Community Health Needs Assessment (CHNA) Report

Froedtert Health Neighborhood Hospital, LLC
Doing Business As:

Froedtert Community Hospital – Mequon

Fiscal Year 2024
Effective July 1, 2023

Approved on 05/01/2023 by
Froedtert Health Neighborhood
Hospital, LLC Board of Managers

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Executive Summary

Community Health Needs Assessment for Froedtert Community Hospital - Mequon

A community health needs assessment (CHNA) is a tool to gather data and important health information about the communities Froedtert Community Hospital - Mequon serves. This assessment guides our investments and helps us identify and measure community health needs and assets, allowing us to better tailor our engagement with communities and allocate resources.

To produce this CHNA, Froedtert Community Hospital – Mequon utilized data from the 2022 Ozaukee County Community Health Needs Assessment (CHNA).

Every three years, Froedtert Health in partnership with Ascension Wisconsin, Aurora Health Care and the Washington Ozaukee Public Health Department align resources to participate in a robust, shared Ozaukee County CHNA data collection process. Supported by additional analysis from JKV Research, LLC the CHNA includes findings from a community health survey, stakeholder interviews, a compiling of secondary source data and internal hospital data. The data helps inform an independent CHNA specific to Froedtert Community Hospital - Mequon's service area and community health needs. The independent CHNA serves as the basis for the creation of an implementation strategy to improve health outcomes and reduce disparities in Froedtert Community Hospital – Mequon's service area.

The CHNA was reviewed by the Froedtert Community Hospital - Mequon CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members of the Froedtert Community Hospital – Mequon Community Advisory Committee, Ozaukee County community partners, the Washington Ozaukee Public Health Department and hospital and health system leadership and staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Ozaukee County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Department of Community Engagement's leadership team and a trained meeting facilitator, findings from the assessment were categorized and ranked to identify the top health needs in Ozaukee County.

Following the review of the CHNA, an implementation strategy was developed, identifying evidence-based programs and allocating resources appropriately. Froedtert Community Hospital – Mequon Community Engagement leadership and staff will regularly monitor and report on progress toward achieving the implementation strategy's objectives. They also will provide quarterly reports to the Community Advisory Committee and the health system's Community Engagement Steering Committee. Additional progress on the Implementation Strategy will be reported annually through the hospital's IRS Form 990 Schedule H filing and other reporting sources associated with strategic partners and community coalitions.

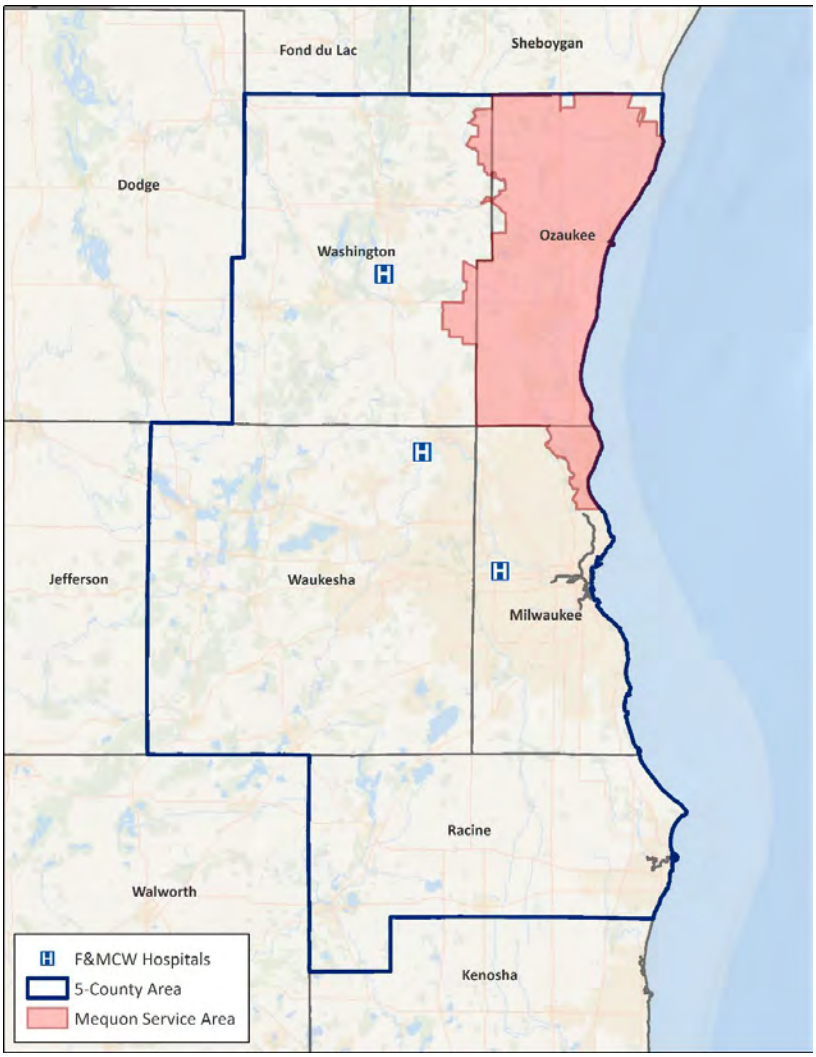
Froedtert Community Hospital -Mequon Community Service Area

Overview
Froedtert Community Hospital, part of the Froedtert & the Medical College of Wisconsin health network, includes locations in Mequon, New Berlin, Oak Creek and Pewaukee. Each licensed, accredited, acute-care facility provides high-quality care close to home in a small-scale hospital setting and features an emergency department, inpatient beds, laboratory, pharmacy and imaging services.

Mission Statement
The Froedtert & the Medical College of Wisconsin health network advances the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

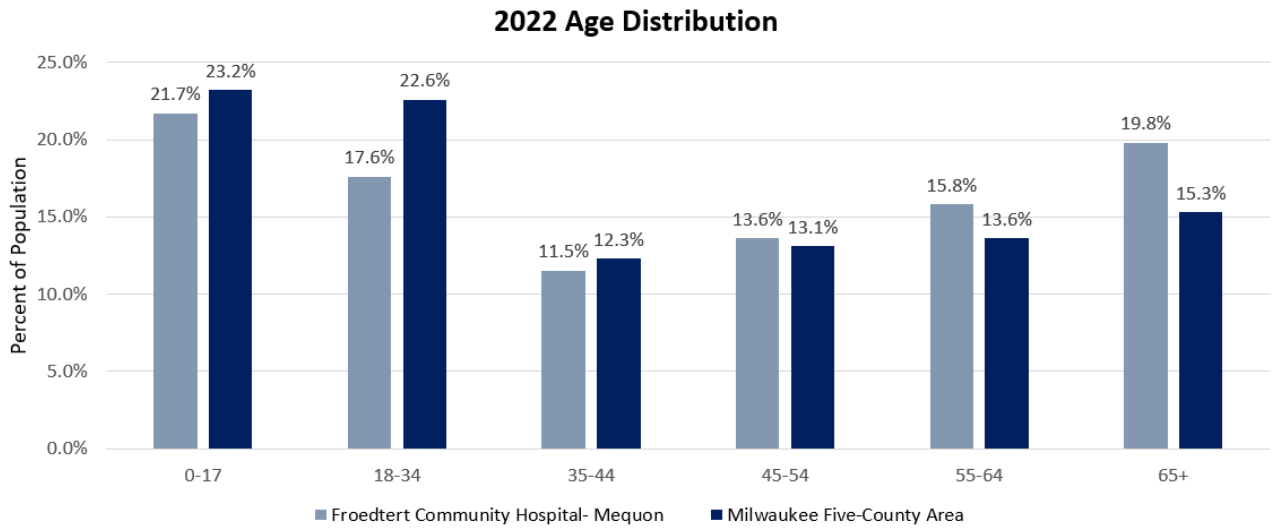
Froedtert Community Hospital – Mequon Service Area and Demographics
For the purpose of the Community Health Needs Assessment, the community is defined as ZIP codes within Ozaukee County, because 60.9% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Ozaukee County. Froedtert Community Hospital – Mequon determines its primary service area by completing an annual review and analysis of hospital discharges and market share according to various determinants.

The Froedtert Community Hospital – Mequon total service area in Ozaukee County consists of nine zip codes: 53004 (Belgium), 53012 (Cedarburg), 53021 (Fredonia), 53024 (Grafton), 53074 (Port Washington), 53080 (Saukville), 53092 (Mequon), 53097 (Mequon), and 53217 (Milwaukee).

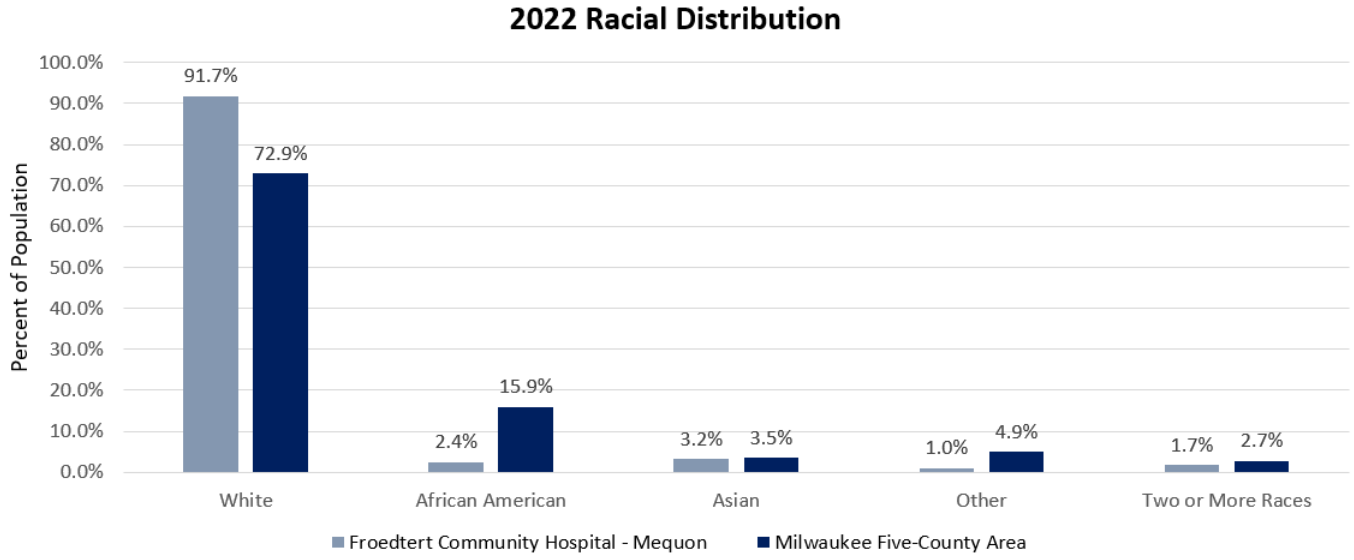


Froedtert Community Hospital – Mequon Primary Service Area Demographics

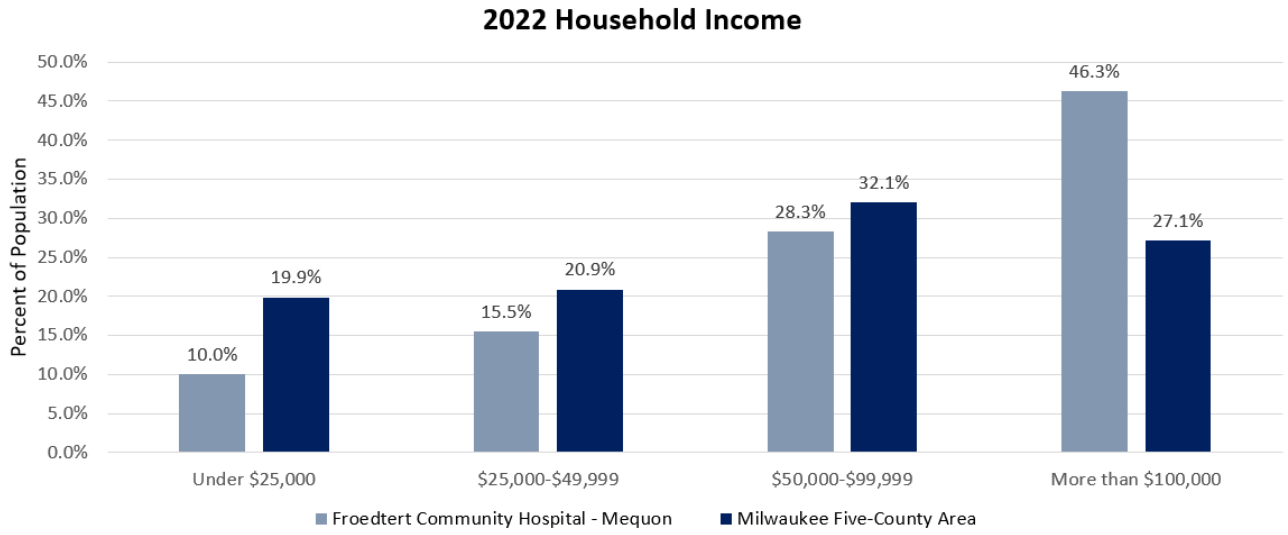
Age – The Froedtert Community Hospital – Mequon service area has a larger older population compared to the Milwaukee Five-County area. The 45 and older age groups are larger in the Froedtert Community Hospital – Mequon service area with 49.2% of population, while the Five-County area 45 and older age groups make up 42% of the population.



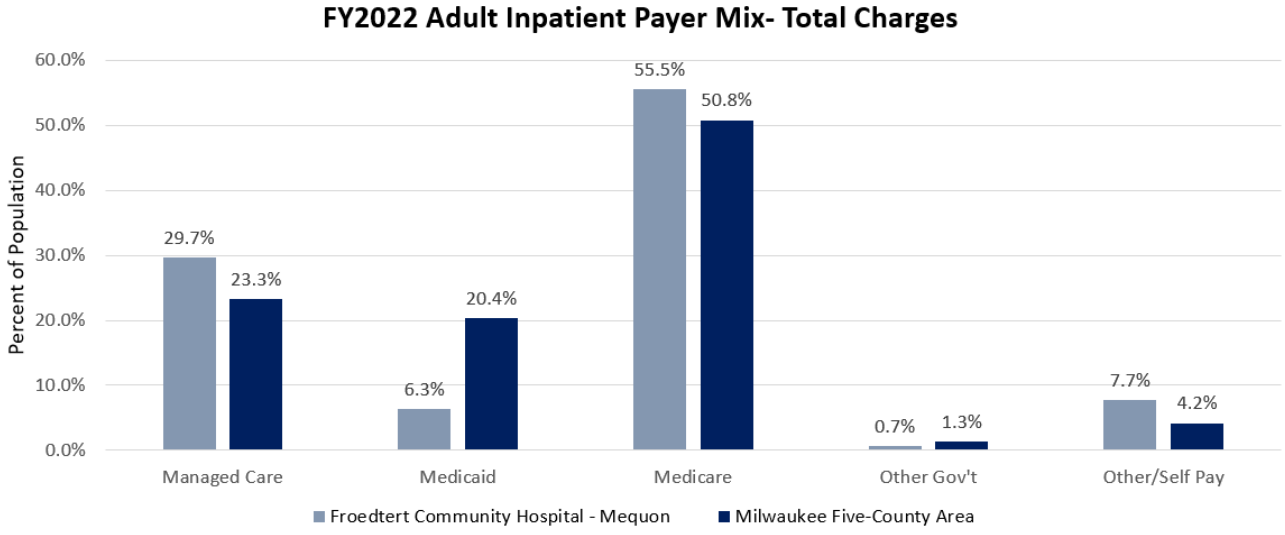
Race – The racial distribution in the Froedtert Community Hospital – Mequon service area is predominantly White (91.7%). The Milwaukee Five-County Area is 72.9% White and 15.9% African American.



Household Income – Households where income is less than $50,000 is 25.5% of the distribution in the Froedtert Community Hospital – Mequon service area. Within the Milwaukee Five-County area, the percent of households where income is less than $50,000 is 40.8%.



Payer Mix – For adult inpatients, 14% of Froedtert Community Hospital – Mequon service area patients are Medicaid and Self Pay payers. The Milwaukee Five-County area has 24.6% Medicaid and Self Pay patients in the payer mix.



*Milwaukee Five-County Area: Milwaukee, Ozaukee, Racine, Waukesha, Washington

Community Health Needs Assessment Process and Methods Used

In 2022, a CHNA was conducted to 1) determine current community health needs in Ozaukee County, 2) gather input from persons who represent the broad interest of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs. Froedtert Community Hospital – Mequon assessed the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources were collected and taken into consideration for assessing and addressing community health needs:

Community Health Survey: A phone and online survey of 513 residents was conducted by Froedtert Community Hospital – Mequon in collaboration with community partners. The full report of these surveys can be found at Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

Key Stakeholder Interviews: Froedtert Community Hospital – Mequon Community Engagement team and leaders conducted 21 phone interviews with community leaders of various school districts, non-profit organizations, health and human service department and business leaders. A list of organizations can be found on **Appendix H**. The full key stakeholder interview results can be found at Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

Secondary Data Report: Utilizing multiple county and community-based publicly available reports, information was gathered regarding: mortality/morbidity data, injury hospitalizations, Ozaukee County Health Rankings, public safety/crime reports and socio-economic/social driver data.

Internal Hospital Data: Internal data was gathered from Froedtert Community Hospital – Mequon's service area to gain a better understanding of specific health needs impacting the hospital's patient population.

Disparities and Health Equity

The Froedtert & the Medical College of Wisconsin health network's mission is to advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery. Froedtert Community Hospital – Mequon is committed to being an inclusive and culturally competent organization that provides exceptional care to everyone. Equity, diversity and inclusion are priorities for the hospital and the entire health network. Our health equity efforts focus on reducing health care gaps and increasing opportunities for good health by working to eliminate systemic, avoidable, unfair and unjust barriers. The community health needs assessment included a focus on equity, the identification of significant health needs and the prioritization of those needs. Equity will continue to be considered as Froedtert Community Hospital – Mequon identifies strategies to address those prioritized significant health needs.

Data Collection Collaborators

Froedtert Community Hospital – Mequon completed its 2022 data collection in collaboration with multiple community organizations serving Ozaukee County. These organizations were heavily involved in identifying and collecting the data components of the CHNA:

- Ascension Wisconsin
- Aurora Health Care
- Froedtert Health
- Washington Ozaukee Public Health Department

Data Collection Consultants

JKV Research, LLC was commissioned to support report preparation for the 2022 shared Ozaukee County data collection process.

Community Health Needs Assessment Solicitation and Feedback

Froedtert Community Hospital – Mequon is committed to addressing community health needs collaboratively with local partners. Froedtert Community Hospital – Mequon used the following methods to gain community input from June to November 2022 on the significant health needs of the Froedtert Community Hospital – Mequon community. These methods provided additional perspectives on how to select and address top health issues facing Froedtert Community Hospital – Mequon's community.

Input from Community Members

Key Stakeholder Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs ("informants") in Froedtert Community Hospital – Mequon's community, including Ozaukee County, were identified by organizations and professionals that represent the broad needs of the community and organizations that serve low-income and underserved populations. A list of key stakeholders can be found in **Appendix H**. These local partnering organizations also invited the stakeholder to participate in and conducted the interviews. The interviewers used a standard interview script that included the following elements:

Social Determinants of Health:

- Top Rank, Second Rank
- How has COVID-19 impacted this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- Which community stakeholders are critical to addressing this issue?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue? How are they affected?
- What are the existing strategies to address the health issue? What is working well?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
- Which community stakeholders are critical to addressing this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- How has COVID-19 impacted this issue?

Additional Questions/Comments:

- How would you suggest organizations reach out to community members to implement health initiatives? Do you have any additional comments you would like to share?

Underserved Population Input: Froedtert Community Hospital – Mequon is dedicated to reducing health disparities. Gathering input from community members who are medically underserved, from low-income and minority populations, and/or from organizations that represent those populations is important in addressing community health needs. With that in mind, Froedtert Community Hospital – Mequon gained input:

- Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status.
- Key Stakeholder Interviews: The key stakeholder interviews included input from members of organizations representing medically underserved, low-income and minority populations.

Summary of Community Member Input
The top five Ozaukee County health issues/behaviors and social needs ranked most consistently or most often cited in the community health survey and by key stakeholders were:

Community Health Survey (Health Issues/Behaviors):
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Alcohol Abuse and Drug/Substance Use
- Communicable Diseases or COVID-19
- Access to Affordable Health Care

Community Health Survey (Social Needs):
- Racism and Discrimination
- Food Insecurity
- Economic Stability and Employment
- Accessible and Affordable Health Care
- Social Connectedness and Belonging

Key Stakeholder Interviews (Health Issues/Behaviors):
- Mental Health, Mental Conditions and Suicide
- Alcohol and Substance Use
- Nutrition, Physical Activity and Obesity
- Communicable Diseases/COVID-19
- Intimate Partner/Domestic Violence

Key Stakeholder Interviews (Social Needs):
- Safe and Affordable Housing
- Accessible and Affordable Health Care
- Accessible and Affordable Transportation
- Access to Social Services
- Economic Stability and Employment

Prioritization of Significant Health Needs

Froedtert Community Hospital – Mequon in collaboration with community partners, JKV Research, LLC, analyzed secondary data of several indicators and gathered community input through online and phone surveys, and key stakeholder interviews to identify the needs in Ozaukee County. Based on the information from all the CHNA data collection sources, the health needs were identified as:

- Mental Health & Access to Mental Health Services
- Alcohol Use
- Other Drug Use
- Nutrition
- Physical Activity
- Obesity
- Communicable Diseases/COVID-19
- Accessible and Affordable Health Care
- Safe and Affordable Housing
- Economic Stability and Employment

The CHNA was reviewed by the Froedtert Community Hospital - Mequon CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members of the Froedtert Community Hospital – Mequon Community Advisory Committee, Ozaukee County community partners, the Washington Ozaukee Public Health Department and hospital and health system leadership and staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Ozaukee County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Department of Community Engagement leadership team and a trained meeting facilitator, the planning process included four steps in prioritizing Froedtert Community Hospital – Mequon's significant health needs:

1. Review current hospital and community health improvement initiatives and strategies.
2. Review the Community Health Needs Assessment results for identification and prioritization of community health needs.
3. Rank and selected priority areas.
4. Brainstorm evidence-based strategies, partnerships and programs to address community health needs.

During a facilitated workout session in January 2023, members of the CHNA/Implementation Strategy Advisory Committee were asked to rate each health need based on the following criteria to identify the significant health needs:

- **Alignment:** the degree to which the health issue aligns with Froedtert Health's mission and strategic priorities.
- **Feasibility:** the degree to which Froedtert Community Hospital – Mequon can address the need through direct programs, clinical strengths and dedicated resources.
- **Partnerships:** the degree to which there are current or potential community partners/coalitions.
- **Health Equity:** the degree to which disparities exist and can be addressed.
- **Measurable:** the degree to which measurable impact can be made to address the issue.
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues.

Based on those results, **mental health** was identified as the top priority for Community Hospital – Mequon's 2024-2026 Implementation Strategy.

Community Resources and Assets

Froedtert Community Hospital – Mequon Community Engagement staff, leaders and external community partners work collaboratively to address the significant health needs of the community by leveraging existing resources including in-kind donations, financial contributions, dedicated staff, marketing/IT and clinical and medical expertise. Specific resources leveraged by the hospital are identified in the Implementation Strategy. In addition, community resources are noted by key stakeholder in **Appendix G**.

Approval of Community Health Needs Assessment

The completed Community Health Needs Assessment (CHNA) report was adopted by the Froedtert Health Neighborhood Hospital, LLC Board of Managers on 05/01/2023 and made publicly available on 05/02/2023.

Summary of Impact from the Previous Implementation Strategy

An important aspect of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address identified significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

As Froedtert Community Hospital – Mequon is a newly established licensed hospital, this is the first CHNA that the hospital has been required to complete. Moving forward, the hospital will report on its actions.

Public Availability of CHNA and Implementation Strategy

After adoption of the CHNA Report and Implementation Strategy, Froedtert Community Hospital – Mequon publicly shares both documents with community partners, key stakeholder, hospital board members, public schools, non-profits, hospital coalition members, Washington Ozaukee Public Health Department and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

Feedback and public comments are always welcomed and encouraged. Use the contact form on the Froedtert & the Medical College of Wisconsin health network website at https://www.froedtert.com/contact, or call Froedtert Health, Inc.'s Community Engagement leadership/staff at 414-777-3787.

Appendix A: Froedtert Community Hospital – Mequon CHNA/Implementation Strategy Advisory Committee

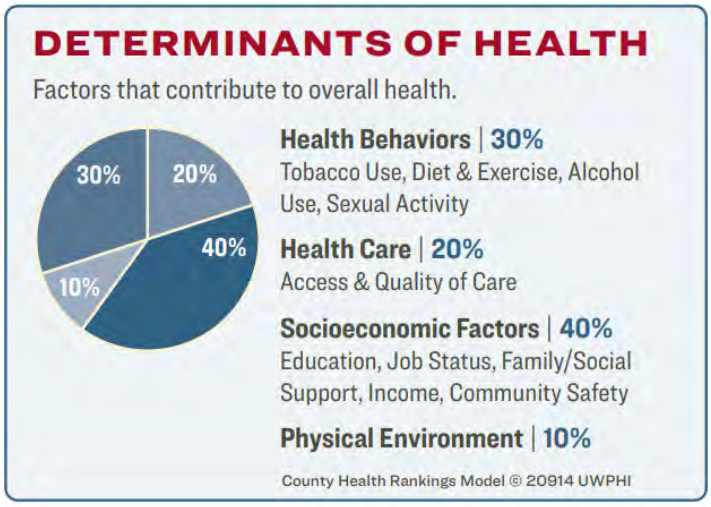
Name	Title	Organization	Hospital Affiliation
David Bialk	Chief	Southern Ozaukee Fire & EMS	
Elizabeth Boyd	Hospital Administrator	Froedtert Health	CAC
Ashley Claussen	Public Health Strategist	Washington Ozaukee Public Health Department	
Marshall Hermann	Captain of Operations	Ozaukee County Sheriff's Department	
Lisa Holtebeck	Executive Director	Ozaukee Family Services	CAC
Will Jones	City Administrator	City of Mequon	CAC
Matt Joynt	Superintendent	Mequon-Thiensville School District	CAC
Megan Lockwood	Senior Public Health Strategist	Washington Ozaukee Public Health Department	
Matt MaCann	Branch Director	Feith Family YMCA	CAC
Matt Rehmann	Executive Director Business Development, Employer Services	Froedtert Health	
Tina Schwantes	Executive Director	Mequon-Thiensville Chamber of Commerce	CAC
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Larry Dux	Director, Clinical Informatics	Froedtert Health	
Amanda Wisth	Manager of Community Benefit and Impact	Froedtert Health	
Patricia Nimmer	Director, Community Outreach/Partnerships	Froedtert Health	
Robert Ramerez	Director, Community Health	Froedtert Health	
Kiara Green	Executive Assistant Associate – Community Engagement	Froedtert Health	
Kate Nickel	Sr. Community Engagement Coordinator	Froedtert Health	

Appendix B: Disparities and Health Equity

Health equity and health disparities are complex and closely connected, as are their root causes. This assessment derived language and context for these definitions from the Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute and the American Public Health Association.

Racism affects opportunity and assigns value based on how a person looks. It unfairly advantages some individuals and communities and unfairly disadvantages others. Racism hurts the health of our nation by preventing some people from attaining their highest level of health. Racism can be intentional or not, and it impacts health in many ways; driving unfair treatment through policies, practices and resource allocation. It is a fundamental cause of health disparities across numerous health issues.

Determinants of health reflect the many factors that contribute to an individual's overall health. In addition to health care and health behaviors, it is estimated that socioeconomic conditions and the physical environment represent 50% of an individual's opportunity for good health. The determinants of health reflect a growing area of focus, research, and investment in areas like housing, education, community safety and employment to help build healthier communities.



Health disparities are preventable differences in ***health outcomes*** (e.g. infant mortality), as well as the ***determinants of health*** (e.g. access to affordable housing) across populations.

Health equity is the principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair and unjust barriers. Progress towards achieving health equity can be measured by reducing gaps in health disparities.

Health Disparities

Identifying health disparities and barriers to good health are important components in assessing community health needs. Once identified, understanding upstream policies, systems and social determinants that drive health disparities can help create practical, community-driven solutions that support individual and community health improvement. Analysis by race and place is utilized throughout the shared Ozaukee County CHNA.

National trends have shown that systemic racism, poverty and gender discrimination have led to poorer health outcomes in communities of color, low-income populations, and for LGBTQ+ individuals. Health disparities in these and other vulnerable populations described in the shared Ozaukee County CHNA are informed by both community input (primary data) and health indicators (secondary data).

Appendix C: 2022 Ozaukee County Community Health Needs Assessment: Community Health Phone Survey

The Ozaukee County Community Health Needs Assessment survey results are available at Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

The Community Health Survey is conducted approximately every three years and is used to identify community trends and changes over time. The health topics covered by the phone survey are provided in the Ozaukee County Community Health Needs Assessment (**Appendix D**). The purpose of this project is to provide Ozaukee County with information for an assessment of the health status of residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

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=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least eight attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between June 30 and October 3, 2022.

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than ±5 percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

In 2021, the Census Bureau estimated 72,869 adult residents lived in Ozaukee County. Thus, in this report, one percentage point equals approximately 730 adults. So, when 15% of respondents reported their health was fair or poor, this roughly equals 10,950 residents ±3,650 individuals. Therefore, from 7,300 to 14,600 residents likely have fair or poor health. Because the margin of error is ±5%, events or health risks that are small will include zero. In 2021, the Census Bureau estimated 36,144 occupied housing units in Ozaukee County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2021 household estimate, each percentage point for household-level data represents approximately 360 households.

Limitations: The breadth of findings is dependent upon who self-selected to participate in the phone survey. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Ozaukee County. A limitation to the survey was that it was conducted in English and Spanish only.

Partners & Contracts: This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee County Public Health Department. The data was analyzed and prepared by JKV Research, LLC.

Appendix D: 2022 Ozaukee County Community Health Phone Survey Results

Ozaukee County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of county residents. This summary was prepared by JKV Research for Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington Ozaukee County Public Health Department.

	Ozaukee					WI	US
Overall Health	2011	2014	2016	2019	2022	2020	2020
Excellent/Very Good	65%	57%	55%	55%	47%	57%	57%
Good	25%	30%	29%	27%	38%	30%	30%
Fair or Poor	11%	13%	16%	16%	15%	13%	13%
Health Care Coverage	Ozaukee					WI	US
Not Covered	2011	2014	2016	2019	2022	2020	2020
Personally (Currently, 18 Years Old and Older)	6%	6%	2%	3%	1%	8%	11%
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	7%	7%	2%	4%	1%	9%	13%
Household Member (Past Year)	11%	15%	7%	6%	5%	NA	NA
Did Not Receive Care Needed in Past Year	Ozaukee					WI	US
Unmet Need/Care in Household	2011	2014	2016	2019	2022	2020	2017
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	9%	11%	9%	10%	3%	NA	3%
Medical Care [HP2030 Goal: 3%]*	8%	11%	11%	8%	4%	NA	4%
Dental Care [HP2030 Goal: 4%]*	12%	14%	15%	10%	14%	NA	5%
Unmet Need/Care (Respondent Only)							
Mental Health Care Services**	2%	3%	4%	7%	6%	NA	NA
Alcohol/Substance Abuse Treatment	--	--	--	--	<1%	NA	NA
	Ozaukee					WI	US
Economic Hardships	2011	2014	2016	2019	2022	2020	2020
Household Went Hungry (Past Year)	--	--	6%	4%	<1%	NA	NA
Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)	--	--	--	--	5%	NA	NA
Issue with Current Housing Situation	--	--	--	--	2%	NA	NA
Health Information	Ozaukee					WI	US
Primary Source of Health Information	2011	2014	2016	2019	2022	2020	2020
Doctor or Other Health Professional	47%	46%	53%	55%	71%	NA	NA
Myself/Family Member in Health Care Field	6%	9%	7%	8%	10%	NA	NA
Family/Friends	2%	2%	6%	5%	8%	NA	NA
Internet	29%	33%	25%	23%	6%	NA	NA
	Ozaukee					WI	US
Health Services	2011	2014	2016	2019	2022	2020	2020
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	93%	91%	90%	83%	77%
Primary Health Services							
Doctor/Nurse Practitioner's Office	81%	81%	75%	74%	69%	NA	NA
Urgent Care Center	3%	5%	7%	14%	13%	NA	NA
Quickcare Clinic/Fastcare Clinic	--	--	3%	2%	7%	NA	NA
Hospital Emergency Room	1%	2%	6%	1%	3%	NA	NA
Public Health Clinic/Community Health Center	8%	5%	3%	4%	2%	NA	NA
Hospital Outpatient Department	3%	1%	4%	<1%	1%	NA	NA
Worksite Clinic	--	--	2%	1%	1%	NA	NA
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	1%	NA	NA
No Usual Place	3%	5%	2%	3%	2%	NA	NA

--Not asked. NA-WI and/or US data not available.
*Since 2019, the question was asked of any household member. In previous years, the question was asked of the respondent only.
**In 2019, the question was asked of any household member. In all other study years, the question was asked of respondents only.

	Ozaukee					WI	US
Top Health Conditions or Behaviors Family Faces	2011	2014	2016	2019	2022	2020	2020
Chronic Diseases	--	--	--	--	39%	NA	NA
Mental Health, Mental Conditions and Suicide	--	--	--	--	14%	NA	NA
Chronic Pain, Bad Back, Knee Replacement and Arthritis	--	--	--	--	6%	NA	NA
Unintentional Injury, Including Falls and Motor Vehicle Accidents	--	--	--	--	5%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	5%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	4%	NA	NA

	Ozaukee					WI	US
Health Conditions in Past 3 Years	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	25%	32%	28%	29%	30%	NA	NA
High Blood Cholesterol	25%	25%	26%	20%	23%	NA	NA
Mental Health Condition	13%	15%	18%	21%	21%	NA	NA
Heart Disease/Condition	5%	7%	11%	7%	11%	NA	NA
Diabetes	6%	7%	8%	8%	7%	NA	NA
Asthma (Current)	10%	11%	11%	11%	8%	10%	10%

	Ozaukee					WI	US
Regularly Seeing Doctor/Nurse/Other Health Care Provider	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	--	--	--	--	94%	NA	NA
High Blood Cholesterol	--	--	--	--	86%	NA	NA
Mental Health Condition	--	--	--	--	86%	NA	NA
Heart Disease/Condition	--	--	--	--	91%	NA	NA
Diabetes	--	--	--	--	96%	NA	NA
Asthma (Current)	--	--	--	--	66%	NA	NA

Body Weight	Ozaukee					WI	US
Overweight Status	2011	2014	2016	2019	2022	2020	2020
Overweight (BMI 25.0+)	59%	65%	63%	62%	67%	68%	67%
Obese (BMI 30.0+) [HP2030 Goal: 36%]	20%	26%	26%	35%	30%	32%	32%

	Ozaukee					WI	US
Tobacco Product Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Current Smokers [HP2030 Goal: 5%]	16%	22%	16%	12%	6%	16%	16%
Current Vapers	--	11%	1%	4%	4%	4%[1]	4%
Cigars, Cigarillos or Little Cigars Use	--	6%	5%	7%	5%	NA	NA
Smokeless Tobacco Use	--	5%	5%	7%	3%	4%	4%

Exposure to Smoke	Ozaukee					WI[2]	US
Smoking Policy at Home	2011	2014	2016	2019	2022	14-15	14-15
Not Allowed Anywhere [HP2030 Goal: 93%]	79%	85%	86%	88%	88%	84%	87%
Allowed in Some Places/At Some Times	4%	3%	5%	3%	4%	NA	NA
Allowed Anywhere	3%	1%	<1%	<1%	<1%	NA	NA
No Rules Inside Home	15%	11%	7%	9%	7%	NA	NA

	Ozaukee					WI	US
Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Delta-8	--	--	--	--	6%	NA	NA

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

Alcohol Use in Past Month	Ozaukee 2011	2014	2016	2019	2022	WI 2020	US 2020
Heavy Drinker*	--	--	--	--	11%	10%	7%
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	29%	35%	28%	40%	24%	23%	16%

Mental Health Status	Ozaukee 2011	2014	2016	2019	2022	WI 2020	US 2020
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	4%	8%	5%	2%	NA	NA
Considered Suicide (Past Year)	3%	3%	6%	4%	3%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	3%	7%	6%	6%	4%	NA	NA

Children in Household	Ozaukee 2011	2014	2016	2019	2022	WI 2020	US 2020
Personal Health Care Provider Who Knows Child Well and Familiar with History	90%	88%	99%	93%	93%	NA	NA
Visited Personal Health Care Provider for Preventive Care (Past Year)	92%	89%	87%	91%	98%	NA	NA
Unmet Dental Care (Past Year)	0%	6%	7%	3%	2%	NA	NA
Mental Health Condition	--	--	--	--	12%	NA	NA
Overweight or Obese	--	--	--	--	4%	NA	NA
Asthma	5%	9%	10%	9%	<1%	NA	NA
Diabetes	--	--	--	--	0%	NA	NA
Children 5 to 17 Years Old							
Safety in Community Seldom/Never	0%	0%	0%	0%	0%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)***	0%	1%	4%	6%	6%	NA	NA
Experienced Some Form of Bullying (Past Year)****	8%	18%	14%	28%	14%	NA	NA
Verbally Bullied ***	8%	18%	14%	25%	14%	NA	NA
Cyber Bullied***	3%	3%	0%	4%	4%	NA	NA
Physically Bullied***	2%	3%	1%	2%	0%	NA	NA

Top County Social or Economic Issues	Ozaukee 2011	2014	2016	2019	2022	WI 2020	US 2020
Racism and Discrimination	--	--	--	--	13%	NA	NA
Food Insecurity	--	--	--	--	13%	NA	NA
Economic Stability and Employment	--	--	--	--	12%	NA	NA
Accessible and Affordable Health Care	--	--	--	--	12%	NA	NA
Social Connectedness and Belonging	--	--	--	--	9%	NA	NA
Education Access and Quality	--	--	--	--	9%	NA	NA
Community Violence and Crime	--	--	--	--	8%	NA	NA
Accessible and Affordable Transportation	--	--	--	--	7%	NA	NA
Safe and Affordable Housing	--	--	--	--	7%	NA	NA
Politics/Government	--	--	--	--	6%	NA	NA
Inflation	--	--	--	--	5%	NA	NA

Top County Health or Behavioral Issues	Ozaukee 2011	2014	2016	2019	2022	WI 2020	US 2020
Mental Health, Mental Conditions and Suicide	--	--	--	--	33%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	26%	NA	NA
Alcohol Abuse and Drug/Substance Use	--	--	--	--	23%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	8%	NA	NA
Access to Affordable Health Care	--	--	--	--	8%	NA	NA
Chronic Diseases	--	--	--	--	7%	NA	NA
Tobacco and Vaping Products	--	--	--	--	4%	NA	NA

--Not asked. NA-WI and/or US data not available.
*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.
**Binge drinking is defined as "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males.
***Since 2019, the question was asked for children 5 to 17 years old. In prior years, the question was asked for children 8 to 17 years old.

General Health
In 2022, 47% of respondents reported their health as excellent or very good; 15% reported fair or poor. Respondents who were male, 65 and older, with a high school education or less, in the bottom 60 percent household income bracket or smokers were more likely to report fair or poor health. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

Health Care Coverage
In 2022, 1% of respondents reported they were not currently covered by health care insurance. Five percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents in the middle 20 percent household income bracket or without children in the household were more likely to report this. *From 2011 to 2022, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.*

In 2022, 3% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Four percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents in the bottom 60 percent household income bracket were more likely to report this. Fourteen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Six percent of respondents reported in the past year they did not receive the mental health care services they needed or considered seeking; respondents 18 to 34 years old were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the alcohol/substance abuse treatment they needed or considered seeking. *From 2011 to 2022, the overall percent statistically decreased for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically decreased for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically remained the same for respondents who reported unmet dental care for a household member in the past year, as well as from 2019 to 2022. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only. In 2019, unmet mental health care services was asked of the household. In all other study years, it was asked of the respondent only.*

Economic Hardships
In 2022, less than one percent of respondents reported their household went hungry because they didn't have enough food in the past year. Five percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents with children in the household were more likely to disagree their household was able to meet its needs with the money and resources they have. Two percent of respondents reported they had an issue with their current housing situation. *From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year, as well as from 2019 to 2022.*

Health Information
In 2022, 71% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported they were/family member was in the health care field and their source. Eight percent reported family/friends while 6% reported the Internet. Respondents 55 and older or with a high school education or less were more likely to report doctor or other health professional. Respondents who were female, 35 to 44 years old or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health care field and their most trusted source for health information. Respondents who were male, 18 to 34 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report family/ friends. Respondents 18 to 34 years old or 45 to 54 years old were more likely to report the Internet. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they were/family member was in the health care field or family/friends as their source of health information while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical*

decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022.

Health Services

In 2022, 90% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report a primary care physician. Sixty-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 while 13% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older or married were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 35 to 54 years old were more likely to report an urgent care center as their primary health care. Respondents 18 to 44 years old were more likely to report a Quickcare clinic/Fastcare clinic as their primary health care. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was a Quickcare clinic/Fastcare clinic, as well as from 2019 to 2022.*

Top Health Conditions or Behaviors Family Faces

In 2022, respondents were asked to list the top two health conditions or behaviors that they and their family face at this time. The most often cited were chronic diseases (39%) or mental health, mental conditions and suicide (14%). Respondents without children in the household were more likely to report chronic diseases as a top health condition or behavior. Respondents in the middle 20 percent household income bracket or with children in the household were more likely to report mental health, mental conditions and suicide. Six percent of respondents reported chronic pain, bad back, knee replacement and arthritis. Five percent of respondents reported unintentional injury, including falls and motor vehicle accidents. Five percent of respondents reported nutrition, physical activity and obesity as a top health condition or behavior. Four percent of respondents reported communicable diseases or COVID-19; respondents with children in the household were more likely to report this.

Health Conditions

In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (30%), high blood cholesterol (23%) or a mental health condition (21%). Respondents who were male or 65 and older were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket or overweight were more likely to report high blood cholesterol. Respondents who were female, 18 to 44 years old or with some post high school education were more likely to report a mental health condition. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report heart disease/condition. Seven percent of respondents reported diabetes; respondents 65 and older or in the bottom 60 percent household income bracket were more likely to report this. Eight percent reported current asthma; female respondents were more likely to report this. Of respondents who reported these health conditions, at least 85% reported they were regularly seeing a doctor, nurse or other health care provider for their high blood pressure, high blood cholesterol, heart disease/condition, mental health condition or diabetes while 66% reported current asthma. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, diabetes or current asthma, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported heart disease/condition, as well as from 2019 to 2022.*

Body Weight

In 2022, 67% of respondents were classified as at least overweight while 30% were obese. Respondents 55 to 64 years old were more likely to be at least overweight. Married respondents were more likely to be obese. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.*

Tobacco Product Use
In 2022, 6% of respondents were current tobacco cigarette smokers; respondents in the bottom 40 percent household income bracket were more likely to be a smoker. Four percent of respondents used electronic vapor products in the past month; respondents 18 to 34 years old, with a high school education or less or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents used cigars, cigarillos or little cigars in the past month while 3% of respondents used smokeless tobacco. Respondents who were male or 18 to 34 years old were more likely to report they used cigars/cigarillos/little cigars. *From 2011 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers, as well as from 2019 to 2022. From 2014 to 2022, there was a statistical decrease in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was no statistical change. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022. From 2014 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco in the past month while from 2019 to 2022, there was a statistical decrease.*

In 2022, 88% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 60 percent household income bracket, married or with children in the household were more likely to report smoking is not allowed anywhere inside the home. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

Delta-8 Use
In 2022, 6% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or unmarried were more likely to report they used Delta-8 in the past month.

Alcohol Use
In 2022, 74% of respondents had an alcoholic drink in the past month. Eleven percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 24% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were 55 to 64 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged in the past month. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

Mental Health Status
In 2022, 2% of respondents reported they always or nearly always felt sad, blue or depressed in the past month. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Four percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents in the middle 20 percent household income bracket were more likely to report this. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.*

Children in Household
In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-three percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 98% reporting the child visited their personal health care provider for preventive care during the past year. Two percent of respondents reported in the past year the child did not receive the dental care needed. Twelve percent of respondents reported the child had a diagnosed mental health condition. Four percent of respondents reported the child was overweight or obese. Less than one percent of respondents reported the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the 5 to 17 year old child was seldom/never safe in their community. Six percent of respondents reported the 5 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fourteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 14% reported verbal bullying, 4% reported cyber bullying and 0% reported physical bullying. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal health care provider, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal health care provider in the past year for preventive care, as well as from 2019 to*

2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the child had an unmet dental care need, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the child currently had asthma, while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported the 5 to 17 year old child was seldom/never safe in their community, as well as from 2019 to 2022. From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported the 5 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months while from 2019 to 2022, there was no statistical change. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was bullied overall or verbally bullied while from 2019 to 2022, there was a statistical decrease. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported in the past year the 5 to 17 year old child was cyber bullied or physically bullied, as well as from 2019 to 2022.

Top County Social or Economic Issues

In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were racism/discrimination (13%), food insecurity (13%), economic stability/employment (12%) or accessible/affordable health care (12%). Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report racism and discrimination as a top social or economic issue. Respondents who were female or 45 to 54 years old were more likely to report food insecurity. Respondents who were female, 35 to 44 years old, with a college education or married respondents were more likely to report accessible and affordable health care as a top issue. Nine percent of respondents reported social connectedness and belonging; respondents 18 to 34 years old or with some post high school education were more likely to report this. Nine percent of respondents reported education access and quality as a top issue. Eight percent of respondents reported community violence and crime; respondents who were in the middle 20 percent household income bracket or married were more likely to report this. Seven percent of respondents reported accessible and affordable transportation as a top issue; married respondents were more likely to report this. Seven percent of respondents reported safe and affordable housing. Six percent of respondents reported politics/government as a top issue; respondents who were male or 55 to 64 years old were more likely to report this. Five percent of respondents reported inflation as a top social or economic issue.

Top County Health Conditions or Behaviors

In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were mental health, mental conditions and suicide (33%) or nutrition, physical activity and obesity (26%). Respondents who were female, 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents 45 to 54 years old, with a college education or in the top 40 percent household income bracket were more likely to report nutrition, physical activity and obesity. Twenty-three percent of respondents reported alcohol abuse and drug/substance use. Eight percent of respondents reported communicable diseases or COVID-19 as a top issue; female respondents were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue. Seven percent of respondents reported chronic diseases; respondents 35 to 44 years old were more likely to report this. Four percent of respondents reported tobacco and vaping products.

Appendix E: 2022 Ozaukee County Community Health Needs Assessment: Community Health Online Survey

To supplement the Community Health Survey phone survey, an online survey was created by partners: Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department. The Ozaukee County Community Health Needs Assessment online survey results are available at Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

English and Spanish version were entered in to Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the counties. A total of 113 online surveys were completed between July 20 and November 20, 2022. Post-stratification was conducted at the age-group level by sex of the 2019 characteristics of the American Community Survey. The margin of error is ±9 percent. The margin of error for smaller subgroups will be larger than ±9 percent, since fewer respondents are in that category.

The survey was conducted by JKV Research, LLC.

Appendix F: 2022 Ozaukee County Community Health Online Survey Results

1. Do you live in Washington or Ozaukee County?

Yes-Washington County	0%
Yes-Ozaukee County	100
No	0

2. Do you work in Washington or Ozaukee County?

Yes	68%
No	32

3. Below are some statements about health care services and providers (doctors, nurse practitioners, physician assistants or primary care clinics) in Washington/Ozaukee County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.]

		Yes	No	Not Sure
a.	I have a health care provider where I regularly go for check-ups and when I am sick	96%	4%	0%
b.	I can get an appointment for my health needs quickly	80	14	6
c.	I can easily get to my health care provider or clinic	89	7	4
d.	I am heard, seen and listened to when receiving health care	96	3	<1
e.	I am treated differently because of my race or ethnicity when receiving health care	0	89	11
f.	I am treated differently because of my gender when receiving health care	2	85	13
g.	I am treated differently because of my sexual orientation when receiving health care	0	90	10
h.	My family/support people are seen and listened to when I receive health care	89	4	7
i.	I am seen and listened to when my child/children are receiving health care	98	2	0

4. In the past year, did you seek community resource support from an organization in Washington or Ozaukee County? Examples include food pantries, support groups, energy assistance, pregnancy resources or housing assistance.

Yes	3%	→ CONTINUE WITH Q5
No	96	→ GO TO Q8
Not sure	<1	→ GO TO Q8

5. What resource(s) did you seek? (open-ended) [3 Respondent: Multiple Responses Accepted]

Food Assistance/Pantry/Salvation Army/St. Vincent DePaul	2 respondents
Energy/Heat/Utility Assistance	1 respondent
Health Care/Badger Care/Medicaid/Pink Heals/The Crossing/Planned Parenthood	1 respondent
Mental Health or AODA Services/Painting Pathway/CCS	1 respondent
Transportation	1 respondent
Other	1 respondent

6. How supported did you feel by [Resource] offered to you? Would you say… [3 Respondents Listing 7 Resources]

Not at all supported	3 respondents
Slightly supported	1 respondent
Somewhat supported	1 respondent
Very supported	2 respondents
Extremely supported	0 respondents
Not sure	0 respondents

7. What is the reason or reasons you answered the way you did? [4 Respondents Listing 5 Resources]

Finances	0 respondents
Stigma related to needing help/disapproval	1 respondent
Lack of knowledge of where to go	1 respondent
Poor quality of care	0 respondents
Inconvenient hours	0 respondents
Other, please specify	5 respondents

- Asked with the person I had on the line "is she a drinker?" And we're judgmental and not helpful.
- My age was 64, too young for ride assistance. Ozaukee taxi was scheduling 9 days out, at the time.
- Could not schedule with psychiatrist or with psychologist/counselor at all and were told will be on a call back list for up to 6 months wait time.
- No medical shelter in Ozaukee County (somewhere patients can go that need medical care but are homeless) closest is Salvation Army in Milwaukee which has medical beds and do not need to leave shelter and be on the street for hours during the day.
- High sodium and poor nutrition for options.

8. During the past year has anyone made you afraid for your personal safety?

Yes	11%	→CONTINUE WITH Q9
No	88	→GO TO Q10
Not sure	2	→GO TO Q10

9. What relationship is this person or people to you? Please remember, all your responses are strictly confidential. [12 Respondents: Multiple Responses Accepted]

Stranger	8 respondents
Separated spouse	1 respondent
Spouse	0 respondents
Ex-spouse	0 respondents
Boyfriend or girlfriend	0 respondents
Parent	0 respondents
Brother or sister	0 respondents
Coworker	0 respondents
Friend	0 respondents
Acquaintance	0 respondents
Child	0 respondents
Someone else	4 respondents
Not sure	0 respondents

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to https://211wisconsin.communityos.org.

10. Below are some statements about Washington County/Ozaukee County. Select an option for your response in each row below. [Respondents who selected "not applicable" were excluded.]

		Yes	No	Not Sure
a.	There are quality health care services in my community	90%	3%	7%
b.	There are affordable health care services in my community	59	19	22
c.	Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc	54	5	41
d.	There are enough well-paying jobs available for those who are over 18 years old	68	17	14
e.	There are enough jobs available for those who are under 18 years old	66	8	26
f.	There are job trainings or employment resources for those who need them	50	5	45
g.	There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	27	5	68
h.	Childcare (daycare/pre-school) resources are affordable and available for those who need them	15	31	54
i.	The K-12 schools in my community are well funded and provide good quality education	83	7	10
j.	Our local university/community college provides quality education at an affordable cost	41	21	38
k.	There are affordable places to live in my community	35	42	23
l.	Streets in my community are typically clean and buildings are well maintained	93	6	<1
m.	Public transportation is easy to use if I need it	4	55	41

11. In the past 30 days, did you use…

		Yes	No	Not Sure
a.	Marijuana	4%	96%	0%
b.	Cocaine, meth or other street drugs	0	100	0
c.	Heroin or other opioids	0	100	0

12. Have you ever been tested for sexually transmitted infections, including HIV, the virus that causes AIDS? Do not count tests done if you donated blood.

Yes 17%
No.....81
Not sure..... 3

13. Have you ever been treated for sexually transmitted infections, including HIV, the virus that causes AIDS?

Yes 0%
No.....99
Not sure.....<1

14. What are the **two** largest social or economic issues in our community that must be addressed in order to improve the quality of life of county residents? (Check up to two responses.)

Accessible and affordable health care (medical, dental, mental health)	32%
Safe and affordable housing	30
Affordable and accessible childcare	21
Racism and discrimination	16
Accessible and affordable transportation	14
Economic stability and employment	12
Food insecurity	11
Environmental health (clean air, safe water, etc)	9
Community violence and crime	7
Social connectedness and belonging	6
Access to social services	5
Education access and quality	4
Family support	3
Quality of health care	3
Not sure	9
Do not want to answer	3
Other, please specify	4

- Better business environment.
- Need for greater trust in health care providers vs. conservative political idealism.

15. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of county residents? (Check up to two responses.)

Mental health, mental conditions and suicide	68%
Alcohol and substance use	50
Nutrition, physical activity and obesity	25
Tobacco and vaping products	14
Chronic diseases	11
Intimate partner and domestic violence	6
Reproductive and sexual health	5
Maternal, infant, and child health	2
Unintentional injury, including falls and motor vehicle accidents	<1
Communicable diseases or Covid-19	<1
Oral health	0
Not sure	9
Do not want to answer	0
Other, please specify	0

Finally, a few questions about you to make sure we have a good representation of the people in Washington County/Ozaukee County.

16. In what zip code do you live? Please enter your five-digit zip code.

53024	41%
53074	24
53012	13
53092	6
53080	3
Other (2% or less)	8
No answer	6

17. What is your age?

18-34	17%
35-44	18
45-54	17
55-64	16
65 and Older	28
No answer	4

18. What is your gender? Which gender identity do you most identify with?

Male	56%
Female	40
Transgender Male	0
Transgender Female	0
Non-binary	0
Or, if you feel comfortable doing so, please list another gender identity you most identify with	0
No answer	4

19. Are you Hispanic or Latino?

Yes	<1%
No	95
No answer	4

20. What is your race?

White	95%
Black, African American	0
Asian	0
Native Hawaiian or Other Pacific Islander	0
American Indian or Alaska Native	0
Another race (please specify)	0
Multiple races	<1
No answer	4

21. Which of the following best describes your highest level of education completed?

8th grade or less	0%
Some high school	0
High school graduate or GED	<1
Some college	8
Technical school graduate	6
College graduate	34
Master's degree or higher	47
No answer	4

22. What is your annual household income before taxes?

Less than $10,000	0%
$10,000 to $20,000	<1
$20,001 to $30,000	1
$30,001 to $40,000	1
$40,001 to $50,000	3
$50,001 to $60,000	7
$60,001 to $75,000	3
$75,001 to $90,000	23
$90,001 to $105,000	9
$105,001 to $120,000	13
$120,001 to $135,000	13
Over $135,000	21
Not sure	1
No answer	5

23. How many total adults, including yourself, live in your household?

One	22%
Two	57
Three	7
Four	10
Five	0
Six	0
Seven	0
Eight	0
Nine	0
Ten or more	0
No answer	4

24. Who currently lives in your household, besides yourself?

Spouse/Partner	72%
Parent(s)/In-law(s)	<1
Grandparent(s)	0
Child(ren) Under 18	28
Child(ren) 18 or Older	21
Friend/Roommate(s)	0
Sibling(s)	0
Extended Family Member(s) Not Listed Above	0
Other (please specify)	0
No answer	4

25. What is your living situation today?

I have a steady place to live	95%
I have a place to live today, but I am worried about losing it in the future	2
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	0
No answer	4

26. Did someone help you complete this survey today?

Yes	0%
No	100

27. Please list any additional thoughts or comments you have about helping us improve the health of county residents.
    - Access to mental health resources for children and adults please!
    - Additional Froedtert clinics in Ozaukee County.
    - As a nurse care coordinator, I consistently run into issues with the following: 1. No medical shelter options (place people who are homeless can go that allows for supportive indoor environment or place to have things like oxygen and are not kicked out of building during day hours) 2. Very limited behavioral health options through Aurora or scheduled out for months 3. Elderly people with chronic diseases that need support, are not financially struggling enough to qualify for Medicaid and cannot get support or afford transport across county lines, struggle with purchases between medications and food and bills 4. Patients who are obtaining food from pantries or those using government food subsidies struggling to buy healthy or chronic condition compliant foods (in turn causing readmissions related to diet and associated symptoms)
    - Both counties need to embrace science, and remove partisan politics from decision making.
    - Did you offer this survey in multiple languages?
    - Do children get enough playtime outdoors? When I was a kid, we went to recreation programs that were free and open M-F, where we played games indoors and outdoors, joined teams, did crafts. We played outdoors most of the time, and it was easy to get together with play friends. I currently drive to the Ozaukee County freeway flyer and ride it to get to work, on the west side of Milwaukee County. If there was a local bus or two to go to the freeway flyer stop, maybe more people would ride the freeway flyer. Currently, I leave my car near that bus stop. I would rather not have to use my car at all.
    - Hearing of drugs in the schools, even middle school. It's unfortunate and scary for our children.
    - It is very difficult to find confidential and timely behavioral health. Providers are booking out over 2-3months in advance for initial assessments, even virtual visits. It is also difficult to find subacute beds although there seem to be a lot in the area. Primary care providers are over-stretched in the area of follow-up post urgent care visits and hospital visits. Thankfully, there are urgent care clinics in the area.
    - Let doctors practice medicine, instead of insurance companies running the health industry.
    - Mequon desperately needs housing for MIDDLE INCOME individuals, but that will never happen because Mequon wants to be elite and caters to very high income residents only.
    - Our emergency room services are not what they used to be - but that is all over the US not just here. Have experienced that first hand. Doctors & Nurses are over worked so care is not good when in hospitals, they blame it on being full. That is not the case - not enough people to take care of those in hospitals. Way too many drugs being sold on streets right here in Ozaukee - needs to change. Cut down on immigrants coming into our country over borders every day bringing more drugs. Takes too long to get appointments when you need to see a Doctor.
    - PFA water contamination in Saukville and no plans to fix it is absolutely ridiculous. Unsafe drinking water is how we're going to end up on the news like Flint, MI.
    - Protect the citizens you have, reduce athletics in schools and focus on education and increase sex education, support LGBTQ in this community.
    - Provide free mass fitness classes to increase the health in our communities. It could be offered in city parks, in buildings at the fairgrounds or County Administration Building, etc. not everyone can afford to go to a fitness center or a gym. Park and rec programs are very expensive and prohibitive for many.
    - Quit wasting money and time on COVID contact tracing and get off the non-working mask wearing and lets actually see accurate and complete records on COVID and the COVID shot and its effectiveness.
    - Saukville needs clean drinking water and reduce PFAs.
    - Spectrum of affluent, middle class, and lower income. Services and housing are limited for those who are not financially well off. Until recently homelessness in the county has been ignored. Not enough places for seniors or children who turn 18 with disabilities.
    - Thank you for conducting this survey!

- The best way to ensure that residents are able to keep up with their health is to ensure that they have enough money to pursue their needs. In a time when even high wage-earners are needing to prioritize their spending on food, housing and fuel to get to and from their work, healthcare will virtually always be prioritized last. Recent inflation and wage stagnation, coupled with rising property taxes and other liabilities, have left less money in the pockets of middle and lower-class residents. People are more likely to seek remedies for their health needs when they do not have to sacrifice their most immediate needs to do so.
- The Ozaukee County behavioral health department NEEDS to provide a psychiatrist for the well-being of the inmates who are incarcerated. It is not acceptable to not provide citizens access to the county psychiatrist. Being in jail does not make inmates right to Healthcare from a psychiatrist null and void.
- Very low cost mental health services with very low cost transportation to and from are needed. More psychiatrists at the county level. More treatment providers for kids that accept straight T-19 or T-19 with HMOs. More therapists and psychiatrist for adults that take straight Medicare or Medicaid. People with commercial insurance need access to these free services too or help paying copay/deductible. Just because there is insurance, people don't go to treatment or physician because they don't have the money and/or can't afford to take off of work to go to appointments. The counties need to assist with this burden.
- We are in DESPERATE need of an Urgent Care. Froedtert had one and closed it. People are scrambling. It forces people to go people to go to the ER which is not affordable and causes non-emergent cases to flood ER's and cause high wait times. PLEASE OPEN ONE!!!!
- We have a granddaughter with mental health issues and although she doesn't live in Ozaukee or Washington County, I know that mental health care is not readily available in WI. We need more facilities like Rogers Hospital with more beds and treatment options for all age groups.

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to https://211wisconsin.communityos.org

Appendix G: 2022 Ozaukee County Community Health Needs Assessment: A Summary of Key Stakeholder Interviews

The Ozaukee County Community Health Needs Assessment key stakeholder interview results can be found at Froedtert Community Hospital Community Engagement | Froedtert & MCW /.

This report presents a summary of public health priorities for Ozaukee County, as identified and reported in 2022 by a range of providers, policymakers, and other local experts and community members ("key stakeholders"). These findings are a critical supplement to the Ozaukee County Community Health Survey conducted through a partnership between Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department. The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health.

Key stakeholders in Ozaukee County were identified by Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department. These organizations also invited the stakeholders to participate and conducted the interviews from August to October 2022. The interviewers used a standard interview script that included the following elements:
Social Determinants of Health:

- Top Rank, Second Rank
- How has COVID-19 impacted this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- Which community stakeholders are critical to addressing this issue?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue? How are they affected?
- What are the existing strategies to address the health issue? What is working well?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
- Which community stakeholders are critical to addressing this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- How has COVID-19 impacted this issue?

Additional Questions/Comments:

- How would you suggest organizations reach out to community members to implement health initiatives? Do you have any additional comments you would like to share?

All informants were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from the team interviewed the key informants and entered responses into Survey Monkey for analysis.

Key Findings

1) The top social determinants of health were safe and affordable housing, accessible and affordable health care and accessible and affordable transportation. Access to social services and economic stability and employment followed. The complexities of the inter-connected determinants were highlighted often. Starting or expanding collaborations was mentioned as a strategy to address the issue. Often, more funding for additional resources was an organizational need to meet the issue. Key stakeholders varied somewhat on the determinant, but typically included government agencies, elected officials, advocates, employers, community leaders and schools.
2) The top health condition/behavior in their community were mental health, mental conditions & suicide. Alcohol & substance use was followed by nutrition, physical activity & obesity. "Everyone" was listed by half of key informants as the affected population for each of the top three conditions/ behaviors. Strategies and organizational needs were similar to Key Finding 1. Key stakeholders varied somewhat on the condition/behavior, but typically included government

agencies, elected officials, health care systems, nonprofits, advocates, employers, community leaders and schools.

Limitations: Twenty-one key stakeholder interviews were conducted in Ozaukee County. This report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of stakeholders had been interviewed. Results should be interpreted with caution and in conjunction with other Ozaukee County data (e.g., community health survey and secondary data).

A total of 21 key informants participated between August and October 2022. A few interviews had more than one person participating in the call, but were considered one interview for the purpose of identification.

A. Social Determinants of Health Rankings

Key informants were asked to select the top *two* social determinants of health in the community they serve. Table 2 indicates the selected determinants and the number of key informants who ranked it as the top social determinant of health. The top five social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 2. Social Determinants of Health Rankings

	Count	
	Top 2	Number 1
Safe and Affordable Housing	8	5
Accessible and Affordable Health Care	7	6
Accessible and Affordable Transportation	7	3
Access to Social Services	4	1
Economic Stability and Employment	4	0
Affordable Childcare	3	1
Social Connectedness and Belonging	3	2
Family Support	2	1
Community Violence and Crime	1	1
Education Access and Quality	1	1
Quality of Health Care	1	0
Racism and Discrimination	1	0
Environment Health (Clean air, safe water, etc.)	0	0
Food Insecurity	0	0

General Themes

Several key informants indicated it was difficult to identify two social determinants of health because they were so inter-related. For example, safe and affordable housing, the top social determinant of health, is invariably linked to accessible and affordable health care, accessible and affordable transportation, access to social services and economic stability and employment. Stakeholders included government agencies, elected officials, advocates, community businesses, community leaders and any current collaborations.

Top Social Determinants of Health Summaries

☑ Safe and Affordable Housing

Eight key informants' interview rankings included safe and affordable housing as a top social determinant of health, and five ranked it number one.

COVID-19 Impact: About half of key informants stated COVID-19 exacerbated the issue with an increased demand for affordable housing. The increase in rent/housing costs when the rent moratorium ended along with a decrease in employment had made finding safe and affordable housing more difficult. COVID-19 safety procedures in shelters reduced the total capacity allowed.

One Major Effort: All key informants indicated that communities need to build more affordable rentals and permanent supportive housing. A planning effort to identify all the resources available was mentioned to determine gaps. Housing close to transportation was also a major effort that could radically change the issue as well as legislative/policy changes.

Critical Community Stakeholders: Top critical stakeholders included government agencies and developers/builders. Housing authority, affected persons, emergency shelter/housing coalitions, nonprofits, economic development agencies and workforce development were also listed as critical stakeholders.

☑ Accessible and Affordable Health Care

Seven key informants' interview rankings included accessible and affordable health care as a top social determinant of health, and six ranked it number one.

COVID-19 Impact: Half of key informants stated COVID-19's impact was making access more difficult because services were mostly virtual. Long wait lists to receive services delayed health care. Isolation/social distancing caused increased anxiety/stress/mental health, which caused an increased need for providers. Loss of employment/stable income also made health care less affordable.

One Major Effort: Some key informants indicated to make a radical change in the issue there needed to be an increase in accessibility, funding, affordability and/or staffing. Having collaboration of services, more mental health providers or increased awareness were also listed.

Critical Community Stakeholders: Critical stakeholders included health care providers/systems. Government agencies, insurance companies, granting agencies, AODA providers and nonprofits were also mentioned.

☑ Accessible and Affordable Transportation

Seven informants' interview rankings included accessible and affordable transportation as a top social determinant of health, and three ranked it number one.

COVID-19 Impact: All seven key informants stated COVID-19's impact was related to the cut of transportation services through a shortage of staff offering the services.

One Major Effort: Most key informants indicated expanded transportation services was a major effort to make a radical change in the issue. Collaboration, increased funding or affordability were also listed as strategies.

Critical Community Stakeholders: Top critical stakeholders included government agencies, elected officials/government leaders and nonprofits. Employers and collaborations/partnerships were also mentioned.

☑ Access to Social Services

Four informants' interview rankings included access to social services as a top social determinant of health, and one ranked it number one.

COVID-19 Impact: COVID-19 exacerbated the issue, causing access to become more difficult as services became mostly virtual and there became a greater need for services.

One Major Effort: The most often listed effort to radically improve the issue included greater local access or collaboration of services.

Critical Community Stakeholders: Critical stakeholders included government agencies, health care providers/systems and nonprofits. Elected officials, government leaders, collaborations/partnerships, public health and "everyone" were also mentioned.

☑ Economic Stability and Employment

Four informants' interview rankings included economic stability and employment as a top social determinant of health, and zero ranked it number one.

COVID-19 Impact: All key informants stated COVID-19's impact was an increase in unemployment/business closures/income instability. Some mentioned the lack of jobs with livable wages, inflation or an increase in mental health issues.

One Major Effort: Several key informants indicated focusing on the economy was a major effort to radically change the issue.

Critical Community Stakeholders: Most often cited critical stakeholders were employers.

Remaining Social Determinants of Health

The remaining social determinants of health are listed below along with COVID-19 impact, strategies and stakeholders. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Affordable Childcare

Three informants' interview rankings included affordable childcare as a top social determinant of health, and one ranked it number one.

COVID-19 had the most impact on childcare closures or reduced staff. Strategies to meet the issue included identifying a reasonable living wage or increasing marketing/awareness for the childcare field (with possible incentives) to increase the number of providers. A few recognized that maintaining a cost-effective structure will be a challenge. Elected officials/government leaders, schools and government agencies were listed as critical community stakeholders.

Social Connectedness and Belonging

Three informants' interview rankings included social connectedness and belonging as a top social determinant of health, and two ranked it number one.

COVID-19's impact was an increase in isolation. More social connectedness programs were listed as a strategy to improve the issue. Health care providers/systems, schools, nonprofits, media and "everyone" were listed as critical community stakeholders.

Family Support

Two informants' interview rankings included family support as a top social determinant of health, and one ranked it number one.

COVID-19's increased isolation increased mental health issues and family stress. More marketing/ communication/awareness to focus on family was a major effort to change the issue. The faith community, schools, government agencies, families and "everyone" were listed as critical stakeholders.

Community Violence and Crime

One informant's interview ranking included community violence and crime as a top social determinant of health, and one ranked it number one.

COVID-19 increased mental health issues or substance abuse, which can lead to criminal violence and crime. Support programs that address the cycle of mental health, substance use and crime was a strategy to address the issue. Government agencies, nonprofits, law enforcement and advocates were listed as critical community stakeholders.

Education Access and Quality

One informant's interview ranking included education access and quality as a top social determinant of health, and one ranked it number one.

COVID-19 increased chronic absenteeism, which can impact success. Supporting education attendance was listed as a strategy. Families and neighborhood/community were listed as critical community stakeholders.

Quality of Health Care

One informant's interview ranking included quality of health care as a top social determinant of health, and zero ranked it number one.

COVID-19 limited resources which made it difficult for people to engage in mental health care. Increasing collaboration between health care systems and community organizations was listed as strategy to meet needs. Health care systems and community-based organizations that work with mental health were critical stakeholders.

Racism and Discrimination

One informant's interview ranking included racism and discrimination as a top social determinant of health, and zero ranked it number one.

COVID-19 increased the equity gaps that already existed for people of color. Exposing racism and discrimination is needed. Elected officials and community leaders were listed as critical community stakeholders.

B. Health Conditions/Behaviors Rankings

Key informants were asked to select the top *two* health conditions/behaviors in their service area. Table 3 indicates the conditions/behaviors that were selected as well as the number of key informants who selected it as the top condition/behavior. The top three health conditions/behaviors are listed in detail. The remaining conditions/behaviors are limited in the amount of information available.

Table 3. Health Conditions/Behaviors Rankings

	Count	
	Top 2	Number 1
Mental Health, Mental Conditions, Suicide	18	13
Alcohol and Substance Use	12	6
Nutrition, Physical Activity and Obesity	4	0
Communicable Diseases/COVID-19	2	1
Intimate Partner/Domestic Violence	2	0
Tobacco and Vaping Products	2	0
Other	2	1
Maternal, Infant, and Child Health	0	0
Chronic Diseases	0	0
Oral Health	0	0

General Themes

"Everyone" was listed by half of key informants when asked about the populations affected for each of the top three health conditions/behaviors. Some provided more specific populations after this general response. Similar to social determinants of health, the health conditions/behaviors are not necessarily singular. As a result, holistic approaches and collaboration were often listed as strategies to best meet the inter-connected conditions/behaviors.

Top Health Conditions/Behaviors Summaries

☑ Mental Health, Mental Conditions, Suicide

Eighteen key informants' interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 13 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Youth was listed next and followed by the elderly. People with low income/poverty level, young adults or people who experienced trauma were also listed. Poor mental health can affect their: social connectedness, employment status, relationships, finances, safety, school success and behavior.

Existing Strategies: Government services, mental health services or mental health screenings in schools were the most often cited strategies. Student programs, accessibility, collaboration, navigator, nonprofits, stigma reduction or awareness were also existing strategies. Training around crisis management, peer coach/recovery coach/support groups or parent programs were also listed.

Additional Strategies Needed: Additional strategies included more providers, collaboration or mental health services. School-based mental health screenings, more staff, education or awareness to help reduce stigma were

also mentioned. Government services, increased funding, access, employer support/training, programs (adult and children), insurance covering mental health or crisis management were also listed.

Critical Community Stakeholders: Health care systems, government agencies, including public health, mental health providers and schools were the most often listed critical stakeholders. Law enforcement, nonprofits, collaboration and the community followed. Elected officials, granting agencies, the faith community, crisis workers, colleges and adult living facilities were also mentioned.

One Major Effort: Collaboration, marketing/communication, collaboration, or mental health education to reduce stigma were major efforts listed to meet the needs of the community. More mental health providers, just in time help, navigators, legislative/policy changes, needs assessment/planning efforts, or employer education were also mentioned.

Organization Needs: Partnership/collaboration, increased funding, more mental health providers or keeping up-to-date on available resources were the most often mentioned critical items organizations needed. Increased staffing, resources, crisis programs/people, support from government agencies or community involvement were also mentioned.

COVID-19 Impact: Isolation and social disconnectedness increased stress levels and anxiety which increased the need for mental health services. Access became more difficult because services were virtual. Some waiting lists became quite long with an increased caseload for providers. COVID-19 also increased awareness of mental health issues.

☑ Alcohol and Substance Use

Twelve key informants' interview rankings included alcohol and substance use as a top health condition/behavior and six ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Young adults, middle age or youth were listed next, followed by families or employers. Alcohol and substance use affected families, employment status and overall mental health.

Existing Strategies: The criminal justice system, education or nonprofits were the most often cited existing strategies. Some mentioned student programs, community campaigns, collaboration, outpatient services or peer coaching/recovery coaching/support groups.

Additional Strategies Needed: More collaboration/coalitions, stigma reduction, education, increased access or awareness were additional strategies needed. More providers, funding, community campaigns or increase support/treatment in the criminal justice system were also mentioned. School-based mental health screenings, mental health professions (with incentives), student programs, safe social groups, community programs or early intervention were also listed as additional strategies needed.

Critical Community Stakeholders: Critical stakeholders health care providers/systems, government agencies including public health, law enforcement, employers, schools and nonprofits. Elected officials, parents and alcohol/other drug programs were also listed.

One Major Effort: Collaboration, awareness or a community wide behavioral health facility were the most often mentioned efforts to focus on. More mental health/ATODA providers, a long-term patient focus, prevention or alternative activities with no alcohol available were also mentioned.

Organization Needs: Increased awareness, resources or funding were the most often organizational needs listed. Others listed more partnerships/collaboration or more mental health providers.

COVID-19 Impact: COVID-19 exacerbated stress and anxiety levels from isolation, disconnectedness or job security issues. Alcohol and substance use may often be used as a coping mechanism when access for support is limited.

☑ Nutrition, Physical Activity and Obesity

Four key informants' interview rankings included nutrition, physical activity and obesity as a top health condition/behavior and zero ranked it number one.

Populations Affected and How: The elderly was the most often specified population. Affected populations may have an unhealthy quality of life, well-being or limited access to physical activities.

Existing Strategies: Community programs or collaboration/coalitions were existing strategies listed.

Additional Strategies Needed: Community programs/education were most often listed as additional strategies needed.

Critical Community Stakeholders: Critical stakeholders included government agencies and park/recreation departments.

One Major Effort: Increased marketing/communication/awareness or community programs were the most often mentioned efforts to address the issue. Planning, a transportation program, health education, school-based programs, employer education, collaboration efforts, increase funding or increased access were also listed to address the issue.

Organization Needs: More resources or educational programs were organizational needs to address the issue.

COVID-19 Impact: COVID-19 caused a more sedentary life with less activity and poor nutrition as well as cuts in programs and staffing.

Remaining Health Conditions/Behaviors

The remaining health conditions/behaviors are listed below along with populations affected, strategies, critical stakeholders and COVID-19 impact. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Communicable Diseases/COVID-19

Two key informants' interview rankings included communicable diseases/COVID-19 as a top health condition/behavior and one ranked it number one.

Older people were listed as affected populations due to comorbidities. People with low income or with special needs/disabilities were also mentioned as affected population. More prevention education, resources or partnerships were additional strategies needed. Health care systems and community health organizations were listed as critical stakeholders. Prevention education or vaccination education were the most often mentioned efforts to focus on. Easy access to vaccinations or collaboration were the most often organizational needs listed. COVID-19 made vaccinations a political issue.

Intimate Partner/Domestic Violence

Two key informants' interview ranking included intimate partner/domestic violence as a top health condition/behavior and zero ranked it number one.

Women, children and "everyone" were listed as people most affected by intimate partner/domestic violence. More agency or community involvement were listed as additional strategies needed. Schools, law enforcement, health care systems and nonprofits were listed as critical stakeholders. More funding, awareness and legal help were mentioned as efforts to focus on. Increased funding or safe affordable housing were the most often organizational needs listed. COVID-19 impact included a decrease in services with fewer housing options (result of COVID-19 safety protocols) as well as fewer support services available.

Tobacco and Vaping Products

Two key informants' interview ranking included tobacco and vaping products as a top health condition/behavior and zero ranked it number one.

Adolescents were listed as people most affected by tobacco and vaping products. More education for parents and students were additional strategies needed. Families were listed as critical stakeholders. Limit/restrict online purchasing of tobacco/vaping products was mentioned as an effort to focus on.

Appendix H: Key Stakeholder Organizations Interviewed for purposes of conducting the Froedtert Community Hospital – Mequon CHNA

Key Stakeholder Organizations	Description of Organizations
Aging and Disability Resource Center of Ozaukee County	Provides information, assistance, and supportive services to older adults and adults with disabilities.
Advocates of Ozaukee	Works to end domestic and sexual violence through education, prevention, and intervention services.
Cedarburg School District	Educational institution for youth.
City of Mequon	Government.
Concordia University	Higher education institute.
Ascension Columbia St. Mary's- Ozaukee	Provides health care services.
Feith Family Ozaukee YMCA	Provides programming that builds healthy spirits, mid and body for all.
Grafton Area Chamber of Commerce	Employer support.
Independence First	Non-profit serving those with disabilities.
MATC Mequon	Higher education institute.
Mequon- Thiensville School District	Educational institution for youth.
NAMI Ozaukee	Provides mental health services through resources, education and social support.
Ozaukee County	Government.
Ozaukee County Sheriff's Office	Emergency response.
Ozaukee Division of Sirona Recovery	Provides substance use treatment services through resources, education, and recovery support service.
Ozaukee County Economic Development	Provides services to employers in the community.
Ozaukee Family Services	Provides parents and caregivers with information and support to promote the healthy growth and development of children and to strengthen family relationships.
Saukville Food Pantry	Provides access to food to reduce food insecurity.
United Way of Northern Ozaukee County	Improves lives by mobilizing the caring power of communities around the world to advance the common good.
Washington Ozaukee Public Health Department	Government department that prevents disease and promotes health.
Washington Ozaukee Waukesha Workforce Development Board	Provide career, training, and supportive services to assist individuals that are unemployed or underemployed.

Appendix I: 2022 Secondary Data Report

In 2022, data was collected through a secondary data analysis using Metopio and other publically available sources. This health data is one piece of a variety of data sources being used by local health systems to describe their communities and the health priorities of their service areas. Indicators for which primary data are being collected were excluded from this report. A secondary data analysis was completed between September and November 2022.

All of the data come from publicly available data sources. Data for each indicator were presented by race and ethnicity and gender when the data were available. Race data categorized as 'unknown' or 'missing' were rarely included in this report. Therefore, not all races are represented in the data that follow.

In some cases data were not presented by the system from which they were pulled due to their internal confidentiality policies specifying that data will not be released when the number is less than five. In other cases, data were available, but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year-to-year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset.

Publicly available data sources used for the Secondary Data Report

- Metopio
- U.S. Census Data (CENSUS)
- Wisconsin Department of Health Services (DHS)
- Wisconsin Family Health Survey (FHS)
- Behavioral Risk Factor Surveillance System (BRFS)
- Community Health Survey (CHS)
- Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
- Wisconsin Interactive Statistics on Health (WISH)
- University of Wisconsin Population Health Institute. *County Health Rankings* 2022. Accessible at www.countyhealthrankings.org.

Limitations: Secondary data is limited to availability of data, with some health topic areas having a robust set of indicators while others are more limited. Some secondary data sources do not include subpopulation data and others only display values for a select number of race/ethnic groups.

Partners & Contracts: Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department.

Appendix J: 2022 Internal Hospital Data

Internal health care data can provide a unique window into the heath needs of community members who have received care. Custom Froedtert Community Hospital – Mequon datasets and other information resources were produced to help benchmark patient data against the community health needs assessment.

Froedtert Health data sources used

- **Health Equity Strategy Alignment Tool: Community Vulnerability Assessment**
  - Per Vizient, "the community assessment is determined by the Vizient Vulnerability Index, a measure used to summarize data on social determinants of health at the neighborhood level. A vulnerability index can provide context for the obstacles that patients face in accessing health care and can quantify the direct relationship between these obstacles and patient outcomes. National health equity indices were evaluated to determine alignment with key relevant metrics that are available on a national level, encompass a broad scope and have a known relationship to health equity risks. Metrics that met these criteria were identified to serve as the foundation for the Vizient Vulnerability Index."

- **EPIC: Social Determinants of Health Screening**
  - Patients are screened using the SDOH questionnaire released by Epic, which leverages evidence-based screening tools when available. SDOH data is used at the patient level to enable care teams to address specific social needs of their patients and incorporate into their care plan or refer the patient to community-based resources as appropriate. At the patient population level, SDOH data is analyzed to understand the prevalence of social needs of our patients by race and ethnicity, geography, payer, clinical service area, etc. This information will then be used in planning new programs and services, advocacy efforts, and community engagement.

- **Impact 211**
  - IMPACT 211 provides a central access point for people to take the first step toward regaining stability. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents of Ozaukee County to get connected to information and assistance. Data reports are generated to summarize demographics, total calls and referrals, requested services and unmet services by county and zip code.

- **Wisconsin Hospital Association CHNA Dashboard**
  - The Wisconsin Hospital Association Information Center created a Community Health Needs Assessment (CHNA) Mapping Tool to allow hospitals and community partners, the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. Using data from both the WHA Information Center and American Community Survey, the tool allows for specific analysis down to the census tract level of individual communities.