# 2013 Community Health Needs Assessment Report

## 2014 Implementation Strategy

<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>Part I</strong></td>
</tr>
<tr>
<td><strong>Part II</strong></td>
</tr>
<tr>
<td><strong>Section 1</strong></td>
</tr>
<tr>
<td><strong>Section 2</strong></td>
</tr>
<tr>
<td><strong>Section 3</strong></td>
</tr>
<tr>
<td><strong>Section 4</strong></td>
</tr>
<tr>
<td><strong>Part III</strong></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>Priority 1</strong></td>
</tr>
<tr>
<td><strong>Priority 2</strong></td>
</tr>
<tr>
<td><strong>Priority 3</strong></td>
</tr>
<tr>
<td><strong>Appendix A</strong></td>
</tr>
<tr>
<td><strong>Appendix B</strong></td>
</tr>
<tr>
<td><strong>Appendix C</strong></td>
</tr>
<tr>
<td><strong>Appendix D</strong></td>
</tr>
</tbody>
</table>
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 Washington County (AMCWC)

Who we are. What we do.

Founded in 1916, Aurora Medical Center in Washington County (Hartford, Wisconsin) is a 71-bed general acute-care hospital serving Dodge, Washington and northern Waukesha counties. Aurora Medical Center is well known for its focused and coordinated approach to health care and its commitment to community programming.

Who we serve

Located on Wisconsin Highway 60 (E. Sumner Street) in Hartford, Aurora Medical Center primarily serves the people of Washington County (including ZIP codes 53017, 53022, 53027, 53037, 53040, 53076, 53086, 53090 and 53095), as well as Dodge and northern Waukesha counties.

Aurora Medical Center Washington County by the Numbers (2012)

- 53 hospital beds
- More than 60,900 outpatient visits
- More than 7,100 emergency department visits
- More than 100 newborn deliveries*
- More than 3,900 surgical cases (inpatient and outpatient)

* Aurora Medical Center of Washington County stopped newborn deliveries on August 31, 2012

Area facilities and service partners include

- Aurora Medical Center
- Aurora Advanced Healthcare clinics
- ACL Laboratories
- Aurora Pharmacy
- Aurora Visiting Nurse Association of Wisconsin

Distinctions

American Academy of Sleep Medicine
- State of Wisconsin
  - Level III Trauma Center

The Joint Commission
- Hospital Accreditation
- Joint Replacement Certification (Total Knee and Total Hip)
- Top performer in key quality measures for pneumonia and surgical care – 2011

Undersea and Hyperbaric Medical Society
- Accreditation with distinction
- Magnet Hospital

To learn more about our hospital, please click here.
Economic impact study – Washington 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 are ranked among the top five employers in Washington County with 1,139 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora’s operations on other business, the number grows to 1,715 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 3.9 percent of all employment and 5.2 percent of total payroll in Washington County (pg. 26).

- Aurora’s output/input revenue for Washington County has a total impact of $157.17 million (pg. 24).

- As an anchor institution, in 2012 Aurora Medical Center Washington County provided the following:
  - Community Benefits: $608,549
  - Uncompensated Care: $4,278,000
  Community Benefit Report 2012 Aurora Medical Center Washington County

Assessing community health status – an ongoing commitment

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

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

Washington County is located in southeast Wisconsin, a few minutes north of Milwaukee and 100 miles south of Green Bay. The county has three major industries driving its economy including advanced manufacturing, food and beverage/agribusiness, and printing and publishing. An additional two industries are becoming increasingly more prevalent and successful in Washington County: bio-medical and renewable energy/power systems. Washington County is also home to the University of Wisconsin as Washington County and Moraine Park Technical College.

Washington County includes suburban and rural areas

- Cities of Hartford (most), West Bend
- Towns of Addison, Barton, Erin, Farmington, Germantown, Hartford, Jackson, Kewaskum, Polk, Trenton, Wayne, West Bend
- Villages of Germantown, Jackson, Kewaskum (most), Newburg (most), Richfield, Slinger
- 30 unincorporated communities

Top 10 in County Health Rankings
According to the 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Washington County ranked number 10 in health outcomes and 5 in health factors for Wisconsin’s healthiest counties.

---

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Washington County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>131,887</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>40.9</td>
<td>38.5</td>
</tr>
</tbody>
</table>

**Race**

<table>
<thead>
<tr>
<th>Race*</th>
<th>Washington County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>95.8%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>0.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>0.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>2.6%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

**Age**

<table>
<thead>
<tr>
<th>Age*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>20.2%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>36.2%</td>
<td>39.3%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>30.1%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>13.5%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Education level of adults 25 years and older**</th>
<th>Washington County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school degree</td>
<td>7.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>33.5%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>34.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>24.1%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

**Unemployment Rate Estimate**

<table>
<thead>
<tr>
<th>Unemployment Rate Estimate**</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of those ages 16 or older who are unemployed (estimate)</td>
<td>6.1%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

**Median household income (estimate)**

<table>
<thead>
<tr>
<th>Median household income (estimate)** (2011 inflation-adjusted dollars)</th>
<th>Washington County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60,446</td>
<td>$49,001</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Percent below poverty in the last 12 months (estimate)**</th>
<th>Washington County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.9%</td>
<td>15.3%</td>
<td></td>
</tr>
</tbody>
</table>

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


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

Partnership
The Community Health Needs Assessment was commissioned by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, and Froedert Health, in partnership with the Washington County Health Department. The community health survey is supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

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

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

Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews and focus groups. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2012) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources

Source #1 | Washington County Community Health Survey Report
The community health survey is a source of primary community health data. The latest telephone survey was completed between November 29, 2011 and December 19, 2011, and analyzed and posted in 2012. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. 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 Washington 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
Ten individual key informant interviews were conducted between August and December 2012 (Appendix C). Each key informant was asked to identify the gaps and unmet needs in the community, barriers and challenges to addressing these needs, and the top health priorities in Washington County. Among the key informants were leaders and local experts from public health, healthcare, mental health, law enforcement, business, education, other government offices and non-profit agencies. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations.

The Key Informant Interview Report presents the results, including cross-cutting themes and summaries of the top five health issues and additional health issues (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 Washington County 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](http://www.dhs.wisconsin.gov/publications/P0/P00283.pdf)

**Source #6 | Sexual Assaults in Wisconsin (2010)**
The report was prepared by the Wisconsin Office of Justice Assistance, Wisconsin Statistical Analysis Center. The project was supported by Grant No. 2010-DJ-BX-0051 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. The report is available at [http://oja.wi.gov/sites/default/files/2010%20Sexual%20Assaults%20in%20Wisconsin.pdf](http://oja.wi.gov/sites/default/files/2010%20Sexual%20Assaults%20in%20Wisconsin.pdf)
Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Washington 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*

| Municipal Health Department Community Health Improvement Plan (CHIP) | “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 Process (CHIP).”
http://www.dhs.wisconsin.gov/chip/ |
|---|---|
| *Healthiest Wisconsin 2020* | “*Healthiest Wisconsin 2020* identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area.” The 23 focus area profiles of HW2020 can be grouped into three categories: crosscutting, health, and infrastructure.
| *Healthy People 2020* | “*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:
- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities”
http://www.healthypeople.gov/2020/about/default.aspx |
Summary of the significant health needs identified through the CHNA for Washington County

This report focuses on the following data collection years: 2003, 2005, 2008 and 2011. Note: For some health topics data was collected in 2000 (Appendix D). When available and applicable, Healthy People 2020 targets are listed for the health topics.

Access

Based on key informant interviews, access to primary and specialty care (ranked number one) and transportation (ranked number five) were among the top five health issues for Washington County. Transportation for older adults and persons with disabilities were specifically noted as community needs (Source #3). Questions about unmet medical and dental care, and prescription medication were added to the community health survey (Source #1) in 2011.

Unmet medical care | In 2011, 15% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for care in the past 12 months. Respondents who were female, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report this (Source #1).

In 2011, 12% of adults reported they did not get the medical care they needed sometime in the last 12 months. Respondents who were 35 to 44 years old, with some post high school education or less or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report they did not get the medical care they needed sometime in the last 12 months (Source #1).

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

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.5

Unmet dental care | Based on key informant interviews, dental services was among the top five health issues for Washington County (ranked number three) (Source #3).

In 2011, 19% of adults reported they did not get the dental care they needed sometime in the last 12 months. Respondents who were 35 to 44 years old, 55 to 64 years old, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they did not get the dental care they needed sometime in the last 12 months (Source #1).

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

Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs.6

---


Unmet prescription medication | In 2011, 14% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months (Source #1).

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

Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.  

Coverage

In 2011, 10% of respondents reported they were not currently covered by health care insurance, up from 6% in 2003. Respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they were not currently covered by health insurance (Source #1).

In 2011, 11% of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months, an increase from 2008 (6%). Respondents who were male, 18 to 34 years old, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they personally did not have health care coverage at least part of the time in the past 12 months (Source #1).

In 2011, 12% of adults reported a household member was not covered within the past year, a decrease from 2003 (15%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report this (Source #1).

Why is the 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.

Chronic disease: asthma, diabetes, heart disease and cancer

Chronic disease was among the top three community health issues reported by adults (Source #1). Based on key informant interviews, prevention and early detection were among the top five health issues for Washington County (ranked number four) (Source #3). Chronic conditions such as diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.

Asthma | In 2011, 8% of adults reported current asthma, an increase from 2003 (5%), same as the state (8%) and slightly lower than the United States (9%). Female respondents 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 (BRFSS).

Why is this significant? Asthma attacks can be mild, moderate, or serious – and even life threatening. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential. Without proper management, asthma can lead to high health care costs.8

Diabetes | In 2011, 9% of adults reported diabetes in the past three years, up from 7% in 2003. Respondents who were 65 and older, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001), overweight, did not meet the recommended amount of physical activity or smoker were more likely to report diabetes (Source #1).

Why is this significant? Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.9

---

Heart disease or heart condition | In 2011, 8% of adults reported heart disease or heart conditions in the past three years, the same as in 2003. Respondents who were 65 and older, in the bottom 40 percent household income bracket (less than $40,001) 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. In 2010, heart disease was a leading cause of death in Washington County.

Cancer | The 2004-2008 Washington County cancer incidence rate was 533.9 per 100,000, higher compared to the state (516.0 per 100,000) (Source #2).

Based on the 2011 Wisconsin Facts & Figures, the 2003-2007 total number of cancer cases for Washington County was 3,261 (all sites). There were 506 cases of prostate cancer, 475 cases of female breast cancer, 394 cases of lung and bronchus cancer, and 311 cases of colon and rectum cancer (Source #4).

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

Health Risk Behaviors: alcohol use, tobacco use, nutrition and physical activity

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol consumption, tobacco use, poor nutrition, and lack of physical activity.
Alcohol use | Alcohol and drug use was one of the top five community health issues reported by adults (Source #1). Based on key informant interviews, alcohol, drug and tobacco issues were among the top five health issues for Washington County (ranked number two) (Source #3).

In 2011, 33% of adults reported binge drinking in the past month, a considerable increase from 2003 (19%), and higher compared to the state (22%) and the United States (15%). Respondents who were male, 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged 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%

Why is this significant? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society from losses in productivity, health care, crime and other expenses. ¹⁵

Smoking | In 2011, 17% of adults reported cigarette smoking in the past 30 days (current smoker), the same as 2003. Respondents who were 18 to 44 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to report being a current smoker (Source #1).

- The Healthy People 2020 tobacco use target is 12%

Additionally, in 2010, 10.4% of Washington 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). ¹⁶ 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. ¹⁷

Nutrition and physical activity | In 2011, 40% of adults reported engaging in recommended moderate or vigorous activity, down from 52% in 2008. 58% of adults reported eating the recommended fruit servings while 22% of adults reported eating the recommended vegetable servings (Source #1).

For children ages 5-17 year of age, 71% consumed two or more serving of fruit per day, 21% consumed three or more serving of vegetables per day and 63% participated in recommended physical activity (60 minutes/five or more per week) (Source #1).

Why is this significant? Inactive adults have a higher risk for coronary health disease, type 2 diabetes, stroke, some cancers, depression, and other health conditions. Good nutrition plays a vital role in maintaining weight and decreases the risk for high blood pressure and chronic diseases, such as diabetes and certain cancers.18

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

High blood pressure and high blood cholesterol | In 2011, 28% of adults reported high blood pressure and 21% reported high cholesterol in the past three years, up from 2003 (21% and 16%, respectively). Respondents who were 65 and older, overweight or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older or inactive were more likely to report high blood cholesterol (Source #1).

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

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.19 In 2010, heart disease was a leading cause of death in Ozaukee County.20

Overweight/Obesity | In 2011, 70% of adults were classified as overweight, up from 2003 (59%). Respondents who were male or with some post high school education were more likely to be classified as overweight. Since 70% of adults in 2011 were classified as overweight, this means 30% of adults were classified as a healthy weight (Source #1).

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

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

Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high blood cholesterol, coronary heart disease, type 2 diabetes, stroke, some cancers, and other health conditions.21

Injury

Injury hospitalization | In 2010, the injury hospitalization rate in Washington County was 740.78 per 100,000, lower compared to the state (914.9 per 100,000). The average patient age was 60.8, average length of hospital stay was 4.8 days, and average hospital charge was $30,973 (Source #2).

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

Why is this significant? 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.22

Youth injury | There were 211 injury-related hospitalizations and 6,739 injury-related emergency department visits for children and adolescents (0-17 years) in Washington County during 2007-2009 (Source #5).

- From 2007-09, there were 1,666 injury-related emergency department visits for children or adolescents (0-17years) being struck (by/against), with an annual rate of 1,783 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, and sport injuries are the leading cause of death for U.S. children ages 19 or younger.23 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.24

---

Mental health

Mental health or depression was one of the top three community health issues reported by adults (Source #1).

Mental health conditions | In 2011, 8% of adults reported a mental health condition (such as depression, anxiety disorder, post-traumatic stress disorder) in the past three years, a decrease from 2008 (11%). Female respondents 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.25

Suicide | In 2011, 2% of adults reported feeling so overwhelmed in the past year that they considered suicide. This means approximately 2,000 adults in Washington 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 23 suicides in Washington County (17.4 per 100,000) (Source #2).

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

**Why is this significant?** Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.26

Sexual assault

Sexual assault | In 2010, the sexual assault rate for Washington County was 46.0 per 100,000. For the same year, the Wisconsin sexual assault rate was 85.9 per 100,000 (Source #4).

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

**Why is this significant?** Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.27

---

Section 4 | Prioritized significant health needs

During 2012 an ad hoc committee of the Aurora Health Care Board of Directors’ Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a “signature community benefit focus” for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured)

During 2013, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

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

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

- Access and coverage, including chronic disease management
- Physical activity, nutrition and overweight/obesity
- Pre-diabetes
- Youth injury prevention
- Sexual assault
Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies and goals for health risk behaviors (alcohol and tobacco use) and health risk factors (high blood pressure and high cholesterol levels) since these are part of the standard continuum of clinical care at AMCWC and Aurora clinics. One of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put individuals at greater risk for health complications and disease.

Although mental health assessments are in place to identify and expediently refer persons seen in our clinical settings, this is not addressed in the AMCWC implementation strategy, as considerable work is already being done through Aurora Behavioral Health Services and Aurora Psychiatric Hospital.

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

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

**Introduction**

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

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

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

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

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

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

**Principal community health improvement tool: Community Partnerships**

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

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.
Access

Based on the Washington County Community Health Survey (CHNA Source #1), in 2011 (in the past 12 months)

- 19% of adults reported unmet dental care
- 15% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care
- 12% of adults reported unmet medical care
- 14% of adults reported someone in their household had not taken their prescribed medication due to cost

Based on key informant interviews, access to primary care and specialty care (ranked number one) and dental services (ranked number three) was among the top five health issues for Washington County (CHNA Source #3).

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

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

Principal partners
- Aurora Advanced Healthcare (AAH)
- Aurora Behavioral Health Services (ABHS) including Telehealth
- Aurora Parish Nurse

Community partners
- Albrecht Free Clinic (AFC)
  AFC provides free medical care to uninsured and underinsured residents of Washington County. In 2011, this clinic served 1,100 patients with 3,150 patient visits. The clinic also cares for a growing number of patients who have chronic conditions such as heart disease, diabetes, asthma, lower back pain, and dental decay and infection.
• Medical Center Foundation of Hartford
  Since 1977, the Medical Center Foundation of Hartford has had a rich history of helping individuals in Hartford and surrounding communities use the services of what is now Aurora Medical Center.

Target population
• Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care and frequent users of the ED for non-emergent reasons

What we will do
To ensure appropriate follow-up care for underserved patients using our Emergency Department (ED) for primary care, we will:
• Provide patient information on the benefits of receiving routine primary care in a “health home” with Aurora Advanced Healthcare (AAH) providers or with Albrecht Free Clinic (AFC)
• Screen target population for appropriate referrals for Aurora Behavioral Health Services (ABHS) or other local agencies
• Ensure access (navigation) to AAH providers, AFC or ABHS
• Accept AFC vouchers for eligible ancillary services and specialty care for the patients referred from AFC
• Support AAH and hospital physicians who provide in-kind services to AFC patients
• Sponsor and support development efforts to expand AFC service capacity
• Support the Medical Center Foundation of Hartford patient transportation program for underserved patients using our facilities
• Provide free transportation for the elderly, in partnership with the Medical Center Foundation of Hartford

To improve coverage for uninsured and Medicaid-eligible patients using our ED for primary and dental care we will:
• Actively screen all uninsured patients for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assist with application processes
• Through our specially trained financial counselors, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (also known as exchanges) and provide assistance as needed
• Our parish nurse will assist community members with accessing the Marketplace

Intended impact
• A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured) in Washington County
• Uninsured patients screened for dental and behavioral health services receive appropriate referrals and follow-up services

Measures to evaluate impact
• Baseline data on the number of patients (specifically Medicaid-eligible and uninsured) using ED for primary care; of these patients percent uninsured, Medicaid-eligible and frequent users of the ED
• Number of referrals to a primary care provider for follow-up care (Aurora Advanced Healthcare or Albert Free Clinic)
• Number of referrals for mental health services to Aurora Behavioral Health Services (ABHS)
• Number of referrals for chronic disease or dental to Albrecht Free Clinic
• Number of uninsured screened and enrolled in financial assistance programs or the Marketplace (health insurance plans)
Based on the Washington County Community Health Survey (CHNA Source #1), in 2011
- 70% of adults were classified as overweight, up from 2003 (59%)
- 40% of adults reported engaging in recommended moderate or vigorous activity, down from 52% in 2008
- 58% of adults reported eating the recommended fruit servings
- 22% of adults reported eating the recommended vegetable servings

For children ages 5-17 year of age
- 71% consumed two or more servings of fruit per day
- 21% consumed three or more servings of vegetables per day
- 63% participated in recommended physical activity (60 minutes/five or more per week)

**Healthy People Project of Washington County**
This community-based coalition promotes healthy living and the improvement of overall health in our communities, emphasizing personal nutrition and physical activity by citizens

---

**Focus | Physical activity, nutrition and overweight/obesity**
In 2004, Aurora Medical Center in Washington County received a grant from the University of Wisconsin School of Medicine and Public Health to create a *Fit Kids ... Fit Families* evidence-based, multi-disciplinary program focused on the prevention and treatment of childhood weight concerns.

**Principal partners**
- Aurora Advanced Healthcare
- Aurora Parish Nurse

**Community partners**
- Kettle Moraine YMCA

**Target population**
- Children who are overweight or at risk for obesity
- All residents of Washington County

**What we will do**
*To fulfill our role in supporting the Healthy People Project of Washington County coalition’s emphasis on personal nutrition and physical activity, we will:*
- Ensure the continued success of the *Fit Kids ... Fit Families* program by:
  - Providing a dietitian, exercise physiologist and coordinator for the *Fit Kids...Fit Families* program conducted at the Kettle Moraine YMCA
  - Promoting the program to our pediatricians and family medicine providers to increase family participation

**Intended impact**
- Children in the program achieve a reduction in body mass index (BMI) and live healthier lifestyles with their families
Measures to evaluate impact

- Number of children and families participating in program; percent completed all sessions
- Percent of child participants who increased their knowledge of nutrition, exercise and behaviors that support health
- Average reduction in body mass index
- Average physical activity levels; percent improvement from pre- to post program
- Percent of child participants reporting improved self-image
In 2011, 9% of adults reported diabetes, up from 7% in 2003 (CHNA Source #1). Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.28

According to the Centers for Disease Control and Prevention, a person with pre-diabetes has a blood sugar level higher than normal, but not high enough for a diagnosis of diabetes. Without lifestyle changes to improve their health, 15% to 30% of people with pre-diabetes will develop type 2 diabetes within five years.

Focus | Pre-diabetes

Principal partners
- Aurora Advanced Healthcare
- Aurora Parish Nurse

Community partners
- Kettle Moraine YMCA
- Froedtert Health

Target population
- The general population

What we will do
To further support the Healthy People Project of Washington County, promote healthy living and address pre-diabetes, we will:
  - Participate in the partnership to provide a 10-week, pre-diabetes screening and programming through the YMCA
  - Offer a discounted medically based, supervised community exercise program targeting chronic disease processes including, but not limited to, diabetes, phase III cardiac/pulmonary rehab and Parkinson’s disease
  - Offer nutritional consults at no charge to at least 50 percent of outpatients in our hyperbaric/wound and/or cardiac rehab programs
    - Complete an assessment of current diet and develop a diet plan that can be given to primary care physician

Intended impact
- Improved knowledge of glucose levels and diabetes risk
- Increased awareness of the benefits of fitness as a prevention strategy
- Improved access to locally grown, healthy foods

Measures to evaluate impact
Pre-diabetes screening and programming
- Number of pre-diabetes screenings at the YMCA
  - Percent identified as pre-diabetes
- Number of individuals participating in the exercise program; type of chronic disease
  - Average body weight loss/reduction in BMI
  - Average increase in physical activity/per week
- Number of diet assessments conducted and diet plans developed

Focus | Youth injury prevention

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

Community partners
- Local high schools: West Bend, Kewauskum, Kettle Moraine Lutheran and Slinger

Target population
- Coaches, parents and student athletes participating in athletic programs at area high schools

What we will do

To comply with the state’s youth athlete concussion law (Wisconsin Act 172), we will:
- Provide ASMI Licensed Athletic Trainers (LATs) to provide onsite training for high school athletic programs
- Provide onsite concussion testing for high school athletes and youth football players
- Apply the algorithm for consistent management of post-concussion injuries developed by medical center staff and Aurora Advanced Healthcare physicians
- Counsel student athletes and their families about concussion safety (educational sessions and resources)
- Provide education and screenings at public events in Washington County

To prevent, recognize and evaluate athletic injuries, we will:
- Continue to partner with area high schools in our primary and secondary service areas to:
  - Provide ASMI LATs to work provide coverage for high school athletic programs
  - Work collaboratively with coaches to manage and administer the initial treatment of athletic injuries
  - Provide onsite first aid and emergency care for athletic injuries
  - Coordinate the rehabilitation and physical reconditioning of student athletes with injuries
  - Provide concussion information to parents and facilitate school discussion

Intended impact
- Decrease in overall number of injuries among student athletes at area high schools
- Successfully treated injuries and rehabilitated student athletes at area high schools

Measures to evaluate impact
- Number of athletes assessed for a concussion at each game
- Number of times algorithm was applied to assess athlete
- If applicable, number of times algorithm was used to administer initial treatment for a concussion
- Number of times first aid or emergency care was provided for athletic injuries by ASMI LATs

---

Focus | Sexual assault

The Sexual Assault Nurse Examiner (SANE) program at Aurora Medical Center Washington County employs a specially trained registered nurse to provide forensic evaluations, medical assessment and emotional support.

Principal partners
- Aurora Advanced Healthcare (AAH)

Community partners
- Local law enforcement agencies
- Washington County Safety Coalition

Target population
- Individuals who have been sexually assaulted who present to our hospital or AAH clinics

What we will do
To support victims of sexual assault and violence and increase access to immediate acute care and follow-up services, we will:
- Provide 24/7, trauma-informed coverage of our Sexual Assault Nurse Examiner program
- Provide sensitive, effective forensic evidence collection
- Refer victims to appropriate service providers for follow-up care and/or medical treatment

To advance the capacity of the broader community to respond to issues related to sexual assault and personal violence, our Sexual Assault Nurse Examiner (SANE) will continue to:
- Serve as faculty for the Wisconsin Coalition Against Sexual Assault and Sexual Assault Nurse Examiner Training
- Provide specialized community education on sexual assault to hospital staff, law enforcement, community agencies, schools and organizations
- Assure SANE representation to local, county and state coalitions and Sexual Assault Response Teams

Intended impact
- Access to services and advocacy is increased for individuals who have been sexually assaulted
- Awareness of, and response to, sexual assault is heightened within the broader community

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

---


Sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.30
Appendix A | Washington County Community Health Survey Report (Source #1)
The report is available at www.aurora.org/commbenefits

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent’s household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Ozaukee County Community Health Survey Report Summary (Appendix D).

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

A total of 400 telephone interviews were completed between November 29, 2011 and December 19, 2011. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Washington County. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 1000 adults.

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

Partners & Contracts: This shared report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, and Froedert Health, in partnership with the Washington County Health Department. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B: Washington 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 Washington County.

Publicly available data sources used for the Secondary Data Report

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

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

Partners & Contracts: The secondary data report is sponsored by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, and Froedert Health, in partnership with the Washington County Health Department. The report was prepared by the Center for Urban Population Health.
Appendix C | Washington 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: Eight individual interviews were conducted between August and December 2012. The key informants in Washington County were identified by the Milwaukee Health Care Partnership. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Washington County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low income and/or minority populations

The criterion listed above was determined by the Milwaukee Health Care Partnership. Key informants represented public health, mental health, law enforcement, business, education, other government offices and non-profit agencies. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The description is based on information provided on the organization’s website, accessed August 20, 2013</td>
</tr>
<tr>
<td>Albrecht Free Clinic</td>
<td>“The Albrecht Free Clinic provides free medical care to uninsured and underinsured residents of Washington County, Wisconsin.” “Our healthcare providers, nurses, and volunteers donate their time and expertise in order to successfully improve the quality of life and health for our patients. Without their commitment and the gracious generosity from supporting community partners, Washington County residents may not have anywhere else to go to receive adequate healthcare.”</td>
</tr>
<tr>
<td>Germantown Area Chamber of Commerce</td>
<td>The mission of the Germantown Area Chamber of Commerce is: Advancing the Success and Well-Being of Our Members. Currently, there are 188 members representing the retail, restaurant, lodging, entertainment, service, manufacturing, municipal, civic and non-profit segments of the community. “The core purpose of the chamber of commerce is to offer you ‘opportunities’ to promote yourself and your business.”</td>
</tr>
<tr>
<td>Germantown Park &amp; Recreation Department</td>
<td>“The mission of the Germantown Park &amp; Recreation Department is to enhance the quality of life for all residents of the community through the development and maintenance of park lands and facilities, as well as providing a variety of quality recreational programs and special events.” “The Park and Recreation Department collects a nominal facility fee. These fees are put into a non-lapsing (no expiration) and non-reverting (does not go into the general fund) ‘Facility Fund’ dedicated to maintaining and improving village and school district facilities used in the delivery of recreational programs.</td>
</tr>
<tr>
<td>Germantown Police Department</td>
<td>“We promote leadership throughout the community and deliver excellence in innovative policing at the neighborhood level. Core Values: Compassion, Integrity, and Courage; Vision: Employs the finest, expects their best, and serves our community in the pursuit of the highest quality of life.”</td>
</tr>
<tr>
<td>Germantown School District</td>
<td>The Germantown School District’s mission is to “Empower and Inspire Every Student to Success.”</td>
</tr>
</tbody>
</table>
| Hartford Parks and Recreation Department | “The mission of the Hartford Parks and Recreation Department is to plan, develop and implement leisure and human services for the City of Hartford and surrounding area. To offer well balanced programs to persons of all ages and socio-economic levels. To utilize a variety of park areas, special facilities, and instructor knowledge in providing a wide scope of leisure
activities. To enforce rules, regulations, and policies as set by the Hartford Parks & Recreation Commission.”

Interfaith Caregivers of Washington County

“Interfaith Caregivers of Washington County is a non-profit 501(c)(3) network of volunteers who provide assistance to help maintain the independence of Washington County residents age 60+.”

“A group of very aware Washington County residents saw a need for neighborly services that would offer seniors the help they need to remain healthy and safe. This group carefully considered other Interfaith/Faith In Action programs and in 2005 created the nonprofit that is now Interfaith Caregivers of Washington County. Interfaith currently has five wheelchair accessible vehicles and three regular mini-vans. We have vehicles in West Bend, Hartford, and Germantown.”

St. Boniface/St. Gabriel Food Pantry

“The St. Boniface/St. Gabriel Food Pantry serves five communities: Germantown, Richfield, Hubertus, Jackson and Colgate. Referrals to the food pantry are made through the Washington County Social Services. The food pantry is located in the St. Boniface Parish Center. Its mission: "We, the faith-filled family of St. Boniface, gather to share liturgy, love and the special gifts that deepen our Catholic faith, in order to serve the needs of our brothers and sisters."

Washington County Health Department

“Our Mission: Promote Health • Prevent Disease • Protect the Public”

Washington County Human Services Department

“Washington County Human Services Department will, with dignity and respect, offer responsive and effective community programs to individuals and families challenged by disability, economic hardship and safety concerns. Our commitment is to help facilitate self-sufficiency for those we serve and enhance the quality of life in our community. Through our four divisions of Access and Outreach, Behavioral Health, Children and Families and Economic Support, the dedicated staff of the Human Services department strives to support individuals and families as they achieve self-sufficiency and social wellbeing.”

The key informant interviews 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 – summarized into broad topic areas

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

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

(1) Access to primary and specialty care
(2) Alcohol, drug and tobacco issues
(3) Dental services
(4) Prevention and early detection
(5) Transportation

Gaps and unmet needs in the community:

- The health issues most frequently named by participants were mental health, oral health, chronic disease, drug and alcohol use/addiction, and access to care for the uninsured and underinsured. These issues were noted as interrelated, with access to care aggravating many health conditions.
• Transportation is a critical issue for the community, hindering residents’ ability to seek quality medical care. Moreover, responses suggest that while the community has grown more diverse both in terms of ethnicity and age, the community lacks some necessary tools to address health needs for all. More specifically, Spanish-speaking interpreters and transportation for older adults and persons with disabilities were specifically noted as community needs. Several respondents noted an increasing number of homeless individuals in the county.

• Businesses also struggle with health-related issues in this environment. Insurance issues are challenging for the business community, especially small business who seek discounted health insurance options. Employee wellness programs are needed, as is education for business owners.

• The issues surrounding drug use appear complex. Respondents noted addiction to pain medication as a key challenge, but at least one respondent felt there is also a strong need for more pharmaceutical treatments for patients. These issues are not necessarily contradictory, but perhaps speak to some of the challenges that will need to be addressed in order to alleviate drug use and addiction in the County.

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

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Washington County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, and Froedtert Health in partnership with the Washington County Health Department and the Center for Urban Population Health. Additional data is available at www.awmu.org, www.chw.org, www.columbia.org, www.surveymonkey.com, and www.co.washington.wi.us.

### General Health

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Washington County</th>
<th>Vaccinations (65 and Older)</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>21%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Very Good</td>
<td>39%</td>
<td>50%</td>
<td>63%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Health Care Coverage</td>
<td>Washington County</td>
<td>Health Conditions in Past 3 Years</td>
<td>Washington County</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Not Covered</td>
<td>6%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Permanently (current)</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Household Member (past 12 months)</td>
<td>15%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Did Not Receive Care Needed

<table>
<thead>
<tr>
<th>Did Not Receive Care Needed</th>
<th>Washington County</th>
<th>Physical Health</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed or Did Not Seek Medical Care</td>
<td>9%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Due to Cost</td>
<td>13%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Prescript. Meds Not Taken Due to Cost</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Health Information and Services

<table>
<thead>
<tr>
<th>Health Information and Services</th>
<th>Washington County</th>
<th>Physical Activity/Walk</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information Source</td>
<td>Doctor</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Internet</td>
<td>27%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Advance Care Plan</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Primary Source of Health Advice/Service</td>
<td>81%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>Percentage Practitioner’s office</td>
<td>78%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Public Health clinic/Community health center</td>
<td>5%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Hospital emergency room</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>National rate</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Routine Procedures

<table>
<thead>
<tr>
<th>Routine Procedures</th>
<th>Washington County</th>
<th>Physical Activity/Walk</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram (40+ within past 2 years)</td>
<td>81%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>Bone Density Scan (65 and older)</td>
<td>59%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Cholesterol Test (5 years or less)</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Pap Smear (18-65, within past 3 years)</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
</tr>
</tbody>
</table>

### Women’s Health

<table>
<thead>
<tr>
<th>Women’s Health</th>
<th>Washington County</th>
<th>Physical Activity/Walk</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening (40+) within past 2 years</td>
<td>81%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>Bone Density Scan (65 and older)</td>
<td>59%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Cholesterol Test (5 years or less)</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Pap Smear (18-65, within past 3 years)</td>
<td>86%</td>
<td>86%</td>
<td>86%</td>
</tr>
</tbody>
</table>

---

Aurora Medical Center Washington County | Page 34 of 39

Washington County Community Health Survey Summary — March 2012
<table>
<thead>
<tr>
<th>Medical Health (40 and Older)</th>
<th>Alcohol Use in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Prediabetes Cancer Screening</td>
<td></td>
</tr>
<tr>
<td>Within Past Year</td>
<td>55% 75% 70%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
</tr>
<tr>
<td>within past 5 years</td>
<td>38% 36% 15%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td></td>
</tr>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Current Smokers (past 30 days)</td>
<td>16% 17% 17%</td>
</tr>
<tr>
<td>Other Tobacco Products (past 30 days)</td>
<td>7%</td>
</tr>
<tr>
<td>Of Current Smokers.</td>
<td></td>
</tr>
<tr>
<td>Quitt Smoking 1 Day or More in Past Year</td>
<td>51% 51% 63%</td>
</tr>
<tr>
<td>Saw a Health Care Professional Past Year And Advised to Quit Smoking</td>
<td>81% 67% 77%</td>
</tr>
<tr>
<td>Other Research.</td>
<td></td>
</tr>
<tr>
<td>Current Smokers (2010)</td>
<td>11% 17%</td>
</tr>
<tr>
<td>Tried to Quit (2003)</td>
<td>49% 36%</td>
</tr>
<tr>
<td>Exposure to Smoke</td>
<td></td>
</tr>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td></td>
</tr>
<tr>
<td>Not allowed anywhere</td>
<td>81% 84%</td>
</tr>
<tr>
<td>Allowed some places or at some times</td>
<td>8% 7%</td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>24% 24%</td>
</tr>
<tr>
<td>No smoking inside home</td>
<td>99% 12%</td>
</tr>
<tr>
<td>National's Second Hand Smoke</td>
<td></td>
</tr>
<tr>
<td>Exposure in Past Seven Days</td>
<td>28% 16%</td>
</tr>
<tr>
<td>Other Research (WIR 2002; U.S. 2006 2007)</td>
<td>97% 56%</td>
</tr>
<tr>
<td>Smoking Prohibited At Home</td>
<td>79% 79%</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td></td>
</tr>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Feel Sad, Blue or Depressed</td>
<td></td>
</tr>
<tr>
<td>Always or Nearly Always (past 30 days)</td>
<td>5% 5% 5%</td>
</tr>
<tr>
<td>Found Meaning and Purpose in Daily Life</td>
<td>5% 3% 3%</td>
</tr>
<tr>
<td>Thought of Suicide or Suicid</td>
<td></td>
</tr>
<tr>
<td>Ever or Never</td>
<td>5% 3% 3% 5%</td>
</tr>
<tr>
<td>Considered Suicide (past year)</td>
<td></td>
</tr>
<tr>
<td>Personal Safety in Past Year</td>
<td></td>
</tr>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Afraid for Their Safety</td>
<td>5% 4% 8% 5% 4%</td>
</tr>
<tr>
<td>Broke, Killed, Stabbed, or Hit</td>
<td>3% 2% 2% 3% 3%</td>
</tr>
<tr>
<td>At Least One of the Safety Issues</td>
<td>6% 5% 8% 7% 6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Problems Associated With...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>12% 11%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2%</td>
</tr>
<tr>
<td>Gambling</td>
<td>3%</td>
</tr>
<tr>
<td>Cocaine, Heroin or Other Street Drugs</td>
<td>6% 5% 5% 6%</td>
</tr>
<tr>
<td>Opioids, Prescription or Over-the-Counter Drugs</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children in Household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Personal Health Doctor/Nurse who Knows Child Well and Familiar with History</td>
<td>31%</td>
</tr>
<tr>
<td>Visited Personal Health Professional for Preventive Care (past 12 months)</td>
<td>82%</td>
</tr>
<tr>
<td>Did Not Receive Care Needed (past 12 months)</td>
<td>69%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>7%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>2%</td>
</tr>
<tr>
<td>Specialized</td>
<td>3%</td>
</tr>
<tr>
<td>Current Asthma</td>
<td>6%</td>
</tr>
<tr>
<td>Children 5 to 17 Years Old</td>
<td></td>
</tr>
<tr>
<td>Fruit intake (2+ servings/day)</td>
<td>71%</td>
</tr>
<tr>
<td>Vegetable intake (4+ servings/day)</td>
<td>21%</td>
</tr>
<tr>
<td>Physical Activity (60 min/5 or more days)</td>
<td>63%</td>
</tr>
<tr>
<td>Safe in Community/Neighborhood (always/never)</td>
<td>0%</td>
</tr>
<tr>
<td>Children 8 to 17 Years Old</td>
<td></td>
</tr>
<tr>
<td>Unhappy, Sad or Depressed Always or Nearly Always (past 9 months)</td>
<td>3%</td>
</tr>
<tr>
<td>Experienced Some Form of Bullying (past 12 months)</td>
<td>19%</td>
</tr>
<tr>
<td>Verbal Bullying (past 12 months)</td>
<td>15%</td>
</tr>
<tr>
<td>Physically Bullied (past 12 months)</td>
<td>1%</td>
</tr>
<tr>
<td>Cyber Bullied (past 12 months)</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Issues</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td></td>
</tr>
<tr>
<td>Alcohol or Drug Use</td>
<td>64%</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>61%</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health &amp; Depression</td>
<td>20%</td>
</tr>
<tr>
<td>Course of Diseases</td>
<td>34%</td>
</tr>
<tr>
<td>Violence</td>
<td>11%</td>
</tr>
<tr>
<td>Sudden Mortality</td>
<td>4%</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Not asked in 2004*
Overall Health and Health Care Key Findings

In 2011, 51% of respondents reported their health as excellent, or very good, 19% reported fair or poor. Respondents who were 65 and older, with a high school education or less, who were in the bottom 40 percent household income bracket, overweight, inactive or smokers were more likely to report fair or poor conditions. From 2000 to 2011, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2011, 10% of respondents reported they were not currently covered by health care insurance, respondents who were male, 18 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. Eleven percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months, respondents who were male, 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twelve 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 2000 to 2011, the overall percent statistically increased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2000 to 2011, the overall percent statistically increased for respondents who reported no current personal health care insurance at least part of the time in the past 12 months. From 2000 to 2011, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.

In 2011, 15% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents who were female, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Fourteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs. Nineteen percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months; respondents who were 35 to 44 years old, 55 to 64 years old, with some post high school education, who were in the bottom 40 percent household income bracket or married were more likely to report this. Twelve percent of respondents reported that they did not get the medical care they needed sometime in the last 12 months; respondents who were 35 to 44 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report this. One percent of respondents reported that they did not get the mental health care they needed sometime in the last 12 months.

In 2011, 43% of respondents reported they receive most of their health information from a doctor followed by 27% who reported the internet. Respondents who were female or 35 to 44 years old were more likely to report a doctor as their main source of health information. Respondents 18 to 34 years old were more likely to report the internet. Eighty-one percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female or in the middle 20 percent household income bracket were more likely to report this. Thirty-eight percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. From 2000 to 2011, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2000 to 2011, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2011, 80% of respondents reported a routine medical checkup two years ago or less while 74% reported a cholesterol test four years ago or less. Seventy-one percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were 65 and older, in the top 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 65 and older, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were 45 to 54 years old, with a college education, who were in the top 40 percent household income bracket or married were more likely to report 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 2000 to 2011, there was a statistical decrease in the overall percent of respondents reporting a routine checkup two years ago or less. From 2000 to 2011, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less. From 2000 to 2011, there was no statistical change in the overall percent of respondents reporting a dental checkup in the past year or an eye exam in the past year.
In 2011, 44% of respondents had a flu vaccination the past year. Respondents 65 and older were more likely to report a flu vaccination. Seventy-three percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2003 to 2011, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2011, there was no statistical change in the overall percent of respondents 65 and older who reported a pneumonia vaccination in the past 12 months. From 2000 to 2011, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination.

Health Risk Factors Key Findings

In 2011, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (28% and 21%, respectively). Respondents who were 65 and older, overweight or obese, or smoke were more likely to report high blood pressure. Respondents who were 65 and older or inactive were more likely to report high blood cholesterol. Respondents who were 65 and older, in the bottom 40 percent household income bracket or inactive were more likely to report heart disease/condition. Female respondents were more likely to report a mental health condition. 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 met the recommended amount of physical activity or who were smokers were more likely to report diabetes. Female respondents were more likely to report diabetes. Female respondents were more likely to report current asthma. From 2000 to 2011, there was a statistical increase in the overall percent of respondents who reported high blood pressure. From 2000 to 2011, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease/condition, diabetes or stroke. From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer. From 2000 to 2011, there was no statistical change in the overall percent of respondents who reported current asthma.

In 2011, 3% of respondents reported they always or nearly always felt sad, blue, or depressed in the past 30 days. Two percent of respondents felt so overwhelmed that they considered suicide in the past year. Two percent of respondents reported they seldom or never find meaning and purpose in daily life. From 2000 to 2011, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue, or depressed or they considered suicide. From 2000 to 2011, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life.

Behavioral Risk Factors Key Findings

In 2011, 30% of respondents did moderate physical activity five times a week for 30 minutes while 26% did vigorous activity three times a week for 20 minutes. Combined, 40% met the recommended amount of physical activity. Respondents who were not overweight were more likely to report this. Seventy percent of respondents were classified as overweight. Respondents who were male or with some post high school education were more likely to be classified as overweight. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2005 to 2011, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported the recommended amount of physical activity. From 2000 to 2011, there was a statistical increase in the overall percent of respondents being overweight.

In 2011, 58% of respondents reported two or more servings of fruit while 22% reported three or more servings of vegetables on an average day. Respondents who were female, 35 to 44 years old, with a college education, who were in the top 60 percent household income bracket, not overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Female respondents were more likely to report at least three servings of vegetables on an average day. From 2003 to 2011, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day.

In 2011, 76% of female respondents 40 and older reported a mammogram within the past two years. Seventy-eight percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Respondents with a college education or in the top 40 percent household income bracket were more likely to report this. From 2003 to 2011, there was no statistical change in the overall percent of respondents 40 and older who reported having a mammogram within the past two years. From 2003 to 2011, there was no statistical change in the
overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2011, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2011, 70% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a Prostate-Specific Antigen (PSA) test. From 2005 to 2011, there was a statistical increase in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years.

In 2011, 15% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 69% reported a colonoscopy within the past ten years. This results in 74% of respondents meeting current colorectal cancer screening recommendations. From 2000 to 2011, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2000 to 2011, there was no statistically change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2000 to 2011, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2011, 17% of respondents were current smokers. Respondents who were 18 to 44 years old, with some post high school education or less or in the bottom 60 percent household income bracket were more likely to be a smoker. Seven percent reported other tobacco use such as cigars, pipes, chewing tobacco or snuff in the past 30 days, respondents who were male or 18 to 44 years old were more likely to report this. In the past 12 months, 62% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-seven percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2000 to 2011, there was a statistical decrease in the overall percent of respondents who were current smokers. From 2003 to 2011, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2000 to 2011, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2011, 80% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were nonsmokers or households with children were more likely to report smoking is not allowed anywhere in the home. Sixteen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. Respondents 55 to 64 years old were more likely to report this. From 2008 to 2011, there was no statistical change in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2008 to 2011, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2011, 33% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 44 years old, with some post high school education or in the top 40 percent household income bracket 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 2000 to 2011, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2011, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.

In 2011, 1% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking in the past year. Two percent of respondents each reported someone in their household experienced a problem with marijuana or gambling. Less than one percent of respondents reported someone in their household experienced a problem in connection with cocaine, heroin or other street drugs. Zero percent of respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs over-the-counter drugs. From 2000 to 2011, there was a statistical decrease in the overall percent of respondents reporting they or someone in their household experienced some kind of problem, such as legal, social, personal or physical in connection with drinking in the past year.

In 2011, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 18 to 44 years old or unmarried were more likely to report this. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 6% reported at least one of these two situations. Respondents who were 45 to 64 years old or unmarried were more likely to report this. From 2000 to 2011, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2000 to 2011, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.
Children in Household

In 2011, a random child was selected for the respondent to talk about the child’s health issues. Eighty-four percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 82% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Seven percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed while less than one percent reported their child did not receive the medical care needed. Zero percent reported their child did not visit a specialist they needed to see. Seventy-one percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 21% reported three or more servings of vegetables. Seventy-three percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Six percent of respondents reported their child currently had asthma. Three 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. Zero percent of respondents reported their child was seldom or never safe in their community or neighborhood. Nineteen percent reported their 8 to 17 year old child experienced some form of bullying. Eighteen percent reported verbal bullying, 9% reported physical bullying and 6% reported cyber bullying.

Community Health Issues

In 2011, respondents were asked to pick the top three health issues in the county out of eight listed. The most often cited were alcohol or drug use (64%), chronic disease (61%) and mental health/depression or teen pregnancy (26% each). Female respondents were more likely to select chronic disease as a top health issue. Respondents who were 18 to 34 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report teen pregnancy. Respondents 35 to 44 years old were more likely to report infectious diseases. Respondents with a high school education or less were more likely to report violence as one of the top health issues. Respondents in the middle 20 percent household income bracket were more likely to report infant mortality.