

2020 Community Health Needs Assessment

*Mercyhealth Hospital and
Medical Center–Walworth*

Our Mission:

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



Mercyhealth[®]

A passion for
making lives better.

Contents

Introduction	4
Methodology.....	6
Demographics.....	7
Overall Population	7
Population by Race	7
Hispanic Population	8
Population by Age.....	8
Population by Age and Race/Ethnicity.....	9
Veteran Population.....	9
Population with any Disability.....	10
Gender	10
Social and Economic Characteristics.....	11
Per Capita Income.....	11
Public Assistance Income	13
Poverty	13
Uninsured Population	16
Unemployment Rate.....	17
Access to Food.....	18
Housing Burden	18
Households with No Motor Vehicle.....	18
Education	19
Teen Births	21
Violent Crimes	21
Clinical Care.....	22
Access to Primary Care.....	22
Free or Low Cost Clinics	22
Access to Prenatal Care.....	23
Preventable Hospital Stays.....	23
Childhood Immunizations:	24
Cancer Screenings.....	24
Health Behaviors	26
Alcohol Consumption.....	26

Tobacco Usage.....	27
Opioid Drug Abuse.....	28
Physical Inactivity.....	30
Walking to Work.....	30
Health Outcomes.....	31
Obesity.....	31
Cancer.....	31
Diabetes.....	33
Chronic Disease – Cardiovascular Health.....	34
Chronic Lower Respiratory Disease.....	39
Maternal/Prenatal/Childhood.....	41
Behavioral Health.....	43
Sexually Transmitted Disease.....	44
Household Survey.....	45
Introduction.....	45
Access.....	46
Unmet Medical Care.....	46
Coverage.....	48
Chronic Disease.....	48
Health Risk Behaviors.....	50
Health Risk Factors.....	52
Cancer Screenings.....	53
Mental Health.....	53
Key Informant Interviews.....	54
Introduction.....	54
Mental Health.....	54
Access to Health Care.....	56
Substance Use and Abuse.....	58
Oral Health.....	59
Alcohol Abuse.....	61
Prioritization of Health-Related Issues.....	63
APPENDIX A.....	64
.....	64

APPENDIX B67

 Actions Related to Mercyhealth and Medical Center 2017-2020 Community Health Needs Assessment
 and the Implementation Plan.....67

 Strategy #1: Improve the general health of individuals living in Walworth County.....67

 Strategy #2: Improve the health status of individuals with chronic illness and promote healthy
 lifestyles.....69

 Strategy #3: Improve the health of patients with specific needs, including geriatric health needs and
 substance abuse71

APPENDIX C75

 Walworth County Community Health Survey Report Summary 2019.....75

APPENDIX D.....85

 Key Informant Interview85

Introduction

Mercyhealth Hospital & Medical Center- Walworth (MWH) conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in Walworth 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 Walworth 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 MWH, and a description of the community served by MWH
- **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 phone survey of residents in Walworth County and analysis of responses
- **Key Informant Interview:** 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
- **Summary of Findings:** A summary of the community analysis, household survey, and key informant interviews identifying trends and important health-related needs in the communities
- **Prioritization of Health-Related Issues:** A prioritized description of the health needs identified and the reason for prioritization

Mercyhealth Hospital and Medical Center – Walworth (MWH)

Mercyhealth Hospital and Medical Center – Walworth (MWH) in Lake Geneva, Wisconsin, offers a comprehensive array of acute inpatient services as well as outpatient services. As part of an integrated delivery system, the parent company, Mercyhealth, has worked in conjunction with this hospital 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. We provide exceptional, coordinated health care that spans four core service divisions: hospital-based services, clinic-based services, post-acute care and retail services, and a wholly owned insurance company. These four core service divisions make up our comprehensive, vertically integrated delivery system, and integrated delivery is what makes Mercyhealth unique in serving the full range of health care needs for our patients.

Community Definition

For the purposes of this report we define the MWH community as Walworth County, Wisconsin, where a majority (73%) of the patients served by the hospital in 2019 reside.

Activities Since Previous CHNA

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

Methodology

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

MWH and other local health systems including Fort HealthCare, Aurora Health Care, and Children's Wisconsin partnered with the Walworth County Division of Public Health for the purpose of collecting community health data for the health department's Community Health Assessment (CHA) and the health systems' CHNAs.

The following data sources were used for this CHNA:

- Community Analysis – compilation of data by MWH
- Walworth County Community Health Survey – a survey of Walworth County residents conducted through a partnership including MWH and the Walworth County Division of Public Health
- Key Informant Interviews – interviews conducted with key informants representing the broad interests of the community through a partnership including MWH and the Walworth County Division of Public Health

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

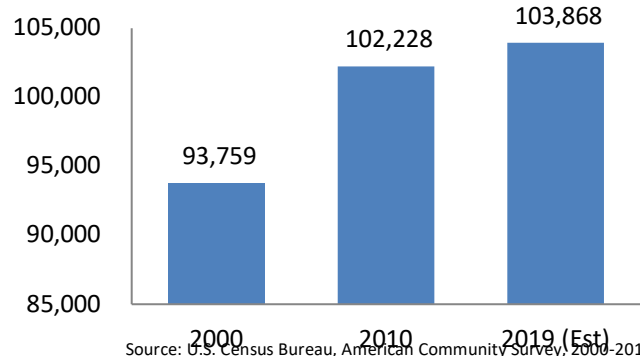
Mercyhealth welcomes feedback on our CHNA. Comments can be shared on our website at www.mercyhealthsystem.org/contact-us/. MWH received no comments regarding our previous CHNA.

Demographics

Overall Population

According to the United States Census Bureau, between 2000 and 2019, the population in Walworth County grew by 10,194 persons representing growth of 10.9%. A significant part of this growth occurred between 2000 and 2010 where the population increased by 8,469 persons representing growth of 9.0%. Population continued to grow after 2010 but at a slower rate. Between 2010 and 2018, Walworth County grew by 1,725 persons representing growth of 1.7%.

**Population of Walworth County, WI
2000-2019 (Est)**



Walworth County is located in the southeastern region of the state of Wisconsin and occupies 576 square miles or 366,307 acres. Walworth County is midway between Chicago and Milwaukee and is bordered on the south by the rapidly expanding northern Illinois metropolitan region and on the east by the Milwaukee metropolitan region. Walworth County joins the counties of Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha to form the Southeastern Wisconsin Planning Region. Walworth County is located in a relatively good position with regard to continued growth and economic development. Interstate Highway 43 and U.S. Highway 12 provide an efficient transportation corridor for commuters, tourists and commerce. More than 10 million urban residents live within a two-hour drive of Walworth County. (Source: www.co.walworth.wi.us)

Population by Race

Walworth County is primarily White (95.8%) and Black or African American (1.2%). This racial composition has remained relatively consistent over time.

Race Distribution - Walworth County, Wisconsin			
	2000	2010	2020 Est
White	94.49%	91.89%	95.8%
Black or African American	0.84%	0.96%	1.2%
American Indian and Alaska Native	0.23%	0.3%	0.5%
Asian	0.65%	0.83%	1.1%
Other	2.6%	4.5%	2.6%
Two or more races	1.48%	1.14%	1.4%

Source: U.S. Census Bureau, American Community Survey, 1990, 2000, 2010 and 2014-2019 5-year Estimates

Hispanic Population

Total Hispanic population for Walworth County is approximately 11,633. This represents 11.2% of the total population in Walworth 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 (9.97%) while the Non-

2019 Ethnicity and Change - Walworth County, Wisconsin				
	2010	2019	Change	Percent
Hispanic	10,578	11,633	1,055	9.97%
Non-Hispanic	91,650	92,235	585	0.64%
Total	102,228	103,868	1,640	1.6%

Source: U.S. Census Bureau,
American Community Survey, 2019

Hispanic Community has remained relatively flat. Hispanic ethnicity is different than race. An individual identifying with a Hispanic ethnicity can be White, Black or African American, Asian, or some other combination of race categories. The Hispanic population is predominately White.

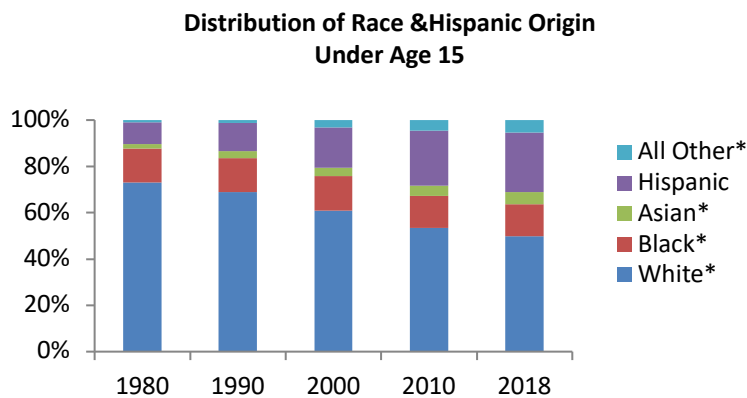
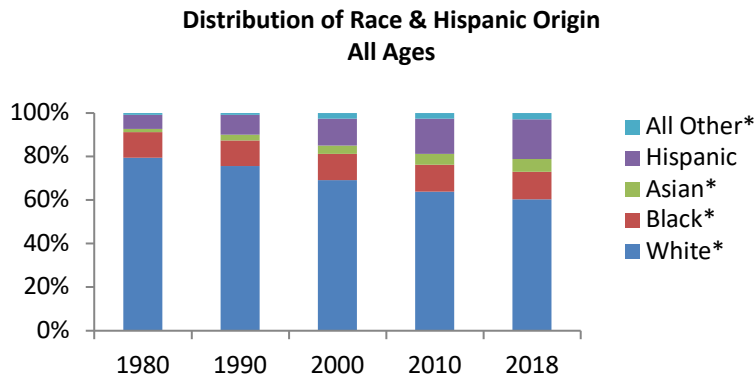
The majority of Hispanic residents are from Mexico (87.4%) followed by Puerto Rico (4.97%). (Source: U.S. Census Bureau, 2019 American Community Survey)

Population by Age

Each age group has unique health needs. The median age in Walworth County is 41.8. This is comparable to the Wisconsin median age of 39.1 and higher than national median age of 38.2. (Source: U.S. Census Bureau, 2019 American Community Survey)

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.

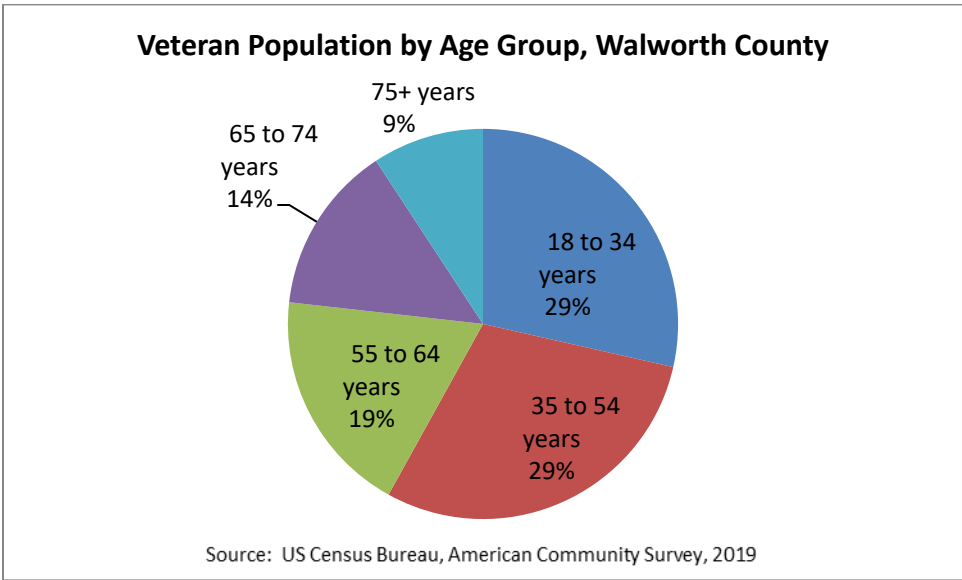


Source: William H. Frey Analysis of U.S. Census and Population Estimates Released June 2018

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.

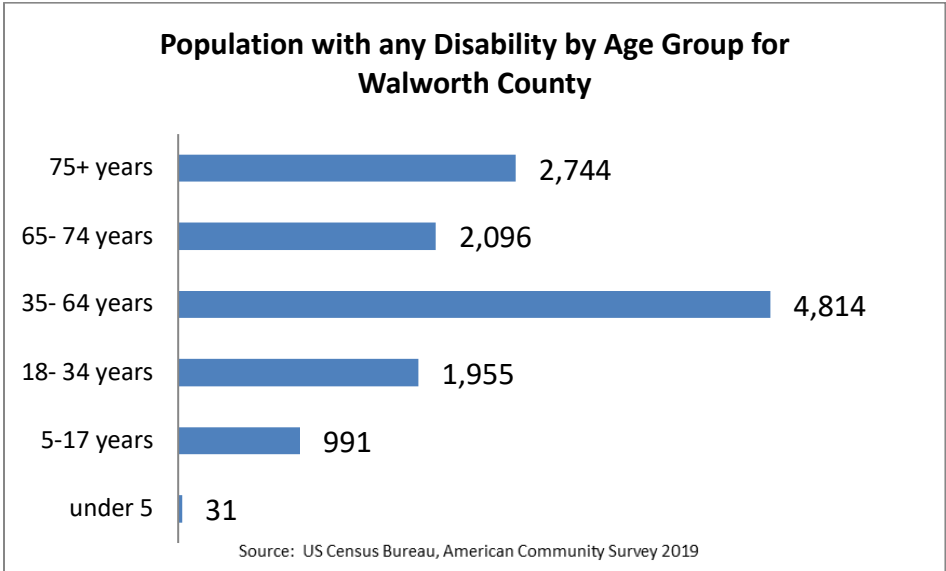
Veteran Population

Veterans in Walworth County make up 5.8% of the population aged 18 and older. This is lower than both the state rate of 7.2% and the national rate of 7.1%. Nearly three-quarters are over the age of 35 and more than 42% are over the age of 55.



Population with any Disability

Disabled persons comprise a unique population that requires targeted community services, specialized healthcare, and outreach by providers. The percentage of Walworth County’s civilian, non-institutionalized population with a disability is 11.3%. This is lower than both the national rate of 12.6% and the Wisconsin rate of 11.6%.



Gender

The gender distribution of Walworth County residents has remained consistent from 2010 to 2019. This is consistent with both the state and national rates.

	Male	Female
Walworth County	50.5%	49.5%
Wisconsin	49.7%	50.3%
US	49.2%	50.8%

Source: US Census Bureau, ACS 2019

Social and Economic Characteristics

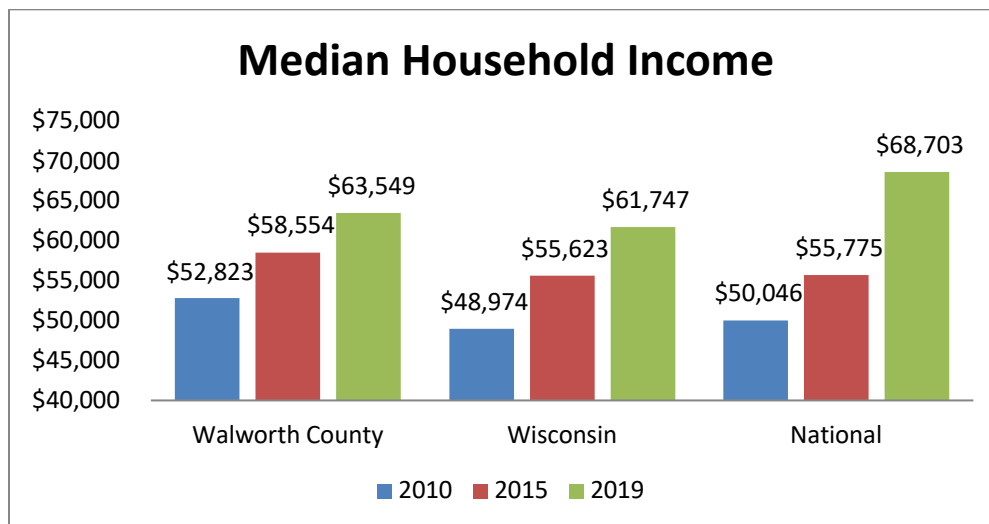
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

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 Walworth County was \$32,302 in 2019. This was below both the state (\$33,032) and the national (\$33,831) per capita income. The per capita income in this report is the average (mean) income computed for every man, woman, and child in Walworth County. (Source: US Census Bureau, American Community Survey, 2018)

Median Family Income

Median income divides households into two segments, with one-half of households earning more than the median income and the other half earning less. Median income is considered a more reliable factor than average income because it is not significantly impacted by unusually high or low income values.



Source: U.S. Census Bureau, American Community Survey 2010-2019

Median Household Income (HHI) has risen significantly since 2010 in Walworth County. HHI increased by 8.5% between 2015 and 2019, and by 20.3% from 2010 to 2019. These increases are lower than both the state and national levels. The Wisconsin median HHI increased by 11.0% from 2015 to 2019 and by 26.1% from 2010 to 2019. Nationally, the median HHI increased by 23.2% from 2015 to 2019 and by 37.3% from 2010 to 2019.

In 2019, median HHI was \$63,549 for Walworth County. This value is above the Wisconsin (\$61,747) and below the national (\$68,703) 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
Walworth County	\$91,532	\$99,330	\$63,239	\$55,774	\$39,306	\$25,914
Wisconsin	\$94,251	\$106,104	\$53,697	\$49,991	\$38,662	\$31,151
United States	\$96,571	\$103,978	\$56,156	\$48,083	\$40,815	\$31,035

Source: US Census Bureau, American Community Survey 2019

When median HHI is broken down by race, Asians have the highest median HHI in Walworth County. This is consistent with median HHI at the state and national level. Black and African Americans have the lowest median HHI in Walworth County, which is also consistent with median HHI 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)
	Walworth County	\$64,459	\$36,127	No Data	No Data	\$61,516
Wisconsin	\$67,548	\$35,178	\$75,845	\$42,138	\$42,870	\$47,217
United States	\$71,664	\$43,862	\$93,759	\$45,476	\$53,097	\$55,658

Source: US Census Bureau, American Community Survey 2019

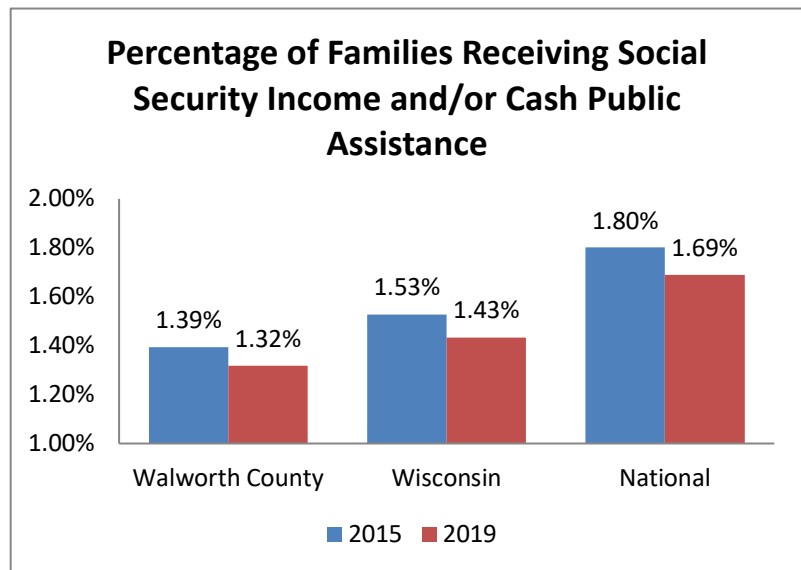
In 2019, 57.3% of families in Walworth County reported an annual income of over \$75,000 which is 7.7% higher than the percentage of families who reported an annual income of over \$75,000 in 2015 (49.6%). This is significantly higher than both the state (55.2%) and the national (53.8%) rates.

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 2019, 1.32% of all households in Walworth 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.



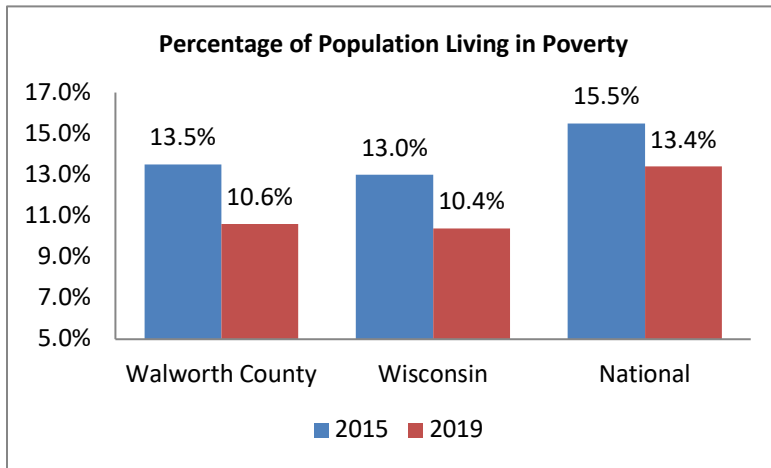
Poverty

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

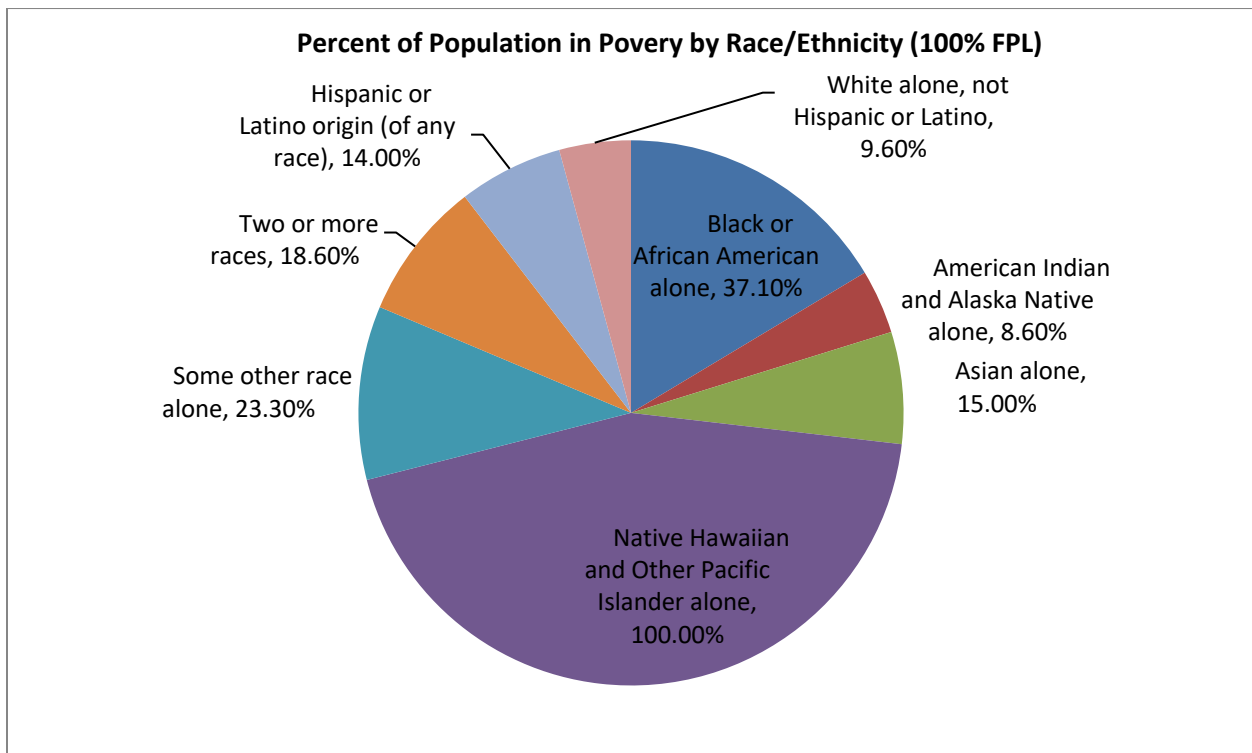
US Department of Health & Human Services, <https://aspe.hhs.gov/poverty-guidelines>



The percentage of Walworth County’s population living in poverty is 10.6%. This is consistent with Wisconsin (10.4%) and lower than the nation (13.4%). Between 2015 and 2019, the percent of people living in poverty decreased for the nation, Wisconsin, and Walworth County.

There are disparities by race in the percent of families living in poverty

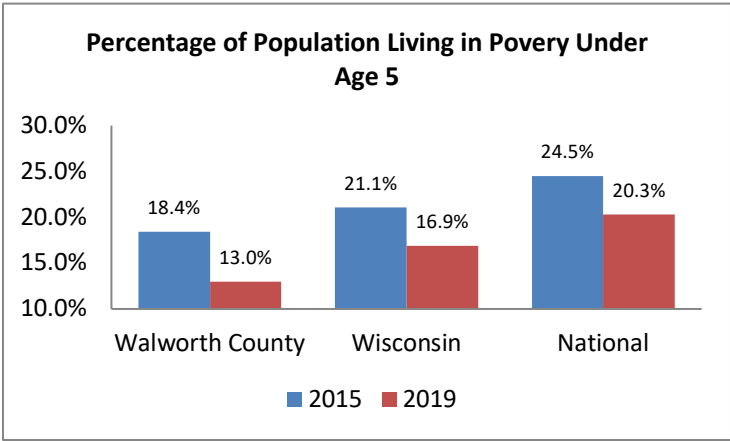
in Walworth County. Black and African Americans comprise less than 2% of the county’s population, but 37.1% of the county’s population who live in poverty.



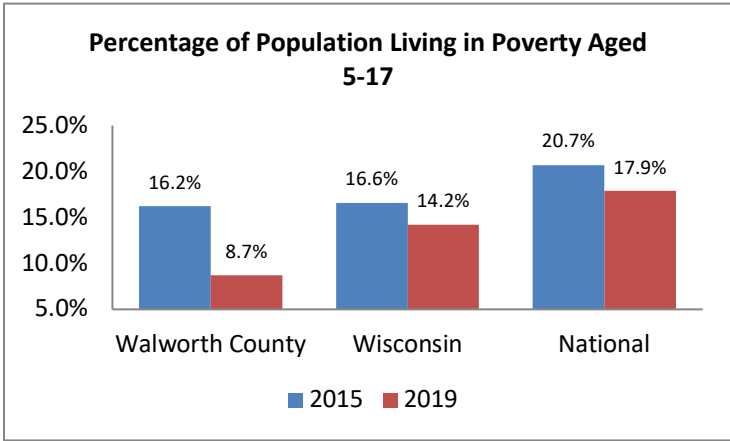
Source: US Census Bureau, ACS 2019 Five Year Estimates

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

Fortunately, 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 the state of Wisconsin, and in Walworth County. For children under age 5, Walworth County still lags behind both the state and national levels. This is also the case for children age 5 to 17.



Source: US Census Bureau, ACS 2015, 2019 Five Year Estimates



Source: US Census Bureau, ACS 2015, 2019 Five Year Estimates

Uninsured Population

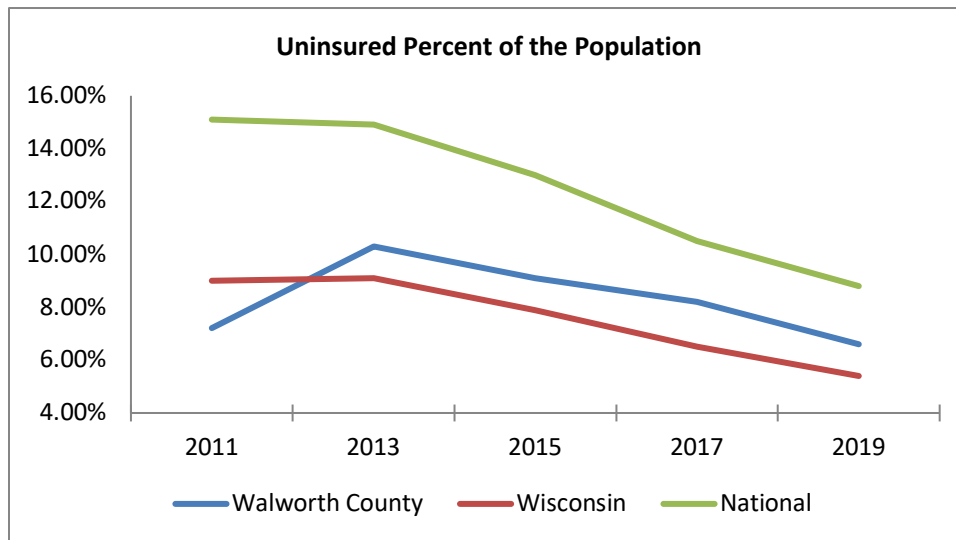
Lack of adequate health insurance is a barrier to healthcare. Not having insurance or not having adequate insurance coverage impedes access to primary care and preventative services, specialty services, and other health services, which in turn can lead to worse physical and mental health.

In 2019, 6.6% of the population in Walworth County did not have health insurance. Reasons commonly cited for not having insurance include the inability to afford medical insurance premiums or the inability to qualify for medical assistance programs.

Uninsured Population			
	Total Population	Total Uninsured Population	Percent Uninsured Population
Walworth County	103,868	6,721	6.6%
Wisconsin	5,718,951	310,259	5.4%
US	319,706,872	28,248,613	8.8%

Source: US Census Bureau, ACS Selected Characteristics of Health Insurance Coverage in the US, 2019

The percent of the population that does not have any health insurance declined at the national, Wisconsin, and Walworth County levels between 2013 and 2019. 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, 7.2% of children in Walworth County did not have health insurance, lower than Wisconsin (7.4%) and the nation (9.6%).

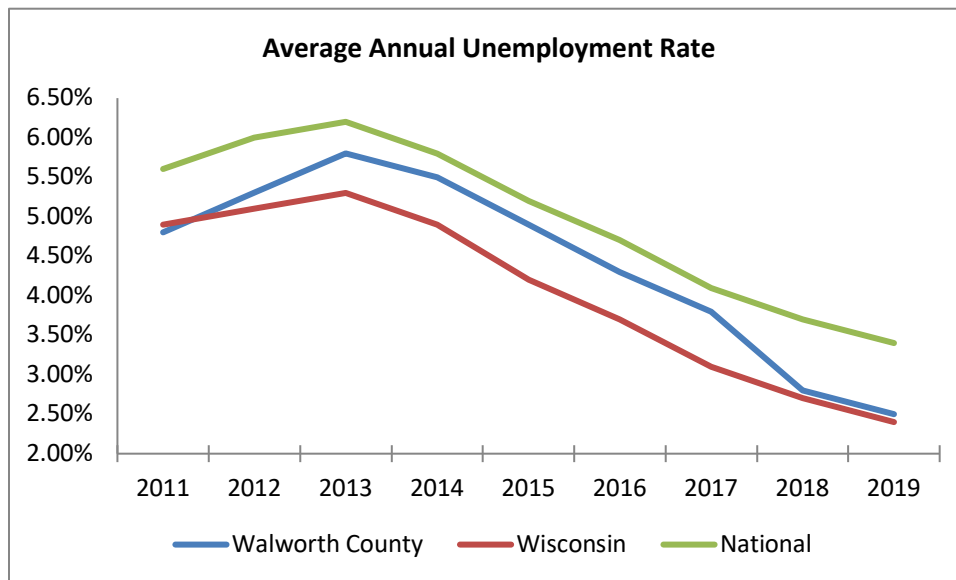


Source: US Census Bureau, ACS - Selected Characterizes of Health Insurance Coverage in the US, 2011-2019

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 Walworth County, Wisconsin, and the nation. In 2019, both Wisconsin (2.4%) and Walworth County (2.5%) were lower than the national average (3.4%).



Source: US Census Bureau, ACS - Selected Economic Characteristics in the US, 2011-2019

Access to Food

Children Eligible for Free/Reduced Price Lunch

Within Walworth County, 37% of public school students are eligible for Free/Reduced Price lunch. This population is more likely to have increased needs for health access and social supports. Walworth County's percent (37.0%) is equal to the state (37.0%) and lower than the nation (52.11%). (Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-17)

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 Walworth County (9%) and Wisconsin (11%) are lower than the national rate (12.6%). The food insecurity rate for children under the age of 18 in Walworth County is 12.9%, which is slightly lower than the nation (18.2%) but higher than Wisconsin (15.4%). (Source: Feeding America, 2017)

Supplemental Nutrition Assistance Program (SNAP)

In Walworth County, 10.3% of households receive SNAP benefits. This is lower than the state (10.8%) and the nation (12.2%). (Source: US Census Bureau, American Community Survey 2014-19)

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 Walworth County where housing costs exceed 30% of total household income is 27.0%, which is lower than Wisconsin (26.6%) and the nation (30.7%). (Source: US Census Bureau, American Community Survey 2014-19)

Households with No Motor Vehicle

This indicator reports the number and percent of households with no motor vehicle. The percent of households in Walworth County with no motor vehicle (5.1%) is lower than both Wisconsin (6.7%) and the nation (8.6%). (Source: US Census Bureau, American Community Survey 2014-2019)

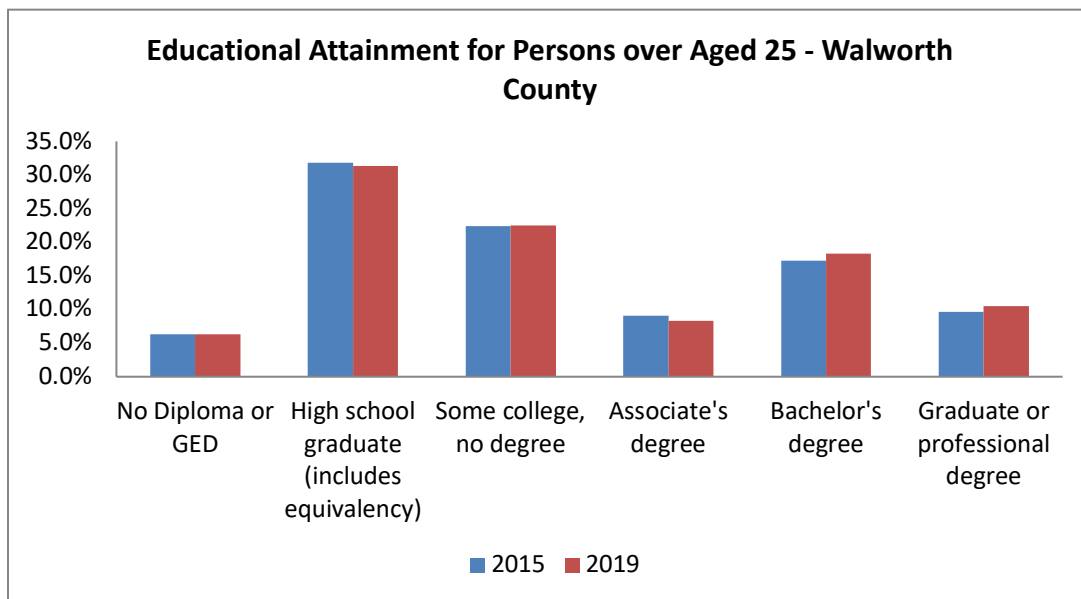
Education

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 Walworth County without a high school diploma or GED is 6.3% and has not changed since 2015. This is slightly higher than the state (5.1%) but lower than the nation (6.9%). 31.3% of adults over age 25 in Walworth County have a high school diploma or GED, compared to 27.0% nationally and 30.6% in Wisconsin.

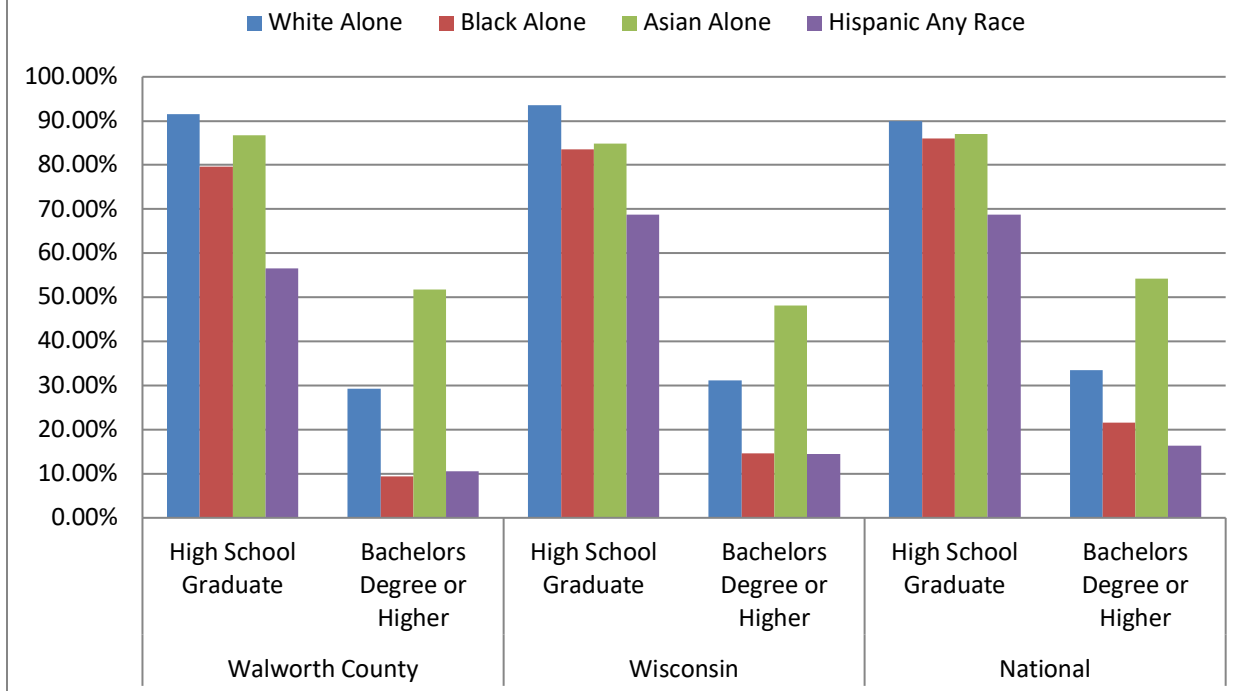
In 2019, 37.1% of Walworth County residents over age 25 had a college degree, lagging behind the nation (40.7%) and Wisconsin (41.0%).



Source: US Census Bureau, ACS – Educational Attainment in the US, 2015, 2019

Non-Hispanic White adults have the highest high school graduation rates in Walworth 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, ACS – Educational Attainment in the US, 2019

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

High School Graduation Rates

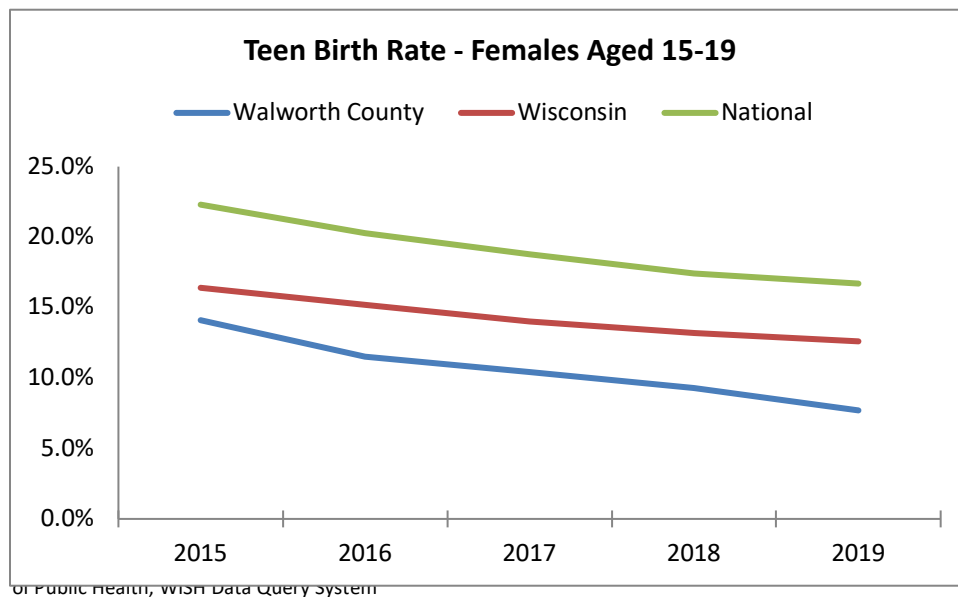
Within Walworth County, 90.8% of students received their high school diploma within four years. Data represents the 2016-17 school year. Walworth County's graduation rate is lower than Wisconsin (92%) but higher than the nation (88%). (Source: US Census Bureau, ACS- Education Attainment in the US, 2019)

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 Walworth County teen birth rate (7.7%) is lower than the rate for Wisconsin (12.5%) and the nation (18.8%).

The Walworth County (7.7%) teen birth rate is significantly lower than the state of Wisconsin (12.5%). The Walworth County rate is lower than the national rate (18.8%). From 2014 through 2018, teen birth rates in the nation, Wisconsin, and Walworth 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%).



Violent Crimes

This indicator reports the rate of violent crime offenses recorded by law enforcement. Violent crime includes homicide, rape, robbery, and aggravated assault. Walworth County's rate of violent crimes per 100,000 people is 103, less than half that of Wisconsin (293.2) and the nation (379.4). (Source: Federal Bureau of Investigation, FBI Uniform Crime Reports)

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.

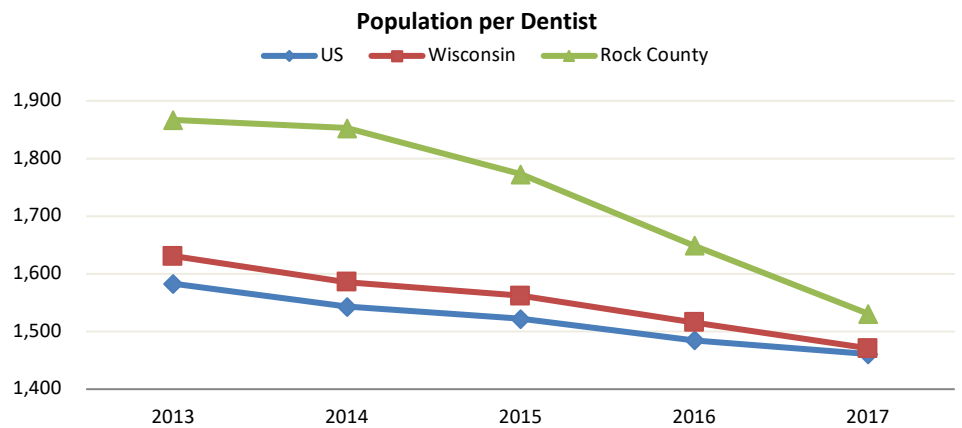
As of 2019, Walworth County had 93.39 PCPs for every 100,000 residents. Compared to the Wisconsin rate of 78.7 and the national rate of 75.7, Walworth County had better access to PCPs. (Source: County Health Rankings, 2020)

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.

Access to a dentist is measured by the ratio of the population to dentists. In 2019, Walworth County had 46.3 dentists for every 100,000 people. This is lower than both the state (70.9) and the nation (61.04), indicating that there is a lack of dental care access in Walworth County. (Sources: County Health Rankings, 2020. American Dental Association, 2020. Healthy People 2020 – Oral Health. U.S. Department of Health and Human Services)



Source: 2019 County Health Rankings using data from 2017

Free or Low Cost Clinics

Open Arms Free Clinic is Walworth County's only free and charitable clinic. The clinic is 100% funded by grants and donation and serves low-income and uninsured residents of the Walworth County Community with primary medical, dental, vision, behavioral health, lab, and pharmacy services. (Source: Open Arms Free Clinic, Inc.)

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 2019, Walworth County had 119.1 mental health providers for every 100,000 residents, lower than both the Wisconsin (212.8) and national (268.6) rates. (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2020)

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 was 76.2% in Walworth County, higher than both Wisconsin (75.9%) and the nation (77.5%). (Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics, WISH data query system)

Percent Births to Those Receiving First Trimester Care - Walworth County					HP 2020 goal
	2016	2017	2018	State 2018	
Total Births	968	918	941	64,143	
Percent 1st trimester care	72.8%	78.4%	78.7%	76.0%	77.9%
Percent of Mothers Receiving First Trimester Prenatal Care by Race/Ethnicity					
White (Non-Hispanic)	78.4%	82.1%	81.8%	81.0%	
Black/African American (Non-Hispanic)	68.8%	31.3%	63.6%	60.6%	
American Indian/Alaska Native (Non-Hispanic)			50.0%	55.5%	
Hispanic	51.7%	65.7%	65.0%	64.2%	
Laotian or Hmong (Non-Hispanic)				61.5%	
Other (Non-Hispanic)	44.4%	63.6%	75.0%	71.0%	
Two or more Races (Non-Hispanic)	57.1%	87.5%	100.0%	69.1%	

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 pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection. Walworth County had a lower rate of PHS than both Wisconsin and the nation. (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2019)

Childhood Immunizations:

Immunizations help prevent many debilitating and life-threatening diseases that impact both children and adults. In 2019, 70% of children aged 19 to 35 months in Walworth County had received all recommended immunizations, including polio, measles/mumps/rubella, and hepatitis B. This is lower than the Wisconsin rate (72%). (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2020)

Cancer Screenings

Colorectal Cancer (CRC) Screening

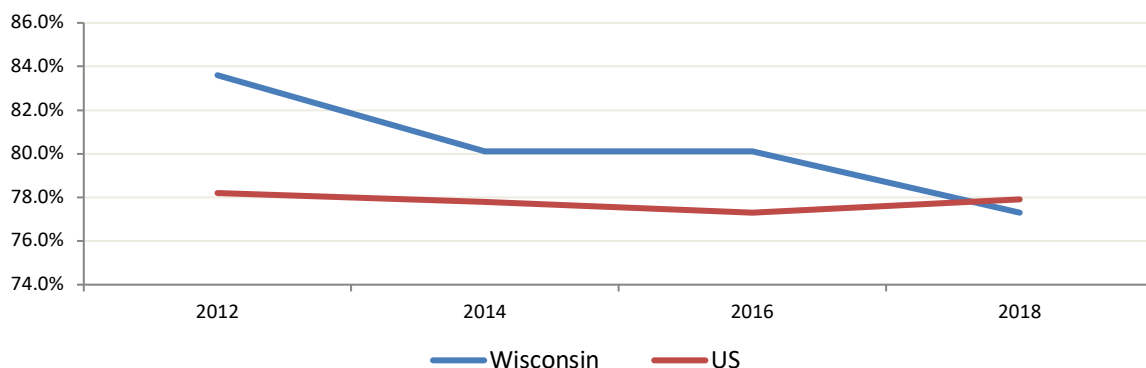
Of the types of cancer that affect both men and women, CRC is the second leading cause of cancer-related deaths in the United States. Screening tests can help to detect CRC early and to prevent it altogether. The United States Preventive Services Task Force recommends that all adults who are 50 to 75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

While Walworth 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.

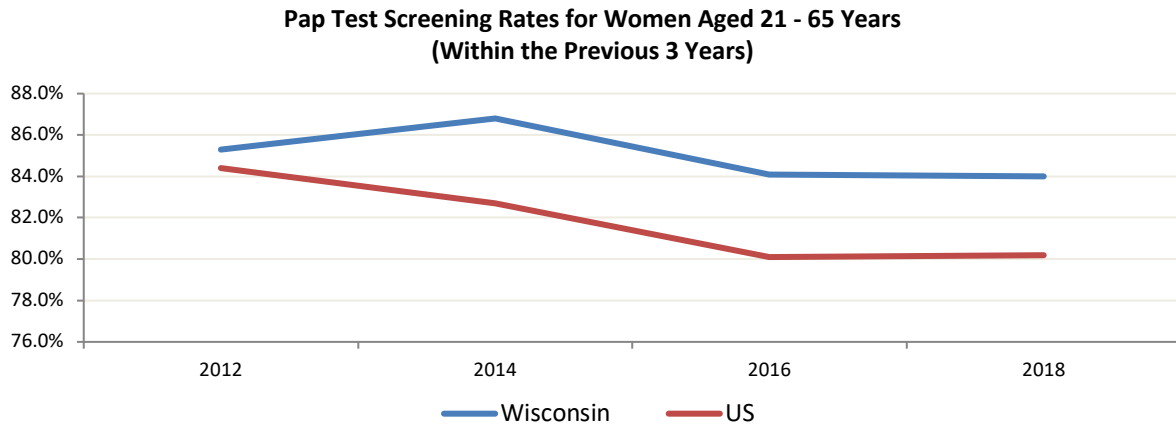
**Mammography Screening Rates for Women Aged 50-74 Years
(Within the Previous 2 Years)**



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

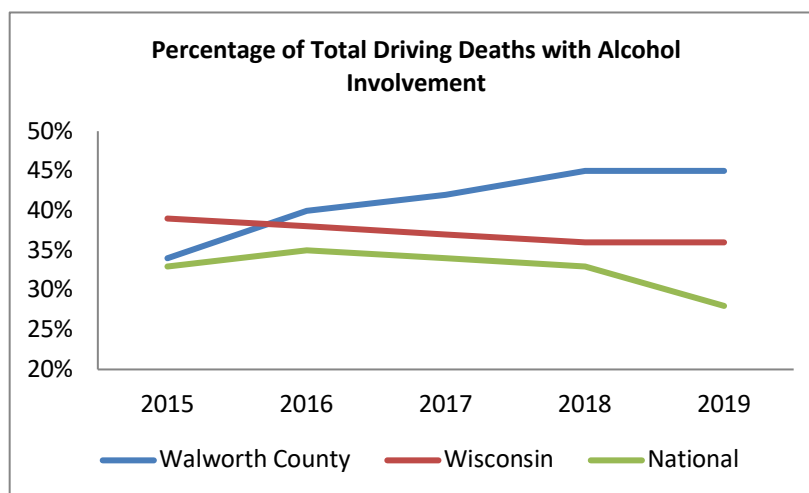
Alcohol Consumption

Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. Excessive drinking 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).

According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average. Binge alcohol consumption includes adults, aged 18 and older, who self-report binge or heavy alcohol consumption (defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion within the past 30 days).

In 2019, 29% of Walworth County's population drank excessively, a statistically significant increase from the 22% in 2011. This rate is also higher than Wisconsin (27%) and the nation (16%). (Sources: County Health Rankings, 2020 and 2011)

Drivers between the ages of 21 and 24 cause 27% of all alcohol-impaired deaths in the United States (National Center for Statistics and Analysis 2018). The chart below shows the percentage of driving deaths that were due to alcohol impairment in Walworth County, Wisconsin, and the nation. (Sources: Centers for Disease Control and Prevention-Chronic Disease Overview 2020. Wisconsin Department of Health Services 2020. National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined 2020. Centers for Disease Control and Prevention – Alcohol & Public Health 2020.)



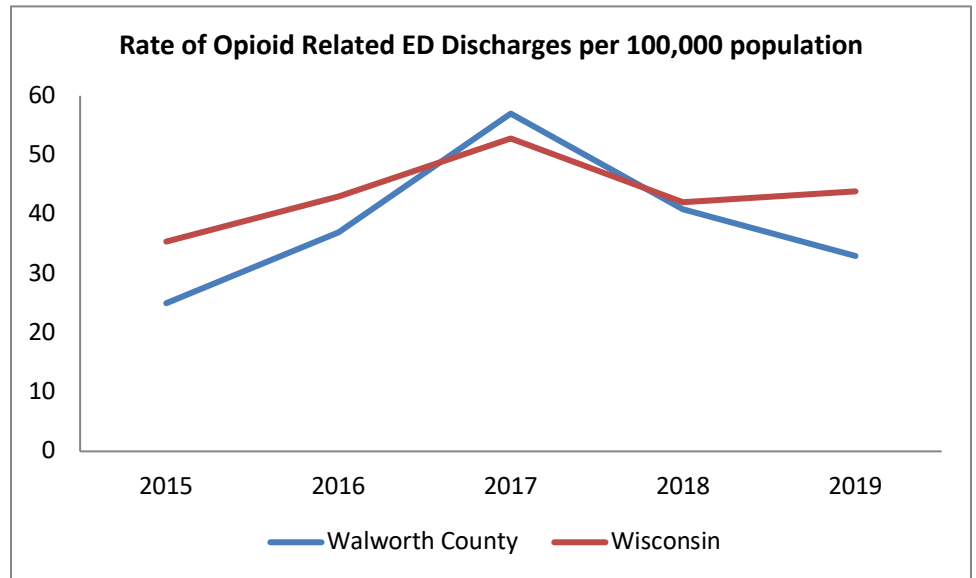
Source: 2019 County Health Rankings using data from 2013 -2019 -Fatality Analysis Reporting System

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 Walworth County who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime (19%) is higher than both Wisconsin (18%) and the nation (14.6%).

Opioid Drug Abuse

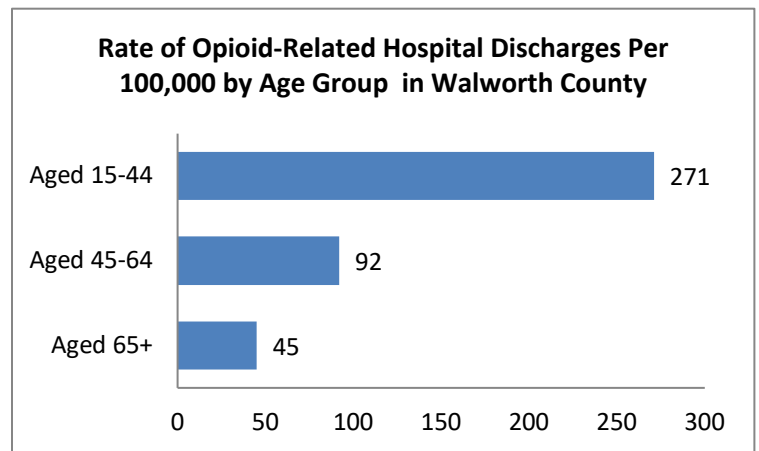
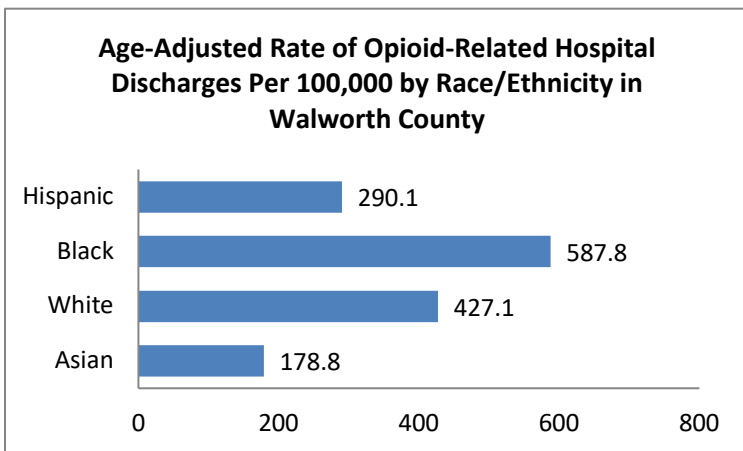
The term opioid epidemic is used to describe the growing number of deaths and hospitalizations from opioids, including prescriptions and illicit drugs. In recent years, the rate of death caused by opioids has increased to over 40,000 a year, or 115 a day, across the nation. Drug overdose is now the leading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

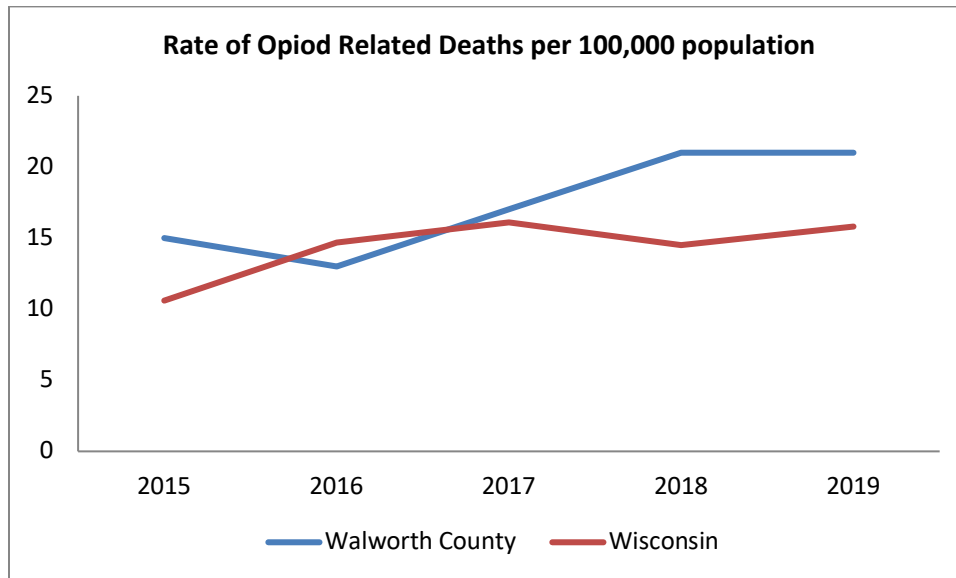


Wisconsin Interactive Statistics on Health (WISH) data query system

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.

In Walworth County, the number of ED visits related to opioid overdose per 100,000 people has increased over the past five years, although it has declined from a peak in 2017 and dropped below the Wisconsin rate. The figures below break this statistic out by race and age. Blacks and African Americans have the highest rate compared to other races, and individuals age 15-44 have the highest rate compared to other age groups.





Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system

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

Opioid use was the third most common reason Walworth County residents sought substance use services in 2019, with 25 residents receiving treatment.

Physical Inactivity

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

In 2019, 22% of Walworth County adults age 20 and over reported no leisure-time physical 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 (21%). (Source: County Health Rankings, 2020)

Walking to Work

The percent of the population age 16 or older that commutes to work either by walking or riding a bicycle in Walworth County is 3.8%. This is higher than both the national (2.7%) and state (3.1%) rates. (Source: US Census Bureau, American Community Survey. 2014-2020)

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 Walworth County, the percent of the population age 20 or older considered to be obese is 34%. This is higher than both the national (28.8%) and Wisconsin (31%). (Sources: Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts, County Health Rankings, 2020)

Cancer

Breast Cancer Incidence

The incidence of breast cancer in Walworth County (134.3 per 100,000 people) is higher than both Wisconsin (131) and the nation (125). (Source: State Cancer Profiles. 2013-17. County – Published by Community Commons)

Colon and Rectum Cancer Incidence

The incidence of colon and rectum cancer in Wisconsin (39.6 per 100,000 people) is consistent with national and state averages. (Source: State Cancer Profiles. 2012-16. Source: County – Published by Community Commons)

Lung Cancer Incidence

The incidence of lung cancer in Walworth County (56.7 per 100,000 people) is lower than both Wisconsin (59.8) and the nation (59.2). (Source: County – Published by Community Commons)

Prostate Cancer Incidence

The incidence of prostate cancer in Walworth County is lower than both the nation and Wisconsin. In Walworth County, the incidence for Blacks and African Americans (191.7 per 100,000 people) is almost twice as high as Whites (100). (Source: State Cancer Profiles. 2012-16. County – Published by Community Commons)

Cancer Mortality

The age adjusted incidence of cancer deaths in Walworth County was higher than both Wisconsin and the nation in 2016. The cancer mortality rates among Non-Hispanic Blacks and African Americans (536.9 per 100,000) and American Indians/Alaska Natives (481.2) are higher than other races and ethnicities in Walworth County.

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

Cancer Incidence Age-Adjusted Rate per 100,000 - Walworth County					
		2012-2016		State 2016	
		Male	Female	Male	Female
Cancer Incidence Age-Adjusted Rate per 100,000					
	Female Breast		131.9		130.3
	Cervical (Cervix Uteri)		3.1		6.9
	Colorectal	44.1	36.0	41.9	31.7
	Lung and Bronchus	71.0	51.8	65.0	53.1
	Prostate Cancer	112.4		109.4	
Cancer Mortality Age-Adjusted Rate per 100,000					
		2013-2017		State 2017	
		Male	Female	Male	Female
	Female Breast		17.8		17.3
	Cervical (Cervix Uteri)				1.3
	Colorectal	15.4	10.9	14.2	10.8
	Lung and Bronchus	52.8	29.5	44.0	32.6
	Prostate Cancer	20.3		20.9	

Cancer Incidence Age-Adjusted Rate per 100,000 - Walworth County				
		2012-2016	State 2016	HP 2020 goal
	Cancer Incidence Rate	501.3	458.6	
Cancer Incidence Age-Adjusted Rate per 100,000 by Race/Ethnicity				
	White		452.7	
	African American		536.9	
	Hispanic		310.5	
	American Indian/Alaska Native		481.2	
	Asian/Pacific Islander		281.0	
Cancer Incidence Age-Adjusted Rate per 100,000 by Sex				
	Male	554.1	496.7	
	Female	463.1	432.6	

Diabetes

Percent of Adults with Diabetes

The percent of adults age 20 and older in Walworth County who have ever been told by a doctor that they have diabetes (8%) is consistent with Wisconsin (8%) and lower than the nation (9.3%). This rate has increased steadily in Rock County, Wisconsin, and the nation from 2004 through 2016. The percent of the adult population diagnosed with diabetes has fluctuated between 7% and 9% since 2015 in Walworth County. (Sources: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County, Published by Community Commons. CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and its Burden in the United States)

Chronic Disease – Cardiovascular Health

High Blood Pressure

Walworth County has a higher percent of traditional Medicare beneficiaries with high blood pressure (51%) than Wisconsin (50.1%) but lower than the nation (57.1%).

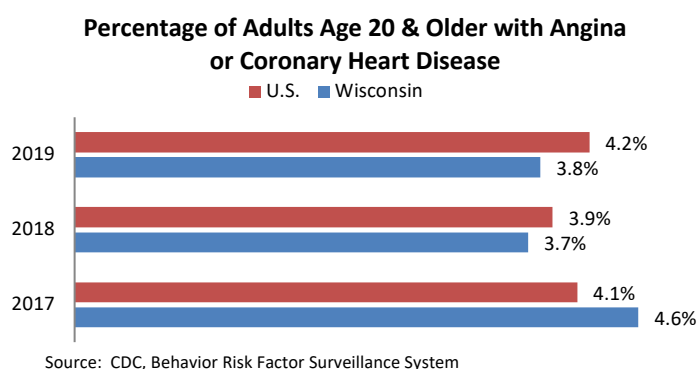
In Walworth County, the percent of traditional Medicare beneficiaries with high blood pressure increased from 2011 to 2018, whereas the rates for Wisconsin and the nation remained relatively flat from 2011 through 2017. (Source: Centers for Medicare and Medicaid Services. 2018. Source geography: County)

High Cholesterol

The prevalence of high cholesterol among traditional Medicare beneficiaries in Walworth County (42.8%) is higher than the state (35.4%) and the nation (40.7%). (Source: Source: Centers for Medicare and Medicaid Services. 2018. Source geography: County)

Heart Disease

Coronary heart disease is a leading cause of death in the United States and is related to high blood pressure, high cholesterol, and heart attacks. While data is not readily available for Walworth County,



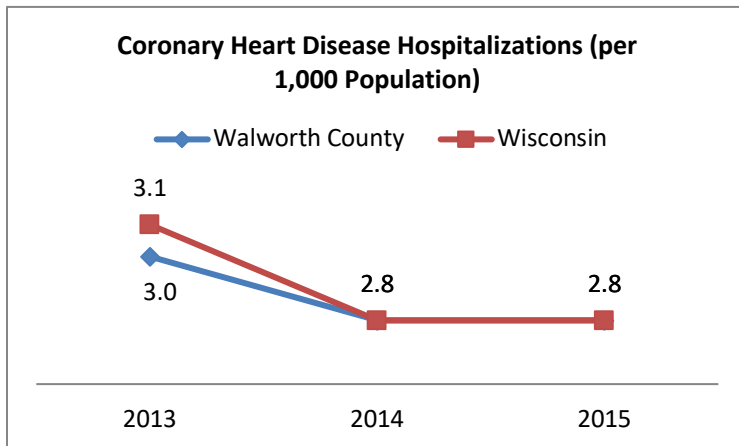
for the past two years the percent of adults who report they have heart disease or angina has been lower in Wisconsin than the nation.

Males have a higher likelihood of having heart disease or angina in both Wisconsin (4.7% among males and 2.9% among females) and the nation (5.2% among males and 3.4% among females).

Cerebrovascular Disease Hospitalizations

The rate of cerebrovascular disease hospitalizations is the number of individuals hospitalized during the past year due to events such as ischemic stroke or hypertension per 1,000 people. In 2015, Walworth County had 2.3 cerebrovascular disease hospitalizations per 1,000 people, compared to a Wisconsin rate of 2.5 per 1,000 people. Among Walworth County hospitalizations for cerebrovascular disease, 69.5% of these patients were age 65 and older. (Source: Wisconsin Public Health Profiles 2017 using 2015 Data)

Coronary Heart Disease Hospitalizations



The rate of coronary heart disease hospitalizations is the number of individuals hospitalized during the past year due to events such as coronary heart disease incident such as coronary artery disease or a cardiac arrest per 1,000 people. In 2015, Walworth County had 2.8 coronary heart disease hospitalizations per 1,000 people, equal to the Wisconsin rate. The Wisconsin rate has decreased from 2013 through 2015 and Walworth County has followed a similar trajectory.

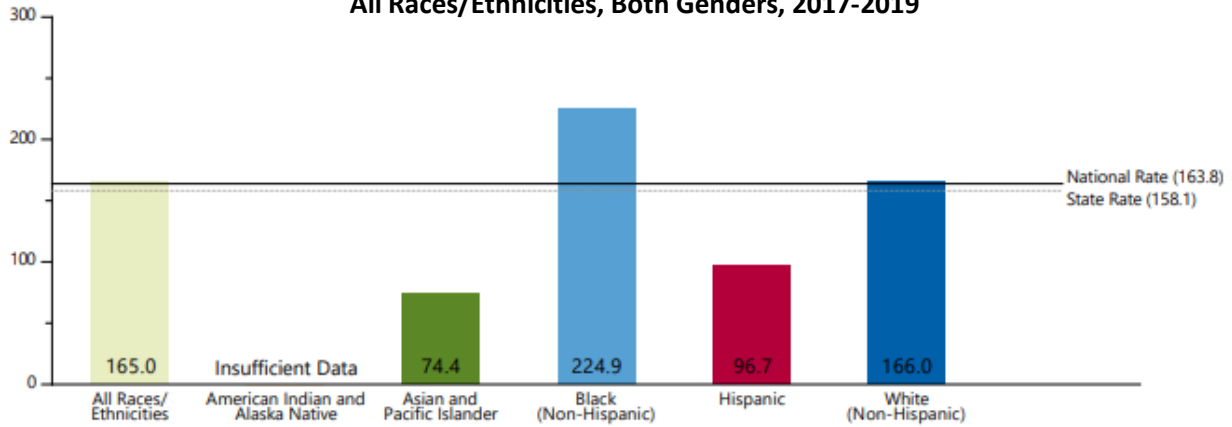
(Source: Wisconsin Public Health Profiles 2017 using 2015 Data)

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 Walworth County (204.6) is higher than Wisconsin (156.5) and the nation (167.1). While data is not readily available over time for Walworth County, rates have been improving for both Wisconsin and the nation since 2004.

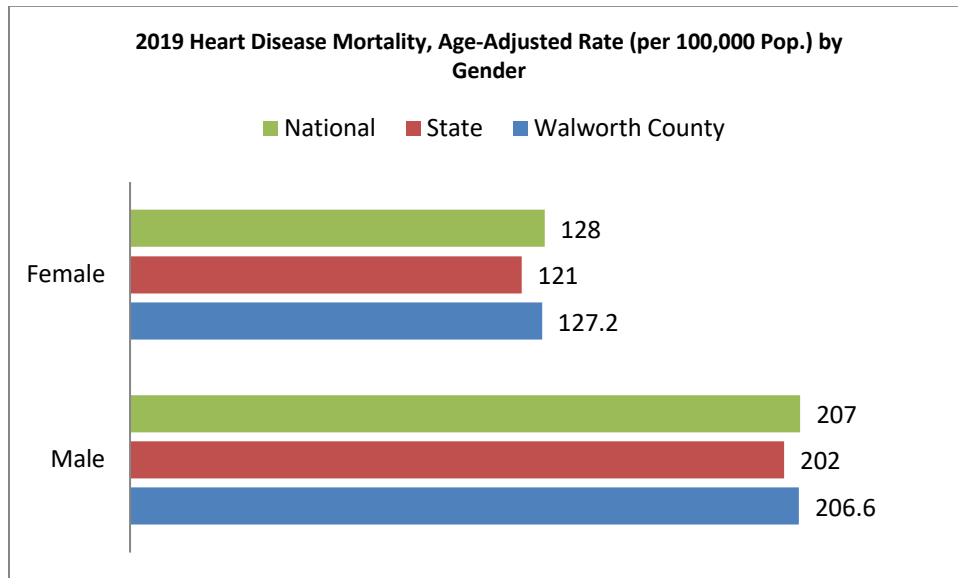
However, disparities persist in race and gender. Non-Hispanic Black and African Americans are more likely to die from heart disease than other races and ethnicities.

Total Heart Disease Death Rate per 100,000, All Ages, All Races/Ethnicities, Both Genders, 2017-2019



Source: Center for Disease Control and Prevention, Interactive Atlas , County Profile for Walworth County

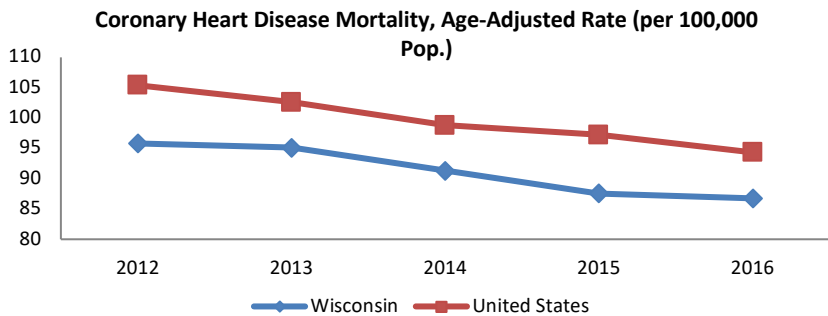
Additionally, males are more likely to die from heart disease than females.



Source: Center for Disease Control and Prevention, Interactive Atlas , County Profile for Walworth County

Coronary Heart Disease Mortality

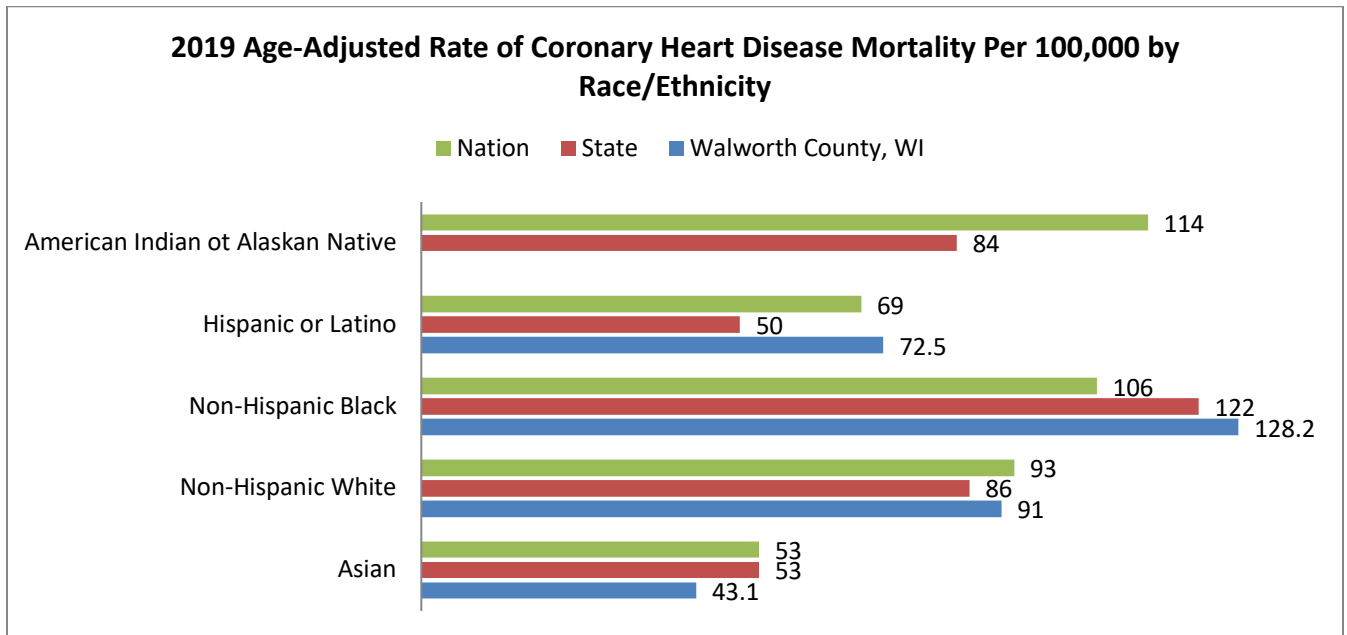
This indicator shows the rate of death due to coronary heart disease per 100,000 people. The rate of coronary heart disease mortality in Walworth County (91.4) is higher than both the Wisconsin (86.0) and the national (90.0) rates. While data is not readily available over time for



Source: Center for Disease Control and Prevention, Interactive Atlas, County Profile for Walworth County

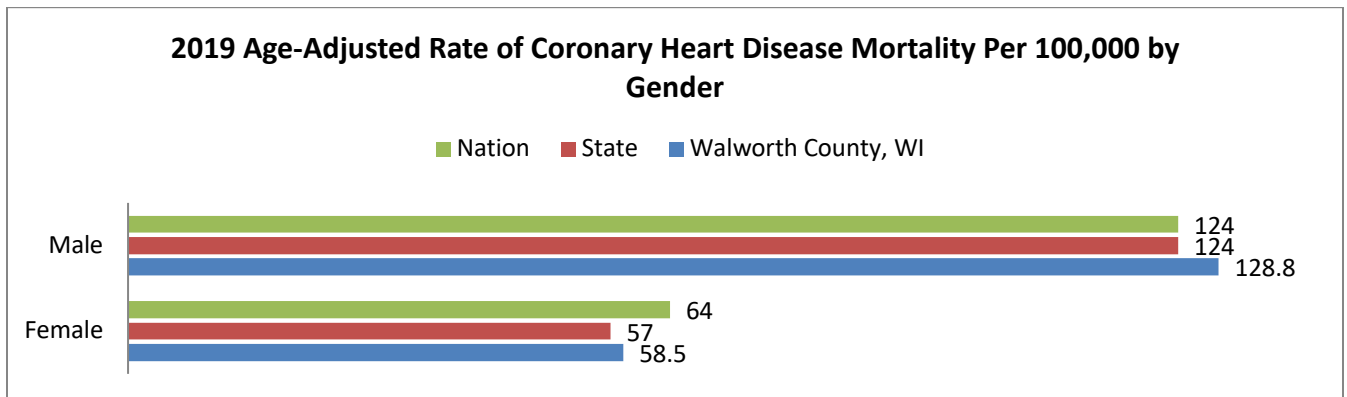
Walworth County, rates improved for both Wisconsin and the nation between 2012 and 2016.

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 in Walworth County and in Wisconsin.



Source: Centers for Disease Control & Prevention, Interactive Atlas, County Level Data for Walworth County

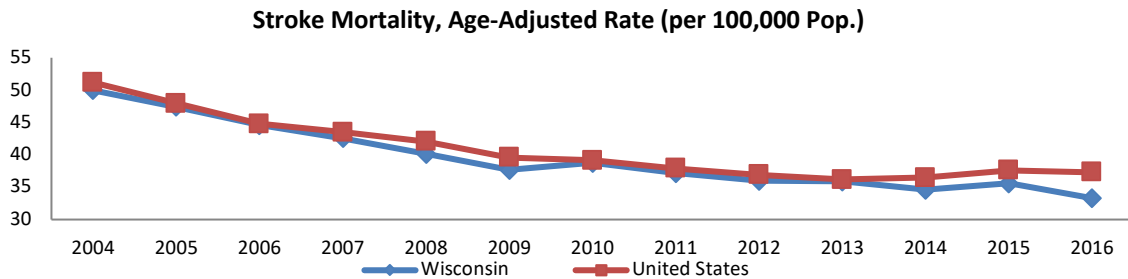
Additionally, males are more likely to die from heart disease than females.



Source: Centers for Disease Control & Prevention, Interactive Atlas, County Level Data for Walworth County

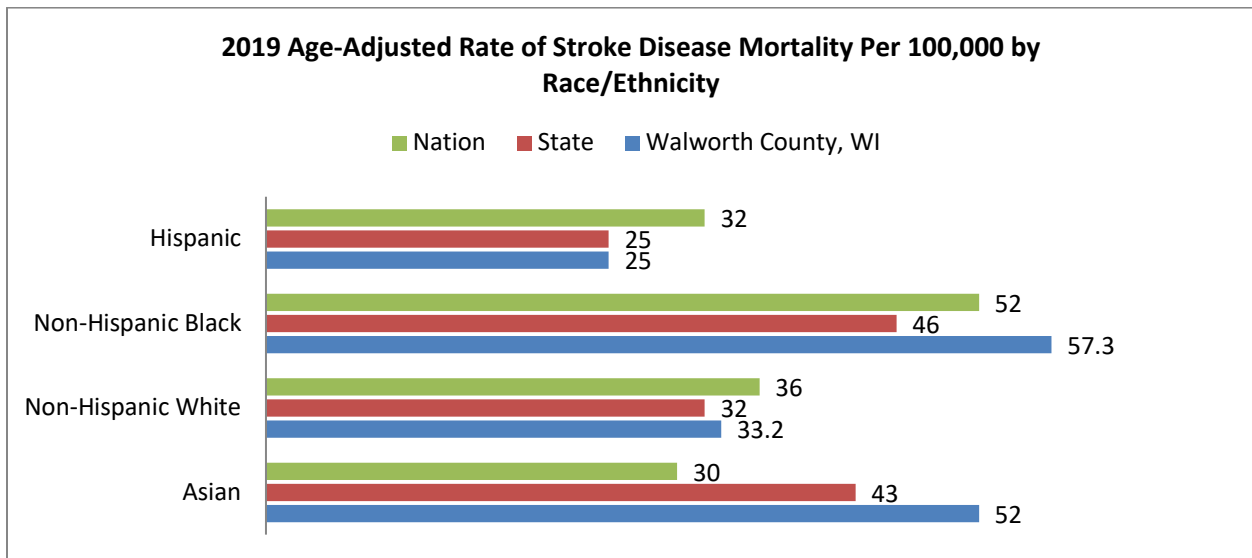
Stroke Mortality

This indicator shows the rate of death due to stroke per 100,000 people. The rate of stroke mortality in Walworth County (33.0 per 100,000) is equal to Wisconsin and lower than the nation (37.0). While data is not readily available over time for Walworth County, rates have improved for both Wisconsin and the nation since 2004. Since 2014, stroke mortality has been better in Wisconsin than the nation.



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

Disparities by race persist. Like heart disease and coronary heart disease, non-Hispanic Blacks and African Americans are more likely to die from stroke than other races and ethnicities in Walworth County.



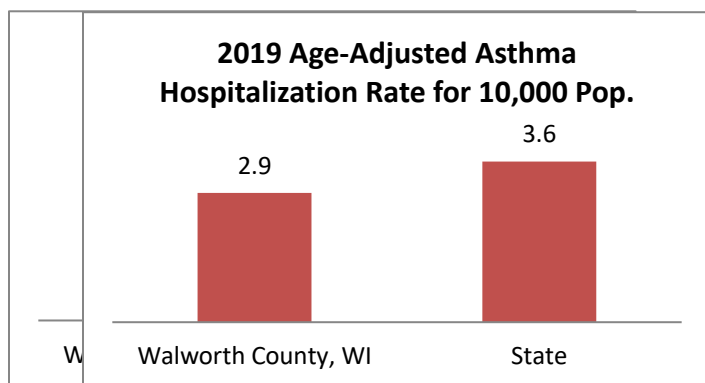
Source: Centers for Disease Control & Prevention, Interactive Atlas, County Level Data for Walworth County

Chronic Lower Respiratory Disease

Asthma

Asthma is a chronic disease that is often exacerbated by poor environmental conditions. Between 2017 and 2019, the age adjusted rate of emergency department (ED) visits for asthma per 10,000 people was lower in Walworth County (23.0) than Wisconsin (36.3). Of the 72 counties in Wisconsin, Walworth County had the 46th-highest rate of ED visits for asthma.

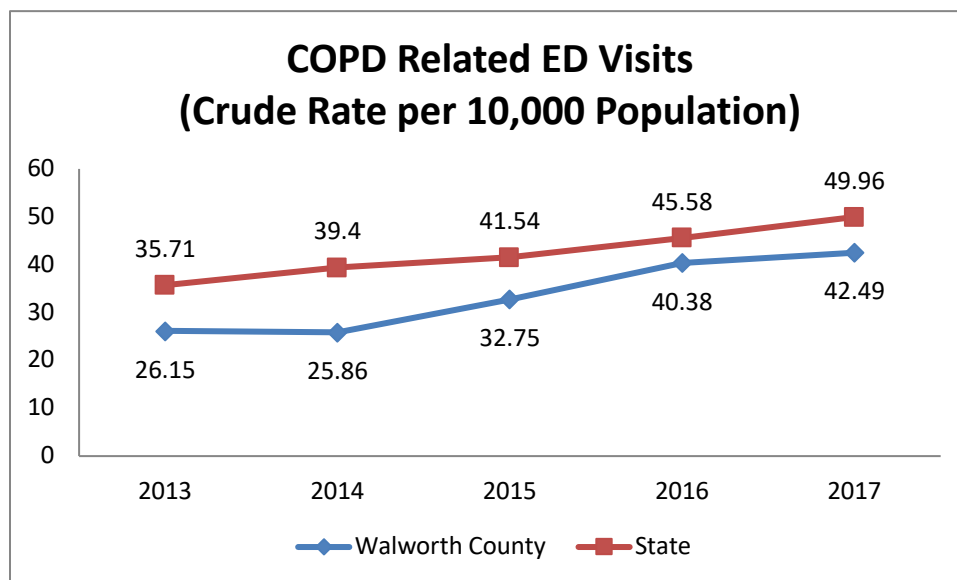
Between 2017 and 2019, the age adjusted rate of hospitalizations for asthma per 10,000 people was lower in Walworth County (2.9) than Wisconsin (3.6). Of the 72 counties in Wisconsin, Walworth County had the 26th-highest rate of hospitalizations for asthma.



Chronic Obstructive Pulmonary Disease

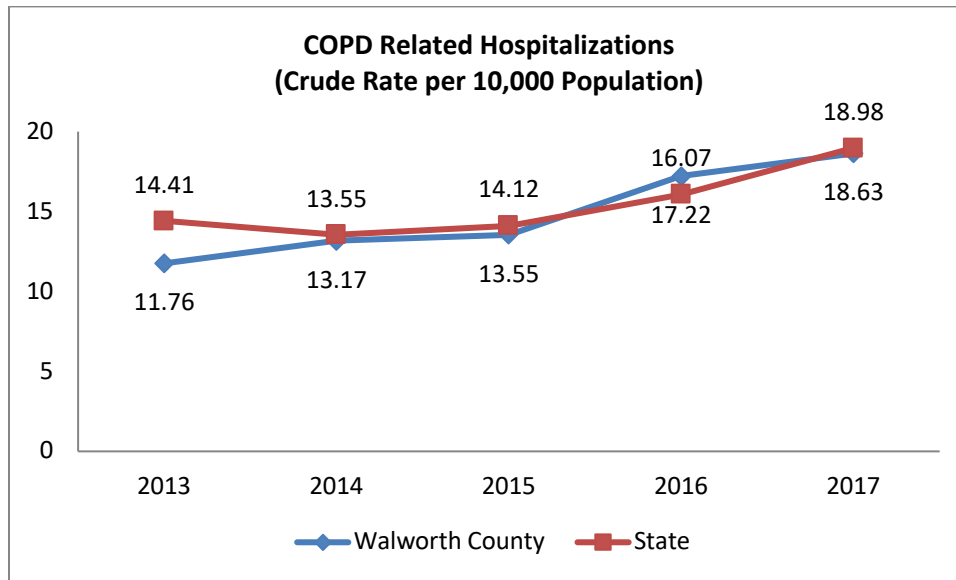
Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that causes airflow blockage and breathing-related problems. Tobacco use is the primary cause of COPD in the United States, but air pollutants at home (such as secondhand smoke and some heating fuels) and at work (such as dusts,

gases, and fumes), and genetic predisposition also can also cause COPD. COPD-related ED visits per 10,000 people has increased steadily since 2013 in both Walworth County and Wisconsin. Walworth County has a higher rate of COPD-related ED visits (49.96 per 10,000) than Wisconsin (42.49).



Source: 2013-2017 WI Environmental Public Health Tracking Program, Note: ICD 10 Coding went into effect Oct 2015

COPD hospitalizations per 10,000 people have increased since 2013 for both Walworth County and Wisconsin.



Source: 2013-2017 WI Environmental Public Health Tracking Program, Note: ICD 10 Coding went into effect Oct 2015

Lung Disease Mortality

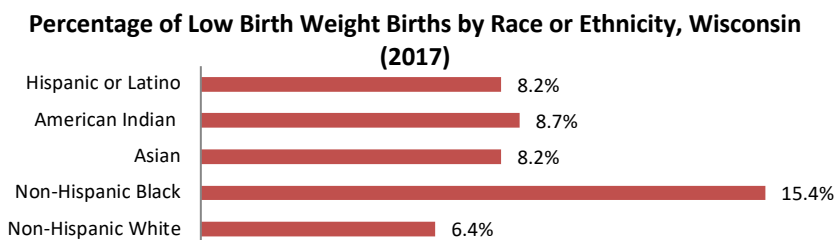
This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 people. The lung disease mortality rate is higher in Walworth County (53.0) than both Wisconsin (48.9) and the nation (46.3). (Source: Centers for Disease Control & Prevention, National Vital Statistics System, Accessed via CDC Wonder 2019)

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. Walworth County had a lower percent of low weight births (5.9%) than Wisconsin (7.7%) and the nation (8.3%).

While data by race and ethnicity is not readily available for Walworth 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. CDC National Center for Health Statistics)



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

Infant Very Low Birth Weight

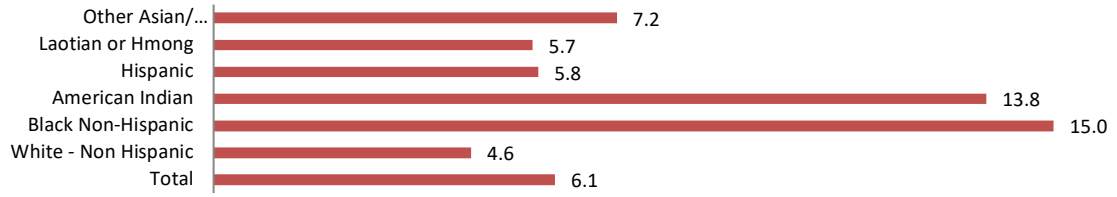
Very low birth weight infants (less than 1,500g) are at even higher risk for long term health problems or death. Walworth County had a lower percent of very low weight births (0.95%) than Wisconsin (1.26%) and the nation (1.38%). (Sources: WI Dept. of Health Services, Division of Public Health, Office of Health Informatics. CDC National Center for Health Statistics)

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 Walworth County is 4.4 per 1,000 live births, lower than both Wisconsin (6.4) and the nation (5.8).

While data by race and ethnicity is not readily available for Walworth County, there are disparities in infant mortality 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. (Source: National Center for Health Statistics, Final Mortality Data 2020)

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

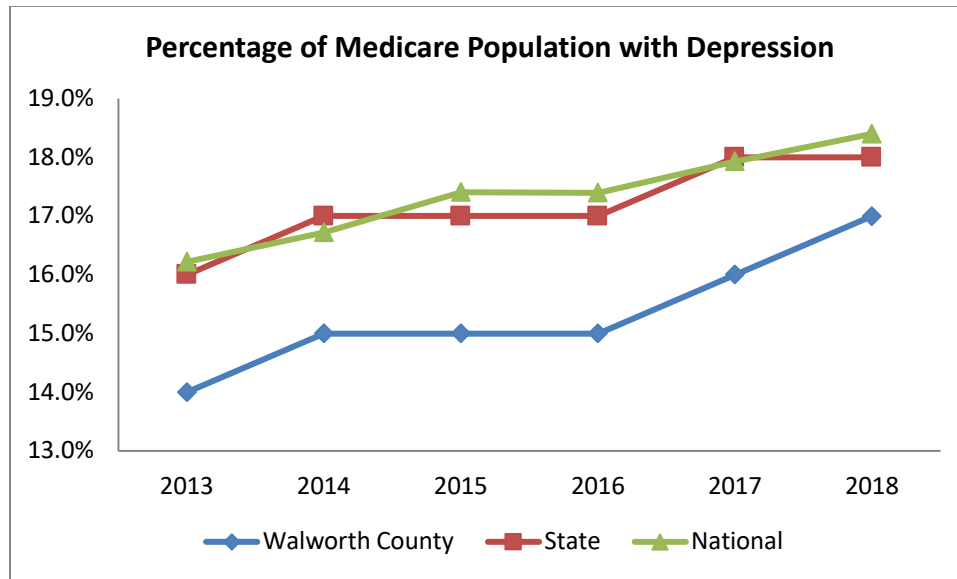


Source: WI Department of Health Services, Division of Public Health, Office of Health Informatics

Behavioral Health

Depression – Medicare Population

This indicator reports the percent of traditional Medicare beneficiaries with depression. In Walworth County, the percent of traditional Medicare beneficiaries who reported experiencing depression (17.0%) was lower than both Wisconsin (18.0%) and the nation (18.4%). This percent has increased in the county, state, and nation since 2013.



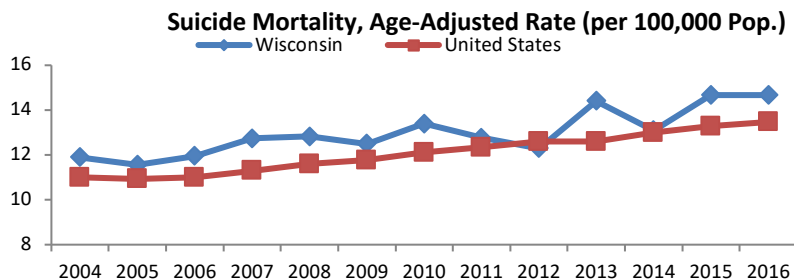
Source: 2013-2018 WI CMS Interactive Atlas and Dashboard of Chronic Conditions 2013-2018

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 Walworth County (14.3 per 100,000), Wisconsin (14.5), and the nation (13.3) are all above this target.

Suicide mortality among men (21.2) is about four times higher than for women (5.2) in Walworth County. Non-Hispanic Whites and American Indians have a higher rate of suicide mortality than other races and ethnicities. (Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder. 1999-2019)



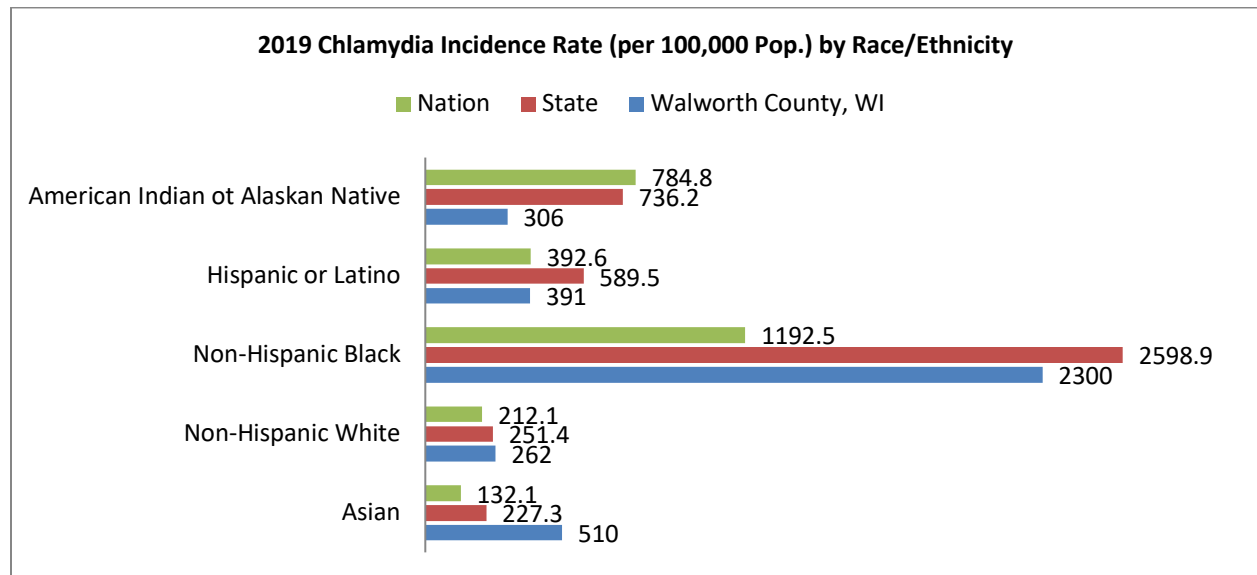
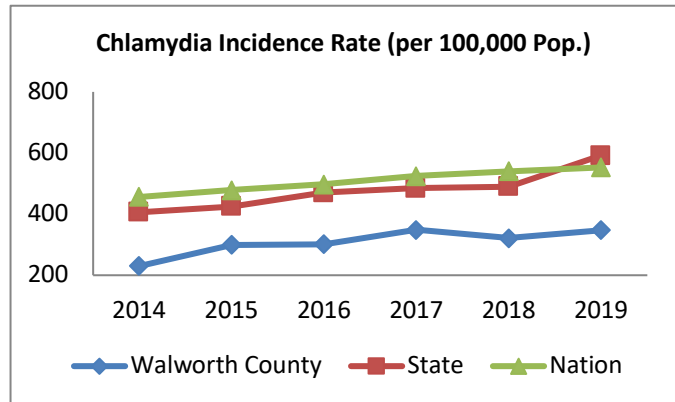
Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC

Sexually Transmitted Disease

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

Over the past six years the incidence of chlamydia has increased. Non-Hispanic Blacks and African Americans have a significantly higher incidence than other races and ethnicities. (Source: US Dept. of Health &

Human Services, Health Indicators Warehouse, CDC, Center for HIV/AIDS, STD, etc.)



Household Survey

Introduction

The Walworth County Community Health Survey is a comprehensive phone-based survey developed to examine perceptions of community health issues, unhealthy behaviors, quality of life issues, healthy behaviors 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 health care
- e. Healthy behaviors

The Walworth County Community Health Survey was sponsored by MWH, Aurora Health Care, and Children's Wisconsin, in partnership with the Walworth County Division of Public Health. Data was collected by Management Decisions Incorporated, and data was analyzed and prepared by JKV Research, LLC and MWH.

See Appendix C for the full findings and report.

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 400 telephone interviews.

The data collection for this community health needs assessment yielded a total of 400 responses, meeting the confidence interval threshold. In other words, we can be 95% confident that the findings in this report would not vary by more than ±5 percent from what would have been obtained had we surveyed all adults who reside in Walworth County. When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 820 adults.

Data Collection

Respondents were selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold:

1. A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=200).
2. A cell phone-only sample where the person answering the phone was selected as the respondent (n=200).

At least 8 attempts were made to contact a respondent, and respondents were asked screener questions to verify their residence in Walworth County.

A total of 400 telephone interviews were completed between December 16, 2019 and January 22, 2020.

Access

Unmet Medical Care

Healthy People 2020 targets related to Unmet Medical Care are to reduce the proportion of people without health care coverage to 0% and who are unable to obtain or who delay receiving needed medical care to 4.2%.

In 2019, 13% of survey respondents reported they had delayed or did not seek medical care due to costs in the past 12 months, compared to 15% in 2016.

The percent of adults who reported receiving primary health services through a physician or nurse practitioner's office decreased from 73% in 2009 to 66% in 2019.

The number of survey respondents who reported that someone in their household had an unmet medical need decreased 12% from 2016 to 2019. Respondents in the bottom 40% household income bracket were more likely to report this.

Of the households with a child, 3% reported that a child did not receive needed medical care in the past 12 months. 91% reported that their child had a medical home with a personal health care clinician who knows the child well, falling short of the Healthy People 2020 target of 94.3%

Dental Services and Unmet Dental Care

A Healthy People 2020 target related to Unmet Dental Care is to reduce the proportion of people who are unable to obtain or who encounter substantial delay in receiving necessary dental care to 5.0%.

Walworth County continues to exceed this target. In 2019, 15% of survey respondents reported that someone in their household did not get dental care they needed sometime in the last 12 months, down from 23% in 2016. 4% of households reported that their child did not receive needed dental care in the past 12 months.

Unmet Prescription Medications

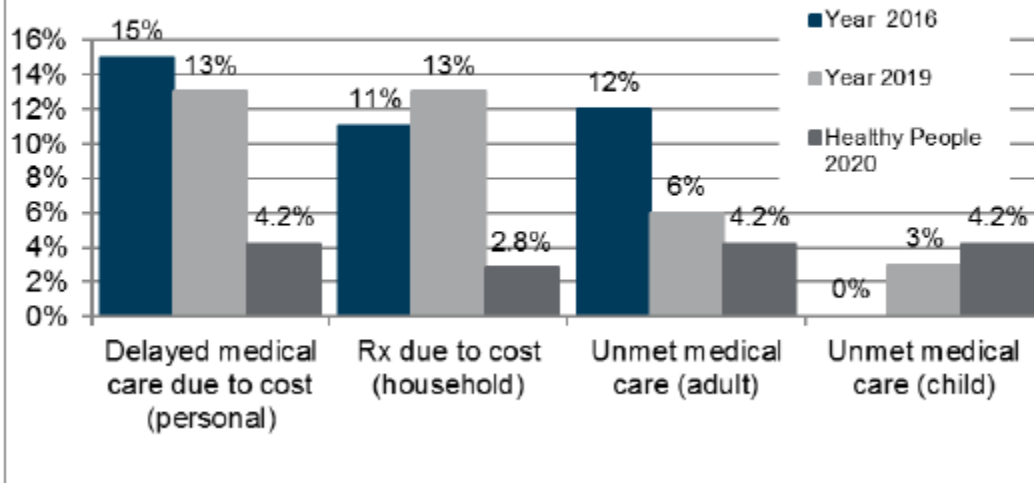
A Healthy People 2020 target related to Unmet Prescription Medications is to reduce the proportion of people who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

Walworth County continues to exceed this target. In 2019, 13% of survey respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, statistically similar to 2014 and 2016.

Unmet Mental Health Services

The percent of survey respondents who reported that someone in their household had an unmet mental health care need in the past year was 3%, down from 4% in 2011.

Percent of Walworth County Residents Who Did Not Receive Needed Care



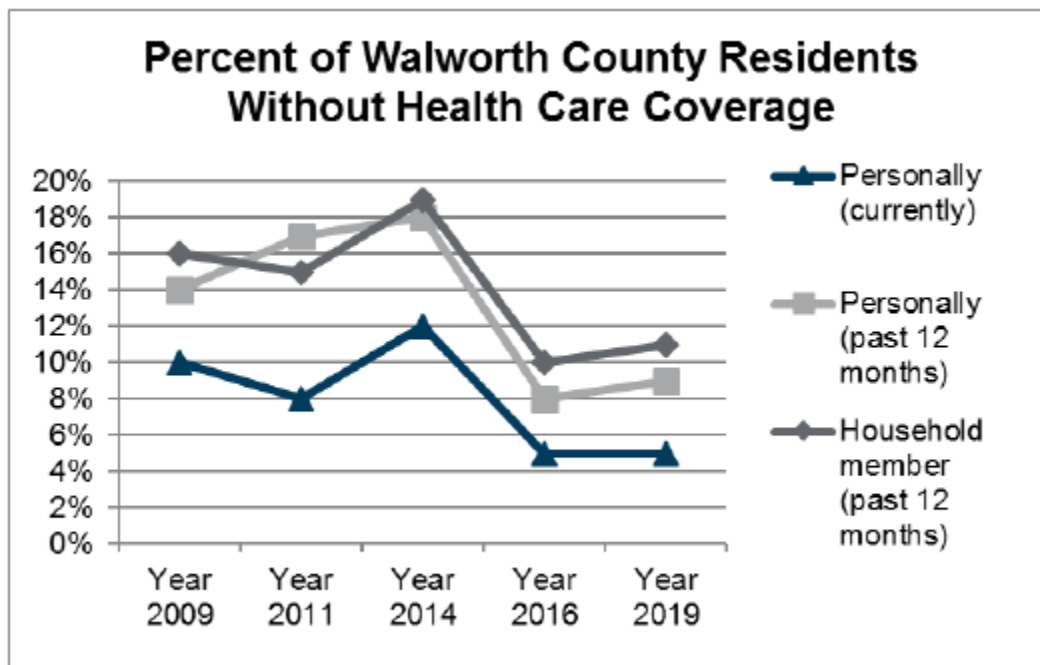
Coverage

Health Care Coverage

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

In 2019, 5% of adults surveyed reported they did not have health care insurance, a decline from 2009. Respondents were more likely to report this if they were 18 to 34 or 55 to 64 years old, with some high school education, or in the bottom 60% household income bracket.

9% of adults surveyed reported they did not have health care insurance coverage at least part of the time in the past 12 months, a decline from 14% in 2009. 11% reported a household member was not covered at least part of the time in the past 12 months, a decline from 16% in 2009.



Chronic Disease

Chronic diseases were identified as one of the top five health issues in the community by residents.

Asthma

In 2019, 10% of adults surveyed reported having asthma, representing no change since 2009. Respondents who were female or with a high school education or less were more likely to report having asthma. Among households with children, 13% of children have asthma.

Diabetes

In 2019, 9% of adults surveyed reported having diabetes in the past three years, up from 5% in 2009. Respondents 65 and older, with a high school education or less, and who were overweight or inactive were more likely to report having diabetes.

Heart Disease and Heart Conditions

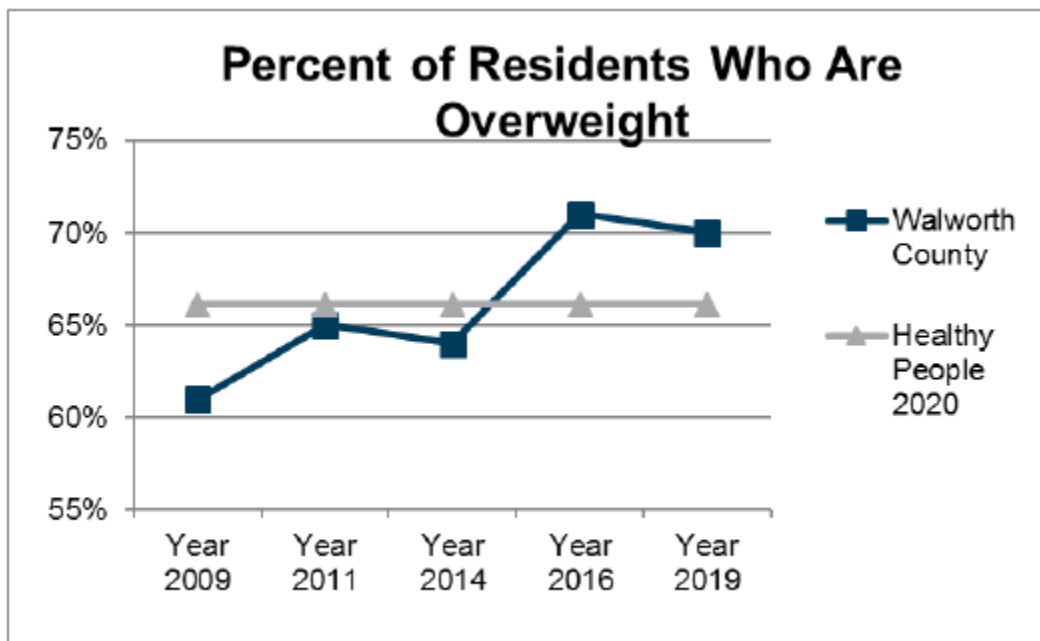
In 2019, 7% of adults surveyed reported having heart disease or heart conditions in the past three years. Respondents who were 65 and older, with a high school education or less, or who were inactive were more likely to report this.

Overweight/Obesity

The Healthy People 2020 goal for the proportion of the population at a healthy weight is 66.1%.

In 2019, 70% of adults in Walworth County were classified as being overweight, an increase from 61% in 2009. Survey respondents who were 35 to 44 years old, with a college education, in the top 40% household income bracket, who were married, or who were inactive were more likely to report being overweight.

Overweight/obesity was identified as a top community health issue by Walworth County residents.

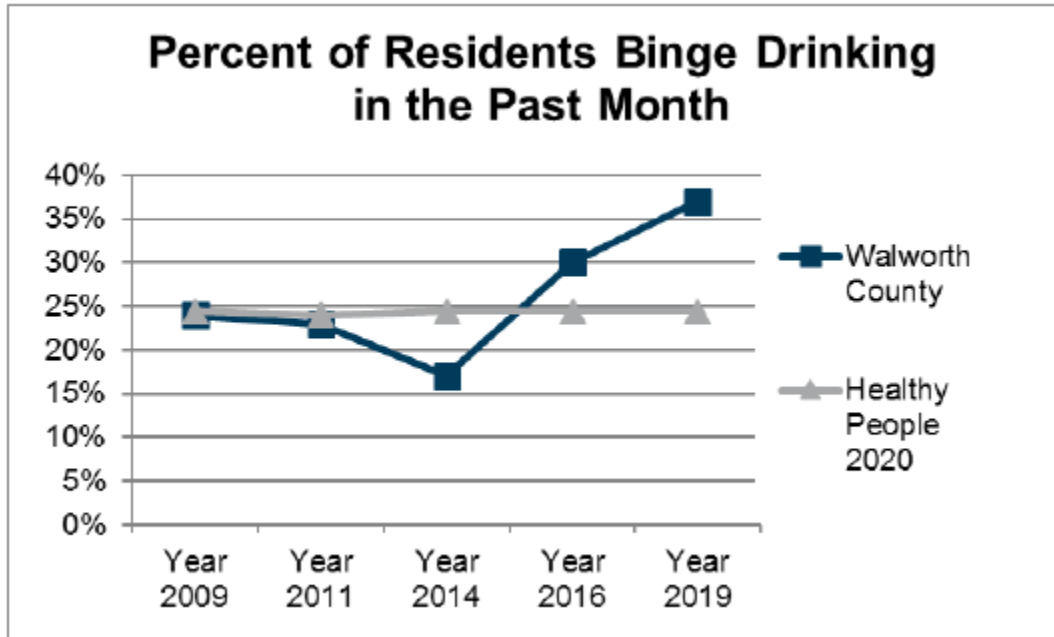


Health Risk Behaviors

Alcohol Use

In 2019, 37% of adults in Walworth County reported binge drinking in the past month, a statistically significant increase from 2009 (24%). Respondents who are 45 to 54 years old or married were more likely to report binge drinking in the past month.

Less than 1% stated that they drove or rode in a vehicle when the driver had too much to drink.



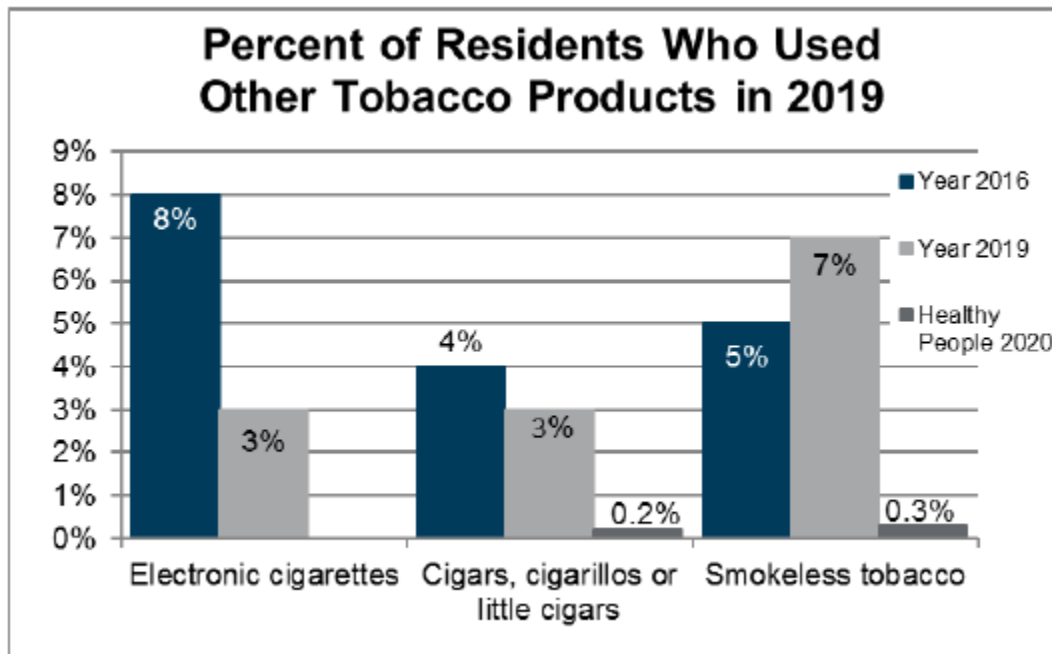
Substance Use

Residents surveyed identified substance use and abuse as one of the top health issues challenging the community. Opioid use was the third most common reason Walworth County residents sought substance abuse treatment services in 2019, with 25 residents receiving treatment. (Source: Wisconsin Department of Health Services)

Tobacco Use and Exposure

Key Healthy People 2020 targets related to Tobacco Use are to reduce cigarette smoking by adults to 12.0% and adolescents to 16.0%, to increase the percent of current smokers who report quitting smoking in the past year to 80.0%, and to reduce the percent of non-smokers exposed to secondhand smoke in the past seven days to 33.8%.

In 2019, 13% of adults in Walworth County reported cigarette smoking in the past 30 days (current smoker), a decrease from 23% in 2009. Respondents with a high school education or less were more likely to report being a current smoker. 3% of Walworth County adults reported being current users of electronic cigarettes in 2019. The percent of non-smoking respondents who reported being exposed to secondhand smoke in the past seven days declined from 29% in 2009 to 11% in 2019.



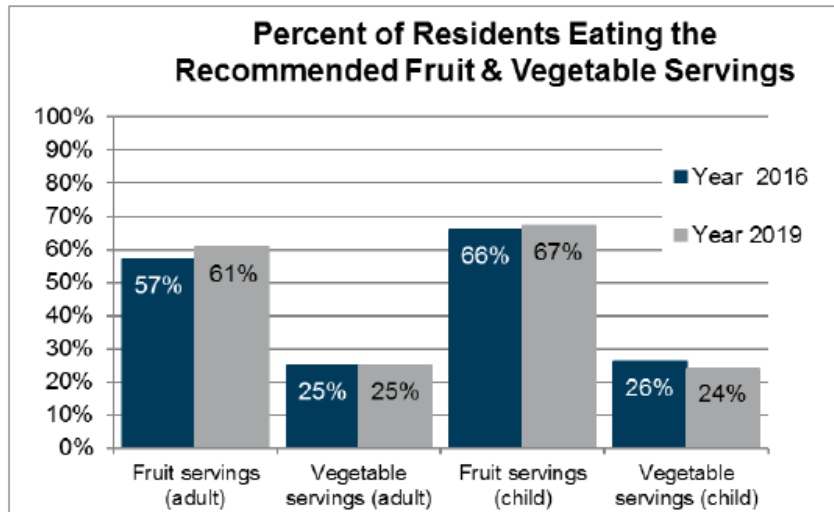
Physical Activity and Nutrition

Key Healthy People 2020 targets related to physical activity are to increase the percent of adults engaged in recommended moderate or vigorous physical activity to 47.9% and to reduce the percent of students playing video games or using the computer for non-school work three or more hours on an average school day to 17.4%.

In 2019, 46% of adults in Walworth County reported engaging in recommended moderate or vigorous activity, a decrease from 57% in 2016. 57% of children in Walworth County engaged in physical activity for 60 minutes at least five days out of the week.

In 2019, 61% of adults in Walworth County reported eating recommended fruit servings while 25% of adults reported eating recommended vegetable servings.

2% of respondents reported their household went hungry in the past year because they could not afford food.



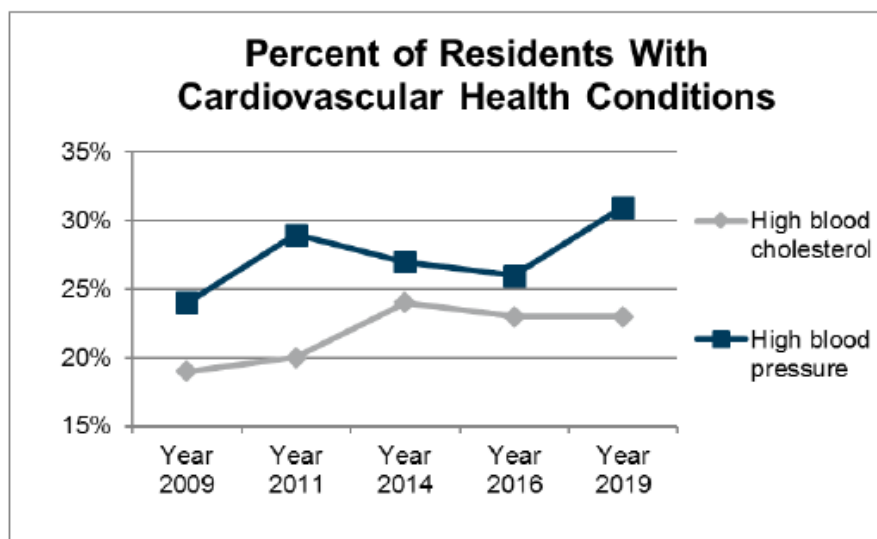
Health Risk Factors

High Blood Pressure and High Blood Cholesterol

Healthy People 2020 goals are to reduce the percent of adults with high blood pressure to 26.9%, and reduce the percent of adults with high blood cholesterol to 13.5%.

In 2019, 31% of adults surveyed reported having high blood pressure, an increase from 2009. Respondents who were age 65 and over, with a high school education or less, or who were overweight or inactive were more likely to report having high blood pressure.

23% of adults surveyed reported having high cholesterol in the past three years, representing no change from 2009. Respondents who were age 65 and over or overweight were more likely to report this.



Cancer Screenings

Pap Test Screening

The Healthy People 2020 target for women who have had a pap test screening within the past three years is 93.0%. In 2019, 82% of women in Walworth County reported having a pap test within three years, up from 81% in 2009.

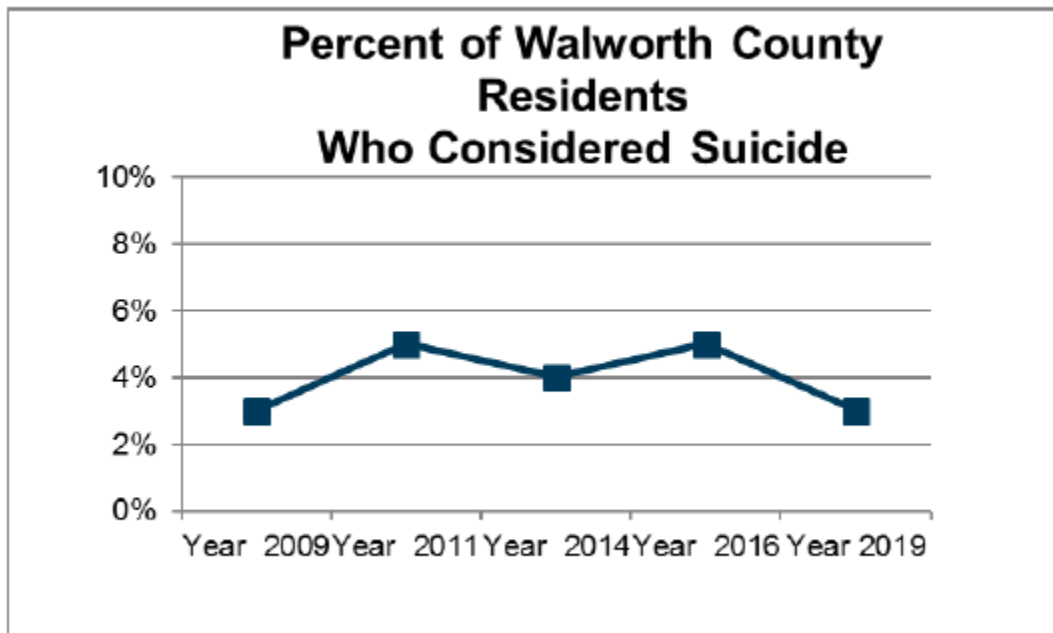
Mental Health

Mental Health Conditions

In 2019, 24% of Walworth County adults reported having a mental health condition such as depression, anxiety disorder or post-traumatic stress disorder in the past three years, up from 10% in 2009. 6% of households surveyed reported having a child who was always or nearly always sad, unhappy or depressed in the past six months.

Suicide

In 2019, 3% of adults in Walworth County reported feeling so overwhelmed in the past year that they considered suicide, down from 5% in 2016.



Key Informant Interviews

Introduction

Key informant interviews are conducted 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 health needs and give recommendations for solutions.

In Walworth County, 27 key informant interviews were conducted between December 2019 and February 2020. Key informants were selected based on the following criteria:

- Represent broad interests of the Walworth County community
- Act as organizational leaders and possess knowledge or expertise relevant to the health needs of Walworth County, representing public health, education, and other community organizations
- Represent or have served, partnered or worked with members of the medically underserved, low income and/or minority populations in Walworth County

A summary of key informants, the organizations they represent, and the full report on key informant interviews is in Appendix D.

Mental Health

22 of 27 key informants ranked mental health as a top five health issue, and 16 ranked it as number one.

Existing Strategies

Community outreach and mental health services available within Walworth County identified by key informants include:

- Crisis line
- Teen depression screenings
- Crisis intervention training for law enforcement
- School-based behavioral health services
- New Beginnings APFV
- Integration of behavioral health into clinics in some health systems
- Crisis training provided by National Alliance on Mental Illness (NAMI) Walworth Inc.
- Free counseling services at Open Arms Free Clinic
- Counseling services available through UW-Whitewater

Barriers and Challenges

Barriers and challenges to meeting mental health needs identified by key informants include:

- There aren't enough services and providers – including psychiatrists, psychologists, and counselors – to meet mental health needs in the community
- Cost and insurance barriers

- Low Medicaid reimbursement is disincentive for providers to serve people with Medicaid coverage
- Wait times for appointments
- Transportation barriers for getting to appointments
- Language barriers
- Stigma around mental illness
- Challenging for organizations to reach vulnerable people with outreach
- Referral processes not well defined and hard to follow

Needed Strategies:

Strategies identified by key informants that would improve mental health services in Walworth County include:

- Communication between Health and Human Services and local law enforcement regarding mental health and substance abuse
- Bridging the gap between treating providers and county government
- Better transportation in rural areas
- Screening people for mental health needs at primary care appointments
- Partnering with universities that offer behavioral health degrees and recruiting students to the county for internships
- Recruiting and retaining behavioral health providers
- Promoting public education about mental illness and stigma reduction
- Providing more Spanish-speaking counselors

Key Community Partners to Improve Mental Health

Key community partners needed to improve mental health services in Walworth County identified by key informants include:

- Health systems and health care providers
- Mental health services providers
- Emergency services
- Schools
- Local government
- County Health and Human Services
- Law enforcement
- Open Arms Free Clinic
- Conexiones Latinas
- Non-profit organizations
- Churches
- Social organizations
- Higher education institutions that are training the future behavioral health workforce
- Local businesses
- YMCA
- Child care providers

- Transportation providers
- NAMI Walworth Inc.
- Organizations that provide services to seniors and people with disabilities

Subgroups/populations where efforts could be targeted and how efforts can be targeted

Key informants shared the following perspectives about populations that should be targeted:

- This issue affects everyone, but it may be important to prioritize helping people who do not have access to health care due to lack of insurance or inability to pay for services out-of-pocket
- Work on reaching children at schools and identifying issues early on and working with teens on healthy ways to relieve stress
- Hispanic/Latino population may be less prone to seeking care and rely on friends and family to refer them

Access to Health Care

19 of 27 key informants included access to health care in their top five health issues for the county and four ranked it as their number one issue.

Existing Strategies

Strategies for helping people access health care in Walworth County identified by key informants include:

- Open Arms Free Clinic
- Lakeland School provides a safe place where children will get appropriate and safe care and caregivers have some respite
- Walworth County VIP Transportation makes it possible for people to access services
- There are clinics in every community
- School nurses
- Behavioral health services in schools
- Telemedicine
- Extended hours of clinics and urgent care
- Expansion in insurance coverage since the Affordable Care Act

Barriers and Challenges

Barriers and challenges to accessing health care identified by key informants include:

- Lack of providers
- Difficulty accessing transportation
- Long distances to travel for treatment
- Communities not having localized resources and having to travel to specialty appointments
- Lack of health insurance coverage
- Financial hardships
- Trouble navigating the health care system
- High costs of medication, labs, x-rays, and specialty care
- Lack of respite or caregiving services

- Poor transitioning from youth to adult services for people with disabilities
- Lack of knowledge about services that do exist or how to access them
- Competition between service providers creates confusion about services
- Lack of Spanish-speaking staff and American Sign Language interpreters

Needed Strategies:

Strategies identified by key informants that would improve mental health services in Walworth County include:

- More providers
- More transportation to services
- Child care for health care appointments
- A professional development pipeline for health care providers
- Retention of health care providers
- Extended clinic hours
- Better communication strategies, outreach, and promotion of available services
- More interpreters and bilingual providers
- Improved support to families navigating insurance systems

Key Community Partners to Improve Health Care Access

Key community partners needed to improve health care access in Walworth County identified by key informants include:

- Health care systems and providers
- Open Arms Free Clinic
- Schools
- Walworth County Division of Public Health
- Alzheimer’s Association
- MS Society
- Leukemia and Lymphoma Society
- Employee Assistance Programs (EAP)
- Local chambers of commerce
- Housing managers
- Local government
- Mobility managers for the county
- Child care providers
- Churches

Subgroups/populations where efforts could be targeted and how efforts can be targeted

Key informants shared the following perspectives about populations that should be targeted:

- Hispanic/Latino population
 - Needs Spanish interpretation if there are not services in Spanish and materials and resources in Spanish
 - May afraid to access services

- Should be met with trauma-informed and culturally sensitive services
- Low-income and uninsured/underinsured populations
 - Vulnerable to going without care
 - Outreach to these groups should take place through schools, senior centers, churches, and other community organizations

Substance Use and Abuse

14 key informants ranked substance use and abuse as a top-five health priority for the county, and two ranked it as their number one issue.

Existing Strategies

Existing strategies for addressing substance use and abuse in Walworth County identified by key informants include:

- Drug Court
- Free treatment programs
- Strong stance from district attorney's office and law enforcement
- County programs for substance abuse and community outreach
- Overdose fatality review team
- Walworth County Drug and Alcohol Coalition
- Suboxone prescribers
- Naloxone availability
- Open Arms Free Clinic's limits on prescribing pain medication

Barriers and Challenges

Barriers and challenges to addressing substance use and abuse identified by key informants include:

- Patients have to travel long distances to access treatment programs and support
- Lack of detox facility
- Out-of-pocket costs of treatment services
- Long wait times at treatment providers
- Lack of treatment providers in the county
- Lack of support and peer mentors
- Cultural norms around substance use
- Lack of awareness of long-term effects of vaping with marijuana
- Legalization of marijuana in Illinois
- Lack of foster parents for newborns
- Parents with addiction
- Lucrative nature of selling drugs

Needed Strategies

Strategies identified by key informants that would help to address substance use and abuse in Walworth County include:

- Finding ways to help people get support before use turns into abuse

- Build a better foster care network with shorter adoption timeline
- Establish more facilities offering mental health and substance abuse treatment programs
- Offer safe places for behavioral health care and counseling
- Establish a detox center
- Provide prevention education in schools
- Encourage workforce development in substance abuse treatment
- Reduce stigma for people seeking help
- Use social media to educate/raise awareness of issues

Key Community Partners to Address Substance Use and Abuse

Key community partners needed to address substance use and abuse in Walworth County identified by key informants include:

- Walworth County Division of Public Health
- Business owners
- Criminal justice system
- Law enforcement
- Health systems
- Emergency services
- Pain management clinics
- School districts
- Parent organizations
- Organizations that serve youth
- Substance abuse treatment providers from surrounding areas
- Churches
- New Beginnings APFV
- Walworth County Drug and Alcohol Coalition

Subgroups/populations where efforts could be targeted and how efforts can be targeted

Key informants shared the following perspectives about populations that should be targeted:

- Children and teens should be reached in school with prevention education, social media messaging, and applying lessons that worked with the fight against tobacco use
- Young parents who have addiction should be reached by treatment programs
- Immigrants may be afraid to seek help, especially from the government, and are more likely to be afraid of reporting things like drug abuse and violence for fear of deportation

Oral Health

10 informants' rankings included Oral Health as a top five health issue for the county, with two ranking it as their top issue. The main concern about oral health was lack of access to dental services.

Existing Strategies

Existing strategies for addressing oral health in Walworth County identified by key informants include:

- Open Arms Free Clinic is adding a dental clinic

- The Seal-A-Smile program
- Division of Public Health study on fluoridation in community water

Barriers and Challenges

Barriers and challenges to addressing oral health identified by key informants include:

- Lack of oral health providers
- Most local dentists do not accept Medicaid due to low reimbursement
- Lack of transportation to get to appointments
- Lack of information about resources and services
- Dentists are over-scheduled and have high no-show rates
- Oral health isn't connected to other health systems
- Lack of fluoridation in some municipalities' water

Needed Strategies

Strategies identified by key informants that would help to improve oral health in Walworth County include:

- Higher Medicaid reimbursement to give providers a financial incentive to serve these patients
- Education or collaboration with dentists about reasons many people can't seek care
- Coordination of dentists volunteering their time
- Transportation to get people to appointments
- Better integration of dentistry into health care (i.e. EDs or telehealth)
- More work on prevention and oral hygiene
- Better insurance coverage
- Fluoridation in all municipal water systems

Key Community Partners to Address Oral Health

Key community partners needed to improve oral health in Walworth County identified by key informants include:

- Local dentists
- Local schools that train dentists and hygienists
- Schools
- School nurses
- Walworth County Division of Public Health
- Municipal councils
- Mayors
- Public works departments
- United Way
- Open Arms Free Clinic

Subgroups/populations where efforts could be targeted and how efforts can be targeted

Key informants shared the following perspectives about populations that should be targeted:

- People with low-income and who are uninsured or underinsured and children are vulnerable with respect to oral health
- Provide free toothbrushes and toothpaste and teach proper oral hygiene at health fairs and community events
- School nurses and teachers could coordinate to identify children that need care and community institutions could collaborate to link these identified children to dental providers

Alcohol Abuse

Eight key informants ranked alcohol abuse as a top five issue, and one key informant ranked alcohol abuse as their number one issue.

Existing Strategies

Existing strategies for addressing alcohol abuse in Walworth County identified by key informants include:

- County alcohol abuse program
- Drug Court
- Treatment in jail
- Walworth County Drug and Alcohol Coalition
- High school policies to deter students from drinking

Barriers and Challenges

Barriers and challenges to addressing alcohol abuse identified by key informants include:

- Cultural acceptance around alcohol consumption
- Prevalence of alcohol at community events
- Ease of accessing alcohol in every store, bar, gas station, restaurant, social gathering
- Stigma around sobriety and seeking treatment
- Lack of treatment options
- Out-of-pocket cost of treatment
- No detox center in county
- Lack of enforcement of alcohol-related laws
- Lack of Spanish-language services
- Lack of transportation to services

Needed Strategies

Strategies identified by key informants that would help to address alcohol abuse in Walworth County include:

- More education and awareness of the health effects of alcohol
- More prevention education
- Cultural work to address norms about drinking in Wisconsin
- Changing laws around drinking and driving

- Decreasing the density of liquor licenses
- Establishing a detox center in the county
- Working on mental health, family dynamics and alcohol abuse together
- Integrating discussions and education about alcohol use into primary care with Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Planning for integration of behavioral health clinics into primary care clinic setting to have a more integrated system of treatment

Key Community Partners to Address Alcohol Abuse

Key community partners needed to address alcohol abuse in Walworth County identified by key informants include:

- Law enforcement
- Health systems
- Open Arms Free Clinic
- Substance abuse treatment centers in surrounding areas
- Justice system
- Alcohol and drug addiction treatment providers in the community
- Schools
- Faith communities
- New Beginnings APFV
- Local businesses
- Tavern League
- Conexiones Latinas

Subgroups/populations where efforts could be targeted and how efforts can be targeted

Key informants shared the following perspectives about populations that should be targeted:

- Seniors
 - It is common for social gatherings at senior centers and care facilities to have happy hours and bars
 - Could be reached through home health agencies, skilled nursing facilities, messaging from primary care providers, churches, and support groups
- Children
 - Important to reach children so attitudes can be shaped early on
 - Apply same strategies that worked with tobacco use
- Hispanic/Latino population
 - Reach young men in early 20's
 - Use advertising for services in Spanish

Prioritization of Health-Related Issues

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

The household survey identified the below top five issues as key health priorities in Walworth County:

1. Access to Health Care
2. Alcohol Abuse
3. Chronic Disease
4. Overweight/Obesity
5. Substance Use and Abuse

The key informant interviews identified the below top five issues as key health priorities in Walworth County:

1. Mental Health
2. Access to Health Care
3. Substance Use and Abuse
4. Oral Health
5. Alcohol Abuse

MWH representatives considered the above priorities and findings from the Community Analysis to identify what we consider to be the most significant health needs in Walworth County.

The significant health needs are as follows:

1. Improve the general health of individuals living in Walworth County
2. Improve the health status of individuals with chronic illness and promote healthy lifestyles
3. Improve the health of patients with specific needs, including geriatric health needs and substance abuse
4. Reduce likelihood of opioid addiction beginning and/or continuing
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 MWH to be a priority for the community)

All significant health needs identified above are addressed in the Implementation Plan for the CHNA, which details how MWH 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

MERCYHEALTH SYSTEM WALWORTH HOSPITAL COMMUNITY BENEFIT PLAN 2020-2023 IMPLEMENTATION PLAN

Strategic Objective: Based on priorities established by a Walworth County health coalition, Mercyhealth will develop and implement a multifaceted community benefit plan to improve the overall health and well-being of residents in Walworth County.

STRATEGIES	TACTICS	MEASURE/STATUS
<p>Improve the general health of individuals living in Walworth County</p>	<p>Access to Care:</p> <ul style="list-style-type: none"> ➤ Continue to develop and offer various access sites for primary and specialty care services: <ul style="list-style-type: none"> ➤ Mercyhealth Delavan ➤ Mercyhealth Elkhorn ➤ Mercyhealth Lake Geneva ➤ Mercyhealth Hospital & Medical Center Walworth 	<ul style="list-style-type: none"> • Continue to offer specialty care services : <ul style="list-style-type: none"> • Allergy/Immunology • Cardiology • Dermatology • Nutrition services • Family medicine • Gastroenterology • Geriatric services • Gynecology • Hematology • Medical Oncology • Diabetes education • Weight management • Pain management • Sports Medicine & Rehabilitation • Sleep medicine • Neurology • Obstetrics • Occupational Health & Medicine • Ophthalmology • Otolaryngology • Pediatrics • Pharmacy

1

	<ul style="list-style-type: none"> ➤ Monitor current rotating physician specialties to ensure appropriate utilization and fulfillment of community health needs. ➤ Promote use of My Chart patient portal as a communication tool for patients and physicians as a means to enhance access and compliance. 	<ul style="list-style-type: none"> • Physical Medicine & Rehabilitation • Podiatry • Pulmonology • Speech therapy • Urology • Urgent care services • Monitor patient outmigration to assess physician need • Monitor patient activation rate and usage
	<p>Health Improvement and Maintenance:</p> <ul style="list-style-type: none"> ➤ Proactively manage Medicare population through ACO initiatives focused on preventive care. 	<ul style="list-style-type: none"> • Promote annual wellness visits • Other screening and compliance measures
	<p>Education and Awareness:</p> <ul style="list-style-type: none"> ➤ Breast cancer screenings <ul style="list-style-type: none"> ➤ Schedule mammogram prior to patient leaving their office visit 	<ul style="list-style-type: none"> • Multi-site cancer screening event once a year at Mercyhealth Hospital and Medical Center - Walworth • Personal conversations with provider during patient exam • Patient outreach via telephone and letters completed by clinic nursing staff

2

	<ul style="list-style-type: none"> ➤ Cervical cancer screenings 	<ul style="list-style-type: none"> • Increase access to OB-GYN care via rotating specialists • Internal marketing campaigns - Educational fliers in elevators for HPV awareness • Personal conversations with providers during patient exam • Patient outreach via telephone and letters completed by clinic nursing staff
	<ul style="list-style-type: none"> ➤ Colorectal cancer screenings 	<ul style="list-style-type: none"> • Personal conversations with providers during patient exam • Internal marketing campaigns – bathroom stall clings; t-shirts and buttons to staff; leadership presentation • Patient outreach via telephone and letters completed by clinic nursing staff
	<p>Immunizations & Vaccinations</p> <ul style="list-style-type: none"> ➤ Childhood Immunizations <ul style="list-style-type: none"> ➤ Patients aged 12-24 months ➤ Patients aged 24-36 months 	<ul style="list-style-type: none"> • Monitor and increase immunization rates • Monitor and increase immunization rates
	<ul style="list-style-type: none"> ➤ HPV Vaccination <ul style="list-style-type: none"> ➤ Follow-up visits scheduled at time of initial vaccine 	<ul style="list-style-type: none"> • Personal conversations with providers during patient exam • Internal marketing campaigns – HPV education to providers and their patients. Targeting how to talk to parents about the importance of the vaccination and the options available

3

		<ul style="list-style-type: none"> • Patient outreach via telephone and letters completed by clinic nursing staff
	<ul style="list-style-type: none"> ➤ Pneumococcal Vaccination 	<ul style="list-style-type: none"> • Monitor and increase vaccination rates • Educate nursing staff and physicians
<p>Improve the health status of individuals with chronic illness and promote healthy lifestyles</p>	<p>High Blood Pressure</p> <ul style="list-style-type: none"> ➤ Controlling high blood pressure This measure assesses the percentage of patients 18-85 years of age who have a diagnosis of essential hypertension <p>Obesity</p> <ul style="list-style-type: none"> ➤ Perform adult body mass index (BMI) screening annually <ul style="list-style-type: none"> • This measure assesses adults aged 18-85 who have had a minimum of one BMI screening annually <p>Diabetes</p> <ul style="list-style-type: none"> ➤ A1C testing <ul style="list-style-type: none"> • This measure assesses percentage of people 18-75 years of age with a diagnosis of diabetes who had two or more A1C tests, one A1C test or no A1C tests within the measurement year. ➤ Smoking Cessation <ul style="list-style-type: none"> • Provide smoking cessation educational materials to adult patients 	<ul style="list-style-type: none"> • Monitor and increase rates • Educate nursing staff and physicians • Monitor and increase rates • Educate nursing staff and physicians • Monitor and increase rates • Educate nursing staff and physicians • Monitor the number of stop smoking wellness programs • Monitor the number of community events where smoking cessation educational material is available

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	<ul style="list-style-type: none"> ➤ Hypertension and high cholesterol awareness/education 	<ul style="list-style-type: none"> • Provide free blood pressure checks and educational materials at Mercyhealth locations and health fairs • Monitor events and health fairs where hypertension and high cholesterol educational material is available
Improve the health of patients with specific needs, including geriatric health needs and substance abuse	<ul style="list-style-type: none"> ➤ Geriatric services ➤ Alcohol and Substance Abuse 	<ul style="list-style-type: none"> • Monitor number of community events and health fairs where geriatric services can be promoted • Monitor number of community events and health fairs where information regarding health consequences of alcohol and substance can be promoted
Reduce likelihood of opioid addiction beginning and/or continuing	<ul style="list-style-type: none"> ➤ Monitor opioid prescribing among physicians ➤ Offer provider education ➤ Offer addiction counseling 	<ul style="list-style-type: none"> • Review regular reports to look for outlier prescribers • Monitor number of educational courses offered

<p>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</p>	<p>Provide alternative education to Emergency Medical Services (EMS) personnel</p> <ul style="list-style-type: none"> • Coordinate with local, regional and state organizations regarding EMS surge planning, response, and information sharing • Enhanced safety and treatment protocols by our EMS System and the REACT air medical critical care transport program • Expanded telemedicine services to increase virtual access for our patients and allow EMS crews to be available for those with critical illnesses during pandemic • Enhanced education and universal precautions updates for EMS crews during this pandemic to ensure safety of first responders as well as safety to patients • Expanded COVID 19 response, screening, and effective transport of patients suspected of or confirmed for COVID-19 by EMS Crews and Public Service Answering Points (911 Operators) to provide early identification to EMS crews and receiving facilities and appropriate transport to Emergency Dept. <p>SAFE CARE COMMITMENT: Reassure patients that Mercyhealth has taken extra safety precautions to ensure the health and safety of our patients is our top priority</p> <ul style="list-style-type: none"> • Enhanced Cleaning • Masking • Screening • Social Distancing 	<ul style="list-style-type: none"> • Multiple EMS providers have been credentialed to function by the Mercy EMS Medical Director to ensure continuity of the Emergency Medical System. • Frequent communication between EMS leadership and the Mercyhealth Pre-hospital and Emergency Services Center to provide real time updated information <ul style="list-style-type: none"> • Internal Marketing Campaigns - Safe Care Commitment: banners; elevator fliers; E-newsletter; leadership and all employee emails • Provider videos – numerous physicians creating social media videos to address COVID 19 concerns and questions • Community Education on “How to Safely Wear a Mask” - video created; social media and website post
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APPENDIX B

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

Strategy #1: Improve the general health of individuals living in Walworth County

Access to Care

Continue to develop and offer various access sites for primary and specialty care services

- **Mercyhealth Delavan**
- **Mercyhealth Elkhorn**
- **Mercyhealth Lake Geneva**
- **Mercyhealth Hospital and Medical Center Walworth**
- **Mercyhealth Whitewater**

Continue to offer specialty care services:

- **Allergy/Immunology**
- **Cardiology**
- **Dermatology**
- **Nutrition services**
- **Family medicine**
- **Gastroenterology**
- **Geriatric services**
- **Gynecology**
- **Hematology**
- **Medical Oncology**
- **Diabetes education**
- **Weight management**
- **Pain management**
- **Sports Medicine & Rehabilitation**
- **Sleep medicine**
- **Neurology**
- **Obstetrics**
- **Occupational Health & Medicine**
- **Ophthalmology**
- **Otolaryngology**
- **Pediatrics**
- **Pharmacy**
- **Physical Medicine and Rehabilitation**
- **Podiatry**
- **Pulmonology**
- **Speech therapy**
- **Urology**
- **Urgent care services**

In addition to the these offerings, as of 2019 the Mercyhealth Ronald McDonald Care Mobile has had 12,281 visits with 9,999 children providing well-child exams, vaccinations, acute care visits and dental care.

Promote the use of MyChart patient portal as a communication tool for patients and physicians as a means to enhance access and compliance.

- Monitor patient activation rate
 - FY'16: 25.1%
 - FY'19: 42.1%

Health Improvement and Maintenance

Proactively manage Medicare population through ACO initiatives focused on preventative care.

- Promote annual wellness visits
 - FY' 16: 17%
 - FY' 19: 44%
- **Between June 2016 and July 2020, 2,273 events were attended across southern Wisconsin 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

Education and Awareness

Offer and Increase Breast Cancer Screenings

- Expand mammography hours of operation
- Schedule mammogram prior to patient leaving their office
 - Personal conversations with provider during patient exam
 - Patient outreach via telephone and letters completed by clinic nursing staff
 - Targeted marketing vis external educational-based post cards
- FY'16: 68.8%
- FY'19: 70.2%

Offer and Increase Cervical Cancer Screenings

- Increase access to OB-GYN card via rotating specialists
- Internal marketing campaigns
 - Educational fliers in elevators for HPV awareness
- Personal conversations with providers during patient exam
- Patient outreach via telephone and letters completed by clinic nursing staff
- FY'16: 76.2%
- FY'19: 75.5%

Offer and Increase Osteoporosis (Bone Density) Screenings

- Monitor Dexascan access to care and modify hours as necessary
- Personal conversations with providers during patient exam
- Patient outreach via telephone and letters completed by clinic nursing staff
- FY'16: 77.8%
- FY'19: 77.4%

Offer and Increase Colorectal Cancer Screenings

- Personal conversations with providers during patient exam
- Internal marketing campaigns
 - Bathroom stall clings
 - T-shirts and buttons to staff
 - Leadership presentation
- Patient outreach via telephone and letters completed by clinic nursing staff
- FY'16: 68.5%
- FY'19: 70.4%

Immunizations and Vaccinations

Increase Childhood Immunizations

- Monitor immunization rates among patients aged 24 months
 - FY'16: 72.8%
 - FY'19: 74.3%
 - **As of 2019 the Mercyhealth Ronald McDonald Care Mobile has had 12,281 visits with 9,999 children providing well-child exams, vaccinations, acute care visits and dental care.**

Increase HPV Vaccination

- Follow-up visits scheduled at time of initial vaccine
 - Personal conversations with providers during patient exam
 - Internal marketing campaigns
 - HPV education providers and their patients that targets how to talk to parents about the importance of the vaccination and the options available
 - **As of 2019 the Mercyhealth Ronald McDonald Care Mobile has had 12,281 visits with 9,999 children providing well-child exams, vaccinations, acute care visits and dental care.**

Increase Pneumococcal Vaccination

- Monitor vaccination rate
- Educate nursing staff and physicians
- FY'16: 83.3%
- FY'19: 82.5%

Strategy #2: Improve the health status of individuals with chronic illness and promote healthy lifestyles

Between June 2016 and July 2020, 306 chronic condition education programs were offered with 2,839 total participants across southern Wisconsin

- **Education programs included:**
 - Asthma
 - Cancer
 - Diabetes
 - Heart Disease/Healthy Heart
 - Nutrition and Weight Management

High Blood Pressure

Provide hypertension and high cholesterol awareness and education

- Monitor events and health fairs where hypertension and high cholesterol educational materials
 - **Between June 2016 and July 2020, across the entire service area, Mercyhealth representatives took part in 744 Health Fairs and 2,273 events were attended where 175,994 participants were screened for:**
 - **Blood Pressure**
 - **Cholesterol**
 - **Cancer- Mammography**
 - **Cancer- Prostate**
 - **Cancer- Skin**
 - **Cancer- All other screenings**
 - **Diabetes**
 - **Nutrition/Obesity**

Obesity

Increase the rate of adults who have had at minimum one body mass index (BMI) screening annually.

- FY' 16: 97%
- FY' 19: 98%

Diabetes

Assess and increase the percentage of people 18-75 years of age with a diagnosis of diabetes who had two or more A1C tests, one A1C test or no A1C tests within the measurement year.

- FY'16: 71.6%
- FY'19: 64.6%

Provide smoking cessation educational materials to adult patients

- Monitor the number of stop smoking wellness programs
 - **Free smoking cessation wellness program for Mercyhealth employees**
 - **Maintained smoke-free campuses**
- Monitor the number of community events where smoking cessation educational material is available

- **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 across southern Wisconsin**

Provide hypertension and high cholesterol awareness and education

- Provide free blood pressure checks and educational materials at Mercyhealth locations and health fairs
- Monitor events and health fairs where hypertension and high cholesterol educational materials
 - **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 across southern Wisconsin**

Strategy #3: Improve the health of patients with specific needs, including geriatric health needs and substance abuse

Geriatric Services

Provide geriatric services to the community and promote utilization

- Monitor the number of community events and health fairs where geriatric services can be promoted
 - **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 across southern Wisconsin**

Alcohol and Substance Abuse

Provide information regarding health consequences of alcohol and substance abuse to the community.

- Monitor the number of community events and health fairs where information regarding health consequences of alcohol and substance abuse can be promoted
 - **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 across southern Wisconsin**

Reduce likelihood of opioid addiction beginning and continuing

- Monitor opioid prescribing among physicians
 - **Controlled substance prescribing patterns in Walworth County have been monitored from 2017 through 2020 with an overall decrease of 2% amongst top prescribing specialties. However, after adjusting for patient volume changes the decrease in prescribing is approximately 18.8%.**

APPENDIX C

Walworth County Community Health Survey Report Summary 2019

Walworth County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Walworth County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children's Wisconsin, Mercy Health System, the Center for Urban Population Health and Walworth County Division of Public Health. Please see the full report for complete data analysis.

	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Overall Health							
Excellent/Very Good	61%	49%	46%	53%	58%	52%	51%
Good	31%	35%	37%	32%	26%	33%	32%
Fair or Poor	8%	16%	17%	16%	17%	15%	17%
Health Care Coverage							
Not Covered							
Personally (Currently, 18 Years Old and Older) [HP2020 Goal: 0%]	10%	8%	12%	5%	5%	10%	11%
Personally (Currently, 18 to 64 Years Old) [HP2020 Goal: 0%]	11%	10%	14%	6%	6%	11%	13%
Personally (Past Year, 18 and Older)	14%	17%	18%	8%	9%	NA	NA
Household Member (Past Year)	16%	15%	19%	10%	11%	NA	NA
Did Not Receive Care Needed in Past Year							
Delayed/Did Not Seek Care Due to Cost	--	--	--	15%	13%	10%	12%
Unmet Need/Care in Household¹							
Prescription Medication Not Taken Due to Cost [HP2020 Goal: 3%]	--	--	14%	11%	13%	NA	NA
Medical Care [HP2020 Goal: 4%]	--	7%	11%	12%	6%	NA	NA
Dental Care [HP2020 Goal: 5%]	--	5%	20%	23%	15%	NA	NA
Mental Health Care	--	4%	--	5%	3%	NA	NA
Health Information							
Primary Source of Health Information							
Doctor	--	--	--	55%	54%	NA	NA
Internet	--	--	--	23%	31%	NA	NA
Myself/Family Member in Health Care Field	--	--	--	7%	5%	NA	NA
Other Health Professional	--	--	--	6%	3%	NA	NA
Caregiver to Family/Friend with Health Problem or Disability							
Past Month	--	--	--	--	23%	NA	NA
Next Two Years	--	--	--	--	34%	NA	NA
Health Services							
Have a Primary Care Physician [HP2020 Goal: 84%]	--	--	--	90%	85%	81%	77%
Primary Health Services							
Doctor/Nurse Practitioner's Office	73%	79%	78%	79%	66%	NA	NA
Urgent Care Center	7%	6%	6%	9%	24%	NA	NA
Quickcare Clinic (Fastcare Clinic)	--	--	--	1%	3%	NA	NA
Hospital Emergency Room	1%	3%	5%	4%	2%	NA	NA
Hospital Outpatient Department	7%	1%	1%	2%	1%	NA	NA
Public Health Clinic/Com. Health Center	5%	4%	1%	0%	<1%	NA	NA
Worksite Clinic	--	--	--	<1%	<1%	NA	NA
No Usual Place	5%	6%	8%	4%	4%	NA	NA
Advance Care Plan	33%	31%	38%	36%	40%	NA	NA

--Not asked. NA-WI and/or US data not available.

¹In 2019, the question was asked about any household member. In previous years, the question was asked of respondents only.

	Walworth					WI	US
Vaccinations (65 and Older)	2009	2011	2014	2016	2019	2018	2018
Flu Vaccination (Past Year)	69%	64%	76%	69%	84%	46%	55%
Pneumonia (Ever) [HP2020 Goal: 90%]	69%	68%	79%	81%	78%	75%	74%
	Walworth					WI	US
Routine Procedures	2009	2011	2014	2016	2019	2018	2018
Routine Checkup (2 Years Ago or Less)	82%	82%	78%	85%	85%	87%	88%
Cholesterol Test (4 Years Ago or Less) [HP2020 Goal: 82%]	64%	71%	74%	73%	77%	83% ¹	86% ¹
Dental Checkup (Past Year) [HP2020 Goal: 49%]	65%	59%	59%	66%	72%	71%	68%
Eye Exam (Past Year)	48%	50%	41%	42%	42%	NA	NA
	Walworth					WI	US
Health Conditions in Past 3 Years	2009	2011	2014	2016	2019	2018	2018
High Blood Pressure	24%	29%	27%	26%	31%	NA	NA
Mental Health Condition	10%	19%	21%	22%	24%	NA	NA
High Blood Cholesterol	19%	20%	24%	23%	23%	NA	NA
Diabetes	5%	7%	5%	10%	9%	NA	NA
Heart Disease/Condition	7%	6%	7%	7%	7%	NA	NA
Asthma (Current)	7%	6%	11%	12%	10%	9%	10%
	Walworth					WI	US
Condition Controlled Through Meds, Therapy or Lifestyle Changes:	2009	2011	2014	2016	2019	2018	2018
High Blood Pressure	--	--	98%	98%	99%	NA	NA
Mental Health Condition	--	--	95%	72%	93%	NA	NA
High Blood Cholesterol	--	--	88%	93%	96%	NA	NA
Diabetes	--	--	100%	95%	84%	NA	NA
Heart Disease/Condition	--	--	100%	89%	100%	NA	NA
Asthma (Current)	--	--	100%	69%	100%	NA	NA
	Walworth					WI	US
Physical Activity	2009	2011	2014	2016	2019	2009	2009
Physical Activity/Week							
Moderate Activity (5 Times/30 Min)	32%	42%	40%	41%	40%	NA	NA
Vigorous Activity (3 Times/20 Min)	28%	24%	25%	40%	25%	NA	NA
Recommended Moderate or Vigorous	45%	48%	48%	57%	46%	53%	51%
	Walworth					WI	US
Body Weight	2009	2011	2014	2016	2019	2018	2018
Overweight Status							
Overweight (BMI 25.0+) [HP2020 Goal: 66%]	61%	65%	64%	71%	70%	67%	66%
Obese (BMI 30.0+) [HP2020 Goal: 31%]	24%	31%	36%	34%	40%	32%	31%
	Walworth					WI	US
Nutrition and Food Security	2009	2011	2014	2016	2019	2009	2009
Fruit Intake (2+ Servings/Day)	58%	59%	60%	57%	61%	NA	NA
Vegetable Intake (3+ Servings/Day)	24%	28%	23%	25%	25%	NA	NA
At Least 5 Fruit/Vegetables/Day	35%	35%	36%	33%	36%	23%	23%
Household Went Hungry (Past Year)	--	--	--	6%	2%	NA	NA
	Walworth					WI	US
Colorectal Cancer Screenings (50 and Older)	2009	2011	2014	2016	2019	2018	2018
Blood Stool Test (Within Past Year)	--	--	13%	12%	14%	7%	9%
Sigmoidoscopy (Within Past 5 Years)	7%	9%	6%	7%	5%	3%	2%
Colonoscopy (Within Past 10 Years)	65%	65%	68%	66%	70%	71%	64%
One of the Screenings in Recommended Time Frame [HP2020 Goal: 71%]	66%	65%	72%	70%	76%	75%	70%

--Not asked. NA-WI and/or US data not available. ¹WI and US data for cholesterol test is from 2017.

	Walworth					WI	US
Women's Health	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Mammogram (50+; Within Past 2 Years)	80%	73%	70%	73%	75%	78%	78%
Bone Density Scan (65 and Older)	74%	77%	87%	82%	76%	NA	NA
Cervical Cancer Screening							
Pap Smear (18 – 65; Within Past 3 Years) [HP2020 Goal: 93%]	81%	83%	80%	74%	82%	81%	80%
HPV Test (18 – 65; Within Past 5 Years)	--	--	61%	48%	65%	NA	NA
Screening in Recommended Time Frame (18-29: Pap Every 3 Years; 30 to 65: Pap and HPV Every 5 Years or Pap Only Every 3 Years)	--	--	82%	77%	89%	NA	NA
Tobacco Cigarette Smokers or Vapers	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Current Smokers [HP2020 Goal: 12%]	23%	27%	25%	24%	13%	17%	16%
Current Vapers (Past Month)	--	--	3%	8%	3%	5% ¹	4%
Of Current Smokers/Vapers...						2005	2005
Quit Smoking/Vaping 1 Day or More in Past Year Because Trying to Quit [HP2020 Goal Quit Smoking: 80%]	49%	58%	64%	51%	48%	49%	56%
Saw a Health Care Professional in Past Year and Advised to Quit Smoking/Vaping	66%	75%	72%	78%	68%	NA	NA
Exposure to Smoke/Vapor						WI ²	US
Smoking Policy at Home	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>'14-15</u>	<u>'14-15</u>
Not Allowed Anywhere	77%	80%	82%	89%	82%	84%	87%
Allowed in Some Places/At Some Times	8%	9%	6%	4%	8%	NA	NA
Allowed Anywhere	4%	2%	2%	<1%	<1%	NA	NA
No Rules Inside Home	11%	9%	10%	5%	9%	NA	NA
Nonsmokers/Nonvapers Exposed to Second-Hand Smoke/Vapor in Past 7 Days [HP2020 Goal Nonsmokers: 34%]	29%	18%	20%	15%	11%	NA	NA
Other Tobacco Products in Past Month	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Smokeless Tobacco [HP2020 Goal: 0.2%]	--	--	6%	5%	7%	4%	4%
Cigars, Cigarillos or Little Cigars	--	--	4%	4%	3%	NA	NA
Alcohol Use in Past Month	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Binge Drinker* [HP2020 Goal 5+ Drinks: 24%]	24%	23%	17%	30%	37%	26%	16%
Driver/Passenger When Driver Perhaps Had Too Much to Drink	4%	4%	1%	1%	<1%	NA	NA
Household Problems in Past Year Associated With...	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Alcohol	6%	6%	1%	2%	4%	NA	NA
Marijuana	--	--	--	2%	<1%	NA	NA
Misuse of Prescription or OTC Drugs	--	--	--	1%	<1%	NA	NA
Cocaine, Heroin or Other Street Drugs	--	--	--	<1%	0%	NA	NA
Gambling	--	--	--	1%	0%	NA	NA
Working Detectors in Household	<u>2009</u>	<u>2011</u>	<u>2014</u>	<u>2016</u>	<u>2019</u>	<u>2018</u>	<u>2018</u>
Smoke and Carbon Monoxide Detectors	56%	70%	76%	80%	85%	NA	NA

--Not asked. NA-WI and/or US data not available. ¹Wisconsin current vapers is 2017 data. ²Midwest data.

*In 2009, binge drinking was defined as 5 or more drinks regardless of gender. Since 2011, binge drinking has been defined as 4 or more drinks for females and 5 or more drinks for males to account for metabolism differences.

	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Human Trafficking							
Personally Know Someone Who Experienced Human Trafficking	--	--	--	--	2%	NA	NA
	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Personal Safety Issues in Past Year							
Afraid for Their Safety	5%	5%	2%	2%	4%	NA	NA
Pushed, Kicked, Slapped, or Hit	5%	5%	<1%	2%	2%	NA	NA
At Least One of the Safety Issues	10%	8%	2%	4%	5%	NA	NA
	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Mental Health Status							
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	9%	5%	6%	8%	NA	NA
Considered Suicide (Past Year)	3%	5%	4%	5%	3%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	4%	7%	7%	6%	3%	NA	NA
	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Children in Household							
Primary Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	--	99%	91%	NA	NA
Visited Primary Doctor/Nurse for Preventive Care (Past Year)	--	--	--	95%	96%	NA	NA
Did Not Receive Care Needed (Past Year)							
Medical Care	--	--	--	0%	3%	NA	NA
Dental Care	--	--	--	7%	4%	NA	NA
Specialist	--	--	--	0%	<1%	NA	NA
Current Asthma	--	--	--	3%	13%	NA	NA
Safe in Community/Neighborhood Seldom/Never	--	--	--	0%	3%	NA	NA
Children 5 to 17 Years Old*							
Fruit Intake (2+ Servings/Day)	--	--	--	66%	67%	NA	NA
Vegetable Intake (3+ Servings/Day)	--	--	--	26%	24%	NA	NA
5+ Fruit/Vegetables per Day	--	--	--	30%	39%	NA	NA
Physical Activity (60 Min./5 or More Days/Week)	--	--	--	61%	57%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)	--	--	--	1%	6%	NA	NA
Experienced Some Form of Bullying (Past Year)	--	--	--	14%	22%	NA	NA
Verbally Bullied	--	--	--	13%	20%	NA	NA
Physically Bullied	--	--	--	1%	3%	NA	NA
Cyber Bullied	--	--	--	0%	1%	NA	NA
	Walworth					WI	US
	2009	2011	2014	2016	2019	2018	2018
Top County Health Issues							
Illegal Drug Use	--	--	--	26%	33%	NA	NA
Access to Health Care	--	--	--	19%	25%	NA	NA
Alcohol Use or Abuse	--	--	--	22%	17%	NA	NA
Chronic Diseases	--	--	--	16%	16%	NA	NA
Overweight or Obesity	--	--	--	15%	14%	NA	NA
Prescription or OTC Drug Abuse	--	--	--	6%	14%	NA	NA
Mental Health or Depression	--	--	--	11%	13%	NA	NA
Affordable Health Care	--	--	--	5%	10%	NA	NA
Tobacco Use	--	--	--	10%	8%	NA	NA
Access to Affordable Healthy Food	--	--	--	5%	8%	NA	NA
Cancer	--	--	--	5%	4%	NA	NA
Infectious Diseases	--	--	--	4%	4%	NA	NA

--Not asked. NA-WI and/or US data not available.

*In 2016, the question was asked for children 8 to 17 years old.

General Health

In 2019, 58% of respondents reported their health as excellent or very good; 17% reported fair or poor. Respondents 35 to 44 years old, 65 and older, with a high school education or less, in the bottom 40 percent household income bracket or inactive respondents were more likely to report fair or poor health. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor while from 2016 to 2019, there was no statistical change.*

Health Care Coverage

In 2019, 5% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, 55 to 64 years old, with some post high school education or in the bottom 60 percent household income bracket were more likely to report this. Nine percent of respondents reported they personally did not have health care insurance at least part of the time in the past year; respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2019, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2016 to 2019, there was no statistical change. From 2009 to 2019, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past year while from 2016 to 2019, there was no statistical change. From 2009 to 2019, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2016 to 2019, there was no statistical change.*

In 2019, 13% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past year; respondents 35 to 44 years old or with a high school education or less were more likely to report this. Thirteen percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents with children in the household were more likely to report this. Six percent of respondents reported there was a time in the past year someone in their household did not receive the medical care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Fifteen percent of respondents reported there was a time in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents reported there was a time in the past year someone did not receive the mental health care needed. *From 2016 to 2019, the overall percent statistically remained the same for respondents who reported in the past year they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the medical care. From 2014 to 2019, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2016 to 2019. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2016 to 2019, there was a statistical decrease. From 2011 to 2019, the overall percent statistically remained the same for respondents who reported unmet mental health care for someone in the household in the past year, as well as from 2016 to 2019. Please note: in 2019, unmet medical, dental and mental health care need was asked of the household. In prior years, it was asked of the respondent only.*

Health Care Information

In 2019, 54% of respondents reported they contact a doctor when looking for health information or clarification while 31% reported they look on the Internet. Five percent reported they were, or a family member was, in the health care field and their source for health information while 3% reported other health professional. Respondents 65 and older, with a high school education or less or unmarried respondents were more likely to report they contact a doctor. Respondents with a college education or married respondents were more likely to report the Internet. Respondents who were female, 18 to 34 years old or in the bottom 60 percent household income bracket were more likely to report themselves or a family member in the health care field and their source for health information. *From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported doctor or they were/family member was in the health care field and their source of health information/clarification. From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported the Internet as their source of health information/clarification. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported other health professional as their source of health information/clarification.*

Health Care Services

In 2019, 85% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the top 40 percent household income bracket were more likely to report a primary care physician. Sixty-six percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 24% reported an urgent care center. Two percent reported a hospital emergency room while 1% reported a hospital outpatient department and less than one percent reported a public health clinic/community health center. Respondents who were female, 65 and older or with a high school education or less were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents who were female, 18 to 44 years old or in the top 40 percent household income bracket were more likely to report an urgent care center as their primary health care. Forty percent of respondents had an advance care plan; respondents 65 and older, with a college education or married respondents were more likely to report an advance care plan. *From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported they have a primary care physician. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital emergency room, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a hospital outpatient department or a public health clinic/community health center while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2016 to 2019, there was no statistical change.*

In 2019, 23% of respondents reported during the past month they provided regular care or assistance to a friend or family member who has a health problem or disability in which they are not paid as a caregiver. Respondents who were female, 55 to 64 years old, with a college education or married respondents were more likely to report they were a caregiver. Thirty-four percent of respondents reported in the next two years they expect to be a caregiver; respondents who were female, 18 to 34 years old, 55 to 64 years old or married were more likely to report this.

Routine Procedures

In 2019, 85% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-two percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older or in the top 40 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents 45 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report a cholesterol test four years ago or less. Respondents 35 to 54 years old, 65 and older or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents 65 and older, with a high school education or less, in the top 40 percent household income bracket or married respondents were more likely to report an eye exam in the past year. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a routine checkup two years ago or less or an eye exam in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported a cholesterol test four years ago or less or a dental checkup in the past year while from 2016 to 2019, there was no statistical change.*

Vaccinations

In 2019, 47% of respondents had a flu vaccination in the past year. Respondents 65 and older or in the top 40 percent household income bracket were more likely to report a flu vaccination. Seventy-eight percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents 18 and older or 65 and older who reported a flu vaccination in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination in their lifetime, as well as from 2016 to 2019.*

Health Conditions

In 2019, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (31%) a mental health condition (24%) or high blood cholesterol (23%). Respondents 65 and older, with a high school education or less, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 35 to 44 years old, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 65 and older or overweight were more likely to report

high blood cholesterol. Nine percent of respondents reported diabetes; respondents 65 and older, with a high school education or less, who were overweight or inactive were more likely to report this. Seven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older, with a high school education or less or inactive respondents were more likely to report heart disease/condition. Ten percent reported current asthma; respondents who were female or with a high school education or less were more likely to report current asthma. Of respondents who reported these health conditions, at least 90% reported the condition was controlled through medication, therapy or lifestyle changes except for diabetes (84%). *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported high blood pressure, a mental health condition or diabetes while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease/condition or current asthma, as well as from 2016 to 2019.*

Mental Health Status

In 2019, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were female, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they seldom or never find meaning and purpose in daily life while from 2016 to 2019, there was a statistical decrease.*

Physical Health

In 2019, 40% of respondents did moderate physical activity five times a week for 30 minutes. Twenty-five percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 46% met the recommended amount of physical activity; respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or not overweight were more likely to report this. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity while from 2016 to 2019, there was a statistical decrease.*

In 2019, 70% of respondents were classified as at least overweight while 40% were obese. Respondents 35 to 44 years old, with a college education, in the top 40 percent household income bracket, who were married or inactive were more likely to be classified as at least overweight. Respondents who were 35 to 54 years old, married or inactive were more likely to be obese. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2016 to 2019, there was no statistical change.*

Nutrition and Food Insecurity

In 2019, 61% of respondents reported two or more servings of fruit while 25% reported three or more servings of vegetables on an average day. Respondents who were female, 18 to 34 years old, not overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, with a college education, who were married or did at least some physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-six percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, 18 to 34 years old, 45 to 54 years old, with a college education or who did an insufficient amount of physical activity were more likely to report this. Two percent of respondents reported their household went hungry because they couldn't afford enough food in the past year. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least five servings of fruit/vegetables, as well as from 2016 to 2019. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they couldn't afford enough food in the past year.*

Women's Health

In 2019, 75% of female respondents 50 and older reported a mammogram within the past two years. Seventy-six percent of female respondents 65 and older had a bone density scan. Eighty-two percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-five percent of respondents 18 to 65 years old reported an HPV test within the

past five years. Eighty-nine percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). *From 2009 to 2019, there was no statistical change in the overall percent of respondents 50 and older who reported a mammogram within the past two years, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years while from 2016 to 2019, there was a statistical increase. From 2014 to 2019, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a cervical cancer screen within the recommended time frame while from 2016 to 2019, there was a statistical increase.*

Colorectal Cancer Screening

In 2019, 14% of respondents 50 and older reported a blood stool test within the past year. Five percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 70% reported a colonoscopy within the past ten years. This results in 76% of respondents meeting the current colorectal cancer screening recommendations; respondents who were in the top 40 percent household income bracket or married were more likely to report this. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported a blood stool test within the past year, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame, as well as from 2016 to 2019.*

Alcohol Use

In 2019, 37% of respondents were binge drinkers in the past month (females 4+ drinks and males 5+ drinks). Respondents who were 45 to 54 years old or married were more likely to have binged at least once in the past month. Less than one percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink in the past month. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported in the past month they were a driver or passenger in a vehicle when the driver perhaps had too much to drink while from 2016 to 2019, there was no statistical change.*

Tobacco Use

In 2019, 13% of respondents were current tobacco cigarette smokers; respondents with a high school education or less were more likely to be a smoker. Three percent of respondents used electronic cigarettes in the past month. Forty-eight percent of current smokers or vapers quit for one day or longer because they were trying to quit in the past year. Sixty-eight percent of current smokers/vapers who saw a health professional in the past year reported the professional advised them to quit smoking or vaping. *From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2016 to 2019. From 2014 to 2019, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was no statistical change in the overall percent of current tobacco cigarette smokers or electronic vapor product users who quit smoking or vaping for at least one day in the past year because they were trying to quit, as well as from 2016 to 2019. From 2009 to 2019, there was no statistical change in the overall percent of current smokers or vapers who reported in the past year their health professional advised them to quit smoking or vaping, as well as from 2016 to 2019. Please note: in 2019, the tobacco cessation and health professional advised quitting questions included current smokers and current vapers. In previous years, both questions were asked of current smokers only.*

In 2019, 82% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket or married were more likely to report smoking is not allowed anywhere inside the home. Eleven percent of nonsmoking or nonvaping respondents reported they were exposed to second-hand smoke or vapor in the past seven days; respondents who were male, with some post high school education or unmarried respondents were more likely to report this. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2016 to 2019, there was a statistical decrease. From 2009 to 2019, there was a statistical decrease in the overall percent of nonsmoking or nonvaping respondents who reported they were exposed to second-hand smoke or vapor in the past seven days while from 2016 to 2019, there was no statistical change. Please note: in 2019, the second-hand smoke exposure question included nonvapers while in previous years the question included nonsmokers only.*

In 2019, 7% of respondents used smokeless tobacco in the past month while 3% of respondents used cigars, cigarillos or little cigars. Respondents who were male, in the top 40 percent household income bracket or married were more likely to report smokeless tobacco use. *From 2014 to 2019, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2016 to 2019.*

Household Problems

In 2019, 4% of respondents reported someone in their household experienced a problem, such as legal, social, personal, physical or medical in connection with drinking alcohol in the past year; respondents in households with children were more likely to report this. Less than one percent of respondents each reported someone in their household experienced some kind of problem with marijuana or the misuse of prescription drugs/over-the-counter drugs in the past year. Zero percent of respondents each reported a household problem in connection with cocaine/heroin/other street drugs or gambling. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem in connection with drinking alcohol in the past year while from 2016 to 2019, there was a statistical increase. From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported a household problem with marijuana or gambling in the past year. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported a household problem with cocaine/heroin/other street drugs or the misuse of prescription drugs/over-the-counter drugs in the past year.*

Detectors in Household

In 2019, 96% of households had a working smoke detector while 86% had a working carbon monoxide detector. Eighty-five percent of households had both detectors. Respondents in the top 40 percent household income bracket or in households with children were more likely to report both detectors. *From 2009 to 2019, there was a statistical increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector, as well as from 2016 to 2019.*

Human Trafficking

In 2019, 2% of respondents reported they personally know of someone who experienced human trafficking.

Personal Safety

In 2019, 4% of respondents reported someone made them afraid for their personal safety in the past year. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; respondents 35 to 44 years old were more likely to report this. *From 2009 to 2019, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year, as well as from 2016 to 2019. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported they were pushed/kicked/slapped/hit in the past year while from 2016 to 2019, there was no statistical change. From 2009 to 2019, there was a statistical decrease in the overall percent of respondents who reported at least one of the two personal safety issues in the past year while from 2016 to 2019, there was no statistical change.*

Children in Household

In 2019, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-one percent of respondents reported they have one or more persons they think of as their child's primary doctor or nurse, with 96% reporting their child visited their primary doctor or nurse for preventive care during the past year. Four percent of respondents reported in the past year their child did not receive the dental care needed while 3% reported their child did not receive the medical care needed. Less than one percent of respondents reported there was a time in the past year their child did not visit a specialist they needed. Thirteen percent of respondents reported their child currently had asthma. Three percent of respondents reported their child was seldom/never safe in their community. Sixty-seven percent of respondents reported their 5 to 17 year old child ate at least two servings of fruit on an average day while 24% reported three or more servings of vegetables. Thirty-nine percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Fifty-seven percent of respondents reported their 5 to 17 year old child was physically active for 60 minutes five times a week. Six percent of respondents reported their 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Twenty-two percent reported their 5 to 17 year old child experienced some form of bullying in the past year; 20% reported verbal bullying, 3% physical bullying and 1% reported cyber bullying. *From 2016 to 2019, there was a statistical decrease in the overall percent of respondents who reported their child had a primary doctor or nurse. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child visited their primary doctor/nurse in the past year for preventive care. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child had an unmet medical care need, unmet dental care need or was unable to see a specialist when needed. From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported their child currently had asthma. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their child was*

seldom/never safe in their community. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit, ate at least three servings of vegetables or met the recommendation of at least five servings of fruit/vegetables on an average day. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child was physically active for at least 60 minutes five times a week. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall as well as verbally bullied, physically bullied or cyber bullied.

Top County Health Issues

In 2019, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (33%), access to health care (25%) or alcohol use/abuse (17%). Respondents 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents who were female, 55 to 64 years old, with a college education or married respondents were more likely to report access to health care. Sixteen percent of respondents reported chronic diseases as a top issue; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Fourteen percent of respondents were more likely to report overweight or obesity; respondents who were male, with a college education or married respondents were more likely to report this. Fourteen percent of respondents reported prescription or over-the-counter drug abuse; respondents who were male, 35 to 44 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Thirteen percent of respondents reported mental health/depression; respondents who were female or with a college education were more likely to report this. Ten percent of respondents reported affordable health care; respondents who were female, 45 to 54 years old, with some post high school education or married respondents were more likely to report this. Eight percent reported tobacco use as a top issue; respondents 45 to 54 years old were more likely to report this. Eight percent of respondents reported access to affordable healthy food; respondents with a college education were more likely to report this. Four percent of respondents reported cancer as a top issue. Four percent of respondents reported infectious diseases as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2016 to 2019, there was a statistical increase in the overall percent of respondents who reported illegal drug use, access to health care, prescription/over-the-counter drug abuse or affordable health care as one of the top health issues in the county. From 2016 to 2019, there was no statistical change in the overall percent of respondents who reported alcohol use/abuse, chronic diseases, overweight/obesity, mental health/depression, tobacco use, access to affordable healthy food, cancer or infectious diseases as one of the top health issues in the county.*

APPENDIX D

Key Informant Interview

Summary of the organizations representing the broad interest of the community

Organization	Description of the Organizations <i>The description is based on information provided on the organization's website, accessed March, 2020</i>
Aging & Disability Resource Center	The purpose of the Walworth County Aging and Disability Resource Center (ADRC) is to provide support and assistance to older adults, adults with disabilities and youth in transition, so they can remain independent in the least restrictive environment.
Advocate Aurora Health	Advocate Aurora Health is among the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region's largest employed medical staff and home health organization.
Bethel House	Bethel House is an ecumenical project helping families facing homelessness in Whitewater. Bethel House provides transitional housing and case management to families in need.
Calvary Community Church	"At Calvary Community Church, we are committed to loving God and passionately reaching into the world with the truth of the Gospel of Jesus Christ, by encouraging one another to know Him and Serve Him."
Child Advocacy Center	The Child Advocacy Center, a service of Children's Hospital of Wisconsin is a special place where children come for help if they've been abused physically or sexually, neglected, or exposed to domestic violence.
UW-Extension Walworth County	"We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities.
Fort HealthCare	Fort HealthCare is a patient-centered hospital and healthcare system serving individuals, businesses and families in Jefferson, Dane, and Walworth Counties.
Geneva Lakes Family YMCA	Mission: To put Christian principles into practices through programs that build healthy spirit, mind and body for all.
Lakeland Health Care Center	Lakeland Health Care Center (LHCC) is a 5-Star post-acute rehabilitation, skilled nursing facility licensed by the state of Wisconsin.
Lakeland School	Lakeland School is an important resource and integral part of Walworth County's Special Education system, working in harmony and cooperation with the independent school districts within the County.
Mercy Health System	For over 125 years, Mercy Health System has touched the lives of millions of individuals throughout southern Wisconsin and Northern Illinois.

New Beginnings	Mission: To provide supportive services and advocacy for adult and child victims of domestic violence, sexual assault, stalking, harassment and human trafficking. We also educate the community about these critical issues.
Open Arms Free Clinic	Open Arms Free Clinic (O AFC) is the first and only free medical and supportive care clinic in Walworth County serving low-income and uninsured residents with primary medical, dental, vision, behavioral health, lab and pharmaceutical assistance.
Rock-Walworth Community Action	Community Action, Inc. (CAI) is a not-for-profit organization offering programs to fight poverty in Rock and Walworth Counties.
Walworth County Department of Health and Human Services	Mission: "Our Department exists to serve as a Resource for persons who need assistance, a Safety Net for individuals and families in crisis, and a Partner for improving quality of life."
Walworth County Food Pantry	Mission: To provide individuals and families nutritional supplemental food, diapers, feminine hygiene and supplies during a time of crisis, in a cheerful, welcoming, nonjudgmental environment without regard to age, race, creed, color, national origin, physical or developmental disability.
Walworth County Medical Examiner	A 'Medical Examiner' is a county official appointed by the County Executive and/or the County Board of Supervisors.
Walworth County Sheriff's Office	Mission: As members of the Walworth County Sheriff's Office, we pledge to preserve and enhance the quality of life within the community through efficient, effective and professional law enforcement services.
Walworth County Board	Administer the functions and operations of city government.

Key Informant Interview Participants

Twenty-nine individuals participated in 27 key informant interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: the elderly, youth, individuals with disabilities, rural and agricultural communities, survivors of domestic and sexual violence, and those living with mental illness and substance abuse.

Name	Title	Organization
Elizabeth Aldred	Director	Walworth County Department of Health and Human Services
Mia Anderson-Inman	Economic Support Supervisor	Walworth County Department of Health and Human Services
Roberta Ashby	Pediatrician	Aurora Health Care
Patti Birks	Director of Nursing	Lakeland Health Care Center
Lisa Broll	Children and Families Division Manager	Walworth County Department of Health and Human Services
Jodi Bronson	School Psychologist	Lakeland School
Gina Carver	Medical Examiner	Walworth County Medical Examiner's Office
Chuck Cervenka	Pastor	Calvary Community Church
Joyce Dedrick	Nurse Practitioner, Center for Women's Health	Fort HealthCare

Carmen Garces	Bilingual Advocate and Counselor	New Beginnings APFV (Association for the Prevention of Family Violence)
Jeni Hallatt	Vice President	Mercyhealth
Sonia Hill	Crisis Intervention Supervisor	Walworth County Department of Health and Human Services
Susan Hughes	Managing Director	Walworth County Food and Diaper Bank
Lisa Jensen	Community Health and Wellness Manager, School Nurse Coordinator	Fort HealthCare
Randy Kohl	Long Term Care Manager	Walworth County Department of Health and Human Services
Nancy Korth	VP of Nursing, Chief Nursing Officer	Advocate Aurora Health
Amanda Kostman	Outreach Specialist, Human Development and Relationships Extension Educator	University of Wisconsin-Madison, Division of Extension, Walworth County
Mike Kramp	CEO/Executive Director	Geneva Lakes Family YMCA
Lisa Krolow	FoodWise Coordinator	University of Wisconsin-Madison Division of Extension, Walworth and Jefferson Counties
Mark Lewno	Manager of Pharmacy Options	Advocate Aurora Health
Tracy Moate	School Administrator/ Director of Special Education	Lakeland School
Carlo Nevicosi	Deputy Director	Walworth County Department of Health and Human Services
Sara Nichols	Executive Director	Open Arms Free Clinic
Marc Perry	Director of Planning and Development	Community Action Inc.
Kurt Picknell	Sheriff	Walworth County Sheriff's Office
Nancy Russell	Chair	Walworth County Board of Supervisors
Kristy Weinberg	Executive Director	Bethel House of Whitewater, Inc.
Araceli Wence	Bilingual Advocate	New Beginnings APFV (Association for the Prevention of Family Violence)
Tina Winger	Director	The Tree House, Walworth County Child Advocacy Center, Children's Hospital of Wisconsin

The key informant interviews were conducted by Aurora Health Care, Mercy Health System, Walworth County Division of Public Health and Fort HealthCare. The interviewers used a standard interview script that included the following elements:

1. Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the county; and

2. For those five public health issues:
 - a. Existing strategies to address the issue
 - b. Barriers/challenges to addressing the issue
 - c. Additional strategies needed
 - d. Key groups in the community that hospitals should partner with to improve community health

The report summarized the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. Also, the report describes the themes that presented across the top ranked health topics along with a summary of the strategies, barriers and partners described by the participants.

Based on the Key Informant Interviews, the following top five issues that emerged as key health priorities for Walworth County are listed below

1. **Mental health:** Hospitals should be partnering with mental health services providers, emergency services, schools, local government, non-profit organizations, churches, social organizations, higher education institutions that are training the future behavioral health workforce, local businesses, law enforcement, child care providers, transportation providers, organizations that provide services to seniors and people with disabilities, county Health and Human Services, Open Arms Free Clinic, Conexiones Latinas, the YMCA and National Alliance on Mental Illness Walworth Inc.
2. **Access to Health Care:** Hospitals should be partnering with schools, local chambers of commerce, housing managers, local government, mobility managers for the county, child care providers, churches, the county Department of Health and Human Services, Open Arms Free Clinic, Alzheimer’s Association, Multiple Sclerosis Society, Leukemia and Lymphoma Society and Employee Assistance Programs,.
3. **Substance Use and Abuse:** Hospitals should be partnering with business owners, the criminal justice system, law enforcement, emergency medical services, pain management clinics, school districts, parent organizations, youth-serving organizations, substance abuse treatment providers from surrounding areas, churches, the county’s Department of Health and Human Services, New Beginnings APFV and the Walworth County Drug and Alcohol Coalition.
4. **Oral Health:** Hospitals should be partnering with local dentists, local schools that train dentists and hygienists, schools, school nurses, municipal councils, mayors, public works departments, Division of Public Health, United Way, and Open Arms Free Clinic.
5. **Alcohol Abuse:** Hospitals should be partnering with law enforcement, substance abuse treatment centers in surrounding areas, the justice system, the local business community, schools, faith communities, Open Arms Free Clinic, New Beginnings APFV, the Tavern League and Conexiones Latinas.

Additional Identified Health Issues in Key Informant Interviews

Adverse Childhood Experiences (ACEs)

Six respondents' rankings included Adverse Childhood Experiences (ACEs) as a top health issue for the county. One of these ranked it as their top health priority area for the county.

Existing Strategies: There are programs in place to help parents such as Early Head Start, Love and Logic parenting skills class, offerings from the county's Department of Health and Human Services, the Safe Families Program, community education offered through the Tree House, and therapists and counselors, including bilingual services offered through Health and Human Services. There are good connections between these programs, schools, law enforcement, attorneys, and doctors to direct parents where to go for help. There seems to be more general awareness of childhood trauma and its effects.

Barriers and Challenges: Some of the barriers and challenges to addressing ACEs were identified as domestic violence, parents who are overworked, overstressed, and under supported, the stressors of everyday life, fear of Child Protective Services getting involved, lack of access to education or awareness of programs, shortage of counseling staff, shortage of pediatric mental health providers, shortage of bilingual therapists and treatment, parents who are not taking care of their own mental health needs or addressing their own ACEs, and stigma and fear about asking for help.

Needed Strategies: Recruitment and retention of mental health staff, especially child psychiatrists and bilingual providers, work to normalize asking for help and talking about trauma, changing the perception of Child Protective Services, more discussion about childhood trauma and ACEs with parents, more trauma informed care education and working to build resilience in all ages, working with families who have disabilities, health problems, and substance abuse issues to address the whole situation, and having navigators in health care settings to help families get connected for all of their needs were some ideas shared by key informants.

Key Community Partners to Improve Health: Parenting groups, schools, Early Head Start, churches, child care providers, Women, Infants, and Children (WIC) program, county Department of Health and Human Services, and anyone who interacts with children and parents were named as the important partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Most key informants agreed that this issue affects all segments of the population. One suggested school districts should be targeted by offering educational presentations on this topic. Two key informants suggested there should be outreach tailored to the Hispanic community, especially the undocumented, because they may be afraid of having the county involved and have other barriers to accessing services, like language if Spanish-language services and providers are not there. It was suggested this community could be reached with a culturally sensitive approach and Spanish-speaking staff, and they can be reached at libraries, police departments, schools, health care settings, community fairs, and farmers markets. Other subpopulations were identified as being especially vulnerable to ACEs, such as survivors of domestic violence, low-income populations, and homeless populations, but specific ideas for how to reach these groups were not provided.

Nutrition

Six respondents' rankings included Nutrition as a top health issue for the county, including one key informant who ranked this as their number one health priority area. The key informants' discussions focused mainly on food security, but also on healthy eating and nutrition education.

Existing Strategies: Nutrition education and nutrition assistance programs in the county like FoodWise, Fit Families, the Women Infants and Children (WIC) program address this issue. Food pantries, lunch programs at schools and assisted living facilities, Meals on Wheels, and other senior programs and meal sites exist to provide healthy meals to people who might otherwise not have access to them.

Barriers and Challenges: Some challenges and barriers include lack of access to food, nutritious food, and full-service grocery stores for some residents in the county. Lack of transportation prevents some people from accessing healthier food options. Convenience stores and convenient, processed food options are often easier to access and prepare and less expensive. For food pantries, donations are processed, convenience items, there can be a lack of volunteers to run the programs, and patrons face transportation and housing problems. There is a general lack of awareness of what services or resources may exist in the community and sometimes people are reluctant to ask for help when they need it.

Needed Strategies: Key informants suggested there could be better nutrition education from a younger age at schools to help children learn to make healthy choices and avoid overeating and develop healthier social norms around eating. There should be stronger efforts to require children to eat balanced meals in schools. Community nutrition education, nutritionists at food pantries, healthy cooking classes and demonstrations, and making this kind of education easy to understand, fun, and accessible were other suggestions. There could be more education in the community about resources available to those who cannot afford enough food and more education around making nutritious donations to food pantries. Health care systems could get involved with food drives or encouraging employees to volunteer at pantries. There could be more grocery stores that sell healthy foods or a better system of transportation to connect people to food pantries, meal sites, and grocery stores that do exist in the county, especially for the homeless, low-income, and senior populations.

Key Community Partners to Improve Health: Convenience stores, commercial food sale businesses, food distributors and wholesalers, grocery stores, Feeding America, farms, local food pantries, schools, farmers markets, health care systems, the faith community, childcare providers, and other places where children and families go were identified as the key partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: People with low or no income, people with disabilities, older adults, the homeless population, survivors of domestic violence, and children were identified as subpopulations who may be particularly vulnerable to food insecurity or poor nutrition. One idea offered is linking people to farmers markets, produce stands, and other places with nutritious options with transportation. One idea for reaching seniors, the homeless, and children is offering nutrition education programs at community organizations and senior centers. Another idea is to promote and support the work already being

done by food pantries and spread the word about the services offered and qualifications to receive those services.

Chronic Disease

Four key informants' rankings included Chronic Disease as a top health issue for the county. One of these four provided responses specifically about Parkinson's Disease. Additionally, a fifth key informant wrote in and ranked chronic disease among people who are overweight, have no physical activity, lack a primary care provider, and have an underlying mental health condition as a specific top five health priority issue area for the county. They did not further discuss this topic, but it should be noted as a confluence of a few different health issue areas.

Existing Strategies: Open Arms Free Clinic is working to aid those who do not have health insurance or funds to pay for services. Advocate Aurora Health offers education and transitional care for chronic disease patients. Patients are also followed in the community by Aurora at Home and Senior Resource nurses. Regarding Parkinson's Disease, the YMCA offers Rock Steady Boxing exercise classes that are adapted from boxing drills for this population.

Barriers and Challenges: There are structural-level issues like the high costs of health care and health insurance, lack of understanding of how the Affordable Care Act (ACA) Marketplace health plans work or how to apply for them, lack of understanding of how medical systems work, and lack of transportation to get to appointments. There are also individual-level issues like lack of motivation to make lifestyle changes or other personal reasons that lead to lack of compliance with a plan of care. For Parkinson's Disease, there is a lack of awareness of the disease.

Needed Strategies: For prevention, there is a need for healthy lifestyle education, starting at an early age in elementary school. For chronic disease management among patients, more education about how to navigate and understand insurance, health systems, and how to decrease risk factors across the lifespan. Another suggestion is serving patients in more innovative ways, such as using a barbershop community health worker model. For Parkinson's Disease there is a need for more awareness and for support for the family, including respite care, education, and assistance.

Key Community Partners to Improve Health: Health systems, the county Department of Health and Human Services including the Aging and Disability Resource Center, schools, and senior living communities are the key partners identified.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It was suggested that the senior population and people with disabilities could benefit from special outreach from Lutheran Social Services social workers, at senior living sites, and through health care providers asking the right questions at their annual check-up.

Physical Activity

Four key informants' rankings included Physical Activity as a top health issue for the county. Existing Strategies: There are fitness classes and programs offered by the YMCA, UW-Extension, the county's Department of Health and Human Services, and UW-Whitewater. These include Silver Sneakers for seniors, Physical Activity for Lifelong Success (PALS) for older adults who have not

been very physically active, UW-Extension's Strong Women program, and UW-Whitewater's support for adaptive sports. Businesses are trying to make more incentive-based wellness programs for employees.

Barriers and Challenges: The cost of participation in programs, Wisconsin weather, sedentary lifestyles, personal lack of motivation or choice not to be active, lack of infrastructure for safe walking and biking, and lack of awareness of how to safely exercise with illness or pain are some barriers and challenges to improving the county's physical activity levels.

Needed Strategies: There is room for more opportunities for exercise that meet the need of people at all ability levels. Schools should support inclusive physical activity and recreation programs. The built environment could be improved to make walking and biking easier and make transportation more accessible so people can participate in programs that do exist. Increased awareness of safe exercises people can do with illness or pain. There could be more low-cost physical activity options. There is room for more promotion of physical activity that is free or low-cost and social, like Yoga on the Square or walking clubs. Health care providers could write prescriptions for exercise and treat physical activity like medication. Fitness programs for older adults and disabled adults exist, but there may need to be more partnerships among organizations who serve older adults to perform better outreach to these populations. Adaptive and inclusive exercise opportunities should be incentivized.

Key Community Partners to Improve Health: Local businesses, schools and universities, health care systems, YMCA, fitness clubs, service and social organizations, and those who can raise awareness of programs and activities that do exist were named as partners to improve physical activity. 14

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It was suggested that the younger population should be reached because they are able to build healthy lifestyle habits through exercise. They could be reached at their annual check-ups with primary care providers and have discussions about exercise, healthy eating, and lifestyle. It was also suggested that people with disabilities may need more specialized outreach for programs that are accessible to them. Younger seniors are a group that may need extra outreach from programs and organizations that can keep them active before they lose the ability to participate. This population may be reached through retiree groups or human resources departments at large employers.

Injury and Violence

Three rankings included Injury and Violence as a top health issue for the county, with one of these ranking it as their top health priority area. These key informants focused their responses on domestic or family violence, sexual assault, and child abuse.

Existing Strategies: The county has strong organizations in place to address these issues through services, advocacy, violence prevention education, and healthy relationship and non-violent parenting education. Some examples provided include New Beginnings Association for the Prevention of Family Violence (APFV) and their relationships with UW-Whitewater, UW Extension, hospitals, clinics, law enforcement, and the justice system, and the Tree House.

Barriers and Challenges: Cultural norms about relationships for all demographics, community organizations as a whole do not recognize the rate of adverse childhood experiences and violence in the county, lack of time to provide education in the community, and lack of affordable housing stock makes it hard for people in dangerous or violent situations at home to leave and find a safer place to live that they can afford, especially with children.

Needed Strategies: There should be more education and awareness building in the community, including more time for these types of presentations, increased funding for the Tree House and organizations that do violence prevention work, more mental health providers to decrease wait times for appointments, and more education and training for health care providers and law enforcement about the difference between bruises and signs of abuse.

Key Community Partners to Improve Health: The County Department of Health and Human Services, hospital and health care systems, schools, the Tree House, law enforcement, and Child Protective Services were named as key partners to improve health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One group that might need special outreach are seniors and they could be reached with a senior advocate to do presentations or education sessions in retirement homes or senior centers, or through partnerships with the Aging and Disability Resource Center. Another subpopulation to focus efforts toward may be the Hispanic population in the county. It was noted that they might be easier to reach through Facebook, and through other social media because it is easy to translate messages using technology and it is a fast and accessible way to reach most people. It was suggested there might be a need to reach women of all ages since they are a group most often affected by injury and violence, and it was noted that social media is a quick way to reach many people. Regarding child abuse and healthy parenting, efforts could be targeted to young adult parents who might be less experienced and need training on parenting issues and what good parent-child relationships look like. Lower income residents might need special outreach to know what resources they might qualify for. Programs and outreach effort should consider the deaf population and provide sign language interpreters. It was noted that people can get involved in fund raisers that support the Tree House to be aware of and support child abuse prevention and healthy families in the community.

Tobacco Use and Exposure

Three key informants included Tobacco Use and Exposure as a top health issue for the county. One additional key informant offered “vaping in schools” as a specific health issue they wrote-in and ranked in their top five. Their responses to this narrower, but related issue will be incorporated here.

Existing Strategies: Schools are educating parents about vaping, schools are removing doors from restrooms, and the state is helping.

Barriers and Challenges: Vaping is difficult to address due to the size of the problem and the ease of accessing and hiding the products. Other barriers and challenges are the cultural acceptance of

social tobacco use, lack of education about risks, teachers not receiving the right information, and difficulty enforcing laws and policies.

Needed Strategies: Schools need access to more resources and education, the general public needs more education and awareness, and getting the risk messaging to pre-teens and teens were suggestions for addressing this issue.

Key Community Partners to Improve Health: School leaders, churches, law enforcement, alcohol and other drug abuse (AODA) counselors, clinics, and New Beginnings APFV are the local entities who should be involved in improving health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Respondents noted this issue affects all ages, income levels, genders, and ethnicities, and suggested it might be useful to focus intervention efforts towards teenagers and young adults. 16

Environmental and Occupational Health

One key informant included Environmental and Occupational Health as a top health issue for the county, particularly contaminants in home water supplies.

Existing Strategies: The county offers well testing programs to help homeowners test their well water supply for contaminants.

Barriers and Challenges: Two barriers are the cost of testing the water supply and lack of knowledge of the source or cause of contamination.

Needed Strategies: There should be a way to allow water testing for those who can't afford it. It was suggested that grants could be acquired to supplement testing costs. There needs to be an improved effort of research to identify the sources and causes of contaminants in drinking water to determine what actions can be taken to protect the drinking water supply.

Key Community Partners to Improve Health: Farmers, land developers, conservation groups, and zoning regulators should partner to work on these issues.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It was suggested rural farmers and families may be especially in need of support. No recommendations for reaching them were offered.

Reproductive and Sexual Health

One key informant ranked Reproductive and Sexual Health as a top health priority for the county.

Existing Strategies: Sexual health is currently taught, but in a limited way.

Barriers and Challenges: There is a barrier getting into the schools to address sexual health because parents want to limit what is discussed in schools, rather than offering a comprehensive sexual education.

Needed Strategies: Partnerships with administrators of school districts to address the necessity of a non-judgmental sexual health curriculum to decrease myths around sexual health. There should also be a public campaign to address the stigma around discussing sexual health and treatment for those who have sexually transmitted diseases.

Key Community Partners to Improve Health: Faith institutions, schools, and parent organizations should work together on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: There should be special efforts to reach middle school students, high school students, and young adults ages 18-24. They should be reached at school, including college campuses and universities. There should be efforts to make it easier for these groups to be tested and treated for sexually transmitted diseases.

Healthy Growth and Development

One set of key informant interview rankings included Healthy Growth and Development as a top five health priority area for Walworth County, though they did not provide further discussion of existing strategies, barriers and challenges, needed strategies, key partners, or particular subpopulations where efforts could be targeted to address this issue. Communicable Disease was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.

Other Issues

One key informant wrote in Senior Services and Care as a top five health focus area for the county. They described barriers and challenges to addressing this issue: “In discussions with other local community senior living facility staff, it is becoming harder and harder for nursing homes to receive enough reimbursement to care for seniors. It is also extremely difficult for their facilities to find and maintain the staff needed to care for their residents.” They recommended the following to address this topic: “It may be beneficial to start a small group in the community that consists of members from all healthcare organizations and nursing home facilities, along with members of the county health to start some problem solving and discussions about what next steps could be taken by all attendees to address the care and senior services challenges and shortage in that area. These discussions/ideas could then be brought to the table of other leaders in the community, if they are unattainable by the group itself.”

One key informant wrote in Support for Families/ Caregivers/ Survivors as a top five health focus area for the county. They identified New Beginning APFV’s support groups for domestic violence and sexual assault as a strategy in place to address this issue. Challenges to addressing this issue include a lack of support groups for families, caregivers, partners, and survivors. They suggested there is a need for support for families with autism, loved ones of those affected by mental illness, and caregivers. The key partners to work on this issue are UW-Whitewater’s social work

department, partners at the county, health care systems and providers, and anyone focused on family togetherness and connection.

One key informant wrote in Problems with Medicaid as a top five health focus area for the county. They described the issues that exist with Medicaid as it exists in Wisconsin: Wisconsin is not a Medicaid expansion state. To qualify for Medicaid, the income limit for all adults is 100% of poverty level. Childless adults then go to the Marketplace, which often results in a high deductible. Due to costs they often will not obtain insurance coverage. Challenges include maneuvering the Marketplace, paying high premiums, moving between insurance plans due to income fluctuations, and changing Medicaid rules, which can be difficult to understand. Also, children with BadgerCare can be denied if the parent can get insurance through their employer if they pay at least 80% of the premium regardless of the deductible. They suggested assistance navigating the system might be helpful.

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APPENDIX F. Sample Population-to-County Comparison

Characteristic		Percent (%) of Survey Respondents (January 15-March 1, 2017)	Percent (%) of County Demographics (2015 Data)
Gender	Female	75.0%	50.0%
	Male	24.0%	49.0%
Race & Ethnicity	White (Non-Hispanic)	87.9%	90.1%
	Black/African American (Non-Hispanic)	2.8%	3.5%
	Hispanic/Latino	6.9%	8.1%
	American Indian/Alaska Native	0.5%	0.2%
	Asian (Non-Hispanic)	0.4%	1.2%
	Two or more races	1.2%	3.8%
Age	Under 18	0.2%	22.9%
	18-25	84.2%	62.2%
	26-40		
	41-55		
	56-65	15.0%	14.9%
	66-75		
75+			
Highest Education Level	8 th grade or less	1.9%	3.3%
	Some high school	2.6%	7.9%
	High school / GED	12.5%	36.8%
	Some college	17.1%	21.5%
	Associate's Degree/Technical school grad	15.5%	10.2%
	Bachelor's Degree	28.5%	13.4%
	Master's Degree	22.0%	6.9%
Advanced Degree (PhD, MD, etc)			
Household Income	Under \$14,999	5.8%	28.0%
	\$15,000-24,000	7.3%	7.0%
	\$25,000-44,999	18.6%	35.0%
	\$45,000-64,999	18.4%	21.0%
	\$65,000-94,999	23.6%	5.0%
	\$95,000-134,999	26.0%	4.0%
Over \$135,000			
Geography Representation	53501 – Afton	0.3%	0.0%
	53505 – Avalon	0.3%	0.2%
	53511 – Beloit	29.5%	30.5%
	53525 – Clinton	2.9%	2.5%
	53534 – Edgerton	3.8%	7.2%
	53536 – Evansville	3.2%	5.3%
	53537 – Footville	0.5%	0.5%
	53545 – Janesville	45.9%	45.1%
	53546 – Janesville		
	53547 – Janesville		
	53548 – Janesville		
	53563 – Milton	5.9%	6.7%
	53576 – Orfordville	0.6%	1.4%

Data Sources: U.S. Census Bureau, American Community Survey; County Health Rankings

