or 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 27% reported three or more servings of vegetables. Fifty-two percent of respondents reported their 5 to 17-year-old child was physically active five times a week for 60 minutes. Five percent of respondents reported their child currently had asthma. Zero 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. Eight percent reported their 8 to 17 year old child experienced some form of bullying. Eight percent reported verbal bullying, 2% reported physical bullying and 3% reported cyber bullying.

Community Health Issues

In 2011, respondents were asked to pick the top three health issues in the county out of eight listed. The three most often cited were alcohol or drug use (73%), chronic diseases (62%) and mental health or depression (43%). Respondents who were female or 18 to 34 years old were more likely to report alcohol or drug use. Respondents who were in the top 40 percent household income bracket or married were more likely to select chronic diseases as a top health issue. Respondents 45 to 54 years old, with a college education, who were in the top 40 percent household income bracket or married were more likely to report mental health or depression as one of the top health issues. Respondents 18 to 34 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report teen pregnancy.