

Community Health Needs Assessment

Prepared for
EDGERTON HOSPITAL

By
VERITÉ HEALTHCARE
CONSULTING, LLC

December 3, 2013

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments and develop implementation strategies that address priority needs. The firm also helps hospitals, associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are being required to meet.

The community health needs assessment prepared for Edgerton Hospital was directed by the firm's President and managed by a senior-level consultant.

Associates and research analysts supported the work. The firm's senior-level consultants and associates hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

Verité Healthcare Consulting's work seeks to improve the health of communities, of vulnerable people, and the organizations that serve them

TABLE OF CONTENTS

ABOUT VERITÉ HEALTHCARE CONSULTING	1
TABLE OF CONTENTS	II
INTRODUCTION	1
EXECUTIVE SUMMARY	2
Community-Wide Priority Needs	3
CHNA DATA AND ANALYSIS METHODOLOGY	A-1
Analytic Methods.....	A-1
Information Gaps	A-1
Collaborating Organizations	A-1
DEFINITION OF COMMUNITY ASSESSED	A-2
SECONDARY DATA ASSESSMENT	A-4
Demographics	A-4
Economic Indicators	A-6
1. People in Poverty.....	A-6
2. Unemployment and Insurance Coverage Rates	A-9
3. Household Income.....	A-11
County-Level Health Status and Access Indicators	A-12
1. County Health Rankings.....	A-12
2. Wisconsin Department of Health Services	A-14
ZIP Code and Census Tract Level Indicators	A-16
1. Dignity Health Community Need Index™.....	A-16
2. U.S. Department of Agriculture.....	A-18
Medically Underserved Areas and Populations	A-19
Health Professional Shortage Areas.....	A-19
Description of Other Facilities and Resources within the Community.....	A-20
Findings of Other Recent Community Health Needs Assessments	A-21
1. St. Mary’s Janesville, 2012, Verité Healthcare Consulting, LLC.....	A-21
2. The Lifecourse Initiative for Healthy Families, Beloit Community Action Plan to Close the Black- White Gap in Birth Outcomes, 2012.....	A-22
3. Rock County Health Department, Health Needs Assessment, 2011	A-23
4. Community Action Inc., Community Needs Assessment, 2010.....	A-23
Secondary Data Indicators of Interest.....	A-25
1. Community Population – Growing Hispanic Population	A-25
2. Behavioral Factors.....	A-25
3. Economic Factors	A-26
4. Environmental Factors.....	A-27
5. Social Factors	A-27
6. Health Status: Diseases.....	A-28
7. Health Status: Leading Causes of Death.....	A-29
8. Health Status: Maternal and Child Health	A-30
Disparities of Interest – By Race and Ethnicity	A-31
1. Economic Factors	A-32
2. Social Factors: Educational Achievement	A-33
3. Health Status: Diseases.....	A-33
4. Health Status: Leading Causes of Death.....	A-34
5. Health Status: Maternal and Child Health	A-34
Disparities of Interest – By Gender	A-35
1. Economic Factors	A-35
2. Health Status: Diseases.....	A-36
3. Health Status: Leading Causes of Death.....	A-37
PRIMARY DATA ASSESSMENT	A-38
Interview Findings	A-38
Individuals Providing Community Input	A-41
DATA SOURCES	A-42

INTRODUCTION

This community health needs assessment (CHNA) was conducted by Edgerton Hospital to identify community health needs and to inform development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.¹

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to “conduct a [CHNA] every three

years and adopt an implementation strategy to meet the community health needs identified through such assessment.”

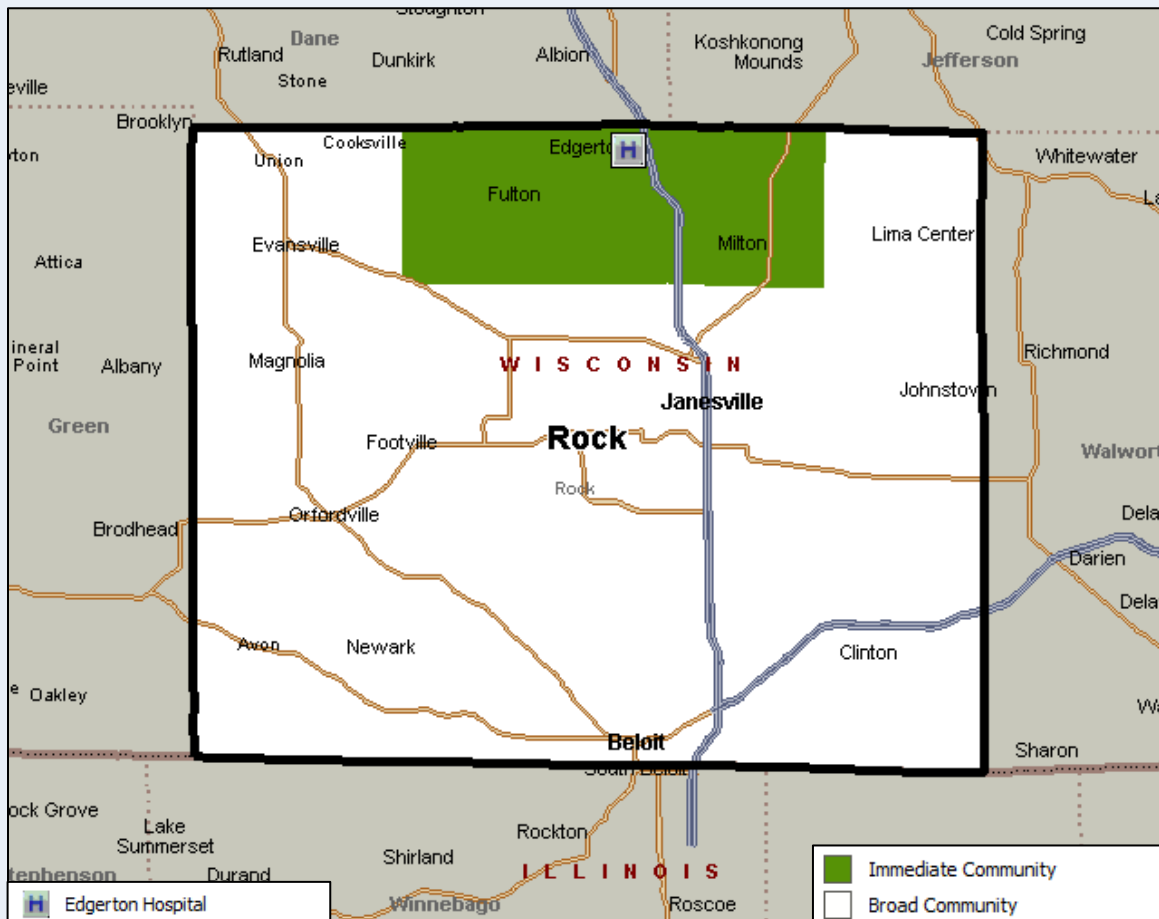
CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of **how** the hospital can best use its limited charitable resources to address priority needs will be the subject of the separate implementation strategy.

¹Instructions for IRS form 990 Schedule H, 2012.

EXECUTIVE SUMMARY



Edgerton Hospital Community Summary Characteristics

- Edgerton and Milton comprise the immediate community
- Rock County is the broad community
- Rock County Population (2009-2011): 160,264
- 87 percent of hospital discharges originated from Edgerton and Milton
- Population increase (2000-2011): 5.2%
- Lower median income than the Wisconsin average
- Higher rate of unemployment than Wisconsin and the U.S.
- Higher percentage of Hispanic (or Latino) residents than Wisconsin average
- Disparities:
 - Non-White populations have lower household incomes than White residents
 - Non-White populations less likely to have high school or college diploma than the White population
 - Males more likely to die of many chronic diseases, including cancer and heart disease
 - Males also report higher mortality due to falls, motor vehicle crashes, suicide, and unintentional injuries

While the hospital’s community benchmarks favorably on a variety of health indicators compared to national and Wisconsin averages, this assessment has identified a number of priority problems that impact the health of the community.

For this assessment, Edgerton and Milton comprise the immediate community. Rock County is the broad community. The county has experienced slower population growth than Wisconsin. Currently, the population living in the community has a slightly higher proportion of residents aged 0-17 than the Wisconsin average. The county has a higher percentage of Hispanic (or Latino) residents than the state average.

Health disparities exist for racial and ethnic minorities. These populations are more likely to have limited economic and social resources and to be at risk for poor health.

Health disparities also exist between sexes; males were more likely to report mortality relating to several chronic diseases, including heart disease and cancer. Males also were more likely to report mortality relating to falls, motor vehicle crashes, suicide, and unintentional injuries.

There are several potentially vulnerable geographic areas in the county; 41 of the county’s 67 school districts report more than 40 percent of their student body as eligible for free and reduced cost meals; food deserts are concentrated near Janesville and Beloit.²

Community-Wide Priority Needs

Poor health status can result from a complex interaction of challenging social, economic, environmental, and behavioral factors combined with a lack of access to care. Addressing these “root” causes is an important way to improve quality of life and to reduce mortality and morbidity.

The table that follows identifies the priority community health needs found by this CHNA. The needs are listed by category in alphabetical order.

² An area where residents live more than 1 mile from a supermarket or large grocery store in an urban area and more than 10 miles from a supermarket or large grocery store in a rural area.

Access to Providers of Health and Human Services

- **Lack of Affordable and Accessible Care**

Access to care is impeded by a lack of transportation and financial limitations, including uninsurance, underinsurance, and high deductibles/co-pays.

- **Lack of Specialists**

Edgerton and Milton have an undersupply of specialist services, including obstetrics-gynecology, orthopedics, pediatrics, and respiratory therapy. Residents travel outside the community to meet these needs or may forego such services.

Dental Health

- **Lack of Access to Dental Care and Poor Dental Health Status**

Affordable dental care services for low-income adults are needed to improve dental health outcomes.

Health Behaviors

- **Alcohol Abuse**

Efforts to reduce alcohol misuse are needed due to comparatively high rates of excessive drinking.

- **Drug Abuse**

Interventions are needed to reduce abuse of illegal substances, particularly heroin, and misuse of prescription drugs.

- **Smoking/Tobacco Use**

Efforts to reduce tobacco use are needed due to comparatively high rates of smoking and smoking by pregnant women.

Health-Related Disparities

- **Gender Disparities**

Gender disparities are prevalent in Rock County. Males have higher mortality rates relating to a variety of chronic diseases including colorectal cancer, lung cancer, oral and pharynx cancer, and heart disease. Males also have higher mortality rates due to falls, unintentional injuries, motor vehicle accidents, and suicide. Females have higher chlamydia incidence rates.

- **Racial and Ethnic Disparities**

Non-White populations have lower median incomes, insurance rates, and high school and college graduation rates than the White population. Poverty and unemployment rates are higher among most non-White populations than in the White population. Non-White populations have higher incidence and mortality rates for many chronic diseases. Infant health risk factors and poor infant health outcomes are higher in non-White populations than among White residents. Language barriers and a lack of culturally competent care may contribute to these disparities.

Mental Health

- **Lack of Access to Mental Health Services and Poor Mental Health Status**

Poor mental health status is evidenced by the comparatively high rate of suicide in Rock County. The community reports an insufficient supply of mental health services, an issue compounded by substance abuse, insufficient insurance coverage, and financial hardship.

Maternal and Child Health

- **High Rates of Unsafe Sex**

The overall community exhibits high rates of unsafe sex, as evidenced by comparatively high rates of sexually transmitted infections and teen pregnancy.

Morbidity

- **Diet and Exercise-Related Issues**

Interventions, including increasing exercise and access to nutritious foods are needed to reduce obesity.

Social and Economic Factors

- **Financial Hardship and Unemployment**

The economic downturn has led to comparatively high rates of unemployment and poverty in Edgerton and Milton. These issues exacerbate healthcare access and mental health concerns.

- **High Rates of Violent Crime and Child Abuse**

Comparatively high rates of violent crime and child abuse are reported in Rock County.

CHNA DATA AND ANALYSIS

METHODOLOGY

Analytic Methods

This report begins by identifying the community served by Edgerton Hospital. Findings based on various quantitative analyses regarding health needs in the area then are discussed. Public information and data provided by Healthy Communities Institute (HCI) were assessed. Certain data regarding higher priority needs in the community were assessed in particular depth. Additionally, health assessments conducted by other organizations in recent years were reviewed and analyzed.

The assessment then considers information obtained from interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and Edgerton Hospital-affiliated clinicians, administrators, and staff. Interviews were conducted in September 2013.

Identifying priority community health needs involves benchmarking and trend analysis. Statistics for health status and health access indicators were analyzed and compared to state-wide and national benchmarks or goals. The assessment considers multiple data sources, including indicators from local, state, and federal agencies. Including multiple data sources and stakeholder views is important when assessing the level of consensus that exists regarding community health needs. If numerous data sources and interviews support similar conclusions, then confidence is increased that the most problematic health needs in a community have been identified.

Information Gaps

No information gaps have affected Edgerton Hospital's ability to reach reasonable conclusions regarding community health needs.

Collaborating Organizations

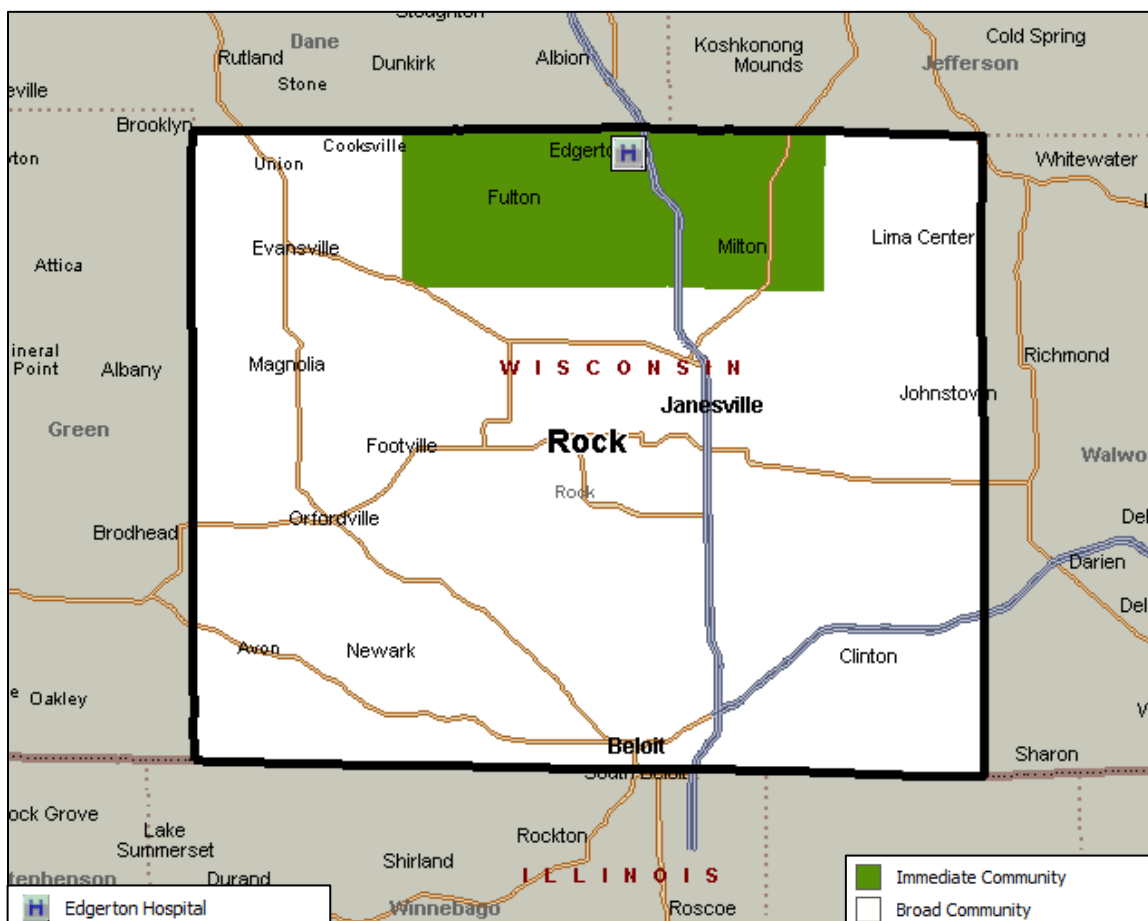
For this assessment, Edgerton Hospital did not formally collaborate with any other organizations. Input was received from interviews with 17 stakeholders.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Edgerton Hospital. Verité relied on the hospital's current service area definition to identify the community to be assessed. The definition was based on the geographic origins of hospital discharges.

Edgerton Hospital's immediate community is defined as Edgerton and Milton, and the broad community is defined as Rock County in Wisconsin. **Exhibit 1** shows Edgerton, Milton, and the remainder of Rock County. In 2009-2011, Rock County had an estimated population of 160,264.

Exhibit 1: Edgerton Hospital Community



Sources: Microsoft MapPoint and Edgerton Hospital, 2013.

The boundaries of Edgerton and Milton are mapped using census tracts 55105003001, 55105003002, and 55105003100.

Population 2009-2011: 160,264

...

87% of the hospital's 2012-2013 discharges originated from Edgerton and Milton

As presented in **Exhibit 2**, 86.9 percent of the hospital’s inpatient discharges and 75.7 percent of hospital’s emergency department visits originated from Edgerton and Milton from June 2012 to June 2013. For Rock County overall, 91.3 percent of the hospital’s inpatient discharges and 84.2 percent of hospital’s emergency department visits originated the county during the same period.

Exhibit 2: Edgerton Hospital Inpatient Discharges and Emergency Department Visits, June 2012-June 2013

ZIP Code	Percent of Discharges	Percent of Emergency Department Visits
Edgerton and Milton		
53534	76.2%	63.8%
53563	10.7%	11.9%
Subtotal	86.9%	75.7%
Rest of Rock County		
53545	1.0%	2.9%
53546	1.9%	2.0%
53548	1.5%	1.8%
53536	0.0%	1.0%
53511	0.0%	0.5%
53576	0.0%	0.2%
53525	0.0%	0.1%
53505	0.0%	0.0%
Subtotal	4.4%	8.5%
Community Total	91.3%	84.2%
Other	8.7%	15.8%
Total	206	1,842

Source: Edgerton Hospital, 2013.

SECONDARY DATA ASSESSMENT

This section assesses secondary data regarding health needs in Edgerton Hospital’s community.

Demographics

Population characteristics and trends play a determining role in the types of health and social services needed by communities. The population of Rock County increased 5.2 percent between 2000 and 2011 to 160,264 persons; the state increased 6.1 percent during that same time period.

Exhibit 3 indicates that Rock County had a slightly higher proportion of people under 18 years of age than Wisconsin as a whole.

Exhibit 3: Percent of Population by Age, 2009-2011

Age Group	Rock County	Wisconsin
<5	6.5%	6.2%
5-17	18.4%	17.2%
18-64	61.6%	62.9%
65+	13.5%	13.7%
Total	160,264	5,690,898

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

25% of Rock County’s population in 2009-2011 was under 18 years of age

In 2009-2011, 90.4 percent of Rock County’s population was White. The county has reported a higher proportion of White, Hispanic (or Latino) and two or more races populations than statewide averages (**Exhibit 4**).

Exhibit 4: Percent of Population by Race/Ethnicity, 2009-2011

Race / Ethnicity	Rock County	Wisconsin
White	90.4%	87.3%
Hispanic (or Latino)	7.6%	5.9%
Black	3.9%	6.2%
Two or More Races	3.0%	1.9%
Other	1.4%	1.4%
Asian	1.1%	2.3%
American Indian or Alaska Native	0.2%	0.9%
Total	160,264	5,690,898

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

8% of Rock County’s population in 2009-2011 was Hispanic (or Latino)

Other demographic characteristics are presented in **Exhibit 5**. The proportions of people with disabilities in each age category were higher than the state averages. A higher proportion of Rock County residents did not graduate high school compared to the Wisconsin average.

Exhibit 5: Selected Demographic Indicators, 2009-2011

Demographic Indicators	Rock County	Wisconsin	U.S.
Total Population With Any Disability	13.6%	10.9%	12.0%
Population 0-18 With Any Disability	6.4%	4.2%	4.0%
Population 18-64 With Any Disability	12.4%	8.8%	10.0%
Population 65+ With Any Disability	33.2%	32.8%	36.8%
Residents 25+ Who Did Not Graduate High School	12.7%	9.9%	14.4%

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

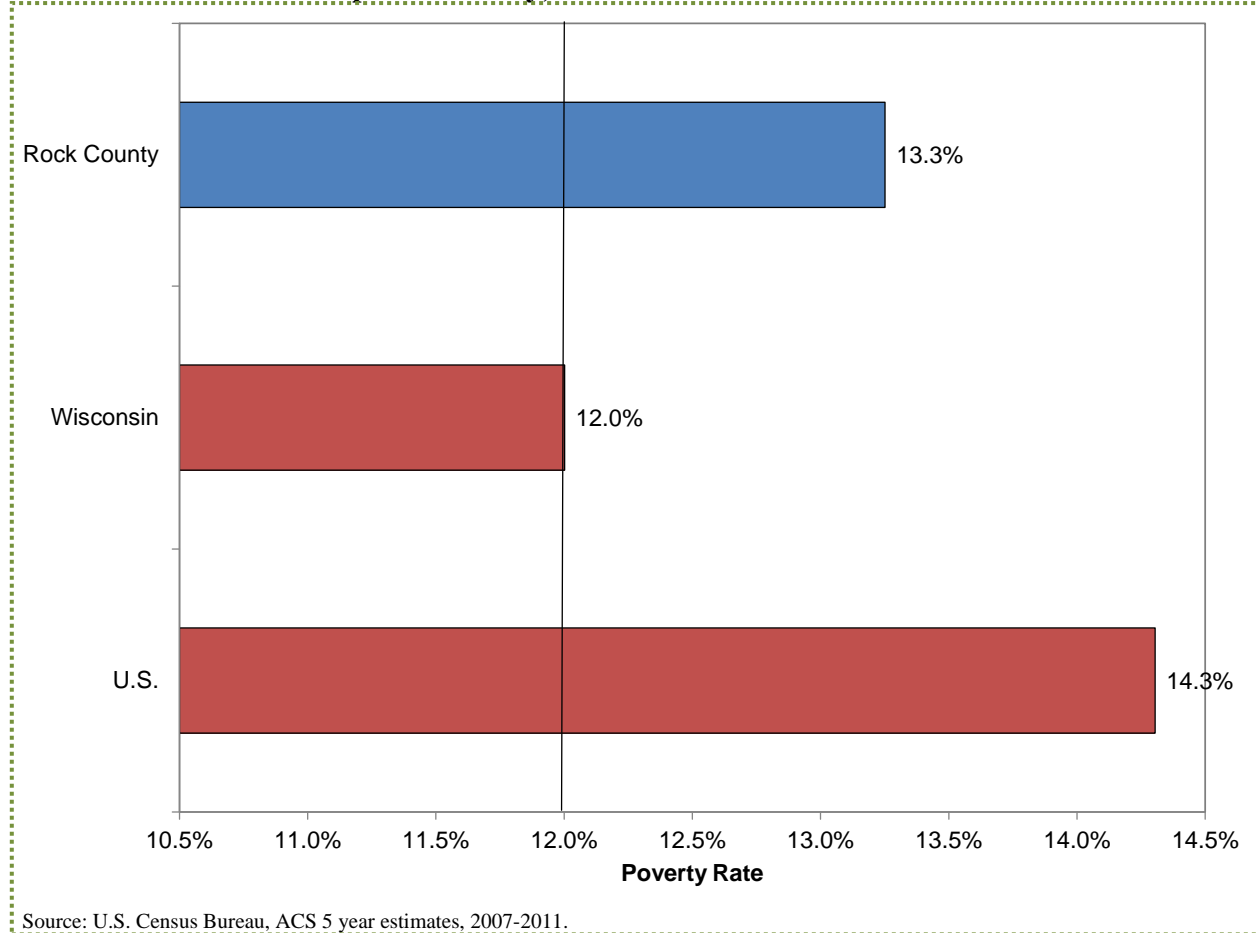
Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) unemployment and insurance coverage rates, and (3) household income.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census ACS 5-year estimates (2007-2011), 14.3 percent of people in the U.S. and 12.0 percent of people in Wisconsin lived in poverty. Rock County experienced a poverty rate of 13.3 percent, a rate above the Wisconsin average but lower than the national average, as illustrated in **Exhibit 6**.

Exhibit 6: Percent of People in Poverty, 2007-2011



As illustrated in **Exhibit 7**, Poverty rates for non-White populations were generally higher than rates for the White population in Rock County. The poverty rates were higher than the Wisconsin and national averages for the Black population, Asian population, and population of individuals reporting two or more races.

Exhibit 7: Percent of People in Poverty by Race, 2007-2011

Race / Ethnicity	Rock County	Wisconsin	U.S.
American Indian	18.2%	28.2%	27.0%
Asian	33.6%	17.2%	11.7%
Black	46.6%	36.3%	25.8%
Hispanic (or Latino)	29.4%	23.8%	23.2%
White	10.6%	9.6%	11.6%
Other	23.5%	23.2%	24.6%
Two or More Races	35.0%	24.3%	18.7%
Total	13.3%	12.0%	14.3%

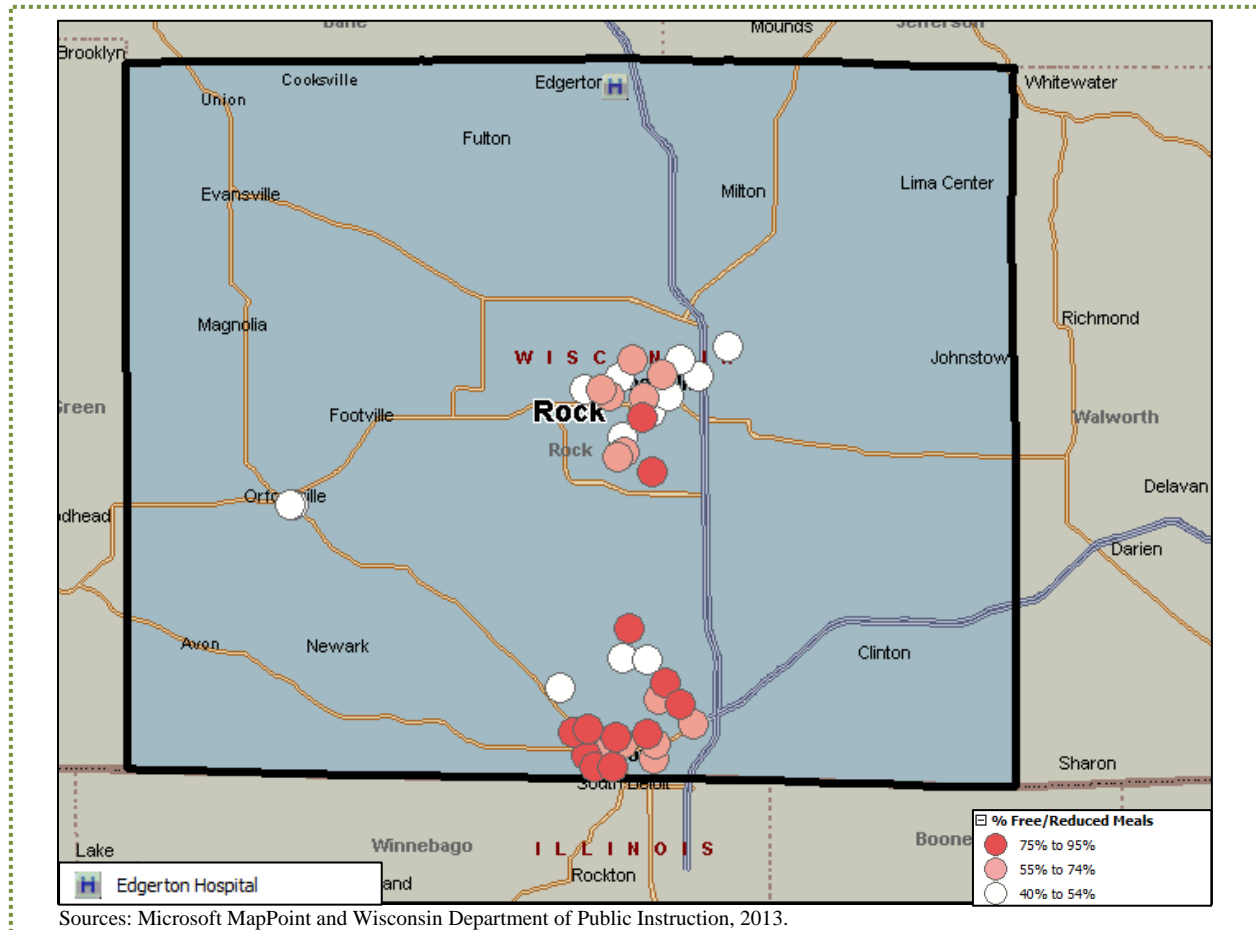
Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

*Caution should be used when interpreting these data because of the small non-White population.

The percentage of students eligible for free or reduced-cost lunches is another indicator of poverty. Schools participating in the National School Lunch Program are eligible to receive funding from the USDA to provide free or reduced-cost meals to low-income students. Schools with 40 percent or more of their student body receiving free or reduced-cost meals are eligible for Title I funding to help ensure that students meet grade-level proficiency standards.

Exhibit 8 maps the 41 school districts (out of 67) in Rock County with more than 40 percent of students eligible to receive free or reduced-cost lunches. Due to their proximity to each other, some school districts are not visible on the map. None of the school districts in Edgerton and Milton reported 40 percent or more of their student body receiving free or reduced-cost meals.

Exhibit 8: Public Schools with Over 40 Percent of Students Eligible for Free or Reduced-Cost Lunches, School Year 2012

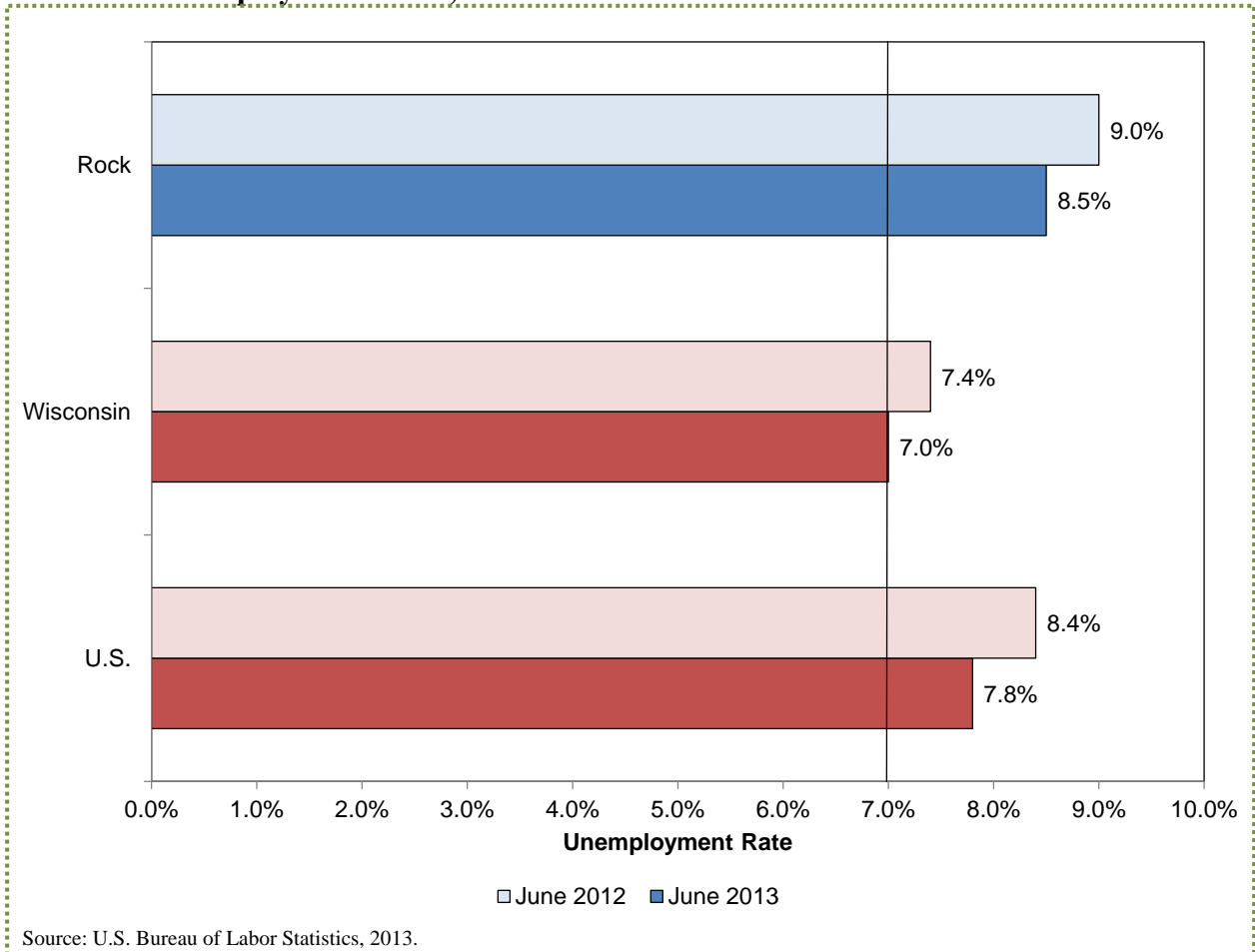


Sources: Microsoft MapPoint and Wisconsin Department of Public Instruction, 2013.

2. Unemployment and Insurance Coverage Rates

Rock County reported higher unemployment rates in 2012 and 2013 than Wisconsin and national averages (**Exhibit 9**). High unemployment rates can increase the number of people without health insurance and with basic needs insecurity, such as food, clothing, and housing.

Exhibit 9: Unemployment Rates, 2012-2013



All non-White populations aside from Asian residents of Rock County reported higher rates of unemployment than the White population. All cohorts aside from the Asian population reported higher unemployment rates than the Wisconsin and national averages (**Exhibit 10**).

Exhibit 10: Unemployment Rates by Race and Ethnicity, 2007-2011

Race / Ethnicity	Rock County	Wisconsin	U.S.
American Indian and Alaska Native	18.9%	16.9%	14.8%
Asian	6.2%	7.6%	6.9%
Black	25.2%	18.9%	15.0%
Hispanic (or Latino)	13.5%	10.6%	10.6%
Native Hawaiian and Other Pacific Islander	29.4%	16.7%	11.8%
White	8.6%	6.3%	7.5%
Other	11.3%	9.7%	10.8%
Two or More Races	29.2%	14.8%	13.1%
Total	9.5%	7.1%	8.7%

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

Exhibit 11 indicates that, in 2011, Rock County had a higher percentage of uninsured residents than the Wisconsin average in all cohorts aside from the population under 18.

Exhibit 11: Uninsured Population by Age Cohort and County, 2009-2011

County	Total Population (Percent Uninsured)	Population Under 18 (Percent Uninsured)	Population 18-64, Employed (Percent Uninsured)	Population 18-64, Unemployed (Percent Uninsured)	Population 18-64, Not in Labor Force (Percent Uninsured)
Rock County	11.1%	4.8%	12.1%	43.6%	16.9%
Wisconsin	9.2%	4.8%	10.5%	35.8%	13.5%
U.S.	15.2%	8.0%	17.6%	47.0%	22.0%

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

3. Household Income

Median household income in Rock County was generally lower than the median income in Wisconsin. Household income varied by race/ethnicity. Non-White populations had lower median incomes than the White population, as shown in **Exhibit 12**.

Exhibit 12: Median Household Income by Race and Ethnicity, 2007-2011

Indicator	Rock County	Wisconsin
Median Household Income	\$ 50,532	\$ 52,374
American Indian and Alaska Native	\$ 24,784	\$ 35,573
Asian	\$ 37,344	\$ 54,462
Black	\$ 22,320	\$ 27,647
Hispanic (or Latino)	\$ 34,522	\$ 38,813
White	\$ 52,431	\$ 54,497
Other	\$ 35,324	\$ 38,036
Two or More Races	\$ 35,300	\$ 40,343

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

County-Level Health Status and Access Indicators

Data from *County Health Rankings* and the Wisconsin Department of Health Services were used to examine county-level health status and access indicators in Rock County.

1. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state in terms of “health factors” and “health outcomes.” These health outcomes and factors are composite measures based on several variables which are grouped into the following categories: health behaviors, clinical care,³ social and economic factors, and physical environment.⁴

County Health Rankings is updated annually. *County Health Rankings 2013* relies on data from 2004 to 2012, with most data originating in 2007 to 2011.

Exhibit 13 provides a summary analysis of the rankings for Rock County. Rankings indicate how Rock County benchmarked compared to the 71 other counties in the state (a rank of 1 indicates the best in the state). **Exhibit 13** also provides data for each underlying indicator. Shading is used to highlight indicators and rankings that benchmark unfavorably.

³ A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

⁴ A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 13: County Health Rankings for Rock County

Indicator Category	Category Ranking Rock	Data	Data Value Rock
Health Outcomes	62		
Mortality	52	Years of Potential Life Lost Rate	6,592.8
Morbidity	62	Poor or Fair Health	N/A
		Poor Physical Health Days	3.8
		Poor Mental Health Days	3.2
		Low Birth Weight	7.3%
Health Factors	64		
Health Behaviors	67		
Tobacco Use	66	Adult Smoking	25.0%
Diet and Exercise	51	Adult Obesity	31.1%
		Physical Inactivity	24.2%
Alcohol Use	37	Excessive Drinking	25.7%
		Motor Vehicle Crash Death Rate*	15.3
Sexual Activity	68	Chlamydia Rate*	410.4
		Teen Birth Rate**	39.7
Clinical Care	42		
Access to Care	42	Uninsured	12.1%
		Primary Care Physicians Rate	1,587:1
		Dentist Rate	2,066:1
Quality of Care	43	Preventable Hospital Stays***	54.0
		Diabetic Screening	88.9%
		Mammography Screening	65.9%
Social & Economic Factors	61		
Education	55	High School Graduation	87.1%
		Some College	56.9%
Employment	59	Unemployment	9.5%
Income	49	Children in Poverty	21.1%
Family and Social Support	59	Inadequate Social Support	18.6%
		Children in Single Parent Households	33.5%
Community Safety	66	Violent Crime Rate*	247.6
Physical Environment	64		
Environmental Quality	55	Average Daily Fine Particulate Matter	11.3
		Drinking Water Safety****	0.0%
Built Environment	66	Recreational Facilities Rate*	8.7
		Limited Access to Healthy Foods	9.2%
		Fast Food Restaurants	41.9%

Source: County Health Rankings, 2013.

*Rates are per 100,000 population.

**Rate is per 1,000 females aged 15-19.

***Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees.

****The percentage of people who received their water from a public water system with at least one health violation in 2012.

County Ranking Key	
County rank 1-36 in WI	
County rank 37-54 in WI	
County rank 55-72 in WI	

Data Value Key	
Unreliable or missing data	N/A
Better than U.S. average	
0-50% worse than U.S. average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

Rock County ranked in the bottom quarter of Wisconsin counties for Morbidity, Tobacco Use, Sexual Activity, Education, Employment, Family and Social Support, Community Safety, Environmental Quality, and Built Environment. All indicators compared unfavorably to the Wisconsin county median. Compared to the U.S. average, Rock County ranked more than 75 percent worse for excessive drinking.

2. Wisconsin Department of Health Services

The Wisconsin Department of Health Services maintains a publicly-available data warehouse that includes indicators regarding a number of health status issues. Each year, the department publishes a profile for the state, each public health region,⁵ and each county in the state. Data in the 2010 profiles were from 2008 through 2010. **Exhibit 14** provides the health status indicators for Rock County compared to Wisconsin averages.

⁵ Wisconsin is divided into five public health regions that focus on certain counties in the state. Rock County is part of the Southern Region which includes 15 counties.

Exhibit 14: Rock County and Wisconsin Health Indicators

Indicator	Rock	Wisconsin	Year
Cancer Incidence*			
Breast Cancer Incidence Rate	115.8	136.4	2008
Colorectal Cancer Incidence Rate	39.2	47.0	2008
Lung Cancer Incidence Rate	76.6	66.9	2008
Other Sites Cancer Incidence Rate	241.7	249.0	2008
Prostate Cancer Incidence Rate	117.1	138.5	2008
Total Cancer Incidence Rate	476.5	503.1	2008
Maternal and Child Health			
10+ Prenatal Visits During Pregnancy	82.0%	80.0%	2010
1st Prenatal Visit in 1st Trimester	84.0%	84.0%	2010
Percent Compliant With Immunizations Grades K-12	99.3%	96.6%	2010
Percent of Pregnant Mothers Who Smoked	17.0%	13.0%	2010
Percent of Pregnant Mothers With High School Diploma or Less	47.0%	40.0%	2010
Preventable Hospitalizations **			
Cerebrovascular Disease Hospitalization Rate	2.6	2.4	2010
Pneumonia and Influenza Hospitalizations Rate	2.7	3.0	2010
Preventable Hospitalization Rate	13.3	13.0	2010
Other Hospitalizations***			
Alcohol-Related Hospitalization Rate	1.6	2.0	2010
Asthma Hospitalization Rate	1.0	0.9	2010
Cancers Hospitalization Rate	3.8	3.4	2010
Chronic Obstructive Pulmonary Disease Hospitalization Rate	1.8	1.4	2010
Coronary Heart Disease Hospitalization Rate	3.3	3.3	2010
Diabetes Hospitalization Rate	1.6	1.2	2010
Injury-Related Hospitalization Rate	9.3	8.2	2010
Psychiatric Hospitalization Rate	6.3	6.4	2010
Total Hospitalization Rate	110.7	106.9	2010
Mortality*			
Cerebrovascular Disease Death Rate	37.0	46.0	2010
Heart Disease Death Rate	168.0	195.0	2010
Suicide Death Rate	17.0	14.0	2010
Tobacco-Related Death Rate	184.0	142.0	2010

Source: Wisconsin Department of Health Services, 2010.

*Rates are per 100,000 population, aside from prostate cancer (per 100,000 men).

**Hospitalization rates are per 1,000 population. These rates may indicate low access to primary care.

***Hospitalization rates are per 1,000 population.

Key	
Better than Wisconsin	
0-25% worse than Wisconsin	
25-50% worse than Wisconsin	
>50% worse than Wisconsin	

In the community, the percent of mothers who smoked, the rate of chronic obstructive pulmonary disease, the rate of diabetes hospitalization, and the tobacco-related death rate were greater than 25% worse than the Wisconsin averages.

ZIP Code and Census Tract Level Indicators

Dignity Health’s Community Need Index™ and data from the U.S. Department of Agriculture were used to examine ZIP code and census tract level indicators in the community.

1. Dignity Health Community Need Index™

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code.⁶ The index is based on five social and economic indicators:

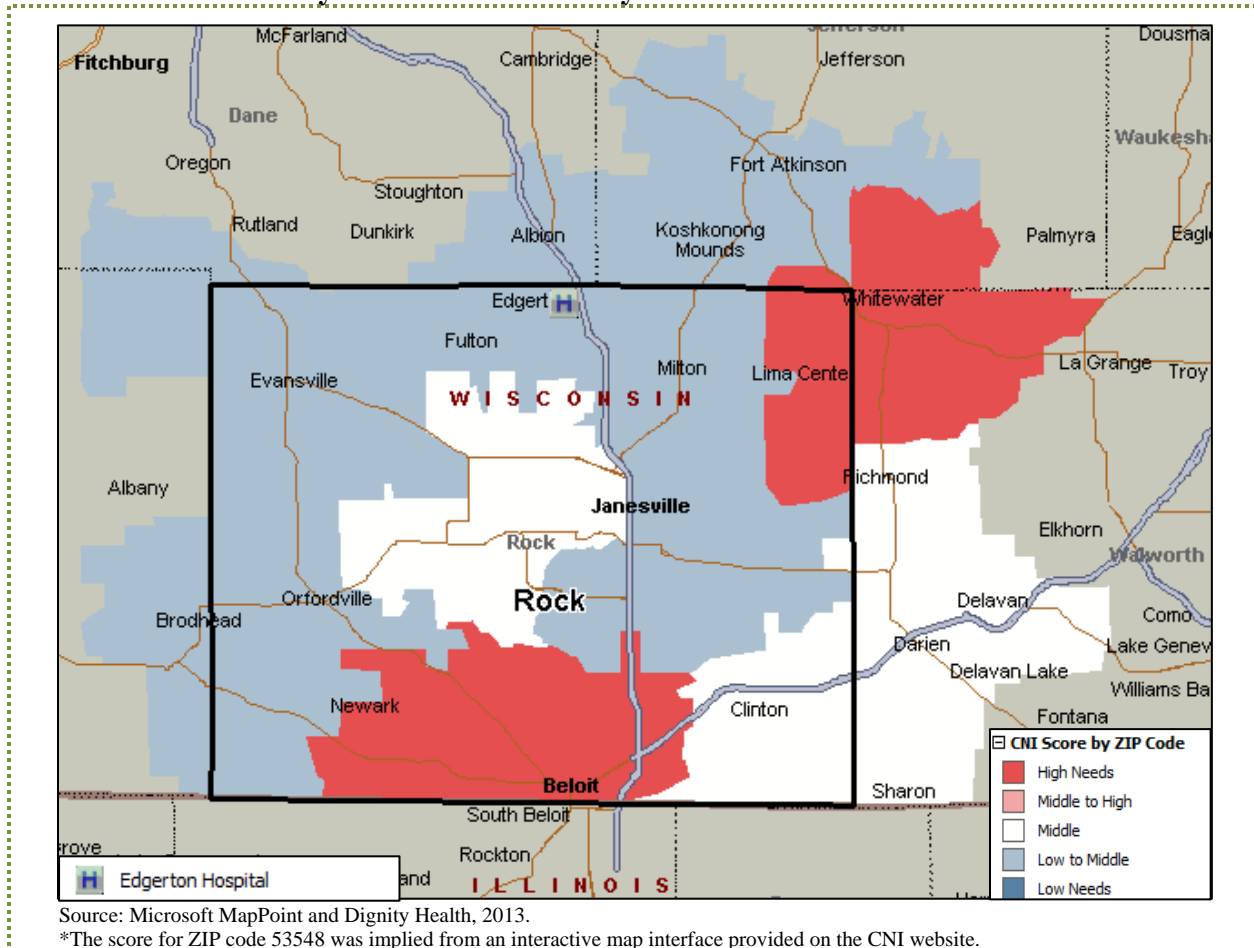
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Need Index*™ calculates a score for each ZIP code based on these indicators. Scores range from “Low Needs” (1.0-1.7) to “High Needs” (4.2-5.0).

⁶ Accessed online at <http://cni.chw-interactive.org/>.

Exhibit 15 presents the *Community Needs Index (CNI)* score of each ZIP code in or bordering Rock County.

Exhibit 15: Community Needs Index Score by ZIP Code

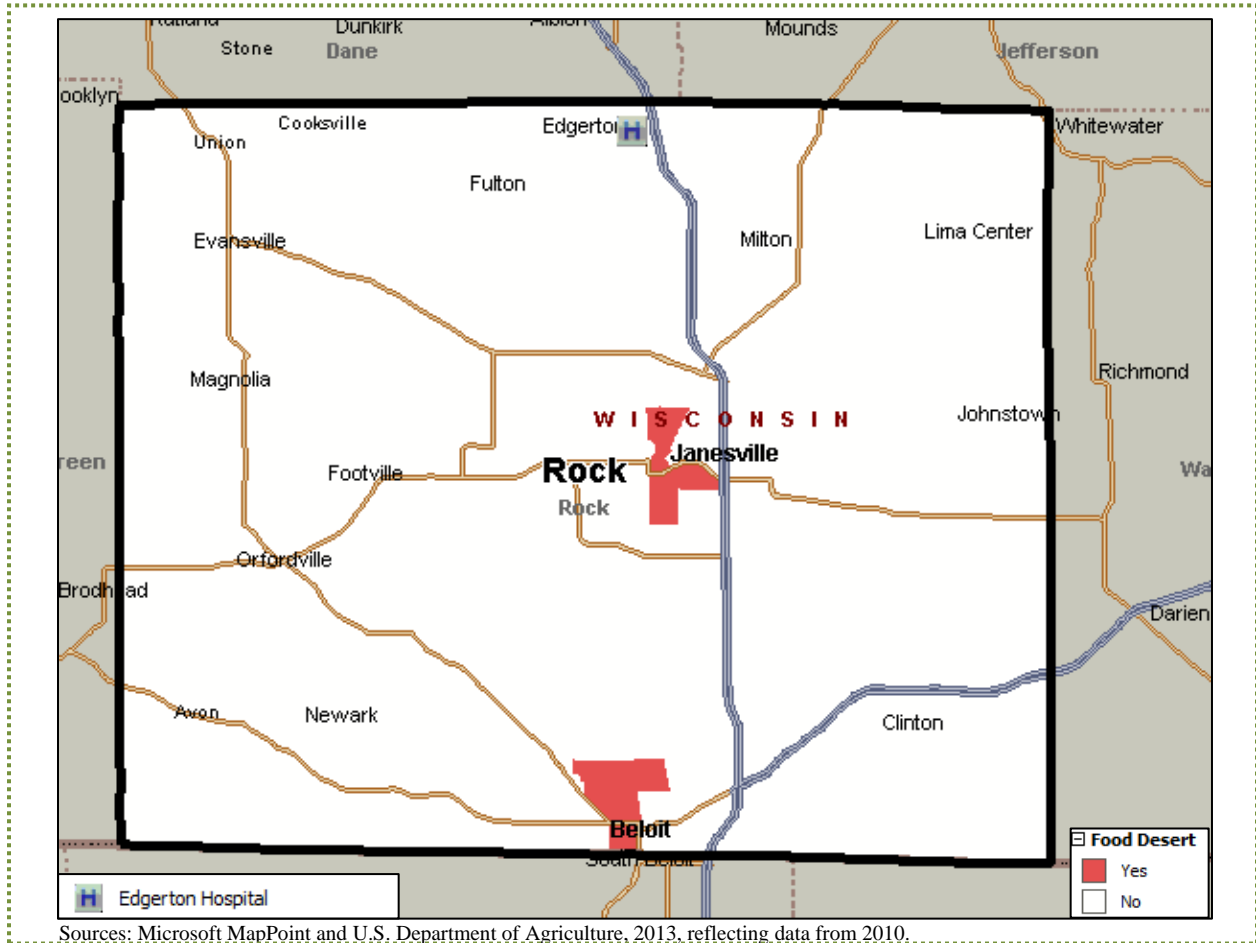


ZIP codes near Beloit and in the northeast corner of Rock County exhibited the highest needs. Edgerton and Milton ZIP codes displayed low to middle needs.

2. U.S. Department of Agriculture

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 16** illustrates food deserts in Rock County.

Exhibit 16: Food Deserts by Census Tract, 2012



Census tracts 55105000100, 55105000300, 55105000600, and 55105001000, near Janesville City, and 55105001600, 55106001700, 55105002100, and 55105002300, near Beloit City, were identified by the USDA as food deserts and are shaded in red in **Exhibit 16**. No food deserts were identified in Edgerton and Milton.

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.⁷

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.”⁸

Inner city Beloit in Rock County is designated as an MUA. No MUA was identified in Edgerton or Milton.

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and a resultant, additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”⁹

The low income population in Central Beloit City is a dental health care HPSA. Central Beloit City and Janesville City are mental health HPSAs. One facility, Community Health Systems, is a primary care, dental, and mental health care HPSA facility. No HPSA was identified in Edgerton or Milton.

⁷ U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

⁸ *Ibid.*

⁹ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Description of Other Facilities and Resources within the Community

The community contains a variety of resources that are available to meet the health needs identified in this CHNA. **Exhibit 17** lists other hospitals in Rock County.

Exhibit 17: Information on Hospitals in the Edgerton Hospital Community, 2013

Location	Facility Name	Beds	ZIP Code
Rock County	Beloit Memorial Hospital	256	53511
	Mercy Health System	240	53548
	St. Mary's Janesville Hospital	50	53546

Source: The Wisconsin Department of Health Services, 2013.

Resources also include a range of health professionals and other agencies and organizations working to meet the health needs of the community, including the county health and human services department. Local organizations include, but are not limited to:

- Alliance for the Mentally Ill of Rock County, Inc.
- Beloit Domestic Violence Center
- Community Action, Inc. of Rock and Walworth Counties
- Community Health Systems¹⁰
- Council on Aging-Rock County
- Crossroads Counseling Center
- Edgerton Community Outreach
- First Choice Women's Health Center
- HealthNet of Rock County, Inc.
- House of Mercy
- Lutheran Social Services of Wisconsin and Upper Michigan, Inc. - Janesville
- Meals on Wheels of Janesville and Beloit
- Milton Food Pantry
- Rock County Human Services Department and Health Center
- Rock-Walworth Comprehensive Family Services, Inc.
- Senior Services of Rock County, Inc.
- United Way of North Rock County
- YWCA Alternatives to Domestic Violence

¹⁰ Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as "medically underserved." These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2007. Four such assessments have been conducted in the Edgerton Hospital area and were publicly available.¹¹

1. St. Mary's Janesville, 2012, Verité Healthcare Consulting, LLC

Verité also conducted a CHNA in 2012 for St. Mary's Janesville Hospital, in which the community was defined as Rock County.¹² Findings include:

- Lack of access to preventive care;
- Lack of affordable and accessible care - Non-White populations and residents near Janesville and Beloit were particularly in need of care and insurance;
- Lack of access to dental care and poor dental health status - Interviewees noted poor dental health status, particularly in the low-income population;
- Alcohol abuse;
- Drug abuse;
- Smoking and tobacco use - Tobacco use was more than double the HP 2020 goal, and the tobacco-related mortality rate was about 30 percent higher than the Wisconsin average;
- Gender disparities - Males exhibited higher incidence and mortality rates for cancer and other chronic diseases than females. Male residents also reported higher mortality rates due to suicide and motor vehicle accidents;
- Racial and ethnic disparities - Racial and ethnic disparities were prevalent, with White residents reporting greater educational attainment than most non-White populations;
- Lack of access to mental health services and poor mental health status - Respondents cited poor mental health as a community concern and noted a lack of mental health specialists and services in the area;
- High rates of communicable diseases - Rock County reported comparatively high rates of teen pregnancy, chlamydia, and HIV/AIDS;
- Nutrition and sedentary behavior-related issues;
- Financial hardship, unemployment, and basic needs insecurity; and
- High rates of violent crime and child abuse.

¹¹ Most assessments were identically summarized by Verité for the 2012 St. Mary's Janesville CHNA, accessible online at <http://www.stmarysjanesville.com/aboutus/Documents/SSM%20St.%20Mary%27s%20Janesville%20CHNA%20-%20FINAL.pdf>.

¹² St. Mary's Janesville. (2012). *Community Health Needs Assessment*.

2. The Lifecourse Initiative for Healthy Families, Beloit Community Action Plan to Close the Black-White Gap in Birth Outcomes, 2012

This assessment identified community health needs, as well as social and demographic characteristics, for the Beloit area of Rock County. The Wisconsin Partnership Program¹³ developed a Beloit Lifecourse Initiative for Healthy Families (LIHF) Collaborative in order to reduce maternal and child health-related disparities.

The collaborative developed goals based on findings in the report. The goals and supporting findings are:

- Improve the quality of prenatal care;
 - In Wisconsin, babies born to Black mothers are about 3 times more likely to die than babies born to White mothers.
 - Infant deaths associated with preterm birth or low birth weight are nearly two times more likely for Black mothers (29 percent) than for White mothers (about 17 percent).
- Provide additional services to Black residents in the community;
- Strengthen the role of fathers in Black families;
 - Pregnant Black women reported more physical abuse than was reported by White women.
- Enhance service coordination and systems integration;
- Close the education gap; and
 - Black women have more reported sexually transmitted infections as compared to the reports of White women.
- Reduce poverty.
 - About 57 percent of Black women were in poverty compared to 25 percent of White women.

¹³ The Lifecourse Initiative for Healthy Families. (2012). Beloit Community Action Plan to Close the Black-White Gap in Birth Outcomes.

3. Rock County Health Department, Health Needs Assessment, 2011

The Rock County Health Department published a needs assessment¹⁴ in 2011 that identified health issues that need to be addressed. Areas of focus include:

- Mental-health related issues, including substance abuse and inadequate access to treatment;
 - The area reports increasing levels of alcohol and drug abuse.
 - Twenty-six percent of Rock County residents reported binge drinking within the past 30 days, higher than the state average of 23 percent.
 - About 28.5 percent of high school students report binge drinking in the past 30 days.
 - More mental health hospitalizations per 1,000 children (a rate of 5.8 per 1,000) were recorded in Rock County than the state average.
- Underutilization of dental health services;
 - Within the past 12 months, 72 percent of residents visited a dentist or clinic compared to the state average of 75.1 percent.
- Underutilization of preventive health screenings; and
- Harmful lifestyle choices, such as smoking, obesity, and inactivity.
 - Smoking was related to 17 percent of deaths in Rock County in 2009, compared to 15 percent across the state of Wisconsin.

4. Community Action Inc., Community Needs Assessment, 2010

Community Action, Inc. publishes a Community Needs Assessment¹⁵ every three years, the most recent being in 2010. That assessment is comprised of data gathered from 658 surveyed households in Rock and Walworth counties; 62 percent of respondents were from Rock County. All respondents were in households at or below 200 percent of the federal poverty level.

The survey identified the following top issues of the low-income population:

- Poverty:
 - Rock County has experienced an increase in poverty. Nearly 29 percent of those surveyed suffered job loss in the past year.
 - Of residents participating in the survey, 39 percent reported difficulty finding a full time job.

¹⁴ Rock County Health Department. (2011). 2011 Health Needs Assessment.

¹⁵ Community Action, Inc. (2010). 2010 Needs Assessment.

- Low-income respondents from Rock County identified the cost of basic needs such as housing, utilities, and home maintenance as a priority concern.
- Dental care:
 - Approximately 40 percent of those surveyed consider dental care to be a serious or very serious issue. Few dentists in the area accept Medicaid patients.
- Affordable health care:
 - Low-income residents need increased affordable care and access to insurance. Nearly nine percent of those surveyed reported having insurance coverage although 23 percent reported working full time.
- Mental health:
 - Twenty-eight percent of respondents reported stress as a serious or very serious issue, while approximately 41 percent reported experiencing problems with depression or anxiety in the past year.
- Prescription drugs:
 - Approximately 26 percent of low-income respondents reported difficulty affording prescription drugs.
- Transportation
 - Of those surveyed, 15 percent reported insufficient transportation access.

Secondary Data Indicators of Interest

This CHNA considered data regarding the following:

- Community population characteristics;
- Behavioral, economic, environmental, and social factors;
- Prevention and access variables;
- Chronic diseases;
- Communicable diseases;
- Leading causes of death; and
- Maternal and child health.

The following exhibits illustrate the categories, and associated indicators, that suggest that certain priority health needs are present in the Edgerton Hospital community.

1. Community Population – Growing Hispanic Population

The community population category includes demographic measures of populations. It is necessary to understand the racial, ethnic, age, sex, language, and rural/urban makeup of a community, because such factors are often associated with specific health concerns, the need for culturally appropriate care, and language barriers.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Hispanic or Latino Population	7.6%	5.9%	WI Average

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

The Edgerton Hospital community contained a comparatively large Hispanic or Latino population in 2009-2011.

2. Behavioral Factors

Health behaviors such as diet, exercise, and substance abuse directly lead to health concerns. By tracking certain negative health behaviors or a lack of positive health behaviors within a community, care providers and policy makers may be able to identify areas for potential programmatic response, treating the root causes of many significant health issues.

a) Alcohol Use

Indicator	Rock County Value	Benchmark	Benchmark Definition
Adults who Drink Excessively	25.7%	14.6%	U.S. Counties
	25.7%	15.0%	U.S. Average
	25.7%	25.3%	HP 2020

Sources: Healthy Communities Institute, 2013, using original source data from 2005-2011, and County Health Rankings, 2013, using original source data from 2005-2011.

Residents in Rock County exhibited high rates of excessive alcohol use compared to the U.S. and the Healthy People 2020 target.

b) Smoking

Indicator	Rock County Value	Benchmark	Benchmark Definition
Adults who Smoke	25.0%	20.4%	U.S. Counties
	25.0%	21.0%	U.S. Average
	25.0%	12.0%	HP 2020

Source: Healthy Communities Institute, 2013, using original source data from 2005-2011, and County Health Rankings, 2013, using original source data from 2005-2011.

Residents in Rock County exhibited high rates of smoking compared to the U.S. and the Healthy People 2020 target.

c) Diet and Exercise-Related Issues

Indicator	Rock County Value	Benchmark	Benchmark Definition
Adults who are Sedentary	24.2%	23.9%	WI Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2008-2010.

Rock County reported a slightly higher rate of residents living sedentary lifestyles than Wisconsin.

3. Economic Factors

Economic factors play a determining role in the health status of a community. Poverty and unemployment rates as well as the number of individuals enrolled in assistance programs provide some indications of a community's economic status. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Adults with Health Insurance	85.9%	100.0%	HP 2020
Children with Health Insurance	94.4%	100.0%	HP 2020
Households with Cash Public Assistance Income	2.3%	2.1%	U.S. Counties
Low-Income Preschool Obesity	16.7%	13.9%	U.S. Counties
Foreclosure Rate	5.5%	4.8%	U.S. Counties
Renters Spending 30% or More of Household Income on Rent	52.4%	46.8%	U.S. Counties
Unemployment Rate	8.5%	7.8%	U.S. Average

Sources: Healthy Communities Institute, using source data from 2007-2013, and Bureau of Labor Statistics, 2013, using source data from 2013.

Rock County reported higher rates of preschool obesity, foreclosure, renters spending more than 30% of their household income on rent, and unemployment than the U.S. Health insurance rates were lower than Healthy People 2020 goals.

4. Environmental Factors

Environmental factors assess the infrastructure of the community that influence diet and exercise patterns. For example, access to a grocery store is essential to making healthy food choices.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Average Daily Fine Particulate Matter*	11.3	11.0	U.S. Average
Limited Access to Healthy Foods	9.2%	8.0%	U.S. Average
Low-Income and Low Access to a Grocery Store	9.2%	6.2%	U.S. Counties
SNAP Certified Stores**	0.8	0.9	U.S. Counties
Houses Built Prior to 1950	29.0%	19.3%	U.S. Counties

Sources: Healthy Communities Institute 2013, using source data from 2007-2011, and County Health Rankings, 2013, using source data from 2008-2012.

*Rate in micrograms per cubic meter.

**Rate per 1,000 population.

***Rate per 100,000 population.

Rock County compared unfavorably to the U.S. for a variety of environmental factors: average daily fine particulate matter, limited access to healthy foods, low-income and low access to a grocery store, SNAP certified stores, and houses built prior to 1950.

5. Social Factors

The high school graduation rate, support for the senior population, and the prevalence of violent crime are social factors that impact a community's health. Low high school graduation rates exacerbate social inequality and unemployment. Seniors living alone often suffer from financial strain, lack daily living support, and have special health needs. High violent crime rates may lead to untimely deaths or serious injuries.

Indicator	Rock County Value	Benchmark	Benchmark Definition
High School Graduation	87.1%	91.2%	WI Counties
People 65+ Living Alone*	30.0%	27.9%	U.S. Counties
Violent Crime	247.6	118.4	WI Counties

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011. Rate per 100,000 population.

*Caution should be used when interpreting these data. A comparatively high percentage of individuals 65+ living alone can indicate either sufficient support for independent living or social isolation. Nationally, elders living alone in 2011 were three times as likely to live in poverty compared to those who lived with their families, according to the U.S. Department of Health and Human Services' Administration on Aging.¹⁶

Rock County experienced a lower percentage of the population graduating high school compared to Wisconsin, a higher percentage of seniors lived alone compared to U.S. counties, and a higher rate of violent crime compared to Wisconsin.

¹⁶ U.S. Department of Health and Human Services' Administration on Aging. (2011). *A Profile of Older Americans: 2011*. Retrieved May 2013, from http://www.aoa.gov/Aging_Statistics/Profile/2011/docs/2011profile.pdf

6. Health Status: Diseases

Diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Adults who are Obese	30.1%	29.1%	WI Counties
Adults who are Overweight or Obese	67.6%	65.5%	WI Counties
Asthma Hospitalization Rate	1.0	0.9	WI Average
Cancers Hospitalization Rate	3.8	3.4	WI Average
Cerebrovascular Disease Hospitalization Rate	2.6	2.4	WI Average
Chlamydia Incidence Rate	451.0	228.0	WI Counties
Colorectal Cancer Incidence Rate	40.5	38.6	HP 2020
COPD Hospitalization Rate	1.8	1.4	WI Average
Diabetes Hospitalization Rate	1.6	1.2	WI Average
Lung Cancer Incidence rate	76.6	66.9	WI Average

Sources: Healthy Communities Institute, 2013, using original source data from 2006-2012, and Wisconsin Department of Health, 2011, using original source data from 2008-2010. Rates are per 100,000 population aside from hospitalization rates, which are per 1,000 population. Note that higher rates may indicate low access to primary care

Rock County reported higher rates of overweight, obesity, lung cancer, and chlamydia than Wisconsin. Cancer, cerebrovascular disease, chronic obstructive pulmonary disease, and diabetes hospitalization rates were higher than the Wisconsin average. Colorectal cancer incidence was higher than the Healthy People 2020 goal.

7. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Alcohol-Related Motor Vehicle Death Rate	5.0	4.0	WI Counties
Alzheimer's Disease Death Rate (Age-Adjusted)	25.9	22.1	WI Counties
Breast Cancer Death Rate (Age-Adjusted)	24.6	22.9	U.S. Counties
	24.6	20.6	HP 2020
Cancer Death Rate (Age-Adjusted)	194.8	184.2	U.S. Counties
	194.8	160.6	HP 2020
Chronic Lower Respiratory Disease Death Rate (Age-Adjusted)	44.9	39.3	WI Counties
Cerebrovascular Disease (Stroke) Death Rate (Age-Adjusted)	36.9	33.8	HP 2020
Colorectal Cancer Death Rate (Age-Adjusted)	15.9	14.5	HP 2020
Fall-Related Death Rate (Age-Adjusted)	15.1	11.6	WI Counties
	15.1	7.0	HP 2020
Influenza and Pneumonia Death Rate (Age Adjusted)	15.1	14.6	WI Counties
Lung Cancer Death Rate (Age-Adjusted)	57.4	55.4	U.S. Counties
	57.4	45.5	HP 2020
Motor Vehicle Collision Death Rate (Age-Adjusted)	14.0	12.4	HP 2020
Prostate Cancer Death Rate (Age-Adjusted)	27.2	24.0	U.S. Counties
	27.2	21.2	HP 2020
Suicide Death Rate (Age-Adjusted)	17.0	14.0	WI Counties
	17.0	10.2	HP 2020
Tobacco-Related Death Rate	184.0	142.0	WI Average
Unintentional Injury-Related Death Rate (Age-Adjusted)	47.8	41.1	WI Counties
	47.8	36.0	HP 2020
Unintentional Poisoning-Related Death Rate (Age-Adjusted)	12.5	8.3	WI Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2005-2011, and Wisconsin Department of Health, 2011, using original source data from 2010. Rates are per 100,000 population; the prostate cancer rate is per 100,000 males.

The Edgerton Hospital community exhibited poor outcomes for Alzheimer's disease, cancer, stroke, and chronic lower respiratory diseases. The area also had comparatively high rates of mortality related to alcohol-related motor vehicle death, unintentional injury, fall-related death, motor vehicle collision death, suicide, and tobacco-related death.

8. Health Status: Maternal and Child Health

Monitoring indicators such as infant birth weights, prenatal care, and child immunizations is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families.

Indicator	Rock County Value	Benchmark	Benchmark Definition
Babies with Low Birth Weight	8.3%	6.2%	WI Counties
	8.3%	7.8%	HP 2020
Babies with Very Low Birth Weight	1.9%	1.2%	WI Counties
	1.9%	1.4%	HP 2020
Child Abuse Rate	6.4	3.5	WI Counties
Infants Born to Mothers with <12 Years Education	15.7%	10.6%	WI Counties
Infant Mortality Rate	7.4	6.0	WI Counties
	7.4	6.0	HP 2020
Mothers who Smoked During Pregnancy	17.0%	16.8%	WI Counties
	17.0%	13.0%	WI Average
	17.0%	1.4%	HP 2020
Preterm Births	11.5%	9.7%	WI Counties
	11.5%	11.4%	HP 2020
Single-Parent Households	33.5%	30.1%	U.S. Counties
Teen Birth Rate	39.3	23.4	WI Counties

Sources: Healthy Communities Institute, 2013, using original source data from 2007-2011, and Wisconsin Department of Health, 2011, using original source data from 2010. Child abuse rate per 1,000 children.

Rock County exhibited high rates of babies with low and very low birth weight, infant mortality, preterm births, and mothers who smoked during pregnancy compared to Wisconsin and the Healthy People 2020 goals. The teen birth rate, child abuse rate, and percentage of single-parent households also were higher than Wisconsin counties.

Disparities of Interest – By Race and Ethnicity

This section illustrates health disparities in the Edgerton Hospital community based on analysis of secondary data. It can be helpful to consider disparities by race and ethnicity because these factors are often associated with specific health concerns that differ from other populations.

Exhibit 18 indicates that 90.4 percent of Rock County’s population was White from 2009-2011. About 7.6 percent identified as Hispanic or Latino.

Exhibit 18: Percent of Population by Race/Ethnicity, 2009-2011

Race / Ethnicity	Rock County	Wisconsin
White	90.4%	87.3%
Hispanic (or Latino)	7.6%	5.9%
Black	3.9%	6.2%
Two or More Races	3.0%	1.9%
Other	1.4%	1.4%
Asian	1.1%	2.3%
American Indian or Alaska Native	0.2%	0.9%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Total	160,264	5,690,898

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

8% of Rock County’s population in 2009-2011 was Hispanic (or Latino)

The following exhibits illustrate the categories, and associated disparities, which suggest that certain priority health needs are present in the Edgerton Hospital community.

1. Economic Factors

Economic factors play a determining role in the health status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Indicator	Total Population	White	Hispanic (or Latino)	Black	Other	Two or More Races	Asian	American Indian or Alaska Native
Median Household Income	\$50,532	\$52,431	\$34,522	\$22,320	\$35,324	\$35,300	\$37,344	\$24,784
Children Living Below Poverty Level	19.1%	12.2%	33.0%	56.1%	20.4%	37.2%	37.4%	20.3%
Families Living Below Poverty Level	10.2%	6.9%	28.9%	42.1%	22.3%	35.9%	31.6%	26.3%
People 65+ Living in Poverty	8.0%	7.3%	0.0%	23.5%	N/A	13.2%	34.4%	N/A
People Living Below Poverty Level	13.3%	9.4%	29.4%	46.6%	23.5%	35.0%	33.6%	18.2%
Young Children Living Below Poverty Level	16.7%	15.7%	33.4%	66.0%	33.1%	31.2%	45.3%	N/A

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.

*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Non-White residents of Rock County were generally more likely to face financial hardship than White residents. Non-White children, young children, families, and elders experienced higher poverty rates than White cohorts, and non-White median household income was lower than for White households.

2. Social Factors: Educational Achievement

Educational achievement is a major factor in community health and wellness. Low levels of education often are linked to poverty and poor health.

Indicator	Total Population	White	Hispanic or Latino	Black	Other	Two or More Races	Asian	American Indian or Alaska Native
People 25+ with a High School Degree or Higher	87.3%	90.1%	51.9%	72.2%	46.5%	79.8%	79.0%	49.0%
People 25+ with a Bachelor's Degree or Higher	19.5%	20.6%	7.2%	11.2%	5.9%	6.2%	26.9%	8.9%

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.

*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Most non-White residents of Rock County were less likely to have graduated from high school or college than White residents.

3. Health Status: Diseases

The prevalence of diseases may indicate unsafe behaviors or environments, lack of knowledge regarding a particular disease, or disparities among certain population groups.

Indicator	Total Population	White	Hispanic (or Latino)	Black	Asian	American Indian or Alaska Native
Chlamydia Incidence Rate	451.0	267.0	494.0	1,724.0	151.0	156.0
Colorectal Cancer Incidence Rate	40.5	39.5	-	63.3	-	-
Lung Cancer Incidence Rate	71.9	71.7	-	55.9	-	-
Prostate Cancer Incidence Rate	117.7	114.1	-	193.8	-	-

Source: Healthy Communities Institute, 2013, using original source data from 2011. Rates per 100,000 population (breast cancer per 100,000 females).

*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Black and Hispanic (or Latino) residents reported higher rates of chlamydia diagnosis than White residents in Rock County. American Indian and Asian residents reported lower chlamydia rates. Black residents reported higher rates of colorectal, lung, and prostate cancer than the White population.

4. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Total Population	White	Hispanic (or Latino)	Black
Cancer Death Rate (Age-Adjusted)	194.8	194.0	-	249.0
Cerebrovascular Disease (Stroke) Death Rate (Age-Adjusted)	36.9	36.5	-	59.6
Chronic Lower Respiratory Disease Death Rate (Age-Adjusted)	44.9	45.0	-	46.4
Diabetes Death Rate (Age-Adjusted)	17.4	15.9	-	65.3
Heart Disease Death Rate (Age-Adjusted)	157.8	157.2	66.2	193.9
Motor Vehicle Collisions Death Rate (Age-Adjusted)	14.0	14.4	33.9	-
Unintentional Injuries Death Rate (Age-Adjusted)	47.8	48.5	49.9	46.7

Source: Healthy Communities Institute, 2013, using original source data from 2006-2011. Rates per 100,000 population.

*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Black and Hispanic (or Latino) populations reported higher mortality rates relating to heart disease than White residents. The Hispanic (or Latino) population experienced higher motor vehicle collision and unintentional injury mortality than the White population. The Black population reported higher mortality rates relating to cancer, cerebrovascular disease, chronic lower respiratory disease, diabetes, and heart disease than White residents.

5. Health Status: Maternal and Child Health

Monitoring indicators such as infant birth weights, prenatal care, and child immunizations is a way to pinpoint geographies or population groups with low levels of access to appropriate health and social services, education and initiatives regarding healthy behaviors, or outreach pertaining to the well-being of mothers, children, and families.

Indicator	Total Population	White	Hispanic (or Latino)	Black	Other	American Indian
Infants Born to Mothers with <12 Years Education	15.7%	9.5%	52.6%	25.9%	17.9%	-
Babies with Low Birth Weight	8.3%	7.8%	7.2%	15.9%	-	-
Babies with Very Low Birth Weight	1.9%	1.6%	-	5.5%	-	-
Infant Mortality Rate	7.4	6.3	9.9	15.0	11.0	-
Mothers who Received Early Prenatal Care	84.3%	86.9%	70.7%	79.3%	70.0%	91.7%
Preterm Births	11.5%	11.3%	8.6%	18.9%	-	-

Source: Healthy Communities Institute, 2013, using original source data from 2008-2010. Infant mortality rate per 1,000 live births.

*Caution should be used when interpreting these data because of the small non-White population. Dashes indicate data not available.

Non-White populations reported higher rates of infants born to mothers with less than 12 years of education and higher infant mortality rates than the White population. The Black population reported a higher percentage of babies with low or very low birth weights and preterm births than

the White population. Most non-White populations reported a lower percentage of mothers receiving early prenatal care than the White population.

Disparities of Interest – By Gender

This section illustrates health disparities in the Edgerton Hospital community based on analysis of secondary data. It can be helpful to consider disparities by gender because these factors are often associated with specific health concerns that differ between males and females.

The following exhibits illustrate the categories, and associated disparities, that appeared most unfavorable in the Edgerton Hospital community. Economic factors and cancer Death rates are benchmarked against U.S. counties; all other indicators are benchmarked against Wisconsin counties.

1. Economic Factors

Economic factors play a determining role in the health status of a community. Impoverished populations are more likely to experience barriers to access, to be without healthcare coverage, and to forego preventive or early care due to cost.

Indicator	Total Population	Female	Male
Adults with Health Insurance	85.9%	89.1%	82.7%
Children with Health Insurance	94.4%	95.7%	93.1%
Children Living Below Poverty Level	19.1%	19.5%	18.6%
People 65+ Living Below Poverty Level	8.0%	9.2%	6.4%
People Living Below Poverty Level	13.3%	14.5%	12.0%

Source: Healthy Communities Institute, 2013, using original source data from 2007-2011.

Female children, adults, and seniors in Rock County were more likely to live below the poverty level compared to the total population. Males were less likely to have health insurance.

2. Health Status: Diseases

Diseases are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

Indicator	Total Population	Female	Male
Adults who are Obese	30.1%	27.3%	32.7%
Adults who are Overweight or Obese	67.6%	54.9%	78.1%
Chlamydia Incidence rate	451.0	637.0	262.0
Colorectal Cancer Incidence Rate	40.5	32.1	51.0
Lung Cancer Incidence Rate	71.9	63.0	82.8
Oral Cavity and Pharynx Cancer Incidence Rate	10.8	7.0	15.3

Source: Healthy Communities Institute, 2013, using original source data from 2006-2012. Rates per 100,000 population.

Females reported higher incidence rates of chlamydia than males. Male residents reported higher rates of colorectal cancer, lung cancer, and oral and pharynx cancer than female residents.

3. Health Status: Leading Causes of Death

Leading causes of death are the result of a complex mix of social, environmental, demographic, and biological factors. These indicators are some of the most direct determinants of the overall health of a community as well as particular areas of need.

a) Chronic Diseases

Indicator	Total Population	Female	Male
Alzheimer's Disease Death Rate (Age-Adjusted)	25.9	25.4	26.7
Cancer Death Rate (Age-Adjusted)	194.8	167.0	235.6
Cerebrovascular Disease (Stroke) Death Rate (Age-Adjusted)	36.9	36.8	35.3
Chronic Lower Respiratory Disease Death Rate (Age-Adjusted)	44.9	41.7	49.5
Colorectal Cancer Death Rate (Age-Adjusted)	15.9	10.7	23.5
Diabetes Death Rate (Age-Adjusted)	17.4	14.9	19.8
Heart Disease Death Rate (Age-Adjusted)	157.8	120.2	206.2
Influenza and Pneumonia Death Rate (Age-Adjusted)	15.1	14.1	17.0
Lung Cancer Death Rate (Age-Adjusted)	57.4	47.4	70.1

Source: Healthy Communities Institute, 2013, using original source data from 2006-2011. Rates per 100,000 population.

Males exhibited higher mortality rates due to cancer, stroke, diabetes, heart disease, chronic lower respiratory disease, and influenza and pneumonia than females.

b) Accidents and Injuries

Indicator	Total Population	Female	Male
Fall-Related Death Rate (Age-Adjusted)	15.1	10.7	21.3
Motor Vehicle Death Rate (Age-Adjusted)	14.0	6.0	22.3
Suicide Death Rate (Age-Adjusted)	17.0	6.1	28.4
Unintentional Injuries Death Rate (Age-Adjusted)	47.8	28.0	70.0
Unintentional Poisoning Death Rate (Age-Adjusted)	12.5	7.8	17.3

Source: Healthy Communities Institute, 2013, using original source data from 2009-2011. Rates per 100,000 population

Males exhibited higher mortality rates due to motor vehicle collisions, falls, unintentional poisoning, and suicide; females reported higher mortality rates due to unintentional injuries.

PRIMARY DATA ASSESSMENT

Community input was obtained through interviews. Findings from these primary data are presented below.

Interview Findings

Interviews regarding health needs in the community served by Edgerton Hospital were conducted with 17 key informants, including external stakeholders (those not affiliated with Edgerton Hospital) and internal Edgerton Hospital staff. The interviews provided input on a wide range of community health issues, including barriers to access to health services, changes in community population, prevalence of certain health conditions, social determinants of health, health disparities, and other topics. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss current and emerging issues affecting community health.

Verité staff summarized all interview comments and assessed the frequency with which community health issues were mentioned and also assessed informant views regarding the severity of each concern. The following issues are considered of greatest concern to community health, based on that assessment. Issues are ordered based on the frequency and intensity of responses:

Poor mental health. There is an insufficient supply of mental health services in the community. This lack of mental health services is exacerbated by other primary issues, notably stress from financial hardship, lack of insurance, and/or Alcohol and Other Drug Abuse (AODA). Depression among elderly residents, which can be compounded by prescription drug mismanagement, was cited as an under-recognized and under-treated issue.

Alcohol and Other Drug Abuse. AODA is a significant issue in the community. Some interviewees noted that state regulations, notably the misdemeanor status of the first Operating While Intoxicated (OWI) offense and a beer tax that was last changed in 1969, may contribute to the use of alcohol. Binge drinking is significant and may be correlated with accident rates. Use of drugs, especially heroin, is increasing in younger adults due, perhaps, to drug distribution along the I-90 corridor. Additionally, treatment for AODA issues is focused outside of Milton and Edgerton.

Individual behaviors. Behaviors of residents, including poor diet, physical inactivity, unsafe sex, use of tobacco, misuse of alcohol/drugs, and inconsistent compliance with prescription drug regimens negatively impact health outcomes. These behaviors are exacerbated by lack of awareness of preventive interventions, lack of understanding about health insurance details, and lack of planning for accidents and illnesses.

Access to health care services. The community has an insufficient supply of specialty services, including pediatrics, obstetrics-gynecology, orthopedics, and respiratory therapy. Access for vulnerable populations is limited due to issues such as lack of uninterrupted insurance coverage, lack of awareness of services available, the impact of chronic illness, job conflicts, and frequent

changes in residences/phone numbers. Lack of access to services negatively impacts residents' ability to maintain continuity of care, including prescription drug regimes. Additionally, insurance coverage does not assure ready access to services, as not all providers and insurers interact with one another. Further, lack of understanding of all services available within the community reduces providers' ability to make timely referrals to complementary services.

Financial hardship and unemployment. The closure of a General Motors plant in 2008 resulted in the significant and direct loss of full-time jobs with benefits and the indirect loss of other jobs. This loss of industry has not been replaced within the community. Unemployed residents encounter challenges when trying to obtain healthy foods, access health insurance, and utilize primary care services. In addition, the economic malaise is contributing to poor mental health within the community.

Disparities. Services and programs do not sufficiently respond to all members of the community. Service providers may have insufficient understanding of the daily lives of vulnerable populations, as evidenced by dietary counseling that may not reflect budgetary/travel limitations and automated phone systems that may be overly complex for individuals with limitations in hearing and/or English fluency. Additionally, few health education classes are targeted to men.

Poor dental health. Lack of access to dental health services is an issue for adults without sufficient resources, including insurance coverage. A dental program is available within the community for children without dental insurance.

Obesity, diet, and physical activity. Relatively high rates of obesity, poor diets, and insufficient physical activity are experienced throughout the community. Healthy diet choices are negatively impacted by the widespread availability of processed and prepared foods and the closure of a grocery store. Also, cultural foods, such as sausage and cheese, contribute to obesity when intake is not moderated. Further, lack of exercise is impacted by an insufficient availability of recreation facilities and the increase in the use of computer technology that limits residents' physical activity, such as games and the internet.

Demographic challenges. Although there is some increase in younger families living in the area, aging of local residents and health care professionals is an issue. Family structures have changed, with some families separated because of travel for work, blended families, and more grandparents raising children. Educational levels are relatively low, as many individuals leave the area once they obtain degrees. Rural residents within the overall community have more difficulty accessing services because of geographic distances. Additionally, changing the environment may be difficult as the community reportedly is "stuck in time" and "people are set in their ways."

Transportation. Some residents struggle to access basic food and medical providers due to transportation constraints. Limited ambulance and taxi services have delayed medical procedures and hospital discharges as patients could not travel to/from providers.

Tourists. The number of individuals within the community fluctuates as tourists visit. These populations access services because of emergencies and accidents, frequently drug- and alcohol-related.

Tobacco. Tobacco use, especially chewing tobacco, is an issue within the community. The use of tobacco may be influenced by its historical contribution to the local economy, as evidenced by the annual “Tobacco Heritage Days” in Edgerton.

Limited local hospital services. A limited array of services at Edgerton Hospital requires residents to travel to other hospitals for more complex procedures. This reliance on other facilities reduces residents’ trust of Edgerton, and some consider the hospital to be a “Band-Aid station.”

Individuals Providing Community Input

Seventeen individuals participated in the interview process. **Exhibit 19** includes information on each of the organizations that provided input and describes whether each was a public health department (or other organization with public health expertise), an organization serving or representing medically underserved, low-income, and minority populations, or some other local organization with information and expertise relevant to the health needs of the community.

Exhibit 19: Individuals Interviewed

Name	Affiliation or Organization	Population Represented
Shari Adrian, RN	Edgerton Hospital	Employees and patients of Edgerton Hospital
Linda Bruss, MSW, APSW	Edgerton Hospital Patient & Family Services	Low income and medically underserved populations
Karen Cain, RN	Rock County Health Department	Total community population, including minority populations and residents who are low income or medically underserved
Amy Calkins	Edgerton School District Latino Community Liaison	Community minority population
Deirdre Camenga	Edgerton Hospital	Employees and patients of Edgerton Hospital
Jennifer Cramer	Milton Elementary School	Milton youth
Laurie Drewsen	Edgerton Hospital	Employees and patients of Edgerton Hospital
Becky Eastman	St. Joseph Catholic Church	Edgerton residents
Meagan Farrell	Edgerton Coalition for a Healthy Community	Edgerton youth, particularly those at risk for substance abuse
Cindy Kirby	Edgerton Fire Department	Edgerton residents in need of fire and EMS services
Michele McClure, RN	Edgerton Hospital	Employees and patients of Edgerton Hospital
Roberta Nelson	Edgerton Hospital	Employees and patients of Edgerton Hospital
Jean Randles	HealthNet of Rock County	Low income and medically underserved populations
Rev. Jim Salimes	Fulton Church	Edgerton residents
Tracey Straight, RN	Edgerton Hospital	Employees and patients of Edgerton Hospital
Sharon Wegler	Edgerton Coalition for a Healthy Community	Edgerton youth, particularly those at risk for substance abuse
Amy Wren, RN	Edgerton Hospital	Employees and patients of Edgerton Hospital

DATA SOURCES

- 111th U.S. Congress. (2010, March). Patient Protection and Affordable Care Act (PPACA).
- Community Action, Inc. (2010). 2010 Needs Assessment. Retrieved 2013, from <http://www.community-action.org/LinkClick.aspx?fileticket=3xjq0zqhsno%3D&tabid=109>
- Dignity Health. (n.d.). *Community Needs Index*. Retrieved 2013, from <http://cni.chw-interactive.org/>
- Edgerton Hospital. (2013). Inpatient Discharge Data.
- Edgerton Hospital. (2013). Emergency Department Data.
- Healthy Communities Institute. (2013).
- Internal Revenue Service. (2012). Instructions for Schedule H (Form 990).
- The Lifecourse Initiative for Healthy Families. (2012). Beloit Community Action Plan to Close the Black-White Gap in Birth Outcomes. Retrieved 2013, from http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/lihf/beloit-lihf-action-plan.pdf
- Rock County Health Department. (2011). 2011 Health Needs Assessment. Retrieved 2013, from http://www.co.rock.wi.us/images/web_documents/departments/health/2011%20Community%20Health%20Needs%20Assessment.pdf
- U.S. Bureau of Labor Statistics. (n.d.). Retrieved 2013, from <http://www.bls.gov/>
- U.S. Census Bureau. (n.d.). Retrieved 2013, from <http://www.census.gov/>
- U.S. Department of Agriculture. (n.d.). Retrieved 2013, from <http://www.ers.usda.gov/data-products/food-access-research-atlas#.Uai-0rXqmuo>
- U.S. Department of Health and Human Services' Administration on Aging. (2011). *A Profile of Older Americans: 2011*. Retrieved 2013, from http://www.aoa.gov/Aging_Statistics/Profile/2011/docs/2011profile.pdf
- U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>
- U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.
- U.S. Health Resources and Services Administration. (n.d.). Retrieved 2013, from <http://www.hrsa.gov/index.html>
- University of Wisconsin Public Health Institute and Robert Wood Johnson Foundation. (n.d.). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2013, from <http://www.countyhealthrankings.org/>

Verité Healthcare Consulting, LLC. (October 19, 2012). *Community Health Needs Assessment*. Retrieved 2013, from <http://www.stmarysjanesville.com/aboutus/Documents/SSM%20St.%20Mary%27s%20Janesville%20CHNA%20-%20FINAL.pdf>.

Wisconsin Department of Health Services. (2013). Public Health Profiles.

Wisconsin Department of Public Instruction. (2013). National School Lunch Program Data.