

2020 Community Health Needs Assessment

*Mercyhealth Hospital
and Trauma Center*

Our Mission:

*Exceptional health care services
with a passion for making lives better.*



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A passion for
making lives better.

Contents

Introduction	5
Mercyhealth Hospital and Trauma Center (MHTC)	6
Methodology.....	7
Demographics	8
Overall Population	8
Population by Race	8
Hispanic Population	9
Population by Age	9
Population by Age and Race/Ethnicity.....	10
Veteran Population	11
Population with any Disability	11
Gender	12
Social and Economic Characteristics.....	13
Per Capita Income.....	13
Median Family Income.....	14
Public Assistance Income	16
Poverty	16
Uninsured Population	19
Unemployment Rate.....	19
Access to Food	21
Housing Burden.....	22
Households with No Motor Vehicle.....	22
Education	22
Teen Births	25
Violent Crimes.....	25
Clinical Care.....	26
Access to Primary Care	26
Lack of a Consistent Source of Primary Care	26
Access to Dental Care	27
Free or Low Cost Clinics	27

Access to Mental Health Providers	28
.....	28
Access to Prenatal Care.....	28
Preventable Hospital Stays	28
Childhood Immunizations	29
Cancer Screenings	30
Health Behaviors	32
Alcohol Consumption.....	32
Tobacco Usage	33
Opioid Drug Abuse	33
Physical Inactivity.....	35
Walking or Biking to Work	35
Health Outcomes	36
Obesity	36
Cancer	37
Diabetes	38
Chronic Lower Respiratory Disease	44
Maternal/Prenatal/Childhood	46
Behavioral Health.....	47
Sexually Transmitted Disease	49
Household Survey	50
Introduction	50
Overall Health of the Community.....	51
Health Insurance	52
Access to Medical Care	52
Dental Insurance	53
Access to Dental Care	54
Mental Health	55
Access to Medications	56
Key Informant Interviews.....	57
Introduction	57
Mental Health	57
Alcohol and Drug Abuse.....	58

Access to Care	59
Other Health Issues.....	60
Are there groups of people in the community whose health or quality of life may not be as good as others?	61
What barriers exist to improving health and quality of life in the community?	61
What can be done to improve the health and quality of life in the community?	62
Prioritization of Health-Related Issues	64
Survey Priorities	64
Key Informant Priorities.....	70
Key informants were asked to rank the five most pressing health issues in the community from a list of 13 focus areas. The issues of mental health, drug and alcohol abuse, access to care, chronic disease, oral health, and nutrition were all ranked as the top five health issues, with oral health and nutrition tying for number 5. The chart below depicts the weighted ranking for the top five issues.	70
The chart below summarizes the number of times an issue was selected regardless of order of importance. All of the key informants selected mental health as a top issue. It is important to note that the results reflect the perceptions of community leaders are based on area of expertise, but may not represent all community perspectives.	70
MHTC Priorities.....	71
APPENDIX A—Once a PDF we can merge the PDF Table Implementation Plan in here.....	72
Mercyhealth Hospital and Trauma Center Implementation Plan.....	72
Mental Health and Substance Abuse.....	72
Physical Health of Patients.....	74
Chronic Disease Prevention	74
APPENDIX B.....	76
Actions Related to Mercyhealth and Trauma Center 2017-2020 Community Health Needs Assessment and the Implementation Plan	76
Mental Health and Substance Abuse.....	76
Physical Health of Patients.....	77
Chronic Disease Prevention	78
APPENDIX C.....	0
APPENDIX D.....	4
Organizations Represented in Key Informant Interviews.....	4
Questions Asked in Key Informant Interviews.....	5

Introduction

Mercyhealth Hospital & Trauma Center (MHTC) conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in Rock County. This approach identifies issues where there are opportunities for improvement in the healthcare delivery system which could improve patient care, preventative service utilization and the overall health and quality of life in the community.

Results from this study can be used for strategic decision-making purposes as they relate to the health needs of the community and to ensure that programs and services closely match the priorities and needs of Rock County.

In addition, this report has been prepared in compliance with IRS Notice 2011-52 relating to community health needs assessment (CHNA) required by Internal Revenue Code Section 501-r-(3). It includes the following components:

- **About Mercyhealth:** A summary of our parent organization, an introduction to MHTC, and a description of the community served by MHTC
- **Methodology:** A description of the process and methods used
- **Community Analysis:** A compilation of data from external sources on a wide variety of community health issues and trends
- **Household Survey:** A random survey of residents in Janesville and Beloit; a link to the survey was also distributed by several organizations in Rock County
- **Key Informant Interviews:** Selected community leaders in business, government, healthcare, nonprofit, and other community sectors were interviewed as to their views on the health of the community and how it can be improved
- **Prioritization of Health-Related Issues:** A prioritized description of the health needs identified and the reason for prioritization

Mercyhealth Hospital and Trauma Center (MHTC)

Mercyhealth Hospital and Trauma Center (MHTC) in Janesville, Wisconsin, offers a comprehensive array of acute inpatient services as well as robust outpatient services. As part of an integrated delivery system, the parent company, Mercyhealth, has worked in conjunction with MHTC to create services to support the hospital and its patients, including a large ambulatory network consisting of primary care, specialty care, and urgent care services. In 1996, Mercyhealth founded the House of Mercy Homeless Shelter in Janesville (Rock County) to provide short-term emergency shelter to single women and families along with access to housing, job placement, and child care resources. Since that time, the House of Mercy has provided shelter and services to more than 6,600 people. Mercyhealth also supports a robust outpatient behavioral health program including day programs and counseling for mental health and addictions as well as child and adolescent therapies in Rock County. In fiscal year (FY) 2019, MHTC also provided \$5.9M in charity care services. We are proud to support many community projects that help to promote positive health outcomes in the community.

Hospital at a Glance

Admissions	7,081
Outpatient Visits	1,043,872
ER Visits	32,545
Births	763
Beds	240
Employees	1,775
Medical Staff	184
Volunteers	150

Based on FY2019 data

Community Definition

For the purposes of this report we define the MHTC community as Rock County, Wisconsin, where a majority (78%) of the patients served by MHTC in 2019 reside.

Activities Since Previous CHNA

An evaluation of the 2017-2020 Implementation Plan and activities taken toward the goals identified in MHTC's 2017-2020 CHNA is available in Appendix B.

Methodology

Starting in 2019, MHTC conducted a Community Health Needs Assessment (CHNA) by gathering health-related information specific to Rock County.

Primary data sources for this CHNA were a survey of Rock County residents conducted between October and December 2019, and key informant interviews conducted between December 2019 and March 2020. Another primary data source for this CHNA was the Health Equity Alliance of Rock County (HEAR), a coalition supported and facilitated by the Rock County Public Health Department and comprised of health systems, community-based organization, and government agencies. Other organizations participating in HEAR include SSM Health, Beloit Health System, Health Net, Community Health Systems, Inc., Head Start, School District of Beloit, Community Action, and Building a Safer Evansville. HEAR engages the community as well as traditional public health data to develop reports reflecting the community's future health needs, a process to prioritize those needs, and programs to address those needs of the community. For Rock County, HEAR helps guide the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) reports and implement strategies to meet the goals set forth in the improvement plan. Representatives from MHTC participated in HEAR throughout this analysis and input from HEAR provided important information about resources available to address health issues in Rock County.

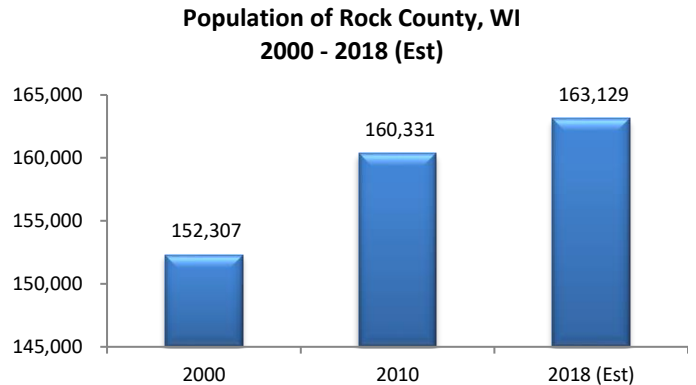
Needs identified were reviewed and prioritized by MHTC based on level of importance to the community as well as the hospital's ability to impact those needs.

MHTC welcomes feedback on our CHNA. Comments can be shared on our website at www.mercyhealthsystem.org/contact-us/. Mercyhealth Hospital and Trauma Center received no comments regarding our previous CHNA.

Demographics

Overall Population

According to the United States Census Bureau, between 2000 and 2018, the population in Rock County grew by 10,822 persons representing growth of 7.1%. A significant part of this growth occurred between 2000 and 2010 where the population increased by 8,024 persons representing growth of 5.3%. Population continued to grow after 2010 but at a slower rate. Between 2010 and 2018, Rock County grew by 2,798 persons representing growth of 1.7%.



Source: U.S. Census Bureau, American Community Survey, 2000-2018

Rock County's steady growth is attributed to the county's close proximity to larger, metropolitan locations such as Madison, Milwaukee, Rockford, and Chicago. Close proximity to the I39/90/43 corridor coupled with a lower cost of living also contribute to the positive growth patterns. A significant positive or negative shift in population impacts healthcare providers and also the utilization of community resources.

Population by Race

Rock County is primarily White (88.2%) and Black or African American (4.4%). This racial composition has remained relatively consistent over time.

Race Distribution - Rock County, Wisconsin				
	2000	2010	2015	2018 Est
White	91.0%	87.7%	90.1%	88.2%
Black or African American	4.6%	5.0%	3.5%	4.4%
American Indian and Alaska Native	0.3%	0.3%	0.2%	0.2%
Asian	0.8%	1.0%	1.2%	1.2%
Other	1.8%	3.7%	1.2%	2.7%
Two or more races	1.5%	2.3%	3.8%	3.3%

Source: U.S. Census Bureau, American Community Survey, 1990, 2000, 2010 and 2014-2018 5-year Estimates

Hispanic Population

Total Hispanic population for Rock County is approximately 14,541. This represents 8.9% of the total population in Rock County and is higher than the state of Wisconsin (6.9%) but lower than the nation (18.3%). There has been significant growth in the Hispanic Community (19.9% between 2010 and

2018 Ethnicity and Change - Rock County, Wisconsin				
	2010	2018	Change	Percent
Hispanic	12,124	14,541	2,417	19.9%
Non-Hispanic	148,207	148,588	381	0.3%
Total	160,331	163,129	2,798	1.7%

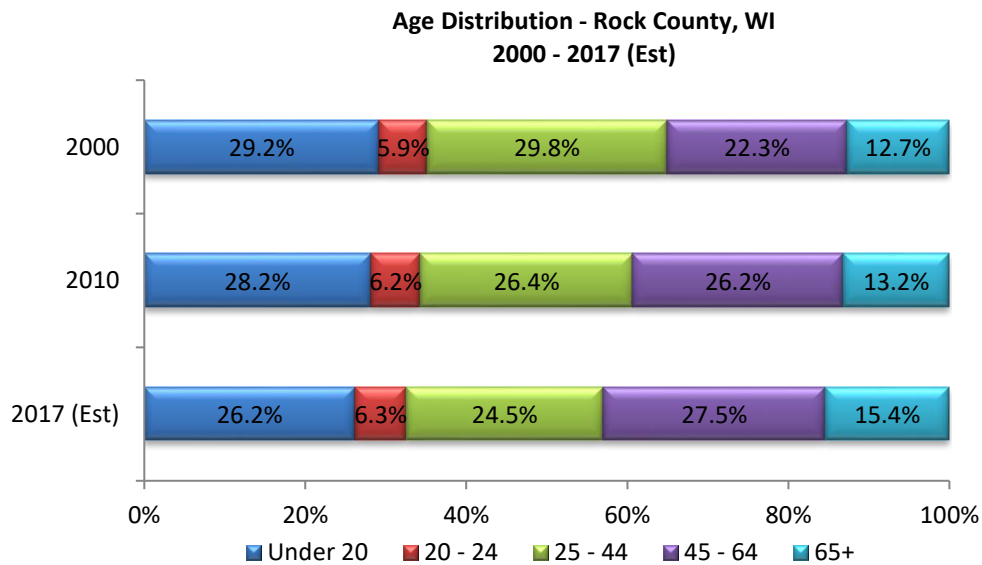
Source: U.S. Census Bureau, American Community Survey, 2018

2018) while the Non-Hispanic Community has remained relatively flat. Hispanic ethnicity is different than race. An individual identifying with a Hispanic ethnicity can be White, Black, Asian, or some other combination of race categories. The Hispanic population is predominately White. The majority of

Hispanic residents are from Mexico (76%) followed by Puerto Rico (7%).

Population by Age

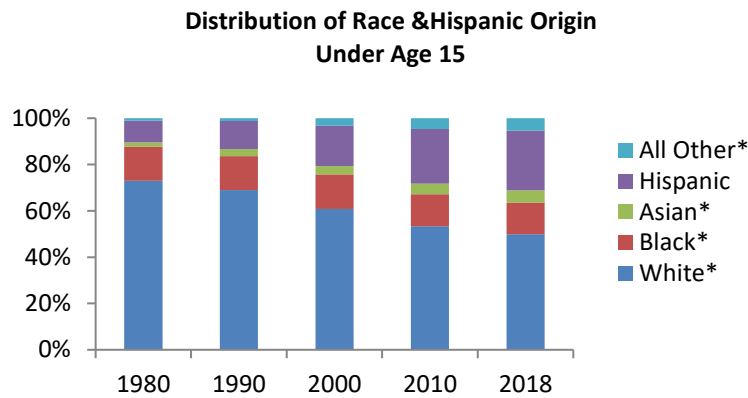
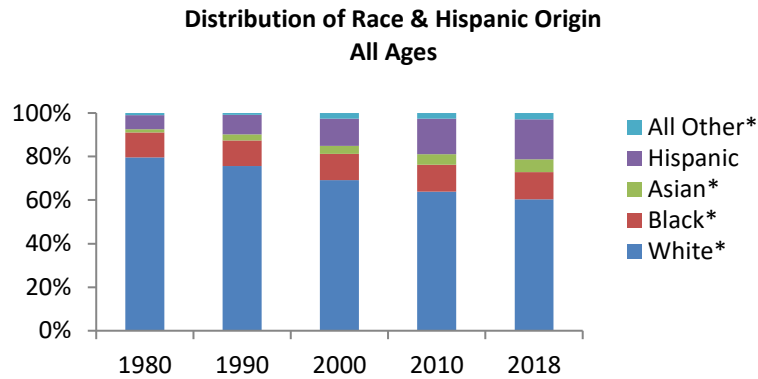
Each age group has unique health needs. The median age in Rock County is 39.3. This is comparable to the Wisconsin median age of 39.1 and higher than national median age of 38.2. Between 2010 and 2017, the number of persons over the age of 45 increased by 3.5% at the same time the number of persons under the age of 20 decreased by 2%.



Source: U.S. Census Bureau, American Community Survey, 2000, 2010 and 2017 ACS Estimates

Population by Age and Race/Ethnicity

The United States population is growing more diverse, especially in the population under the age of 15. In this age group, minorities represent over 50% of the population with Hispanics accounting for more than 25% of this demographic.



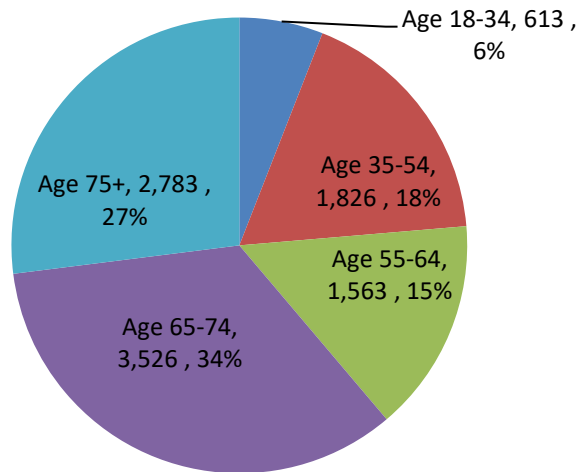
Source: William H. Frey Analysis of U.S. Census and Population Estimates Released June 2018

New Census Bureau estimates paint a picture of a country with an aging White population and an increasingly racially diverse youth. The White median age is 43.6 compared to the Hispanic median age of 29.5 and the multiracial median age of 20.7. These demographic trends mean that communities will need to balance these groups' distinct needs and interests in areas such as healthcare, education, and community resources.

Veteran Population

Veterans in Rock County make up 8.2% of the population aged 18 and older. This is higher than both the state rate of 7.2% and the national rate of 7.1%. Over three-quarters are over the age of 55 and more than 60% are over the age of 65.

Veteran Population by Age Group, Rock County

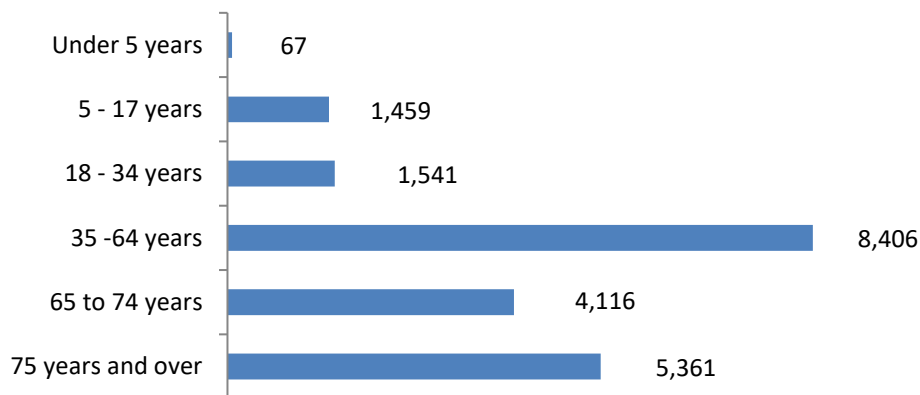


Source: US Census Bureau, American Community Survey, 2018

Population with any Disability

Disabled persons comprise a unique population that requires targeted community services, specialized healthcare, and outreach by providers. The percentage of Rock County's civilian, non-institutionalized population with a disability is 12.9%. This is consistent with the national rate of 12.6% but slightly higher than the Wisconsin rate of 11.6%.

Population with any Disability by Age Group for Rock County



Source: US Census Bureau, American Community Survey 2018

Gender

The gender distribution of Rock County residents has remained consistent from 2010 to 2018. This is consistent with both the state and national rates.

	Male	Female
Rock County	49.6%	50.4%
Wisconsin	49.7%	50.3%
US	49.2%	50.8%

Source: US Census Bureau, ACS 2018

Social and Economic Characteristics

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

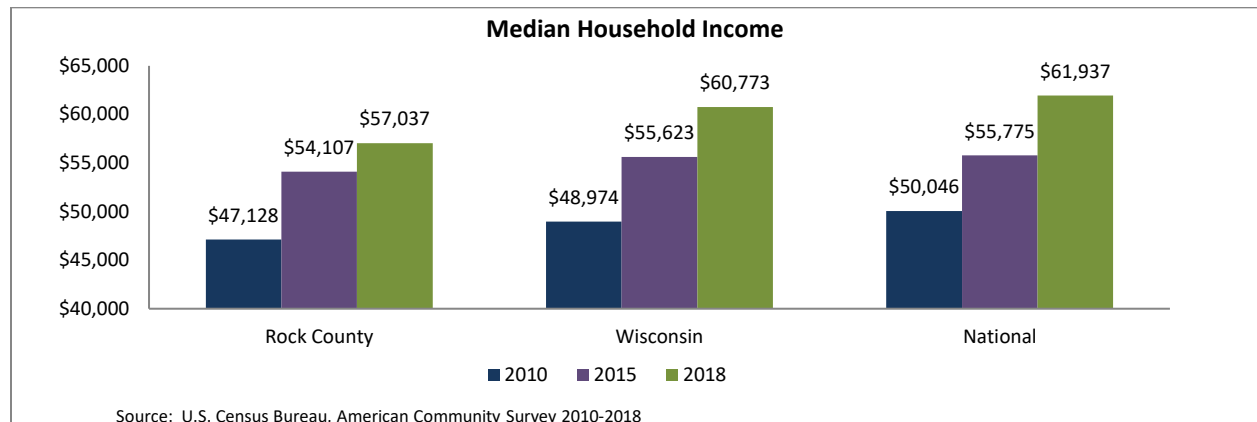
Per Capita Income

Per capita income includes all reported income from salaries and wages as well as interest, dividends, public assistance, retirement, and other sources. Per capita income for Rock County was \$28,654 in 2018. This was below both state (\$33,032) and national (\$33,831) per capita income. The per capita income in this report is the average (mean) income computed for every adult and child in Rock County. Per capita income for Blacks and African Americans lagged significantly behind Whites and Asians in Rock County. Also, per capita income for Hispanics (\$15,688) was approximately half that of non-Hispanics (\$31,095).

Per Capita Income by Race and Ethnicity						
	White – Non Hispanic	Black – Non Hispanic	Asian	American Indian or Alaska Native	Some Other Race	Hispanic/Latino
Rock County	\$30,313	\$22,304	\$29,081	\$23,992	\$18,815	\$15,688
Wisconsin	\$35,223	\$17,674	\$30,687	\$22,787	\$17,462	\$17,898
U.S.	\$36,962	\$23,302	\$40,878	\$20,709	\$19,162	\$20,590
Source: US Census Bureau, American Community Survey 2018						

Median Family Income

Median income divides households into two segments, with half of households earning more than the median income and the other half earning less. Median income can be a better descriptor than average income because it is not skewed by outlier high or low incomes.



Median household income (HHI) has risen significantly since 2010 in Rock County. HHI increased by 5.4% from 2015 to 2018 and by 21% from 2010 to 2018. These increases are lower than both the state and national levels. The Wisconsin median HHI increased by 9.3% from 2015 to 2018 and by 24.1% from 2010 to 2018. Nationally, the median HHI increased by 11% from 2015 to 2018 and by 23.8% from 2010 to 2018.

In 2018, median HHI was \$57,037 for Rock County. This is below both Wisconsin (\$60,773) and national (\$61,937) median HHI. Married couples with and without children had the highest median incomes while single women with or without children had significantly lower median incomes.

Median Family Income by Family Type						
	Married-Couple Families		Single Males		Single Females	
	Without Children	With Children	Without Children	With Children	Without Children	With Children
Rock County	\$82,957	\$100,291	\$50,485	\$44,038	\$37,344	\$30,117
Wisconsin	\$88,975	\$100,609	\$53,360	\$47,753	\$37,016	\$30,612
United States	\$91,348	\$100,115	\$53,149	\$45,793	\$38,338	\$29,240

Source: US Census Bureau, American Community Survey 2018

When median HHI is broken down by race, Asians have the highest median HHI in Rock County. This is consistent with median HHI at the state and national level. Blacks and African Americans have the lowest median HHI in Rock County, which is also consistent with family median income at the state and national level.

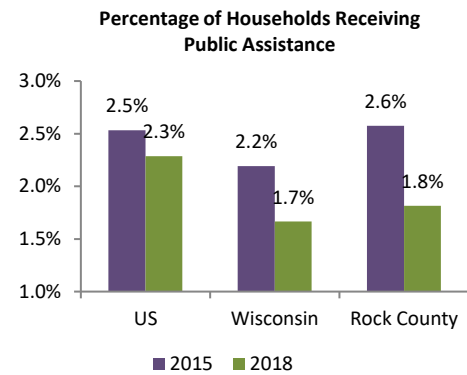
Median Family Incomes by Race and Ethnicity						
	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian or Alaska Native	Some Other Race	Hispanic/Latino (of any race)
Rock County	\$59,489	\$38,836	\$78,710	\$40,813	\$44,960	\$45,510
Wisconsin	\$63,906	\$30,798	\$67,221	\$46,633	\$42,942	\$46,849
United States	\$67,937	\$41,511	\$87,243	\$44,772	\$48,983	\$51,404
Source: US Census Bureau, American Community Survey 2018						

In 2018, 46.2% of families in Rock County reported an annual income of over \$75,000, which is 6.3% higher than the percentage of families who reported an annual income of over \$75,000 in 2015 (39.9%). This is significantly lower than both the state (51.4%) and the national (51%) rates.

Public Assistance Income

The percentage of households receiving public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). The total does not include Supplemental Security Income (SSI) or noncash benefits such as food stamps.

In 2018, 1.8% of all households in Rock County received public assistance income. This is consistent with the state of Wisconsin but is significantly lower than the national rate. Between 2015 and 2018, the percentage of families receiving public assistance all decreased at the national, Wisconsin, and Rock County levels.



Source: US Census Bureau, ACS 2018, 2015

Poverty

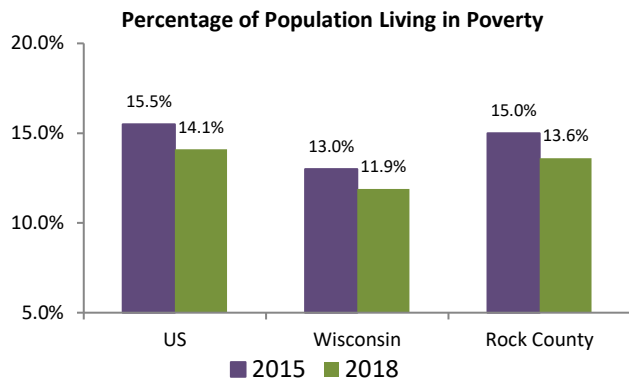
Income guidelines for defining poverty are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The income guidelines vary based on household size and can be expressed as a percentage of the federal poverty level. The income guidelines are used to determine financial eligibility for certain federal programs. The guidelines used to determine qualification for federal programs can vary by program. Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125% or 185% of the guidelines) in determining eligibility include Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. In general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do not use the poverty guidelines in determining eligibility.

Poverty Guidelines, 2020

Household Size	100%	150%	200%
1	\$12,760	19,140	25,520
2	\$17,240	25,860	34,480
3	\$21,720	32,580	43,440
4	\$26,200	39,300	52,400
5	\$30,680	46,020	61,360
6	\$35,160	52,740	70,320

US Department of Health & Human Services, <https://aspe.hhs.gov/poverty-guidelines>

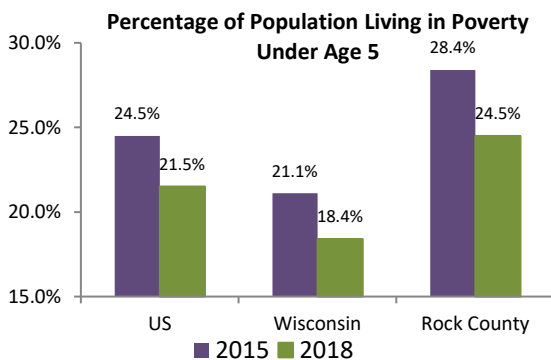
The percentage of Rock County’s population living in poverty is 13.6%. This is significantly higher than the state of Wisconsin (11.9%) but slightly lower than the nation (14.1%). Between 2015 and 2018, the percentage of people living in poverty decreased for the nation, Wisconsin, and Rock County.



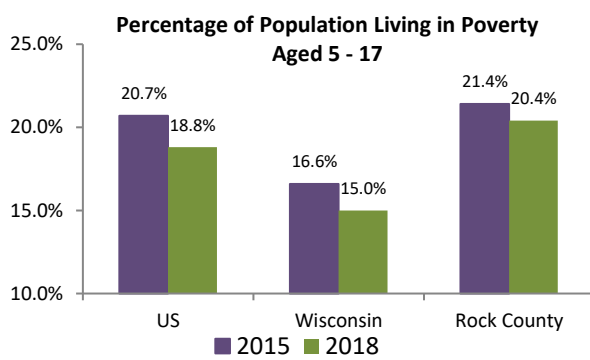
Source: US Census Bureau, ACS 2015,2018 Five Year Estimates

Research shows that poverty is the single greatest threat to a child’s wellbeing. Poverty can impede a child’s ability to learn and can contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor physical and mental health. Risks are greatest for children who experience poverty when they are very young and/or who experience deep and persistent poverty.

The fight against childhood poverty has shown robust progress over the last three years. For both children under age 5 and children age 5 to 17, the poverty rates have decreased nationally, in Wisconsin, and in Rock County. For both age groups, Rock County still lags behind both the state and national levels.



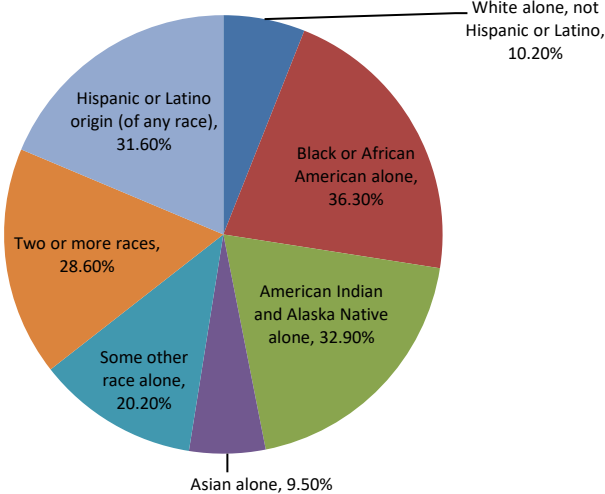
Source: US Census Bureau, ACS 2015,2018 Five Year Estimates



Source: US Census Bureau, ACS 2015,2018 Five Year Estimates

When poverty is defined as 100% of the Federal Poverty Level, the largest groups living in poverty in Rock County are Blacks and African Americans (36.3%), American Indian and Alaska Natives (32.6%), and Hispanic or Latino (31.6%) residents. The smallest groups living in poverty are Asians (9.5%) and non-Hispanic or Latino Whites (10.2%).

Percent of Population in Poverty by Race/Ethnicity (100% FPL)



Source: U.S. Census Bureau, ACS 2018 5 Year Estimates

Uninsured Population

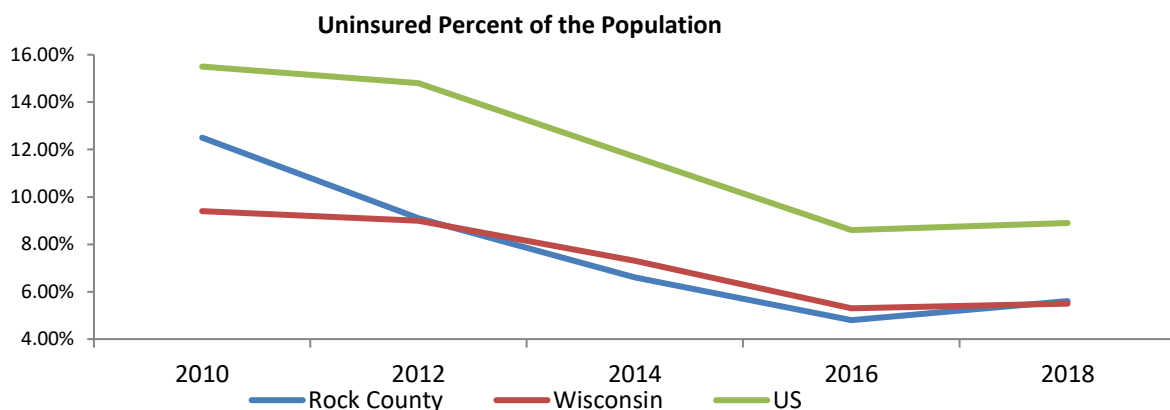
Lack of adequate health insurance is a barrier to healthcare. Not having insurance or not having adequate insurance coverage impedes access to primary care and preventative services, specialty services, and other health services, which in turn can lead to worse physical and mental health.

In 2018, 5.6% of the population in Rock County did not have health insurance. Reasons commonly cited for not having insurance include the inability to afford medical insurance premiums and the inability to qualify for medical assistance programs.

Uninsured Population			
	Total Population	Total Uninsured Population	Percent Uninsured Population
Rock County	161,937	9,048	5.6%
Wisconsin	5,740,669	313,158	5.5%
US	322,249,485	28,565,542	8.9%

Source: US Census Bureau, ACS Selected Characteristics of Health Insurance Coverage in the US, 2018

The percent of the population that does not have any health insurance declined at the national, Wisconsin, and Rock County levels between 2010 and 2016, and increased slightly from 2016 to 2018. Lack of health insurance has a unique impact on children, by reducing access to important well child and preventive care services like immunizations. In 2019, 2% of children under age 19 in Rock County were uninsured, which is significantly lower than Wisconsin (3.8%) and the nation (5.2%).



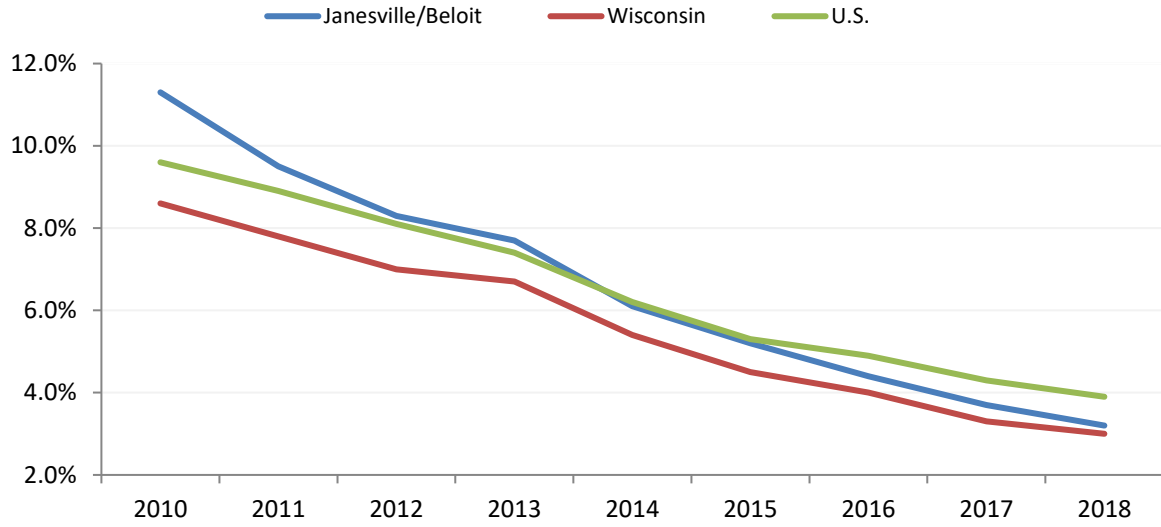
Source: US Census Bureau, ACS - Selected Characteristics of Health Insurance Coverage in the US, 2010-2018

Unemployment Rate

Unemployment affects the unemployed individual and his or her family, not only with respect to income, but also with respect to health and mortality. Unemployment creates barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor quality of health.

Over the past eight years, unemployment rates have decreased in Rock County, Wisconsin, and the nation. In 2018, unemployment rates in both Wisconsin (3%) and the Janesville/Beloit (3.2%) area were lower than the national average (3.9%).

Average Annual Unemployment Rate



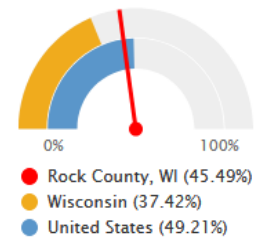
Source: U.S. Bureau of Labor Statistics (Seas) Unemployment Rate

Access to Food

Children Eligible for Free/Reduced Price Lunch

Within Rock County, 12,660 public school students, or 45.5% of 27,829 enrolled students, are eligible for free/reduced price lunch. This population is more likely to have increased needs for health access and social supports. Rock County's percentage is higher than Wisconsin (37.4%) and lower than the nation (49.2%).

Percent Students Eligible for Free or Reduced Price Lunch

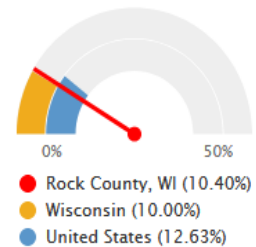


Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-17, Source geography (published by Community Commons).

Food Insecurity

The food insecurity rate is the percent of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. The rates of food insecurity in Rock County (10.4%) and Wisconsin (10%) are lower than the national rate (12.6%). The food insecurity rate for children under the age of 18 in Rock County is 17.9%, which is slightly lower than the nation (18.2%) but higher than Wisconsin (15.4%).

Percentage of Total Population with Food Insecurity

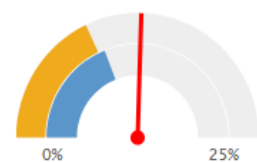


Source: Feeding America, 2017 (published by Community Commons).

Supplemental Nutrition Assistance Program (SNAP)

In Rock County, 16.3% of households receive SNAP benefits. This is higher than the percent of households receiving SNAP benefits in Wisconsin (11.5%) and the nation (12.2%).

Percent Households Receiving SNAP Benefits

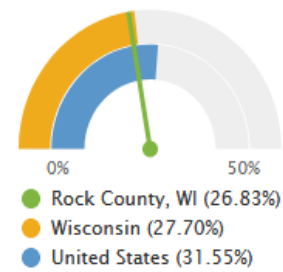


Source: US Census Bureau, American Community Survey, 2014-18. Source geography: Tract (published by Community Commons).

Housing Burden

This indicator reports the percent of the households in which housing costs exceed 30% of total household income. This indicator is a measure of housing affordability and excessive shelter costs. The percent of households in Rock County where housing costs exceed 30% of total household income is 26.8%, which is lower than Wisconsin (27.7%) and the nation (31.6%).

Percentage of Households where Housing Costs Exceed 30% of Income



Source: US Census Bureau, American Community Survey. 2014-18. Source Geography: Tract (published by Community Commons).

Households with No Motor Vehicle

This indicator reports the number and percent of households with no motor vehicle. The percent of households in Rock County with no motor vehicle is 5.9%, which is lower than Wisconsin (6.8%) and the nation (8.7%).

Percentage of Households with No Motor Vehicle



Source 1: US Census Bureau, American Community Survey. 2014-18. Source 2: Tract (published by Community Commons).

Education

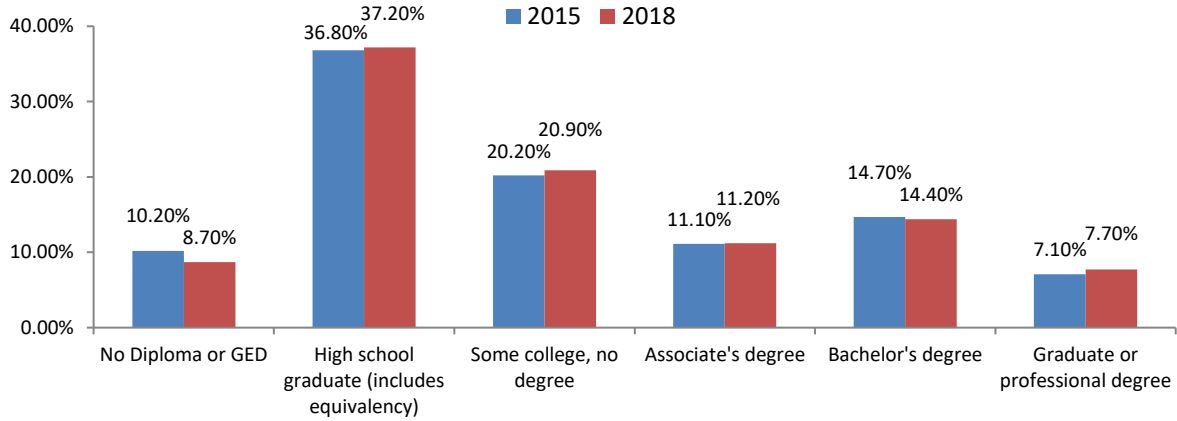
Educational Attainment

Educational attainment has been linked to positive health outcomes and greater likelihood of selecting healthy lifestyle choices. Educational attainment is strongly related to higher salaries, more employment options and the ability to earn a livable wage.

The percent of adults over age 25 in Rock County without a high school diploma or GED is 8.7%, which has declined since 2015. This is slightly higher than Wisconsin (7.9%) but lower than the nation (11.7%). 37.2% of adults over age 25 in Rock County have a high school diploma or GED, compared to 26.9% nationally and 30.6% in Wisconsin.

In 2018, 33.3% of Rock County residents over age 25 had a college degree, lagging behind the nation (41.2%) and Wisconsin (41%).

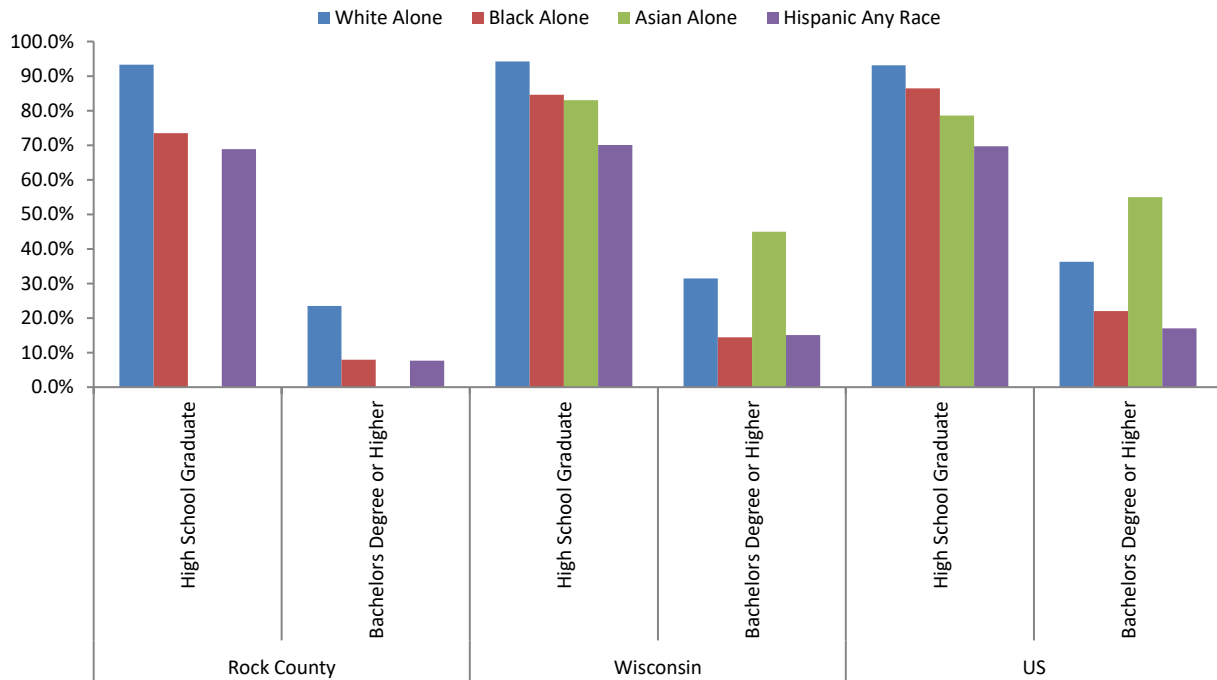
Educational Attainment for Persons over Age 25 - Rock County



Source: US Census Bureau, ACS Educational Attainment, 2018 & 2015

Non-Hispanic White adults have the highest high school graduation rates in Rock County, Wisconsin, and the nation. Non-Hispanic Blacks and African Americans and Hispanics of any race have the lowest rates.

Educational Attainment by Race/Ethnicity

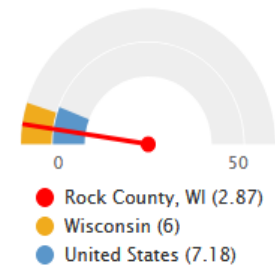


Source: US Census Bureau, American Community - Educational Attainment Survey, 2018

Head Start Program

Head Start is a program for children under the age of five who live in poverty, with the goal of preparing them for kindergarten while also addressing needs such as health care and nutrition. There are four Head Start programs in Rock County, or 2.87 programs per 10,000 children under age 5. This rate is lower than Wisconsin and the nation.

Head Start Programs Rate (Per 10,000 Children Under Age 5)

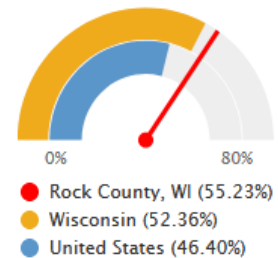


Source: US Department of Health & Human Services, Administration for Children and Families. 2019.

Fourth Grade Reading Proficiency

This indicator reports the percent of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant to health needs because an inability to read English well is linked to poverty, unemployment, and barriers to accessing health care. At 55.2%, Rock County has a higher rate of Not Proficient than both Wisconsin (52.4%) and the nation (46.4%).

Percentage of Students Scoring 'Not Proficient' or Worse

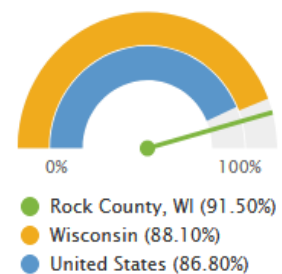


Source: US Department of Education, EDData. Accessed via DATA.GOV. 2016-17. Source geography: School District (published by Community Commons).

High School Graduation Rates

Within Rock County, 91.5% of students received their high school diploma within four years. Data represents the 2016-17 school year. Rock County's graduation rate is higher than both Wisconsin (88.1%) and the nation (86.8%). Since 2010-2011 when the rate was first measured to the 2016-2017 school year, graduation rates have been steadily improving.

Cohort Graduation Rate

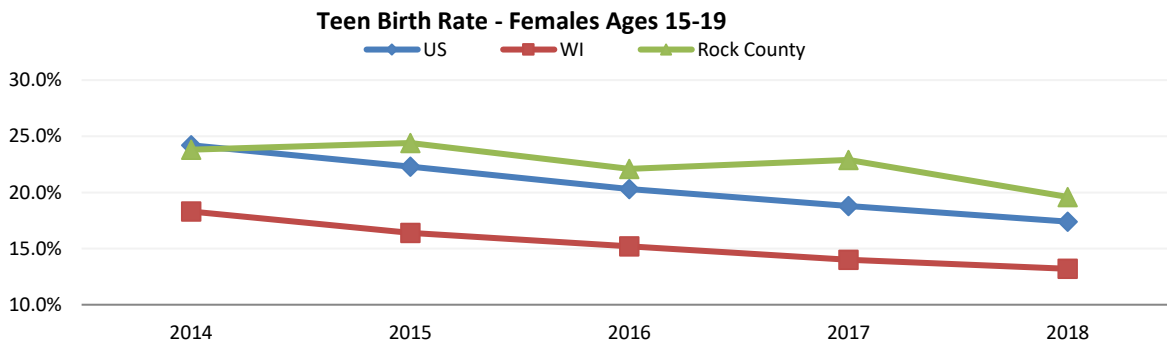


Source: US Department of Education, EDData, 2016-17. Source geography: School District, Published by Community Commons.

Teen Births

Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions.

The Rock County teen birth rate (19.6%) is higher than the rate for Wisconsin (13.2%) and the nation (17.4%). From 2014 through 2018, teen birth rates in the nation, Wisconsin, and Rock County have declined. At the national level even though rates are decreasing for all races and ethnicities, the rates remain higher for Hispanics (28.9%) and Non-Hispanic Black and African Americans (27.6%) compared to Non-Hispanic Whites (13.4%).

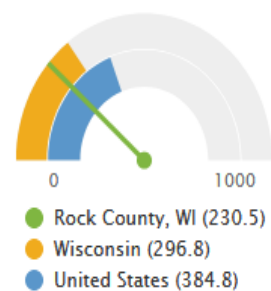


Sources: CDC, National Center for Health Statistics, Teen Birth Rates & WI Dept of Health Services, Division of Public Health, WISH Data Query System

Violent Crimes

This indicator reports the rate of violent crime offenses recorded by law enforcement. Violent crime includes homicide, rape, robbery, and aggravated assault. Rock County's rate of violent crimes per 100,000 people is 230.5, lower than both Wisconsin (296.8) and the nation (384.8).

Violent Crime Rate (Per 100,000 Pop.)



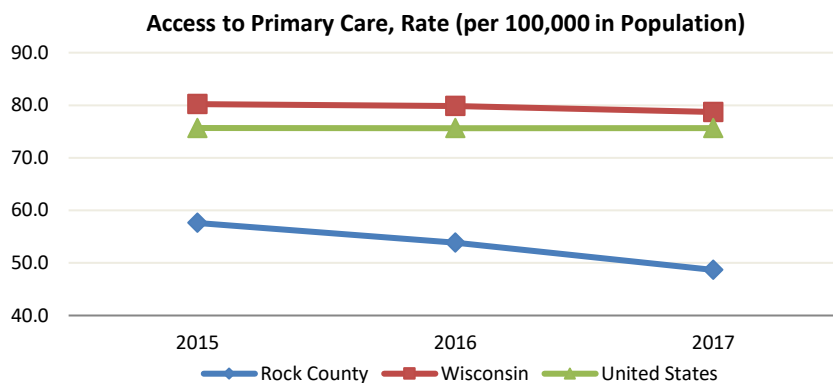
Source: Federal Bureau of Investigation, FBI Uniform Crime Reports, Additional analysis by the National Archive of Criminal Justice Data, 2019, published by Community Commons

Clinical Care

Access to Primary Care

Physicians classified as "primary care physicians (PCPs)" by the American Medical Association include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

A PCP provides preventive care, teaches healthy lifestyle choices, identifies and treats common medical conditions, and makes referrals to medical specialists when needed. Access to PCPs supports healthy communities. Through routine check-ups, primary care can avoid or mitigate potentially serious problems.



Source: US Department of Health & Human Services, Health Resources & Services Administration, Area Health Resource File, 2017

As of 2017, Rock County had 48.7 PCPs for every 100,000 residents. Compared to the Wisconsin rate of 78.7 and the national rate of 75.7, Rock County had a significantly lower number of PCPs. Over the last 3 years, the national rate has remained consistent while the rate for Wisconsin has decreased slightly.

However, the Rock County rate

has decreased significantly since 2015 and is lower than both the national and state rates.

Lack of a Consistent Source of Primary Care

Individuals without a consistent source of primary care experience worse health outcomes and higher emergency department (ED) utilization.

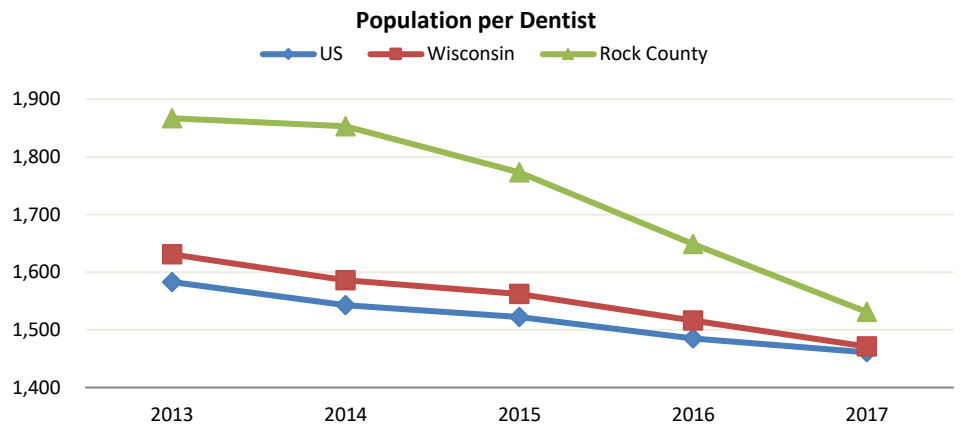
In 2018, 22.3% of adults nationally reported not having a health care provider, compared to 17.4% in Wisconsin. In Wisconsin, 12.9% of Blacks and African Americans, 16.3% of Whites, and 36% of Hispanics report not having a health care provider.

Access to Dental Care

A dentist is defined as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who is licensed by the state to practice dentistry and who is practicing within the scope of that license.

Untreated dental disease can lead to health problems including pain, infection, and tooth loss and can impact quality of life. Although lack of dental providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Wisconsin Office of Rural Health, Rock County is considered to be a Health Professional Shortage Area (HPSA) for dental services.

Access to a dentist is measured by the ratio of the population to dentists. In 2017, Rock County had 1 dentist for every 1531 residents. This is higher than both the state (1,471) and the nation (1,461). The ratio of population per dentist has improved in Rock County over the past five years. While the Rock County population per dentist is still higher than both the state and nation, the gap is narrowing.



Source: 2019 County Health Rankings using data from 2017

Free or Low Cost Clinics

Federally Qualified Health Centers (FQHCs)

FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including physical, dental, and mental health and substance abuse services, to people of all ages. They charge for services on a sliding-fee scale that is based on patients' family income and size. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. According to Wisconsin Department of Health Services, there is one FQHC in Rock County: Beloit Area Community Health Center located at 74 Eclipse Blvd., Beloit.

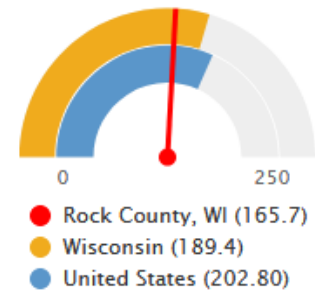
Other Free or Low Cost Clinics

Health Net is Rock County's only free clinic, giving away prescriptions annually worth \$1.5MM and staffed with volunteer physicians, nurses, and dentists, as well as 21 employees. Health Net serves 6,400 patients with medical, dental, and vision services.

Access to Mental Health Providers

Mental health providers include psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care. Access to mental health providers is measured by the number of mental health providers for every 100,000 residents. In 2017, Rock County had 165.7 mental health providers for every 100,000 residents, lower than the Wisconsin (189.4) and national (202.8) rates.

Mental Health Care Provider Rate
(Per 100,000 Population)

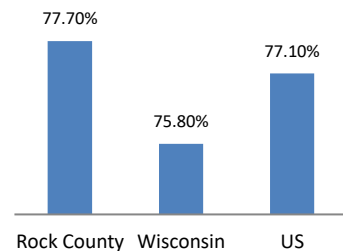


Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

Access to Prenatal Care

Healthy pregnancies support positive birth outcomes. Access to early and regular prenatal care improves the chances of a healthy pregnancy. The percent of pregnant women who started prenatal care in the first trimester of pregnancy was 77.7% in Rock County, higher than both Wisconsin (75.8%) and the nation (77.1%).

Percent of Moms Starting Prenatal Care in First Trimester (2017)



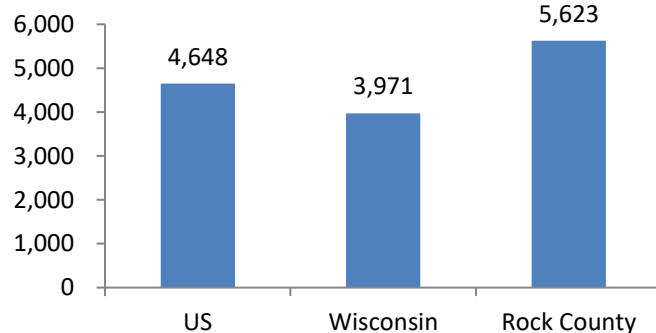
Sources: WI Dept. of Health Services, Division of Public Health, Office of Health Informatics and CDC, National Vital Statistics Reports

Preventable Hospital Stays

Hospitalization for ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality and/or access of care provided in the outpatient setting were less than ideal. It also may suggest a tendency to overuse hospitals as a main source of health care.

The rate of preventable hospital stays (PHS) measures the number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Hospitalizations for any of the following reasons are included in PHS: diabetes with short or long-term complications, uncontrolled diabetes without complications and diabetes with lower-extremity amputation, chronic obstructive

2016 Preventable Hospital Stays
Rate per 100,000 Medicare Enrollees



Source: University of Wisconsin, Population Health Institute, County Health Rankings 2019 (based on 2016 data)

pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection. Rock County had a higher rate of PHS than both Wisconsin and the nation. In Rock County, the rate of PHS was highest for Blacks and African Americans (6,751), followed by Non-Hispanic Whites (5,607) and Hispanics (4,282).

Childhood Immunizations

Immunizations help prevent many debilitating and life-threatening diseases that impact both children and adults. In 2017, 64% percent of children age 19 months to 35 months in Rock County had received all recommended immunizations, including polio, measles/mumps/rubella, and hepatitis B. This is lower than the Wisconsin rate (73%).

Cancer Screenings

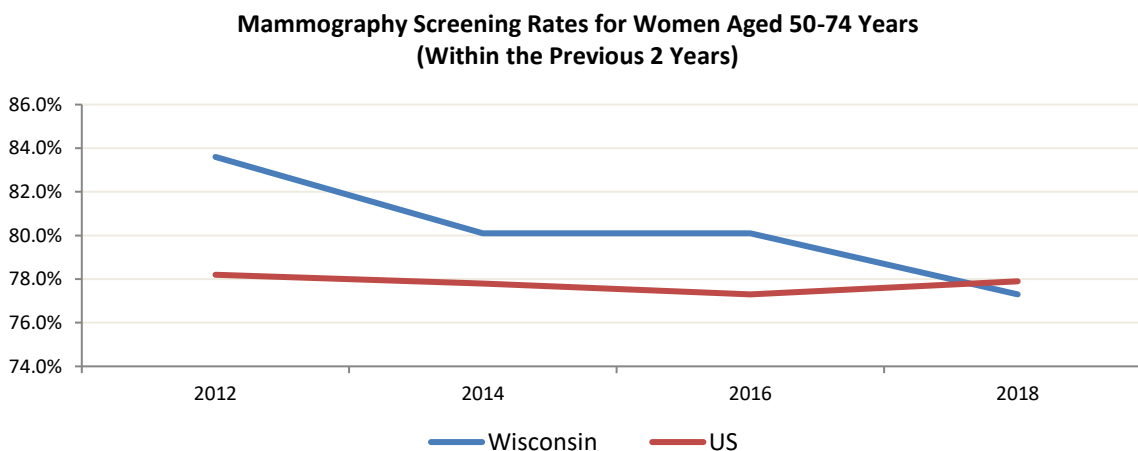
Colorectal Cancer (CRC) Screening

Of the types of cancer that affect both men and women, CRC is the second leading cause of cancer-related deaths in the United States. Screening tests can help to detect CRC early and to prevent it altogether. The United States Preventive Services Task Force recommends that all adults who are 50 to 75 years old be screened for CRC.

While Rock County data is not available, in 2016 the Centers for Disease Control and Prevention (CDC) reported that the percent of adults age 50 to 75 who reported being up-to-date with CRC screening in the United States increased from 65.5% in 2012 to 67.3% in 2016. In Wisconsin, the percent of adults age 50 to 75 who reported being up-to-date with CRC screening increased from 71.6% in 2012 to 73.4% in 2016. Reporting up-to-date screening was more common among women (75%) than men (71.7%), and in people age 65 to 75 (82.6%) than people aged 50 to 64 (68.5%).

Breast Cancer Screening

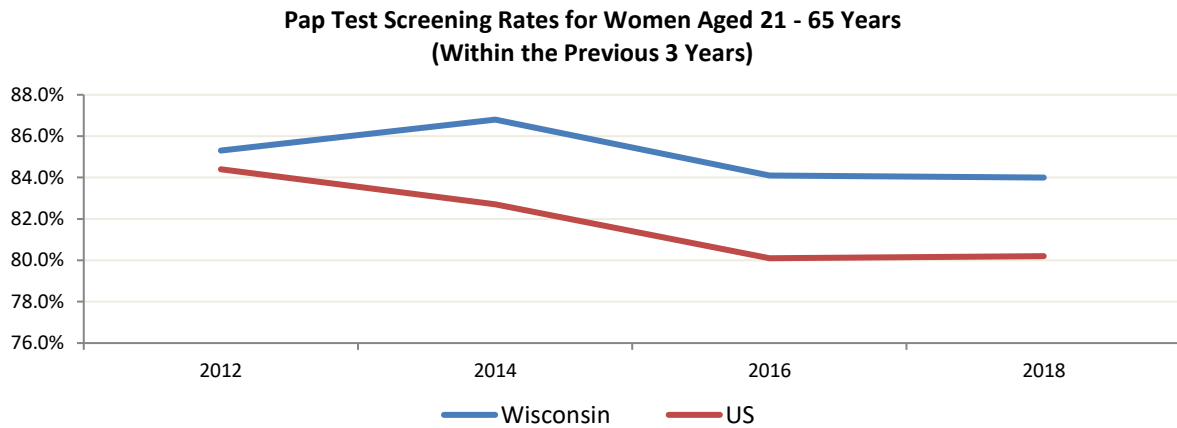
Research by the American Cancer Institute suggests that mammography screening can reduce breast cancer deaths, especially among women aged 50 to 69. Nationwide in 2018, 77.9% of women age 50 to 74 reported receiving a mammogram within the past two years, and in Wisconsin, 77.3% of women age 50 to 74 reported receiving a mammogram within the past two years. Since 2012, mammography screening rates have dropped in Wisconsin.



Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Surveillance Survey, 2012-2018

Cervical Cancer Screening

According to the American College of Obstetricians and Gynecologists, approximately 40% to 60% of cervical cancer deaths could be prevented through increased use of the Pap test (especially among women never screened) and effective, timely treatment. The dramatic decrease in cervical cancer incidence and mortality during the past 50 years is mainly the result of the widespread use of the Pap test. In 2018, nationally 80.2% of women age 21 to 65 reported receiving a Pap test within the past three years, compared to 84% in Wisconsin. Since 2012, the Pap test screening rates of dropped nationally and in Wisconsin.

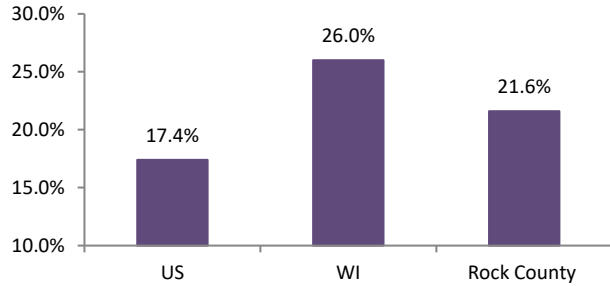


Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Surveillance Survey, 2012-2018

Health Behaviors

Alcohol Consumption

Percentage of Adults reporting Binge or Heavy Drinking (based on 2016 Data)



Source for US %age: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health, BRFSS Prevalence & Trends Data, 2016
 Source for State and County %age: County Health Rankings (2019 using 2016 Data)

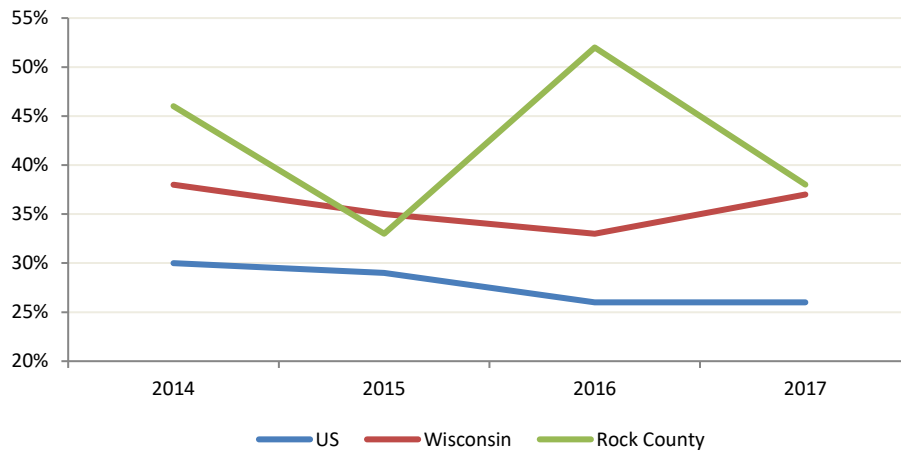
Excessive alcohol consumption is a risk factor for a number of adverse health outcomes including cirrhosis, cancers, hypertension, and untreated mental and behavioral health issues. Approximately 80,000 deaths are attributed annually to excessive drinking, and it is the third leading lifestyle-related cause of death in the United States (CDC, Alcohol & Public Health).

Binge alcohol consumption is defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion. The percent of adults in Rock County who reported binge drinking within the past 30 days is 21.6%, lower than Wisconsin (26%) but higher than

the nation (17.4%).

The chart below shows the percent of driving deaths caused by alcohol impairment in Rock County, Wisconsin, and the nation.

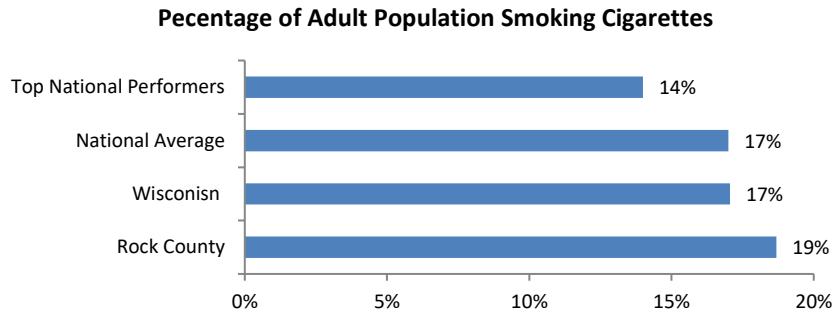
Percentage of Total Driving Deaths with Alcohol Involvement



Source: 2019 County Health Rankings using data from 2013 -2017 -Fatality Analysis Reporting System

Tobacco Usage

Tobacco use is linked to various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The percent of adults in Rock County who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime is higher than both Wisconsin and the nation.

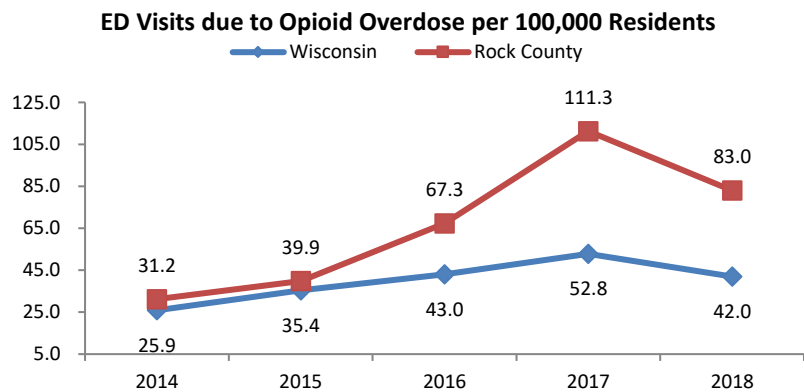


Source: Centers for Disease Control & Prevention, Published by County Health Rankings (2019 Using 2016 Data)

Opioid Drug Abuse

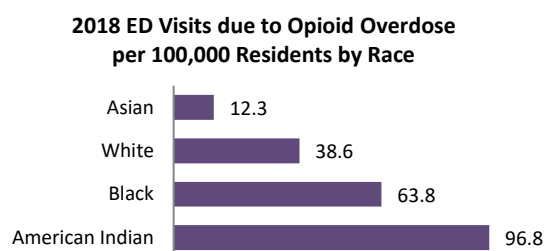
The term opioid epidemic is used to describe the growing number of deaths and hospitalizations from opioids, including prescriptions and illicit drugs. In recent years, the rate of death caused by opioids has increased to over 40,000 a year, or 115 a day, across the nation. Drug overdose is now the leading cause of accidental death in the United States, largely due to the opioid epidemic. In addition to its

immediate effects on mortality and quality of life for people who are addicted to opioids, opioid abuse also impacts workforce development and crime rates.

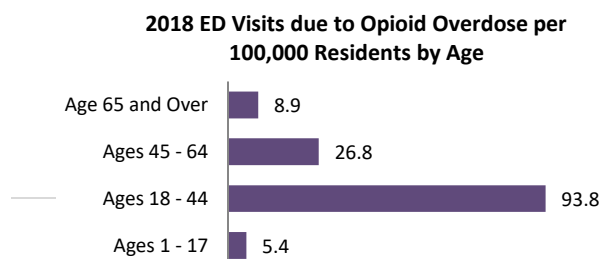


Source: Wisconsin Department of Health Services, Data Direct, Opioid Hospitalization

In Rock County, the number of ED visits related to opioid overdose per 100,000 people has increased over the past five years. In recent years, this rate has been double the Wisconsin rate. The figures below break this statistic out by race and age. American Indians have the highest rate followed by Blacks and African Americans. Individuals age 18 to 44 had the highest rate of any age group.

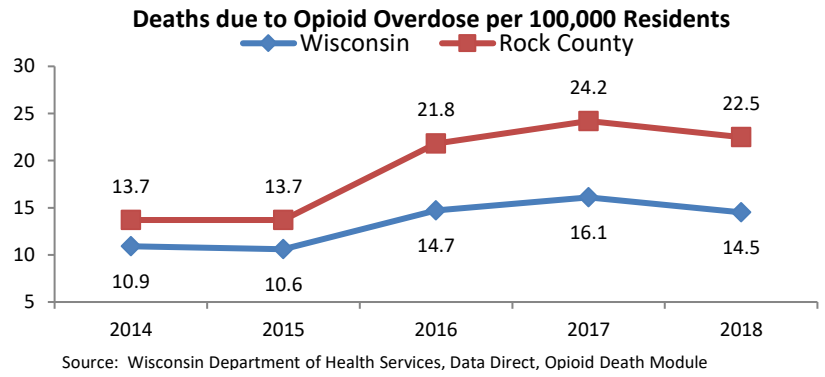


Source: Wisconsin Department of Health Services, Data Direct, Opioid



Source: Wisconsin Department of Health Services, Data Direct, Opioid Hospitalization Module

Deaths due to opioid overdoses have increased in Rock County and in Wisconsin. The rate is persistently higher in Rock County than in Wisconsin.

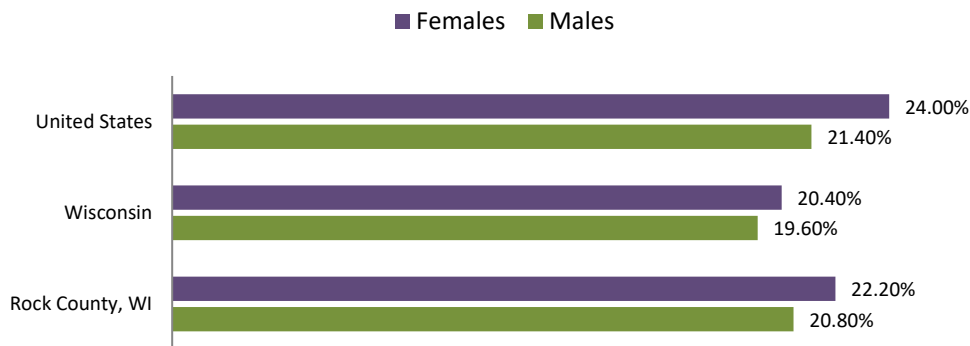


Physical Inactivity

Physical inactivity is linked to diseases such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, as well as premature mortality.

In Rock County, 21.6% of adults age 20 and older reported no leisure time for activity when asked: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This is slightly higher than Wisconsin (20%) and lower than the nation (22.8%). Females tend to lack time for leisure activities at a greater rate than males.

Percentage of Adults Age 20 & Above Reporting no Leisure-Time Physical Activity

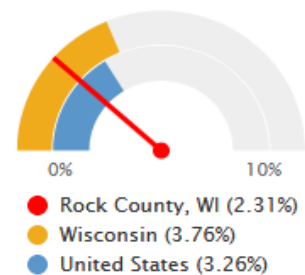


Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2016, Published by Community Commons

Walking or Biking to Work

The percent of the population age 16 or older that commutes to work either by walking or riding a bicycle in Rock County is 2.31%. This is lower than the national (3.26%) and state (3.76%) rates.

Percentage Walking or Biking to Work



Source: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract

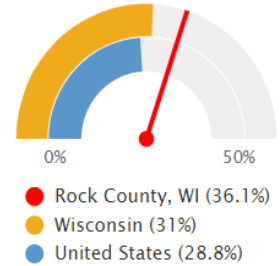
Health Outcomes

Obesity

Obesity places individuals at increased risk for chronic diseases. Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher.

In Rock County, the percent of the population age 20 or older considered to be obese is 36.1%. This is higher than both the nation (28.8%) and Wisconsin (31%). In Rock County, the rate of obesity is higher among women than men, whereas in Wisconsin and the nation this rate is higher among men.

Percentage of Adults Obese



Percentage of Adults Age 20 & Above Considered to be Obese
■ Females ■ Males



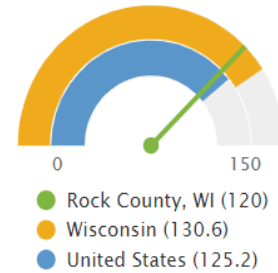
Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2016

Cancer

Breast Cancer Incidence

The incidence of breast cancer in Rock County is lower than Wisconsin and the nation. Incidence of breast cancer among Blacks and African Americans (103 per 100,000) is lower than among Whites (124.4 per 100,000) in Rock County.

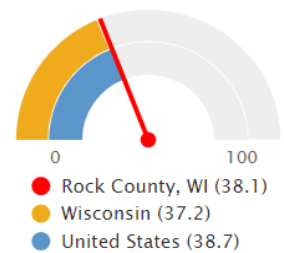
Breast Cancer Incidence Rate
(Per 100,000 Pop.)



Colon and Rectum Cancer Incidence

The incidence of colon and rectum cancer in Rock County is consistent with Wisconsin and the nation. Incidence of colon and rectum cancer among Blacks and African Americans (51 per 100,000) is higher than among Whites (36.2 per 100,000) in Wisconsin.

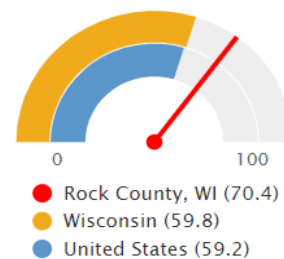
Colon and Rectum Cancer Incidence Rate
(Per 100,000 Pop.)



Lung Cancer Incidence

The incidence of lung cancer in Rock County is higher than Wisconsin and the nation. Incidence of lung cancer among Blacks and African Americans (80.3 per 100,000) is higher than among Whites (70.1 per 100,000) in Rock County.

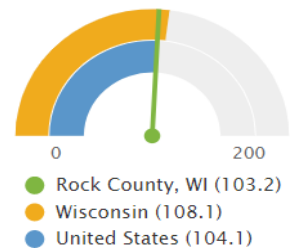
Lung Cancer Incidence Rate
(Per 100,000 Pop.)



Prostate Cancer Incidence

The incidence of prostate cancer in Rock County is lower than both Wisconsin and the nation. Incidence of prostate cancer among Blacks and African Americans (191.7 per 100,000) is almost twice as high as among Whites (100 per 100,000).

Prostate Cancer Incidence Rate
(Per 100,000 Pop.)



Source for above four figures:
State Cancer Profiles. 2012-16.
Source geography: County –
Published by Community
Commons

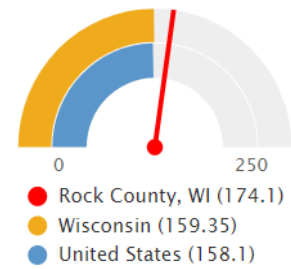
Cancer Mortality

The age-adjusted incidence of cancer deaths in Rock County is higher than both Wisconsin and the nation.

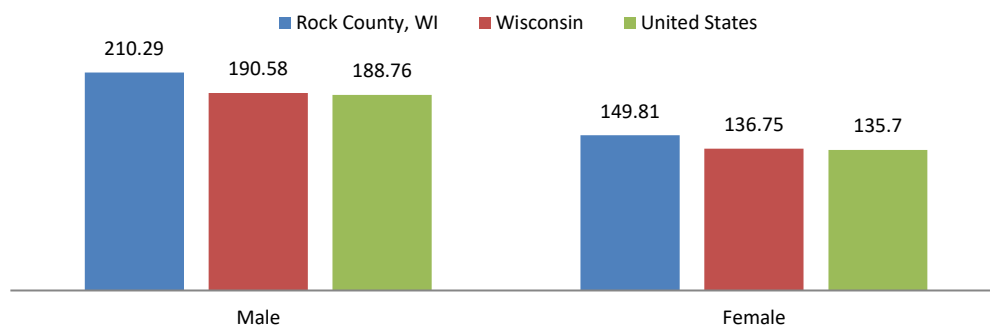
Data is not readily available for Rock County over time, but Wisconsin and national data shows a decrease in cancer mortality from 2004 through 2016. The cancer mortality rate for the Non-Hispanic Black and African American population is substantially higher than for all races and or ethnicities.

Males have a greater chance of dying from cancer than females in Rock County, Wisconsin, and the nation.

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Cancer Mortality by Gender (age adjusted)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. Accessed via CDE Wonder, 2013-2017, Published

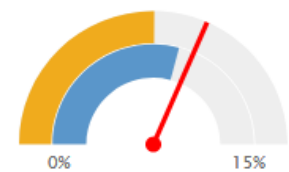
Diabetes

Percent of Adults with Diabetes

The percent of adults age 20 and older in Rock County who have ever been told by a doctor that they have diabetes (10.1%) is higher than Wisconsin (8%) and the nation (9.3%). This rate has increased steadily in Rock County, Wisconsin, and the nation from 2004 through 2016.

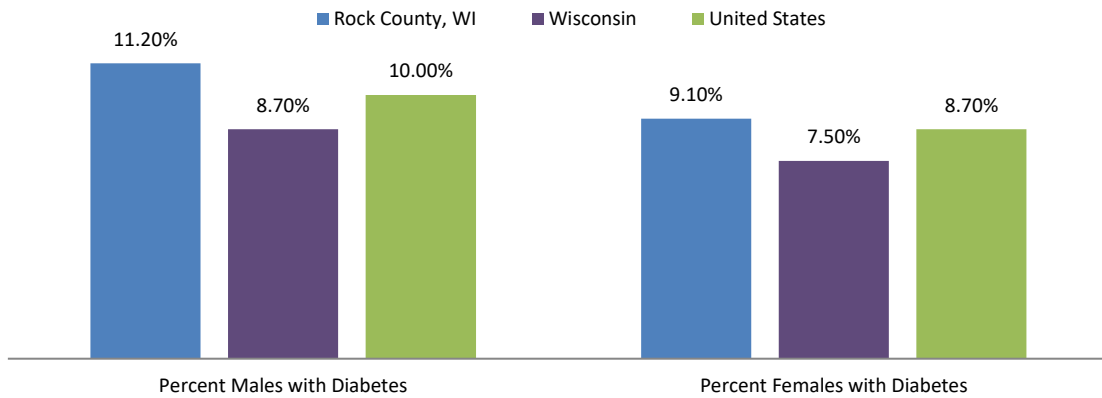
Males have a higher likelihood of being diagnosed with diabetes compared to females in Rock County, Wisconsin, and the nation.

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County, Published by Community Commons.

Adults with Diagnosed Diabetes by Gender, 2016

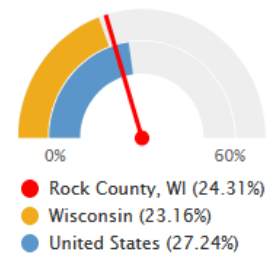


Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2016, Source geography, Published by Community Commons

Diabetes Diagnosis – Medicare Population

The percent of traditional Medicare beneficiaries in Rock County with diabetes (24.3%) is higher than the state (23.2%) but lower than the nation (27.2%).

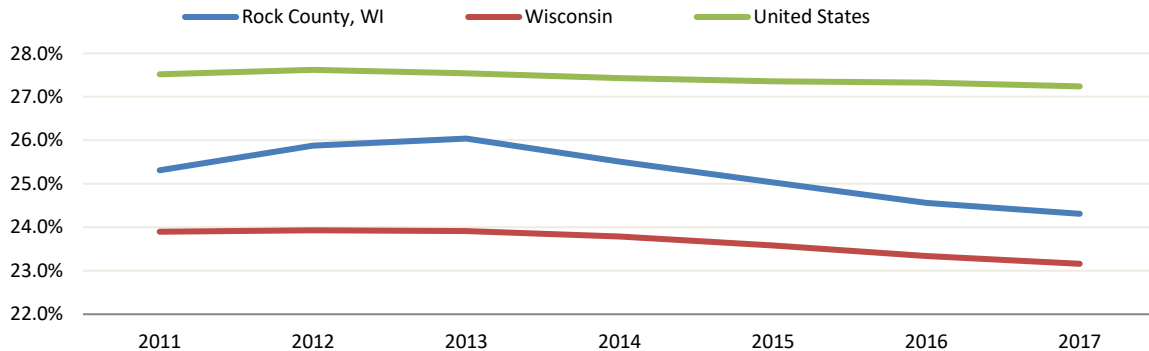
Percentage of Medicare Beneficiaries with Diabetes



Source: Centers for Medicare and Medicaid Services, 2017. Source geography: County, Published by Community Commons.

The percent of the traditional Medicare population in Wisconsin and Rock County with diabetes has improved over the past several years.

Medicare Population with Diabetes Diagnosis



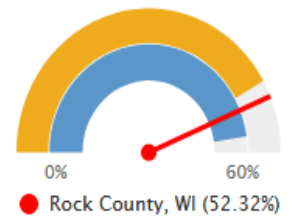
Source: Centers for Medicare & Medicaid Services, 2017, Source Geography: County, Published by Community Commons

Cardiovascular Health

High Blood Pressure – Medicare Population

Rock County has a higher percent of traditional Medicare beneficiaries with hypertension (52.3%) than Wisconsin (50.1%), but lower than the nation (57.1%). In Rock County, this percent increased from 2011 (48.5%) through 2017 (52.3%), while remaining mostly flat for Wisconsin and the nation.

Percentage of Medicare Beneficiaries with High Blood Pressure

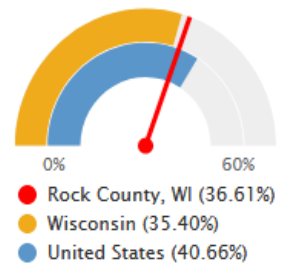


Source: Centers for Medicare and Medicaid Services, 2017. Source geography: County.

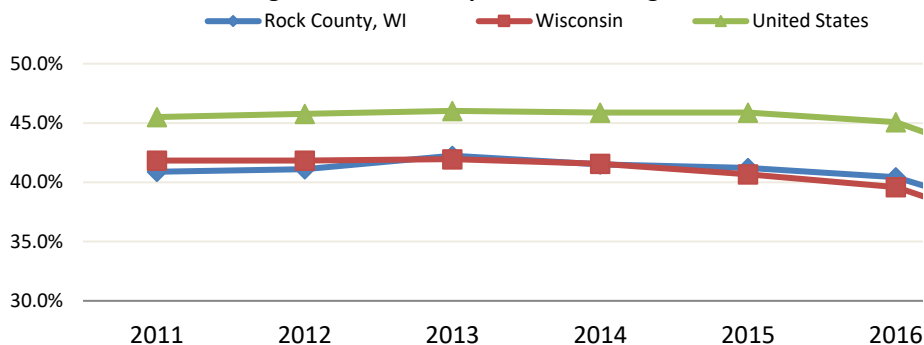
High Cholesterol – Medicare Population

The prevalence of high cholesterol among traditional Medicare beneficiaries in Rock County (36.6%) is slightly higher than Wisconsin (35.4%) but lower than the nation (40.7%). Rates in Rock County, Wisconsin, and the nation began to improve in 2017.

Percentage of Medicare Beneficiaries with High Cholesterol



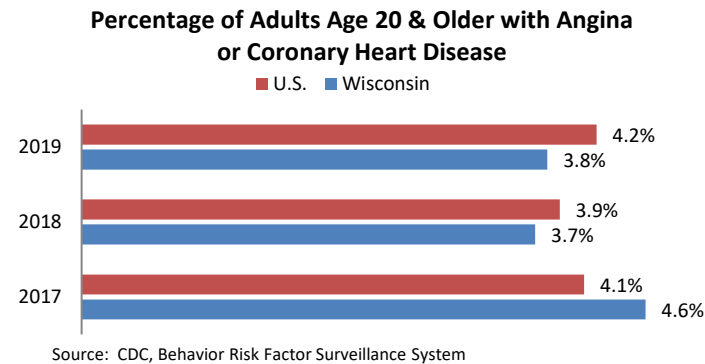
Percentage of Medicare Population with High Cholesterol



Source: Centers for Medicare and Medicaid Services, 2017, Source Geography, Published by Community Commons

Heart Disease – Adult Population

Coronary heart disease is a leading cause of death in the United States and is connected to high blood pressure, high cholesterol, and heart attacks.

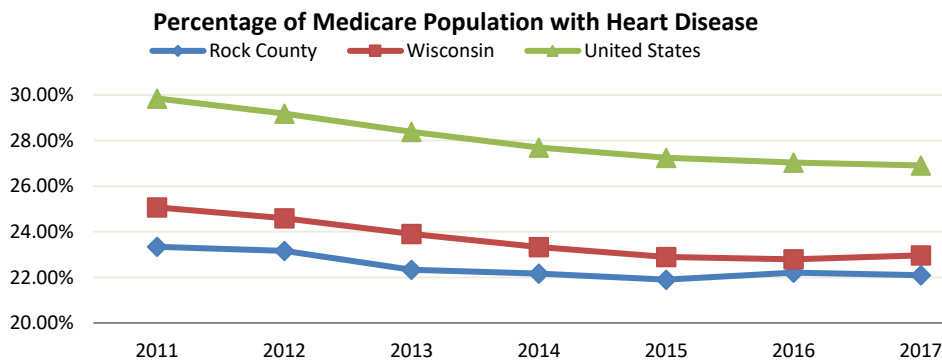
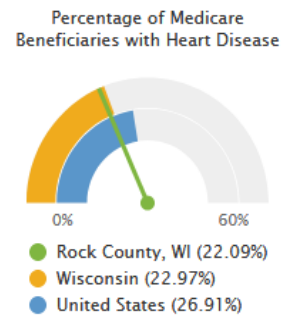


Recent rates of coronary heart disease are not readily available for Rock County; however for the past two years the percentage of adults reporting that they have heart disease or angina has been lower for Wisconsin than the nation. Males have a higher likelihood of having heart disease or angina at both the state

and national levels. In Wisconsin, the percent of males and females reporting heart disease was 4.7% and 2.9%, respectively. For the nation, the percentage of males and females reporting heart disease was 5.2% and 3.4%, respectively.

Heart Disease – Medicare Population

The percent of traditional Medicare beneficiaries with ischemic heart disease in Rock County (22.1%) is lower than both Wisconsin (23%) and the nation (26.9%). This percent improved from 2011 through 2017 for Rock County, Wisconsin, and the nation.



Source: Centers for Medicare & Medicaid Services, 2017, Source Geography, County, Published by Community Commor

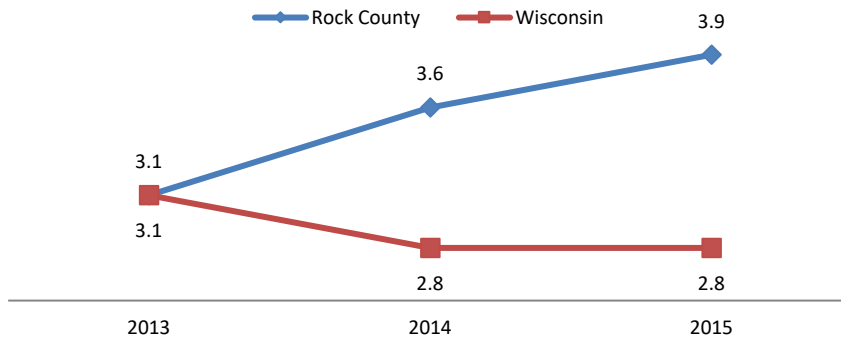
Cerebrovascular Disease Hospitalizations

In 2015, Rock County had 432 hospitalizations due to cerebrovascular disease, which includes events such as ischemic stroke or hypertension. Residents age 65 and older represented 73% of these hospitalizations. The Rock County rate of 2.7 hospitalizations per 1,000 is slightly higher than the Wisconsin rate of 2.5 per 1,000. Sources: Wisconsin Public Health Profiles 2017 and County Health Rankings – 2019 using 2015 Data.

Coronary Heart Disease Hospitalizations

This indicator represents the number of individuals hospitalized during the past year due to events such as coronary artery disease or a cardiac arrest per 1,000 people. In 2015, Rock County had 630 hospitalizations due to coronary heart disease (3.9 per 1,000). The Rock County rate is higher than the

Coronary Heart Disease Hospitalizations (per 1,000 Population)



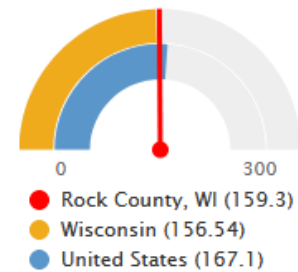
Sources: WI Public Health Profiles, 2015 -2017 and County Health Rankings, 2019 using 2015 Data

Wisconsin rate (2.8 per 1,000) and has been increasing since 2013.

Heart Disease Mortality

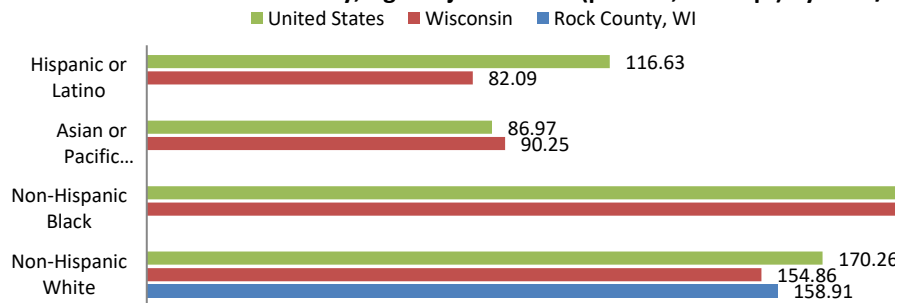
This indicator shows the rate of death due to heart disease per 100,000 people. The rate of heart disease mortality in Rock County (159.3) is higher than Wisconsin (156.5) but lower than the nation (167.1). While data is not readily available over time for Rock County, rates have been improving for both Wisconsin and the nation since 2004.

Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



However, disparities persist in race and gender. Non-Hispanic Black and African Americans are more likely to die from heart disease than other races and ethnicities.

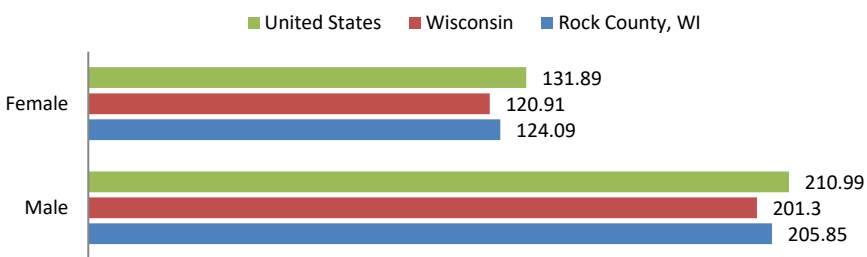
Heart Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Race/Ethnicity



Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Pt

Additionally, males are more likely to die from heart disease than females.

Heart Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Gender



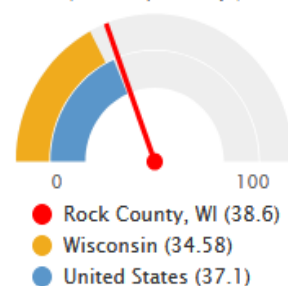
Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Published by Community Commons

Stroke Mortality

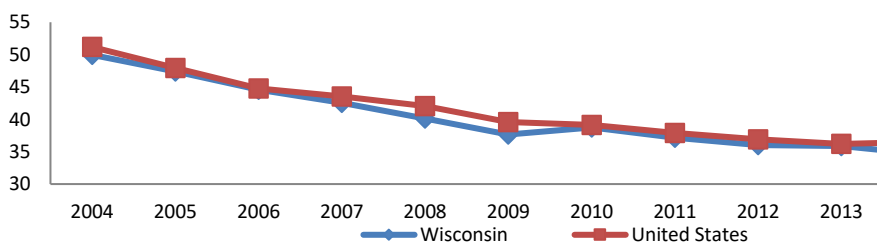
This indicator shows the rate of death due to stroke per 100,000 people. The rate of stroke mortality in Rock County (38.6 per 100,000) is higher than Wisconsin (34.6) and the nation (37.1). Stroke mortality for Rock County, Wisconsin, and the nation is in excess of the Healthy People 2020 target of 33.8 per 100,000.

While data is not readily available over time for Rock County, rates have been improving for both Wisconsin and the nation since 2004.

Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



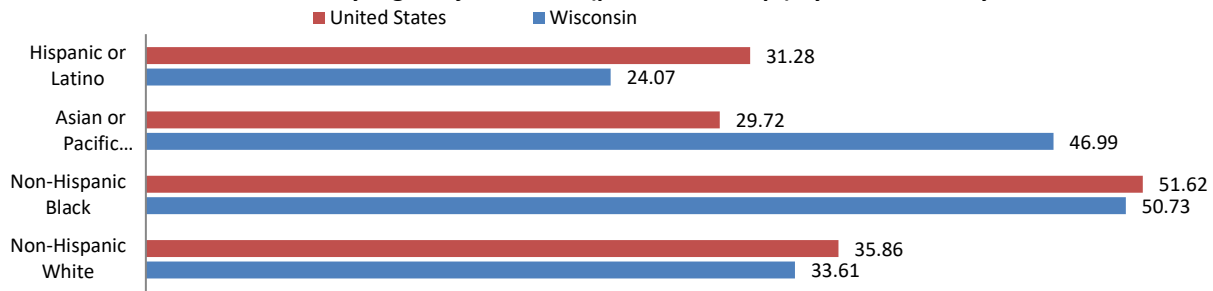
Stroke Mortality, Age-Adjusted Rate (per 100,000 Pop.)



Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed CDC Wonder, Published t

However, disparities persist in race. Non-Hispanic Black and African Americans are more likely to die from stroke than other races and ethnicities.

Stroke Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Race/Ethnicity



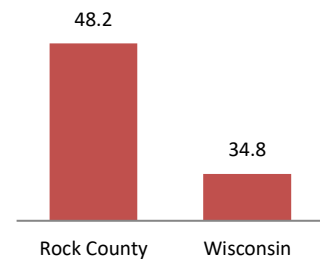
Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder, Published by Community Commons

Chronic Lower Respiratory Disease

Asthma

Asthma is a chronic disease that is often exacerbated by poor environmental conditions. Between 2016 and 2018, the age adjusted rate of ED visits for asthma per 10,000 people was higher in Rock County (48.2) compared to the state (34.8). Of the 72 counties in Wisconsin, Rock County had the fifth-highest rate of ED visits for asthma.

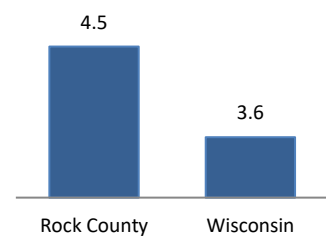
Asthma Age-Adjusted ED Visit Rate for 10,000 Pop.



Source: 2016-2018 WI Hospitalizations Discharge Files, Office of Health Informatics, Prepared by the WI Asthma Bureau

Between 2016 and 2018, the age adjusted rate of hospitalizations for asthma per 10,000 people was higher in Rock County (4.5) than Wisconsin (3.6). Of the 72 counties in Wisconsin, Rock County had the eighth-highest rate of hospitalizations for asthma.

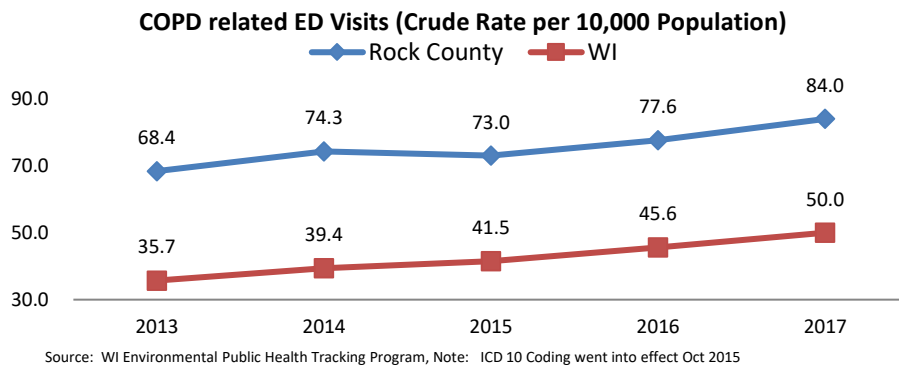
Asthma Age-Adjusted Hospitalization Rate for 10,000 Pop.



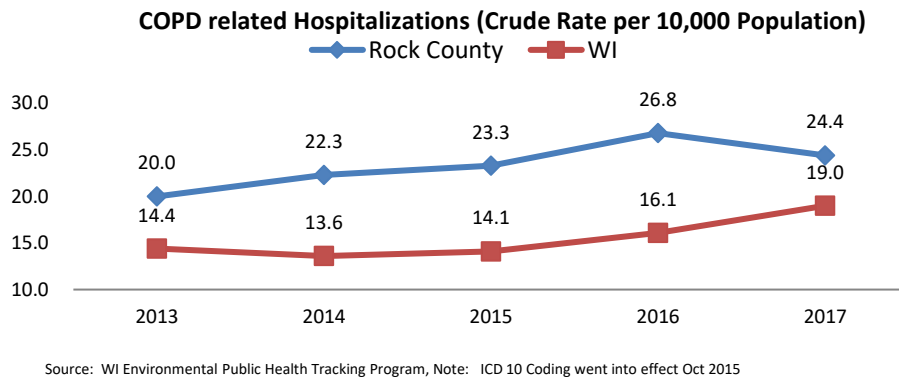
Source: 2016-2018 WI Hospitalizations Discharge Files, Office of Health Informatics, Prepared by the WI Asthma Bureau

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes airflow blockage and breathing-related problems. Tobacco use is the primary cause of COPD in the United States, but air pollutants at home (such as secondhand smoke and some heating fuels) and at work (such as dusts, gases, and fumes), and genetic predisposition also can also cause COPD. The rate of COPD-related ED visits per 10,000 people has increased steadily since 2011 in Rock County and Wisconsin. Rock County has a higher rate of COPD-related ED visits (84 per 10,000) than Wisconsin (50).

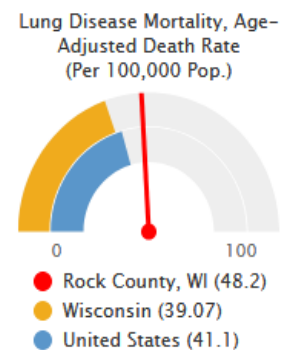


COPD hospitalizations per 10,000 people have increased since 2011 in both Rock County and Wisconsin. The rate of COPD hospitalizations in Rock County has been persistently higher than the rate of COPD hospitalizations in the state.

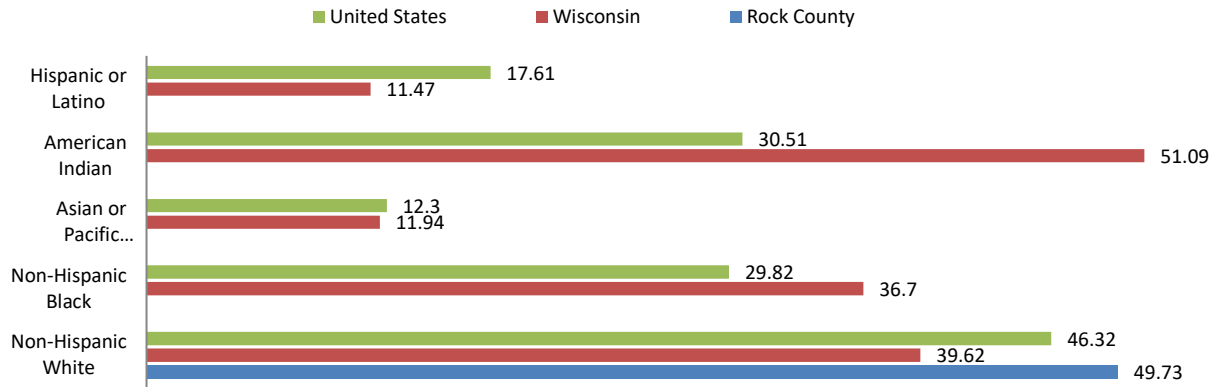


Lung Disease Mortality

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 people. The lung disease mortality rate is substantially higher in Rock County (48.2 per 100,000 people) than both the state (39) and the nation (41.1). In Wisconsin, American Indians in Wisconsin have the highest mortality rate (51.1) followed by Non-Hispanic Whites (39.62).



Lung Disease Mortality, Age-Adjusted Rate (per 100,000 Pop.) by Race/Ethnicity



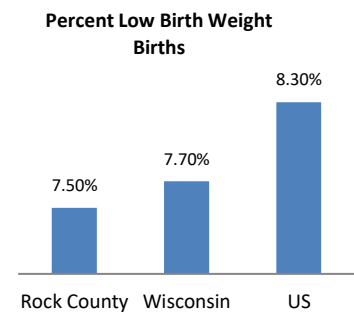
Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder 2013 -17, Published by Community Commons

Maternal/Prenatal/Childhood

Infant Low Birth Weight

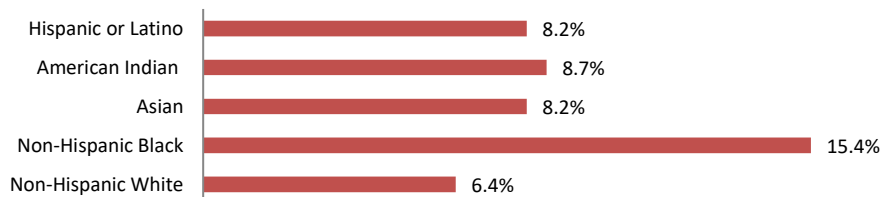
Low birth weight infants (less than 2,500g) are at high risk for health problems. This indicator reports the percent of total births that are low birth weight. Rock County had a lower percent of low weight births (7.5%) than Wisconsin (7.7%) and the nation (8.3%).

While data by race and ethnicity was not readily available for Rock County, there are disparities in low birth weights by race and ethnicity in Wisconsin. Non-Hispanic Black and African American women were almost twice as likely to have a low birth weight baby than women from other races and ethnicities.



Sources: WI Dept. of Health Services, Division of Public Health, Office of Health Informatics and CDC, National Center for Health Statistics

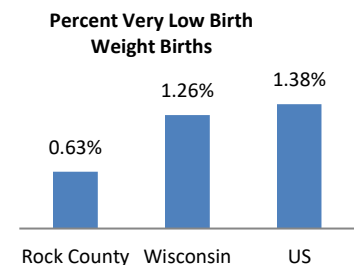
Percentage of Low Birth Weight Births by Race or Ethnicity, Wisconsin (2017)



Source: WI Department of Health Services, Division of Public Health, Office of Health Informatics

Infant Very Low Birth Weight

Very low birth weight infants (less than 1,500g) are at even higher risk for long term health problems or death. Rock County (0.63%) had a lower



Sources: WI Dept. of Health Services, Division of Public Health, Office of Health Informatics and CDC, National Center for Health Statistics

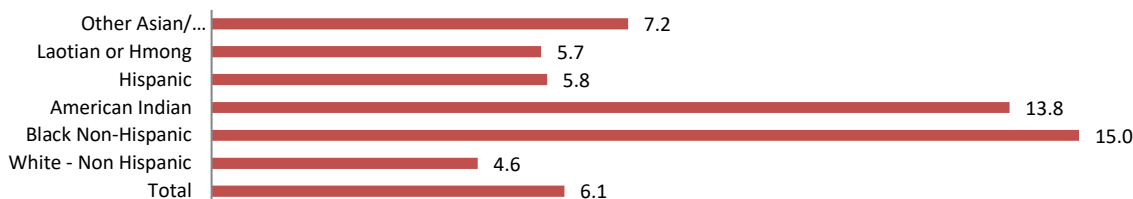
percent of very low weight births compared to Wisconsin (1.26%) and the nation (1.38%).

Infant Mortality

Infant mortality is associated with poor access to health care and poor maternal health. Infant mortality measures the number of deaths among children less than one year of age per 1,000 live births. The infant mortality rate in Rock County is 4.2 per 1,000 live births, lower than both Wisconsin (6.4) and the nation (5.8).

While data by race and ethnicity was not readily available for Rock County, there are disparities in low birth weights by race and ethnicity in Wisconsin. The three-year infant death rate for Non-Hispanic Black and African American and American Indian infants was nearly twice that for other races and ethnicities.

Three-Year Infant Death Rate by Race or Ethnicity, Wisconsin (2015 - 2017)



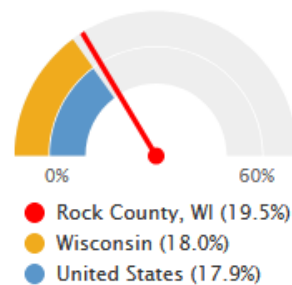
Source: WI Department of Health Services, Division of Public Health, Office of Health Informatics

Behavioral Health

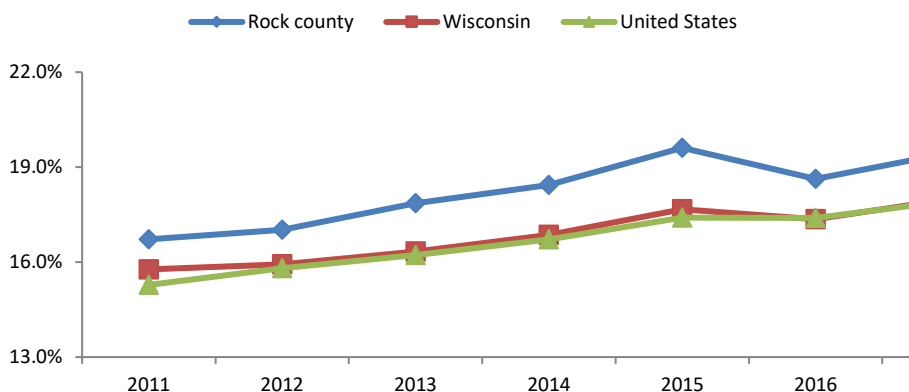
Depression – Medicare Population

This indicator reports the percent of traditional Medicare beneficiaries with depression. In Rock County, the percent of traditional Medicare beneficiaries who reported experiencing depression (19.5%) was higher than both Wisconsin (18%) and the nation (17.9%). This percent has increased in the county, state, and nation since 2011.

Percentage of Medicare Beneficiaries with Depression



Percentage of Medicare Population with Depression



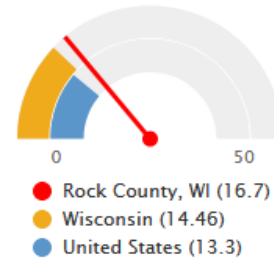
Centers for Medicare & Medicaid Services, 2017, Source Geography, Published by Community Commons

Suicide Mortality

Suicide mortality reports the rate of death due to intentional self-harm (suicide) per 100,000 people.

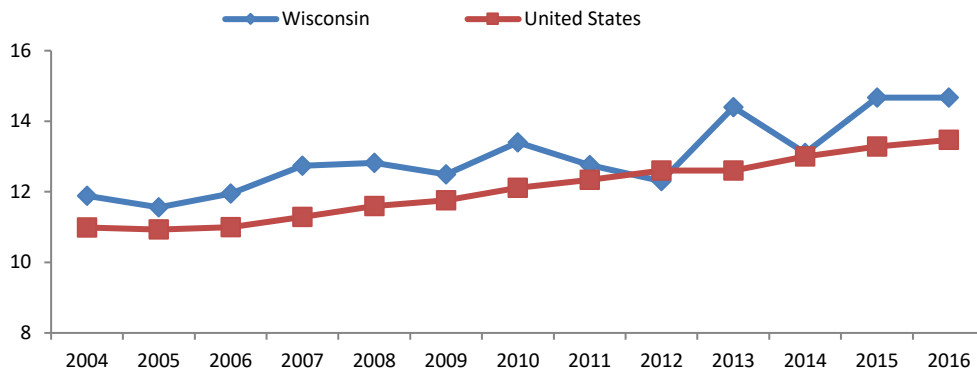
The Healthy People 2020 target for suicide deaths is 10.2 suicide deaths per 100,000 people or less. Unfortunately, suicide mortality in Rock County (16.7 per 100,000), Wisconsin (14.5), and the nation (13.3) are all above this target.

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



Suicide mortality among men (24.5) is about three times higher than for women (9.3). Non-Hispanic Whites and American Indians have a higher rate of suicide mortality than other races and ethnicities.

Suicide Mortality, Age-Adjusted Rate (per 100,000 Pop.)

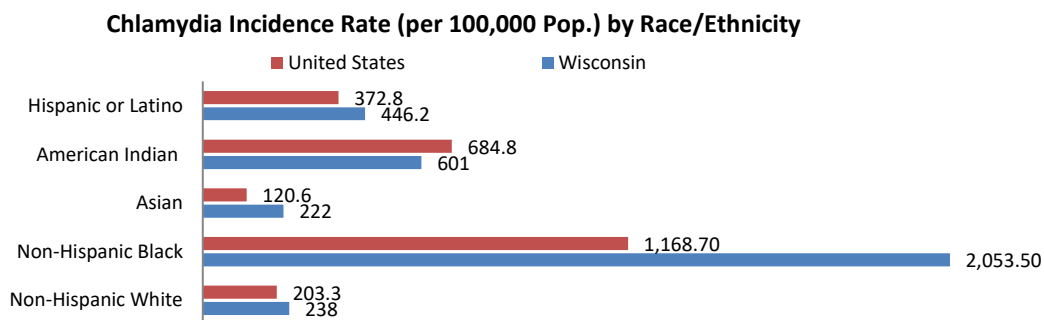
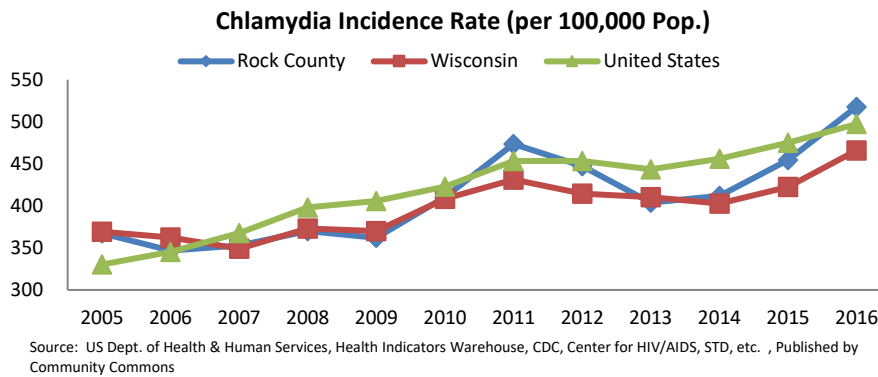
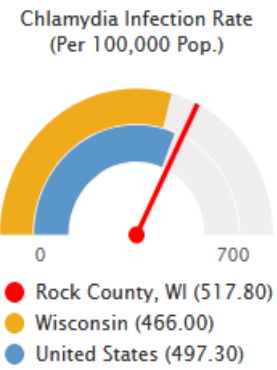


Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder. 2013-2017, Published by Community Commons

Sexually Transmitted Disease

This indicator reports incidence of chlamydia cases per 100,000 people. The incidence of chlamydia in Rock County (517.8) is higher than both Wisconsin (466) and the nation (497.3).

Over the past 11 years the incidence of chlamydia has increased. Non-Hispanic Blacks and African Americans have a higher incidence than other races and ethnicities.



Household Survey

Introduction

A four page community based survey was developed to examine perceptions of community health issues, health behaviors, quality of life issues, and access to healthcare.

The survey asked specific questions related to:

- a. Health issues in the community
- b. Unhealthy behaviors in the community
- c. Wellbeing
- d. Accessibility of healthcare
- e. Healthy behaviors

A total of 34 questions were included in the survey. In order to encourage input from Rock County's Spanish-speaking population, a community likely to be medically underserved, versions of both the online and paper survey were translated and distributed in Spanish. See appendix D for the questionnaire.

Sample Size

The sample size was calculated by using a standard formula based on the population size, margin of error, confidence level and standard of deviation. The calculation encompasses a 95% confidence level, a +.5margin of error and a standard deviation of .5.

$$\text{Necessary Sample Size} = (Z\text{-score})^2 * \text{StdDev} * (1\text{-StdDev}) / (\text{margin of error})^2$$

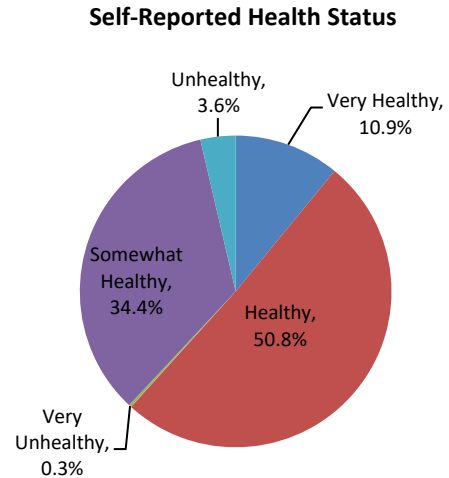
For this survey, the minimum sample size was 383 surveys. The data collection for this community health needs assessment yielded a total of 389 responses, exceeding the confidence interval threshold.

Data Collection

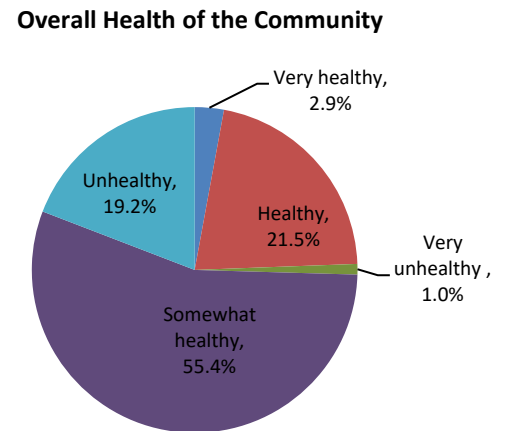
On October 21, 2019, a print version of the survey was mailed to 2,550 random households asking them to complete the survey. The mailing included a postage paid envelope to return the survey. The survey also included a bar-code so that the survey could be accessed electronically via Survey Monkey. A link to the survey in both Spanish and English was also included in the Mercyhealth Health News on-line newsletter, the Mercyhealth Rock County Facebook page, and the Mercyhealth Wire. The survey closed on January 31, 2020. Of the 389 survey responses received, 252 surveys were submitted via Survey Monkey and 135 surveys were returned via mail.

Overall Health of the Community

Self-Reported Health Status: A total of 61.7% of survey respondents rated their health as very healthy or healthy. Another 34.4% rated their health as somewhat healthy, and 3.9% rated their health as unhealthy or very unhealthy.



A total of 24.4% of survey respondents rated the overall health of the community as very healthy or healthy. Another 55.4% rated the health of the community as somewhat healthy, and 20.2% rated the health of the community as unhealthy or very unhealthy.



Health Insurance

Survey respondents were asked whether or not they had health insurance. Almost all (99.2%) of the respondents reported having health insurance. For the .8% who reported they did not have health insurance, the main reasons why were:

- It is too expensive
- Do not qualify for medical assistance
- Place of employment does offer it
- Do not qualify for the plan at place of employment

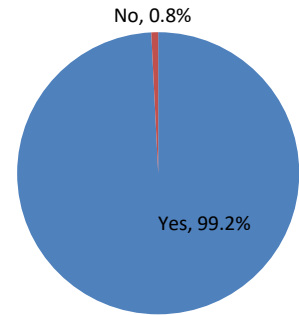
Survey respondents with health insurance were asked whether they were able to see a healthcare provider that accepts their insurance. Almost all (98.9%) of the respondents were able to see a healthcare provider that accepted their insurance. A small percentage of respondents (1.1%) were not able to connect with a provider that accepted their insurance.

Access to Medical Care

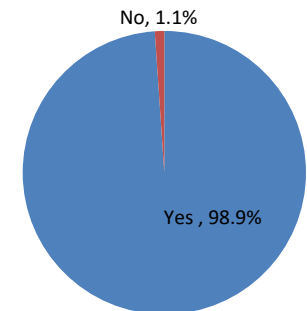
Survey respondents were asked if in the past 12 months they had seen a healthcare provider whom they considered to be their regular provider. Of the total respondents, 89.8% reported yes and 10.2% reported no.

Survey respondents were asked if they had a regular healthcare provider. 81.7% reported they did have a regular healthcare provider and 18.3% reported they did not have a regular provider.

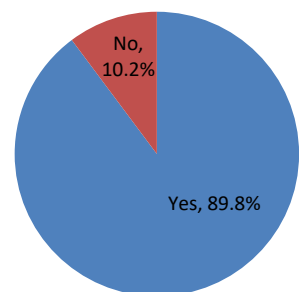
Do you have Health Insurance?



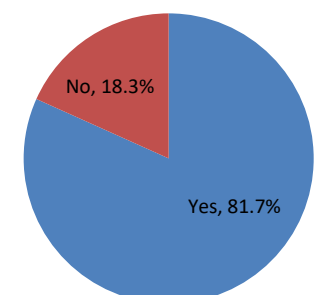
Are you able to see a healthcare provider that accepts your insurance?



In the past 12 months, have you seen a healthcare provider you consider to be your regular provider?

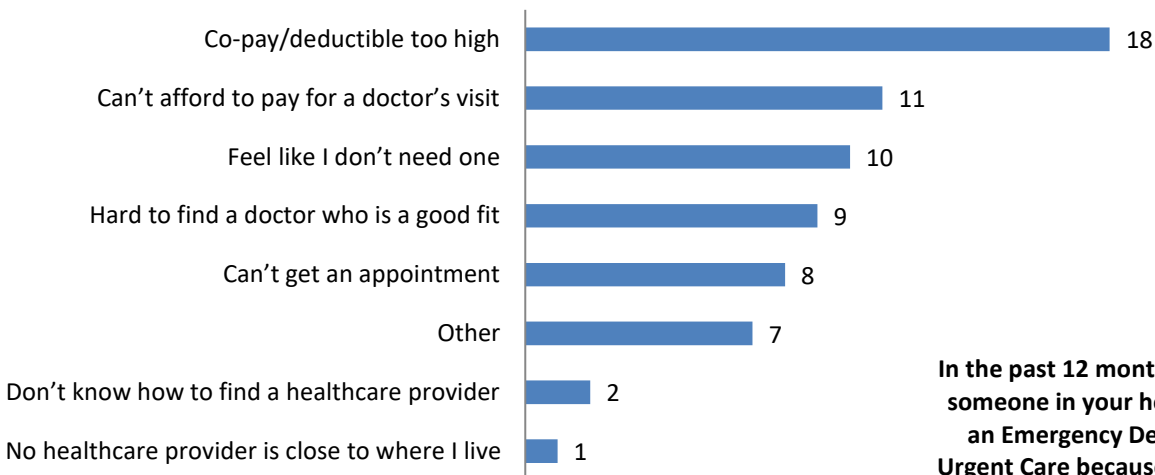


Do you have a regular healthcare provider?

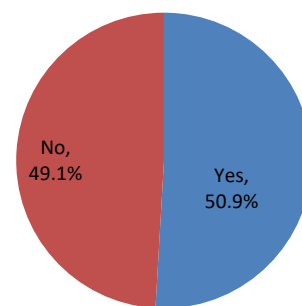


Those who reported not having a regular health care provider were asked to select reasons for not having a health care provider. The most common reasons were related to cost (co-pay/deductible too high and can't afford to pay for a doctor's visit).

Reasons why survey respondents did not have a regular healthcare provider



In the past 12 months, have you or someone in your household used an Emergency Department or Urgent Care because you could not see a physician?



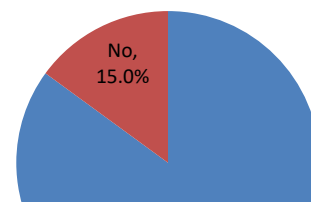
Over half of survey respondents reported using an ED or Urgent Care because they or someone in their household could not get a scheduled appointment to see their provider.

Dental Insurance

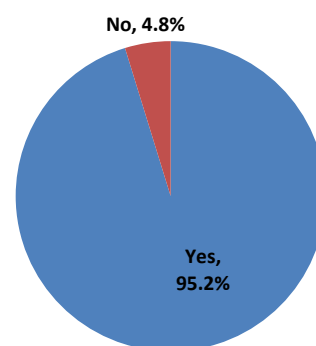
Survey respondents were asked whether or not they had dental insurance. 85% reported having dental insurance. For those reporting they did not have dental insurance, the main reasons why were:

- Too expensive
- Don't need dental insurance (dentist offers a discount for paying cash and it is cheaper to pay cash for the six-month cleanings)
- Place of employment does not offer it

Do you have Dental Insurance?



Are you able to see a dental provider that accepts your insurance?



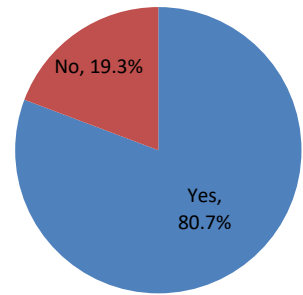
Survey respondents with dental insurance were asked whether they were able to see a dental provider that accepts their insurance. Most (95.2%) were able to see a dental provider that accepted their insurance while 4.8% were not.

Access to Dental Care

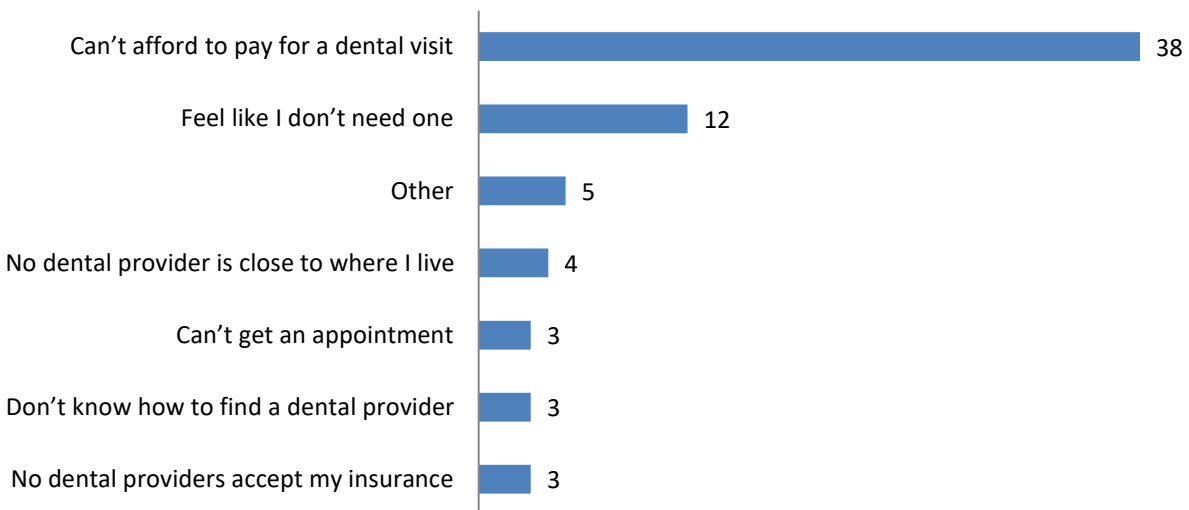
Survey respondents were asked if they had a regular dental provider. 80.7% reported they did have a regular dental provider and 19.3% reported they did not.

Those who reported not having a regular dental provider were asked to identify the reasons why. The most commonly identified reason was related to cost (can't afford to pay for a dental visit).

Do you have a regular dental provider?



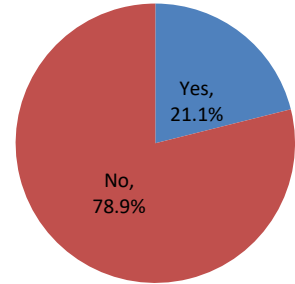
Reasons why survey respondents did not have a regular dental provider



Mental Health

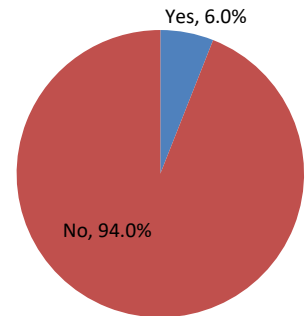
Survey respondents were asked if they or someone in their household needed to see a mental health provider but could not. 21.1% of respondents reported this had happened to themselves or someone in their household in the past 12 months.

In the past 12 months, did you or someone in your household need to see a mental health provider but could not?



Survey respondents were asked if they or someone in their household needed alcohol or drug treatment but could not access it. 6% of respondents reported this had happened to themselves or someone in their household in the past 12 months.

In the past 12 months, did you or someone in your household need alcohol or drug treatment but could not access it?

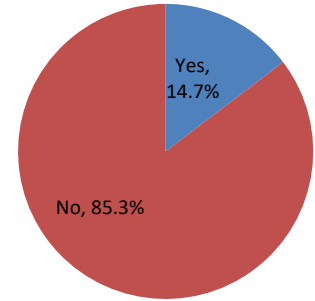


Access to Medications

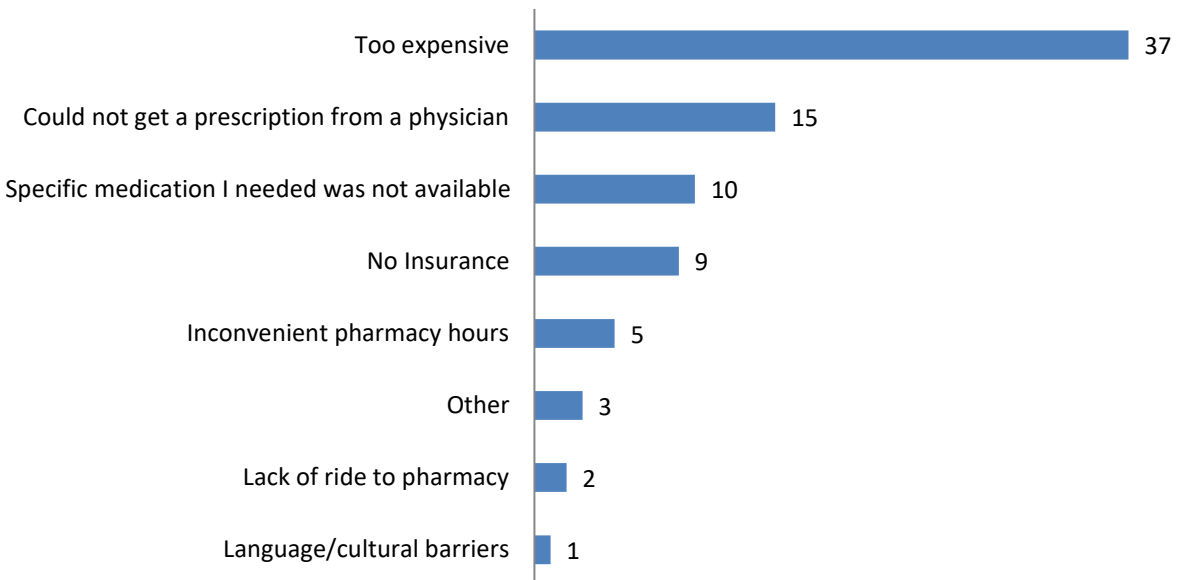
Survey respondents were asked if in the past 12 months there was a time when they or someone in their household needed medications but could not get them. 14.7% of respondents reported this had happened to themselves or someone in their household in the past 12 months.

Those who reported that there was a time within the last 12 when they or someone in their household need medications but could not get them were asked to identify the reasons why. The most common reason was related to cost (too expensive).

In the past 12 months, was there a time when you or someone in your household needed medications but could not get them?



Reasons why respondents could not get medications they needed



Key Informant Interviews

Introduction

The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions.

Key informant interviews were conducted between December 2019 and March 2020. There were 34 community experts invited to participate in the key informant interviews. A total of 17 key informants completed an interview either via phone-call or an in-person meeting.

Participants were selected based on their expertise in a specific condition, age group, and/or population. More specifically, individuals who were invited to participate had knowledge in at least one of the following areas: childhood/adolescent issues, senior health, homeless, veterans, alcohol and drug addiction, behavioral health, diabetes, obesity and other chronic diseases, and food insecurity. In addition, there was representation across multiple agencies and organizations, local schools, youth programs, community clinics, and community-based organizations. The organizations listed here include many that serve low-income, minority, and medically underserved populations. Subjective questions asked were related to general community issues and concerns, issues in the community that promote poor health, issues related to health care access and perceptions of local community health care.

For a complete list of organizations represented and questions asked of key informants, see Appendix D.

Mental Health

Mental health was identified as the most pressing issue in the community. All 17 respondents selected mental health as a top 5 issue. Several themes surrounding mental health emerged from the interviews including access and financial issues, and issues specific to children, teens, young adults and the elderly.

Below is a summary of the comments made by the key informants regarding mental health.

Access

- Wait time to see a mental health provider is about four weeks or longer; that is a long time when you are in a crisis
- There is a long wait list for Medicaid patients to receive mental health care
- A person typically needs 3 visits with a therapist before they can see a psychiatrist to be prescribed medication. With wait times, this can be three to four months.
- People are not aware of the programs and/or services that are available
- There are not enough mental providers
- It is difficult to navigate the system and some people give up

Financial

- People do not have the ability to pay for services
- High out of pocket expense for those with insurance

- Insurance companies have cut what they will cover or have high copays

Students/Children/Young Adults

- Students have a lot of pressure to meet parents expectations and that causes anxiety
- Peer pressure and social media put a lot of pressure on students and young adults
- Kids need help learning coping mechanisms and how to de-stress
- There is a lot of confusion for students around LBGT and pangender issue
- No inpatient care for children or adolescents in Rock County
- Schools are seeing more self-harm students and more students with anger who do not know how to handle it effectively
- Sometimes it's hard for parents to get off of work to take their child to appointments

Other

- The community has not prioritized mental health
- Even though mental health awareness is improving, there is still a stigma which may result in people not getting the treatment they need
- There is a lot of social isolation among older people; some just want someone to talk with
- Non-medical issues such as poverty, affordable housing and homelessness can cause significant stress, which can in turn impact mental health
- Mental health providers get a lot of calls for suicide attempts, welfare checks, and other mental health issues

Alcohol and Drug Abuse

Alcohol and drug abuse was identified as the second-most pressing issue in the community and was selected by 88% of key informants as a top 5 issue. Several themes emerged from the interviews including vaping and marijuana use among middle and high school students and young adults, opioid drug abuse, and lack of treatment options.

Below is a summary of the comments made by the key informants regarding alcohol and drug abuse.

Vaping and Marijuana

- Vaping is very prevalent in schools (both middle and high schools)
- Marijuana is very prevalent in schools (both middle and high schools)
- There is concern about the legalization of marijuana in Illinois and the impact it will have on Rock County

Opioids and Other Drugs

- Access to drugs is more mainstream
- There is a heroin/opioid epidemic in Rock County
- Heroin is very prevalent among parents
- Kids see their parents doing drugs and think it is okay
- We get a lot of calls for drug overdoses

Lack of Treatment Options

- There is no detox facility in Rock County

- There are very few drug/alcohol treatment options
- When patients are out of treatment, there is no support to help prevent relapse
- There are very few support groups for people with drug/alcohol problems
- Homeless shelters in the area are “dry”, creating a housing barrier for people with drug and alcohol addictions that becomes a self-perpetuating cycle
- Alcohol and drug abuse is a specific health need and there are not enough providers to meet those needs

Other

- Kids need help learning coping mechanisms and how to de-stress without drugs or alcohol
- Addiction issues have gotten worse in Rock County
- Home ownership has increased which has decreased the number of drug houses to a few neighborhoods
- The cost of treatment is prohibitive and often times insurance does not cover the cost or only a portion of the cost

Access to Care

Access to Care was identified as the third-most pressing issue in the community and was selected by 76% of key informants as a top 5 issue. Several themes emerged from the interviews including a lack of PCPs and behavioral health workers, the wait time to get an appointment with a PCP, difficulty in navigating the healthcare system, and lack of communication about available programs.

Below is a summary of the comments made by the key informants regarding access to care.

Lack of Access to Providers/Facilities

- There are not enough providers in the community, especially PCPs, mental health professionals, and drug and alcohol treatment providers
- There are not enough racially and ethnically diverse providers, and as a result people who are not White may feel excluded or uncomfortable seeking care
- Access to women’s health care has declined in the past few years since the First Choice Women’s Clinic closed
- Many PCPs are not taking new patients or if they are, they are scheduling far in advance
- Even if you are an established patient with your PCP, they may not have availability to see you when you are sick and so you often end up going to urgent care
- Veterans have to travel for care
- Residents are used to traveling to Rockford or Madison for specialty care
- There is a lack of preventative care for the homeless population
- There is no detox center in Rock County

Navigation/Communication/Education

- People have difficulty navigating the process of initiating a relationship with a health care provider
- Many people don’t know what options are available to help them access care – for example, do I qualify for Medicaid and if so, how do I apply?

- There is a lack of understanding as to what insurance will cover

Other

- People who are not documented often do not seek care due to a fear of deportation
- Unemployment contributes to lack of access to care
- An influx of immigrant workers has increased the number of uninsured people

Other Health Issues

Several other themes emerged in the conversations with the key informants. Below is a summary of comments made by key informants regarding other health-related issues.

Chronic Disease

- Diabetes is a big issue in the community
- Many children are struggling with diabetes as a result of poor nutrition
- The community has not prioritized health and wellness

Physical Activity

- More older adults are exercising and taking fitness classes
- Beloit has become a more walkable city especially downtown and by the river due to walking paths, pedestrian bridges, robust dining and shopping and many refurbished buildings
- There is a high percentage of students participating in sports and other physical activities especially in the more rural areas of Rock County
- There are many opportunities to be active but there is a lack of commitment to be healthy and active
- Many people don't want to increase their physical activity – it is the culture

Nutrition

- There is a robust farmer's market in downtown Beloit and it recently expanded later into the season
- Obesity is a big problem in Rock County
- Many Janesville residents in the Downtown and Southside reside in food deserts
- Many individuals get their groceries from convenience stores or gas stations
- Fresh, healthy foods are not available to low income residents
- There are many people with food insecurity
- It is difficult to find fresh, healthy food
- There is a lack of healthy restaurants in the area but lots of fast food restaurants
- Many families eat out on regular basis instead of cooking at home

Oral Health

- People in poverty have little access to dental care
- Oral health for the Medicaid population continues to be a problem
- Demand for free or reduced fee dental services is more than 10 times what is available
- Many people can't afford dental care

- There may be a misconception that care is more expensive than it really is
- Some dentists in private practice are unwilling to work with patients to offer affordable services

Are there groups of people in the community whose health or quality of life may not be as good as others?

Answers included:

- Low-income
- Spanish speaking
- Non-White racial and ethnic groups
- LGBT
- Elderly
- Homeless
- Unemployed
- Young families
- Working people in poverty
- Uninsured or underinsured
- Immigrants who are undocumented
- Children living in poverty
- Veterans

What barriers exist to improving health and quality of life in the community?

Answers included:

- Transportation issues among older people who don't drive any more and people who don't have access to a car
- Language barriers
- Communication issues – lack of awareness around programs/services
- Difficult to navigate and understand complex health care (i.e. what is the next step in the progression of my health care?)
- Cost of hearing aids
- No Medicare coverage for dental services
- Lack of a diverse health care workforce may cause some people not to seek care
- Cost of healthcare
- People may not be able to take time off of work for health care services
- Shortage of providers (dentists, PCPs, mental health professionals)
- Lack of affordable housing
- Lack of dentists who accept Medicaid
- Lack of programs to treat drug/alcohol addictions
- People don't like to ask for help even though it is available
- Inability to recruit PCPs, dentists, and mental health care providers to the area

- Low financial reimbursement for mental health professionals, making it hard for organizations to expand services
- Lack of access to healthy food

What can be done to improve the health and quality of life in the community?

Answers included:

- Develop more partnerships within the community (for example, make sure pediatricians know about programs for children at the YMCA, etc.)
- Set up mobile health clinics to reach vulnerable populations
- Set up dental clinics to reach vulnerable populations
- Utilize Ronald McDonald care mobile
- Continued economic growth
- Make sure everyone has a permanent home
- Develop more affordable housing
- Lobby for state and federal funding for elderly oral health care
- Create a more inclusive environment so that Blacks and African Americans feel more comfortable seeking health care
- Participate in more events such as National Night Out, farmers markets, etc.
- Sponsor a health fair at the House of Mercy
- Sponsor educational sessions at the House of Mercy such as talks on diabetes, nutrition, etc.
- Take health care to where people are gathering such as YMCA, schools, senior centers
- Offer mental health connections at a place where kids gather
- Provide mental health counselors at schools where they are easily accessible to students and parents don't have to miss work for appointments
- Utilize more certified peer specialists to provide additional support for mental health patients
- Utilize recovery coaches for people recovering from addictions
- Offer people a support coach or a navigator to help people navigate the health care process and keep their health on track
- Streamline the health care referral processes
- Add community social workers at schools and county services such as senior centers
- Provide emotional screening for youth in pediatric health care offices
- Integrate behavioral health services into PCP offices
- Provide shelter for people with addiction to drugs and alcohol
- Provide public education about drug and alcohol abuse
- Provide more mental health counseling services
- Focus on improving the public school system's test scores, graduation rates, and retention rates
- Improve communications about services or programs that are available to members of the community

- Establish an inpatient detox center in Rock County

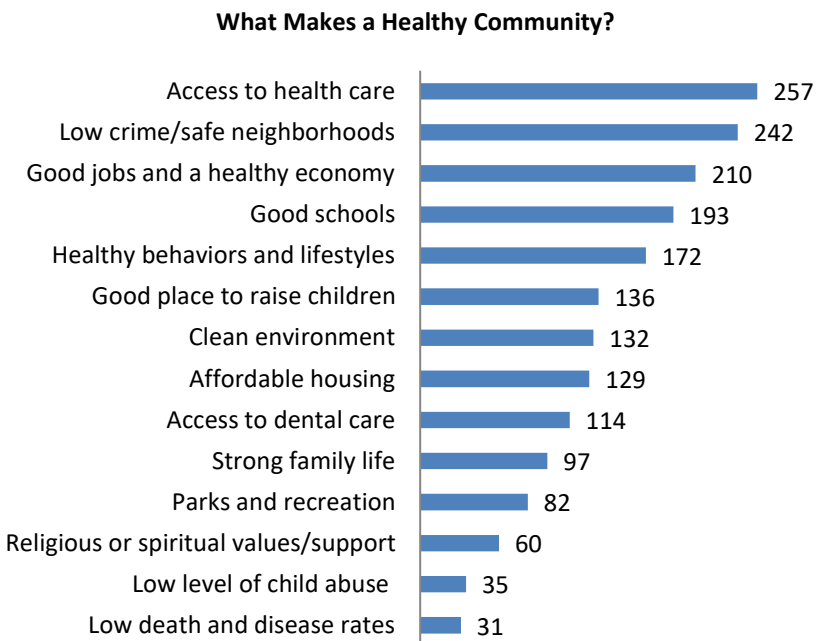
Prioritization of Health-Related Issues

By combining community perceptions with the data outlined previously in this assessment, and taking community resources into account, we can prioritize the most important health concerns in the community.

Survey Priorities

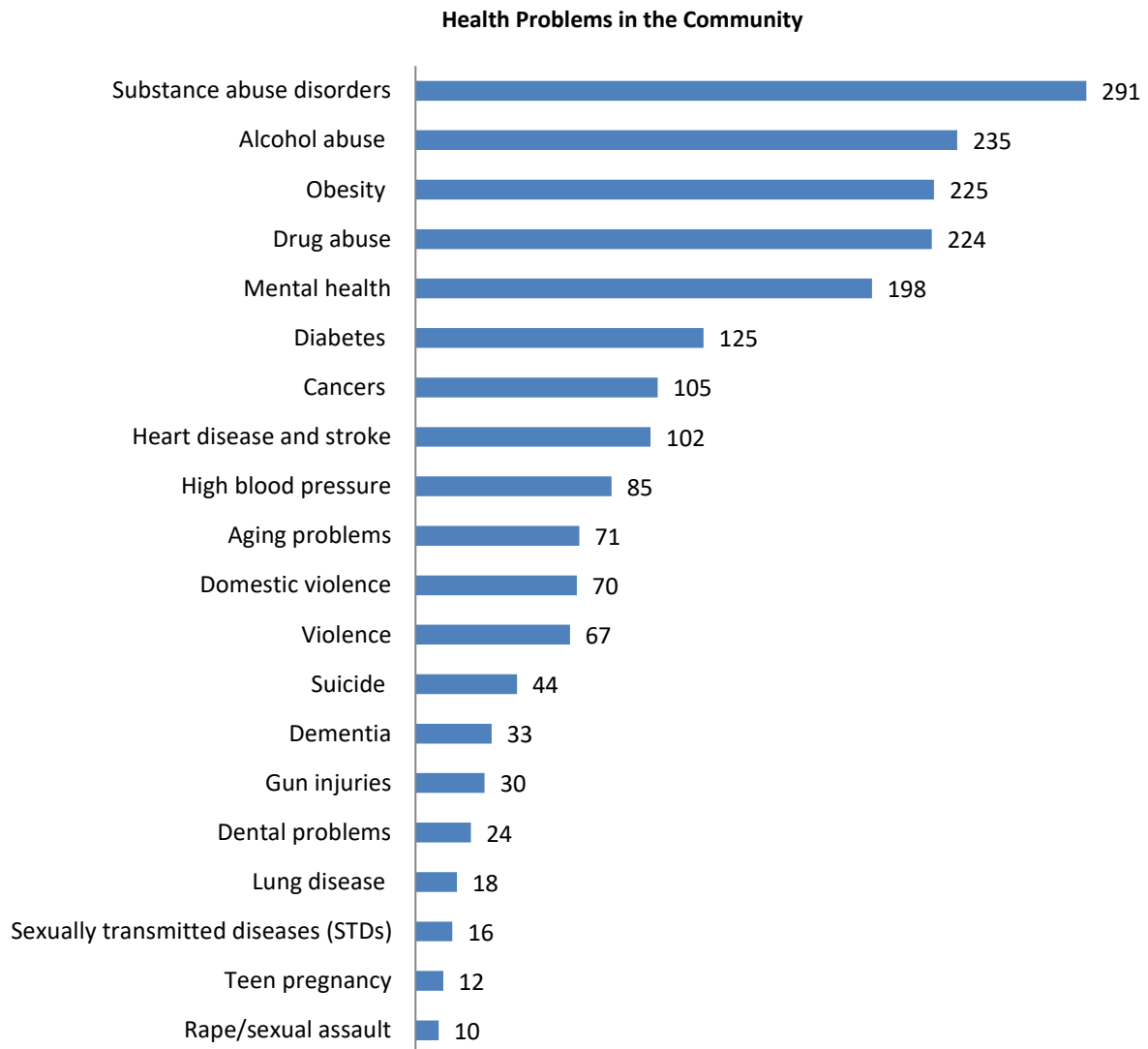
What Factors Make a Healthy Community?

Survey respondents were asked to choose the top five factors that make a healthy community. The top factor was access to health care. The table below reflects the factors that the survey respondents selected from most to least important.



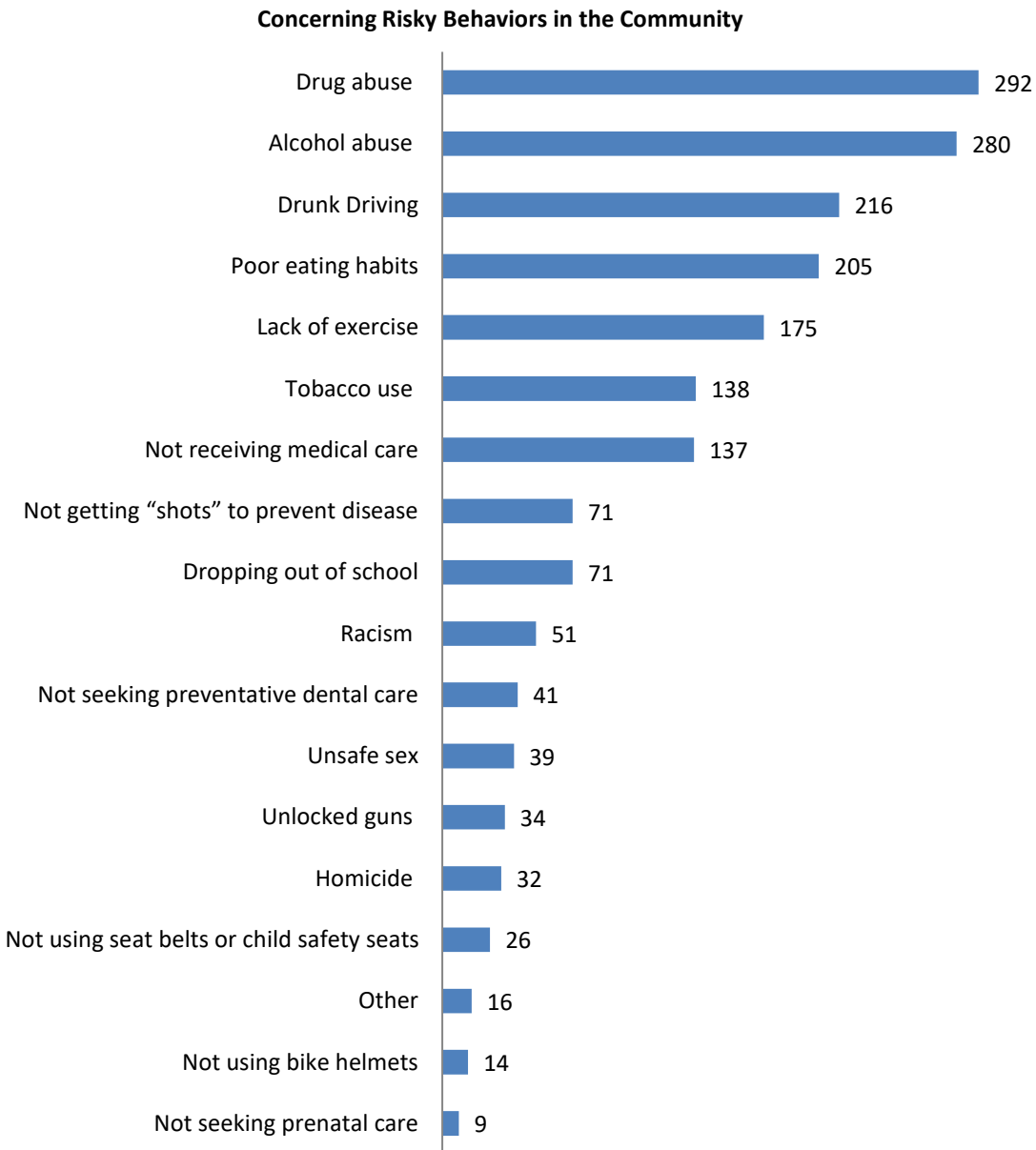
What are the Top Health Problems in the Community?

Survey respondents were asked to choose the top five health problems in the community as described in the table below.



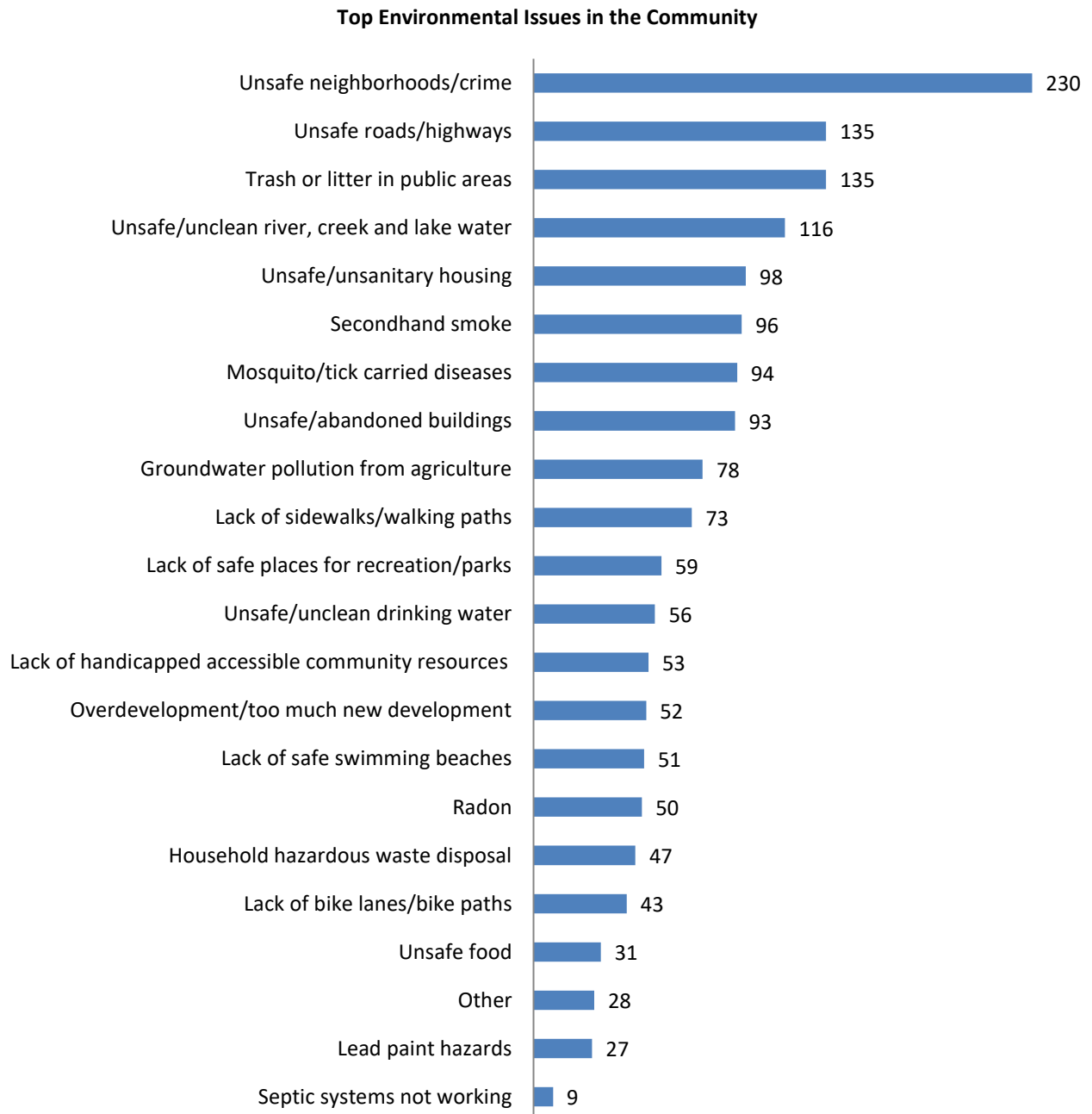
What are the top Concerning Risky Behaviors in the Community?

Survey respondents were asked to choose the top five concerning risky behaviors in the community. The top two risky behaviors were drug and alcohol abuse. Drunk driving, poor eating habits, and lack of exercise were also in the top five. The table below reflects the behaviors identified by survey respondents.



What are the top Environmental Issues in the Community?

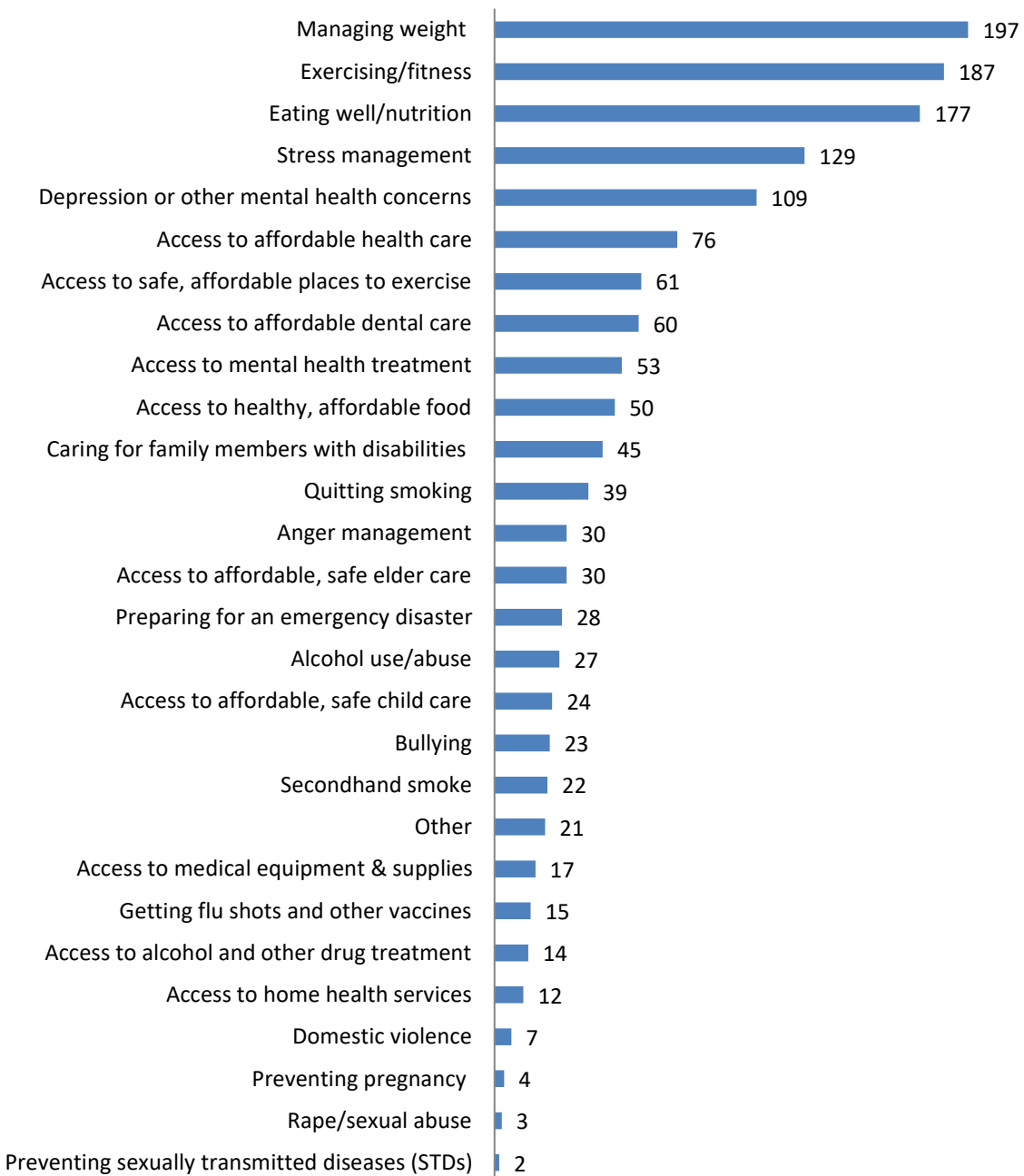
Survey respondents were asked to choose the top five environment issues in the community. The top issue concerning survey respondents was unsafe neighborhoods/crime. The table below reflects the environmental issues identified by survey respondents.



Health Concerns or Problems for You or Someone in Your Household

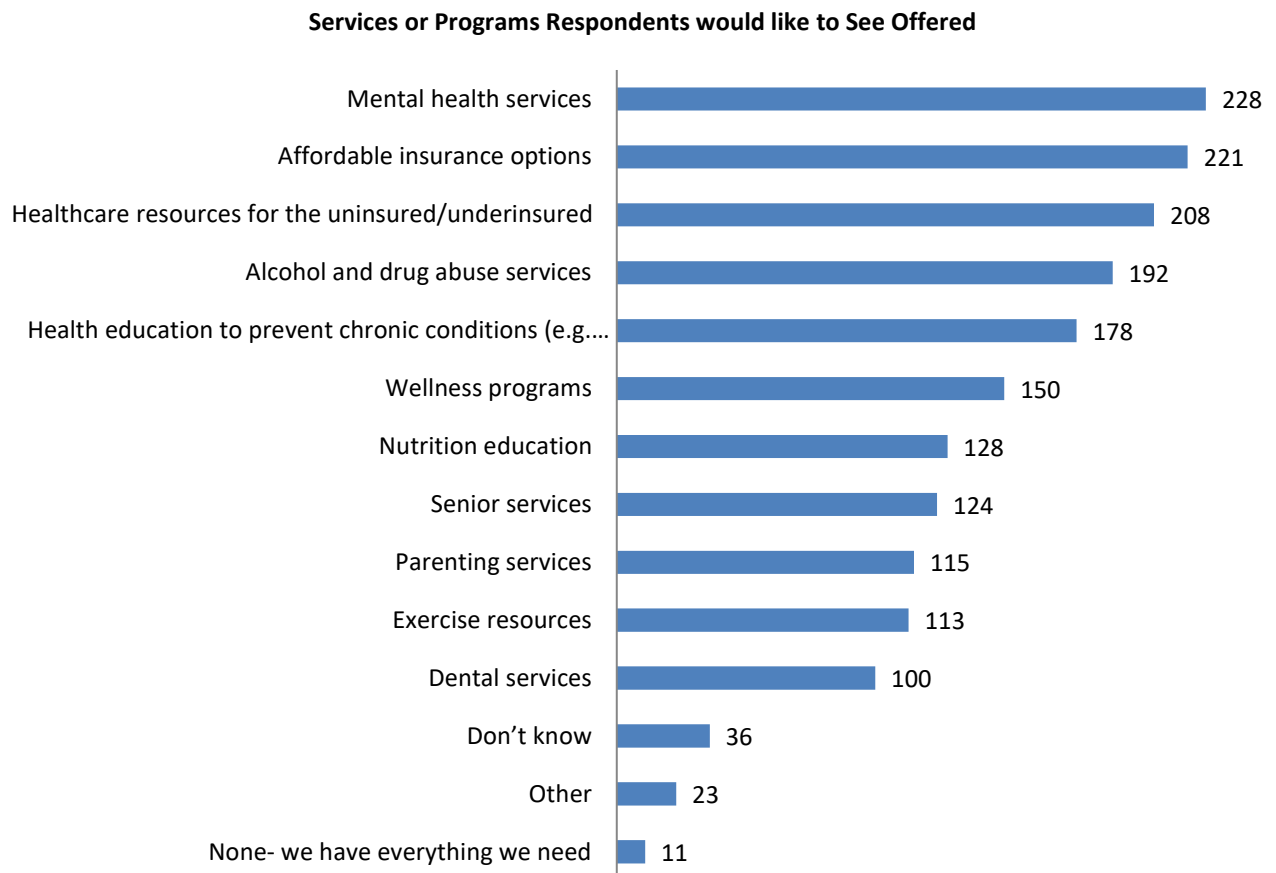
Survey respondents were asked to identify all health concerns or problems affecting either themselves or someone in their household. The top concerns were managing weight, exercising/fitness, eating well/nutrition, stress management, and depression or other mental health concerns. The table below reflects the health problems or concerns identified by survey respondents.

Health Problems or Concerns for You or Someone in Your Household



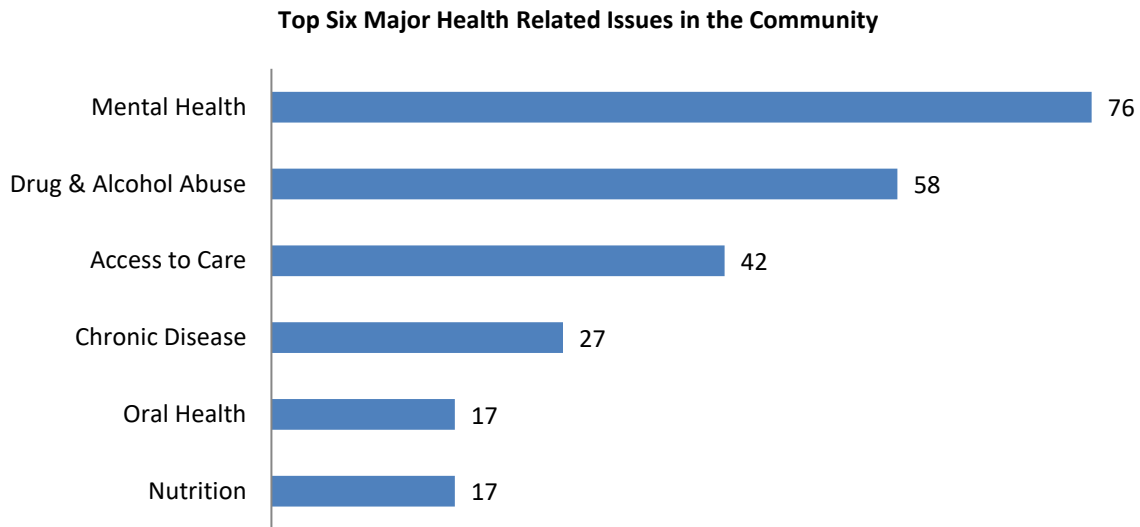
Services or Programs Respondents Would Like to See Offered

Survey respondents were asked what health care services or programs they would like to see offered in their community. The top services respondents would like to see offered related to mental health including drug and alcohol abuse services, affordable insurance and healthcare resources for the uninsured and underinsured. The table below reflects the programs and services identified by survey respondents.



Key Informant Priorities

Key informants were asked to rank the five most pressing health issues in the community from a list of 13 focus areas. The issues of mental health, drug and alcohol abuse, access to care, chronic disease, oral health, and nutrition were all ranked as the top five health issues, with oral health and nutrition tying for number 5. The chart below depicts the weighted ranking for the top five issues.



The chart below summarizes the number of times an issue was selected regardless of order of importance. All of the key informants selected mental health as a top issue. It is important to note that the results reflect the perceptions of community leaders are based on area of expertise, but may not represent all community perspectives.

Health Issue	Count	Percent of Respondents Who Selected the Issue
Mental Health	17	100%
Drug & Alcohol Abuse	15	88%
Access to Care	13	76%
Chronic Disease	12	71%
Nutrition	10	59%
Oral Health	7	41%
Tobacco	4	24%
Reproductive & Sexual	3	18%
Physical Activity	2	12%
Growth & Development	2	12%

MHTC Priorities

MHTC representatives considered the above findings surrounding health needs in Rock County to identify what we consider to be the most significant health needs.

The significant health needs are as follows:

1. Improve health of patients with mental health, substance abuse, and alcohol abuse issues
2. Improve the physical health of patients
3. Improve the long-term health of the community through chronic disease prevention
4. Provide job training and employment opportunities to disabled young adult community members
5. Response to COVID-19 to effectively care for the needs of our community and to ensure up-to-date education and preparedness during a pandemic (the pandemic began after the survey and key informant interviews were completed, and was determined by MHTC to be a priority for the community)

All significant health needs identified above are addressed in the Implementation Plan for this CHNA, which details how MHTC intends to respond to these needs over the next three years (Appendix A). The Implementation Plan in Appendix A was approved by the Mercyhealth Board of Directors on June 17, 2020.

APPENDIX A—Once a PDF we can merge the PDF Table Implementation Plan in here

Mercyhealth Hospital and Trauma Center Implementation Plan

Mental Health and Substance Abuse

Goal: Improve the health of patients with mental health, substance abuse and alcohol abuse issues through increased access to education and care for these patients

Mental Health and Substance Abuse Measurement and Impact

Continue to develop and offer various access sites and programs for mental health, substance abuse and alcohol abuse treatment

- Mental health, substance abuse and alcohol abuse services currently offered in Rock County by Mercyhealth (Behavioral Health Services):
 - **Janesville:**
 - Adult day treatment for addictions
 - Adult day treatment for mental health
 - Child and adolescent day treatment
 - Inpatient, hospital based mental health and detoxification care
 - Outpatient, clinic-based addictions counseling
 - Outpatient, clinic-based mental health counseling (3 locations)
 - **Beloit:**
 - Outpatient, clinic-based mental health counseling
 - **Evansville:**
 - Outpatient, clinic-based mental health counseling
 - **Milton:**
 - Outpatient, clinic-based mental health counseling
- Implemented Urgent Clinic – appointments (within seven days) for patients discharging from the Behavioral Health Unit
- Continue to develop and offer various access sites and programs for mental health, substance abuse and alcohol abuse treatment

Continue to monitor current Mercyhealth Behavioral Health programs and modify locations, services and other needs as necessary

- Mercyhealth Child and Adolescent Day Treatment moved to a new, bigger facility as part of an effort to enhance and enrich care for children and adolescents
- CADT is now able to offer 3 groups in the morning and 3 groups in the afternoon running simultaneously for children and adolescents

Partner with local agencies to provide education and support for patients and families living with mental health, substance abuse and/or alcohol abuse issues

- Quarterly BHU staff performs education and training to the Medical floor RN's regarding Patients with Alcohol Withdrawals.
- Dr. Curtis provides alcohol withdrawal training at Mercy South for Residents beginning January 30, 2020.

- Create support groups with local agencies for families of and recovering addicts
- Added Behavioral Health Response Team (BERT) to review difficult BH patients on medical floor
- Continue to host and provide speakers for CIP and CIT training by NAMI for law enforcement and community professionals/clergy and the public Host a service of three Youth Mental Health First Aid workshop
- Monitor the number of partnerships and community events and initiatives
- Create support groups with local agencies for families of and recovering addicts
- Partner with NAMI for fundraising events, including “Family to Family” program
- BHU leadership attends and collaborates with law enforcement, area hospitals, NAMI and Rock County Crisis at County Wide CIT meetings
- Partner with the Janesville Police Department to be sure all patients are communicated with in the same manner

Eating Disorders and Mental Health

- Provide CME to medical staff on assessment and treatment resources
- Support “Project Maria” initiative and distribute eating disorder materials

Provide Mental Health and Substance use/withdrawal education to community partners and groups

- Sponsor the Suicide WALK in collaboration with NAMI for the past
- Manager of BH provided education to daycare providers on Early Childhood anxiety
- Clinic Manager spoke to local media regarding public education on Anxiety and COVID 19 Response
- Clinic Manager spoke to local media regarding public education on Telemedicine and Mental Health issues related to COVID 19
- EAP provided education on Suicide risk in Health Care worker
- Means reduction (Suicide Prevention) brochure made available
- Fliers on medication disposal to reduce risk of overdosing
- Safety plans completed for patients at risk prior to leaving the hospital ED, medical floors and Behavioral Health units.

Provide education to healthcare/medical staff on assessment and treatment resources

- BHU Manager participates in panel discussions at Faith Community Church for pastors and lay ministers, along with Veterans
- Annual mental health/substance use disorder training for paramedic students offered through our EMS
- Fall of 2019 provided 4 mental health/suicide prevention trainings to fire and rescue departments throughout Rock County
- Annual education on depression and suicide for all Mercyhealth RN and MA’s in MLC and EDUnet
- Provide training for BH emergencies in RN orientation

- Reduce likelihood of opioid addiction beginning and/or continuing
- Monitor opioid prescribing among physicians, offer provider education, and offer addiction counseling
- Review regular reports to look for outlier prescribers
- Monitor number of educational courses offered

Physical Health of Patients

Goal: Improve the physical health of patients living in the primary service area

Physical Health of Patients Measurement and Impact

Support obesity and nutrition education by providing free health screenings at health fairs and community events, partnering with local schools to provide educational programs and providing health options to employees of Mercyhealth

- Monitor number of health screenings provided at health fairs and other community events
- Monitor number of educational programs provided at local schools
- Hold weekly farmers' markets at Mercyhealth locations (as season permits)
- Provide weight management programming for children and adults at Mercyhealth Mall Janesville

Support and sponsor athletic events and other programs that promote physical activity in the community

- Partnering with local elementary schools on programs to increase physical activity and improve nutrition for students
- Monitor the number of athletic teams and events supported and sponsored by Mercyhealth
- Provide Advanced Sports Training Center Mercyhealth Janesville
- Hold Mercyhealth Wellness 5k Walk/Run
- Provide exercise services to children and adults as part of the Mercyhealth Weight Management Program
- Provide adult supervised exercise programming at Mercyhealth Mall Janesville

Chronic Disease Prevention

Goal: Improve the long term health of the community through chronic disease prevention

Chronic Disease Prevention Measurement and Impact

Promote education and awareness for prevention of chronic conditions:

- Participate in community health fairs
 - Monitor the number of community health fairs attended
- Offer free screenings for certain chronic conditions
 - Monitor the number of screenings completed
- Primary care physicians provide education on prevention of chronic conditions
- Provide free dental, immunization, depression, and well child screening and acute care services to uninsured and under-insured children through the Ronald McDonald Care Mobile
- Provide hospital surgical dentistry services to pediatric and developmentally disabled patients requiring more extensive dental work as identified via the Ronald McDonald program
- Prioritize smoking cessation efforts
 - Mercyhealth encourages providers to refer patients to the WI Quit line
 - Maintain smoke-free campuses

Increase access to education and programs through current Mercyhealth chronic disease prevention initiatives

- Mercyhealth Mall Diabetes Center -Janesville
- Mercyhealth Cardiac Fitness Center (cardiac and pulmonary rehab including comprehensive education programs, adult supervised exercise programming and weight management) - Janesville
- Mercyhealth Regional Heart and Vascular Center – Janesville
- Mercy Regional Lung Center – Janesville
- Mercyhealth Certified Stroke Center - Janesville
- Mercyhealth Mall Diabetes Support group
- Mercyhealth Stroke Survivors Support group
- Mercyhealth Janesville Advanced Heart Failure Program

APPENDIX B

Actions Related to Mercyhealth and Trauma Center 2017-2020 Community Health Needs Assessment and the Implementation Plan

Mental Health and Substance Abuse

Strategy #1: Improve the health of patients with mental health, substance abuse and alcohol abuse issues through increased access to education and care for these patients

Mental Health and Substance Abuse Measurement and Impact

Continue to develop and offer various access sites and programs for mental health, substance abuse and alcohol abuse treatment

- Mental health, substance abuse and alcohol abuse services currently offered in Rock County by Mercyhealth (Behavioral Health Services):
 - **Janesville:**
 - Adult day treatment for addictions
 - Adult day treatment for mental health
 - Child and adolescent day treatment
 - Inpatient, hospital based mental health and detoxification care
 - Outpatient, clinic-based addictions counseling
 - Outpatient, clinic-based mental health counseling (3 locations)
 - **Beloit:**
 - Outpatient, clinic-based mental health counseling
 - **Evansville:**
 - Outpatient, clinic-based mental health counseling
 - **Milton:**
 - Outpatient, clinic-based mental health counseling
- Implemented Urgent Clinic – appointments (within seven days) for patients discharging from the Behavioral Health Unit

Continue to monitor current Mercyhealth Behavioral Health programs and modify locations, services and other needs as necessary

- Mercyhealth System Child and Adolescent Day Treatment moved to a new, bigger, facility as part of an effort to enhance and enrich care for children and adolescents

Partner with local agencies to provide education and support for patients and families living with mental health, substance abuse and/or alcohol abuse issues

- Hosted and provided speakers for CIP and CIT training by NAMI for law enforcement and community professionals/clergy and the public
- Monitor number of partnerships and community events and initiatives
 - Between June 2016 and July 2020, 81 programs were offered as part of Mental Health and Depression Community Health Education with a total of 547 participants
- Mercyhealth Development Foundation donated money to the Janesville Police Department Explorers program which provides training and encourages local teens and young adults to pursue education and careers in law enforcement
- Monitor participation/progress in Zero Suicide initiative

- This screening tool utilizes PHQ-2 and was rolled out across the entire Mercyhealth System. It currently has a 90%+ completion rate in the system, this is considered a successful implementation.

Physical Health of Patients

Strategy #2: Improve the physical health of patients living in the primary service area

Physical Health of Patients Measurement and Impact

Support obesity and nutrition education by providing free health screenings at health fairs and community events, partnering with local schools to provide educational programs and providing health options to employees of Mercyhealth

- Monitor number of health screenings provided at health fairs and other community events
 - Between June 2016 and July 2020, 2,273 events were attended as part of Community-Based Clinics and Health Fair Screenings with a total of 332,808 participants
- Monitor number of educational programs provided at local schools
 - Between June 2016 and July 2020, 17 programs were offered as school-based programs with a total of 1,870 participants
- Hold weekly farmers’ markets at Mercyhealth locations (as season permits)
 - The farmers’ markets were onsite on a weekly basis throughout 2018-2019, prior to the COVID-19 pandemic
- Provide weight management programming and exercise services for children and adults at Mercyhealth Mall Janesville
 - Between January 2017 and December 2020 422 patients were enrolled in the Mercyhealth Weight Management program
- Support and sponsor athletic events and other programs that promote physical activity in the community

Total Athletic/Physical Activity Promotion Events Sponsored				
FY2016	FY2017	FY2018	FY2019	FY2020
27	29	47	59	43

- Partnering with local elementary schools on programs to increase physical activity and improve nutrition for students
 - Between June 2016 and July 2020 17 programs were offered as school-based programs with a total of 1,870 participants
- Monitor the number of athletic teams and events supported and sponsored by Mercyhealth

Total Athletic Teams Sponsored				
FY2016	FY2017	FY2018	FY2019	FY2020
3	5	15	25	22

- Provide Advanced Sports Training Center Mercyhealth Janesville
- Hold Mercyhealth Wellness 5k Walk/Run
 - The Mercyhealth Wellness 5k Walk/Run was hosted yearly from 2017-2020

Chronic Disease Prevention

Strategy #3: Improve the long term health of the community through chronic disease prevention

Chronic Disease Prevention Measurement and Impact

Promote education and awareness for prevention of chronic conditions:

- Participate in community health fairs
 - Between June 2016 and July 2020 744 Health Fairs were attended and 175,994 participants were screened
- Offer free screenings for certain chronic conditions
 - Between June 2016 and July 2020, 2,273 events were attended as part of Community-Based Clinics and Health Fair Screenings with screenings for:
 - Blood Pressure
 - Cholesterol
 - Cancer- Mammography
 - Cancer- Prostate
 - Cancer- Skin
 - Cancer- All other screenings
 - Diabetes
 - Nutrition/Obesity
- Primary care physicians provide education on prevention of chronic conditions
 - Between June 2016 and July 2020, 306 chronic condition education programs were offered with 2,839 total participants
 - Education programs included:
 - Asthma
 - Cancer
 - Diabetes
 - Heart Disease/Healthy Heart
 - Nutrition and Weight Management
- Ronald McDonald Care Mobile
 - As of 2019, the Ronald McDonald Care Mobile has had 12,281 visits with 9,999 children providing well-child exams, vaccinations, acute care visits and dental care.
- Prioritize smoking cessation efforts
 - Free smoking cessation wellness program for Mercyhealth employees
 - Maintain smoke-free campuses

APPENDIX C

27. Are you able to see a dental provider that accepts your insurance?

- Yes
 No

28. If you don't have a regular dental provider, tell us why: (Check all that apply)

- Not applicable (N/A)
 Don't know how to find a dental provider
 No dental provider is close to where I live
 No dental providers accept my insurance
 Can't afford to pay for a dental visit
 Can't get an appointment
 Language/cultural barriers
 Feel like I don't need one
 Other _____

29. If you don't have dental insurance, tell us why: (Check all that apply)

- Not applicable (N/A)
 Too expensive
 Place(s) where you work does not offer it
 Not qualified for the plan where you work
 Not qualified for dental assistance
 Don't know where/how to sign up for dental insurance
 Feel like you don't need dental insurance
 Other _____

30. In the past 12 months, was there a time when you, or someone your household, needed to see a mental health professional, but could not?

- Yes
 No

On behalf of the Health Equity Alliance of Rock County (HEAR) we would like to thank you for taking the time to respond to the survey. Your participation is greatly appreciated.

If you are interested in joining the Health Equity Alliance of Rock County (HEAR) please contact:

Kelly Klingensmith, MPH
Community Health Education Coordinator
Rock County Public Health Department
P.O. Box 1088
Janesville, WI 53547-1088
608-757-5431
Kelly.Klingensmith@co.rock.wi.us

31. In the past 12 months, was there a time when you or someone your household needed alcohol or other drug treatment, but could not access it?

- Yes
 No

32. In the past 12 months, was there a time when you, or someone in your household, needed medications, but could not get them?

- Yes
 No

33. If you, or someone in your household, could not get the medications you needed, tell us why: (Check all that apply)

- Not applicable (N/A)
 Too expensive
 Could not get a prescription from a physician
 Language/cultural barriers
 Specific medication I needed was not available
 Lack of ride to pharmacy
 Inconvenient pharmacy hours
 Do not have a pharmacy
 Other _____

34. Do you have anything else you would like us to know?

The Health Equity Alliance of Rock County (HEAR) is conducting a Community Health Assessment survey to better understand the health concerns and needs in Rock County. We invite anyone that lives, works, learns, or plays in Rock County to take the survey. The information obtained from the Community Health Assessment will be used in the development of an action plan to help ensure that Rock County reaches its full health potential.

Please return this survey or complete the survey online at
<https://www.surveymonkey.com/r/RockCountyCHAmail> by March 1, 2017

Demographics

1. What is your zip code? _____

2. Which category below includes your age?

- Under 18
 18-25
 26-40
 41-55
 56-65
 66-75
 75 or older

3. What race/ethnicity best describes you? (Please choose only one)

- White (Non-Hispanic)
 Black/African American (Non-Hispanic)
 Hispanic/Latino
 American Indian/Alaska Native (Non-Hispanic)
 Asian (Non-Hispanic)
 Two or more races
 If not listed, please self-identify _____

4. What is your current marital status?

- Single/never married
 Married
 Separated
 Divorced
 Widowed
 Live with partner

5. What is your highest of level of education?

- 8th grade or less
 Some High School
 High School/GED
 Some College
 Associate's Degree/Technical school graduate
 Bachelor's Degree
 Master's Degree
 Advanced Degree (e.g. Ph.D., M.D., etc.)

6. What is your current employment status?

- Employed- Full-time
 Employed- Part-time
 Out of work and looking for work
 Out of work but not currently looking for work
 Unable to work
 Retired
 Student
 Homemaker
 Military
 Other _____

7. What is your annual household income?

- Under \$4,999
 \$5,000 - \$24,999
 \$25,000 - \$44,999
 \$45,000 - \$64,999
 \$65,000 - \$94,999
 \$95,000 - \$134,999
 Over \$135,000

8. How many people live in your household?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 or more |

9. How many people in your household are under the age of 18?

- No one in my household is under the age of 18
 1 5
 2 6
 3 7 or more
 4

10. How do you describe yourself? (Please choose only one)

- Male
 Female
 Trans Male
 Trans Female
 Gender Nonconforming
 If not listed, please self-identify _____

11. What is your orientation? (Please choose only one)
- Heterosexual or straight
 - Gay
 - Lesbian
 - Bisexual
 - If not listed, please self-identify _____

Community Health Questions

12. How would you rate the overall health of Rock County?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

13. What do you think are the five (5) factors that make a healthy community? (Check your top five)

- Good place to raise children
- Low crime/safe neighborhoods
- Low level of child abuse
- Good schools
- Access to health care
- Access to dental care
- Parks and recreation
- Clean environment
- Affordable housing
- Good jobs and a healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Low death and disease rates
- Religious or spiritual values/support
- Other _____

14. What are the top five (5) health problems in your community? (Check your top five)

- Alcohol abuse
- Cancers
- Diabetes
- Drug abuse
- HIV/AIDS
- Lung disease
- Obesity
- Suicide
- Violence
- Heart disease and stroke
- High blood pressure
- Sexually transmitted diseases (STDs)
- Substance abuse disorders
- Other _____
- Aging problems
- Dental problems
- Dementia
- Gun injuries
- Infant death
- Mental health
- Rape/sexual assault
- Teen pregnancy
- Domestic violence

15. What are the five (5) most concerning risky behaviors in your community? (Check your top five)

- Alcohol abuse
- Drug abuse
- Homicide
- Racism
- Tobacco use
- Unlocked guns
- Not seeking preventative dental care
- Not using seat belts or child safety seats
- Not getting "shots" to prevent disease
- Not using bike helmets
- Not seeking prenatal care
- Other _____
- Dropping out of school
- Drunk Driving
- Lack of exercise
- Poor eating habits
- Unsafe sex
- Not receiving medical care

16. What are the five (5) environmental issues that concern you the most in your community? (Check your top five)

- Trash or litter in public areas
- Lack of handicapped accessible community resources
- Lack of sidewalks/walking paths
- Lack of bike lanes/bike paths
- Lack of safe places for recreation/parks
- Unsafe/unclean drinking water
- Radon
- Septic systems not working
- Household hazardous waste disposal
- Unsafe neighborhoods/crime
- Mosquito/tick carried diseases
- Unsafe/abandoned buildings
- Unsafe/unsanitary housing
- Lead paint hazards
- Groundwater pollution from agriculture
- Secondhand smoke
- Lack of safe swimming beaches
- Overdevelopment/too much new development
- Unsafe/unclean river, creek, and lake water
- Unsafe roads/highways
- Unsafe food
- Other _____

17. What healthcare, health education, health services or programs would you like to see offered in your community? (Check all that apply)

- None- we have everything we need
- Don't know
- Healthcare resources for the uninsured/underinsured
- Exercise resources
- Nutrition education
- Wellness programs (continued on next page)
- Senior services
- Parenting services
- Health education to prevent chronic conditions (e.g. diabetes, high blood pressure, heart conditions, asthma, etc.)
- Affordable insurance options
- Mental health services
- Dental services
- Alcohol and drug abuse services
- Other _____

Health Condition Questions

18. How would you rate your own personal health?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

19. Which of the following are health problems or concerns for you or someone in your household? (Check all that apply)

- Eating well/nutrition
- Access to healthy, affordable food
- Exercising/fitness
- Access to safe, affordable places to exercise
- Access to medical equipment & supplies
- Access to home health services
- Managing weight
- Access to affordable dental care
- Access to affordable health care
- Getting flu shots and other vaccines
- Quitting smoking
- Secondhand smoke
- Alcohol use/abuse
- Depression or other mental health concerns
- Stress management
- Access to mental health treatment
- Access to alcohol and other drug treatment
- Bullying
- Domestic violence
- Rape/sexual abuse
- Anger management
- Access to affordable, safe child care
- Access to affordable, safe elder care
- Caring for family members with disabilities
- Preventing pregnancy
- Preventing sexually transmitted diseases (STDs)
- Preparing for an emergency disaster
- Other _____

20. Do you have health insurance?

- Yes
- No (If no go to #22)

21. Are you able to see a healthcare provider (doctor, nurse practitioner, physician's assistant, nurse) that accepts your insurance?

- Yes
- No

22. In the past 12 months, have you seen a healthcare provider (doctor, nurse practitioner, physician's assistant, nurse) that you consider your regular provider?

- Yes
- No

23. If you don't have a regular healthcare provider (doctor, nurse practitioner, physician's assistant, nurse), tell us why: (Check all that apply)

- Not applicable (N/A)
- Don't know how to find a healthcare provider
- No healthcare provider is close to where I live
- Co-pay/deductible too high
- Can't afford to pay for a doctor's visit
- Can't get an appointment
- Language/cultural barriers
- Feel like I don't need one
- Other _____

24. In the past 12 months, have you, or someone in your household, used an Emergency Room or Urgent Care because you could not see a physician?

- Yes
- No

25. If you don't have health insurance, tell us why: (Check all that apply)

- Not applicable (N/A)
- Too expensive
- Place(s) where you work does not offer it
- Not qualified for the plan where you work
- Not qualified for medical assistance
- Don't know where/how to sign up for health insurance
- Feel like you don't need health insurance
- Other _____

26. Do you have dental insurance?

- Yes
- No (If no, go to #28)

26. ¿Tiene seguro dental?

- Sí
- No (Si no, salta a #28)

27. ¿Tiene la habilidad de ver a un proveedor dental que acepte su seguro?

- Sí
- No

28. Si no tiene un proveedor dental normal, díganos por qué: (Marque todo lo que aplique)

- No aplicable
- No sé cómo encontrar un proveedor dental
- No hay un proveedor dental cerca de donde yo vivo
- No hay un proveedor dental que acepte mi seguro
- Una visita dental es demasiado costoso
- No puedo obtener una cita
- Hay barreras de idioma/cultura
- Siento que no necesito uno
- Otro _____

29. Si no tiene seguro dental díganos por qué: (Marque todo lo que aplique)

- No aplicable
- Demasiado costoso
- El lugar donde yo trabajo no ofrece
- No califico para el plan de mi trabajo
- No califico para asistencia dental
- No sé dónde/cómo inscribirme para seguro dental
- Siento que no necesito seguro dental
- Otro _____

30. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitaba ver un profesional de salud mental pero no pudo?

- Sí
- No

31. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitaba tratamiento para adicción de drogas o alcohol pero no pudo accederla?

- Sí
- No

32. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitaba medicamentos pero no los pudo obtener?

- Sí
- No

33. Si usted o alguien en su casa no pudo obtener sus medicamentos díganos por qué: (Marque todo lo que aplique)

- No aplicable
- Demasiado costoso
- No pude obtener una receta de un doctor
- Había barreras de idioma/cultura
- El medicamento en específico que necesitaba no fue disponible
- No pude conseguir transportación a la farmacia
- Las horas de la farmacia son inconvenientes para mí
- No tengo una farmacia
- Otro _____

34. ¿Hay algo más que usted quiere que sepamos?

De parte de la Alianza de Equidad de salud del condado de Rock (HEAR por su sigla en inglés) nos gustaría darle las gracias por tomar el tiempo a responder a la encuesta. Agradecemos su participación. Si le interesa unir la Alianza de Equidad de Salud del condado de Rock (HEAR) Por favor contacte: Kelly Klingensmith, MPH

Coordinadora de Educación de Salud Comunitaria
Departamento de Salud Pública del Condado de Rock
P.O. Box 1088
Janesville, WI 53547-1088
608-757-5431
Kelly.Klingensmith@co.rock.wi.us

La Alianza de Equidad de Salud del condado de Rock (HEAR por su sigla en inglés) está realizando una encuesta de Evaluación de Salud Comunitaria para mejor entender las preocupaciones y necesidades de salud del condado de Rock. Invitamos a cualquiera que viva, trabaje, estudie, o juegue en del condado de Rock a completar la encuesta. La información obtenida de la encuesta de Evaluación de Salud Comunitaria será utilizada para elaborar un plan de acción para asegurar que del condado de Rock alcance toda su potencial de salud comunitaria.

Favor de devolver esta encuesta o completarla en línea
visite: <https://www.surveymonkey.com/r/RockCountyCHAmail> antes de Marzo 1, 2017

Demografía

1. ¿Qué es su código postal? _____

2. ¿Qué categoría abajo incluye su edad?

- Menor de 18
- 18-25
- 26-40
- 41-55
- 56-65
- 66-75
- 75 o Mayor

3. ¿Qué raza/etnia mejor describe a usted? (Por favor, solo escoja una opción)

- Blanca (No hispano)
- Negra/Afroamericana (No hispano)
- Hispana/Latina
- Nativo Americana/Nativo de Alaska (No hispano)
- Asiático (No hispano)
- Dos o más razas
- Si no aparece su raza/etnia en la lista, por favor identifiquese _____

4. ¿Cuál es su estado civil?

- Soltero/a/nunca se ha casado
- Casado/a
- Separado/a
- Divorciado/a
- Viudo/a
- Vivo con mi pareja

5. ¿Cuál es el nivel más alto de su educación?

- 8 Grado o menos
- Escuela Secundaria Parcial
- Escuela Secundaria/GED
- Universidad Parcial
- Grado de Asociado/Graduado de escuela técnica
- Grado de Licenciatura
- Maestría
- Grado Avanzado (e.j. Ph.D., M.D., etc.)

6. ¿Cuál es su estado laboral?

- Empleado - Tiempo Completo
- Empleado - Tiempo Parcial
- Sin trabajo y buscando trabajo
- Sin trabajo no buscando trabajo
- Incapacitado para trabajar
- Jubilado
- Estudiante
- Ama de Casa
- Militar
- Otro _____

7. ¿Cuánto es el ingreso anual de su hogar?

- Menos de \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$44,999
- \$45,000 - \$64,999
- \$65,000 - \$94,999
- \$95,000 - \$134,999
- Más de \$135,000

8. ¿Cuántas personas viven en su hogar?

- Vive Solo
- 2
- 3
- 4
- 5
- 6
- 7
- 8 o más

9. ¿Cuántas personas en su hogar tienen menos de 18 años?

- Nadie en mi hogar tiene menos de 18 años
- 1
- 2
- 3
- 4
- 5
- 6
- 7 o más

10. ¿Cómo se describe? (Por favor, solo escoja una opción)

- Hombre
- Mujer
- Hombre Transgénero
- Mujer Transgénero
- Género no Conforme
- Si no aparece, por favor identifiquese _____

11. ¿Cuál es su orientación? (Por favor, solo escoja una opción)

- Heterosexual
- Hombre Homosexual
- Mujer Homosexual
- Bisexual
- Si no aparece, por favor identifiquese _____

Preguntas de Salud Comunitaria

12. ¿Cómo calificaría la salud del condado de Rock en general?

- Muy Sana
- Sana
- Más o Menos Sana
- Mal
- Muy Mal

13. ¿Qué piensa usted que son los cinco (5) factores que contribuyen a una comunidad sana? (Marque sus primeras cinco opciones)

- Buen lugar para criar niños
- Bajo crimen/ Vecindarios seguros
- Bajo nivel de abuso de niños
- Buenas escuelas
- Acceso a la atención médica
- Acceso a la atención dental
- Parques y recreo
- Medio ambiente limpio
- Vivienda económica
- Buenos trabajos y una economía sana
- Fuertes relaciones familiares
- Comportamiento y estilo de vida sana
- Baja tasa de muerte y enfermedad
- Valores/Apoyo religiosos o espirituales
- Otro _____

14. ¿Cuáles son los cinco (5) mayores problemas de salud en su comunidad (Marque sus primeras cinco opciones)

- Abuso de alcohol
- Alta Presión de Sangre
- Demencia
- Embarazo adolescente
- Abuso de sustancias
- Enfermedad de corazón y apoplejía
- Problemas de enfermedades de envejecimiento
- Enfermedad de pulmón
- Enfermedades de transmisión sexual
- Muerte infantil
- Problemas dentales
- Suicidio
- Violación/Acoso sexual
- Violencia Doméstica
- Otro _____
- Abuso de drogas
- Cáncer
- Diabetes
- Heridas de pistolas
- Obesidad
- Salud Mental
- VIH/SIDA
- Violencia

15. ¿Cuáles son los cinco (5) comportamientos riesgosos de su comunidad? (Marque sus primeras cinco opciones)

- Abuso de alcohol
- Abandonar la escuela
- Abuso de drogas
- Manejar bajo los efectos del alcohol
- Homicidio
- Falta de ejercicio
- Racismo
- Malos hábitos de comer
- Uso de tabaco
- Sexo inseguro
- Armas no guardadas
- No recibir atención médica
- No buscar atención preventiva
- No utilizar cinturones de seguridad o asientos de seguridad para niños
- No recibir vacunas para prevenir enfermedades
- No utilizar cascos para bicicletas
- No buscar atención médica prenatal
- Otro _____

16. ¿Cuáles son los cinco (5) problemas del medio ambiente que más le preocupa en su comunidad? (Marque sus primeras cinco opciones)

- Basura en las áreas públicas
- Falta de recursos comunitarios para los discapacitados
- Falta de aceras/senderos
- Falta de senderos y carriles para bicicletas
- Falta de lugares seguros para recreo/parque
- Agua insegura/no limpia para beber
- Radón
- Sistemas sépticos que no funcionan
- Eliminación de residuos peligrosos
- Vecindarios inseguros/crimen
- Enfermedades transmitidas por mosquitos/garrapatas
- Edificios inseguros/abandonados
- Vivienda insegura/ antihigiénica
- Peligro de pintura de plomo
- Contaminación de agua subterránea por agricultura
- Humo de segunda mano
- Falta de playas seguras para nadar
- Súper desarrollo/demasiado desarrollo
- Agua insegura de ríos, arroyos, y lagos
- Calle/Carretera insegura
- Comida insegura
- Otro _____

17. ¿Cuáles programas de atención médica, educación de salud o servicios de salud le gustaría que se ofrezcan en su comunidad? (Marque todo lo que aplique)

- Ninguna- tenemos todo lo necesario
- No sé
- Recursos de atención médica para los que no tengan seguro médico o con seguro médico insuficiente
- Recursos para ejercicio
- Educación de nutrición
- Programas de bienestar
- Servicios para personas de mayor edad
- Servicios para padres
- Educación de salud para prevenir condiciones crónicas(e.j. diabetes, alta presión, condiciones del corazón, asma, etc.)
- Opciones económicas de seguro médico
- Servicios para la salud mental
- Servicios dentales
- Servicios para abuso de alcohol y drogas
- Otro _____

Preguntas de Condición de Salud

18. ¿Cómo calificaría su propia salud?

- Muy sana
- Sana
- Más o menos sana
- Mal
- Muy mal

19. ¿Cuáles de las siguientes cosas son problemas o preocupaciones de salud para usted o para alguien en su casa? (Marque todo lo que aplique)

- Comer bien/ Nutrición
- Acceso a comida nutritiva y económica
- Ejercicio/ Aptitud física
- Acceso a lugares seguros y económicas para hacer ejercicio
- Acceso a suministros y equipo médico
- Acceso a atención médica en el hogar
- Control de peso
- Acceso a atención dental económica
- Acceso a atención médica económica
- Recibir la vacuna de influenza y otras vacunas
- Dejar de fumar
- Humo de segunda mano
- Abuso de alcohol
- Depresión u otras preocupaciones de salud mental
- Control de estrés
- Acceso a tratamiento de salud mental
- Acceso a tratamiento de alcohol u otras drogas
- Acoso (Bullying)
- Violencia Doméstica
- Violación/Acoso sexual
- Control de Ira
- Acceso a cuidado para niños económico y seguro
- Acceso a cuidado para mayores económico y seguro

Continuar →

- Cuidar a familiares discapacitados
- Prevenir Embarazo
- Prevenir enfermedades de transmisión sexual
- Preparar para un desastre o emergencia
- Otro _____

20. ¿Tiene seguro médico?

- Sí
- No (Si "no" Salte a #22)

21. ¿Puede usted ir con un proveedor médico (doctor, enfermera titulada, auxiliar médico, enfermera) que acepte su seguro médico?

- Sí
- No

22. ¿Durante los últimos 12 meses, ha ido usted con un proveedor (doctor, enfermera titulada, auxiliar médico, enfermera) que usted considera ser su proveedor normal?

- Sí
- No

23. ¿Si no tiene un proveedor normal (doctor, enfermera titulada, auxiliar médico, enfermera), díganos por qué?: (Marque todo lo que aplique)

- No aplicable (N/A)
- No sé como encontrar un proveedor
- No hay proveedores cerca de donde yo vivo
- Co-pago o deducible es demasiado alto para mí
- No puedo pagar por una cita
- No puedo obtener una cita
- Hay barreras de idioma/cultura
- No creo que necesito uno
- Otro _____

24. ¿Durante los últimos 12 meses, ha usted, o alguien en su casa utilizado la sala de emergencias o cuidado urgente porque no pudo ver un doctor?

- Sí
- No

25. Si no tiene seguro médico díganos por qué: (Marque todo lo que aplique)

- No aplicable
- Demasiado costoso
- Lugar(es) donde trabajo no lo ofrece
- No califico para el plan de mi trabajo
- No califico para asistencia médica
- No sé dónde/cómo inscribirme para seguro médico
- Siento que no necesito seguro médico
- Otro _____

APPENDIX D

Organizations Represented in Key Informant Interviews

- HealthNet of Rock County
- Beloit Area Community Health Center
- Stateline YMCA
- City of Janesville
- Janesville Police Department
- New Life Assembly of God Church
- Mercyhealth
- Milton School District
- Edgerton Community Center
- Beloit Police Department
- National Alliance on Mental Illness
- Beloit Senior Center
- House of Mercy Homeless Center
- Janesville School District
- United Way Blackhawk Region

Questions Asked in Key Informant Interviews

Of the following focus areas, please rank in order the top 5 major health-related issues in the community:

- | | |
|------------------------------------|-----------------------------|
| _____ Alcohol and drug use | _____ Nutrition |
| _____ Chronic disease | _____ Oral health |
| _____ Communicable disease | _____ Physical activity |
| _____ Environmental & occupational | _____ Reproductive & sexual |
| _____ Growth & development | _____ Tobacco |
| _____ Injury & violence | _____ Access to care |
| _____ Mental health | |

1. In general, how would you rate health and quality of life in the community?
Health –

Quality of Life -
2. In your opinion, has health and quality of life in the community improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?
5. Are there people or groups of people in the community whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups (whose health or quality of life is not as good as others)?
 - b. Why do you think their health/quality of life is not as good as others?
6. What barriers, if any, exist to improving health and quality of life in the community?
7. In your opinion, what are the most critical health and quality of life issues in the community?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve the health and quality of life in the community?