

Ascension Sacred Heart Rehabilitation Institute, Inc

**2025 Community Health Needs Assessment
Ozaukee County, WI**



Ascension



**Ascension Sacred Heart
Rehabilitation Institute, Inc.**

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

**Sacred Heart Rehabilitation Institute, Inc.
36-0902199**

Sacred Heart Rehabilitation Institute, Inc.
13111 N. Port Washington Road, Second Floor
Mequon, WI 53097
<https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee/departments/sacred-heart-rehabilitation-hospital>
262-292-0400

The tax year 2025 Community Health Needs Assessment report was approved by the Ascension Wisconsin Common Hospital Board of Directors, acting in its capacity as the Board of Directors of Ascension Sacred Heart Rehabilitation Institute, Inc., on May 6 2026 (2025 tax year) and applies to the following three-year cycle: July 2026 to June 2029. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Acknowledgements

The tax year 2025 (TY2025) Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Ozaukee County. The development of the Ozaukee County CHNA was a collective effort that included the other health systems in the area, community-serving organizations, and county and municipal health departments. Ascension Sacred Heart Rehabilitation, Inc. 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 Ozaukee County.

Executive Summary

The goal of the tax year 2025 (TY2025) Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Ozaukee County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (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 Sacred Heart Rehabilitation Institute (SHRI) serves Ozaukee County and surrounding areas, Ascension SHRI has defined its community served as Ozaukee County for the TY2025 CHNA. Ozaukee County was selected as the hospital's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The TY2025 CHNA was conducted from January 2025 to April 2026, in collaboration with Aurora Health Care, Froedtert ThedaCare Health, Lakeshore Community Health Care, and the Washington Ozaukee County Public Health Department. The fundamental framework guiding the execution of the CHNA was the lens of population health. This approach moves beyond the traditional focus on individual treatment and centers on improving the health outcomes of entire populations. Consequently, the methodology was deeply rooted in understanding and analyzing the determinants of health. These determinants encompass a wide array of factors—including socioeconomic status, education, physical environment, employment, social support networks, and access to quality healthcare—that collectively influence the health status of a community. To ensure a robust and well-rounded assessment, the CHNA incorporated data from both primary and secondary sources.

Community input sources included information provided by groups and 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 marginalized and to unmet health needs or gaps in services. Community input was collected to reflect the voice of the community. It included an online survey taken by 272 Ozaukee County residents and Key Informant interviews were conducted with 23 community stakeholders. Secondary data was

compiled and reviewed to understand the health status of the community. Various indicators from reputable and reliable sources reflecting chronic disease, social and economic factors, and healthcare access were reviewed as well as utilization trends in the community

Community Needs

Ascension SHRI analyzed secondary data of various indicators and gathered community input through an online survey and key informant interviews to identify the needs of Ozaukee County. In collaboration with community partners, Ascension SHRI used a phased approach to determine the most crucial needs for community stakeholders to address.

The significant needs are as follows:

- Access to Care
- Chronic Conditions
- Economic Stability
- Mental Health
- Substance Misuse
- Housing

Next Steps and Conclusion

The TY2025 CHNA was presented to the Ascension Wisconsin Common Hospital Board of Directors, acting in its capacity as the Board of Directors of Sacred Heart Rehabilitation Institute, Inc., for approval and adoption on May 6, 2026. Following approval of the CHNA, Ascension SHRI selected the prioritized health need outlined below for its 2025 CHNA Implementation Strategy. The implementation strategy describes how the hospital intends to respond to this prioritized need throughout the same three-year CHNA cycle: July 2026 to June 2029.

- Chronic Conditions

Ascension SHRI hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Ozaukee 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

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 2025, Ascension provided \$1.7 billion in care of persons living in poverty and other community benefit programs along with \$1.8 billion of unreimbursed care for Medicare patients. Across 17 states and the District of Columbia, Ascension's network encompasses approximately 97,000 associates, 23,400 independent providers, 90 wholly owned or consolidated hospitals, and ownership interests in 29 additional hospitals through partnerships. Ascension also operates 22 senior living facilities and a variety of other care sites offering a range of healthcare services.

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 Wisconsin

In Wisconsin, Ascension operates 17 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. Visit www.ascension.org.

Ascension Sacred Heart Rehabilitation Institute, Inc.



Ascension Sacred Heart Rehabilitation Institute, Inc. (SHRI), located on the second floor of Ascension Columbia St. Mary's Hospital Ozaukee in Mequon, Wisconsin, is a 21-bed, state-of-the-art inpatient rehabilitation facility dedicated to helping patients recover from injury, illness or surgery. For more than 30 years, SHRI has been a trusted destination for comprehensive acute rehabilitation care, with specialized expertise in brain injury, stroke and concussion treatment. The institute is designed to support patients transitioning from

acute hospital care to intensive rehabilitation, offering a structured program for individuals who are able to actively participate in daily therapy and self-care activities. SHRI is recognized for its specialty programs in neurological and complex medical rehabilitation, including acquired and traumatic brain injury, stroke, spinal cord injury, amputation, movement disorders, and conditions such as multiple sclerosis, Parkinson's disease, and Guillain-Barré syndrome. In addition to inpatient services, SHRI provides outpatient rehabilitation services including neurological rehabilitation, concussion management, brain injury day treatment, medically complex condition management, and physical therapy for orthopedic, spine, balance, and sports-related injuries.

For more information about Sacred Heart Rehabilitation Institute, Inc., please visit <https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee/departments/sacred-heart-rehabilitation-hospital>

About the Community Health Needs Assessment

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 Sacred Heart Rehabilitation Institute, Inc.'s commitment to offer programs designed to respond to the health needs of a community.

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA> and paper versions can be requested in the SHRI administration office.

¹ Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit*, 2022 (p.146).
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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 TY2025 CHNA, Ascension SHRI has defined its community served as Ozaukee County. Although the hospital serves Ozaukee County and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Demographic Data

Located in the Southeast region of Wisconsin, Ozaukee County has a population of 90,460 and is the smallest land area county in the State of Wisconsin. With the entire east side of the county bordered by Lake Michigan, Ozaukee County is a mix of metropolitan and rural communities. Ozaukee County ranks higher than most in both positive health outcomes and positive community conditions. Below are demographic data highlights for Ozaukee County:

- 22.3 percent of the community members of Ozaukee County are 65 or older, compared to 19.1 percent in the state.
- Ozaukee County has the highest proportion of students who graduate high school within four years. The percent of high-schoolers graduating in four years in Ozaukee is 97 percent compared to Wisconsin’s 90 percent and the U.S.’s 87percent.
- Non-Hispanic White community members account for 89.8 percent of the population, while 3.9 percent are Hispanic; 2.7 percent are Asian; 0.3 percent are American Indian or Alaska Native, and 1.9 percent are non-Hispanic Black or African American.
- The median household income is considerably higher than Wisconsin or United States median income (\$98,400 for Ozaukee; \$74,700 for Wisconsin and \$77,700 for the U.S.)
- The percent of children experiencing poverty is significantly lower than the state and U.S.(4.0 percent for Ozaukee; 13 percent for Wisconsin; 16 percent for the U.S.).

Table 1: Description of the Community

Demographic Highlights			
Population			
Indicator	Ozaukee	Wisconsin	Description
Percentage living in rural communities	24.3%	32.9%	N/A
Percentage below 18 years of age	20.7%	21.1%	N/A
Percentage 65 years of age and over	22.3%	19.1%	N/A
Percentage Asian	2.7%	3.3%	N/A
Percentage American Indian or Alaska Native	0.3%	1.2%	N/A
Percentage Hispanic	3.9%	8.1%	N/A
Percentage non-Hispanic Black	1.9%	6.3%	N/A
Percentage non-Hispanic White	89.8%	79.5%	N/A

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

Social and Community Context			
Indicator	Ozaukee	Wisconsin	Description
English proficiency	99%	99%	Percent of residents who are proficient in English
Median household income	\$98,400	\$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	4%	13%	Percentage of people under age 18 in poverty
Percentage of uninsured	4%	6%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	98%	93%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	2.6%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

To view community demographic data in their entirety, see Appendix A (Page 32).

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

Indicator	53012	53024	53092	53209*	53217
Population					
Total Population	18,870	19,040	21,202	44,963	30,381
% below 18 years of age	22.4%	21.3%	21.7%	26.6%	26.7%
% 65 and older	21.7%	21.0%	25.4%	16.8%	18.3%
% Hispanic	2.8%	3.1%	4.4%	5.5%	6.0%
% Non-Hispanic Asian	<1%	1.3%	3.3%	2.0%	4.9%
% Non-Hispanic Black/African American	<1%	1.6%	2.6%	66.4%	4.8%
% Non-Hispanic White	92.3%	91.0%	87.1%	22.0%	77.3%
English Proficiency**					
English Proficiency**	96.5%	96.1%	99.7%	97.8%	93.2%
Median Household Income	\$98,094	\$91,675	\$126,431	\$45,288	\$132,044
Overall Poverty	3.7%	4.0%	3.0%	24.4%	5.3%
Percent of Uninsured Ages 19-64 noninstitutionalized	3.6%	2.5%	1.2%	6.7%	2.1%
High School Graduate Or Higher*	100.0%	98.5%	98.4%	88.5%	97.2%
Percent of Unemployment 16 and older seeking work	2.3%	1.6%	1.8%	8.7%	2.9%
<small>*High need zipcodes in Milwaukee 2023: ACS 5-year estimates **2015: ACS 5-year estimates Sources: U.S. Census Bureau: Tables B03002; B16001; B19013; S0101; S1501; S1701; S1901; S2301; S2701</small>					

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 SHRI recognizes the importance of understanding the health needs, the factors that influence health and assets of the community.

Collaborators and/or Consultants

Ascension Sacred Heart Rehabilitation Institute, Inc. completed its 2025 CHNA in collaboration with other health systems in the region as well as the public health department. The organizations were heavily involved in identifying and collecting the data components of the CHNA. The Ozaukee County CHNA committee is a collection of individuals representing:

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

- Lakeshore Community Health Care

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

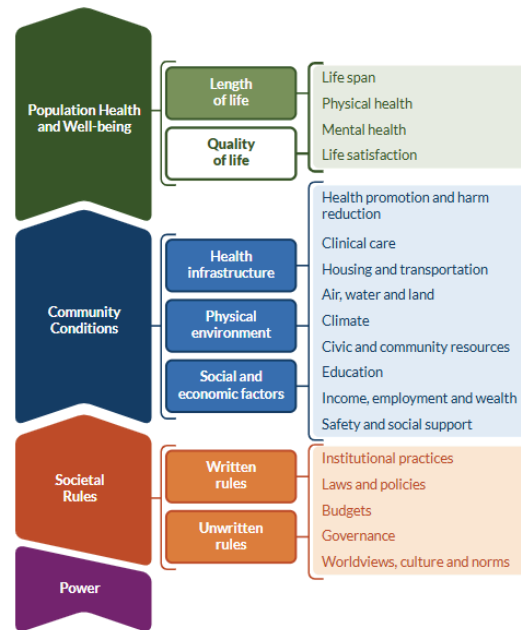
Consultants

The health systems and public health division contracted with JKV Research, LLC, to conduct an online community survey and summarize the key stakeholder interviews. SJD Consulting was contracted to facilitate a community shared prioritization session, and the Ozaukee County CHNA committee utilized Advocate Aurora Health’s license for the Metopio platform to compile secondary data into summary reports.

Data Collection Methodology

Ascension SHRI is committed to using national best practices in conducting the CHNA. Health needs and assets for Ozaukee County were determined using a combination of data collection and analysis for both secondary and primary data, with community input on the identified and significant needs.

Ascension SHRI’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.



University of Wisconsin Population Health Institute Model of Health © 2025



Community Health Improvement Approach

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

- Gather information to assess needs any resources
- Set priorities and focus on what’s important
- Find the most effective approaches to address priorities
- Get to work on acting on what’s important
- Evaluate throughout the cycle to help improve strategies and ensure effectiveness

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 a community survey, key stakeholder interviews and an Ozaukee County health systems shared prioritization workshop. These methods provided additional perspectives on selecting and responding to top health issues facing Ozaukee County. A summary of the process and results is outlined below.

Community Survey

In collaboration with Advocate Aurora Health, Froedtert ThedaCare, Lakeshore Community Health Care, and Washington Ozaukee Public Health, a 55 question online survey was developed to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Ozaukee County. Flyers with the survey QR code and web address were placed in public locations throughout the county including government agencies, health care systems, non-profit organizations, public businesses and events. Press releases and website postings were also used to alert residents to the survey. A Spanish version of all communication tools and the survey were also available, as well as paper format. Data collection was conducted between August 11 and October 3, 2025.

A total of 272 valid completed surveys were used for analysis. Post-stratification was conducted by age group and gender from the 2023 American Community Survey to be representative of all adults 18 years old and older in the county. The data gathered and analyzed provides valuable insight into the issues of importance to the community.

Community Summary	
Key Summary Points	
<ul style="list-style-type: none"> ● Unmet care needs in the past year included mental health (20%), dental care (17%), medical care (12%), and prescription medication not taken due to cost (9%.) ● 34% of respondents had difficulty meeting monthly payments. ● 91% of respondents reported quality health care services are available, but only 41% reported affordable health care services. ● When asked about top health issues in their community, 68% of the respondents named mental health, mental conditions, and suicide, and 33% mentioned substance misuse as the top health issues in Ozaukee County. ● 4% of survey respondents considered suicide in the past year. 	
Populations/Sectors represented	Common Themes
<ul style="list-style-type: none"> ● Ozaukee County ● Various diverse groups ● Medically underserved ● Marginalized ● Families with children ● Spanish-speaking 	<ul style="list-style-type: none"> ● 68% of community members reported that they believe mental health or mental conditions is one of the top three issues in Ozaukee County. ● Lack of access to safe, affordable housing. ● Substance misuse is a concern for community members. ● 54% of community members cited access to affordable and quality health care as a top health concern. ● Childcare resources are not affordable.
Meaningful Quotes	
<ul style="list-style-type: none"> ● “I am very concerned that there are not any inpatient mental health units for residents in Ozaukee County.” ● “I believe that health can improve overall with more affordable food and nutrition options, as well as housing.” ● “More vaccine education and access, please!” ● “Wait lists to receive care are ridiculously long.” 	

Key Stakeholder Interviews

A series of 23 interviews held between July, 2025 and September 2025, were conducted by the representatives from the four health systems. JKV Research, LLC prepared the Key Stakeholder Interviews report summarizing all of the responses collected from the interviews. Sectors represented by participants included youth, seniors, rural communities, LGBTQIA+, and all populations.

Key Stakeholder Interviews	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> ● Ozaukee County ● Rural communities ● Economic & Workforce Development ● Public health / health department ● Social services ● Safety net clinics ● Youth community ● Senior Serving organizations 	<ul style="list-style-type: none"> ● Mental health was identified as the top health condition/behavior and discussed in terms of its impact on all populations. Barriers related to mental health include: stigma, financial instability, and lack of access to services. Major efforts to improve included increasing accessibility to resources and increasing awareness. ● Substance misuse and chronic disease were called out as second tier health conditions/behaviors. ● Safe and affordable housing was identified as a top-tier social determinant of health and significant community need.

	<ul style="list-style-type: none"> • Accessible, affordable and quality health care was a second-tier need in the social determinants of health category.
Meaningful Quotes	
<ul style="list-style-type: none"> • “With education and awareness campaigns, communities will rise to the challenge.” • “The interconnectedness of social determinants of health and health conditions/behaviors is important, yet there is often difficulty in separating them from health.” 	

To view community input data in its entirety, see Appendix B (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

Overall, Ozaukee County is ranked among the healthiest counties in Wisconsin (Lowest 0%-25%) for health outcomes and health factors.

To view the secondary data and sources in their entirety, see Appendix C (Page 43).

Written Comments on Previous CHNA and Implementation Strategy

Ascension SHRI's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. 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 Ozaukee 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. For example, persons who are experiencing homelessness, persons who speak other languages other than English or Spanish.

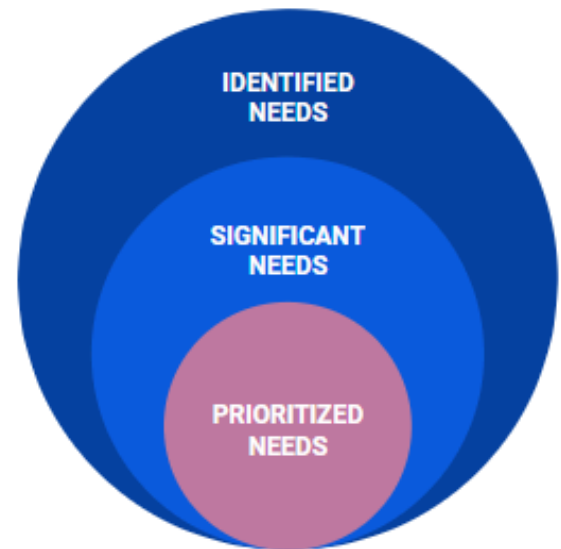
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- Interviews were conducted by several different individuals, which may have resulted in some inconsistencies in data collection.

Despite the data limitations, Ascension SHRI 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 SHRI synthesized and analyzed secondary data of a number of indicators and gathered community input through a community survey and key stakeholder interviews to identify the needs in Ozaukee County. In collaboration with partners, Ascension SHRI used a phased 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 SHRI will select all, or a subset, of the significant needs as the hospital's **prioritized health needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized need 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 Ozaukee 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 SHRI synthesized and analyzed the data to determine which of the identified needs were most significant. Data from various reputable and reliable sources was compiled. Ascension SHRI has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

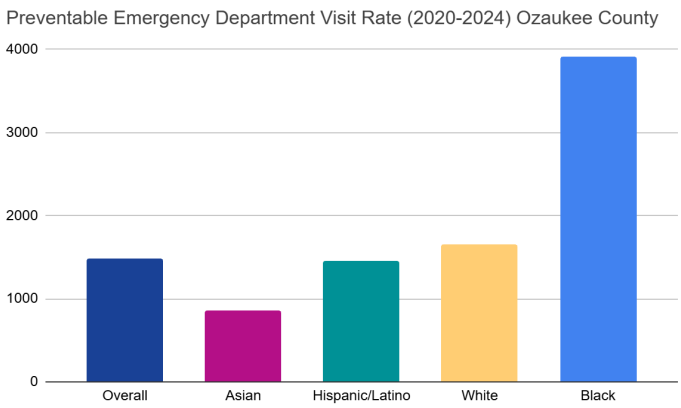
- Number of community members and stakeholders who identified the need
- Number of people in the community experiencing the health issue,
- Whether there is capacity and momentum to address the issue and if there are populations that are more affected by these health issues, otherwise known as health disparities.

Based on the synthesis and analysis of the data, the significant needs for the TY2025 CHNA are as follows:

- Access to Care
- Chronic Conditions
- Economic Stability
- Mental Health
- Substance Misuse
- Housing

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix D (Page 49).

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

Access to Care													
Significance	Populations Most Impacted												
<p>Access to affordable, quality health care is essential for physical, social, and mental health, allowing for the prevention, management, and treatment of illnesses. This access is directly associated with positive health outcomes.</p> <p>Achieving access to care involves three distinct steps: securing entry into the healthcare system (typically through insurance coverage); reaching a location where needed services are provided (geographic availability); and establishing a trusting relationship with a healthcare provider with whom the patient can communicate (personal relationship).</p>	<p>Older Adults: This group experiences an elevated risk of chronic conditions, including dementia, heart disease, type 2 diabetes, arthritis, and cancer. They also encounter barriers to healthcare access, such as high costs, limited mobility, and unreliable transportation.</p> <p>Low-Income Individuals and Racial/Ethnic Minorities: These populations exhibit higher rates of obesity and various chronic diseases (diabetes, heart disease, high cholesterol, high blood pressure, and stroke). Consequently, they often receive less Chronic Disease Management (CDM) and suffer poorer health outcomes. They also encounter barriers to healthcare access, such as high costs, limited mobility, and unreliable transportation.</p> <p>Rural Residents: Individuals in rural areas face difficulties accessing healthcare due to a lack of local hospital facilities, struggles in recruiting healthcare providers, limited health insurance options, transportation barriers, and workforce shortages.</p>												
Community Input Highlights													
<ul style="list-style-type: none"> • Access to affordable and quality health care was determined as a prioritized need through a shared community prioritization session, following an assessment of impact and feasibility and a rank-choice voting process—with a focused follow-up vote to resolve closely aligned priorities. • Community survey respondents reported unmet care needs in the past year: 20% did not receive mental health services; 17% did not receive dental care; 12% did not receive needed medical care and 12% did not take their prescribed medications due to the cost. • 91% of community survey respondents reported quality health care services are available, yet 41% reported affordable health care services were available. • Six key stakeholder interview rankings included accessible, affordable and quality health care as a top social determinant of health, and three ranked it number one. 													
Secondary Data Highlights													
<ul style="list-style-type: none"> • Although Ozaukee County's 4% uninsured adult rate is lower (favorable) than the Wisconsin average, it remains a significant obstacle to healthcare access for those affected. • The overall population has fewer preventable emergency department visits than the state of Wisconsin, indicating better access to primary care. However, significant racial and ethnic disparities are evident within this data. • Sixty percent of Medicare enrollees received an annual flu shot, exceeding state and national rates. However, significant disparities exist: Black individuals were 30% less likely and Hispanic individuals were 20% less likely to receive a flu shot than White individuals. 	<p>Preventable Emergency Department Visit Rate (2020-2024) Ozaukee County</p>  <table border="1"> <thead> <tr> <th>Race/Ethnicity</th> <th>Preventable ED Visit Rate (Approx.)</th> </tr> </thead> <tbody> <tr> <td>Overall</td> <td>1500</td> </tr> <tr> <td>Asian</td> <td>800</td> </tr> <tr> <td>Hispanic/Latino</td> <td>1400</td> </tr> <tr> <td>White</td> <td>1600</td> </tr> <tr> <td>Black</td> <td>3800</td> </tr> </tbody> </table> <p>Metopio, AHRQ quality indicators (2020-2024)</p>	Race/Ethnicity	Preventable ED Visit Rate (Approx.)	Overall	1500	Asian	800	Hispanic/Latino	1400	White	1600	Black	3800
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<p>Source: County Health Rankings and Roadmaps: Ozaukee County, WI https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025</p> <p>Sources: County Health Rankings and Roadmaps: Clinical care https://www.countyhealthrankings.org/health-data/community-conditions/health-infra-structure/clinical-care? 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/</p>	<p>Healthy People 2030: Access to health services https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services</p> <p>Rural Health Information Hub (1/6/26) Healthcare Access in Rural Communities https://www.ruralhealthinfo.org/topics/healthcare-access</p>
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Chronic Conditions

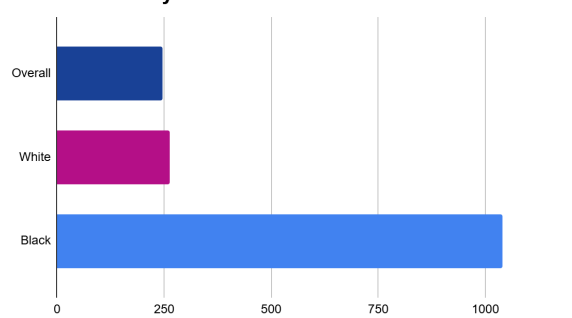
Significance	Populations Most Impacted
<p>Chronic diseases (heart disease, cancer, diabetes) are major causes of death and disability in the U.S. Effective management of chronic conditions, through prevention, risk reduction, and quality treatment, is vital for improving outcomes, quality of life, and reducing healthcare costs and long-term disability risks..</p> <p>Chronic conditions are often linked to modifiable risk factors: smoking, excessive alcohol use, poor diet, lack of physical activity, and unhealthy weight. Preventative health, particularly good nutrition and healthy weight, can significantly reduce the risk of heart disease, diabetes, and cancers.</p>	<p>Older Adults: This group is more susceptible to chronic diseases (cancer, arthritis, type 2 diabetes, heart disease, dementia) and frequently face barriers to healthcare access (cost, mobility, transportation). These same barriers often restrict access to nutritious food, leading to reliance on cheaper, low-nutrient options. Furthermore, limited mobility and safety concerns often restrict physical activity in this group.</p> <p>Low-Income Individuals, Rural Residents and Racial/Ethnic Minorities: These populations experience increased rates of obesity and chronic diseases (diabetes, heart disease, high cholesterol, high blood pressure, stroke), receive less Chronic Disease Management (CDM), and have poorer health outcomes. Barriers include limited access to affordable, nutrient-dense foods and safe spaces for physical activity (sidewalks, parks, affordable recreation). They also have higher smoking rates, often smoke more heavily, and start younger, making quitting harder.</p>

Community Input Highlights

- 41% of community survey respondents reported nutrition and healthy eating habits as areas of concerns for children in Ozaukee County.
- 28% of community survey respondents reported chronic diseases, including diabetes and heart disease as one of the top two county health conditions or behaviors.
- Chronic diseases was listed #3 out of 3 top tier health conditions/behaviors by Ozaukee County Key Informants during interviews.
- Key stakeholders selected nutrition, physical activity, and obesity as a top tier health condition/behavior for Ozaukee County.

Secondary Data Highlights

Hypertension emergency department visit rate per 100,000 Ozaukee County

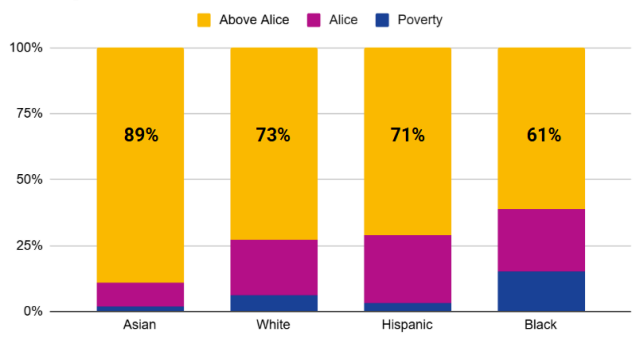


Population Group	Visit Rate per 100,000
Overall	~250
White	~250
Black	~1000

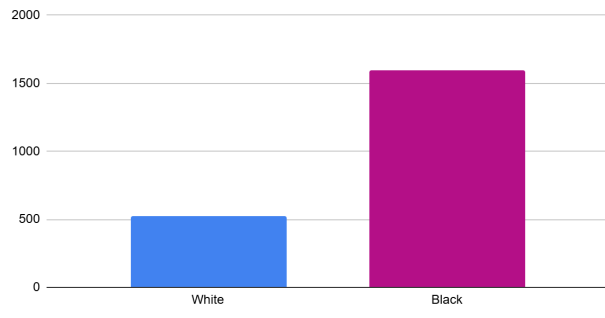
Source: Metopio, AHRQ quality indicators (2020-2024)

- Twelve percent of adults in Ozaukee County report fair or poor health compared to 16% for Wisconsin and 17% for the U.S..
- Chronic conditions such as heart disease, diabetes and cancer are responsible for the majority of premature deaths in Ozaukee County.
- Black community members visit the emergency department for hypertension at a rate over four times higher than white community members.
- Seventeen percent of Ozaukee 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 in Ozaukee County is lower (13%) than the state (15%) but equal to the U.S. (13%).

<p>Sources: CDC: Older Adults https://www.cdc.gov/cdi/indicator-definitions/older-adults.html County Health Rankings and Roadmaps: About dentists https://www.countyhealthrankings.org/health-data/community-conditions/health-infrast-structure/clinical-care/dentists?year=2025 County Health Rankings and Roadmaps: Chronic disease management programs https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/chronic-disease-management-programs</p>	<p>Source: County Health Rankings and Roadmaps: Ozaukee County, WI https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025</p>
<p>Cleveland Clinic: How race and ethnicity impact heart disease https://my.clevelandclinic.org/health/articles/23051-ethnicity-and-heart-disease Healthy People 2030: Heart disease and stroke https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke Office of Disease Prevention and Health Promotion: Social determinants of health and older adults https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#health</p>	

Economic Stability																					
Significance	Populations Most Impacted																				
<p>Economic stability is a fundamental, upstream determinant of health for individuals, families, and communities. This stability encompasses essential social factors such as safe and affordable housing, food security (including access to healthy foods), steady employment, and affordable childcare. When individuals lack access to these basic human needs, it can profoundly limit opportunities for healthy living and negatively impact both mental and physical health outcomes. While poverty and low-income status are associated with a higher incidence of chronic conditions, mental health issues, and lower educational attainment, better health outcomes are consistently linked to higher levels of education and income.</p>	<p>Rural Families: Experience higher rates of unemployment, lower educational attainment, and reduced access to healthcare services. Individuals and Families of Color: Are statistically more likely to experience poverty at some point in their lives compared to those not of color. Individuals with Disabilities: Face an elevated risk of unstable employment due to limitations that can affect their ability to work consistently. ALICE Households: These households (Asset Limited, Income Constrained, Employed) earn above the U.S. poverty level but still struggle to afford the basic cost of living in their county. Often ineligible for assistance, they have difficulty covering necessities like housing, food, childcare, and healthcare.</p>																				
Community Input Highlights																					
<ul style="list-style-type: none"> • 34% of community survey respondents reported having difficulty meeting monthly payments. • Affordable childcare was rated as a top tier Social Determinant of Health (SDoH) need in Ozaukee County Key Informant interviews, with only safe and affordable housing rated higher. • Key stakeholders most often cited populations affected were households with low-to mid-income, near or below poverty level, or “everyone”. • Financial instability/finances was the most often cited barrier and challenge addressing economic stability and employment. 																					
Secondary Data Highlights																					
<p>Household Financial Status by Race/Ethnicity in Ozaukee County, 2023</p>  <table border="1"> <caption>Household Financial Status by Race/Ethnicity in Ozaukee County, 2023</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Above Alice</th> <th>Alice</th> <th>Poverty</th> </tr> </thead> <tbody> <tr> <td>Asian</td> <td>89%</td> <td>~10%</td> <td>0%</td> </tr> <tr> <td>White</td> <td>73%</td> <td>~27%</td> <td>0%</td> </tr> <tr> <td>Hispanic</td> <td>71%</td> <td>~29%</td> <td>0%</td> </tr> <tr> <td>Black</td> <td>61%</td> <td>~24%</td> <td>~15%</td> </tr> </tbody> </table> <p>Source: United Way (2025) 2025 State of Alice; Ozaukee County, Wisconsin</p>	Race/Ethnicity	Above Alice	Alice	Poverty	Asian	89%	~10%	0%	White	73%	~27%	0%	Hispanic	71%	~29%	0%	Black	61%	~24%	~15%	<ul style="list-style-type: none"> • Despite higher median income levels in Ozaukee County, 24% of households spend over 30% of their household income on housing which is similar to Wisconsin. • While Ozaukee County has a lower proportion of community members experiencing food insecurity, it shares the same proportion as the rest of Wisconsin when considering those who are low-income and do not live near a grocery store. • Twenty-eight percent of households in Ozaukee County are below the ALICE threshold compared to 35% in Wisconsin and 42% in the U.S.. Thirty-nine percent of Black households are considered below the ALICE threshold compared to 27% of White households. <p>Source: United Way (2025) 2025 State of Alice; Ozaukee County, Wisconsin Source: County Health Rankings and Roadmaps: Ozaukee County, WI https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025</p>
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<p>Sources: <i>ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)</i> https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf</p> <p>CDC: Disability and health https://www.cdc.gov/disability-and-health/articles-documents/socioeconomic-factors-race-and-ethnicity.htm</p>	<p>County Health Rankings and Roadmaps: Health and Wellbeing https://www.countyhealthrankings.org/findings-and-insights/webinars/health-wealth-using-data-to-address-income-inequality</p> <p>Healthy People 2030: Economic stability https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability</p>
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Mental Health							
Significance	Populations Most Impacted						
<p>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 abuse. 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.</p>	<p>Socioeconomic Status: Economic hardship, such as unemployment and poverty, contributes to increased stress and poorer mental health outcomes. Individuals with lower incomes experience higher rates of poor mental health.</p> <p>Disproportionately Affected Groups: Mental health issues have a disproportionate impact on racial/ethnic populations, the LGBTQ+ community, persons experiencing homelessness, and those living in rural areas.</p> <p>Barriers to Care for Racial/Ethnic Populations: In the U.S., racial/ethnic populations face significant barriers to receiving timely and effective mental health care. They are more likely to delay treatment and less likely to receive the best available treatments for conditions like depression and anxiety. For instance, Black/African Americans are more likely to discontinue treatment prematurely compared to White Euro-Americans.</p>						
Community Input Highlights							
<ul style="list-style-type: none"> • 20% of Ozaukee County community survey respondents reported mental health as an unmet care need in the past year. • 68% of Ozaukee County community survey respondents identified mental health, mental conditions, and suicide as the top health condition/behavior for the county. • Sixteen key stakeholder interview rankings included mental health as a top health condition/behavior; and 12 ranked it number one. • Over two-thirds of key stakeholders reported the most affected population, in terms of mental health, was “everyone.” • Key stakeholders listed lack of access to facilities/staff as the most often cited barrier and challenge to address mental health, followed by stigma. 							
Secondary Data Highlights							
<p>Mental Health Emergency Department Visit Rate (per 100,000) Ozaukee County</p>  <table border="1"> <caption>Mental Health Emergency Department Visit Rate (per 100,000) Ozaukee County</caption> <thead> <tr> <th>Race</th> <th>Visit Rate (per 100,000)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>~500</td> </tr> <tr> <td>Black</td> <td>~1600</td> </tr> </tbody> </table>	Race	Visit Rate (per 100,000)	White	~500	Black	~1600	<ul style="list-style-type: none"> • Ozaukee County has a higher rate for mental health hospitalizations (570:100,000) compared to Wisconsin (565:100,000) suggesting significant differences in access to mental health care. • The percent of adults who reported experiencing poor mental health for 14 or more days in the last 30 days in Ozaukee County was 15%, compared to 17% for Wisconsin and 16% for the U.S.. This is an increase for the county since the last CHNA (2022) when 12% of adults reported poor mental health days. • Thirty percent of Ozaukee adults report feelings of loneliness compared to 32% for Wisconsin adults and 33% for U.S. adults. <p>Sources: Metopio, 2025 Ozaukee County Community Health Survey, County Health Rankings & Roadmaps, Wisconsin Interactive Statistics on Health</p>
Race	Visit Rate (per 100,000)						
White	~500						
Black	~1600						

<p>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</p>
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Substance Misuse

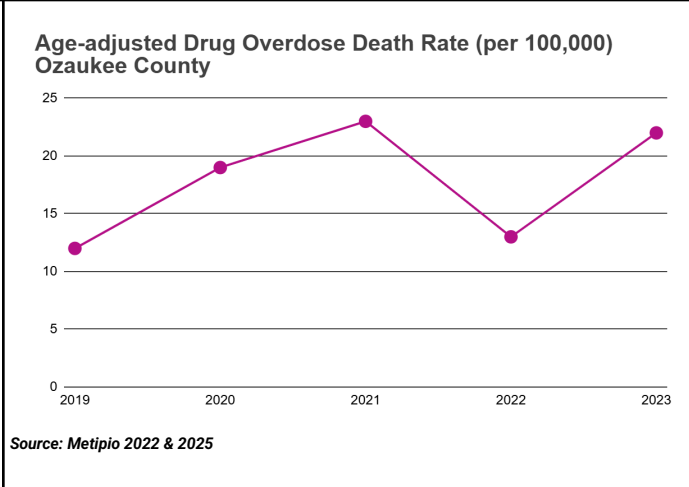
Significance	Populations Most Impacted
<p>Substance use—including alcohol, nicotine, illicit drugs, and misused prescription drugs—significantly affects an individual's mind and behavior, leading to detrimental health and social outcomes. The consequences of misuse are vast, encompassing considerable health issues such as overdoses, accidents, and mental health crises, alongside complex social, political, and legal repercussions. Economically, substance use disorder is a major burden, costing Americans over \$700 billion annually due to elevated healthcare expenses, crime, and diminished productivity. It is critical to recognize that drug addiction is a chronic disease that fundamentally alters brain function, making it difficult to overcome cravings. However, effective, evidence-based treatment approaches are available to manage this condition.</p>	<p>Racial/Ethnic Populations: These groups have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers. A lower proportion of individuals in these groups receive addiction treatment. Most people who died by opioid overdose had no evidence of receiving addiction treatment.</p> <p>Persons Experiencing Mental Health Challenges: These individuals often use alcohol and/or other drugs to self-medicate and decrease stress.</p> <p>Low-Income Individuals: 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.</p>

Community Input Highlights

- Key stakeholders reported substance misuse as a second tier health condition/behavior, following only mental health.
- Stigma, part of culture or lack of access to facilities/staff were the most often cited barriers and challenges in addressing substance misuse, followed by easy availability to get products.
- 33% of Ozaukee County community survey respondents reported substance misuse including alcohol, drugs or tobacco as one of the top two county health conditions or behaviors.
- 40% of community survey respondents reported they are very concerned about street drug use for children in Ozaukee County.

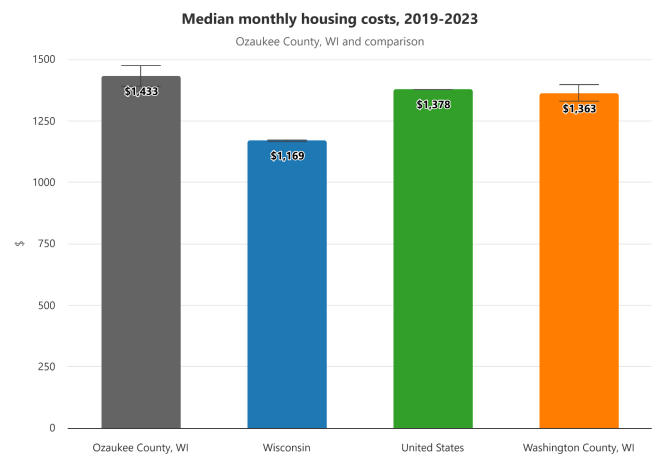
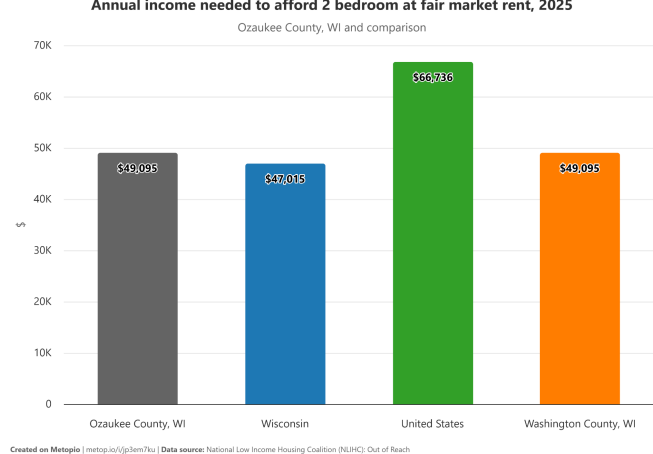
Secondary Data Highlights

- While Ozaukee County has lower overdose death rates than Wisconsin or the U.S., drug overdose deaths have nearly doubled since 2019.
 - In Ozaukee County, 26% of adults report binge drinking which is somewhat higher than Wisconsin (24%) and much higher than the U.S. (19%).
 - The percent of driving deaths with alcohol involvement in Ozaukee County (26%) is lower than Wisconsin (31%) and is the same as the U.S. (26%). While still high, it demonstrates a significant decrease since 2020 when it was 33%.
- Source: County Health Rankings and Roadmaps: Ozaukee County**
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025>



- 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.nlm.nih.gov/health/topics/substance-use-and-mental-health>

Housing																					
Significance	Populations Most Impacted																				
<p>Housing is recognized as a Social Determinant of Health (SDOH) by the World Health Organization as a “non-medical factor that influences health outcomes.” As a key driver of health, risks posed by homelessness and inadequate housing, such as exposure to unsanitary conditions, poor indoor air quality, and climate-related hazards can negatively impact health. Health care stakeholders have increasingly invested in housing supports and programming to address the challenges facing their patients and communities. Examples include investment in screening practices, navigator programs, and direct financial support.</p>	<ul style="list-style-type: none"> ● Top Five Zip Codes in Ozaukee County experiencing housing cost burden by severity - 53097 (Mequon-Thiensville); 53080 (Saukville); 53004 (Belgium); 53092 (Mequon-Thiensville) and 53012 (Cedarburg) ● Non-Hispanic Black Residents face the highest housing cost burden (35% of occupied units) compared to Hispanic or Latino (20%) and white (23%) residents. ● Hispanic or Latino Residents - 38% reside in owner-occupied units, lower than the WI percentage of 47% ● Men are more likely than women to experience homelessness in WI at 49% and 36% respectively. 																				
Community Input Highlights																					
<ul style="list-style-type: none"> ● Safe and affordable housing was the most often cited SDOH concern by key community stakeholders ● Housing unit density is significantly higher in Ozaukee County than WI, with 169.15 units per square mile compared to 40.25 units per square mile, respectively. ● Eighteen percent of community survey respondents reported safe and affordable housing as a top Ozaukee County Social or Economic issue; respondents without dependents 20 and younger were more likely to report this. 																					
Secondary Data Highlights																					
<p>Median monthly housing costs, 2019-2023 Ozaukee County, WI and comparison</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Median monthly housing costs (2019-2023)</th> </tr> </thead> <tbody> <tr> <td>Ozaukee County, WI</td> <td>\$1,433</td> </tr> <tr> <td>Wisconsin</td> <td>\$1,169</td> </tr> <tr> <td>United States</td> <td>\$1,378</td> </tr> <tr> <td>Washington County, WI</td> <td>\$1,363</td> </tr> </tbody> </table> <p><small>Created on Metopio metop.io/v/rhbjja3 Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25105) Median monthly housing costs: This represents the median total monthly housing costs for occupied housing units. This includes rent or mortgage as well as all utilities, maintenance, and taxes.</small></p>	Location	Median monthly housing costs (2019-2023)	Ozaukee County, WI	\$1,433	Wisconsin	\$1,169	United States	\$1,378	Washington County, WI	\$1,363	<p>Annual income needed to afford 2 bedroom at fair market rent, 2025 Ozaukee County, WI and comparison</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Annual income needed to afford 2 bedroom at fair market rent (2025)</th> </tr> </thead> <tbody> <tr> <td>Ozaukee County, WI</td> <td>\$49,095</td> </tr> <tr> <td>Wisconsin</td> <td>\$47,015</td> </tr> <tr> <td>United States</td> <td>\$69,736</td> </tr> <tr> <td>Washington County, WI</td> <td>\$49,095</td> </tr> </tbody> </table> <p><small>Created on Metopio metop.io/g/tem7u Data source: National Low Income Housing Coalition (NLIHC): Out of Reach Annual income needed to afford 2 bedroom at fair market rent: Represents the annual income a worker must earn in order to afford the fair market rent for a two-bedroom rental home, without paying more than 30% of income. Fair market rent is determined by the Department of Housing and Urban Development.</small></p>	Location	Annual income needed to afford 2 bedroom at fair market rent (2025)	Ozaukee County, WI	\$49,095	Wisconsin	\$47,015	United States	\$69,736	Washington County, WI	\$49,095
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<p>Sources: Metopio, 2025 Ozaukee County Community Health Survey, County Health Rankings & Roadmaps, Wisconsin Policy Forum, Federal Reserve Bank of St. Louis</p>	<p>Sources: Metopio, 2025 Ozaukee County Community Health Survey, County Health Rankings & Roadmaps, Wisconsin Policy Forum, Federal Reserve Bank of St. Louis</p>																				

Prioritized health needs

In the third phase, significant needs were further narrowed down to a set of “prioritized health needs.” Ascension defines **prioritized health needs** as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. To arrive at the prioritized needs, Ascension SHRI used a process based upon the American Hospital Association (AHA) Community Health Improvement’s (ACHI) key components for prioritizing community health issues to identify the needs on which the hospital would focus. Following the completion of the CHNA, Ascension Sacred Heart Rehabilitation Institute, Inc. leadership and stakeholders considered the following criteria in choosing the significant needs:

- Scope of problem
- Health disparities
- Feasibility
- Momentum/commitment
- Alignment

Needs That Will Be Addressed

Ascension SHRI, in collaboration with the hospital leadership team selected the prioritized health needs outlined below for its 2025 CHNA implementation strategy:

- **Chronic Conditions** - This need was chosen as a priority due to the importance of prevention in building a healthier community. Effective treatment and management can improve quality of life, while healthy lifestyles—supported by access to nutritious food, physical activity, and stress reduction—can lower disease risk and reduce reliance on medication. This priority emphasizes support for communities disproportionately impacted by structural barriers to healthy living.

Ascension SHRI understands the importance of all the community's health needs. It is committed to playing an active role in improving the health of the people in the communities it serves. For this implementation strategy, Ascension SHRI has focused its efforts on the above priority.

Needs That Will Not Be Addressed

Based on the prioritization criteria, the health needs identified through the CHNA that Ascension SHRI does not plan to address at this time include:

- **Access to Care** - This need was ultimately not selected as a priority. Although Sacred Heart Rehabilitation Institute, Inc. maintains a commitment to the inherent dignity and value of every individual, particularly those who face substantial barriers in accessing essential healthcare services; it already has mechanisms in place to address this challenge. Specifically, the SHRI provides financial assistance to individuals who receive medically necessary care at SHRI and meet the eligibility requirements outlined in its robust financial assistance policy.

- **Mental Health and Substance Misuse** - These needs were not selected in this CHNA cycle as stand alone priorities. Ascension SHRI recognizes the importance of mental health care and will continue to focus on health care access to high quality behavioral health care. In addition, Ascension SHRI is committed to participating with partners in addressing these needs and will continue to look for opportunities to do so.
- **Economic Stability and Housing**: These needs were not selected as standalone priorities, but Ascension SHRI recognizes their strong connection to chronic conditions and mental health. Housing, access to healthy foods and opportunities for physical activity impact overall health. These economic influences will be addressed through the hospital's efforts to prevent and improve chronic conditions.

While these needs are not the focus of this Implementation Strategy, Ascension SHRI may consider investing resources in these areas as appropriate, depending on opportunities to leverage organizational assets in partnership with local communities and organizations. Also, this report only encompasses a partial inventory of everything Ascension SHRI does to support health within the community.

To find a list of resources for each need not being addressed, please refer to Appendix D: Health Care Facilities and Community Resources on page 49.

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 SHRI's previous CHNA implementation strategy was completed in October 2023 and responded to the following priority health needs: Access to Care and Chronic Disease and Prevention

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

- Launched SDOH screening tool & referral program through Neighborhood Resources, used to strengthen community support connections - created plans for quality improvement around the referral process
- Over 700 rides were provided to patients for Lyft transportation for those who experience transportation challenges
- Food drives were held to support families with limited access to nutritious food and promoted and supported local farmer's markets

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2023 CHNA implementation strategy can be found in Appendix E (Page 52).



**Ascension Sacred Heart
Rehabilitation Institute, Inc.**

Approval by Ascension Wisconsin Common Hospital Board of Directors, acting in its capacity as the Board of Directors of Sacred Heart Rehabilitation Institute, Inc.

To ensure Ascension Sacred Heart Rehabilitation Institute, Inc.'s efforts meet the needs of the community and have a lasting and meaningful impact, the TY2025 CHNA was presented to the Ascension Wisconsin Common Hospital Board of Directors, acting in its capacity as the Board of Directors of Sacred Heart Rehabilitation Institute, Inc., for approval and adoption on May 6, 2026. 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 Sacred Heart Rehabilitation Institute, Inc. hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Ozaukee County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension SHRI's community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension SHRI 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 Sacred Heart Rehabilitation Institute, Inc. 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.

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Appendix A: 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	Ozaukee	Wisconsin	U.S.
Total	93,956	5,960,975	340,110,988
Male	49.7%	50.1%	49.5%
Female	50.3%	49.9%	50.5%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,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	Ozaukee	Wisconsin	U.S.
Asian	2.9%	3.5%	6.7%
Black / African American	2.1%	6.7%	13.7%
Hispanic / Latino	4.0%	8.4%	20.0%
American Indian or Alaska Native	0.3%	1.2%	1.4%
Non-Hispanic White	89.4%	78.9%	57.5%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,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	Ozaukee County	Wisconsin	U.S.
Ages 0-17	20.5%	20.8%	21.5%
Ages 18-64	61.3%	59.8%	60.6%
Ages 65+	22.9%	19.6%	18.0%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,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	Ozaukee	Wisconsin	U.S.
Median household income	\$96,734	\$75,670	\$78,538
Per capita income	\$57,651	\$42,019	\$43,289
People with incomes below the federal poverty guideline*	4.8%	10.3%	10.6%
ALICE+ poverty households	28.0%	35.0%	42.0%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,WI,US/PST045224>
 United for Alice: The state of Alice in Wisconsin (2025)
<https://www.unitedforalice.org/county-reports/wisconsin#11/43.3676/-87.9277>

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	Ozaukee	Wisconsin	U.S.
High school diploma or higher	97.8%	93.4%	89.4%
Bachelor's degree or higher	50.4%	32.8%	35.0%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,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	Ozaukee	Wisconsin	U.S.
Uninsured*	3.7%	6.4%	9.6%
Medicaid Participation	8.6%	17.2%	20.5%

Source: U.S. Census QuickFacts: Ozaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/ozaukeecountywisconsin,WI,US/PST045224>
 U.S. Census Bureau: Table S2704 Ozaukee County, Wisconsin, U.S.

Appendix B: Community Input Data and Sources

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

1. Generally speaking, would you say that your own health is?
 - a. Poor
 - b. Fair
 - c. Good
 - d. Very Good
 - e. Excellent
 - f. Not sure
2. Below are some statements about health care services and providers, doctors, nurse practitioners, physician assistants or primary care clinics in your county. (Select Yes, No, or Not Sure)
 - a. I have a health care provider where I regularly go for check-ups
 - b. I can get an appointment for my health needs quickly
 - c. My family/support people are seen and listened to when I receive health care
 - d. I am seen and listened to when my child/children are receiving health care
3. When you are sick, to which of the following places do you usually go? (list of options to choose from)
 - a. Doctor's or nurse practitioner's office
 - b. Hospital emergency room
 - c. Urgent care center
 - d. Quickcare clinic/Fastcare clinic
 - e. Worksite clinic
 - f. Alternative medicine location, such as acupuncture, homeopathy, chiropractor, etc.
 - g. Virtual health/tele-medicine or electronic visit
 - h. Some other kind of place
 - i. No usual place
 - j. Not sure
4. In the past 12 months, have you not taken prescribed medication due to prescription costs? (Select Yes, No, or Not Sure)
5. Was there a time during the last 12 months that you did not get the **medical care** needed? (Select Yes, No, or Not Sure)
6. If yes to the previous question - What were the reasons you did not receive the medical care needed?
 - a. Unable to get appointment
 - b. Inconvenient hours
 - c. Cannot afford to pay
 - d. Not enough time
 - e. Insurance did not cover it
 - f. Co-payments too high



- g. Specialty physician not in area
 - h. Uninsured
 - i. Poor medical care available
 - j. Lack of transportation
 - k. Lack of child daycare
 - l. Don't know where to go
 - m. Physical barriers
 - n. Language barriers
 - o. Technology issues/no internet or computer
 - p. Other
 - q. Not sure
 - r. Do not want to answer
7. Was there a time in the last 12 months that you did not get the **dental care** needed? (Select Yes, No, or Not Sure)
- a. Yes
 - b. No
 - c. Not sure
8. If yes to the previous question - What were the reasons you did not receive the dental care needed?
- a. Cannot afford to pay
 - b. Not enough time
 - c. Unable to get appointment
 - d. Insurance did not cover it
 - e. Co-payments too high
 - f. Uninsured
 - g. Inconvenient hours
 - h. Physical barriers
 - i. Poor dental care available
 - j. Don't know where to go
 - k. Unable to find a dentist to take Medicaid or other insurance
 - l. Lack of transportation
 - m. Lack of child daycare
 - n. Specialty dentist not in area
 - o. Language barriers
 - p. Technology issues/no internet or computer
 - q. Other
 - r. Not sure
 - s. Do not want to answer
9. In the past 12 months, was there a time that you needed **mental health care** but did not get it? (Select Yes, No, or Not Sure)
10. If yes to the previous questions - What were the reasons you did not receive the mental health care needed?

- a. Poor mental health care available
- b. Not enough time
- c. Unable to get appointment
- d. Cannot afford to pay
- e. Insurance did not cover it
- f. Co-payments too high
- g. Don't know where to go
- h. Specialty physician not in area
- i. Uninsured
- j. Inconvenient hours
- k. Lack of transportation
- l. Physical barriers
- m. Lack of child daycare
- n. Language barriers
- o. Technology issues/no internet or computer
- p. Other
- q. Not sure
- r. Do not want to answer

11. In the past 12 months, was there a time that you needed **alcohol or drug abuse treatment** but did not get it? (Select Yes, No, or Not Sure)

12. If yes to the previous question - What were the reasons you did not get the alcohol or drug abuse treatment needed? (multiple responses accepted)

13. Where do you go most often for health information? (Up to 3 responses accepted)

- a. Doctor or other health professional, nurse, nurse practitioner, pharmacist, etc.
- b. Internet (WebMD, MedlinePlus, Mayo Clinic, etc.)
- c. Government agencies (CDC, NIH, etc.)
- d. Myself/family member in health care field
- e. Family/Friends
- f. State or local public health department
- g. Alternative medicine location, acupuncture, homeopathic, chiropractor, etc.
- h. Health newsletter
- i. Books
- j. Podcasts (Influencers, etc.)
- k. Social media (Facebook, TikTok, Instagram, Influencers, etc.)
- l. Work
- m. Schools
- n. TV
- o. Newspaper
- p. Churches/faith leaders
- q. Radio
- r. Health food store

- s. Other
 - t. Not sure
 - u. Do not want to answer
14. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? (Select Yes, No, or Not Sure)
15. How difficult is it for you to meet the monthly payments on your bills?
- a. Not difficult at all
 - b. Slightly difficult
 - c. Somewhat difficult
 - d. Very difficult
 - e. Extremely difficult
 - f. Not Sure
16. During the past 30 days, about how often would you say you felt sad, blue, hopeless, or depressed?
- a. Never
 - b. Seldom
 - c. Sometimes
 - d. Nearly always
 - e. Always
 - f. Not sure
17. In the past year have you considered suicide? (Select Yes, No, or Not Sure)
18. During the past year has anyone made you afraid for your personal safety? (Select Yes, No, or Not Sure)
19. Below are some statements about your county (answer Yes, No, or Not Sure from a list of options)
- a. There are affordable health care services in the county
 - b. There are high quality health care services in the county
 - c. There are enough jobs that pay a living wage for adults in the county
 - d. There are job trainings or employment resources available
 - e. Childcare daycare/pre-school resources are affordable for those who need them
 - f. Childcare daycare/pre-school resources are available for those who need them
 - g. There are affordable places to live in the county
 - h. There are safe places to live in the county
 - i. The county has a variety of accessible places to walk
 - j. I feel safe walking in the county
 - k. There are affordable public transportation options in the county
 - l. The public transportation is easy to use in the county
20. In the past 30 days did you use marijuana or THC-containing products like Delta-9 or Delta-8, which can be consumed in various ways including dabbing or a vape pen? (Select Yes, No, or Not Sure)
21. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of county residents? (list of options to choose from)
- a. Mental health, mental conditions and suicide
 - b. Substance misuse including alcohol, drugs, tobacco



- c. Nutrition, physical activity and obesity
 - d. Chronic diseases including diabetes and heart disease
 - e. Communicable diseases, such as flu and measles
 - f. Oral health
 - g. Unintentional injury, including falls and vehicle accidents
 - h. Intimate partner and domestic violence
 - i. Maternal, infant, and child health
 - j. Reproductive health, sexual health and sexually transmitted infections
 - k. Other
 - l. Not sure
 - m. Do not want to answer
22. What are the **two** largest social or economic issues that must be addressed in order to improve the quality of life of county residents? (list of options to choose from)
- a. Accessible, affordable, quality health care including medical, dental, mental and alcohol/drug treatment
 - b. Social connectedness and belonging
 - c. Access to social services, including welfare programs, housing assistance, etc.
 - d. Safe and affordable housing
 - e. Accessible and affordable transportation
 - f. Environmental health, including clean air, safe water, etc.
 - g. Affordable childcare
 - h. Economic stability and employment
 - i. Racism and discrimination
 - j. Education access and quality
 - k. Community violence and crime
 - l. Food insecurity
 - m. Family support
 - n. Other
 - o. Not sure
 - p. Do not want to answer
23. How concerned are you about the following issues for children 17 years old or younger in your county? (answer Not at all concerned, Not too concerned, Somewhat concerned, Very concerned, Not sure)
- a. Alcohol use
 - b. Bullying
 - c. Vaping, juuling, and e-cigarette use
 - d. Cigarette smoking and other tobacco use, not including vaping
 - e. Marijuana weed, gummies, and edibles
 - f. Other street drug use
 - g. Prescription drug misuse
 - h. Nutrition and eating habits

i. Physical activity and exercise

24. In what zip code do you live?

25. What is your age?

26. What is your sex?

27. Are you Hispanic or Latino?

28. What is your race?

29. Which of the following best describes your highest level of education completed? (list of options to choose from)

- a. 8th grade or less
- b. Some high school
- c. High school graduate or GED
- d. Some college
- e. Technical school graduate
- f. College graduate
- g. Master's degree or higher
- h. Not sure
- i. Prefer not to answer/no answer

30. Do you have dependents 20 years old or younger living in your household?(Yes, No, Not sure, No answer)

31. What is your living situation today?

- a. I have a steady place to live
- b. I have a place to live today, but I am worried about losing it in the future
- c. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

33. Please list any additional thoughts or comments you have about helping us improve the health of county residents. (free text)

Key Stakeholder Interviews

As a supplement to the community online survey, key stakeholders who represent the diverse sectors of Ozaukee County were interviewed. Between July 29 and September 17, 2025, 23 key stakeholders participated. Some interviews included multiple people but were counted as single interviews for identification.

A variety of community populations were represented. A majority (70%) of stakeholders indicated they served all populations. In addition, several wanted to clarify their served population by specifying an "other." Most informants (74%) selected one population served.

Interview Questions:**Social Determinants of Health (SDOH):**

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently?
- What are the existing strategies addressing the health issue - what is working well? Who are the key partners that are working on this?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently?
- What are the existing strategies addressing the health issue - what is working well? Who are the key partners that are working on this?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Additional Questions/Comments

- Do you have any additional comments you would like to share?

We thank the following individuals for their willingness to volunteer their time and knowledge to this effort:

Key Stakeholder Interviewees:

Organization	Title	Name
Advocates of Ozaukee	Executive Director	Barbara Fischer
Aging and Disability Resource Center	Aging and Disability Services Manager	Kay-Ella Dee
Cedarburg School District	Superintendent	Jeridon Clark
Concordia University	President	Erik Ankerberg
Family Sharing of Ozaukee	Executive Director	Julie Hoover
Grafton School District	Superintendent	Jeff Nelson
Interfaith Caregivers of Ozaukee	Executive Director	Paul Schultz
Kettle Moraine YMCA	Branch Director	Matt McCann
Lakeshore Community Health Care	CEO	Kristin Stearns
Lakeshore Regional Child Advocacy Center	Executive Director	Amanda Didier
Lasata Senior Living	Director of Nursing	Laurie Gatewood
MATC	Director of clinical education and compliance in health care pathways	Sandy McIlroy
Mequon-Thiensville School District	Superintendent	Matt Joynt
Ozaukee County	Sheriff	Christy Knowles
Ozaukee County Human Services	Director	Kim Falkner
Ozaukee County NAMI	President	Dr. Michael Weber
Ozaukee County Economic Development	Executive Director	Kathleen Cady-Schilling
Ozaukee Family Services	Executive Director	Lisa Holtebeck
Ozaukee Food Alliance	Executive Director	Andrea Acosta
Sirona Recovery in Ozaukee County	Program Director	Melissa Drews
United Way of Northern Ozaukee	Executive Director	Barbara Bates-Nelson
Washington Ozaukee County Public Health	Public Health Officer	Kim Beuchler
Washington Ozaukee Waukesha Workforce Development	Executive Director	Analiene Smith

Appendix C: 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	Ozaukee	WI	U.S.	Description
Length of Life					
Premature death		4,700	7,300	8,100	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		81.5	78.2	77.6	How long the average person is expected to live
Infant mortality		5	6	6	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health		12.0%	16.0%	17.0%	Percentage of adults reporting fair or poor health
Poor physical health days		3.5	3.9	3.9	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		10.0%	12.0%	12.0%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		6.0%	8.0%	8.0%	Percentage of babies born too small (less than 2,500 grams)
Mental Health					
Poor mental health days		4.9	5.4	5.1	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		15.0%	17.0%	16.0%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		9	15	14	Number of deaths due to suicide per 100,000
Feelings of loneliness		30.0%	32.0%	33.0%	Percentage of adults reporting that they always, usually or sometimes feel lonely.
Chronic Conditions					
Diabetes prevalence		7.0%	9.0%	10.0%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths		94.9	N/A	N/A	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence		44	138	387	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		130.1	435.7	495.0	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

Table 10: Community Conditions

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	Ozaukee	WI	U.S.	Description
Economic Stability					
Median household income		\$98,400	\$74,700	\$77,700	The income where half of households in a county earn more and half of households earn less
Unemployment		2.6%	3.0%	3.6%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		4.0%	13.0%	16.0%	Percentage of people under age 18 in poverty
Child care cost burden		24.0%	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		98.0%	93.0%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		80.0%	70.0%	68.0%	Percentage of adults ages 25-44 with some post-secondary education
School funding adequacy		\$6,034	\$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		10.8	11.1	9.1	Number of membership associations per 10,000 population
Disconnected youth		N/A	5.0%	7.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		N/A	5	7	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities		7	12	13	Number of deaths due to firearms per 100,000
Lack of social and Emotional support		22.0%	25.0%	25.0%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.
Voter Turnout		89.4%	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		9.2	8.8	7.4	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		8.0%	11.0%	14.0%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		5.0%	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; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

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	Ozaukee	WI	U.S.	Description
Physical Environment					
Severe housing cost burden		17.0%	11.0%	15.0%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems		19.0%	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		9.1	.7	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

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	Ozaukee	WI	U.S.	Description
Healthcare Access					
Uninsured		4.0%	6.0%	10.0%	Percentage of population under age 65 without health insurance
Uninsured adults		4.0%	7.0%	11.0%	Percentage of adults under age 65 without health insurance
Uninsured children		3.0%	5.0%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians		650:1	1,220:1	1,310:1	Ratio of the population to primary care physicians
Mental health providers		300:1	350:1	290:1	Ratio of the population to mental healthcare providers
Preventable hospital stays		2,130	2,498	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations		60.0%	53.0%	48.0%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		54.0%	50.0%	44.0%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

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	Ozaukee	WI	U.S.	Description
Healthy Lifestyle					
Adult obesity		34.0%	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		17.0%	21.0%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		96.0%	84.0%	84.0%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		30.0%	34.0%	37.0%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		6	10	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		2	11	16	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking		13.0%	15.0%	13.0%	Percentage of adults who are current smokers
Excessive drinking		26.0%	24.0%	19.0%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		26.0%	31.0%	26.0%	Percentage of driving deaths with alcohol involvement.
Drug overdose deaths		17	30	32	Number of drug poisoning deaths per 100,000 population.

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

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. It is important to note that in communities with less diversity, disparities might exist that are not obvious in the data.

Indicator	Population	Ozaukee County	Wisconsin	United States
Mammography Screening percent of medicare enrolled ages 65-74 who received an annual mammogram	Overall	54%	50%	45%
	Asian	38%		
	Non-Hispanic Black / African American	60%		
	Non-Hispanic White	54%		
Preventable hospital stays per 100,000 Medicare enrollees	Overall	2,130	2,498	2,666
	Black / African American	7,023		
	White	2,092		
Children in Poverty Percent of people under 18 in poverty	Overall	4%	13%	16%
	Asian	12%		
	Hispanic / Latino	7%		
	Non-Hispanic White	5%		

Source: County Health Rankings and Roadmaps; Ozaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/ozaukee?year=2025#community-conditions>

Appendix D: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension SHRI has cataloged resources available in Ozaukee County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem. The resources listed under each significant need heading are not intended to be exhaustive. For more community resources, visit: <https://neighborhoodresource.findhelp.com/>.

Access to Care

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus/Ascension Sacred Heart Rehabilitation Institute, Inc.	262-243-7300	https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee/departments/sacred-heart-rehabilitation-hospital
Aurora Medical Center - Grafton	262-329-1000	https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-grafton
Children's Urgent Care at Mequon Clinic	262-518-2622	https://childrenswi.org/locations/mequon-urgent-care
Froedtert Community Hospital - Mequon	262-518-4910	https://www.froedtert.com/locations/hospital/froedtert-community-hospital-mequon
Washington Ozaukee Health Department	262-284-8170	https://washozwi.gov/

Chronic Conditions

Organization Name	Phone	Website
Aging and Disability Resource Center (ADRC)	262-284-8120	https://www.ozaukeecounty.gov/244/Aging-Disability-Resource-Center-ADRC
Grafton Senior Center	262-375-5311	https://www.villageofgraftonwi.gov/80/Senior-Friendship-Club
Wisconsin Institute for Healthy Aging	608-243-5690	https://wihealthyaging.org/programs/live-well-programs/living-well/

Family Sharing of Ozaukee County	262-377-0634	https://www.familysharingozaukee.org/
Feeding America Eastern Wisconsin Food Assistance	414-931-7400	https://feedingamericawi.org/find-help/assistance/
Family Sharing Ozaukee Food Pantry	262-277-0634	https://www.familysharingozaukee.org/food-pantry/
Kettle Moraine YMCA	262-268-9622	https://www.kmymca.org
Ozaukee Food Alliance	262-689-8591	https://ozaukeefoodalliance.org/
United Way Northern Ozaukee Healthy Community	248-613-7855	https://www.unitedwayno.org/healthy-community

Economic Stability & Housing

Organization Name	Phone	Website
Goodwill Workforce Connection Center	414-353-6400	https://www.goodwillgreatermc.org/doing-business/workforce-connection-centers
Eligibility Management: Ozaukee County	262-268-8103	https://www.dhs.wisconsin.gov/em/ozaukee.htm
Ozaukee County Homelessness Prevention Program	262-268-2723	https://www.unitedwayno.org/homelessness-prevention-program
Ozaukee County Wisconsin Shares Child Care Subsidy	262- 284-8200	https://www.wellbadger.org/s/offeredservice/a1D8W00000GZjPOUA1/ozaukee-county-wisconsin-shares-child-care-subsidy?language=en_US
United Way of Northern Ozaukee	248-613-7855	https://unitedwayno.org/

Mental Health

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus/Ascension Sacred Heart Rehabilitation Institute, Inc.	262-243-7300	https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee/departments/sacred-heart-rehabilitation-hospital
Children's Urgent Care at Mequon Clinic	877-607-5280	https://childrenswi.org/locations/mequon-clinic
Aurora Behavioral Health Center	414-773-4312	https://www.aurorahealthcare.org/locations/aurora-behavioral-health-center-grafton

Crisis Lines	988 OR 262-377- COPE (2673)	https://988lifeline.org/
Froedtert Mequon Health Center	262-518-1900	https://www.froedtert.com/locations/health-center/mequon-health-center
Mental Health America of Wisconsin	414-276-3122	https://www.mhawisconsin.org/home.aspx
National Alliance on Mental Illness (NAMI) Ozaukee	262-243-3627	https://namiozaukee.org/
Ozaukee County Department of Human Services Behavioral Health	262-284-8200	https://www.ozaukeecounty.gov/261/Behavioral-Health

Substance Misuse

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Ozaukee Campus	262-243-7300	https://healthcare.ascension.org/locations/wisconsin/wimil/mequon-ascension-columbia-st-marys-hospital-ozaukee
Aurora Behavioral Health Center	414-773-4312	https://www.aurorahealthcare.org/locations/aurora-behavioral-health-center-grafton
Comprehensive Counseling Services, LLC	262-284-5789	https://www.compounselingservices.com/
Crisis Lines	988 OR 262-377- COPE (2673)	https://988lifeline.org/
National Alliance on Mental Illness (NAMI) Ozaukee	262-243-3627	https://namiozaukee.org/resources/
Ozaukee County Outpatient Mental Health and Substance Use Disorder Services	262-377-7786	https://www.ozaukeecounty.gov/262/Outpatient-Mental-Health-Substance-Use-D
SAMHSA Substance Abuse and Mental Health National Helpline	800-622-HELP (4357)	https://www.samhsa.gov/find-help/helplines/national-helpline
Sirona Recovery - Ozaukee Division	262-377-2673	https://www.sirona-recovery.org/

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

Ascension Sacred Heart Rehabilitation Institute, Inc.’s previous CHNA implementation strategy was completed in October 2023 and responded to the following priority health needs: Access to Care and Chronic Disease and Prevention.

The table below describes the actions taken during the TY2023-TY2025 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (May 2026), 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 TY2025 IRS Form 990/Schedule H.

Access to Care

Action(s) taken	Status of action(s)	Results
Expand Access to Care in the Community <ul style="list-style-type: none"> Support Community Access to Care Initiatives 	Completed	<ul style="list-style-type: none"> Ascension SHRI supported community access to care initiatives by funding collaborative partnerships to improve health care access for individuals who are low-income and underserved. The hospital provided basic life-saving medical interventions and methods to control bleeding to the community through Stop the Bleed. Health services were provided to those who do not have insurance through the free clinic, Huiras Family Ozaukee Community Clinic Support. Support was also provided to community services teams that offered health screenings and outreach events throughout the community.
Provide Initiatives for Patients for Improved Access to Care <ul style="list-style-type: none"> Increase Access to Health Care Services by Providing Holistic Support for Ascension Wisconsin Patients 	Completed	<ul style="list-style-type: none"> Ascension SHRI staff screened patients for financial assistance eligibility, provided counseling, and referred individuals to charity care or Medicaid as appropriate. Patients were also connected to resources addressing transportation barriers and referred to free prescription programs when needed. Over \$3,000 provided in transportation services for 79 patients. \$12,500 donated in support of University of Wisconsin Center of Health Care Careers Center, a collaboration to address pathways to healthcare careers including technical skills development and career readiness. Over \$674,000 in outpatient brain injury day treatment program subsidized services.

Chronic Disease and Prevention

Action(s) taken	Status of action(s)	Results
Implement Prevention and Detection Activities within the Community <ul style="list-style-type: none"> ● Engage and Educate Community Members about Health and Prevention ● Expand Opportunities for Community Members to be Engaged in Healthy Living Activities 	Completed	<ul style="list-style-type: none"> ➤ Ascension SHRI hosted educational sessions focused on healthy living, stroke awareness, and chronic disease prevention. ➤ A social worker also provided outreach and support to individuals experiencing homelessness, helping to connect them with needed health and social services. ➤ Geriatric Level 1 ED accreditation received. ➤ The hospital contributed to community education sessions on healthy foods and chronic disease awareness; developing a Falls Prevention program in collaboration with partners
Provide Initiatives for Patients for Improved Chronic Disease Care and Prevention <ul style="list-style-type: none"> ● Promote Screenings and Interventions for Chronic Disease Support ● Educate Patients and Associates about Healthy Living Resources 	On-going	<ul style="list-style-type: none"> ➤ Ascension SHRI launched a social needs screening, which includes a question on food security and promoted the link to Neighborhood Resource for anyone needing community support with food. ➤ The hospital conducted screenings and interventions for chronic disease prevention by advancing initiatives that address social needs, enhance best practice guidelines, and share educational materials with physicians to improve patient referrals. ➤ The Neighborhood resources platform was used to strengthen community support connections, and essential drives were held to provide clothing and basic needs for behavioral health patients. ➤ Ascension SHRI held low-cost farmers markets for associates and patients to easily access affordable healthy foods; launched a social needs screening, which includes a question on food security, and creating plans for quality improvement around the referral process