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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 Lakeland Medical Center (ALMC)

Who we are. What we do.
At Aurora Lakeland Medical Center we maintain a pivotal relationship with the area to serve community members in Walworth County. Our hospital stays on the forefront of medicine by continually investing in the latest diagnostic and therapeutic equipment to ensure local access to advanced health care services for years to come. In addition, we’ve brought in hospitalists who specifically treat hospital patients, along with urologists, cardiologists, orthopedists and other specialists who bring these important services close to home.

Who we serve
Aurora Lakeland Medical Center has been serving community members in Walworth County since 1917 and is dedicated to the well-being of residents of Walworth County, Wisconsin. Walworth County is one of the oldest counties in the state. It is primarily rural and has a rich agricultural heritage. Many county residents are employed at area resorts and in light industry.

<table>
<thead>
<tr>
<th>Aurora Lakeland Medical Center by the Numbers (2012)</th>
<th>Our facilities include</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 75 hospital beds</td>
<td>• Aurora Lakeland Medical Center</td>
</tr>
<tr>
<td>• More than</td>
<td>• Aurora Medical Group Clinics</td>
</tr>
<tr>
<td>• 63,200 outpatients visits</td>
<td>• Aurora Visiting Nurse Association</td>
</tr>
<tr>
<td>• 13,800 emergency department visits</td>
<td>• Aurora Pharmacies</td>
</tr>
<tr>
<td>• 500 newborn deliveries</td>
<td>• Outpatient Rehabilitation Center</td>
</tr>
<tr>
<td>• 3,600 surgical cases (inpatient and outpatient)</td>
<td></td>
</tr>
</tbody>
</table>

Our distinctions include

| Accredited Cancer Program with Commendations |
| Silver Plus Award for Stroke Care |
| Top Performer Awards for Acute Myocardial Infarction, Hip and Knee Replacement, Pneumonia and Surgical Care Improvement |
| Chest Pain Accreditation |
| International Board Certified Lactation Consultant Care Recognition Award |
| Baby-friendly Hospital Designation |
| Hospice and Palliative Care |
| Sexual Assault Nurse Examiner Program |
| Sleep Program |
| EMS Program |

To learn more about our hospital, please [click here](#).
Economic impact study - Walworth County

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

- Aurora’s combined operations rank among the top five employers in Walworth County, at number four with 1,049 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora’s operations on other business, the number grows to 1,614 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 4.9 percent of all employment and 5.7 percent of total payroll in Walworth County (pg. 26).

- Aurora’s business output/input revenue for Walworth County has a total impact of $157.34 million (pg. 24).

- As an anchor institution, in 2012 Aurora Lakeland Medical Center provided the following:
  - Community Benefits: $524,140
  - Uncompensated Care: $8,704,000

Community Benefit Report 2012 Aurora Lakeland Medical Center

Assessing community health status - an ongoing commitment

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

Although Aurora Lakeland Medical Center (ALMC) serves Walworth County and beyond, for the purpose of the community health needs assessment the community served is defined as Walworth County.

Walworth County is located in southeastern Wisconsin. The diversified topography has rolling hills, forests, prairies, marshes, meadows, and winding streams. There are 24 lakes, the largest being Geneva Lake, which is nine miles long, from one to three miles wide, with water supplied by fresh springs. Located within the county boundary are Price Park, Natureland, and White River Trail. Walworth County is home to the University of Wisconsin-Whitewater and George Williams College of Aurora University located in Lake Geneva.2

Walworth consists of 28 municipalities, mainly suburban and rural areas:3

- 4 cities: Delevan, Elkhorn, Lake Geneva, and Whitewater
- 16 towns: Bloomfield, Darien, Delavan, East Troy, Geneva, Lafayette, LaGrange, Linn, Lyons, Richmond, Sharon, Spring Prairie, Sugar Creek, Troy, Walworth, Whitewater
- 8 villages: Bloomfield, Darien, East Troy, Fontana, Genoa City, Mukwonago, Walworth, Williams Bay

**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, Walworth County ranked number 34 out of 72 in health outcomes for Wisconsin's healthiest counties.4

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### Demographic Characteristics of Walworth County and Wisconsin, 2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Walworth County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>102,228</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>38.1</td>
<td>38.5</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>91.9%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>1.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>4.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>10.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>19.3%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>39.6%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>27.6%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>13.5%</td>
<td>13.2%</td>
</tr>
<tr>
<td><strong>Education level of adults 25 years and older</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school degree</td>
<td>10.2%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>36.2%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>30.5%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>15.5%</td>
<td>24.0%</td>
</tr>
<tr>
<td><strong>Unemployment rate (estimate)</strong></td>
<td>7.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Median household income (estimate)</strong></td>
<td>$53,388</td>
<td>$49,001</td>
</tr>
<tr>
<td>(2010 inflation-adjusted dollars)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent below poverty in the last 12 months</td>
<td>12.8%</td>
<td>15.3%</td>
</tr>
<tr>
<td>(estimate)**</td>
<td></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 sponsored the Walworth County Community Health Survey, in partnership with the Walworth County Public Health Division of the Department of Health and Human Services. The community health survey is supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

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

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

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5 Aurora Health Care and Children’s Hospital of Wisconsin are 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 years (e.g., 2010, 2011) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources
Source #1 | Walworth 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 7 and November 28, 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 approximately every three years, the survey can be used to identify community trends and changes over time. New questions and measures have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A, and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Walworth 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 in 2012 by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source
Source #3 | Key Informant Interview Report
Thirteen 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 Walworth County, based on the focus areas presented in Wisconsin’s State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Among the key informants was the health officer for the Walworth County Health Department, as well as leaders of government agencies, health systems, social service agencies and community organizations. These key informants focused on a range of public health issues or health disparities and represented the broad interest of the community served, including medically underserved, low income and minority populations.

In addition to the interviews, one focus group was conducted. Thirty-five key informants participated in this focus group. They were asked to identify specific health issues and concerns for the people they knew and worked with to identify areas of immediate need and areas to be addressed within the next five years. For further description see Appendix C.

The Key Informant Interview Report presents the results, summaries of the top five health issues and four additional identified health issues. Moreover, the Key Informant Interview Report compiles a listing of community assets and potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by the Center for Urban Population Health.
Additional sources of data and information used to prepare the Aurora Lakeland Medical Center 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 Walworth 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 a major impact on community health, both for the community at-large and, in particular, specific areas within the community (such as neighborhoods or populations experiencing health disparities).

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

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

The Healthy People 2020 definition of a health disparity:
If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual’s ability to achieve good health.

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

<table>
<thead>
<tr>
<th>Municipal Health Department Community Health Improvement Plan (CHIP)</th>
<th>“Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents.” This process has been referred to as the Community Health Improvement Plan (CHIP). <a href="http://www.dhs.wisconsin.gov/chip/">http://www.dhs.wisconsin.gov/chip/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>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](http://www.healthypeople.gov/2020/about/default.aspx) |
Summary of the significant health needs identified through the CHNA for Walworth County

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

Access

Based on the key informant focus group, access emerged as an immediate concern and a top health priority to be addressed in Walworth County in the next five years (Source #3).

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

Unmet medical care | In 2011, 7% of adults reported they did not get the medical care they needed sometime in the past 12 months. Respondents with at least some post high school education were more likely to report they did not receive the medical care needed.

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

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can improve overall health, prevent disease and disability, detect and treat disease at an earlier stage, and reduce preventable deaths. ⁶

Unmet dental care | Based on the key informant focus group, oral health emerged as an immediate concern and a top health priority to be addressed in Walworth County in the next five years (Source #3).

In 2011, 5% of adults reported they did not receive the dental care they needed sometime in the past 12 months. Respondents in the bottom 40 percent household income bracket (less than $40,001) were more likely to report they did not receive the dental care needed they needed.

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

Although dental care meets the Healthy People 2020 target, this remains a significant health need since efforts are needed to continue to improve access to dental care for Walworth County residents and prevent future increases.

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. ⁷

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Unmet mental health care | In 2011, 4% of adults reported they did not receive the mental health care they needed sometime in the past 12 months. Respondents who were male, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried respondents, were more likely to report they did not receive the mental health care 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 provide savings to the health care system.8

Coverage

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

In 2011, 8% of adults reported they personally were not currently covered, a slight decrease from 2003 (9%). Respondents who were 18 to 34 years old, with some post high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they personally were not covered (Source #1).

In 2011, 17% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, an increase from 2009 (14%). Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

In 2011, 15% of adults reported a household member was not covered at least part of the time in the past year, a decrease from 2003 (20%). Respondents who were in the middle 20 percent household income bracket (between $40,001 and $60,000) or unmarried were more likely to report this (Source #1).

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.9

Chronic disease: diabetes, heart disease and cancer

Chronic conditions such as diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs. Based on the key informant interviews, chronic disease emerged as a top five health issue for Walworth County (ranked number two and tied with mental health and physical activity) (Source #3).

**Diabetes** | In 2011, 7% of adults reported diabetes in the past three years, up from 4% in 2003. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report diabetes (Source #1).

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

**Heart disease or heart condition** | In 2011, 6% of adults reported heart disease or a heart condition in the past three years, a slight increase from 2003 (5%). Respondents 55 and older were more likely to report heart disease/condition (Source #1).

*Why is this significant?* The term “heart disease” refers to several types of heart conditions, such as coronary artery 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. Chronic conditions such heart disease can result in health complications, compromised quality of life and burgeoning health care costs. In 2010, heart disease was a leading cause of death in Walworth County.

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Cancer | The 2004-2008 Walworth County cancer incidence rate was 510.0 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 Walworth County was 2,613 (all sites). There were 359 cases of lung and bronchus cancer, 339 cases of prostate cancer, 332 cases of female breast cancer, and 261 cases of colon and rectum cancer (Source #4).

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

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

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

Alcohol use | Based on the key informant interviews, alcohol and drugs emerged as a top five health issue for Walworth County (ranked number one) (Source #3).

In 2011, 23% of adults reported binge drinking in past month, a considerable increase from 2003 (15%), and higher when compared to the state (22%) and the United States (15%). Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket (at least $60,001) were more likely to report binge drinking at least once in the past month (Source #1).

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

Although binge drinking meets the Healthy People 2020 target, this remains a significant health need since binge drinking has increased from 2003 (15%) and is associated with an array of health problems.

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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 extremely costly to society from losses in productivity, health care, crime and other expenses.17

**Smoking** | In 2011, 27% of adults reported cigarette smoking in the past 30 days (current smoker), up from 25% in 2003. Respondents who were male, 18 to 34 years old, with a high school education or less or unmarried respondents were more likely to report being a current smoker (Source #1).

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

Additionally, in 2010, 15.5% of Walworth County mothers indicated smoking during pregnancy (Source #2).

- The Healthy People 2020 target for smoking during pregnancy 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).18 In 2010, cancer was a leading cause of death in Walworth County.19 Additionally, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.20

**Nutrition and physical activity** | Based on the key informant interviews, physical activity emerged as a top five health issue for Walworth County (ranked number two and tied with chronic disease and mental health) (Source #3).

In 2011, 48% of adults reported engaging in recommended moderate or vigorous activity, up from 45% in 2009. 59% of adults reported eating the recommended fruit servings while 28% of adults reported eating the recommended vegetable servings (Source #1).

**Why is this significant?** Inactive adults have a higher risk for coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. Good nutrition plays a vital role in maintaining weight and decreases the risk for high blood pressure and chronic diseases, such as diabetes and certain cancers.21

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

High blood pressure and high blood cholesterol | In 2011, 29% of adults reported high blood pressure, and 20% of adults reported high cholesterol in the past three years, an increase from 2003 (15% and 13%, respectively). Respondents who were 65 and older, in the bottom 40 percent household income bracket (less than $40,001), overweight or physically inactive, were more likely to report high blood pressure. Respondents who were 65 and older or overweight were more likely to report high blood cholesterol (Source #1).

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

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

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Overweight/Obesity | In 2011, 65% of adults were classified as being overweight, an increase from 2003 (53%). Respondents who were male, 55 to 64 years old or with a high school education or less were more likely to be classified as overweight (Source #1). Since 65% of adults in 2011 were classified as overweight, this means 35% of adults were classified as a healthy weight.

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

On a positive note, 35% healthy weight exceeds the Healthy People 2020 target; however, this remains a significant health issue since 65% of adults were classified as being overweight, an increase from 2003.

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

**Why is this significant?** Overweight and obesity can increase the risk for high blood pressure, high blood cholesterol, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.²⁴

Injury

Injury hospitalizations and emergency department visits | Based on the key informant interviews, injury and violence emerged as a top five health issue for Walworth County (ranked number five). Although there was a wide range of interpretations of key issues relevant to injury, seat belt use and child abuse prevention emerged as focus areas (Source #3).

The 2010 Walworth County injury hospitalizations rate was 871.6 per 100,000, which is lower compared to the state (914.9 per 100,000). The average patient age was 59.5 years old, average length of hospital stay was 5.7 days, and average hospital charge was $36,354 (Source #2).

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

The 2010 Walworth County rate for emergency department visits for injuries was 7,665.4 per 100,000, which is higher compared to the state (7,380.8 per 100,000) (Source #2).

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

**Why is this significant?** Injuries are a leading cause of death for people ages 1 – 44 in the United States. Each year, millions of people are injured and survive. They are faced with life-long mental, physical, and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.²⁵

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Mental health

Mental health conditions | Based on the key informant interviews, mental health emerged as a top five health issue for Walworth County (ranked number two and tied with chronic disease and physical activity) (Source #3).

In 2011, 19% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, up from 10% in 2009. Respondents who were female, 18 to 34 years old, 55 to 64 years old or 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.26

Suicide | In 2012, 5% of adults reported feeling so overwhelmed in the past year that they considered suicide, up from 2% in 2003. This means approximately 3,900 adults in Walworth County may have considered suicide in the past year (Source #1).

Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered.

Additionally, in 2010, there were 11 suicides in Walworth County (10.8 per 100,000) (Source #2).

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

Although this rate meets the Healthy People 2020 target, suicide remains a significant health issue and efforts are needed to prevent the rate from increasing in the future.

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

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Sexual assault

Sexual assault | In 2010, the sexual assault rate for Walworth County was 94.0 per 100,000. For the same year, Wisconsin’s sexual assault rate was 85.9 per 100,000 (Source #5).

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

Why is this significant? Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.28

Senior health

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.29

Each year, one in every three adults age 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, there are prevention strategies to reduce are falls and related injuries.30

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

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

Using this criteria, Aurora Lakeland Medical Center has prioritized the significant health needs to address in our implementation strategy:

- Access and coverage
- Alcohol and drug use
- Health risk factors – high blood pressure, high blood cholesterol and overweight/obesity
- Newborn health and safety
- Senior health
- 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 chronic disease, tobacco use, nutrition and physical activity since these are part of the standard continuum of clinical care at Aurora Lakeland Medical Center (ALMC) and Aurora Medical Group clinics. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address risk factors such as poor nutrition and physical inactivity, which can place individuals at greater risk for health complications and chronic disease.

While clinical patient assessments are in place to identify and expediently refer persons with mental health needs seen within our clinical setting, this is not addressed in the ALMC implementation strategy since community resources currently are offered through the Walworth County Department of Health & Human Services (DHHS). DHHS operates a licensed mental health clinic and provides assessment, counseling and hospital treatment services for children and adults experiencing mental health problems. Psychiatric evaluations are performed by three psychiatrists on staff, including a child psychologist and geriatric specialist. DHHS provides assessment, counseling, detoxification and residential treatment of youth and adults with alcohol and/or drug problems.

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

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, click here.
Part III | Aurora Lakeland Medical Center Implementation Strategy

Introduction

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

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

It is not surprising that we are asked to support a wide array of community activities and events in our community. However, today’s community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives.

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

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

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

Principal community health improvement tool: Community Partnerships

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

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.
Based on the Walworth County Community Health Survey (CHNA Source #1), in 2011 (in the past 12 months)

- 7% of adults reported unmet medical care
- 5% of adults reported unmet dental care
- 4% of adults reported unmet mental health care

**Walworth County Community Health Survey**

Health Care Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Care</th>
<th>Dental Care</th>
<th>Mental Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>20%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>2005</td>
<td>21%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>2009</td>
<td>16%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>2011</td>
<td>17%</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

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

**Focus | Access is a signature benefit focus for Aurora Health Care**

**Principal partner**

- Aurora Medical Group physicians (AMG)

**Community partners**

- Open Arms Free Clinic (OAFC) - The Open Arms Free Clinic opened in 2012 and provides routine primary care, pharmacy, and health education and referral services (all free of charge) for uninsured, low income and underserved residents of Walworth County. In 2014, the clinic plans to add dental health services.
- Walworth County Department of Health & Human Services

**Target population**

- Medicaid-eligible and uninsured patients using our hospital emergency department for primary care

**What we will do**

*To ensure appropriate follow-up services for uninsured and Medicaid-eligible patients using our hospital Emergency Department (ED) to receive primary care, we will:*

- Strengthen our linkage and referral system between our hospital and the new Open Arms Free Clinic (OAFC) in Elkhorn
- Initiate navigation and care-coordination strategies for patients referred to OAFC from our ED
- Assist with navigation to Aurora Medical Group (AMG) physicians to establish a health home
- Accept OAFC vouchers for eligible lab and radiology diagnostic services
• Explore opportunities to serve on the OAFC board of directors
• Support development efforts that expand service capacity of OAFC
• Support our AMG physicians and hospital caregivers who volunteer at OAFC

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

• Actively screen all uninsured patients for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assist with application processes
• Through our specially trained financial advocates, inform and educate all uninsured patients about the benefits of securing coverage through the Marketplace (the health insurance exchange) and assist where needed

Intended impact
• A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured) in Walworth County
• 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 OAFC or AMG physicians for primary care
  – Receive appropriate referrals for dental and behavioral health services

Measures to evaluate impact
• Baseline data on the number of patients (specifically Medicaid-eligible and uninsured) using ED for primary care; of these patients percent uninsured, Medicaid-eligible and frequent users of the ED
• Number of referrals to a primary care provider (AMG and OAFC) for follow-up care
  - Number of appointments scheduled
  - Number of uninsured patients seen by AMG physicians
• Number of dental and behavioral health referrals to OAFC
• Number of uninsured screened and enrolled in financial assistance programs (e.g., Aurora’s Helping Hand Patient Financial Assistance program) or the Marketplace (the health insurance exchange)
Focus | Alcohol and drug use in our community and workforce development

Principal partners
- Aurora Behavioral Health Services
- Aurora Medical Group clinics

Community partners
- Emergency Medical Services (EMS) providers
- Walworth County Department of Health and Human Services, Rural Women AODA program
- Walworth County Sheriff’s Office

Target population
- Our hospital’s emergency department, women’s health and primary care physicians
- Walworth County residents

What we will do
To improve awareness about alcohol and drug use and abuse and support the existing AODA program in Walworth County, we will:
- Promote the Walworth County Department of Health and Human Services’ Rural Woman AODA program by distributing information to the emergency department, women’s health and primary care physicians to facilitate referrals
- Support the training of local EMS providers and first responders to current novel drugs to facilitate appropriate early response
- Develop plans with community partners to implement medication collection boxes at conveniently accessible sites in our community to enable residents to dispose of unused, unneeded or expired prescription medications and over-the-counter drugs (or other substances)
- Support and advertise the national Take Back event scheduled twice a year

Intended impact
- Awareness of the Rural Woman AODA program is raised
- Local residents more readily dispose of unused prescription medications and other drugs to prevent misuse
- Awareness among EMS providers about appropriate response for novel drug use is improved
Measures to evaluate impact

- Number of women engaged in the *Rural Woman AODA* program as reported by the Walworth County Department of Health & Human Services
- Number of promotional materials distributed
- Number of EMS providers attending training session(s)
- Number of *Take Back* events and drug collection sites
Focus | Health risk factors - blood pressure, cholesterol and overweight/obesity

Principal partners
- Aurora Medical Group clinics
- Aurora Pharmacy

Community partners
- Walworth County Public Health Division of the Department of Health and Human Services

Target population
- Walworth County residents

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

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

Measures to evaluate intended impact
- Number of individuals screened at community events
  - Percent with high blood pressure
  - Percent with high cholesterol levels
  - Percent with both high blood pressure and high cholesterol
  - Percent of individuals classified as overweight or obese
  - Percent of individuals first learning they have high blood pressure and/or cholesterol
- Number of free drop-in blood pressure screenings
  - Percent with high blood pressure
  - Number of referrals to provider for high blood pressure management
- Number of information packets distributed on healthy weight/weight loss, blood pressure and cholesterol
The American Academy of Pediatrics recommends “exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.” The Academy has identified breastfeeding as an optimal method of feeding and nurturing infants, and has recognized health, nutritional, immunological, developmental, psychological, social and economic benefits of breastfeeding.\textsuperscript{31} Increasing breastfeeding initiation, duration and exclusivity is part of the 2013-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan.

Focus | Newborn health and safety

Principal partners
- Aurora Medical Group

Community partners
- Walworth County Department of Health & Human Services
- Law enforcement

Target Population
- All mothers who deliver at Aurora Lakeland Medical Center (ALMC)
- Families of infants born in our birthing center and families in our communities

What we will do
To promote the benefits of breastfeeding and support women who wish to breastfeed, we will:
- Continue to staff our Lactation Center with International Board-Certified Lactation Consultants who will be accessible seven days a week to:
  - Provide telephone consults, advice, and support and schedule outpatient consults
  - Inform mothers about available resources, such as Lactation Consultants, Peer Counseling and Lactation Rooms, within their county of residence

To promote infant safety and injury prevention, we will:
- Collaborate with Walworth County to perform car seat checks in public venues and by appointment
  - Provide car-seat safety education to families prior to discharge from our birthing center
- Partner with Walworth County Public Health Division to support safe sleep practices
  - Inform new parents about the safe sleep program in Walworth county
  - Provide a portable crib after completion of the safe sleep program

Intended impact
- Increase or maintain breastfeeding rate among mothers who deliver babies at ALMC (Aurora system goal is 80%)
- Improved access to resources for safe sleep practices and car seat safety

\textsuperscript{31} American Academy of Pediatrics. Policy Statement: Breastfeeding and the Use of Human Milk. \textit{Pediatrics.} 2012; 129(3): e827-e841. The online version of this article is located at http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html
Measures to evaluate impact

- Percent of mothers breastfeeding at discharge
- Number of participants in the safe sleep program; number of portable cribs distributed
- Number of educational materials given to mothers who delivered at ALMC
- Number of people educated on car seat safety; number of car seat safety inspections
In 2011, respondents 65 years and older were more likely to report high blood pressure and heart disease or heart condition (CHNA Source #1).

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

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

Focus | Senior care and chronic disease

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

Principal partners
- Aurora Medical Group (AMG)
- Aurora’s Acute Care for the Elderly ACE Tracker - 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) and used by our patient care managers, case managers, Senior Resource Nurse and interdisciplinary teams to identify those geriatric patients who are at highest risk for functional decline during hospitalization.

Community partners
- Skilled nursing facilities in Walworth County

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

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

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2014 Implementation Strategy
Priority No. 3: Community Benefit Hospital Focus

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

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

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

Measures to evaluate impact
To continually monitor the impact of the SRN program, the following data will be tracked on a monthly basis:
• Number of seniors served
• Number of successfully-avoided re-admissions for pneumonia, heart failure, MI, stroke, COPD, dementia, diabetes, hip and knee replacements
• Total referrals (by category – e.g. home assessments, office visits; hospital discharges)
• Number of Advance Directives (Power of Attorney) on file
• Reduction in hospital re-admissions for frail elderly individuals 65 and older
**Sexual assault** | In 2010, the sexual assault rate for Walworth County was 94.0 per 100,000. For the same year, Wisconsin sexual assault rate was 85.9 per 100,000 (CHNA Source #5). Sexual assault can have harmful and lasting consequences for victims, families and communities.

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**Focus | Sexual assault**

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

**Principal partners**
- Aurora Medical Group physicians, nurse practitioners, and care providers

**Community partners**
- Local law enforcement
- Walworth County Public Health Division of the Department of Health and Human Services
- Jockey International

**Target population**
- Individuals who have been sexually assaulted

**What we will do**

*To support victims of sexual assault and violence, we will:*
- Provide trauma-informed, ongoing 24/7 coverage to victims through our Sexual Assault Nurse Examiner program
- Offer and provide sensitive, effective 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 Examiner (SANE) will continue to:*
- Serve as faculty for the Wisconsin Coalition Against Sexual Assault and SANE Training
- Respond to requests to provide education and prevention training to local high schools and organizations
- Support the Walworth County Child Advocacy Center (Treehouse)
- Provide leadership for and actively participate in:
  - Child Advocate Agency/Sexual Assault Nurse Examiner Peer Review Meetings
  - The multi-jurisdictional Sexual Assault Team of Walworth County
  - Serve on local, county and state coalitions

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

**Measures to evaluate impact**
- Number of people provided with services and medical care related to sexual assault
- Number of community education/prevention/outreach trainings and attendance
- Number of scheduled on-call hours
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 Walworth County Community Health Survey Report Summary (Appendix D).

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

A total of 400 telephone interviews were completed between November 7, 2011 and November 28, 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 Walworth County. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 780 adults.

The margin of error for smaller subgroups will be larger. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by gender 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 collaboration with the Walworth County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

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 Walworth County.

Publicly available data sources used for the Secondary Data Report

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

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

**Partners & Contracts**: The secondary data report is sponsored by Aurora Health Care and Children’s Hospital of Wisconsin, in collaboration with the Walworth County Health Department, and prepared by the Center for Urban Population Health.
Appendix C | Walworth County Health Needs Assessment: A summary of key informant interviews (2012) (Source #3)
The report is available at www.aurora.org/commbenefits

Data Collection and Analysis: Thirteen individual interviews were conducted between August and December 2012. In addition to the interviews, one focus group was conducted. Thirty-five key informants participated in this focus group. They were asked to identify specific health issues and concerns for the people they know and work with, to identify areas of immediate need and areas to be addressed within the next five years. Key informants in Walworth County were identified by Aurora Health Care. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Walworth 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 and focus group interviews were conducted with leaders from governmental agencies, health centers and community organizations. Among the key informants was the health officer for Walworth County Health Department. 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>Walworth County Department of Health &amp; Human Services</td>
<td>“The mission of the Walworth County Public Health is to provide programs and services that are aimed at promoting, preserving and protecting the health of its residents.” “Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, and conducting research, in contrast to clinical professionals, such as doctors and nurses, who focus primarily on treating individuals after they become sick or injured.” “Our public health professionals are part of an ongoing community system that works to protect people from diseases and encourages them to change harmful behaviors. Public health focuses on protecting communities, families and individuals from communicable diseases and potential health hazards, preventing and controlling chronic and acute illnesses, promoting optimal health and wellness, and preserving a healthy environment. Programs encompass all age groups from prenatal through the senior years, with goals for a healthier and safer population and ultimately, lower health care costs.”</td>
</tr>
<tr>
<td>Lakeland Health Care Center (LHCC)</td>
<td>“LHCC’s purpose is to provide high quality, affordable care to the citizens of Walworth Country. Our dedicated staff helps residents enjoy an independent lifestyle in a beautifully maintained facility. Our mission is to provide superior care which enhances quality of life and supports the independence of all of our residents. We are dedicated to the citizens of Walworth County, offering a comfortable homelike environment in a financially responsible manner. With the support of dedicated staff and volunteers, our knowledgeable team assists each resident to attain the highest practical physical, mental and psychosocial wellbeing through a variety of specialized programs.”</td>
</tr>
<tr>
<td>Dental Perfections</td>
<td>Dental practice located in Whitewater, Wisconsin.</td>
</tr>
<tr>
<td><strong>Medical College of Wisconsin</strong></td>
<td>“The Vision of the Medical College of Wisconsin is to be a premier Medical School that is a resource for the communities of Wisconsin and beyond. Its mission: To be a national leader in the education and development of the next generation of physicians and scientists; to discover and translate new knowledge in the biomedical sciences; to provide cutting-edge, interdisciplinary and compassionate clinical care of the highest quality; and to improve the health of the communities we serve.”</td>
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<tr>
<td><strong>Walworth County Department of Health &amp; Human Services Crisis Intervention Program</strong></td>
<td>“To help with a personal or other crisis situations, trained staff of DHHS provide 24-hour service every day of the year. Staff will help you directly if they can. Or they may refer you to another DHHS unit or to another agency.”</td>
</tr>
<tr>
<td><strong>Duncan Medication &amp; Consulting Services, LLC</strong></td>
<td>A member of the Walworth County Community Health Improvement Plan (CHIP) Process Steering Committee.</td>
</tr>
<tr>
<td><strong>Walworth County Law Enforcement Center – Emergency Management</strong></td>
<td>“The “Wisconsin Emergency Management (WEM) coordinates effective disaster response and recovery efforts in support of local governments. Through planning, training and exercising we prepare ourselves, our citizens and response personnel to minimize the loss of lives and property.”</td>
</tr>
<tr>
<td><strong>Aurora Lakeland Medical Center – Emergency Medical Services</strong></td>
<td>“The EMS Program is made up of three EMS Coordinators, three EMS Medical Directors and eight EMS Instructors. The EMS Coordinators are the primary contacts for the hospital in which they have their office. Our commitment to EMS is steadfast and we look forward to providing the highest quality of services to our EMS providers.”</td>
</tr>
<tr>
<td><strong>Community Action Inc. of Rock and Walworth Counties</strong></td>
<td>“Our mission is to empower economically and socially disadvantaged members of our communities to strive for and achieve their highest potential, because we understand that when people succeed, our communities succeed.”</td>
</tr>
<tr>
<td><strong>Mercy Health Systems</strong></td>
<td>“As a member of Catholic Health East, the mission of Mercy Health System is to be a partner in the healing ministry of the Catholic Church in the spirit of the Sisters of Mercy and Hope Ministries. In fulfilling our mission, we serve the entire community and address the diverse factors that impact the health needs of the whole person. A special concern for persons who are poor and disadvantaged characterizes our mission. We channel our resources to offer accessible, quality service, which is both innovative and compassionate.”</td>
</tr>
<tr>
<td><strong>Badger High School</strong></td>
<td>“Honoring the unique talents of all, WE, the Lake Geneva Area Schools, families, and communities commit to providing EVERY student an excellent education that ensures the development of responsible, respectful citizens and inspires life-long learning.”</td>
</tr>
<tr>
<td><strong>Rogers Behavioral Health System</strong></td>
<td>Our mission: “We Exist to offer exemplary behavioral healthcare services, including treatment, research, education, training and consultation built on our century-long heritage. We are dedicated to the delivery of quality care, using a skilled team approach that respects the dignity of each individual. Our success is demonstrated in premier quality care, successful outcome, financial integrity, personal and organization growth, and community well-being.”</td>
</tr>
<tr>
<td><strong>St. Patrick’s Catholic Church</strong></td>
<td>“We, St. Patrick Catholic Parish, represent Christ to the world. We support one another. We invite everyone to pray, to proclaim the word, to celebrate the sacraments and to live for others as Christ lived for us.”</td>
</tr>
</tbody>
</table>
| **Town of Delavan EMS** | “As of March 31st, 2013, the Delavan Rescue Squad, Inc. is no longer in service.” “The Delavan Rescue Squad, Inc. (DRSI) was a not-for-profit ambulance provider located in Delavan, Wisconsin providing 9-1-1 emergency response for the City of Delavan/ Richmond Township, paramedic intercepts for our surrounding communities and inter-facility transfers to facilities in South Eastern Wisconsin and Northern Illinois.” “The mission of the
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
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<tbody>
<tr>
<td>Delavan Rescue Squad, Inc.</td>
<td>Delavan Rescue Squad, Inc. was to learn, to excel and to advance the delivery of professional, compassionate and progressive care for all those in need.</td>
</tr>
<tr>
<td>Gateway Technical College</td>
<td>“We collaborate to ensure economic growth and viability by providing education, training, leadership, and technological resources to meet the changing needs of students, employers, and communities.”</td>
</tr>
<tr>
<td>Community Health Systems, Inc.</td>
<td>“Community Health Systems, Inc. is one of the nation's leading operators of general acute care hospitals. The organization's affiliates own, operate or lease 135 hospitals in 29 states, with an aggregate of approximately 20,000 licensed beds. In over 55 percent of the markets served, CHS-affiliated hospitals are the sole provider of healthcare services.”</td>
</tr>
</tbody>
</table>

The key informant interviews used a standard interview script that included the following elements:

1) Each key informant was asked to rank order the top 3 to 5 major health-related issues for Walworth County, which is based on the focus areas presented in Wisconsin’s State Health Plan, *Healthiest Wisconsin 2020*.

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

Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results of this process, including cross-cutting themes, summaries of top five health issues and additional health issue are also reported, and potential resources and partnerships to address each of the community health issues.
Community assets, potential resources and partnerships identified through the CHNA (key informants) for the top five issues that emerged as key health priorities for Walworth County

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

1. Alcohol and drugs
2. Tie – chronic disease, mental health and physical activity
3. Injury and Violence

Key community partners:

- **Alcohol and drugs**: Hospitals should be partnering with mental health providers, schools, non-profits (e.g., the National Alliance on Mental Illness) and public health institutions.
- **Chronic disease**: Hospitals should be partnering with doctors and public health institutions to address chronic disease challenges.
- **Mental health**: Hospitals should be partnering with local health and human services, schools, and non-profits (e.g., NAMI).
- **Physical Activity**: Hospitals should be partnering with UW-Extension, the County Park and Recreation Department, schools, and health clubs.
- **Injury and Violence**: The strategies named by respondents suggest a wide range of interpretations of the key issues relevant to injury and violence. Two focus areas emerged: child abuse prevention and seat belt use. Hospitals should be partnering with non-profits (Walworth Alliance for Children, shelters), businesses, and city government entities including the fire department, schools, public health, and human services.

There are notable differences in overall health issue priorities and rankings between the key informant interviews and the focus group. Access to care and oral health stand out as top priorities for the focus groups, whereas alcohol and drug use is the most prominent issue emerging from the interviews. Because of methodological differences, Section B presents the top health issues as ranked by the interview informants. Section C (general themes) and D (issue summaries), however, incorporate the topics discussed by both groups of informants.

**Focus Group Health Priorities**

<table>
<thead>
<tr>
<th>Immediate concerns</th>
<th>Priorities over the next 5 years</th>
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<tbody>
<tr>
<td>Access (23)</td>
<td>Access (19)</td>
</tr>
<tr>
<td>Activity/Nutrition/Obesity (5)</td>
<td>Physical Activity/Nutrition/Obesity (6)</td>
</tr>
<tr>
<td>Environmental Health (4)</td>
<td>Environmental Health (6)</td>
</tr>
<tr>
<td>Better enforcement of regulations (3)</td>
<td>Chronic Disease (2)</td>
</tr>
<tr>
<td>Education on a variety of health topics and disciplines (3)</td>
<td>Dental Health (2)</td>
</tr>
<tr>
<td>Dental health (3)</td>
<td>County wide connectivity and cooperation (2)</td>
</tr>
</tbody>
</table>

**Partners & Contracts**: This shared key informant interview report is sponsored by Aurora Health Care and Children’s Hospital of Wisconsin, in collaboration with the Walworth County Health Department, and prepared by the Center for Urban Population Health.
Appendix D | Walworth County Community Health Survey Report Summary

Walworth County Community Health Survey Summary

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

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Health Conditions in Past 3 Years</th>
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<tbody>
<tr>
<td></td>
<td>Walworth County</td>
</tr>
<tr>
<td></td>
<td>High Blood Pressure</td>
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<tr>
<td></td>
<td>Diabetes</td>
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<td></td>
<td>Heart Disease/Condition</td>
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<td></td>
<td>Asthma (Current)</td>
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<td></td>
<td>Cancer</td>
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<td></td>
<td>Stroke</td>
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<tr>
<th>Overall Health</th>
<th>Health Conditions in Past 3 Years</th>
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<td></td>
<td>Walworth County</td>
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<tr>
<td></td>
<td>Vital Statistics</td>
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<tr>
<td></td>
<td>Births</td>
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<td></td>
<td>Deaths</td>
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<td></td>
<td>Marriages</td>
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<td></td>
<td>Divorces</td>
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<table>
<thead>
<tr>
<th>Routine Procedures</th>
<th>Health Conditions in Past 3 Years</th>
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<tr>
<td></td>
<td>Walworth County</td>
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<tr>
<td></td>
<td>Physical Health</td>
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<tr>
<td></td>
<td>Physical Activity/Week</td>
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<tr>
<td></td>
<td>Moderate Activity (≥150 min)</td>
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<td></td>
<td>Vigorous Activity (≥30 min)</td>
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<tr>
<td></td>
<td>overweight</td>
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<tr>
<td></td>
<td>Fruit intake (≥3 servings/day)</td>
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<tr>
<td></td>
<td>Vegetable intake (≥3 servings/day)</td>
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<thead>
<tr>
<th>Routine Procedures</th>
<th>Health Conditions in Past 3 Years</th>
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<tr>
<td></td>
<td>Walworth County</td>
</tr>
<tr>
<td></td>
<td>Women's Health</td>
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<tr>
<td></td>
<td>Mammogram (≥18 within past 2 years)</td>
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<tr>
<td></td>
<td>Breast Density Scan (≥50 and older)</td>
</tr>
<tr>
<td></td>
<td>Endo/Colo Screen (≥65 within past 3 years)</td>
</tr>
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<td></td>
<td>Pap Smear (≥65 within past 5 years)</td>
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<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Health Conditions in Past 3 Years</th>
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<tbody>
<tr>
<td></td>
<td>Walworth County</td>
</tr>
<tr>
<td></td>
<td>Men's Health</td>
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<td></td>
<td>Women's Health</td>
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<td>Children's Health</td>
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<td></td>
<td>Elderly Health</td>
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<td></td>
<td>Other Health</td>
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<tr>
<th>Complementary/Alternative Treatments in Past 3 Years</th>
<th>Health Conditions in Past 3 Years</th>
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<tbody>
<tr>
<td></td>
<td>Walworth County</td>
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<tr>
<td></td>
<td>Men's Health</td>
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<tr>
<td></td>
<td>Women's Health</td>
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<td></td>
<td>Other Health</td>
</tr>
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Walworth County Community Health Survey Summary—January 2012
<table>
<thead>
<tr>
<th>Safety</th>
<th>Mental Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feel Sad, Blue or Depressed</td>
</tr>
</tbody>
</table>
|        | Feel Meaning and Purpose in Daily Life |AUTO
center
|        | Native/Non-Native | AUTO
center
|        | Be Considered Suicide (past year) | 5% | 4% | 3% | 3% | Alcohol Use |
|        | Of all Respondents in Past Month... | AUTO
center
|        | Heavy Drinker | 7% | 8% | 8% | 9% |
|        | Binge Drinker | 13% | 23% | 24% | 23% |
|        | Driver/Pedestrian in Vehicle Whom Driver Perhaps Had Too Much to Drink | 2% | 3% | 3% | 4% |
|        | Hit Problem Associated with Alcohol | 7% | 6% | 6% | 4% |
|        | Cigarette Use | AUTO
center
|        | Walworth County | AUTO
center
|        | Current Smokers | 23% | 25% | 23% | 27% | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Quit Smoking 1 Day or More in Past Year | AUTO
center
|        | 43% | 42% | 40% | 38% | Heavy Drinker | 8% | 6% | 5% | 6% |
|        | Saw a Health Care Professional Past Year | AUTO
center
|        | 70% | 66% | 75% | 74% | Binge Drinker | AUTO
center |
|        | Advised to Quit Smoking | AUTO
center |
|        | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Current Smokers (2010) | AUTO
center |
|        | 19% | 17% | 17% | 17% | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Cigarette Use | AUTO
center |
|        | Walworth County | AUTO
center |
|        | Current Smokers | AUTO
center |
|        | 23% | 25% | 23% | 27% | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Quit Smoking 1 Day or More in Past Year | AUTO
center |
|        | 43% | 42% | 40% | 38% | Heavy Drinker | 8% | 6% | 5% | 6% |
|        | Saw a Health Care Professional Past Year | AUTO
center |
|        | 70% | 66% | 75% | 74% | Binge Drinker | AUTO
center |
|        | Advised to Quit Smoking | AUTO
center |
|        | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Current Smokers (2010) | AUTO
center |
|        | 19% | 17% | 17% | 17% | Other Research (2010) | 4% | 1% | 0% | 0% |
|        | Smoking Policies | AUTO
center |
|        | Walworth County | AUTO
center |
|        | Smoking Policy at Home | AUTO
center |
|        | Not allowed anywhere | 77% | 80% | 82% | 84% | Firearm in Household | AUTO
center |
|        | Allowed in some places or at some times | AUTO
center |
|        | 8% | 9% | 9% | 9% | Other Research (2002) | 1% | 0% | 0% | 0% |
|        | Allowed anywhere | 5% | 4% | 5% | 8% | Walworth County | 2003 | 2005 | 2009 | 2011 |
|        | No visitor policy | 0% | 0% | 0% | 0% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Walworth County | AUTO
center |
|        | Smoking Policy at Home | AUTO
center |
|        | Not allowed anywhere | 77% | 82% | 93% | 93% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Allowed in some areas | 13% | 18% | 15% | 15% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Allowed in all areas | 0% | 0% | 0% | 0% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Second-hand Smoke Exposure in Past 7 Days | 71% | 82% | 92% | 92% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | 6 days | 23% | 18% | 13% | 13% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | 1 to 3 days | 23% | 18% | 13% | 13% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | 4 to 7 days | 0% | 5% | 5% | 5% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Smoking Prohibited at Home | 73% | 73% | 73% | 73% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |
|        | Smoke-Free Policy at Indoor Locations | 73% | 73% | 73% | 73% | Firearm in Household | 2003 | 2005 | 2009 | 2011 |

Walworth County Community Health Survey Summary—January 2012

Aurora Lakeland Medical Center
Page 40 of 44
Overall Health and Health Care Key Findings

In 2011, 48% of respondents reported their health as excellent or very good, 16% reported fair or poor. Respondents with a high school education or less, who were in the bottom 40 percent household income bracket, or overweight or inactive were more likely to report fair or poor conditions. From 2001 to 2011, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2011, 8% of respondents reported they were not currently covered by health care insurance, respondents who were 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. Seventeen percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months, respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Fifteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months, respondents who were in the middle 30 percent household income bracket or unmarried were more likely to report this. Seventy-nine percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office, respondents who were female or 65 and older were more likely to report this. Thirty-one percent of respondents had an advance care plan, respondents who were female, 65 and older, with a college education or who were married were more likely to report an advance care plan. From 2003 to 2011, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2009 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. From 2003 to 2011, there was no statistical change 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, 82% of respondents reported a routine medical checkup two years ago or less while 71% reported a cholesterol test four years ago or less. Fifty-nine percent of respondents reported a visit to the dentist in the past year while 80% reported an eye exam in the past year. Respondents who were female, 65 and older or married were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, in the middle 20 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were 35 to 44 years old, with a college education, who were in the top 10 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were female or in the middle 25 percent household income bracket were more likely to report an eye exam in the past year. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents reporting a routine checkup two years ago or less, a cholesterol test four years ago or less or an eye exam in the past year. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported a dental checkup in the past year.

In 2011, 34% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Sixty-eight percent of respondents 65 and older had a pneumococcal vaccination in their lifetime. From 2003 to 2011, there was no statistical change in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2011, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumococcal vaccination.

Health Risk Factors Key Findings

In 2011, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (26% and 28%, respectively). Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or physically inactive were more likely to report high blood pressure. Respondents who were 65 and older or overweight were more likely to report high blood cholesterol. Respondents 55 and older were more likely to report heart disease/condition. Respondents who were female, 18 to 34 years old, 55 to 64 years old or in the
Bottom 40 percent household income bracket were more likely to report a mental health condition. Respondents who were 55 to 64 years old, overweight or non-smokers were more likely to report diabetes. Female respondents were more likely to report current asthma. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported heart disease/condition, current asthma or stroke. From 2009 to 2011, there was a statistical increase in the overall percent of respondents who reported a mental health condition. From 2009 to 2011, there was no statistical change in the overall percent of respondents who reported cancer.

In 2011, 9% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report they considered suicide. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life. Respondents who were 35 to 44 years old or with a high school education or less were more likely to report this. From 2003 to 2011, there was a statistical increase in the overall percent of respondents reporting they always or nearly always felt sad, blue or depressed or they considered suicide. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life.

Behavioral Risk Factors Key Findings

In 2011, out of four complementary/alternative treatments listed, chiropractic care was the most often used in the past three years (23%). Respondents who were 35 to 44 years old or married were more likely to report chiropractic care. Respondents with a college education were more likely to report massage therapy. Respondents 18 to 44 years old were more likely to use massage therapy. Respondents with a college education were more likely to report acupuncture. From 2003 to 2011, there was a statistical increase in the overall percent of respondents reporting chiropractic care, massage therapy or acupuncture.

In 2011, 42% of respondents did moderate physical activity five times a week for 30 minutes while 21% did vigorous activity three times a week for 20 minutes. Combined, 48% met the recommended amount of physical activity. Respondents with a college education were more likely to report this. Sixty-five percent of respondents were classified as overweight. Respondents who were male, 55 to 64 years old or with a high school education or less were more likely to be classified as overweight. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes or in the overall percent 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 28% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education or married respondents were more likely to report at least two servings of fruit. Respondents who were female, with a college education, who were married, not overweight or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day.

In 2011, 74% of female respondents 40 and older reported a mammogram within the past two years. Seventy-seven percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Respondents 18 to 34 years old 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 2003 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, 42% of male respondents 40 and older had a prostate-specific antigen test within the past two years. Twenty-six percent of male respondents 40 and older had a digital rectal exam in the past year. From 2003 to 2011, there was no statistical change in the overall percent of male respondents 40 and older who reported a PSA test within the past two years. From 2003 to 2011, there was no statistical change in the overall percent of male respondents 40 and older who reported a digital rectal exam within the past year.

In 2011, 9% of respondents 50 and older reported a sigmoidoscopy within the past five years while 68% reported a colonoscopy within the past ten years. Sixty-eight percent of respondents 50 and older reported a sigmoidoscopy or colonoscopy in their lifetime. From 2009 to 2011, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy or colonoscopy within the past ten years. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy or colonoscopy in their lifetime.

In 2011, 89% of respondents wore seat belts always or nearly always, female respondents were more likely to report this. Of respondents who rode a bike, used in-line skates or rode a scooter, 27% reported they always or nearly always wore a helmet. Respondents with a college education or married respondents were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always wore a seat belt or they always or nearly always wore a helmet.

In 2011, 27% of respondents were current smokers. Respondents who were male, 18 to 34 years old, with a high school education or less, or unmarried respondents were more likely to be a smoker. In the past 12 months, 58% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-five 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 2003 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 no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2011, 80% of respondents reported smoking is not allowed anywhere inside the home while 82% reported smoking is not allowed in any area at work. Respondents who were non-smokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Respondents who were 18 to 34 years old, 55 and older, with a college education, who were married or non-smokers were more likely to report smoking is not allowed in any area at work. Five percent of non-smoking respondents reported they were exposed to second-hand smoke at least four out of the past seven days. Respondents 45 to 54 years old were more likely to report this. From 2009 to 2011, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home or smoking is not allowed in any area at work. From 2009 to 2011, there was no statistical change in the overall percent of respondents who reported they were exposed to second-hand smoke on at least four of the past seven days.

In 2011, 68% of respondents had an alcoholic drink in the past 30 days. In the past month, 9% were heavy drinkers while 23% were binge drinkers. Respondents who were male, 18 to 34 years old or in the top 10 percent household income bracket were more likely to have binge at least once in the past month. Four percent reported they had been a driver or a passenger when the driver had too much to drink. Male respondents were more likely to report this. Six percent of respondents reported someone in their household experienced a problem in connection with drinking in the past year. 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 a statistical increase in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver had too much to drink in the past month. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking in the past year.
In 2011, 97% of households had a working smoke detector while 71% had a working carbon monoxide detector. Seventy percent of households had both detectors. Married respondents were more likely to report both detectors. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector.

In 2011, 37% of households had a firearm in or around the home. Respondents who were in the top 40 percent household income bracket or married were more likely to report this. Of all households, 16% had a handgun while 33% had a rifle or shotgun. Married respondents were more likely to report a handgun. Respondents who were in the top 40 percent household income bracket or married were more likely to report a rifle/shotgun. Of all households, 4% had a loaded firearm; respondents in the top 40 percent household income bracket were more likely to report this. Four percent of all households had a firearm loaded and unlocked. Respondents who were in the top 40 percent household income bracket or married were more likely to report this. From 2003 to 2011, there was a statistical increase in the overall percent of respondents who reported having a firearm in or around their home. From 2009 to 2011, there was a statistical increase in the overall percent of respondents who reported having a handgun or a rifle/shotgun in the household. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported having a loaded firearm or a loaded firearm which was also unlocked.

In 2011, 9% of respondents reported someone made them afraid for their personal safety in the past year. Respondents in the bottom 40 percent household income bracket were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. Respondents who were 18 to 34 years old or unmarried were more likely to report this. A total of 8% reported at least one of these two situations; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety. From 2003 to 2011, there was no statistical increase in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2003 to 2011, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.

Additional Questions Key Findings

In 2011, 7% of respondents reported that they did not get the medical care they needed sometime in the last 12 months. Five percent reported they did not receive dental care needed while 4% reported they did not receive the mental health care they needed in the past 12 months. Respondents with at least some post high school education were more likely to report they did not receive the medical care needed. Respondents in the bottom 40 percent household income bracket were more likely to report they did not receive dental care needed. Respondents who were male, with some post high school education in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they did not receive the mental health care needed.

In 2011, out of three environmental health issues that communities may face, the most often cited major or moderate problem in the community was safe drinking water (10%) followed by clean drinking and recreational water (8%). Seven percent reported food safety in stores and restaurants as a major or moderate problem. From 2009 to 2011, there was no statistical change in the overall percent of respondents reporting safe drinking water, clean drinking/recreational water or food safety in stores and restaurants as a major/moderate problem in their community.