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Introduction | Aurora Health Care

Aurora Health Care, a not-for-profit, integrated health care system, is Wisconsin’s most comprehensive health care provider and the state’s largest private employer. As caregivers, we serve more than 1.2 million patients every year. Our patients enjoy care that is coordinated across an integrated network of facilities, services and providers. Aurora’s 15 hospitals are bringing the latest technologies to communities across eastern Wisconsin and northern Illinois. Primary care clinics offer a wide array of primary and specialty physicians, diagnostic services and wellness programs. Home care, which includes nursing, durable medical equipment, hospice and therapy services, is coordinated through the Aurora Visiting Nurse Association. Our pharmacies, behavioral health services and labs all work together to provide a vital link in the continuum of care.

Part I | Aurora Medical Center Manitowoc County (AMCMC)

Who we are. What we do

Aurora Medical Center Manitowoc County was originally founded in 1928 as Two Rivers Community Hospital. Our affiliation with Aurora Health Care in 1993 led to the construction and opening of the medical center at our present site in June of 2000. AMCMC is located on the beautiful shores of Lake Michigan, just about halfway between downtown Manitowoc and downtown Two Rivers.

Who we serve

The Aurora Medical Center Manitowoc County patient service area includes most of Manitowoc County – reaching 34,300 Aurora patients.

<table>
<thead>
<tr>
<th>Aurora Medical Center Manitowoc County by the Numbers (2012)</th>
<th>Area facilities and service partners include</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 69 hospital beds</td>
<td>• Aurora Health Center</td>
</tr>
<tr>
<td>• More than 43,800 outpatient visits</td>
<td>– Mishiot</td>
</tr>
<tr>
<td>• More than 400 newborn deliveries</td>
<td>– Reedsville</td>
</tr>
<tr>
<td>• More than 9,200 emergency department visits</td>
<td>– Two Rivers</td>
</tr>
<tr>
<td>• More than 2,600 surgical cases (inpatient and outpatient)</td>
<td>– Valders</td>
</tr>
<tr>
<td></td>
<td>• Aurora Manitowoc Clinic</td>
</tr>
<tr>
<td></td>
<td>• Aurora Two Rivers Clinic</td>
</tr>
<tr>
<td></td>
<td>• Aurora Pharmacies</td>
</tr>
<tr>
<td></td>
<td>• Aurora Visiting Nurse Association</td>
</tr>
</tbody>
</table>

Aurora Medical Center Manitowoc County Distinctions

The Joint Commission
- First hospital in Wisconsin to earn certification for hip and knee programs
- Only hospital in the county to earn certification for stroke program

American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
- Cardiac Rehabilitation Certification, 2013 (for meeting standards and criteria, best practices, and the high-quality care of heart patients)

American College of Surgeons Commission on Cancer
- Outstanding Achievement Award, 2012 (cancer accreditation program)

To learn more about our hospital, please [click here](#).
Economic impact study – Manitowoc County

A report by the University of Wisconsin-Milwaukee found that Aurora Health Care’s economic impact is substantial in every county in which its hospitals, clinics and other ambulatory facilities operate.¹

- Aurora’s combined operations rank among the top five employers in Manitowoc County at number two with 810 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora’s operations on other business, the number grows to 1,149 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 3.8 percent of all employment and 5.0 percent of total payroll in Manitowoc County (pg. 26).

- Aurora’s business output/input revenue for Manitowoc County has a total impact of $141.00 million (pg. 24).

- As an anchor institution, in 2012 Aurora Medical Center Manitowoc County provided the following:
  - Community Benefits: $1,526,290
  - Uncompensated Care: $4,499,000

Community Benefit Report 2012 Aurora Medical Center Manitowoc County

Assessing community health status – an ongoing commitment

Since 2003, Aurora Health Care has underwritten a community health survey of Manitowoc County every three years, conducted in partnership with the Manitowoc County Health Department. This helps the health department focus its resources on population health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. To view the community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

Although Aurora Medical Center Manitowoc County serves patients from Manitowoc County and beyond, for the purpose of the community health needs assessment the community served is defined as Manitowoc County.

Manitowoc County is located on the shoreline of Lake Michigan and carries the nickname of Wisconsin’s “Maritime Capital,” due to its long history as a shipbuilding center. The city of Manitowoc is homeport to the largest car ferry on the Great Lakes, carrying cars and passengers from Manitowoc to Ludington, Michigan and back. Manitowoc County is home to three higher education campuses including Lakeshore Technical College, Silver Lake College and the University of Wisconsin-Manitowoc.2

**Manitowoc County includes suburban and rural areas:**
- Cities of Kiel (most), Manitowoc, Two Rivers
- Towns of Cato, Centerville, Cooperstown, Eaton, Franklin, Gibson, Kossuth, Liberty, Manitowoc, Manitowoc Rapids, Maple Grove, Meeme, Mishicot, Newton, Rockland, Schleswig, Two Creeks, Two Rivers
- Villages of Cleveland, Francis Creek, Kellnersville, Maribel, Mishicot, Reedsville, St. Nazianz, Valders, Whitelaw
- 41 unincorporated communities

**County health ranking**
According to the 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Manitowoc County ranked 41 out of 72 counties in health outcomes and 49 out of 72 for health factors.3
### Demographic Characteristics of Manitowoc County and Wisconsin, 2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Manitowoc County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>81,442</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>37.2</td>
<td>38.5</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>92.3%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>0.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>1.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>3.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>18.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>34.8%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>30.3%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>16.8%</td>
<td>13.2%</td>
</tr>
<tr>
<td><strong>Education level of adults 25 years and older</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school degree</td>
<td>10.4%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>40.5%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>30.2%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>18.8%</td>
<td>24.0%</td>
</tr>
<tr>
<td><strong>Unemployment Rate (estimate)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of those ages 16 or older who are unemployed</td>
<td>5.3%</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Median household income (estimate)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2010 inflation-adjusted dollars)</td>
<td>$47,298</td>
<td>$49,001</td>
</tr>
<tr>
<td><strong>Percent below poverty in the last 12 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.0%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

Note: Some totals may be more or less than 100% due to rounding or response category distribution


Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

Partnership
The community health survey was sponsored by Aurora Health Care and Holy Family Memorial, and in partnership with Healthiest Manitowoc County, Manitowoc County Health Department and the United Way of Manitowoc County. The community health survey is supplemented by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org.

The 2013 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs. Since 2003, Aurora Health Care has underwritten a community health survey of Manitowoc County every three years, conducted in partnership with the Manitowoc County Health Department.

Purpose and process of the shared Community Health Needs Assessment
From 2012-2013 a community health needs assessment was conducted to 1) determine current community health needs in Manitowoc County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital’s existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report.
Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2013) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources
Source #1 | Manitowoc County Community Health Survey Report
The community health survey is a source of primary community health data. The latest telephone survey was completed between February 22 and March 11, 2013, and analyzed and posted in 2013. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description see Appendix A and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Manitowoc County (Appendix B). Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, Healthy People 2020 objectives are presented for each indicator. The report was prepared in 2012 by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source
Source #3 | Key Informant Interview Report
Eight individual key informant interviews were conducted between August and December 2012 (Appendix A), taking into account input from persons who represent the broad interests of the community served. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Manitowoc County, based on the focus areas presented in Wisconsin’s State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Among the key informants were leaders from public health, education and community organizations. These key informants represent the broad interest of the community served, including medically underserved, low income and minority populations.

The Key Informant Interview Report presents the results, including cross-cutting themes and summaries of the top five health issues and additional health issues. Moreover, the Key Informant Interview Report compiles a listing of potential resources and partnerships identified to address community health issues (Appendix A). The report was prepared by the Center for Urban Population Health.
Additional sources of data and information used to prepare the Aurora Medical Center Manitowoc County CHNA and considered when identifying significant community health needs:

Source #4 | Wisconsin Cancer Facts & Figures (2011)
Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Manitowoc County

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, *Healthiest Wisconsin 2020*, as well as the nation as outlined in the *Healthy People 2020*, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and in particular specific areas within the community (such as neighborhoods or populations experiencing health disparities).

To determine the significant health needs identified through the CHNA, the following criteria was considered:

- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)

The *Healthy People 2020* definition of a health disparity:

If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual’s ability to achieve good health.

<table>
<thead>
<tr>
<th>Summary of municipal health department community health improvement plan (CHIP), <em>Healthiest Wisconsin 2020</em> and <em>Healthy People 2020</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Municipal Health Department Community Health Improvement Plan (CHIP)</strong></td>
</tr>
<tr>
<td><strong>Healthiest Wisconsin 2020</strong></td>
</tr>
</tbody>
</table>
| **Healthy People 2020** | “*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities” [http://www.healthypeople.gov/2020/about/default.aspx](http://www.healthypeople.gov/2020/about/default.aspx) |
Summary of the significant health needs identified through the CHNA for Manitowoc County

When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access

Based on the key informant interview findings, access emerged as one of the top five health issues for Manitowoc County (Source #3). Additionally, access was among the top five community health issues reported by adults (Source #1).

Questions regarding unmet medical, dental and mental health care, and prescription medications were added to the community health survey (Source #1) in 2013.

Unmet medical care | In 2013, 11% of adults reported there was a time in the last 12 months they did not receive needed medical care. Respondents who were 35 to 54 years old or unmarried were more likely to report they did not receive the medical care needed (Source #1).

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary medical care to 4.2%

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability and reduce preventable deaths.  

Unmet dental care | In 2013, 11% of adults reported there was a time in the last 12 months they did not receive needed dental care. Respondents who were female, 35 to 44 years old, with some post high school education or less or in the bottom 40 percent household income bracket ($40,001) were more likely to report they did not get the dental care they needed (Source #1).

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary dental care to 5.0%

Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs.  

Unmet prescription medications | In 2013, 10% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months. Respondents in the top 40 percent household income bracket (at least $60,001) were more likely to report someone in their household had not taken their prescribed medication due to prescription costs (Source #1).

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%

Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.  

---


Unmet mental health care | In 2013, 2% reported unmet mental health care in last 12 months (Source #1).

Why is this significant? Unmet mental health care can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.\(^7\)

Coverage

![Manitowoc County Community Health Survey](chart.jpg)

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

As illustrated in the chart above, in 2013 there was a notable decrease in respondents reporting no health care coverage currently or in the past 12 months as compared to 2010. Despite these noted decreases, this remains a significant health need since the objective is for all residents in Manitowoc County to have consistent health care coverage. Timely use of health services can lead to better health outcomes.

In 2013, 6% of adults reported they personally were not currently covered, a slight decrease from 2003 (7%). Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they were not currently covered by health care insurance (Source #1).

In 2013, 9% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a large decrease from 2010 (22%). Respondents 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

In 2013, 13% of adults reported a household member was not covered at least part of the time in the past year, a large decrease from 2003 (20%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report this (Source #1).

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.8

Chronic disease: asthma, diabetes, heart disease and cancer

Chronic disease and cancer were among the top five community health issues reported by adults (Source #1). Chronic conditions such as asthma, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.9

Asthma | In 2013, 8% of adults reported current asthma, up from 5% in 2003. This is the same as the state (8%) and slightly lower than the United States (9%). Respondents who were female or 18 to 34 years old were more likely to report current asthma (Source #1). Note: the comparison to the state and U.S. is based on the 2010 Behavioral Risk Factor Surveillance System.

Why is this significant? Asthma attacks can be mild, moderate, or serious – and even life threatening. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential. Without proper management, asthma can lead to high health care costs.10

Diabetes | In 2013, 11% of adults reported diabetes in the past three years, up from 6% in 2003. Respondents 65 and older or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report diabetes (Source #1).

Why is this significant? Diabetes can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.11

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Heart disease or heart condition | In 2013, 11% of adults reported heart disease or heart condition in the past three years, up from 6% in 2003. Respondents 65 and older, with a high school education or less or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report heart disease/condition (Source #1).

Why is this significant? The term “heart disease” refers to several types of heart conditions, such as coronary heart disease, which can lead to heart attack, angina, heart failure and arrhythmias. High blood pressure, high cholesterol, and smoking are key risks for heart disease. In 2010, heart disease was a leading cause of death in Manitowoc County.

Cancer | The 2004-2008 Manitowoc County cancer incidence rate was 590.1 per 100,000, higher compared to the state (516.0 per 100,000) (Source #2).

Based on the 2011 Wisconsin Cancer Facts & Figures, the 2003-2007 total number of cancer cases for Manitowoc County was 2,398 (all sites). There were 335 cases of prostate cancer, 293 cases of female breast cancer, 260 cases of lung and bronchus cancer, and 236 cases of colon and rectum cancer (Source #5).

Why is this significant? A person’s cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active. In 2010, cancer was a leading cause of death in Manitowoc County.

Health risk behaviors: alcohol use, tobacco use, nutrition and physical activity

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol consumption, tobacco use, poor nutrition and lack of physical activity.

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Alcohol use | Based on the key informant interview findings, alcohol and drugs emerged as one of the top five health issues for Manitowoc County (Source #3). Additionally, alcohol use and abuse was among the top five community health issues reported by adults (Source #1).

In 2013, 31% of adults reported binge drinking in the past month, a considerable increase from 2003 (19%), and higher compared to the state (22%) and the United States (15%). Respondents 18 to 34 years old were more likely to report binge drinking at least once in the past month (Source #1).

- The Healthy People 2020 goal for adult binge drinking is 24%.

Binge drinking is defined as five or more drinks on one occasion for males and four or more for females (Source #1). Note: the comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System.

Why is this significant? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society, from losses in productivity, health care, crime and other expenses.\(^{17}\)

Smoking | In 2013, 19% of adults reported cigarette smoking in the past 30 days (current smoker), down from 28% in 2003. Respondents who were 45 to 54 years old or unmarried were more likely to report being a current smoker (Source #1).

- The Healthy People 2020 target is to reduce cigarette smoking by adults to 12.0%.

Additionally, in 2010, 20.2% of Manitowoc County mothers indicated smoking during pregnancy (Source #2).

- The Healthy People 2020 target is no greater than 1.4%.

Why is this significant? 90% of all deaths from chronic obstructive lung disease are caused by smoking. Smoking increases the risk of coronary heart disease, stroke and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach).\(^{18}\) In 2010, cancer was a leading cause of death in Manitowoc County.\(^{19}\) Additionally, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.\(^{20}\)

Nutrition and physical activity | Based on the key informant interview findings, nutrition and physical activity emerged as one of the top five health issues for Manitowoc County (Source #3).

In 2013, 42% of adults reported engaging in recommended moderate or vigorous activity, down from 48% in 2007. 60% of adults reported eating the recommended fruit servings while 23% of adults reported eating the recommended vegetable servings (Source #1).

---
In 2013, 11% of adults reported food bought for the household didn’t last and there was no money to purchase more food, 7% reported using a food pantry, and 1% reported household went hungry sometime in the last 12 months (Source #1).

**Why is this significant?** Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one’s risk for overweight and obesity.21

### Health risk factors: high blood pressure, high blood cholesterol and overweight/obesity

#### Manitowoc County Community Health Survey

**Health Risk Factors**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2007</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>19%</td>
<td>28%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>16%</td>
<td>28%</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Overweight/obese</td>
<td>66%</td>
<td>63%</td>
<td>66%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**High blood pressure and high blood cholesterol** | In 2013, 30% of adults reported high blood pressure and 26% of adults reported high cholesterol in the past three years, an increase from 2003 (19% and 16%, respectively). Respondents 65 and older, with a high school education or less or overweight respondents were more likely to report high blood pressure. Respondents 55 and older, with a high school education or less or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report high blood cholesterol (Source #1).

- The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%

**Why is this significant?** High blood pressure increases the risk for heart disease and stroke. Likewise, high cholesterol is a risk factor for heart disease. Fortunately, there are ways to prevent high blood pressure and cholesterol or treat it if it is already high.22 In 2010, heart disease was a leading cause of death in Manitowoc County.23

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**Overweight/Obesity** | Overweight and obesity were among the top five community health issues reported by adults (Source #1).

In 2013, 73% of adults were classified as being overweight, an increase from 2003 (66%). Respondents who were male, in the bottom 60 percent household income bracket or inactive were more likely to be classified as overweight. Since 73% of adults in 2013 were classified as overweight, this means 27% of adults were classified as a healthy weight (Source #1).

- The *Healthy People 2020* goal for healthy weight is 34%.

In the Manitowoc County Community Health Survey, the category “overweight” includes overweight and obese respondents. One nationally used definition of overweight status developed by the CDC is when a person’s body mass index (BMI) is greater or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter² (Source #1).

**Why is this significant?** Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.²⁴

**Injury**

**Injury hospitalization** | The 2010 Manitowoc County injury hospitalization rate was 906.2 per 100,000, which is lower compared to the state (914.9 per 100,000). The average patient age was 58.7 years old, average length of hospital stay was 4.1 days, and average hospital charge was $25,598 (Source #2).

- The *Healthy People 2020* target for injury hospitalization rate is 555.8 per 100,000 (Source #2).

**Why is this significant?** Injuries are a leading cause of death for people ages 1 – 44 in the United States. Each year, millions of people are injured and survive. They are faced with life-long mental, physical and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.²⁵

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Mental health

Based on the key informant findings, mental health emerged as one of the top five health issues for Manitowoc County (Source #3).

Mental health conditions | In 2013, 16% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, up from 9% in 2007. Respondents 18 to 34 years old or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report a mental health condition (Source #1).

  Why is this significant? Mental health conditions are extremely costly to society, due to diminished personal, social and occupational functioning. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking and excessive drinking.26

Suicide | In 2011, 3% of adults reported feeling so overwhelmed in the past year that they considered suicide, a slight decrease from 2003 (4%). This means approximately 1,890 Manitowoc County adults may have considered suicide in the past year (Source #1).

Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1).

Additionally, in 2010, there were 11 suicides in Manitowoc County (13.5 per 100,000) (Source #2).

  – The Healthy People 2020 target is 10.2 per 100,000

  Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.27

Section 4 | Prioritized significant health needs

During 2012 an ad hoc committee of the Aurora Health Care Board of Directors’ Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a “signature community benefit focus” for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured)

During 2013, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)

Using this criteria, Aurora Medical Center Manitowoc County has prioritized the significant health needs to address in our implementation strategy:

- Access and coverage
- Health risk behaviors – nutrition and physical activity
- Health risk factor - overweight/obesity
- Chronic disease
Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies and goals for asthma, high blood pressure and high blood cholesterol as these are part of the standard continuum of clinical care at AMCMC and Aurora clinics. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put people at greater risk for health complications and disease.

There is important work being done through organizations within the community to address alcohol and tobacco use, injury prevention and mental health. Healthiest Manitowoc County (HMC), a community-based initiative, with a mission to improve the health of Manitowoc County, mobilizes numerous volunteers representing all sectors of the community. The Manitowoc County Health Department and the United Way of Manitowoc County are key partners. Currently, HMC coalitions are focused on injury prevention, mental health and substance abuse prevention, including alcohol and tobacco.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, click here.
Part III | Aurora Medical Center Manitowoc County Implementation Strategy

Introduction

Responsible stewardship of limited charitable resources: Our not-for-profit role in the community

As an affiliate of Aurora Health Care Inc., the leading not-for-profit healthcare provider in eastern Wisconsin, our purpose is to help people live well. We recognize our role in addressing concerns about the accessibility and affordability of health care in Manitowoc County. Further, we recognize that we are accountable to our patients and communities, and that our initiatives to support our communities must fit our role as a not-for-profit community hospital.

It is not surprising that we are asked to support a wide array of community activities and events in Manitowoc County. However, today’s community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives.

The implementation strategies presented here are the result of our process for assessing community health needs, obtaining input from community members and public health representatives, prioritizing needs and consulting with our hospital staff and physician partners. Our strategies are organized into three main categories in alignment with three core principles of community benefit as shown below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1: Access</td>
<td>• Access for persons in our community with disproportionate unmet health needs</td>
</tr>
<tr>
<td>and Coverage</td>
<td></td>
</tr>
<tr>
<td>Priority #2: Community Health Improvement Plan</td>
<td>• Build links between our clinical services and local health department community health improvement plan (CHIP)</td>
</tr>
<tr>
<td>Priority #3: Hospital focus</td>
<td>• Address the underlying causes of persistent health problems</td>
</tr>
</tbody>
</table>

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. A full accounting of our community benefits are reported each year and can be found by visiting http://www.aurora.org/commbenefits.

Principal community health improvement tool: Community Partnerships

For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity-building to address unmet community health needs.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.
Access

In 2013, 11% of adults reported there was a time in the last 12 months they did not receive needed medical care (CHNA Source #1)

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary medical care to 4.2%

In 2013, 11% of adults reported there was a time in the last 12 months they did not receive needed dental care (CHNA Source #1)

- The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary dental care to 5.0%

Focus | Access is a an Aurora Health Care signature community benefit focus

Principal partner
- Aurora Medical Group (AMG)
- Aurora Pharmacy

Community partners
- Community Clinic of Manitowoc County (CCMC)
- Healthiest Manitowoc County (HMC) – Access to Healthcare Coalition
- Healthy Teeth-Healthy Communities Dental Clinic
- Touched Twice Annual Free Clinic – Hosted by the Christian Community of Manitowoc County
- Salvation Army of Manitowoc Clinic (opened one day per week)

Target population
- Uninsured and Medicaid-eligible patients using our hospital emergency department (ED) for primary care and frequent ED users using the ED for non-emergent conditions
What we will do

For access | To ensure that the primary and emergent health care needs of underserved and uninsured persons living in Manitowoc County can be appropriately addressed, we will:

- Commit hospital leadership to serve on the Healthiest Manitowoc County (HMC) Access to Healthcare Coalition
- Financially support the newly opened Community Clinic of Manitowoc County (CCMC), a non-profit, multi-specialty clinic providing urgent and primary care three days per week ($15,000/year for three years; third year is 2015)
- Provide referral and navigation support to uninsured persons seen in our emergency department (ED) who will benefit from the urgent and primary care services available at CCMC
- Provide referral and navigation support to uninsured persons seen in our ED who will benefit from the dental care provided by the Healthy Teeth-Healthy Communities Dental Clinic housed in the same building with CCMC
- Provide appropriate imaging services for patients referred from CCMC and Salvation Army Clinic
- Support our AMG physicians and clinicians who provide health care services at the annual Touched Twice Free Clinic event
- Donate supplies and provide equipment to CCMC and the annual Touched Twice Free Clinic
- Provide complimentary transportation for anyone needing access to our health care facilities

For coverage | To ensure coverage for uninsured and Medicaid-eligible patients using our ED for primary and dental care, we will:

- Actively screen uninsured patients seen in ED for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, and assist with application processes
- Through our specially trained financial advocates, inform and educate all uninsured patients about the benefits of securing coverage through the Marketplace (the health insurance exchange) and assist those who need help

Intended impact

- A demonstrable increase in “health home” capacity and utilization by underserved populations (Medicaid-eligible and uninsured) in Manitowoc County
- Uninsured and Medicaid-eligible patients will successfully transition to the Marketplace and acquire affordable coverage
- Uninsured and Medicaid-eligible patients currently relying on our hospital ED for primary care services, chronic disease management and dental care will successfully transition to a “health home”

Measures to evaluate impact

- Number of Medicaid-eligible and uninsured patients referred to primary care provider (Aurora Medical Group and Community Clinic of Manitowoc County) and, to the extent that HIPAA law allows, monitor follow-through of patients referred to these clinics
- Number of patients referred for dental care (Community Clinic of Manitowoc County and Healthy Teeth-Healthy Communities Clinic)
- Number of uninsured screened and enrolled in financial assistance programs (e.g., Aurora Helping Hand Patient Financial Assistance program) or the Marketplace (the health insurance exchange)
Based on the 2013 Manitowoc County Community Health Survey (CHNA Source #1), in 2013:

- 73% of adults were classified as being overweight or obese, an increase from 2003 (66%). Since 73% of adults in 2013 were classified as overweight, this means 27% of adults were classified as a healthy weight.
  - The Healthy People 2020 goal for healthy weight is 34%.
- 42% of adults reported engaging in recommended moderate or vigorous activity, down from 48% in 2007.
- 60% of adults reported eating the recommended fruit servings, while 23% of adults reported eating the recommended vegetable servings.

Healthiest Manitowoc County and the 2020 Manitowoc County Community Health Improvement Plan (CHIP) identified nutrition and physical activity as one of the key health priorities.

Focus | Nutrition, physical activity and overweight/obesity

Principal partner
- Aurora Medical Group (AMG)

Community partners
- Healthiest Manitowoc County Coalition for Physical Activity and Nutrition
- Manitowoc County Extension Office
- Manitowoc and Two Rivers Area Schools
- Public Health Department
- The Y

Target population
- Manitowoc County residents

What we will do

To support the Healthiest Manitowoc County priority around physical activity and nutrition for all ages, we will:

- Provide free community presentations and seminars on physical health and fitness and prevention of sports injuries featuring cardiac and orthopedic physicians, as well as rehabilitation specialists.
- Provide on-site running clinics to prevent sports injuries among first-time exercisers who participate in community-building programs we sponsor, including:
  - Couch-to-5K, a 10-week program to get anyone ready to successfully compete.
  - Monster Dash, a 5K run/walk for all age groups, held each spring in Two Rivers.
- Partner with The Y to bring Kid Shape 2.0 to Manitowoc County. Kid Shape 2.0 is an eight week community-based program for students who are overweight or obese and their families, which includes instruction and activities related to healthy eating, physical activity and behavior modification.
- Provide dieticians to conduct educational sessions for students in local grade schools and high schools.

To ensure access to healthy food, we will:

- Continue to supply cafeteria food to local food pantries and conduct food drives for the pantries.
- Support the annual local Stock the Shelves program.
To ensure that unemployed and homebound persons have access to nutritious meals and locally grown foods, we will:

- Continue to support the development of local farm-to-fork systems within our county
- Continue to subsidize the Two Rivers Meals-on-Wheels program providing over 1,000 meals per month

**Intended impact**

- Percent of adults and adolescents engaging in physical activity is increased
- Community participation in local farm-to-fork system is increased
- Partnership for Kid Shape 2.0 is successfully launched in 2014 and introduced to the community

**Measures to evaluate impact**

**Physical activity programs/projects**

- Number of community presentations and seminars to prevent sport injuries
- Number of educational sessions for grade school and high school students; number of participants
- Number of running clinics for Couch-to-5k and Monster Dash; number of participants

**Local farm-to-fork system**

- Usage of Electronic Benefit Transfer (EBT) transactions at local Farmers Markets (Note: during 2012 our hospital underwrote the cost of the EBT machine and baseline measures are being recorded for 2013)

**Kid Shape 2.0**

- Number of children and families enrolled in Kid Shape 2.0 (per 8-week session)
- Percent of children and families who complete the entire session
- BMI/weight before and after 8-week session
- Behavioral modification assessment before and after 8-week session

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Note: the following Healthy Manitowoc County 2020 objectives for physical activity and nutrition will be reassessed in the 2016 CHNA

- By 2020, 53% of adults will report engaging in moderate or vigorous physical activity for 60 minutes daily, five days per week (Baseline: CHNA Survey 2010: 49%)
- By 2020, 53% of high school students will report being physically active five or more days per week for at least 60 minutes daily (Baseline YRBS 2011: 50%)
- By 2020, 50% of food vendors at Farmer’s Markets in Manitowoc County will accept Food Share (food stamps) payment using Electronic Benefit Transfer cards (2011: none)
Focus | Chronic disease and fall prevention among older adults (65 years and older)

Principal partner
- Aurora Medical Group (AMG)

Community partner
- Aging and Disability Resource Center (ADRC)

Target population
- Individuals ages 65 years and older with one or more chronic disease(s)

What we will do
To reduce hospital admissions for frail elderly, and to support those who provide in-home care for frail elderly, we will:

- Collaborate with the Aging and Disability Resource Center (ADRC) and area skilled nursing facilities to maintain the success of the Acute Care for the Elderly (ACE) program launched in 2011 to ensure the most effective and least stressful ways to treat nursing home residents experiencing changes in their health status
- Collaborate with ARDC and Holy Family Memorial to participate in the Care Transition program, which provides transition coaches to assist our elderly patients who are discharged from the hospital with a comprehensive plan of care, to promote better communication between health organizations and foster greater patient empowerment
- Collaborate with the ADRC to provide facilitators for the Steppin’ On program, a 7-week workshop to help persons 65 years and older prevent falls. The workshop covers:
  - Falls and risk
  - Strength and balance exercise
  - Safe footwear and walking
  - Vision and falls
- Provide a Registered Nurse to teach the six-week program, Taking Care of You: Powerful Tools for Caregivers, to support those who provide in-home personal care for a chronically ill, disabled or aged family member or friend. This program is provided twice each year.

Intended impact
- Reduce stress and improve quality of life for frail elderly persons in our county with chronic diseases
- Reduce risk for falls and improve confidence to maintain an active life among persons 65 years and older

Measures to evaluate impact
- Surveys completed by the six area nursing homes in the ACE program
- Hospital admissions data for patients 65 and older
- Reduction of falls in the home
- Percent of Steppin’ On participants self-reporting ability to remain active and live safely at home
The American Academy of Pediatrics recommends “exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.” The Academy has identified breastfeeding as an optimal method of feeding and nurturing infants, and has recognized health, nutritional, immunological, developmental, psychological, social and economic benefits of breastfeeding.28

Increasing breastfeeding initiation, duration and exclusivity is part of the 2013-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan.

Focus | Breastfeeding
With more than 400 newborn deliveries, our hospital has the opportunity to promote and support breastfeeding

Principal partner
- Aurora Medical Group (AMG)

Community partners
- Breastfeeding Coalition of Manitowoc County
- Manitowoc County Health Department – Women, Infants and Children (WIC)
- The Community Partnership for Children of Manitowoc County - This coalition was formed by the Manitowoc County Health Department, along with United Way and other community partners, to build an integrated system that promotes optimal physical, social-emotional, and developmental health of children and their families
- The Crossing (women’s health center)

Target population
- All mothers who deliver babies at Aurora Medical Center Manitowoc County

What we will do
For our part in supporting the Community Partnership for Children of Manitowoc County, we will provide enhancements to breastfeeding programs regularly offered by our hospital:
- Free online breastfeeding education program
- This Side Up, a safe-sleep program to create awareness for new parents and caregivers
- Provide a dedicated pre- and post-natal RN instructor/coordinator to coach our new mothers
- Offer free and on-going lactation classes at The Crossing
- Actively participate in the Breastfeeding Coalition of Manitowoc County
  – Breastfeeding support available at hospitals, health department, family support programs and doctors’ offices

Intended impact
- Increase breastfeeding rate among the mothers who deliver babies at AMCMC from the current rate of 73% to the Aurora system goal of 80%

Measures to evaluate impact
- Percent of mothers breastfeeding at discharge

Appendix A | Manitowoc County Community Health Survey Report (Source#1)
The report is available at www.aurora.org/commbenefits

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent’s household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Manitowoc County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between February 22 and March 11, 2013. 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 who lived in Manitowoc County. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 630 adults.

The margin of error for smaller subgroups will be larger. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Partners & Contracts: This report was sponsored by Aurora Health Care and Holy Family Memorial, and in partnership with Healthiest Manitowoc County, Manitowoc County Health Department and the United Way of Manitowoc County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
**Appendix B | Manitowoc County Health Data Report: A summary of secondary data sources (2012) (Source #2)**
The report is available at www.aurora.org/commbenefits

**Data Collection & Analysis:** In spring 2012, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Manitowoc County.

**Publicly available data sources used for the Secondary Data Report**

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American FactFinder and American Community Survey</strong></td>
<td>American FactFinder provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. <em>Source: United States Department of Commerce, US Census Bureau</em></td>
</tr>
<tr>
<td><strong>Wisconsin Interactive Statistics on Health (WISH)</strong></td>
<td>WISH uses protected databases containing WI data from a variety of sources and provides information about health indicators (measure of health). Select topics include Behavioral Risk Factor Survey, birth counts, fertility, infant mortality, low birth weight, prenatal care, teen births, cancer, injury emergency department visits, injury hospitalizations, injury mortality, mortality, and violent death. <em>Source: Wisconsin Department of health Services, Division of Public Health, Office of Health Informatics</em></td>
</tr>
<tr>
<td><strong>County Health Rankings &amp; Roadmaps</strong></td>
<td>Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publically available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). <em>Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.</em></td>
</tr>
</tbody>
</table>

Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. When applicable, *Healthy People 2020* objectives are presented for each indicator. The objectives were not included unless the indicator directly matched with a *Healthy People 2020* objective.

**Partners & Contracts:** The secondary data report was sponsored by Aurora Health Care and Holy Family Memorial, and in partnership with Healthiest Manitowoc County, Manitowoc County Health Department and the United Way of Manitowoc County. The report was prepared by the Center for Urban Population Health.
Appendix C | Manitowoc County Health Needs Assessment: A summary of key informant interviews (2012) (Source #3)
The report is available at www.aurora.org/commbenefits

Data Collection and Analysis: Eight individual interviews were conducted between August and December 2012. The organizations were selected based on the following criteria:

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

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

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manitowoc Public School District</td>
<td>“The Manitowoc Public School District will provide rigorous learning for all students within a safe and orderly environment. We will educate pupils in the basics and help them develop as self-reliant citizens.”</td>
</tr>
<tr>
<td>St. Mary’s Home Felician Village</td>
<td>“Felician Village is a community-based, retirement residence continuing the 120+ year tradition of the Felician Sisters' commitment to care giving. Felician Village is dedicated to providing quality, resident-focused living where dignity and self-worth are valued, lives enriched and relationships celebrated.” “On July 12, 2010, Felician Village opened a brand new, 64 bed nursing home; St. Mary’s. The new St. Mary’s has four households with 16 residents in each household. The new household concept gives the residents a home-like atmosphere where they are able to feel comfortable with all of the comforts of home right at their fingertips. At St. Mary's at Felician Village, we are committed to our residents' comfort and well-being and we celebrate and respect each individual's dignity, goodness and worth.”</td>
</tr>
<tr>
<td>Lakeshore CAP, Inc.</td>
<td>“The mission of Lakeshore Community Action Program (CAP) is to promote economic self-sufficiency and well-being of low-income persons through advocacy, community education, and resource development in Door, Kewaunee, Manitowoc and Sheboygan Counties. ” “The Agency mission is to enable and empower all persons, parents and families through voluntary prevention education and support, intervention and treatment programs. Emphasis is placed on practices which promote strong service coordination, collaboration and comprehensive case management.”</td>
</tr>
<tr>
<td>Manitowoc County UW Extension</td>
<td>“Manitowoc County UW-Extension extends the knowledge and resources of the University of Wisconsin, in a timely and professional manner, to people where they live and work.”</td>
</tr>
<tr>
<td>First Presbyterian Church</td>
<td>“First Presbyterian Church, Manitowoc, is a Family of Believers: Glorifying God, Serving our Community, Educating for Faith and Life, Caring for One Another, and Reaching Out in Christ’s Name.”</td>
</tr>
<tr>
<td>Northwest Wisconsin Area Health Education Center (NEWAHEC)</td>
<td>“The Northwest Wisconsin Area Health Education Center’s (NEWAHEC) mission is to enhance access to quality health care, particularly primary and preventive care, for the underserved population in northeastern Wisconsin. Through the prudent use of available resources, we achieve our mission primarily through education of present and future health professionals, by developing creative partnerships with academic institutions and...”</td>
</tr>
</tbody>
</table>
The interviewers used a standard interview script that included the following elements:

1) Each key informant was asked to rank order the top 3 to 5 major health-related issues for Manitowoc County, which is based on the focus areas presented in Wisconsin’s State Health Plan, Healthiest Wisconsin 2020.

2) For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Healthiest Wisconsin 2020 focus areas include alcohol and drug, chronic disease, communicable disease, environmental and occupational health, growth and development, mental health, nutrition, oral health, physical activity, reproductive & sexual health, tobacco, access, and injury and violence.

Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results of this process, including cross-cutting themes, summaries of top five health issues, additional summaries of each health issue are also reported, and potential resources and partnerships to address each of the community health issues.

Community assets, potential resources and partnerships identified through the CHNA (key informants) for the top five issues that emerged as key health priorities for Manitowoc County

The top five health issues that emerged as key priorities for Manitowoc County were: 1) Tie - alcohol and drugs and nutrition, 3) Tie - physical activity and mental health, and 5) Tie - access and growth and development

Key community partners:

- **Alcohol and drugs**: Hospitals should partner with schools, law enforcement, and community businesses, and continue working with Healthiest Manitowoc 2020
- **Nutrition**: Hospitals should be partnering with schools, food programs, farmers and farmer markets, and local businesses and organizations. Healthiest Manitowoc County 2020 has focused on this issue as well and may be an important partner
- **Physical Activity**: Hospitals should be partnering with the Y, Coalition for Activity and Nutrition, schools, employers, and Manitowoc County Park and Recreation
- **Mental health**: Hospitals should be partnering with local, county, and mental health organizations as well as schools and providers. The Painting Pathways program, which serves adults diagnosed with mental illness, appears to be very important among the key informants
- **Access**: Hospitals should be partnering with the schools, health care providers (and specifically with specialists) and health departments, and continue working with non-profits that address substance abuse and mental health
- **Growth and development**: Hospitals should be partnering with local organizations such as United Way, CESA 7 (Cooperative Educational Service Agency Region 7), Lakeshore Family Resources, Healthiest Manitowoc County 2020 and local schools

Partners & Contracts: The key informant interview report sponsored by Aurora Health Care and Holy Family Memorial, and in partnership with Healthiest Manitowoc County, Manitowoc County Health Department and the United Way of Manitowoc County. The report was prepared by the Center for Urban Population Health.
# Manitowoc County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Manitowoc County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care and Holy Family Memorial in partnership with HealthNet Manitowoc County, Manitowoc County Health Department and United Way of Manitowoc County. Additional data is available at www.aurora.org/community, www.hltnet.org, www.healthnetinc.org, www.manitowoccountyhealthdept.info, and www.unitedwaymanitowoccounty.org.

## Appendix D | Manitowoc County Community Health Survey Report Summary

### Overall Health

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>33%</td>
<td>16%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Very Good</td>
<td>31%</td>
<td>33%</td>
<td>92%</td>
<td>20%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>15%</td>
<td>18%</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

### Vaccinations (65 and Older)

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccination (past year)</td>
<td>69%</td>
<td>67%</td>
<td>60%</td>
<td>73%</td>
</tr>
<tr>
<td>Pneumonia (ever)</td>
<td>59%</td>
<td>63%</td>
<td>65%</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Other Research: 2010

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccination (past year)</td>
<td>69%</td>
<td>67%</td>
<td>60%</td>
<td>73%</td>
</tr>
<tr>
<td>Pneumonia (ever)</td>
<td>59%</td>
<td>63%</td>
<td>65%</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Health Care Coverage

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Covered</td>
<td>7%</td>
<td>7%</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Household Member (past 12 months)</td>
<td>22%</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Research: 2010

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia (ever)</td>
<td>5%</td>
<td>12%</td>
<td>7%</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Did Not Receive Care Needed (Past 12 Months)

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>11%</td>
<td>21%</td>
<td>11%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Unmet Food Needs in Past Year

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Food Didn’t Last</td>
<td>11%</td>
<td>7%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

### Health Information and Services

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>31%</td>
<td>38%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Recommended Moderate of Vigorous</td>
<td>44%</td>
<td>66%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Routine Procedures

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better or Best of Physical Health</td>
<td>82%</td>
<td>80%</td>
<td>74%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Other Research: 2010

<table>
<thead>
<tr>
<th>Manitowoc County</th>
<th>2023</th>
<th>2027</th>
<th>2019</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending Time in Nature</td>
<td>48%</td>
<td>22%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Personal Connectedness or Spirituality</td>
<td>20%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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Aurora Medical Center Manitowoc County | Page 32 of 37
<table>
<thead>
<tr>
<th>Men's Health (40 and Older)</th>
<th>Alcohol Use in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Manitowoc County</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td></td>
</tr>
<tr>
<td>Within Past 2 Years</td>
<td>2007 2010 2013</td>
</tr>
<tr>
<td>67% 63% 58%</td>
<td></td>
</tr>
<tr>
<td>Women's Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manitowoc County</td>
</tr>
<tr>
<td></td>
<td>2003 2007 2010 2013</td>
</tr>
<tr>
<td>Menopause (50%; within past 2 years)</td>
<td>83% 80% 80% 81%</td>
</tr>
<tr>
<td>Bone Density Scan (65 and older)</td>
<td>59% 78% 85%</td>
</tr>
<tr>
<td>Pap Smear (18 – 65, within past 5 years)</td>
<td>52% 85% 81% 83%</td>
</tr>
<tr>
<td>Other Research: (2010)</td>
<td></td>
</tr>
<tr>
<td>Menopause (50%; within past 2 years)</td>
<td>69% 78%</td>
</tr>
<tr>
<td>Pap Smear (18%; within past 1 year)</td>
<td>81% 81%</td>
</tr>
<tr>
<td>Colorectal Cancer Screenings (50 and Older)</td>
<td></td>
</tr>
<tr>
<td>Manitowoc County</td>
<td>2003 2007 2010 2013</td>
</tr>
<tr>
<td>Blood Pressure Test (within past year)</td>
<td>3% 3% 3% 3%</td>
</tr>
<tr>
<td>Systolic Blood Pressure (within past 5 years)</td>
<td>7% 7% 7% 7%</td>
</tr>
<tr>
<td>Colorectal Cancer Screenings (within past 30 years)</td>
<td>70% 70%</td>
</tr>
<tr>
<td>Screening in Recommended Time Frame</td>
<td>71% 75%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td></td>
</tr>
<tr>
<td>Manitowoc County</td>
<td>2003 2007 2010 2013</td>
</tr>
<tr>
<td>Current Smokers (past 30 days)</td>
<td>28% 20% 23% 19%</td>
</tr>
<tr>
<td>Of Current Smokers...</td>
<td></td>
</tr>
<tr>
<td>Quit Smoking 1 Day or More in Past Year Because Trying to Quit</td>
<td>0% 32% 37% 45%</td>
</tr>
<tr>
<td>Saw a Health Care Professional Past Year And Advised to Quit Smoking</td>
<td>67% 80% 90%</td>
</tr>
<tr>
<td>Other Research: (2010)</td>
<td></td>
</tr>
<tr>
<td>Current Smokers (2010)</td>
<td></td>
</tr>
<tr>
<td>Told to Quit (2003)</td>
<td>15% 19%</td>
</tr>
<tr>
<td>Exposure to Smoke</td>
<td></td>
</tr>
<tr>
<td>Manitowoc County</td>
<td>2010 2013</td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td></td>
</tr>
<tr>
<td>Not allowed anywhere</td>
<td>70% 78%</td>
</tr>
<tr>
<td>Allowed to smoke anywhere</td>
<td>7% 9%</td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>4% 24%</td>
</tr>
<tr>
<td>No rules tobacco related</td>
<td>15% 11%</td>
</tr>
<tr>
<td>Neighbors' Smoking Behavior</td>
<td></td>
</tr>
<tr>
<td>Exposure in Past Seven Days</td>
<td>12% 17%</td>
</tr>
<tr>
<td>Other Research: (2003, 2006-2009)</td>
<td></td>
</tr>
<tr>
<td>Smoking Permitted at Home</td>
<td>15% 75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Problems Associated With...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manitowoc County</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Gambling</td>
</tr>
<tr>
<td>Money of Prescription or Class Drugs</td>
</tr>
<tr>
<td>Crime, Harass or Other Street Drugs</td>
</tr>
<tr>
<td>Mental Health Status</td>
</tr>
<tr>
<td>Manitowoc County</td>
</tr>
<tr>
<td>Felt sad, blue or depressed</td>
</tr>
<tr>
<td>Always/Seldom</td>
</tr>
<tr>
<td>Find Meaning and Purpose in Daily Life</td>
</tr>
<tr>
<td>Seldom/Never</td>
</tr>
<tr>
<td>Considered Suicide (past year)</td>
</tr>
<tr>
<td>Personal Safety in Past Year</td>
</tr>
<tr>
<td>Manitowoc County</td>
</tr>
<tr>
<td>Avoided for Their Safety</td>
</tr>
<tr>
<td>Pushed, Kicked, Slapped, or Hit</td>
</tr>
<tr>
<td>At Least One of the Safety Issues</td>
</tr>
<tr>
<td>Community Health Issues</td>
</tr>
<tr>
<td>Manitowoc County</td>
</tr>
<tr>
<td>Alcohol Use or Abuse</td>
</tr>
<tr>
<td>Overweight or Obesity</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Chronic Diseases</td>
</tr>
<tr>
<td>Access to Health Care</td>
</tr>
<tr>
<td>Illegal Drug Use</td>
</tr>
<tr>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Mental Health or Depression</td>
</tr>
<tr>
<td>Prescription or Over-The-Counter Drug Abuse</td>
</tr>
<tr>
<td>Environmental Issues</td>
</tr>
</tbody>
</table>

Net missed in 2010
Overall Health and Health Care Key Findings

In 2013, 52% of respondents reported their health as excellent or very good, 16% reported fair or poor. Respondents with some post high school education or less, in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor conditions. From 2003 to 2013, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2013, 6% of respondents reported they were not currently covered by health care insurance; respondents 18 to 34 years old, with high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Nine percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents 18 to 34 years old, with high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Thirteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. From 2003 to 2013, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2010 to 2013, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past 12 months. From 2003 to 2013, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.

In 2013, 10% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the top 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported that there was a time in the last 12 months they did not receive the medical care needed or dental care needed while 2% reported they did not receive the mental health care needed. Respondents who were 35 to 54 years old or unmarried were more likely to report they did not receive the medical care needed. Respondents who were female, 35 to 44 years old, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed.

In 2013, 11% of respondents reported there was a time in the last 12 months the food bought for their household didn’t last and they didn’t have money to get more. One percent of respondents reported their household went hungry because they couldn’t afford enough food. Seven percent of respondents reported they used a food pantry. Respondents 18 to 64 years old, with high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report the food they bought for their household didn’t last. Respondents 18 to 34 years old, with high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report they used a food pantry.

In 2013, 78% of respondents reported their primary place for health services was from a doctor’s or nurse practitioner’s office; respondents who were 55 and older or married were more likely to report this. Thirty-eight percent of respondents had an advance care plan, respondents 65 and older or with a college education were more likely to report an advance care plan. From 2007 to 2013, there was no statistical change in the overall percent of respondents reporting their primary place for health services was from a doctor’s or nurse practitioner’s office. From 2003 to 2013, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2013, 79% of respondents reported a routine medical checkup two years ago or less while 75% reported a cholesterol test four years ago or less. Seventy percent of respondents reported a visit to the dentist in the past year while 66% reported an eye exam in the past year. Respondents who were female, 65 and older or with a college education were more likely to report a routine checkup two years ago or less. Respondents 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents who were 55 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were 45 to 54 years old or in the top 40 percent household income bracket were more likely to report an eye exam in the past year. From 2003 to 2013, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less, a cholesterol test four years ago or less, a dental checkup in the past year or an eye exam in the past year.
In 2013, 48% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Seventy-one percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2003 to 2013, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2013, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination. From 2003 to 2013, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.

Health Risk Factors Key Findings

In 2013, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (30% and 26%, respectively). Respondents 65 and older, with a high school education or less or overweight respondents were more likely to report high blood pressure. Respondents 65 and older, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report high blood cholesterol. Respondents 65 and older, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Respondents 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report a mental health condition. Respondents 65 and older or in the bottom 40 percent household income bracket were more likely to report diabetes. Respondents who were female or 18 to 34 years old were more likely to report current asthma. From 2003 to 2013, there was a statistical increase in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition, diabetes or current asthma. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported stroke. From 2007 to 2013, there was a statistical increase in the overall percent of respondents who reported a mental health condition. From 2010 to 2013, there was no statistical change in the overall percent of respondents who reported cancer.

In 2013, 64% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Respondents who were female, with some post high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents felt so overwhelmed they considered suicide in the past year. Five percent of respondents reported they seldom or never find meaning and purpose in daily life. Respondents 18 to 34 years old, 65 and older, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed, they considered suicide or they seldom or never find meaning and purpose in daily life.

Spirituality

In 2013, 13% of respondents reported their own personal connectedness or spirituality was excellent. Respondents who were female, in the middle 20 percent household income bracket or married respondents were more likely to report this. When asked how respondents experience spirituality, 59% reported through prayer, 57% reported going to a religious site such as a church, synagogue or mosque while 48% reported spending time in nature. Female respondents were more likely to report praying as a way to experience spirituality. Respondents who were female or with a college education were more likely to report going to a religious site as a way to personal connectedness. Respondents who were female, in the top 40 percent household income bracket or married respondents were more likely to report yoga. Respondents 35 to 44 years old were more likely to report reading the Bible as a way to experience spirituality.

Behavioral Risk Factors Key Findings

In 2013, 32% of respondents did moderate physical activity five times a week for 30 minutes while 20% did vigorous activity three times a week for 20 minutes. Combined, 42% met the recommended amount of physical activity. Respondents who were not overweight were more likely to report this. Seventy-three percent of respondents were classified as overweight. Respondents who were male, in the bottom 60 percent household income bracket or inactive were more likely to be classified as overweight. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes or in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2013, there was a statistical increase in the overall percent of respondents being overweight.
In 2013, 60% of respondents reported two or more servings of fruit while 33% reported three or more servings of vegetables on an average day. Respondents who were female, in the top 40 percent household income bracket, unmarried or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female or in the middle 50 percent household income bracket were more likely to report at least three servings of vegetables on an average day. From 2003 to 2013, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day.

In 2013, 81% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Eighty-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. From 2003 to 2013, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2007 to 2013, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2013, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2013, 58% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a prostate-specific antigen (PSA) test. From 2007 to 2013, there was no statistical change in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years.

In 2013, 12% of respondents 50 and older reported a blood stool test within the past year. Seven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 70% reported a colonoscopy within the past ten years. These results in 75% of respondents meeting current colorectal cancer screening recommendations. Respondents who were in the recommended amount of physical activity were more likely to report this. From 2003 to 2013, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2010 to 2013, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2010 to 2013, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2013, 19% of respondents were current smokers, respondents who were 45 to 54 years old or unmarried were more likely to be a smoker. In the past 12 months, 44% of current smokers quit smoking, for one day or longer because they were trying to quit. Ninety percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2003 to 2013, there was a statistical decrease in the overall percent of respondents who were current smokers. From 2003 to 2013, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2007 to 2013, there was a statistical increase in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2013, 78% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Seventeen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. Respondents 18 to 54 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. From 2010 to 2013, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2010 to 2013, there was no statistical change in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2013, 64% of respondents had an alcoholic drink in the past 30 days. In the past month, 9% were heavy drinkers while 31% were binge drinkers. Respondents 18 to 54 years old were more likely to have binged at least once in the past month. Twenty percent of respondents reported in the past month they had been a driver or a passenger when the driver perhaps had too much to drink. From 2003 to 2013, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2013, there was no statistical change in the overall percent of respondents who reported heavy drinking or they were a driver or passenger when the driver perhaps had too much to drink in the past month.
In 2013, 2% of respondents each reported someone in their household experienced a legal, social, personal or physical problem in the past year in connection with drinking alcohol, marijuana use or gambling. Less than one percent of respondents reported someone in their household experienced a problem in connection with the misuse of prescription drugs/over-the-counter drugs while 0% reported a problem with cocaine/heroin/other street drugs. From 2007 to 2013, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking in the past year.

In 2013, 4% of respondents reported someone made them afraid of their personal safety in the past year; respondents who were 35 to 44 years old or unmarried were more likely to report this. Five percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were male, 35 to 44 years old or with some post high school education were more likely to report this. A total of 7% reported at least one of these two situations; respondents who were 35 to 44 years old or unmarried were more likely to report this. From 2003 to 2013, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2003 to 2013, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.

Community Health Issues
In 2013, respondents were asked to list the top three health concerns in the county. The most often cited were alcohol use/abuse (30%), overweight/obesity (28%) and cancer (23%). Respondents with a college education or in the middle 20 percent household income bracket were more likely to report alcohol use/abuse as a top concern. Respondents who were female, 18 to 34 years old, 45 to 54 years old, with a college education or in the middle 20 percent household income bracket were more likely to report overweight/obesity. Respondents 65 and older or with a high school education or less were more likely to report cancer. Respondents 35 to 44 years old, 55 to 64 years old, in the bottom 40 percent household income bracket or in the top 10 percent household income bracket were more likely to report access to health care. Respondents 18 to 34 years old were more likely to report tobacco use. Respondents with some post high school education or married respondents were more likely to report mental health/depression. Male respondents were more likely to report prescription/over-the-counter drug abuse as one of the top health issues. Unmarried respondents were more likely to report environmental issues.