

Ascension All Saints Hospital

2021 Community Health Needs Assessment Racine County, Wisconsin



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Racine County, as well as to inform planning efforts to address those needs. Input was intentionally gathered from the most vulnerable individuals and communities to identify their unmet health needs or gaps in services. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

**Ascension All Saints Hospital, Inc.
39-1264986**

Ascension All Saints Hospital - Spring Street Campus

3803 Spring St.

Racine, WI 53405

<https://healthcare.ascension.org/locations/wisconsin/wiwheracine-ascension-all-saints-hospital-main-entrance-spring-street-campus>

262-687-4011

Ascension All Saints Hospital - Wisconsin Avenue Campus

1320 Wisconsin Ave.

Racine, WI 53403

<https://healthcare.ascension.org/locations/wisconsin/wiwheracine-ascension-all-saints-hospital-wisconsin-avenue-campus>

262-687-5600

The 2021 Community Health Needs Assessment report was approved by the Board of Directors of Ascension All Saints Hospital, Inc., on January 25, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website. **We value the community's voice and welcome feedback on this report. Please visit our public website at (<https://healthcare.ascension.org/chna>) to submit your comments.**

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Acknowledgements

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Racine County. Ascension All Saints is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report and your interest and commitment to improving the health of Racine County.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Racine County. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension All Saints serves Racine and surrounding areas, Ascension All Saints has defined its community served as Racine County for the 2021 CHNA. Racine County was selected as Ascension All Saints' community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Assessment Process and Methods

The 2021 CHNA was conducted from October 2020 to January 2021, and incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, healthcare consumers, healthcare professionals, community stakeholders and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. Community input included mailed surveys with 566 residents and 16 key stakeholder interviews with organization partners, including those that serve low-income or otherwise marginalized populations. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension All Saints analyzed secondary data and community input to identify the needs in Racine County. In collaboration with community partners, Ascension All Saints used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- Access to Care
- Access to Healthy Foods
- Alcohol and Drug Use
- Community Safety
- Mental Health

The process used to determine the health needs on which the hospitals would focus then included a prioritization meeting with a steering group of Ascension All Saints leaders and stakeholders. The data was presented to the steering group and recommendation options based on the top identified needs from the community were brought forward for consideration. The prioritized health needs were determined through a majority vote after the options were discussed at length. The stakeholders considered the following criteria in choosing the campus' priorities: scope of problem (number of people impacted, severity); health disparities (by income and/or race and ethnicity); feasibility (known interventions, capacity); momentum/commitment (political will, community readiness); alignment (with health department, coalitions, Ascension Wisconsin strategies).

Based on the process described above, three prioritized health needs were identified for Racine County. Those needs are:

- Access to Care
- Access to Healthy Foods
- Mental Health

These priorities will additionally consider strategies through the lens of the lasting social impact of COVID-19, Access to Care, Social Determinants of Health and Equity.

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension All Saints Hospital

As a Ministry of the Catholic Church, Ascension All Saints is a non-profit hospital with two campuses, governed by a local board of directors, and provides medical care to Racine County and the surrounding communities. In Wisconsin, Ascension operates 17 hospital campuses, more than 100 related healthcare facilities and employs more than 1,200 primary and specialty care clinicians from Racine to the Fox Valley.

Serving Wisconsin for about 150 years, Ascension is continuing the long and valued tradition of addressing the health of the people in our community. Following in the footsteps of our founders, Ascension Wisconsin was formed in 2016 when sponsorship transitioned from four health systems: Wheaton Franciscan Healthcare, Ministry Health Care, Columbia St. Mary's and Affinity Health System.



For more information about Ascension All Saints Hospital - Spring Street Campus, visit <https://healthcare.ascension.org/locations/wisconsin/wiwe/racine-ascension-all-saints-hospital-main-entrance-spring-street-campus>.

For more information about Ascension All Saints Hospital - Wisconsin Avenue Campus, visit <https://healthcare.ascension.org/locations/wisconsin/wiwe/racine-ascension-all-saints-hospital-wisconsin-avenue-campus>.

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension All Saints’ commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension All Saints.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Ascension All Saints has defined its community served as Racine County. Although Ascension All Saints serves Racine and surrounding areas, the “community served” was defined as such because (a) most of our service area is in this county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

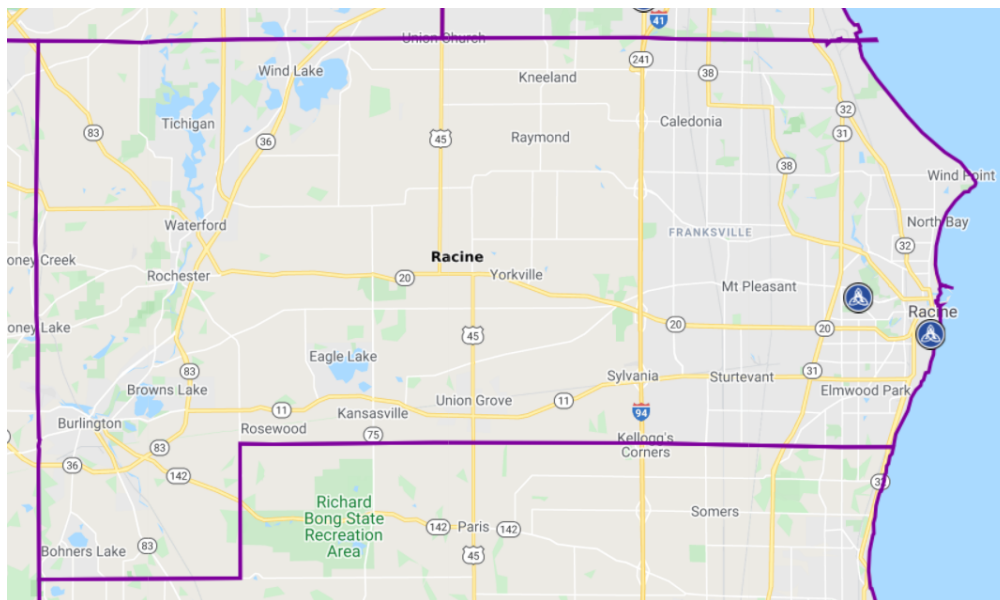


Image 1: Map of Community Served

A metropolitan area, Racine County’s leading industries are Manufacturing, Retail, Healthcare and Social Services, and Banking, Finance and Insurance.

Demographic Data

Located in southeast Wisconsin, Racine County has a population of 195,602 and is the fifth-most populous county in the state. Below are demographic data highlights for Racine County:

- 25.6 percent of the residents of Racine County are 65 or older, compared to 16.5 percent in Wisconsin
- 86.9 percent of residents are non-Hispanic; 13.1 percent are Hispanic or Latino (any race)
- 80.9 percent of residents are White; 1.3 percent are Asian; 11.4 percent are Black or African American

- The total population increase from 2000 to 2010 was 3.5 percent, with the Hispanic or Latino population increasing by 3.6 percent and the White population decreasing by 3.3 percent.
- The median household income is below the state median income (\$61,336 for Racine County; \$64,168 for Wisconsin)
- The percent of all ages of people in poverty was slightly higher than the state (12.4 percent for Racine County; 11.3 percent for Wisconsin)
- The uninsured rate for the county is the same as the state (6 percent)

Table 1: Description of the Community

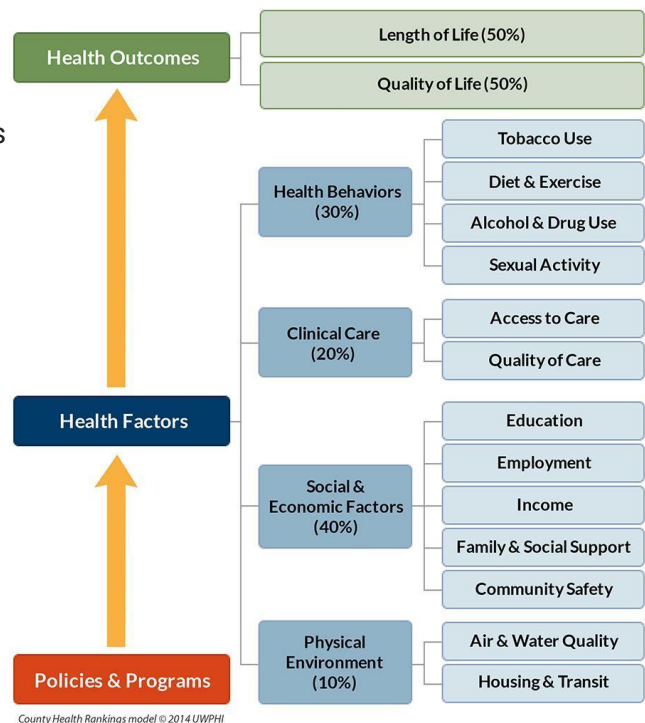
Demographic Highlights		
Indicator	Racine County	Description
Population		
% Living in rural communities	12.3%	
% below 18 years of age	23.1%	
% 65 and older	16.5%	
% Hispanic	13.1%	
% Asian	1.3%	
% Non-Hispanic Black	11.3%	
% Non-Hispanic White	71.7%	
Social and Community Context		
English Proficiency	99%	Proportion of community members that speak English “well”.
Median Household Income	\$61,336	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18%	Percentage of people under age 18 in poverty.
Percent of Uninsured	6%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	90.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.7%	Percentage of population ages 16 and older unemployed but seeking work.

To view Community Demographic Data in its entirety, see Appendix B (page 33).

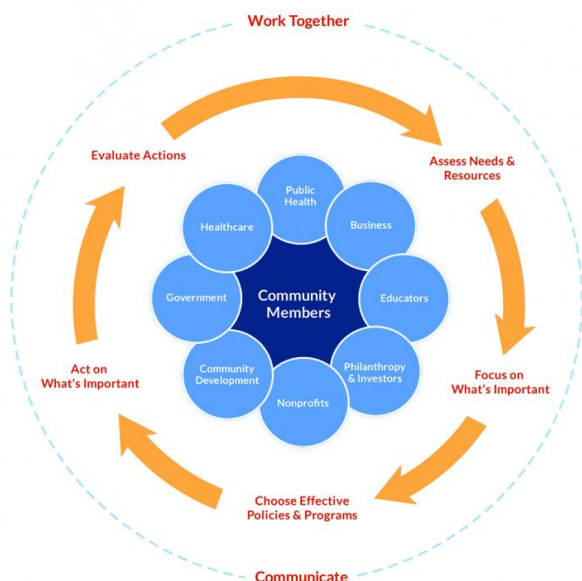
Process and Methods Used

Ascension All Saints is committed to using national best practices in conducting the CHNA. Health needs and assets for Racine County were determined using a combination of data collection and analysis for both secondary and primary data, with community input on the identified and significant needs.

Ascension All Saints' approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



Community Health Improvement Approach



Ascension All Saints utilizes the County Health Rankings and Roadmaps' Take Action Cycle for community health improvement, which includes the following:

- Gather information to assess needs and resources.
- Set priorities and focus on what's important.
- Find the most effective approaches to address priorities.
- Get to work on acting on what's important.
- Evaluate throughout the cycle to help improve strategies and ensure effectiveness.

Throughout the whole process, communication and collaborative work is critical.

Collaborators and/or Consultants

With the contracted assistance of JKV Research, LLC, and the Center for Urban Population Health (CUPH), Ascension All Saints completed its 2021 CHNA in collaboration with the following organizations:

- Advocate Aurora Health Care
- Children's Wisconsin
- Central Racine County Health Department
- City of Racine Public Health Department
- Health Care Network

The health systems and public health division contracted with JKV Research, LLC, to conduct the mailed surveys and summarize the key stakeholder interviews and utilized the Center for Urban Population Health (CUPH) to compile secondary data into summary reports.

Data Collection Methodology

In collaboration with various community partners, Ascension All Saints collected and analyzed primary and secondary data for Racine County in numerous ways, detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension All Saints and our partners consulted with a range of public health and social service providers representing the broad interest of Racine County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder interviews and a community survey. These methods provided additional perspectives on how to select and address top health issues facing Racine County. A summary of the process and results is outlined below.

Surveys

A survey was conducted by JKV Research, LLC, to gather the perceptions, thoughts, opinions and concerns of the community regarding health outcomes, health behaviors, social determinants of health and clinical care for Racine County. From a random sample of 3,000 addresses, 566 individuals completed the mailed survey between October 2020 and January 2021. The survey contained 67 questions and the data gathered and analyzed provides valuable insight into the issues of importance to the community. See table below for survey respondents' issue ranking.

Key Stakeholder Interviews

A series of 16 one-on-one interviews were conducted by the partner health systems to gather feedback from key stakeholders on the health needs and assets of Racine County. The representatives from 16 different organizations and agencies participated in the conversations, held between October 2020 and December 2020. Sectors represented by participants included local health departments and representatives of organizations that serve medically underserved, low-income and minority populations. To view the community organizations that provided input, see Appendix C (p. 36). See table below for key stakeholders' issue ranking.

Identified Significant Needs	
Survey Respondents	Key Stakeholders
<ol style="list-style-type: none"> 1. COVID-19 2. Affordable Health Care 3. Violence or Crime 4. Overweight or Obesity 5. Illegal Drug Use (tie) 5. Mental Health or Depression (tie) 	<ol style="list-style-type: none"> 1. Mental Health 2. Substance Use and Abuse 3. Alcohol Abuse 4. Adverse Childhood Experiences (ACEs) (tie) 4. Nutrition (tie) 5. Access to Health Care
Key Summary Points	
<ul style="list-style-type: none"> • All Saints associates recognize that many of the identified issues intersect. Therefore, the significant needs combined a number of the initially identified needs for cohesion. • Mental health issues have increased during the pandemic and key stakeholders expressed the need for more resources. • It is important to note that numerous key stakeholders referred to the barriers to accessing healthy foods when speaking about nutrition for low-income residents rather than a general approach to health promotion. 	

To view additional community input information, see Appendix C (page 36).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable. These included a data report from the CUPH, the County Health Rankings and Roadmaps and the U.S. Census Bureau.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Health Care
- Disparities

Overall, Racine County is ranked among the least healthy counties in Wisconsin (Lowest 0%-25%) for health outcomes and health factors.

To view secondary data and sources in its entirety, see Appendix D (page 37).

Summary of COVID-19 Impact on Racine County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID-19 cases and death. Profound disparities emerged as the pandemic grew. Americans over the age of 50 have the highest risk of death from COVID and the risk grows with higher ages². There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.³

Significant COVID-19 disparities include:

- Hispanic persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indians or Alaska Natives at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to healthcare
- Higher rates of underlying conditions³

COVID-19 Impact on Racine County (as of January 3, 2022)			
Indicator	Racine	Wisconsin	Description
Total Confirmed Cases	34,977	1,005,150	
Case Rate	17,863.5	17,233.1	Per 100,000 people
Total Deaths	477	10,075	Among confirmed cases
Death Rate	243.6	172.7	Per 100,000 people
Case Fatality Percentage	1.4%	1.0%	Percent of total confirmed cases of individuals who died of COVID-19

[Wisconsin Department of Health Services COVID-19: County Data](#)

²[Risk for COVID-19 Infection, Hospitalization, and Death By Age Group](#)

³[Introduction to COVID-19 Racial and Ethnic Health Disparities](#)

Written Comments on Previous CHNA and Implementation Strategy

Ascension All Saints' previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Racine County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

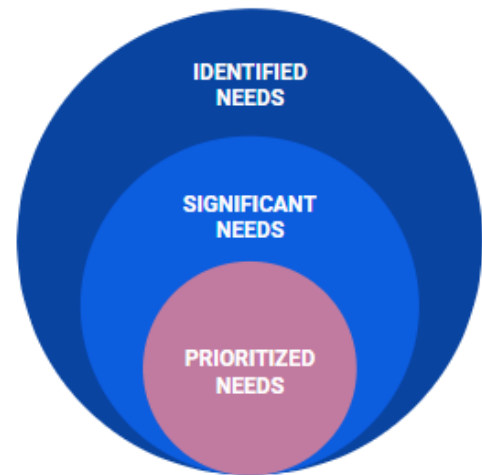
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, COVID-19 was identified as an acute community concern.

Despite the data limitations, Ascension All Saints is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension All Saints, with contracted assistance from the CUPH, analyzed secondary data of more than 25 indicators and gathered community input with contracted assistance from JKV Research, LLC, through mailed surveys and key stakeholder interviews to identify the needs in Racine County. In collaboration with community partners, Ascension All Saints used a phased approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.

Following the initial CHNA assessment, Ascension All Saints then selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. Image 2 also describes the relationship between the needs categories.



Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Racine County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

The community's voice and the secondary data were synthesized to identify the most significant needs of the community. In collaboration with various community partners, significant needs were identified by looking at the number of community members and stakeholders who identified the need, as well as how many people in the community experience the health issue. It is also important to consider populations that are more affected by these health issues, otherwise known as health disparities.

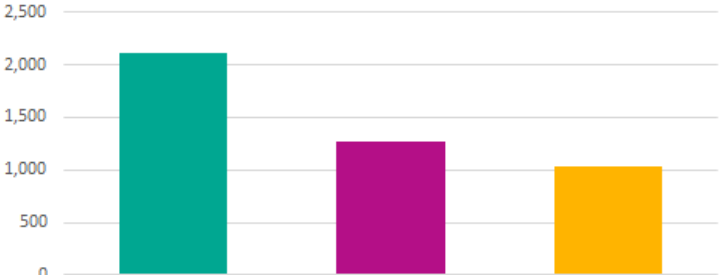
Health disparities are preventable differences in health outcomes and health factors that are experienced by socially disadvantaged groups. Ascension's Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is an Ascension priority. Health equity focuses on minimizing these differences and drives us to increase opportunities for good health by eliminating systemic, avoidable, unfair and unjust barriers to good health.

Through the identification process for the 2021 CHNA, the significant needs are as follows:

- Access to Care
- Access to Healthy Foods
- Alcohol and Drug Use
- Community Safety
- Mental Health

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (page 43).

A description (including data highlights, community challenges & perceptions, local assets & resources and health disparities/individuals who are more vulnerable) of each significant need are on the following pages.

Access to Care									
Why is it Important?	Data Highlights								
<p>Access to affordable, quality health care is important to physical, social and mental health.¹ Access to Care includes the timely use of personal health services to achieve the best health outcomes through three distinct steps: gaining entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship).²</p>	<div data-bbox="678 451 1422 898"> <p>Primary Care Physicians Ratio (the number of individuals served by 1 primary care physician in county)</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Ratio (Individuals per 1 physician)</th> </tr> </thead> <tbody> <tr> <td>Racine County</td> <td>2,110</td> </tr> <tr> <td>Wisconsin</td> <td>1,270</td> </tr> <tr> <td>Top U.S. Performers</td> <td>1,030</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> The ratio of primary care physicians in Racine County is 2,110:1, meaning there is one primary care physician per 2,110 people. This is far worse than the Top U.S. Performers' ratio of 1,030:1 and Wisconsin's ratio of 1,270:1. The uninsured rate in Racine County is the same as the state and Top U.S. Performers, at 6%. The rate of preventable hospital stays per 100,000 people was 4,081 in Racine County, as compared to 3,747 for Wisconsin and 2,565 for Top U.S. Performers. 	Entity	Ratio (Individuals per 1 physician)	Racine County	2,110	Wisconsin	1,270	Top U.S. Performers	1,030
Entity	Ratio (Individuals per 1 physician)								
Racine County	2,110								
Wisconsin	1,270								
Top U.S. Performers	1,030								
Local Assets & Resources									
<ul style="list-style-type: none"> Health Care Network Medicaid Community Health Clinic YMCA Local health systems and departments 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Accessing health care can be challenging for many reasons Gaps in what is covered by Medicaid High prescription costs Undocumented status barrier COVID-19 restrictions Lack of transportation 	<p>-Significant disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care.³</p> <p>-In Racine County, there is a significant gap in preventable hospital stay rates per 100,000 Medicare enrollees for Black (8,171) and Hispanic (5,583) residents as compared to White residents (3,778). This suggests that the quality of care provided in the outpatient setting for Black and Hispanic residents was less than ideal and/or emergency rooms and urgent care is used more often as a main source of care for these residents.⁴</p> <p>-In the United States, mothers of color are more likely to receive less than adequate prenatal care.⁵</p>								

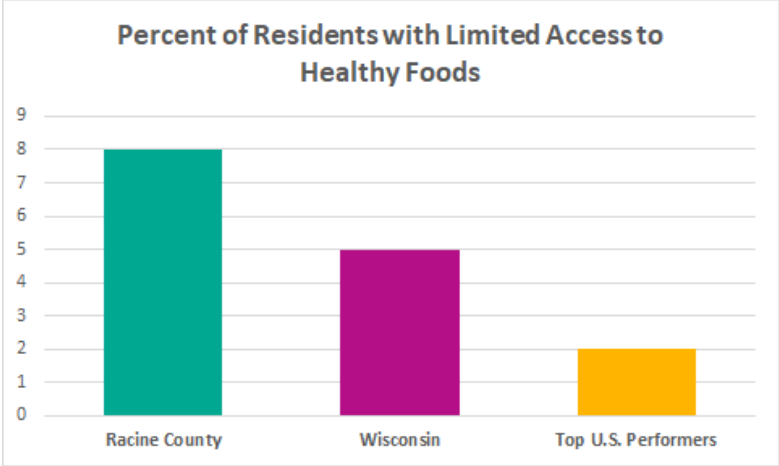
¹ [County Health Rankings & Roadmaps: Access to Care](#)

² [Healthy People.gov: Access to Health Services](#)

³ [Disparities in Health and Health Care](#)

⁴ [County Health Rankings and Roadmaps: Preventable Hospital Stay](#)

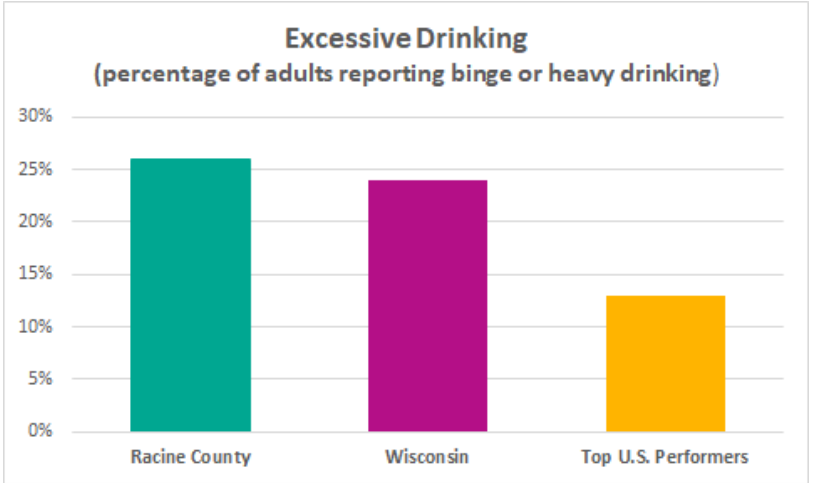
⁵ [Racial Disparities in Maternal and Infant Health](#)

Access to Healthy Foods									
Why is it Important?	Data Highlights								
<p>Promoting health through the consumption of healthy foods and maintenance of healthy body weights reduces chronic disease risk including some cancers, oral disease, malnutrition, anemia and other risk factors, diseases and illnesses. Good nutrition in children is important for healthy growth and development.¹ People with low income often face greater barriers in accessing healthy and affordable food due to neighborhood gaps in retailers, which may negatively affect diet and food security, leading to health issues.²</p>	 <p>Percent of Residents with Limited Access to Healthy Foods</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Racine County</td> <td>8%</td> </tr> <tr> <td>Wisconsin</td> <td>5%</td> </tr> <tr> <td>Top U.S. Performers</td> <td>2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The percentage of residents in Racine County that have limited access to healthy foods is 8%, which is higher than both Wisconsin at 5% and Top U.S. Performers at 2%. The adult obesity percentage in Racine County (36%) is higher than both Wisconsin (31%) and Top U.S. Performers (36%). Diabetes prevalence for residents in Racine County (8%) is slightly lower than Wisconsin (9%) but higher than Top U.S. Performers (7%). 	Category	Percent	Racine County	8%	Wisconsin	5%	Top U.S. Performers	2%
Category	Percent								
Racine County	8%								
Wisconsin	5%								
Top U.S. Performers	2%								
Local Assets & Resources									
<ul style="list-style-type: none"> UW Extension Love, Inc. Hispanic Roundtable, Inc. 211 Faith-based organizations School systems Supplemental Nutrition Assistance Program 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> COVID-19 Food deserts Lack of education about the benefits of healthy foods Financial/economic barriers Documentation requirements of those seeking assistance can be a barrier Lack of transportation Systemic issues that impact BIPOC and LGBTQ+ communities 	<p>-Low-income groups have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient that are low in nutrient density.³</p> <p>-There are several populations that lack access to healthy foods, such as people living in low-income or poverty, elderly and people of color.³</p> <p>-Low-income neighborhoods are less likely to be located near a grocery store and lack of transportation creates barriers to accessing healthy foods.³</p>								

¹ [Healthy People 2020: Nutrition and Weight Status](#)

² [U.S. Department of Agriculture: Food Access](#)

³ [Healthy People 2030: Food Insecurity](#)

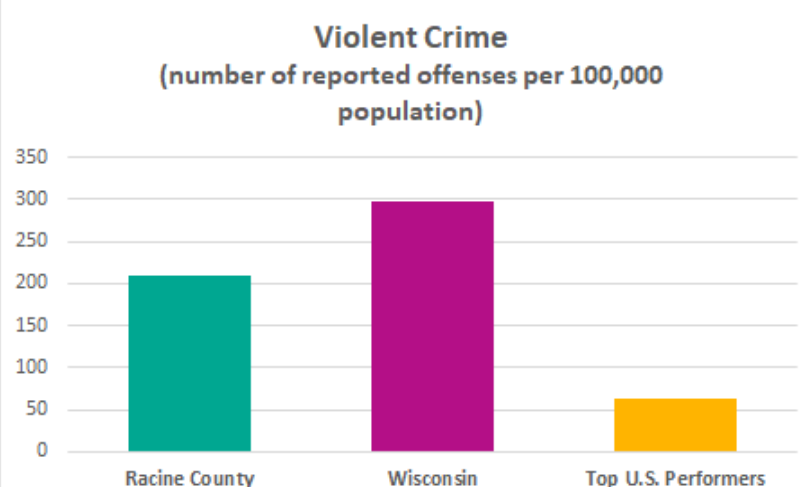
Alcohol and Drug Use									
Why is it Important?	Data Highlights								
<p>Consuming alcohol and/or drugs alters the user's mind and behavior which can lead to negative behavioral and health outcomes. The health implications of substance use (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses.¹</p> <p>COVID-19 has increased substance use in the U.S. related to social isolation, income-related stress, anxiety and fear of the virus and loss of loved ones.²</p>	 <p>Excessive Drinking (percentage of adults reporting binge or heavy drinking)</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Racine County</td> <td>26%</td> </tr> <tr> <td>Wisconsin</td> <td>24%</td> </tr> <tr> <td>Top U.S. Performers</td> <td>13%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The percentage of adults in Racine County that report they excessively drink is 26%, which is higher than Wisconsin at 24% and Top U.S. Performers at 13%. The percent of alcohol-impaired driving deaths in Racine County (39%) is slightly higher than Wisconsin (36%) and significantly higher than Top U.S. Performers (11%). The rate of drug overdose deaths (per 100,000 population) in Racine County is 18 which is slightly lower than Wisconsin's value of 19 but higher than Top U.S. Performers value of 10. 	Entity	Percentage	Racine County	26%	Wisconsin	24%	Top U.S. Performers	13%
Entity	Percentage								
Racine County	26%								
Wisconsin	24%								
Top U.S. Performers	13%								
Local Assets & Resources									
<ul style="list-style-type: none"> Alcoholics Anonymous YMCA PREP Program HALO Correctional facility-based programs Medication collection programs and drop boxes School programs 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Lack of treatment options outside of traditional business hours Insurance coverage gaps/lack of Medicaid reimbursement Low funding of services Cultural norms Lack of prevention education Public stigma Limited outreach to specific populations 	<p>-Racial/ethnic populations have been disproportionately affected by the consequences of drug abuse and addiction due to various systemic barriers.³</p> <p>-In Racine County, there is a significant disparity in drug overdose death rates (per 100,000 population) between Black (32) and White (20) residents. It is important to note that this does not necessarily indicate significant differences in drug use, but instead may highlight disproportionate access to life-saving measures in the event of an overdose.</p> <p>-Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.⁴</p>								

¹ [Healthy People 2020: Substance Use and Health](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020](#)

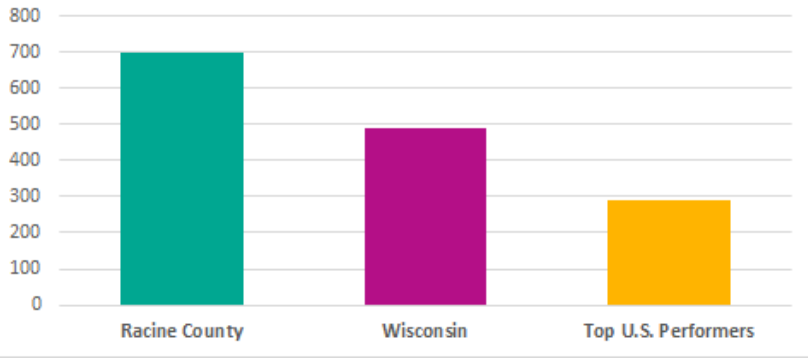
³ [Minnesota Department of Health: Differences in Rates of Drug Overdose Deaths by Race](#)

⁴ [NIHM: Substance Use and Co-Occurring Mental Disorders](#)

Community Safety									
Why is it Important?	Data Highlights								
<p>Community safety refers to violent acts in neighborhoods and homes, and injuries caused unintentionally through accidents. Unintentional injuries are a leading cause of death among individuals ages 1 through 44, and many of them are preventable. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression and stress and are linked to higher rates of preterm births and low birthweight babies, even when income is accounted for.¹</p>	<div> <p>Violent Crime (number of reported offenses per 100,000 population)</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Violent Crime (per 100,000 population)</th> </tr> </thead> <tbody> <tr> <td>Racine County</td> <td>210</td> </tr> <tr> <td>Wisconsin</td> <td>298</td> </tr> <tr> <td>Top U.S. Performers</td> <td>63</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • There were 210 reported violent crime offenses per 100,000 population in Racine county, which is lower than the state (298) but over three times higher than Top U.S. Performers (63). • The number of firearm fatalities per 100,000 population in Racine County is eight, which is in line with Top U.S. Performers and better than the Wisconsin number at 10. • The motor vehicle crash death rate (per 100,000) in Racine County is 10 - the same as Wisconsin but slightly higher than the Top U.S. Performers at nine. 	Entity	Violent Crime (per 100,000 population)	Racine County	210	Wisconsin	298	Top U.S. Performers	63
Entity	Violent Crime (per 100,000 population)								
Racine County	210								
Wisconsin	298								
Top U.S. Performers	63								
Local Assets & Resources									
<ul style="list-style-type: none"> • Urban League • Domestic violence shelters and services • Sexual assault nurse examiners (SANE) • Law enforcement • Healthcare access 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> • Fear of reporting due to retaliation • Distrust of police in certain communities • Lack of community education on how to seek safety • More SANE and domestic violence support programs needed 	<p>-People living with low-income and racial and ethnic minorities are disproportionately affected by exposure to violent crime that damages the health and development of victims, family members and entire communities.²</p> <p>-In Racine County, the homicide rate (number of deaths due to homicide per 100,000 population) is two, but there is a large disparity for the Black population, with a rate of nine as compared to the White population at one.</p>								

¹ [County Health Rankings and Roadmaps: Community Safety](#)

² [HUD: Neighborhoods and Violent Crime](#)

Mental Health									
Why is it Important?	Data Highlights								
<p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide).¹ During the COVID-19 pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.²</p>	<div data-bbox="690 447 1511 938"> <p>Mental Health Providers Ratio (the number of individuals served by 1 mental health provider in county)</p>  <table border="1"> <thead> <tr> <th>Entity</th> <th>Ratio (Individuals per 1 provider)</th> </tr> </thead> <tbody> <tr> <td>Racine County</td> <td>700</td> </tr> <tr> <td>Wisconsin</td> <td>490</td> </tr> <tr> <td>Top U.S. Performers</td> <td>290</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> The ratio of mental health providers in Racine County is 700:1, meaning there is one mental health provider per 700 people. This is far worse than the Top U.S. Performers' ratio of 290:1 and Wisconsin's ratio of 490:1. The average number of mentally unhealthy days reported in the past 30 days by Racine County residents was 3.6, compared to 4.0 for Wisconsin and 3.4 for Top U.S. Performers. The suicide rate for Racine County is equal to Wisconsin's rate of 15 deaths due to suicide per 100,000 population, but higher than Top U.S. Performers' rate of 11. 	Entity	Ratio (Individuals per 1 provider)	Racine County	700	Wisconsin	490	Top U.S. Performers	290
Entity	Ratio (Individuals per 1 provider)								
Racine County	700								
Wisconsin	490								
Top U.S. Performers	290								
Local Assets & Resources									
<ul style="list-style-type: none"> The Racine County crisis line Children's Collaborative for Mental Health School-based mental health clinics NAMI - Racine County Behavioral Health Services of Racine County 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Lack of accessible mental health care Cost of mental healthcare Services are not culturally appropriate or in one's preferred language Insurance barriers Internet access gaps for virtual care Stigma Providers not understanding patients' identities or needs 	<p>-Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.³</p> <p>-In Racine County, the suicide rate for the White population is disparately higher at 17 as compared to the Hispanic population at 9.</p> <p>-In the United States, White adults receive needed mental health care twice as often as Black adults.⁴</p>								

¹ [CDC: Mental Health and Chronic Conditions](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic](#)

³ [Mental Health Foundation: Poverty and Mental Health](#)




⁴ [Mental Health America: Black and African American Communities and Mental Health](#)

Prioritized Needs

Ascension All Saints used a process based upon the AHA Community Health Improvement (ACHI) key components for prioritizing community health issues to identify the needs on which the hospitals would focus. Following the completion of the community health assessment, Ascension All Saints stakeholders considered the following criteria in choosing the significant needs:

- Scope of problem (number of people impacted, severity)
- Health disparities (by income and/or race and ethnicity)
- Feasibility (known interventions, capacity)
- Momentum/commitment (political will, community readiness)
- Alignment (with health department, coalitions, Ascension Wisconsin strategies)

Ascension All Saints has defined “prioritized needs” as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy. Following are the 2021 prioritized needs for Ascension All Saints:

Need	Rationale
Access to Care 	This need was selected because access to affordable, quality care is important to the holistic health of individuals. Access includes entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship). Ascension All Saints has committed to addressing all levels of access, including a focus on maternal and child health.
Access to Healthy Foods 	This need was selected because prevention is an important step towards a healthier community. A healthy lifestyle through access to healthy foods can reduce the risk of several chronic diseases, lessening the need for medication or other treatments. This priority especially focuses on communities disproportionately affected by structural barriers relating to poverty.
Mental Health 	This need was selected because mental health challenges are increasing during the pandemic. Mental health issues can lead to numerous physical health complications. Ascension Wisconsin is committed to expanding access to mental health providers and partnering with community organizations to address this health priority.

Ascension All Saints understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension All Saints has chosen to focus its efforts on the priorities listed above.

The following needs were not selected for the 2021 CHNA cycle: COVID-19, Violence or Crime, Illegal Drug Use, Alcohol Abuse and Adverse Childhood Experiences (ACEs). However, Ascension All Saints is committed to participating with partners in addressing these needs and will continue to look for opportunities to do so.

While Coronavirus/COVID-19 was identified as a top need, the Ascension All Saints stakeholders did not list it as a priority because responding to this acute community concern is our duty as healthcare providers and should not be counted as community health improvement. Instead, all strategies should be created through the lens of the pandemic to consider the social impacts and further health disparities it has created. Community safety, specifically violence and crime, was not prioritized due to hospital and staff capacity. It is indeed an important issue for Racine County, but one that requires a systems approach outside of the hospital and led by an expert in community safety. Ascension All Saints will support community efforts as available. Similarly, for alcohol abuse and illegal drug use, a community response is necessary. Ascension All Saints refers patients to numerous internal and community programs for treatment when needed and will actively participate in further collaborative efforts. Additionally, while ACEs are important root causes to many health issues, the hospitals do not have the expertise to lead these community initiatives but do provide trauma-informed care for patients. It will also be generally considered within the mental health priority.

For cohesion, Ascension All Saints combined overweight or obesity and nutrition under one health priority called “access to healthy foods,” as these issues intersect. It is important to note that numerous key stakeholders referred to the barriers to accessing healthy foods when speaking about nutrition for low-income residents rather than a more general approach to health promotion. Those barriers include financial and economic barriers and food deserts, as well as the lack of education about the benefits of healthy foods.

Summary of Impact from the Previous CHNA Implementation Strategy

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

Highlights from Ascension All Saints' previous implementation strategy include:

- **Access to Care:** Financial Advocates within the revenue department screened more than 98% of self-pay emergency department patients and inpatients for Medicaid/Charity Care and supported those eligible in applying for assistance.
- **Infant Mortality:** With numerous program changes and restrictions due to COVID-19, the hospital staff shifted its support approach and provided donations to mothers-to-be who needed services.
- **Mental Health:** Increased depression screening rates in primary care visits from a baseline of 65.5% to 74.5% for all payers and from 57.0% to 68.7% for individuals with Medicaid.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019-2022 CHNA can be found in Appendix F (*page 46*).

Approval by the Board of Directors of Ascension All Saints Hospital, Inc.

To ensure the Ascension All Saints' efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension All Saints Hospital, Inc. board for approval and adoption on January 25, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified and supports the strategy developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension All Saints serves. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of Ascension All Saints to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension All Saints hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Racine County. As a Catholic health ministry, Ascension All Saints is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension All Saints is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.

Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners working with the hospital to complete the assessment. Collaborators might help shape the process, identify key stakeholders, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; target populations served, such as children, women, or the aged; and principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key stakeholders may include leaders of community organizations, service providers and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from

schools of public health and providers with a background in public health.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Prioritized Need

Significant needs selected by the hospital to address through the CHNA implementation strategy.

Significant Need

Identified needs deemed most significant to address based on established criteria and/or prioritization methods.

Surveys

Used to collect information from community members, stakeholders, providers and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The descriptions of the importance of the data are largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Racine County	Wisconsin	U.S.
Total	195,602	5,790,716	328,239,523
Male	49.5%	49.7%	49.2%
Female	50.5%	50.3%	50.8%
<i>Data sources: Racine County health data report: A summary of secondary data sources, 2021. U.S. Census Bureau QuickFacts, 2019.</i>			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Racine County	Wisconsin	U.S.
Asian	1.3%	2.8%	5.9%
Black / African American	11.4%	6.4%	13.4%
Hispanic / Latino (of any race)	13.1%	6.8%	18.5%
Native American	0.5%	0.9%	1.3%
White	80.9%	85.4%	76.3%
<i>Data sources: Racine County health data report: A summary of secondary data sources, 2021. U.S. Census Bureau QuickFacts, 2019.</i>			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater health care needs.

Age	Racine County	Wisconsin	U.S.
Age 0-17	23.1%	22.0%	22.3%
Age 18-64	60.4%	61.0%	61.2%
Age 65+	16.5%	17.0%	16.5%

Data sources: Racine County health data report: A summary of secondary data sources, 2021.
U.S. Census Bureau QuickFacts, 2019.

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. Income affects access to health insurance, access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can impact mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households earning more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Racine County	Wisconsin	U.S.
Median Household Income	\$61,336	\$64,168	\$62,843
Per Capita Income	\$31,572	\$33,375	\$34,103
People with incomes below the federal poverty guideline	12.4%	11.3%	11.4%
ALICE Households	24%	23%	29%

Data sources: Racine County health data report: A summary of secondary data sources, 2021.
United for ALICE, 2021.
U.S. Census Bureau Quick Facts: Racine County, Wisconsin

Education

Why it is important: There is a strong relationship between health, lifespan and education. Generally, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support help create opportunities for healthier choices.

Income	Racine County	Wisconsin	U.S.
High School grad or higher	90.5%	92.2%	88.8%
Bachelor's degree or higher	25.2%	30.1%	32.1%
<i>Data sources: Racine County health data report: A summary of secondary data sources, 2021. U.S. Census Bureau QuickFacts, 2019.</i>			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Racine County	Wisconsin	U.S.
Uninsured	6%	6%	6%
Medicaid Participation	11%	12%	14%
<i>Data sources: Racine County health data report: A summary of secondary data sources, 2021. U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE" 2019 ACS</i>			

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Sixteen individuals participated in key stakeholder interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority and medically underserved populations. They represent an array of perspectives from communities that include but are not limited to: the elderly, youth, individuals with disabilities, faith communities, ethnic minorities, law enforcement and those living with mental illness, substance abuse and homelessness.

Name	Title	Organization
Dottie-Kay Bowersox	Public Health Administrator, City of Racine	City of Racine Public Health Department
Jackie Bratz	911 Director	Racine County Communications Center
Barb Farrar	Executive Director	The LGBT Center of SE Wisconsin
Margaret Gesner	Health Officer	Central Racine County Health Department
Michelle Goggins	Administrator	Racine County Human Services Department/ Behavioral Health Services/ Aging and Disability Resource Center
Kimberly L. Granger	Supervisor of Health Services	Racine Unified School District
William Jeschke	Patrol Sergeant	Town of Waterford Police Department
Matt J. Montemurro	President/ CEO	Racine Area Manufacturers and Commerce
Michael Payne	Medical Examiner	Racine County
Steve Plank	Superintendent of Burlington Schools	Burlington School District
Ahmad Qawi	President/ CEO	Racine Family YMCA
Dan Taivalkoski	Executive Director	Racine County Project Emergency, Inc. Dba Racine County Foodbank
Cristalina 'Nina' Thillemann	Executive Director	Homeless Assistance Leadership Organization (HALO, Inc.)
Mike Wienke	Battalion Chief	South Shore Fire Department
Jennifer Winter	Treasurer	Hispanic Round Table
Brian Wolf	Division Chief	Racine Fire Department

Data Reports

Full reports including purpose, methodology, data sources and information for consultants and partners can be found here:

- [Key Stakeholder Report](#)
- [Racine County Community Health Survey Report](#)
- [Secondary Data Report](#)

Appendix D: Secondary Data and Sources*

The tables below are based on data vetted, compiled by CUPH, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2020 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

*This report reflects several sources of reputable and reliable data. Because of differences in methods, there might be slight differences in measures between different sources.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trend: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top U.S. Counties: The best 10 percent of counties in the country. It is important to compare not just with Wisconsin but to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Racine County	WI	Top U.S. Counties	Description
Length of Life					
Premature Death		7,100	6,400	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Life Expectancy		78.3	79.4	81.1	How long the average person should live.
Infant Mortality		8	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		15%	17%	12%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.5	3.9	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		10%	12%	9%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight		8%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		56	143	n/a	Number of injury deaths due to falls among those age 65 years and over per 100,000 population.
Mental Health					
Poor Mental Health Days		3.6	4.0	3.4	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		10%	9%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		15	15	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes Prevalence		8%	9%	7%	Percent of adults age 20 and above with diagnosed diabetes.
Cancer Incidence		509	467	n/a	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence		140	125	41	Number of people age 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		623.2	161.4	478.6	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/racine/county/outcomes/overall/snapshot					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Racine County	WI	Top U.S. Counties	Description
Economic Stability					
Median Household Income		\$60,300	\$60,800	\$69,000	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.6%	3.0%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		13%	11%	n/a	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		18%	14%	11%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Graduation		83%	89%	96%	Percentage of ninth-grade cohort that graduates in four years.
Some College		64%	69%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in Single-parent Homes		40%	32%	20%	Percentage of children living in a household headed by a single parent.
Social Associations		9.5	11.6	18.4	Number of membership associations per 10,000 population.
Disconnected Youth		8%	4%	5%	Percentage of teens and young adults ages 16-19 neither working nor in school.
Juvenile Arrests		24	n/a	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		210	298	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		8.1	8.8	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		10%	10%	9%	Percent of the population lacking adequate access to food.
Limited Access to Healthy Foods		8%	5%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/racine/county/outcomes/overall/snapshot					

Physical Environment

Why it is important: The physical environment is where people live, learn, work and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Racine County	WI	Top U.S. Counties	Description
Physical Environment					
Severe Housing Cost Burden		13%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		14%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		11.7	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		68%	67%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		27%	25%	n/a	Percentage of housing units built prior to 1950.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/racine/county/outcomes/overall/snapshot					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Racine County	WI	Top U.S. Counties	Description
Healthcare Access					
Uninsured		6%	6%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		7%	7%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		3%	4%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		2,110:1	1,270:1	1,030:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		1,478:1	865:1	665:1	Ratio of the population to primary care providers other than physicians.

Mental Health Providers		700:1	490:1	290:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		4,647	3,940	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		53%	52%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		52%	50%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/racine/county/outcomes/overall/snapshot					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Racine County	WI	Top U.S. Counties	Description
Healthy Life					
Adult Obesity		36%	31%	26%	Percentage of the adult population (age 20 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m ² .
Physical Inactivity		22%	21%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		93%	91%	85%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		36%	32%	27%	Percentage of adults reporting fewer than seven hours of sleep on average.
Motor Vehicle Crash Deaths		10	9	10	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		15%	16%	14%	Percentage of adults who are current smokers.
Excessive Drinking		26%	24%	13%	Percentage of adults reporting binge drinking or heavy drinking.
Alcohol-Impaired Driving Deaths		39%	36%	11%	Percent of alcohol-impaired driving deaths.

Opioid Hospital Visits		462	459	n/a	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		27	17	13	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		623.2	478.6	161.4	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/racine/county/outcomes/overall/snapshot					

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension All Saints has cataloged resources available in Racine County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

Access to Care

Organization Name	Phone	Website
Ascension All Saints - Spring Street Campus	See website for specific service line phone numbers	https://healthcare.ascension.org/locations/wisconsin/wiwheracine-ascension-all-saints-hospital-main-entrance-spring-street-campus
Ascension All Saints - Wisconsin Avenue Campus	262-687-5600	https://healthcare.ascension.org/locations/wisconsin/wiwheracine-ascension-all-saints-hospital-wisconsin-avenue-campus
Ascension clinics	See website for specific clinic phone numbers	https://healthcare.ascension.org/locations
Aurora Medical Center - Burlington and surrounding clinics	262-767-6000	https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-burlington/
Aurora clinics	See website for specific clinic phone numbers	https://www.aurorahealthcare.org/locations/
Healthcare Network	262-632-2400	https://healthcarenetwork.org/

Access to Healthy Foods

Organization Name	Phone	Website
Hispanic Roundtable, Inc. of Racine	414-688-8595	https://hispanicroundtable.net/
Love, Inc.	262-763-6226	https://www.love-inc.net/
Racine County Foodbank	262-632-2307	https://www.racinecountyfoodbank.org/
Racine Kenosha Community Action	262-637-8377	https://www.rkcaa.org/
UW Extension - Racine County	262-638-6400	https://racine.extension.wisc.edu/

Alcohol and Drug Use

Organization Name	Phone	Website
Alcohol and Drug Treatment Court	262-638-6719	https://www.racinecounty.com/departments/clerk-of-circuit-court/criminal-traffic-court/alcohol-and-drug-treatment-court
Alcoholic Anonymous	262-554-7788	https://racinecentraloffice.org/
Ascension All Saints - Wisconsin Avenue Campus	262-687-5600	https://healthcare.ascension.org/locations/wisconsin/wiwhc/racine-ascension-all-saints-hospital-wisconsin-avenue-campus
Aurora Behavioral Health Center	262-884-4000	https://care.aurorahealthcare.org/locations/aurora-behavioral-health-center-racine
Clean Slate Centers	262-833-9320	https://www.cleanslatecenters.com/racine-wisconsin

Community Safety

Organization Name	Phone	Website
Community Oriented Policing Houses	262-635-7700	https://www.cityofracine.org/Departments/Police/COP-Houses/Main/
Crime Stoppers of Racine County	1-888-636-9330	http://racine.crimestoppersweb.com/sitemenu.aspx?ID=417&
Racine County Sheriff's Office	262-636-3822	https://www.racinecounty.com/departments/sheriff-s-office
Urban League	262-842-7461	https://www.ulrk.org/

Mental Health

Organization Name	Phone	Website
Ascension All Saints Hospital - Wisconsin Avenue Counseling Center	262-687-2222	https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital-wisconsin-avenue-counseling-center
Aurora Behavioral Health Center	262-884-4000	https://care.aurorahealthcare.org/locations/aurora-behavioral-health-center-racine
Behavioral Health Services of Racine County	262-638-6741 (crisis line)	https://www.racinecounty.com/departments/human-services/aging-disability-services/behavioral-health-services-of-racine-county
Family Service of Racine	262-634-2391	https://www.fsracine.org/
National Alliance on Mental Illness	262-637-0582	https://www.namiracinecounty.org/

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension All Saints' previous CHNA implementation strategy was completed in March 2019 and addressed the following priority health needs: Infant Mortality (Spring Street only), Access to Care (both campuses), Mental Health (both campuses).

The table below describes the actions taken during the 2019-2022 CHNA to address each priority need and indicators of improvement. Note: At the time of the report publication in January, the third year of the cycle has not been completed. The table includes results up to that time.

PRIORITY NEED	Access to Care	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Dispensary of Hope	Provided prescriptions free of charge to patients who had financial challenges.	Spring Street Campus: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 815 unique patients were provided with prescriptions 2,766 prescriptions were dispensed, free of charge Outcome Measures: <ul style="list-style-type: none"> Not tracked Wisconsin Avenue Campus: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 1,031 unique patients were provided with prescriptions 4,282 prescriptions were dispensed, free of charge Outcome Measures: <ul style="list-style-type: none"> Not tracked
Patient Financial Counseling	Screened for financial aid needs and helped self-paying patients apply to Medicaid.	Both Campuses: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> Screened 6,187 self-pay patients in the ED and inpatient campus for financial aid need 341 patients received Medicaid applications 2,601 patients received Community Care applications Outcome Measures: <ul style="list-style-type: none"> 2,942 community members were connected to financial aid for increased access to healthcare

Meds to Beds	Provided service delivering medications to the patients' bedside prior to discharge.	Both Campuses: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 3,277 patients benefited from Meds to Beds 11,608 prescriptions were provided through the program Outcome Measures: <ul style="list-style-type: none"> Improved access to medication for increased potential of treatment adherence
Community Paramedic Program	Partnered with the local fire department on a home visit program to reduce hospital readmission rates.	Both Campuses: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 1,130 visits and 2,290 calls fielded through the partner fire department 114 patients enrolled in the program and actively participated Discontinued in 2020 due to COVID-19 but exploring reinstating the program Outcome Measures: <ul style="list-style-type: none"> 43 patients successfully avoided readmission

PRIORITY NEED	Infant Mortality	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Lifecourse Initiative for Healthy Families	Participated in the collaborative effort in Wisconsin to support African American women and their families to have healthy birth outcomes through various strategies.	Spring Street Campus: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 200 attendees (85 families, 53 pregnant women) at 2019 Baby Expo event <ul style="list-style-type: none"> Presented on topics related to labor and postpartum experience at Baby Expo and through other events Supported mothers-to-be who needed services with donations Events on hold due to COVID-19 and restructure of program Outcome Measures: <ul style="list-style-type: none"> None

Centering Pregnancy	Explored expanding Centering Pregnancy, a multifaceted model of group maternity care that incorporates health assessment, education and support.	Spring Street Campus: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> Two OB providers trained in Centering Pregnancy Groups were not able to meet in person due to COVID-19 but the groups were able to stay informally in touch virtually Exploring a community-based program after COVID-19 subsides Outcome Measures: <ul style="list-style-type: none"> None
Prenatal Care Coordination	Provided Prenatal Care Coordination (PNCC) as part of the Home Visiting Network to give access to medical, social, educational and other services to pregnant women who are considered high risk for adverse pregnancy outcomes.	Spring Street Campus: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> 182 women enrolled in PNCC program Patients are referred to community program if hospital program capacity is full, which is often Outcome Measures: <ul style="list-style-type: none"> Not tracked due to staffing capacity

PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Screening and Referral	Standardized processes statewide for routine depression screening in primary care clinics.	Both Campuses: <ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement Rolled out process improvement materials in 2020 Outcome Measures: <ul style="list-style-type: none"> Screening rates increased from a baseline of 65.5% to 74.5% Screening rates for individuals with Medicaid increased from 57.0% to 68.7%

Women of Worth	Continued to provide the Women of Worth (WOW) program, a trauma-informed, family-centered alcohol and drug treatment program designed specifically to address the needs of women.	Both Campuses: <ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ 124 women participated in WOW (shifted to virtual during COVID-19) ○ Attended community outreach events prior to COVID-19 ● Outcome Measures: <ul style="list-style-type: none"> ○ 80% of women surveyed in program indicated a decrease in addiction severity
Mental Health Primary Care Integration	Explored the possibility of strengthening mental health and primary care integrated care.	Both Campuses: <ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ Took steps to implement a model in the primary care setting at Wisconsin Avenue ○ Planning was put on hold due to COVID-19 and staffing shortages ● Outcome Measures: <ul style="list-style-type: none"> ○ None