

2017 Community Health Needs Assessment

*Mercyhealth Hospital and
Medical Center–Walworth*

Our Mission:

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



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A passion for
making lives better.

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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 the majority (approximately 70%) of the patients served by the hospital in 2016 resides.

Activities Since Previous CHNA

An evaluation of the 2014-2017 Implementation Plan and activities taken toward the goals identified in MWH's 2014-2017 CHNA is available in Appendix B.

Methodology

Starting in 2016, MWH conducted a Community Health Needs Assessment (CHNA) by gathering health-related information specific to Walworth County.

MWH and other local health systems Aurora Health Care and Children's Wisconsin partnered with the Walworth County Division of Public Health and the Center for Urban Population 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 phone survey of Walworth County residents regarding behavioral and lifestyle habits and prevalence of risk factors and disease conditions
- Key Informant Interviews – interviews conducted with key informants representing the broad interests of the community through a partnership with Walworth County Division of Public Health and Aurora Health Care

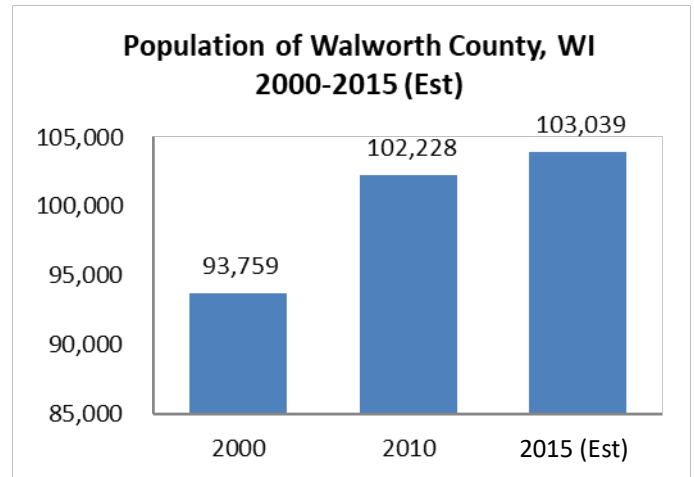
Needs identified were reviewed and prioritized by MWH based on level of importance to the community as well as the hospital's ability to impact those needs.

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 2015, the population in Walworth County grew by 9,280 persons representing growth of 9.9%. 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 2015, Walworth County grew by 811 persons representing growth of 0.8%.



Source: U.S. Census Bureau, American Community Survey, 2000-2015

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

The racial profile of Walworth County is primarily White (93.5%) and Black or African American (1.0%).

Race Distribution - Walworth County, Wisconsin			
	2000	2010	2015 Est
White	94.49%	91.89%	93.5%
Black or African American	0.84%	0.96%	1.0%
American Indian and Alaska Native	0.23%	0.3%	0.3%
Asian	0.65%	0.83%	0.9%
Other	2.6%	4.5%	2.3%
Two or more races	1.48%	1.14%	1.9%

Source: U.S. Census Bureau, American Community Survey, 1990, 2000, 2010 and 2010-2015 5-year Estimates

Hispanic Population

The total Hispanic population for Walworth County is approximately 11,228. This represents 10.9% of the total population in Walworth County and is higher than the state of Wisconsin (6.3%) but lower than the nation (17.6%). There has been significant growth in the Hispanic Community (6.1%) while the

2019 Ethnicity and Change - Walworth County, Wisconsin				
	2010	2015	Change	Percent
Hispanic	10,578	11,228	650	6.1%
Non-Hispanic	91,650	91,811	161	0.17%
Total	102,228	103,039	811	7.9%

Source: U.S. Census Bureau,
American Community Survey, 2015

Non-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 in Walworth County is

predominately White. The majority of Hispanic residents are from Mexico (73.0%) followed by Puerto Rico (14.3%). (Source: U.S. Census Bureau, 2015 American Community Survey)

Population by Age

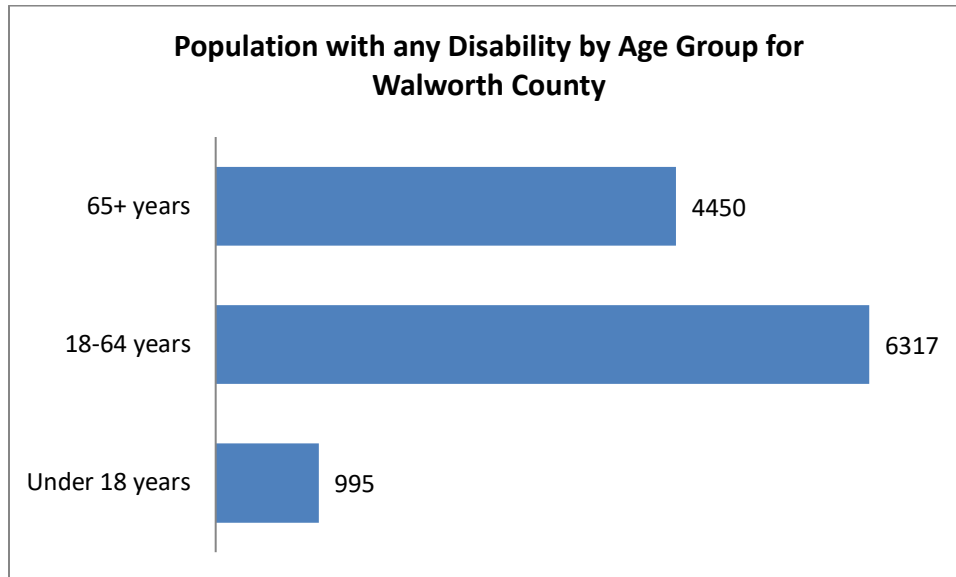
Each age group has unique health needs. The median age in Walworth County is 38.9. This is comparable to the Wisconsin median age of 39.0 and higher than national median age of 37.8. (Source: U.S. Census Bureau, 2015 American Community Survey)

Veteran Population

Veterans in Walworth County make up 8.0% of the population aged 18 and older. This is lower than the state rate of 8.6% and higher than the national rate of 7.6%.

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 11.5%. This is lower than both the national rate of 12.6% and the Wisconsin rate of 11.7%.



Gender

The gender distribution of Walworth County residents has remained consistent from 2010 to 2015. This is consistent with both the state and national rates.

	Male	Female
Walworth County	49.9%	50.1%
Wisconsin	49.7%	50.3%
US	48.9%	51.2%

Source: US Census Bureau, ACS 2015

Social and Economic Characteristics

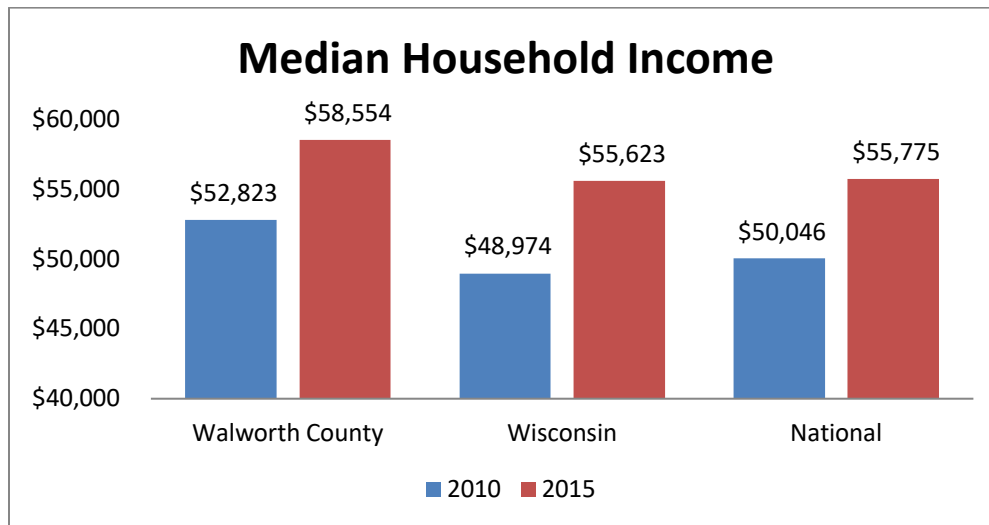
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

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 2015. This was above both the state (\$28,340) and the national (\$27,410) 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, 2015)

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 2010-2015

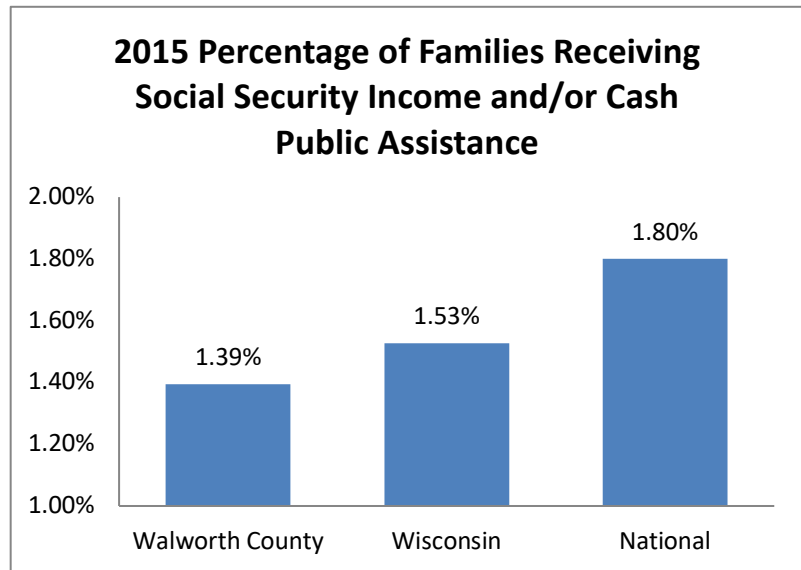
Median Household Income (HHI) has risen significantly since 2010 in Walworth County. HHI increased by 10.8% between 2010 and 2015. This increase is lower than both the state and national levels. The Wisconsin median HHI increased by 13.6% from 2010 to 2015 and the national median HHI increased by 11.5% from 2010 to 2015.

In 2015, median HHI was \$58,554 for Walworth County. This value is above the Wisconsin (\$55,623) and below the national (\$55,775) median HHI.

Public Assistance Income

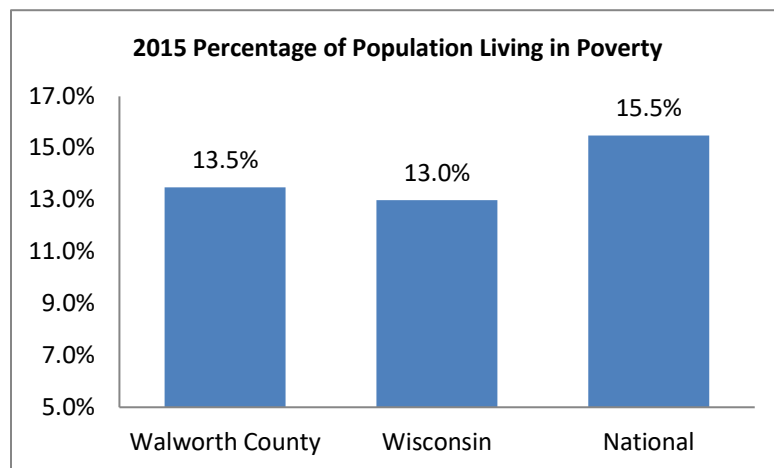
The percentage of households receiving public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). The total does not include Supplemental Security Income (SSI) or noncash benefits such as food stamps.

In 2015, 1.39% of all households in Walworth County received public assistance income. This is slightly lower than the state of Wisconsin and is significantly lower than the national rate.



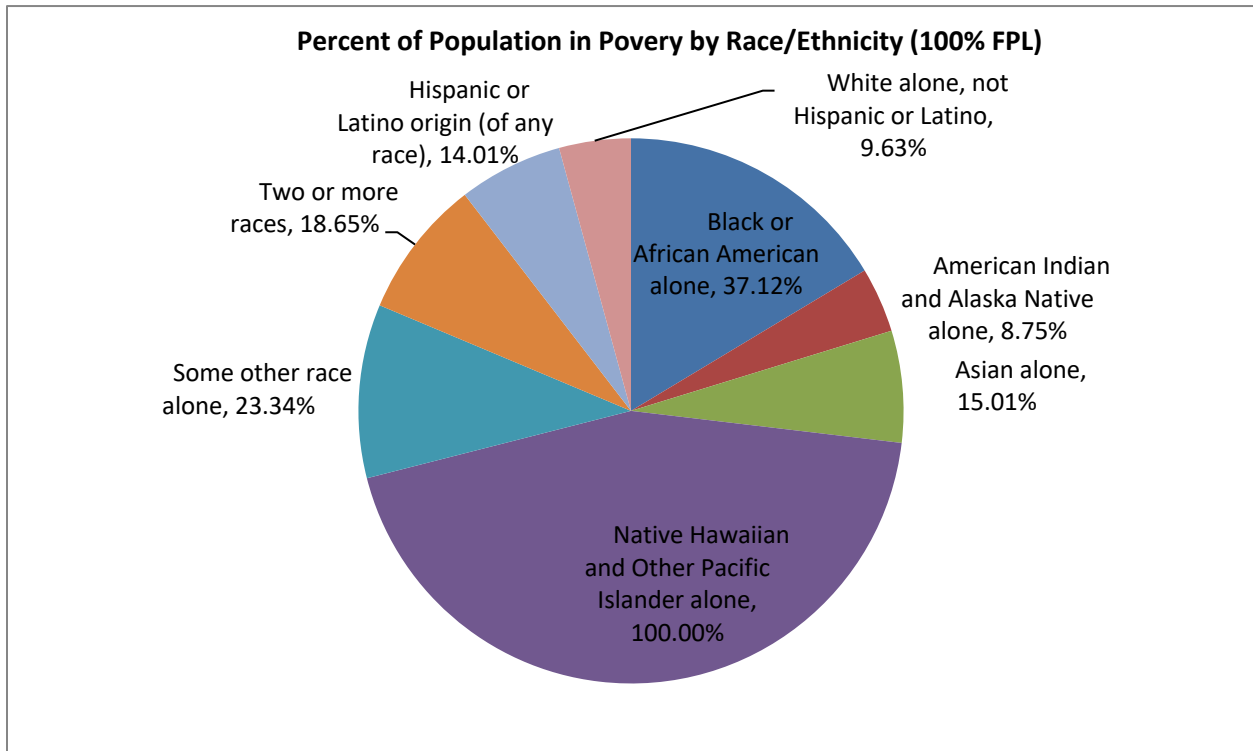
Poverty

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.



The percentage of Walworth County’s population living in poverty is 13.5%. This is higher than Wisconsin (13.0%) and lower than the nation (15.5%). Between 2010 and 2015, the percent of people living in poverty slightly decreased for Wisconsin and Walworth County.

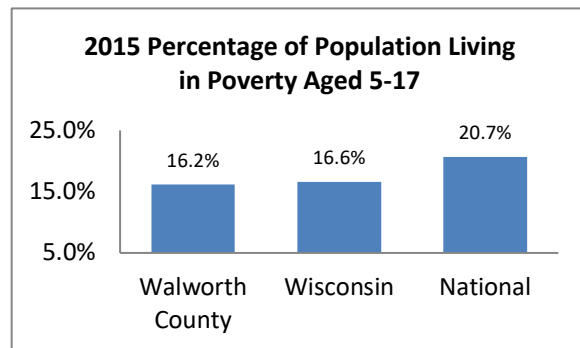
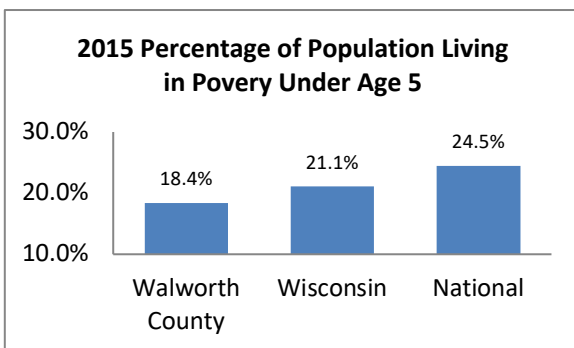
There are disparities by race in the percent of families living in poverty in Walworth County. The Race/Ethnicity Category Black or African American alone makes up 1% of the county's population, but 37.12% of the county's population who live in poverty.



Source: US Census Bureau, ACS 2012-2016 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. Walworth County has a lower percentage of poverty under age 5 than the state and national levels. This is also the case for children age 5 to 17.



Uninsured Population

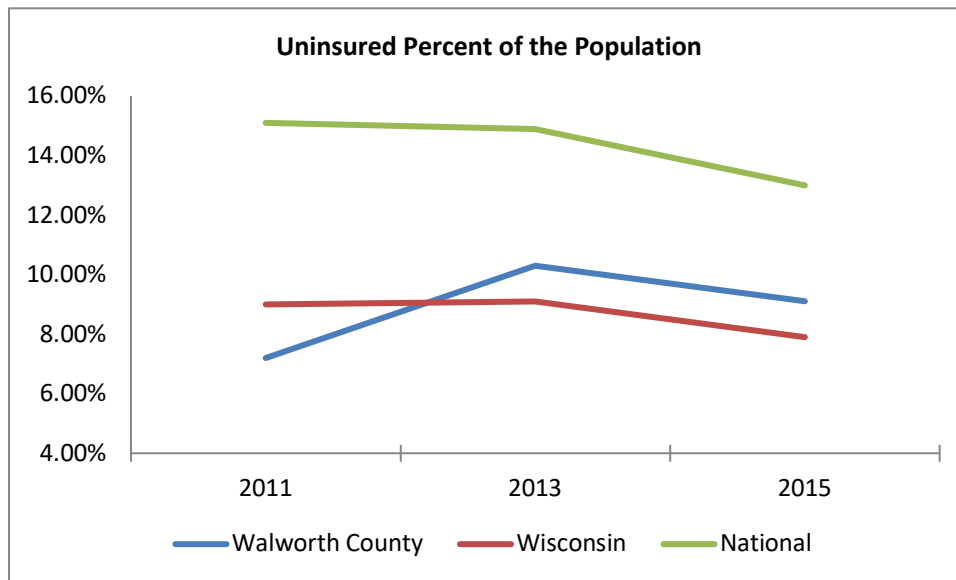
Lack of adequate health insurance is a barrier to healthcare. Not having insurance or not having adequate insurance coverage impedes access to primary care and preventative services, specialty services, and other health services, which in turn can lead to worse physical and mental health.

In 2015, 9.1% 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	102,234	9,285	9.1%
Wisconsin	5,668,363	448,384	7.9%
US	319,706,872	28,248,613	8.8%

Source: US Census Bureau, ACS Selected Characteristics of Health Insurance Coverage in the US, 2015

The percent of the population that does not have any health insurance declined at the national, Wisconsin, and Walworth County levels between 2013 and 2015. Lack of health insurance has a unique impact on children, by reducing access to important well child and preventive care services like immunizations. In 2015, 9.1% of children in Walworth County did not have health insurance, higher than Wisconsin (7.9%) and lower than the nation (13.0%).

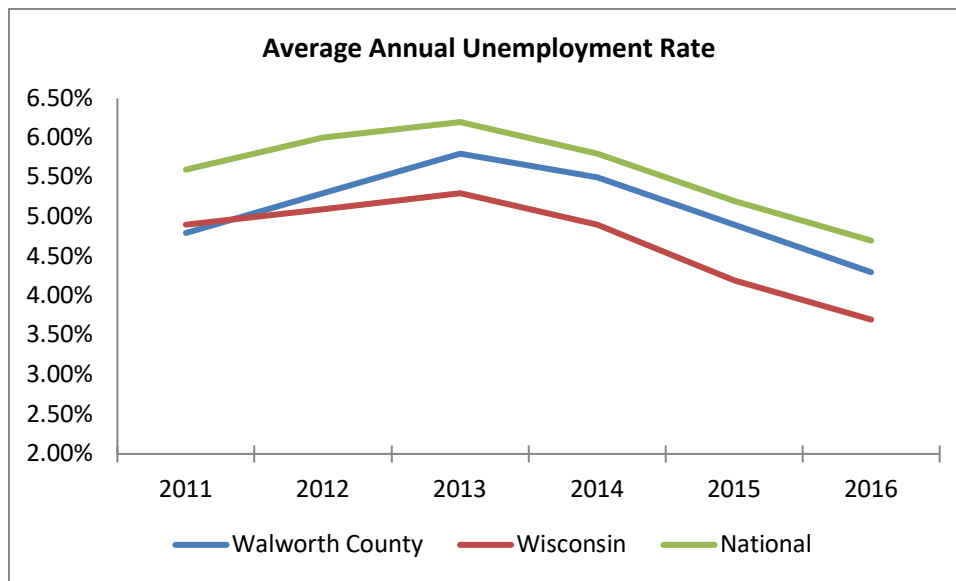


Source: US Census Bureau, ACS - Selected Characterizes of Health Insurance Coverage in the US, 2011-2015

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 2016, both Wisconsin (3.7%) and Walworth County (4.3%) were lower than the national average (4.7%).



Source: US Census Bureau, ACS - Selected Economic Characteristics in the US, 2011-2016

Access to Food

Supplemental Nutrition Assistance Program (SNAP)

In Walworth County, 11.2% of households receive SNAP benefits. This is lower than the state (12.9%) and the nation (12.2%). (Source: US Census Bureau, American Community Survey 2011-15)

Housing Burden

This indicator reports the percent of the households in which housing costs exceed 35% 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 26.5%, which is higher than Wisconsin (21.3%) but lower than the nation (38.0%). (Source: US Census Bureau, American Community Survey 2011-2015)

Households with No Motor Vehicle

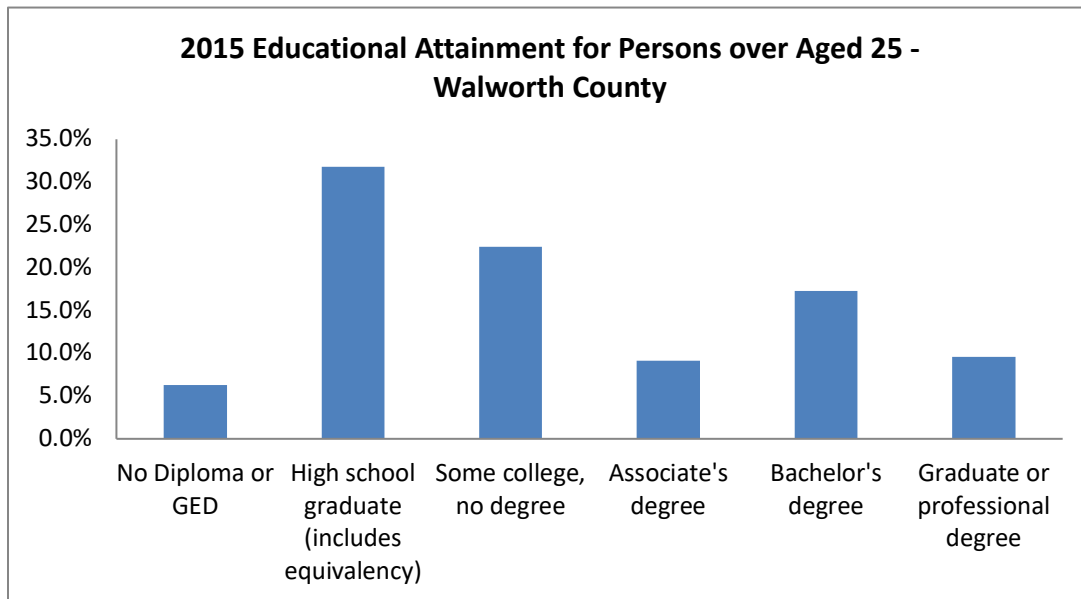
This indicator reports the number and percent of households with no motor vehicle. The percent of households in Walworth County with no motor vehicle (5.2%) is lower than both Wisconsin (7.1%) and the nation (9.1%). (Source: US Census Bureau, American Community Survey 2011-2015)

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.

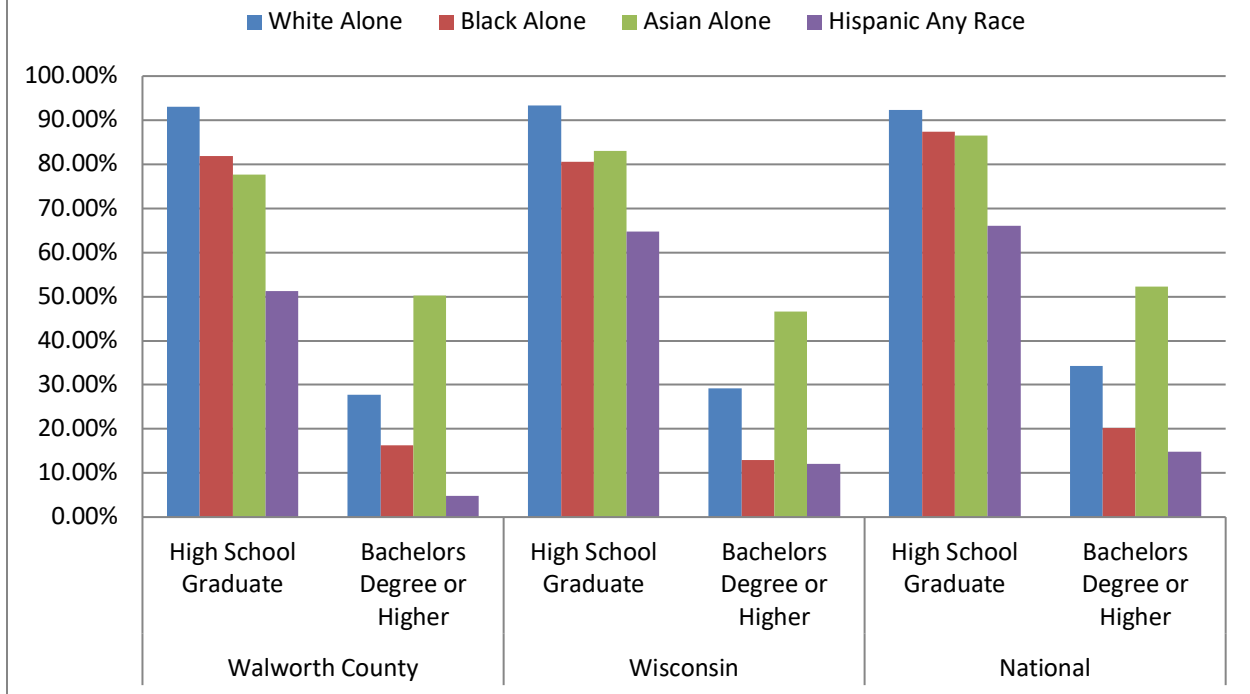
The percent of adults over age 25 in Walworth County without a high school diploma or GED is 6.3%. This is lower than the state (8.9%) and the nation (12.0%).



Source: US Census Bureau, ACS – Educational Attainment in the US, 2011-2015

Non-Hispanic White adults have the highest high school graduation rates in Walworth County, Wisconsin, and the nation. The categories Black Alone, Asian Alone, and Hispanic Any Race lower rates.

Educational Attainment by Race/Ethnicity



Source: US Census Bureau, ACS – Educational Attainment in the US, 2011-2015

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. 2015)

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 (14.1) is significantly lower than the state of Wisconsin (16.4) and the nation (22.3).

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 86, drastically less than half that of Wisconsin (306.88) and the nation (386.3).

(Source: Federal Bureau of Investigation, FBI Uniform Crime Reports and County Health Rankings 2015)

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 2015, Walworth County had 41 PCPs for every 100,000 residents. Compared to the Wisconsin rate of 82.3 and the national rate of 75.7, Walworth County had worse access to PCPs. (Source: County Health Rankings, 2016)

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 2015, Walworth County had 45 dentists for every 100,000 people. This is lower than both the state (63) and the nation (61.06), indicating that there is a lack of dental care access in Walworth County. (Sources: County Health Rankings, 2016). American Dental Association, 2016. Healthy People 2016 – Oral Health. U.S. Department of Health and Human Services)

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 donations 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 2016, Walworth County had 119.0 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, 2016)

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 72.8% in Walworth County, lower than both Wisconsin (76.4%) and the nation (77.1%). (Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics, WISH data query system)

Percent of Births to Those Receiving First Trimester Care – Walworth County		
	2015	2016
Total Births	1,054	968
Percent 1 st Trimester Care	73.2%	72.8%
Percent of Mothers Receiving First Trimester Prenatal Care by Race/Ethnicity		
White (Non-Hispanic)	77.8%	78.4%
Black/African American (Non-Hispanic)	50.0%	68.8%
American Indian/Alaskan Native		
Hispanic	57.6%	51.7%
Laotian or Hmong		
Other (Non-Hispanic)	75.0%	44.4%
Two or more Races (Non-Hispanic)	43.8%	57.1%

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 1,000 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 (3,236) than Wisconsin (3,747). (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2016)

Childhood Immunizations

Immunizations help prevent many debilitating and life-threatening diseases that impact both children and adults. In 2015, 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 (71.48%). (Source: University of Wisconsin Population Health Institute, County Health Rankings, 2016)

Cancer Screenings

Colorectal Cancer (CRC) Screening

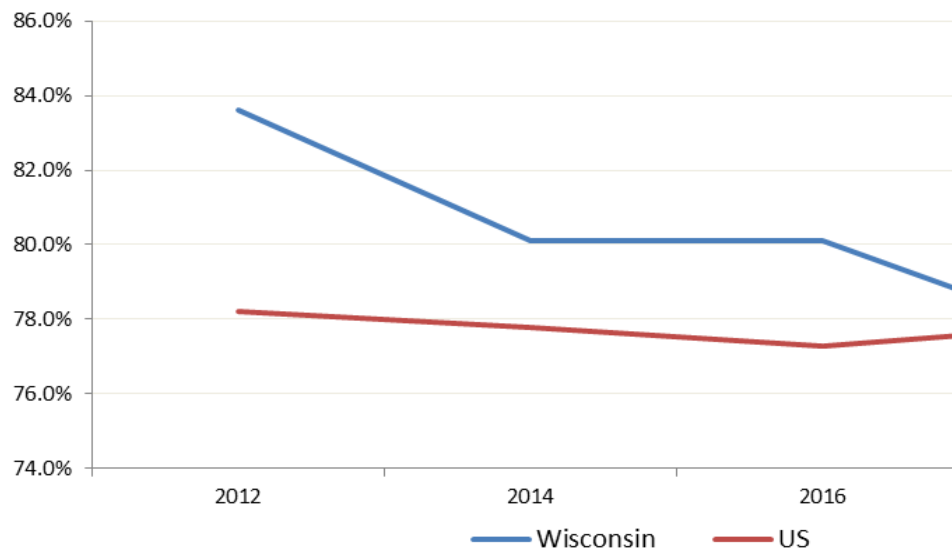
Of the types of cancer that affect both men and women, CRC is the second leading cause of cancer-related deaths in the United States. Screening tests can help to detect CRC early and to prevent it altogether. The United States Preventive Services Task Force recommends that all adults who are 50 to 75 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 2015, 71.6% of women age 50 to 74 reported receiving a mammogram within the past two years, and in Wisconsin, 78.18% 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



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 2015, nationally 78.2% of women age 21 to 65 reported receiving a Pap test within the past three years, compared to 86.8% in Wisconsin. Since 2012, the Pap test screening rates of dropped nationally and in Wisconsin.

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 95,000 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 2011-2015).

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 2015, 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, 2016 and 2011)

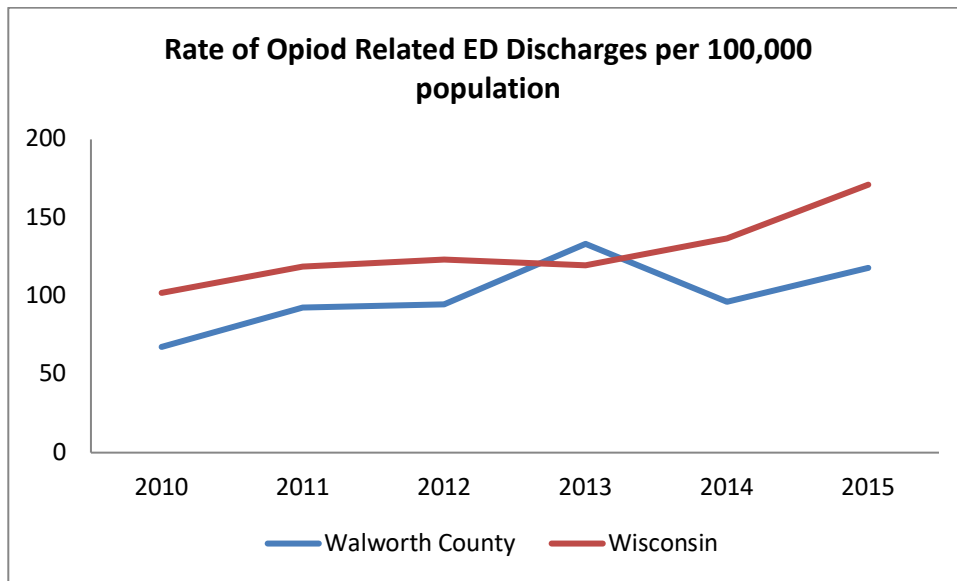
Tobacco Usage

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 report both 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 (17%) and the nation (15.1%). (County Health Rankings 2016 and Centers for Disease Control 2016)

Opioid Drug Abuse

The term opioid epidemic is used to describe the growing number of deaths and hospitalizations from opioids, including prescriptions and illicit drugs. In recent years, the rate of death caused by opioids has increased to over 40,000 a year, or 115 a day, across the nation. Drug overdose is now the leading cause of accidental death in the United States, largely due to the opioid epidemic. In addition to its immediate effects on mortality and quality of life for people who are addicted to opioids, opioid abuse also impacts workforce development and crime rates.

In Walworth County, the number of ED visits related to opioid discharges per 100,000 people has increased to 118.0; this rate is lower than the state of Wisconsin (171.1).



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

Physical Inactivity

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

In 2015, 23% 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 (20%). (Source: County Health Rankings, 2016)

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 lower than both the national (35.2%) and Wisconsin (35.5%). (Sources: Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts, County Health Rankings, 2014)

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. 2013-16. 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 Black or African American residents (191.7 per 100,000 people) is almost twice as high as the rate for White residents (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 Black or African American residents (536.9 per 100,000) and American Indians/Alaska Native residents (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 Incidence Age-Adjusted Rate per 100,000 - Walworth County			
		2012-2016	State 2016
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 (5%) is lower than the state of Wisconsin (10.6%) and lower than the nation (9.7%). This rate has increased steadily in Walworth 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, 2015: 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 (50.8%) than Wisconsin (50.0%) but lower than the nation (56.6%). (Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County)

High Cholesterol

The prevalence of high cholesterol among traditional Medicare beneficiaries in Walworth County (40.9%) is higher than the state (40.7%) and lower than the nation (45.9%). (Source: Source: Centers for Medicare and Medicaid Services. 2015. 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.

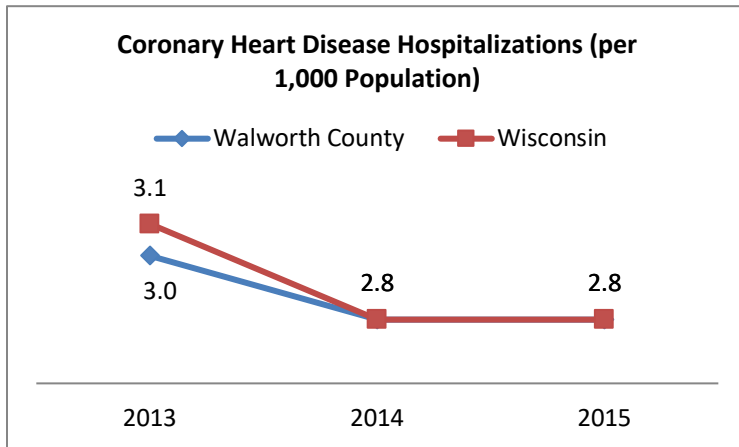
The rate of ischemic heart disease among Walworth county males is 168.2 per 100,000 population while the rate among females is 113.4. In the state of Wisconsin males have a higher rate (174.5) while females have a much lower rate (104.3). These rates are all lower than the male national rate (191.5) and female national rate (124.9). (County Health Report 2014).

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 using 2015 Data)

Coronary Heart Disease Hospitalizations

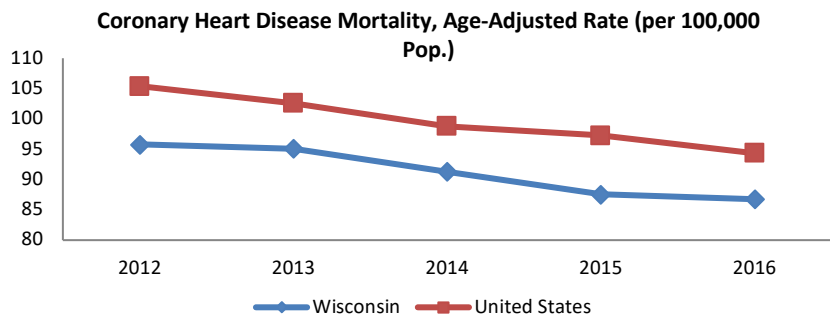


The rate of coronary heart disease hospitalizations is the number of individuals hospitalized during the past year due to events such as coronary heart disease incident such as coronary artery disease or a cardiac arrest per 1,000 people. In 2015, Walworth County had 2.8 coronary heart disease hospitalizations 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 using 2015 Data)

Coronary Heart Disease Mortality

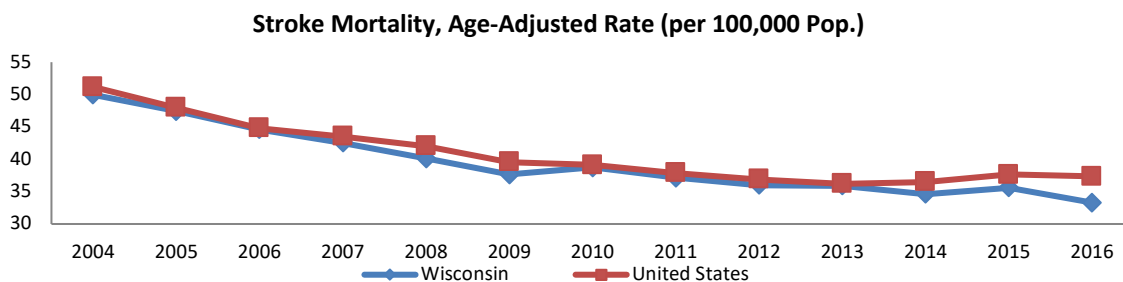
This indicator shows the rate of death due to coronary heart disease per 100,000 people. The rate of coronary heart disease mortality in Walworth County (91.4) is higher than both the Wisconsin (86.75) and the national (94.33) rates. While data is not readily available over time for Walworth County, rates improved for both Wisconsin and the nation between 2012 and 2016.



Source: Center for Disease Control and Prevention, Interactive Atlas, County Profile 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) is approximately equal to Wisconsin (33.3) and lower than the nation (37.34). 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

Chronic Lower Respiratory Disease

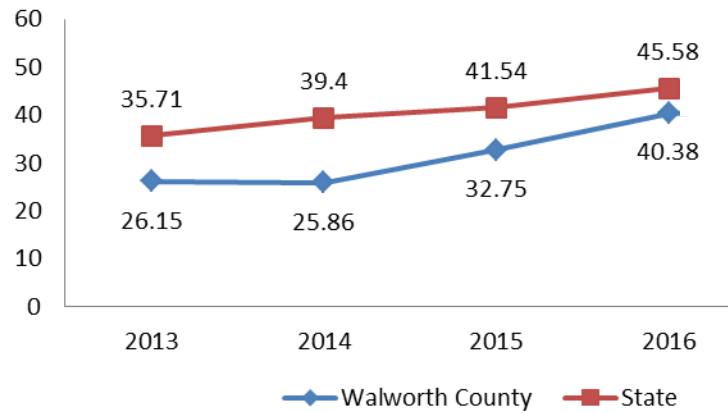
Asthma

Asthma is a chronic disease that is often exacerbated by poor environmental conditions. In 2015, 9.5% of all people living in Wisconsin had asthma, which is higher than the national rate of 7.8%. Compared to the state and nation, Walworth County high has a high rate of asthma (11%), an increase from 7% in 2005.

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) than Wisconsin (42.49).

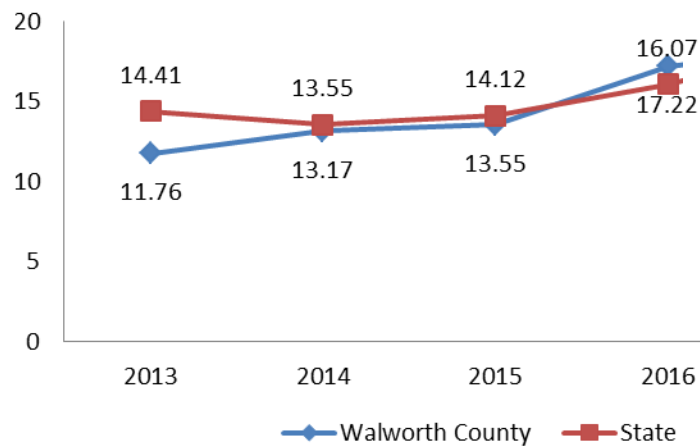
COPD Related ED Visits (Crude Rate per 10,000 Population)



Source: 2013-2016 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.

COPD Related Hospitalizations (Crude Rate per 10,000 Population)



Source: 2013-2016 WI Environmental Public Health Tracking Program, Note: ICD 10 Coding went into effect Oct 2015

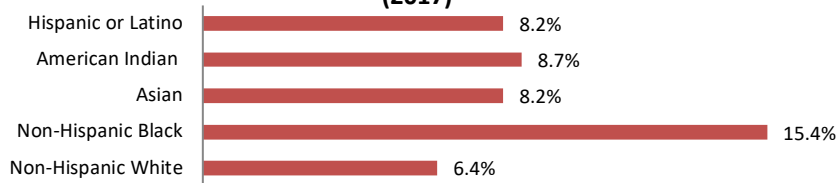
Maternal/Prenatal/Childhood

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 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)

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



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

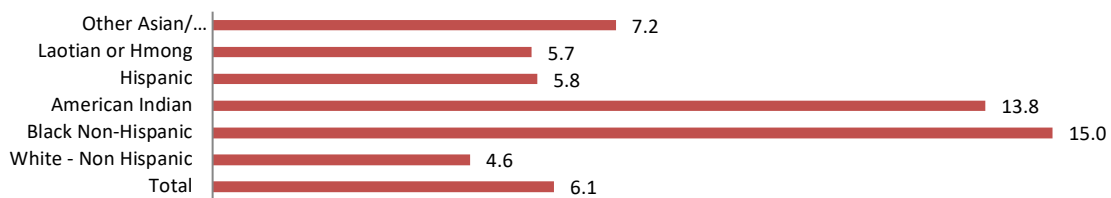
Infant Very Low Birth Weight

Very low birth weight infants (less than 1,500g) are at even higher risk for long term health problems or death. 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).

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

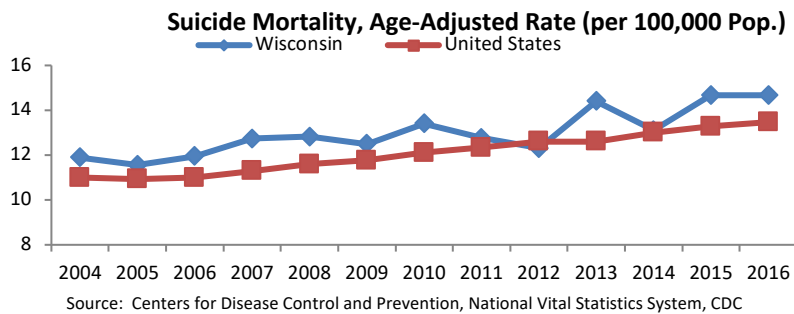
This indicator reports the percent of traditional Medicare beneficiaries with depression. In Walworth County, the percent of traditional Medicare beneficiaries who reported experiencing depression (15.0%) was lower than both Wisconsin (17.0%) and the nation (17.4%). This percent has increased in the 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.

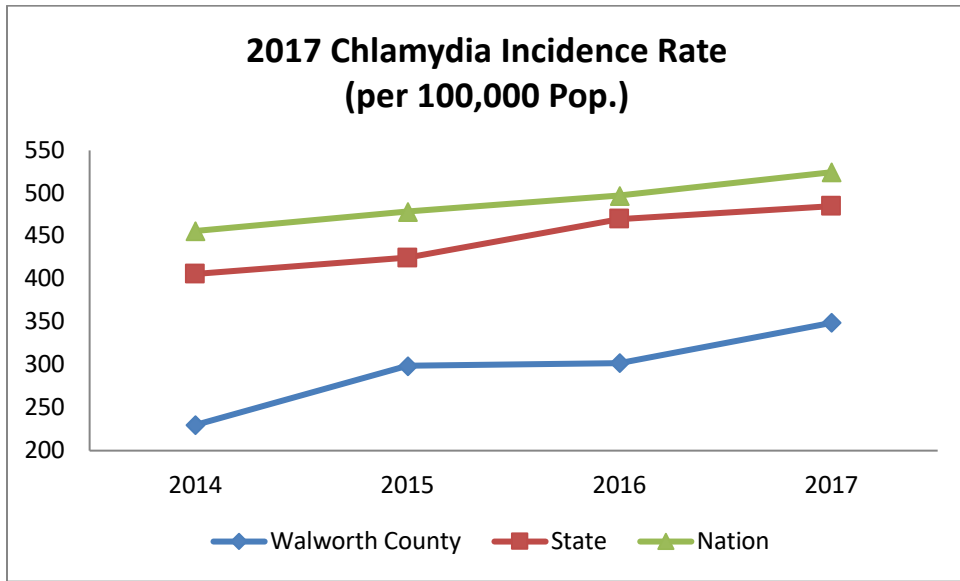
The Healthy People 2020 target for suicide deaths is 10.2 suicide deaths per 100,000 people or less. Unfortunately, in 2016 suicide mortality in Walworth County (14.3 per 100,000), Wisconsin (14.5), and the nation (13.3) are all above this target.

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. 2004-2016)



Sexually Transmitted Disease

This indicator reports incidence of chlamydia cases per 100,000 people. The incidence of chlamydia in Walworth County (349) is lower than Wisconsin (485) and the nation (524.6).



Over the past three years the incidence of chlamydia has increased. (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 and the Center for Urban Population 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 +.5 margin 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 scientifically selected so the survey would be representative of all adults 18 years old and older in the county. 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 and based on the number of adults in the household (n=300).
- 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples.

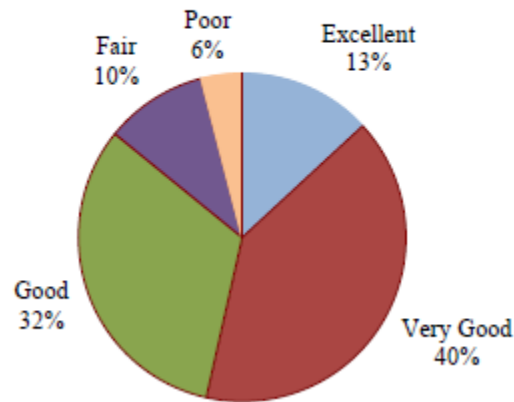
Screening questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between July 5 and September 10, 2016.

Key Findings

In 2016, 53% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report fair or poor health.

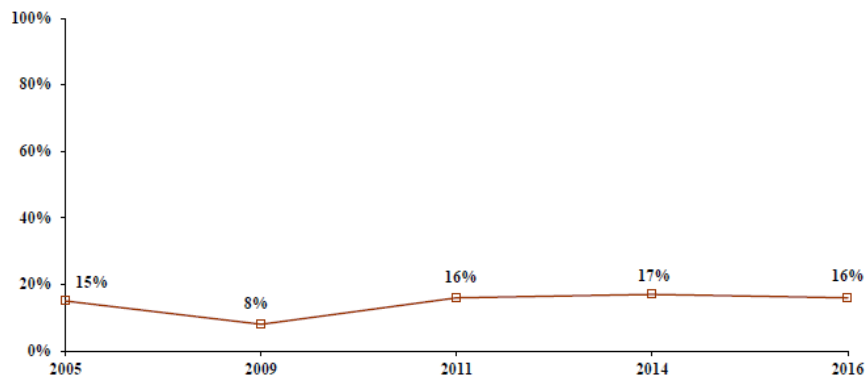
From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.

Figure 1. Rate Own Health for 2016



From 2005 to 2016, there was no statistical change in overall percent of respondents who reported their health as fair or poor, as well as from 2014-2016.

Figure 2. Fair or Poor Health



Access

Unmet Medical Care

In 2016, 15% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this.

Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

Twenty-three percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed.

Five percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this.

Dental Services and Unmet Dental Care

Twenty-three percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed.

Thirty-four percent of respondents in the bottom 40 percent household income bracket reported they did not receive the dental care needed compared to 19% of those in the top 40 percent income bracket or 12% of respondents in the middle 20 percent household income bracket.

Of the 91 respondents who reported not receiving dental care needed, 42% reported they cannot afford to pay as the reason for the unmet need while 25% reported they were uninsured. Nineteen percent reported insurance did not cover it.

Unmet Prescription Medications

Eleven percent of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.

Sixteen percent of respondents in the bottom 40 percent household income bracket reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months compared to 10% of those in the top 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.

Unmet Mental Health Services

Five percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed.

Respondents 45 to 54 years old were more likely to report an unmet mental health care need in the past 12 months (13%) compared to those 55 to 64 years old (2%) or respondents 35 to 44 years old (0%).

Twelve percent of respondents in the bottom 40 percent household income bracket reported an unmet mental health care need compared to 2% of respondents in the top 60 percent household income bracket.

Unmarried respondents were more likely to report an unmet mental health care need compared to married respondents (9% and 1%, respectively).

Of the 20 respondents who reported not receiving mental health care needed, eight respondents each reported they were uninsured, they cannot afford to pay or there was poor mental health care as the reason for the unmet need.

Coverage

Health Care Coverage

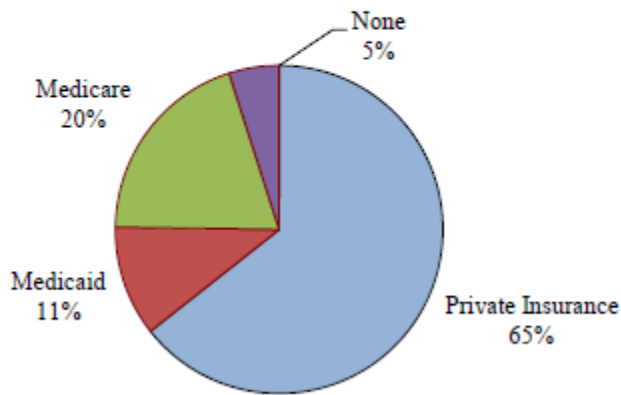
In 2016, 5% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.

- Eight percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this.
- Ten percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2005 to 2016, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2009 to 2016, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2016.

From 2005 to 2016, 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 12 months, as well as from 2014 to 2016.

Figure 3. Type of Health Care Coverage for 2016

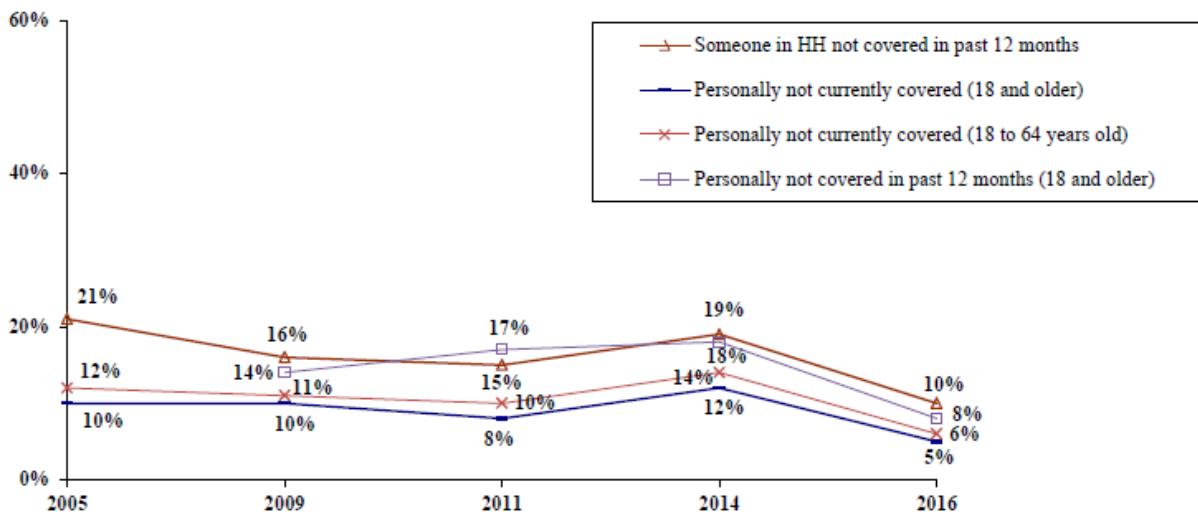


From 2005 to 2016, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016.

From 2009 to 2016, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2016.

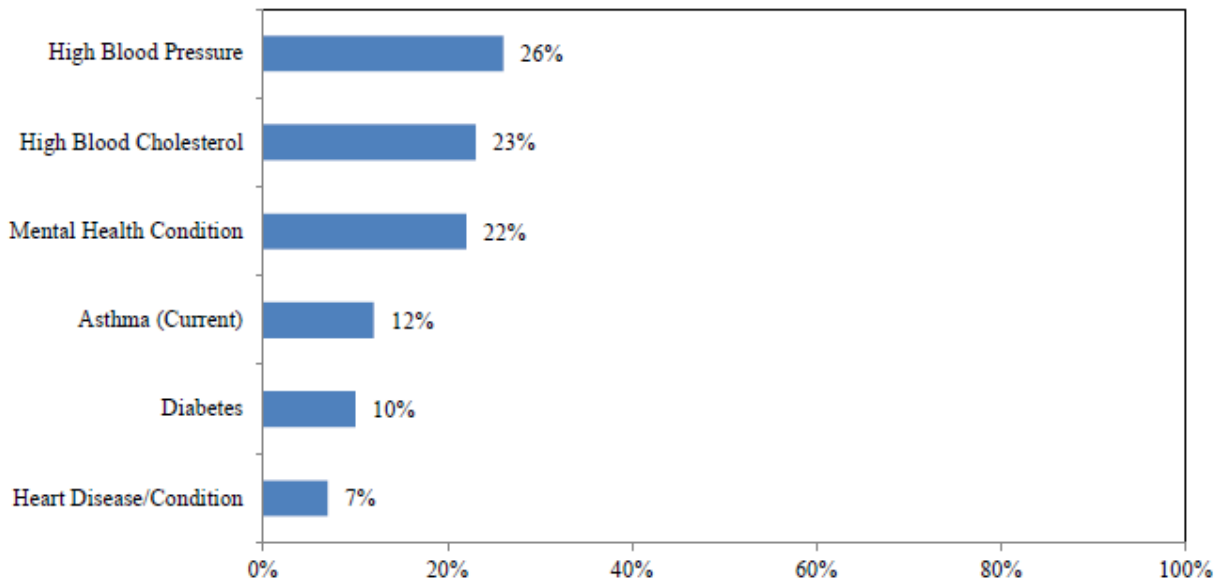
From 2005 to 2016, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months, as well as from 2014 to 2016.

Figure 4. Health Care Coverage



Chronic Disease

Figure 9. Health Conditions in Past Three Years for 2016



Asthma

Twelve percent of respondents reported they currently have asthma.

- Female respondents were more likely to report current asthma (16%) compared to male respondents (8%).
- Twenty-one percent of respondents 18 to 34 years old reported current asthma compared to 4% of those 65 and older or 3% of respondents 55 to 64 years old.
- Twenty-two percent of respondents in the bottom 40 percent household income bracket reported current asthma compared to 10% of those in the top 40 percent income bracket or 6% of respondents in the middle 20 percent household income bracket.
 - Of the 48 respondents who reported current asthma, 69% had it under control through medication, therapy or lifestyle changes.

Diabetes

Ten percent of respondents reported diabetes in the past three years.

- Twenty-six percent of respondents 65 and older reported diabetes in the past three years compared to 8% of those 35 to 54 years old or 0% of respondents 18 to 34 years old.
- Seventeen percent of respondents in the bottom 40 percent household income bracket reported diabetes compared to 5% of those in the top 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.
- Overweight respondents were more likely to report diabetes (12%) compared to respondents who were not overweight (3%).
- Nineteen percent of inactive respondents reported diabetes compared to 13% of those who did an insufficient amount of physical activity or 6% of respondents who met the recommended amount of physical activity.

- Of the 38 respondents who reported diabetes, 95% had it under control through medication, exercise or lifestyle changes.

Heart Disease and Heart Conditions

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, married, overweight or inactive were more likely to report high blood pressure. Twenty-three percent of respondents reported high blood cholesterol; respondents who were 65 and older, married, overweight, inactive or nonsmokers were more likely to report this.

- Seven percent of respondents reported heart disease or condition in the past three years.
- Twenty-six percent of respondents 65 and older reported heart disease/condition in the past three years compared to 4% of those 45 to 54 years old or 0% of respondents 18 to 44 years old.
- Twenty-one percent of inactive respondents reported heart disease/condition compared to 6% of those who did an insufficient amount of physical activity or 4% of respondents who met the recommended amount of physical activity.
- Of the 27 respondents who reported heart disease/condition, 89% had it under control through medication, exercise or lifestyle changes.

Mental Health

Twenty-two percent of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years.

- Respondents 18 to 34 years old were more likely to report a mental health condition in the past three years (34%) compared to respondents 55 to 64 years old (6%).
- Respondents with some post high school education were more likely to report a mental health condition (29%) compared to those with a high school education or less (23%) or respondents with a college education (13%).
- Twenty-nine percent of respondents in the bottom 40 percent household income bracket reported a mental health condition compared to 20% of those in the top 40 percent income bracket or 4% of respondents in the middle 20 percent household income bracket.
- Unmarried respondents were more likely to report a mental health condition compared to married respondents (32% and 11%, respectively).
 - Of the 87 respondents who reported a mental health condition, 72% had it under control through medication, therapy or lifestyle changes.

Health Risk Behaviors

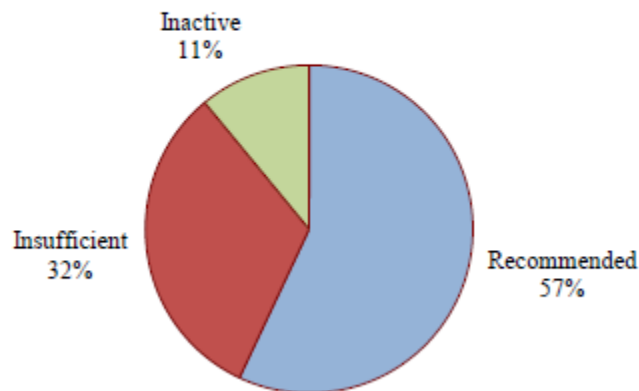
Physical Activity and Nutrition

In 2016, 41% of respondents did moderate physical activity five times a week for 30 minutes. Forty percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 57% met the recommended amount of physical activity; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this.

From 2005 to 2016, 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 2014 to 2016, there was no statistical change. From 2009 to 2016, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes or who met the recommended amount of physical activity, as well as from 2014 to 2016.

*Recommended physical activity is moderate activity 5 times/30+ minutes in a week or vigorous activity 3 times/20+ minutes in a week.

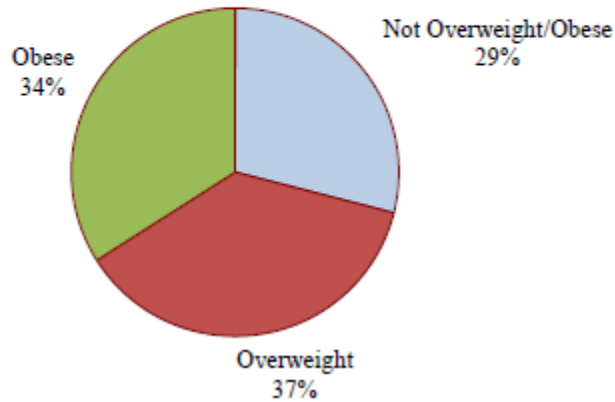
Figure 11. Physical Activity/Week for 2016*



In 2016, 71% of respondents were classified as at least overweight while 34% were obese. Male respondents were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or inactive respondents were more likely to be obese.

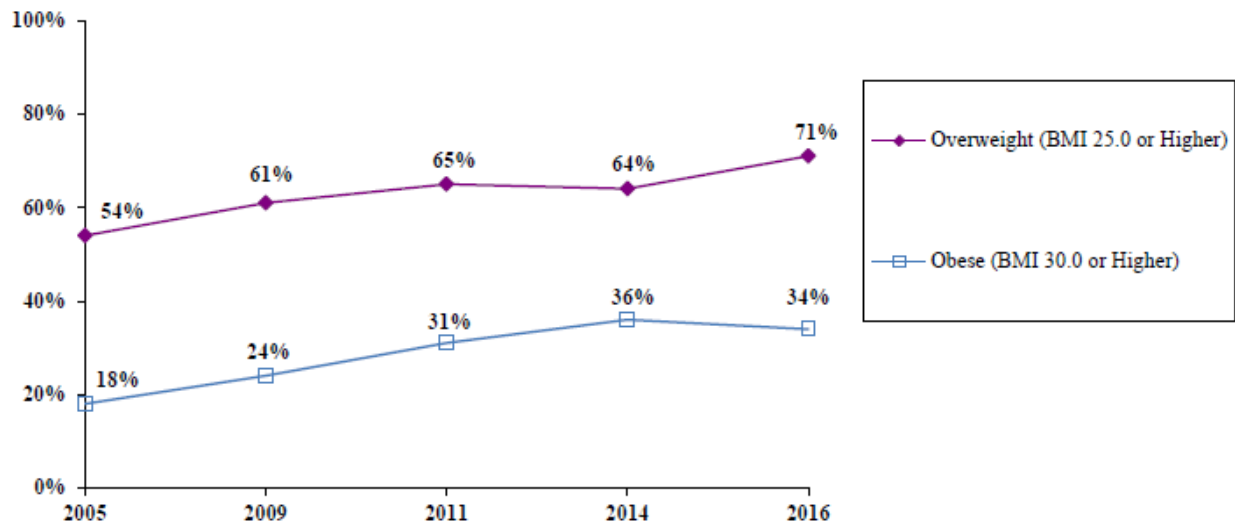
From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2016, there was no statistical change.

Figure 13. Overweight Status for 2016



From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2016, there was no statistical change.

Figure 14. Overweight Status

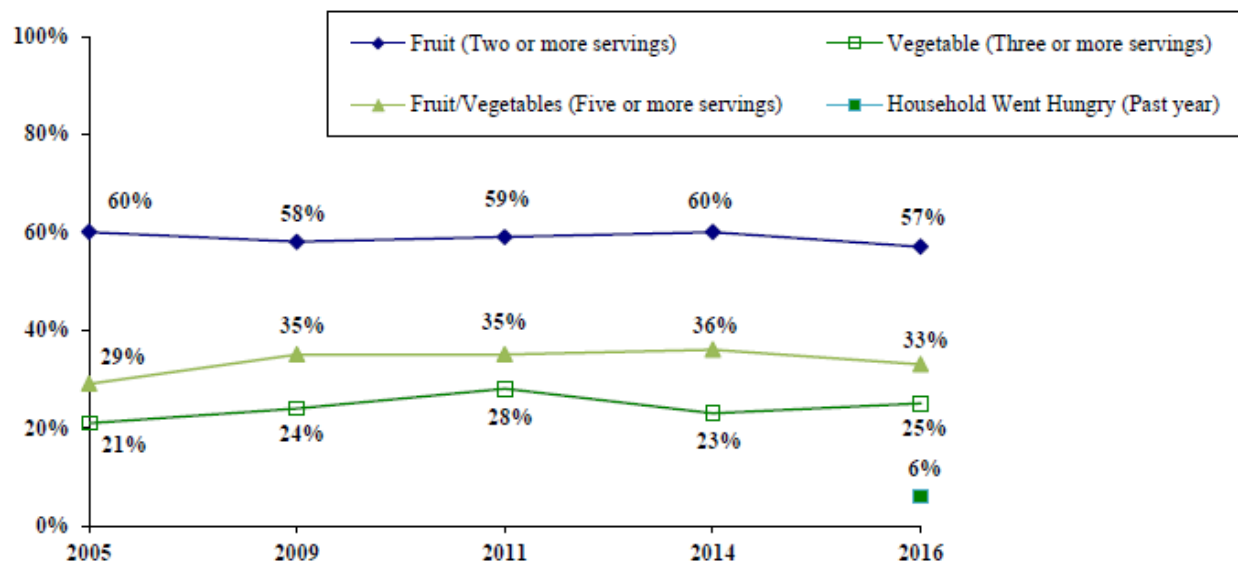


In 2016, 57% of respondents reported two or more servings of fruit while 25% reported three or more servings of vegetables on an average day. Respondents who were female, with a college education, married or not overweight were more likely to report at least two servings of fruit. Respondents who were female, with a college education, not overweight or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-three percent of respondents reported five or more servings of fruit/vegetables on an average

day; respondents who were female, with a college education or not overweight were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this.

From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, at least three servings of vegetables or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.

Figure 15. Nutrition and Food Insecurity



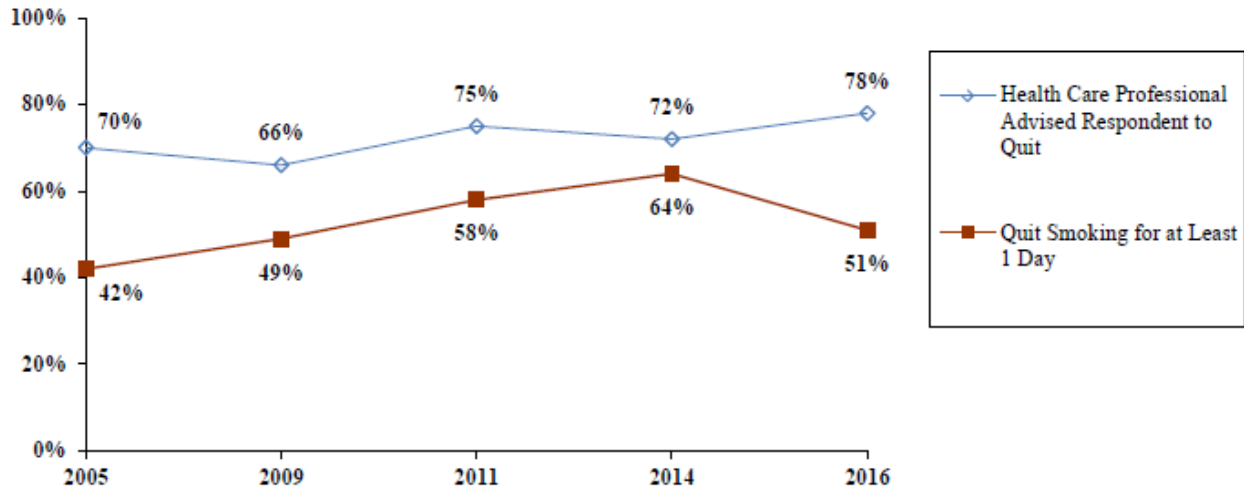
Health Risk Factors

Tobacco Use

In 2016, 24% of respondents were current tobacco cigarette smokers; respondents who were male, 18 to 34 years old, with some post high school education or less or unmarried respondents were more likely to be a smoker. In the past 12 months, 51% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-eight percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit or their health professional advised them to quit smoking, as well as from 2014 to 2016.

**Figure 19. Smoking Cessation in Past 12 Months
(Current Smokers)**

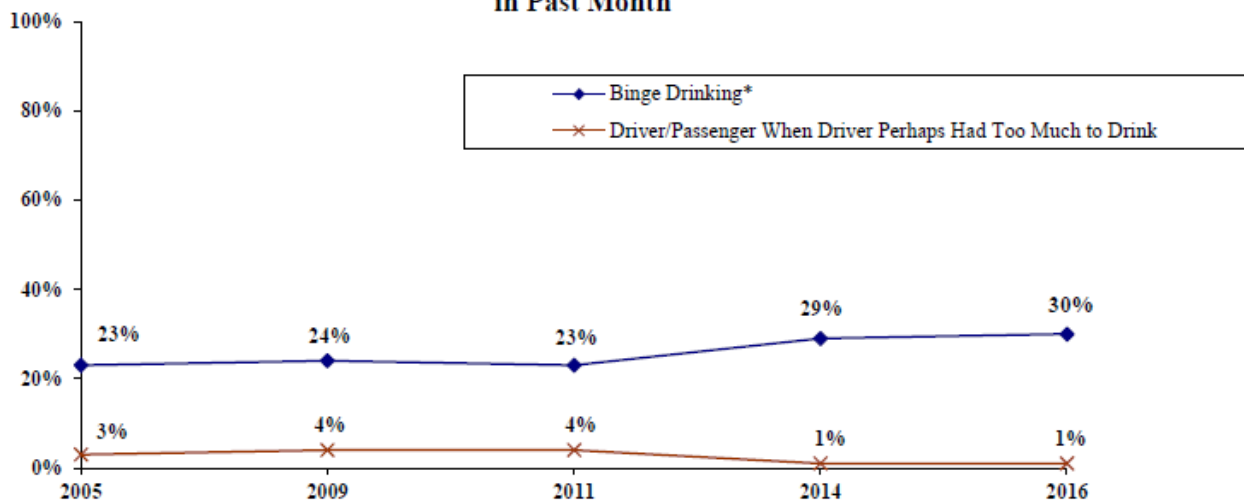


Alcohol Use

In 2016, 30% of respondents were binge drinkers in the past month. Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. 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 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2014 to 2016.

**Figure 23. Alcohol Use
in Past Month**

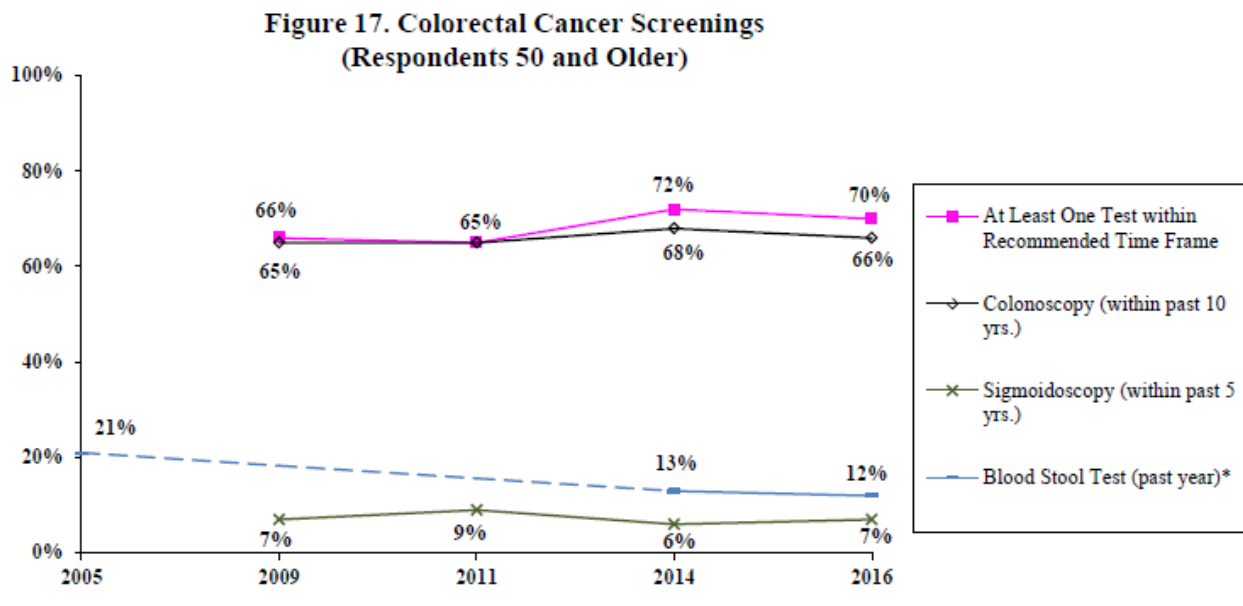


Cancer Screenings

Colorectal Cancer

In 2016, 12% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 66% reported a colonoscopy within the past ten years. This results in 70% of respondents meeting the current colorectal cancer screening recommendations.

From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2016, there was no statistical change. From 2009 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years or a colonoscopy within the past ten years, as well as from 2014 to 2016. From 2009 to 2016, 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 2014 to 2016.



Mammogram

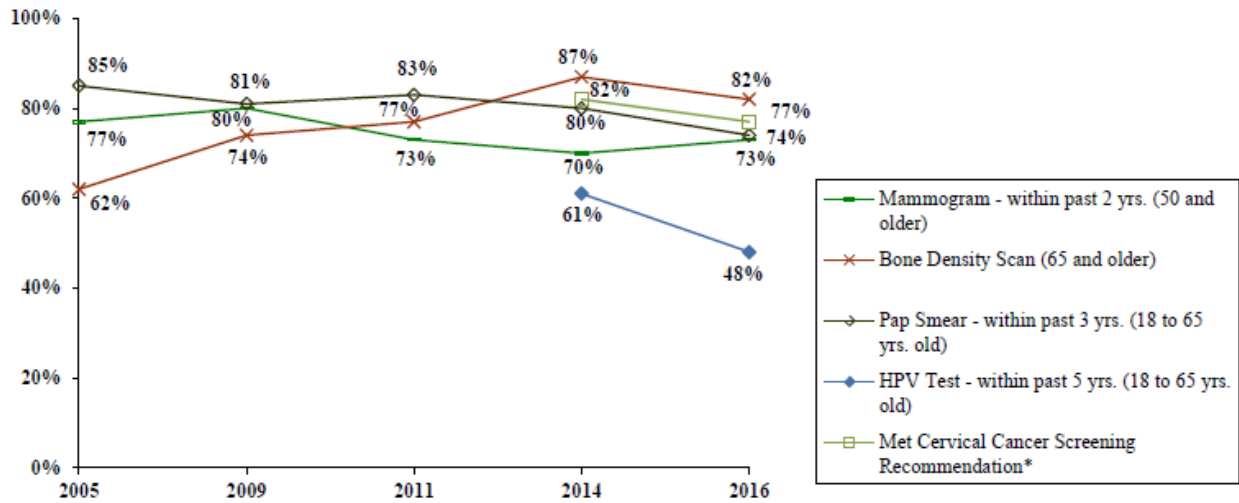
In 2016, 73% of female respondents 50 and older reported a mammogram within the past two years.

Pap Test Screening

Seventy-four percent of female respondents 18 to 65 years old reported a pap smear within the past three years.

Seventy-seven 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). Respondents with a college education, in the bottom 60 percent household income bracket or married respondents were more likely to meet the cervical cancer recommendation.

Figure 16. Women's Health Tests



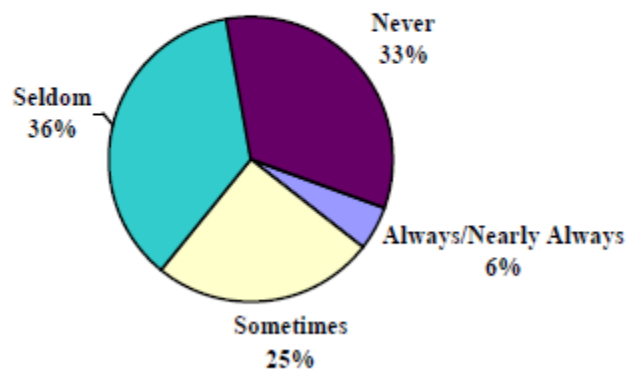
Mental Health

Mental Health Conditions

In 2016, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year while 6% reported they seldom/never find meaning and purpose in daily life; respondents 45 to 54 years old were more likely to report each.

From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed, they considered suicide or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.

Figure 27. Felt Sad, Blue or Depressed in Past 30 Days for 2016

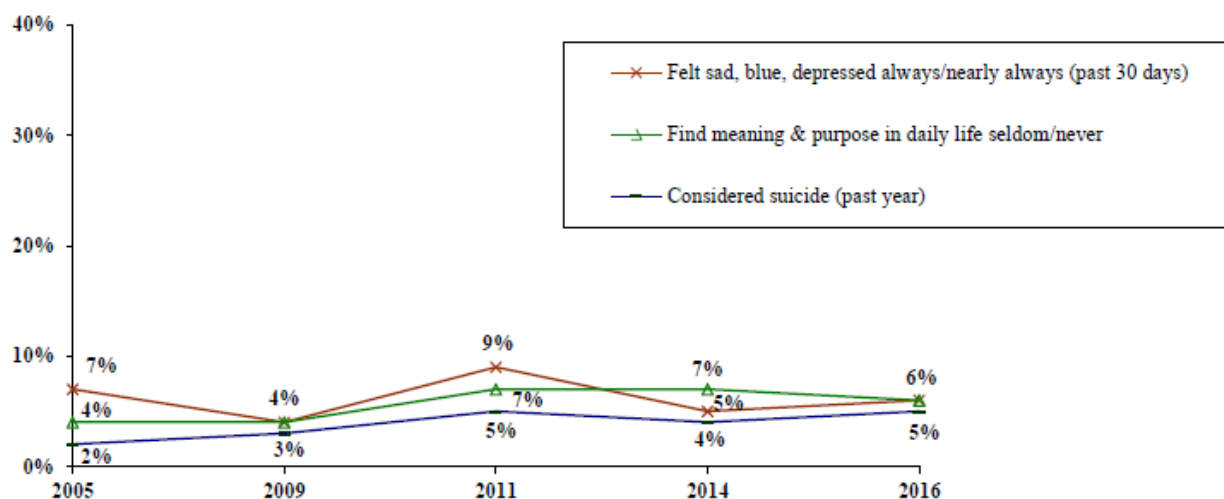


Suicide

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

- Five percent of respondents reported they felt so overwhelmed in the past year that they considered suicide. This represents up to 8,100 residents who may have considered suicide in the past year.
- Respondents 45 to 54 years old were more likely to report they felt so overwhelmed in the past year they considered suicide (10%) compared to those 18 to 34 years old (2%) or respondents 65 and older (1%).

Figure 28. Mental Health Status



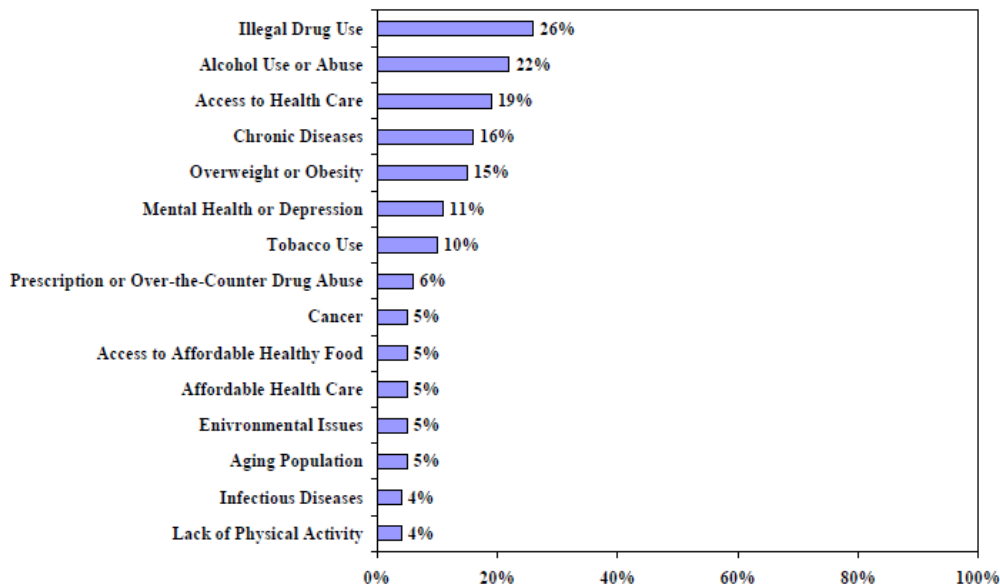
County Health Issues

In 2016, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (26%), alcohol use/abuse (22%) or access to health care (19%).

- Respondents 45 to 54 years old or in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue.
- Respondents with a college education were more likely to report alcohol use or abuse as a top issue.
- Respondents who were 45 to 54 years old or married were more likely to report access to health care was a top county health issue.
- Sixteen percent reported chronic diseases; respondents who were male, 35 to 44 years old, 65 and older, with some post high school education or in the top 40 percent household income bracket were more likely to report this.
- Fifteen percent reported overweight or obesity as a top county health issue.
- Respondents 18 to 34 years old, with a high school education or less or with a college education were more likely to report overweight/obesity as a top issue.

- Eleven percent of respondents reported mental health or depression; respondents who were male or in the top 40 percent household income bracket were more likely to report this.
- Ten percent of respondents reported tobacco use as a top county health issue; respondents who were male, 18 to 34 years old or with a college education were more likely to report this.
- Six percent of respondents reported prescription or over-the-counter drug abuse; married respondents were more likely to report this.
- Five percent of respondents reported cancer as a top issue; respondents 65 and older were more likely to report this.
- Five percent of respondents reported access to affordable healthy food; respondents who were female, 35 to 64 years old or with a college education were more likely to report this. Five percent of respondents reported affordable health care; respondents with a college education were more likely to report this.
- Five percent of respondents reported environmental issues; respondents who were male or 35 to 44 years old were more likely to report this.
- Five percent of respondents reported the aging population as a top county health issue. Respondents 45 to 54 years old or with at least some post high school education were more likely to report the aging population.
- Four percent of respondents reported infectious diseases as a top issue; respondents in the top 40 percent household income bracket were more likely to report this.
- Four percent of respondents reported lack of physical activity. Respondents who were male, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report lack of physical activity as a top health issue.

Figure 30. Top County Health Issues for 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, 25 key informant interviews were conducted between August and October 2016. 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

More specifically, individuals who were invited to participate had knowledge in at least one of the following areas: childhood/adolescent issues, senior health, homeless, veterans, alcohol and drug addiction, behavioral health, diabetes, obesity and other chronic diseases, and food insecurity. In addition, there was representation across multiple agencies and organizations, local schools, youth programs, community clinics, and community-based organizations (including Association for the Prevention of Family Violence, Aurora Health Care, Geneva Lakes Family YMCA, Fort HealthCare, Mt. Zion Church/Food Pantry, National Alliance on Mental Illness (NAMI) Walworth, Inc., Walworth County Child Advocacy Center, Walworth County Department of Health and Human Services, and Walworth County UW-Extension).

Key informants were asked to identify their top five community health issues. For each issue, they were asked to identify existing strategies for addressing the issues, barriers/challenges to addressing the issues, recommended strategies for addressing the issues, and key community partners needed to address the issues. A summary of the top five issues identified by key informants is below.

Mental Health

19 of 25 key informants ranked mental health as a top five health issue, and seven ranked it as number one.

Existing Strategies

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

- Collaboration between the county and private mental health providers
- Free counseling services at Open Arms Free Clinic
- Walworth County's Crisis Intervention Services
- Drug Court

- National Alliance for Mental Illness (NAMI) Walworth, Inc.
- Corporate wellness programs
- Employee assistance programs
- Local organizations that do mental health outreach (ex. Catholic Charities)
- Walworth County Alliance for Children
- Winther Counseling Lab for the uninsured at UW Whitewater
- Alliance for Prevention of Family Violence

Barriers and Challenges

Key informants identified many barriers and challenges to meeting mental health needs that are also barriers to accessing health care, including:

- Lack of inpatient programs
- Lack of transportation for outpatient services
- Lack of access to private mental health providers
- Financial barriers and lack of insurance coverage
- Lack of services for children
- Lack of staff and trained professionals in the county
- Lack of bilingual services
- Difficulty accessing prescriptions

Other barriers and challenges identified by key informants include:

- Stigma that makes mental health issues difficult to talk about
- Underutilization of Walworth County Department of Health and Human Services
- Lack of trauma-informed care
- Lack of awareness of resource availability and how to access resources

Needed Strategies:

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

- Programs for earlier identification of youth at-risk
- Increase community education about mental illness
- Ongoing case management to ensure compliance with treatment plans
- Improve access to medication, therapy, and counseling
- Programs to increase support from parents for children's treatment
- More housing for residents with mental illness
- Broader integration of behavioral health into primary care practices
- Make employee assistance programs more widely available
- Add mobile clinics
- Expand services offered and hours of operation, reduce wait times
- Add bicultural and bilingual counselors
- Focus more on the family system in counseling

Key Community Partners to Improve Mental Health

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

- Wisconsin Department of Health Services
- Pharmacists
- Walworth County Department of Health and Human Services
- Open Arms Free Clinic
- Schools
- Parents
- Law enforcement
- Faith communities
- Walworth County Child Advocacy Center
- Employers
- Health care providers
- County government
- NAMI
- Twin Oaks
- Association for the Prevention of Family Violence
- Walworth County Alliance for Children

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 certain groups who are less likely to receive help such as older adults, Latinos, veterans returning from deployment, undocumented residents, residents with lower incomes, and residents who are homeless
- Culturally appropriate education and awareness campaigns
- Coordinating elements of community re-entry for veterans
- Increased coordination between organizations in the community such as nursing homes, school districts, health systems, private practices, and primary care providers
- Expand free clinic services
- Ensure educational materials about services available are placed in public locations including Women, Infants, and Children (WIC) program sites, Early Head Start, schools, Hispanic grocery stores, and Hispanic churches

Substance Use and Abuse

17 of 25 key informants included access to health care in their top five health issues for the county and seven ranked it as their number one issue.

Existing Strategies

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

- Enforcement of laws related to driving under the influence

- Limits on hours for alcohol sales
- Walworth County's County Health Improvement Plan initiative to address addictive behaviors
- Prescription drug drop-off sites located throughout county
- Public service announcements regarding heroin and other drugs
- Walworth County Sheriff's Drug Unit
- Mt. Zion House rehabilitation center for men
- Personal Responsibility Educational Program (PREP) in schools
- Services offered to people who are incarcerated
- Drug Treatment Courts
- Pre-sentencing diversion plans
- Walworth County Department of Health and Human Services' Behavioral Health unit
- Suboxone prescribers
- Private treatment services
- Alcohol and drug abuse support groups, including Alcoholics Anonymous
- Employee assistance programs
- Training Emergency Medical Services to administer Narcan

Barriers and Challenges

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

- Lack of education about risks of abuse
- Prevalence and easy access to drugs
- Readily available information about how to manufacture or acquire drugs
- Lack of detoxification facilities
- Wisconsin's cultural norms around alcohol consumption
- Lack of substance abuse treatment resources and services
- Lack of sober activities
- Lack of affordability of treatment programs
- Lack of bilingual providers and services
- Transportation issues for patients accessing treatment
- Employees' fear of losing their jobs if they miss work for treatment

Needed Strategies:

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

- Collaboration with schools and churches to provide outreach, education, prevention programs, and treatment
- Increasing public awareness of risks associated with alcohol and drug use
- Drug disposal available at all retail pharmacies
- Educating parents about warning signs to look for in their kids
- More youth activities and stronger mentorships to provide alternatives to drug and alcohol abuse
- Increase availability of resources for prevention and treatment in Spanish

- Add treatment facilities in the county, especially those that accept Medicaid
- Cross-sector partnerships

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:

- Wisconsin Department of Health Services
- Walworth County Department of Health and Human Services
- School counselors
- Parents
- Churches
- Free clinics
- Walworth County Child Advocacy Center
- Law enforcement
- Employers
- Health care providers

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 could benefit from early and regular prevention messaging
 - Education in schools
 - Education for parents about how to reduce likelihood of alcohol abuse
 - Train school staff to identify signs of substance abuse
- Could target people who are incarcerated
- Collaborate with Tavern League of Wisconsin to offer safe rides

Oral Health

Nine key informants ranked oral health as a top-five health priority for the county.

Existing Strategies

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

- Limiting sweetened beverages available in school cafeterias
- Providers of free dental services at Open Arms Free Clinic
- Sealant programs in schools and Head Start
- Mission of Mercy
- Affordable Dental Care in Whitewater
- Dental services offered at Beloit Area Community Health Center

Barriers and Challenges

Many of the barriers and challenges to improving oral health identified by key informants are related to issues accessing health care. Barriers and challenges identified include:

- Lack of providers in the county, especially those who will serve uninsured or underinsured patients or patients who have Medicaid
- Lack of financial resources
- Lack of dental insurance or insurance that provides minimal dental coverage
- Lack of transportation
- Patients forgoing preventive dental care or treatment due to lack of awareness of the connection between oral health and physical health

Needed Strategies

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

- Increase access to affordable dental care
- Increase awareness of importance of oral health
- Form a county-wide dental coalition
- Open a special needs dental clinic
- Create partnerships between dental schools and residency programs to recruit dentists to rural communities
- Create partnerships between primary care providers, especially pediatricians, and dental hygienists

Key Community Partners to Address Oral Health

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

- Local dentists and dental associations
- Open Arms Free Clinic
- Walworth County
- Inspiration Ministries
- Affordable Dental Care
- Business community
- Faith communities
- Low-income consumers
- Beloit Area Community Health Center
- Community Action
- Schools

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:

- Oral health is important to all, but children and older adults, particularly in low-income or uninsured families, may be most vulnerable groups needing access to dental care
- Latino and undocumented residents may need targeted outreach, Spanish-speaking providers, and assistance navigating insurance and free resources
- Medicare and Medicaid HMOs should offer better dental insurance

- Information, fliers, and announcements can be posted or handed out at public places frequented by children, families, older adults, low-income, and Latino populations

Access to Health Services

Nine informants' rankings included access to health services as a top five health issue for the county.

Existing Strategies

Existing strategies for improving access to health services in Walworth County identified by key informants include:

- Walworth County Transportation Coordinating Committee
- Aging and Disability Resource Center newsletter
- Patient Protection and Affordable Care Act of 2010
- Health services offered by Open Arms Free Clinic
- Health services offered by Beloit Area Community Health Center
- Health screenings and outreach
- Appointment reminders
- VIP services

Barriers and Challenges

Barriers and challenges to improving access to health services identified by key informants include:

- Health care and insurance systems are difficult to understand and navigate
- Lack of transportation to appointments and services
- Lack of providers and specialty care in more rural areas of county
- Uninsurance and underinsurance
- Limited hours for walk-in clinics
- No inpatient psychiatry or detoxification facilities in the county
- Lack of child psychiatrists in the county
- Long wait times for appointments
- Lack of options for vision referrals
- Confusion and/or a lack of information about resources that do exist and how to access them
- Reliance on emergency departments for non-emergent care

Needed Strategies

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

- Increased focus on needs of Hispanic population
- More education about how health care and insurance systems work
- Improved coordination between health care providers and community health organizations
- More funding mechanisms for projects and services
- Increased availability of home care services
- Funding for transportation
- Expand hours at walk-in clinics

- Better coordination between medical, mental health, and substance use treatment services
- Integrate behavioral health into primary care settings
- Mobile clinics for immunizations
- Change policies regarding public non-emergency medical transportation to allow siblings to ride along to health care appointments
- Create a centralized updated resource list available to the community

Key Community Partners to Improve Access to Health Services

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

- Health care systems and providers
- Open Arms Free Clinic
- Planned Parenthood
- Public and private transportation providers
- Legislators at all levels
- Medicaid and Medicare
- Law enforcement
- NAMI
- Public health departments
- Dental care providers
- Community Action
- WIC
- Shelters
- Libraries
- Schools
- Churches
- Walworth County Department of Health and Human Services
- UW-Extension
- Volunteer Connection

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 residents, the working poor, older adults, dementia patients, undocumented residents, and rural residents may need the most assistance accessing health services and would benefit the most from targeted outreach
- Explore new funding sources
- Provide more health resources printed in Spanish
- Targeted outreach and partnerships with organizations including Hispanic churches, food pantries, schools, Open Arms Free Clinic, laundromats, job centers, and Walworth County Housing Authority
- Provide gas cards and vehicle donations to agencies that provide transportation to health services

Chronic Disease Prevention and Management

Nine key informants ranked chronic disease prevention and management as a top five issue.

Existing Strategies

Existing strategies for improving chronic disease prevention and management in Walworth County identified by key informants include:

- Corporate wellness programs
- Public messages about benefits of good nutrition and physical activity
- Incentives for annual physicals
- Existing health care providers
- Services at Open Arms Free Clinic
- Individual patient education emphasizing regular screenings
- Health systems using electronic medical records to prevent missed opportunities for screening and follow-up care
- Availability of medication and durable medical equipment (DME) at pharmacies

Barriers and Challenges

Barriers and challenges to improving chronic disease prevention and management identified by key informants include:

- Uninsurance and underinsurance
- Lack of transportation to services, activities, etc.
- Lack of bilingual services for Spanish-speaking patients
- Poor access to health services results in patients delaying treatment until conditions are out of control
- Focus on treatment rather than prevention
- Lack of care coordination between doctors and health systems
- Missed opportunities to address chronic conditions in health care settings
- Individual resistance to addressing obesity and tobacco use
- Need to address mental illness or other acute health priorities before a chronic condition can be assessed
- Lack of patient awareness about chronic disease management and prevention

Needed Strategies

Strategies identified by key informants that would help to improve chronic disease management and prevention in Walworth County include:

- More patient education about risks and goal-setting to reduce risk
- Promoting stress management techniques to patients
- Increased employer-based prevention programs
- Medicare and Medicaid should offer incentive programs
- Increased financial assistance
- Provide navigation and support in accessing insurance
- Use data to identify needs

- Outreach to new and existing patients for preventive care and improved disease management
- Employing interpreters and Spanish-speaking providers

Key Community Partners to Improve Chronic Disease Management and Prevention

Key community partners needed to improve chronic disease management and prevention in Walworth County identified by key informants include:

- Wisconsin Department of Health Services
- Walworth County
- Open Arms Free Clinic
- Pharmacies and pharmaceutical companies
- Local health systems and health care providers
- Walworth County Economic Development Alliance
- Employers
- Churches
- Restaurants
- Spanish-language radio stations

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:

- Target youth and young adults for prevention
- Older adults who are living with or at risk for chronic disease, people living with mental illnesses, individuals or families with low incomes, rural residents, Latino residents, and undocumented residents may benefit from targeted outreach
- Conduct outreach any place groups may already meet to discuss wellness, such as prayer groups, food pantries, free clinics, community organizations and clubs, schools, and employers

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 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

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 in June 2017. Appendix B details actions related to the 2014-2017 Implementation Plan.

APPENDIX A

MERCYHEALTH SYSTEM WALWORTH HOSPITAL COMMUNITY BENEFIT PLAN 2017-2020 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 ○ Robotic surgery ○ Dermatology ○ Nutrition services ○ Family medicine ○ Gastroenterology ○ Geriatric services ○ Gynecology ○ Hematology ○ Internal Medicine ○ Medical Oncology ○ Diabetes education ○ Weight management ○ Pain management ○ Sports Medicine & Rehabilitation ○ Sleep medicine ○ Plastic surgery ○ Neurology ○ Obstetrics ○ Occupational Health & Medicine ○ Ophthalmology

	<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"> ○ Otolaryngology ○ Pediatrics ○ Pharmacy ○ 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"> ● Internal marketing campaigns ● Targeted marketing via external educational-based postcards

	<ul style="list-style-type: none"> ○ Expand mammography hours of operation 	<ul style="list-style-type: none"> ● Personal conversations with provides during patient exam ● Patient outreach via telephone and letters completed by clinic nursing staff
	<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 ● Targeted marketing via external educational-based postcards ● Personal conversations with providers during patient exam ● Patient outreach via telephone and letters completed by clinic nursing staff
	<ul style="list-style-type: none"> ➢ Osteoporosis (bone density) screenings 	<ul style="list-style-type: none"> ● Monitor Dexscan access to care and modify hours as necessary ● Personal conversations with provides 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"> ● Internal marketing campaigns ● Targeted marketing via external educational-based postcards ● Personal conversations with provides during patient exam
	<p>Immunizations & Vaccinations</p> <ul style="list-style-type: none"> ➢ Childhood Immunizations <ul style="list-style-type: none"> ○ Patients aged 12-24 months 	<ul style="list-style-type: none"> ● Monitor and increase rates
	<ul style="list-style-type: none"> ○ Patients aged 24-36 months 	<ul style="list-style-type: none"> ● Monitor and increase 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"> ● Internal marketing campaigns ● Personal conversations with providers during patient exam ● Educate nursing staff and physicians
	<ul style="list-style-type: none"> ➢ Pneumococcal Vaccination 	<ul style="list-style-type: none"> ● Monitor and increase 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 <ul style="list-style-type: none"> ○ 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. 	<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

	<ul style="list-style-type: none"> ➤ Smoking Cessation <ul style="list-style-type: none"> ○ Provide smoking cessation educational materials to adult patients • Hypertension and high cholesterol awareness/education 	<ul style="list-style-type: none"> • Monitor the number of stop smoking wellness programs • Monitor the number of community events where smoking cessation educational material is available • 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
<p>Improve the health of patients with specific needs.</p>	<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

APPENDIX B

Actions Related to Mercyhealth and Medical Center 2014-2017 Community Health Needs Assessment and the Implementation Plan

Work Plan 1: Lifestyle				
Objective	Strategies	Measure of Success	Partners	Outcome
Promote Hypertension Awareness	<ul style="list-style-type: none"> • Participate in community health fairs • Free screening days at clinics • Mercy-led community events • "Lunch and Learn" events held throughout the year to increase knowledge of heart failure and hypertension • Mailings with wellness tips • Provide access through Mercy website to hypertension screening tool 	<ul style="list-style-type: none"> • Number of health fairs attended • Count of participants at lunch and learn events • Number of mailings to people attending events • Number of people visiting the screening tool website 	<ul style="list-style-type: none"> • Mercy partners with many community organizations in this endeavor • Example: American Heart Association 	<ul style="list-style-type: none"> • Number of health fairs attended in 2016 262 • Number of lunch and learn participants 189 • Number of people given screenings in 2016 34,962 • Number of people served in 2016 189
Support Obesity Education	<ul style="list-style-type: none"> • Provide free health screenings at community events • Increase access to diabetes education programs at Mercy Health Mall • Sponsor 4th and 5th grade track meet to promote exercise and fitness • Wellness course for elementary school children • "My Plate" education and activity at health fairs • Increase "Healthy Image" Program 	<ul style="list-style-type: none"> • Increased number of diabetics in the education program • Number of health screenings done at health fairs • Number of children educated at schools • Number of participants in the "Healthy Image" program • Overall weight loss of participants in "Healthy Image" 	<ul style="list-style-type: none"> • Mercy Diabetes Education Program • Mercy medical staff • National Walking Day Program 	<ul style="list-style-type: none"> • Number of patients in the diabetes education program in 2016 62 • Number of health screenings done in 2016 9,564 • Number of children educated in schools in 2016 683 • Number of participants in "Healthy Image" in 2016 436

Work Plan 2: Mental Health

Objective	Strategies	Measure of Success	Partners	Outcomes
Increase Access to Mental Health Care	<ul style="list-style-type: none">• Open an outpatient mental health program for teens and young adults• Offer a suicide survivor support group through the Options program	<ul style="list-style-type: none">• Donations to Behavioral Health Services• Increased utilization of outpatient services	<ul style="list-style-type: none">• Mercy Options Program• United Way	<ul style="list-style-type: none">• Participants in Mental Health/Depression Program in 2016 113

APPENDIX C

Walworth County Community Health Survey Report Summary 2016

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 for Aurora Health Care, Children's Hospital of Wisconsin and Mercy Health System in partnership with the Center for Urban Population Health and Walworth County Public Health Department. Additional data is available at <https://ahc.aurorahealthcare.org/aboutus/community-benefits>, www.chw.org and www.co.walworth.wi.us.

Overall Health						Health Conditions in Past 3 Years					
Walworth County	2005	2009	2011	2014	2016	Walworth County	2005	2009	2011	2014	2016
Excellent	23%	23%	16%	13%	13%	High Blood Pressure	24%	24%	29%	27%	26%
Very Good	35%	38%	32%	34%	40%	High Blood Cholesterol	15%	19%	20%	24%	23%
Fair or Poor	15%	8%	16%	17%	16%	Mental Health Condition		10%	19%	21%	22%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Asthma (Current)	7%	7%	6%	11%	12%
<i>Fair or Poor</i>				15%	16%	Diabetes	7%	5%	7%	5%	10%
						Heart Disease/Condition	8%	7%	6%	7%	7%
Health Care Coverage						Condition Controlled Through Meds,					
Walworth County	2005	2009	2011	2014	2016	Therapy or Lifestyle Changes					
Not Covered						High Blood Pressure				98%	98%
Personally (currently)	10%	10%	8%	12%	5%	High Blood Cholesterol				88%	93%
Personally (past 12 months)		14%	17%	18%	8%	Mental Health Condition				95%	72%
Household Member (past 12 months)	21%	16%	15%	19%	10%	Asthma (Current)				100%	69%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Diabetes				100%	95%
<i>Personally Not Covered (currently)</i>				9%	13%	Heart Disease/Condition				100%	89%
Did Not Receive Care Needed in Past 12 Months						Routine Procedures					
Walworth County			2011	2014	2016	Walworth County	2005	2009	2011	2014	2016
Delayed/Did Not Seek Care Due to Cost					15%	Routine Checkup (2 yrs. ago or less)	82%	82%	82%	78%	85%
Prescript. Meds Not Taken Due to Cost (Household)			14%	11%		Cholesterol Test (4 years ago or less)	69%	64%	71%	74%	73%
Unmet Care in Past 12 Months						Dental Checkup (past year)	69%	65%	59%	59%	66%
Medical Care		7%	11%	12%		Eye Exam (past year)	46%	48%	50%	41%	42%
Dental Care		5%	20%	23%		<i>Other Research:</i>				<i>WI</i>	<i>U.S.</i>
Mental Health Care		4%	--	5%		<i>Routine Checkup (≤2 years; 2014)</i>				82%	81%
						<i>Cholesterol Test (≤5 years; 2014)</i>				77%	76%
						<i>Dental Checkup (past year; 2012)</i>				72%	67%
Health Information and Services						Physical Health and Nutrition					
Walworth County	2005	2009	2011	2014	2016	Walworth County	2005	2009	2011	2014	2016
Primary Source of Health Information						Physical Activity/Week					
Doctor					55%	Moderate Activity (5 times/30 min)	33%	32%	42%	40%	41%
Internet					23%	Vigorous Activity (3 times/20 min)			28%	24%	25%
Myself/Family Member in Health Field					7%	Recommended Moderate or Vigorous			45%	48%	48%
Other Health Professional					6%	Overweight Status					
Have a Primary Care Physician					90%	Overweight (BMI 25.0+)	54%	61%	65%	64%	71%
Primary Health Services						Obese (BMI 30.0+)	18%	24%	31%	36%	34%
Doctor/nurse practitioner's office	82%	73%	79%	78%	79%	Fruit Intake (2+ servings/day)	60%	58%	59%	60%	57%
Urgent care center	4%	7%	6%	6%	9%	Vegetable Intake (3+ servings/day)	21%	24%	28%	23%	25%
Hospital emergency room	1%	1%	3%	5%	4%	At Least 5 Fruit/Vegetables/Day	29%	35%	35%	36%	33%
Public health clinic/com. health center	6%	5%	4%	1%	0%	Household Went Hungry in Past Year					6%
No usual place	4%	5%	6%	8%	4%	<i>Other Research (2014):</i>				<i>WI</i>	<i>U.S.</i>
Advance Care Plan	35%	33%	31%	38%	36%	<i>Overweight (BMI 25.0+)</i>				67%	65%
						<i>Obese (BMI 30.0+)</i>				31%	30%
Vaccinations (65 and Older)						Colorectal Cancer Screenings (50 and Older)					
Walworth County	2005	2009	2011	2014	2016	Walworth County	2005	2009	2011	2014	2016
Flu Vaccination (past year)	43%	69%	64%	76%	69%	Blood Stool Test (within past year)	21%	--	--	13%	12%
Pneumonia (ever)	60%	69%	68%	79%	81%	Sigmoidoscopy (within past 5 years)		7%	9%	6%	7%
<i>Other Research: (2014)</i>				<i>WI</i>	<i>U.S.</i>	Colonoscopy (within past 10 years)		65%	65%	68%	66%
<i>Flu Vaccination (past year)</i>				54%	61%	Screening in Recommended Time Frame		66%	65%	72%	70%
<i>Pneumonia (ever)</i>				72%	70%						
Working Detectors in Household											
Walworth County	2005	2009	2011	2014	2016						
Carbon Monoxide and Smoke Detectors	55%	56%	70%	76%	80%						

Women's Health						Alcohol Use in Past Month					
Walworth County	2005	2009	2011	2014	2016	Walworth County	2005	2009	2011	2014	2016
Mammogram (50+; within past 2 years)	77%	80%	73%	70%	73%	Binge Drinker	23%	24%	23%	29%	30%
Bone Density Scan (65 and older)	62%	74%	77%	87%	82%	Driver/Passenger When Driver					
Cervical Cancer Screening						Perhaps Had Too Much to Drink	3%	4%	4%	1%	1%
Pap Smear (18 – 65; within past 3 years)	85%	81%	83%	80%	74%						
HPV Test (18 – 65; within past 5 years)				61%	48%	Other Research: (2014)				WI	U.S.
Screening in Recommended Time Frame						Binge Drinker				22%	16%
(18-29: Pap every 3 years; 30 to 65: Pap and HPV every 5 years or Pap only every 3 years)				82%	77%						
Other Research (2014)				WI	U.S.	Household Problems Associated With...					
Mammogram (50+; within past 2 years)				77%	76%	Walworth County	2005	2009	2011	2014	2016
Pap Smear (18+; within past 3 years)				77%	75%	Alcohol	7%	6%	6%	1%	2%
						Marijuana					2%
Tobacco Cigarette Use						Misuse of Prescription or OTC Drugs					1%
Walworth County	2005	2009	2011	2014	2016	Gambling					1%
Current Smokers (past 30 days)	25%	23%	27%	25%	24%	Cocaine, Heroin or Other Street Drugs					<1%
Of Current Smokers...											
Quit Smoking 1 Day or More in Past Year Because Trying to Quit	42%	49%	58%	64%	51%	Times of Distress in Past Three Years					
Saw a Health Care Professional in Past Year and Advised to Quit Smoking	70%	66%	75%	72%	78%	Walworth County					2016
Other Research:				WI	U.S.	Time of Distress and Someone in HH Looked for Community Support					21%
Current Smokers (2014)				17%	18%	Of Respondents Who Looked for Support					49%
Tried to Quit (2005)				49%	56%	Felt Somewhat/Slightly or Not At All Supported					
Exposure to Smoke						Mental Health Status					
Walworth County	2009	2011	2014	2016		Walworth County	2005	2009	2011	2014	2016
Smoking Policy at Home						Felt Sad, Blue or Depressed					
Not allowed anywhere	77%	80%	82%	89%		Always/Nearly Always (past 30 days)	7%	4%	9%	5%	6%
Allowed in some places/at some times	8%	9%	6%	4%		Find Meaning & Purpose in Daily Life					
Allowed anywhere	4%	2%	2%	<1%		Seldom/Never	4%	4%	7%	7%	6%
No rules inside home	11%	9%	10%	5%		Considered Suicide (past year)	2%	3%	5%	4%	5%
Nonsmokers Exposed to Second-Hand Smoke In Past Seven Days	29%	18%	20%	15%		Children in Household					
Other Research: (WI: 2005; US: 2006-08)				WI	U.S.	Walworth County					2016
Smoking Prohibited at Home				75%	79%	Personal Health Doctor/Nurse Who Knows Child Well and Familiar with History					99%
						Visited Personal Doctor/Nurse for Preventive Care (past 12 months)					95%
Other Tobacco Products in Past Month						Did Not Receive Care Needed (past 12 months)					
Walworth County				2014	2016	Medical Care					0%
Electronic Cigarettes				3%	8%	Dental Care					7%
Smokeless Tobacco				6%	5%	Specialist					0%
Cigars, Cigarillos or Little Cigars				4%	4%	Current Asthma					3%
						Safe in Community/Neighborhood (seldom/never)					0%
Top County Health Issues						Children 5 to 17 Years Old					
Walworth County				2016		Fruit Intake (2+ servings/day)					66%
Illegal Drug Use				26%		Vegetable Intake (3+ servings/day)					26%
Alcohol Use or Abuse				22%		5+ Fruit/Vegetables per Day					30%
Access to Health Care				19%		Physical Activity (60 min/5 or more days/week)					61%
Chronic Diseases				16%		Children 8 to 17 Years Old					
Overweight or Obesity				15%		Unhappy, Sad or Depressed in Past 6 Months					
Mental Health or Depression				11%		Always/Nearly Always					1%
Tobacco Use				10%		Experienced Some Form of Bullying (past 12 months)					14%
Prescription or OTC Drug Abuse				6%		Verbally Bullied					13%
Cancer				5%		Physically Bullied					1%
Access to Affordable Healthy Food				5%		Cyber Bullied					0%
Affordable Health Care				5%		Personal Safety in Past Year					
Environmental Issues				5%		Walworth County	2005	2009	2011	2014	2016
Aging Population				5%		Afraid for Their Safety	6%	5%	5%	2%	2%
						Pushed, Kicked, Slapped, or Hit	3%	5%	5%	<1%	2%
						At Least One of the Safety Issues	8%	10%	8%	2%	4%

Overall Health and Health Care Key Findings

In 2016, 53% of respondents reported their health as excellent or very good; 16% reported fair or poor. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report fair or poor health. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2014 to 2016.*

In 2016, 5% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Eight percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Ten percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2005 to 2016, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage, as well as from 2014 to 2016. From 2009 to 2016, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months, as well as from 2014 to 2016. From 2005 to 2016, 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 12 months, as well as from 2014 to 2016.*

In 2016, 15% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twenty-three percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. Five percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2014 to 2016, 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. From 2011 to 2016, the overall percent statistically increased for respondents who reported unmet medical care or unmet dental care in the past 12 months while from 2014 to 2016, the overall percent statistically remained the same. From 2011 to 2016, the overall percent statistically remained the same for respondents who reported unmet mental health care in the past 12 months.*

In 2016, 55% of respondents reported they contact a doctor when they need health information or clarification while 23% reported they go to the Internet. Seven percent reported themselves or a family member is in the health care field and their source of information while 6% reported they go to another health professional. Respondents in the middle 20 percent household income bracket were more likely to report they contact a doctor. Respondents 45 to 54 years old were more likely to report the Internet as their source for health information/clarification. Respondents who were in the top 40 percent household income bracket or married were more likely to report themselves or a family member in the health field. Respondents 35 to 44 years old or 65 and older were more likely to report they go to another health professional. Ninety percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 55 and older, with a high school education or less or married respondents were more likely to report a primary care physician. Seventy-nine percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office; respondents who were 35 to 44 years old, 65 and older or married were more likely to report this. Thirty-six 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 2005 to 2016, there was no statistical change in the overall percent of respondents reporting their primary place for health services when they are sick was a doctor's or nurse practitioner's office, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of respondents having an advance care plan, as well as from 2014 to 2016.*

In 2016, 85% of respondents reported a routine medical checkup two years ago or less while 73% reported a cholesterol test four years ago or less. Sixty-six percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents 35 to 44 years old, 65 and older, with a high school education or less or married respondents were more likely to report a routine checkup two years ago or less. Respondents who were female, 65 and older, with a high school education or less, in the middle 20 percent household income bracket or married respondents were more likely to report a

cholesterol test four years ago or less. Respondents who were in the top 40 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older, in the top 40 percent household income bracket or married were more likely to report an eye exam in the past year. *From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a routine checkup or a dental checkup while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting a cholesterol test or an eye exam, as well as from 2014 to 2016.*

In 2016, 38% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Eighty-one percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *Please note: In the 2004/2005 flu season, for a time there was a limited supply of flu vaccinations. During that period, it was only offered to persons in high-risk categories. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was a statistical decrease. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination while from 2014 to 2016, there was no statistical change.*

Health Risk Factors Key Findings

In 2016, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (26%). Respondents who were 65 and older, married, overweight or inactive were more likely to report high blood pressure. Twenty-three percent of respondents reported high blood cholesterol; respondents who were 65 and older, married, overweight, inactive or nonsmokers were more likely to report this. Twenty-two percent reported a mental health condition; 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. Ten percent of respondents reported diabetes. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report diabetes. Seven percent reported they were treated for, or told they had heart disease in the past three years; respondents who were 65 and older or inactive were more likely to report heart disease/condition. Twelve percent reported current asthma; respondents who were female, 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol or current asthma while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported diabetes while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition, as well as from 2014 to 2016. From 2009 to 2016, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2014 to 2016, there was no statistical change.*

In 2016, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year while 6% reported they seldom/never find meaning and purpose in daily life; respondents 45 to 54 years old were more likely to report each. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad/blue/depressed, they considered suicide or they seldom/never find meaning and purpose in daily life, as well as from 2014 to 2016.*

Behavioral Risk Factors Key Findings

In 2016, 41% of respondents did moderate physical activity five times a week for 30 minutes. Forty percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 57% met the recommended amount of physical activity; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. *From 2005 to 2016, 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 2014 to 2016, there was no statistical change. From 2009 to 2016, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes or who met the recommended amount of physical activity, as well as from 2014 to 2016.*

In 2016, 71% of respondents were classified as at least overweight while 34% were obese. Male respondents were more likely to be classified as at least overweight. Respondents who were male, 45 to 54 years old, with some post high school education or inactive respondents were more likely to be obese. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents being at least overweight, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents being obese while from 2014 to 2016, there was no statistical change.*

In 2016, 57% 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, with a college education, married or not overweight were more likely to report at least two servings of fruit. Respondents who were female, with a college education, not overweight or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Thirty-three percent of respondents reported five or more servings of fruit/vegetables on an average day; respondents who were female, with a college education or not overweight were more likely to report this. Six percent of respondents reported their household went hungry because they couldn't afford enough food in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit, at least three servings of vegetables or at least five servings of fruit/vegetables on an average day, as well as from 2014 to 2016.*

In 2016, 73% of female respondents 50 and older reported a mammogram within the past two years. Eighty-two percent of female respondents 65 and older had a bone density scan. Seventy-four percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Forty-eight percent of respondents 18 to 65 years old reported an HPV test within the past five years. Seventy-seven 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). Respondents with a college education, in the bottom 60 percent household income bracket or married respondents were more likely to meet the cervical cancer recommendation. *From 2005 to 2016, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years, as well as from 2014 to 2016. From 2005 to 2016, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years while from 2014 to 2016, there was no statistical change. From 2014 to 2016, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported an HPV test within the past five years. From 2014 to 2016, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported they had a cervical cancer screen within the recommended time frame.*

In 2016, 12% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 66% reported a colonoscopy within the past ten years. This results in 70% of respondents meeting the current colorectal cancer screening recommendations. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year while from 2014 to 2016, there was no statistical change. From 2009 to 2016, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy in the past five years or a colonoscopy within the past ten years, as well as from 2014 to 2016. From 2009 to 2016, 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 2014 to 2016.*

In 2016, 24% of respondents were current tobacco cigarette smokers; respondents who were male, 18 to 34 years old, with some post high school education or less or unmarried respondents were more likely to be a smoker. In the past 12 months, 51% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-eight percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2005 to 2016, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2014 to 2016. From 2005 to 2016, there was no statistical change in the overall percent of current tobacco cigarette smokers who quit smoking for at least one day because they were trying to quit or their health professional advised them to quit smoking, as well as from 2014 to 2016.*

In 2016, 89% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Fifteen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2016, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home, as well as from 2014 to 2016. From 2009 to 2016, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days while from 2014 to 2016, there was no statistical change.*

In 2016, 8% of respondents used electronic cigarettes in the past month; respondents 18 to 34 years old, with some post high school education or less, in the top 40 percent household income bracket or unmarried respondents were more likely to use electronic cigarettes. Five percent of respondents used smokeless tobacco in the past month while 4% reported

cigar/cigarillos/little cigar use; respondents who were male or in the middle 20 percent household income bracket were more likely to report each. *From 2014 to 2016, there was a statistical increase in the overall percent of respondents who reported in the past month they used electronic cigarettes. From 2014 to 2016, there was no statistical change in the overall percent of respondents who reported in the past month they used smokeless tobacco or cigars/cigarillos/little cigars.*

In 2016, 30% of respondents were binge drinkers in the past month. Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. 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 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month, as well as from 2014 to 2016.*

In 2016, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents reported someone in their household experienced some kind of problem with marijuana. One percent of respondents each reported a household problem in connection with the misuse of prescription drugs/over-the-counter drugs or gambling. Less than one percent of respondents reported cocaine/heroin/other street drugs as a household problem. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting a household problem in connection with drinking alcohol in the past year while from 2014 to 2016, there was no statistical change.*

In 2016, 21% of respondents reported someone in their household experienced times of distress in the past three years and looked for community support; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Forty-nine percent of respondents who looked for community resource support reported they felt somewhat, slightly or not at all supported.

In 2016, 97% of households had a working smoke detector while 80% had a working carbon monoxide detector. Eighty percent of households had both detectors. Respondents who were in the bottom 40 percent household income bracket, in the top 40 percent household income bracket, married or in households with children were more likely to report both detectors. *From 2005 to 2016, there was a statistical increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector while from 2014 to 2016, there was no statistical change.*

In 2016, 2% of respondents each reported someone made them afraid for their personal safety or they had been pushed/kicked/slapped/hit in the past year. A total of 4% reported at least one of these two situations; respondents 35 to 44 years old or 55 to 64 years old were more likely to report this. *From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety while from 2014 to 2016, there was no statistical change. From 2005 to 2016, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit while from 2014 to 2016, there was a statistical increase. From 2005 to 2016, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues while from 2014 to 2016, there was no statistical change.*

Children in Household Key Findings

In 2016, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 95% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Seven percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 0% each reported their child did not receive the medical care needed or their child was not able to visit a specialist they needed to see. Three percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Sixty-six percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 26% reported three or more servings of vegetables. Thirty percent of respondents reported their child ate five or more servings of fruit/vegetables on an average day. Sixty-one percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. One percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fourteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year, 13% reported verbal bullying, 1% reported physical bullying and 0% cyber bullying.

County Health Issues Key Findings

In 2016, respondents were asked to list the top three health issues in the county. The most often cited were illegal drug use (26%), alcohol use/abuse (22%) or access to health care (19%). Respondents 45 to 54 years old or in the top 40 percent household income bracket were more likely to report illegal drug use as a top health issue. Respondents with a college education were more likely to report alcohol use or abuse as a top issue. Respondents who were 45 to 54 years old or married were more likely to report access to health care was a top county health issue. Sixteen percent reported chronic diseases; respondents who were male, 35 to 44 years old, 65 and older, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Fifteen percent reported overweight or obesity as a top county health issue. Respondents 18 to 34 years old, with a high school education or less or with a college education were more likely to report overweight/obesity as a top issue. Eleven percent of respondents reported mental health or depression; respondents who were male or in the top 40 percent household income bracket were more likely to report this. Ten percent of respondents reported tobacco use as a top county health issue; respondents who were male, 18 to 34 years old or with a college education were more likely to report this. Six percent of respondents reported prescription or over-the-counter drug abuse; married respondents were more likely to report this. Five percent of respondents reported cancer as a top issue; respondents 65 and older were more likely to report this. Five percent of respondents reported access to affordable healthy food; respondents who were female, 35 to 64 years old or with a college education were more likely to report this. Five percent of respondents reported affordable health care; respondents with a college education were more likely to report this. Five percent of respondents reported environmental issues; respondents who were male or 35 to 44 years old were more likely to report this. Five percent of respondents reported the aging population as a top county health issue. Respondents 45 to 54 years old or with at least some post high school education were more likely to report the aging population. Four percent of respondents reported infectious diseases as a top issue; respondents in the top 40 percent household income bracket were more likely to report this. Four percent of respondents reported lack of physical activity. Respondents who were male, with some post high school education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report lack of physical activity as a top health issue.

APPENDIX D

Key Informant Interview

Data Collection and Analysis: Twenty-five individual interviews representing twenty-one organizations were conducted between August and October 2016. The organizations were selected based on the following criteria:

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

Key informant interviews were conducted with leaders with broad representation from public health, education and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

Organization	Description of the organizations <i>The description is based on information provided on the organization's website, accessed May1, 2017</i>
Association for the Prevention of Family Violence	Our mission is "to provide supportive services and advocacy for adult and child victims of domestic or sexual abuse, and to educate the community about these critical issues. APFV offers safety planning, support groups, individual counseling, legal advocacy, medical advocacy, housing advocacy, and information and referrals to other relevant community resources."
Aurora Health Care, Burlington/Walworth	"For over 85 years, the staff at Aurora Memorial Hospital of Burlington has been committed to expert care and compassionate treatment of a wide range of health care concerns. From comprehensive emergency treatments to specialized care for the elderly, we are committed not only to medical excellence, but also to ensuring your comfort."
City of Delavan	"A Mayor and six Aldermen, two from each of three districts, comprise the Common Council that governs the city of Delavan. A full-time City Administrator carries out Council policies while supervising daily affairs."
Community Action, Inc.	"Community Action was founded in 1965 to prevent and reduce poverty in its local communities. More than fifty years later, we invest more resources to fight poverty in Rock and Walworth counties than any other not-for-profit organization, operating a variety of programs in our two-county area."
Fort HealthCare	"Our Mission Statement - Improve the Health and Well-being of Our Community. Our Vision - Be the Healthiest Community in Wisconsin."
Geneva Lakes Family YMCA	"The Y is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living and social responsibility. In Lake Geneva, the Y is unique in that we serve as the City of Lake Geneva sports and recreation department."
Mercy Health System	"The mission of Mercy Health System is to provide exceptional health care services resulting in healing in the broadest sense."
Mt. Zion Church/Food Pantry	"Behind-the-scenes volunteers provide support for this ministry by making trips to purchase bulk food, packing bags of groceries to be given out on Saturdays, and other tasks as needed."
National Alliance on Mental Illness (NAMI) Walworth, Inc.	"The National Alliance on Mental Illness (NAMI) is a grassroots self-help, support, education and advocacy organization dedicated to improving the lives of persons with mental illnesses (brain disorders). NAMI Walworth, Inc. is a local, non-profit organization working to improve the lives of people affected by mental illness through advocacy, education and support."
Rock-Walworth Comprehensive	"Rock-Walworth Comprehensive Family Services is committed to changing the odds for children and families in our two-county community by providing vision, hope, and strength

Family Services Head Start/Early Head Start	for a better life through programming in ten centers across Rock & Walworth Counties focusing on prevention, intervention, and education. Staff, communities and families working together to address inequities based on income through education and support services for young children."
St. Francis de Sales Church	"Today, more than 1,000 families belong to St. Francis de Sales Parish. In addition to our Parish School, we are proud to offer Religious Education for students from 4-Year-Old Kindergarten through 12th grade. We are proud to have many active organizations within St. Francis de Sales, as well as many committees and ministries who reach out into our community and beyond."
The Pharmacy Station (Elkhorn)	"With three locations to serve you in Burlington, Elkhorn and Waterford, The Pharmacy Station has been offering hometown service as an independent pharmacy since 1982. We have been active in our communities, sponsoring local activities and events, especially youth sports"
United Way of Walworth County	"United Way is working to advance the common good, by focusing on education, income, and health. These are the building blocks for a good life—a quality education that leads to a stable job, enough income to support a family through retirement, and good health."
UW-Whitewater Health and Counseling Services	Our mission is "building the foundation for life-long learning and wellness by providing high quality physical and mental health care, outreach, and consultation for our diverse campus community."
Walworth County Board of Supervisors	"In September of 2011 the Walworth County Board approved the realignment of the County's Supervisory Districts." Walworth County elects eleven residents to the Board of Supervisors which is the legislative branch in the county government.
Walworth County Child Advocacy Center	"Children who may have been harmed come to a child advocacy center to talk about the abuse and get medical care. Walworth County Child Advocacy Center staff do case reviews, and provide expert court testimony and professional consultations."
Walworth County Department of Health and Human Services	"DHHS operates a licensed mental health clinic and provides for assessment, counseling, and hospital treatment services for children and adults experiencing mental health problems." "Aging and Disability Resource Centers, or ADRCs, offer the general public a single entry point for information and assistance on issues affecting older adults, and adults with disabilities regardless of their income."
Walworth County Economic Development Alliance	"Walworth County Economic Development Alliance is dedicated to improving the quality of life for Walworth County residents by working with public and private sector partners to advance efforts that create jobs and build private sector investment in our communities. WCEDA provides services that revolve around four distinct areas: business retention, business expansion, business attraction and business startup."
Walworth County Medical Examiner's Office	"In the State of Wisconsin, each county individually chooses between one of two death investigation systems: a Coroner system or a Medical Examiner system. Walworth County operates as a 'Medical Examiner system' and our Medical Examiner is a licensed physician who is a board certified forensic pathologist."
Walworth County Sheriff's Department	"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 UW-Extension	"FoodWise (formerly WNEP) at UW Extension in Walworth County helps limited resource families and individuals in all stages of life choose healthful diets, establish physical healthy lifestyles, purchase and prepare healthy foods, food safety, and wise diet and food spending."

The key informant interviews were conducted by Aurora Health Care, Mercy Health System and the Walworth County Division of Public Health. 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.

Top five issues that emerged as key health priorities for Walworth County and the identified community assets

The top five health issues that emerged as key priorities for Walworth County were: 1) mental health, 2) alcohol and other drug use, 3) oral health, 4) access to health services and 5) chronic diseases.

Key community partners, resources and assets to address health issues:

1. **Mental health:** Hospitals should be partnering with Wisconsin Department of Health Services, pharmacists, Walworth County Department of Health and Human Services, Open Arms Free Clinic, schools, parents, law enforcement, faith communities, the Walworth County Child Advocacy Center, employers, health care providers, county government, NAMI, Twin Oaks, the Association for the Prevention of Family Violence (APFV) and the Walworth County Alliance for Children.
2. **Alcohol and other drug use:** Hospitals should be partnering with the Wisconsin Department of Health Services, the Walworth County Department of Health and Human Services, school counselors, parents, churches, free clinics, the Walworth County Child Advocacy Center, law enforcement, employers and health care providers.
3. **Oral health:** Hospitals should be partnering with local dentists, Open Arms Free Clinic, Walworth County, Inspiration Ministries, Affordable Dental Care, the business community, faith communities, low-income consumers, the Beloit Area Community Health Center, Community Action, dental associations and schools at all age levels.
4. **Access to health services:** Hospitals should be partnering with health care systems and health care providers including Open Arms Free Clinic and Planned Parenthood, public and private transportation providers in the county, legislators at all levels, Medicaid and Medicare, law enforcement, the National Alliance on Mental Illness (NAMI) Walworth, public health, dental care providers, Community Action, WIC, shelters, libraries, schools, churches, the Walworth County Department of Health and Human Services, UW-Extension and Volunteer Connection
5. **Chronic diseases:** Hospitals should be partnering with Wisconsin Department of Health Services, Walworth County, Open Arms Free Clinic, pharmacies and pharmaceutical companies, local health systems and health care providers, Walworth County Economic Development Alliance, employers, churches, restaurants and Spanish-language radio stations.

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