

Ascension Sacred Heart Rehabilitation Hospital

**2023 Community Health Needs Assessment
Ozaukee County, Wisconsin**



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Ozaukee 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 2023 Community Health Needs Assessment report was approved by the Board of Directors of Ascension Sacred Heart Rehabilitation Hospital on October 3, 2023 (2023 tax year), and applies to the following three-year cycle: October 2023 to June 2026. 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 the public website at <https://healthcare.ascension.org/chna> to submit your comments.**

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Acknowledgements

The 2023 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Ozaukee County. The development of the Ozaukee County CHNA was a collective effort that included other health systems in the area, 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 Sacred Heart Rehabilitation 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 Ozaukee County.

Executive Summary

The goal of the 2023 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Ozaukee 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 Sacred Heart Rehabilitation Hospital serves Ozaukee and surrounding areas, the hospital has defined its community served as Ozaukee County for the 2023 CHNA. Ozaukee 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 2023 CHNA was conducted from June 2022 to January 2023 and incorporated data from 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 a phone survey with 400 respondents, 21 key stakeholder interviews with organization partners, including those that serve populations that are low-income or otherwise marginalized, and a supplemental online survey. 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 Sacred Heart Rehabilitation Hospital analyzed secondary data and community input to identify the needs in Ozaukee County. In collaboration with community partners, Ascension Sacred Heart Rehabilitation Hospital used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- Access to Care
- Alcohol and Drug Use
- Chronic Disease and Prevention
- Economic Stability
- Mental Health

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 Sacred Heart Rehabilitation Hospital 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, two prioritized health needs were identified for Ascension Sacred Heart Rehabilitation Hospital. Those needs are:

- Access to Care
- Chronic Disease and Prevention

In alignment with these priorities, strategies will be considered through the lens of the lasting social impact of COVID-19, the Social Determinants of Health and Equity.

Updated Timeline

During the 2023 fiscal year, Ascension Sacred Heart Rehabilitation Hospital transferred operations from Ascension Columbia St. Mary's Hospital - Milwaukee Campus to Ascension Columbia St. Mary's Hospital - Ozaukee Campus. As such, Ascension Sacred Heart Rehabilitation Hospital's new service area is within Ozaukee County. To better align with Ascension Columbia St. Mary's Hospital - Ozaukee Campus's CHNA cycle, the hospital has accelerated the timeline of its next CHNA and implementation strategy (IS) so that the two co-located hospital facilities can work collaboratively on community health initiatives. For this report, Ascension Sacred Heart Rehabilitation Hospital used data from the most recent Ascension-conducted CHNA in Ozaukee County. The hospitals will then conduct future assessment processes jointly.



About Ascension

As one of the leading non-profit, 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 139 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 Sacred Heart Rehabilitation Hospital

As a Ministry of the Catholic Church, Ascension Sacred Heart Rehabilitation Hospital is a non-profit hospital, governed by a local board of directors, that provides medical care to Ozaukee 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 Sacred Heart Rehabilitation Hospital, visit:

<https://healthcare.ascension.org/en/locations/wisconsin/wimil/milwaukee-ascension-sacred-heart-rehabilitation-hospital>

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 Sacred Heart Rehabilitation Hospital’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 Sacred Heart Rehabilitation Hospital.

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 2023 CHNA, Ascension Sacred Heart Rehabilitation Hospital has defined its community served as Ozaukee County. Although Ascension Sacred Heart Rehabilitation Hospital serves Ozaukee 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.

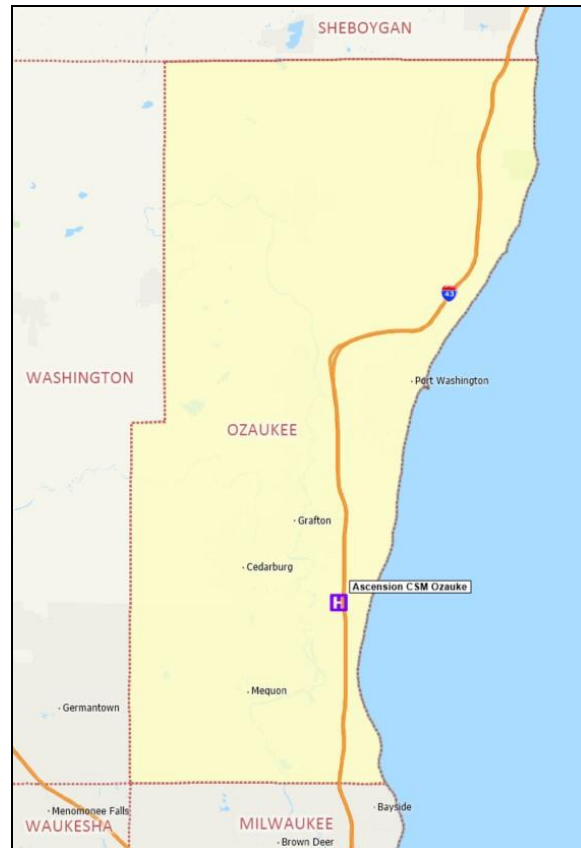


Image 1: Map of Community Served

Demographic Data

Located in southeast Wisconsin, Ozaukee County has a population of 90,043 and is ranked among the healthiest counties in the state. Below are demographic data highlights for Ozaukee County:

- 21 percent of the residents of Ozaukee County are 65 or older, compared to 18 percent in Wisconsin
- 3.3 percent of residents are Hispanic or Latino (any race), compared to 7.3 percent in Wisconsin
- 90.7 percent of residents are non-Hispanic White; 2.6 percent are Asian; 1.8 percent are non-Hispanic Black or African American compared to 80.5, 3.1 and 6.4 percent, respectively
- The median household income is above the state median income (\$83,300 for Ozaukee County; \$64,900 for Wisconsin)
- The percent of children in poverty was significantly lower than that of the state (3 percent for Ozaukee County; 12 percent for Wisconsin)
- The uninsured rate for Ozaukee County (4 percent) is lower than the state (7 percent)

Table 1: Description of the Community

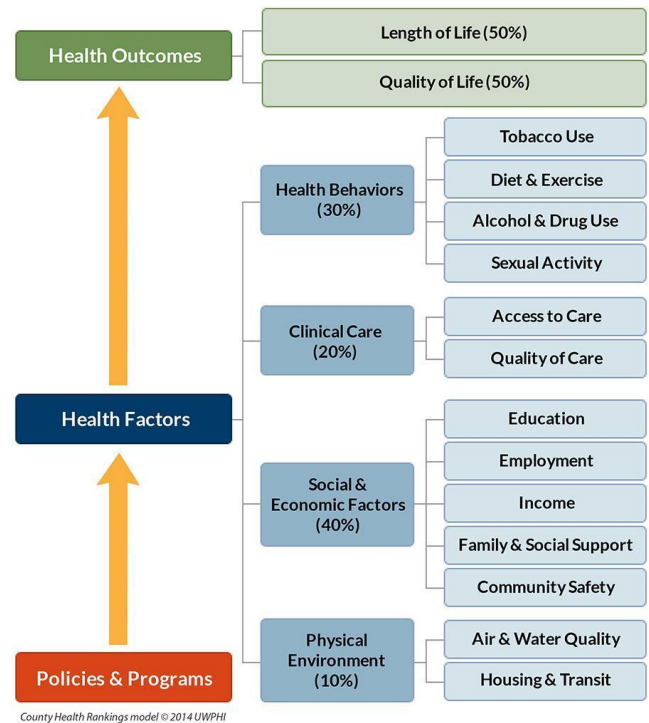
Indicator	Ozaukee County	Description
Population		
Total Population	90,043	
% Living in rural communities	24.9%	Percentage of population living in a rural area.
% below 18 years of age	21.0%	
% 65 and older	21.0%	
% Hispanic	3.3%	
% Asian	2.6%	
% Non-Hispanic Black	1.8%	
% Non-Hispanic White	90.7%	
Social and Community Context		
English Proficiency	100%	Proportion of community members that speak English “well”.
Median Household Income	\$83,300	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	3%	Percentage of people under age 18 in poverty.
Percent of Uninsured	4%	Percentage of population under age 65 without health insurance.
High School Completion	97%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	5.4%	Percentage of population ages 16 and older unemployed but seeking work.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/ozaukee?year=2022		

To view Community Demographic Data in its entirety, see Appendix B (page 32).

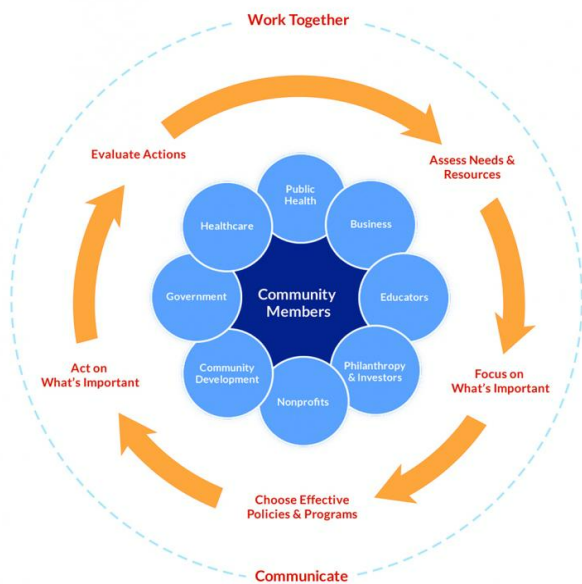
Process and Methods Used

Ascension Sacred Heart Rehabilitation Hospital is committed to using national best practices in conducting the CHNA. Health needs and assets for Ozaukee 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 Sacred Heart Rehabilitation Hospital'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 Sacred Heart Rehabilitation Hospital uses 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.

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”; 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 Ascension Sacred Heart Rehabilitation Hospital identifies strategies to address the prioritized needs.

Collaborators and Consultants

The most recent CHNA was completed in 2022. The CHNA was conducted in collaboration with other health systems in the region as well as the public health department. The organizations were heavily involved in identifying and collecting the data components of the CHNA. The Ozaukee County CHNA committee is a collection of individuals representing:

- Ascension Wisconsin
- Advocate Aurora Health
- Froedtert Health
- Washington Ozaukee County Public Health Department

The Ozaukee County CHNA would not have been possible without the support and guidance of individuals who were able to share their expertise and insight in the planning, development and implementation of this assessment.

Consultants

The health systems and public health division contracted with JKV Research, LLC, to conduct the phone surveys and summarize the key stakeholder interviews and utilized Advocate Aurora Health’s license for Metopio platform 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 Columbia St. Mary's Ozaukee collected and analyzed primary and secondary data for Ozaukee County in numerous ways, detailed below.

Summary of Community Input

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

Multiple methods were used to gather community input, including key stakeholder interviews, a phone community survey and a supplemental online survey. These methods provided additional perspectives on how to select and address top health issues facing Ozaukee County. As the assessment occurred during the COVID-19 pandemic, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by eliminating in-person data collection.

A summary of the process and results is outlined below.

Surveys

A phone survey was managed by JKV Research, LLC, to gather the perceptions, thoughts, opinions and concerns of the community regarding health outcomes, health behaviors, social determinants of health and clinical care for Ozaukee County. Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. Both landline and cell phone numbers were random-digit-dialed and resulted in 400 interviews between June 30 and October 3, 2022. Data collection was conducted by Management Decisions Incorporated. The survey contained 83 questions and the data gathered and analyzed provides valuable insight into the issues of importance to the community. See table below for survey respondents' issue ranking.

Key Stakeholder Interviews

Ozaukee County health system and health department representatives conducted key stakeholder interviews to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health. Twenty-one key stakeholders participated in interviews between August and October 2022. Sectors represented by participants included local health departments and representatives of organizations that serve medically underserved, low-income and minority populations. See table below for key stakeholders' issue ranking. To view the community organizations that provided input, see Appendix C (page 35).

Identified Needs from Community Input	
Survey Respondents	Key Stakeholders
<p>Health Conditions/Behaviors:</p> <ul style="list-style-type: none"> ● Mental Health, Mental Conditions, Suicide ● Nutrition, Physical Activity and Obesity ● Alcohol Abuse and Drug/Substance Use ● Communicable Diseases or COVID-19 ● Chronic Diseases <p>Social/Economic Issues:</p> <ul style="list-style-type: none"> ● Accessible and Affordable Health Care ● Racism and Discrimination ● Food Insecurity ● Economic Stability and Employment ● Social Connectedness and Belonging 	<p>Health Conditions/Behaviors:</p> <ul style="list-style-type: none"> ● Mental Health, Mental Conditions, Suicide ● Alcohol Abuse and Drug/Substance Use ● Nutrition, Physical Activity and Obesity ● Communicable Diseases or COVID-19 <p>Social/Economic Issues:</p> <ul style="list-style-type: none"> ● Safe and Affordable Housing ● Accessible and Affordable Health Care ● Accessible and Affordable Transportation ● Access to Social Services ● Economic Stability and Employment
Key Summary Points	
<ul style="list-style-type: none"> ● Numerous health issues have been exacerbated due to COVID-19 and many expressed the need for more resources and the need for critical stakeholders to work together. ● Key stakeholders often highlighted the complexities of the social determinants and how they are inter-connected. 	

To view additional community input information, see Appendix C (page 37).

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 Metopio, 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 Healthcare
- Disparities



Overall, Ozaukee County is ranked among the healthiest counties in Wisconsin (Highest 75%-100%) for health outcomes and health factors. To view more information on secondary data and sources, see Appendix D (page 36).

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 Ozaukee County. This constraint limits the ability to fully assess *all* the community's needs. A key part of any data collection and analysis process is recognizing potential limitations. Each data source for this CHNA process was evaluated based on strengths and limitations during data synthesis and should be kept in mind when reviewing this report. For quantitative and qualitative data, intensive efforts were made to include as wide a range of secondary data indicators, key stakeholder experts and community participants as possible.

While data collection efforts aimed to include a wide range of secondary data indicators and community member voices, some limitations of the data should be considered when reviewing the findings presented in this report. Secondary data were limited to availability of data, with some health topic areas having a robust set of indicators while others were more limited. Some secondary data sources do not include subpopulation data and others only display values for a select number of racial/ethnic groups.

For the primary data, the findings are dependent upon who was selected to be a key stakeholder.

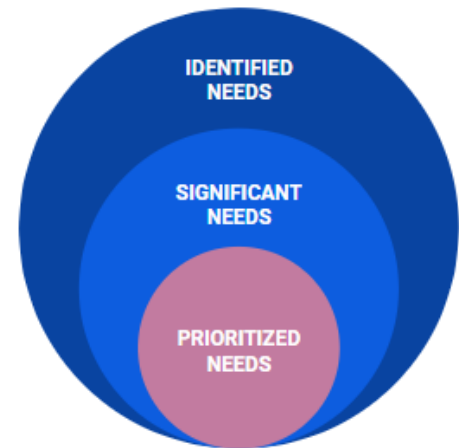
For this assessment, these limitations were identified:

- 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 Spanish, are members of the lesbian/gay/bisexual/transgender+, or smaller racial/ethnic populations.
- It is important to note that the information collected in an individual interview is not necessarily representative of other groups.
- 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 hospital'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 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 2023 CHNA, COVID-19 was identified as an acute community concern.

Despite the data limitations, Ascension Sacred Heart Rehabilitation Hospital 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 and participants from the community.

Community Needs

Ascension Sacred Heart Rehabilitation Hospital, in collaboration with the other health systems in the region, analyzed secondary data of several indicators and gathered community input with contracted assistance from JKV Research through phone surveys and key stakeholder interviews to identify the needs in Ozaukee County. In collaboration with partners, Ascension Sacred Heart Rehabilitation Hospital 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 Sacred Heart Rehabilitation Hospital 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.

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 Ozaukee County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

The community's voice and the secondary data were synthesized to identify the most significant needs of the community. In collaboration with various community partners, significant needs were identified by looking at the number of community members and stakeholders who identified the need, as well as how many people in the community experience the health issue, 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.

Racism was a key determinant of health that factored prominently in both primary and secondary data sources. Racism impacts health in many ways; driving unfair treatment through policies, practices and resource allocation. It is a fundamental cause of health disparities across numerous health issues. All sources of data identified a need for an equitable approach to addressing proposed health needs. Additionally, the data recognized some groups in Ozaukee County that are more susceptible to social disadvantages that lead to health inequities. These include but are not limited to: Black/African American, Hispanic/Latino, Children and Youth, and Older Adult/Elderly.

All of these factors and populations were considered when identifying the most significant needs. Below is the rationale of combining some of the identified needs to a broader significant need and the exclusion of one need from the long list of needs in Ozaukee County.

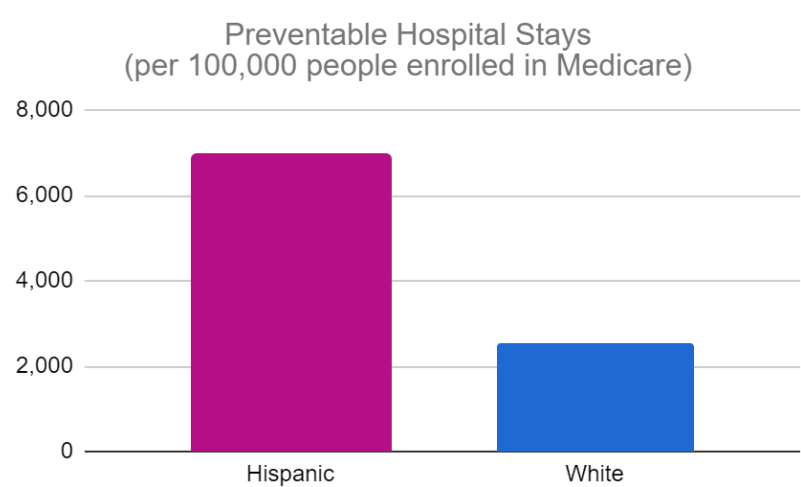
- Nutrition, Physical Activity and Obesity and Chronic Disease were recognized by the community. For the purposes of this CHNA, these issues were combined to include both the treatment and prevention through healthy lifestyle components for cohesion and includes food security, as these areas overlap.
- Economic Stability directly relates to safe and affordable housing, access to transportation, employment and food insecurity, all of which were other top identified need responses. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress and more (County Health Rankings & Roadmaps, 2023). Focusing efforts on this upstream social determinant encompasses these interrelated social factors.
- Infectious diseases were identified by the community as an issue; however, key stakeholders shared that this pertained to the COVID-19 pandemic. Considering it is the duty of health systems to address infectious diseases such as COVID-19 and that the pandemic is a fluid issue, it was not identified as a significant need.

Through the identification process for the 2023 CHNA, the significant needs below are a result of the aggregation of several of the community identified needs.

- Access to Care
- Alcohol and Drug Use
- Chronic Disease and Prevention
- Economic Stability
- Mental Health

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (page 42).

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

Access to Care							
Why is it Important?	Data Highlights						
<p>Access to affordable, quality health care is important to physical, social and mental health.¹ Access to Care includes the timely use of personal health services to achieve the best health outcomes through three distinct steps: gaining entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship).²</p>	<div style="text-align: center;"> <p>Preventable Hospital Stays (per 100,000 people enrolled in Medicare)</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Race</th> <th>Preventable Hospital Stays (per 100,000)</th> </tr> </thead> <tbody> <tr> <td>Hispanic</td> <td>6,942</td> </tr> <tr> <td>White</td> <td>2,539</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> Preventable hospital stays represent hospitalizations that might have been prevented with outpatient care. In Ozaukee County, there is a vast disparity in preventable hospital stays between White (2,539) and Hispanic (6,942) residents. The mammography screening rates in Ozaukee County are 50% and slightly better than both Wisconsin's rate of 49% and the United States' rate of 43%, but there is a large disparity for Asian residents in Ozaukee County, with only 36% screening rates. 	Race	Preventable Hospital Stays (per 100,000)	Hispanic	6,942	White	2,539
Race	Preventable Hospital Stays (per 100,000)						
Hispanic	6,942						
White	2,539						
Local Assets & Resources							
<ul style="list-style-type: none"> Washington Ozaukee Public Health Department Federally Qualified Health Centers Several community resources to connect residents with care Health Systems in Ozaukee 							
Community Challenges & Perceptions	Individuals Who Are More Vulnerable						
<ul style="list-style-type: none"> Long wait lists to receive services lead to delayed care High costs, lack of providers and transportation barriers COVID-19's impact has made access more difficult because services were mostly virtual Need for more collaborative services and increased awareness of current services 	<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.³</p> <p>-In Ozaukee County, there is a significant gap in preventable hospital stay rates for 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 Hispanic residents in Ozaukee County.⁴</p> <p>-In the United States, mothers of color are more likely to receive less than adequate prenatal care.³</p>						

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

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

³ [Kaiser Family Foundation: Disparities in Health and Health Care: 5 Key Questions and Answers](#)

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

Alcohol and Drug Use									
Why is it Important?	Data Highlights								
<p>Consuming alcohol and/or drugs alters the user’s mind and behavior which can lead to negative behavioral and health outcomes. The health implications of substance use (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses.¹</p> <p>COVID-19 has increased substance use in the U.S. related to social isolation, income-related stress, anxiety and fear of the virus and loss of loved ones.²</p>	<p>Excessive Drinking (Percent of population that report excessive drinking)</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Entity</th> <th>Percent of population reporting excessive drinking</th> </tr> </thead> <tbody> <tr> <td>Ozaukee County</td> <td>28%</td> </tr> <tr> <td>Wisconsin</td> <td>25%</td> </tr> <tr> <td>United States</td> <td>20%</td> </tr> </tbody> </table>	Entity	Percent of population reporting excessive drinking	Ozaukee County	28%	Wisconsin	25%	United States	20%
Entity	Percent of population reporting excessive drinking								
Ozaukee County	28%								
Wisconsin	25%								
United States	20%								
Local Assets & Resources	<ul style="list-style-type: none"> Ozaukee County has higher rates of excessive drinking with 28% of residents reporting excessive drinking compared to Wisconsin's 25% and the United States' 20%. Of car crash deaths in Ozaukee County, 31% are related to alcohol-impairment, which is nearly 15% higher than the U.S. percentage of 27%. In Ozaukee County, the drug overdose death rate is 12 per 100,000 people. 								
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Peer recovery coaches and support groups Washington County Substance Abuse Coalition School-based programs and prevention campaigns Community organizations dedicated to treatment, such as Sirona Recovery 	<ul style="list-style-type: none"> Mental health and drug use are interrelated COVID-19 worsened stress and anxiety and alcohol and substances are used as a coping mechanisms when access for support is limited Public stigma Collaboration, awareness and a community-wide behavioral health facility are needed <p>-Racial/ethnic populations have been disproportionately affected by the consequences of drug abuse and addiction due to various systemic barriers.³</p> <p>-Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.⁴</p> <p>-Substance use, particularly use of tobacco, alcohol and methamphetamines, is higher in rural areas compared to urban as rural settings have fewer resources than urban areas for treatment.⁵</p>								

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

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

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

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

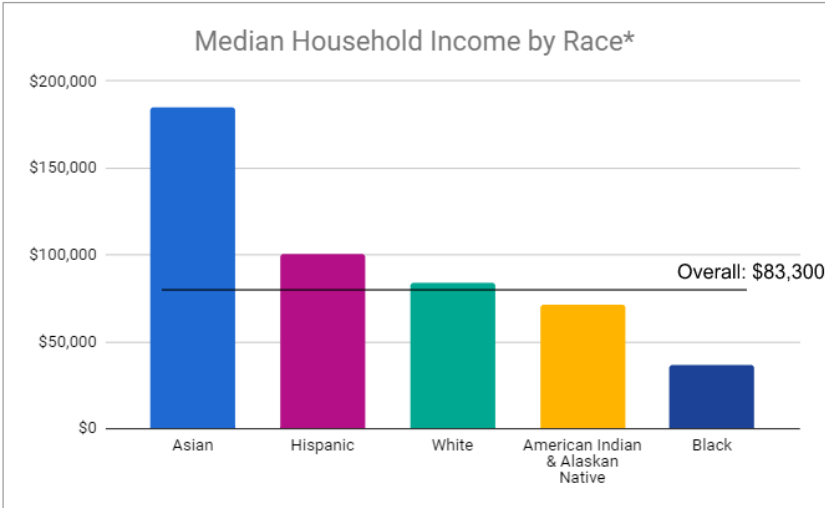
⁵ [Rural Health Information Hub: Substance use and Misuse in Rural Areas](#)

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>	<p style="text-align: center;">Leading Causes of Premature Death (Age-adjusted per 100,000)</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>~58</td> </tr> <tr> <td>Heart Disease</td> <td>~38</td> </tr> <tr> <td>Accidents</td> <td>~28</td> </tr> <tr> <td>Diabetes mellitus</td> <td>~10</td> </tr> <tr> <td>Chronic lower respiratory diseases</td> <td>~8</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Four of the five top leading causes of death for people under 75 are related to chronic disease. • In Ozaukee County, 7% of adults over 20 are diagnosed with diabetes and 9% report 14 or more days a month of poor physical health. • 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 	Cause	Rate (per 100,000)	Cancer	~58	Heart Disease	~38	Accidents	~28	Diabetes mellitus	~10	Chronic lower respiratory diseases	~8
Cause	Rate (per 100,000)												
Cancer	~58												
Heart Disease	~38												
Accidents	~28												
Diabetes mellitus	~10												
Chronic lower respiratory diseases	~8												
Local Assets & Resources													
<ul style="list-style-type: none"> • Hunger Task Force and Feeding America • Community-based food banks • Coalitions on nutrition • School systems • Supplemental Nutrition Assistance Program 													
Community Challenges & Perceptions	Individuals Who Are More Vulnerable												
<ul style="list-style-type: none"> • Lack of access to healthy foods contributes to chronic disease • The elderly are often affected by food insecurity, contributing to an unhealthy quality of life • Need stronger educational resources and more awareness on community programs • COVID-19 caused less active lives and poor nutrition, as well as cuts in programs and staffing 	<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>-Low-income groups and others with barriers to healthcare access receive less chronic disease management (CDM) and can experience worse outcomes from chronic conditions compared to those with access to CDM.¹</p>												

¹ [Healthy People 2020: Chronic Disease Management Programs for Adults with Asthma](#)

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

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

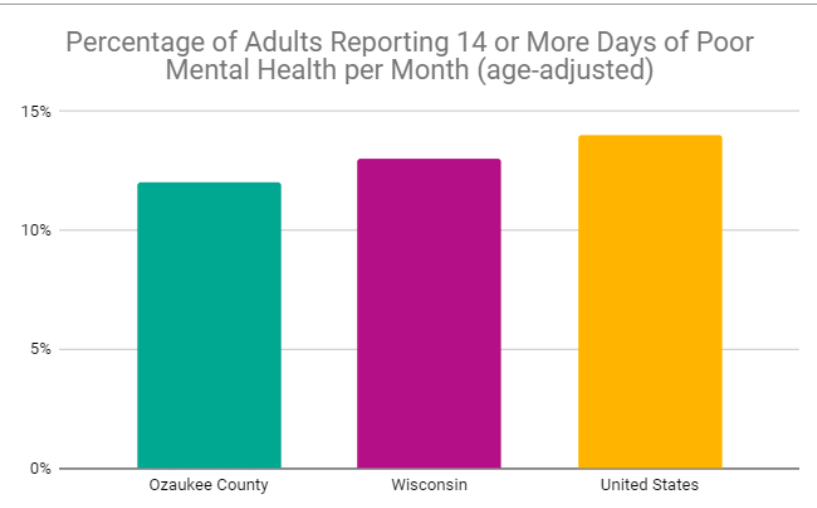
Economic Stability															
Why is it Important?	Data Highlights														
<p>People with steady employment are less likely to live in poverty and more likely to be healthy.¹ Economic stability directly relates to safe and affordable housing, access to transportation, employment and food insecurity, all of which were other top need responses. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress and more.² Employment programs and policies to help people pay for basic needs can reduce poverty and improve health and well-being.¹</p>	 <table border="1"> <caption>Median Household Income by Race*</caption> <thead> <tr> <th>Race</th> <th>Median Household Income (Approximate)</th> </tr> </thead> <tbody> <tr> <td>Asian</td> <td>\$185,000</td> </tr> <tr> <td>Hispanic</td> <td>\$100,000</td> </tr> <tr> <td>White</td> <td>\$85,000</td> </tr> <tr> <td>American Indian & Alaskan Native</td> <td>\$70,000</td> </tr> <tr> <td>Black</td> <td>\$35,000</td> </tr> <tr> <td>Overall</td> <td>\$83,300</td> </tr> </tbody> </table>	Race	Median Household Income (Approximate)	Asian	\$185,000	Hispanic	\$100,000	White	\$85,000	American Indian & Alaskan Native	\$70,000	Black	\$35,000	Overall	\$83,300
Race	Median Household Income (Approximate)														
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Overall	\$83,300														
Local Assets & Resources	<p>*It is important to note that Ozaukee County is not very demographically diverse, which makes identifying disparities difficult due to a lack of statistical significance, and results may be skewed.</p>														
<ul style="list-style-type: none"> • United Way of Northern Ozaukee • Emergency housing shelters • Local employers • Social services 	<ul style="list-style-type: none"> • Ozaukee County has higher rates for high school completion, post-secondary education and median household income than both the state and the U.S., as well as lower unemployment and children in poverty rates; however, disparities exist among groups, including in median household income by race. • In Ozaukee County, 20% of the population is Asset Limited, Income Constrained, Employed (ALICE). These are individuals that are under the poverty line, yet struggle to afford food, rent, child care and transportation.³ 														
Community Challenges & Perceptions	Individuals Who Are More Vulnerable														
<ul style="list-style-type: none"> • Communities need to build more affordable rentals and permanent supportive housing • Policy changes are needed • Radical change is needed with expanded community-based services and increased funding • Collaboration on social services needed among many partners • COVID-19 increased business closures and income instability 	<ul style="list-style-type: none"> -Some people are more likely to struggle with finding and keeping a job due to limited ability to work, including people with disabilities, injuries, or chronic conditions.¹ -Certain racial and ethnic groups, people living in rural areas, and people with disabilities have a higher risk of poverty which extends beyond individual control. For example, institutional racism and discrimination contribute to unequal social and economic opportunities.⁴ -Income inequality is prevalent in nearly every community, including Ozaukee County, as referenced in the chart above. 														

¹ [Healthy People 2030: Economic Stability](#)

² [County Health Rankings & Roadmaps: Social and Economic Factors](#)

³ [United Way of Northern Ozaukee: Financial Stability](#)

⁴ [Healthy People 2030: Poverty](#)

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 can be 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="border: 1px solid #ccc; padding: 10px;"> <p style="text-align: center;">Percentage of Adults Reporting 14 or More Days of Poor Mental Health per Month (age-adjusted)</p>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Entity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Ozaukee County</td> <td>12%</td> </tr> <tr> <td>Wisconsin</td> <td>13%</td> </tr> <tr> <td>United States</td> <td>14%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> In Ozaukee County, the percentage of adults reporting frequent mental distress with 14 or more days of poor mental health (12%) is slightly better than Wisconsin (13%) and the United States (14%). With a ratio of population to mental health providers of 380:1, Ozaukee County is better than Wisconsin's ratio of 440:1, but worse than the United States' ratio of 350:1. The number of deaths due to suicide per 100,000 population (age-adjusted) in Ozaukee County is 11. 	Entity	Percentage	Ozaukee County	12%	Wisconsin	13%	United States	14%
Entity	Percentage								
Ozaukee County	12%								
Wisconsin	13%								
United States	14%								
Local Assets & Resources									
<ul style="list-style-type: none"> Mental Health of America Wisconsin Crisis Line School-based mental health programs Numerous nonprofits in the area to help address mental health issues Support groups 									
Community Challenges & Perceptions	Individuals Who Are More Vulnerable								
<ul style="list-style-type: none"> Lack of accessible mental health care High cost of mental healthcare More providers needed Stigma remains a barrier Resources for support not always up-to-date COVID-19 highlighted disparities and access issues 	<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>-Older adults are at higher risk for loneliness and social isolation which can lead to mental health issues, as they are more often living alone, have lost family and friends, suffer from hearing loss or chronic illness.⁴</p>								

¹ [NIH: National Institute of Mental Health: Chronic Illness and Mental Health: Recognizing and Treating Depression](#)

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

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

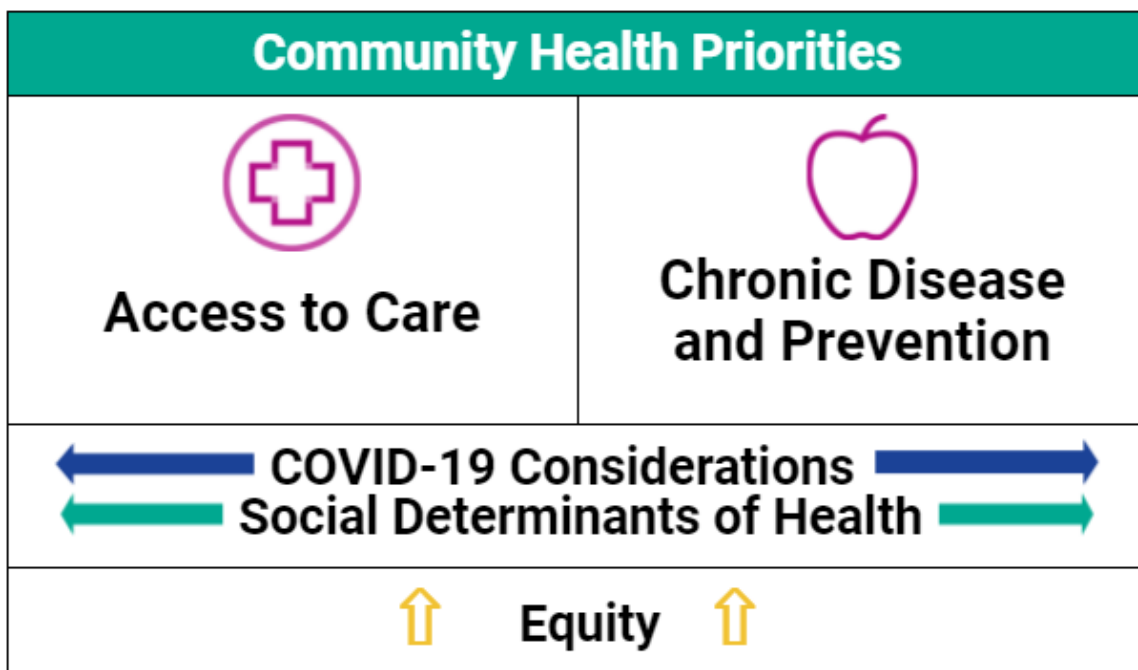
⁴ [CDC: Alzheimer's Disease and Healthy Aging](#)

Prioritized Needs

Ascension Sacred Heart Rehabilitation Hospital used a process based upon the AHA Community Health Improvement key components for prioritizing community health issues to identify the needs on which the hospitals will focus. Following the completion of the community health assessment, Ascension Sacred Heart Rehabilitation Hospital’s leadership and 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 Sacred Heart Rehabilitation Hospital 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 the hospital from October 2023-June 2026 (starting in tax year 2023).



Rationale

Access to Care was selected because access to affordable, quality health care is important to physical, social and mental health. Ascension Wisconsin is committed to addressing all aspects of access to care, which includes affordability, geographic access and culturally competent care with trustworthy providers. As a Catholic healthcare system, improving access to care for all, regardless of ability to pay, is a foundational principle for Ascension Wisconsin.

Chronic Disease and Prevention was selected because prevention is an important step toward 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. Ascension Wisconsin is committed to quality treatment of chronic diseases and focusing on prevention efforts.

In alignment with these priorities and the voice of the community, strategies addressing these health issues will focus on equity, working to address the root social causes of health disparities in our communities and giving special attention to those that have been made vulnerable by historic disadvantages.

Rationale of Non-Chosen Priority Areas

Ascension Sacred Heart Rehabilitation Hospital 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 Sacred Heart Rehabilitation Hospital has chosen to focus its efforts on the priorities listed above.

The following significant needs were not selected for the 2023 CHNA cycle: Alcohol and Drug Use, Community Safety, Infectious Diseases, Mental Health and Safe and Affordable Housing. Ascension Sacred Heart Rehabilitation Hospital is a small specialty inpatient rehabilitation facility, with focus on a specific range of patient needs and these needs are outside the expertise, capacity and scope of services provided. However, Ascension Sacred Heart Rehabilitation Hospital is 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 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 Sacred Heart Rehabilitation Hospital's previous implementation strategy:

- **Access to Care:** Referred patients to the Lyft program to receive free rides to medical appointments to reduce access barriers.
- **Chronic Disease Prevention:** Provided wellness groups for patients and their family members on how to incorporate wellness strategies into their lives to improve health and promote healing.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2022-2023 CHNA can be found in Appendix F (page 45).

Approval by the Board of Directors of Ascension Sacred Heart Rehabilitation Hospital

To ensure Ascension Sacred Heart Rehabilitation Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2023 CHNA was presented to the board for approval and adoption on October 3, 2023. 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 Sacred Heart Rehabilitation Hospital serves. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of Ascension Sacred Heart Rehabilitation Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2023 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Sacred Heart Rehabilitation Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Ozaukee County. As a Catholic health ministry, Ascension Sacred Heart Rehabilitation Hospital 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 people who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Sacred Heart Rehabilitation Hospital is dedicated to serving patients with compassionate care and medical excellence, while working to make 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 at <https://healthcare.ascension.org/chna> to submit your comments.

Appendices

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Appendix E: Healthcare Facilities and Community Resources

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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.

Data in this report reflect several sources that are reputable and reliable. Because of differences in methods, there might be slight differences in measures between different sources.

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	Ozaukee County	Wisconsin	U.S.
Total	92,551	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; Ozaukee 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	Ozaukee County	Wisconsin	U.S.
Asian	2.7%	3.2%	6.1%
Black / African American	2.0%	6.8%	13.6%
Hispanic / Latino (of any race)	3.5%	7.5%	18.9%
American Indian or Alaska Native	0.3%	1.2%	1.3%
White, not Hispanic	90.2%	80.2%	59.3%

Data sources: U.S. Census: Quick Facts: United States, Wisconsin, Ozaukee 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	Ozaukee County	Wisconsin	U.S.
Age 0-17	21.1%	21.6%	22.2%
Age 65+	20.7%	17.9%	16.8%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Ozaukee 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	Ozaukee County	Wisconsin	U.S.
Median Household Income	\$86,915	\$67,080	\$69,021
Per Capita Income*	\$51,032	\$36,754	\$37,638
People with incomes below the federal poverty guideline	4.7%	10.8%	11.6%
ALICE Households [^]	20%	23%	29%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Ozaukee County, Population Estimates, July 1, 2021
**U.S. Census: Quick Facts: United States; Wisconsin; Ozaukee County, (in 2021 dollars), 2017-2021*
[^]*United for ALICE, National, Wisconsin and Ozaukee 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	Ozaukee County	Wisconsin	U.S.
High school grad or higher	97.4%	92.9%	88.9%
Bachelor's degree or higher	50.4%	31.5%	33.7%

Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Ozaukee 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	Ozaukee County	Wisconsin	U.S.
Uninsured (persons < 65)	4.3%	6.4%	9.8%
Medicaid Participation	14.0%	15.6%	17.8%

*Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Ozaukee 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

Twenty-one 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
ADRC of Ozaukee County	Director and Aging and Disability Services Manager	Kay-Ella Dee
Advocates of Ozaukee	Executive Director	Barb Fischer
Cedarburg School District	Superintendent	Dr. Jeridon Clark
City of Mequon	City Administrator	William Jones
Concordia University	President	Dr. Bill Cario
CSM-Ozaukee	Hospital Administrator	Sharon Streff
Feith Family Ozaukee YMCA	Branch Director	Matt McCann
Grafton Area Chamber of Commerce	Executive Director	Pam King
Independence First	Branch Offices Service Specialist & Director of Independent Living Services	Tonya Vilwock & Gerald Hay
MATC Mequon	Interim Vice President	Richard Busalacchi
Mequon-Thiensville School District	Superintendent of Schools	Matt Joynt
NAMI Ozaukee	Board President	Sue Siewert
Ozaukee County	Coroner	Timothy Deppisch
Ozaukee County Sheriff's Office	Undersheriff	Christy Knowles
Ozaukee Division of Sirona Recovery	Program Director	Melissa Drews
Ozaukee Economic Development	Executive Director	Kathleen Schilling
Ozaukee Family Services	Executive Director	Lisa Holtebeck
Sauville Food Pantry	Executive Director	Mark Gierach
United Way of Northern Ozaukee County	Executive Director	Barbara Bates-Nelson
Washington Ozaukee Public Health Department	Director/Health Officer	Kim Buechler
Washington Ozaukee Waukesha Workforce Development Board	Board Director	Laura Catherman

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 and made available on the County Health Rankings and Roadmaps (CHRR) website at <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. 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 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	Ozaukee County	WI	United States	Description
Length of Life					
Premature Death		4,200	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 ★		81.9	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		20	50	50	Number of deaths among residents under age 18 per 100,000 population.
COVID-19 Mortality		59	70	85	Age-adjusted deaths per 100,000.
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		11	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		32	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/ozaukee?year=2022</p> <p>★ See disparities table on page 43</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	Ozaukee County	WI	United States	Description
Economic Stability					
Median Household Income ★		\$83,300	\$64,900	\$67,300	Income where half of households in a county earn more and half of households earn less.
Unemployment		5.4%	6.3%	8.1%	Percentage of population ages 16 and older unemployed but seeking work.
Children in Poverty ★		3%	12%	16%	Percentage of people under age 18 in poverty.
Educational Attainment					
School Funding Adequacy		\$5,694	\$2,509	\$741	The average gap in dollars between actual and required spending per pupil among public school districts.
High School Completion		97%	93%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College		83%	70%	67%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in Single-parent Homes		19%	23%	25%	Percentage of children living in a household headed by a single parent.
Social Associations		11.7	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		59	298	386	Number of reported violent crime offenses per 100,000 population.
Injury Deaths		71	89	76	Number of deaths due to injury per 100,000 population.
Firearm Fatalities		7	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 1 (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 that is low-income and does not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/ozaukee?year=2022					
★ See disparities table on 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	Ozaukee 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		12%	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		6.5	7.5	7.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		75%	67%	64%	Percentage of owner-occupied housing units.
Broadband Access		90%	85%	85%	Percentage of households with broadband internet connection.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/ozaukee?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	Ozaukee 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		3%	4%	6%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		740:1	1,260:1	1,310:1	Ratio of the population to primary care physicians.
Other Primary Care Providers		770:1	750:1	870:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		380:1	440:1	350:1	Ratio of the population to mental health providers.
Dentists		1,000:1	1,390:1	1,400:1	Ratio of population to dentists.
Hospital Utilization					

Preventable Hospital Stays ★		2,546	3,260	3,767	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations ★		60%	53%	48%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings ★		50%	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/ozaukee?year=2022					
★ See disparities table on 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	Ozaukee County	WI	United States	Description
Healthy Life					
Adult Obesity		32%	34%	32%	Percentage of the adult population (age 18 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).
Physical Inactivity		18%	22%	26%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).
Access to Exercise Opportunities		85%	78%	80%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		30%	33%	35%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).
Motor Vehicle Crash Deaths		7	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		28%	25%	20%	Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).
Alcohol-Impaired Driving Deaths		31%	36%	27%	Percent of driving deaths with alcohol involvement.
Drug Overdose Deaths		12	22	23	Number of drug poisoning deaths per 100,000 population.
Sexual Health					
Teen Births		2	14	19	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		140.1	499.4	551.0	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/ozaukee?year=2022					

Disparities, Ozaukee 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. Of note: The county is not very demographically diverse, which makes identifying disparities difficult due to a lack of statistical significance.

Indicator	Population	Measure
Health Outcomes		
Life Expectancy	Overall	81.9
	Asian	89.0
	Black	75.6
	Hispanic	92.9
	White	81.9
Low Birth Weight	Overall	6%
	Asian	12%
	Hispanic	6%
	White	6%
Social and Economic Factors		
Children in Poverty	Overall	3%
	Asian	5%
	Hispanic	3%
	White	5%
Median Household Income	Overall	\$83,300
	American Indian & Alaskan Native	\$71,100
	Asian	\$185,100
	Black	\$36,400
	Hispanic	\$100,600
	White	\$84,300
Clinical Care		
Flu Vaccines	Overall	60%
	Asian	64%
	Black	54%
	Hispanic	39%
	White	60%
Preventable Hospital Stays	Overall	2,456
	Hispanic	6,942
	White	2,539
Mammography Screening	Overall	50%
	Asian	36%
	Black	56%
	Hispanic	43%
	White	51%
Source: https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/ozaukee?year=2022		

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Sacred Heart Rehabilitation Hospital has cataloged resources available in Ozaukee 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. For more community resources, visit: <https://neighborhoodresource.findhelp.com/>.

Access to Care

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus	262-243-7300	Ascension Columbia St. Mary's Ozaukee Website
Aurora Medical Center - Grafton	262-329-1000	Aurora Medical Center - Grafton Website
Children's Urgent Care at Mequon Clinic	262-518-2622	Children's Urgent Care at Mequon Clinic Website
Froedtert Community Hospital - Mequon	262-518-4910	Froedtert Community Hospital - Mequon Website
Washington Ozaukee Health Department	262-284-8170	Washington Ozaukee Health Department Website

Alcohol and Drug Use

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus	262-243-7300	Ascension Columbia St. Mary's Hospital - Ozaukee Campus Behavioral and Mental Health
Comprehensive Counseling Services, LLC	262-284-5789	Comprehensive Counseling Services Website
Ozaukee County	262-284-8200	Outpatient Mental Health and Substance Use Disorder Services Ozaukee County, WI - Website

Sirona Recovery - Ozaukee Division	262-377-2673	Sirona Recovery Website
Rogers Behavioral Health	414-355-9000	Rogers Behavioral Health Website

Chronic Disease and Prevention

Organization Name	Phone	Website
Family Sharing of Ozaukee County	262-377-0634	Family Sharing of Ozaukee County Website
Feeding America Eastern Wisconsin	414-931-7400	Feeding America Website
Hunger Task Force	414-777-0483	Hunger Task Force Website
Ozaukee County Food Pantry	414-439-7514	Ozaukee County – Food Pantry Website
Ozaukee Food Alliance	262-689-8591	Ozaukee Food Alliance Website
UW-Extension Ozaukee County	262-284-8288	UW-Extension Ozaukee County Website

Economic Stability

Organization Name	Phone	Website
Goodwill Workforce Connection Center	414-353-6400	Goodwill Workforce Connection Center Virtual Services Website
Eligibility Management: Ozaukee County	262-268-2075	Eligibility Management: Ozaukee County Wisconsin Department of Health Services Website
Ozaukee County Homelessness Prevention Program	262-284-3577	Homelessness Prevention Program United Way of Northern Ozaukee County Website
United Way of Northern Ozaukee	248-613-7855	United Way of Northern Ozaukee County Website

Mental Health

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus	262-243-7300	Ascension Columbia St. Mary's Hospital - Ozaukee Campus Website
Children's Urgent Care at Mequon Clinic	414-228-4800	Children's Urgent Care at Mequon Clinic Website
Aurora Behavioral Health Center	262-329-8650	Aurora Behavioral Health Center - Grafton Website
Crisis Lines	988 OR 262-377- COPE (2673)	988 Suicide & Crisis Lifeline Website
Froedtert Mequon Health Center	262-518-1900	Mequon Health Center Froedtert & MCW Website
Mental Health America of Wisconsin	414-276-3122	MHA of Wisconsin Website
National Alliance on Mental Illness (NAMI) Ozaukee	262-243-3627	National Alliance on Mental Illness (NAMI) Ozaukee
Ozaukee County Department of Human Services	262-284-8200	Ozaukee County Department of Human Services Website

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

Ascension Sacred Heart Rehabilitation Hospital's previous CHNA implementation strategy was adopted in July 2022 and addressed the following priority health needs: Access to Care and Chronic Disease and Prevention.

The table below describes the actions taken during the shortened 2022-2023 CHNA cycle to address the priority needs and indicators of improvement.

The prioritized significant needs were addressed in the 2022-2023 implementation strategy plan. However, the facility's move disrupted some original implementation strategy actions. Additionally, the continued impact of COVID-19 resulted in resource limitations; therefore, some actions did not meet all of their objectives.

PRIORITY NEED	Access to Care	
INITIATIVES	ACTIONS TAKEN	RESULTS
Expand Access to Care in the Community	Supported Community Access to Care Initiatives	<ul style="list-style-type: none"> • Provided funding to the Milwaukee Health Care Partnership to improve health care access for people who are low-income and underserved • Supported community services team that conducted screenings within Milwaukee county: 134 blood pressure screenings and 159 mammography screenings conducted at community services events
Provide Initiatives to Patients for Improved Access to Care	Increased Access to Health Care Services by Providing Holistic Support for Ascension Patients	<ul style="list-style-type: none"> • Screened patients (100% of inpatient patients) for financial need • 230 patients screened for health literacy and transportation • Referred patients to a free prescription program when needed

PRIORITY NEED	Chronic Disease and Prevention	
INITIATIVES	ACTIONS TAKEN	RESULTS
Implement Prevention and Detection Activities Within the Community	Engaged and Educated Community Members on Health and Prevention	<ul style="list-style-type: none"> • Conducted 49 stroke education groups • Social Worker conducted outreach to homeless shelters

	Expanded Opportunities for Community Members to be Engaged in Healthy Living Activities	<ul style="list-style-type: none"> ● Held food drives for families with limited access to healthy foods
Provide Initiatives to Patients for Improved Chronic Disease Care and Prevention	<p>Promoted Screenings and Interventions for Chronic Disease Support and Prevention</p> <p>Educated Patients and Associates on Healthy Living and Resources</p>	<ul style="list-style-type: none"> ● Started screening for social determinants of health and launched Neighborhood Resource to help support patients with social needs ● Conducted 49 stroke education groups ● Updated a Best Practice Alert for BMI to reflect enhanced recommendations - Education circulated to physicians for improved referrals ● Promoted farmers markets and healthy cooking demonstrations in partnership with Ascension Columbia St. Mary's Hospital - Milwaukee Campus ● Launched Neighborhood Resource at site for improved referrals to community education initiatives ● Held an essential clothing drive for behavioral health unit patients