

Ascension NE Wisconsin Hospital - Mercy Campus

**2021 Community Health Needs Assessment
Winnebago County, Wisconsin**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Winnebago 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.

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920-223-2000

The 2021 Community Health Needs Assessment report was approved by the Board of Directors of Ascension Mercy Hospital on April 12, 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 Winnebago County. Ascension Mercy Hospital 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 Winnebago 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 Winnebago 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 Mercy Hospital serves Winnebago and surrounding areas, Ascension Mercy has defined its community served as Winnebago County for the 2021 CHNA. Winnebago County was selected because it is our primary service area as well as some of 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 in July and August 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 56 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 Mercy analyzed secondary data and community input to identify the needs in Winnebago County. In collaboration with community partners, Ascension Mercy used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- Alcohol and Substance Use
- Economic Stability and Employment
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Safe and Affordable Housing
- Social Connectedness and Belonging

The process used to determine the health needs on which the hospital would focus then included a prioritization meeting with a steering group of Ascension Mercy 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 Winnebago County. Those needs are:

- Alcohol and Drug Use
- Diet and Exercise
- Mental Health

In alignment with these priorities, strategies will be considered 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 NE Wisconsin - Mercy Hospital

As a Ministry of the Catholic Church, Ascension Mercy Hospital is a non-profit hospital governed by a local board of directors, and provides medical care to Winnebago 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 Mercy, visit:

<https://healthcare.ascension.org/locations/wisconsin/wiapa/oshkosh-ascension-ne-wisconsin-mercy-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 Mercy’s 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 Mercy.

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 Mercy has defined its community served as Winnebago County. Although Ascension Mercy serves Winnebago County 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

Demographic Data

Located in mid-northeast Wisconsin, Winnebago County has a population of 171,907 and is considered a metropolitan area. Below are demographic data highlights for Winnebago County:

- 16.8 percent of the residents of Winnebago County are 65 or older, compared to 17.5 percent in Wisconsin
- 95.6 percent of residents are non-Hispanic; 4.4 percent are Hispanic or Latino (any race)
- 88.0 percent of residents are White; 3.1 percent are Asian; 2.4 percent are Black or African American; 0.8 percent are American Indian & Alaska Native
- The total population increase from 2010 to 2020 was 2.8 percent

- The median household income is lower than the state median income (\$59,600 for Winnebago County; \$64,200 for Wisconsin)
- The percent of all ages of people in poverty was lower than the state (8.7 percent for Winnebago County; 10.0 percent for Wisconsin)
- The uninsured rate for the county (5 percent) is lower than the state (7 percent)

Table 1: Description of the Community

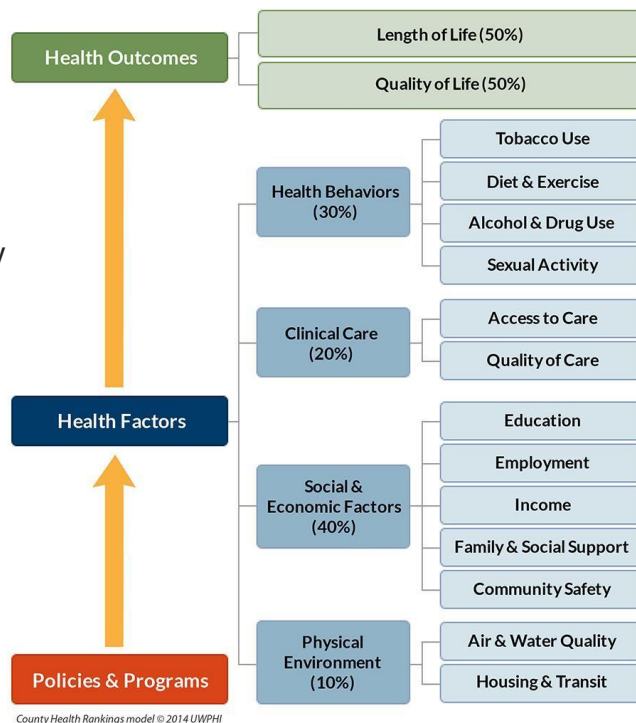
Demographic Highlights		
Indicator	Winnebago County	Description
Population		
% Living in rural communities	13.4%	
% below 18 years of age	20.4%	
% 65 and older	16.8%	
% Hispanic	4.4%	
% Asian	3.1%	
% Non-Hispanic Black	2.4%	
% Non-Hispanic White	88.0%	
Social and Community Context		
English Proficiency	99%	Proportion of community members that speak English “well”.
Median Household Income	\$59,600	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	12%	Percentage of people under age 18 in poverty.
Percent of Uninsured	5%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	93%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	3.0%	Percentage of population ages 16 and older unemployed but seeking work.

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

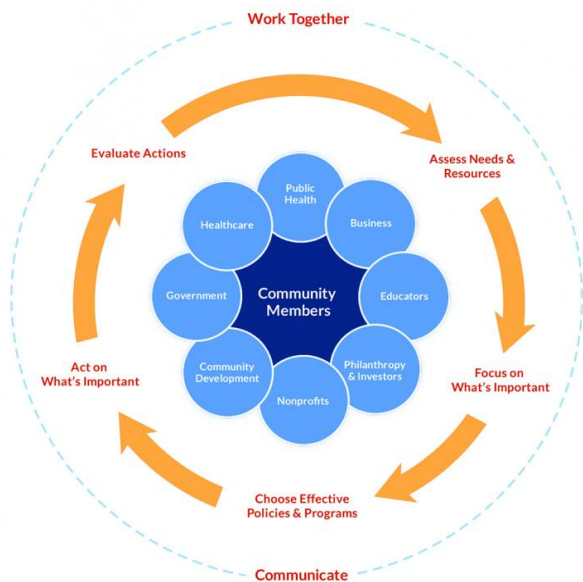
Process and Methods Used

Ascension Mercy is committed to using national best practices in conducting the CHNA. Health needs and assets for Winnebago 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 Mercy 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.



Community Health Improvement Approach



Ascension Mercy 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 Consultants

With the contracted assistance of JKV Research, LLC, Ascension Mercy conducted its 2021 CHNA in collaboration with the Fox Valley Community Health Improvement Coalition (FVCHIC), which includes the following organizations:

- Advocate Aurora Health Care
- Appleton Health Department
- Ascension Calumet and St. Elizabeth Hospitals
- Calumet County Public Health
- Children's Wisconsin
- Menasha Health Department
- Outagamie County Public Health Department
- ThedaCare
- Winnebago County Public Health Department

The health systems and public health divisions conducted the key stakeholder interviews and contracted with JKV Research, LLC to summarize the interview findings.

Data Collection Methodology

In collaboration with various community partners, Ascension Mercy collected and analyzed primary and secondary data for Winnebago County in the ways detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Mercy and our partners consulted with a range of public health and social service providers representing the broad interest of Winnebago County and the larger Fox Valley region. 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.

Key stakeholder interviews were primarily used to gather community input. This method provided additional perspectives on how to select and address top health issues facing Winnebago County. A summary of the process and results is outlined below.

Key Stakeholder Interviews

A series of 56 one-on-one interviews were conducted by the partner health systems and health departments to gather feedback from key stakeholders on the health needs and assets of Winnebago County. The representatives from 56 different organizations and agencies participated in the conversations, held between July and August 2021. Sectors represented by participants included local

health departments and representatives of organizations that serve medically underserved, low-income and minority populations. The key stakeholders were intentionally asked to rank both the top health conditions/behaviors and social determinants of health issues in their community. To view the community organizations that provided input, see Appendix C (page 36). See table below for key stakeholders' issue ranking.

Identified Significant Needs	
Health Conditions/Behaviors	Social Determinants of Health
<ol style="list-style-type: none"> 1. Mental Health, Mental Conditions and Suicide 2. Alcohol and Substance Use 3. Nutrition, Physical Activity and Obesity 	<ol style="list-style-type: none"> 1. Economic Stability and Employment 2. Safe and Affordable Housing 3. Social Connectedness and Belonging
Key Summary Points	
<ul style="list-style-type: none"> • In areas of the social determinants of health, key stakeholders stressed the importance of collaboration on strategies to meet the complexities of the inter-connected determinants. • Mental health was by far the top concern, ranking as one of the top health conditions by over 75% of the key stakeholders. • COVID-19 has shown that support systems were already stretched thin and needs and gaps have widened in the community. 	

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 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, Winnebago County is ranked among the lower middle range of counties in Wisconsin (Lower 25%-50%) for health outcomes and among the healthiest counties in Wisconsin (Highest 75%-100%) for health factors.

To view secondary data and sources in its entirety, see Appendix D (page 38).

Summary of COVID-19 Impact on Winnebago County

The COVID-19 pandemic has impacted communities world-wide. Profound disparities emerged as the pandemic grew. Americans over the age of 50 have the highest risk of death from COVID-19 and the risk grows with higher ages². There are also significant disparities by race and ethnicity. 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 1.8 times the risk of death
- Non-Hispanic Black persons at 1.7 times the risk of death
- American Indians or Alaska Natives at 2.1 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 Winnebago County (as of March 15, 2022)			
Indicator	Winnebago	Wisconsin	Description
Total Confirmed Cases*	43,569	1,386,049	
Case Rate*	29,864	27,043 [^]	Per 100,000 people
Total Deaths*	318	12,247	Among confirmed cases
Death Rate*	214.4	233 [^]	Per 100,000 people

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

[^][CDC: COVID Data Tracker](#)

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 Mercy's 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 Winnebago County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

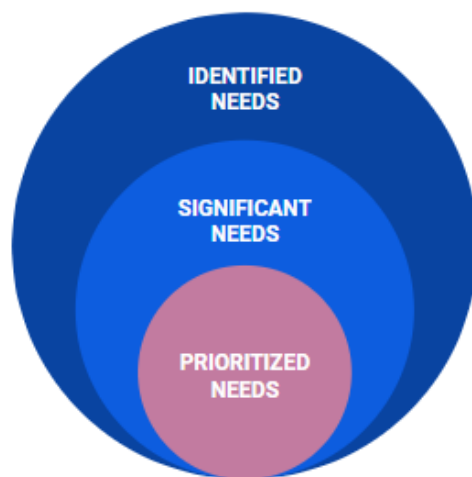
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 Mercy 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 Mercy analyzed secondary data of more than 25 indicators and gathered community input in partnership with the FVCHIC, with contracted assistance from JKV Research, LLC, through key stakeholder interviews to identify the needs in Winnebago County. In collaboration with community partners, Ascension Mercy 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 Mercy 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. The image to the right 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 Winnebago 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 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.

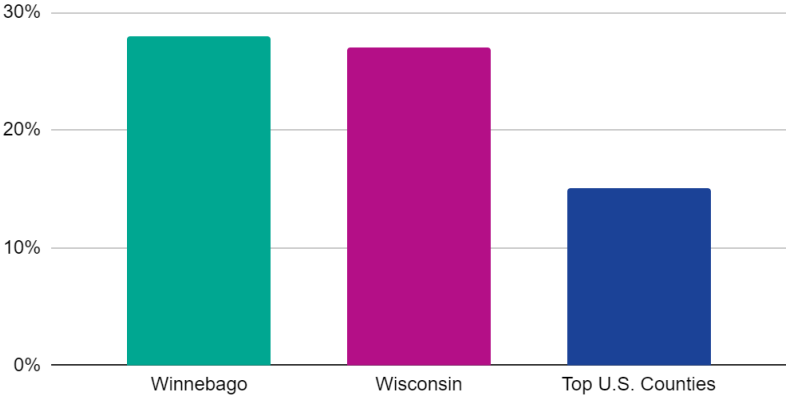
Health disparities are preventable differences in health outcomes and health factors that are experienced by socially disadvantaged groups. Ascension's Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is an Ascension priority. 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:

- Alcohol and Substance Use
- Economic Stability and Employment
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Safe and Affordable Housing
- Social Connectedness and Belonging

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (page 44).

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.

Alcohol and Substance 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 that report binge or heavy drinking)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Percentage of adults reporting binge or heavy drinking</th> </tr> </thead> <tbody> <tr> <td>Winnebago</td> <td>28%</td> </tr> <tr> <td>Wisconsin</td> <td>26%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>15%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The percentage of adults in Winnebago County who report excessive drinking is 28%, which is somewhat higher than Wisconsin but nearly twice as much as Top U.S. Counties. The percent of alcohol-impaired driving deaths in Winnebago County (31%) is slightly lower than Wisconsin (36%) and nearly <i>three</i> times higher than Top U.S. Counties (11%). The rate of drug overdose deaths (per 100,000 population) in Winnebago County is 16 which is lower than Wisconsin's rate of 20 but higher than the Top U.S. Counties' rate of 11. 	Location	Percentage of adults reporting binge or heavy drinking	Winnebago	28%	Wisconsin	26%	Top U.S. Counties	15%
Location	Percentage of adults reporting binge or heavy drinking								
Winnebago	28%								
Wisconsin	26%								
Top U.S. Counties	15%								
Local Assets & Resources									
<ul style="list-style-type: none"> Alcoholics Anonymous Residential and outpatient treatment Recovery coaches Collaborations/coalitions on the issue Support groups 									
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 Alcohol is a cultural norm Lack of prevention education Strategies needed for dual diagnosis and treatment of alcohol and other drug abuse along with mental health 	<ul style="list-style-type: none"> -Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers.³ -Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.⁴ -While alcohol misuse is seen in all Socioeconomic Status (SES) levels, unemployment, low-income and unstable housing have been associated with greater alcohol-related consequences.⁵ 								

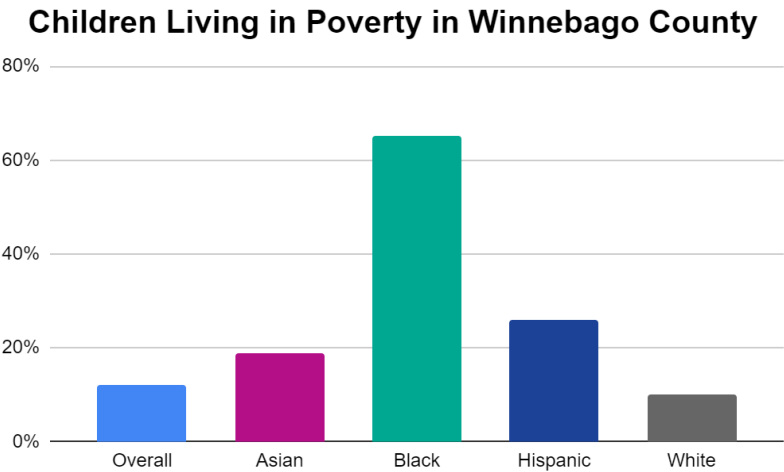
¹ [Healthy People 2020: Substance Use and Health](#)

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](#)

⁵ [Collins, S.: Associations between socioeconomic factors and alcohol outcomes](#)

Economic Stability and Employment													
Why is it Important?	Data Highlights												
<p>Being able to earn a steady income that supports an individual's and family's health needs has been associated with improved health outcomes.¹ Living in poverty or low-income is associated with more chronic conditions, mental health issues and lower levels of educational attainment, while having higher levels of education and income is associated with better health outcomes.² Unemployment not only leads to decreased income, but has been associated with depression³, substance misuse, and decreased access to healthcare.² Economic stability is an upstream factor that has a profound influence on the health of individuals, families and communities.</p>	<p>Children Living in Poverty in Winnebago County</p>  <table border="1"> <caption>Children Living in Poverty in Winnebago County</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Overall</td> <td>12%</td> </tr> <tr> <td>Asian</td> <td>18%</td> </tr> <tr> <td>Black</td> <td>65%</td> </tr> <tr> <td>Hispanic</td> <td>25%</td> </tr> <tr> <td>White</td> <td>10%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Childhood poverty is one of the best indicators for a community's economic stability. Winnebago County's percentage of children in poverty is 12% - lower than Wisconsin at 14% but higher than Top U.S. Counties at 10%. • While Winnebago County overall has lower rates of children living in poverty, there are significant disparities for children of color. • Overall, Winnebago County has rates/values close to Top U.S. Counties in unemployment, median household income and educational attainment. 	Race/Ethnicity	Percentage	Overall	12%	Asian	18%	Black	65%	Hispanic	25%	White	10%
Race/Ethnicity	Percentage												
Overall	12%												
Asian	18%												
Black	65%												
Hispanic	25%												
White	10%												
Local Assets & Resources													
<ul style="list-style-type: none"> • Job counseling • Food assistance is available • Education 													
Community Challenges & Perceptions	Individuals Who Are More Vulnerable												
<ul style="list-style-type: none"> • Cycle of poverty is difficult to conquer when a person has limited finances to meet their basic needs • Need living wage support • Cost of childcare, housing and food is too high 	<p>-Families living in rural areas have higher rates of unemployment, lower educational attainment and less access to healthcare.⁴</p> <p>-Individuals and families of color are more likely to experience poverty at some point in their lives compared to those not of color.⁵</p> <p>-Individuals with disabilities are at higher risk of not having steady employment due to limited ability to work.¹</p>												

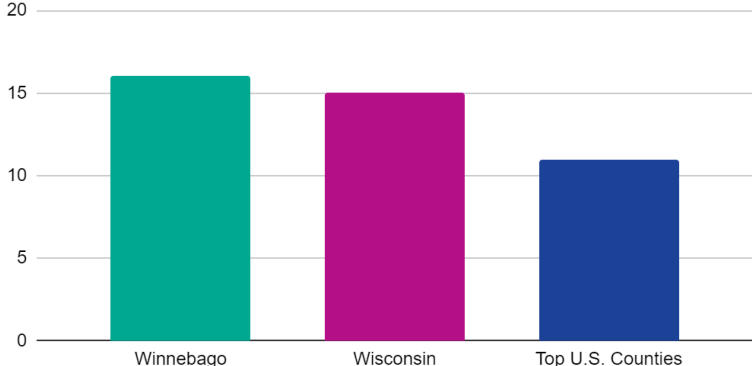
¹ [U.S. Department of Health and Human Services](#)

² [Egarter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R, Dekker M. Education Matters for Health.](#)

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

⁴ [RHIhub \(2022\). Need for Addressing Social Determinants of Health in Rural Communities](#)

⁵ [Braveman, PA, Bubbin, C., Egarter, S., Williams, DR & Pamuk, E.: Socioeconomic disparities in health in the United States: What the patterns tell us.](#)

Mental Health, Mental Conditions and Suicide									
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>	<p>Number of Deaths due to Suicide (per 100,000 population)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Number of Deaths due to Suicide (per 100,000 population)</th> </tr> </thead> <tbody> <tr> <td>Winnebago</td> <td>16</td> </tr> <tr> <td>Wisconsin</td> <td>15</td> </tr> <tr> <td>Top U.S. Counties</td> <td>11</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • The suicide rate for Winnebago County of 16 deaths due to suicide per 100,000 population is higher than Wisconsin's rate of 15 and Top U.S. Counties' rate of 11. • The average number of mentally unhealthy days reported in the past 30 days by Winnebago County residents was 4.3, which is higher than both 4.0 for Wisconsin and 3.8 for Top U.S. Counties. • The ratio of mental health providers in Winnebago County is 430:1, meaning there is one mental health provider per 430 people. This is worse than the Top U.S. Counties' ratio of 270:1 but slightly better than Wisconsin's ratio of 470:1. 	Location	Number of Deaths due to Suicide (per 100,000 population)	Winnebago	16	Wisconsin	15	Top U.S. Counties	11
Location	Number of Deaths due to Suicide (per 100,000 population)								
Winnebago	16								
Wisconsin	15								
Top U.S. Counties	11								
Local Assets & Resources									
<ul style="list-style-type: none"> • Collaborations/coalitions on the issue • School-based mental health clinics • Residential and outpatient treatment options • NAMI • Mental health screenings at some schools • Community education campaigns • Telehealth 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> • Lack of accessible healthcare • High cost of mental healthcare • Insurance barriers • Stigma • Added financial stresses • Long waiting lists for care • Lack of crisis care • More education needed 	<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 the United States, White adults receive needed mental health care twice as often as Black adults.⁴</p> <p>-Farmers and others who work and live in rural areas are at higher risk for social isolation which can impact higher rates of depression, stress and even suicide.⁵</p>								

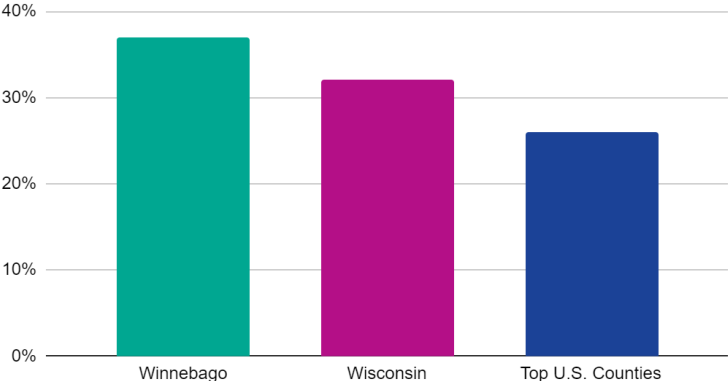
¹ [CDC: Mental Health and Chronic Conditions](#)

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](#)

⁵ [Yazd, S. Wheeler, S. & Zuo, A.: Key risk factors affecting farmers' mental health: A systematic review.](#)

Nutrition, Physical Activity and Obesity									
Why is it Important? <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>	Data Highlights <div> <p>Adult Obesity</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Adult Obesity Rate</th> </tr> </thead> <tbody> <tr> <td>Winnebago</td> <td>37%</td> </tr> <tr> <td>Wisconsin</td> <td>32%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>26%</td> </tr> </tbody> </table> </div>	Location	Adult Obesity Rate	Winnebago	37%	Wisconsin	32%	Top U.S. Counties	26%
Location	Adult Obesity Rate								
Winnebago	37%								
Wisconsin	32%								
Top U.S. Counties	26%								
Local Assets & Resources <ul style="list-style-type: none"> • School nutrition programs/free lunch • Walking paths and parks and recreation activities • Collaborations/coalitions • Community programs and education campaigns • Employer-based education • Farmers' markets 	<ul style="list-style-type: none"> • The percentage of residents in Winnebago County reporting obesity (37%) is higher than Wisconsin (32%) and the Top U.S. Counties (26%). The obesity rate has gotten worse in Winnebago County in the last ten years. • 87% of Winnebago County residents reported they had access to locations for physical activity compared to Wisconsin at 85% and the Top U.S. Counties at 91%. • The percent of Winnebago residents reporting limited access to healthy foods is the same as Wisconsin at 5%, which is higher than Top U.S. Counties' reported percent at 2%. 								
Community Challenges & Perceptions <ul style="list-style-type: none"> • Access to healthy foods can be difficult for persons with low income, adults that are older or homebound individuals • Lack of education about the benefits of healthy foods • Financial/economic barriers • More funding needed • The cheaper and convenient foods tend to be unhealthy 	Individuals Who Are More Vulnerable <ul style="list-style-type: none"> -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 -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 -Low-income neighborhoods are less likely to be located near a grocery store and lack of transportation creates barriers to accessing healthy foods.³ 								

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

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

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

Safe and Affordable Housing									
Why is it Important? <p>Healthy homes promote good physical and mental health. Not having a regular home or homelessness has been associated with declines in physical and mental health and high rates of mental health illness, substance use, infections and chronic conditions.¹ Unsafe or hazardous homes have been associated with increases in asthma, chronic conditions, cardiovascular disease, increase in respiratory and other infections caused by mold, mites or other allergens, and injuries.² Safe and stable housing provides opportunities for access to education, community support, and more stable employment and is overall associated with physical and mental well-being.</p>	Data Highlights <div> <p>Severe Housing Cost Burden</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Winnebago</td> <td>10%</td> </tr> <tr> <td>Wisconsin</td> <td>12%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>7.5%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 10% of Winnebago County households pay 50% or more of their household income on housing. This is better than Wisconsin households but slightly worse than the Top U.S. Counties. At least 12% of households in Winnebago County live with at least one of these four housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing. 65% of occupied housing units in Winnebago County are owned by the occupants, leaving nearly 35% of housing units rented. </div>	Category	Percentage	Winnebago	10%	Wisconsin	12%	Top U.S. Counties	7.5%
Category	Percentage								
Winnebago	10%								
Wisconsin	12%								
Top U.S. Counties	7.5%								
Local Assets & Resources <ul style="list-style-type: none"> Emergency shelters Housing coalitions Available grants Pillars Housing First 									
Community Challenges & Perceptions <ul style="list-style-type: none"> High cost-burden of safe and affordable housing creates a deficit for other basic needs More affordable rentals and permanent supportive housing needed Lack of housing navigators/case managers for people needing assistance 	Individuals Who Are More Vulnerable <ul style="list-style-type: none"> -People of color and people with low income are disproportionately affected with living in substandard housing or housing with more physical problems.³ -Children are highly susceptible to substandard housing related health conditions such as asthma, lead or other toxin poisoning and injuries.⁴ -A disproportionate amount of the substandard housing in the United States is located in rural areas. Evidence demonstrates that rural housing is more likely to be overcrowded, have lower owner occupancy rates and have higher severe burden costs.⁵ 								

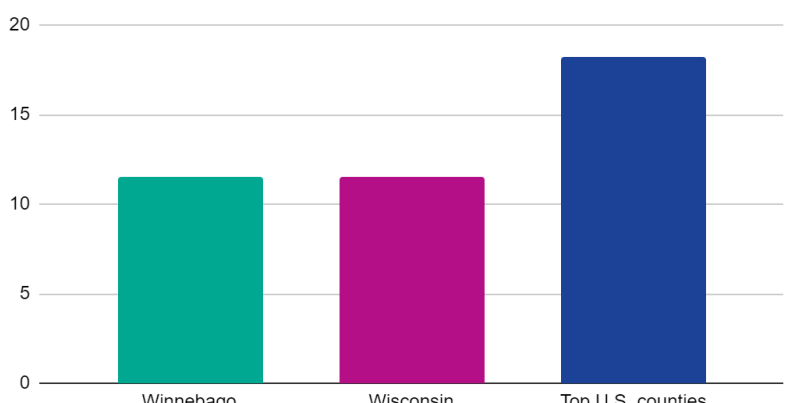
¹ [CDC: Homelessness as a Public Health Law Issue](#)

² [Office of the Surgeon General \(US\)](#)

³ [Taylor, L. Housing and Health: An Overview of the Literature](#)

⁴ [Krieger, J. & Higgins, D.: Housing and health: Time again for public health action](#)

⁵ [Housing Need in Rural America](#)

Social Connectedness and Belonging									
Why is it Important?	Data Highlights								
<p>Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality and diversity of relationships that create a sense of belonging and being cared for, valued and supported.¹ Youth connectedness is an important protective factor for health and well-being. Those who do not have strong social connectedness are more likely to experience negative health outcomes related to sexual risk, substance use, violence and mental health.² For older adults, loneliness and social isolation can put people at risk for dementia and other serious medical conditions.³ The increase in social distancing during the pandemic has raised many concerns as to the negative impact on people's health.</p>	<p>Social Associations (number of membership associations per 10,000 population)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Number of membership associations per 10,000 population</th> </tr> </thead> <tbody> <tr> <td>Winnebago</td> <td>11.5</td> </tr> <tr> <td>Wisconsin</td> <td>11.5</td> </tr> <tr> <td>Top U.S. counties</td> <td>18.2</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Winnebago County residents reported the same social memberships (11.5 membership associations per 10,000 population) as Wisconsin but far fewer than the Top U.S. Counties (18.2). 17% of Winnebago County residents who have a long commute drive alone compared to 28% for Wisconsin. 13.4% of Winnebago County residents live in rural spaces which increases the risk of social isolation. 	Location	Number of membership associations per 10,000 population	Winnebago	11.5	Wisconsin	11.5	Top U.S. counties	18.2
Location	Number of membership associations per 10,000 population								
Winnebago	11.5								
Wisconsin	11.5								
Top U.S. counties	18.2								
Local Assets & Resources									
<ul style="list-style-type: none"> The faith community School programs Community centers Local organizations that work with specific populations 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> More social connectedness programs needed Lack of a coordinated plan between community organizations Inclusiveness efforts are needed to reach marginalized groups 	<p>-Older adults are at higher risk for loneliness and social isolation as they are more often living alone, have lost family and friends, suffer from hearing loss or chronic illness.⁴</p> <p>-Farmers and others who work and live in rural areas are at higher risk for social isolation which can impact higher rates of depression, stress and even suicide.⁵</p> <p>-Racial and ethnic minorities have been shown to have a higher likelihood of reporting loneliness in rural areas than Whites.⁶</p>								

¹ [CDC: Social Determinants of Health](#)

² [CDC: Adolescent Connectedness](#)

³ [CDC: Loneliness and Social Isolation Linked to Serious Health Conditions](#)

⁴ [CDC: Alzheimer's Disease and Healthy Aging](#)

⁵ [Yazd, S. Wheeler, S. & Zuo, A.: Key risk factors affecting farmers' mental health: A systematic review](#)










⁶ [Henning-Smith, C., Moscovice, R. & Kozhimannil, K.: Differences in social isolation and its relationship to health by rurality](#)

Prioritized Needs

Ascension Mercy used a process based on the AHA Community Health Improvement (ACHI) key components for prioritizing community health issues to identify the needs on which the hospital would focus. Following the completion of the community health assessment, Ascension Mercy 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 Mercy 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 prioritized needs for Ascension Mercy:

Community Health Priorities		
 Alcohol and Drug Use	 Diet and Exercise	 Mental Health
 COVID-19 Considerations   Social Determinants of Health 		
 Equity 		

Rationale

Alcohol and Drug Use was selected because substance use, particularly alcohol abuse, continues to be a significant problem in the Fox Valley region. While excessive drinking is a cultural norm in the state of Wisconsin, numerous community organizations have committed to addressing the issue through collective efforts. Ascension Wisconsin is also committed to improving screening and treatment processes.

Diet and Exercise was selected because prevention is an important step toward a healthier community. A healthy lifestyle through consumption of healthy foods and exercise can reduce the risk of several chronic diseases, lessening the need for medication or other treatments. This

priority will give special attention to communities lacking access to healthy foods due to structural barriers relating to poverty.

Mental Health was selected because mental health challenges are increasing during the pandemic and the community has clearly expressed the need for more support and resources. 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.

Rationale of Non-Chosen Priority Areas

Ascension Mercy 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 Mercy has chosen to focus its efforts on the priorities listed above.

The following needs were not selected for the 2021 CHNA cycle: Safe and Affordable Housing, Social Connectedness and Belonging and Economic Stability and Employment. These social determinants of health were not prioritized due to hospital and staff capacity. However, Ascension Mercy is committed to participating with partners in addressing these needs and will continue to look for opportunities to do so. These are indeed important issues for Winnebago County, but require a system approach to be led by respective subject experts. Ascension Mercy will consider the social determinants of health as a lens in creating its implementation strategy and will support community efforts as available.

For cohesion, Ascension Mercy renamed the prioritized needs to align with collaborative and historical strategies that have addressed these needs for several years in Winnebago County.

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 Mercy's previous implementation strategy include:

- **Healthy Weight:** Participated in the BeWell Fox Valley coalition to develop and implement the Food as Medicine (FAM) program to offer low-income patients with diagnoses of diabetes and/or pre-diabetes and their families with healthy food in combination with comprehensive diabetes education and programming.
- **Mental Health:** Increased depression screening rates in primary care visits from a baseline of 65.5% to 81.1% for all payers and from 57.0% to 79.5% 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 47).

Approval by the Board of Directors of Ascension Mercy

To ensure that Ascension Mercy's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Mercy Hospital board for approval and adoption on April 12, 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 Mercy serves. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of Ascension Mercy 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 Mercy hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Winnebago County. As a Catholic health ministry, Ascension Mercy 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 Mercy 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	Winnebago County	Wisconsin	U.S.
Total	171,907	5,893,718	331,449,281
Male	50.3%	49.8%	49.2%
Female	49.7%	50.2%	50.8%
<i>Data sources: Winnebago County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau QuickFacts, 2021.</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	Winnebago County	Wisconsin	U.S.
Asian	3.1%	3.0%	5.9%
Black / African American	2.4%	6.4%	13.4%
Hispanic / Latino (of any race)	4.4%	7.1%	18.5%
Native American	0.8%	1.2%	1.3%
White	88.0%	80.9%	76.3%
<i>Data sources: Winnebago County: County Health Rankings and Roadmaps, 2021. U.S. Census Bureau QuickFacts, 2021.</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, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Winnebago County	Wisconsin	U.S.
Age 0-17	20.4%	21.8%	22.3%
Age 18-64	62.8%	60.7%	61.2%
Age 65+	16.8%	17.5%	16.5%

Data sources: Winnebago County: County Health Rankings and Roadmaps, 2021.
U.S. Census Bureau QuickFacts, 2021.

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	Winnebago County	Wisconsin	U.S.
Median Household Income	\$59,600	\$64,200	\$62,843
Per Capita Income	\$32,571	\$33,375	\$34,103
People with incomes below the federal poverty guideline	8.7%	10%	11.4%
ALICE Households	23%	23%	29%
Median Gross Rent	\$766	\$856	\$1,062

Data sources: Winnebago County: County Health Rankings and Roadmaps, 2021.
United for ALICE, 2021.
U.S. Census Bureau QuickFacts, 2021.

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	Winnebago County	Wisconsin	U.S.
High School grad or higher	92.9%	92.2%	88.0%
Bachelor's degree or higher	28.3%	30.1%	32.1%
Data source: U.S. Census Bureau QuickFacts, 2021.			

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	Winnebago County	Wisconsin	U.S.
Uninsured	6.1%	6.8%	10.2%
Medicaid Participation	12.4%	12.1%	14.1%
Data sources: U.S. Census Bureau QuickFacts, 2021. U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE," 2019 ACS.			

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Fifty-six 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.

Organization	Position	Name
211 United Way	Director	Lisa Smith
Appleton Public Library	Hispanic Outreach Specialist	Norma Oliveras
Apricity	Executive Director	Michelle Devine Giese
Ascension Wisconsin	Director of Behavioral Health for the Fox Valley	Tina Lechnir
Ascension Calumet Hospital	Emergency Room Supervisor	Susan Schneider
Aurora Medical Center Oshkosh	ED Manager and SANE Program Director	Nicole Slusser and Brenda Doolittle
B3 Winnebago & Outagamie	Early Intervention Director	Wendy Hein
Be Well Fox Valley/United Way	Director	Wendy Krueger
Calumet County	Community Economic Development Director	Mary Kohrell
Catalpa Health	President & CEO, Chief Clinical Officer	Mary Downs and Scott Radtke
Child Care Resource and Referral	Executive Director	Judy Olson
Children's Wisconsin – Fox Valley	Hospitalist	Dr. Todd McKenzie
Chilton Police Department	Police Chief	Craig Plehn
City of Appleton Fire Department	Fire Chief	Jeremy Hansen
City of Appleton Health Department	Deputy Director/Interim Health Officer	Sonja Jense
City of Menasha Health Department	Public Health Director	Kristine Jacobsen
Common Grounds	Community Volunteer	Dean Gruner
Day by Day Warming Shelter	Executive Director	Molly Yatso-Butz
Diverse and Resilient	Director	Kathy Flores
ESTHER	Organizer	Bill Van Lopik
Evergreen Retirement Community	Unit Manager, Infection Preventionist	Kelly Rollo
Family Services	Manager	Kelly Hinz
Father Carr's Place 2B	Executive Director	John Nieman
Fox Valley Literacy	Executive Director	Brian Leone Tracy
Hmong American Partnership	Board President	Kou Vang
Imagine Fox Cities	Board member	Beth Flaherty
Leaven	Executive Director	Mary Parsons
Menasha Senior Center	Recreation Program Leader & Senior Activity Coordinator	Chloe Hansen-Dunn
Multi-Cultural Communication Team	Representative	Lisa Cruz
New Holstein City	Mayor	Jeff Hebl
NEW Mental Health Connection	Executive Director	Beth Clay
Oshkosh Area Food Pantry	Executive Director	Tom Fojtik
Oshkosh Area School District	Director of Pupil Services	Matt Kaemmerer
Outagamie County	District Attorney	Melinda Tempelis

Organization	Position	Name
Outagamie County ADRC and Aging Division	Manager / Aging & Nutrition Program Supervisor	Amie Bastian and Kalie Erickson
Outagamie County Health and Human Services	Director	John Rathman
Outagamie County PH	Health Officer	Natalie Vandeveld
Outagamie County Sheriff	Lieutenant	Travis Linskens
People of Progression	Co-Chair	Kristen Gondek
Pillars	Executive Director	Joe Mauthe
REACH	Program Coordinator	Annie Von Neupert
Rock Ledge Intermediate School, Seymour School District	School Counselor	Jen Siudzinski
Rural Health Initiative	Manager	Rhonda Strebel
Salvation Army-Calumet County	Director	John Kost
School District of Hilbert	District Administrator	Tony Sweere
SOAR Fox Cities, Inc.	Executive Director	Erin Schultz
ThedaCare	VP Clinically Integrated Network	Jennifer Frank, MD
ThedaCare	Mental Health Clinician	Denise Pannebaker
Thompson (Senior) Center on Lourdes	Executive Director	Elizabeth Neuman
US2 Behavioral Health	Executive Director	Sheng Lee Yang
UW Oshkosh Head Start	Associate Director of Health Related Services	Valeri Donnelly
Winnebago County Health Department	Community Health Strategist	Stephanie Gyldenvand
Winnebago County Health Department	WI Well Woman Program Specialist, Fox Valley Multi-Cultural Communications Committee	Susan Garcia Franz
Winnebago County Health Department	Health Officer	Doug Gieryn and staff
World Relief Fox Valley	Director	Tami McLaughlin
YMCA of the Fox Cities	COO	Dani Englebert

Data Reports

The full report including purpose, methodology, data sources and information for consultants and partners can be found here:

- [Key Stakeholder Report](#)

Appendix D: Secondary Data and Sources*

The tables below are based on vetted data 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 2021 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	Winnebago County	WI	Top U.S. Counties	Description
Length of Life					
Premature Death*		5,800	6,300	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Life Expectancy*		79.8	79.5	81.1	How long the average person should live.
Infant Mortality		5	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Child Mortality		50	50	40	Number of deaths among children under age 18 per 100,000 population.
Physical Health					
Poor or Fair Health		15%	15%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		4.2	3.7	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		12%	11%	10%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight*		7%	7%	6%	Percent of babies born too small (less than 2,500 grams).
Mental Health					
Poor Mental Health Days		4.3	4.0	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		13%	13%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		16	15	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes Prevalence		9%	10%	8%	Percent of adults age 20 and above with diagnosed diabetes.
Communicable Disease					
HIV Prevalence		52	129	50	Number of people age 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		457.7	483.6	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/county/outcomes/overall/snapshot *See Disparities Listed in Disparities Table, page 43					

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	Winnebago County	WI	Top U.S. Counties	Description
Economic Stability					
Median Household Income*		\$59,600	\$64,200	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.0%	3.3%	2.6%	Percentage of population age 16 and older unemployed but seeking work.
Childhood Poverty*		12%	14%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		93%	92%	94%	Percentage of ninth-grade cohort that graduates in four years.
Some College		68%	70%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		21%	23%	14%	Percentage of children living in a household headed by a single parent.
Social Associations		11.5	11.5	18.2	Number of membership associations per 10,000 population.
Violent Crime		169	298	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		8.7	9.0	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		9%	9%	9%	Percent of the population lacking adequate access to food.
Limited Access to Healthy Foods		5%	5%	2%	Percent of the population that is low-income and does not live close to a grocery store.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/county/outcomes/overall/snapshot *See Disparities Listed in Disparities Table, page 43					

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	Winnebago County	WI	Top U.S. Counties	Description
Physical Environment					
Severe housing cost burden		10%	12%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		12%	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		8.5	7.0	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		65%	67%	81%	Percentage of occupied housing units that are owned.
Broadband Access		84%	83%	86%	Percentage of households with broadband internet connection.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/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	Winnebago County	WI	Top U.S. Counties	Description
Healthcare Access					
Uninsured		5%	7%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		6%	8%	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		1,190:1	1,270:1	1,030:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		760:1	810:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		430:1	470:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays*		2,697	3,747	2,565	Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

Preventative Healthcare					
Flu Vaccinations*		56%	53%	55%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.
Mammography Screenings*		56%	49%	51%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/county/outcomes/overall/snapshot *See Disparities Listed in Disparities Table, page 43					

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	Winnebago County	WI	Top U.S. Counties	Description
Healthy Life					
Adult Obesity		37%	32%	26%	Percentage of the adult population (age 20 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		20%	20%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		87%	85%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		33%	33%	32%	Percentage of adults reporting fewer than seven hours of sleep on average.
Motor Vehicle Crash Deaths		8	10	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		19%	17%	16%	Percentage of adults who are current smokers.
Excessive Drinking		28%	27%	15%	Percentage of adults reporting binge drinking or heavy drinking.
Alcohol-Impaired Driving Deaths		31%	36%	11%	Percent of alcohol-impaired driving deaths.
Drug Overdose Deaths		16	20	11	Number of drug poisoning deaths per 100,000 population.
Sexual Health					
Teen Births*		12	15	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		457.7	483.6	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/county/outcomes/overall/snapshot *See Disparities Listed in Disparities Table, page 43					

Disparities, Winnebago County

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

Indicator	Population	Measure
Premature Death	Overall	5,800
	Black	8,700
	Hispanic	6,200
	White	5,700
Life Expectancy	Overall	79.8
	Asian	90.8
	Black	77.0
	Hispanic	85.9
	White	79.9
Low Birth Weight	Overall	7%
	Asian	6%
	Black	14%
	Hispanic	7%
	White	7%
Median Household Income	Overall	\$59,600
	Asian	\$58,100
	Black	\$27,400
	Hispanic	\$51,200
	White	\$59,700
Children in Poverty	Overall	12%
	Asian	19%
	Black	65%
	Hispanic	26%
	White	10%
Preventable Hospital Stays	Overall	2,697
	Black	827
	White	2,681
Flu Vaccinations	Overall	56%
	American Indian & Alaska Native	48%
	Asian	49%
	Black	51%
	Hispanic	42%
	White	57%
Mammography Screening	Overall	56%
	American Indian & Alaska Native	35%
	Asian	38%
	Black	50%

Teen Births	Hispanic	27%
	White	57%
	Overall	12
	Asian	16
	Black	38
	Hispanic	29
	White	10

Source: <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/winnebago/county/outcomes/overall/snapshot>

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Mercy has cataloged resources available in and near Winnebago 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.

Alcohol and Substance Use

Organization Name	Phone	Website
Apricity	Casa Clare: 920-731-3981 Mooring House: 920-739-3235	Apricity
Ascension Mercy Hospital	920-223-2000	Ascension NE Wisconsin - Mercy Campus
Fox Valley Central Office - Alcoholics Anonymous	920-731-4331	Fox Valley Central Office
The Connection - N.E.W. Mental Health	n/a	NEW Mental Health Connection
Winnebago County - Behavioral Health Services Division	Oshkosh Office: 920-236-4700 Neenah Office: 920-727-2882	Behavioral Health Services Division Winnebago County

Economic Stability and Employment

Organization Name	Phone	Website
ADVOCAP	See website for site-specific numbers	Business Development - ADVOCAP
The New North	920-336-3860	The New North
Winnebago County Economic Support Division	1-888-256-4563	Economic Support Division Winnebago County
Wisconsin Department of Children and Families - Employment Services for Parents	608-422-7000	Employment Services for Parents

Mental Health, Mental Conditions and Suicide

Organization Name	Phone	Website
Ascension Mercy Hospital	920-223-2000	Ascension NE Wisconsin - Mercy Campus
Catalpa Health	920-750-7000	Catalpa Health
Community for Hope	920-230-4840	Community for Hope
NAMI Fox Valley	920-954-1550	NAMI Fox Valley
Samaritan Counseling Center	920-886-9319	Samaritan Counseling Center
Winnebago County - Behavioral Health Services Division	Oshkosh Office: 920-236-4700 Neenah Office: 920-727-2882	Behavioral Health Services Division Winnebago County

Nutrition, Physical Activity and Obesity

Organization Name	Phone	Website
ADVOCAP	See website for site-specific numbers	Meal Sites - ADVOCAP
Ascension Medical Group Wisconsin - 1501 Madison Street - Weight Management	920-738-2000	Ascension Medical Group Wisconsin - 1501 Madison Street
FoodWise	715-258-6497	FoodWise Nutrition Education – Extension Winnebago County
Winnebago County Parks System	Oshkosh: 920-232-1960 Neenah: 920-727-8641	Parks Winnebago County
YMCA of Fox Cities	920-830-5700	Heart of the Valley YMCA

Safe and Affordable Housing

Organization Name	Phone	Website
ADVOCAP	See website for site-specific numbers	Affordable Housing - ADVOCAP
Lakeshore CAP - Home Buyer	920-682-3737	Lakeshore CAP
UW-Extension Winnebago County - Housing	262-741-4951	Rent Smart: A Tenant Training Program
Winnebago County Housing Authority	920-424-1450	Oshkosh / Winnebago County Housing Authority

Social Connectedness and Belonging

Organization Name	Phone	Website
Harbor House	920-832-1667	Harbor House Domestic Abuse Programs
Healthy Teen Minds	920-252-5927	Healthy Teen Minds NEW Mental Health Connection
Winnebago County - Aging and Disability Resource Centers	877-886-2372	Aging and Disability Resource Center of Winnebago County

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

Ascension Mercy's previous CHNA implementation strategy was completed in April 2019 and addressed the following priority health needs: Healthy Weight and Mental Health.

The table below describes the actions taken during the 2019-2022 CHNA to address each priority need and indicators of improvement. Near the start of the cycle, the COVID-19 pandemic disrupted hospital operations and slowed progress of the implementation strategy. The limits on in-person convening due to state orders and health system restrictions impacted various activities. The hospital had to pivot on many of the strategies but still managed to achieve the actions listed below.

Note: At the time of the report publication in March, the third year of the cycle has not been completed. The table includes results up to that time.

PRIORITY NEED	Healthy Weight	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Awareness, Education and Training	Engaged in several initiatives to promote nutrition and physical activity education to children and adults within Winnebago County.	<ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> Contributed funding to and actively participated in the BeWell Fox Valley coalition, which conducts numerous healthy living programs and initiatives, including a Food As Medicine pilot Supported and coordinated AmeriCorps members throughout community <ul style="list-style-type: none"> Health education was delivered to over 1,018 community members through the program Outcome Measures: <ul style="list-style-type: none"> 69% of community members receiving health education through AmeriCorps demonstrated a 20 percent or more increase in knowledge of the importance of physical activity and/or healthy eating
Advocacy/System Change	Standardized processes statewide for routine Body Mass	<ul style="list-style-type: none"> Process Measures: <ul style="list-style-type: none"> Convened a cross-sectional stakeholder group to identify

	Index screening in primary care clinics.	<p>screening opportunities and craft recommendations for improvement</p> <ul style="list-style-type: none"> ○ Rolled out process improvement materials in 2020 ● Outcome Measures: <ul style="list-style-type: none"> ○ Screening rates for all payers increased to 96.7%, which is slightly behind target of 98.0% ○ Screening rates for individuals with Medicaid increased to 97.3%, which is slightly behind target of 99.0%
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PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Awareness, Education and Training	Engaged in several collaboratives to implement awareness, education and training efforts on mental health within Winnebago County.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ 114 people participated in the gatekeeper Question, Persuade, Refer (QPR) training in Tri-County Region to help identify someone at risk of suicide or in need of intervention ○ Financially supported Providing Access to Healing (PATH) in Appleton Area Schools for students with academic performance issues ○ Supported the Zero Suicide Coalition in launching awareness campaigns and distributing lock boxes and gun locks for lethal means restrictions ● Outcome Measures: <ul style="list-style-type: none"> ○ QPR: 79% of gatekeeper training attendees reported they feel confident in asking the important questions (goal was 85%) ○ PATH: On average, 79% of students experienced reduced symptoms and improved

		functioning; 63% of students showed improved academic performance
Services and Support	Supported community-based screenings and services to individuals and their families affected by mental illness.	<ul style="list-style-type: none"> ● Process Measures: <ul style="list-style-type: none"> ○ Provided funding for school-based mental health programs in the Fox Valley region ○ Promoted support groups coordinated by the National Alliance for Mental Illness (NAMI) ● Outcome Measures: <ul style="list-style-type: none"> ○ Results not available at the time of this report, as the Youth Risk Behavior Survey was delayed
Advocacy/System Change	Standardized processes statewide for routine depression screening in primary care clinics.	<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 81.1% ○ Screening rates for individuals with Medicaid increased from a baseline of 57.0% to 79.5%