Ascension All Saints Hospital

2024 Community Health Needs Assessment

Racine County, WI

June 30, 2025

Ascension

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The goal of this report is to offer a meaningful understanding of the most significant health needs across Racine 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 tax year 2024 Community Health Needs Assessment report was approved by the Ascension Southeast Wisconsin Board on May 20, 2025 (2024 tax year), and applies to the following three-year cycle: July 2025 to June 2028. 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 and/or Executive Statement

The tax year 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Racine County. Ascension All Saints is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to 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 Racine County.

Executive Summary

The goal of the tax year 2024 (TY2024) Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Racine County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment 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 All Saints Hospital serves Racine and surrounding areas, Ascension All Saints has defined its community served as Racine County for the TY2024 CHNA. Racine County was selected as Ascension All Saints' community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The TY2024 CHNA was conducted from January 2024 to September 2024, and utilized the County Health Rankings & 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 are more marginalized and to unmet health needs or gaps in services. A total of 500 telephone community surveys, 118 electronic community surveys and 18 key stakeholder interviews were conducted. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community, and were gathered from reputable and reliable sources.

Community Needs

Ascension All Saints, with contracted assistance from JKV Research, LLC, analyzed secondary data of various indicators and gathered community input through community survey and key informant interviews to identify the needs of Racine County. In collaboration with community partners, Ascension All Saints used a phased prioritization approach to determine the most crucial needs for community

stakeholders to address. The significant needs are as follows:

- Substance Misuse
- Mental Health
- Healthy Living
- Access to Health Care
- Economic Stability
- Community Safety

Next Steps and Conclusion

The TY2024 CHNA was presented to theAscension Southeast Wisconsin Board for approval and adoption on May 20, 2025. Following approval of the CHNA, Ascension All Saints will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2028.

Ascension All Saints Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Racine County members. 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 one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 All Saints Hospital

As a Ministry of the Catholic Church, Ascension All Saints is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships, and has been providing medical care to Racine County. 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.

In Wisconsin, Ascension operates 16 hospitals and more than 100 related healthcare facilities serving more than three million patients each year. Ascension Wisconsin is a non-profit and Catholic health system with a Mission of delivering compassionate, personalized care to all with

special attention to persons living in poverty and those most vulnerable. Ascension sites of care in Wisconsin have been serving patients and their communities since 1848. Ascension employs more than 12,000 associates, serving communities in Southeastern Wisconsin and the Fox Valley region. In FY2024, Ascension provided more than $250 million in community benefit in Wisconsin.

For more information about Ascension All Saints Hospital - Spring Street Campus, visit https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital.

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

For more information about Ascension All Saints visit www.ascension.org.

About the Community Health Needs Assessment

A community health needs assessment 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 All Saint Hospital'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

[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

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.

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 or a request for paper copies can be accessed at https://healthcare.ascension.org/CHNA.

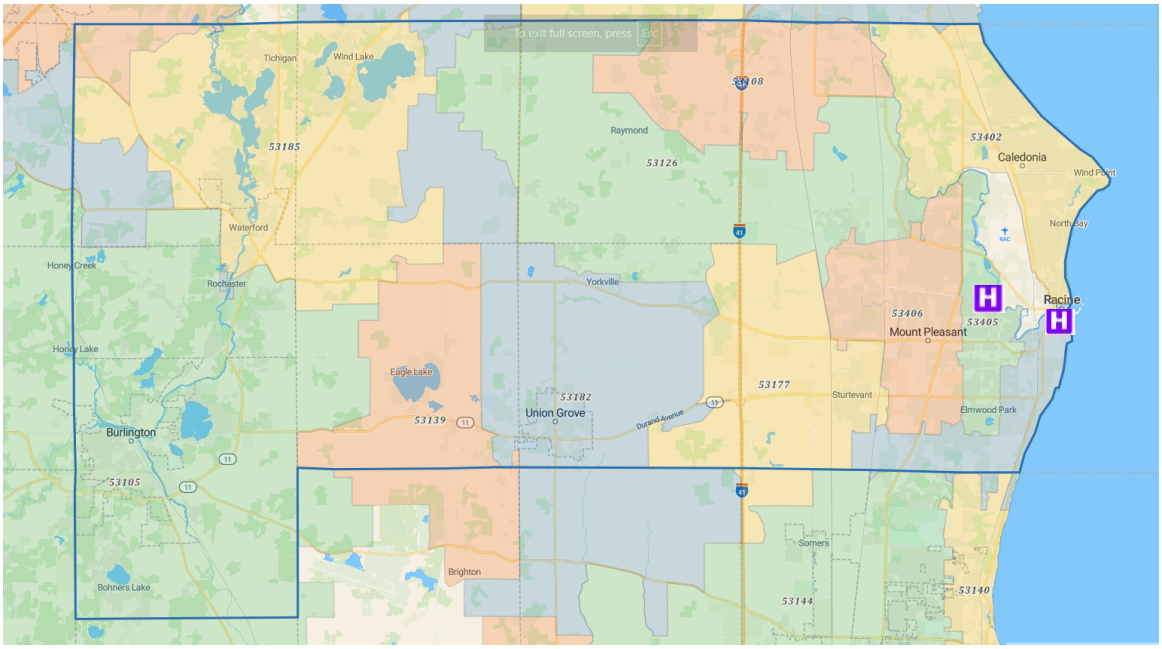
[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

Community Served and Demographics

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

Community Served

For the purpose of the TY2024 CHNA, Ascension All Saints has defined its community served as Racine County. Although Ascension All Saints serves Racine and surrounding areas, the “community served” was defined as such because (a) most of our service area is in 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.



Source: Zip-Codes.com (2025)
https://www.zip-codes.com/county/wi-racine.asp

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

Demographic Data

Located in Southeast Wisconsin, Racine County has a population of 196,613 and is the fifth-most populous county in the state. Fourteen percent of the population live in rural communities. Below are demographic data highlights for Racine County:

- 18.6 percent of the community members of Racine County are 65 or older, compared to 19.1 percent in Wisconsin.
- 15.4 percent of residents in Racine County are Hispanic or Latino (any race) compared to 8.1 percent for the state. Racine County has the third highest concentration of Hispanic individuals in Wisconsin.
- 1.5 percent of the population are Asian; 0.7 percent are American Indian or Alaska Native; 10.9 percent are non-Hispanic Black or African American and 69.3 percent of community members are non-Hispanic White. Racine County has the second highest percentage of Black/African American individuals in the state.
- There has been minimal changes to the population in Racine County since the last CHNA in 2022 when the total population was 195,802. There has been a seven percent increase in the Hispanic population while both the Black/African American and White populations have each decreased about two percent.
- The median household income is comparable to the state median income but less than the U.S. median income ($74,600 for Racine County; $74,700 for Wisconsin and $77,700 for the U.S.).
- The percent of people 18 years of age and under experiencing poverty is somewhat higher than the state and is comparable to the U.S. (15 percent for Racine County; 13 percent for Wisconsin and 16 percent for the U.S.). However, there are significant differences in racial and ethnic groups with 26 percent of Black/African American and 23 percent of Hispanic children experiencing poverty compared to 8 percent of White children in the county.
- The uninsured rate for Racine County is slightly higher than the state but much lower than the U.S. (7 percent for Racine County; 6 percent for Wisconsin; 10 percent for the U.S.).

Demographic Highlights For Racine County, Wisconsin			
Population			
Indicator	**County**	**Wisconsin**	**Description**
Percentage living in rural communities	14.3%	32.9%	N/A
Percentage below 18 years of age	22.4%	21.1%	N/A
Percentage 65 years of age and over	18.6%	19.1%	N/A
Percentage Asian	1.5%	3.3%	N/A
Percentage American Indian or Alaska Native	0.7%	1.2%	N/A
Percentage Hispanic	15.4%	8.1%	N/A
Percentage non-Hispanic Black	10.9%	6.3%	N/A
Percentage non-Hispanic White	69.3%	79.5%	N/A

Social and Community Context			
English proficiency	99%	99%	Percent of residents who are proficient in English
Median household income	$74,600	$74,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	15%	13%	Percentage of people under age 18 in poverty
Percentage of uninsured	7%	6%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	92%	93%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	3.6%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

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

Table 2: Additional Description of the Community - Top 5 Zip Codes

Indicator	53402	53403	53404	53405	53406
Population					
Total Population	35,272	56,696	12,438	27,843	25,564
% below 18 years of age	24.0%	25.6%	34.1%	24.6%	19.9%
% 65 and older	17.4%	13.7%	10.6%	16.3%	23.9%
% Hispanic	14.4%	24.4%	40.3%	17.2%	11.5%
% Non-Hispanic Asian	1.6%	1.0%	<1.0%	1.2%	2.1%
% Non-Hispanic Black/African American	8.8%	27.2%	21.4%	11.7%	9.6%
% Non-Hispanic White	71.3%	42.0%	34.6%	62.6%	73.0%
English Proficiency*	97.2%	94.7%	90.0%	97.3%	98.1%
Median Household Income	$74,125	$58,274	$47,714	$68,339	$78,427
Overall Poverty	8.9%	19.4%	24.3%	9.6%	10.3%
Percent of Uninsured Ages 19-64 civilian/noninstitutionalized	4.4%	8.3%	11.6%	7.3%	6.1%
High School Graduate Or Higher (25 and over)	92.0%	88.4%	82.1%	90.3%	93.3%
Percent of Unemployment 16 and older seeking work.	3.4%	5.7%	11.1%	3.0%	5.4%

2023: ACS 5-year estimates *2015: ACS 5-year estimates
Sources: U.S. Census Bureau: Tables B03002; B16001; B19013; S0101; S1501; S1701; S2301; S2701

Process and Methods Used

Many factors influence people's health, well-being and individual opportunities. These factors are influenced by the people around us, our neighborhoods, our larger communities, and by systems, laws, and institutions that exist on a very large scale. Ascension All Saints Hospital recognizes the importance of understanding the health needs, the factors that influence health and assets of the community.

Collaborators and/or Consultants

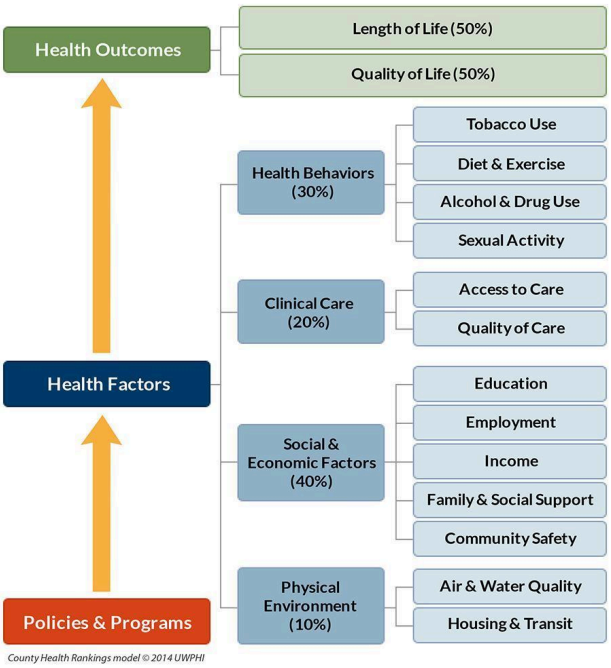
With the contracted assistance of JKV Research, LLC, Ascension All Saints completed its TY2025 CHNA in collaboration with the following organizations and individuals:

- Ascension Wisconsin
- Aurora Health Care
- City of Racine Public Health Department
- Health Care Network, Inc.
- Racine Community Health Center
- Racine County Public Health Division
- United Way of Racine County

The health systems and public health division contracted with JKV Research, LLC, to conduct the community surveys and summarize the key stakeholder interviews.

Data Collection Methodology

Ascension All Saints is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension All Saints Hospital's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, using the determinants of health model as the model for community health. The model helps counties across the US understand what influences how healthy their residents are and the factors that could determine how long they will live. The model is used to garner support for local health and equity initiatives from government agencies, health care providers, community organizations, business leaders, policymakers, and the public.



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 community surveys, and key stakeholder interviews. These methods provided additional perspectives on selecting and responding to top health issues facing Racine County. A summary of the process and results is outlined below.

Community Survey

A survey was conducted by JKV Research, LLC to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Racine County. Five hundred telephone surveys, between February 2024 and March 2024 and 118 online surveys between January 2024 and April 2024 were conducted. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 74 questions and was distributed to adults 18 years old and older in Racine County electronically or via telephone.

Community Summary
Key Summary Points
• 23% of respondents reported that someone in the household experienced times of distress in the past three years and looked for community support; 77% who looked for resources felt somewhat/slightly/not at all supported. • From 2020 to 2024 there was a statistical increase in the overall percent of respondents who reported fair or poor health. 37% reported their health as excellent or very good; 23% reported fair or poor. • 30% of respondents reported binge drinking in the past month (4+ drinks females; 5+ drinks males) • Women and people of color were most affected with increased stress, decreased life expectancies and family impacts due to community violence and crime. • Unmet medical care has remained statistically the same since 2012 with 7% reporting that someone in the household had not taken their prescribed medication, 12% reporting someone had not received the needed mental health care. • Cost of care was the number one reason survey respondents did not receive needed medical care. Other barriers identified were lack of insurance, availability of appointments and low quality of medical care.

Populations Represented	Common Themes
• Racine County • Adults, families • Various diverse groups • Medically underserved • Marginalized	• Lack of access knowledge and difficulty of navigation to community services and resources • High prevalence chronic illnesses linked to lifestyle and environmental factors. • Insufficient mental health and substance abuse treatment options, compounded by stigma and discrimination. • Lack of behavioral health services and resources • High cost of access to care even for individuals with health insurance coverage.
Meaningful Quotes	
• There are not enough resources for mental health care and substance abuse to meet the needs of our community. • Healthy and nutritious food is expensive and difficult to attain for many residents - eliminate food deserts in the county. • I would like to see a place citizens could depend on for healthcare information. A simple way of getting a question answered so people could make good decisions based in fact.	

Key Stakeholder Interviews

A series of 18 one-on-one interviews were conducted by JKV Research, LLC to gather feedback from key stakeholders on the health needs and assets of Racine County. Eighteen representatives from 18 different organizations and agencies participated in the key stakeholder interviews, held between February 2024 and March 2024.

Key Stakeholder Interviews	
Key Summary Points	
• Accessible and affordable health care ranked as a top social determinant of health. • High-cost burden affects economic stability as well as transportation options, resulting in delay of health care services. • Community organization collaboration is one of the best strategies and strengths available to the community. • Multiple social determinants of health had an impact on each health condition/behavior.	
Sectors Represented	**Common Themes**
• Education • Healthcare • Non-profit • Public / Government • Racine County • Social services • Safety net clinics • Transportation	• Lack of access to health care services • Collaboration as a strength/strategy • Lack of funding for services and resources • Effects of COVID-19 are still apparent • Lack of safe and affordable housing • Lack of job training education as well as lack of resources available to schools
Meaningful Quotes	
• Health care organizations have no credibility anymore • It boils down to coming together, communicating and working together.	

To view community input data in its entirety, see Appendix C (Page 35).

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

A summary of the secondary data collected and analyzed through this assessment is outlined below.

Overall, Racine County's health outcomes are worse than the average county in Wisconsin but better than the average county in the nation (County Health Rankings & Roadmaps, Racine County, WI, 2024).

To view the secondary data and sources in their entirety, see Appendix D (Page 40).

Written Comments on Previous CHNA and Implementation Strategy

Ascension All Saints Hospital'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. The following is a summary of the comments that were received: Requests for copies of older CHNAs.

Data Limitations and Information Gaps

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

For this assessment, three types of limitations were identified:

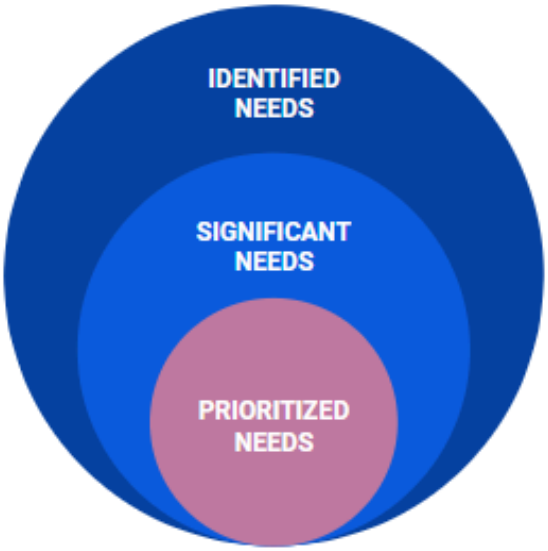
- Some groups of individuals may not have been adequately represented through the community input process.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.

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

Community Needs

Ascension All Saints, with contracted assistance from JKV Research, LLC, analyzed secondary data of various indicators and gathered community input through community surveys and key informant interviews to identify the needs in Racine County. In collaboration with community partners, Ascension All Saints 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 completion of the CHNA assessment, Ascension All Saints Hospital will select all, or 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 Racine 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 All Saints 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. In collaboration with various community partners, significant needs were identified by looking at the number of community members and stakeholders who identified the need, as well as how many people in the

community experience the health issue. It is also important to consider populations that are more affected by these health issues, otherwise known as health disparities.

Based on the synthesis and analysis of the data, Ascension All Saints looked for cross cutting themes that were found in the primary data collection that matched with statistical secondary data collected in the assessment and determined the significant needs for the TY2024 CHNA and are as follows:

- Access to Health Care
- Community Safety
- Economic Stability
- Healthy Living
- Mental Health
- Substance Misuse

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 47).

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Access to Health Care

Significance

Access to affordable, quality health care is important to physical, social and mental health. 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). Access to affordable, high quality health care is associated with positive health outcomes.

Populations Most Impacted

-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.
-There are significant health outcome disparities for people living in areas with high concentrations of poverty and for people that identify as LGBTQ+.
-Individuals who reside in historically redlined communities with higher rates of residential segregation have much higher odds of limited geographical access to primary care, distrust of healthcare and poor health outcomes.

Community Input Highlights

-Access to clinical care was mentioned by key informants as a challenge for multiple health issues such as mental health, substance misuse and safety.
-After economic factors and community violence and crime, survey respondents listed affordable and quality health care was a top social priority.
-Cost of care was the number one reason survey respondents did not receive needed medical care. Other barriers identified were lack of insurance, availability of appointments and low quality of medical care.
-The top reason survey respondents did not take prescribed medication was inability to pay, or insurance didn't cover the medication.
-Households with children and those in the bottom 60% household income bracket were more likely to report not receiving needed medical care.

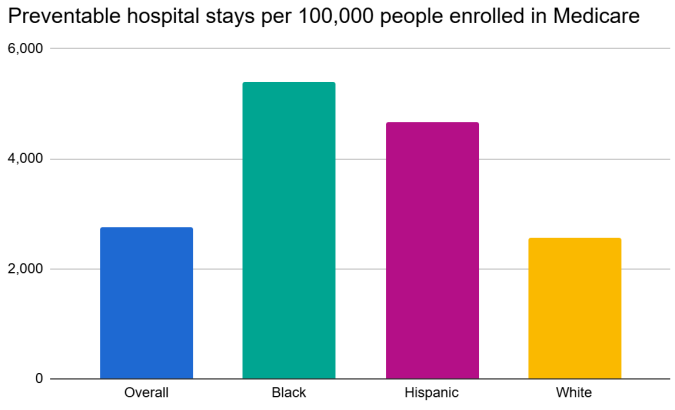
Secondary Data Highlights

-While improving, Racine County still has a high rate of preventable hospital stays with significant disparities for Black/African American and Hispanic community members. Preventable hospital stays is an indication that there might be a lack of access to primary care.

- Racine County has one primary care provider for every 2,320 community members compared to Wisconsin at 1,250:1 and the U.S. 1,330:1. This ratio continues to worsen.

-Forty-six percent of female Medicare enrollees receive an annual mammogram compared to 50% in Wisconsin and 44% in the U.S.. Females of color have lower screening rates than females who are White.

-The percent of respondents that report unmet medical care has not improved statistically in the last eight years.



County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Sources: County Health Rankings and Roadmaps: Clinical care
https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care
states-2/#:~:text=i..2003)
Disparities in Health and Health Care: 5 Key Questions and Answers (2024)
https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Healthy People 2030: Access to health services
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services
Hahn, R., Racial and ethnic residential segregation as a root social determinant of public health and health equity (2017) Poverty and race, 26(2)
https://www.prrac.org/racial-and-ethnic-residential-segregation-as-a-root-social-determinant-of-public-health-and-health-inequity-a-persistent-public-health-challenge-in-the-united-

Community Safety

Significance

While community violence causes the loss of thousands of lives every year in the U.S., there are many other consequences. Physical injuries, social isolation, anxiety, depression and chronic conditions have all been associated with community violence and a lack of community safety. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Chronic exposure to violence results in disparities in stress processes and behavioral development leading to lifelong decreases in prospects and risk of chronic conditions including mental health and substance use.

Populations Most Impacted

--Sixty percent of U.S. children are exposed to some sort of violence. Children of color historically live in communities that experience more violence and have higher rates of exposure.
- Young adults and children are particularly vulnerable to the exposure of violence due to their incomplete neurological development. They can be victims, perpetrators or witnesses of violence leading to adverse childhood experiences (ACEs).
-Homicide is the second leading cause of death for youth ages 10 to 24.
-Racially segregated communities experience higher rates of exposure to violence that have been impacted by historical and ongoing discriminatory practices that have created entire communities with limited resources.

Community Input Highlights

-Both key informants and survey respondents called out violence and crime as a top county social determinant of health.
-Women, people of color and those in the bottom 40% income bracket were most likely to report feeling unsafe or having been a victim of physical violence.
-Key informants shared that women and people of color were populations affected with increased stress, decreased life expectancies and family impacts due to community violence and crime.
-Key informants recognized that the county needed more law enforcement, economic opportunities and home ownership as factors related to community violence and crime.

Secondary Data Highlights

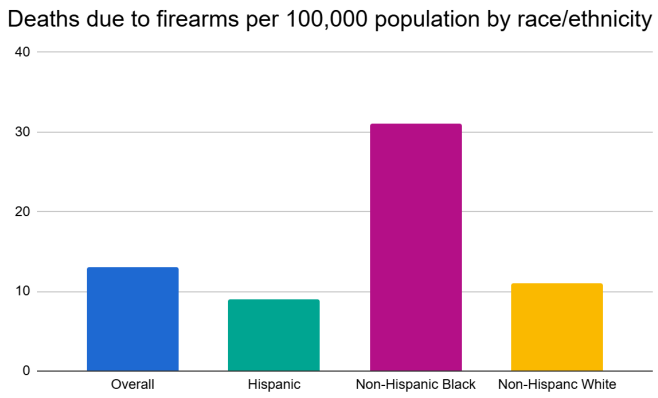
-Firearm related deaths in Racine County were 13 per 100,000 people. This was slightly higher than Wisconsin (12) but the same as the U.S. (13).

-Racine County reported 4 deaths by homicide per 100,000 of the population which is lower than both Wisconsin (5) and the U.S. (7).

-There are significant racial and ethnic disparities in both firearm related deaths and homicides. Black/African American individuals die by homicide ten times more often than White individuals.

-Motor vehicle crash deaths is a community safety measure. In Racine County the rate of motor vehicle crashes is 11 per 100,000 of the population the same as Wisconsin (11) but lower than the U.S. (12). Black/African American individuals die nearly two times more than White individuals in Racine County.

County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025



County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Sources: Browning, C., Calder , C., & Haynie, D. (2017) Understanding racial difference in exposure to violent areas: Integrating survey, smartphone and administrative data resources.669(1) https://doi.org/10.1177/0002716216678

CDC: About community violence
https://www.cdc.gov/community-violence/about/index.html#:~:text=What%20is%20community%20violence?,schools%20and%20on%20the%20streets.
County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

County Health Rankings and Roadmaps: Safety and social support
https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support?
Eitle, D. (2009) Dimensions of racial segregation, hypersegregation and Black homicide rates. Journal of Criminal Justice, 37(1). https://doi.org/10.1016/j.jcrimjus.2008.12.005

Economic Stability

Significance

Economic stability is an upstream factor that has a profound influence on the health of individuals, families and communities. Economic stability includes safe and affordable housing, food security and access to healthy foods, and employment among other factors. Being able to earn a steady income that supports an individual's and family's health needs has been associated with improved health outcomes. Experiencing poverty or low-income is associated with more chronic conditions, mental health issues and lower levels of educational attainment, while having higher levels of education and income is associated with better health outcomes. The inability to access these necessary human social factors can have profound negative effects on mental and physical health outcomes and limits opportunities for healthy living.

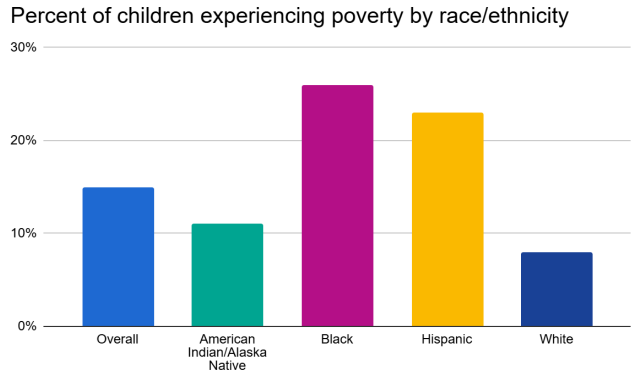
Populations Most Impacted

--Individuals and families of color are more likely to experience poverty at some point in their lives compared to those not of color.
-Individuals with disabilities are at higher risk of not having steady employment due to limited ability to work.
-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. Often ineligible for benefits, these households struggle to afford basic necessities like housing, food, childcare, and healthcare. Households that are experiencing poverty or are ALICE are considered 'below the ALICE threshold'.

Community Input Highlights

-Economic stability was identified by survey respondents as a top social and economic factor.
-Social factors such as housing, access to healthy foods, education and transportation were all identified as social factors impacting health.
-Economic instability was discussed in almost every health need by key informants, stressing the importance of social factors in the health of community members.
-For families with children, economic stability was ranked the top social or economic issue in the county.
-Respondents of color were more likely to report safe and affordable housing and transportation as one of the top social or economic issues in the county.

Secondary Data Highlights



County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

- In Racine County only 66% of adults (25-44) have some college compared to Wisconsin (70%) and the U.S. (68%).

-Eleven percent of the population in Racine County report experiencing food insecurity which is the same as Wisconsin (11%) and lower than the U.S. (14%).

-Thirty-five percent of households in Racine County are below the ALICE threshold compared to 34% in Wisconsin and 41% in the U.S..

-Racine County has some of the highest costs for childcare in Wisconsin with the cost of child care for a household with two children being 40% of the household's median income compared to 31% for Wisconsin and 28% for the U.S..

Sources: *ALICE in the crosscurrents:* COVID and financial hardship in Wisconsin (2024)
https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdfCDC: Disability and health
https://www.cdc.gov/disability-and-health/articles-documents/socioeconomic-factors-race-and-ethnicity.htm
County Health Rankings and Roadmaps: Health and Wellbeing
https://www.countyhealthrankings.org/findings-and-insights/webinars/health-wealth-using-data-to-address-income-inequality

County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025
Healthy People 2030: Economic stability
https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability

Healthy Living

Significance

Most chronic conditions are caused by a few risk factors including smoking, excess alcohol use, limited consumption of healthy foods, limited physical activity and unhealthy body weight. Promoting health by eating healthy foods and maintaining a healthy body weight reduces the risk for chronic conditions such as heart disease, diabetes, cancers and other illnesses. Good nutrition in children is important for healthy growth and development. People experiencing low-income/poverty often face greater barriers in accessing healthy and affordable food due to neighborhood gaps in retailers which may negatively affect food security.

Populations Most Impacted

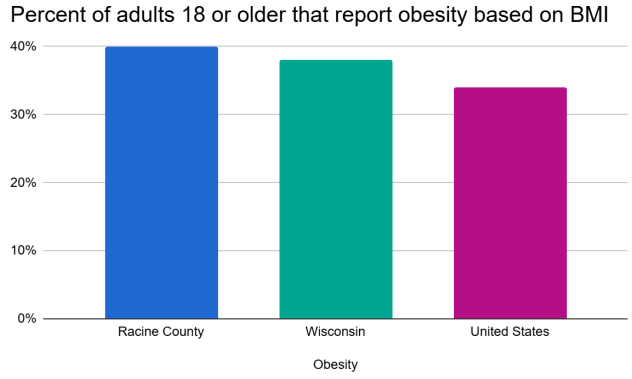
-Populations experiencing low-income or poverty, elderly and people of color often have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient and have low nutrient density.

-Multiple barriers to physical activity exist in metro areas, particularly in low-income communities. How communities are set up, traffic, lack of sidewalks or safe spaces for people to ride a bike, walk or engage in other activities.

Community Input Highlights

-Nutrition, physical activity and obesity was ranked the third top health condition or behavior by survey respondents.
-Families with children reported physical activity and nutrition/eating habits as the top activity concern for child(ren) in the home.
-There has been an overall increase in the percent of survey respondents who reported in the last year someone in the household ate less than due to a lack of money since the 2017 survey.
-Respondents in the bottom 40% household income bracket, those with children and those residing in the City of Racine were more likely to report there wasn't enough money for food in the past year.
-Seventy-four percent of respondents were classified as overweight or more, with respondents of color and those aged 45-54 more likely to have obesity.

Secondary Data Highlights



County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

-Twenty-five percent of Racine County residents report no leisure-time for physical activity compared to 21% in Wisconsin and 23% in the U.S..

-The percentage of adults who smoke is higher in the county (19%) than the state (15) or U.S.(13%).

-Diseases of the heart is the second leading cause of death under age 75 in Racine County at 99.1 per 100,000.

-Wisconsin overall has higher adult obesity rates compared to the U.S.; however, in Racine County 40% of adults have a BMI of 30 or greater which is higher than both Wisconsin (38%) and the U.S. (34%).

Source: County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Source: CDC: Preventing chronic diseases
https://www.cdc.gov/chronic-disease/prevention/index.html#:~:text=Eat%20Healthy%20Eating%20healthy%20helps%20prevent%2C%20delay%2C,limits%20added%20sugars%2C%20saturated%20fats%2C%20and%20sodium.
HP 2030: Poverty
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#:~:text=Unmet%20social%20needs%2C%20environmental%20factors,for%20people%20with%20lower%20incomes.&text=For%20example%2C%20people%20with%20limited,for%20expensive%20procedures%20and%20medications.

CDC: Promoting physical activity in low-income communities.
https://www.cdc.gov/pcd/issues/2017/17_0111.htm#:~:text=We%20analyzed%20focus%20group%20and%20interviews%20by%20using%20constant%20comparison.&text=We%20identified%2012%20themes%20that,improve%20children's%20physical%20activity%20levels.&text=In%20this%20formative%20study%20of,planning%20community%2Dlevel%20health%20initiatives.
County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Mental Health

Significance

Mental health includes our emotional, psychological, and social well-being and impacts how we process information, deal with stress, relate to others and our decisions. Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance misuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide). Nearly 25% of US adults have a mental illness.

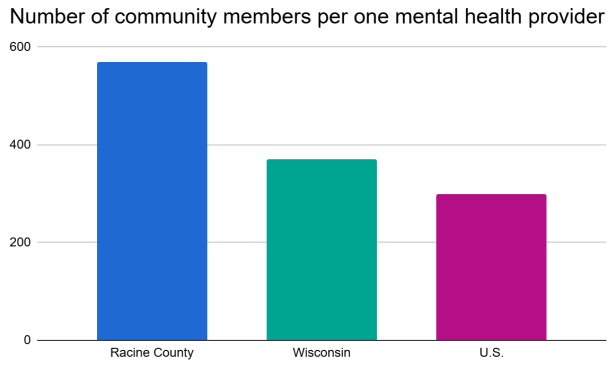
Populations Most Impacted

-Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.
-Mental health disproportionately affects racial/ethnic minorities, LGBTQ+, persons experiencing homelessness and persons living in rural areas.
-Minorities in the U.S. are more likely to delay mental health care treatment and are less likely to receive the best available treatments for depression and anxiety. Black/African Americans are more likely to terminate treatment prematurely when compared to White Euro-Americans.

Community Input Highlights

-Mental health was the most cited health condition and was ranked as the top health issue in Racine.
-Twenty-five percent of survey respondents reported having a mental health condition, while 13% of respondents with children reported child(ren) experiencing mental health conditions.
-Only 69% of those who reported a mental health condition reported that they were receiving mental health care for their condition.
-Mental health was identified as an impact to other health conditions.
-Half of key informants discussed that “everyone” is affected by mental health; however, those experiencing low-income, those who are unhoused, those who have experienced childhood trauma and the elderly were called out as some of the most affected.
-Key informants noted that increased access to mental health care, decreasing stigma and identifying root causes were needed to support mental health in Racine County.

Secondary Data Highlights



Source: County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=202

-Racine County only has one mental health provider for every 570 community members. This is far worse than both Wisconsin 370:1 and the U.S. ratio of 300:1.

-The average number of mentally unhealthy days reported in the past 30 days by Racine County residents was 5.4, compared to 5.4 for Wisconsin and 5.1 for the U.S.. This is an increase for the county since the last CHNA (2022) when the number of unhealthy days was 4.3.

-Emotional support is vital to mental well-being. In Racine County 26% community members report a lack of social and emotional support. This is similar to Wisconsin (25%) and the U.S. (25%).

-Eighteen percent of Racine County residents reported having frequent mental distress compared to Wisconsin (17%) and the U.S. (16%). This is an increase since the last CHNA (2022) when 14% of community members reported frequent mental distress.

Source: County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=202

Sources: CDC: Prioritizing minority mental health
https://www.cdc.gov/minority-health/features/minority-mental-health.htm
CDC: Protecting the nation’s mental health
https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html
McGuire, T. & Miranda, J. (2014) Racial and ethnic disparities in mental health care: Evidence and policy implications

Author manuscript NIH PMID: 183332495
Yard et al. (2019) Key risk factors affecting farmers’ mental health: A systematic review. *nt. J. Environ. Res. Public Health* **https://doi.org/10.3390/ijerph16234849**

Substance Misuse

Significance

Consuming alcohol and/or drugs alters the user's mind and behavior which can lead to negative behavioral and health outcomes. The health implications of substance use (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses. Use and misuse of alcohol, nicotine, illicit drugs, and prescription drugs cost Americans more than $700 billion a year in increased health care costs, crime, and lost productivity. Repeated drug use changes the brain, making it hard to resist the cravings; however, drug addiction is a chronic disease that can be treated with evidence-based approaches.

Populations Most Impacted

-Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers.
-Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.
-While alcohol misuse is seen in all Socioeconomic Status (SES) levels, unemployment, low-income and unstable housing have been associated with greater alcohol-related consequences.
-There are widening disparities between different populations in the U.S.. Most people who died by opioid overdose had no evidence of receiving addiction treatment. In addition, a lower proportion of people from racial and ethnic minority groups receive addiction treatment.

Community Input Highlights

-Survey respondents and key informants ranked alcohol, drug/substance use and tobacco/vaping as the second most important health issue in Racine County
-Thirty percent of survey respondents reported binge drinking in the past month and 12% reported using marijuana or THC in the past month.
-Key informants shared that the populations most affected by substance misuse were those experiencing low to mid income, veterans and those who have mental health disorders.
-Substance misuse was a theme with several other health and social issues such as mental health, housing and social support.

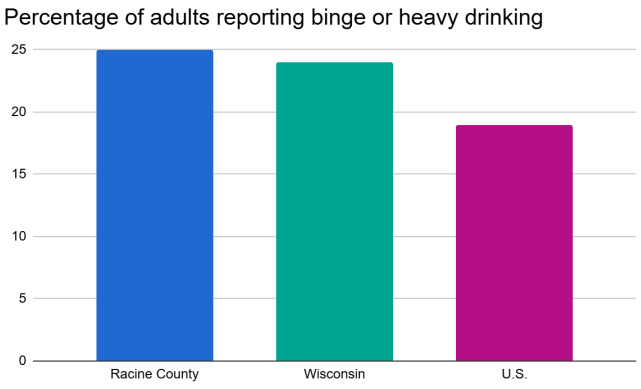
Secondary Data Highlights

-Wisconsin continues to rank as one of the worst states for excessive alcohol consumption in the nation, with Racine County (25%) slightly higher than Wisconsin (24%) and higher than the U.S. (19%).

-In Racine County, 33% of motor vehicle crash deaths involved alcohol, this is about the same as Wisconsin (33%) but much higher than the U.S. (26%). The percentage of motor vehicle crash deaths that involved alcohol is beginning to decrease in Racine County.

-The rate of drug overdose deaths in Racine County is 30 per 100,000 people, compared to 29 for Wisconsin and 31 for the United States. Non-Hispanic Black individuals (57) and non-Hispanic White individuals (28) have higher rates compared to Hispanic individuals (23)..

Source: County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=202



Source: County Health Rankings and Roadmaps: Racine County
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=202

Source:
CDC: Drug overdose deaths rise, disparities widen
https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html
Collins, S. Associations between socioeconomic factors and alcohol outcomes
https://pmc.ncbi.nlm.nih.gov/articles/PMC4872618/
Minnesota Department of Health: Differences in rates of drug overdose deaths by race
https://www.health.state.mn.us/communities/opioids/data/racedisparity.html
NIH: Substance use and co-occurring mental disorders
https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health

Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension All Saints will narrow the significant needs 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. The implementation strategy will detail how Ascension All Saints will respond to the prioritized needs throughout the three-year CHNA cycle: July 2025 to June 2028. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

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 All Saints Hospital's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Access to Care, Access to Healthy Foods, and Mental Health.

Highlights from the Ascension All Saints' previous implementation strategy include:

- 7,434 individuals received medication assistance through the pharmacy assistance programs with over 18,000 prescriptions filled either at no cost, low cost or discounted price.
- 2,575 children were provided with preventative oral health services through the Smart Smiles program and 3,329 individuals received urgent care dental services through the Seton Dental Mobile program.
- 106 individuals were referred to PEER Recovery Coaches and 57 were connected to receive support, guidance, and resources.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the tax year 2021CHNA implementation strategy can be found in Appendix F (Page 50).

Approval by Ascension Southeast Wisconsin Board

To ensure Ascension All Saints Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the TY2024 CHNA was presented to the Ascension Southeast Wisconsin Board for approval and adoption on May 20, 2025. 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 All Saints Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Racine County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension All Saints community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The TY2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

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

Appendices

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Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[3] 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.

County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute. The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action.

Demographics

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

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

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (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 informants 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 Stakeholder 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.

Prioritized Need
Significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

Significant Need
Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Social Determinants of Health
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.

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.

[3] 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 3: Population

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

Population	Racine County	Wisconsin	U.S.
Total	198,651	5,960,975	340,110,988
Male	49.8%	50.1%	49.5%
Female	50.2%	49.9%	50.5%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224

Table 4: 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	Racine County	Wisconsin	U.S.
Asian	1.5%	3.3%	6.4%
Black / African American	11.8%	6.6%	13.7%
Hispanic / Latino	15.4%	8.1%	19.5%
American Indian or Alaska Native	0.7%	1.2%	1.3%
Non-Hispanic White	69.3%	79.5%	58.4%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224

Table 5: 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	Racine County	Wisconsin	U.S.
Ages 0-17	22.4%	21.1%	21.7%
Ages 18-64	59.0%	59.8%	60.6%
Ages 65+	18.6%	19.1%	17.7%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224

Table 6: 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	Racine County	Wisconsin	U.S.
Median household income	$75,331	$75,670	$78,538
Per capita income	$39,704	$42,019	$43,289
People with incomes below the federal poverty guideline*	10.7%	10.7%	11.1%
ALICE + poverty households	35%	34%	41%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224
ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)
https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf

Table 7: 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.

Income	Racine County	Wisconsin	U.S.
High school diploma or higher	91.6%	93.4%	89.4%
Bachelor's degree or higher	28.0%	32.8%	35.0%

Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224

Table 8: Insured/Uninsured

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

Income	Racine County	Wisconsin	U.S.
Uninsured*	7.2%	5.9%	9.5%
Medicaid Participation	23.2%	18.5%	21.3%

**differences in methodology might exist between data sources*
Source: U.S. Census Data; QuickFacts https://www.census.gov/quickfacts/fact/table/racinecountywisconsin,WI,US/PST045224
U.S. Census Bureau: Table S2704 Racine County, Wisconsin, U.S.

Appendix C: Community Input Data and Sources

Community survey

Conducted electronically and via telephone, the community survey was comprised of the following questions:

1. Generally speaking, would you say that your own health is…?
2. In the past 12 months, have you or someone in your household not taken prescribed medication?
3. What were the reasons you or someone in your household did not take their prescribed medication?
4. Was there a time during the last 12 months that you or someone in your household did not get the needed medical care?
5. Who did not receive the needed medical care? Was it an adult, a child, or both?
6. What were the reasons you or someone in your household did not receive the needed medical care?
7. Was there a time during the last 12 months that you or someone in your household did not get the needed dental care?
8. What were the reasons you or someone in your household did not receive the needed dental care?
9. Was there a time during the last 12 months that you or someone in your household did not get the needed mental health care?
10. What were the reasons you or someone in your household did not receive the needed mental health care?
11. In the past 12 months, was there a time that you or someone in your household needed or considered seeking alcohol or drug abuse treatment but did not get it?
12. What were the reasons you or someone in your household did not receive the alcohol or drug abuse treatment needed?
13. Times of distress can happen to anyone and may include economic hardship, family issues, medical or mental health issues or some other distress in life. When this happens, people may look for support from community resources. In the past three years, did you have a time of distress where you or someone in your household looked for community resource support within Racine County?
14. How supported did you feel by the community resources offered to you? Would you say…
15. What is the reason or reasons you answered “should have/could have looked, but did not” in Q13? What is the reason or reasons you answered “not at all supported,” “slightly supported,” or “somewhat supported” in Q14?
16. Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?
17. From which source do you get most of your health information?
18. Do you have an advance health care plan, living will or health care power of attorney stating your end-of-life health care wishes?
19. When you are sick, to which one of the following places do you usually go?

20. About how long has it been since you last had a routine check-up (general physical exam, not an exam for a specific injury, illness or condition)?
21. About how long has it been since you last had a cholesterol test?
22. About how long has it been since you last had a visit to a dentist or dental clinic?
23. About how long has it been since you last had an eye exam?
24. During the past 12 months, have you had a flu shot?
25. During the past 12 months, have you had a COVID-19 vaccination?
26. When did you receive your most recent COVID-19 vaccination?
27. What is your age?
28. To which gender identity do you most identify with?
29. A pneumonia shot or pneumococcal vaccine is usually given once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
30. In the past 12 months, have you received an RSV vaccination to protect you against the respiratory syncytial virus?
31. In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that you have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, depression, thoughts of suicide or self-injury?
32. Are you regularly seeing a doctor, nurse or other health care provider for a mental health condition?
33. What are the reasons you are not seeing a doctor, nurse or other health care provider regularly for a mental health condition?
34. During the past 30 days, about how often would you say you felt sad, blue, or depressed?
35. How often would you say you find meaning and purpose in your daily life?
36. How often do you feel lonely or isolated from those around you?
37. In the past year, have you ever felt so overwhelmed that you considered suicide?
38. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (male) 4 or more drinks (female) on one occasion?
39. In the past 30 days, did you drive or ride when the driver had perhaps too much alcohol to drink

In the past 30 days, did you use

40. Marijuana or THC-containing products like Delta-9 or Delta-8, which can be consumed in various ways including dabbing or a vape pen
41. Cocaine, opioids such as fentanyl, or other street drugs
42. Smokeless tobacco including chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
43. Cigars, cigarillos or little cigars
44. Electronic vapor products including e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens
45. Smoke regular tobacco cigarettes
46. In the past 12 months, did you or anyone in your household eat less than you felt you should because there wasn't enough money for food?
47. Do you have any issues with your current housing situation?
48. What issues, if any, do you have with your current housing situation?
49. What language do you mainly speak at home?
50. About how much do you weigh, without shoes?

51. About how tall are you, without shoes?
52. Are you Hispanic/Latino/Latinx origin or descent?
53. Which of the following would you say is your race?
54. What is your current marital status?
55. What is the highest grade level of education you have completed?
56. Do you live in Racine County? Do you work in Racine County?
57. What city, town or village do you reside in? [NOT ASKED IN ONLINE SURVEY]
58. What is the zip code of your primary residence? [NOT ASKED IN ONLINE SURVEY]

[NOT ASKED IN ONLINE SURVEY. FOR SAMPLING PURPOSES IN TELEPHONE SURVEY]

59. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
60. How many of these telephone numbers are residential numbers?
61. Do you have a cell phone that you use mainly for personal use?
62. What is your annual household income before taxes?
63. How many children under the age of 18 are living in the household?
64. Do you make health care decisions for the [child/children]?
65. In the past 12 months, [has the child/have the children] in your home experienced any of the following health issues?
66. Do you have concerns for the following activities for [the child/any child] in your home?
67. In general, would you say the [child's/children's] quality of life is…
68. During the past year has anyone made you afraid for your personal safety?
69. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, ex-spouse, parent, brother or sister, a child, another family member, boyfriend or girlfriend, friend, acquaintance, stranger, or someone else? Again, I want to assure you that all your responses are strictly confidential.
70. During the past year has anyone pushed, kicked, slapped, hit or otherwise hurt you?
71. What relationship is this person or people to you? For example, a spouse, spouse who is now separated, exspouse, parent, brother or sister, a child, another family member, boyfriend or girlfriend, friend, acquaintance, stranger, or someone else?
72. What are the two largest social or economic issues in our community that must be addressed?
73. What are the two largest health conditions or behaviors that must be addressed in order to improve the health of county residents?
74. Please list any additional thoughts or comments you have about helping us improve the health of county residents.

Key stakeholder interviews

JKV Research, LLC reached out to 18 organizations and agencies in Racine County with an invitation to participate in the key stakeholder interviews. We thank the following individuals for their willingness to volunteer their time and knowledge to this effort:

Organization	Position	Name
Racine County Public Health Division	Health Officer	Jeff Langlieb
South Shore Fire Department	Battalion Chief	Michael Wienke
Racine Community Health Center	Operations Manager	Riva Kimmel
City of Burlington	Chief of Police and Fire Chief	Brian Zmudzinski (Police) Alan Babe (Fire)
LGBT Center of SE WI	Executive Director	Barbara Farrar
Aurora Health Care	Forensic Nurse Manager	Marra Beth Israel-Uebe
City of Racine	Director of Development	Walter Williams
Ascension All Saints	Physician - PBP Behavioral Health Addiction	Dr. David Galbis-Reig
Racine Fire Department	Fire Chief	Steve Hansen
Racine County Food Bank	Executive Director	Dan Taivalkoski
Gateway Technical College	Dean, School of Health	Dr. Michael Randolph
Health Care Network	Dentist	Ned Murphy
Racine Kenosha Community Action Agency, Inc. (RKCAA)	RKCAA Community Services Manager	Zeke Leo
Aging and Disability Services - Behavioral Health Services	Administrator	Jelena Jones
City of Racine	Public Health Administrator	Dottie Kay Bowersox
Racine Unified School District	Interim Superintendent	Soren Gajewski
Burlington Area School District	Director of Health Services, RN	Jill Dreger
Transit	Director	Trevor Jung

Conducted virtually, the key stakeholder interviews loosely followed the following set of questions:

Social Determinants of Health (SDOH):

1. Select top two SDOH in the county.
2. What populations in our communities are most affected by this issue? How are they affected?
3. What are the existing strategies and stakeholders to address the health issue? What is working well?
4. What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
5. If your organization works in this space, what is the best way that public health or health care organizations can support you?
6. How has COVID-19 impacted this issue?

Health Conditions/Behaviors:

7. Select top two health conditions/behaviors in the county.
8. What populations in our communities are most affected by this issue? How are they affected?
9. How do SDOH impact this health condition/behavior?
10. What are the existing strategies and stakeholders to address the health issue? What is working well in the community?
11. What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
12. If your organization works in this space, what is the best way that public health or health care organizations can support you?
13. How has COVID-19 impacted this issue?

Additional Questions/Comments

14. How would you suggest organizations reach out to community members to implement health initiatives?
15. Do you have any additional comments you would like to share?

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 2025 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.

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

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

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

United States (U.S.): Describes how the county's most recent data for the health issue compares to the U.S.

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

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

Table 9: 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	Racine	WI	U.S.	Description
Length of Life					
Premature death		9,300	7,400	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		75.8	77.8	77.1	How long the average person is expected to live
Infant mortality		8	6	6	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health		18.0%	16.0%	17.0%	Percentage of adults reporting fair or poor health
Poor physical health days		3.9	3.9	3.9	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		13.0%	12.0%	12.0%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		9.0%	8.0%	8.0%	Percentage of babies born too small (less than 2,500 grams)
Mental Health					
Poor mental health days		5.4	5.4	5.1	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		18.0%	17.0%	16.0%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		15	15	14	Number of deaths due to suicide per 100,000
Feelings of loneliness		32.0%	32.0%	33.0%	Percentage of adults reporting that they always, usually or sometimes feel lonely.
Morbidity					
Diabetes prevalence		10.0%	9.0%	10.0%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths		115.3	N/A	N/A	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence		170	138	387	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		591.3	435.7	495.0	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Table 10: 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	Racine	WI	U.S.	Description
Economic Stability					
Median household income		$74,600	$74,700	$77,700	The income where half of households in a county earn more and half of households earn less
Unemployment		3.6%	3.0%	3.6%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		15.0%	13.0%	16.0%	Percentage of people under age 18 in poverty
Child care cost burden		40.0%	31.0%	28.0%	Child care costs for a household with two children as a percent of median household income.
Educational Attainment					
High school completion		92.0%	93.0%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		66.0%	70.0%	68.0%	Percentage of adults ages 25-44 with some post-secondary education
School funding adequacy		$2,274	$1,807	$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
Social/Community					
Social associations		9.3	11.1	9.1	Number of membership associations per 10,000 population
Disconnected youth		9.0%	5.0%	7.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Firearm Fatalities		13	12	13	Number of deaths due to firearms per 100,000 population.
Homicides		4	5	7	Number of deaths due to homicide per 100,000 population.
Lack of social and Emotional support		26.0%	25.0%	25.0%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.
Voter Turnout		73.0%	75.1%	67.9%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.
Access to Healthy Foods					
Food environment index		8.8	8.8	7.4	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		11.0%	11.0%	14.0%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		4.0%	5.0%	6.0%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Table 11: 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	Racine	WI	U.S.	Description
Physical Environment					
Severe housing cost burden		12.0%	11.0%	15.0%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems		13.0%	12.0%	17.0%	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		9.0	7.7	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership		71.0%	68.0%	65.0%	Percentage of occupied housing units that are owned

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Table 12: 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	Racine	WI	U.S.	Description
Healthcare Access					
Uninsured		7.0%	6.0%	10.0%	Percentage of population under age 65 without health insurance
Uninsured adults		8.0%	7.0%	11.0%	Percentage of adults under age 65 without health insurance
Uninsured children		5.0%	5.0%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians		2,230:1	1,250:1	1,330:1	Ratio of the population to primary care physicians
Mental health providers		570:1	370:1	300:1	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays		2,752	2,498	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations		55.0%	53.0%	48.0%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		46.0%	50.0%	44.0%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Table 13: 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	Racine	WI	U.S.	Description
Healthy Lifestyle					
Adult obesity		40.0%	38.0%	34.0%	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		25.0%	21.0%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		90.0%	84.0%	84.0%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		37.0%	34.0%	37.0%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		11	11	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		20	11	16	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking		19.0%	15.0%	13.0%	Percentage of adults who are current smokers
Excessive drinking		25.0%	24.0%	19.0%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		33.0%	33.0%	26.0%	Percentage of driving deaths with alcohol involvement.
Drug overdose deaths		30	29	31	Number of drug poisoning deaths per 100,000 population.

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Table 14: 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**	9,300
	Asian	
	Non-Hispanic Black / African American	**20,000**
	Hispanic / Latino	8,500
	American Indian or Alaska Native	
	Non-Hispanic White	8,100

Life Expectancy	**Overall**	75.8
	Asian	100+
	Non-Hispanic Black / African American	**67.2**
	Hispanic / Latino	76.9
	American Indian or Alaska Native	
	Non-Hispanic White	76.8
Infant Mortality per 1,000 live births	**Overall**	8
	Asian	
	Non-Hispanic Black / African American	**18**
	Hispanic / Latino	10
	American Indian or Alaska Native	
	Non-Hispanic White	5
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	**Overall**	9%
	Asian	13%
	Non-Hispanic Black / African American	**16%**
	Hispanic / Latino	9%
	American Indian or Alaska Native	
	Non-Hispanic White	7%
Mammography Screening percent of medicare enrolled ages 65-74 who received an annual mammogram	**Overall**	46%
	Asian	43%
	Non-Hispanic Black / African American	37%
	Hispanic / Latino	33%
	American Indian or Alaska Native	
	Non-Hispanic White	47%
Preventable hospital stays per 100,000 Medicare enrollees	**Overall**	2,752
	Asian	
	Black / African American	5,390
	Hispanic / Latino	4,671
	American Indian or Alaska Native	
	White	2,571
Teen Births Per 1,000 female population ages 15-19	**Overall**	20
	Asian	
	Non-Hispanic Black / African American	**52**
	Hispanic / Latino	**28**
	American Indian or Alaska Native	
	Non-Hispanic White	8
Drug Overdose Deaths	**Overall**	30

Number of drug poisoning deaths per 100,000 population.	Asian	
	Non-Hispanic Black / African American	**57**
	Hispanic / Latino	23
	American Indian or Alaska Native	
	Non-Hispanic White	28
Firearm Fatalities Number of deaths due to firearms per 100,000	**Overall**	13
	Asian	
	Non-Hispanic Black / African American	**31**
	Hispanic / Latino	9
	American Indian or Alaska Native	
	Non-Hispanic White	11
Children in Poverty Percent of people under 18 in poverty	**Overall**	15%
	Asian	0%
	Non-Hispanic Black / African American	26%
	Hispanic / Latino	23%
	American Indian or Alaska Native	11%
	Non-Hispanic White	8%

Source: County Health Rankings and Roadmaps; Racine County (2025)
https://www.countyhealthrankings.org/health-data/wisconsin/racine?year=2025

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension All Saints has cataloged resources available in Racine 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.

Access to Health Care

Organization	Phone	Website
Ascension All Saints - Spring Street Campus	See website	https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital
Ascension All Saints - Wisconsin Avenue Campus	262-687-5600	https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital-wisconsin-avenue
Ascension clinics	See website	https://healthcare.ascension.org/wisconsin
Aurora Medical Center - Burlington and surrounding clinics	262-767-6000	https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-burlington/
Aurora clinics	See website	https://www.aurorahealthcare.org/locations/
Healthcare Network	262-632-2400	https://healthcarenetwork.org/
Racine Community Health Center	262-800-7242	https://www.racinechc.org/

Community Safety

Organization	Phone	Website
Community Safety - City of Racine	262-619-3571	https://cityofracine.org/departments/community-safety/
Community Oriented Policing Houses	262-635-7700	https://www.cityofracine.org/Departments/Police/COP-Houses/Main/
Crime Stoppers of Racine County	1-888-636-9330	http://racine.crimestoppersweb.com/sitemenu.aspx?ID=417&
Racine County Sheriff's Office	262-636-3822	https://www.racinecounty.com/departments/sheriff-s-office
Urban League	262-842-7461	https://www.ulrk.org/
Violent Crime Reduction Initiative (VCRI)	262-637-5711	https://www.saferacine.org/

Economic Stability

Organization	Phone	Website
Homeless Assistance Leadership Organization, Inc. (HALO)	262-633-3235	https://haloinc.org/
Racine Revitalization Partners	262-456-2340	https://revitalizeracine.org/
Racine County Housing Authority	262-636-3405	https://www.rcha.org/
Racine County Foodbank	262-632-2307	https://www.racinecountyfoodban k.org/
FoodShare (SNAP)	1-888-794-5820	https://www.racinecounty.com/departments/human-services/economic-support-services/foodshare-snap
Racine Salvation Army	262-632-3147	https://centralusa.salvationarmy.org/racine/cure-hunger/
Employment Resource Center	262-956-6770	https://www.racinecounty.com/departments/workforce-solutions/job-seeker/employment-resource-center
Racine Financial Empowerment Center	262-200-0831	https://www.racinefec.org/

Healthy Living

Organization	Phone	Website
Hispanic Roundtable, Inc. of Racine	414-688-8595	https://hispanicroundtable.net/
Love, Inc.	262-763-6226	https://www.love-inc.net/
Health and Wellness Racine County	262-833-8777	https://www.racinecounty.com/departments/human-services/aging-disability-services/active-adults/activities/health-wellness
Racine Kenosha Community Action	262-637-8377	https://www.rkcaa.org/
City of Racine, Parks, Recreation and Cultural Services Department	262-636-9131	https://cityofracine.org/parksrec/
UW Extension - Racine County	262-638-6400	https://racine.extension.wisc.edu/

Mental Health

Organization	Phone	Website
Ascension All Saints Hospital - Wisconsin Avenue Counseling Center	262-687-2222	https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital-wisconsin-avenue/departments/behavioral-health
Aurora Behavioral Health Center	262-884-4000	https://www.aurorahealthcare.org/locations/aurora-behavioral-health-center-racine
Behavioral Health Services of Racine County	262-638-6744 (crisis line)	https://www.racinecounty.com/departments/human-services/aging-disability-services/behavioral-health-services-of-racine-county
Family Service of Racine	262-634-2391	https://www.opencounseling.com/united-states/racine/counseling-agency/family-service-of-racine
National Alliance on Mental Illness	262-637-0582	https://www.namiracinecounty.org/

Substance Misuse

Organization	Phone	Website
Alcohol and Drug Treatment Court	262-638-6719	https://www.racinecounty.com/departments/clerk-of-circuit-court/criminal-traffic-court/alcohol-and-drug-treatment-court
Alcoholic Anonymous	262-554-7788	https://racinecentraloffice.org/
Ascension All Saints - Wisconsin Avenue Campus	262-687-2222	https://healthcare.ascension.org/locations/wisconsin/wimil/racine-ascension-all-saints-hospital-wisconsin-avenue/departments/behavioral-health
Aurora Behavioral Health Center	262-884-4000	https://care.aurorahealthcare.org/locations/aurora-behavioral-healt h-center-racine
Clean Slate Centers	262-833-9320	https://www.cleanslatecenters.com/racine-wisconsin

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

Ascension All Saints Hospital's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Access to Care, Access to Healthy Foods, and Mental Health.

The information below describes the actions taken during the 2022-2025 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (May 2025), 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 and attached to the TY2024 IRS Form 990/Schedule H.

Access to Health Care

Action(s) taken	Status of action(s)	Results
Support Community-Based Initiatives that Create an Environment for Mental Wellbeing and Increased Access to Care • Provide funding to important access initiatives and associate support towards these initiatives • Conduct mobile health screenings within the community • Work closely with community Emergency Medical Services (EMS) on health education and mobile health resources outside of the traditional health system • Partner with schools to administer oral health and other healthcare services for students	Completed	➢Provided $600,000 to the Racine Community Health Center to increase access to health care ➢Stop the Bleed trainings: 136 persons served ➢2,575 individuals were provided preventative oral health services through the Smiles program in Racine ➢3,329 individuals were provided urgent care dental services through Seton Dental Mobile Program ➢Sponsored Health Care Network for Saturday in the Park fundraiser ($1,000) & provided funding to the Racine Community Health Center
Expand Maternal and Child Health Outreach for Care • Offer maternal and child health programs such as Blankets of Love in community spaces • Provide education outreach to populations that are more at-risk for poor maternal, infant and child outcomes to connect them with necessary perinatal care	Completed	➢1 Centering Session held in the community then transitioned to offering Blankets of Love offering 4 classes with 21 participants ➢Outreach efforts include but are not limited to distributing flyers to local organizations, attending community events, maintaining partnerships, and sending outreach letters to OB patients. ➢Centering Pregnancy collaborated on social needs with WIC, UW Extension, A &S Unlimited Solutions, LaPre Academy, and HALO.
Increase Access to Health Care Services by Providing Holistic Support for Ascension Patients • Support patients in engaging in a usual place of care by assisting patients in accessing	Completed	➢Financial Assistance: 5,142 applications approved ➢Lyft transportation: 3,848 rides provided ➢DOH: 825 pts received assistance (623 encounters); 3,346 Rx filled

financial assistance • Screen patients to determine if they have social-related barriers to access to care and connect these individuals with local resources • Remove barriers to prescription medications for those with low income or other access barriers		➢Meds to Beds: 5,457 referrals; 15,388 Rx filled ➢Rx Sense: 1,152 patients; 13,770 claims submitted for assistance marketwide ➢Plans to re-launch education on Neighborhood Resources and increase utilization amongst providers to aid with SDoH screenings and resources for patients
Administer High-Quality Maternal and Child Health Clinical Care to Address Disparities • Enhance health education for expectant families to contribute to improved birth outcomes • Address social needs of expectant families • Offer and partner on innovative models of care to improve maternal and infant health outcomes	Completed	➢14 women have participated in Centering Pregnancy; 10 of them have delivered during program; only 10% of babies were born prematurely; 100% were born within normal birthweight ➢39 patients received car seats and pack and plays in addition to education on car seat safety and safe sleep ➢ Establishment of the Baby Closet, assisting families with supplies for their newborns, 42 patients served.

Access to Healthy Food

Action(s) taken	Status of action(s)	Results
Engage and Educate Community Members about Health and Prevention • Contribute to community education sessions on healthy foods within the community, focusing on early interventions, particularly with children • Provide chronic disease prevention and support to groups that have been historically marginalized	Completed	➢Presentations on nutrition information were provided by Registered Dietitians to various community groups and events. ➢311 people participated in Cardiac Rehab Stroke Awareness classes and support groups ➢Over 300 individuals who are at increased risk for developing cancer were provided with assessments and follow up care including personalized wellness plans through the Cancer Prevention and Wellness Program
Expand Opportunities for Community Members to be Engaged in Healthy Living Activities • Donate fresh produce and other healthy foods through various channels including the Community Garden • Partner with/support community-based organizations (CBOs) to increase access to healthy foods	Completed	➢Food library established at Wisconsin Avenue campus; regularly stocked and community members do utilize it; donate a hot meal monthly. ➢21 seniors participated in Senior Stock Box; ➢Racine Kenosha Action Agency signed up 19 seniors for Farmers Market Vouchers ➢450 donated meals
Promote Screenings and Interventions for Chronic Disease Prevention • Develop a food insecurity screening, tracking and referral program for patients • Connect food insecure patients with chronic conditions to condition-specific food, education and support	Completed	➢Plans to re-launch education on Neighborhood Resources and increase utilization amongst providers to aid with SDoH screenings and resources for patients ➢Establishment of Senior Stock Boxes and collaboration with Parkinson's Support group for Neuro Advantage Rehab to provide patients with nutrition education ➢Best Practice Alert for BMI updated to reflect enhanced

• Improve standardized processes statewide for healthy weight/BMI screenings and provide referrals to nutritionists and other resources as needed		recommendations - Education circulated to physicians
Educate Patients and Associates about Healthy Living and Resources • Hold healthy living demonstrations within Ascension Wisconsin healthcare facilities, particularly around specific chronic conditions • Identify and address social factors that influence chronic conditions through screening and referral to mitigate social-related barriers	Completed	➢Farmer's Markets in Cafeteria: 150 participants purchased food items at cost ➢47 participants attended the American Heart Association Heart Walk where Ascension held a booth and provided screenings before and after their walk, healthy snacks, and additional education related to healthy eating. ➢Three teaching kitchens reaching over 200 people

Mental Health

Action(s) taken	Status of action(s)	Results
Support Community-Based Initiatives that Create an Environment for Mental Wellbeing and Increased Access to Care • Partner with schools to administer education on mental health wellbeing Actively participate in suicide prevention initiatives and promote other bystander interventions • Support collective impact programs that address social factors that influence mental health wellbeing, particularly for those who have been historically marginalized	Completed	➢Sponsored NAMI fundraising event ($5,000), which enables them to deliver evidence-based educational programs, life-changing support services, and personalized advocacy ➢Provided $40,000 to Higher Expectations to support a Racine workforce that is fully capable and employed ➢Provided funding for Summer Youth Employment ➢35 people served through Back to School Plans for Adolescent Day Treatment ➢150 individuals received health education and resources at the RUSD Family Day event ➢Over 150 people attended the Mental Health Awareness Event and received information and resources on mental health ➢Donated 75 mental health awareness trinkets to Racine Unified School District
Partner on Substance Misuse Prevention in the Community • Work closely with coalitions to support stigma reduction around substance use disorders • Direct efforts to important prevention activities in the community, including in schools -Support Prescription Drug Take Back events to reduce opioids within the community	Completed	➢Associates actively participated as volunteers and/or representatives in community organizations such as NAMI Racine; Racine OFR Committee (Public Health Department Coordinated) for opioid overdose review in Racine County, Racine County Behavioral Health Services, Kenosha KARE Center (Kenosha's Crisis Center), Trustee HOPE Council in Kenosha (Volunteer Community Not-For-Profit Board Position), Kenosha County Opioid Task Force (Volunteer), Help and Hope Conference ➢Held two Family Nights for Substance Use Disorder awareness; not well attended but important for those that did attend

		➢Held Mental Health Awareness Month event for patients providing mental health education and resources to over 100 participants. ➢45 individuals attended the Family Night for family ➢members alcohol and other drug abuse education
Deliver Comprehensive, Compassionate Care and Treatment for Patients and Associates with Mental Health Conditions, Particularly Those Who Have Experienced Trauma ● Implement and evaluate different models of care to increase access and timeliness to outpatient mental health providers and prescribers, including telehealth ● Assist patients and associates with social needs and spiritual care that encourage healing and mental wellbeing ● Coordinate Sexual Assault Nurse Examiner (SANE) and Human Trafficking response programs to expand capacity for trauma-informed care	Completed	➢Employee Assistance Program (marketwide): 2480 hours provided of direct service to associates and their families (5.2% utilization rate); 160 hours of organization service ➢19 associates were trained as Human Trafficking Responders to better respond with appropriate tools for those who have experienced this trauma
Integrate Timely Interventions in All Care Settings for Substance Misuse ● Increase access to a variety of substance use treatment including medication-assisted treatment and innovative models of care ● Provide support groups/programs for those in treatment ● Reduce healthcare stigma by encouraging associate awareness on nonjudgmental compassionate care for those struggling with substance misuse disorder	Completed	➢Mental Health IOP: 858 Visits ➢Substance Use Disorder IOP: 857 visits ➢Women of Worth IOP: 851 visits ➢Medication Clinic: 464 visits ➢Adolescent Day Treatment: 651 visits ➢PEER Recovery Coaches: 106 referral calls made for a Recovery Coach; 57 initial intakes; 51 follow-ups ➢Established dog therapy onboarding 2 therapy dogs, certified through Therapy Dog International ➢2 Trauma-Informed Care modules presented to Nurse Residency program; 118 people educated ➢Two seminars on stigma reduction for nurse residency program; 79 nurse residents educated on unconscious bias, patient labeling, and desensitization, alcohol and opioid withdrawal - respect, rapport, bias, language are discussed and pain seminar includes section on "words matter" and a lot of information about stigma ➢66 associates completed the learning module "ABIDE in Action: Exploring Equitable Interactions in Healthcare"; 289 associates completed "Creating a Culture of ABIDE and Psychological Safety"