# Ascension SE Wisconsin Hospital - Elmbrook Campus

## 2023 Community Health Needs Assessment
## Waukesha County, Wisconsin

Conducted July 1, 2024 to June 30, 2027

**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Waukesha County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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 SE Wisconsin Hospital - Elmbrook Campus on May 29, 2024 (2023 tax year), and applies to the following three-year cycle: July 2024 to June 2027. This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (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 Waukesha County. Ascension SE Wisconsin Hospital - Elmbrook Campus ("Ascension Elmbrook") 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 promote a healthier, more equitable place to live, work and play.

We would also like to thank you for reading this report, and your interest and commitment to improving the health and well-being of Waukesha 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 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 (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

## Community Served

Although Ascension Elmbrook serves Waukesha County and surrounding areas, Ascension Elmbrook has defined its community served as Waukesha County for the 2023 CHNA. Waukesha County was selected as Ascension Elmbrook's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

## Data Analysis Methodology

The 2023 CHNA was conducted from August 2023 to October 2023 and utilized the County Health Rankings and Roadmaps process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who have been historically marginalized and to unmet health needs or gaps in services. Community input included telephone surveys with 400 residents and 30 key stakeholder interviews with 30 organization partners. 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 Elmbrook, with contracted assistance from JKV Research, LLC, analyzed secondary data of over 50 indicators and gathered community input through community surveys and key stakeholder interviews to identify the needs of Waukesha County. In collaboration with community partners, Ascension Elmbrook used a phased prioritization approach to determine the most crucial needs for

community stakeholders to address. The significant needs are as follows:

- Access to Care
- Alcohol and Drug Misuse
- Chronic Disease and Prevention
- Mental Health
- Social Determinants of Health

## Next Steps and Conclusion

The 2023 CHNA was presented to the Board of Directors for approval and adoption on May 29, 2024. Following approval of the CHNA, Ascension Elmbrook stakeholders selected the prioritized needs outlined below for its 2023 CHNA Implementation Strategy. The implementation strategy describes how the hospital intends to respond to these prioritized needs throughout the same three-year CHNA cycle: July 2024 to June 2027.

- Chronic Disease and Prevention
- Mental Health
- Social Determinants of Health

Ascension Elmbrook hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Waukesha County. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (https://healthcare.ascension.org/chna).

# About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

## Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As of May 2024, the national health system operates more than 2,600 sites of care — including 140 hospitals and more than 40 senior living facilities — in 18 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 health care 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 SE Wisconsin Hospital - Elmbrook Campus

As a Ministry of the Catholic Church, Ascension SE Wisconsin Hospital - Elmbrook Campus ("Ascension Elmbrook") is a non-profit hospital, governed by a local board of directors, that provides medical care to Waukesha 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 Elmbrook, visit:
https://healthcare.ascension.org/locations/wisconsin/wiwhe/brookfield-ascension-se-wisconsin-hospital-elmbrook-campus

# About the Community Health Needs Assessment

A community health needs assessment (CHNA) is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

## Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 Elmbrook's commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

### Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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[1] Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022 (p.146)*.

[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

## 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 ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at https://healthcare.ascension.org/CHNA, and paper versions can be requested at the front desk of Ascension Elmbrook.

# Community Served and Demographics

## Community Served

For the purpose of the 2023 CHNA, Ascension Elmbrook has defined its community served as Waukesha County. Although Ascension Elmbrook serves Waukesha County and surrounding areas, the "community served" was defined as such because (a) most of our service area is in each 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.
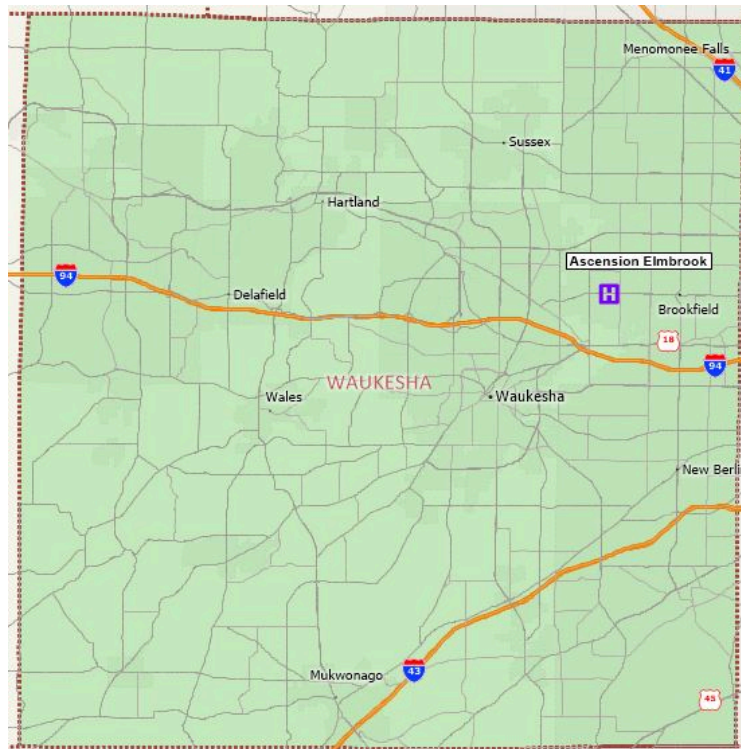


*Image: Map of Community Served*

**Ascension SE Wisconsin Hospital - Elmbrook Campus**

## Demographic Data

Located in southeast Wisconsin, Waukesha County has a population of 410,434. It is Metropolitan and is the third-most populous county in the state. Below are demographic data highlights for Waukesha County:

- 20.6 percent of the community members of Waukesha County are 65 or older, compared to 18.7 percent in Wisconsin
- 94.6 percent of community members are non-Hispanic; 5.4 percent are Hispanic or Latino (any race)
- 86.7 percent of community members are non-Hispanic white; 4.2 percent are Asian; 0.3 percent are American Indian or Alaska Native, and 1.9 percent are non-Hispanic Black or African American
- The total population increase from 2020 to 2023 was 1.4 percent
- The median household income is above the state median income ($99,500 for Waukesha County; $71,100 for Wisconsin)
- The percent of all ages of people in poverty was significantly lower than the state (5.2 percent for Waukesha County; 10.7 percent for Wisconsin)*
- The uninsured rate for Waukesha County is lower than the state (4 percent for Waukesha County; 6 percent for Wisconsin)

*Sources: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

*\*United States Census Bureau. (n.d.) S1701 - Poverty Status in the Past 12 Months. Retrieved April 29, 2024 from*
*https://data.census.gov/table?q=s1701&g=040XX00US55_050XX00US55133*

| Indicator | Waukesha County | Wisconsin | Description |
|---|---|---|---|
| **Population** | | | |
| Total Population | 410,434 | 5,892,539 | |
| % Living in rural communities | 15.2% | 32.9% | Percentage of population living in a rural area. |
| % below 18 years of age | 20.7% | 21.1% | |
| % 65 and older | 20.6% | 18.7% | |
| % Hispanic | 5.4% | 7.6% | |
| % Asian | 4.2% | 3.2% | |
| % Non-Hispanic Black | 1.9% | 6.3% | |
| % Non-Hispanic White | 86.7% | 80.1% | |
| **Social and Community Context** | | | |
| English Proficiency | 99% | 99% | Proportion of community members that speak English "well". |
| Median Household Income | $99,500 | $71,100 | Income where half of households in a county earn more and half of households earn less. |
| Percent of Children in Poverty | 5% | 13% | Percentage of people under age 18 in poverty. |
| Percent of Uninsured | 4% | 6% | Percentage of population under age 65 without health insurance. |
| High School Graduation | 96% | 90% | Percentage of ninth-grade cohort that graduates in four years. |
| Percent of Unemployment | 2.5% | 2.9% | Percentage of population ages 16 and older unemployed but seeking work. |
| https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024 | | | |

To view community demographic data in their entirety, see Appendix B (Page 33).

# Process and Methods Used

## Collaborators and Consultants

With the contracted assistance of JKV Research, LLC, Ascension Elmbrook completed its 2023 CHNA in collaboration with the following organizations and individuals:

- Advocate Aurora Health
- Children's Hospital of Wisconsin
- Froedtert Health
- ProHealth Care
- Waukesha County Public Health Division

The group contracted with JKV Research, LLC, to conduct the telephone surveys and analyze the key stakeholder interviews.

## Data Collection Methodology

Ascension Wisconsin is 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 Elmbrook'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.



County Health Rankings model © 2014 UWPHI
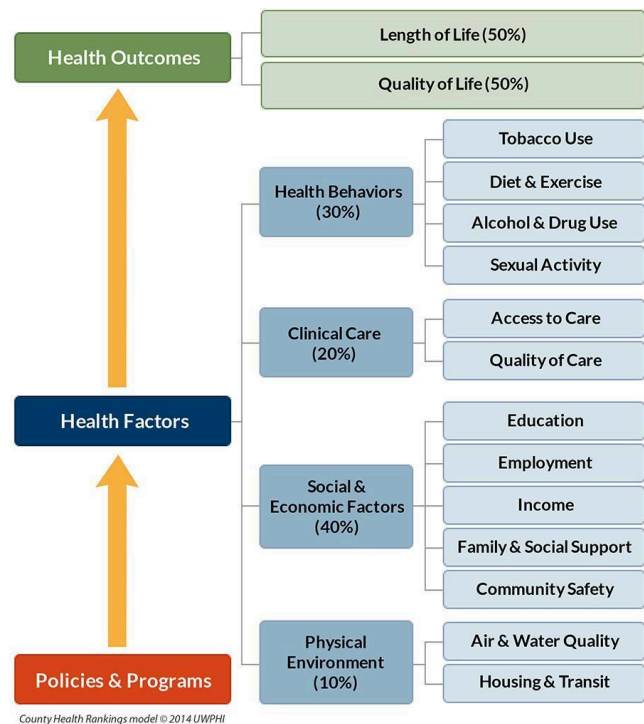
# Community Health Improvement Approach
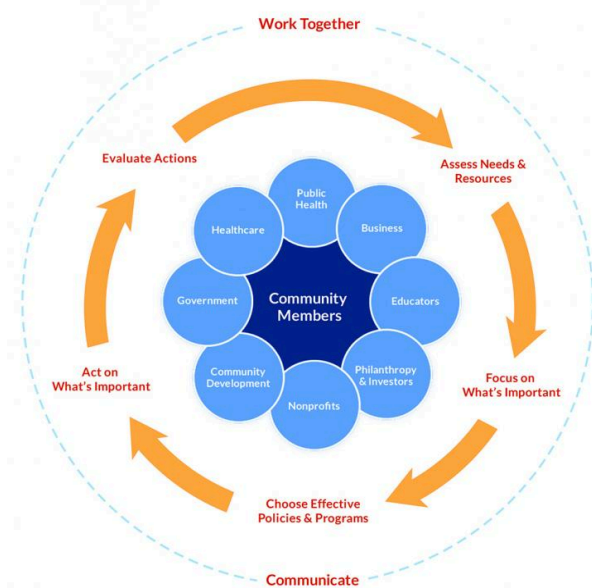


Ascension Elmbrook uses the County Health Rankings and Roadmaps' Take Action Cycle for community health improvement, which includes the following:

- 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.

## Summary of Community Input

Community input, also referred to as "primary data," is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. 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, 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 selecting and responding to top health and social issues facing Waukesha County. A summary of the process and results is outlined below.

### Key Stakeholder Interviews

A series of 30 one-on-one interviews were conducted by the health system partners to gather feedback from key stakeholders on the health needs and assets of Waukesha County. Thirty-one representatives from 30 different organizations and agencies participated in the interviews, held between August 15, 2023 and October 17, 2023. 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 36).

| Key Stakeholder Interviews | |
| --- | --- |
| **Top Health Conditions/Behaviors** | **Top Social Needs** |
| ● Mental Health, Mental Conditions, and Suicide<br>● Alcohol and Substance Use<br>● Chronic Diseases<br>● Nutrition, Physical Activity, and Obesity | ● Safe and Affordable Housing<br>● Accessible, Affordable and Quality Health Care<br>● Food Insecurity<br>● Social Connectedness and Belonging<br>● Economic Stability and Employment<br>● Accessible and Affordable Transportation |
| **Sectors Represented** | |
| ● Community-based organizations<br>● Education<br>● Emergency response<br>● Health department<br>● Local government<br>● Social services, representing community members experiencing low-income | |

**Community Survey**

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 Waukesha 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 August 19 and October 19, 2023. 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.

| Community Survey Summary | |
| --- | --- |
| **Top Health Conditions/Behaviors** | **Top Social Needs** |
| ● Alcohol Abuse and Drug/Substance Use<br>● Mental Health, Mental Conditions and Suicide<br>● Nutrition, Physical Activity and Obesity<br>● Access to Affordable Health Care<br>● Chronic Diseases | ● Economic Stability and Employment<br>● Community Violence and Crime<br>● Safe and Affordable Housing<br>● Education Access and Quality<br>● Accessible and Affordable Health Care<br>● Food Insecurity |

## 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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

Overall, Waukesha County is ranked among the healthiest counties in Wisconsin (Highest 75%-100%) for health outcomes and health factors. 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 in the Significant Needs tables, starting on page 20. To view more information on secondary data and sources, see Appendix D (page 37).

## Written Comments on Previous CHNA and Implementation Strategy

Ascension Elmbrook's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna. There were no comments received that related to the reports.

## 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 assess all the community's needs fully. For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- 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 as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation 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 continued to have lasting impacts as an acute community concern.

Despite the data limitations, Ascension Elmbrook 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

![Ascension logo]

# Community Needs

Ascension Elmbrook, with contracted assistance from JKV Research, LLC and in collaboration with the health systems and health departments in the region, analyzed secondary data of over 50 indicators and gathered community input through phone surveys and key stakeholder interviews to identify the needs in Waukesha County. In collaboration with community partners, Ascension Elmbrook used a phased prioritization approach to identify the needs.



- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.
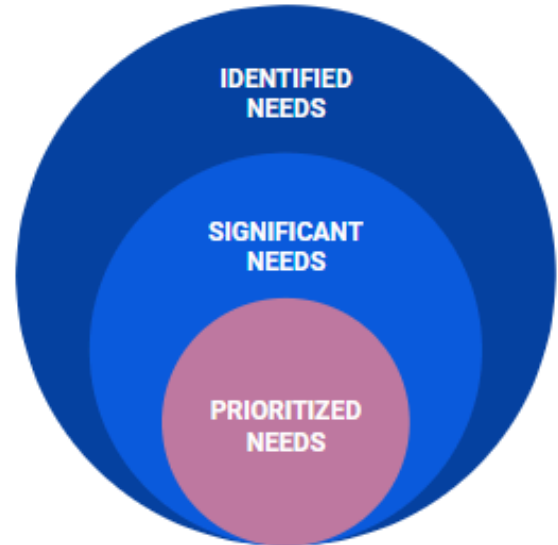
Following the initial CHNA assessment, Ascension Elmbrook selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

## Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Waukesha County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

## Significant Needs

In the second phase, identified needs were then narrowed to a set of "significant needs" determined most crucial for community stakeholders to address. In collaboration with various community partners, Ascension Elmbrook synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. Significant needs were identified by examining 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.

The data recognized some groups in Waukesha 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 from the long list of needs in Waukesha County.

1.  Nutrition, Physical Activity and Obesity and Chronic Disease were recognized by the community. For the purposes of this CHNA, these issues were combined for cohesion to include both the treatment of chronic diseases and prevention through healthy lifestyle components and includes food security, as these areas overlap.
2.  Social determinants of health (SDOH) have both direct and complex effects on health and operate at multiple levels.[1] SDOH incorporates *population and community-level* factors that impact an individual and community's health. Social needs encompass an *individual's* unmet Social Determinants of Health. Both include safe and affordable housing, accessible and affordable transportation, employment, education access and quality, community violence and crime, social connectedness and belonging and food insecurity, all of which were top identified need responses. These social and economic factors affect our ability to make healthy choices, afford medical care and housing, manage stress and more.[1] Focusing efforts to improve upstream social drivers of health at the community level encompasses these interrelated social factors identified, and require systemic forces, policies, and regulations to have long-term impacts on a community.[2] However, a person's individual experience with their social factors impact healthy behaviors, so it is important for health systems to understand what matters in the context of a individual's life to make high-quality decisions about the right course of treatment and make necessary social interventions to best support that path.[3]

Based on the synthesis and analysis of the data, the significant needs for the 2023 CHNA are:

-   Access to Care
-   Alcohol and Drug Misuse
-   Chronic Disease and Prevention
-   Mental Health
-   Social Determinants of Health

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 45).
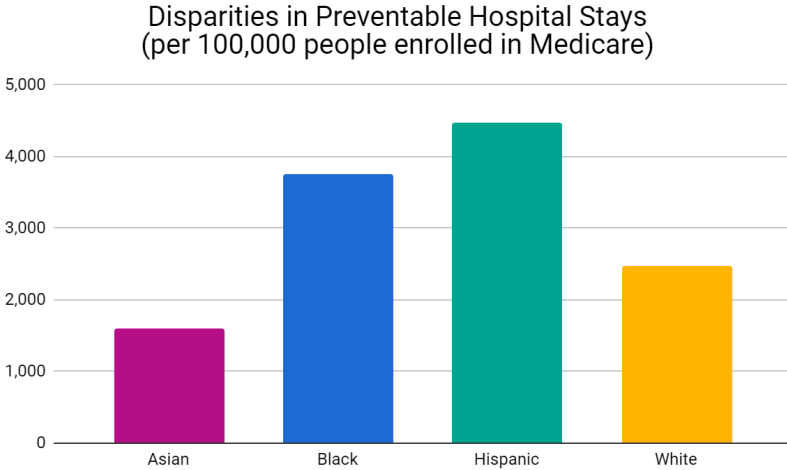
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Sources:

[1] Alderwick, H. & Gottlieb, L. (2019). The Milbank Quarterly. *Meanings and misunderstandings: A Social Determinants of Health lexicon for health care systems*. Retrieved April 26, 2024 from https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/

[2] County Health Rankings & Roadmaps (2023). University of Wisconsin Population Health Institute. *Social and economic factors.* Retrieved from https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors?

[3] Glasheen, S. (2019). United Healthcare. *Meeting social needs and addressing Social Drivers of Health.* Retrieved April 26, 2024 from https://www.uhccommunityandstate.com/content/blog-post/sarah-glasheen-posts/meeting-social-needs-and-addressing-social-determinants-of-health
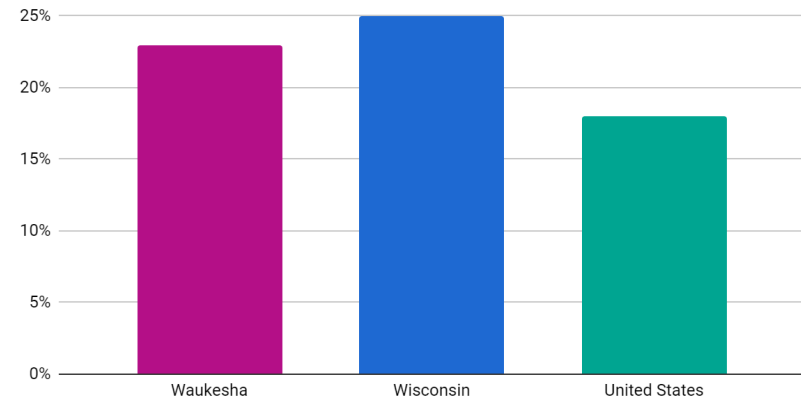
## Access to Care

| Importance | Populations Most Impacted |
|---|---|
| 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] | • 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] <br><br>• There are also significant health outcome disparities for people living in areas with high concentrations of poverty and for people that identify as LGBTQ+.[3] |

### Community Input Highlights

- For community members reporting that they or someone in their household did not receive medical care when needed, the top reasons were because they could not afford to pay, insurance did not cover it or they were uninsured or were unable to get an appointment (due to inconvenient hours, did not know where to go or other reasons).
- Stakeholders discussed the importance of navigation for community members to help identify resources available in the county, better collaboration and participation between health systems and community organizations and advocating for improved accessibility and affordability of care.

### Secondary Data Highlights

**Disparities in Preventable Hospital Stays (per 100,000 people enrolled in Medicare)**



*Source: County Health Rankings and Roadmaps*

- In Waukesha County, there is a significant gap in preventable hospital stay rates that might have been prevented by outpatient treatment for Hispanic residents (4,478) and Black residents (3,752) compared to White residents (2,469) and Asian residents (1,596). This suggests that the quality of care provided in the outpatient setting for Hispanic and Black residents was less than ideal and/or emergency rooms and urgent care is used more often as a main source of care for these populations.[4]
- Overall, Waukesha County has better ratios of provider per people registered in the county for primary care physicians (710:1) and mental health providers (340:1) than the state (1,250:1 and 400:1, respectively), and a better uninsured percentage at 4% versus 6% for the state and 10% for the United States.

[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 Stays

## Alcohol and Drug Misuse

### Importance

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 misuse (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses.[1]

COVID-19 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]

### Populations Most Impacted

- Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers.[3]
- Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.[4]
- Substance use, particularly use of tobacco, alcohol and methamphetamines, is higher in rural areas compared to urban and rural settings have fewer resources than urban areas for treatment.[5]

### Community Input Highlights

- Stakeholders stressed that anyone can be affected by alcohol and other substance misuse, but recognized that people with mental health issues, teens, families of people with substance use disorders (SUD) and people with high adverse childhood experiences (ACEs) may be more impacted.
- Many stakeholders and community members highlighted the need for more affordable services to treat people with SUD, to improve knowledge on the available community resources, and better collaboration to increase awareness of the issue - including how to recognize when someone is struggling, knowledge on what to do to provide support and reduce stigma so that people are more likely to ask for help or seek treatment. It was also acknowledged that addressing the root causes of the issue is necessary to wholly support recovery.

### Secondary Data Highlights

**Excessive Drinking**
(percent of adults reporting binge or heavy drinking)



- Wisconsin continues to rank as one of the worst states for excessive alcohol consumption in the nation, with Waukesha County closely aligned with that value.[6]
- The rate of drug overdose deaths in Waukesha County was 22, compared to 26 for the Wisconsin rate and 27 for the United States.

*Source: County Health Rankings and Roadmaps*

[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
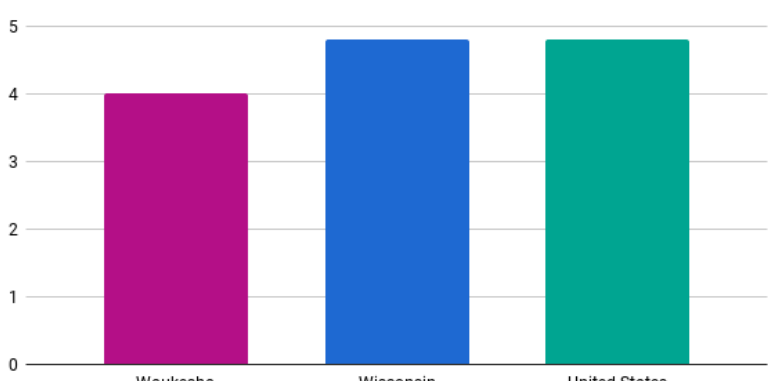[6] America's Health Rankings: Excessive Drinking in Wisconsin

## Chronic Disease and Prevention

| Importance | Populations Most Impacted |
|---|---|
| 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 increase quality of life and decrease healthcare costs. 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] | • Individuals experiencing 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]<br>• 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] |

### Community Input Highlights

- Stakeholders most often listed older adults as the population that is affected by chronic diseases, as well as low-income households, people of color and "everyone". Many stated that the affected populations may have more costs for health care and may lack education about nutrition and physical activity to reduce risk or lessen the burden of diseases.
- Additional strategies needed to support people for chronic disease and prevention include: general and targeted community education, more support from health care providers and more options for healthy eating/nutrition and physical activity.
- It was also noted that better supporting children with nutritious options, education and early interventions can help prevent chronic diseases later in life.

### Secondary Data Highlights

**Limited Access to Healthy Foods**



*Source: County Health Rankings and Roadmaps*

- Individuals that are food insecure, or have limited access to healthy foods, may be at an increased risk of negative health outcomes, including obesity.[4] The percentage of population that are low-income and do not live close to a grocery store, limiting their ability to access healthy foods, is 5% - the same as Wisconsin and slightly better than the United States at 6%.
- The percent of adults in Waukesha County that are obese, with a body mass index of 30 or greater, is 34%, the same as Wisconsin and the United States.
- Both malignant neoplasms (cancer) and diseases of the heart are leading causes of death under age 75 in Waukesha County.

[1] Healthy People 2020: Chronic Disease Management Programs for Adults with Asthma
[2] Healthy People 2020: Nutrition and Weight Status
[3] Cleveland Clinic: How Race and Ethnicity Impact Heart Disease
[4] Healthy People 2030: Food Insecurity

## Mental Health

| Importance | Populations Most Impacted |
|---|---|
| Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. There are many types of mental health disorders, and 1 in every 8 people live with one; anxiety and depressive disorders the most common.[1] 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).[2] During the COVID-19 pandemic, depression, anxiety and suicidal ideation increased and access to mental health providers and treatment were limited, and the effects continue.[3] | • Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.[4]<br>• Groups that often suffer from poor mental health outcomes due to inaccessible quality health care services, cultural stigma surrounding mental health, discrimination and lack of awareness about mental health include racial/ethnic, gender and sexual marginalized groups.[5]<br>• People that have been exposed to adverse circumstances such as poverty, disability, trauma and inequality are also at higher risk for mental health disorders.[1] |

### Community Input Highlights

- Along with the populations impacted listed above, key stakeholders also felt that youth are struggling with mental health issues more than ever. There were numerous discussions about schools and student organizations that have existing strategies but that more funding and support is needed for those running mental health initiatives in those spaces.
- For all populations, strategies needed included more access/resources, collaboration, education, crisis management especially de-escalation training with law enforcement, more providers, nonprofits and reduced stigma.

### Secondary Data Highlights

Average Number of Mentally Unhealthy Days (reported in the past 30 days and age-adjusted)



- On average, Waukesha County residents reported that their mental health was not good on 4.0 of the previous 30 days, which is slightly better than the Wisconsin and United States average of 4.8 days.
- The percent of adults in Waukesha County reporting frequent mental distress (14 or more days of the last 30 days of poor mental health) is 13%, compared to 14% for Wisconsin and 15% for the United States.
- The number of deaths by suicide per 100,000 people in Waukesha County is 12. Wisconsin's rate is 15 and the United States' is 14.

*Source: County Health Rankings and Roadmaps*

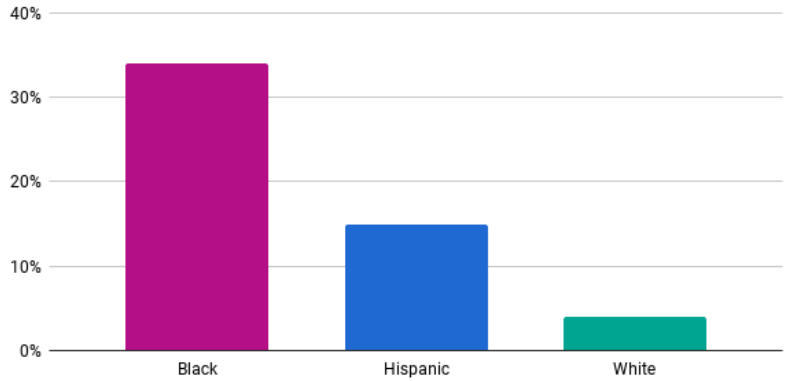[1] World Health Organization: Mental Disorders
[2] NIH: National Institute of Mental Health: Chronic Illness and Mental Health: Recognizing and Treating Depression
[3] CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic
[4] Mental Health Foundation: Poverty and Mental Health
[5] American Psychiatric Association: Mental Health Disparities: Diverse Populations

## Social Determinants of Health

| Importance | Populations Most Impacted |
|---|---|
| Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1] For the purposes of this assessment, this relates to the non-health sectors that have a major impact on people's health and well-being. Policy-makers, communities, and individuals can affect change on the social and economic factors negatively impacting health and wellbeing.[2] By focusing on these "upstream" factors in addition to individuals' needs, health can be improved and health disparities reduced.[1] | • The SDOH contribute to health and healthcare disparities between different populations. Due to unfair historical social structures in sectors such as housing, education and employment, some groups have been placed at a disadvantage. Those groups include people experiencing low socioeconomic status and some racial/ethnic groups such as Black/African American and Hispanic populations.<br>• 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] |

### Community Input Highlights

- The complexities of the inter-connected social determinants and health conditions/behaviors were highlighted often during the stakeholder interviews.
- Based on SDOH screening questions for patients at Ascension Elmbrook and associated clinics, the highest need was social connection for patients, with approximately 3.7% of patients indicating they feel lonely in the last year.

### Secondary Data Highlights



Children in Poverty
(percentage of people under age 18 in poverty)

*Source: County Health Rankings and Roadmaps*

- Waukesha County ranks number 2 out of 72 counties on social factors that influence health; however, there are significant racial disparities in the county. See Table 12: Disparities on page 42 for more details.
- While the percentage of children in poverty in Waukesha County (5%) is far better than the state (13%) and the United States (16%), Black/African American (34%) and Hispanic (15%) children in Waukesha experience poverty at significantly higher rates than other groups.
- Waukesha County has a higher percentage of homeownership at 77% than the state and the nation by nearly 10 points, yet 10% of residents have a severe housing cost burden, spending half or more of their income on housing.

[1] CDC: Social Determinants of Health
[2] National Association of Community Health Centers: Social Drivers of Health Initiatives
[3] CDC: How Does Social Connectedness Affect Health
[4] CDC: Alzheimer's Disease and Healthy Aging

## Prioritized Needs

In the third phase, significant needs were further narrowed to a set of "prioritized needs." Ascension defines **prioritized needs** as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. Ascension Elmbrook 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 Elmbrook'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)

Using a voting system, Ascension Elmbrook stakeholders selected the prioritized needs outlined below for its 2023 CHNA implementation strategy:

- Chronic Disease and Prevention was selected because prevention is an important step toward a healthier community. 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. For those with chronic diseases, proper treatment and support can help improve quality of life. This priority especially focuses on communities at an increased risk. Ascension Wisconsin is committed to quality treatment of chronic diseases and focusing on prevention efforts.

- Mental Health was selected because mental health challenges have increased since the pandemic and the community has clearly expressed the need for more support and resources. Mental health issues can lead to numerous physical health complications. Ascension Wisconsin is committed to expanding access to mental health providers and partnering with community organizations to address this health priority.

- Social Determinants of Health (SDOH) was selected because an individual's environment influences health outcomes and it is important to support unmet needs to improve health. SDOH will focus on basic and social needs interventions for patients and contributions to community efforts in areas such as social connectedness and belonging, to improve well-being for individuals and the larger community for positive outcomes. Ascension Elmbrook will support community efforts and look for future opportunities to fund and contribute to initiatives.

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.

## Needs That Will Not Be Addressed

Alcohol and Drug Misuse was not selected in this CHNA cycle, as a community response is necessary to this issue, and further resources outside of the hospital are needed. Ascension Elmbrook refers patients to numerous internal and community programs for treatment when needed and will actively participate in further collaborative efforts. Some efforts will also be incorporated under the Mental Health priority as these issues are often interrelated, but it will not be prioritized as a separate need.

Access to Care was not selected as a separate priority, as the steering group felt that this should instead be incorporated as a foundation to all chosen priorities, as it is the main role of healthcare facilities. In creating strategies for the three priorities, Ascension Elmbrook will consider how to amplify access to health services for chronic disease management and mental health, as well as strive to meet individual patients' access to care needs through screening and referrals.

Social Determinants of Health encompass multiple social factors. Considering capacity, partnerships and the focus of Ascension Elmbrook, not all Social Determinants of Health can be addressed directly at the community-level. However, providers and associates will continue to refer to community resources for identified needs of individual patients in the hospital and clinics.

# Summary of Impact of 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 respond to the prioritized 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.

Ascension Elmbrook's previous CHNA implementation strategy was completed in June 2021 (tax year 2020) and responded to the following priority health needs: Chronic Disease and Prevention, Mental Health, and Substance Abuse.

Highlights from the Ascension Elmbrook's previous implementation strategy include:

- Chronic Disease and Prevention: Had 36 community members participate in three separate Stepping On class sessions for reducing risk of falls for older adults
- Mental Health: Trained 15 associates and community members in Question, Persuade, Refer (QPR) to help identify someone at risk of suicide or in need of intervention
- Substance Abuse: Participated in the Heroin Task Force coalition and supported an action team around stigma reduction

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2020 CHNA implementation strategy can be found in Appendix F (Page 47).

# Approval by the Board of Directors for Ascension SE Wisconsin Hospital - Elmbrook Campus

To ensure Ascension Elmbrook's efforts meet the needs of the community and have a lasting and meaningful impact, the 2023 CHNA was presented to the board of directors for approval and adoption on May 29, 2024. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

# Conclusion

Ascension Elmbrook hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Waukesha County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Elmbrook community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2023 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension Elmbrook is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Elmbrook is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

# Appendices

## Table of Contents

## Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[1] The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

### Community Focus Groups

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

### Community Forums

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

### Demographics

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

### 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 (including computer/video calls). 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 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. Could also be referred to as Key Informant Interviews.

### Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or that 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.

**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 both forced-choice and open-ended questions.

[1] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

### Table 1: 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 | 412,591 | 5,910,955 | 334,914,895 |
| Male | 49.7% | 50.2% | 49.6% |
| Female | 50.3% | 49.8% | 50.4% |

*Source: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

### Table 2: Population by Race and Ethnicity

Why it is important: The racial and ethnic 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 | 4.2% | 3.2% | 6.3% |
| Non-Hispanic Black / African American | 2.0% | 6.6% | 13.6% |
| Hispanic / Latino | 5.4% | 7.6% | 19.1% |
| American Indian or Alaska Native | 0.3% | 1.2% | 1.3% |
| Non-Hispanic White | 91.6% | 86.6% | 75.5% |

*Source: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

### Table 3: Population by Age

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

| Age | Waukesha County | Wisconsin | U.S. |
|---|---|---|---|
| Ages 0-17 | 20.7% | 21.1% | 21.7% |

| | | | |
|---|---|---|---|
| Ages 18-64 | 58.7% | 60.2% | 61.0% |
| Ages 65+ | 20.6% | 18.7% | 17.3% |

*Source: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

## Table 4: 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. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn 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 (2022 dollars -2018-2022) | $101,639 | $72,458 | $75,149 |
| Per capita income (2022 dollars -2018-2022) | $55,573 | $40,130 | $41,261 |
| People with incomes below the federal poverty guideline | 5.2% | 10.7% | 11.5% |
| ALICE households | 20.0% | 24.0% | 29.0% |

*Sources: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*
*United for ALICE, National, Wisconsin and Waukesha County data, 2022.*
*https://www.unitedforalice.org/county-reports/wisconsin*

## Table 5: Education

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

| Education | Waukesha County | Wisconsin | U.S. |
|---|---|---|---|
| High school diploma or higher (2018-2022) | 96.8% | 93.1% | 89.1% |
| Bachelor's degree or higher (2018-2022) | 47.2% | 32.0% | 34.3% |

*Source: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

## Table 6: Insured/Uninsured

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

| Income | Waukesha County | Wisconsin | U.S. |
|---|---|---|---|
| Uninsured | 4.1% | 6.3% | 9.3% |
| Medicaid Participation* | 14.4% | 15.6% | 18.7% |

*Source: U.S. Census Bureau. (v2023). QuickFacts: Waukesha County.*
*https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

*\*U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE" 2022: ACS 1-Year Estimates*

## Appendix C: Community Input Data and Sources

**Key stakeholder interviews**

Thirty-one individuals participated in 30 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.

- Aging & Disability Resource Center - Mary Check Smith, Manager
- Arrowhead Union High School District - Conrad Farner, Superintendent
- Community Action Coalition for South Central Wisconsin - Jeremy Otte, Development Director
- Community Outreach Health Clinic - Linda Smith, Nurse Practitioner/Clinic Coordinator
- Community Smiles - Renee Ramirez, President/CEO
- Elmbrook Schools - Dr. Mark Hansen, Superintendent
- Eras Senior Network - Darryl Anderson, Executive Director
- Falls Area Food Pantry - Widge Liccione & Jeannine Matuszak, Executive Director & Pantry Director
- Family Service of Waukesha - Laura Cherone, Director Agency Development
- Habitat for Humanity - Sara Clark, Director of Operations
- Hebron Housing Services - Kathleen Fisher, Executive Director
- Lake Area Free Clinic - Mary Reich, Executive Director
- Mukwonago Food Pantry - Hannah Hazelberg, Executive Director
- Mukwonago School District - Joe Koch, Superintendent
- NAMI SE WI - Mary Madden, Executive Director
- School District of Menomonee Falls - David Munoz, Superintendent
- Shorehaven - Dale Dahlke, CEO
- Sixteenth Street Community Health Center - Liz Kirsch, Clinic Manager
- United Way - Amanda Weiler, Health Portfolio Manager/Lead for Empowering Minds
- UW-Madison Extension, Waukesha County - Jill Herz, FoodWise Program Administrator
- Waukesha County Business Alliance - Suzanne Kelly, President & CEO
- Waukesha County Department of Health & Human Services - Ben Jones, Public Health Officer
- Waukesha County Fire Chiefs Association - Steve Howard, Chief
- Waukesha County Government - Judge Jack Melvin, Waukesha County Circuit Court Judge
- Waukesha County Government - Paul Farrow, Waukesha County Executive
- Waukesha County Mental Health Services - Kirk Yauchler, Clinical Services Manager
- Waukesha Food Pantry - Michael Egly, Director of Program Services
- Waukesha Free Clinic - Amy Vega, Executive Director
- YMCA at Pabst Farms - Jessica Meiling, Branch Executive Director
- YMCA of Greater Waukesha County - Chelsea Kujaw, Association Director of Healthy Living

**Data Reports**

Full reports including purpose, methodology, data sources 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, 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 annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

| 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 for "why they are important" are largely drawn from the CHRR website. <br><br> **County vs. state:** Describes how the county's most recent data for the health issue compares to the state average. <br><br> **Trends:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving. <br><ul><li>Red: The measure is worsening in this county.</li><li>Green: The measure is improving in this county.</li><li>Empty: There is no data trend to share, or the measure has remained the same.</li></ul> **United States (U.S.):** Describes how the county's most recent data for the health issue compares to the U.S. <br><br> **Description:** Explains what the indicator measures, how it is measured, and who is included in the measure. <br><br> **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. |

## Table 7: 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 members within a community.

| Indicators | Trend | Waukesha County | WI | U.S. | Description |
|---|---|---|---|---|---|
| **Length of Life** | | | | | |
| Premature death | | 5,000 | 7,100 | 8,000 | Years of potential life lost before age 75 per 100,000 population (age-adjusted) |
| Life expectancy | | 80.7 | 78.2 | 77.6 | How long the average person is expected to live |
| Infant mortality | | 4 | 6 | 6 | Number of all infant deaths (within one year) per 1,000 live births |
| **Physical Health** | | | | | |
| Poor or fair health | | 10% | 13% | 14% | Percentage of adults reporting fair or poor health |
| Poor physical health days | | 2.7 | 3.1 | 3.3 | Average number of physically unhealthy days reported in the past 30 days (age-adjusted) |
| Frequent physical distress | | 8% | 9% | 10% | Percentage of adults with 14 or more days of poor physical health per month |
| Low birth weight | | 7% | 8% | 8% | Percentage of babies born too small (less than 2,500 grams) |
| Falls 65+ (by state)* | | n/a | 27.5% | 25% | Older adult falls reported by state |
| Fall fatalities 65+ (by state)* | | n/a | 176.5 | 78.0 | Number of injury deaths due to falls among those 65 years of age and over per 100,000 population |
| **Mental Health** | | | | | |
| Poor mental health days | | 4.0 | 4.8 | 4.8 | Average number of mentally unhealthy days reported in the past 30 days |
| Frequent mental distress | | 13% | 14% | 15% | Percentage of adults reporting 14 or more days of poor mental health per month |
| Suicide | | 12 | 15 | 14 | Number of deaths due to suicide per 100,000 |
| **Morbidity** | | | | | |
| Diabetes prevalence | | 7% | 8% | 10% | Percentage of adults ages 20 and above with diagnosed diabetes |
| Cancer deaths^ | | 194.6 | 197.8 | n/a | Average annual cancer death rate per 100,000 |
| **Communicable Disease** | | | | | |
| HIV prevalence | | 50 | 137 | 382 | Number of people ages 13 years and over with a diagnosis of HIV per 100,000 |
| Sexually transmitted infections | | 186.2 | 472.3 | 495.5 | Number of newly diagnosed chlamydia cases per 100,000 |

*Sources: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

*\*Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2023). Older Adult Falls Data.*
*https://www.cdc.gov/falls/data-research/?CDC_AAref_Val=https://www.cdc.gov/falls/data/index.html*

^*Wisconsin Department of Health Services. (2023). WISH - Cancer Module. https://wish.wisconsin.gov/cancer/mortality.htm*

## Table 8: 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.

| Indicator | Trend | Waukesha County | WI | U.S. | Description |
|---|---|---|---|---|---|
| **Economic Stability** | | | | | |
| Median household income | | $99,500 | $71,100 | $74,800 | The income where half of households in a county earn more and half of households earn less |
| Unemployment | | 2.5% | 2.9% | 3.7% | Percentage of population ages 16 and older unemployed but seeking work |
| Poverty* | | 5.2% | 10.7% | 11.5% | Percentage of population living below the federal poverty line |
| Childhood poverty | | 5% | 13% | 16% | Percentage of people under age 18 in poverty |
| **Educational Attainment** | | | | | |
| High school completion | | 97% | 93% | 89% | Percentage of adults ages 25 and over with a high school diploma or equivalent |
| Some college | | 84% | 70% | 68% | Percentage of adults ages 25-44 with some post-secondary education |
| **Social/Community** | | | | | |
| Children in single-parent homes | | 12% | 22% | 25% | Percentage of children who live in a household headed by a single parent |
| Social associations | | 11.0 | 11.0 | 9.1 | Number of membership associations per 10,000 population |
| Disconnected youth | | 3% | 5% | 7% | Percentage of teens and young adults ages 16-19 who are neither working nor in school |
| Violent crime^ | | 74.4 | 305.4 | 369.0 | Number of reported violent crime offenses per 100,000 population |
| **Access to Healthy Foods** | | | | | |
| Food environment index | | 9.4 | 9.1 | 7.7 | Index of factors that contribute to a healthy food environment (0 = worst, 10 = best) |
| Food insecurity | | 5% | 7% | 10% | Percentage of the population who lack adequate access to food |
| Limited access to healthy foods | | 5% | 5% | 6% | Percentage of the population who are low-income and do not live close to a grocery store |

*Sources: County Health Rankings and Roadmaps. (2024). Waukesha, WI.
https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

*\*U.S. Census Bureau. (2022). QuickFacts: Waukesha County.
https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI,US/PST045222*

*^Metopio: Violent Crime: Data Source: FBI Crime Data Explorer. Retrieved January 9, 2024.*

## Table 9: Physical Environment

Why they are 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.

| Indicator | Trend | Waukesha County | WI | U.S. | Description |
|---|---|---|---|---|---|
| **Physical Environment** | | | | | |
| Severe housing cost burden | | 10% | 11% | 14% | Percentage of households that spend 50 percent or more of their household income on housing |
| Severe housing problems | | 11% | 13% | 17% | Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities |
| Air pollution: particulate matter | 🟩 | 9.4 | 7.8 | 7.4 | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) |
| Homeownership | | 77% | 68% | 65% | Percentage of occupied housing units that are owned |

*Source: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

## Table 10: 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.

| Indicator | Trend | Waukesha County | WI | U.S. | Description |
|---|---|---|---|---|---|
| **Healthcare Access** | | | | | |
| Uninsured | 🟩 | 4% | 6% | 10% | Percentage of population under age 65 without health insurance |
| Uninsured adults | 🟩 | 5% | 7% | 12% | Percentage of adults under age 65 without health insurance |
| Uninsured children | | 3% | 4% | 5% | Percentage of children under age 19 without health insurance |
| Primary care physicians | | 710:1 | 1,250:1 | 1,330:1 | Ratio of the population to primary care physicians |
| Mental healthcare providers | | 340:1 | 400:1 | 320:1 | Ratio of the population to mental healthcare providers |
| **Hospital Utilization** | | | | | |
| Preventable hospital stays | 🟩 | 2,506 | 2,451 | 2,681 | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees |

| Preventive Healthcare | | | | | |
|---|---|---|---|---|---|
| Flu vaccinations | | 60% | 52% | 46% | Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination |
| Mammography screenings | | 57% | 50% | 43% | Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening |

*Source: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

## Table 11: 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.

| Indicator | Trend | Waukesha County | WI | U.S. | Description |
|---|---|---|---|---|---|
| **Healthy Lifestyle** | | | | | |
| Adult obesity | | 34% | 34% | 34% | Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 |
| Physical inactivity | | 16% | 19% | 23% | Percentage of adults ages 20 and over reporting no leisure-time physical activity |
| Access to exercise opportunities | | 98% | 84% | 84% | Percentage of population with adequate access to locations for physical activity |
| Insufficient sleep | | 29% | 31% | 33% | Percentage of adults who report fewer than seven hours of sleep on average |
| Motor vehicle crash deaths | | 6 | 10 | 12 | Number of motor vehicle crash deaths per 100,000 population |
| Teen births | | 4 | 12 | 17 | Number of births per 1,000 female population ages 15-19 |
| **Substance Misuse** | | | | | |
| Adult smoking | | 12% | 14% | 15% | Percentage of adults who are current smokers |
| Excessive drinking | | 23% | 25% | 18% | Percentage of adults reporting binge or heavy alcohol drinking |
| Alcohol-impaired driving deaths | | 32% | 35% | 26% | Alcohol-impaired driving deaths |
| Drug Overdose Deaths | | 22 | 26 | 27 | Number of drug poisoning deaths per 100,000 population |
| **Sexual Health** | | | | | |
| Sexually transmitted infections | 🟥 | 186.2 | 472.3 | 495.5 | Number of newly diagnosed chlamydia cases per 100,000 population |

*Sources: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

## Table 12: Disparities

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 improve health for everyone in the community.

| Indicator | Population | Measure |
|---|---|---|
| **Health Disparities** | | |
| Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted) | **Overall** | **5,000** |
| | Hispanic (all races) | 5,100 |
| | Non-Hispanic Asian | 2,500 |
| | Non-Hispanic Black / African American | 9,800 |
| | Non-Hispanic White | 4,900 |
| Low birthweight: Percentage of live births with low birthweight (< 2,500 grams) | **Overall** | **7%** |
| | Hispanic (all races) | 8% |
| | Non-Hispanic Asian | 8% |
| | Non-Hispanic Black / African American | 13% |
| | Non-Hispanic two or more races | 9% |
| | Non-Hispanic White | 6% |
| Life Expectancy: Average number of years people are expected to live | **Overall** | **80.7** |
| | Hispanic (all races) | 81.2 |
| | Non-Hispanic Asian | 85.0 |
| | Non-Hispanic Black / African American | 75.0 |
| | Non-Hispanic White | 80.7 |
| Premature Age-Adjusted Mortality: Number of deaths among residents under age 75 per 100,000 population | **Overall** | **250** |
| | Hispanic (all races) | 240 |
| | Non-Hispanic Asian | 120 |
| | Non-Hispanic Black / African American | 440 |
| | Non-Hispanic White | 250 |
| Child Mortality: Number of deaths among residents under age 18 per 100,000 population | **Overall** | **40** |
| | Hispanic (all races) | 50 |
| | Non-Hispanic Black / African American | 140 |
| | Non-Hispanic White | 30 |
| Teen Births: Number of births per 1,000 female population ages 15-19 | **Overall** | **4** |
| | Hispanic (all races) | 14 |
| | Non-Hispanic Black / African American | 18 |
| | Non-Hispanic two or more races | 5 |
| | Non-Hispanic White | 2 |

| Drug Overdose Deaths: Number of drug poisoning deaths per 100,000 | **Overall** | **22** |
|---|---|---|
| | Hispanic (all races) | 24 |
| | Non-Hispanic White | 23 |
| Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees | **Overall** | **2,506** |
| | Asian | 1,596 |
| | Black / African American | 3,752 |
| | Hispanic | 4,478 |
| | White | 2,469 |
| Mammography Screening: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening | **Overall** | **57%** |
| | Asian | 38% |
| | Black / African American | 45% |
| | Hispanic | 47% |
| | White | 57% |
| Flu Vaccinations: Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination | **Overall** | **60%** |
| | American Indian & Alaska Native | 64% |
| | Asian | 55% |
| | Black / African American | 46% |
| | Hispanic | 41% |
| | White | 60% |
| Children in Poverty: Percentage of people under age 18 in poverty | **Overall** | **5%** |
| | Asian | 0% |
| | Black / African American | 34% |
| | Hispanic | 15% |
| | White | 4% |
| Injury Deaths: Number of deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 population | **Overall** | **90** |
| | Hispanic (all races) | 44 |
| | Non-Hispanic Asian | 20 |
| | Non-Hispanic Black / African American | 77 |
| | Non-Hispanic White | 97 |
| Reading Scores: Average grade level performance for 3rd graders on English Language Arts standardized tests | **Overall** | **3.4** |
| | Asian | 3.7 |
| | Black / African American | 2.8 |
| | Hispanic | 2.8 |
| | White | 3.5 |
| Math Scores: Average grade level performance for 3rd graders on math standardized tests | **Overall** | **3.6** |
| | Asian | 4.1 |
| | Black / African American | 2.6 |
| | Hispanic | 2.8 |

|  | White | 3.7 |
|---|---|---|
| Median Household Income: The income where half of households in a county earn more and half of households earn less | **Overall** | **$99,500** |
|  | American Indian & Alaska Native | $91,500 |
|  | Asian | $144,600 |
|  | Black / African American | $60,200 |
|  | Hispanic | $87,900 |
|  | White | $101,300 |

*Source: County Health Rankings and Roadmaps. (2024). Waukesha, WI.*
*https://www.countyhealthrankings.org/health-data/wisconsin/waukesha?year=2024*

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Elmbrook has cataloged resources available in Waukesha County that respond to 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 | Phone | Website |
|---|---|---|
| Ascension SE Wisconsin Hospital - Elmbrook Campus | (262) 785-2000 | https://healthcare.ascension.org/locations/wisconsin/wiwhe/brookfield-ascension-se-wisconsin-hospital-elmbrook-campus |
| Aurora Health Center | (262) 896-6000 | https://care.aurorahealthcare.org/locations/aurora-health-center-waukesha |
| Froedtert | (414) 777-7700 | https://www.froedtert.com/waukesha |
| ProHealth Care | (262) 928-2745 | https://www.prohealthcare.org/ |
| Sixteenth Street Community Health Center | (262) 408-2530 | https://sschc.org/locations/waukesha/ |

### Alcohol and Drug Use

| Organization | Phone | Website |
|---|---|---|
| Addiction Resource Council | (262) 524-7920 | https://www.arcouncil.net/ |
| National Alliance on Mental Illness (NAMI) Waukesha | (262) 524-8886 | https://namisoutheastwi.org/ |
| Rogers Behavioral Health | (800) 767-4411 | https://rogersbh.org/ |
| Waukesha County Health and Human Services | (262) 548-7666 | https://www.waukeshacounty.gov/HealthAndHumanServices/clinical-services/substance-use/ |
| WisHope Recovery | (262) 701-7257 | https://wishoperecovery.com/ |

### Chronic Disease and Prevention

| Organization | Phone | Website |
|---|---|---|
| Ascension SE Wisconsin Hospital - Elmbrook Campus | (262) 785-2000 | https://healthcare.ascension.org/locations/wisconsin/wiwhe/brookfield-ascension-se-wisconsin-hospital-elmbrook-campus |

| | | |
|---|---|---|
| Aurora Health Center | (262) 896-6000 | https://care.aurorahealthcare.org/locations/aurora-health-center-waukesha |
| Froedtert | (414) 777-7700 | https://www.froedtert.com/waukesha |
| Feeding America | (414) 931-7400 | https://feedingamericawi.org/ |
| ProHealth Care | (262) 928-2745 | https://www.prohealthcare.org/ |
| Sixteenth Street Community Health Center | (262) 408-2530 | https://sschc.org/locations/waukesha/ |
| UW Extension Waukesha County | (262) 548-7770 | https://www.waukeshacounty.gov/uwex |
| Waukesha County Public Health | (262) 896-8430 | https://www.waukeshacounty.gov/HealthAndHumanServices/PublicHealth/CommunityHealth/ |
| YMCA of Greater Waukesha County | (262) 330-5199 | https://www.gwcymca.org/YMCA-Waukesha/Mobile-Programs/Fitness/Nutrition-.htm |

## Mental Health

| Organization | Phone | Website |
|---|---|---|
| Ascension SE Wisconsin - Capitol and Lilly | (414) 302-5400 | https://healthcare.ascension.org/locations/wisconsin/wiwhe/brookfield-ascension-se-wisconsin-at-capitol-and-lilly |
| Aurora Psychiatric Hospital | (414) 454-6600 | https://www.aurorahealthcare.org/locations/hospital/aurora-psychiatric-hospital/ |
| National Alliance on Mental Illness (NAMI) Waukesha | (262) 524-8886 | https://namisoutheastwi.org/ |
| Parents Place | (262) 549-5575 | https://www.parentsplacewi.org/ |
| Rogers Behavioral Health | (800) 767-4411 | https://rogersbh.org/ |
| Waukesha County Health and Human Services | (262) 548-7666 | https://www.waukeshacounty.gov/HealthAndHumanServices/clinical-services/substance-use/ |

## Social Determinants of Health

| Organization | Phone | Website |
|---|---|---|
| Aging and Disability Resource Center of Waukesha County | (262) 548-7848 | https://www.waukeshacounty.gov/adrc |
| Hope Center | (262) 549-8726 | https://hopecenterwi.org/ |
| The Housing Action Coalition of Waukesha County, Inc. | (262) 326-5322 | https://www.waukeshacoc.org/get-help |
| The Women's Center | (262) 542-3828 | https://twcwaukesha.org/get-help/ |
| United Way of Greater Milwaukee & Waukesha County | 2-1-1 | https://unitedwaygmwc.org/ |
| Waukesha American Job Center | (262) 695-7800 | https://www.wfdc.org/ |

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

Ascension Elmbrook's previous CHNA implementation strategy was finalized in July 2021 and responded to the following priority health needs: Chronic Disease and Prevention, Mental Health and Substance Abuse.

The tables below describe the actions taken during the 2021-2024 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication in May 2024, the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported on the 2023 IRS Form 990/Schedule H.

### Chronic Disease and Prevention

| Initiatives | Actions Taken | Results |
|---|---|---|
| Increase health education in the community | Conducted community education sessions and held "Walk with a Pro" sessions | • 36 community members participated in three separate Stepping On class sessions for reducing risk of falls with older adults<br>• Held 18 education opportunities at the Elmbrook farmers market<br>• Over 50 older adults attended the first annual Falls Prevention Fair in fall 2023; various education from groups provided on health aging and falls prevention |
| Support access to healthy foods for community members | Maintained a community garden to donate produce to a local food pantry and donated funds to a local farmers market to expand EBT benefits | • Approximately 10 rounds of food donations provided to a local food pantry from garden<br>• Donated funds each year to the Elmbrook farmers market to support EBT benefits for community members experiencing low-income, doubling the commitment starting in 2023<br>    ○ Over 120 families benefited from the FoodShare match |
| Encourage physical activity | Educated older adults on safe physical activity, held senior exercise classes at community center and at the YMCA, and encouraged use of walking path including distance information for activity goals for patients and community | • Those 36 community members that attended Stepping On classes not only received information on reducing falls in the home but also learned how to safely stay physically active<br>• 7,443 total attendance instances for the senior exercise classes at the community center that occur twice a week and the Parkinson's exercise classes at the YMCA<br>• Three awareness campaigns created each spring for associates and patients to encourage use of the walking path for increased physical activity |

| | | |
|---|---|---|
| Expand BMI screenings and referrals for patients with elevated BMI | Standardized processes statewide for routine Body Mass Index screening and referral processes in primary care clinics | ● Updated a Best Practice Alert for BMI to reflect enhanced recommendations and education circulated to physicians for improved referrals<br>○ Screening rates for all payers increased to 96.7%, which was slightly behind target of 98.0% |
| Develop a food insecurity screening and referral program for patients | Launched a social needs screener, and created a community resource listing for anyone lacking access to healthy foods and distributed through patient navigators and throughout the hospital | ● Dietitians screen all referred patients with nutrition needs for food insecurity and connect them with local resources<br>● Over 500 healthy food access resource pamphlets distributed throughout the hospital |

## Mental Health

| Initiatives | Actions Taken | Results |
|---|---|---|
| Partner with community organizations to increase mental health awareness by expanding mental health education, training capacity, and support for community-driven initiatives | Promoted NAMI resources by distributing materials into the community and hosted Question, Persuade, Refer (QPR) trainings | ● Five QPR training sessions offered within the hospital and in the community<br>○ 15 individuals trained to help identify someone at risk of suicide or in need of intervention |
| Initiate partnerships that support mental health and wellness among specific marginalized populations | Participated in ADRC Social Isolation event as a sponsor and in a coalition to end loneliness, coordinated support groups for people living with chronic illnesses and directed associates to complete learning modules in equitable interactions in healthcare | ● 764 attendance instances to support groups for people living with chronic conditions or other health issues to improve social supports for improved mental health<br>● 20 associates completed learning modules on equitable interactions in healthcare to increase cultural competencies for improved care for marginalized populations<br>● The 36 community members that attended Stepping On classes received valuable social interactions to support mental wellness |
| Expand routine depression screenings | Standardized processes statewide for routine depression screening and referral processes in primary care clinics | ● For Elmbrook-associated clinics, depression screening rates remain around 83.4%, an improvement from baseline of 65.5% for the state; stopped tracking after second year of cycle due to change in priorities for quality improvement projects |
| Enhance community partnerships for referrals for those at risk | Participate with the county health departments' action team | ● Associates attended 100% of mental health action team meetings to expand current mental health initiatives and to increase awareness of those |

| | on mental health to increase collective impact and share resources for referrals | within community and hospital<br>● Increased behavioral health virtual visits to improve service access, appointment show rates, and overall compliance for improved outcomes |
|---|---|---|

## Substance Abuse

| Initiatives | Actions Taken | Results |
|---|---|---|
| Provide substance use education sessions in the community | Worked with Elmbrook-area schools on a project to research support needed in the schools for substance use education | ● Students surveyed teachers on their largest concerns for substance use in the schools and the level of education available; they felt it was sufficient but needed more support on harm reduction techniques<br>○ Plans created to support this in the future |
| Partner with community organizations to expand substance abuse awareness and support of community initiatives | Participated in the Heroin Task Force coalition and supported an action team around stigma reduction | ● Associates attended approximately 90% of the Heroin Task Force meetings and stigma reduction action team meetings to work towards stigma reduction and spread knowledge on resources available<br>○ Helped create guidelines for speakers to use to reduce stigmatizing language for people experiencing substance use disorders |
| Screen patients for alcohol use | Put screening protocols in place for those in the emergency department | ● Due to shifting quality improvement priorities, no data is available |
| Refer patients to internal clinical or community resources if screening or visit reasons indicates risks | Connected patients with substance use disorders with a recovery coach, a peer that supports the patient through treatment | ● 18 referral calls made for a Recovery Coach; 13 initial intakes (72.2% connections); 11 completed follow up encounters (84.6% of intakes) |