Froedtert & Medical College of Wisconsin

Froedtert
West Bend Hospital

Community Health Needs Assessment (CHNA) Report

St. Joseph's Hospital of West Bend Inc.
Doing Business As:

Froedtert West Bend Hospital

Fiscal Year 2024
Effective July 1, 2023

Approved on 05/30/2023 by
Froedtert West Bend Hospital Board
of Directors

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Executive Summary

Community Health Needs Assessment for Froedtert West Bend Hospital

A community health needs assessment (CHNA) is a tool to gather data and important health information about the communities Froedtert West Bend Hospital 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 West Bend Hospital utilized data from the 2022 Washington County Community Health Needs Assessment (CHNA).

Every three years, Froedtert Health, Ascension Wisconsin, Aurora Health Care and the Washington Ozaukee Public Health Department align resources to participate in a robust, shared Washington County CHNA data collection process. Supported by additional analysis from JKV Research, LLC, the CHNA includes findings from a community health survey, informant interviews, a compiling of secondary source data and internal hospital data. The data helps inform an independent CHNA specific to Froedtert West Bend Hospital'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 West Bend Hospital service area.

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

Following the review of the CHNA, an implementation strategy was developed, identifying evidence-based programs and allocating resources appropriately. Froedtert West Bend Hospital 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 Initiatives 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.

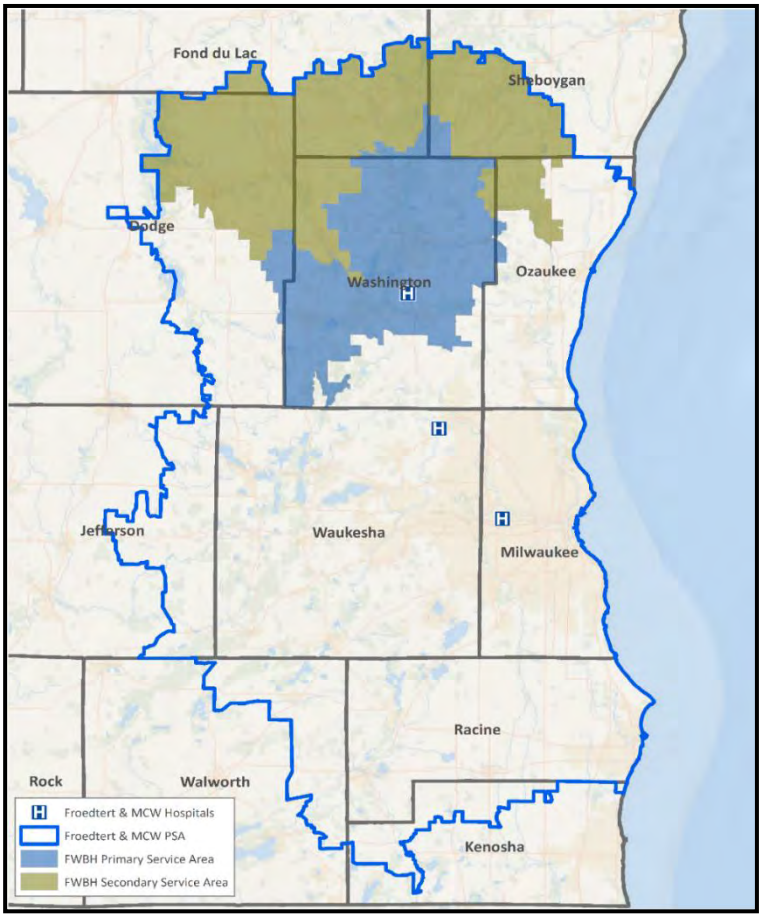
Froedtert West Bend Hospital Community Service Area

Overview
Froedtert West Bend Hospital, founded in 1930 by local doctors, community leaders and the Sisters of the Divine Savior, is a full-service hospital serving residents of West Bend, Washington County, and surrounding areas. Froedtert West Bend Hospital, specializing in birthing services, cancer care, emergency care, orthopaedics, surgical services and women's health, is part of the Froedtert & Medical College of Wisconsin health network, which also includes Froedtert Hospital, Milwaukee; Froedtert Menomonee Falls Hospital, Menomonee Falls; and more than 40 primary and specialty care health centers and clinics.

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.

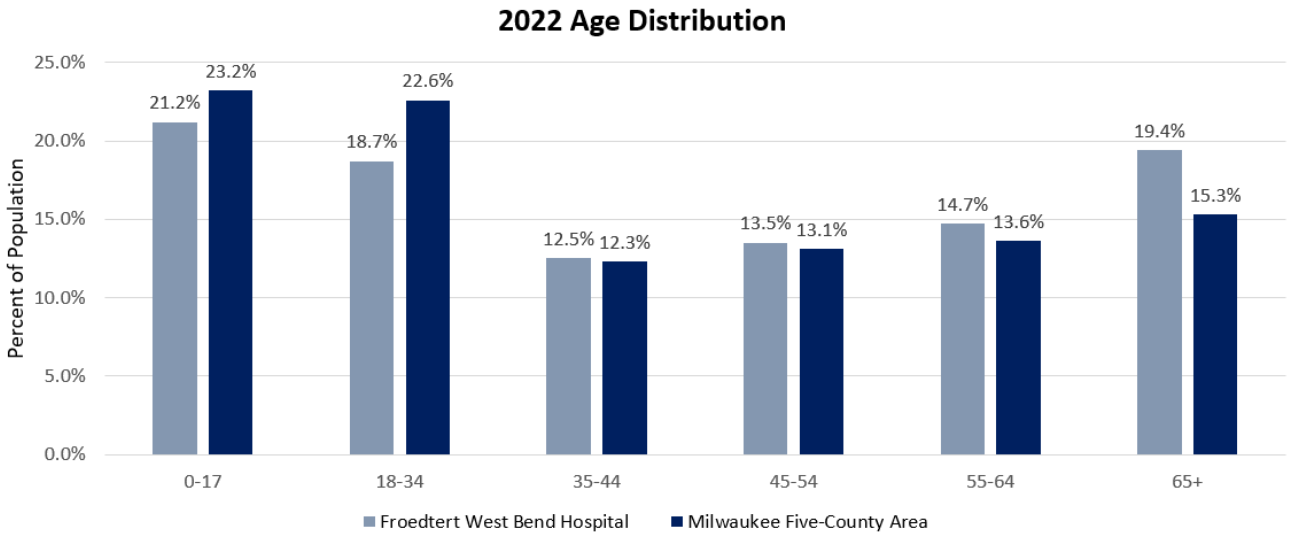
Froedtert West Bend Hospital Service Area and Demographics
For the purpose of the Community Health Needs Assessment, the community is defined as Washington County because we derive 85.5% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Washington County. However, Froedtert West Bend Hospital's total service area consists of Washington County as well as zip codes in eastern Dodge County. Froedtert West Bend Hospital determines its primary and secondary service areas by completing an annual review and analysis of hospital discharges and market share according to various determinants.

The Froedtert West Bend Hospital total service area in Washington County consists of 15 zip codes: 53001 (Adell), 53002 (Allenton), 53010 (Campbellsport), 53011 (Cascade), 53021 (Fredonia), 53027 (Hartford), 53037 (Jackson), 53040 (Kewaskum), 53048 (Lomira), 53050 (Mayville), 53075 (Random Lake), 53086 (Slinger), 53090 (West Bend), 53091 (Theresa), and 53095 (West Bend).

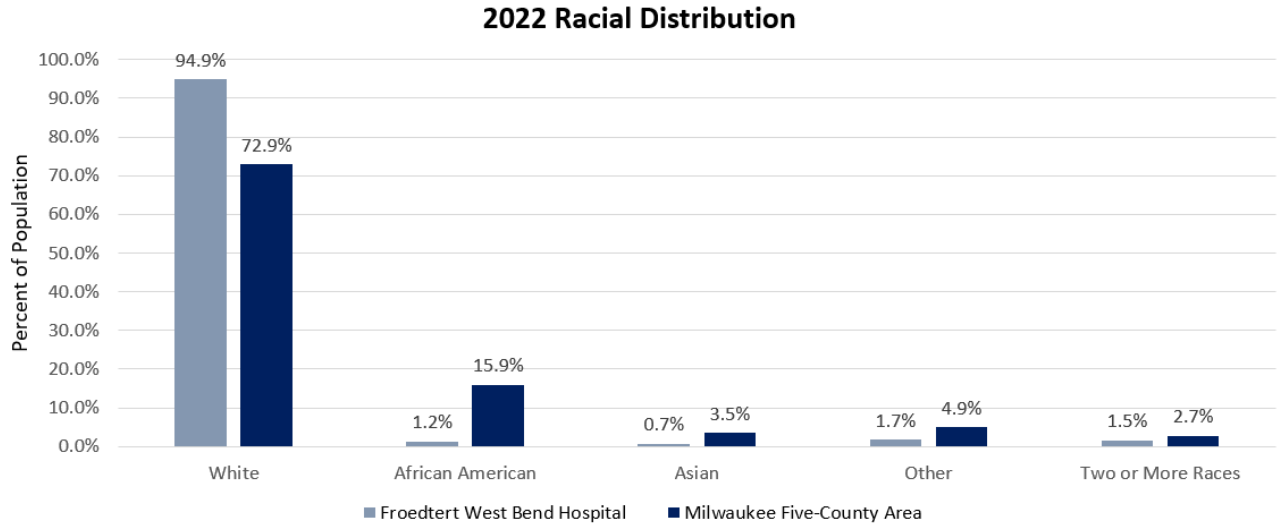


Froedtert West Bend Hospital Primary Service Area Demographics

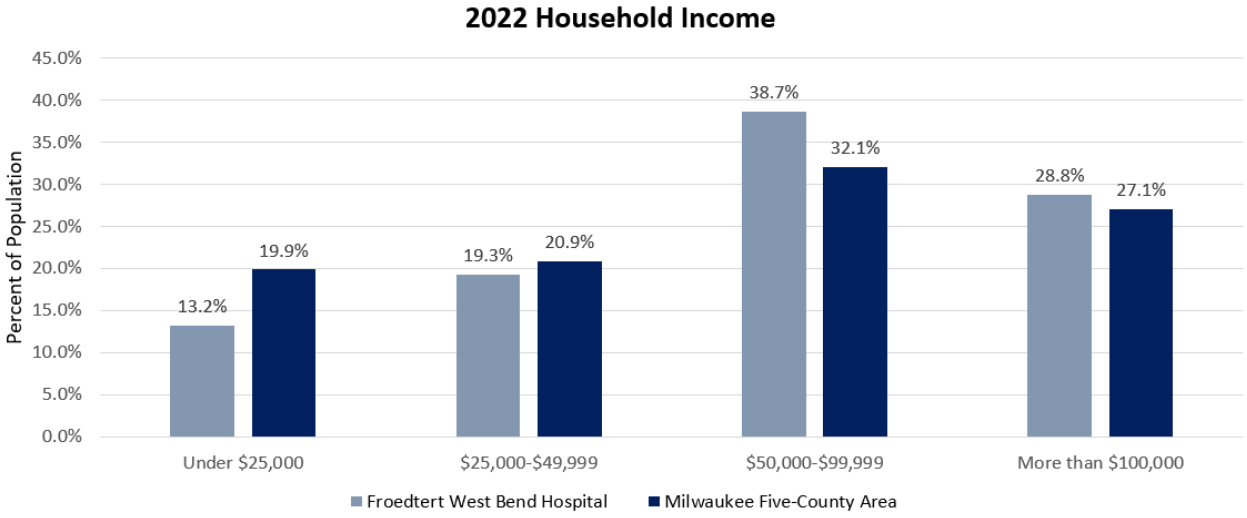
Age – The Froedtert West Bend Hospital service area has a larger older population compared to the Milwaukee Five-County area. The 45 and older age groups are larger in the Froedtert West Bend Hospital service area with 47.6% of population, while the Five-County area 45 and older age groups make up 42% of the population.



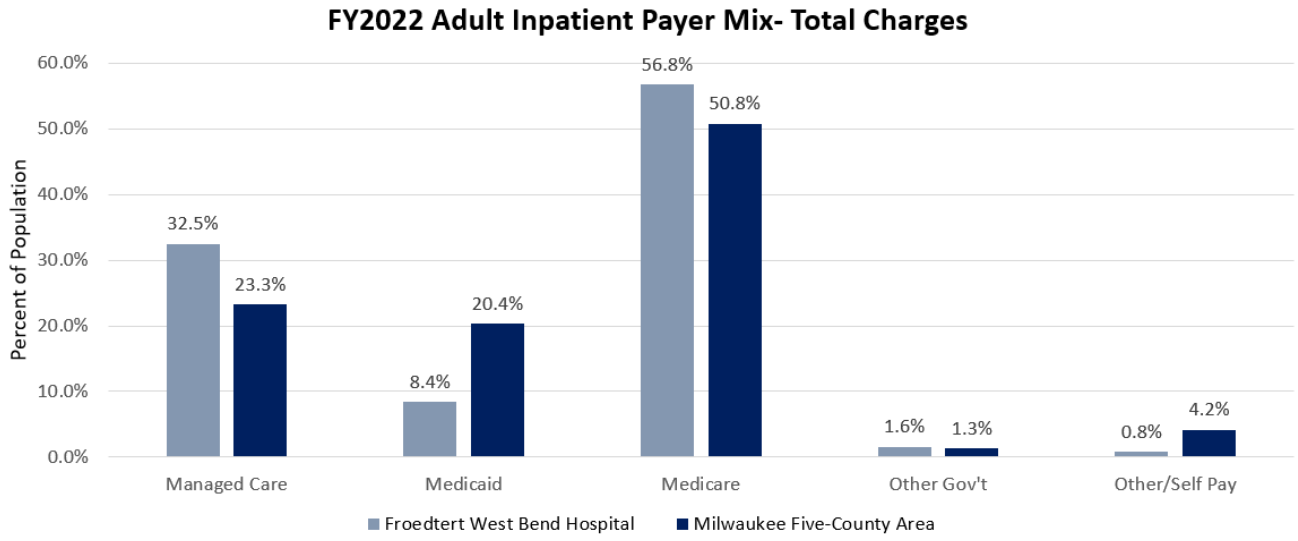
Race – The racial distribution in the Froedtert West Bend Hospital service area is predominantly White (94.9%). The Milwaukee Five-County Area is 72.9% White and 15.9% African American.



Household Income – Households where income is less than $50,000 is 32.5% of the distribution in the Froedtert West Bend Hospital 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, 9.2% of Froedtert West Bend Hospital 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 Washington 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 West Bend Hospital 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 578 residents was conducted by Froedtert West Bend Hospital in collaboration with community partners. The full report of these surveys can be found at Froedtert West Bend Hospital Community Engagement.

Key Stakeholder Interviews: Froedtert West Bend Hospital Community Engagement team and leaders conducted 23 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 in **Appendix H**. The full key stakeholder interview results can be found at Froedtert West Bend Hospital Community Engagement.

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

Internal Hospital Data: Internal data was gathered from Froedtert West Bend Hospital'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 West Bend Hospital 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 West Bend Hospital identifies strategies to address those prioritized significant health needs.

Data Collection Collaborators

Froedtert West Bend Hospital completed its 2022 data collection in collaboration with multiple community organizations serving Washington 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 Washington County data collection process.

Community Health Needs Assessment Solicitation and Feedback

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

- 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 Washington 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
- Alcohol Abuse and Drug/Substance Use
- Nutrition, Physical Activity and Obesity
- Access to Affordable Health Care
- Tobacco and Vaping Products

Community Health Survey (Social Needs):
- Economic Stability and Employment
- Food Insecurity
- Education Access and Quality
- Safe and Affordable Housing
- Accessible and Affordable Transportation

Key Stakeholder Interviews (Health Issues/Behaviors):
- Mental Health, Mental Conditions and Suicide
- Alcohol and Substance Use
- Nutrition, Physical Activity and Obesity
- Maternal, Infant and Child Health
- Chronic Diseases

Key Stakeholder Interviews (Social Needs):
- Economic Stability and Employment
- Family Support
- Access to Social Services
- Affordable Childcare
- Safe and Affordable Housing

Prioritization of Significant Health Needs

Froedtert West Bend Hospital in collaboration with community partners and 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 Washington County. Based on the information from all the CHNA data collection sources, the health needs were identified as:

- Mental Health and Access to Mental Health Services
- Alcohol Use and Substance Use
- Obesity
- Chronic Diseases
- Safe and Affordable Housing
- Affordable Childcare
- Economic Stability and Employment
- Accessible and Affordable Health Care

The CHNA was reviewed by the Froedtert West Bend Hospital CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members from the Community Initiatives Committee, Washington County community partners, the Washington Ozaukee Public Health Department and hospital and health system leadership and staff. Committee members were selected based on their specific knowledge of health needs and resources in Washington County for a collective analysis of the CHNA findings. 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 West Bend Hospital's significant health needs:

1. Review the 2022 Community Health Needs Assessment results for identification and prioritization of community health needs.
2. Review previous 2021 - 2023 Implementation Strategy programs and results.
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 February 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 the hospital 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, three overarching significant health needs were identified as priorities for Froedtert West Bend Hospital's Implementation Strategy for fiscal 2024-2026:

- **Mental Health**
- **Chronic Disease**
- **Equitable Access to Health Services**

Community Resources and Assets

Froedtert West Bend Hospital 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 West Bend Hospital Board of Directors on 05/30/2023 and made publicly available on 05/31/2023.

Summary of Impact from the Previous Implementation Strategy

An abridged version of the results and evaluation of the impact of actions taken to address the significant health needs identified in Froedtert West Bend Hospital's prior CHNA can be found in **Appendix K** of this CHNA. A copy of the complete prior CHNA can be found on Froedtert West Bend Hospital website at Froedtert West Bend Hospital Community Engagement.

Public Availability of Community Health Needs Assessment and Implementation Strategy

After adoption of the CHNA Report and Implementation Strategy, Froedtert West Bend Hospital publicly shares both documents with community partners, key stakeholder, hospital board members, public schools, non-profits, hospital coalition members, the 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 West Bend Hospital Community Engagement.

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. Froedtert West Bend Hospital received no comments or issues with the previous Community Health Needs Assessment Report and Implementation Strategy.

Appendix A: Froedtert West Bend Hospital CHNA/Implementation Strategy Advisory Committee

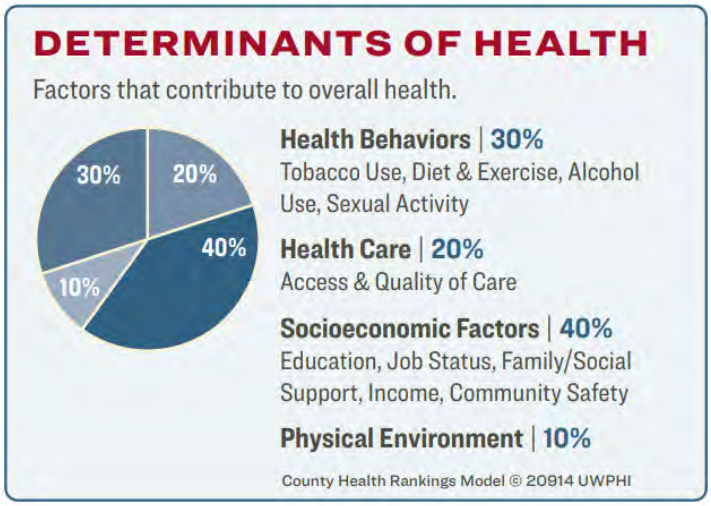
Name	Title	Organization	Hospital Affiliation
Michelle Arneson	Physician, North Hills Family Medicine	Froedtert Health	
Noelle Braun	Executive Director	Casa Guadalupe Education Center	
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Julie Driscoll	Director, Human Services	Washington County	CIC
Larry Dux	Director, Clinical Informatics	Froedtert Health	
Allen Ericson	President, CHD / FWBH	Froedtert Health	CIC
Jacci Gambucci	Community Member		CIC
Pat Gardner, MD	VP Medical Affairs	Froedtert Health	
Andres Gonzalez	Vice President, Community Engagement & Chief Diversity Officer	Froedtert Health	
Kiara Green	Executive Assistant Associate – Community Engagement	Froedtert Health	
Ruth Henkle	Executive Director	Albrecht Free Clinic	
Ema Hernandez	Community Health Worker	Froedtert Health	
Ann Johnson	Executive Director, West Bend Hospital Foundation	Froedtert Health	CIC
Lori Landy	Behavioral Health Care Coordinator	Froedtert Health	
Teri Lux	President, FMFH & COO, CHD	Froedtert Health	
Amy Maurer	Community Engagement Coordinator	Froedtert Health	
Deb McCann	Executive Director Patient Care	Froedtert Health	
Hollie Milam	Deputy Director	Washington Ozaukee Public Health Department	
Alissa Mosal	Nurse Manager	Albrecht Free Clinic	
Patricia Nimmer	Director, Community Outreach/Partnerships	Froedtert Health	
Chuck O'Meara	Community Member		
Robert Ramerez	Director, Community Health	Froedtert Health	
Allyson Rennebohm	Community Nurse Coordinator	Froedtert Health	
Pete Rettler	Dean	Moraine Park Technical College	CIC
Angelica Schmitt	Advocacy & Outreach Coordinator	Lakeshore Community Health Care	
Kelly Stueber	Director of Clinical Operations CP, VP Patient Care	Froedtert Health	
Christian Tscheschlok	Executive Director	EDWC	CIC
Steve Volkert	City Administrator	City of Hartford	CIC
Amanda Wisth	Manager of Community Benefit and Impact	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 Washington 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 Washington County CHNA are informed by both community input (primary data) and health indicators (secondary data).

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

The Washington County Community Health Needs Assessment survey results are available at Froedtert West Bend Hospital Community Engagement.

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 Washington County Community Health Needs Assessment (**Appendix D**). The purpose of this project is to provide Washington 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 is also 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 8 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 September 10, 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 108,188 adult residents lived in Washington County. Thus, in this report, one percentage point equals approximately 1,080 adults. So, when 19% of respondents reported their health was fair or poor, this roughly equals 20,520 residents. Therefore, from 15,120 to 25,920 residents likely have fair or poor health. Because the margin of error is 5%, events or health risks that are small will include zero. The Census Bureau estimated 56,636 occupied housing units in Washington 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 570 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 Washington County.

Partners & Contracts: This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department in partnership with JKV Research, LLC.

Appendix D: 2022 Washington County Community Health Phone Survey Results

Washington 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.

	Washington					WI	US
Overall Health	2011	2014	2016	2019	2022	2020	2020
Excellent/Very Good	51%	62%	58%	52%	46%	57%	57%
Good	29%	27%	27%	34%	34%	30%	30%
Fair or Poor	19%	12%	16%	15%	19%	13%	13%
Health Care Coverage	Washington					WI	US
Not Covered	2011	2014	2016	2019	2022	2020	2020
Personally (Currently, 18 Years Old and Older)	10%	5%	5%	6%	<1%	8%	11%
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	12%	6%	5%	7%	<1%	9%	13%
Household Member (Past Year)	12%	10%	9%	11%	4%	NA	NA
Did Not Receive Care Needed in Past Year	Washington					WI	US
Unmet Need/Care in Household	2011	2014	2016	2019	2022	2020	2017
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	14%	7%	17%	7%	6%	NA	3%
Medical Care [HP2030 Goal: 3%]*	12%	10%	15%	7%	10%	NA	4%
Dental Care [HP2030 Goal: 4%]*	19%	9%	15%	12%	10%	NA	5%
Unmet Need/Care (Respondent Only)							
Mental Health Care Services**	1%	2%	3%	6%	9%	NA	NA
Alcohol/Substance Abuse Treatment	--	--	--	--	<1%	NA	NA
	Washington					WI	US
Economic Hardships	2011	2014	2016	2019	2022	2020	2020
Household Went Hungry (Past Year)	--	--	5%	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	--	--	--	--	3%	NA	NA
Health Information	Washington					WI	US
Primary Source of Health Information	2011	2014	2016	2019	2022	2020	2020
Doctor or Other Health Professional	50%	49%	53%	49%	70%	NA	NA
Myself/Family Member in Health Care Field	5%	5%	11%	11%	12%	NA	NA
Internet	27%	32%	25%	32%	11%	NA	NA
	Washington					WI	US
Health Services	2011	2014	2016	2019	2022	2020	2020
Have a Primary Care Physician [HP2030 Goal: 84%]	--	--	91%	87%	92%	83%	77%
Primary Health Services							
Doctor/Nurse Practitioner's Office	81%	84%	84%	74%	58%	NA	NA
Urgent Care Center	1%	4%	4%	9%	23%	NA	NA
Quickcare Clinic/Fastcare Clinic	--	--	2%	3%	8%	NA	NA
Virtual Health/Tele-Medicine or Electronic Visit	--	--	--	--	3%	NA	NA
Worksite Clinic	--	--	3%	<1%	1%	NA	NA
Public Health Clinic/Community Health Center	10%	4%	4%	2%	<1%	NA	NA
Hospital Emergency Room	<1%	2%	2%	4%	<1%	NA	NA
Hospital Outpatient Department	1%	2%	0%	0%	<1%	NA	NA
No Usual Place	6%	3%	<1%	7%	6%	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.

	Washington					WI	US
Top Health Conditions or Behaviors Family Faces	2011	2014	2016	2019	2022	2020	2020
Chronic Diseases	--	--	--	--	48%	NA	NA
Mental Health, Mental Conditions and Suicide	--	--	--	--	14%	NA	NA
Chronic Pain, Bad Back, Knee Replacement and Arthritis	--	--	--	--	6%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	5%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	5%	NA	NA
Aging Population	--	--	--	--	4%	NA	NA
Unintentional Injury, Including Falls and Motor Vehicle Accidents	--	--	--	--	4%	NA	NA

	Washington					WI	US
Health Conditions in Past 3 Years	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	28%	27%	26%	24%	35%	NA	NA
High Blood Cholesterol	21%	23%	21%	21%	23%	NA	NA
Mental Health Condition	8%	18%	16%	21%	20%	NA	NA
Heart Disease/Condition	8%	6%	8%	11%	11%	NA	NA
Diabetes	9%	7%	13%	10%	11%	NA	NA
Asthma (Current)	8%	10%	9%	10%	6%	10%	10%

	Washington					WI	US
Regularly Seeing Doctor/Nurse/Other Health Care Provider	2011	2014	2016	2019	2022	2020	2020
High Blood Pressure	--	--	--	--	96%	NA	NA
High Blood Cholesterol	--	--	--	--	91%	NA	NA
Mental Health Condition	--	--	--	--	80%	NA	NA
Heart Disease/Condition	--	--	--	--	96%	NA	NA
Diabetes	--	--	--	--	100%	NA	NA
Asthma (Current)	--	--	--	--	84%	NA	NA

Body Weight	Washington					WI	US
Overweight Status	2011	2014	2016	2019	2022	2020	2020
Overweight (BMI 25.0+)	70%	67%	69%	69%	68%	68%	67%
Obese (BMI 30.0+) [HP2030 Goal: 36%]	32%	31%	36%	36%	35%	32%	32%

	Washington					WI	US
Tobacco Product Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Current Smokers [HP2030 Goal: 5%]	17%	20%	18%	16%	15%	16%	16%
Current Vapers	--	5%	8%	9%	11%	4%[1]	4%
Cigars, Cigarillos or Little Cigars Use	--	4%	6%	4%	3%	NA	NA
Smokeless Tobacco Use	--	8%	5%	7%	3%	4%	4%

Exposure to Smoke	Washington					WI[2]	US
Smoking Policy at Home	2011	2014	2016	2019	2022	14-15	14-15
Not Allowed Anywhere [HP2030 Goal: 93%]	80%	83%	83%	90%	89%	84%	87%
Allowed in Some Places/At Some Times	7%	5%	9%	5%	1%	NA	NA
Allowed Anywhere	2%	2%	<1%	<1%	<1%	NA	NA
No Rules Inside Home	12%	10%	7%	5%	9%	NA	NA

	Washington					WI	US
Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Delta-8	--	--	--	--	4%	NA	NA

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

	Washington					WI	US
Alcohol Use in Past Month	2011	2014	2016	2019	2022	2020	2020
Heavy Drinker*	--	--	--	--	11%	10%	7%
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	33%	39%	34%	39%	27%	23%	16%

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

	Washington					WI	US
Children in Household	2011	2014	2016	2019	2022	2020	2020
Personal Health Care Provider Who Knows Child Well and Familiar with History	84%	99%	99%	90%	99%	NA	NA
Visited Personal Health Care Provider for Preventive Care (Past Year)	82%	91%	91%	84%	88%	NA	NA
Unmet Dental Care (Past Year)	7%	9%	5%	0%	3%	NA	NA
Mental Health Condition	--	--	--	--	13%	NA	NA
Overweight or Obese	--	--	--	--	2%	NA	NA
Asthma	6%	4%	10%	4%	6%	NA	NA
Diabetes	--	--	--	--	0%	NA	NA
Children 5 to 17 Years Old							
Safety in Community Seldom/Never	0%	0%	2%	3%	0%	NA	NA
Unhappy, Sad or Depressed Always/Nearly Always (Past 6 Mo.)***	3%	2%	4%	6%	8%	NA	NA
Experienced Some Form of Bullying (Past Year)***	19%	32%	33%	19%	13%	NA	NA
Verbally Bullied***	18%	30%	30%	19%	11%	NA	NA
Physically Bullied***	9%	13%	3%	4%	6%	NA	NA
Cyber Bullied***	6%	0%	5%	9%	5%	NA	NA

	Washington					WI	US
Top County Social or Economic Issues	2011	2014	2016	2019	2022	2020	2020
Economic Stability and Employment	--	--	--	--	14%	NA	NA
Food Insecurity	--	--	--	--	14%	NA	NA
Education Access and Quality	--	--	--	--	13%	NA	NA
Safe and Affordable Housing	--	--	--	--	11%	NA	NA
Accessible and Affordable Transportation	--	--	--	--	11%	NA	NA
Social Connectedness and Belonging	--	--	--	--	10%	NA	NA
Accessible and Affordable Health Care	--	--	--	--	8%	NA	NA
Community Violence and Crime	--	--	--	--	8%	NA	NA
Inflation	--	--	--	--	4%	NA	NA
Racism and Discrimination	--	--	--	--	4%	NA	NA

	Washington					WI	US
Top County Health or Behavioral Issues	2011	2014	2016	2019	2022	2020	2020
Mental Health, Mental Conditions and Suicide	--	--	--	--	34%	NA	NA
Alcohol Abuse and Drug/Substance Use	--	--	--	--	26%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	21%	NA	NA
Access to Affordable Health Care	--	--	--	--	8%	NA	NA
Tobacco and Vaping Products	--	--	--	--	7%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	6%	NA	NA
Chronic Diseases	--	--	--	--	5%	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, 46% of respondents reported their health as excellent or very good; 19% reported fair or poor. Respondents who were male, 45 to 54 years old, 65 and older, with a high school education or less or overweight respondents 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, less than one percent of respondents reported they were not currently covered by health care insurance. Four percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the 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 or 18 to 64 years old 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 who reported someone in the household was not covered at least part of the time in the past year, as well as from 2019 to 2022.*

In 2022, 6% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were unmarried or with children in the household were more likely to report this. Ten percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the top 40 percent household income bracket were more likely to report this. Nine 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 or with some post high school education 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 while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically remained the same 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 decreased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. From 2011 to 2022, the overall percent statistically increased for respondents who reported unmet mental health care services in the past year, as well as from 2019 to 2022. 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." Three 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, 70% of respondents reported they trust a doctor or other health professional the most for health information while 12% reported they were/family member was in the health care field. Eleven percent reported the Internet as their most trusted source for health information. Respondents who were 55 and older, in the bottom 40 percent household income bracket or married were more likely to report doctor or other health professional. Respondents 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents 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, with a high school education or less or in the middle 20 percent household income bracket 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 and 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, 92% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a primary care physician. Fifty-eight 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 23% reported an urgent care center. Eight percent reported a Quickcare clinic/Fastcare clinic. Respondents who were 65 and older, in the top 40 percent household income bracket 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 who were female, 18 to 34 years old or unmarried were more likely to report an urgent care center as their primary health care. Respondents 18 to 34 years old, with a college education or in the middle 20 percent household income bracket 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 while from 2019 to 2022, there was a statistical increase. 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, as well as from 2019 to 2022. 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, as well as from 2019 to 2022. 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 (48%) 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 who were in the bottom 40 percent household income bracket or unmarried 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 nutrition, physical activity and obesity as a top health condition or behavior; married respondents were more likely to report this. Five percent of respondents reported communicable diseases or COVID-19; respondents in the middle 20 percent household income bracket or with children in the household were more likely to report this. Four percent of respondents reported aging population as a top health condition or behavior; respondents without children in the household were more likely to report this. Four percent of respondents reported unintentional injury, including falls and motor vehicle accidents; married respondents 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 (35%), high blood cholesterol (23%) or a mental health condition (20%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or smokers were more likely to report high blood pressure. Respondents who were 55 to 64 years old, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket or unmarried respondents 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 who were male, 65 and older, with some post high school education or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Eleven percent of respondents reported diabetes; respondents who were male, 65 and older, overweight or nonsmokers were more likely to report this. Six percent reported current asthma; respondents who were female, 45 to 54 years old, 65 and older or married were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported high blood pressure, as well as from 2019 to 2022. From 2011 to 2022, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, heart disease condition, 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.*

Body Weight
In 2022, 68% of respondents were classified as at least overweight while 35% were obese. Respondents 45 to 54 years old, with a high school education or less, with a college education, in the bottom 40 percent household income bracket, in the top 40 percent household income bracket or married respondents were more likely to be at least overweight. Respondents

with a high school education or less were more likely to be obese. *From 2011 to 2022, there was no statistical change in the overall percent of respondents who were at least overweight or obese, as well as from 2019 to 2022.*

Tobacco Product Use
In 2022, 15% of respondents were current tobacco cigarette smokers; respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Eleven percent of respondents used electronic vapor products in the past month; respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket were more likely to report this. Three percent of respondents each used cigars/cigarillos/little cigars or smokeless tobacco in the past month. *From 2011 to 2022, there was no statistical change 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 increase 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 a statistical decrease in the overall percent of respondents who used smokeless tobacco in the past month, as well as from 2019 to 2022.*

In 2022, 89% of respondents reported 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, 4% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month. Respondents who were male, 18 to 34 years old, with a college education or married respondents were more likely to report they used Delta-8 in the past month.

Alcohol Use
In 2022, 82% 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 27% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents who were male, 18 to 34 years old or in the middle 20 percent household income bracket 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, 6% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 34 years old, with some post high school education or unmarried respondents were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2011 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they considered suicide in the past year 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 they seldom/never find meaning and purpose in daily life while from 2019 to 2022, there was a statistical decrease.*

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-nine percent of respondents reported they have one or more persons they think of as the child's personal health care provider, with 88% reporting the child visited their personal health care provider for preventive care during the past year. Three percent of respondents reported in the past year the child did not receive the dental care needed. Thirteen percent of respondents reported the child had a diagnosed mental health condition. Two percent of respondents reported the child was overweight or obese. Six 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. Eight 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. Thirteen percent reported the 5 to 17 year old child experienced some form of bullying in the past year; 11% reported verbal bullying, 6% reported physical bullying and 5% reported cyber bullying. *From 2011 to 2022, there was a statistical increase 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 no statistical change 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, 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 5 to 17 year old child was seldom/never safe in their community or was always or nearly always unhappy/sad /depressed in the past six months, 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 5 to 17 year old child was bullied overall as well as verbally bullied, physically bullied or cyber 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 economic stability and employment (14%), food insecurity (14%) or education access and quality (13%). Respondents 35 to 44 years old, 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report economic stability and employment as a top social or economic issue. Respondents with a high school education or less, with a college education or married respondents were more likely to report food insecurity. Respondents who were 18 to 34 years old, in the top 40 percent household income bracket or married were more likely to report education access and quality as a top issue. Eleven percent of respondents reported safe and affordable housing; respondents who were female, in the middle 20 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported accessible and affordable transportation as a top issue; respondents in the middle 20 percent household income bracket were more likely to report this. Ten percent of respondents reported social connectedness and belonging; respondents who were male, 35 to 44 years old, with some post high school education or unmarried respondents were more likely to report this. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were 55 to 64 years old or married were more likely to report this. Eight percent of respondents reported community violence and crime; respondents 55 to 64 years old were more likely to report this. Four percent of respondents reported inflation; respondents who were male, with some post high school education or in the top 40 percent household income bracket were more likely to report this. Four percent of respondents reported racism and discrimination as a top issue; respondents 55 and older were more likely to report this.

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 (34%) or alcohol abuse and drug/substance use (26%). Respondents who were female, 18 to 64 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report mental health, mental conditions and suicide as a top health or behavioral issue. Respondents with a college education or unmarried respondents were more likely to report alcohol abuse and drug/substance use. Twenty-one percent of respondents reported nutrition, physical activity and obesity; respondents 18 to 34 years old, with a high school education or less, with a college education or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported access to affordable health care as a top issue; male respondents were more likely to report this. Seven percent of respondents reported tobacco and vaping products; respondents who were female, 18 to 34 years old, with a college education, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Six percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents 55 and older or in the middle 20 percent household income bracket were more likely to report this. Five percent of respondents reported chronic diseases; respondents 65 and older were more likely to report this.

Appendix E: 2022 Washington 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.

English and Spanish versions were entered in to Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the counties. A total of 178 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 ±7 percent. The margin of error for smaller subgroups will be larger than ±7 percent, since fewer respondents are in that category.

The survey was conducted by JKV Research, LLC.

Appendix F: 2022 Washington County Community Health Online Survey Results

1. Do you live in Washington or Ozaukee County?

Yes-Washington County	100%
Yes-Ozaukee County	0
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	15	5
c.	I can easily get to my health care provider or clinic	97	2	1
d.	I am heard, seen and listened to when receiving health care	95	2	3
e.	I am treated differently because of my race or ethnicity when receiving health care	7	86	8
f.	I am treated differently because of my gender when receiving health care	5	86	10
g.	I am treated differently because of my sexual orientation when receiving health care	0	94	6
h.	My family/support people are seen and listened to when I receive health care	90	3	6
i.	I am seen and listened to when my child/children are receiving health care	95	5	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	4%	→ CONTINUE WITH Q5
No	95	→ GO TO Q8
Not sure	1	→ GO TO Q8

5. What resource(s) did you seek? (open-ended) [7 Respondents: Multiple Responses Accepted]

Food Assistance/Pantry/Salvation Army/St. Vincent DePaul	2 respondents
Health Care/Badger Care/Medicaid/Pink Heals/The Crossing/Planned Parenthood	1 respondent
Aging and Disability Resource Center	1 respondent
Mental Health or AODA Services/Painting Pathway/CCS	1 respondent
Human Services/WIC	1 respondent
Other	1 respondent

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

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

7. What is the reason or reasons you answered the way you did? [2 Respondents Listing 2 Resources]

Lack of knowledge of where to go	2 respondents
Finances	1 respondent
Stigma related to needing help/disapproval	1 respondent
Poor quality of care	0 respondents
Inconvenient hours	0 respondents
Other, please specify	2 respondents

- Not enough staff. Not able to send a counselor to house. Ended up going to Rodgers.
- Was referred out of county.

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

Yes	4%	→CONTINUE WITH Q9
No	95	→GO TO Q10
Not sure	1	→GO TO Q10

9. What relationship is this person or people to you? Please remember, all your responses are strictly confidential. [7 Respondents: Multiple Responses Accepted]

Spouse	1 respondent
Ex-spouse	1 respondent
Coworker	1 respondent
Stranger	1 respondent
Acquaintance	1 respondent
Separated spouse	0 respondents
Boyfriend or girlfriend	0 respondents
Parent	0 respondents
Brother or sister	0 respondents
Friend	0 respondents
Child	0 respondents
Someone else	3 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	94%	2%	5%
b.	There are affordable health care services in my community	63	13	24
c.	Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc	66	5	29
d.	There are enough well-paying jobs available for those who are over 18 years old	52	22	26
e.	There are enough jobs available for those who are under 18 years old	73	5	22
f.	There are job trainings or employment resources for those who need them	49	4	47
g.	There are resources for individuals in my community to start a business (financing, training, real estate, etc.)	31	5	64
h.	Childcare (daycare/pre-school) resources are affordable and available for those who need them	16	37	47
i.	The K-12 schools in my community are well funded and provide good quality education	55	18	26
j.	Our local university/community college provides quality education at an affordable cost	56	10	34
k.	There are affordable places to live in my community	52	22	26
l.	Streets in my community are typically clean and buildings are well maintained	86	11	3
m.	Public transportation is easy to use if I need it	23	52	25

11. In the past 30 days, did you use…

		Yes	No	Not Sure
a.	Marijuana	8%	92%	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 24%
No 76
Not sure 0

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

Yes 5%
No 95
Not sure 0

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.)

Safe and affordable housing	22%
Affordable and accessible childcare	21
Accessible and affordable health care (medical, dental, mental health)	20
Community violence and crime	19
Racism and discrimination	16
Economic stability and employment	15
Education access and quality	12
Social connectedness and belonging	10
Environmental health (clean air, safe water, etc)	9
Accessible and affordable transportation	9
Quality of health care	4
Food insecurity	4
Family support	3
Access to social services	2
Not sure	10
Do not want to answer	2
Other, please specify	6

- Affordable local indoor walking area.
- Affordable senior care facility.
- Extreme conservatism in Washington County is out of control which leads to adult bullying and intimidation. Adults need to grow up.
- Help for drug addicts.
- Illegal drug use.
- In-patient mental health care.
- Local jobs that pay comfortable and livable wages.
- Lower our fuel prices so they are in line with surrounding counties, not 30-40 cents more expensive. It drives Washington County residents crazy. Also, preserve our local small Ag and keep investing in road improvements and maintenance.
- Nursing facilities for seniors and access to reproductive care including abortions.
- They need to stop the boosters of a new technology, experimental, untested so-called vaccination for a virus that has mutated to a mild version of its original self.
- Transportation to Rehabs for elderly - too far for a lot of people to drive.
- Washington County is so incredibly political. The deep conservative values are so strong and wrong. The county is NOT open and welcome to come together for the best interest of everyone. It is their way or you are wrong. There is too much hate in this county and adults need to start acting like adults. Our elected officials need to start embracing all residents, not just those with the same beliefs as them. I was happy living here until the last 2-3 years. Long time resident too.
- Women's Healthcare.

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	59%
Alcohol and substance use	54
Nutrition, physical activity and obesity	29
Communicable diseases or Covid-19	10
Chronic diseases	9
Tobacco and vaping products	7
Reproductive and sexual health	4
Maternal, infant, and child health	4
Intimate partner and domestic violence	3
Unintentional injury, including falls and motor vehicle accidents	3
Oral health	0
Not sure	7
Do not want to answer	<1
Other, please specify	1

- Affordable eldercare.
- They must stop pushing the new technology, experimental, untested so-called vaccination for a virus that has mutated to a mild version of its original self. And discontinue the ineffective masks.

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.

53095	25%
53090	15
53027	13
53022	9
53086	7
53040	7
53037	4
53033	3
Other (2% or less)	5
No answer	14

17. What is your age?

18-34	19%
35-44	15
45-54	16
55-64	20
65 and Older	21
No answer	8

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

Male	34%
Female	58
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	9

19. Are you Hispanic or Latino?

Yes	<1%
No	91
No answer	9

20. What is your race?

White	90%
Black, African American	<1
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	10

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	7
Some college	11
Technical school graduate	13
College graduate	41
Master's degree or higher	19
No answer	9

22. What is your annual household income before taxes?

Less than $10,000	0%
$10,000 to $20,000	0
$20,001 to $30,000	2
$30,001 to $40,000	2
$40,001 to $50,000	5
$50,001 to $60,000	5
$60,001 to $75,000	9
$75,001 to $90,000	12
$90,001 to $105,000	7
$105,001 to $120,000	15
$120,001 to $135,000	6
Over $135,000	20
Not sure	7
No answer	11

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

One	7%
Two	69
Three	12
Four	2
Five	1
Six	0
Seven	0
Eight	0
Nine	0
Ten or more	0
No answer	9

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

Spouse/Partner	75%
Parent(s)/In-law(s)	1
Grandparent(s)	<1
Child(ren) Under 18	32
Child(ren) 18 or Older	12
Friend/Roommate(s)	<1
Sibling(s)	0
Extended Family Member(s) Not Listed Above	0
Other (please specify)	0
No answer	9

25. What is your living situation today?

I have a steady place to live	90%
I have a place to live today, but I am worried about losing it in the future	1
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	9

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.
    - Future surveys should consider tracking sexual orientation demographics as well.
    - High healthcare costs are preventing residents from getting healthcare services.
    - I think continuing to offer your senior services is a big help.
    - Let's get back to reality, not sound so "woke". Please do your homework on vaccinations, both old and especially new, before recommending them. Don't blindly recommend things that actually harm people without knowing what you are doing.
    - Lower our fuel prices (taxes) so we can more easily enjoy our local resources and communities. Preserve our local small Ag that our communities were founded upon. Get ahead of the drug/substance problem that is getting worse everywhere.
    - Make the bivalent Covid booster easier to obtain.

- Mental Health counseling, meds and resources are strongly lacking - especially inpatient mental health care.
- More health care providers at all Washington County clinics. It is nearly impossible to get an appointment sooner than 3 months out and if needing and desiring to see your primary care provider for an urgent reason that is impossible and you end up seeing an urgent care provider who knows absolutely nothing about your medical history.
- More local Mental healthcare is needed, waiting to get an appt. is unacceptable when it comes to a person's mental health.
- My healthcare provider is not located within Washington or Ozaukee County and is not because of accessibility/ availability but rather due to my relocation.
- Need new school in Jackson.
- Our family doctors are very accessible, however, getting in to see a specialist can take up to 6 months.
- Our mental health system here in the county is not good. There are not enough therapists/counselors to see children and children and teens and that is a problem if you want to treat issues early. There are very long waits to see a therapist who will see teens and/or children. Also, from my work experience the lack of dental care for children on Badger Care here is appalling. Parents have to travel out of Washington County to get any appointments and they are booked months out in advance. Children should not have to wait that long to get proper dental care in a county like Washington County. It is terrible. I feel so sorry for these children whose parents have such a hard time finding them proper dental care close to home who take Badger Care.
- Please keep Samaritan (or something similar in Washington County - maybe even build a more efficient facility for older people who do not have resources for private long term care - and put a "wing" for mental health care.
- Please provide affordable housing. NOT LOW income or Luxury apartments. Just apartments that the average person can afford.
- Stop giving Narcan to drug addicts - all that does is support their bad choices. The County is essentially enabling users to continue to use illegal drugs knowing that they have a way to come back from an OD when they overdo it. Focus that funding on drug counseling, working to get people off of the drugs.
- Stop the Trump propaganda, our county looks like a bunch of uneducated hicks.
- Thank you for conducting this survey. I hope it will be well publicized and generate a large number of responses.
- Thank you for offering this survey.
- The cost of healthcare and medications are ridiculous. Government needs to do more to control these rising costs and the influence insurance companies and big pharma have in our medical system. Instead, all they do is fight among the parties and encourage hatred and violence. It's disheartening.
- The physical and emotional safety of LGBTQ+ individuals, especially youth, needs to be a priority. Their safety and validation will decrease their need for additional mental health and substance abuse services, which will only make our whole community healthier.
- There are no grocery stores in my town. There are no services that provide grocery delivery to my town in Allenton. There are no licensed child care facilities in my area. There are very limited PCPs available and access to healthcare is very limited.
- There is a need for elderly and mostly transportation to Froedtert Bluemound rehab etc. Dental for Medicare pts I know someone that needs heart surg from Froedtert, to but Froedtert needs dentist to sign off but patient can't afford 7000 to have teeth pulled so no surg.
- Washington County needs increase in public transport for low income people. We also need more affordable treatment options for alcohol and substance abuse issues and more mental health services for kids.
- We need to find a solution to the Samaritan issue. Seniors who have little or no money to pay for assisted living need a place to live with assistance. We also need to solve the problem of few senior care personnel. There are not enough caregivers to make seniors safe and comfortable.

- We need to have access to safe reproductive healthcare! This includes legal abortion. Abortion is Healthcare. Without my abortion, I would have died of sepsis. Mental Healthcare is a crisis - and there are very few agencies who take Medicaid. Very few who don't have waiting lists - over a month most places!!
- What happened to staff for the Washington County Health Dept.? Will the office be closing?

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 Washington County Community Health Needs Assessment: A Summary of Key Stakeholder Interviews

The Washington County Community Health Needs Assessment key stakeholder interview results can be found at Froedtert West Bend Hospital Community Engagement.

This report presents a summary of public health priorities for Washington 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 Washington 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.

Aurora Health Care, Froedtert Health and the Washington Ozaukee Public Health Department identified 23 key stakeholders in Washington County. These organizations also invited the stakeholders to participate and conducted the interviews from August and 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 economic stability and employment and family support. Access to social services, affordable childcare, safe and affordable housing, social connectedness and belonging and accessible and affordable health care 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 the community were mental health, mental conditions and suicide. Alcohol and substance use and nutrition, physical activity and obesity followed. "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, nonprofits, advocates, employers, community leaders and schools.

Limitations: Twenty-three key stakeholder interviews were conducted in Washington 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 Washington County data (e.g., community health survey and secondary data).

The six health issues identified most consistently were:

1. Economic Stability and Employment
2. Family Support
3. Access to Social Services
4. Mental Health, Mental Conditions, and Suicide
5. Alcohol and Substance Use
6. Nutrition, Physical Activity, and Obesity

Summaries of barriers/challenges, needed strategies and priority populations for each health issue are presented below in the order listed above. In addition, community identified resources, and partners are listed below.

Social Determinants of Health Rankings

General Themes

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

Top Social Determinants of Health Summaries

☑ **Economic Stability and Employment**

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

COVID-19 Impact: All key informants stated the most often COVID-19 impact was an increase in unemployment/business closures/income instability. Several mentioned the lack of jobs with livable wages or inflation. An increase of unemployment can increase food insecurities or the affordability of health care, intertwining with other social determinants of health.

One Major Effort: Several key informants indicated the support for a living wage/increase wages was a major effort to radically change the issue. A needs assessment or collaboration to build more affordable rentals and

permanent supportive housing was also listed. Finally affordable health care or childcare were also efforts that could help the issue.

Critical Community Stakeholders: Most often cited critical stakeholders were government agencies, economic development agencies/workforce development, employers and health care providers/systems. Schools, nonprofits and community advocacy groups were listed next.

☑ **Family Support**

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

COVID-19 Impact: The most often cited COVID-19's impact on family support included isolation and disconnectedness resulting in an increase of stress levels/anxiety/mental health issues.

One Major Effort: Over half of key informants indicated that more marketing/communication/awareness was a major effort to drastically change the issue. Building more affordable rentals and permanent supportive housing, decreasing mental health stigma or increasing collaboration at all levels (childcare, employment, health, etc.) were also listed. Involving parents/guardians/families or increasing the amount of mental health providers for early intervention were also listed.

Critical Community Stakeholders: Top critical stakeholders included schools and government agencies, including public health. Parents, youth/teens and nonprofits were listed next.

☑ **Access to Social Services**

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

COVID-19 Impact: The most often cited COVID-19 impact was that access became more difficult because services were mostly virtual. There also became a greater need for services.

One Major Effort: The most often listed efforts to radically improve the issue included marketing/ communication/awareness or increase support of services already offered.

Critical Community Stakeholders: Critical stakeholders included government agencies, nonprofits, including the faith community, the business community, health care providers/systems and schools.

☑ **Affordable Childcare**

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

COVID-19 Impact: The most often cited COVID-19 impact was the decrease in access to childcare providers. COVID-19 exacerbated the issue—fewer providers, slots and hours of operation along with some centers not accepting childcare benefits.

One Major Effort: Some mentioned a needs assessment would assist in understanding the issue better. Identifying a reasonable living wage, collaboration between private and public sectors or increasing marketing and awareness for the childcare field to increase the number of providers were also listed.

Critical Community Stakeholders: Critical stakeholders included nonprofits, government agencies, public sector/community centers and childcare. Employers, faith community, schools, career incentives, neighborhood/community and general community leaders were also mentioned.

☑ **Safe and Affordable Housing**

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

COVID-19 Impact: COVID-19 exacerbated the issue, with an increased demand. 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.

One Major Effort: Most key informants indicated that communities need to build more affordable rentals and permanent supportive housing. A planning effort to identify all the resources available and determine gaps was also a major effort that could radically change the issue. Legislative/policy changes were also listed.

Critical Community Stakeholders: Top critical stakeholders included government agencies, emergency shelter/housing coalitions, developers/builders, economic development agencies and workforce development.

☑ **Social Connectedness and Belonging**

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

COVID-19 Impact: All key informants stated COVID-19's impact was an increase in isolation and of not feeling like they belong. Virtual learning for children was not as effective. The fear of leaving the house to protect immunocompromised family members or delaying health care were also mentioned.

One Major Effort: Over half of key informants indicated more social connectedness programs was a major effort to radically change the issue. Key informants also indicated breaking down mental health stigma or ensuring inclusiveness.

Critical Community Stakeholders: Critical stakeholders were government agencies, health care providers/systems, schools, neighborhood/community and non-profits.

☑ **Accessible and Affordable Health Care**

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

COVID-19 Impact: Half of key informants stated COVID-19's impact was federal money to support the health care industry as well as expanded emergency Medicaid application. As funding stops, there will be more delayed health care.

One Major Effort: Some key informants indicated legislative/policy changes. Having collaboration of services, increasing funding to provide accessible transportation or affordable mental health and substance use therapies were all listed as a major effort to make a radical change in the issue.

Critical Community Stakeholders: Critical stakeholders included health care providers/systems and nonprofits. Elected officials, government leaders, policymakers, government agencies, employers and community advocacy groups were also mentioned.

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.

Accessible and Affordable Transportation

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

COVID-19 had the most impact on seniors who did not have transportation to medical appointments. Expanding transportation services was a listed strategy. Government, transportation providers and volunteers were listed as critical community stakeholders.

Food Insecurity

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

COVID-19 impacted the availability and affordability of food at stores. Food programs including school lunches were free, which has now ended. Increasing awareness of available services was listed as a strategy to address the issue. Health care systems, local government agencies, schools and community organizations were listed as critical stakeholders.

Quality of Health Care

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

COVID-19 lessened the availability of appointments and further advanced the shortage of staff and volunteers. Increasing provider hours was listed as a strategy to meet needs. Health care systems were critical stakeholders.

Community Violence and Crime

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

COVID-19 increased existing problems of community violence and crime. Support programs that address the cycle of mental health, substance use and crime was listed as a strategy. Elected leaders, the faith community, law enforcement and social services were listed as critical community stakeholders.

Environment Health (Clean Air, Safe Water, Etc.)

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

COVID-19's impact was taking the focus away from environment health. Education on how the environment can affect health was listed as a strategy to meet the issue. Businesses or government agencies were listed as key 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 gaps that already existed for people of color. A team was created to understand racism and discrimination; however, the key informant was not sure if it still existed.

Health Conditions/Behaviors Rankings

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

Twenty-one key informants' interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 16 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Youth/teens was listed next and followed by residents with behavioral health concerns or the elderly. People with low income, young adults to middle age or people who experienced trauma were also listed. Poor mental health can affect the ability to socially connect, their relationships, quality of life, employment status, AODA/addiction or school success. Long wait times to see someone may have also increased these issues.

Existing Strategies: Education, government services, mental health screenings in schools or nonprofits were the most often cited strategies. Student programs, crisis management, peer coaching/recovery coaches/support groups or mental health services were also existing strategies.

Additional Strategies Needed: Additional strategies included more education and awareness to help reduce stigma. More collaboration, access, funding and staff were also listed. School-based mental health screenings, more mental health professionals, de-escalation training and EAPs with mental health included.

Critical Community Stakeholders: Government agencies, including public health, health care system, mental health providers and schools were the most often listed critical stakeholders. Nonprofits, general community leaders or volunteers followed. Elected officials, law enforcement, crisis workers, colleges, parents or youth were also mentioned.

One Major Effort: Marketing/communication, collaboration as well as educating to reduce stigma were efforts to meet the needs of the communities. Improving mental health staff wages could increase the number of mental health providers. Early identification, insurance coverage, support groups or peer mentors were also mentioned.

Organization Needs: Partnership/collaboration, keeping up-to-date on available resources or having more mental health providers were the most often mentioned critical items organizations needed. Increased awareness, funding or resources along with mental health staff in schools were also mentioned.

COVID-19 Impact: The issue increased as a result of COVID-19. Isolation and social disconnectedness increased stress levels, anxiety or mental health. However, it also increased awareness of mental health issues which removed some of the stigma. The usefulness of telehealth, increased access for some, while it did not work well for others. In addition, there was an increased need for providers and some residents delayed health care.

☑ **Alcohol and Substance Use**

Ten key informants' interview rankings included alcohol and substance use as a top health condition/behavior and 3 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Youth were listed next, followed by teens. Alcohol and substance use affected overall mental health, employment status, relationships and could reach just about every point of life.

Existing Strategies: The criminal justice system, community campaigns or government services were the most often cited existing strategies. Student programs or other family education were also listed.

Additional Strategies Needed: More education, community campaigns, funding, awareness or increase support/treatment in the criminal justice system were additional strategies needed. Residential treatment, outpatient care, student programs, government services, increased access or more providers were also mentioned.

Critical Community Stakeholders: Critical stakeholders included government agencies, including public health, schools and law enforcement. Employers, the faith community, collaborations, parents/caregivers and nonprofits were also listed.

One Major Effort: Collaboration, a needs assessment, prevention/early intervention or support of existing services were the most often mentioned efforts to focus on.

Organization Needs: More partnerships/collaboration, increased funding or increased awareness of resources were the most often organizational needs listed. Others listed de-escalation training.

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

☑ **Nutrition, Physical Activity and Obesity**

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

Populations Affected and How: Youth were the most often specified population. Affected populations may lack education around health care/nutrition/physical activity which can result in an unhealthy quality of life.

Existing Strategies: Education, walking paths/trails/parks or school/community nutrition programs were listed as existing strategies most often.

Additional Strategies Needed: Education, collaborations and awareness were most often listed additional strategies needed. Government services, community programs and more staff were also listed.

Critical Community Stakeholders: Critical stakeholders included health care providers, government agencies, schools, park and recreation department, nonprofits and care centers.

One Major Effort: Increased marketing/communication/awareness was the most often mentioned effort to address the issue. Planning, assessing needs or collaboration efforts followed. Youth or adult health education were also listed to address the issue.

Organization Needs: Wellness programs and funding were organizational needs to address the issue.

COVID-19 Impact: COVID-19 caused a more sedentary life with less activity and poor nutrition.

☑ **Maternal, Infant and Child Health**

Four key informants' interview rankings included maternal, infant and child health as a top health condition/behavior and one ranked it number one.

Populations Affected and How: The key informants reported families with young children as the population affected most often. Unhealthy childhood can continue to affect adulthood.

Existing Strategies: Government services was listed as an existing strategy followed by nonprofits.

Additional Strategies Needed: Awareness, education, funding or more staff to help parents/families were listed as additional strategies.

Critical Community Stakeholders: Critical stakeholders included government agencies, including public health, health care providers/systems, elected officials, childcare and nonprofits.

One Major Effort: The most often cited major effort to radically change the issue would be increased funding for public health department or access to quality childcare.

Organization Needs: Increased awareness, more funding, resources or staffing were organizational needs to address the issue.

COVID-19 Impact: COVID-19 safety procedures of childcare closings, limited staffing or limited hours affected number of children served by centers, affecting the number of hours parents could work.

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.

Chronic Diseases

Three key informants' interview rankings included chronic diseases as a top health condition/behavior and one ranked it number one.

More prevention education, resources or partnerships were additional strategies needed. Health care systems, wellness programs and community agencies were listed as critical stakeholders. Because of COVID-19, residents delayed visits to health care providers, thereby increasing deterioration in patient health.

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 and enforcement of the minimum age were additional strategies needed.

Oral Health

One key informants' interview ranking included oral health as a top health condition/behavior and zero ranked it number one.

Residents delayed dental appointments and now dental providers are overwhelmed. More collaboration or funding are strategies needed. Community, foundations and donors were critical stakeholders.

Appendix H: Key Stakeholder Organizations Interviewed for purposes of conducting the Froedtert West Bend Hospital CHNA

Key Stakeholder Organizations	Description of Organizations
4C Family Center of Washington County	Nonprofit that provides programs for parents, youth and families.
Aging Disability Resource Center of Washington County	Provides information, assistance, and access to services and community resources for seniors and adults with disabilities.
Albrecht Free Clinic	Free medical and dental clinic for uninsured.
Boys and Girls Club of Washington County	Nonprofit youth serving agency providing youth academic and recreational programming.
Casa Guadalupe Education Center, Inc	Nonprofit serving Latinx community.
Elevate Inc.	Nonprofit providing prevention, intervention and recovery support around substance abuse and mental health.
Germantown School District	Provides public education for youth.
Interfaith Caregivers of Washington County	Provides services for seniors.
Kettle Moraine YMCA	Nonprofit providing services that help people improve their health and well-being.
Kewaskum School District	Provides public education for youth.
Moraine Park Technical College	Higher education institute.
NAMI Washington County	Provides mental health services through resources, education, and recovery support service in a safe and social atmosphere.
Senior Center Activities	Provides services for seniors.
Threshold Inc	Provides services for people with disabilities.
United Way of Washington County	Nonprofit that engages, convenes and mobilizes community resources to address community health needs.
UW Madison- Extension	Designs educational programs focused on agriculture, community development, human development & relationships, nutrition education, 4-H youth development, and positive youth development.
Washington County	Government agency.
Washington County Economic Development Corp.	Provides support for local business and economic growth.
Washington County Health and Human Services	Government department that provides behavioral health services.
Washington County Sherriff's Office	Law enforcement agency.
Washington Ozaukee Public Health Department	Government department that prevents disease and promotes health.
Washington Ozaukee Waukesha Workforce Development Board	Provides support for local business and economic growth.
West Bend School District	Provides public education for youth.

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. Data for each indicator were presented by race and ethnicity and gender when the data were available. A secondary data analysis was completed between September and November 2022. All of the data come from publicly available data sources.

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.

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 West Bend Hospital 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 Washington 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.

Appendix K: Review of the Fiscal Year 2021-2023 Froedtert West Bend Hospital CHNA Implementation Strategy

Froedtert West Bend Hospital's previous CHNA implementation strategy addressed the following priority health needs: Access to Health Care Services and Navigation of Community Resources, Behavioral Health, Chronic Disease Prevention and Management, Youth Engagement, Social Determinates of Health and Community Health Leadership.

The table below describes the actions taken during the 2021-2023 CHNA to address each priority need and indicators of improvement.

Significant Health Need	Program	Actions	Outcomes
Access to Health Care Services and Navigation of Community Resources	Provide and assist eligible patients with affordable transportation options. Support community efforts to increase access to affordable transportation options within Washington County and surrounding areas Ensure a strong safety net of services that improve access to care among vulnerable populations.	• Provide subsidized medical transportation rides to underserved populations. • Continue awareness of available transportation services for Froedtert staff that serve qualified individuals. • Support the Washington County Coordinated Transportation Committee. • Expand assistance and support of the Albrecht Free Clinic to improve access to healthcare, dental and behavioral care services for uninsured and underinsured population. • Expand assistance and support of the Community Health Navigators to improve access to health care and navigation of resources. • Explore virtual or digital community health opportunities and other innovative ways to deliver care. • Improve health literacy by implementing digital programs such as Coverage to Care and/or Navigating MyChart Community Education Program.	• Provided 7,796 subsidized medical transportation rides. • Covered over $21,000 in transportation costs. • Provided a Transportation Guide to Froedtert West Bend Hospital staff. • Participated on the Coordinated Transportation Committee to look at transportation gaps in the county. • Albrecht Free Clinic provided almost 2,500 medical visits and over 2,000 dental visits. • Community Health Navigators (CHN) impacted over 3,000 individuals, seen over 800 individuals for chronic disease conditions, made over 600 referrals and impacted over 400 individuals through outreach. • Health literacy and promotion of digital tools are ongoing efforts.
Behavioral Health	Increase opportunities for social engagement to reduce isolation, depression and addiction. Increase opportunities for the safe removal of prescription drugs from households. Enhance behavioral health training for the Community Health Navigators. Increase number of behavioral health	• Support behavioral health support groups through community partnerships. • Support and promote evidence-based initiatives through community behavioral health coalitions. • Support Drug Take Back Day through community coalitions. • Implement drug disposal program at Froedtert Health outpatient pharmacies. • Support evidence-based behavioral health trainings for Community Health Navigators. • Expand behavioral health screenings at Albrecht Free Clinic, Casa Guadalupe Education Center and other community	• Almost 1,500 individuals participated in Froedtert Health support groups. However, topics were not specific to behavioral health. • Over 200 people were impacted by coalition efforts. • Froedtert West Bend Hospital continues to partner with Elevate, Inc. and the health department to support Drug Take Back Day events. • A Froedtert Health drug disposal program is in development. • CHN's are provided behavioral health training during onboarding. • Over 400 individuals were screened at partner sites.

	screenings and referrals.	partner sites. • Expand and support the ED to Recovery Program.	• ED to Recovery was discontinued due to COVID-19.
Chronic Disease Prevention and Management	Increase number of community chronic disease and cancer screenings, access to support services and prevention opportunities. Increase access to affordable and healthy foods.	• Increase number of screening opportunities in the community such as Albrecht Free Clinic, Casa Guadalupe Education Center and with other partners. • Expand assistance and support of the Community Health Navigators and community partners to provide chronic disease prevention programs. • Provide Community Education & Wellness classes through in-person or virtual experiences. • Increase navigation to community and hospital services through care coordinators, social workers and partnered Community Health Navigators. • Explore food prescription or Emergency Food Bag Programs to implement within hospital and clinics. • Expand support and opportunities to utilize produce grown from hospital garden. • Collaborate with community coalitions through the Washington Ozaukee Public Health Department focused on nutrition and physical activity.	• Thirty-one individuals were screened through community partnership events. • CHNs saw over 800 individuals for chronic disease conditions, and impacted over 400 individuals through outreach. • Almost 1,800 individuals participated in community education and wellness classes. • Over 200 individuals were referred through the Froedtert social worker and the CHNs provided over 600 referrals. • Food prescription programming continues to be explored in partnership with Medical College of Wisconsin Cancer Center. • The hospital garden was discontinued due to COVID-19. • Coalition programs were implemented such as Harvest of the Month, Wellness in Our Parks and Screen Free Week. Over 1,500 individuals were impacted by coalition outreach.
Youth Engagement	Increase engagement with schools and youth serving organizations to improve health outcomes for youth. Provide youth workforce development opportunities to develop skills to secure meaningful health care careers.	• Understand current youth opportunities to promote health at local school districts. • Support schools, youth serving organizations and community coalitions to implement evidence-based health initiatives around mental health and substance abuse/use. • Support the implementation of the Youth Risk Behavior Survey throughout Washington County school districts. • Provide in-person and virtual opportunities for youth to learn about health care careers and education such as programs, tours, speakers and internships.	• Many programs are available through school partnerships such as Peers 4 Peers, NAMI trainings, and Youth and Family Project. • Efforts continue to get the Youth Risk Behavior Survey implemented. COVID-19 impacted progress. • Workforce development opportunities include Project SEARCH and speaker series at local high schools.
Social Determinates of Health	Reduce food insecurity and barriers for patients through partnerships and referrals. Support efforts to strengthen local workforce. Provide and assist eligible patients with accessible and	• Explore opportunities to increase access to healthy, nutrient rich and affordable food in partnership with food pantries, grocery stores, and other local organizations. • Support economic vitality through involvement with local chamber of commerce, school districts and other organizations focused on economic development. • Continue to support Project SEARCH	• Exploration continues with how Froedtert West Bend Hospital can partner with local food pantries. • Examples of involvement include chamber participation and health care career exploration opportunities with school districts. • Two interns completed the Project SEARCH program. • Provided 7,796 subsidized medical transportation rides. • Covered over $21,000 in

	affordable transportation options. Support non-profit and public/private organizations that will promote healthy communities through lifestyle behavior change, social determinants of health and navigation of resources for residents in Washington County. Provide inclusive, culturally and linguistically competent care to all patients, information to community members and education to staff.	to develop social and employment skills for adults with disabilities. • Navigate appropriate medical transportation options to underserved populations. • Align Healthy Community Fund grant dollars to support organizations that address identified community health needs. • Continue to support the United Way Campaign to support local non-profits and organizations. • Partner with Human Resources and Diversity & Inclusion to implement programs and policies that address bias and institutional racism.	transportation costs. • The Healthy Community Fund awarded $728,393 to non-profits throughout Washington County. Over 7,000 lives were impacted through grantee programming. • Froedtert West Bend Hospital continues to give generously to the United Way Campaign by raising a restricted corporate gift and dedicating staff hours. • Efforts continue to expand the Eradicating Racism and Enhancing Health Equity Plan.
Community Health Leadership	Support non-profit and public/private organizations that will promote healthy communities through lifestyle behavior change, social determinants of health and navigation of resources for residents in Washington County. Expand health and wellness initiatives offered internally through Froedtert Health. Actively support the development of community coalitions and partnerships to address community health needs.	• Facilitate and manage the Healthy Community Fund operations and committee functions • Prioritize funding to partnerships and programs that identify community health needs • Require collective impact strategies/programs for funding consideration • Monitor outcomes and impact for organizations receiving Healthy Community Fund funding • Promote impact of funding with Washington County residents and partners • Continue to support building community capacity to address health priorities through staffing and financial support, county-level health coalitions and collaborative partnerships with diverse community stakeholders. • Identify opportunities to partner with community stakeholders to impact social determinants of health. • Partner with Workplace Wellness and community coalitions to implement opportunities to improve staff well-being.	• The Healthy Community Fund awarded $728,393 to non-profits throughout Washington County. Over 7,000 lives were impacted through grantee programming and over 100 partnerships developed. • Froedtert West Bend Hospital staff are involved with community coalitions, partnerships and engage diverse community stakeholders to increase community capacity as well as address social determinants of health. This was done through key stakeholder interviews, community health survey, and internal and external committee involvement. • Workplace Wellness provided programming for Cultivate Wellness in Our Parks as well as many initiatives to our staff. Over 24,000 individuals were impacted by Workplace Wellness.