2013 Community Health Needs Assessment Report

2014 Implementation Strategy

Aurora Medical Center
in Summit
36500 Aurora Drive
Summit, WI 53066
2013 Community Health Needs Assessment Report

2014 Implementation Strategy

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Introduction | Aurora Health Care

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

Part I | Aurora Medical Center Summit (AMCS)

Who we are. What we do

Constructed in 2010, Aurora Medical Center in Summit was built to be and operates as a patient-centered health care facility within Aurora’s integrated not-for-profit health care system. Our hospital is a state-of-the-art regional medical center providing the most advanced medical technology to address a full range of health care needs, all under one roof. Aurora Medical Center provides access to premier clinical services and physician specialists in a comforting atmosphere designed to promote healing and better outcomes. In emergency situations, our board-certified emergency medicine physicians stand ready to treat life-threatening conditions with the highest level of trauma staffing in Waukesha County.

Who we serve

Located in Summit just off Interstate 94 at Highway 67, Aurora Medical Center is easily accessible to serve residents throughout Lake Country and Waukesha County.

<table>
<thead>
<tr>
<th>Aurora Medical Center Summit by the Numbers</th>
<th>Area facilities and service partners include</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 50 hospital beds</td>
<td>• Aurora Medical Center</td>
</tr>
<tr>
<td>More than:</td>
<td>• Aurora Wilkinson Medical Clinic (originally founded in the 1890s)</td>
</tr>
<tr>
<td>• 68,100 outpatient visits</td>
<td>• Aurora Pharmacy (some within community clinics)</td>
</tr>
<tr>
<td>• 8,900 emergency department visits</td>
<td></td>
</tr>
<tr>
<td>• 400 newborn deliveries</td>
<td>The Joint Commission</td>
</tr>
<tr>
<td>• 3,950 surgical cases (inpatient and outpatient)</td>
<td>• Primary Stroke Center</td>
</tr>
</tbody>
</table>

Distinctions

American College of Surgeons
• Trauma Level 2
• Commission on Cancer - Accreditation with Commendation

American Academy of Sleep Medicine
• Sleep Medicine Center
• Out of Center Sleep Testing

The Joint Commission
• Primary Stroke Center

Society of Chest Pain Centers
• Certified Chest Pain Center

Undersea & Hyperbaric Medicine Society
• Hyperbaric Medicine Center

To learn more about our hospital, please [click here](#).
Economic impact study - Waukesha 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 at number seventeen in Waukesha County with 2,356 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 3,888 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 1.9 percent of all employment and 2.3 percent of total payroll in Waukesha County (pg. 26).

- Aurora’s business output/input revenue for Waukesha County has a total impact of $540.32 million (pg. 24).

- As an anchor institution, in 2012 Aurora Medical Center Summit provided the following:
  - Community Benefits: $658,022
  - Uncompensated Care: $7,428,000

  Community Benefit Report 2012 Aurora Medical Center Summit

Assessing community health status - an ongoing commitment

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

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

Waukesha County is located in southeastern Wisconsin and is the third largest in population among 72 Wisconsin counties, trailing only Milwaukee and Dane counties.

Waukesha County is located about 15 miles west of the city of Milwaukee, 60 miles east of the city of Madison, and 100 miles northwest of Chicago. It has several academic institutions including Carroll University and the University of Wisconsin-Waukesha. The County has over 90 lakes and is home to the Kettle Moraine State Forest. Several nationally and internationally known companies are located here, including Quad/Graphics, GE Healthcare Technologies and Kohl's Department Store.

In 2000, agricultural land use encompassed about 112,611 acres or 30% of the total land area of Waukesha County. The agricultural base of the County has declined significantly over the past three decades, largely because of conversion of land to urban/suburban or other uses. The City of Waukesha is the county seat. As of the 2010 U.S. Census the population was 70,718.

Waukesha County includes 37 municipalities, with a mix of cities, suburbs and rural landscape:

- Seven cities: Brookfield, Delafield, Muskego, New Berlin, Oconomowoc, Pewaukee, Waukesha
- Eleven towns: Brookfield, Delafield, Eagle, Genesee, Lisbon, Merton, Mukwonago, Oconomowoc, Ottawa, Vernon, Waukesha
- Nineteen villages: Big Bend, Butler, Chenequa, Dousman, Eagle, Elm Grove, Hartland, Lac La Belle, Lannon, Menomonee Falls, Merton, Mukwonago, Nashotah, North Prairie, Oconomowoc Lake, Pewaukee, Summit, Sussex, Wales

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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, Waukesha County ranked number 13 out of 72 counties in health outcomes for Wisconsin's healthiest counties. The rankings help counties understand the many factors that influence health.  

Demographic Characteristics of Waukesha County and Wisconsin, 2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Waukesha County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>389,891</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>42.0</td>
<td>38.5</td>
</tr>
<tr>
<td>Race*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>93.3%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>1.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>0.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>4.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Age*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>19.5%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>35.1%</td>
<td>39.3%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>31.2%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>14.3%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Education level of adults 25 years and older**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school degree</td>
<td>4.1%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>25.2%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>29.8%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>40.8%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Unemployment Rate Estimate**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of those ages 16 or older who are unemployed</td>
<td>7.7%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Median household income** (2010 inflation-adjusted dollars)</td>
<td>$70,815</td>
<td>$49,001</td>
</tr>
<tr>
<td>Percent below poverty in the last 12 months**</td>
<td>6.3%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

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

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

Partnership
Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, ProHealth Care, and Wheaton Franciscan Healthcare commissioned the community health survey, in partnership with the Waukesha County Health Department. The community health survey is supplemented by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2012-2013 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs. Since 2003, Aurora Health Care has underwritten a community health survey of Waukesha County every three years, conducted in partnership with the Waukesha County Health Department.

Purpose and process of the shared Community Health Needs Assessment (CHNA)
In 2012-2013 a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in Waukesha County, 2) gather input from persons who represent the broad interests of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital’s existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report.

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7 Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health and Wheaton Franciscan Healthcare are headquartered in Milwaukee, Wisconsin and are members of the Milwaukee Health Care Partnership.
Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2012) will vary in this report. The most current data available was used for the Community Health Needs Assessment (CHNA).

The core data sources for the CHNA include:

**Quantitative data sources**
Source #1 | Waukesha County Community Health Survey Report
The community health survey is a source of primary community health data. The latest telephone survey was completed between February 21, 2012 and April 3, 2012, and analyzed and posted in 2013. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

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

**Qualitative data source**
Source #3 | Key Informant Interview Report
Eighteen individual key informant interviews were conducted between August and December 2012. Each key informant was asked about gaps and unmet needs in their community, barriers and challenges to addressing these needs and priorities in high demand. Key informants included leaders and local experts representing education, health services, public health, support organizations, churches, police and fire departments, businesses, government and non-profit organizations. These key informants focus on a range of public health issues and represent the broad interest of the community served, including medically underserved, low income and minority populations. For further description see Appendix C.

The Key Informant Interview Report presents the results, including summaries of the top five health issues and community resources (Appendix C). The report was prepared by the Center for Urban Population Health.
Additional sources of data and information used to prepare the Aurora Medical Center Summit CHNA and considered when identifying significant community health needs:

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Municipal Health Department Community Health Improvement Plan (CHIP)</th>
<th>“Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents.” This process has been referred to as the Community Health Improvement Plan (CHIP). <a href="http://www.dhs.wisconsin.gov/chip/">http://www.dhs.wisconsin.gov/chip/</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthiest Wisconsin 2020</td>
<td>“<em>Healthiest Wisconsin 2020</em> identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area.” The 23 focus area profiles of HW2020 can be grouped into three categories: crosscutting, health and infrastructure. <a href="http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf">http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf</a></td>
</tr>
</tbody>
</table>
| Healthy People 2020 | “*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:  
- Encourage collaborations across communities and sectors  
- Empower individuals toward making informed health decisions  
- Measure the impact of prevention activities” [http://www.healthypeople.gov/2020/about/default.aspx](http://www.healthypeople.gov/2020/about/default.aspx) |
Summary of the significant health needs identified through the CHNA for Waukesha County

This report focuses on the following data collection years: 2003, 2006, 2009 and 2012. Note: For some of the health topics data was collected in 1997 and 2000 (Appendix A). When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access

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

Unmet medical care | In 2012, 4% of respondents reported they did not get the medical care they needed sometime in the last 12 months. Respondents with a high school education or less were more likely to report they did get the medical care they needed (Source #1).

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

Although this meets the Healthy People 2012 target, this remains a significant health issue as it is important to continue to improve access to medical care for residents and prevents an increase in the future.

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.8

Dental services and unmet dental care | Based on the key informant findings, dental services emerged as one of the top five health issues for Waukesha County (ranked number four) (Source #3).

In 2012, 9% percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months. Respondents in the middle 20 percent household income bracket (between $40,001 and $60,000) were more likely to report they did not get the dental care they needed (Source #1).

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

Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancers and reduce dental care costs.9

Unmet prescription medications | In 2012, 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs. Respondents in households with children were more likely to report this.

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

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**Why is this significant?** Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.\(^\text{10}\)

**Mental health services** | Based on the key informant findings, mental health services emerged as one of the top five health issues (ranked number two) for Waukesha County (Source #3). This is significant as unmet mental health care can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.\(^\text{11}\)

**Coverage**

![Graph showing health care coverage in Waukesha County](image)

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

In 2012, 6% of adults reported they personally were not currently covered, an increase from 2003 (3%). Respondents who were male, 18 to 34 years old, 55 to 64 years old, with some post high school education, who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they were not currently covered by health care insurance (Source #1).

In 2012, 7% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 2009 (11%). Respondents who were male, 18 to 34 years old, 55 to 64 years old, some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they personally did not have health care coverage at least part of the time in the past 12 months (Source #1).

In 2012, 10% of adults reported a household member was not covered at least part of the time in the past year, a slight decrease from 2003 (12%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report someone in their household was not covered at least part of the time in the past 12 months (Source #1).

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

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### Chronic disease: asthma, diabetes, heart disease and cancer

Chronic conditions such as asthma, cancer, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs. Based on the key informant interviews, prevention and early detection of health conditions emerged as one of the top five health issues in Waukesha County (ranked number three) (Source #3).

![Waukesha County Community Health Survey Health Conditions In Past 3 Years](chart.png)

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**Asthma** | In 2012, 8% of adults reported asthma (current), up from 6% in 2003. This is similar compared to the state (8%) and the United States (9%). Respondents 55 and older were more likely to report current asthma (Source #1). Note: The comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System.

**Why is this significant?** Without proper management, asthma can lead to high health care costs. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

**Diabetes** | In 2012, 7% of adults reported diabetes in the past three years, up from 4% in 2003. Respondents who were 55 and older or in the bottom 40 percent household income bracket (less than $40,001) 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.

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Heart disease or heart condition | In 2012, 9% of adults reported heart disease or heart condition in the past three years, up from 6% in 2003. Respondents who were 65 and older or inactive were more likely to report heart disease/condition (Source #1).

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

Cancer | The 2004-2008 cancer incidence rate in Waukesha County was 562.1 per 100,000, higher compared to the state (516.0 per 100,000) (Source #2).

Based on the 2011 Wisconsin Cancer Facts & Figures, the 2003-2007 total number of cancer cases for Waukesha County was 10,744 (all sites). There were 1,725 cases of prostate cancer, 1,602 cases of female breast cancer, 1,289 cases of lung and bronchus cancer, and 963 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 Waukesha County.

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

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

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Alcohol use | Based on the key informant interview findings, alcohol, drug and tobacco issues emerged as one of the top five health issues (ranked number five) for Waukesha County (Source #3).

In 2012, 22% of adults reported binge drinking in past month, an increase from 2003 (16%), and higher compared to the state (22%) and the United States (15%). Respondents who were male, 18 to 34 years old or with some post high school education were more likely to report binge drinking at least once in the past month (Source #1).

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

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

Although this meets the Healthy People 2020 target, it remains a significant health issue as binge drinking has increased from 2003(16%).

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, drownings), 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.21

Smoking | In 2012, 17% of adults reported cigarette smoking in the past 30 days (current smoker), down from 21% in 2003. Respondents who were 18 to 34 years old, with a high school education or less, who were in the bottom 60 percent household income bracket or unmarried were more likely to report being a current smoker (Source #1).

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

Additionally, in 2010, 7.3% of Waukesha County mothers indicated smoking during pregnancy (Source #2).

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

Why is this significant? 90% of all deaths from chronic obstructive lung disease are caused by smoking. Smoking increases the risk of coronary heart disease, stroke and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach).22 In 2010, cancer was a leading cause of death in Waukesha County.23 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.24

Nutrition and physical activity | In 2012, 47% of adults reported engaging in recommended moderate or vigorous activity, a slight decrease from 2006 (48%). In 2012, 65% of adults reported eating the recommended fruit servings while 29% of adults reported eating the recommended vegetable servings (Source #1).

Why is this significant? Inactive adults have a higher risk for obesity, coronary health disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one’s risk for overweight and obesity. Healthy eating helps reduce one’s risk for developing osteoporosis, iron deficiency and dental cavities.25

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

High blood pressure and high blood cholesterol | In 2012, 26% of adults reported high blood pressure and 25% of adults reported high cholesterol in the past 3 years, an increase from 2003 (17% for both). Respondents who were 65 and older, high school education or less, in the bottom 40 percent household income bracket (less than $40,001), overweight or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report high blood cholesterol (Source #1).

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

Although high blood pressure meets the Healthy People 2020 target this remains a significant health issue as one in four (26%) of respondents reported high blood pressure in the past three years and has increased from 2003 (17%). High blood pressure is a risk factor for heart disease and stroke.

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

Overweight/Obesity | In 2012, 65% of adults were classified as being overweight, an increase from 2003 (53%). Respondents who were male, 45 to 54 years old or did an insufficient amount of physical activity were more likely to be classified as overweight. Since 65% of adults in 2012 were classified as overweight, this means 35% of adults were classified as a healthy weight (Source #1).

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

Although the healthy weight meets the Healthy People 2020 target, it remains a significant health issue as over half of adults were classified as being overweight or obese. Overweight/obesity is associated with an array of health issues and efforts are needed to prevent increases in the future.

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

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

Injury

Injury hospitalization | In 2010, the injury hospitalization rate in Waukesha County was 950.8 per 100,000 higher compared to the state (914.9 per 100,000). The average patient age was 65.1, average length of hospital stay was 6.1 days, and average hospital charge was $30,286. The 2010 total hospital charges for injury hospitalizations in Waukesha County was $112,270,762 (Source #2).

– The Healthy People 2020 target for injury hospitalizations rate is 555.8 per 100,000

Why is this significant? Injuries, including violence, kill more people ages 1 – 44 in the United States than any other cause. Each year, one in every three adults age 65 and older in the United States falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, there are prevention strategies to reduce falls and related injuries.

Youth injury | During 2007-2009, there were 541 injury-related hospitalizations and 20,211 injury-related emergency department visits for children and adolescents (0-17 years) in Waukesha County (Source #5).

From 2007-09 there were 4,929 injury-related emergency department visits for children or adolescents (0-17 years) being struck (by/against), with an annual rate of 1,788 per 100,000. The category of being “struck by/against” includes injuries resulting from being struck by or striking against objects or persons (Source #5).

**Why is this significant?** Injuries (such as burns, falls, drownings, sport injuries, poisonings and road traffic injuries) are the leading cause of death for U.S. children ages 19 or younger.31 Sport injuries include concussions, which is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.32

**Mental health**

Mental health conditions | In 2012, 12% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a slight decrease from 2009 (13%). Respondents who were female, in the middle 20 percent household income bracket (between $40,001 and $60,000) or unmarried were more likely to report a mental health condition (Source #1).

**Why is this significant?** Mental health conditions are extremely costly to society due to diminished personal, social and occupational functioning. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease such as physical inactivity, smoking and excessive drinking.33

Suicide | In 2012, 2% of adults reported feeling so overwhelmed in the past year that they considered suicide, the same as in 2003. This means approximately 5,920 adults in Waukesha County may have considered suicide in the past year. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1). Additionally, in 2010, there were 52 suicides in Waukesha County (13.3 per 100,000) (Source #2).

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

**Why is this significant?** Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.34

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

- Access and coverage
- Chronic disease – diabetes and cancer screening and support
- Health risk behaviors – nutrition and physical activity
- Health risk factors – high blood pressure and overweight/obesity
- Injury prevention – injury hospitalization and youth injury
Significant health needs not being addressed in the implementation strategy and the reason:

The implementation strategy does not include specific strategies for two health risk behaviors (alcohol and tobacco use), asthma, heart disease and cholesterol levels as these are part of the standard continuum of clinical care at Aurora Medical Center Summit and Aurora Wilkinson Medical Clinic. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put individuals at greater risk for health complications and chronic disease.

Dental health is being addressed through the Waukesha County Community Dental Clinic (WCCDC). WCCDC is dedicated to working with the community to improve the dental health of low-income Waukesha residents (children and adults) through preventive services, treatment, oral health education and advocacy. WCCDC coordinates the Healthy Smiles for Kids Dental Program, Expectant Moms Dental Program and Adult Dental Program.

Waukesha County Community Improvement Partners are addressing mental health and substance abuse. Additionally, alcohol and drug use is being addressed at the community level by the Waukesha C.A.R.E.S. (Community Alcohol Resources for Establishments and Servers), a program dedicated to recognizing local establishments who are actively working to decrease underage drinking and encourage healthy drinking habits among adults. It is a collaboration effort developed by Waukesha Drug Free Communities Coalition with active participation from the Business Improvement District and the City of Waukesha Police Department.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 2013.

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

Introduction

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

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

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

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

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

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

Principal community health improvement tool: Community Partnerships

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

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 2013.
Based on the Waukesha Community Health Survey (CHNA Source #1), in 2012

- 9% percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months
- 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs
- 4% of respondents reported that they did not get the medical care they needed sometime in the last 12 months

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

Principal partner
- Aurora Wilkinson Medical Clinic

Community partners
- Lake Area Free Clinic (LAFC) – Since July 2001, LAFC has welcomed individuals and families who lack health insurance and whose income is below 200% of the federal poverty level. Many of these individuals work full-time, but are either not offered insurance or cannot afford the premiums. LAFC is the only clinic of its kind in Waukesha County, exclusively dedicated to providing both basic primary care and ongoing care, and management of those with chronic disease – all without charge.
- Silver Streak Inc. – A non-profit transportation service for seniors and the disabled in the Oconomowoc area. Silver Streak provides auto transportation for ambulatory adults over the age of 55 and transportation for ambulatory disabled people of any age, and will provide transportation to doctor’s appointments.

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

To ensure appropriate follow-up care for underserved patients using Aurora Medical Center’s Emergency Department for primary care, we will:

- Strengthen our partnership and referral links with Lake Area Free Clinic
- Ensure access (navigation) to Lake Area Free Clinic for follow-up care and understanding of benefits of primary and preventive care
- Provide in-kind imaging services for referred Lake Area Free Clinic patients
- Provide funding for a part time Nurse Practitioner for the Lake Area Free Clinic (pending budget approval)
- Participate in Lake Area Free Clinic governance structure through board-level and committee participation
- Support Aurora Wilkinson Medical Clinic physicians and clinicians who volunteer with the Lake Area Free Clinic

To ensure access for seniors and persons with disabilities in the Oconomowoc area, we will:

- Pursue partnership opportunities with Silver Streak Inc., a nonprofit auto transportation service
- Participate in Silver Streak Inc. governance structure through board-level participation
- Partner with Silver Streak to provide rides to physician appointments for those meeting criteria

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

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

Intended impact

- A decrease in the number of patients presenting to the ED without a primary care provider identified
- Uninsured and Medicaid-eligible persons seeking primary and dental health care in our ED will:
  - Understand the benefits of obtaining primary care services
  - Successfully transition to Lakeland Area Free Clinic or Aurora Wilkinson Medical Clinic for primary care
  - Receive appropriate referrals for dental and behavioral health services
  - Transition uninsured patients into the Marketplace (the health insurance exchange)

Measures to evaluate impact

- Baseline data on the number of patients (Medicaid-eligible and uninsured) who do not identify having a primary care provider during ED visit
- Number of referrals to a primary care provider (Lakeland Area Free Clinic or Aurora Wilkinson Medical Clinic) for follow-up care
- Number of uninsured patients screened for financial assistance and number enrolled in programs (e.g. Aurora Helping Hand Patient Financial Assistance Program) or the Marketplace (the health insurance exchange)
- Number of Silver Streak transports subsidized
- Number of referrals for dental and behavioral health services
Based on the Waukesha Community Health Survey (CHNA Source #1), in 2012
- 7% of adults reported diabetes, up from 4% in 2003
- 26% of adults reported high blood pressure, up from 17% in 2003
- 65% of adults were classified as being overweight, up from 53% in 2003
- 65% of adults reported eating the recommended fruit servings while 29% of adults reported eating the recommended vegetable servings

Focus | Diabetes, blood pressure, nutrition, physical activity and overweight/obesity

Principal partners
- Aurora Wilkinson Medical Clinic

Community partners
- YMCA
- Oconomowoc Area School District
- Oconomowoc Parks and Recreation Department

Target population
- Waukesha County residents
- Intermediate school students within the Waukesha County school districts

What we will do
*To raise awareness about unmanaged high blood pressure, the importance of healthy nutrition and physical activity and the link between obesity and chronic diseases, we will:*
- Provide staffing of Aurora Health Care booths at community events to provide:
  - Blood pressure and body mass index (BMI) screenings
  - Referral and navigation assistance for follow-up evaluations, resources and/or care
  - Educational materials and resources
  - Educational messaging in our promotional materials
- Lead efforts to form a community coalition to plan interventions for fighting childhood obesity
- Pursue a community-based partner, such as the YMCA, for expanding the reach of our Aurora Accountable Care Network lifestyle modification program *Healthy Kids Healthy Families*
- Partner with the Pabst Farm YMCA and the YMCA of Central Waukesha County to implement the National YMCA’s Diabetes Prevention program
- Collaborate with the YMCA to bring their nutrition/obesity prevention curriculum to the intermediate school health classes

Intended impact
- Improved awareness of blood pressure and body weight and linkage to appropriate resources or referrals
- Improved awareness and knowledge of obesity prevention, such as healthy nutrition and recommended physical activity, among intermediate school students
Measures to evaluate impact

- Number of blood pressure and BMI screenings
  - Percent with high blood pressure
  - Percent classified as overweight or obese
  - Number of resources provided for high blood pressure and/or weight
  - Number of referrals for high blood pressure and/or weight

- Community coalition to fight childhood obesity established
  - Number of community partners involved with the community coalition
  - Community project identified for implementation

- Number of children and families enrolled in the Healthy Kids Healthy Families program
  - Percent of children and families who complete the entire session
  - Body Mass Index (BMI)/weight before and after session
  - Behavioral modification before and after session
The 2003-2007 total number of cancer cases for Waukesha County was 10,744 (all sites). There were 1,725 cases of prostate cancer, 1,602 cases of female breast cancer, 1,289 cases of lung and bronchus cancer, and 963 cases of colon and rectum cancer (CHNA Source #4).

A person's cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care and early detection. Getting screening tests regularly may find breast, cervical and colorectal (colon) cancers early, when treatment is likely to work best.\(^\text{35}\)

Focus | Cancer screening and support

Principal partners
- Aurora Wilkinson Medical Clinic
- Aurora Vince Lombardi Cancer Center

Community partners
- Stillwaters Cancer Support Services

Target population
- Waukesha County residents

What we will do
To address cancer awareness, improve awareness and access to cancer screening, we will:
- Sponsor or host cancer screening and educational events for the community
  - Skin cancer screening
  - Colon cancer screening
  - Cervical cancer screening
  - Head and neck cancer screenings
  - Breast cancer screening
- Engage local business partners to raise community awareness about the need (and opportunities) for cancer screenings

To ensure that persons living with cancer – and their families – have access to support services they need, we will:
- Strengthen our partnership with Stillwaters Cancer Support Services through active financial support for on-site counseling, and by providing leadership through active board-level participation

Intended impact
- Improved cancer awareness and screenings
- Improved access to resources and services for persons living with cancer and their families

Measures to evaluate impact
- Number of cancer screenings
  - Percent referred for additional assessment
- Number of local businesses engaged in promoting cancer screening
- Number of persons receiving on-site counseling

Youth Injuries
From 2007-09 there were 4,929 injury-related emergency department visits for children or adolescents (0-17 years) being struck (by/against), with an annual rate of 1,788 per 100,000. The category of being “struck by/against” includes injuries resulting from being struck by or striking against objects or persons (CHNA Source #5).

The Wisconsin Interscholastic Athletic Association and the Wisconsin law clearly identified that the risk and prevalence of concussion and head trauma is significant, and the role of health care professionals as it relates to injury prevention/detection efforts within the community organizations.

Workforce development
Provision of quality health care relies on a well trained workforce. Nationally, the increasing need for health care careers is well established. Locally, a Wisconsin Hospital Association Report (2012) details the aging health care workforce and the increasing demands for health care from the population as a whole and determined workforce development to be a growing priority.36

Focus | Injury, trauma care and workforce development

Principal partner
- Aurora Wilkinson Medical Clinic
- Aurora Sports Medicine Institute

Community partners
- Local school systems
- Community athletic organizations
- Area emergency medical technician programs

Target population
- Emergency medical technicians
- Students within Waukesha County school systems

What we will do
As a certified Level II trauma center, we will support the continued development of skills and knowledge among emergency medical services technicians and paramedics responding to 911 calls in our patient service area by providing:
- Educational sessions with speakers on evidence-based best practices for EMS
- Clinical experiences for paramedic students, both in the emergency department and ancillary areas of the hospital

To build community capacity in the area of workforce development and health professions education, we will:
- Further develop our partnership with area school systems to provide exposure to the medical professions and include appropriate hands-on experiences
- Partner with area school districts in the development of a Health Care Charter High School
- Provide onsite education (CPR, first aid, etc.) for community groups including schools, law enforcement, civic groups

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To support our communities and assure the safety of youth and student athletes in athletic programs, we will:

- Partner with area school systems and community athletic organizations to offer:
  - Reduced-cost youth sports physicals
  - Free baseline concussion screenings
  - Functional movement assessments and recommendations for training (as appropriate)
  - Licensed athletic trainer and physician support for home football games
- Partner with Aurora Wilkinson Medical Clinic staff for a consistent approach to post-concussion injury management
- Partner with area school systems to implement the “Yell and Tell” program in partnership with Harley-Davidson. Note: The “Yell and Tell” program teaches children what to do when they see something dangerous and are scared

**Intended impact**

- Provide Level II trauma care currently unavailable in Waukesha County
- Improved education for youth, parents and school coaches on injury identification and prevention
- Access to onsite medical support for area high school football teams
- Increased learning opportunities for high school students considering a career in health care
- Increased opportunities for training and development for area EMS providers

**Measures to evaluate impact**

- Number of commitments to local school and:
  - Number of baseline concussion screenings
  - Number of Functional Movement Assessments
  - Number of sports physicals
  - Number of “Yell and Tell” partnerships
- Development of the Charter High School
  - Number of students enrolled
- Skill development and learning opportunities for area EMS providers provided
  - Number of EMS student experiences provided
  - Number of EMS attendees at CPR/ACLS/ATLS
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 Waukesha County Community Health Survey Report Summary (Appendix D).

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

A total of 400 telephone interviews were completed between February 21, 2012 and April 3, 2012. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Waukesha 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 total adult population. One percentage point equals approximately 2,960 adults.

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

Partners & Contracts: This report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, Wheaton Franciscan Healthcare, and ProHealth, and in partnership with the Waukesha County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B| Waukesha County Health Data Report: A summary of secondary data sources (2012) (Source #2)
The report is available at www.aurora.org/commbenefits

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

Publicly available data sources used for the Secondary Data Report

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

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

Partners & Contracts: The secondary data report sponsored by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, Wheaton Franciscan Healthcare, and ProHealth, and in partnership with the Waukesha County Health Department. The report was prepared by the Center for Urban Population Health.
Appendix C | Waukesha 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: Eighteen individual interviews were conducted between August and December 2012. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Waukesha 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 informants included leaders and local experts representing education, health services, public health, support organizations, churches, police and fire departments, businesses, government and non-profit organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
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<tbody>
<tr>
<td>St. Paul United Church of Christ</td>
<td>“The Mission of St. Paul United Church of Christ is to share our faith in God: to seek to live faithfully as disciples of Jesus Christ, listening to, loving, and serving our neighbors as ourselves; to seek to live courageously in opposing evil, and to bring healing to our broken world, by the power of the Holy Spirit.” “St. Paul Church strives to be an oasis in a diverse community by sharing a ministry that is rooted in the Good News of Jesus Christ. Members are involved in weekly worship, church organizations and groups. We encourage and support a lifestyle of outreach mission.”</td>
</tr>
<tr>
<td>Interfaith Senior Programs</td>
<td>“Interfaith Senior Programs is a faith-based, community-centered 501 (c) (3) nonprofit organization serving Waukesha County, Wisconsin. The mission of Interfaith Senior Programs, Inc., founded in 1981, is to help older adults, adults with disabilities, and family caregivers live dignified, meaningful, and engaged lives in the community while maintaining their independence for as long as possible.” “Collectively the agency brings more than 54 years of experience to the community, serves over 1,000 seniors and adults with disabilities each year, and coordinates more than 2,300 volunteers.”</td>
</tr>
<tr>
<td>Menomonee Falls School District</td>
<td>“The Menomonee Falls Fire Department is a municipal-based, publicly-funded entity dedicated to the service and welfare of the people of and visitors to the Village of Menomonee Falls.”</td>
</tr>
<tr>
<td>Pregnancy Support Connection (Safe Babies Healthy Families)</td>
<td>“Safe Babies Healthy Families is a new organization created by a merger of two long-term, successful agencies. Pregnancy Support Connection (also formerly known as the UP Connection) and Healthy Families of Waukesha County, merged to establish SAFE BABIES HEALTHY FAMILIES, effective on January 1, 2012. This merger into a single entity increases the capacity to provide more and higher quality service to the community than either agency could have accomplished individually. The new organization will make it possible to provide a continuum of service model that serves two populations – isolated, abused and pregnant young women and young, at-risk families who lack financial, health and social supports. Our community is well-served when prevention and early intervention services are provided to a high-risk population, increasing the chances that its members will succeed and become productive in our society. Our shared vision of breaking the cycle of child abuse, neglect and poverty through education, support and resources made the merger an ideal way to provide seamless services to at-risk families and their children.”</td>
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<tr>
<td>Entity</td>
<td>Description</td>
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<td><strong>Tri-County YMCA</strong></td>
<td>“The mission of the Tri-County YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.”</td>
</tr>
<tr>
<td><strong>Gloria Dei Lutheran Church</strong></td>
<td>“Committed to God, Challenged to Grow, Called to Serve” “At Gloria Dei, we are a people shaped by Christ through the Gospel. We welcome all people into the fellowship of believers that gather every week at Gloria Dei. Together we strive to announce this good news of God’s amazing grace to all who will receive it.”</td>
</tr>
<tr>
<td><strong>Waukesha County Community Dental Clinic</strong></td>
<td>“The Waukesha County Community Dental Clinic (WCCDC) opened in May 2008 with a mission to provide and advocate for quality oral health services and education for low income families. The clinic serves those who are uninsured or who have Medicaid insurance in Waukesha County, with an emphasis on children, at-risk pregnant women, and the Hispanic population.” “In addition to providing dental care, the clinic serves as an organizational home for community outreach and oral health prevention programs, which are conducted in collaboration with community partners.” “The WCCDC also serves as an offsite classroom for dental hygiene and dental assisting students.”</td>
</tr>
<tr>
<td><strong>Stillwaters Cancer Support Services</strong></td>
<td>“Stillwaters exists to serve persons with cancer and those who love them. Stillwaters nurtures, supports and encourages healing of the whole person; mind, body and spirit.” “A community-based, not-for-profit 501(c) (3) agency, Stillwaters provides professional, supportive services to help people understand that they are an important part of their healing process. We offer opportunities to share common experiences, learn effective coping skills and make necessary life changes to promote wellness. Our programs complement the efforts of medical professionals and other cancer organizations by providing psychological, social and emotional support. “In 2012, Stillwaters served over 1,200 individuals with over 3,800 services in Waukesha, Milwaukee and surrounding counties in southeastern Wisconsin.”</td>
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<tr>
<td><strong>Addiction Resource Council</strong></td>
<td>“The Addiction Resource Council is a collaborative of programs whose shared mission is to work together with government, citizen groups, business, and other voluntary organizations to promote health and provide resources for families affected by and concerned about harmful consequences of alcohol and drug abuse.”</td>
</tr>
<tr>
<td><strong>Menomonee Falls Police Department</strong></td>
<td>“Per General Order 2101, the mission of the Menomonee Falls Police Department is to preserve the public peace, protect persons and property. The department will strive to interact with all people in a manner that promotes this mission through education, crime prevention, and enforcement of all laws and ordinances.”</td>
</tr>
<tr>
<td><strong>Community Outreach Health Clinic</strong></td>
<td>“The Community Outreach Health Clinic is a community-based non-profit autonomous agency. The clinic provides quality, non-emergency medical, dental and pharmaceutical care to the uninsured and underinsured persons residing in Community Memorial Hospital’s service area, and whose income from all sources does not exceed 185% of the Federal Poverty Guidelines.” “The Community Outreach Health Clinic is a facility where people can seek medical care. The clinic serves people who do not have medical insurance or the ability to pay for medical care. Care is provided by appointment or on a walk-in basis. Primary services focus on treatment, screening, and education. The clinic assists people in obtaining a one-time referral visit to health and dental care and to appropriate agencies and services. A limited supply of medications is provided.”</td>
</tr>
</tbody>
</table>
| **Sussex Area Outreach Services** | “Sussex Outreach Services (SOS) is the social ministry arm of the Cooperating Churches of Sussex (CCOS) and served 455 family units in 2012, that were seeking food, clothing, counseling, educational training, preventive health programming and referrals. We serve all families and individuals in the Hamilton School District, which includes Sussex, the Town of Lisbon, and parts of Merton. We are currently averaging 311 family unit visits a month.” “It is the mission of Sussex Outreach Services (SOS), to meet the immediate and long term needs of individuals and families in the Hamilton School District by providing food, informational resources, client advocacy and general assistance. SOS builds community awareness and volunteerism to encourage our community members to help support our
Our Mission is to gather and distribute food to those with acute or chronic need who live in the greater Menomonee Falls area. We strive to raise awareness of hunger in our community and provide volunteer opportunities for community members to serve one another.” The Falls Area Community Services, Inc. serves the needs of Colgate, Germantown, Lannon, Menomonee Falls and Richfield.”

“The Menomonee Falls Chamber of Commerce, Inc. is a business membership organization dedicated to providing the services and support to encourage the ongoing economic development in the area.”

All informants in Waukesha County were identified by Aurora Health Care and Columbia St. Mary’s. These partners invited the informants to participate and conducted the interviews. The interviewers used a standard interview script that included the following elements:

1) Gaps and unmet needs in the community
2) Barriers and challenges to addressing these needs
3) Priorities in high demand

Qualitative analysis of responses focused on emerging themes used to inform the final rankings, summaries of top five health issues and community resources.

Top five issues that emerged as key health priorities for Waukesha County

The top five health issues that emerged as key priorities for Waukesha County were:
1. Transportation
2. Mental health
3. Prevention and early detection
4. Dental services
5. Alcohol, drug and tobacco issues

Partners & Contracts: The key informant interview report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, Wheaton Franciscan Healthcare, and ProHealth, and in partnership with the Waukesha County Health Department. The report was prepared by the Center for Urban Population Health.
Appendix D | Waukesha County Community Health Survey Report Summary

Waukesha County Community Health Survey Summary


<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Vaccinations (65 and Older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>82% 71% 75% 75% 65%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>55% 66% 64% 66% 74% 77%</td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>14% 15%</td>
</tr>
<tr>
<td>Personal Health Conditions in Past 3 Years</td>
<td>Health Care Coverage</td>
</tr>
<tr>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Personally (currently)</td>
<td>9% 9% 9% 9% 9% 9%</td>
</tr>
<tr>
<td>Personally (past 12 months)</td>
<td>11% 7%</td>
</tr>
<tr>
<td>Household Member (past 12 months)</td>
<td>12% 12% 12% 12% 12% 12%</td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Personal DInCovered (Currently)</td>
<td>11% 11%</td>
</tr>
<tr>
<td>Did Not Receive Care Need in Past 12 Months</td>
<td>Health Information and Services</td>
</tr>
<tr>
<td>Prescription Meds Not Taken Due to Cost</td>
<td>8%</td>
</tr>
<tr>
<td>Dentist Care</td>
<td>9%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>4%</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Health Information Source</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Doctor</td>
<td>60%</td>
</tr>
<tr>
<td>Internet</td>
<td>28%</td>
</tr>
<tr>
<td>Advanced Care Plan</td>
<td>36% 40% 40% 35%</td>
</tr>
<tr>
<td>Primary Source of Health Advice/Service</td>
<td>&lt;20%</td>
</tr>
<tr>
<td>Doctor's recommendation</td>
<td>88% 80% 80%</td>
</tr>
<tr>
<td>Public Health Clinic or community health center</td>
<td>3% 5% 5%</td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>2% 1% 2%</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>5% 5%</td>
</tr>
<tr>
<td>Hospital emergency room</td>
<td>&lt;5% 2%</td>
</tr>
<tr>
<td>No usual place</td>
<td>1% 4% 2%</td>
</tr>
<tr>
<td>Routine Checkup</td>
<td>&lt;5% 2% 2% 2%</td>
</tr>
<tr>
<td>Cholesterol Test</td>
<td>78% 81% 82% 81% 81% 82%</td>
</tr>
<tr>
<td>Dental Checkup (past year)</td>
<td>75% 74% 76% 75% 74% 75%</td>
</tr>
<tr>
<td>Eye Exam (past year)</td>
<td>45% 60% 55% 67% 76% 54%</td>
</tr>
<tr>
<td>Other Research</td>
<td>&lt;5% 2% 2%</td>
</tr>
<tr>
<td>Standard Block (12 years:2000)</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Diabetes Test (12 years:2000)</td>
<td>&lt;5% 2%</td>
</tr>
<tr>
<td>Diabetes Test (past year)</td>
<td>72% 72%</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td></td>
</tr>
<tr>
<td>Within Past 2 Years</td>
<td>7%</td>
</tr>
<tr>
<td>Colorectal Cancer Screenings (50 and Older)</td>
<td></td>
</tr>
<tr>
<td>Blood Test (within past 5 years)</td>
<td>15%</td>
</tr>
<tr>
<td>Screening (within past 10 years)</td>
<td>15%</td>
</tr>
<tr>
<td>Suffered from Recommended Time Frame</td>
<td>63%</td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2006</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td></td>
</tr>
<tr>
<td>Waukesha County</td>
<td>1997</td>
</tr>
<tr>
<td>Current Smokers (past 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Other Tobacco Products (past 30 days)</td>
<td>4%</td>
</tr>
<tr>
<td>Past 30 days</td>
<td></td>
</tr>
<tr>
<td>Past 30 days</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
</tr>
<tr>
<td>Waukesha County</td>
<td>1997</td>
</tr>
<tr>
<td>Saw a Health Care Professional Past Year</td>
<td>65%</td>
</tr>
<tr>
<td>And Advised to Quit Smoking</td>
<td>66%</td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2012</td>
</tr>
<tr>
<td>Other Reasons</td>
<td></td>
</tr>
<tr>
<td>Current Smokers (2010)</td>
<td>19%</td>
</tr>
<tr>
<td>Current Smokers (2013)</td>
<td>45%</td>
</tr>
<tr>
<td>Exposure to Smoke</td>
<td></td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2008</td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td></td>
</tr>
<tr>
<td>Not allowed anywhere</td>
<td>85%</td>
</tr>
<tr>
<td>Allowed in some places or at some times</td>
<td>7%</td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>2%</td>
</tr>
<tr>
<td>No rules exists for home</td>
<td>6%</td>
</tr>
<tr>
<td>Newsources' Second-Hand Smoke</td>
<td>40%</td>
</tr>
<tr>
<td>Exposure in Past Seven Days</td>
<td>20%</td>
</tr>
<tr>
<td>Other Reasons (WIS, 2009-2010)</td>
<td>11%</td>
</tr>
<tr>
<td>Sick/Injured or Hospitalized</td>
<td>72%</td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2009</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td></td>
</tr>
<tr>
<td>Always/Nearly Always</td>
<td>2%</td>
</tr>
<tr>
<td>Nearly Always</td>
<td>5%</td>
</tr>
<tr>
<td>Mentally Healthy</td>
<td>5%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5%</td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2012</td>
</tr>
<tr>
<td>Personal Safety in Past Year</td>
<td></td>
</tr>
<tr>
<td>Waukesha County</td>
<td>1997</td>
</tr>
<tr>
<td>Afraid for Their Safety</td>
<td>11%</td>
</tr>
<tr>
<td>Bullied, Kicked, Slapped, or Hit</td>
<td>0%</td>
</tr>
<tr>
<td>Waukesha County</td>
<td>2012</td>
</tr>
</tbody>
</table>

--- Not asked in 2009 ---
Overall Health and Health Care Key Findings

In 2012, 64% of respondents reported their health as excellent or very good, 10% reported fair or poor. Respondents with a high school education or less, who were in the bottom 20 percent household income bracket, unmarried, inactive or smokers were more likely to report fair or poor conditions. From 1997 to 2012, there was no statistical change in the overall percent of respondents who reported their health as fair or poor.

In 2012, 6% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 34 years old, 55 to 64 years old, with some post high school education, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seven 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 male, 18 to 34 years old, 25 to 34 years old, with some post high school education, who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Ten percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. From 1997 to 2012, the overall percent statistically increased for respondents 15 and older as well as for respondents 15 to 64 years old who reported no current personal health care insurance. From 2009 to 2012, the overall percent statistically decreased for respondents who reported no current personal health care insurance at least part of the time in the past 12 months. From 2003 to 2012, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.

In 2012, 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs; respondents in households with children were more likely to report this. Nine percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months; respondents in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months; respondents in households with children were more likely to report this. Less than one percent of respondents reported that they did not get the mental health care they needed sometime in the last 12 months.

In 2012, 40% of respondents reported they receive most of their health information from a doctor followed by 28% who reported the internet. Respondents who were female or 65 and older were more likely to report a doctor as their main source of health information. Respondents 45 to 54 years old were more likely to report the internet. Eighty-six percent of respondents reported their primary place for health services was from a doctor’s or nurse practitioner’s office. Female respondents were more likely to report this. Thirty-nine percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. From 2006 to 2012, 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 2012, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2012, 85% of respondents reported a routine medical checkup two years ago or less. Seventy-five percent of respondents reported a visit to the dentist in the past year while 59% reported an eye exam in the past year. Respondents who were female or 65 and older were more likely to report a routine checkup two years ago or less. Respondents who were 65 and older, with a college education, who were in the bottom 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents with a college education or who were in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female or 65 and older were more likely to report an eye exam in the past year. From 1997 to 2012, there was no statistical change in the overall percent of respondents reporting a medical checkup two years ago or less; a dental checkup in the past year or an eye exam in the past year. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less.

In 2012, 45% of respondents had a flu vaccination in the past year. Respondents 65 and older were more likely to report a flu vaccination. Seventy-five percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2003 to 2012, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 1997 to 2012, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.
Health Risk Factors Key Findings

In 2012, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (26% and 23%, respectively). Respondents who were 65 and older, with a high school education or less, who were in the bottom 40 percent household income bracket, overweight or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report high cholesterol. Respondents who were 65 and older or inactive were more likely to report heart disease/condition. Respondents who were female, in the middle 20 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 55 and older or in the bottom 40 percent household income bracket were more likely to report diabetes. Respondents 55 and older were more likely to report current asthma. From 1997 to 2012, there was a statistical increase in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition, diabetes, or stroke. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported current asthma.

In 2012, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Two percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, 65 and older, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. From 1997 to 2012, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they considered suicide. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported they seldom/nver find meaning and purpose in daily life.

Behavioral Risk Factors Key Findings

In 2012, 33% of respondents did moderate physical activity five times a week for 30 minutes while 28% did vigorous activity three times a week for 20 minutes. Combined, 47% met the recommended amount of physical activity; respondents who were not overweight were more likely to report this. Sixty-five percent of respondents were classified as overweight. Respondents who were male, 15 to 54 years old or did not meet the recommended amount of physical activity were more likely to be classified as overweight. From 1997 to 2012, there was no statistical change in the overall percent of respondents who reported moderate physical activity three times a week for at least 30 minutes. From 2006 to 2013, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2012, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity. From 1997 to 2012, there was a statistical increase in the overall percent of respondents being overweight.

In 2012, 65% of respondents reported two or more servings of fruit while 29% reported three or more servings of vegetables on an average day. Respondents who were female or with a college education were more likely to report at least two servings of fruit. Respondents who were female or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. From 1997 to 2012, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day.

In 2012, 76% of female respondents 40 and older reported a mammogram within the past two years. Eighty-six percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 64 years old reported a pap smear within the past three years, respondents who were 55 to 45 years old, with a college education or who were married were more likely to report this. From 2003 to 2012, there was no statistical change in the overall percent of respondents 40 and older who reported having a mammogram within the past two years. From 2006 to 2013, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2012, 58% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a Prostate-Specific Antigen (PSA) test. From 2006 to 2012, there was a statistical decrease in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years, possibly the result of wording changes.
In 2012, 14% of respondents 50 and older reported a blood stool test within the past year. Four percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 35% reported a colonoscopy within the past ten years. This results in 66% of respondents meeting current colorectal cancer screening recommendations. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2012, there was a statistical decrease in the overall percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2012, 13% of respondents were current smokers. Respondents who were 18 to 44 years old, with a high school education or less, were in the bottom 60 percent household income bracket or unmarried were more likely to be a smoker. Four percent reported other tobacco use such as cigars, pipes, chewing tobacco or snuff in the past 30 days. Male respondents were more likely to report this. In the past 12 months, 45% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-nine percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 1997 to 2012, there was no statistical change in the overall percent of respondents who were current smokers. From 1997 to 2012, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 1996 to 2012, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2012, 82% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or households with children were more likely to report smoking is not allowed anywhere inside the home. Ten percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. Respondents who were 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report this. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2012, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2012, 23% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 44 years old or with some past high school education were more likely to have binged at least once in the past month. Three percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. From 1997 to 2013, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month. From 1997 to 2012, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.

In 2012, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking in the past year. Two percent of respondents reported someone in their household experienced a problem with cocaine, heroin or other street drugs. One percent of respondents reported someone in their household experienced a problem in connection with marijuana or the misuse of prescription drugs and over-the-counter drugs. Less than one percent of respondents reported someone in their household experienced a problem in connection with gambling. From 2008 to 2012, there was no statistical change in the overall percent of respondents reporting they or someone in their household experienced some kind of problem, such as legal, social, personal or physical in connection with drinking in the past year.

In 2012, 4% of respondents reported someone made them afraid for their personal safety in the past year. Respondents who were in the middle 20 percent household income bracket or unmarried were more likely to report this. One percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 4% reported at least one of these two situations. From 1997 to 2012, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 1997 to 2012, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues.
Children in Household

In 2012, a random child was selected for the respondent to talk about the child’s health issues. Eighty-six percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 93% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Three percent of respondents each reported there was a time in the last 12 months their child did not get the medical care needed, dental care needed or their child did not visit a specialist they needed to see. Seventy-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 30% reported three or more servings of vegetables. Seventy percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Three percent of respondents reported their child currently had asthma. Four percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. One percent of respondents reported their child was seldom or never safe in their community or neighborhood. Eighteen percent reported their 8 to 17 year old child experienced some form of bullying. Eighteen percent reported verbal bullying, 5% reported physical bullying and 3% reported cyber bullying.

Community Health Issues

In 2012, respondents were asked to pick the top three health issues in the county out of eight listed. The most often cited were alcohol or drug use (70%), chronic diseases (68%) and mental health or depression (36%). Respondents who were 35 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to select alcohol or drug use. Respondents with a college education, who were in the top 10 percent household income bracket or married were more likely to report chronic diseases. Respondents who were 35 to 44 years old, with a college education, who were in the middle 20 percent household income bracket or married were more likely to report mental health or depression. Respondents 18 to 34 years old were more likely to report teen pregnancy or infectious diseases. Respondents in the bottom 60 percent household income bracket were more likely to report violence or infant mortality.