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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 Kenosha (AMCK)

Who we are. What we do

Constructed in 1999, Aurora Medical Center in Kenosha, Wisconsin, was built to be – and operates as – a patient-centered health care facility within Aurora’s integrated not-for-profit health care system serving communities in southeastern Wisconsin and northern Illinois. From primary and specialty care to hospitals, pharmacies, lab and home care, Aurora’s model of integrated care improves quality, and makes care more efficient, affordable, and patient-centered.

In 2004 our hospital expanded to accommodate growing patient needs. In addition to routine, acute and specialty medical care services, we partner with area organizations to provide outreach programs that address issues such as teen pregnancy, drinking and drug abuse. We also partner with schools, inviting area children to visit our hospital and learn about safety and gain exposure to medical careers, while our licensed athletic trainers work with area school sports programs to address injury prevention and care. Our Aurora parish nurse provides a ministry of health and healing, and our Senior Resource Nurse maintains a strong presence in the community to develop collaborative plans of care for frail older adults with multiple health and wellbeing issues. We also provide a 24/7 Sexual Assault Nurse Examiner program, ensuring that specially trained nurses are available to provide forensic evaluations and emotional support for those who have experienced sexual assaults.

Who we serve

Located on Highway 50 in Kenosha, Aurora Medical Center Kenosha is a 73-bed hospital and health care campus serving the needs of Kenosha County residents and beyond, including Racine County and northern Illinois.

<table>
<thead>
<tr>
<th>Aurora Medical Center Kenosha by the Numbers (2012)</th>
<th>Area facilities and service partners include</th>
<th>Distinctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 73 hospital beds</td>
<td>• Aurora Medical Center</td>
<td>The Joint Commission</td>
</tr>
<tr>
<td>More than</td>
<td>• Aurora Health Center clinics</td>
<td>• Primary Stroke Center</td>
</tr>
<tr>
<td>• 123,400 outpatient visits</td>
<td>• ACL Laboratories</td>
<td>Outstanding Cancer Program, Comprehensive Breast Center, six years in a row</td>
</tr>
<tr>
<td>• 21,800 emergency department visits</td>
<td>• Aurora Pharmacy</td>
<td>NAPBC, National Accreditation Program for Breast Centers</td>
</tr>
<tr>
<td>• 800 newborn deliveries</td>
<td>• Aurora Visiting Nurse Association of Wisconsin</td>
<td>American Academy of Sleep Medicine</td>
</tr>
<tr>
<td>• 5,300 surgical cases (inpatient and outpatient)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To learn more about our hospital, please [click here](#).
Economic impact study - Kenosha 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 number three among the top five employers in Kenosha County, with 1,330 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora’s operations on other business, the number grows to 2,117 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 4.5 percent of all employment and 5.8 percent of total payroll in Kenosha County (pg. 26).

- Aurora’s impact on business output/input revenue for Kenosha County is $251.08 million (pg. 24).

- Aurora Medical Center Kenosha produces 1,104 jobs, which are a vital contribution to the economic well-being of the community (pg. 42).

- As an anchor institution, in 2012 Aurora Medical Center Kenosha provided the following:
  - Community Benefits: $1,268,324
  - Uncompensated Care: $9,671,000

  Community Benefit Report 2012 Aurora Medical Center Kenosha

Assessing community health status – an ongoing commitment

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

Although Aurora Medical Center Kenosha (AMCK) attracts and serves people from Kenosha County and beyond, for the purpose of the community health needs assessment the community served is defined as Kenosha County.

Kenosha County is located along the western shore of Lake Michigan in the far southeastern corner of Wisconsin. The County has two primary regions separated by Interstate 94: the developed eastern portion of the County in and around the City of Kenosha and the mostly rural western area. Some of the companies that have recently made major investments in Kenosha County include ACCO Brands, Gordon Food Service, Mondi Akrosil and Uline.²

Kenosha County is also home to educational institutions including Carthage College, University of Wisconsin Parkside, Gateway Technical College and Campus extensions of Cardinal Stritch University, Concordia University and Herzing University.³

Kenosha County includes urban and rural areas ⁴
- City of Kenosha
- Towns of Brighton, Bristol, Paris, Randall, Salem, Somers, Wheatland
- Villages of Bristol, Genoa City, Paddock Lake, Pleasant Prairie, Silver Lake, Twin Lakes

County health ranking
According to the 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Kenosha County ranked number 66 in health outcomes and 61 out of 72 counties in health factors for Wisconsin's healthiest counties. The rankings help counties understand the many factors that influence health ⁵

---
# Demographic Characteristics of Kenosha County and Wisconsin, 2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>166,426</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>36.6</td>
<td>38.5</td>
</tr>
</tbody>
</table>

### Race*

<table>
<thead>
<tr>
<th>Race</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>83.8%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>6.6%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>4.7%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>11.8%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

### Age*

<table>
<thead>
<tr>
<th>Age</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>21.1%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>41.1%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>26.5%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>11.2%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school degree</td>
<td>11.5%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>36.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>30.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>22.3%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

### Unemployment Rate (estimate)**

<table>
<thead>
<tr>
<th>Rate</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.8%</td>
<td>6.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Median household income (estimate)**

<table>
<thead>
<tr>
<th>Income</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2010 inflation-adjusted dollars)</td>
<td>$51,887</td>
<td>$49,001</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Percent</th>
<th>Kenosha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1%</td>
<td>15.3</td>
<td></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
Aurora Health Care and Children’s Hospital of Wisconsin commissioned the community health survey, in partnership with the Kenosha County Division of Health. The community health survey was supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2011-2013 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 Kenosha County every three years, conducted in partnership with the Kenosha County Division of Health.

Purpose and process of the shared Community Health Needs Assessment
From 2011 – 2013 a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in Kenosha County, 2) gather input from persons who represent the broad interests of the community and identify community assets, 3) identify significant health needs and prioritize such 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.

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6 Aurora Health Care and Children’s Hospital of Wisconsin is headquartered in Milwaukee, Wisconsin and are members of the Milwaukee Health Care Partnership.
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 year (e.g., 2010, 2011) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources
Source #1 | Kenosha 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 and December 20, 2011, and analyzed and posted in 2012. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A, and for the data summary see Appendix D.

Source #2 | Secondary Data Report
The report summarizes the demographic and health-related information for Kenosha County (Appendix B). Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, Healthy People 2020 objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source
Source #3 | Key Informant Interview List
Eight individual key informant interviews were conducted between August and December 2012. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Kenosha 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 director of the local health department as well as leaders of other county agencies and community organizations. These key informants focus on a range of public health issues and represent the broad interest of the community served, including medically underserved, low income and minority populations. For further description see Appendix C.
Additional sources of data and information used to prepare the Aurora Medical Center Kenosha CHNA and considered when identifying significant community health needs:

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

Source #5 | Sexual Assaults in Wisconsin 2010
The report was prepared by the Wisconsin Office of Justice Assistance, Wisconsin Statistical Analysis Center. The project was supported by Grant No. 2010-DJ-BX-0051 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. The report is available at http://oja.wi.gov/sites/default/files/2010%20Sexual%20Assaults%20in%20Wisconsin.pdf.
**Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Kenosha 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
- Identified as a health priority 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>
</tbody>
</table>
| Healthy People 2020 | “Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities”

http://www.healthypeople.gov/2020/about/default.aspx |
Summary of the significant health needs identified through the CHNA for Kenosha County

When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access

Based on the key informant interview findings, access emerged as one of the top five health issue for Kenosha County (Source #3). Questions about unmet medical, dental and mental health care, and prescription medications were added to the community health survey (Source #1) in 2011.

Unmet medical care | In 2011, 13% reported they did not get the medical care they needed sometime in the past 12 months. Respondents 18 to 34 years old were more likely to report they did not get the medical care they needed (Source #1).

In 2011, 21% 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 45 to 54 years old were more likely to report this (Source #1).

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary 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. 7

Unmet dental care | In 2011, 24% of adults reported they did not get the dental care they needed sometime in the last 12 months. Respondents who were female or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report they did not get the dental care they needed (Source #1).

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary dental care to 5.0%

  Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs. 8

Unmet prescription medication | In 2011, 13% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months (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. 9

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Unmet mental health care | In 2011, 6% reported they did not get the mental health care they needed sometime in last 12 months. Respondents in the bottom 40 percent household income bracket (less than $40,001) were more likely to report they did not get the mental health care they needed (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.10

Coverage

In 2011, 15% of adults reported they personally were not currently covered, almost twice as high as in 2003 (8%). Respondents who were 18 to 34 years old, with some post high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report they personally were not covered (Source #1).

In 2011, 21% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, up from 17% in 2008. Respondents who were male, 18 to 34 years old, with some post high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

In 2011, 22% of adults reported a household member was not covered at least part of the time in the past year, a slight decrease from 2003 (19%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) 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.11

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Chronic disease: asthma, diabetes, heart disease and cancer

Based on the key informant interview findings, chronic disease emerged as a top five health issue for Kenosha County (Source #3). Chronic disease was one of the top three community health issues reported by adults (Source #1). Chronic conditions such as asthma, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.12

Asthma | In 2011, 14% of adults reported current asthma, two times higher than in 2003 (7%), and higher compared to the state (8%) and the United States (9%). Respondents who were female or with a college education were more likely to report current asthma (Source #1). Note: the comparison to the state and U.S. is based on the 2010 Behavioral Risk Factor Surveillance System.

Why is this significant? 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.13

Diabetes | In 2011, 9% of adults reported diabetes in the past three years, up from 6% in 2003. Respondents who were 65 and older or overweight were more likely to report diabetes (Source #1).

Why is this significant? Poorly or uncontrolled diabetes can lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.14

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Heart disease or heart condition | In 2011, 8% of adults reported heart disease or heart conditions in the past three years, same as reported in 2003. Respondents who were 65 and older, with a high school education or less or inactive were more likely to report heart disease/heart condition (Source #1).

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

Cancer | The 2004-2008 Kenosha County cancer incidence rate was 459.5 per 100,000, lower when compared to the state (516.0 per 100,000) (Source #2).

Based on the 2011 Wisconsin Cancer Facts & Figures, the 2003-2007 total number of cancer cases for Kenosha County was 3,691 (all sites). There were 598 cases of lung and bronchus cancer, 535 cases of prostate cancer, 485 cases of female breast cancer, and 371 cases of colon and rectum cancer (Source #4).

Why is this significant? In 2010, cancer was a leading cause of death in Kenosha County. 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.

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

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

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

Binge drinking has increased considerably. In 2011, 28% of adults reported binge drinking in the past month, two times higher when compared to 2003 (14%), and higher when compared to the state (22%) and the United States (15%). Respondents who were 18 to 34 years old or with some post high school education or less were more likely to have binged at least once in the past month.

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

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

**Why is this significant?** Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, 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 an extremely costly to society from losses in productivity, health care, crime and other expenses.  

Smoking | In 2011, 24% of adults reported cigarette smoking in the past 30 days (current smoker), a decrease from 2003 (28%). Respondents who were 35 to 44 years old or with a high school education or less were more likely to report being a current smoker (Source #1).

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

Additionally, in 2010, 13.4% of Kenosha 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). In 2010, cancer was a leading cause of death in Kenosha County. Additionally, research has shown that smoking during pregnancy can cause health problems for both mothers and babies, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.

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Nutrition and physical activity | Based on the key informant interview findings, nutrition emerged as one of the top five health issues for Kenosha County (Source #3).

In 2011, 48% of adults reported engaging in recommended moderate or vigorous activity, up from 44% in 2008. 56% 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. Good nutrition plays a vital role in maintaining weight and decreasing the risk for high blood pressure and chronic diseases, such as diabetes and certain cancers.²⁴

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

<table>
<thead>
<tr>
<th>Kenosha County Community Health Survey</th>
<th>Health Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>20%</td>
</tr>
<tr>
<td>High blood cholesterol</td>
<td>20%</td>
</tr>
<tr>
<td>Overweight/obese</td>
<td>58%</td>
</tr>
</tbody>
</table>

High blood pressure and high blood cholesterol | In 2011, 27% of adults reported high blood pressure and 23% of adults reported high cholesterol in the past three years, an increase from 2003 (20% for both). Respondents who were 65 and older, with a high school education or less or inactive were more likely to report high blood pressure. Respondents 65 and older or with a high school education or less were more likely to report high blood cholesterol (Source #1).

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

Although the high blood pressure percent meets the Healthy People 2020 target, this remains a significant health need since high blood pressure has increased from 2003 (20%) and 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.\(^{25}\) In 2010, heart disease was a leading cause of death in Kenosha County.\(^{26}\)

Overweight/Obesity | In 2011, 69% of adults were classified as being overweight, an increase from 2003 (58%). Respondents who were male or in the bottom 60 percent household income bracket were more likely to be classified as overweight. Since 69% of adults in 2011 were classified as overweight, this means 31% of adults were classified as a healthy weight (Source #1).

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

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/meter\(^2\) (Source #1).

Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.\(^{27}\)

Infant mortality, low birth weight and premature births

Infant mortality, low birth weight and premature births | The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births.

From 2008 to 2010, the infant mortality rate for Kenosha County has decreased (8.7 to 4.9 per 1,000 live births), however disparities still exist. In 2010, the infant mortality for Blacks/African Americans was higher when compared to Whites (8.8 versus 5.0 per 1,000 live births, respectively) (Source #2).

- The Healthy People 2020 infant mortality rate target is 6.0 per 1,000 live births

Similarly, the percent of low birth weight and premature births were more frequent for births to Black/African American mothers than for White mothers (12.4% versus 7.3% and 16.4% versus 13.1%, respectively) (Source #2). Low birth weight is less than 2,500 grams (5.5 pounds), and premature is less than 37 weeks of gestation.

- The Healthy People 2020 target for low birth weight is 7.8%, and for premature births is 11.4%

Why is this significant? Infant mortality rate is a widely used indicator of a population’s health status because factors affecting the health of the entire population, such as economic development and availability of health services, also can impact the mortality rate of infants.\(^ {28}\)

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Injury

Injury hospitalizations and emergency department visits | The 2010 Kenosha County injury hospitalizations rate was 975.8 per 100,000, higher compared to the state (914.9 per 100,000). The average patient age was 57.4 years old, average length of hospital stay was 5.3 days, and average hospital charge was $29,695 (Source #2).

- The Healthy People 2020 target for injury hospitalization is 555.8 per 100,000 (Source #2).

The 2010 Kenosha County rate for emergency department visits for injuries was 10,029.7 per 100,000, which is considerably higher compared to the state (7,380.8 per 100,000).

- The Healthy People 2020 target for emergency department visits for injury is 7,533.4 per 100,000 (Source #2).

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. 29

Mental health

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

In 2011, 18% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, same as reported in 2008. Respondents who were in the bottom 40 percent household income bracket (less than $40,001) 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.30

Suicide | In 2011, 5% of adults reported feeling so overwhelmed in the past year that they considered suicide, a slight increase from 2003 (4%). This means approximately 6,200 adults who 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 recent suicide was considered (Source #1).

Additionally, in 2010, there were 25 suicides in Kenosha County (15.0 per 100,000) (Source #2).

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

Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience. 31

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Senior health

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

**Why is this significant?** Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently and incur fewer health-related costs. An essential component to keeping older adults healthy is preventing chronic diseases and reducing associated complications. About 80% of older adults have one chronic condition and 50% have at least two.32

Each year, one in every three adults age 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, there are prevention strategies to reduce falls and related injuries.33

Sexual assault

In 2010, the sexual assault rate for Kenosha County was 99.0 per 100,000. For the same year, the Wisconsin sexual assault rate was 85.9 per 100,000 (Source #5).

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

**Why is this significant?** Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.34

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Sexually transmitted infections

Sexually transmitted infections | The 2010 Kenosha County sexually transmitted infections incidence rate was 537 per 100,000, higher compared to the state (500 per 100,000).

- The 2010 Kenosha County sexually transmitted infections incidence rate was higher for Blacks/African Americans (2,927 per 100,000) than for Whites (208 per 100,000)

The 2011 Kenosha County HIV incidence rate was 7.8 per 100,000, higher compared to the state rate (5.0 per 100,000, respectively) (Source #2).

- The 2011 Kenosha County HIV incidence was more frequent for Blacks/African Americans (25.3 per 100,000) than for Whites (4.6 per 100,000)

Why is this significant? An untreated sexually transmitted infection (also referred to as sexually transmitted disease) can lead to serious health problems. HIV affects specific cells of the immune system and over time can destroy so many of these cells that the body cannot fight off infection and disease. When this happens, HIV infection leads to AIDS. There are effective strategies for reducing STI risk and transmission.35

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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, 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 Kenosha has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage, including mental health
- Infant mortality and infant and child safety
- Chronic disease
- Diabetes
- Senior health, including fall prevention
- Sexual assault
**Significant health needs not being addressed in the implementation strategy and the reason:**
The implementation strategy does not include specific strategies and goals for two health risk behaviors (alcohol and tobacco use) and health risk factors (high blood pressure, high blood cholesterol and overweight/obesity) as these are part of the standard continuum of clinical care at AMCK and Aurora clinics. Alcohol and tobacco use and overweight/obesity is being addressed by the Healthy People Kenosha County 2020 Healthy Lifestyles Committee. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put individuals at greater risk for health complications and disease.

While clinical patient assessments are in place to identify and expediently refer persons with a sexually transmitted infection, this is not specifically addressed in the AMCK implementation strategy since work is already being done through Kenosha Community Health Center – Planned Parenthood and the Healthy People Kenosha County 2020 Youth Health Committee.

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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 Kenosha Implementation Strategy

Introduction

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

As an affiliate of Aurora Health Care, 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 Kenosha 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>
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<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>
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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 an Aurora Health Care signature community benefit focus

Principal partners
- Aurora Medical Group (AMG) physicians, clinics and health centers, at four locations within Kenosha County
- Aurora Parish Nurse

Community partners
- Kenosha Community Health Center (KCHC) - A Federally Qualified Health Center with two locations open 66 hours per week to provide medical, dental and behavioral health care to underserved populations in Kenosha and the surrounding area. KCHC has state-of-the-art equipment and beautiful facilities for patients located at 6226 14th Avenue and 4536 22nd Street in Kenosha, WI.

Target population
- Uninsured and Medicaid-eligible persons seeking primary care in our hospital Emergency Department (ED)
What we will do

To ensure appropriate follow-up services for uninsured and Medicaid-eligible persons utilizing our hospital ED to receive primary and dental care, we will:

- Provide patient information on the benefits of receiving routine primary and dental care in a “health home” at Kenosha Community Health Center (KCHC)
- Assist with patient navigation to result in the use of the KCHC as a “health home” for follow-up primary and preventive care
- Coordinate obstetric and neonatal follow-up care for both moms and their newborns seen in our ED with Aurora physicians and KCHC

To ensure appropriate mental health follow-up services for persons seeking care in our ED, we will:

- Use our mental health intake coordinator to triage and direct patients to the most appropriate resources and level of care
- Increase outreach and education on depression and depression screening

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

- Actively screen 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 about the benefits of securing coverage through the Marketplace (the health insurance exchange) and assist those who need help
- Parish nurse will assist community members with accessing the Marketplace (the health insurance exchange)

Intended impact

- A demonstrable increase in “health home” capacity and utilization by underserved populations (Medicaid-eligible and uninsured)
- Uninsured and Medicaid-eligible persons seeking primary and dental health care and all persons seeking mental health services in our ED will:
  - Understand the benefits of obtaining primary care services in a “health home”
  - Successfully transition to the Kenosha Community Health Center for primary and dental care
  - Receive appropriate resources and levels of care for mental health services
  - Receive appropriate referrals for dental and behavioral health services
  - Reduce in time spent in ED for mental health needs (determined from hospital data)
  - Reduce in referral time for patients with mental health needs (e.g. suicide thoughts or attempt)

Measures to evaluate impact

- Number of “health home” referrals to the Kenosha Community Health Center or Aurora Medical Group clinics
- Number of referrals to behavioral health services within Aurora Health Care or other community-based behavioral health services providers
- Number of referrals to the Kenosha Community Health Center for dental care
- Percent of kept appointments or show rate for primary care visit and dental care
- Number of depression screenings
  - Percent with a rating scale 7 or above 9; 7 Indicates risk of depression and 9 or greater indicates risk of self-harm; percent referred to social worker or counselor

* Also responds to objectives of the Mental Health/AODA Committee objectives in Healthy People Kenosha County Community Health Improvement Plan 2011-2020.
In 2010, the Kenosha County infant mortality rate was 4.9 per 1,000 live births (CHNA Source #2)
  – Compared to White mothers, Black mothers have a higher infant mortality rate (5.0 deaths per 1,000 live births and 8.8 deaths per 1,000 live births, respectively)
• The Kenosha County Community Health Improvement Plan 2020 goal is to improve the Kenosha County infant mortality rate among the African American population

Focus | Infant mortality in Kenosha’s African American community
According to the Kenosha Lifecourse Initiative for Healthy Families (KLIHF) Community Action Plan (January 2012), Kenosha has some of the highest rates of leading health disparities among African-Americans, specifically in the area of infant mortality.

Principal partners
  • Aurora Medical Group (AMG)

Community partners
  • Black Health Coalition of Greater Kenosha
  • Kenosha Community Health Center – a Federally Qualified Health Center
  • Wisconsin Partnership Programs’ Lifecourse Initiative for Healthy Families

Target population
  • African-American women who deliver at our hospital’s Birthing Center

What we will do
To fulfill our role as a community partner for improving the infant mortality rate for African American women during and after pregnancy, we will:
  • Stay actively engaged and partner with Kenosha Community Health Center in the Kenosha Lifecourse Initiative for Healthy Families, which is committed to reducing infant mortality, eliminating health disparities and addressing racial and social determinants of health to improve outcomes for African American mothers, infants and families.
  • Promote and provide a post-discharge 24-to-48-hour follow-up clinic for mom and infant at our hospital
    – Create access pathways for new mothers seen for neonatal follow-up and increase their use of available community resources to improve their health and health behaviors, and the health of their babies
    – Coordinate and promote neonatal follow-up programs with Aurora Medical Group physician practices to increase use by new birth mothers
    – Publicize neonatal follow-up program broadly in venues that reach African-American women
  • Provide free prenatal and breastfeeding classes and a lactation consultant in our birthing center
  • Continue to work with mothers who are breastfeeding with a follow-up breastfeeding clinic staffed by lactation consultants

Intended impact
  • Increased access to health services that support maternal and infant health
  • Decreased adverse birth outcomes and infant mortality

Measures to evaluate impact
  • Hospital maternal infant quality data
  • Follow up response with mothers via phone calls
  • Lifecourse Initiative tracking to increase access to high quality care, improve pregnancy/birth outcomes, decrease infant mortality and decrease disparity in adverse birth outcomes
Focus | Infant and child safety

Principal partner
• Aurora Medical Group (AMG)

Community partner
• Kenosha County Division of Health

Target population
• All families of infants born in our birthing center
• Kenosha County and surrounding area residents

What we will do
To raise greater awareness about safety for infants and children born in Kenosha County, we will:
• Provide educational offerings to mothers and grandmothers on safe sleep practices
• Provide coupons redeemable at Target for Pack ‘N Plays to families who cannot afford them
• Provide car-seat safety education to families discharged from our birthing center and provide free car seats to families who cannot afford them
• Educate mothers and grandmothers on car-seat safety and provide car-seat safety tests

For mothers of infants admitted to our Neonatal Intensive Care Unit we will:
• Provide Halo sleep sacks and a coupon for a bumper-free five-piece crib set
• Provide Safe Sleep instructions upon discharge
• Provide discharge education on the effects of second-hand smoke; smoking cessation support and provide free patches to mothers who smoke

Intended impact
• Improved access to resources for safe sleep practices and car seat safety

Measures to evaluate impact
• Number of sleep-sacks, cribs distributed
• Number of education materials given to mothers/grandmothers of babies delivered at AMCK
• Number of people educated on car seat safety
• Number of car seat safety tests
Focus | Chronic disease and high blood pressure
Promote and present *Living Well with Chronic Disease*, Wisconsin’s implementation of the evidence-based Stanford Chronic Disease Self-Management Program

Principal partners
- Aurora Medical Group (AMG)
- Aurora Senior Resource Nurse
- Aurora Parish Nurse

Community partners
- Kenosha Aging and Disability Resource Center
- Extendicare
- Wisconsin Department of Health and Human Services

Target population
- Adults of any age in our community with one or more chronic disease(s)

What we will do
*To improve the self-efficacy of persons in our community with chronic disease, our Senior Resource Nurse will co-facilitate an annual evidence-based Living Well with Chronic Disease program to cover:*  
- Techniques to deal with problems such as frustration, fatigue, pain, and isolation  
- Appropriate exercise for maintaining and improving strength, flexibility and endurance  
- Appropriate use of medications  
- Communicating effectively with family, friends and health professionals  
- The importance of nutrition  
- How to evaluate new treatments  

*To support people in our community who are managing high blood pressure, we will:*  
- Expand community outreach with monthly blood pressure clinics and educational sessions at venues including:  
  - Westosha Senior Center nutrition program  
  - American Legion  
  - Other public venues (when invited)

Intended impact
- Improved health status and positive self-care behaviors for individuals with chronic disease (e.g., heart disease, asthma, diabetes) who enroll in program  
- Participation in community-based blood pressure screenings and educational sessions

Measures to evaluate impact
- Number of enrollees and types of chronic condition(s) addressed  
- Number of participants who complete all six sessions of *Living Well With Chronic Disease* program  
- Percent improvement (baseline to post six-months) on health status, self-efficacy, self-management behaviors and health care utilization  
- Evaluation tools for the *Living Well with Chronic Disease* program
In 2011, 9% of adults reported diabetes, up from 6% in 2003. Respondents who were 65 and older or overweight were more likely to report diabetes (CHNA Source #1). Poorly or uncontrolled diabetes can lead to serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.¹⁶

Focus | Diabetes

Principal partner
- Aurora Medical Group (AMG)
- Aurora Parish Nurse

Target population
- Our patient population
- General population

What we will do
To support all individuals in our community who are diagnosed with and managing diabetes, we will:
- Encourage participation in Living with Chronic Conditions Course to our patient population with diabetes
- Widely promote and provide robust community diabetes support group meetings four times per year facilitated by our diabetes educator, and including Aurora caregivers providing content expertise on a variety of relevant topics, such as:
  - Pharmacy
  - Physical fitness and rehab
  - Nutrition and wellbeing
- Provide free phone counseling to all callers (via our “hot line” to our diabetes educators)

Intended impact
- A reduction in diabetes-related ED and hospital admissions within our patient population
- Growth in attendance of our community health education programs and support groups

Measures to evaluate impact
- EPIC or chart reviews for patient populations
- Attendance at community education events and feedback surveys
- Number of incoming calls to our diabetes educator(s)

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Focus | Care for frail elderly

Principal partners
- **Aurora Medical Group (AMG) Senior Resource Nurse program** - A NICHE-designated, non-billable, geriatric nurse-driven program to help our hospital improve the care of older adults treated within our system and also frail elderly persons referred from within the community ([http://www.nicheprogram.org](http://www.nicheprogram.org)). The Senior Resource Nurse (SRN) program operates at three other Aurora hospitals.
- **Aurora’s Acute Care for the Elderly (ACE) Program** - ACE Tracker is a daily snapshot (accurate as of the midnight census for the previous day) of current Aurora inpatients and observation patients aged 65 and older occupying beds at Aurora hospitals. This snapshot is compiled from data available within Smart Chart (our EMR), used by our patient care managers, case managers, our Senior Resource Nurse and interdisciplinary teams to identify those geriatric patients who are at highest risk for functional decline during hospitalization.
- **Aurora Parish Nurse**

Community partners
- Kenosha County Transition Care Coalition
- Extendicare
- Westosha Senior Center
- Kenosha law enforcement
- Kenosha County Aging and Disability Resource Center

Target population
- At-risk older adults with chronic (and multiple) health conditions (both inpatient and community-referred)

What we will do
To ensure a continuum of patient-centered, community based care for our older adult population with multiple chronic conditions, we and our Senior Resource Nurse will:
- **Assure** that frail elderly persons referred to our Senior Resource Nurse are assessed for and connected to a network of services for:
  - Behavioral health needs
  - Cognitive skills (using MoCA -- Montreal Cognitive Assessment)
  - Family and social support
  - Nutrition needs
  - Pharmaceutical assistance programs
  - **Safe At Home** or appropriate supportive placements (includes home visits when possible)
  - Transportation needs for follow-up care
- **Provide** patient education and support for:
  - Advance Directives (Power of Attorney)
  - Family guidance and support services
  - Medication management, safety

In 2012, respondents 65 years and older in Kenosha County were more likely to report high blood pressure, high cholesterol levels, diabetes and heart disease/conditions (CHNA Source #1).

According to the CDC, older adults who practice healthy behaviors, take advantage of clinical prevention services, and continue to engage with family and friends, are more likely to remain healthy, live independently, and incur fewer health-related costs.
• Expand community awareness of special needs of frail elderly through outreach services including:
  – Community health screenings and education for early detection and intervention
  – Professional education to community based agencies and law enforcement
  – Senior Resource Nurse health professions education

Intended impact
• A reduction in unnecessary and traumatic hospital admissions for at-risk older adults referred to our Senior Resource Nurse
• Optimal quality of life and level of independence for at-risk older adults with chronic conditions who are referred to our Senior Resource Nurse

Measures to evaluate impact
To continually monitor the impact of the SRN program, the following data will be tracked on a monthly basis:
• Number of seniors served
• Total referrals to community resources (by category – e.g. home assessments, office visits; hospital discharges)
• Number of successfully-avoided re-admissions for pneumonia, heart failure, heart attack, stroke and chronic obstructive pulmonary disease; dementia, diabetes, hip and knee replacements among our patient population
• Number of completed Advance Directives (Power of Attorney) on file
• Outcomes from BRIDGES transition program from hospital-to-home supported by our hospital and the Aging and Disability Resource Center

Focus | Falls prevention
The Healthy People Kenosha County 2020 Community Health Improvement Plan 2011-2020 impact objective is to increase activity programs to decrease falls in the elderly population.

Principal partner
• Aurora Medical Group (AMG)
• Aurora Parish Nurse

Community partner
• Kenosha County Division of Aging and Disability Resource Center

Target population
• Older adults with one or more chronic disease(s) identified by our AMG partners at-risk for falls

What we will do
To promote empowerment and partnering with health care providers among our patient population we will:
• Refer patients to Road to Health, a 3-4 week series of classes about coping with chronic disease and aging issues (e.g. fall assessments and other activities focused on prevention)

Intended impact
• Improved health status and positive self-care behaviors for individuals with chronic disease

Measures to evaluate impact
• Number of participants who complete all sessions
• Number of participants and type of chronic condition(s) addressed
• Number of fall assessments conducted and referred for further services
• ED readmissions data
In 2010, the sexual assault rate for Kenosha County was 99.0 per 100,000. For the same year, the Wisconsin sexual assault rate was 85.9 per 100,000 (CHNA Source #4).

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

Focus | Sexual assault

Our Sexual Assault Treatment Center provides immediate, acute care to individuals who have been sexually assaulted.

Principal partners
- Aurora Medical Group physicians, nurse practitioners, and care providers
- Aurora’s Sexual Assault Nurse Examiner (SANE) services

Community partners
- Kenosha County law enforcement
- Jockey International
- Women’s and Children’s Horizons

Target population
- Any individual who has been sexually assaulted

What we will do
To support victims of sexual assault and violence and increase access to immediate care and follow-up services, we will:
- Ensure 24/7 coverage of our hospital’s Sexual Assault Nurse Examiner program
- Provide trauma-informed and victim-sensitive services to people of all ages who have been affected
- Provide sensitive, effective treatment and forensic evidence collection
- Refer as appropriate to medical, clinical, counseling and advocacy services

To advance the capacity of the broader community to respond to issues related to sexual assault and personal violence, our Sexual Assault Nurse Examiners (SANE) will continue to:
- Serve as faculty for the Wisconsin Coalition Against Sexual Assault and Sexual Assault Nurse Examiner Training
- Provide leadership for, actively participate in and serve on local, county and state coalitions and Sexual Assault Response Teams
- Respond to requests to provide education and prevention training to local high schools and organizations

Intended impact
- Improved outcomes for individuals who have been sexually assaulted
- Increased community awareness about sexual assault and available resources

Measures to evaluate impact
- Number of people provided with services and medical care related to sexual assault
- Number of community education/prevention/outreach trainings
- Number of people attending education/prevention/outreach trainings

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 Kenosha County Community Health Survey Report Summary (Appendix B).

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. Data collection was conducted by Management Decisions Incorporated.

A total of 400 telephone interviews were completed between November 29, 2011 and December 20, 2011. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Kenosha County. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

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

Partners & Contracts: This shared report is sponsored by Aurora Health Care and Children’s Hospital of Wisconsin, in partnership with the Kenosha County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B | Secondary Data Report: A summary of secondary sources related to health in Kenosha County (2012) (Source #2)
The report is available at http://www.aurora.org/commbenefits

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

Publicly available data sources used for the Secondary Data Report

<table>
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<tr>
<th>Source</th>
<th>Description</th>
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<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 on 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: This shared secondary data report is sponsored by Aurora Health Care and Children’s Hospital of Wisconsin, in partnership with the Kenosha County Health Department. The report was prepared by the Center for Urban Population Health.
Appendix C | Key Informant Interview Report: A summary of key informant interviews and focus groups in Kenosha County (2012) (Source #3)
The report is available at http://www.aurora.org/commbenefits

Data Collection and Analysis: Eight individual interviews were conducted between August and December 2012. The organizations were selected based on the following criteria:
- Provided a broad interest of the community and the health needs in Kenosha County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low income and/or minority populations

Key informant interviews were conducted with the health officer of the local health department and leaders from county agencies and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenosha Aging and Disability Resource Center</td>
<td>“The ADRC is a no cost, single point of contact for older persons, persons with disabilities and their families. We provide prompt and easy access to accurate information, guidance, and assistance that involve a wide variety of available services, resources and benefits including: consultation about options available to meet individuals’ long term care needs; elder and adult abuse investigation; guardianship; help with Medicare, Medicaid, Social Security, SeniorCare and other benefits; in home services; and medical equipment loan closet.”</td>
</tr>
<tr>
<td>Kenosha Community Health Center</td>
<td>Since 1995, Kenosha Community Health Center has “addressed the financial, cultural, and language barriers that prevent access to health care. As a not-for-profit charitable organization, we provide affordable and quality primary medical, dental and behavioral health care.”</td>
</tr>
<tr>
<td>Kenosha County Division of Health</td>
<td>The Kenosha County Division of Health’s mission is “to assure the delivery of health services necessary to prevent disease, maintain and promote health, and to protect and preserve a healthy environment for all citizens of Kenosha County regardless of ethnic origin, cultural and economic resources.”</td>
</tr>
<tr>
<td>Kenosha Police Department</td>
<td>The Kenosha Police Department is “responsible for protecting the life and property of the City of Kenosha and its citizens. We also provide a feeling of safety and security in the community through fair and impartial enforcement of the law, community partnerships, and creative problem solving.”</td>
</tr>
<tr>
<td>Kenosha United Way</td>
<td>United Way of Kenosha County “improved the lives by mobilizing the caring power of community to advance the common good. Working together, we help to ensure children have the chance to achieve their goals in school and beyond, we help low-income-to-moderate-income working families achieve financial stability and independence, and we improve the health and safety of our neighbors.”</td>
</tr>
<tr>
<td>Office of County Executive</td>
<td>The Kenosha County Executive is a “non-partisan position elected by county residents every four years at the spring general election. The county executive is responsible for most administrative and management functions of county government.”</td>
</tr>
<tr>
<td>Shalom Center</td>
<td>The Shalom Center is a “private non-profit (501c3) social service organization incorporated in the state of Wisconsin in 1984. We fill a unique and vital role in the community as we respond to the food, shelter and support service needs of the homeless and low-income population of Kenosha. We accomplish this by partnering with the numerous faith communities, community at large, businesses, schools, non-profit and civic organizations, governmental agencies and others that share our mission.”</td>
</tr>
</tbody>
</table>
**Women, Infants, and Children (WIC)**

WIC provides checks to buy foods that help keep you and your children healthy; nutrition information and breastfeeding information and support; health and diet assessments; individualized nutrition counseling; hemoglobin (Iron) and blood lead testing; monitor growth (weight and height); and information and referrals to other community resources and programs.

Persons eligible for WIC: pregnant, breastfeeding or a new mother; have an infant or child under 5 years of age; live in Wisconsin; parent or child have a health or nutrition need; have a household income that is less than or equal to WIC income guidelines. (Persons may be eligible for WIC if they currently receive Kinship Care, Food Stamps, or Medicaid, including BadgerCare Plus.)

The key informant interviews were conducted by the AMCK president. The 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 Kenosha County, 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.

The top five health issues that emerged as key priorities for Kenosha County were mental health, alcohol and drugs, nutrition, chronic disease and access. Additional health topics mentioned were communicable disease, injury and violence, oral health and physical activity.

**Partners & Contracts:** This shared key informant interview report is sponsored by Aurora Health Care and Children’s Hospital of Wisconsin, in partnership with the Kenosha County Health Department.
# Appendix D | Kenosha County Community Health Survey Report Summary

## Kenosha County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Kenosha County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care and Children’s Hospital of Wisconsin in partnership with the Kenosha County Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org, www.cityofkenosha.wis, and www.aurora-medicalcenter-kenosha.

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td></td>
<td>40%</td>
<td>18%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Very Good</td>
<td></td>
<td>20%</td>
<td>27%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Fair</td>
<td></td>
<td>15%</td>
<td>15%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Care Coverage

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously Ill</td>
<td>8%</td>
<td>6%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Gained Weight</td>
<td>17%</td>
<td>16%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Household Size</td>
<td>19%</td>
<td>18%</td>
<td>19%</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Other Research (2016)

<table>
<thead>
<tr>
<th>Treatment (per cent)</th>
<th>U.S.</th>
<th>Kenosha County</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>14%</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Vaccinations

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Vaccinated Per Year 65 and Older</td>
<td>59%</td>
<td>54%</td>
<td>73%</td>
<td>68%</td>
</tr>
<tr>
<td>Immunization Rate (65 and Older)</td>
<td>56%</td>
<td>69%</td>
<td>78%</td>
<td>62%</td>
</tr>
</tbody>
</table>

### Health Conditions in Past 3 Years

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>20%</td>
<td>21%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Mental Health Condition</td>
<td>17%</td>
<td>17%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Asthma (Current)</td>
<td>7%</td>
<td>6%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Heart Disease/Condition</td>
<td>5%</td>
<td>10%</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Did Not Receive Care Need!

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed/Delayed</td>
<td>29%</td>
</tr>
<tr>
<td>Due to Cost</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Medical Needs at Cost</td>
<td>17%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>16%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>24%</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Physical Health

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>52%</td>
<td>28%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>45%</td>
<td>24%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Recommended Moderate of Vigorous</td>
<td>44%</td>
<td>48%</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Heart Disease/Condition</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Other Research

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Kenosha County</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Women's Health

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram (40+)</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Bone Density Scan (65 and Older)</td>
<td>78%</td>
<td>71%</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td>Pap Smears (18-65 within past 3 years)</td>
<td>83%</td>
<td>91%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

### Other Research

<table>
<thead>
<tr>
<th>U.S.</th>
<th>Kenosha County</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kenosha County Community Health Survey Summary—March 2012
### Men's Health

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer Screening (50+) within past 2 years</td>
<td>0.3%</td>
<td>7.1%</td>
<td>61%</td>
</tr>
<tr>
<td>Cataract Surgery (50+) within past 10 years</td>
<td>62%</td>
<td>58%</td>
<td>51%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Test (within past year)</td>
<td>35%</td>
<td>29%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>Retinal Exam (within past year)</td>
<td>13%</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Alcohol Use

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of all Respondents in Past Month…</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>binge drinker</td>
<td>14%</td>
<td>17%</td>
<td>21%</td>
<td>28%</td>
</tr>
<tr>
<td>driver/passenger in vehicle when driver binge drank</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Household Problems Associated With...

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>18%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse of Prescription or OTC Drugs</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Assault</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine, Heroin, or Other Street Drugs</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Exposure to Smoke

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Policy at Home</td>
<td>73%</td>
<td>76%</td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Allowed in some places or at some times</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>No smoking in home</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>No smoking in home and yard</td>
<td>23%</td>
<td>19%</td>
</tr>
</tbody>
</table>

### Mental Health Status

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 or older, ill or depressed</td>
<td>6%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Felt 'down' nearly always or always (past 30 days)</td>
<td>5%</td>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Personal Safety in Past Year

<table>
<thead>
<tr>
<th>Kenosha County</th>
<th>2003</th>
<th>2005</th>
<th>2008</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents or Traffic Safety</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Pushed, kicked, slapped, or hit</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>At least one of the safety issues</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

---

*Not asked in 2008*
Overall Health and Health Care Key Findings

In 2011, 50% of respondents reported their health as excellent or very good, 19% reported fair or poor. Respondents who were 55 to 64 years old, with a high school education or less, who were in the bottom 40 percent household income bracket, inactive or smokers were more likely to report fair or poor conditions. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2011, 15% of respondents reported they were not currently covered by health care insurance. Respondents who were 18 to 34 years old, with some post high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Twenty-one percent of respondents who reported they were male, 18 to 34 years old, with some post high school education or less, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twenty-two percent of respondents who reported someone in their household was not covered at least part of the time in the past 12 months, respondents who were married, 18 to 34 years old, with some post high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. From 2003 to 2011, the overall percent statistically increased for respondents who were 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2003 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 2003 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, 21% 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 45 to 54 years old were more likely to report this. Thirteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs. Twenty-one percent of respondents reported they did not get the dental care they needed sometime in the last 12 months. Respondents who were female or in the bottom 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported that they did not get the medical care they needed sometime in the last 12 months. Respondents 18 to 34 years old were more likely to report this. Six percent of respondents reported that they did not get the mental health care they needed sometime in the last 12 months. Respondents in the bottom 40 percent household income bracket were more likely to report this.

In 2011, 40% of respondents reported they receive most of their health information from a doctor followed by 35% who reported the internet. Respondents 65 and older, with a high school education or less in the bottom 40 percent household income bracket were more likely to report a doctor as their main source of health information. Respondents who were 18 to 34 years old, with a college education or in the top 40 percent household income bracket were more likely to report the internet. Sixty-nine percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office. Respondents who were 65 and older, with a college education or in the top 40 percent household income bracket were more likely to report this. Thirty-three percent of respondents had an advance care plan. Respondents who were 65 and older, with a college education, or in the middle 20 percent household income bracket were more likely to report an advance care plan.

From 2003 to 2011, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2011, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2011, 83% of respondents reported a routine medical checkup two years ago or less while 76% reported a cholesterol test four years ago or less. Fifty-seven percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents with a college education or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were 45 to 54 years old, 65 and older with a college education, who were in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents with a college education, who were in the top 40 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents 65 and older were more likely to report an eye exam in the past year. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less or a cholesterol test four years ago or less. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported a dental checkup in the past year or an eye exam in the past year.
In 2011, 37% of respondents had a flu vaccination in the past year. Respondents who were 65 and older or with a college education were more likely to report a flu vaccination. Sixty-two percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2003 to 2011, there was no statistical change in the overall percent of respondents 35 and older or 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2011, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination.

Health Risk Factors Key Findings

In 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 (37% and 38%, respectively). Respondents who were 65 and older, with a high school education or less or inactive respondents were more likely to report high blood pressure. Respondents 65 and older or with a high school education or less were more likely to report high blood cholesterol. Respondents who were 65 and older, with a high school education or less or inactive respondents were more likely to report heart disease/condition. Respondents in the bottom 40 percent household income bracket were more likely to report a mental health condition. Respondents who were 65 and older or overweight were more likely to report diabetes. Respondents who were female or with a college education were more likely to report current asthma. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported high blood pressure or current asthma. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported 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.

In 2011, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 55 to 64 years old, 55 to 64 years old or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year. Five percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were 65 and older were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, they considered suicide or they seldom/never find meaning and purpose in daily life.

Behavioral Risk Factors Key Findings

In 2011, 34% of respondents did moderate physical activity five times a week for 30 minutes while 34% did vigorous activity three times a week for 20 minutes. Combined, 48% met the recommended amount of physical activity; male respondents were more likely to report this. Sixty-nine percent of respondents were classified as overweight. Respondents who were male or in the bottom 40 percent household income bracket were more likely to be classified as overweight. From 2006 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 2008 to 2011, there was a statistical increase 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 2003 to 2011, there was a statistical increase in the overall percent of respondents being overweight.

In 2011, 59% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or did an insufficient amount of physical activity were more likely to report at least two servings of fruit. Respondents who were 65 to 66 years old, with a college education or who did at least 75% of physical activity 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, 74% of female respondents 40 and older reported having a mammogram within the past two years. Seventy-four percent of female respondents 65 and older had a bone density scan. Eighty percent of female respondents 18 to 65 years old reported a pap smear within the past three years; respondents with a college education, who were in the top 40 percent household income bracket or married were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents 40 and older who reported having a mammogram within the past two years. From 2006 to 2011, there was no statistical change in the overall percent of respondents 65 and older who reported having a bone density scan. From 2003 to 2011, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.
In 2011, 61% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a Prostate-Specific Antigen (PSA) test. From 2003 to 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, 14% of respondents 50 and older reported a blood stool test within the past year. Eleven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 58% reported a colonoscopy within the past ten years. This results in 65% 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 time frame.

In 2011, 25% of respondents were current smokers, respondents who were 35 to 44 years old or with a high school education or less were more likely to be a smoker. Five percent reported other tobacco use such as cigars, pipes, chewing tobacco or snuff. In the past 30 days, male respondents were more likely to report this. In the past 12 months, 60% of current smokers quit smoking for one day or longer because they were trying to quit. Ninety-one percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2003 to 2011, there was no statistical change in the overall percent of respondents who were current smokers. From 2008 to 2011, there was a statistical increase 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 a statistical increase in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2011, 76% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 10 percent household income bracket, married, no smokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Twenty-one percent of non-smoking respondents reported they were exposed to second-hand smoke in the past seven days. Respondents 18 to 34 years old, with some post high school education or less or unmarried respondents were more likely to report this. 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 2008 to 2011, there was no statistical change 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 18 to 34 years old or with some post high school education or less were more likely to have binged at least once in the past month. Two percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.

In 2011, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking in the past year. Two percent of respondents each reported someone in their household experienced a problem with marijuana or misuse of prescription drugs/over-the-counter drugs while 1% of respondents reported gambling. Less than one percent of respondents reported someone in their household experienced a problem in connection with cocaine, heroin or other street drugs. From 2008 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, 5% of respondents reported someone made them afraid for their personal safety in the past year. Respondents who were female or in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 7% reported at least one of these situations. Female respondents were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting they or someone were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.
Children in Household

In 2011, a random child was selected for the respondent to talk about the child’s health issues. Eighty-nine percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 55% of these reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Six percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed while 5% reported their child did not receive the medical care needed and 3% reported they did not visit a specialist they needed to see. Seventy-six percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 11% reported three or more servings of vegetables. Sixty-four percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Seven percent of respondents reported their child currently has asthma. One percent of respondents reported their 8 to 17 year old child was always or nearly always felt unhappy, sad or depressed in the past six months. Two percent of respondents reported their child was seldom or never safe in their community or neighborhood. Thirty-two percent reported their 8 to 17 year old child experienced some form of bullying. Twenty-nine percent reported verbal bullying, 7% reported physical bullying and 1% 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 (68%), chronic diseases (57%) and mental health or depression (34%). Respondents who were 45 to 54 years old, with a college education, who were in the top 60 percent household income bracket or married were more likely to select chronic diseases as a top health issue. Respondents with a college education were more likely to report mental health or depression as one of the top health issues. Female respondents were more likely to report violence. Respondents 18 to 34 years old were more likely to report teen pregnancy. Respondents who were 18 to 34 years old, 45 to 54 years old or with some post-high school education or less were more likely to report infant mortality as a top health issue.