

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha

**2022 Joint Community Health Needs Assessment
Waukesha County, Wisconsin**

Prepared by Ascension Wisconsin



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Waukesha County, as well as to inform planning efforts to address those needs. Input was intentionally gathered from persons who are the most vulnerable and their 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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The 2022 joint Community Health Needs Assessment (CHNA) report was approved by the Board of Directors, the authorized body of Ascension Wisconsin Hospital - Menomonee Falls and Waukesha, on May 8, 2023 (2022 tax year) and applies to the following three-year cycle: July 2023 to June 2026. This report can be found on the Ascension Wisconsin Hospital - Menomonee Falls and Waukesha and Ascension Wisconsin public websites. **We value the community's voice and welcome feedback on this report. Please visit the public website at <https://healthcare.ascension.org/chna> to submit your comments.**

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Acknowledgements

The 2022 joint Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Waukesha County. The development of the Waukesha County CHNA was a collective effort that included other health systems, community-serving organizations and community members from within areas of focus that provided input and knowledge of issues and solutions and those who share our commitment to improving health and quality of life.

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are 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 for your interest and commitment to improving the health of Waukesha County.

Executive Summary

The goal of the 2022 joint Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Waukesha 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 Wisconsin Hospital - Menomonee Falls and Waukesha serve their respective cities and surrounding areas, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha have defined their community served as Waukesha County for the 2022 CHNA. Waukesha County was selected 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 2022 CHNA was conducted from June 2020 to December 2020 and used the County Health Rankings and Roadmaps process which incorporates 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. Input was intentionally gathered from the most vulnerable individuals and communities to identify their unmet health needs or gaps in services. Community input included telephone surveys with 400 residents and 47 individuals participated in 41 key stakeholder interviews. Secondary data analysis included review of metrics designed to measure health status and chronic disease, social and economic factors impacting residents and healthcare delivery system access and utilization trends experienced in the community.

Community Needs

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha analyzed secondary data and community input to identify the needs in Waukesha County. In collaboration with community partners, the hospitals used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- Access to Health Care
- Chronic Disease
- COVID-19
- Mental Health
- Nutrition
- Substance Use and Abuse

The process used to determine the health needs on which the hospitals would focus then included a prioritization meeting with leadership of Ascension Wisconsin Hospital - Menomonee Falls and Waukesha. The data was presented to the regional chief executive officer (CEO) and recommendations based on the top identified needs from the community were brought forward for consideration. The prioritized health needs were determined through the regional CEO, who 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 and community partners).

Based on the process described above, one prioritized health need was identified for Ascension Wisconsin Hospital - Menomonee Falls and Waukesha. That need is:

- Chronic Disease and Prevention

In alignment with this priority, 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 Wisconsin Hospital - Menomonee Falls and Waukesha

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are joint ventures between Emerus and Ascension Wisconsin. These neighborhood hospitals offer the full services of a hospital and 24/7 emergency room, as well as laboratory testing, imaging and comprehensive inpatient care. While providing high quality emergency and hospital care to the community, these eight-inpatient bed hospitals are smaller in scale.

Ascension

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

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.”² 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 both Ascension Wisconsin Hospital - Menomonee Falls and Waukesha’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 Wisconsin Hospital - Menomonee Falls and Waukesha.

² 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 2022 joint CHNA, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha have defined their community served as Waukesha County. Although the neighborhood hospitals serve Menomonee Falls and Waukesha, respectively, and the 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.

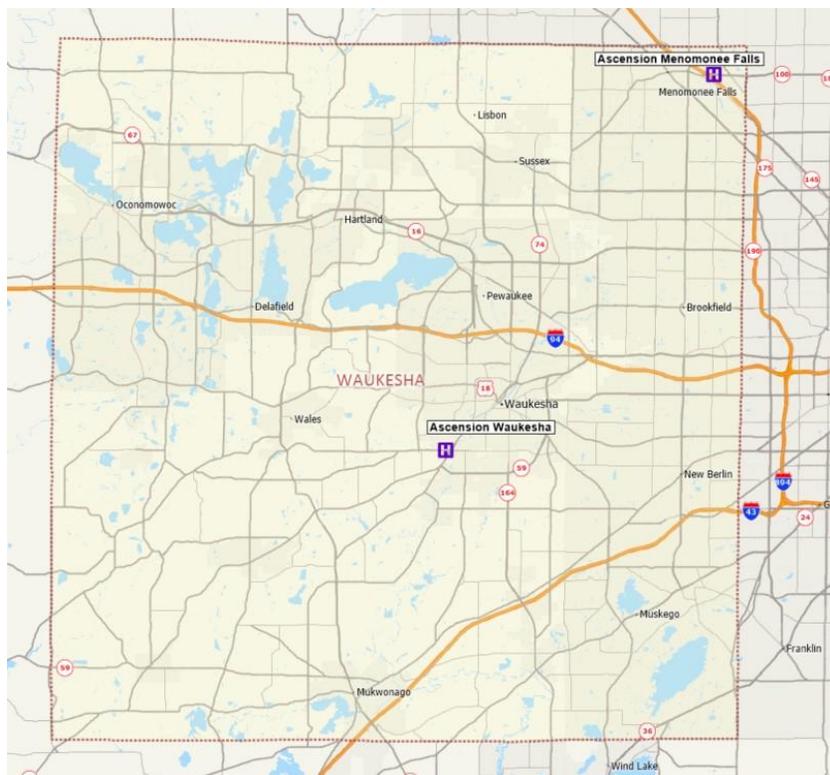


Image 1: Map of Community Served

Demographic Data

Located in southeast Wisconsin, Waukesha County has a population of 406,172 and is the third-most populous county in the state. Below are demographic data highlights for Waukesha County:

- 19.8 percent of the residents of Waukesha County are 65 or older, compared to 18.0 percent in Wisconsin
- 87.5 percent of residents are non-Hispanic and White; 5.1 percent are Hispanic (any race); 4.0 percent are Asian; 1.7 percent are Black or African American
- The median household income is well above the state median income (\$92,400 for Waukesha County; \$64,900 for Wisconsin)

Table 1: Description of the Community

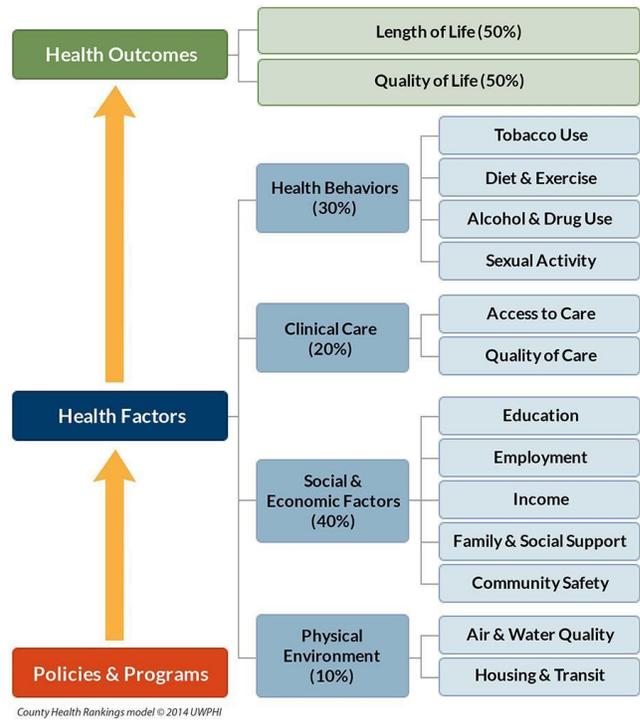
Indicator	Waukesha County	Description
Population		
Total Population	406,172	
% Living in rural communities	9.9%	Percentage of population living in a rural area.
% below 18 years of age	21.1%	
% 65 and older	19.8%	
% Hispanic	5.1%	
% Asian	4.0%	
% Non-Hispanic Black	1.7%	
% Non-Hispanic White	87.5%	
Social and Community Context		
English Proficiency	99%	Proportion of community members that speak English “well”.
Median Household Income	\$92,400	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	4%	Percentage of people under age 18 in poverty.
Percent of Uninsured	4%	Percentage of population under age 65 without health insurance.
High School Completion	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	5.6%	Percentage of population ages 16 and older unemployed but seeking work.
https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022		

To view Community Demographic Data in its entirety, see Appendix B (p. 31-33).

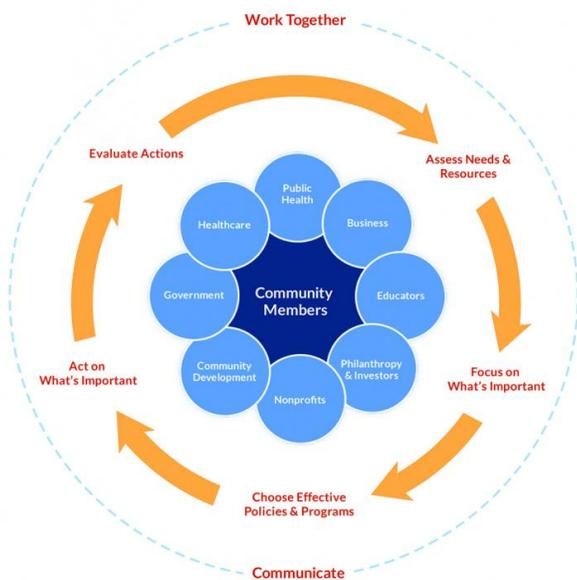
Process and Methods Used

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are committed to using national best practices in conducting the CHNA. Health needs and assets for Waukesha 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 Wisconsin Hospital - Menomonee Falls and Waukesha’s approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, using the determinants of health model as the model for community health.



Community Health Improvement Approach



Ascension Wisconsin Hospital - Menomonee Falls and Waukesha use 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 entire process, communication and collaborative work is critical.

Disparities and Health Equity

Health disparities are preventable differences in health outcomes and health factors that are experienced by socially disadvantaged groups. Health equity is the societal and systematic understanding and appreciation of differences among individuals and populations; where everyone is valued and has the opportunity to achieve optimal health and well-being.¹ Forwarding health equity requires us to identify and understand the root social causes of health disparities in our communities. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words" and Ascension Wisconsin Hospital - Menomonee Falls and Waukesha have a commitment to and respect for each person's dignity; therefore, health equity is an Ascension Wisconsin 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. Therefore, equity was a consideration during the entire community health needs assessment, the identification of significant needs and the prioritization of those needs and will be considered as the hospitals identify strategies to address the prioritized needs.

Collaborators and Consultants

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha completed their 2022 joint CHNA in collaboration with Ascension SE Wisconsin Hospital - Elmbrook Campus and the other health systems and the public health agency in Waukesha County. Partners in Waukesha County included Advocate Aurora Health, Children's Wisconsin, Froedtert Health, ProHealth Care and the Waukesha County Public Health Division. The health systems and public health division contracted with JKV Research, LLC, to conduct the telephone surveys and utilized the Center for Urban Population Health (CUPH) to compile secondary data into summary reports.

¹ [National Academies of Sciences, Engineering, Medicine. \(2017\). Communities in Action](#)

Data Collection Methodology

In collaboration with various community partners, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha collected and analyzed primary and secondary data for Waukesha County in numerous ways, detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the neighborhood hospitals' partners invited the input of community members at-large as well as a range of public health and social service providers that represent the broad interest of Waukesha County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice; 2) individuals who are medically underserved, have low-income, or are considered among the minority populations served by the campus; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

The following steps were taken during primary data collection:

- **Community Health Survey:** A telephone survey of 400 residents was conducted by JKV Research, LLC, between July 24, 2020 and September 4, 2020. The survey included questions about personal/family health and the respondent's perception of top health needs in the community. See table below for survey respondents' issue ranking.
- **Key Stakeholder Interviews:** Interviews were conducted by members of the partnership with key stakeholders in Waukesha County. Those interviewed included the local health department and representatives of organizations that serve medically underserved, low-income and minority populations. See table below for key stakeholders' issue ranking.

Survey Respondents	Key Informant Interview Respondents (41)
1. Coronavirus/COVID-19 - 48%	1. Mental Health - 37
2. Illegal Drug Use - 31%	2. Substance Use and Abuse - 24
3. Overweight or Obesity - 22%	3. Access to Health Care - 18
4. Chronic Diseases - 20%	4. Chronic Disease - 17
5. Mental Health or Depression - 18%	5. Nutrition - 11
5. Access to Health Care - 18%	

To view the community organizations that provided input, see Appendix C (p. 34-35).

Summary of Secondary Data

Secondary data is data that has already been collected, analyzed 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. Community health data was compiled from a variety of public sources. Topics were reviewed based on the identified priorities from the community. A summary of the secondary data collected and analyzed through this assessment is outlined below.

- **Access to Health Care:** The uninsured adult rate in Waukesha County is 4 percent, which is better than Wisconsin's rate of 7 percent and the U.S. rate of 11 percent. The ratio of primary care providers in the county (710:1) is also better than the state's ratio of 1,260:1 and the U.S. ratio of 1,310:1.
- **Chronic Disease:** Waukesha County's diabetes prevalence of 7 percent is the same as the state's rate but lower than the U.S. rate of 9 percent. The top three leading causes of death to persons under age 75 are cancer, heart disease and accidents, respectively. County residents report fewer days of poor physical health than the state or the U.S. Furthermore, life expectancy in Waukesha County is 81.1 years which is higher than the state's life expectancy of 78.9 years and the U.S. life expectancy of 78.5 years.
- **Mental Health:** The number of suicides in the county currently is 12 per 100,000 people in Waukesha County compared to the state rate of 15 and U.S. rate of 14. Twelve percent of Waukesha County residents report frequent mental distress compared to 13 percent of the state's residents and 14 percent of U.S. residents.
- **Nutrition:** In Waukesha County, 5 percent of the population has limited access to healthy foods, compared to the state's 5 percent and the U.S.' 6%. Additionally, 6 percent of the county's population struggles with food insecurity. The adult obesity rate in Waukesha County is 30 percent, which is slightly lower than both Wisconsin and the nation (34 percent and 32 percent, respectively).
- **Substance Use and Abuse:** Waukesha County's drug overdose death rate is 19 per 100,000 population while the state rate is 22 per 100,000 and the U.S. rate is 23 per 100,000. Relating to alcohol consumption, 27 percent of the population in Waukesha County report excessive drinking while the state percentage is 25 percent and the U.S. percentage is 20 percent. In Waukesha County, 32 percent of car accident fatalities are related to alcohol compared to the 27 percent of car accident fatalities related to alcohol in the U.S.

To view secondary data sources, see Appendix D (p. 36-42).

Written Comments on CHNA and Implementation Strategy

As Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are newly established licensed hospitals, this is the first CHNA that has been required to be completed. Moving forward, their CHNAs and implementation Strategies (IS) will be available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

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 Waukesha County. This constraint limits the ability to fully assess all the community's health needs.

For this assessment, these limitations were identified:

- Ascension SE Wisconsin Hospital - Elmbrook Campus and Ascension Wisconsin Hospital - Menomonee Falls and Waukesha work closely together to meet the health needs of the Waukesha County community; therefore, this CHNA is utilizing primary data collected for the most recent Ascension Elmbrook 2021 CHNA. The primary data might be considered slightly dated; however, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha felt it important to respect and honor the voice of those community members that provided their input. Secondary data, an important part of any CHNA, was updated with the most current information available.
- Some groups 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/queer+ 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 Wisconsin as an event or situation which may be severe and sudden in onset or is a new issue in 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 2022 CHNA, the following acute community concerns were identified:
 - COVID-19 - the pandemic impacted community organizations' capacity and community members' participation and engagement.

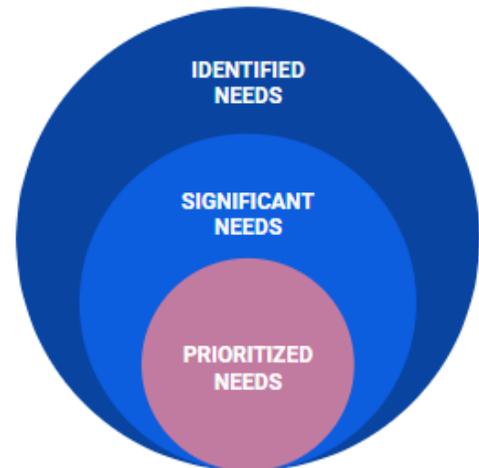


Despite the data limitations, the hospitals are reasonably confident of the overarching themes and health needs represented through our assessment data. This is based on the fact the data collection included multiple methods, both qualitative and quantitative, and engaged the campuses as well as participants from the community.

Community Needs

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha analyzed secondary data of the top health outcome indicators that were identified through the community input processes described in the previous sections. In collaboration with community partners, the hospitals used a phased prioritization approach to generate a list of **significant needs** which were determined most crucial for community stakeholders to address.

Following the initial CHNA assessment, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha then selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospitals may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.



Identified Needs

Ascension Wisconsin has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Waukesha 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 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, whether there is capacity and momentum to address the issue and if there are populations that are more affected by these health issues, otherwise known as health disparities.

Below are the identified significant needs:

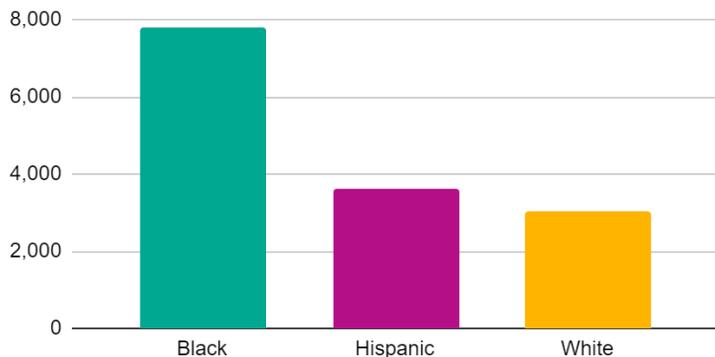
- Access to Health Care
- Chronic Disease and Prevention*
- Mental Health
- Substance Use and Abuse

*For the purposes of this CHNA, chronic disease and nutrition were combined into one significant need of “Chronic Disease and Prevention” as the issues are interrelated.



To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (p. 43-45).

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

Access to Health 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>	<p style="text-align: center;">Preventable Hospital Stays (per 100,000 people enrolled in Medicare)</p>  <table border="1"> <thead> <tr> <th>Race</th> <th>Preventable Hospital Stays (per 100,000)</th> </tr> </thead> <tbody> <tr> <td>Black</td> <td>~7,800</td> </tr> <tr> <td>Hispanic</td> <td>~3,600</td> </tr> <tr> <td>White</td> <td>~3,000</td> </tr> </tbody> </table>	Race	Preventable Hospital Stays (per 100,000)	Black	~7,800	Hispanic	~3,600	White	~3,000
Race	Preventable Hospital Stays (per 100,000)								
Black	~7,800								
Hispanic	~3,600								
White	~3,000								
Local Assets & Resources	<ul style="list-style-type: none"> Preventable Hospital Stays represent hospitalizations that might have been prevented with outpatient care. This suggests that the quality of care provided in the outpatient setting for these residents was less than ideal and/or emergency rooms and urgent care are used more often as a main source of care for these residents.³ 								
<ul style="list-style-type: none"> Waukesha and other local health departments Federally Qualified Health Centers Several community resources to connect residents with care Health Systems in Waukesha County 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Poor communication and lack of trust contribute to racial disparities in accessing all health services High costs, lack of providers and transportation barriers COVID-19 restrictions 	<p>-Significant racial/ethnic disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care.⁴</p> <p>-In Waukesha County, there is a significant gap in preventable hospital stay rates for Black, American Indian and Hispanic residents compared to White residents. This suggests that the quality of care provided in the outpatient setting for these residents was less than ideal and/or emergency rooms and urgent care is used more often as a main source of care for Waukesha residents of color.³</p> <p>-In the United States, mothers of color are more likely to receive less than adequate prenatal care.⁵</p>								

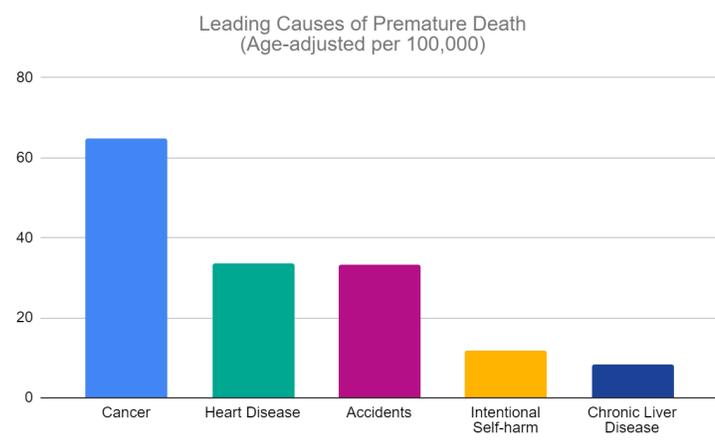
¹ [County Health Rankings & Roadmaps: Access to Care](#)

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

³ [County Health Rankings and Roadmaps: Preventable Hospital Stay](#)

⁴ [Disparities in Health and Health Care](#)

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

Chronic Disease and Prevention													
Why is it Important?	Data Highlights												
<p>Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. Receiving quality chronic disease management improves outcomes for those with chronic diseases.¹ Preventing chronic diseases can decrease healthcare costs and increase quality of life. 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.²</p>	 <table border="1"> <caption>Leading Causes of Premature Death (Age-adjusted per 100,000)</caption> <thead> <tr> <th>Cause</th> <th>Rate (per 100,000)</th> </tr> </thead> <tbody> <tr> <td>Cancer</td> <td>~65</td> </tr> <tr> <td>Heart Disease</td> <td>~35</td> </tr> <tr> <td>Accidents</td> <td>~35</td> </tr> <tr> <td>Intentional Self-harm</td> <td>~15</td> </tr> <tr> <td>Chronic Liver Disease</td> <td>~10</td> </tr> </tbody> </table>	Cause	Rate (per 100,000)	Cancer	~65	Heart Disease	~35	Accidents	~35	Intentional Self-harm	~15	Chronic Liver Disease	~10
Cause	Rate (per 100,000)												
Cancer	~65												
Heart Disease	~35												
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Chronic Liver Disease	~10												
Local Assets & Resources	<ul style="list-style-type: none"> • Waukesha County Public Health • Fit in the Parks • Free clinics and medical treatment • School health programs • Live Well Waukesha County • Women, Infants and Children (WIC) Family Fit program • UW-Extension nutrition education • Hispanic Wellness Program <ul style="list-style-type: none"> • Three of the five top leading causes of death for people under 75 are related to chronic disease. • Chronic conditions are often associated with social factors such as access to healthy foods, opportunities for physical activity, stress and health behaviors such as obesity, smoking or excessive alcohol use.³ • Obesity prevalence in Waukesha County has increased by approximately 10% since 2002.⁴ 												
Community Challenges & Perceptions	<p>Individuals Who Are More Vulnerable</p> <p>Individuals with low income and some racial and ethnic minorities have higher rates of obesity and chronic diseases such as diabetes, heart disease, high cholesterol and blood pressure, and stroke.³</p> <p>In Waukesha County, survey respondents in the bottom 60% household income bracket were more likely to report heart disease/condition.⁵ In Wisconsin, the Non-Hispanic Black population has the highest percent of overweight and obese individuals compared with other races/ethnicities.⁶</p>												

¹ [County Health Rankings and Roadmaps: Chronic Disease Management Programs](#)

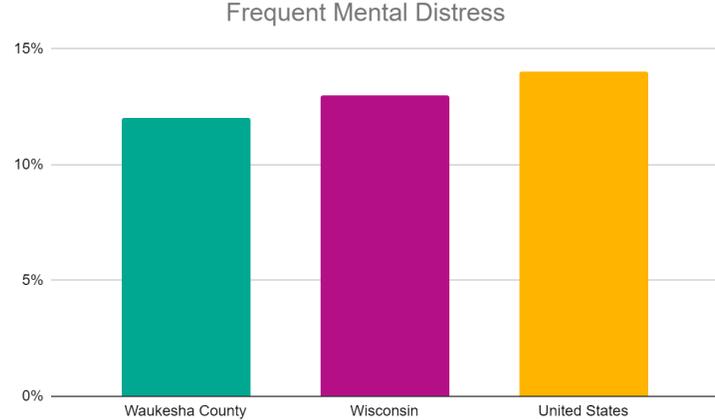
² [Healthy People 2020: Nutrition and Weight Status](#)

³ [Centers for Disease Control and Prevention: REACH](#)

⁴ Waukesha County Health Data Report: A summary of secondary data sources ([Report available upon request](#))

⁵ Waukesha County Community Health Survey Summary ([Report available upon request](#))

⁶ Wisconsin Department of Health Services - Wisconsin Interactive Statistics on Health Query System ([Report available upon request](#))

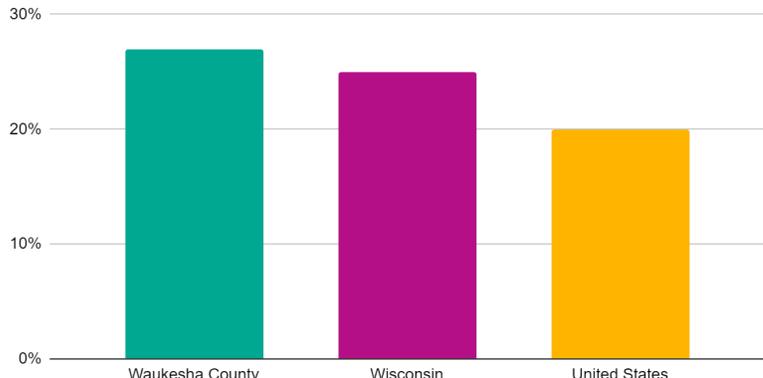
Mental Health									
Why is it Important?	Data Highlights								
<p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, 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 style="text-align: center;"> <p>Frequent Mental Distress</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Frequent Mental Distress Data</caption> <thead> <tr> <th>Location</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Waukesha County</td> <td>12%</td> </tr> <tr> <td>Wisconsin</td> <td>11%</td> </tr> <tr> <td>United States</td> <td>12%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> In Waukesha County, 12% of adults reported experiencing poor mental health for 14 or more of the last 30 days, as compared to 11% for Wisconsin residents and 12% for U.S. residents overall. The average number of mentally unhealthy days reported in the past 30 days (age-adjusted) is 3.7 days in Waukesha County compared to 4.4 in Wisconsin and 4.5 for the United States. The suicide rate per 100,000 in Waukesha County is 12 per 100,000 people. 	Location	Percentage	Waukesha County	12%	Wisconsin	11%	United States	12%
Location	Percentage								
Waukesha County	12%								
Wisconsin	11%								
United States	12%								
Local Assets & Resources									
<ul style="list-style-type: none"> Impact 211 National Alliance on Mental Illness James Place free counseling Friendship House School-based services Mental Health coalitions in communities Crisis Intervention Training Criminal Justice Collaboration Committee Sixteenth Street Community Health Centers bilingual services 	<ul style="list-style-type: none"> In Waukesha County, 12% of adults reported experiencing poor mental health for 14 or more of the last 30 days, as compared to 11% for Wisconsin residents and 12% for U.S. residents overall. The average number of mentally unhealthy days reported in the past 30 days (age-adjusted) is 3.7 days in Waukesha County compared to 4.4 in Wisconsin and 4.5 for the United States. The suicide rate per 100,000 in Waukesha County is 12 per 100,000 people. 								
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Key stakeholders agreed that the pandemic has increased mental health issues due to isolation, economic stress and anxiety. They also voiced concerns over the lack of mental health providers, lack of inpatient beds for crisis care, insurance coverage gaps, silos across the system in addressing care and high cost of medications. The stigma around mental health continues to be a barrier as well. 	<p>Individuals with low income have higher rates of poor mental health, as economic challenges (e.g. unemployment, poverty) can cause stress that contributes to mental health issues. Marginalized populations such as racial and ethnic minorities and women also experience mental health disparities as a result of systematic inequalities.³</p> <p>In Waukesha County, survey respondents in the bottom 40% household income bracket were more likely to report a mental health condition.⁴</p>								

¹ [CDC: Heart Disease and Mental Health](#)

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

³ [Mental Health Foundation: Black, Asian, and Minority Ethnic Communities](#)

⁴ Waukesha County Community Health Survey Summary ([Report available upon request](#))

Substance Use and Abuse									
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 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>	<div style="text-align: center;"> <p>Excessive Drinking (Percent of population that report excessive drinking)</p>  <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <thead> <tr> <th>Location</th> <th>Percent of population reporting excessive drinking</th> </tr> </thead> <tbody> <tr> <td>Waukesha County</td> <td>27%</td> </tr> <tr> <td>Wisconsin</td> <td>25%</td> </tr> <tr> <td>United States</td> <td>20%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> Waukesha County has higher rates of excessive drinking with 27% of residents reporting excessive drinking compared to Wisconsin's 25% and the United States' 20%. Of car crash deaths in Waukesha County, 32% are related to alcohol-impairment which is 18.5% higher than the U.S. percentage of 27%. In Waukesha County the drug overdose death rate is 19 per 100,000 people. 	Location	Percent of population reporting excessive drinking	Waukesha County	27%	Wisconsin	25%	United States	20%
Location	Percent of population reporting excessive drinking								
Waukesha County	27%								
Wisconsin	25%								
United States	20%								
Local Assets & Resources									
<ul style="list-style-type: none"> Heroin Task Force Medication assisted treatment Support groups for substance use disorders (SUD) Naloxone training by the county Outreach to students Outreach through the Aging and Disability Resource Center Intensive outpatient treatments 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Key stakeholders named numerous challenges to addressing substance abuse, including: high cost and limitations of inpatient services/treatment, lack of crisis services outside of regular business hours, hard to find treatment options for Medicaid or uninsured patients, ease of access to substances, etc. COVID-19 has limited access to treatment and has worsened substance use due to mental health issues tied to isolation. 	<p>Stigma around substance use disorders creates challenges for all persons with an SUD in receiving healthcare, the criminal justice system and in social factors such as housing.⁴</p> <p>Persons of color have higher rates of being uninsured⁵ and more challenges in receiving appropriate treatment for substance use disorders and stigma.⁶ Racial/ethnic populations have been disproportionately affected by the consequences of drug abuse and addiction.⁶</p> <p>Substance use, particularly tobacco, alcohol and methamphetamines is higher in rural areas compared to urban and rural settings have more limited resources than urban areas for treatment.⁷</p>								

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

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

³ Waukesha County Health Data Report: A summary of secondary data sources ([Report available upon request](#))

⁴ [Zwick, J., Appleseth, H., & Arndt, S. \(2020\)](#)

⁵ [Saloner, B. & Cook, B. \(2013\)](#)

⁶ [National Institute of Drug Abuse](#)

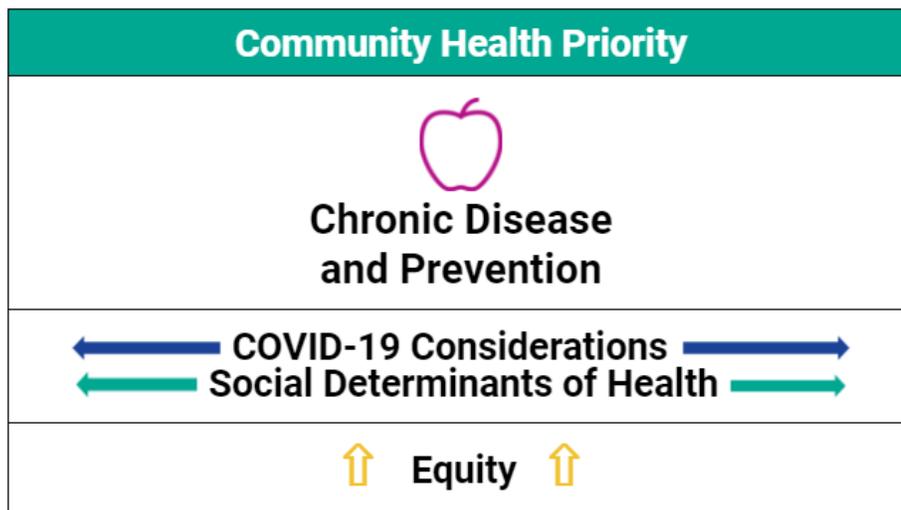
⁷ [Rural Health Information Hub: Substance use and Misuse in Rural Areas](#)

Prioritized Needs

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha 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, hospital leadership 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 Wisconsin Hospital - Menomonee Falls and Waukesha have defined “prioritized needs” as the significant needs which have been prioritized by the hospitals to address through the three-year CHNA implementation strategy. Following are the 2022 prioritized needs for Ascension Wisconsin Hospital - Menomonee Falls and Waukesha.



Rationale

This need was selected because prevention is an important step towards a healthier community. For those with chronic diseases, proper treatment through healthcare can help improve quality of life. A healthy lifestyle through access to healthy foods, increase in activity and decreased stress 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.

Rationale of Non-Chosen Priority Areas

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha understand the importance of all the health needs of the community and are committed to playing an active role in improving the health of the people in the communities they serve. For the purposes of this CHNA, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha have chosen to focus their efforts on the priority listed above.

The following significant needs were not selected for the 2022 CHNA cycle: Access to Health Care, COVID-19, Substance Use and Abuse, and Mental Health. Below is the rationale behind not prioritizing these issues.

Access to Health Care: Ascension Wisconsin Hospital - Menomonee Falls and Waukesha have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. These hospitals provide financial assistance to certain individuals who receive medically necessary care from the hospitals.

COVID-19: While Coronavirus/COVID-19 was identified as a top need, leadership agreed that it should not be listed 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, with a particular focus on the resulting social impacts and exacerbated health disparities.

Substance Use and Abuse and Mental Health: Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are small neighborhood hospitals with focus on a specific range of low acuity patient needs. However, the hospitals are committed to participating with partners in addressing these needs and will continue to look for opportunities to do so.

Summary of Impact from the Previous CHNA Implementation Strategy

An important element 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.

As Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are newly-established licensed hospitals, this is the first CHNA that has been required to be completed. Moving forward, the hospitals will report on their actions.

Approval by the Board of Directors of Ascension Wisconsin Hospital - Menomonee Falls and Waukesha

To ensure Ascension Wisconsin Hospital - Menomonee Falls and Waukesha's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the Board of Directors, the authorized body of Ascension Wisconsin hospitals, for approval and adoption on May 8, 2023. Although an authorized body of the hospitals 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 Wisconsin Hospital - Menomonee Falls and Waukesha serve. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2022 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Wisconsin Hospital - Menomonee Falls and Waukesha hope this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Waukesha County. Ascension Wisconsin Hospital - Menomonee Falls and Waukesha are dedicated to serving patients with a focus on quality, patient satisfaction and staff satisfaction. The hospitals value the community's voice and welcome 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 services 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

Health Disparities

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

Health Equity

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

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.

Racism

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities and saps the strength of the whole society through the waste of human resources.

Source: APHA

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	Waukesha County	Wisconsin	U.S.
Total	408,756	5,880,101	332,031,554
Male	49.6%	50.1%	49.5%
Female	50.4%	49.9%	50.5%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, Population Estimates, July 1, 2021

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	Waukesha County	Wisconsin	U.S.
Asian	4.1%	3.2%	6.1%
Black / African American	2.0%	6.8%	13.6%
Hispanic / Latino (of any race)	5.3%	7.5%	18.9%
American Indian or Alaska Native	0.3%	1.2%	1.3%
White, not Hispanic	87.0%	80.2%	59.3%

Data sources: U.S. Census: Quick Facts: United States, Wisconsin, Waukesha County, Population Estimates, July 1, 2021

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	Waukesha County	Wisconsin	U.S.
Age 0-17	21.2%	21.6%	22.2%
Age 65+	19.6%	17.9%	16.8%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, Population Estimates, July 1, 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	Waukesha County	Wisconsin	U.S.
Median Household Income	\$94,310	\$67,080	\$69,021
Per Capita Income*	\$50,837	\$36,754	\$37,638
People with incomes below the federal poverty guideline	5.0%	10.8%	11.6%
ALICE Households [^]	21%	23%	29%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, Population Estimates, July 1, 2021
**U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, (in 2021 dollars), 2017-2021*
[^]*United for ALICE, National, Wisconsin and Waukesha County data, 2018*

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.

Education	Waukesha County	Wisconsin	U.S.
High School grad or higher	96.4%	92.9%	88.9%
Bachelor's degree or higher	46.9%	31.5%	33.7.1%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, Population Estimates, July 1, 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.

Insurance	Waukesha County	Wisconsin	U.S.
Uninsured (persons < 65)	4.3%	6.4%	9.8%
Medicaid Participation	16.0%	15.6%	17.7%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Waukesha County, Population Estimates, July 1, 2021
U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE" 2021: ACS 1-Year Estimates

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Forty-seven individuals participated in 41 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
Kerri Ackerman	Behavioral Health Administrative Director	Sixteenth Street Community Health Centers
Maureen Atwell	Executive Director	Hebron Housing Services
Lynda Biedrzycki	Waukesha County Medical Examiner	Waukesha County Medical Examiner's Office
Christine Bowden	Director of Pupil Services	Mukwonago Area School District
Jerry Braatz	Extension Area Director	UW Extension Waukesha County
Paul Decker	County Board Chair	Waukesha County
Patricia Deklotz	Superintendent	Kettle Moraine School District
Peter Engel	President, CEO	Easterseals Southeast Wisconsin
Cindy Eggleston	Executive Director	Mukwonago Food Pantry
Paul Farrow	Waukesha County Executive	Waukesha County
Tony Fus	Officer	New Berlin Police Department
Kathy Gale	Executive Director	Eras Senior Network
Corey Golla	Superintendent	Menomonee Falls Schools
Trisha Heller	School District Nurse	Mukwonago Area School District
Jenn Hoggatt	Director of James Place Waukesha	Elmbrook Church
Babette A. Honore	Executive Director	HOPE Network for Single Mothers
Steve Howard	Fire Chief	Waukesha County Fire Chiefs' Association
Barbara Jacob	Director	New Berlin Food Pantry
Ben Jones	Health Officer/ Public Health Manager	Waukesha County Department of Health and Human Services, Public Health Division
Lindsay Just	Executive Director	Addiction Resource Council, Inc.
Allison Katula	Executive Director	Family Service of Waukesha
Suzanne Kelley	President, CEO	Waukesha County Business Alliance
Paula Knox	Executive Director	Menomonee Falls Area Food Pantry
Joe Koch	Deputy Superintendent	School District of Waukesha
Mary Madden	Executive Director	NAMI Waukesha, Inc.
Angela Mancuso	Executive Director	The Women's Center
Shawn McNulty	District Superintendent	Mukwonago Area School District
Noel Menghe	District Nurse	Mukwonago Area School District
Paul Mielke	Superintendent	Hamilton School District
Jess Mieling	Branch Executive Director	YMCA at Pabst Farms
Colleen Peebles	Waukesha Clinic Manager	Sixteenth Street Community Health Centers

John Peterson	Special Services Supervisor	Hamilton School District
Renee Ramirez	CEO	Waukesha County Community Dental Clinic
Mary Reich	Executive Director	Lake Area Free Clinic
Roger Rindo	Superintendent	Oconomowoc Area School District
John Roubik	Director of Human Resources & Organizational Development	Hamilton School District
Anna M. Ruzinski	Chief of Police	Menomonee Falls Police Department
Kellie Sanders	Chief Academic Officer	School District of New Berlin
Barton Smith	New Berlin Campus Administrator	LindenGrove Communities
Linda Smith	Nurse Practitioner/ Clinic Coordinator	Community Outreach Health Clinic
Mary Smith	Division Manager	Aging and Disability Resource Center of Waukesha County
Cherie Sonsalla	Executive Director	Oconomowoc Area Chamber of Commerce
Karen Tredwell	Executive Director	The FOOD Pantry Serving Waukesha County
Amy Vega	Interim Executive Director	Waukesha Free Clinic
Vickie Walsh	Portfolio Manager, Health	United Way Greater Milwaukee and Waukesha County
Jennifer Waltz	Executive Director	Sussex Area Outreach Services
Kirk Yauchler	Clinical Services Division Manager	Waukesha County Department of Health and Human Services

Data Reports

Full reports including purpose, methodology, data sources, listings of stakeholders and information for consultants and partners can be requested here: <https://healthcare.ascension.org/chna>

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 2022 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

*This report reflects several sources of reputable and reliable data. Due to 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 they relate to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

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

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, the measure has remained the same or there is not enough information to interpret the trend.

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	Waukesha County	WI	United States	Description
Length of Life					
Premature Death ★		4,900	6,600	7,300	Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Top three leading causes of death before age 75 were Cancer, Heart Disease and Accidents.					
Life Expectancy ★		81.1	78.9	78.5	Average number of years a person can expect to live.
Infant Mortality		4	6	6	Number of infant deaths (within 1 year) per 1,000 live births.
Child Mortality ★		40	50	50	Number of deaths among residents under age 18 per 100,000 population.
Physical Health					
Poor or Fair Health		11%	15%	17%	Percent of adults reporting fair or poor health (age-adjusted).
Poor Physical Health Days		2.8	3.6	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		9%	11%	12%	Percent of adults reporting 14 or more days of poor physical health per month (age-adjusted).
Low Birth Weight ★		6%	8%	8%	Percentage of live births with low birthweight (< 2,500 grams).
Mental Health					
Poor Mental Health Days		3.7	4.4	4.5	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)..
Frequent Mental Distress		12%	13%	14%	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted).
Suicide		12	15	14	Number of deaths due to suicide per 100,000 population (age-adjusted).
Morbidity					
Diabetes Prevalence		7%	7%	9%	Percent of adults age 20 and above with diagnosed diabetes (age-adjusted).
Communicable Disease					
HIV Prevalence		46	132	378	Number of people aged 13 years and over with a diagnosis of HIV per 100,000 population.
<p>Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022</p> <p>★ See disparities table on page 41</p>					

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	Waukesha County	WI	United States	Description
Economic Stability					
Median Household Income ★		\$92,400	\$64,900	\$67,300	Income where half of households in a county earn more and half of households earn less.
Unemployment		5.6%	6.3%	8.1%	Percentage of population ages 16 and older unemployed but seeking work.
Children in Poverty ★		4%	12%	16%	Percentage of people under age 18 in poverty.
Educational Attainment					
School Funding Adequacy		\$6,254	\$2,509	\$741	The average gap in dollars between actual and required spending per pupil among public school districts
High School Completion		96%	93%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College		82%	70%	67%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in Single-parent Homes		12%	23%	25%	Percentage of children living in a household headed by a single parent.
Social Associations		11.2	11.4	9.2	Number of membership associations per 10,000 population.
Disconnected Youth		3%	5%	7%	Percentage of teens and young adults ages 16-19 neither working nor in school.
Violent Crime		68	298	386	Number of reported violent crime offenses per 100,000 population.
Injury Deaths ★		88	89	76	Number of deaths due to injury per 100,000 population.
Firearm Fatalities		8	11	12	Number of deaths due to firearms per 100,000 population.
Access to Healthy Foods					
Food Environment Index		9.2	8.7	7.8	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best).
Food Insecurity		6%	9%	11%	Percent of the population lacking adequate access to food.
Limited Access to Healthy Foods		5%	5%	6%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022					
★ See disparities table on page 41					

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	Waukesha County	WI	United States	Description
Physical Environment					
Severe Housing Cost Burden		10%	11%	14%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		11%	14%	17%	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		9.2	7.5	7.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		76%	67%	64%	Percentage of owner occupied housing units.
Broadband Access		91%	85%	85%	Percentage of households with broadband internet connection.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022					

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	Waukesha County	WI	United States	Description
Healthcare Access					
Uninsured		4%	7%	11%	Percentage of population under age 65 without health insurance.
Uninsured Adults		5%	8%	13%	Percentage of adults under age 65 without health insurance.
Uninsured children		2%	4%	6%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		710:1	1,260:1	1,310:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		790:1	750:1	870:1	Ratio of the population to primary care providers other than physicians.

Mental Health Providers		390:1	440:1	350:1	Ratio of the population to mental health providers.
Dentists		1,040:1	1,390:1	1,400:1	Ratio of population to dentists.
Hospital Utilization					
Preventable Hospital Stays ★		3,081	3,260	3,767	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations ★		61%	53%	48%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings ★		56%	49%	43%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022 ★ See disparities table on page 41					

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	Waukesha County	WI	United States	Description
Healthy Life					
Adult Obesity		30%	34%	32%	Percentage of the adult population (age 18 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m ² (age-adjusted).
Physical Inactivity		19%	22%	26%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).
Access to Exercise Opportunities		91%	78%	80%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		28%	33%	35%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).
Motor Vehicle Crash Deaths		6	10	12	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		13%	16%	16%	Percentage of adults who are current smokers (age-adjusted).
Excessive Drinking		27%	25%	20%	Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).

Alcohol-Impaired Driving Deaths		32%	36%	27%	Percent of driving deaths with alcohol involvement.
Drug Overdose Deaths★		19	22	23	Number of drug poisoning deaths per 100,000 population.
Sexual Health					
Teen Births ★		4	14	19	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		212.3	499.4	551.0	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022 ★ See disparities table on page 41					

Disparities, Waukesha 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
Health Outcomes		
Premature Death	Overall	4,900
	Asian	2,300
	Black	8,400
	Hispanic	4,900
	White	4,900
Life Expectancy	Overall	81.1
	Asian	86.5
	Black	76.1
	Hispanic	83.0
	White	81.1
Child Mortality	Overall	40
	Hispanic	50
	White	30
Low Birth Weight	Overall	6%
	Asian	6%
	Black	11%
	Hispanic	7%
	White	6%
Social and Economic Factors		
Median Household Income	Overall	\$92,400
	American Indian & Alaskan Native	\$68,900
	Asian	\$127,100
	Black	\$55,300
	Hispanic	\$70,300

	White	\$89,400
Children in Poverty	Overall	4%
	American Indian & Alaska Native	36%
	Asian	1%
	Black	20%
	Hispanic	20%
	White	5%
Injury Deaths	Overall	88
	Asian	21
	Black	58
	Hispanic	33
	White	94
Clinical Care		
Flu Vaccines	Overall	61%
	American Indian & Alaska Native	61%
	Asian	54%
	Black	51%
	Hispanic	51%
	White	61%
Preventable Hospital Stays	Overall	3,081
	Asian	1,753
	Black	7,818
	Hispanic	3,621
	White	3,043
Mammography Screening	Overall	56%
	Asian	43%
	Black	37%
	Hispanic	48%
	White	56%
Drug Overdose Deaths	Overall	19
	Hispanic	17
	White	20
Teen Births	Overall	4
	Black	18
	Hispanic	16
	White	3
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/waukesha?year=2022		

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Wisconsin Hospital - Menomonee Falls and Waukesha and their partners identified resources available in Waukesha County that address the significant needs outlined in this CHNA. This list is not meant to be exhaustive.

Organization/Coalition	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
211 Impact	X	X	X	X
Addiction Resource Council				X
Advocate Aurora Health	X	X	X	X
Aging and Disability Resource Center	X	X		
American Lung Association		X		X
Ascension Wisconsin	X	X	X	X
Children and Family Services Advisory Committee			X	
Children's Wisconsin	X	X	X	X
Community Action Coalition		X	X	
Community Outreach Health Clinic	X	X	X	X
Criminal Justice Collaboration Committee			X	X
Crisis Intervention Training			X	
Easterseals Southeast Wisconsin	X			
Elevate			X	X
Elmbrook Church: James Place Waukesha	X	X	X	X
Eras Senior Network	X		X	
Family Service of Waukesha			X	
Feeding America		X		
Fit in the Parks through Waukesha County		X		
Froedtert Health	X	X	X	X
Hebron Housing Services			X	

Organization/Coalition (continued)	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
Hispanic Health Resource Center	X	X	X	X
Housing Action Coalition			X	X
Hope Center	X	X	X	X
HOPE Network for Single Mothers	X		X	
Hunger Task Force		X		
Intoxicated Driver Program				X
La Casa de Esperanza	X		X	
Lake Area Free Clinic	X	X	X	X
LindenGrove Communities	X	X		
Live Well Waukesha County		X		
Lutheran Social Services - Spring City Corner Clubhouse			X	X
Meals on Wheels		X		
Menomonee Falls Area Food Pantry		X		
Menomonee Falls Collective Impact Mental Health Workgroup			X	
Mukwonago Food Pantry		X		
Narcotics Anonymous				X
National Alliance on Mental Illness (NAMI) Waukesha	X		X	X
National Association of Free Clinics	X	X	X	X
New Berlin Food Pantry		X		
ProHealth Care	X	X	X	X
Question, Persuade, Refer (QPR) Training			X	
Rogers Behavioral Health	X		X	X
Salvation Army		X	X	X

Organization/Coalition (continued)	Access to Care*	Chronic Disease Prevention**	Mental Health	Substance Abuse
Sixteenth Street Community Health Centers	X	X	X	X
Substance Use Advisory Committee				X
Suicide Awareness Task Force			X	
Sussex Area Outreach Services		X	X	
The FOOD Pantry Serving Waukesha County		X		
The Women's Center			X	
United Way of Greater Milwaukee and Waukesha County	X	X		
UW Extension Waukesha County		X		
Waukesha Comprehensive Treatment Center				X
Waukesha County Community Dental Clinic	X			
Waukesha County Department of Health and Human Services	X	X	X	
Waukesha County Heroin Task Force				X
Waukesha County Nutrition Coalition		X		
Waukesha Family Medicine Residency Program	X	X	X	
Waukesha Free Clinic	X	X		
Wisconsin Association of Free and Charitable Clinics	X	X		
WisHope Recovery				X
Women, Infants, and Children (WIC)	X	X	X	X
YMCA at Pabst Farms		X		
Your Choice to Live				X

*Access to Care category includes COVID-19 components

**Chronic Disease Prevention category includes chronic disease, nutrition, physical activity and overweight/obesity components